




Burma PY4 Summary & Results

	<p>Geographic Implementation Areas</p> <p>Regions</p> <ul style="list-style-type: none"> 7/17 (41%)—Ayeryarwady, Chin, Kayin, Magway, Rakhine, Shan (North), Shan (South), Yangon 	<p>Population</p> <p>Country</p> <ul style="list-style-type: none"> 51,486,253 <p>MCSPP-supported areas</p> <ul style="list-style-type: none"> 28,049,905 																			
<p>Technical Areas</p> 																					
<p>Program Dates July 1, 2015–June 30, 2018 (addendum July 2018–June 2019)</p> <p>Cumulative Spending through End of PY4</p> 	<p>Strategic Objectives</p> <ul style="list-style-type: none"> Assisting the Ministry of Health and Sports to strengthen the following: Policy environment for quality improvement (QI) and equitable access to maternal, newborn, and child health (MNCH). Health workforce to support effective delivery of MNCH components of the National Health Plan Essential Package of Services. Quality health service delivery in targeted technical and geographic areas. 																				
<p>Demographic and Health Indicators</p> <table border="1" data-bbox="203 993 578 1686"> <thead> <tr> <th>Indicator</th> <th># or %</th> </tr> </thead> <tbody> <tr> <td>MMR (per 100,000 live births)^[1]</td> <td>282</td> </tr> <tr> <td>IMR (per 1,000 live births)^[1]</td> <td>62</td> </tr> <tr> <td>U5MR (per 1,000 live births)^[1]</td> <td>72</td> </tr> <tr> <td>TFR (per woman)^[2]</td> <td>2.3</td> </tr> <tr> <td>ANC 4+^[2]</td> <td>59%</td> </tr> <tr> <td>SBA^[2]</td> <td>60%</td> </tr> <tr> <td>DTP3^[2]</td> <td>62%</td> </tr> <tr> <td>Children with symptoms of ARI treated at a facility^[2]</td> <td>58%</td> </tr> <tr> <td>ORT^[2]</td> <td>62%</td> </tr> </tbody> </table> <p><small>Sources: ^[1] Myanmar Population and Household Census, ^[2] Myanmar DHS 2015–2016.</small></p>	Indicator	# or %	MMR (per 100,000 live births) ^[1]	282	IMR (per 1,000 live births) ^[1]	62	U5MR (per 1,000 live births) ^[1]	72	TFR (per woman) ^[2]	2.3	ANC 4+ ^[2]	59%	SBA ^[2]	60%	DTP3 ^[2]	62%	Children with symptoms of ARI treated at a facility ^[2]	58%	ORT ^[2]	62%	<p>Key Accomplishment Highlights</p> <ul style="list-style-type: none"> Supported the Ministry of Health and Sports to finalize and launch the first-ever National Antenatal Care (ANC) Guidelines following successful evidence-based advocacy using the results of the 2015 ANC/MiP assessment. Analyzed endline assessments that showed site strengthening and QI activities in five clinical sites resulted in improved infection prevention and control (IPC) and normal delivery practices by 60% and 30%, respectively. Analyzed and disseminated assessment results for the feasibility and acceptability of kangaroo mother care (KMC) in Taunggyi Hospital, which showed that all 86 respondents believed KMC is beneficial for small babies and would recommend it to others. Trained 1,234 people in PY4 in the Learning and Performance Centers developed with MCSPP's support. Trained 71 ethnic health organization providers in basic emergency and obstetric newborn care skills, with 48 certified as clinical trainers. This is the first time that ethnic health organization trainers have been certified by the Ministry of Health and Sports.
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Burma

Key Accomplishments

MCSP's overall goal in Burma is to respond to the Ministry of Health and Sports' strategic priorities for improving MNCH by demonstrating, documenting, and transitioning capacity to counterparts to make sustainable improvements in the health system. In PY4, the program continued assisting the Ministry of Health and Sports in strengthening policy, the health workforce, and the quality of services delivered in support of the National Health Plan.

