

M-HSCC ExWG Oversight Visit Myeik, Kyun Su, Kawthoung 14-17 December 2015

Mission Report

Introduction

As part of the M-HSCC Executive Working Group's oversight mandate, a trip was organised from 14-17 December 2015 for M-HSCC Executive Working Group members to visit a number of activities under Public Health programmes in Myeik, Kyun Su and Kawthoung in Tanintharyi Region.

The 3½ days visit included a number of activities under Public Health programmes including maternal and child health, HIV, TB and malaria activities. The programme is available in Annex 1.

Two government officials from MoH in Nay Pyi Taw, the Tanintharyi Regional Public Health Director, one representative from CBOs, two representatives from people living with diseases 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 some of the sites seemed solid. With the onset and increase of GFATM, GAVI, other external resources and government supports on health, the improved community service utilization and impact from the disease control and Reproductive Health programmes are noticeable – incl. in morbidity and mortality data. Coordination between government and NGOs is noteworthy; indications of important MoH collaboration with navy/army medical services. Overall the main issues detected were: a notable number of vacant posts in government services; difficult logistics primarily in terms of lack and prohibiting costs of transportation for clients and patients – particularly in townships with no other (for eg-GAVI) supported services. Under certain conditions: consider providing (at least emergency) boat services to the health service providers and clients – government or non-government – to strengthen service to island and vulnerable populations. Need for further data collection and integration into one system (NGOs, private sector and military reporting into one MoH system). Below is a description of the sites and the main finding in a chronological order.

Monday, 14 December 2015, Myeik

Myeik District Health Department and General Hospital - ART center, Nutrition Team, MCH Team, Laboratory

Focal Point: Dr. Lwin Lwin Mon, District Medical Officer, Myeik and Dr Thandar Myo Win, Medical Superintendent

The General Hospital covers a population of around 290,000 people with about 2/3 living in rural areas. It is affiliated with 1 Urban Health Center, 1 School Health Team, 1 MCH clinic, 6 rural health centres and 25 sub-health centres.

The National AIDS Programme provides HIV counselling and testing services through prevention programs, PMCT, ART provision and STI services through care and treatment programs and community home based care services through impact mitigation programs. According to the HIV Sentinel Surveillance Report 2014, HIV prevalence among pregnant women is 0.3%, Male STD patients is 10.1% and New TB patients is 4% in Myeik Township. Partners working with NAP are PSI, World Vision and Myanmar Positive Group.

The NAP provides PMTCT activities in Myeik General Hospital and Myeik AIDS/STI Team. In 2015, nearly 10,000 pregnant women attended ANC services and more than 6,500 pregnant women have been tested for HIV. Among them 24 were tested positive. Total 12 HIV positive women received Option B+ treatment and 12 pregnant women received Option B treatment. The number of patients on ART is 254 adults and 25 children. In 2015, 127,972 pieces of condoms have been distributed and 75,600 pieces of condoms directly to the FSWs.

Coverage of HIV prevention and Control activities in Myeik by all partners - 2014

Strategic Direction		Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	1,929
2	Men who have sex with men	MSM reached with HIV prevention programme	611
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	- -
4	Institutionalized populations	Prisoners reached with HIV prevention programme	163
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	1,597
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	487
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	151
8	Workplace	People in workplace reached with HIV prevention programme	55
9	Condom distribution	Condom distributed for free	347,977
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	151
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	33
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	151

Myeik is a township that is receiving GAVI support and implementing Health System Strengthening activities since its initiation in Myanmar in 2012. Key activities under GAVI-Health System Strengthening program are:

- Provision of free service package which will be a generic platform for delivering a comprehensive package of health services to hard to reach areas/ villages where majority of population in Myanmar are residing, and services containing key primary health care components (MCH, EPI, Nutrition & Environmental Health, etc)
- Introduction of performance payment system (per-diem and daily allowance payment to group of Basic Health Staffs to deliver package service in hard to reach areas)

- Coordination meetings like annual planning meeting and quarterly review meetings for strengthening social mobilization
- Introduction of Coordinated Township Health Planning (CTHP) with standard guidelines, conduct surveys on data quality and service quality
- Piloting demand side financing initiatives like Hospital Equity Fund and Maternal and Child Health Voucher Scheme for the poor for promoting referral system
- Research and development of long term plan for human resources for health
- Supplies of medicines, equipment, transport vehicles (motorbikes) and even infrastructure at the hard to reach areas
- Recruitment and training of Auxiliary midwives and Community Health Workers, to strengthen community health volunteers, in collaboration with units under Department of Public Health
- Capacity building of health providers on Health Systems Research, Leadership and Management, and Financial Management

PSI Top Center, Myeik Township

Focal Point: U Thet Aye, Field Operation Manager, PSI, Myeik

The **Targeted Outreach Program (TOP)** is international health NGO **Population Services International's (PSI)** flagship HIV program in Myanmar. Launched in 2004, TOP offers diagnosis, prevention, and treatment services to at-risk populations, including men who have sex with men (MSM) and female sex workers (FSW).

