

Burma Country Summary, March 2017



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Burma - Selected Demographic and Health Indicators					
Indicator	Data	Indicator	Data	Indicator	Data
Population ¹	51,486,253	TFR (births per woman) ³	2.3	DTP3 ³	62%
MMR (per 100,000 live births) ²	282	ANC +4 ³	59%	Child with symptoms of ARI treated at facility ³	58%
IMR (per 1,000 live births) ¹	62	SBA ³	60%	Children with diarrhea treated at facility with ORT ³	62%
U5MR (per 1,000 live births) ¹	72				

Sources: ¹ Myanmar Population and Household Census (2014), Retrieved from http://myanmar.unfpa.org/sites/asiapacific/files/pub-pdf/Census%20Data%20Sheet%20-%20ENGLISH_0.pdf; ² Myanmar Population and Household Census (2014), Retrieved from http://myanmar.unfpa.org/sites/asiapacific/files/pub-pdf/4C_Maternal_Mortality_preview.pdf; ³ Myanmar DHS 2015-16 preliminary report

Strategic Objectives

- Create an enabling policy environment for the inclusion of maternal and newborn care best practices as part of the MOH National Strategic Plans and guidelines.
- Improve the quality and effectiveness of midwifery in-service training, assessment and performance.
- Develop capacity for midwifery strengthening.
- Collaborate with the MOH to provide national technical assistance for malaria in pregnancy, iCCM and mHealth.

Program Dates	July 1, 2015 –June 30, 2018
Financial Status	Expenditures thru PY2 [REDACTED]; PY3/4 Budget (thru June 2018) [REDACTED] Total [REDACTED]
Geographic Scope	National, State/Regional and Township Levels

No. of States/Regions (%)	
Geographic Presence	7 states/regions out of 17 states/regions (41%) Population of 7 states/regions: 28,049,905
Technical Interventions	 <p>PRIMARY: Child Health, Malaria, Maternal Health, Newborn Health CROSS-CUTTING: Civil Society Engagement, Health Systems Strengthening/Equity</p>

Key Accomplishments

The goal of the MCSP Burma program is to respond to the Ministry of Health and Sports (MOHS) strategic priorities for improving maternal, newborn and child health by demonstrating, documenting and transitioning capacity to counterparts to make sustainable improvements in the health system. In PY2 and into PY3, MCSP engaged closely with the MOHS to strengthen health worker capacity to deliver better quality maternal, newborn and child care by supporting the inclusion of best practices in national guidelines and initiating systems strengthening efforts for improved in-service training and continuing professional development.

Notably in PY2, the first democratic elections in Burma were held and a new government took office. MCSP effectively navigated this transition by establishing relationships with the new MOHS leadership and demonstrating responsiveness to their priorities.¹

Strengthening the policy environment for improving quality and equitable access to MNCH services: MCSP actively participated in MOHS-convened fora on maternal, newborn and child health and also routinely engaged in informal consultations and discussions with decision-makers at all levels for the inclusions of best practices in policy—a key strategy for effective advocacy in the Burma context. Starting in PY3, Q1 MCSP played an active role in technical working group meetings and stakeholder workshops in formulation of the National Health Plan (NHP). The NHP will cover the period April 1, 2017 to March 31, 2021 and will guide the MOHS activities as well as the positioning of other health systems actors over this five year period. MCSP’s participation in the formulation of the plan is an opportunity to help strengthen the plan and ensure it can contribute to the country’s efforts to improve RMNCH, with the goal of achieving universal health coverage (UHC).

Also in PY2 and into PY3, MCSP engaged with relevant stakeholders, including Community Partners International (CPI) and the International Rescue Committee (IRC), to facilitate coordination between Ethnic Health Organizations (EHOs) and the MOHS. An agreed outcome of this effort was the decision to initiate clinical skills standardization between EHO and MOHS health care providers. In PY3, MCSP is training master mentors from the EHO areas in basic emergency obstetric and newborn care (BEmONC) for them to be certified by the MOHS; this will be the first ever certification of EHO trainers by the MOHS. The standardization of skills, and certification of the EHO trainers will contribute to EHO health workers gaining skills similar to those of their national counterparts, and is a first step to the MOHS becoming more open to the idea of EHO health workers eventually being recognized and able to practice in the national system.

