

**M-HSCC ExWG Oversight Visit  
Kalay, Hakha and Falam  
06-10 February 2017  
Mission Report**

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## **Introduction**

As part of the M-HSCC Executive Working Group's oversight mandate, a trip was organized from 06-10 February 2017 for M-HSCC Executive Working Group members to visit a number of activities under Public Health programmes in Kalay (Sagaing Region), Hakha and Falam (Chin State).

The 3½ days visit included a varied mix of public health programmes including HIV, TB, malaria, maternal and child health, school health, harm reduction and sexual and reproductive healthcare activities. The programme agenda is available in the Annex 1.

Four government officials from MoHS, Deputy District Public Health Officer of Kalay District, two representatives from the UN constituency, two representatives from the donor constituency, one representative from CBOs and one representative from People Live with or Affected by Diseases constituency participated in the oversight visit. Three M-HSCC secretariat staffs organized this visit. Please refer to Annex 1 for full list of participants for the visit.

**Date : 6<sup>th</sup> February 2017 (Monday)**

**Time : 14:30 – 16:30**

**Place : Kalay District Health Department**

**Activity: Meeting with focal staff of district health department and discussion of Health System and services, local issues and challenges**

**Focal person: Dr Soe Moe Htwe, Deputy District Public Health Officer and Deputy District Medical Officer**



The total population of the Kalay Township is 101,519. The urban and rural population ratio is 1:1.8 and the male and female ratio is 1:1.04. The health facilities of Kalay Townships are:

General Hospital (300 bedded)	-	1
Station Hospital (Natchaung, Tinthar, Yarzago)	-	3
Military Hospital ( 100 bedded )	-	1
Leprosy Campaign	-	1
TB Campaign	-	1
VBDC Team	-	1
STD Team	-	1
School Health Centre	-	1
MCH Centre	-	1
Social Welfare	-	1
Kalay University Dispensary	-	1
Indigenous Medicine Clinic	-	1
Station Health Unit (Natchaung)	-	1
Rural Health Centre	-	8
(Tahan, Pyinkhongyi, Kantha, Myauksi, Tinha, Innkyun, Letpanchaung, Kyaungtike)		
Sub RHC	-	47

The organizations working in Kalay Township are Myanmar Maternal and Child Welfare Association (MMCWA), AFB, Myanmar Medical Association (MMA), Myanmar Council of Churches (MCC), Nurses Association, HA association, UNICEF, MSI, PSI, MRC and AHRN. Below data are from the Township Health profile:

### Five leading causes of Morbidity and Mortality

No	Morbidity		No	Mortality	
1	Diarrhoea	2478	1	ARI	6
2	ARI	1628	2	Viral Hepatitis	3
3	TB	683	3	Encephalitis	2
4	Dysentery	638	4	Food Poisoning	1
5	Malaria	80	5	Diarrhoea (Severe)	1

### Hospital Service Indicators (Kalay General Hospital)

	2013	2014	2015	2016
Total No of Out Patients	33405	65479	90692	119075
Total No of Admissions	12410	12650	14554	15849
Total No of Deliveries	1041	1037	1214	1801
Total No of Abortions	157	70	119	137
Total No of Deaths	122	144	188	146
Average No of Out Patients Per day	136	266	369	486
Average No of In Patients Per day	197	213	322	238
Average Duration of Stay (days)	6	6	6	6
Bed Occupancy Rate (%) (Base On Sanctioned Bed)	85	106	161	79

### Malaria

	2013	2014	2015	2016
Confirmed Malaria	875	442	194	80
Cerebral Malaria Cases	5	14	2	1
Malaria Death	1	-	-	-
CFR	1.4	-	-	-

### TB

	2013	2014	2015	2016
Registered Cases	634	688	724	639
Sputum Positive Cases (New+Old)	383	273	255	234
Sputum Positive (New PTB)	205	204	210	200
Case Detection Rate (CDR) (%)	61.96	60	60	56.18
Cure Rate (%)	83	80	81	88
Treatment Success Rate (%)	86	80	83	82.18
Defaulter Rate (%)	3.9	6.3	2.5	1.9
Smear Negative Pulmonary TB	125	165	365	374
Smear Positive Relapse TB	18	69	34	23
Extra Pulmonary TB	83	53	95	31

### PMCT (Prevention of Mother to Child Transmission of HIV)

	2013	2014	2015	2016
No of AN pretest counselling	3954	4566	5919	5914

No of AN for HIV Test	1461	4423	5093	5853
No of AN with HIV (+)	19	21	27	18
No of got Post-test counselling	1461	4566	5061	5853
No of Spouse taken smear	102	189	263	1226
No of deliveries with HIV (+) pregnant Women	15	11	11	34
No of Spouse with HIV (+)	3	4	32	12

## Findings

- Drug sensitive TB: case detection and treatment success rate are lower than the standard targets. The standard case detection rate is 70% and in Kalay, it is about 50-60%. In Kalay Township, the Childhood TB cases are 25% of the total registered TB cases. WHO recommended that maximum Childhood TB cases should not be higher than 15% of the total registered TB cases. So NTP is concerned about the diagnosis rate of Childhood TB in Kalay. In previous years, total Childhood TB cases in Kalay were about 40%, but it decreased over the years but still remain above the WHO recommended acceptable maximum rate.
- Kalay Township is the MDR-TB treatment initiation site; Kalay Township has GeneXpert machine, physician and other lab investigations can be done in Kalay hospital. According to 2016 data, about 400 cases were tested for MDR TB with the GeneXpert machine and among them 10% are Rifampicin resistance cases. Among these Rifampicin resistance cases, about 50% are getting MDR-TB treatment. One died and the remaining are still receiving counselling. In Kalay Township, there are many cases where patients refuse to take the MDR-TB treatment because of low education status and because patients are afraid of the side effects of the drug and prefer to use the traditional medicine.
- Kalay Township is a TB-HIV collaborative township. According to data from 2015, 40% of TB-HIV co-infected patients get ART during their TB treatment and 75% of TB-HIV co-infected patients get Co-trimoxazole Preventive therapy (CPT) during anti TB treatment.

