Myanmar Partners in Policy and Research (MPPR)

MINISTRY OF HEALTH AND SPORTS

Pathfinder INTERNATIONAL
Sexual and reproductive health without fear or boundary

Kayin State Family Planning Conference

Hpa An, November 17-18, 2016

Conference Report

List of Acronyms

ADRA – Adventist Development and Relief Agency International
AMW – Auxiliary midwife
AYSRH – Adolescent and youth sexual and reproductive health
BHS – Basic health staff
CBO – Community based organization
CHW – Community health worker
CPI – Community Partners International
CPR – Contraceptive prevalence rate
ECP – Emergency contraceptive pill
EHO – Ethnic Health Organization
DOPH – Department of Public Health
FP – Family planning
FP2020 – Family Planning 2020, see http://www.familyplanning2020.org/
HIV – Human Immunodeficiency Virus
INGO – International nongovernmental organization
IRC – International Rescue Committee
IUD – Intrauterine devices
KDHW – Karen Department of Health and Welfare
KYO – Karen Youth Organization
KWO – Karen Women Organization
LARC – Long-acting reversible contraceptive
MOE – Ministry of Education
MOHS – Ministry of Health and Sports
MP –Member of Parliament
MRH – Maternal and Reproductive Health Section of MOHS
MSI – Marie Stopes International
MW – Midwife
NGO – Nongovernmental organization
OCP – Oral contraceptive pills
PHS – Public health supervisor
PSI – Population Services International
RH – Reproductive health
RHC – Rural Health Center
SDG – Sustainable Development Goal
SRH – Sexual and reproductive health
TBA – Traditional birth attendant
TMO – Township medical officer
UNFPA – United Nations Population Fund

Executive Summary

The Kayin State Family Planning Conference was held at Tawwin Yadanar Hotel in Hpa-An on November 17 and 18, 2016. It was organized by Pathfinder International and Myanmar Partners in Policy and Research in close collaboration with the Kayin State Department of Health and Ethnic Health Organizations, under the auspices of the Ministry of Health and Sports with support from the David and Lucile Packard Foundation. Discussions during the conference and the hands-on workshop sessions highlighted both the central government's commitments for family planning (FP) and the need for improved quality in FP service delivery at the front lines. The results of the bottleneck analysis for family planning in Kayin State were as follows:

Key Issues, Causes, and Strategies Identified

Commodities

Bottlenecks Identified	1. Unused expiring overstocked contraceptives 2. Stock outs of popular commodities, particularly long-acting reversible contraceptive (LARC)
Causes	• Inaccurate need assessments and forecasting • Delayed distribution process • Lack demand creation • Lack of service provider training
Strategies	➢ A key priority action was to improve commodity security and management system including more accurate estimations of commodity needs, upgraded expiry and stock management, and logistics management training

Human Resources

Bottlenecks Identified	1. Insufficient number of heath staff 2. Uneven workload among staff and work overload of midwives (MWs) 3. Lack of training and refresher 4. High turnover of basic health staff (BHS)
Causes	• Unfilled sanctioned posts • Centralized recruitment system not meeting local needs • Lack of human resources management skills • Low morale of health staff in hardship areas • Disconnect with ethnic communities
Strategies	➢ As human resources are managed by the central authorities, realistic situational assessments by the central authorities were viewed as a key priority to improvements. For a short-term strategy, task shifting with MWs, auxiliary midwifes (AMWs), community health workers (CHW), and traditional birth attendants (TBAs) were viewed as a critical solution. Working closely with Ethnic Health Organizations (EHOs) and ethnic groups including hiring of local native

	persons was considered essential in overcoming language barrier and trust issues, and recruiting the right personnel in the right places.

Service Delivery

Bottlenecks Identified	1. Little FP service uptake 2. Weak communication between community and BHS 3. Language barriers with ethnic communities 4. Service gap in hard-to-reach or conflict areas 5. Prevalence of misinformation and misbeliefs about contraception 6. Men's lack of knowledge and understanding hampering women's access 7. Religious belief constraints
Causes	• Insufficient community outreach • Insufficient budget for transportation fees • Health staff not from local communities • Lack of trust between health care providers and communities • No advocacy efforts with men and religious leaders
Strategies	➢ To overcome the language barrier, the recruitment of local persons from ethnic villages was identified as a good strategy. To ensure accurate understanding of FP and create demand for contraceptives, advocacy with communities and religious leaders was found necessary to build trust with them. The engagement of men and community leaders was also seen as essential for this purpose.

