# Burma

## EOP Summary & Results

### Geographic Implementation Areas

*Regions*

- 7/17 (41%)—Ayeyarwaddy, Chin, Kayin, Magway, Rakhine, Shan (North), Shan (South), Rangoon

### Population

*Country*

- 51.5 million

*MCSP-supported areas*

- 28.0 million

### Technical Areas

### Program Dates

July 1, 2015–June 30, 2019

### Total Funding through Life of Project

$8,450,231

### Demographic and Health Indicators

| 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% |

*Sources: [1] Burma Population and Household Census, [2] Burma DHS 2015–2016.*

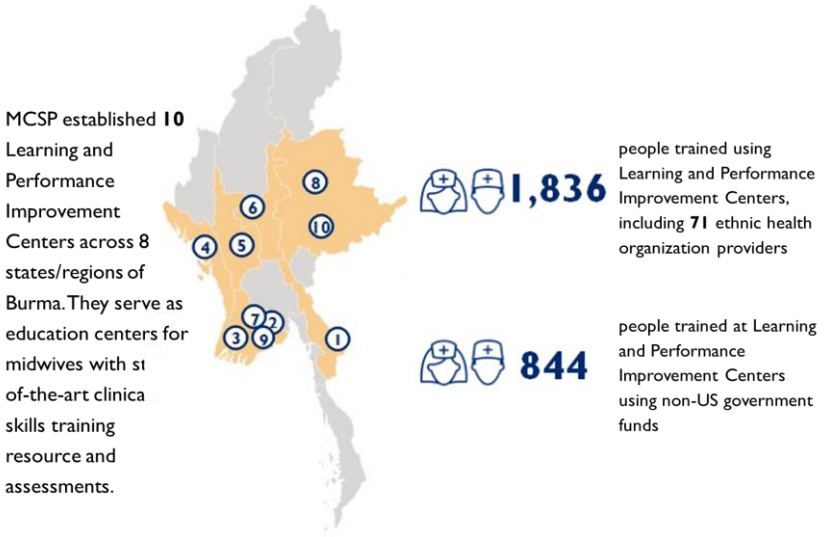
### Strategic Objectives through the Life of Project

- Assist the Ministry of Health and Sports to strengthen:
  - The policy environment for QI and equitable access to MNCH
  - The health workforce to effectively deliver MNCH components of the National Health Plan Essential Package of Health Services
  - Health service delivery in targeted technical and geographic areas

### Highlights through the Life of Project

- Contributed to the development of 10 policies, strategies, and guidelines to improve MNCH service quality, including the finalization, and launched the first-ever national ANC guidelines.
- Established 10 Learning and Performance Improvement Centers, contributing to quality improvements from 45% criteria met at baseline to nearly 85% 15 months later and incorporation of the approach into the first National Health Plan Annual Operational Plan for 2018.
- Trained 71 ethnic health organization providers as Ministry of Health and Sports-certified basic emergency obstetric and newborn care trainers—the first time that ethnic health organization trainers had been certified by the ministry.
- Supported the revision of IMNCI guidelines and introduction of facility-based IMNCI, enhancing providers' ability to manage childhood illnesses.

**Figure 1. Establishment of Learning and Performance Improvement Centers**



# Burma

## Background

A the start of MCSP's program in Burma, a strategic priority for the Ministry of Health and Sports was to strengthen human resources for health by building the capacity of existing health workers to deliver lifesaving MNCH interventions. Many health workers had not received technical updates in years, and most education and training had been purely didactic instruction within a classroom and limited to theoretical learning. Additionally, most health facilities did not deliver care according to evidence-based technical standards. The overall goal of MCSP's work in Burma was 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. The work that started in July 2015 was focused around three intermediate results:

1. Policy environment strengthened for improving quality and equitable access to MNCH services
2. Health workforce strengthened to support effective delivery of MNCH components of the Essential Package of Health Services
3. Quality health service delivery strengthened in targeted technical and geographical areas

## Key Accomplishments

### *Supported the Ministry of Health and Sports to Develop Policies and Guidelines to Create a Conducive and Evidence-Based Service Delivery Environment*