**Date : 6<sup>th</sup> February 2017 (Monday)**

**Time : 16:45 – 17:30**

**Place : AHRN office, Kalay**

**Activity: Meeting with AHRN focal staffs and discussion of Harm Reduction, HIV/AIDS and TB services, achievements and challenges**

**Focal person: Dr Win Zaw, Programme Coordinator**



The Asian Harm Reduction Network (AHRN) is an international information and support network created to link and support the people and programs working in Asia to reduce drug-related harm among people who use drugs with a focus on HIV and other blood-borne diseases.

AHRN Kalay Drop In Centre (DIC) and Methadone Maintenance Therapy (MMT) One Stop Shop funded by the 3MDG started in February 2015. However, the MMT One Stop Shop activity stopped in December 2016 due to the unavailability of space at General Hospital Kalay.

### **AHRN Kalay Activity**

#### **Outreach Based Service**

1. Health Education Session
2. Needle and Syringe Exchange Program
3. Condom Distribution
4. IEC distribution
5. Promote DIC services
6. Referral service (Refer the PWID/PWUD to DIC if needed)
7. Overdose Prevention and Management
8. Mobile HIV Testing and Counseling (HTC) (March 2017)

#### **DIC based Service**

1. Recreation services (TV, Indoor sport, tea and snack etc...)
2. Medical services (PHC, TB, Malaria, STI, etc...)
3. DIC based Health Education Session
4. IEC distribution
5. Condom distribution
6. DIC based Needle and Syringe Exchange Program

7. HTC
8. Other Counseling
9. Referral services (Hospital, Drug Treatment Centre, ART and MMT)
10. Hepatitis B virus (HBV) screening and vaccination Programme
11. TB screening and treatment
12. Overdose Prevention and Management

### Activity Achievement in 2015-2016

Indicator	Year 2015	Year 2016
Number of IEC materials distributed	10,304	17,833
Number of PWID reached through outreach	256	549
Number of PWUD reached through outreach	196	336
Number of PWID reached through DIC	282	490
Number of PWUD reached through DIC service	304	512
Number of Health Education Sessions conducted	57	91
Number of needles and syringes (NS) distribution	35,308	97,556
Number of condoms distributed	17,853	29,400
Number of clients referred for MMT	66	37
Number of clients referred for ART	16	07
TB screening referral	31	74
Hospital referral	13	13
Number of PWID screened for HBV	155	198
Number of PWID vaccinated for HBV	123	141
Number of PWUD screened for HBV	141	219
Number of PWUD vaccinated for HBV	122	143

### Mobile TB ACF Activity

AHRN has been implementing TB Active Case Finding (ACF) activity since October 2016 funded by the GFATM. The ACF team is based in Kalay and covers the Kalay and Tamu areas currently and plan to expand to other areas in 2017.

	Oct-Dec 2016	Remarks
Number of clients screened for TB (Sputum)	456	
Number of clients screened for TB (CXR)	0	No digital X-ray machine during this period which arrives only in Jan 2017.
Number of TB confirmed cases (all forms including bacteriologically and clinically)	11	

### Expansion Activity in 2017

Mobile HIV Counselling and Testing (HCT) activity is planned for 2017 and the main purpose of this activity is to increase access to HIV testing and ART provision through referral to ART providers.

### Findings

- For needle and syringe distribution programme, due to the hidden nature of the targeted population, the achievements are low. In 2016, 90,000 needles and syringes were distributed and only 20,000 were returned back to the centre as some drug users used the drugs at their home and disposed the used ones into the toilets of their homes instead of giving back to the centre.

- AHRN provides STD treatment but there are very few cases in Kalay and it is only the syndromic treatment without testing.
- HIV positivity rate at AHRN in Kalay is decreased from 2015 to 2016 and this may be due to the impact of their programme.
- At first, the community in Kalay did not accept the distribution of syringes and needles and they preferred the anti-drug programme. AHRN conducted various advocacy meetings and health education sessions to the community and now the community accepts this programme.
- There is a Harm Reduction Steering Committee in Kalay and due to the positive impact of this committee, the local authorities and the village committee leaders are willingly to support the needles and syringes distribution programme.
- Since October 2016, AHRN has been implementing ACF not only targeting drug users but also the general population. There are altogether 30 TB patients at AHRN (20 patients from general population and 10 drug users). Anti-TB drugs for the TB patients at AHRN are available from NTP. Treatment and adherence is good, no defaults and no lost to follow up cases.
- ACF team has 8 staff and the quality control for interpreting X-rays is done by sending the soft copy of the X-rays to the regional office for review. No response has been received yet as the mobile ACT activity started only in January 2017. Go the training from government and PSI. The staff received trainings from the government and PSI.

**Date : 7<sup>th</sup> February 2017 (Tuesday)**

**Time : 15:30 – 16:30**

**Place : State Public Health Department, Hakha**

**Activity: Meeting with focal staff and discussion of health system, services, achievements and challenges, discussion of MNCH activities supported by 3MDG Fund through Save the Children**



