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MCHIP Burma End-of-Project Report

January 2013–March 2014



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MCHIP Burma team

The Maternal and Child Health Integrated Program (MCHIP) is the USAID Bureau for Global Health's flagship maternal, neonatal and child health (MNCH) program. MCHIP supports programming in maternal, newborn and child health, immunization, family planning, malaria, nutrition, and HIV/AIDS, and strongly encourages opportunities for integration. Cross-cutting technical areas include water sanitation, hygiene, urban health and health systems strengthening.

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Country Summary



Selected Health and Demographic Data for Burma	
Maternal mortality ratio (deaths/100,000 live births)	200
Neonatal mortality rate (deaths/1,000 live births)	33
Infant mortality rate (deaths/1,000 live births)	41
Under-five mortality rate (deaths/1,000 live births)	52
Skilled birth attendance	64%
Antenatal care	83.1%
Institutional deliveries	36.2%
Contraceptive prevalence rate	41%
Unmet need for family planning	17%
Exclusive breastfeeding	23.6%
Infants with low birth weight	9%
Health expenditure per capita (USD)	\$17
Sources: Health in Myanmar 2012, Ministry of Health; Government of Myanmar, 2012; UNICEF, The World Bank, 2010; Republic of the Union of Myanmar "Millennium Development Goals Report" 2013	

Major Activity
<ul style="list-style-type: none"> National-level assistance for improvements in maternal and newborn health outcomes

Program Dates	January 2013–March 2014
Total Mission Funding to Date	\$100,000
Total Core Funding to Date by Area	\$150,000 Core MCH, \$250,000 AME Bureau
Country and HQ Contacts	Hnin Wai Hlaing, hnin.hlaing@jhpiego.org ; Kyaw Kyaw Cho, kyaw.cho@jhpiego.org ; Kyi Kyi Ohn, kyiki.ohn@savethechildren.org ; Alyssa Davis, alyssa.davis@savethechildren.org ; Jeffrey Smith, jsmith@mchip.net ; Joseph de Graft Johnson, jjohnson@mchip.net ; Neena Khadka, nkhadka@mchip.net ; Mandy Hovland, ahovland@mchip.net ; Jen Shindeldecker, jshindeldecker@mchip.net

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Acronyms and Abbreviations

GDA	Global Development Alliance
IMR	Infant Mortality Rate
MCHIP	Maternal and Child Health Integrated Program
MDG	Millennium Development Goal
MNH	Maternal and Newborn Health
MOH	Ministry of Health
S&T	Survive and Thrive
USAID	United States Agency for International Development
WHO	World Health Organization

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MCHIP would like to acknowledge specifically the close collaboration and contributions of the Ministry of Health of Burma throughout the course of this project. We would also like to recognize the leadership and staff of the following offices and associations that were central to the realization of this project:

- Department of Health, Ministry of Health of Burma
- Department of Medical Sciences, Ministry of Health of Burma
- International Health Division, Ministry of Health of Burma
- Myanmar Nurses and Midwives Association
- Myanmar Medical Society

Executive Summary

Under the umbrella of the Survive & Thrive (S&T) Global Development Alliance, the Maternal and Child Health Integrated Program (MCHIP) provided national technical assistance for maternal and newborn health in Burma, with a special focus on improving midwifery. *Survive and Thrive: Professional Associations, Private Sector and Global Health Scholars Saving Mothers, Newborns and Children* is a global development alliance to improve survival rates for women and children around the world. The alliance mobilizes U.S. obstetric, pediatric, and midwifery professional associations alongside the United States Agency for International Development (USAID), private sector, and civil society organizations in partnership to improve the quality of maternal, newborn, and child health to reduce preventable deaths.



In Burma, S&T partners (The American Academy of Pediatrics, American College of Nurse-Midwives, American College of Obstetricians and Gynecologists, Johnson & Johnson, Laerdal Global Health, Jhpiego and Save the Children) worked under the mechanism of MCHIP to implement the program. MCHIP/S&T worked with the Ministry of Health (MOH) and national professional associations in laying the foundations for improving maternal and newborn health outcomes by reviewing the existing landscape of health care policy and practice; providing support for strengthening professional associations ; and facilitating central-level discussions on proven, evidence-based, lifesaving interventions.