Data Availability

Bottlenecks Identified	1. Inaccurate information 2. Missing data 3. Unsystematic and disorganized data entry and filling 4. Weak data flow 5. Data not reported in time for compilation
Causes	• Lack of standardized forms • Too busy to fill in data for too many entry items • Inadequate number of skilled staff who can fill in forms • Lack of data management skills • No funds for communication or transportation of reports • Missing data from hard-to-reach and conflict areas
Strategies	➢ Establishing proper channels of data flow for collation was one of the priority actions. To overcome missing or inaccurate information due to busy schedules of BHS, task shifting of some reporting duties to public health supervisor (PHS) II while MWs maintain daily record was suggested. Another plan was to request data

	management training with standardized forms for EHOs to fill the gap in information.

Collaboration and Partnership

Bottlenecks Identified	1. No nongovernmental organizations (NGOs) or partners to work with in some areas 2. Geographical gaps in collaborative projects and service delivery 3. Insufficient coordination with EHOs and communities
Causes	• Lack of leadership efforts in forging collaborations and bringing partners to all needed areas • Lack of coordination with international nongovernmental organizations (INGOs) to cover geographical gaps • Weak involvement of authority in coordinating FP service delivery • Lack of regular coordination between Department of Public Health (DOPH) and EHOs • Transportation and security challenges
Strategies	➢ The key to better collaboration was identified as regular coordination meetings among DOPH, EHOs, NGOs, community-based organizations (CBOs), and other stakeholders at township level to share information, raise awareness about FP, and plan for improved coverage.

Introduction

The Government of Myanmar signed a global commitment to Family Planning 2020 (FP2020) in 2013 and committed to increase the contraceptive prevalence rate (CPR) from 41 percent to above 60 percent by 2020. The FP2020 Costed Implementation Plan has been drafted towards the goal of achieving FP2020 commitments. With the impetus resulting from these developments, Pathfinder International and Myanmar Partners in Policy and Research (MPPR), with financial support from the David and Lucile Packard Foundation, organized a FP conference with the DOPH and EHOs in Kayin State. In July 2014, Pathfinder International and MPPR hosted the FP Best Practices Conference in Naypyitaw, followed by state level conferences in Taunggyi, Southern Shan State in May 2015, and Lashio, Northern Shan State in March 2016. This event in Kayin state was the fourth FP conference that Pathfinder and MPPR have organized.

The Kayin FP conference was held in Tawwin Yadanar Hotel in Hpa An November 17 and 18, 2016. The event was a hybrid of a conference and a workshop. The conference section provided overall FP strategies and fiscal plans to achieve FP2020 goals, as well as the latest global developments surrounding FP services. The primary goal of the workshop section was to create an opportunity for discussions among participants to better understand bottlenecks they face in FP service delivery, analyze root causes of the problems, and develop potential strategies and action plans to overcome them. It also aimed to increase the participants' capacity to identify main constraints and bottlenecks hampering FP service deliveries to assist with achieving the national FP2020 goals.

Specific objectives of the conference were as follows:

1. **Information dissemination**: Through presentations by global and national experts, the conference provided updates on FP related policies and strategies, as well as technical updates on FP/reproductive health (RH) services to state officials, health organizations, and their staff. Priority topics included FP2020 commitments, national sexual and reproductive health (SRH) strategies and policies, integrated service delivery, and improved FP/RH access for minority populations in the state. Information on related international developments, best practices, and tools were distributed.

2. **Mutual understanding of bottlenecks faced**: The first and foremost aim of the workshop was to solicit mutual understandings of difficulties health organizations face in FP service delivery. The workshop provided an opportunity for participants to share their experiences on FP service delivery, and build a consensus on major bottlenecks identified. They collectively engaged in the causal analysis of FP service delivery bottlenecks, and had a chance to discuss strategies to overcome them and brainstorm what might be needed to put them into action.

   Through workshop discussions, the conference served as an opportunity for participants to develop capacity for strategic thinking and policy dialogues for effective FP/RH service delivery in Kayin State. A deeper understanding though discussion of the current status of FP services in the state encouraged innovative thinking needed to increase availability and access to critical FP/RH services. Facilitators assisted to develop consensus among participants on priority actions and practices that are applicable to the state and individual township level contexts.

3. **Forging collaborations**: With open dialogue among participants from a variety of organizations, the conference laid the foundation for promoting and strengthening the institutional capacity to collaborate for best FP/RH practices with other stakeholders such as Ministry of Health and Sports (MOHS), civil societies, and NGOs within the state. The event helped identify organizations and individuals that are

potential leaders who could work together in the future to overcome bottlenecks hindering FP service delivery in the state.