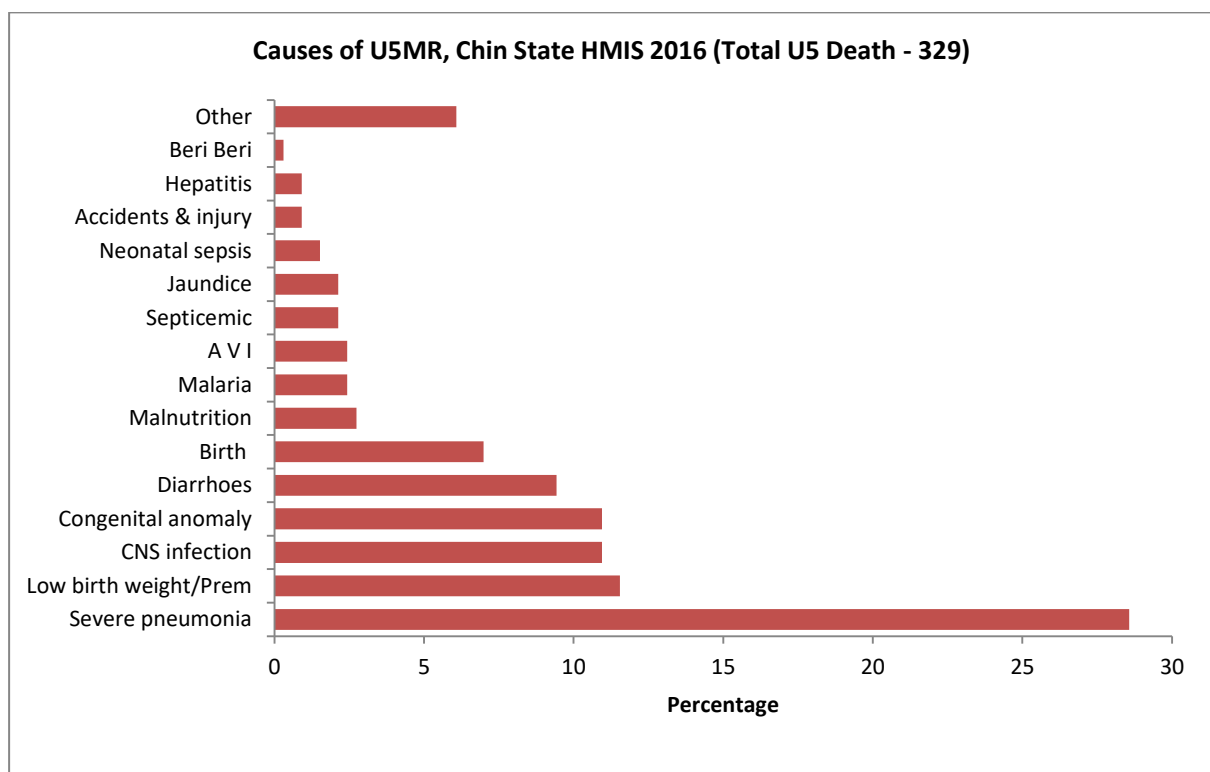
Chin State is a highly mountainous state in western Myanmar with a total population of around 500,000 people in 2015. It has 9 townships in 3 districts and the population density is 36.2/square miles. About 4/5 of the total population are living in rural areas. According to the 2015 annual health service coverage evaluation, the doctor: population ratio is 1:5866, health assistant: population ratio is 1:14838 and midwives: population ratio is 1:1505.



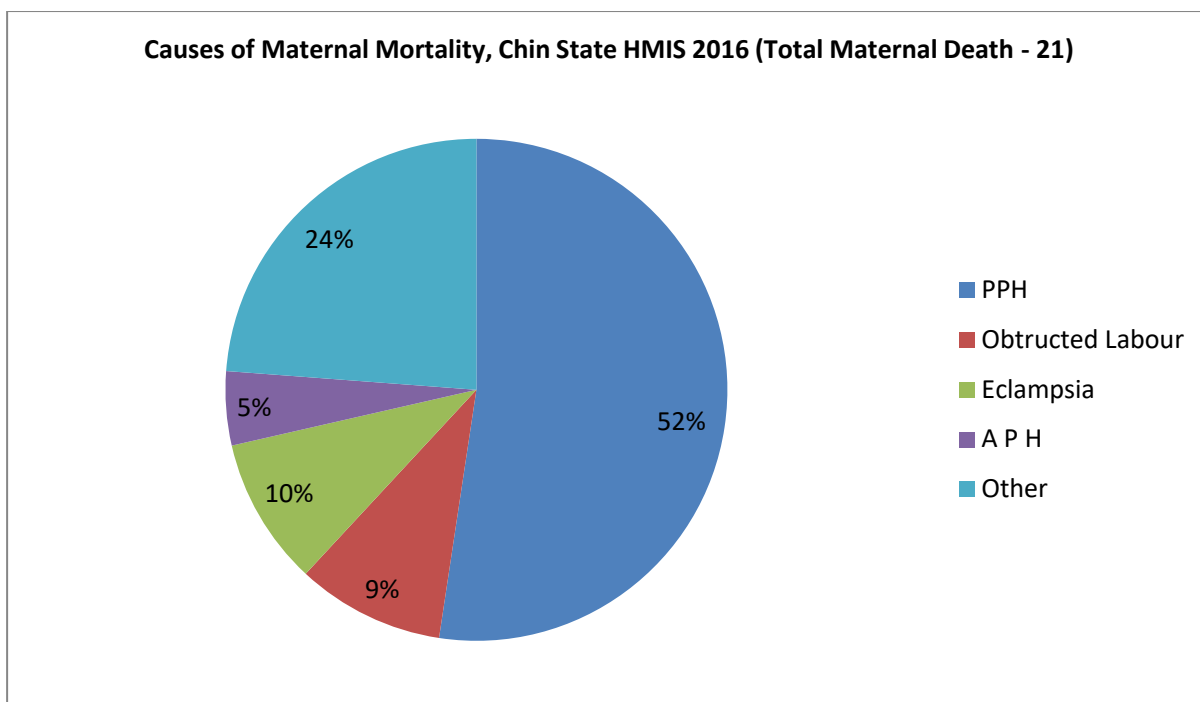
Lack of health human resources and infrastructure are big challenges in the Chin State Public Health Department. Nearly half of appointed staff positions are vacant, only about 60% of rural and sub-rural health centers have actual dedicated physical structures and among them only a few are fully equipped.

In 2015, the crude birth rate (CBR) and crude death rate (CDR) of Chin State was 25.59 and 4.61 per 1000 population. Maternal mortality ratio was 170.44 per 100,000 live births. Infant mortality rate was 16.89 and under 5 children mortality rate was 25.49 per 1000 live births. Skill birth attendance (SBA) rate was 55.18 while institutional delivery rate was 20.38 which can be correlated to the lack of infrastructure and facilities in the health centers. According to the 2016 Demographic Health Survey, underweight rate is 30, stunting rate is 53.8 and wasting rate is 3.8.