In addition to supporting the standardization of MOHS and WHO BEmONC training materials, MCSP has assisted the MOHS to develop a national in-service capacity building strategy and in-service training and continuing professional development standardized training tools. MCSP also contributed to the updating of the integrated management of neonatal and childhood illnesses (IMNCI) national training package and

¹ In PY2 and into PY3, the MCSP workplan was revised and expanded a number of times to respond to shifts in priorities of the MOHS and Mission. By the end of PY2, the program was implementing activities across three separate approved workplans. To streamline activities, a two-day MCSP program review workshop was held with the Mission to assess progress to date and shape priorities moving forward. After this meeting, an updated workplan draft was submitted to the Mission in PY3, Q2 to guide activity implementation through June 2018. Feedback and approval are pending.

guidelines. In PY3, MCSP will continue to engage with the MOHS to review and revise the training package to include updated global guidelines for care of the newborn and sick child. Once completed, the updated IMNCI training package will be rolled out by the MOHS under the Essential Health Services Access Project (EHSAP).

Strengthening the health workforce to effectively deliver MNCH services:

MCSP is working toward sustainable improvements in provider capacity to improve the quality of services delivered by Burma's frontline health workers. In PY2, a primary objective of the MCSP Burma program was to improve the quality and effectiveness of midwifery in-service training, assessment and performance. A significant accomplishment towards that goal is the MCSP supported development of a national in-service capacity building strategy (referenced above) to help ensure the standardization of health worker skills. MCSP is working with the MOHS to implement this strategy through learning and performance improvement centers (L&PICs) in states and regions throughout the country. The L&PICs offer an opportunity for providers to access standardized, hands-on training so that they are able to deliver competent and safe clinical care to mothers and newborns. These skills centers are intended to serve as learning hubs in the regions where they are established and eventually as a mechanism for the government to coordinate and administer high-quality in-service training and continuing professional development activities down to the lowest levels of the health system.



Providers working together to make a pelvic model using local cloth at the Sittwe, Rakhine State L&PIC

In PY2, MCSP worked with the MOHS to identify sites in five states and regions (Magway, Rakhine, Ayeyarwady, Shan North and Shan South) for establishment of L&PICs and affiliated clinical practicum sites. By the end of PY3, Q2, MCSP will have set up skills labs in all five states and regions, worked with the state and regional authorities to identify or revitalize the state/regional training team and updated their clinical, training and skills lab management skills.



Newborn resuscitation station at the Taunggyi, Shan State (South) L&PIC

A L&PIC has also been established at the Myanmar Nurse and Midwifery Council in Rangoon. This L&PIC will also be used both for in-service training and continuing professional development, and also serve as a clinical skills standardization and assessment center for the first ever competency-based midwifery registration and licensure requirements in Burma, when the new midwifery regulation procedural law is enacted (anticipated in PY3). This L&PIC and accompanying training will provide essential tools to the Myanmar Nurse and Midwife Council to enable them to strengthen regulatory activities focused on ensuring the quality of services provided by midwives.

Working closely with the MOHS and professional associations, MCSP also finalized a learning resource package for practice-based in-service training and continuing professional development for the L&PICs in PY2. The modularized training materials focus on improving care on the day of birth: use of the partograph, normal labor and birth including immediate newborn care, newborn resuscitation, postpartum hemorrhage (PPH) and pre-eclampsia/eclampsia (PE/E), as well as the crosscutting topics of respectful maternity care (RMC) and clinical decision-making. In PY3, additional training modules that are being adapted for the IMNCI national training package [Essential Care for Every Baby (ECEB), Essential Care for Small Babies (ECSB) and treatment of childhood diarrhea and pneumonia] will be added. Each training includes a session plan, knowledge assessment, checklists, job aids, case studies and role play exercises to ensure interactive and dynamic learning.

In PY2, MCSP also laid the foundation for demonstration and eventual replication of Kangaroo Mother Care (KMC); an effective, low-cost method of care for underweight and premature newborns, at a facility in Rangoon. Tools for skills assessment and mentoring, the capacity building/mentoring approach and standard operating procedures for KMC have been finalized. A baseline skills assessment of staff in the obstetric and child wards was conducted in Y3, Q1 and training has been initiated. MCSP plans to replicate KMC implementation at a L&PIC affiliated clinical practicum site in PY3. The experience of implementation in both sites will be documented and shared for future scale up.