Township and Participants

The main participants of the conference were MOH officials from Naypyidaw, township medical officers (TMOs) and basic health staff from seven townships in Kayin State, representatives from four EHOs, as well as representatives from INGOs working in Kayin State. A total of 71 people participated in the event.

The participating organizations included the following:

- **Kayin State DOPH (7 townships):** TMOs, head nurse, head MW, and/or personnel in charge or engaged in FP service delivery
- **Karen Department of Health and Welfare (KDHW)**: Senior officials, basic health staff (nurses, midwives, and/or personnel in charge or engaged in FP service delivery)
- **UN & INGOs**: United Nations Population Fund (UNFPA), Population Services International (PSI), Marie Stopes International (MSI), Community Partners International (CPI), Save the Children, Adventist Development and Relief Agency International (ADRA), Malteser International, PHASE-M, and International Rescue Committee (IRC)
- **Local NGOs**: Mae Tao Clinic, Backpack Health Worker Team, Burma Medical Association, Karen Baptist Convention, KDHW, and Karen Medical Service

Descriptions of Activities

1) Conference Section

The conference included updates on national policies around reproductive health including FP2020 commitments, as well as global and local updates related to adolescent and youth sexual and reproductive health (AYSRH) including global commitment statements and relevant research findings. These updates set the framework for following bottleneck analysis discussions on how to increase access to FP services particularly among young people and underserved populations in Kayin State.

In the opening speech, the Minister of Ethic Affairs, U Tayza Htet Hlaing Htwe, speaking on behalf of the State Government, stated that the conference was part of their efforts to acknowledge the importance of FP in improving the health of the nation. He expressed his hope for learning from all organizations implementing FP activities on the ground and forging a way to collaborate in order to develop innovative solutions and plans for the future. He urged all participants to provide constructive inputs and opinions during the conference.

Dr. Tun Min, the Director of Kayin State Department of Public Health, highlighted the importance of FP information and services accessible to families in rural areas. He also stressed the MOHS' commitment for FP2020 and urged all participants to work hard towards the achievement of the goals.

Summary of Presentations

Representatives from the MOHS' Maternal and Reproductive Health Department, Pathfinder International, and MPPR shared their experiences and updates on global trends and national strategies. Topics included FP2020

commitments, national RH strategies, national FP policies, the national strategic plan for young people's health, youth friendly reproductive health programs, and long-acting reversible contraceptives.

Below are the summaries of the presentations from Ms. Sono Aibe, Dr. Hla Mya Thway Einda, Dr. Khin Moe Thu, Dr. Thin Myat Khine, and Dr. Candace Lew.

1. *Pathfinder International – FP2020 Global Initiative*

Ms. Sono Aibe, Senior Advisor for Strategic Initiatives, Pathfinder International, presented the global context of FP2020. In her presentation, Family Planning 2020 (FP2020) is an outcome of the 2012 London Summit on Family Planning where more than 20 governments made commitments to address the policy, financing, delivery and socio-cultural barriers to women accessing contraceptive information, services and supplies. At the International Conference on Family Planning (2013) in Ethiopia, His Excellency Ambassador Ko Ko Latt announced the government of Myanmar's commitment to FP2020, and concurrently, former Deputy Minister of Health Dr. Thein Thein Htay announced the Myanmar commitment at an event in Naypyitaw, Myanmar. Ms. Aibe briefly described Myanmar's commitment and towards the overall FP2020 global goal of reaching 120 million new family planning users by 2020. She also shared the various on-line platforms to learn more about FP 2

2. *MOH-MRH: Overview of FP2020, Myanmar's commitment and Sustainable Development Goals*

Dr. Hla Mya Thway Einda, the Director of the Maternal and Reproductive Health Division, DOPH, provided background information on global FP2020 goals, Myanmar's commitments and targets, national responses by the MOH and achievements to date. She also introduced the overview of Sustainable Development Goals (SDGs) and highlighted the link between FP services and core SDGs in addition to health-related goals.