In 2004, the Myanmar government sought external assistance on HIV prevention. PSI, was brought on, aware that HIV interventions needed to target vulnerable populations like FSWs and MSM. In response, PSI launched TOP and its network of drop-in centers (DICs). TOP's aim is to reach and support the health needs of Myanmar's FSWs and MSM for HIV prevention.

TOP's network of 18 DICs across Myanmar provide HIV care services via:

- Case management through the cascade care model (assistance from initial diagnosis to optimal viral suppression)
- Outreach to the FSW and MSM communities through peer workers and TOP's network of DICs
- The 90 - 90 - 90 model:
 - TEST: aiming at 90% of reached population receiving HIV testing
 - TREAT: aiming at 90% of population tested positive receiving ART treatment
 - RETAIN: aiming at 90% of people on ART retained in the program for optimal viral suppression

TOP follows a community-led model to engage FSW and MSM. Almost all TOP staff are drawn from TOP's two target populations, with the exception of health specialists such as doctors and lab technicians. This inclusion of community members has been vital for TOP's success.

Since 2004, TOP has grown into one of the most pioneering and impactful projects for FSWs and MSM in Myanmar.

TOP receives funding from USAID and the Global Fund for AIDS, TB and Malaria.

TOP Center, Myeik*Established at 30 March 2010, to support the health needs of HIV key populations (MSM&FSW)*

TOP Myeik Staffs	
Position	Quantity
Clinic Doctor	1
Site Program Officer	1
Assistant site Program Officer	1
Counsellor	1
MSM peer leader	1
MSM peer educator	4
FSW peer leader	1
FSW peer educator	4
Office Domestic	1
Office Security	2
Total	17
Current Program Implementation	
Outreach Activity	
Reach, friendship, HE discussion, peer counseling Share DIC information and service delivery points Refer and support to take health services Distribute condom, gel, IEC materials Neighboring cities activities to Dawei, Kawthoung, Kyun Su, Tanintharyi and Palaw	
DIC Activity	
Provide safe and fun place Daily activity; open discussion, peer counseling Weekly activity; game, focus group discussion Monthly social group meeting; health education with entertainment	
Clinical Services	
HIV counseling and testing STI testing and treatment RH consultation and product provision TB testing and treatment OI management Refer to NAP for ART	
2016 Future Plan	
Advocacy and launching ART Decentralization Program implementation in line with case management model Start mobile clinic and mobile HCT services at selected areas Outreach activities focus on increasing HIV testing demand and Treatment; focus on higher risk key population points DIC activities work as entry point to health services, in safer environment	

Tuesday, 15 December 2015, Myeik

World Vision Myanmar (WVM) - Community based nutrition supports for mothers and children, supports for TB and MDR-TB patients

Focal Point: Daw Mi Mi Htway, Area Development Program (ADP) Manager, World Vision, Myeik

World Vision is an international Christian, non-profit, humanitarian relief and development organization and it has been working in Myanmar since 1991, with current operations in 11 out of 14 states/regions. Programs span a range of sectors including education, health, agriculture, livelihoods and child protection focusing on economic development, vulnerable children, humanitarian and emergency affairs. World Vision Myanmar has active MoU with Ministry of Health and Ministry of Social Welfare, Relief and Resettlement.

WVM is working on three areas of project activities in Myeik Township: (1) Empowering people infected and affected by TB to address TB, MDR-TB and HIV/TB problems, (2) Responding to malaria and related development issues through empowering people infected and affected by malaria, (3) Myanmar maternal, newborn and child health and nutrition project.

The goal of the TB, MDR-TB project is to reduce TB morbidity and mortality and lead to achieve Millennium Development Goal 6 in target areas. Key components of the project include pursuing high quality DOTS and enhancing the quality and expanding services to all TB patients, to sustain and further improve active case detection and treatment success rate; addressing TB/HIV, MDR-TB and other challenges such as TB care for high risk groups in border areas and infection control; and Advocacy, Communication, Social Mobilization (ACSM) and community based DOTS. The project is supported by the Global Fund.