Building the capacity of professional bodies to support midwifery services:

MCSP worked to improve the perception of midwifery and midwives as health care professionals and to create an enabling and supportive environment for them to practice. In PY2, MCSP organized an International Day of the Midwife event in collaboration with the Myanmar Nurse and Midwife Association (MNMA) and UNFPA to reaffirm support and commitment to midwives and raise awareness of their essential role in improving MNH care. Over 800 participants were in attendance to recognize the contribution of midwives in providing essential MNH care in Burma. Also in PY2 and into PY3, the American College of Nurse Midwives (ACNM) continued to provide organizational capacity building support to the MNMA. ACNM completed three technical assistance trips, pairing with a global midwifery mentor for each visit to provide both MNH technical updates and training on leadership, communications and advocacy. Further support will include providing assistance to identify intersections with the Rangoon L&PIC to build clinical capacity and training on topics included in the Survive and Thrive GDA Professional Association Strengthening manual. MCSP will also establish a L&PIC at the MNMA in PY3 to support competency-based training and practice for the association members and their capacity to provide continuing professional development.



Midwifery students lined up to attend the International Day of the Midwife event in May 2016

Expanding the knowledge base on malaria in pregnancy and community case management: In PY2, MCSP completed an assessment of antenatal care (ANC) including malaria in pregnancy (MIP), in three regions of Burma and a gap analysis of community case management for child illness.

The purpose of the MIP study was to better understand health worker knowledge and skills related to ANC, in general, and MIP, specifically. Forty-nine health workers were observed as they provided care to 96 ANC clients. The study results reinforced the findings from the review of policies, guidelines and training materials completed under MCHIP that describes inconsistencies among national guidelines for prevention and treatment of MIP, especially in terms of promotion and distribution of long-lasting insecticidal nets (LLINs) and counseling about their use in ANC. Selected findings from the ANC counseling observations are included in the table below:

Table 1: Counseling on preventive treatments [Selected findings from the Assessment of Antenatal Care Including Malaria in Pregnancy, in Three Regions of Myanmar study]

Health worker's counseling tasks	Percentage of ANC cases (%)	Number of ANC cases (n=96)
Counseling tasks for iron and folic acid		
Explain the purpose of treatment	5%	5
Explain how to take iron and folic acid	43%	39
Counseling task for tetanus toxoid injection		
Explain the purpose of treatment	3%	2
Counseling on importance of using a LLIN	11%	11

Further, even though 67% of the health workers stated that MIP was a problem in their geographic setting, only 20% of the clients were asked about signs or symptoms of malaria, 4% were asked if they owned or had purchased an LLIN, and 28% of the clients were told that fever was a danger sign that warranted an immediate visit to the health facility. These findings have been disseminated and support gained from the MOHS to establish national ANC and MIP guidelines in PY3.

MCSP conducted an assessment of integrated Community Case Management (iCCM) in Burma to understand how iCCM is implemented, and at the potential to expand the scope of existing malaria volunteers to include treatment for diarrhea and pneumonia. The assessment showed that: : community case management (CCM) of diarrhea and pneumonia is still in the advocacy and planning phase; the current approach is vertical implementation; the strong existing auxiliary midwives at the village level are the preferred cadre to deliver CCM of diarrhea and pneumonia ; and in malaria endemic areas, malaria volunteers can be selected by the community for CCM of diarrhea and pneumonia , but central-level systems for malaria and CCM have historically run in parallel, so total merging might be a challenge. In PY2, the MOHS was not able to identify a suitable community volunteer cadre for taking on the tasks of CCM; and MCSP will be facilitating further discussions on this in PY3 to identify areas of support.

Way Forward

Over the remaining project period, MCSP looks forward to continuing to work with the MOHS to strengthen national policies for improving MNCH. MCSP will also build on progress to date to continue to improve the health workforce and quality of services through the following key activities:

- Support the MOHS to develop and demonstrate an effective, standardized approach to IST and CPD, in selected states and regions
- Provide technical support to the MOHS for rolling out updated IMNCI and F-IMNCI training in selected states and regions as part of national efforts to strengthen newborn and child health services
- Support EHOs and Community Based Organizations (CBOs) in the Burma-Thailand border region to improve and standardize skills of EHO providers
- Build the capacity of the MNMA to provide continuing professional education to members
- Introduce standards-based approach for improving the quality of care in the clinical sites affiliated with L&PICs
- Implement and document the feasibility and effectiveness of KMC for small and (preterm and low birth weight) babies at two facilities
- Provide technical and coordination support to the MOHS for CCM and integrated community malaria volunteer (ICMV) planning and implementation