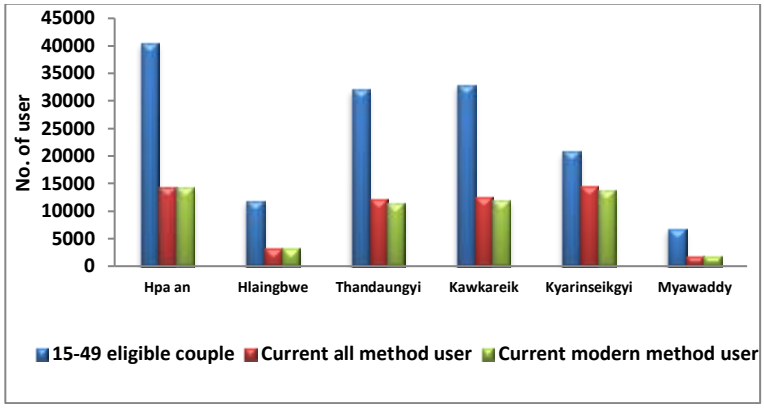
She stated that FP has been implemented as a project since 1991 in Myanmar not to control population but to improve health statuses of mothers and children. According to Dr. Einda, the government has been accelerating the reduction of child and maternal deaths. She highlighted the three main causes of maternal death such as post-partum hemorrhage, preeclampsia, and post-abortion complications. In order to prevent these problems, she stressed the importance of systematic contraceptive usage. In 2016, in coordination and collaboration with UN agencies, NGOs, INGOs, and other partner organizations, CPR has improved from 41% to 50%.

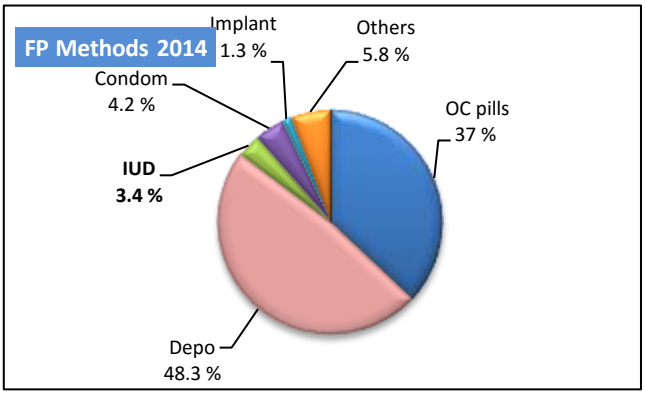
Dr. Einda also emphasized the importance of increasing accessibility of FP services for Kayin people in coordination with EHOs. She explained her plan to promote distribution of various contraceptives such as oral pills, Depo injections, intrauterine devices (IUDs), condoms, emergency contraception pills (ECPs), implants and Sayana® Press. As a result of promoting contraceptive distribution, the rate of unmet need has decreased from 17.7% in 2007 to 16% in 2016. The Ministry aims to further reduce it to less than 10%. For the procurement of contraceptives, the government has spent USD $1.09 million 2012 to 2013, USD $3.27 million 2013 to 2014 and USD $1.96 million 2014 to 2015. The procurement of contraceptives for 2014 to 2015 was smaller than the previous year as the quantity of remaining commodities from 2013 to 2014 was significant. In her conclusion, she encouraged all participants to recognize the importance of FP in their state, and urged everyone to participate actively in discussions, strategic planning and implementation, and finally the achievement of the FP2020 goals.

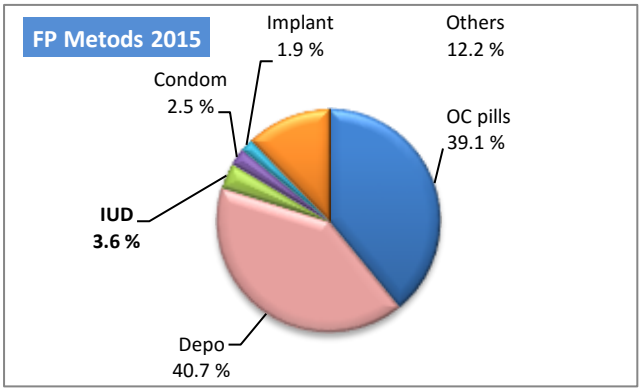
3. *DOPH-MRH: Family Planning in Kayin State*

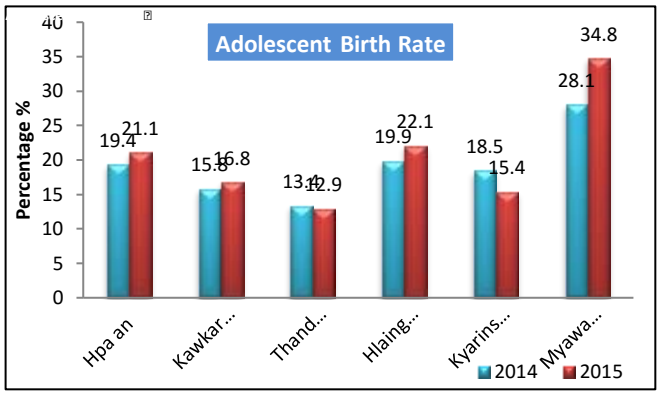
Dr. Khin Moe Thu, the Assistant Director of Maternal and Reproductive Health in Kayin DOPH, presented 2014 to 2015 statistics related FP methods used in Kayin State. One of the strengths of Kayin State is the state government's commitment to improve FP services to achieve SDGs. One manifestation of this commitment is its efforts to coordinate state DOPH, INGOs, and NGOs in providing family planning services. Some townships are also developing good collaborations with INGOs especially with IRC and CPI in family planning services, resulting in BHS in their project townships receiving training for family planning and quality RH training. There are also efforts at township level to provide training and refresher training to AMWs and TBAs to temporarily fill in for vacant MW positions. Another recent improvement is an increasing level of supplies from the central level.