The National Health Plan 2017–2021, which was officially launched on March 31, 2017, aims to strengthen the country's health system and pave the way toward universal health coverage. Its main goal is to extend access to an Essential Package of Health Services to the entire population while increasing financial protection. MCSP provided technical support for all of the National Health Plan Implementation Monitoring Unit's activities, including costing of the Essential Package of Health Services, formulating the National Health Plan's first Annual Operational Plan and its monitoring and evaluation (M&E) framework, drafting clear job descriptions for the different cadres involved in service delivery and developing a template for township health planning. These products are being rolled out nationwide to guide the implementation of the National Health Plan. Using these tools and guidelines, townships will be able to more effectively plan for and manage the delivery of health services in line with the Essential Package of Health Services.

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 2018. These will guide the structure and content of ANC as a platform to ensure timely and consistent services for pregnant women in Burma. This national-level effort was initiated following a 2015 MCSP assessment in Burma to better understand the state of ANC services related to the prevention and treatment of malaria in pregnancy (MiP). Findings revealed inconsistencies in information gathering, clinical decision-making, and client counseling during ANC that can lead to inadequate prevention, screening, diagnosis, and treatment of malaria and other conditions in pregnancy. These findings, along with an earlier review of MiP policies, guidelines, and training materials, led to successful advocacy with the Ministry of Health and Sports to establish a national framework for ANC in Burma.

### *Received Ministry of Health and Sports' Endorsement of In-Service Capacity-Building Strategy and Learning and Performance Improvement Center Approach*

MCSP supported the Ministry of Health and Sports to conceptualize, co-design, and implement a standardized approach to capacity-building for in-service and continuing professional development. The approach includes establishing a learning hub at the state/regional level as a repository for capacity-building materials and learning opportunities, and revitalizing state/regional health training teams so that they can deliver competency-based in-service training to township training teams and ultimately to basic health staff providers. Learning and Performance Improvement Centers were established in five states/regions across the country (Ayeyarwaddy, Magway, Rakhine, Shan North, and Shan South), and the state/regional health training teams in each geographic area were trained as trainers in clinical skills standardization and effective teaching skills. Each center has anatomic models for hands-on skills practice and a team of skills lab managers trained in Learning and Performance Improvement Center management. This model represented the first standardized, decentralized approach to competency-based human

capacity development in Burma. The consultative nature of this process resulted in the Ministry of Health and Sports including plans for expansion of the Learning and Performance Improvement Center model in the National Health Plan Annual Operational Plan. The ministry is also looking to expand the technical content of the centers beyond MNCH to include soft skills, noncommunicable diseases, and other priority areas. According to MCSP's external evaluation, the training approach and the Learning and Performance Improvement Center sites had the highest sustainability potential. Key informant interviews and focus groups noted that the standardized training modules and participatory training approach increased trainees' motivation and commitment to apply and replicate knowledge.

### *Strengthened Capacity of the Myanmar Nurse and Midwife Association to Deliver Continuing Professional Development*

MCSP supported the standardization of clinical and training skills of the Myanmar Nurse and Midwife Association training team and established a skills lab in the headquarters office in Rangoon with the same hands-on practical models for skills practice as the Learning and Performance Improvement Centers. This infrastructure will support structured, competency-based continuing professional development training and practice for association members, facilitated by the association's training team. MCSP, in collaboration with 40 Myanmar Nurse and Midwife Association master trainers, completed the multiplier training on better care during the day of birth for a total of 17 association members. Moreover, MCSP continued to collaborate with the American College of Nurse-Midwives in a mentorship exchange to provide targeted organizational capacity-building in the areas of leadership, communications and advocacy, and technical skills-building support to the Myanmar Nurse and Midwife Association. Furthermore, MCSP completed the Learning and Performance Improvement Center sustainability plan, which includes activities for maintaining the centers' functions, such as forming committees for training center maintenance, developing committee terms of reference, conducting TOT for new team members, and securing additional funding. This will assist the Myanmar Nurse and Midwife Association to estimate future costs to address gaps for the sustainability of the centers. This will help to build capacity for planning how to best and most efficiently address these gaps and include realistic activities in the operational plan.