The 2015 annual health services coverage evaluation showed diarrhoea, pneumonia, malaria, dysentery and TB, which are preventable diseases, are top five leading causes of morbidity as well as mortality. All the townships in Chin State have staff who received training on Integrated Management of Newborn and Childhood Illness (IMNCI); Basic Emergency Obstetric Care (BEmOC); Helping the Babies Breathe (HBB); Child Survival Development Revolution (CSDR). There is also a plan for receiving training on Maternal Death Surveillance and Response (MDSR) from the Central Maternal Health Project.







Due to geographical difficulties, routine immunization was introduced in Chin State only in 2014. Routine immunization coverage is improving (>80%) in most townships except very remote areas like Paletwa and Tongzang. According to an analysis of problem of access and utilization of immunization done in 2015, only one township, Tiddim falls in category I (no problem, good utilization and access), 7 townships fall into category II (problem with poor utilization, but good access), one township, Paletwa falls into category IV (problem with poor utilization and access).

According to the state TB team data (2016), there is a total of 850 TB patients. Among them 128 are new sputum smear positive TB patients. Case detection rate is 24.28%, TB cure rate is 78.62% and Death rate is 2.7%. Out of 9 townships, Thantlang, Tongzang and Matupi has the lowest case detection rate of 5.6%, 9.7% and 13.3% respectively, while Hakha has highest rate at 44.6%.

There is a state AIDS/STD prevention and control team in Hakha. ART initiation is provided in Hakha and Mindat General Hospitals. Falam is a decentralized ART site since 2015, but still not functioning. According to the AIDS/STD team data (2016), there is a total of 124 patients taking ART from the two ART centers in Hakha and Mindat hospitals. Among them 21 patients are children. PMCT service is provided in 6 out of 9 townships in Chin State.

The annual malaria blood examination rate (ABER) is 9% in 2016, while the total positivity rate (TPR) is 13%. Annual parasite incidence rate is 12.11 per 1,000 populations. Yearly malaria status showed a decreasing trend where the total positivity rate of 45% in 2007 was reduced to 13% in 2016. LLIN are yearly distributed in all townships.

GAVI HSS activities are implementing in 6 townships. The activities include supportive supervision at state and township level, on MCH, nutrition and environmental health services. GAVI HSS also provide the Hospital Equity Fund and support quarterly and annual meetings of health staff from the 6 townships. Chin State Health Department including all the township health departments received a total amount of 178 million kyats from the World Bank Loan in the 2015-16 fiscal year and will receive 717 million kyats in the 2016-17 fiscal year.

## Findings

### Chin State Health Department

- Chin state is one of the very remote places in Myanmar. Due to its high mountains, transportation is a serious problem especially in the rainy season for the rural populations resulting high transportation cost for providing health services. Due to the rich diversity of tribes among the Chin people, language barriers are a prominent obstacle for providing health education. Due to these barriers, the understanding of health knowledge by local people especially in rural communities is significantly low.
- There is a big gap in human resource and health infrastructure availability, which has significant impact on health programmes and projects. There is also a frequent turnover of health staff.
- Basic health staffs are occupied with trainings and meetings rather than their primary health care activities.
- The linkage between the Department of Public Health and Department of Medical Services needs to improve especially for the data flow and reporting system.
- The state and township health departments only received World Bank Fund (2016-17) in January 2017. It is quite challenging to spend 178 million kyats before end of the fiscal year, which is only 2 months left. The current baseline system as well as absorption capacity of the local health facilities should be considered when allotting the budget.
- There is overlapping support in 5 townships for the transportation allowance to patients who have been referred to the township hospitals where both GAVI's Hospital Equity Fund and 3MDG referral supports are provided. The township health departments have to use either source of funding for the patients' benefit while there is no clear description or criteria for selecting patients.
- Currently, the PMCT project is only implemented in 6 out of total 9 townships. The National AIDS Programme should expand PMCT services to the remaining 3 townships.
- There is an annual state level coordination meeting between State Public Health Department and all the INGOs working in Chin State. Township health departments also organize quarterly coordination meeting with INGOs.
- Until now, most of the INGOs working in Chin State implement their activities only in 4 to 6 townships. INGOs are recommended to expand their services to cover all the townships and/or add necessary additional interventions in the current implementation such as expansion of malaria control activities to the remaining townships by MCC, integration of HIV interventions and services into the MSI's current set up of providing sexual and reproductive health.

**Date : 8<sup>th</sup> February 2017 (Wednesday)**

**Time : 09:00 – 10:00**

**Place : Hakha General Hospital**

**Activity: Courtesy meeting with Medical Superintendent and discussion of health system, services, achievements and challenges**

**Focal person: Dr Tin Hla, Medical Superintendent**



The Hakha Township has the total population of 48,647. The urban and rural population ratio is approximately 1.1:1 and the male and female ration is 1:1.1. The health facilities of Hakha Township are one 200 bedded State Hospital, one Station Hospital (Sur Khua), one School Health Team, four RHC (including SHU), one MCH clinic, 18 Sub RHCs, one VBDC team and one TB team. The NGOs working together with MoHS in Hakha Townships are Myanmar Women's Affair Federation (MWAFF), Maternal and Child Welfare Association (MCWA), Myanmar Health Assistant Association (MHA), RED Cross Association, Save the Children, Auxiliary Fire Brigade, Myanmar Medical Association (MMA), Myanmar Nurses Association (MNA). Below is some of Hakha Township's health profile:

**Five Leading Causes of Morbidity & Mortality (Disease under National Surveillance)**

No	Morbidity	Cases	No	Morbidity	Case
1	Diarrhoea	822	1	Diarrhoea	1
2	ARI	393	2	ARI	4
3	TB (all)	230	3	Malaria	-
4	Dysentery	49	4	TB (P+EP)	1
5	Malaria	27	5	Dysentery	-

