# Final Technical Report Summary

## Development of Township Health Plans in Falam and Tedim Townships of Chin State, Myanmar


Photo credit: Uzaib Saya

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## Introduction

Based on Primary Health Care approaches, the Ministry of Health (Myanmar) had formulated four yearly People's Health Plans from 1978 to 1990, followed by the National Health Plans from 1991-1992 to 2006-2011. These plans have been formulated within the framework of National Development Plans for the corresponding period. The National Health Plan (2011-2016) in the same vein is to be formulated in relation to the fifth five-year National Development Plan. Regional and township Health Plans are developed under the guidance of these plans and of the National Health Policy (1993). For Falam and Tedim townships in Chin State in particular, there are no formal Township Health Plans except for summaries of activities relating to vertical programs led by various NGOs.

## Methodology

In this context, MSH in partnership with Merlin has supported the Township Health Departments to develop the comprehensive township Health Plans (CTHP) and Budgets in Falam and Tedim. In the process, together with partners at Merlin, we used the following methodology:

a. Initial assessment
b. Development and approval of methodology
c. Stakeholder identification
d. Data collection – interviews, reports, assessments of health facilities
e. Situation analysis
f. Planning workshops
g. Costing and budget development

During the process, we reviewed the following documents:

a) Call for proposal from 3MDG
b) Data collection plan and formats
c) Existing surveys in project townships
d) Questionnaires for assessment
e) Assessment documents from Laputta
f) Township health plan of Nyaung Shwe township by GAVI
g) Planning methodology for Falam and Tedim
h) Health system assessment documents from Laputta township
i) Township Health Profile of Falam and Tedim
j) Township yearly health review of Falam and Tedim
k) Expanded Program on Immunizations (EPI) microplan of Falam and Tedim
l) Health Management Information System documents (HMIS)
m) Township maps
n) Health Facilities list
o) Guide for Regional Health Plan Development

p) Regional Health Plans for Chin and Ayerwaddy division
q) Health in Myanmar 2013 planning document

We obtained information on data collection and initial assessments not only from Merlin field staff but also from MSH staff who went to Hakha, the Chin State Capital and project townships. MSH staff member Dr. Than Naing Oo met with the State Health Director, Social Minister, Medical Superintendents and other township Health staff. During the meetings, we discussed the current health care system, the challenges, gaps and key recommendations. Throughout this process, we obtained various documents and data from the meetings with the Medical Superintendent and township health department staff. From these field trips, various gaps were identified.

We conducted 3-day planning workshops at Falam and Tedim townships during October 2013. Township Health Department staff including the Medical Superintendents, Basic Health Staff, representatives from government departments, representatives from township administration, community leaders, staffs from INGOs/NGOs etc attended and actively participated. In collaboration and support from Merlin staff members, MSH led workshop preparation, presentation and facilitation. During the workshop, we presented situation analysis of respective townships, explained the State Health Plan, brainstormed priority areas by the participants and quantified activities for health service provision at the township levels. After the workshops, we determined budgets for three years for the activities of the priority areas from the workshop using the 3MDG Fund budgeting tool. Although the 3MDG Fund only committed to finance MNCH activities, we budged for other activities such as infrastructure maintenance, office facility supply etc showing the fund source gaps. During the budget preparation, Merlin field staff helped to obtain some data for the unit costs. These were then calculated using the 3MDG Fund approved methodologies. We also developed the township health plan for the two townships based on the activities came out from the planning workshops using indicators and targets set by township officials.

The enclosed CTHPs for Falam and Tedim reflect key planning gaps in more detail, in addition to activities agreed to by township staff and key stakeholders that could be implemented to curtail such gaps over the course of the next 3 years using proposed funding by the 3MDG Fund towards maternal, neonatal and child health (MNCH) related activities.

## Results & Summary

Some of the main gaps highlighted in the CTHPs for Tedim and Falam can be summarized below.

**1) Human Resources:**

There is a dearth of appropriate medical staff at the township hospitals and health facilities in rural areas alike. On the public health side, the vacancy of the midwives is not as significant, but the more onerous issue is of high turnover and the fact that only 25% of the midwives employed in both

townships stay at the village levels. The common reasons they cite are: lack of sub-RHC building, loneliness, security and difficulty to get food and transportation.

**2) Competency of Health Staff**

Due to the lack of senior specialists, the assistant surgeons in the hospital are often performing complicated surgeries. The senior public health staff members such as Health Assistant Grade 1 (HA1) and Township Health Nurse (THN) have various other competing priorities and have different skill sets, and are often performing multiple types of duties. Newly trained midwives prefer to train closer to the township so as to obtain supervisory support and relatively less cumbersome reporting schedules.