### *Standardized Skills for Providers Working in More Vulnerable Remote Areas with Greater Health Inequities and Indices*

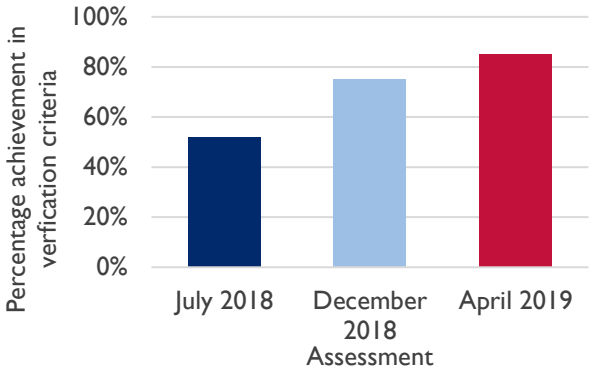
In collaboration with the Ministry of Health and Sports' Maternal and Reproductive Health Division and the Karen Department of Health and Welfare, MCSP trained 71 ethnic health organization providers as Ministry of Health and Sports-certified basic emergency obstetric and newborn care (BEmONC) trainers in the Burma-Thailand border state of Kayin. This was the first time that ethnic health organization trainers had been certified by the Ministry of Health and Sports. Standardization of skills and certification of those training ethnic health organization trainers will contribute to these health workers having skills that are similar to those of their national counterparts. This will potentially make it easier for ethnic health organization providers to be recognized within the Ministry of Health and Sports system in the future. MCSP also established a Learning and Performance Improvement Center at Taw Nor Teaching Hospital so that ethnic health organization providers can practice skills in the same way that health workers in MCSP's five target states/regions do. In addition, MCSP facilitated the development and dissemination of the sustainability plan for the Learning and Performance Improvement Center at Taw Nor Teaching Hospital. Other partners, such as UNICEF, are now looking to utilize MCSP's model to support the expansion of Learning and Performance Improvement Centers with ethnic health organizations in other states.

### *Initiated Site Strengthening and QI Activities*

MCSP introduced a Ministry of Health and Sports-endorsed approach and standards for QI at five clinical sites affiliated with the state/regional Learning and Performance Improvement Centers. The concepts of QI were new to Burma, and this QI introduction and demonstration was one of the first in the country. The approach includes forming facility QI teams, conducting QI assessments, implementing activities to address identified gaps, and measuring progress against standards over time. This included the introduction of QI for infection prevention and normal labor and delivery at all five clinical sites affiliated with state and regional Learning and Performance Improvement Centers. MCSP also expanded QI implementation to include emergency management of obstetric and newborn complications at Sittwe General Hospital in Rakhine State and conducted five planned and six unannounced drills to exercise the providers' skills.

