The Three Millennium Development Goal Fund (3MDG) supports the provision of health services in Myanmar and will contribute towards the country’s efforts to achieve the three health related Millennium Development Goals.

## COMPONENT 1: MATERNAL, NEWBORN & CHILD HEALTH

### Planning the scale up of health services across Wa and SR4

In June 2014, 3MDG had participated in the scoping mission to Wa and Shan Special Region 4 led by the Ministry of Health with the participation of MoH/DoH Senior Officials and regional health authorities.

The scoping visit was an opportunity to gather basic data on health services, assess difficulties and opportunities in the provision of health care, and discuss Wa and SR4 health priorities in the context of the Ministry of Health national priorities.

On 24th and 25th November 2014, 3MDG and key stakeholders participated in the meeting convened by the MoH to develop a work plan for the scale-up of health services for Wa Special Region and Shan Special Region 4. H.E. Dr. Thein Thein Htay, Deputy Minister of Health, opened the meeting. In attendance were senior officials from the MoH, representatives from Wa and Shan Special Region 4, representatives from the NGOs Malteser and Health Poverty Action (HPA) as well as the 3MDG Fund. The health needs of the regions, with a total population of 632,266 people, have been discussed as well as the priority service areas and service delivery strategy for the region. It was agreed to design a detailed micro plan for each township for the next phase. A decision was reached by the MoH that a proposal to support service delivery would be developed by HPA and sent to 3MDG for an initial review by early January.

The proposal will build upon the recommendations agreed during the workshop. These will include an increase of coverage for MNCH services, including EPI, as well as disease control activities in close collaboration with the MOH. Following an internal review by the 3MDG, the proposal will be submitted to the MoH for approval.

From 10th to 14th November 2014, during a field visit to the Northern Shan State, representatives from 3MDG met with the State and Township health department officials, NGOs, civil society organizations and local leaders.

The 3MDG will support the delivery of MNCH services in the townships of Kutkai, Namthu, Namsan and Manton. Kutkai will be supported by Save the Children who had a previous presence under a programme implemented by Merlin. Namthu, Namhsan and Manton will be assisted by Cesvi. They have an existing Global Fund programme in Namthu. Their expansion to Namhsan and Manton will be simultaneously for the 3MDG and the Global Fund. These townships, where the majority ethnic group is Ta’ang people, were indicated by the Ministry of Health as well as the Shan State government as in particular need of support due to their remoteness. These townships have a total population of 335,373.

The mission team visited Lashio, Kutkai and Namthu in Northern Shan State. The discussions covered also other risks for health service delivery in the selected Townships such as the remoteness of some locations, giving the mission team a better understanding of the situation and the possible support from stakeholders.
3MDG supported the initiative of the Ministry of Health to conduct, in collaboration with the WHO, the “Emergency Referral Guideline Development Workshop” on 27th and 28th November in Nay Pyi Taw, with the aim to contribute to reducing maternal and child mortality nationwide.

The workshop gathered Directors from various Departments from the MoH, and Professors/Doctors specialized in Obstetrics and Gynecology.

Because the development of the National Guideline is based on the experiences of emergency referrals at Township level, it also involved Township Medical Officers, Health Assistants and Midwives from Ayeyarwady Region and Chin State, as well as all 3MDG Implementing Partners supporting these areas and Kayah and Shan.

The participants reviewed best practices of coordination and harmonization of support in case of emergencies such as: complications in pregnancy, delivery and postnatal for mothers, severely ill children (under 5) and other life threatening illnesses including severe malaria.

They also reviewed various definitions and criteria for emergencies, emergency referral pathways, standards for timely referral and so on.

In the period of January to June 2014 in Ayeyarwady Region and Chin State, 3MDG supported more than 4,500 emergency referrals for pregnant women and children under five. Roughly 17% of all expected pregnancies were referred and about 1% of all under five children were referred. The case fatality rate of mothers referred has been consistently falling since 2012 and is 0.03%. Newborn deaths amongst these maternal referrals have decreased but are plateauing at around 1.5% of all referrals.

The initiative of the MoH to develop National Guidelines for Emergency Referrals should facilitate the scale up of such essential services, and help pregnant women and children receive life-saving health care in time of need. The participants discussed the draft guidelines and suggested improvements to the clinical criteria for referral.

The MoH endorsed these guidelines to be used at the township level by THD and Implementing Partners. The participants also recommended that the guidelines be expanded to include the referral from secondary to tertiary level health facilities.