With the support of Australian government, the WVM's Maternal, newborn and child health and nutrition project focuses on the first 1000 days of mother and newborn child. The activities are prioritized based on a review of health indicators in WVM's ADP as well as the strategic plans and guidelines set out by the Department of Public Health. The project ensures pregnant women get adequate diet, iron/folate supplements, Tetanus Toxoid (TT) immunization, healthy timing and spacing of delivery, access to antenatal care, safe delivery by skilled birth attendant, post-natal care and referral for complications by trained community health workers. It also make sure the children age between 0-23 months get Essential Newborn Care, appropriate breast-feeding, infant and young children feeding (6-24 months) and positive deviance/hearth, adequate iron, access to full immunization for each age category including age related Vitamin A supplementation, oral rehydration therapy and zinc, prevention and care seeking for acute respiratory infection.

Main findings

- Coordination between NGO and local government stakeholders in health and education sectors is noteworthy.
- As a result, community based activities including DOTS and MDR-TB patients care, growth monitoring and nutrition provision to mothers, infants and preschool children, health education to school children show more success stories in Myeik township than other project areas.
- CBOs supported by World Vision Myanmar are well organized, very active and the activities are well integrated into the government system through services provided by health centers and education facilities.
- Adult and childhood TB suspect referral system from community health volunteers to health centers is well functioning.

- According to the focal person, more resources are demanding for clean water and good environmental sanitation as it can result better impact on the current project running in the area.

Kyun Su Township Hospital - Health system strengthening, reproductive health and disease control

Focal Point: Dr Thant Zin Maung, Township Medical Officer, Kyun Su

The Kyun Su Township is situated on Ka Tan Island of Myeik Archipelago (Myeik Kyunsu) in Andaman Sea, west to the mainland of Myeik Township and Tanintharyi Township. It has one township hospital, 3 station hospitals and 37 rural health centers and sub-RHCs. Most of the villages and some health centers are in the remote areas scattered on the islands and the only transportation is by boat. It has no MCH unit as well as disease control units and the township hospital and Katan RHC is covering all the urban health center activities.

Kyun Su Township hospital is a 25 bedded facility headed by a Township Medical Officer. The unit had at the time of the visit 24 patients admitted. The facility is able to do all the minor operations and some major operations and has X-ray facilities. There is a new X-ray machine provided by the MoH for 3 months but is not functioning due to the different technology applied and requirement of the new setup. Medication and other medical supplies are provided from the national and regional level. There are also supports from GAVI HSS Hospital Equatorial fund to all hospital deliveries and poor under 5 children patients by means of daily allowance and transportation charges.

However, the transportation is still a big challenge in Kyun Su Township. Due to the landscape nature and inaccessibility to the health centers from the villages situated on the scattered remote islands, the community service utilization is still low but improving with various supports from the government and external donors. There are 4 cases of maternal death in 2015 and MMR is 0.6%. IMR is 5.9%, U5MR is 20.8% and abortion rate is 2.7%. The statistic shows improving trend of health impact indicators in both diseases control and reproductive health.

Common diseases treated are diarrhoea and acute respiratory tract infection (ARI), dysentery and malaria. EPI coverage is around 80% for PENTA-3, OPV-3 and TT-2 and around 70% for BCG and Measles 9 months. There are 21 out of the target 183 new sputum positive TB cases and 464 cases of malaria in 2015. There are only 2 PLHIV detected through PMCT program and all are taking ARV.

There is a well-defined disaster preparation plan followed the guideline of national disaster preparation and management committee in all the townships of Tanintharyi region including Kyun Su Township although there is very low risk of natural disasters like flood, tsunami and landslides.

The township hospital has a good coordination with Navy medical unit in Kyun Su. There is a good referral procedure between the two facilities and the township hospital had received transportation assistant from the Navy site for some emergency cases. Regarding human resources, all the vacant positions of basic health staff in the township are recruited except for PHS-II position, which has 37 vacancies.

Main Findings

- There is remarkable increase in community service utilization of health facility with the increasing support from GAVI for health system strengthening.
- The township hospital, station hospital and health centers in Kyun Su Township are in need of nurses and PHS-II; the disease control focal persons.
- No issue was identified around availability and provision of commodities and stock-outs during the visit.

- With the onset and increase of GFATM, GAVI, other external resources and government supports on health, the improved impact from the disease control and Reproductive Health programmes are noticeable – incl. in morbidity and mortality data.