**Malaria**

Item	2015	2016
Out-patient MP (+ve)	47	20
Malaria cases (in-patient)	5	7
Cerebral malaria	3	-
Severe malaria	-	-
Case Fatality Rate (in-patient)(CFR)	20%	-
Malaria rate (Out-patient)	0.22	0.009
Malaria rate (Population 100000)	116.95	58.87

TB

Item	2015	2016
Pulmonary TB (Sputum +ve) New	21	22
Pulmonary TB (Sputum +ve) Old	3	7
Pulmonary TB (Sputum -ve) Old	3	4
Pulmonary TB (Sputum +ve)	114	171
Extrapulmonary TB	25	23
<15 Years	-	134
CNR (Bacteriologically confirmed)	53.98	67.6
CNR (All TB cases)	366.62	379.44
Cure rate of new smear positive	58.33%	64.71
Treatment success rate	58.33%	64.71%
Case detection rate	45.65%	18.75%
Target cases	46	48

#### Health Services Indicators

Item	2012	2013	2014	2015	2016
Total number of out-patients	11402	11339	23927	25020	25034
Total number of in-patients	2666	3023	4903	5160	6477
Total number of Deliveries	186	218	339	401	438
Total number of Abortions	83	115	83	156	128
Total number of Deaths	21	22	30	21	52
Average No. of out-patients per day	49.08	46.47	97.26	114.7	102.2
Average No. of in-patients per day	45.05	43.14	77.52	96.76	84
Average Duration of Stay (Days)	6.12	6.14	7.07	6.86	5.6
Bed Occupancy Rate Based on Sanction bed	20.86	21.57	35.89	44.80	38.9

#### Hakha Hospital Profile

The Hakha General Hospital is a 200 bedded hospital. Below is some information on the Hakha General Hospital profile:

#### Health Man Power

No.	Position	Sanctioned	Appointed	Vacant
1	State Medical Service Director	1	1	-
2	Specialist	17	2	15
3	Deputy Medical Service Director	1	-	1
4	Specialist AS	17	1	16
5	AS	68	23	45
6	Dentist	2	2	-
7	Administrative Officer	3	-	3
8	Assistant Engineer	1	-	1
9	Matron	1	1	-
10	Officer	5	2	3

11	Sister	14	13	1
12	Junior Engineer (Civil)	1	-	1
13	Junior Engineer (Electrical)	1	-	1
14	Junior Engineer (Mechanical)	1	-	1
15	Technician-2	12	6	6
16	Staff Nurse	94	45	49
17	Train Nurse (3)	180	64	116
18	Clarks and others	78	57	21
19	Others	119	59	60
	<b>Total</b>	<b>616</b>	<b>275</b>	<b>341</b>

#### Hospital Indicators (2016)

1	Sanctioned beds	200
2	Available beds	200
3	No. of Admission	5380
4	No. of Discharges and deaths	5377
5	No. of Deaths only	51
6	No. of Out patients	22917
7	No. of Patients days	30468
8	Average number of out-patient per day	94
9	Average number of in-patient per day	83
10	Average duration of stays (in days)	6 days
11	% of occupancy based on sanctioned beds	42%
12	% of occupancy based on available beds	42%
13	Average turn-over of patients per bed per year	26.89
14	Average turn-over interval (in days)	8 days
15	Hospital Death Rate	0.95%



#### Findings

- In term of medical service, Hakha general hospital has enough medicines, instruments and equipment but there is a lack of staff.
- In term of public health, there is an insufficient number of both qualified staff and well equipped health facilities.
- There is no team leader for the school health team, HIV/AIDS team and TB team.
- The number of HIV cases is relatively low compared to other states and regions. PLHIV from some villages far from Hakha get their ART in Sagaing Region (Kalay and Gantgaw).

- The allocated funds from World Bank loan for Hakha Township is 11 million kyats, but according to the MS/TMO, all allocated funds can be spent as they have the work plan and the micro planning for this loan.
- Although Hakha General Hospital has very few specialists, the hospital is, according to their own reports, able to manage lifesaving emergency cases except the cardiac cases. Cardiac cases are referred to Mandalay Hospital.
- Weakness in the health information system was identified as the information generated from the public health data and those from medical service were not similar. There should be only one combined and consolidated data set for the townships/state.
- According to the data from NTP, the sputum (+) rate was 12% and the rest (88%) were clinically diagnosed. This is significantly different from the national data. The national data of sputum (+) and clinical diagnosis is around 40:60. MoHS at central level in NPT is hence concerned about the over diagnosis of TB in Hakha.
- It was noted that TB- HIV co-infected patients get ART only after completion of TB treatment as per physician's decision. That is why only 29% of co-infected patients get ART during TB treatment. Advocacy should be done at all appropriate levels to start ART during TB treatment.

**TB/HIV activities (all TB cases registered during the quarter) (1Q+2Q+3Q 2016)**

No.	Township	Number of patients tested for HIV or/and known HIV status (Pos / Neg) at the time of Diagnosis registered in the Township TB register	No. of HIV-positive TB patients	HIV-positive TB patients Start CPT and ongoing CPT	No. of HIV + TB patients Start ART and ongoing ART
1	Falam	29	2	2	0
2	Hakha	162	21	10	7



- The school health team would like to implement the School Lunch programme in Hakha. Children in Chin state normally have 2 meals per day: a breakfast and dinner. They skip lunch. So most of the children are malnourished compared to other states and regions. As a result, the school performance is not very good. The school health team also requested more and better dental equipment for dental health activities.