**3) Geography**

Generally, Chin is a hilly state only accessible by road. Roads are wide enough for one car and if a truck is stuck, the road becomes blocked. Moreover, there are frequent landslides especially in the rainy season, causing severe blockages to transportation. As a result, the villages become disconnected during the rainy season. Public transport to other towns is limited and it takes about 3 hours by car to Hakha, the capital of the State and 6 hours to Kalay where there is an airport. Within the townships, transport is difficult and mainly by narrow hilly roads barely wide enough for a motorbike. It is almost impossible to refer an emergency patient from a village to the township hospital in time. Many of the gaps observed in providing health services are often accentuated because of the logistical challenges compounded by such geographical barriers.

**4) Challenges in Service Delivery**

Various challenges exist in service delivery at the township levels in the wards and also at the health facilities in the villages. Basic Health Staff (BHS) get very little training at the central level, and this is compounded by the difficult geography that makes it expensive to attend trainings elsewhere. Further to supervision needs, basic instruments are also missing as midwives have not received kits in a long time. There is a shortage of qualified staff, and reporting needs are not met i.e. there are no staff manuals, data dictionaries, immunization cards, report forms etc that would improve the quality of service delivery.

**5) Referral System**

Patients are usually referred from the nearby villages to the respective township hospital. The hospitals are situated on the top of a hill, as a result of which it is very difficult for a patient to get to the hospital. In order to get to Hakha or Kalay hospitals, a community-based organization has provided a charged ambulance service.

**6) Cold Chain System**

Currently, there is one solar cold chain system at Falam district hospital, but the freezer is not working well. Irregular electricity at Tedim township hospital and at the RHCs as well results in problems with

storage of vaccines, leading to lowered immunization rates in the community. Immunization drives cannot take place regularly and medicines cannot be kept in safe or sterile conditions.

**7) Supply Chain System**

The Medical Superintendent of Falam district hospital has said that the district hospital can send drug requests to the CMSD twice a year and the station hospital can request such supply once a year. Tedim township hospital has already requested the State Health Department for medicines for hospital use. Limited storage capacity at both the townships' warehouses also curtails the supply of medicines in stock and weakens supply chain management throughout the townships.

**8) Revenue Collection**

Hospital patients are charged for laboratory tests and for X-rays, ultrasound and other lab tests. There is no health insurance system at the township, and there is no assigned budget for the RHCs or SRHCs either.

**Activities associated with key areas:**

These aforementioned gaps were addressed in the CTHPs through activities ranging from those focused on Maternal, neonatal and child health (MNCH), Expanded Program on Immunizations (EPI), Nutrition, Human Resources, and Accountability, Equity and Inclusion. Township staff prioritized and quantified activities focusing on the delivery of essential medicines and supplies, community-level activities, training of VHWs, as well as planning and coordination, and supervision and monitoring-related activities.

## Challenges

The Ministry of Health and Department of Planning have encouraged townships to focus on a comprehensive plan instead of making it focused solely on MNCH. By broadening the plan to various areas including health systems issues such as human resources, infrastructure, training and reporting (HMIS), we have been able to include MNCH related activities as well as look at capacity building at the townships more broadly that would eventually cascade into benefits for MNCH activities as well.

Data unreliability meant that large amounts of data were not necessarily accurate and we had to constrain our plans and budgets to data that could be readily utilized. We had a limited time frame for the workshop preparation and planning; however, we utilized the time afterwards to focus on obtaining more rigorous information from the field using expertise from our partners at Merlin.

The individual plans can be strengthened using various components mentioned in Section 9 of each plan. We obtained further information from the field particularly from the MS in each townships to compensate for the geographical constraints of reaching villages to obtain inputs from the community.

Currently, several gaps exist in both the CTHPs mainly focused on areas as large as infrastructure and human resources in remote areas. Further, due to time limitations as well, program areas such as HIV,

TB and malaria were not emphasized in the plan. In future iterations of a CTHP when more funding is guaranteed, such areas will become more pressing since the situation analysis provides baseline data on the existing morbidity from those diseases.

## Recommendations

We have used this opportunity to draft separate CTHPs for each township. While the CTHPs encapsulate all the possible activities and areas prioritized by township officials and the communities at large with a focus on MNCH activities, there still needs to be an effort to pursue larger systems development to improve health service provision and delivery related to financial management and governance, planning and reporting and human resource management to name a few. These systems also extend to, but are not limited to, developing a proper supply chain management system up to the SRHC levels and strengthening infrastructure such as building of new health facilities and staff houses including renovation and installation of solar fridges. Separate recommendations are listed in the individual CTHPs, but steps must be taken to ensure that activities prioritized by the township officials at this time can be implemented financially and programmatically with support from township staff and implementing partners alike.