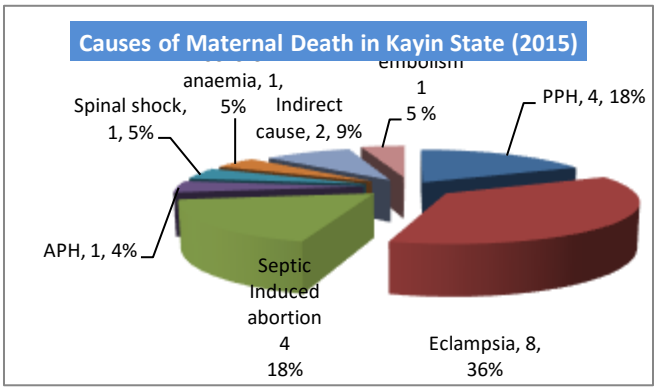
The numbers of birth-spacing service users among eligible couples between 15 to 49 year-olds (2015)











There is a need for upgrading the capacity of basic health staff for family planning service delivery as not all staff has received the Quality RH Training from MRH. In Kayin State, there is an inadequate supply of birth-spacing service tools such as pamphlets, IEC materials, and WHOs Medical Eligibility Wheels. There are imbalances between supplied drugs and clients' preferred choices. The awareness of the communities about the benefits of birth-spacing is low, and the prevalence of inaccurate and incomplete information about FP methods are other challenges. In addition, there are gaps in service coverage due to political instability, hard to reach areas due to transportation difficulties, and migrants of whom it is difficult to provide health services.

Suggestions to the central level authorities

It is imperative to set up a system for promptly filling vacant positions to avoid the shortages of BHS. Quality RH Training and refresher trainings are also needed with regular intervals to improve the capacity of BHS. For remote and hard to reach areas, an increase in transportation allowances for BHS is essential. The state also suggested to consider the role of general practitioners and giving them training about FP and FP products, supplying them with commodities, and setting up the reporting system for them to expand the FP service areas. The skills of AMWs in birth-spacing methods are also critical, and they require training as well as commodities, particularly short-term methods, to distribute in hard to reach area. TBAs also need guidelines for do's and don'ts. Finally, adequate amounts of commodities should be provided based on the needs of the communities, delivered regularly from the central level with adequate supply in the pipeline to avoid stock outs. Standardized formats for data collection and systematic reporting from local level should be set up well to gather accurate data in a timely manner for this purpose.

4. EHO Karen Department of Health and Welfare (KDHW)

Dr. Thin Myat Khine from KDHW presented the health status of Kayin state from the view of EHO. KDHW has three main partners: 1) CBOs Mae Tao Clinic, 2) Backpack Health Worker Team, and 3) Burma Medical Association, which provide basic health care, including basic medical service, reproductive and child health, community health, disease prevention, and specialized health programs. KDHW started FP service provision in 2014 providing short term methods supported by Metta, and LARC supported by MSI. The health staff were trained two times per year for FP methods.

According to quarterly data gathered from partner organizations, the number of people covered by these EHOs in Kayin is 526,300, among which 81,300 are women of reproductive age. The total number of villages receiving health services including family planning was 1,296 through a network of 126 clinics.

The main challenges EHOs face are the lack of health knowledge and awareness among the ethnic population, the religious constraints and influence of religious leaders, their misconceptions about contraceptives, and poor quality of service provision by health workers who oppose FP. While facing the challenges, KDHW and partner CBOs are committed to deliver FP services to Kayin people. As a result, EHOs are expanding FP programs to cover more women in Kayin State. Along with the improvement in FP, the overall health outcomes in Kayin State are also improving.