**Date : 8<sup>th</sup> February 2017 (Wednesday)**

**Time : 13:30 – 14:30**

**Place : CAD office, Hakha**

**Activity: Meeting with CAD staff and discussion of services, achievements and challenges**

**Focal person: U Basil Hrang Cung**



CAD is implementing a 3MDG funded Collective Voices project in Hakha and Thantlang Townships of northern Chin State. The project has four main objectives: 1) to empower women to make personal and family health decisions, 2) to improve health seeking behaviour in the community, 3) to increase participation and engagement between health care providers and target communities, and 4) to strengthen the capacity of Community Based Organization (CBO) partners. CAD is partnering with three local CBOs: Greenland Social Development Organisation, Chin Youth Organisation and Love in Action, in order to carry out project activities. The project forms links with the national health system by including Ministry of Health and Sports staff in the project meeting and activities. Additionally, CAD try to ensure that the voices of women, minorities and other vulnerable communities are heard, notably with health providers and other stakeholders. Activities: 1) Raise awareness on health, gender-specific sexual health and family planning in the community, 2) Hold a health conference and establish an interconnected referral network between informal health service providers and medical officers, 3) Provide primary health care training and awareness for informal healthcare providers, 4) Train women as Village Women Health Promoters, 5) Build capacity of CBOs on organizational capacity, accountability, facilitation and leadership, roles and responsibilities, and community mobilization, 6) Strengthen the capacity of Village Health Committees (VHCs), 7) Support Basic Health Staff (BHS) in engaging and mobilizing communities to participate in health service planning, delivery and evaluation

### **Findings**

- It was noted that CAD is working with traditional healers 'Quacks' and volunteers. Activities are information sharing between 'Quacks' and State Public Health Department, capacity building for 'Quacks' and the organization of a health Conference for all health service providers. The main focus of CAD for 'Quacks' is for referral and developing their knowledge of medication and the risks of wrong or over-medication. In 2016, CAD conducted one health conference section, three sessions of capacity building on the way of using proper medicines for specific diseases and an information sharing session on health seeking behavior of Chin people and referral. The State Health Department, Save the Children and MSI participated as consultants in these activities.
- There was a discussion on the monitoring and supervision measures for the volunteers and 'Quacks' and the risk of working with 'Quacks' was highlighted.
- The CAD mentioned that bed nets that were distributed from Merlin were damaged in some villages. The NMCP team from Hakha responded that the distribution of LLIN was done in 2011 and 2014, and they had planned to distribute in December 2016, but due to delays in arrival of the LLIN, the distribution of LLIN is re-scheduled to March 2017.



**Date : 8<sup>th</sup> February 2017 (Wednesday)**

**Time : 14:45 – 15:45**

**Place : MSI office, Hakha**

**Activity: Meeting with MSI staff and discussion of services, achievements and challenges**

**Focal person: Dr. Henri Za Lal Lian, Regional Coordinator and Dr Biak Cung Lian, Centre Manager**



MSI was established in Chin State in March 2014 and activities started in September 2014. MSI works on Maternal, Newborn and Child Health with focus on family planning/birth spacing and adolescent reproductive health. It works in close collaboration with Department of Public Health, 3MDG Implementing Partners (Save the Children, IRC, MRCS, PSI), and local NGOs and CSOs (MMCWA, Pyopin, GRET, World Vision, KMSS, IOM, CAD, CYO etc.).

MSI is working in 4 townships (Hakha, Thantlang, Falam and Tedim) in Northern Chin State and 3 townships (Mindat, Matupi and Paletwa) in Southern Chin State. The target populations are men/women of reproductive age, adolescents and young people and MSI provide the services through fixed clinics, mobile outreach clinics, social marketing and community-based activities. The services are:

- Education, information and service demand creation
- Clinical services: family planning, syndromic treatment of STI/RTI, ante-natal care, clinical response to sexual and gender-based violence
- Referral of clients to and collaboration with other service providers (public sector, private sector, other non-profits)
- Distribution of commodities (condoms and contraceptive pills)
- Counselling and psychosocial support

## **Findings**

- 3MDG provides the funding to two sectors: the public sector and the private sector. Save the Children is supporting the township health department and MSI is providing direct services to the community.
- There was a discussion of the coordination with NAP (PMCT and STI management) for the antenatal care and syndromic management for STI. For syndromic management of STI, the

plan was that the MSI center would have a lab for blood tests and do the test for STIs and provide the specific treatment for any specific disease found. But in Chin State, there is no lab, so MSI operates just using national guidelines. MSI previously had coordination with the MOHS STI team leader, but now the position for STI team leader is vacant. MSI does not usually report the STI cases to the public health system as nearly all the cases at MSI are cervicitis and vaginitis and they do not have definitive diagnosis. For antenatal care, MSI provides the Vit B1 and some pregnancy tests. MSI also help to initiate basic Antenatal care services only as they do not have the capacity and human resources for more advanced AN care services.

- MSI produces family planning leaflets in local languages (3 Chin languages and Burmese) and distribute these leaflets at the center, during outreach and at urban BCC sessions.

**Date : 9th February 2017 (Thursday)**

**Time : 9:00-9:45**

**Place : Chung Cung Sub RHC**

**Activity: Observe the rural health system and Sub RHC building constructed with the support of the Japanese Embassy**

**Focal person: Daw Cual lang, Midwife, Chung Cung Sub RHC**



- The building of Chung Cung sub-RHC was supported by the Japan Government and finished in December 2016. It includes a sub-RHC building and a staff house with very good quality and shape. The clinic and labour room is well equipped.
- As the health center is recently opened, the electrical facility is not yet in placed and so the labour room is still not functioning.
- The total population of Chung Cung village is about 1,700. In January 2017, the sub-RHC has a total clinic attendance of 92 patients and among them 1/3 are under-5 children. Most common cases are diarrhea and common cold. They provide Oral Rehydration Salt (ORS), vitamins and minerals including zinc and folic acid. Most demanded family planning methods are 3-monthly

injection and oral contraceptive pills. The medicines are supplied from Hakha Township Health Department and there is no stock out issue.



**Date : 9<sup>th</sup> February 2017 (Thursday)**

**Time : 14:00 – 15:30**

**Place : General Hospital, Falam**

**Activity: Meeting with staff and discussion of services, achievements and challenges**

**Focal person: Dr Min Zaw Aye, Medical Superintendent of Falam General Hospital**

Falam General Hospital and Township Health Department covers a population of around 50,000 people with about 2/3 living in rural area. The township health department includes 3 Station Health Units (SHU) with a 16 bedded hospital in each unit, 1 MCH clinic, 7 rural health centres and 36 sub-health centres.