Wednesday, 16 December 2015, Kawthoung

District Medical Office, Kawthoung - National TB Programme, TB Laboratory, National Malaria Control Programme and VBDC Team

Focal Point: Dr Nay Lin, District Medical Officer, Kawthoung

The TB center in Kawthoung is a NTP, TB/HIV collaborative site. Activities include a) routine TB care, diagnosis and treatment, b) intensified case finding by HIV testing among TB patients after counselling, and vice versa, c) Isoniazid Preventive Therapy and infection control, d) Co-trimoxazole Preventive Therapy promoted in accordance with International Standards for Tuberculosis Care (ISTC). The existing TB team includes a TB coordinator (team leader), a TB Nurse and a Lab Technician (sputum smears for AFB).

Detail data of National TB Programme, Kawthoung at the end of 2014:

National TB Programme 2014 data	
Population	102380
Case Notification Rate of Bacteriologically Confirmed	159
Case Notification Rate of All form TB cases	599
Total Registered TB Case	613
Case Detection Rate	123%
Treatment Success Rate	83%
Cure Rate	66%
Complete Rate	18%
Died Rate	2%
Failure Rate	7%
Lost to Follow up	7%
Not Evaluate	1%

Kawthoung Township implements a number of malaria activities as part of the NMCP including routine malaria diagnosis and treatment activity. The urban area of Kawthoung has no risk to Malaria but in rural area, 58 villages are at high risk and 6 villages at moderate and low risk.

Among total population of 221,277 in 2014, there were a total of 29,651 out-patient attendances and no. of confirmed malaria cases was 463 (1.56%). The no. of total in-patient attendances was 5,416 and 203 cases (3.75%) were diagnosed as confirmed malaria. The malaria morbidity rate for 2014 was 4.76 per 1000 population and there was no malaria death in Kawthoung. The rate of confirmed malaria among under 5 children was 1.38% of total attendances and the rate of pregnant mothers was 0.09%.

Thursday, 17 December 2015, Kawthoung

American Refugee Committee (ARC) - Health screening at border crossing point (primarily malaria)

Focal Point: Dr Aye Aye Than, ARC

The American Refugee Committee (ARC) is an international non-profit, non-sectarian organization that has provided humanitarian assistance and training over the last 35 years. ARC works with refugee communities in 11 countries around the world, helping people regain control of their lives. ARC provides shelter, clean water and sanitation, health care, skills training, microcredit education, protection and other support to beneficiaries. With funding support from the Global Fund, ARC is implementing malaria control and artemisinin resistance containment activities in Kayin and Mon States, as well as Tanintharyi and Bago East regions since February 2014 in conjunction with the National Malaria Control Programme and local community-based organizations.

During the months of July, August and September of 2014, 2147 individuals received first-line antimalarial treatment according to the national policy as a result of ARC's anti-malarial activities in Myanmar. 205 village health volunteers (VHV) have been trained in order to facilitate the diagnosis, referral and treatment of drug resistant malaria amongst remote, hard to reach, and migratory populations living throughout South-eastern Myanmar.

Project activities highlight include:

- Provision of universal access to malaria diagnosis and case management for more than 160,000 beneficiaries in previously uncovered areas in south-eastern Myanmar.
- Training for 40 health facility staff and 261 community and mobile health volunteers to provide malaria diagnosis, treatment, and referral.
- Establishment of 14 "malaria corners" at high-volume border crossings along the Myanmar-Thai border to provide LLINs, diagnose and treat migrant workers as they travel between the two countries.
- Increase awareness of the malaria prevention and the importance of testing and treatment.
- Promote community involvement in community-based malaria case management using DOT.
- Provide universal coverage to at-risk populations through the distribution of more than 50,000 Long-Lasting Insecticidal Nets (LLINs).
- Build the capacity of local community based organizations to conduct malaria prevention campaigns and provide health care services.
- Several research methods will be used to achieve particular research objectives including:
 - A household survey on knowledge and practices related to malaria prevention and treatment.
 - A health facility survey on a range of quality of care indicators including provider practices and clinic supply management.
 - Exit interviews among migrant and mobile populations at key border crossing points, to capture data on demographics, health behaviors, and ease of access to services.
 - Qualitative research with village malaria volunteers on beliefs and attitudes related to health service seeking behaviors.