5. Pathfinder International - Introduction to LARC

Dr. Candace Lew, Senior Technical Advisor for Contraception at Pathfinder International, discussed LARCs currently available in Myanmar, and their advantages, effectiveness, and mechanism of action in comparison to other methods. She also explained the procedures for insertion and removal of implants and IUDs, as well as the differences between Implanon/Implanon NXT® (Nexplanon®) and Jadelle®, the two most common implants available in Myanmar's public and private sectors. She also briefly introduced the balanced counseling strategy and stressed its importance in ensuring informed choice for the clients. Dr. Lew went on to explain the use of WHOs Medical Eligibility Wheel, task-sharing for FP services, service integrations, and post-partum FP methods.

Family Planning Counseling Practice

During the conference, Dr. Candace Lew from Pathfinder International led discussions on FP counseling techniques. She provided an overview of different FP methods and effective communication tips, and explained the importance of both verbal and non-verbal communications in dealing with clients. Her presentation was followed by a demonstration of a role-play. Two pairs of volunteer participants – each pair demonstrating a communication session between a midwife and a young sexually active unmarried girl seeking contraceptive advice, illustrating good and bad FP counseling sessions. Each session was followed by a short, guided discussion of what constituted good or bad counseling, based on participants' observations. Dr. Lew wrapped up the role play by stressing on the key factors in quality FP counseling – rights based approach, sensitivity to adolescents' needs, informed choice, respect, and non-judgmental attitude.

2) Workshop Section

Bottleneck Analysis

The conference section of the event was followed by a workshop on bottleneck analysis. Participants were arranged into seven townships in which they were working. Each township group contained both government health staff and members of ethnic health organizations as well as INGOs. In each group, discussions were held on problems hampering FP service delivery and how to overcome them. The discussion sections were organized under five critical bottleneck areas with a particular focus on two key populations in Kayin State: a) young people, and b) ethnic minorities.

1) Commodity security
2) Human resources
3) Service delivery obstacles
4) Data availability
5) Collaborations and partnerships

Facilitators from both government and EHOs led the discussion with the following process:

1. Identify the constraints and problems hampering the service delivery of family planning interventions at the township level. Prioritize most important issues to allocate limited resources.

2. Understand the root causes of the problems identified, analyzing why these bottlenecks occur for FP services, as well as what in the health system was preventing the delivery of quality FP services.

3. Identify service delivery strategies based on on-the-ground experience at the township level that would address identified bottlenecks. It was to identify potential solutions to the problem that can be implemented on the ground and prioritized in the short and medium term.

4. Develop detailed action plans specifying activities necessary in implementing strategies identified.

After each session, members of the groups were asked to summarize the results of their discussions and share them in plenary discussion. The following section summarizes the results of the discussions.

Key Problems Identified and Their Causes

Key Areas	Commodity Security	Human Resource	Service Delivery	Data Availability	Collaboration and Partnership
Kawkareik Township	**Key Bottleneck Problems Identified**				
	Unused, expiring, overstocked commodities such as IUDs	Work overload of MWs	Language barrier between service providers and ethnic groups Men pose as a barrier to FP service access for women	Lack of accurate information Lack of information about ethnic minority areas	No NGOs or INGOs Working in Kawkareik
	Causes Identified				
	Limited skills on FP service provision Lack of training on IUDs Lack of community awareness on FP products and services Commodity sent without need assessments or accurate forecasting	Insufficient number of health staff Unbalanced work assignments among basic health staff i.e. MW responsible for all programs (RH, HIV, EPI, etc.) Lack of task sharing	Health staff not from local communities or ethnic groups Men from ethnic groups lack the knowledge of FP benefits FP considered women's issue Conservative gender norms	No systematic data filling Weak data management skills Little information sharing between MOHS and EHOs	Lack of efforts to entice projects to needed areas or forge collaborations
Hlaing Bwe Township	**Key Bottleneck Problems Identified**				
	Expiring commodities Insufficient number of needed commodities Overstock of unused commodities	Insufficient number of staff The ratio of BHS and population is not balanced	Little FP service uptake Unable to communicate well due to language barrier between BHS and community Unable to use written information due to illiteracy	Unable to send information in time of reporting Unsystematic and unorganized data collection filling up information in registration books Too many data entry items	Unequal distribution of INGOs and NGOs activities (projects)