### **Findings**

#### Falam Hospital

- Falam Hospital is a 200 bedded general hospital, which is in good shape and relatively well equipped while insufficient human resource is the main problem. Average hospital bed occupancy rate is low.
- About 90% of sanctioned doctor positions and more than 50% of total staff are vacant. According to the staff, the Ministry has assigned 3 specialist doctors to the hospital, but they haven't arrived yet.
- The medicines are procured through two channels: Central Medical Store Depot (CMSD) as well as through local procurement from companies through tender process. The hospital provides free of charges treatment and basic investigations to all the patients. The in-patients also received daily food and nutrition supports from the hospital.
- With the GAVI supported hospital equity fund, poor patients also received daily allowance and travel allowance for hospitalization.

#### Falam Township Health Department

- Out of the three Station Health Units in Falam Township, one has a vacant doctor position. So, the Falam General Hospital has to assign one medical doctor to that SHU by rotation basic.

- The township health department recently received funding allocated from the World Bank loan. The amount is 22.5 million kyats and need to be spent before end of the fiscal year. The staff requested for further flexibility in the use of funds e.g., to use for actually required areas such as new RHC building, staff house building instead of renovation and repair.
- They have good coordination with local and international NGOs working in the township - MRCS, Save the Children, Marie Stope International, MCC (Malaria) and PSI.
- With the support of Save the Children for MNCH activities through 3MDG funding, the hospital delivery rate and patient referral rate has significantly increased. The health education, case notification and data reporting is also improved at the RHC and sub-RHC level. With the efforts of collaboration between Basic Health Staff and the NGOs, family planning methods are widely accepted by the villagers compared to the past. The available data shows that the home delivery rate is reduced, but due to insufficient BHS human resources and health center facilities, the percentage of delivery in the delivery room is still low.
- There has been no malaria deaths reported in recent years. RDT and ACT are available at the village level and the services are provided by midwives and village health volunteers managed by NMCP. 25 volunteers have been trained on malaria diagnosis and treatment and they are still functioning.
- Falam General Hospital is a decentralized ART site, but it is still not functioning due to a frequent turnover of physicians. There are currently 20 patients receiving ART out of which 8 are getting ART from Hakha and 12 are getting ARVs from India across the border. PMCT programmes started in 2011 but since there are no PMCT ARV drugs, it is not functioning. In 2016, they had 6 positive pregnant women and all were referred to Hakha General Hospital.
- For HIV and TB, the township health department has assigned the staff for implementation and data handling. But due to the fact that staff are relatively new, there are issues especially in data handling and entry into the reporting system.
- The staff requested refresher or on-job training on HIV, TB and nutrition.

**Date : 9<sup>th</sup> February 2017 (Thursday)**

**Time : 15:45 – 16:30**

**Place : FBA Hall where MCC is providing refresher training to VHVs, Falam**

**Activity: to discuss malaria prevention and control services, achievements and challenges**

**Focal person: Dr Khin Maung Win, Malaria Project Manager**

Myanmar Council of Churches (MCC) is a Faith-Based Organization. Previously the project was operating with funds from GFATM (Round 3), the BRIDGE FUND and 3 Diseases Fund. Currently the project is providing malaria prevention and control activities with funding support from GFATM in 702 Villages in 20 Townships.

The project was established in 2000 and has since been cooperating with WHO and MoHS VBDC. Previously the project was operating on a small scale with small funds and grants. The project expanded from April 2006 to December 2006 to implement activities in 11 townships with 50 trained general practitioners with the funding support from GFATM Round 3 (phase out plan) from April 2006 to December 2006

#### **Existing Project Areas in Chin State – 2016**

MCC is implementing malaria prevention and control activities through Village Health Volunteers (VHVs) in 295 hard-to-reach villages in all the townships in Chin State, primarily where there are no government health facilities.

Sr.	State/ Region	Township	# Villages	Population	# Field Medical Coordinator (FMCs)	# Township Activity Managers (TAMs)
1	Chin	Falam	47	16,889	1	4
2	Chin	Thantlang	20	9,130		2
3	Chin	Tedim	66	48,043	1	6
4	Chin	Tonzang	28	13,512		2
5	Chin	Mindat	28	6,711	1	2
6	Chin	Kanpetlet	28	5,098		2
7	Chin	Matupi	28	5,549		2
8	Chin	Paletwa	50	11,100	1	5
<b>Total</b>			<b>295</b>	<b>116,032</b>	<b>4</b>	<b>25</b>

Remarks: One Village Health Volunteer (VHV) in one Village.

### Main Activities

The main activities are malaria prevention (distribution of LLIN, diagnosis and treatment of malaria, training and refresher training of VHVs, supportive training of MCC staff and monitoring and supervision to VHVs and field staff.

### Achievement in 2016 (Falam Township)

#### Prevention

##### 1. LLIN distribution

# house hold	# population	LLIN distributed	MCC estimated Population covered percentage	MCC estimated House hold covered percentage
5,187	25,982	16,687	115.61%	100%

##### 2. Health education activities

HE sessions were done in 47 villages, in range of one session to four sessions in each village.