Following this inclusion of these additional criteria by the end of February, the guidelines will be submitted to the MoH for the next steps.
MDR-TB micro work plans to provide treatment and support to the patients in Mandalay and Yangon Region

During December 2014, under the leadership of National TB Program (NTP), 3MDG facilitated a series of planning meetings to develop and adapt the MDR-TB micro work plan which will provide treatment and support for more than 2,200 patients diagnosed with MDR-TB in Mandalay and Yangon Region.

On 16th December, NTP representatives and 3MDG met to develop and adapt the MDR-TB micro work plan at central level, Mandalay and Yangon regional level including infrastructure, procurement and data reporting. On 23rd December, during a meeting with NTP, 3MDG and partners working in Yangon Region, the NTP approved to engage directly with three partners: Myanmar Medical Association, Myanmar Health Assistant Association and Pyi Kyi Khin to provide patient support and care in Yangon Region.

It was agreed that these three organizations will be awarded by 31st January 2015, so that activities can start on 1st February 2015 until the end of December 2016.

3MDG is committed to support, through financing and capacity development opportunities, the growth of local health organizations. Such organizations already contribute towards improving the health status of the communities they serve and could do much more with adequate capacity building.

On 28th November 2014, the workshop ‘Partnership Orientation and Development of Organizational Capacity Assessment (OCA) Tool Design’ provided training to six local NGO/CBO partners including Myanmar Medical Association (MMA), Myanmar Health Assistant Association (MHAA), Myanmar Anti-Narcotics Association (MANA), Substance Abuse Research Association (SARA), Better Shade and Karuna Myanmar Social services (KMSS). The workshop was facilitated by PACT.

The six organizations are important national NGO/CBO partners of National Disease Programs for HIV, TB and Malaria contributing to the national responses in the three national disease responses.

The six participating local NGOs and CBOs are implementing partners of 3MDG that receive funding to undertake Harm Reduction interventions; to provide prevention and treatment for those at risk of or who suffer from TB; also to provide malaria prevention and treatment services.

With the technical support of PACT, these organizations will undergo further capacity building workshops in the areas of management and system strengthening.

Such support is essential for local NGOs and CBOs to be able to receive increased levels of financing support from donors like 3MDG, and play an increasingly significant role in the improvement of Health in Myanmar.
During the period of November to December 2014, as part of the 3MDG-funded project for the construction/renovation of Rural Health Centres and Sub-Rural Health Centres, a delegation from UNOPS infrastructure team conducted a site assessment trip to Magway Region, Chin State, and Kayah State.

The objective of the field trip was to brief the Region and State authorities on the planned construction of RHCs and SRHCs and collected data for the design and costing for the construction of the first batch of health facilities. A total of 28 health facilities is selected in three states/region(s) for implementation in the first phase based on agreed site selection criteria.

A third project board meeting was held in connection with the construction of the Rural Health Centers (RHC) and Sub Rural Health Centers (SRHCs). The third project board discussed issues related to approval of designs of RHCs and SRHCs proposed by UNOPS; endorsement of the list of 28 prioritized locations; and assessment for the next batch of facilities in Ayeyarwady Region, Sagaing Region and Shan State.

The Ministry of Health (MoH) formally approved the proposed design and the list of 28 sites. MoH also gave formal assurance to 3MDG on land ownership of the agreed sites; its commitment of recurring funding for operations and maintenance of the constructed facilities; and continued staffing and operations of the facilities. Detail design, cost estimation, and preparation of tender documents for the 28 health facilities is in progress. The tenders will be advertised in January 2015.

Following selection criteria are being applied for the selection of the RHCs and Sub-RHCs:

1. Land ownership
2. No other donors for the selected HFs
3. Accessibility
4. Population coverage
5. Area coverage and geographical distribution
6. Assurance of deployment of staff
7. Support for operation and maintenance
8. Proximity to alternative HF
9. MoH future plan for upgrading
10. Security situation

Additional criteria that were also applied:
- Recommendations of local authorities, especially Township Medical Officers (TMOs) and health staff;
- Simplicity of construction in terms of contract management, monitoring and supervision;
- Reduced management and operational cost by avoiding scattered sites and clustering them into lots.

**THIS PERIOD’S Awards & Agreements**

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<thead>
<tr>
<th>PARTNER</th>
<th>COMPONENT</th>
<th>PROJECT NAME</th>
<th>CONTRACT PERIOD START</th>
<th>CONTRACT PERIOD FINISH</th>
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<td>MNCH</td>
<td>Supporting implementing Maternal Newborn and Child Health services (MNCH) in Southern Shan State</td>
<td>01/12/2014</td>
<td>31/12/2016</td>
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**PHOTOS: reduced scale models of health facilities, built following the designs approved by the MoH.**