	Causes Identified				
	Some commodities arrive from central storage with nearly expiring dates, making it hard to redistribute Weak planning and forecasting at the township level Lack of communication between central and local authorities	Missing staff for long duration due to training, etc. without arrangements for replacement Population structure information is not updated	Religious beliefs that discourage women to use contraceptives Health staff not hired from local community and unable to speak ethnic languages	No standardized format Not sending report to township in time because of transportation difficulties, especially in rainy season Could not collate and send information timely due to many projects and training	Involvement of authority is weak in coordination and implementation of FP
Than Daung Gyi Township	**Key Bottleneck Problems Identified**				
	Insufficient required commodities Overstocked unused items Commodities not arriving on time	Not enough staff Work overload. One MW covering 16 to 17 villages for many projects Lack of security makes it difficult to recruit MWs	Little service uptake due to religious constraints Prevalence of misinformation	Unreliable data	No INGOs or NGOs projects in Than Daung
	Causes Identified				
	Weak coordination and discussion in each step Sometime due to transportation difficulties Inaccurate estimation	Central level not filling sanctioned posts Recruited staff does not want to come due to low level of security	Beliefs influenced by religious leaders and their way of life Misbelief due to lack of accurate health knowledge, awareness, health education, and illiteracy Low economic status	Inaccurate data entry due to insufficiently skilled staff Inadequate number of staff to enter data	Transportation difficulties and security concerns
Hpa-Pon Township	**Key Bottleneck Problems Identified**				
	DOPH–Overstock of commodities EHO–Understock of commodities Villages with no commodities	Insufficient manpower Low morale of staff	Unable to provide services in certain areas that are inaccessible Language barrier between community and health staff Women unable to use FP due to men's lack of understanding	No information available from large areas of the township	Little collaboration among groups including between EHOs and DOPH

	Causes Identified				
	DOPH–Unable to distribute to areas with security issues EHO–Unable to procure commodities in a timely manner due to a long tender process and weak planning Some villages are missing from the official map and list, leading to no health services	Low retention (EHO) due to staff moving to Thailand for higher wages, despite discrimination and no registration there Lack of motivation and depressed social atmosphere affecting staff's mental health	KNU does not allow health staff to pass through controls to see patients due to lack of trust Male involvement is very little as they have no awareness and no time to attend educational meetings due to work Language and trust issues because the staff are not from Hpa-Pon	Armed ethic groups prohibit access to certain areas and difficult to obtain data Weak data flow due to inadequate staff to collect data and weak system	Lack of coordination due to political distrust
Kyain Seikgyi Township	**Key Bottleneck Problems Identified**				
	Expired commodities Lack of demand	Insufficient health staff Prolonged recruitment process Work overload Uncovered areas	Language barrier between community and staff Unable to visit villages	Weak data collection and reporting Little data from TBAs	Weak communication between community and BHS Little coordination among organizations
	Causes Identified				
	Commodities arrive with near expiration dates due to slow distribution process People don't know about benefits of FP due to lack of effective health education, and they do not want to give their time to listen	Hard-to-reach areas, and insufficient number and support for staff Too large of areas assigned to one MW and no new sub centers, leading to staff overload	Staff are not from local areas and do not speak local languages Insufficient funds for transportation to go to the field	Not enough capable staff to collect data Communication gap between township and RHC–no phone lines TBAs are unable to gather proper data	BHS unable to work with communities because people are poor in literacy and socioeconomic status Participation of EHOs is weak
Hpa-an Township	**Key Bottleneck Problems Identified**				
	Overstock of unused commodities Understock of frequently used commodities	Lack of FP training Insufficient refresher High turnover	Lack of knowledge and demand for FP Lack of access from remote communities Hard to reach areas	Inaccurate data Unsystematic data filling system	Weak collaboration between INGOs and MOH; and between community and BHS

	Causes Identified				
	Inaccurate forecasting of needs Weak planning	No quality RH training provided Frequent replacement of staff leaves many without training No refresher training for TBA and AMW.	Misbeliefs and high number of illiterates No time to listen to health education as they are busy working Lack of money for transportation BHS insufficient budget for transportation fees to go to the field	No standardized reporting format They fill in information in their own ways, so data is inaccurate	No regular coordination meeting Lack of community education and communication skills among BHS
Myawaddy Township	**Key Bottleneck Problems Identified**				
	Overstock of unused commodities Expired commodities	Insufficient number of staff Uneven workload and work overload	Lack of health knowledge in the community Lack of youth friendly services and ARH education	MOHS and EHO data sharing is weak Lack of information for migrant population	Weak coordination between MOHS and EHO Referral system from EHO is weak No referral form to link with MOHS systems
	Causes Identified				
	Weak planning and inappropriate forecasting Nearly expired drugs due to delayed arrival and lack of demand	Vacant sanctioned posts Insufficient supervision Lack of management skills	Religious beliefs hamper SRH knowledge Little attention to youth Cultural constraints	No standardized format Migrant population is high and it is difficult to collect data	No regular coordination meeting or communication