Policy

MCSP, in collaboration with the Ministry of Health and Sports' Maternal and Reproductive Health Division, successfully finalized and launched the first-ever national ANC guidelines in June 2018. These guidelines will provide guidance to the structure and content of ANC as a platform to ensure timely and consistent services for pregnant women in Burma. In addition, in PY4, revisions to the integrated management of newborn and childhood illness (IMNCI) guidelines were completed with technical support from MCSP and under the guidance of the Child Health Division director, the World Health Organization (WHO), and local consultants. The final IMNCI guideline package included best global practices in a set of 10 books for newborn and childhood illness. MCSP printed and disseminated it in five states/regions during IMNCI trainings in PY4. Moreover, as part of furthering development and strengthening providers' continuing medical education, MCSP supported the development of training modules on diarrhea and pneumonia that will continue to be utilized in the IMNCI approach going forward.

Health Workforce Capacity-Building

In PY4, MCSP continued implementation of the standardized in-service capacity-building approach that was officially endorsed by the Ministry of Health and Sports in PY3, especially in selected focus townships in five MCSP states/regions (Ayeryarwady, Magway, Rakhine, Shan South, and Shan North). Following the successful establishment of Learning and Performance Improvement Centers in five states and regions across the country, and the revitalization and capacity-building of state/regional and township health training teams in PY3, this year focused on collaboration with respective training teams to complete all basic health staff skills standardization multiplier trainings. A total of 1,234 people (including 866 basic health staff) were trained through the Learning and Performance Improvement Centers on day-of-birth and IMNCI newborn and child components modules. In addition, MCSP also completed the skills retention assessment of state/regional master trainers sampled from five Learning and Performance Improvement Center state and regional training teams. Results showed that 88% of the master mentors maintained their skills in day-of-birth care at higher than 80%.

In addition, in collaboration with the Ministry of Health and Sports' Maternal and Reproductive Health Division and the Kayin State Health Department, in PY4, MCSP trained 67 ethnic health organization providers in basic emergency and obstetric newborn care and 48 as clinical trainers. This is the first time that ethnic health organization trainers have been certified by the Ministry of Health and Sports. Ethnic health organization providers who attended this training of trainers will be key technical resources to disseminate acquired skills and knowledge to other providers within their areas, ultimately resulting in technical standardization between ethnic health organization and Ministry of Health and Sports providers. Furthermore, MCSP facilitated the development and dissemination of the sustainability plan for the Learning and Performance Improvement Center at Taw Nor Teaching Hospital in PY4. MCSP also completed the skills and knowledge retention assessment with sampled ethnic health organization basic emergency and obstetric newborn care master mentors. Results show that 81% of ethnic health organization master mentors assessed scored more than 80% in knowledge and skills tests.

MCSP strengthened the capacity of professional bodies and educational institutions, including the Myanmar Nurse and Midwives Association, Myanmar Nurse and Midwife Council, University of Nursing in Yangon, and University of Nursing in Mandalay, to support midwifery services. This included completing the setup of Learning and Performance Improvement Center skills labs, and implementing skills lab coordinator

workshops for the two universities of nursing and the Myanmar Nurse and Midwives Association headquarters in Rangoon. This infrastructure will support structured, competency-based continuing professional development training and practice for association members, facilitated by the Myanmar Nurse and Midwives Association training team.

Sustainability of Learning and Performance Improvement Centers and Documentation of Lessons Learned

MCSP facilitated the completion of sustainability plans for all Learning and Performance Improvement Centers. The aim of the sustainability plans is to help authorities think through and document how to effectively use the Learning and Performance Improvement Centers to scale training to lower levels of the health system, and how to maintain and continue using the Learning and Performance Improvement Center resources beyond the program period. MCSP completed the training mapping and planning for utilization and sustainability of Learning and Performance Improvement Centers, which were shared with Myanmar Nurse and Midwives Association leadership in PY4. They will assist the association in understanding estimates of future costs to address gaps for the sustainability of Learning and Performance Improvement Centers.

Also in PY4, MCSP successfully organized the MCSP documentation dissemination event in Nay Pyi Taw to share user-friendly implementation guides related to the Learning and Performance Improvement Centers and the QI process that were demonstrated during the life of the project. MCSP provided the Ministry of Health and Sports with an IMNCI final report, feedback, and recommendations based on the first practical usage in the five target states/regions to support the ministry in planning for quality expansion of the IMNCI approach. Through documentation and sharing, MCSP believes that best practices from this project can be learned and replicated by the Ministry of Health and Sports beyond the program period.