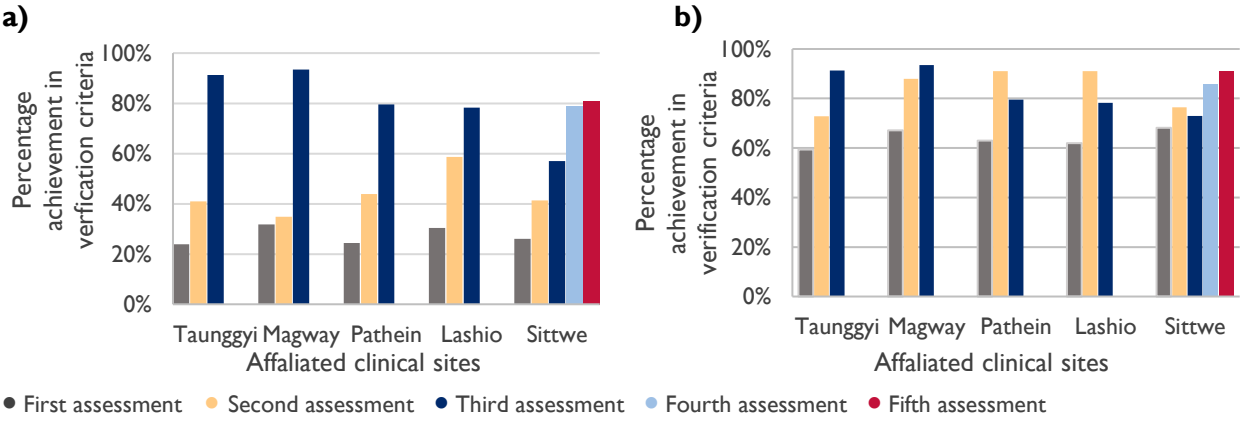
At baseline, the five facilities met an average of of the standards verification criteria. As of May 15 months after the start of the intervention, performance improved to an average of nearly increasing from 27% to nearly 80% of standards achieved in infection prevention and from 62% to 88% in normal labor and delivery (Figure 3). Additional midline and endline assessments conducted at Sittwe General Hospital found that management of obstetric complications improved by between July 2018 and April 2019 (Figure 2). MCSP's service delivery approaches demonstrated the feasibility of replicable implementation of high-impact interventions for policymakers and other decision-makers.

**Figure 2. Quality improvements against verification criteria in obstetric complications at Sittwe General Hospital between July 2018 and April 2019**




45%
2018,
85%,
nearly
33%

**Figure 3. Quality improvements against verification criteria between February 2017 and April 2019 in a) IPC and b) normal labor and delivery***




* Assessments were conducted between Feb 2017-Jun 2018 in Taunggyi, Magway, Pathein, and Lashio. QI implementation continued at Sittwe General Hospital during the addendum period through Apr 2019 (fourth and fifth assessments).

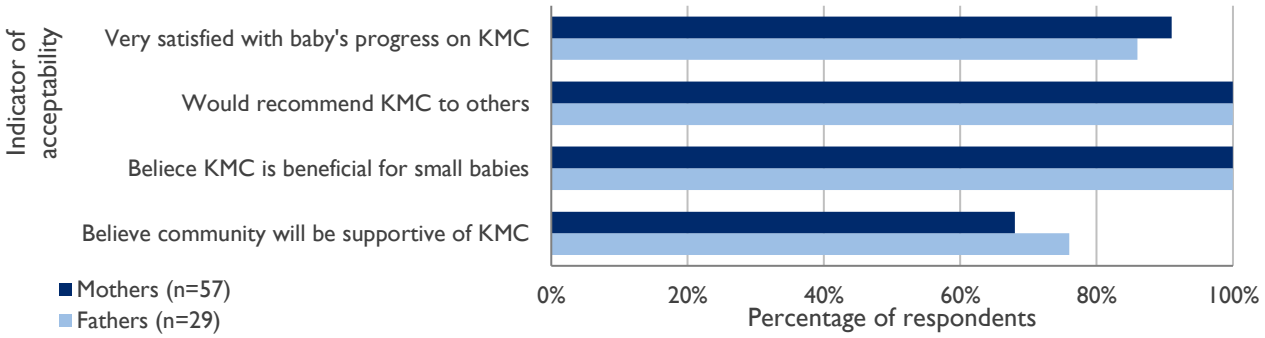
## *Introduced, Implemented, and Documented Kangaroo Mother Care*