Annex A

Participants list:

Sr.	Name	Title	Organization
1	Dr Than Win	Deputy Director General. Disease Control	MOH
2	Dr Chan Nyein Maung	Assistant Director, National Malaria Control Program	MOH
3	Dr Kyaw Zay Ya	Regional Public Health Director, Tanintharyi Region	MOH
4	U Thawdar Htun	Chairperson	Myanmar Positive Group (MPG)
5	Daw Thuzar Win	Chairperson	Sex Workers in Myanmar Network (Swim)
6	Dr. Than Htun Myint	Vice President (Health)	Byamaso Social Welfare, Mandalay
7	Mr. Ole Schack Hansen	Senior Project Officer	M-HSCC Secretariat
8	Dr Aung Nay Oo	Program Officer	M-HSCC Secretariat
9	Dr Nant Khin Thu Zar Thein	Liaison Officer	M-HSCC Secretariat

Oversight visit Mission Plan – Dec 14 to 17, 2015

Date	Time	Description
14.12.2015 (Monday)	06:30	Depart from Yangon with Myanmar National Airline UB 305
	07:25	Arrive to Myeik Airport
	07:30 to 08:30	Travel from Airport to Hotel Grand Jade
	09:00 to 10:30	Courtesy Meeting with District Medical Officer and focal persons for HIV, TB, Malaria, MCH, Nutrition and GAVI HSS programmes <ul style="list-style-type: none"> - Dr. Lwin Lwin Mon, District Medical Officer <p align="center">and</p> Observe TB team, VBDC team, HIV team, Nutrition team, MCH team and GAVI HSS activities at District Medical Officer Office
	10:30 to 11:30	Courtesy Meeting with Medical Superintendent in Myeik <ul style="list-style-type: none"> - Dr Thandar Myo Win, Medical Superintendent Visit Myeik General Hospital <ul style="list-style-type: none"> - ART center - laboratory (Lab tests for HIV & AIDS, TB and Malaria , CD4 machine)
	11:30 to 01:00	Visit partner organization (PSI) HIV: services at PSI drop in center Top Center, U Myat Lay Street, Myo Thit Ward.
	01:00 to 02:00	Lunch
	02:00 to 04:30	Visit In-Ka-Maw RHC to observe routine activities at the RHC level (activities of Midwives) <ul style="list-style-type: none"> - malaria activities (Prevention, Diagnosis, Treatment and Referral) - TB screening and treatment - HIV activities - AN care and PN care - EPI activities to meeting with Village Health Volunteer
	Night stop at Myeik	
15.12.2015 (Tuesday)	09:00 to 11:00	Visit partner organization (World Vision) <ul style="list-style-type: none"> - TB: community based TB and MDR-TB care - MNCH activities Aung Mingalar (to observe Immunization and Nutrition activities) Inlay Myaing (to observe TB and MDR-TB care) Pha Yar Kaing (to observe Health Education to school children) Kalwin Kindergarden (to observe Nutrition activities)

	11:00 to 12:30	Travel to Kyun Su Township with boat
	12:30 to 01:30	Lunch (Lunch Box)
	01:30 to 02:30	Meeting with Kyun Su Township Medical Officer <ul style="list-style-type: none"> - Dr Thant Zin Maung, Township Medical Officer observe health activities (Malaria, TB, HIV, GAVI HSS) and visit Ka Tan RHC
	02:30 to 4:00	Back to Myeik
		Night stop at Myeik
16.12.2015 (Wednesday)	09:20	Depart from Myeik with KBZ Airline K7 319
	10:10	Arrive to Kawthoung Airport
	10:10 to 11:00	Travel from Airport to Garden Hotel
	11:00 to 12:00	Courtesy Meeting with District Medical Officer in Kawthoung <ul style="list-style-type: none"> - Dr Nay Lin, District Medical Officer Visit Kawthoung General Hospital <ul style="list-style-type: none"> - TB Laboratory (Gene X-pert machine) service, OT room , MCH team
	12:00 to 01:00	Lunch
	01:00 to 02:00	Meet with Kawthoung VBDC team, Malaria Field Project Coordinator and Data Assistant for Malaria activities
	02:00 to 04:30	To visit 10 Mile RHC <ul style="list-style-type: none"> - to observe routine activities at the RHC level (activities of Midwives) - malaria activities (Prevention, Diagnosis, Treatment and Referral) - TB screening and treatment - HIV activities - AN care and PN care - EPI activities
		Night stop in Kawthoung
17.12.2015 (Thursday)	09:00 to 11:30	Visit border crossing point for health screening (primarily malaria) (ARC) Maliwun village (22 mile jetty)
	11:30 to 12:30	Check out and Travel from Hotel to Airport
	12:55	Depart from Kawthoung with Myanmar National Airline UB 302
	14:45	Arrive to Yangon