##### 3. IEC materials distributed

###### a. No. of posters

i. LLIN = 1,005

ii. Diagnosis & Treatment = 1,005

###### b. No. of pamphlets

i. General = 2,010

ii. LLIN = 2,010

iii. Case = 2,010

### RDT positive rate

Year	RDT done	RDT positive	RDT positive rate	Remarks
2011	2,326	1,137	48.88%	
2012	2,487	743	29.88%	

2013	2,583	668	25.86%	
2014	3,212	732	22.79%	
2015	6,926	687	9.92%	
2016	6,771	338	4.99%	

#### RDT positive by species

Year	Total RDT done	<i>P. f</i> positive	<i>P. v</i> positive	Mixed infection positive	<i>P. f</i> : <i>P. v</i> ratio
2011	2,326	263	874	0	0.3
2012	2,487	191	535	17	0.39
2013	2,583	350	307	11	1.18
2014	3,212	393	321	18	1.28
2015	6,926	315	352	20	0.95
2016	6,771	115	212	11	0.59

#### Age-group wise (2016)

Age-Group wise	<i>P. f</i> positive	<i>P. f</i> positive percentage	<i>P. v</i> positive	<i>P. v</i> positive percentage
< 1 year	0	0%	1	0.47%
1 – 4 years	9	7.14%	2	0.94%
5 – 9 years	15	11.9%	10	4.72%
10 – 14 years	15	11.9%	15	7.08%
15 years and above	87	69.05%	184	86.79%

#### Findings

- MCC malaria prevention and control project is performing well in Falam as well as the other townships.
- They started the activities in Paletwa, the most difficult township in Chin State in 2016 December, by providing training to more than 50 VHWs. Within two months of implementation, 34% of total RDT tested people were found Pf positive.
- There is overlapping of services with the National Programme in some areas. But it was found that the services provided by MCC are more effective with the village health volunteers (VHVs) approach in very hard to reach areas. There is very low turnover rate and the trained VHVs are happy with the MCC incentive system and hence it was recommended that MCC continues their services in those areas.
- The reporting system, data flow and coordination with State and Township Health Department was also found to be satisfactory.



## Annex 1

### Participants

No.	Name	Organization, Title
1.	Dr Thandar Lwin	MoHS, Director (Disease Control)
2.	Dr Than Than Lwin	MoHS, Assistant Director (NAP)
3.	Dr Htet Myet Win Maung	MoHS, Assistant Director (NTP)
4.	Dr Nay Yi Yi Linn	MoHS, Assistant Director (NMCP)
5.	Dr Soe Moe Htwe	MoHS, Dy District Public Health Officer, Kalay District
6.	Mr Eamonn Murphy	UNAIDS, Country Director
7.	Dr Mohammad Shahjahan	WHO, Public Health Administrator
8.	Ms Kaori Nakatani	JICA, Project Formulation Advisor - Health
9.	Daw Nwe Zin Win	PGK, Executive Director
10.	U Thawdar Htun	MPG, Chairman
11.	Mr. Ole Schack Hansen	M-HSCC Secretariat, Senior Project Officer
12.	Dr Aung Nay Oo	M-HSCC Secretariat, Programme Officer
13.	Dr Myat Mon Zaw	M-HSCC Secretariat, Programme consultant





## Mission Programme

Date	Time	Place	Detail Plan	Donor/DP	Service area	Remark
Day 1  (06.02.2017, Monday)	12:00 - 13:45  14:30 - 16:30  16:45 - 17:30	Yangon > Kalay  Kalay	Flight from Yangon to Kalay Airport  Visit Kalay District Health Department Courtesy meeting with Medical Superintendent for implementing programmes  Visit AHRN  Night Stop at Kalay (Majesty Hotel)	MoHS  GFATM and 3MDG (AHRN)	Health System and services, local issues and challenges  Harm Reduction, HIV/AIDS, TB	
Day 2  (07.02.2017, Tuesday)	7:00 - 14:30  15:30 - 16:30	Kalay > Hakha  Hakha	Travel from Kalay to Hakha by Car (120 miles, est: travelling time 8 hours)  Visit State Public Health Department Courtesy meeting with State Public Health Director  Basic MNCH interventions by Save the Children (SCI supports the Township Health Department) at State Public Health Department  Night Stop at Hakha (Grace Guest House)	MoHS  3MDG (SCI)	Lunch at a restaurant in Falam  Health System and services, local issues and challenges  Basic MNCH interventions  Grace Guest House	
Day 3  (08.02.2017, Wednesday)	9:00 - 10:00  10:00 - 12:00  12:00 - 13:30  13:30 - 14:30	Hakha   Hakha	Visit Hakha General Hospital Courtesy meeting with State Medical Services Director (MS)  Immunization storage, Nutrition HNU in Hospital, Surveillance for acute malnutrition using MUAC screening, ART and PMCT services in Hospital AIDS/STI Team, TB Clinic, School Health  Lunch (Shwe Myo Taw Restaurant or Chin Hill Restaurant)  Visit CAD office	MoHS  MoHS, UNICEF, GFATM  3MDG (CAD)	Health System and services, local issues and challenges  Immunization storage, Nutrition, HIV/AIDS, TB, School Health  Collective voices - exploring social determinants of health (volunteer activities)	

	14:45 - 15:45		Visit MSI RH/FP fixed clinic  Night Stop at Hakha (Grace Guest House)	3MDG (MSI)	RH/FP and service delivery outreach	
Day 4  (09.02.2017, Thursday)	8:30 - 9:15  9:15 - 10:30  10:30 - 13:00 13:00 - 14:00 14:00 - 15:30  15:30 - 16:30	Hakha > Chung Cung  Chung Cung Village  Chung Cung > Falam  Falam	Travel from Hakha to Chung Cung Village by Car (13 miles, est: travelling time 30 min)  Visit Chung Cung RHC  Travel from Chung Cung Village to Falam by Car (37 miles, est: travelling time 2 hours)  Lunch  Visit Falam District Health Department and General Hospital  Visit Myanmar Council of Churches (MCC)  Night Stop at Falam (Holy Guest House)	MoHS, Japan support  MoHS, GFATM  GFATM (MCC)	RHC Health System, Japan support RHC construction  Health System and services, Malaria  Malaria services	There is a refresher (3 days) and BCC (2 days) training for 47 volunteers and the team will visit training venue. After that, if time allow, the team will visit the MCC office.
Day 5  (10.02.2017, Friday)	7:30 - 14:00  16:30 - 18:15	Falam > Kalay  Kalay > Yangon	Travel from Falam to Kalay Airport by Car (80 miles, est: travelling time 5-6 hours)  Lunch at Kalay  Flight from Kalay to Yangon			