Table 1: Program highlights

PROGRAM OBJECTIVE	MAJOR ACCOMPLISHMENTS
Collaborate with the MOH to provide national technical assistance for maternal and newborn health	Gained a documented understanding of maternal and newborn health care in Burma to inform programming for better health outcomes
	Partnered with Myanmar professional associations for midwifery, obstetrics, and pediatrics to strengthen their capacity
	Achieved national-level consensus for the adoption of a high-impact, evidence-based intervention for newborn asphyxia

This program was USAID Burma’s first investment in MCHIP; the program began in Year 5 and concluded in Year 6 of MCHIP. The 14-month program was designed to both capitalize on the recent commitment of the MOH to improve maternal and newborn health (MNH) outcomes and expand an understanding of working within the limitations of a country finding its footing as an emerging democracy. The accomplishments made during this program were important in contributing to the initial steps toward improved MNH outcomes in Burma. Building on this groundwork will require further investment and the coordination of implementing partners and the MOH.

Introduction

After decades of isolation, Burma is now in the midst of dramatic social and political transformation. Although it lags behind its regional neighbors in development, Burma’s opportunity for engaging more substantially with the world to improve the quality of life of its people is ripe. The government of Burma is building partnerships for improving health outcomes, and international partners, including the U.S. Agency for International Development (USAID), have demonstrated a readiness to respond.

Maternal and newborn mortality rates have decreased in the last 20 years in Burma, and according to the World Health Organization (WHO), the country is making progress toward further reducing these rates.

Nevertheless, it is unlikely to meet its UN Millennium Development Goals (MDG) 4 and 5, related to child and maternal mortality.^{1,2}

The Ministry of Health (MOH) of Burma has stated that reducing maternal and newborn mortality is a top priority. In 2013, the USAID Burma Mission invested in MCHIP, under the umbrella of the Survive and Thrive (S&T) Global Development Alliance (GDA). The objective of the program was to collaborate with the MOH to provide national technical assistance for maternal and newborn health.

Survive and Thrive is a global development alliance to improve survival rates for women and children around the world. The alliance mobilizes U.S. obstetric, pediatric, and midwifery professional associations alongside USAID, private sector, and civil society organizations in partnership to improve the quality of maternal, newborn, and child health to reduce preventable deaths. S&T, through MCHIP, worked with the MOH and national professional associations toward improving maternal and newborn health outcomes by reviewing the existing landscape of policy and practice, providing support for strengthening professional associations, and facilitating central-level discussions on proven, evidence-based, lifesaving interventions.

Table 2: Performance indicators for MDGs 4 &5

Burma MDG Indicators	
2012 Infant Mortality Rate:	41/1,000 live births
2015 MDG 4 Target:	38/1,000 live births
2012 Under-5 Mortality Rate:	52/1,000 live births
2015 MDG 4 Target:	37/1,000 live births
2010 Maternal Mortality Ratio:	200/100,000 live births
2015 MDG 5 Target:	130/100,000 live births

¹ UNICEF Myanmar: http://www.unicef.org/infobycountry/myanmar_statistics.html

² Republic of the Union of Myanmar “Millennium Development Goals Report” 2013.

Major Accomplishments

The workplan and accomplishments achieved during this program were aimed at strengthening the national-level approach to maternal and newborn care and worked to lay the foundation for stronger development activities going forward. Focusing at the national level is essential to effectively working within the current highly structured and centralized health system culture in Burma. Attention to this up-front foundational work helps promote agreement, ownership, and endorsement of global best practices for maternal and newborn health (MNH) care at the highest level of the health system and is fundamental to their adoption at all lower levels.

Gained a deeper understanding of maternal and newborn health care in Burma and documented key information to guide future programming

Through a desk review of all available documents across health policies, strategies, clinical guidelines, pre- and in-service education and training systems, regional program assessments/reviews, and key informant interviews with stakeholders, MCHIP/S&T completed a situational analysis of the state of MNH care and the health service delivery system of Burma. The report included programmatic recommendations for improving care and service delivery.