Health Service QI

In PY4, MCSP completed QI midline assessments at all five Learning and Performance Improvement Centers affiliated clinical facilities and endline assessments at four Learning and Performance Improvement Center clinical sites. Since the baseline 15 months ago, performance has improved nearly 60% in IPC and approximately 30% in normal labor and delivery services.

MCSP also completed newborn QI activities at Taunggyi Women and Children Hospital and Magway regional hospital, and found that staff achieved their defined target from the assessment workshop of providing immediate newborn care to 70% of eligible newborns. In PY4, 168 hospital staff received technical updates on IPC and normal labor and delivery best practices, including proper active management of the third stage of labor. A total of 71 staff received training on immediate newborn care, and 49 staff were trained on newborn thermal care. At Sittwe General Hospital, QI implementation for IPC and normal labor and delivery was continued into the addendum period starting in July 2018 (PY4 Q3), with the inclusion of a new technical area: management of obstetric complications. Since the baseline assessment conducted 18 months ago, provider performance at Sittwe General Hospital has improved nearly 31% in IPC and 15% in normal labor and delivery. MCSP also finalized the treatment flow charts for managing obstetric emergency cases and developed the case scenarios of common obstetric cases admitted to the hospital. Moreover, MCSP facilitated the two batches of emergency drills for 20 participants (four doctors and 16 nurses), and the refresher technical update on infection prevention best practices and normal labor and childbirth best practices, including proper active management of the third stage of labor, for 22 hospital staff newly assigned to the obstetrics and gynecology ward.

MCSP continued supporting KMC implementation at Thanlyin General Hospital, and conducted sustainability and dissemination workshops on KMC for small and preterm babies. In addition, MCSP completed data collection, analysis, and dissemination of the Feasibility and Acceptability of KMC at Women's and Children's Hospital, Taunggyi Study, which showed high feasibility and acceptability. MCSP

also organized a half-day national dissemination meeting to share the study results and facilitate discussion on scale-up of KMC in Burma.

Also in PY4, in collaboration with state and township health officials from Kayin and Chin states, MCSP supported the first pilot training for 74 integrated community malaria volunteers in Myawaddy and Mindat townships, and conducted follow-up supportive supervision visits, reaching 86% of these trained volunteers, to provide on-the-job guidance and support. Lessons learned from MCSP’s support of this activity will provide strategic guidance to the national programs in disease control and surveillance as they prepare to scale up the integrated community malaria volunteer program

Way Forward

In PY5, MCSP, in close collaboration with the Ministry of Health and Sports, Rakhine Department of Public Health and Medical Services, and hospital officials, will continue implementation at Sittwe General Hospital. The program will continue to support hospital officials in implementation of QI activities, including building the capacity of hospital providers in MNCH technical skills to prepare them to be able to provide quality routine and emergency MNCH services through emergency drill practices. These drill practices aim to build capacity of providers in responding to common obstetric and neonatal complications and emergencies. MCSP expects that this drill practice will help the Sittwe General Hospital to be able to identify gaps, especially in managing maternal and newborn emergencies, preserve and improve provider’s skills, and foster teamwork and performance of the health service as a whole.

Selected Performance Indicators for PY4	
MCSP Global or Country PMP Indicators	Achievement
Number of (national) policies/strategy documents endorsed with US Government (MCSP) support (MCSP Global Indicator)	3 (target: 3, 100% achieved) ¹
Number of MNCH Learning and Performance Centers established and utilized for midwifery in-service capacity-building	2 (PY4 target not defined, life of project target: 10)
Number of people trained through US Government-supported programs (MCSP Global Indicator)	1,549 (target: 1,353, >100% achieved)
Percentage of nurses, midwives, and maternal and child health providers trained at Learning and Performance Improvement Centers	11.1% (967/8,688, no target defined) ²
Number of trainings planned with MCSP support but implemented with non-MCSP resources	8 (target: 7, >100% achieved)

[1] The policies include ANC guidelines, standards, and training modules.

[2] This indicator reflects the reach of capacity-building efforts through the US Government to health care workers in MCSP-focused states and regions.