About 12.4% of babies in Burma are preterm (before 37 completed weeks of gestation); approximately 102,700 babies are born too early in the country every year.[2] A strategic priority for the Ministry of Health and Sports was to strengthen delivery of care according to evidence-based technical standards. MCSP collaborated with the ministry to support the implementation of KMC as an evidence-based intervention for the care of small babies. MCSP provided technical support to design standard operating procedures for implementation of KMC in Thanlyin Hospital, leveraging concurrent facility-based QI efforts initiated a separate General Electric-funded project. MCSP provided support to establish the KMC unit in the hospital and to implement, gather monitoring data, review data trends, and make programmatic improvements. An average of 66% of babies with birthweights under 2,500 g were admitted to the KMC unit at Thanlyin Hospital. One hundred and ninety-four small babies were discharged from the KMC unit; among these, 38 were preterm babies who received KMC as early as Day 0 and continued until Day 12 at the latest. The average duration of stay at the KMC unit was 6.3 days. During their stay in the KMC unit, preterm babies received an average of 7.9 hours of KMC per day. The average weight gain of small babies who received KMC was 70.5 g during KMC admission. Almost 70% of the babies were discharged from the KMC unit with a diagnosis of "improved and approved." MCSP also collaborated with Taunggyi Women and Children's Hospital to assess the feasibility and acceptability of KMC. Findings show high feasibility and acceptability (Figure 2). MCSP also organized

[2] Blencowe H, Cousens S, Oestergaard MZ, et al. 2012. National, regional, and worldwide estimates of preterm birth rates in the year 2010 with time trends since 1990 for selected countries: a systematic analysis and implications. *Lancet*. 379(9832):2162–72. doi: 10.1016/S0140-6736(12)60820-4.

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

**Figure 4. Perceptions of feasibility and acceptability of KMC among mothers and fathers**




## *Demonstrated Effective Model for Scale-Up of IMNCI Guidelines and Introduction of Facility-Based IMNCI*

MCSP provided technical support to the Child Health Development Division of the Ministry of Health and Sports to update the IMNCI guidelines to align with the global IMNCI approach intended to give children under 5 better quality of life by promoting both preventive and curative care. MCSP's contribution to the revision process helped to accelerate the scale-up of this approach in six selected townships in five states/regions of Burma. MCSP coordinated with the State Health Department and township medical officers to provide supportive supervision visits to the trained basic health staff. Onsite coaching was provided with guidance on how to utilize the IMNCI tools, primarily the chart booklet. The Ministry of Health and Sports will be utilizing these revised IMNCI training materials for nationwide scale-up over the next 1–2 years. MCSP also developed training modules for continuing medical education for basic health staff on diarrhea and pneumonia. Training materials and equipment/supplies used in training have been placed in all Learning and Performance Improvement Centers in all five states/regions to allow basic health staff to refresh their skills and to have access to reference materials.

The Ministry of Health and Sports endorsed the adapted facility-based IMNCI training materials and pilot of this approach in southern Shan State. MCSP coordinated closely with the Child Health Development Division and with the State Health Department in Taunggyi to set up the necessary infrastructure and provide training. The training materials and tools were all housed in the Learning and Performance Improvement Center and Taunggyi Women and Children's Hospital to allow doctors, nurses, and future students to have access to maintain and improve their skills for managing seriously ill children in the state. The experience in southern Shan will inform further scale-up in other states and regions, where township-level hospital staff need enhanced skills and confidence to appropriately manage serious childhood illnesses.

## *Supported the Ministry of Health and Sports to Pilot-Test and Document the Implementation of New Integrated Community Malaria Volunteer Guidelines*

In spring 2017, the National Malaria Control Program (NMCP) and other departments in the Ministry of Health and Sports, along with WHO and partners, developed a new strategy to expand the role of the existing malaria volunteers to address five additional communicable diseases: tuberculosis, HIV, dengue hemorrhagic fever, filariasis, and leprosy. Their name was changed to integrated community malaria volunteers to reflect the increased scope of work, and a new guideline and training manual was prepared. The new integrated community malaria volunteer guidelines were finalized by the Ministry of Health and Sports, with technical support from WHO, in April 2017. The volunteers are intended to be able to identify the suspected patients and conduct referrals to the nearest health centers and basic health staff for proper diagnosis and treatment.