In the realm of service delivery, the MCHIP/S&T team drilled down to produce a targeted review of the midwifery workforce, care delivery environment, and pre-service education processes. An assessment and observation of health care delivery sites and midwifery training sites revealed a system that has had little exposure or access to updated clinical, evidence-based information or updated, competency-based educational approaches for midwifery students. This lack of exposure and access resulted in an educational program that was not meeting the needs of the students, the health system, or the women. Assessment and recommendation from both exercises serve as a basis for programmatic planning for future implementation of MNH interventions and midwifery strengthening activities.

Partnered with Myanmar professional associations for midwifery, obstetrics, and pediatrics to strengthen their capacity

One of S&T's approaches as an alliance is to link members of U.S. professional health care associations with in-country professional association members to encourage learning and development through a peer-to-peer and partnership approach. Under the MCHIP/S&T program, these relationships were initiated and nurtured through the multiple interactions of the American and Myanmar counterparts in the three professional associations.

MCHIP/S&T conducted an organizational capacity assessments of the Myanmar Nurses and Midwives Association and the Myanmar Medical Association societies for obstetrics/gynecologists and pediatrics with a specific eye to reviewing: governance and leadership; mission, vision and strategy; and strategic relationships. Using an adapted version of the Member Association Capacity Assessment Tool, the assessors identify opportunities for enhancing the abilities of the associations to allow them to achieve measurable and sustainable results.

Achieved consensus for the adoption of a high-impact, evidence-based intervention for newborn asphyxia

MCHIP/S&T facilitated convening of a MOH-led national stakeholder meeting on addressing newborn asphyxia. In Myanmar, neonatal mortality accounts for 34% of the infant mortality

rate (IMR).³ To improve the IMR in Myanmar and strive toward achievement of MDG 4, midwives, doctors, and other skilled birth attendants should be trained to recognize newborn asphyxia and provide immediate resuscitation after birth through a comprehensive, standardized approach.

This event was a forum for the government to present current newborn health data and care approaches and to learn about the *Helping Babies Breathe* (HBB) package. The outcomes included consensus achieved on standardized management guidelines of birth asphyxia in Burma, MOH approval for use of bag and mask by midwives and agreement on the way forward for scaling up neonatal resuscitation in Burma. A follow up meeting has resulted in the formation of a MOH-led manual development committee for detailed review and revision of newborn resuscitation materials for basic health staff and auxiliary midwives based on the HBB package. The technical group agreed to finalize the manual by the end of 2014.

³ Indicators Related to Maternal and Child Health by Region/State and Township (2012), Health Management Information System, data presented by Dr. Thet Thet Mu, Director, HMIS, 7 March 2014.

Recommendations and Way Forward

The activities conducted during the MCHIP/S&T Burma program yielded a number of recommendations for improving MNH care. The following high-impact interventions were identified as important priority areas of focus for Burma through the MNH situational analysis: clean and safe delivery; essential newborn care; prevention and management of maternal and newborn sepsis and postpartum hemorrhage; newborn resuscitation; postabortion care; and family planning. MCHIP/S&T worked with the MOH to build consensus around an approach for addressing one of these interventions—newborn resuscitation. This was a first step in the process that will require continued support to gain full government approval, adoption, and rollout of this intervention.

The MOH has identified strengthening the skills of midwives as essential for improving maternal and newborn survival rates. The midwifery workforce and education review conducted under this program identified the need for increased investment in pre- and in-service education. Continued capacity development of professional associations to be able to strengthen the cadres they represent will serve to strengthen the health system as a whole.

This program began to lay the foundation for the path toward improved MNH outcomes. Building on this groundwork will require further investment and the coordination of implementing partners and the MOH.

Annex 1: List of Presentations at International Conferences

CONFERENCE:

5th International Conference on Public Health among Greater Mekong Sub-regional Countries
28-29 September 2013

Presenters and presentations:

Dr. Neena Khadka (Save the Children):

Home Based Postnatal Care – A “Not to Be” Missed Opportunity to Save Lives of Women and Newborns

Angie Fujioka (American College of Nurse-Midwives):

Reaching the Vulnerable with Essential Health Services: Family Planning

Dr. Douglas Laube (American College of Obstetrics and Gynecology):

Post-Abortion Family Planning: A Cost-Effective Best Practice for Reducing Maternal Morbidity and Mortality