MCSP, in collaboration with state and township health officials from Kayin and Chin states, supported the first pilot training for 74 integrated community malaria volunteers in Myawaddy and Mindat[3] townships, and conducted supportive follow-up supervision visits, reaching 86% of these trained volunteers, to provide on-the-job guidance and

[3] These are two very different settings ethnically and geographically, and were chosen specifically for testing.

support. MCSP also supported assessments of the intervention in both townships that included qualitative and quantitative components: assessing the knowledge and performance of the integrated community malaria volunteers, examining barriers to performing their activities, and exploring community perceptions and acceptance of the volunteers. The findings and recommendations were shared with the relevant national programs and stakeholders—including the President's Malaria Initiative (PMI)/USAID, WHO, UNICEF, and other nongovernmental organization (NGO) partners—in formal dissemination meetings in Nay Pyi Taw and Rangoon in July 2018. A final comprehensive report was also published and shared (MCSP 2018). MCSP's support for the pilot and assessments informed the Ministry of Health and Sports and partners about the barriers and challenges faced by the integrated community malaria volunteers in carrying out these increased responsibilities and proposed practical solutions that could be implemented during scale-up of this important community-level program. Lessons learned from MCSP's support of this activity will provide strategic guidance to the national programs in disease control and surveillance as they pose to scale up the integrated community malaria volunteer program nationwide.

## Recommendations for the Future

MCSP successfully demonstrated a process for developing national-level policy and guidelines, the implementation of a competency-based in-service training approach at different phases and levels of health systems, and the introduction of facility-based QI activities. During the program, the following lessons learned and best practices were noted that should continue to be built on by future programs and donors:

- **Link policy to implementation.** A large reason for the success of MCSP's working in Burma was that the program ensured a smooth continuum between policy and implementation. Often, it was findings from implementation that identified the need for updated or new policy, while in other cases, it was the policy that was further piloted, operationalized, rolled out, and monitored.
- **Involve national bodies and professional associations.** Any national-level support activities related to policies and guidelines require the relevant key stakeholders' buy-in and need to be in line with these stakeholders' priorities to initiate and sustain support. Establishing and maintaining strong coordination and collaboration with the local professional societies and academic institutions are crucial to ensuring policies, guidelines, and strategies are in line with the local context.
- **Strengthen competency-based in-service training.** MCSP's experiences showed that the sustainability of the Learning and Performance Improvement Centers will depend on the key stakeholders' involvement through all stages, from design to implementation. There was high-level commitment to MCSP methods and MCSP-supported policies, guidelines, and standard operating procedures Integration of MCSP models into National Health Plan operation plans, such as cascade training models, QI, and post-training follow-ups, and the Ministry of Health and Sports' interest in expanding Learning and Performance Improvement Center sites in other states/regions suggested how MCSP influenced in-service capacity-building at the system level. Furthermore, the timing is right and conducive for continuing learning and practice improvement in the country.
- **Sustain and scale up QI systems thinking.** The sustainability of QI implementation at facilities largely depends on the ownership and commitment of hospital leadership, institutionalization, integration of QI into the hospital management system—such as inclusion of QI in new staff briefing packages, inclusion of QI discussions in any hospital management meetings, flexibility of budget for supplies and equipment, technical updates for staff, and infrastructure improvement—and, most importantly, motivating staff to see QI as a part of their day-to-day practice. To take these approaches to scale, MCSP recommends that broader discussions be held between Ministry of Health and Sports and all relevant stakeholders on different QI approaches, with the aim of developing a standardized national QI strategy and approach so that all in-country QI implementation is standardized.

| Selected Performance Indicators | |
|---|---|
| **Global or Country Performance Monitoring Plan Indicators** | **Achievement (Target)** |
| Number of ethnic health organization providers certified by the Ministry of Health and Sports | 71 (target 72; 99% achieved) |
| Percentage of Learning and Performance Improvement Center clinical sites achieving at least 60% of QI verification criteria | 100% |

| Selected Performance Indicators | |
|---|---|
| **Global or Country Performance Monitoring Plan Indicators** | **Achievement (Target)** |
| Percentage of preterm or low-birthweight newborns initiated on KMC | 66% (target: 60%; target exceeded) |
| Number of trainings planned with MCSP support but implemented with non-MCSP resources | 17 (target: 8; target exceeded) |

For a list of technical products developed by MCSP related to this country, please click here.