Strategies to Overcome the Bottlenecks

Commodity Security: A key suggested strategy was improving commodity management systems, including more accurate estimations of commodity needs, upgraded expiry and stock management, and logistics management training.	
Kawkareik	1. To prevent expired commodities, increase demand for FP by providing health education and counseling skill session in PHS II training guidelines, and provide sufficient IEC materials to the district level
	2. Make IUD training a requirement for BHS to use the commodity
HlaingBwe	1. Regular checking of drug expiry dates by BHS in the storage. If a nearly expired item is found, BHS must inform the authorized persons to prioritize their use.
	2. Calculate drug consumption more accurately to request right amounts of commodities. Provide logistic management training.
Than Daung Gyi	1. Improve the projection of drug consumptions for six months, as well as for following year. Task sharing to PHS II to do some stock management and needed supervision at every level.
	2. Spend more time checking stocks and expiry dates
HpaPon	1. Request commodities according to the number of population in covered area
	2. To strengthen planning, appeal for logistics management training
Kyain Seikgyi	1. Checking expiry date to reinforce first-in-first-out rule to use older commodity first. If the expiry date is near and could not be used, communicate with the township level.
	2. Encourage community members, with the help of MW and PHS II, to use contraceptives available until their preferred commodities become available
Hpa- An	1. Improve data collection at village level and accurately forecast the needs for preferred commodities by township for the State to request that the Central Medical Store Department send only what is needed
	2. Request the authorities not to send unused stocks of items, and not to simply divide them evenly
Myawaddy	1. Try to get specific data of population and commodity needs to better manage over- or under-stocked items
	2. Request MRH supply chain management training

Human Resources:
As human resources are managed by the central authorities, realistic situational assessments by the central authority were viewed as a key to improvements. For a short-term strategy, task shifting with MWs, AMWs, CHWs, and TBAs were viewed as a critical solution. Working closely with EHOs and ethnic groups, including hiring of ethnic native persons, was considered essential in overcoming the shortages of right personnel in right places.

Kawkareik	1. Communicate to the higher authorities the real situations of personnel shortages on the ground, particularly on limited staff with technical skills, and request increasing human resources
	2. Ensure the existence or dispatch of AMWs and CHWs to each village
HlaingBwe	1. Communicate the HR issues to the central level and demand that the responsible persons fill the sanctioned posts
	2. Task sharing with MWs and AMWs for short-term solution
Than Daung Gyi	1. Enhance MWs and AMWs skills in training to be effective workers in posted villages, including communication skills with village leaders
	2. Guide MWs to work together with AMW, CHW, and TBA 3. Request a security team to accompany MWs in the field for safety
HpaPon	1. Shuffle staff assigned in isolated and difficult townships after serving 2-3 years
	2. Encourage MOH and EHOs to officially approve or certify ethnic health workers to augment human resource shortage
Kyain Seikgyi	1. Request prompt recruitments of BHS at the central level to replace missing personnel
	1. Communicate the acute shortage of HR to the central level
Hpa- An	1. Provide the quality RH training to BHS, AMWs, and TBAs
	2. Conduct refresher training for AMWs and TBAs
Myawaddy	1. Task shifting with AMWs, Karen Youth Organization, and Karen Women's Organization
	2. Hire local persons native to assigned locations to increase the retention of the staff

Service Delivery: To overcome language barriers, the recruitment of local persons from ethnic villages was identified as a good strategy. To ensure accurate understanding of FP and create demand for contraceptives, advocacy with communities and religious leaders was found necessary to first build trust with them. The engagement of men and community leaders was also seen as essential for this purpose.	
Kawkareik	1. Enlist the support of native volunteer health workers to overcome the issue of ethnic language barrier
	2. Conduct focus group discussions with males to promote understanding of the importance of FP for their wives
HlaingBwe	1. Recruit Kayin people to translate health education and service delivery, distribute FP information pamphlet in Kayin languages, and promote local language learning.
	2. Implement trust building activities in ethnic communities before health service delivery. Conduct frequent advocacy with religious leaders. 3. Frequent and regular health education in community to increase the uptake of FP services
Than Daung Gyi	1. Engage in advocacy with communities and religious leaders presenting strong evidence for the importance of family planning
	2. Quickly raise community awareness through educational sessions to increase demand for FP
HpaPon	1. Request State Health Department provide security services during service delivery to ensure the safety of health staff
	2. Provide incentives such as FP commodity and materials to participants of health education session; engage men in family planning; and promote health education of women first
Kyain Seikgyi	1. Enlist assistance from township health committees and NGOs to overcome service delivery difficulties
	2. Request translators to assist with services in ethnic areas
Hpa- An	1. Provide FP counseling training to BHS, AMWs, CHWs, and TBAs
	2. Provide adolescent reproductive health training to improve youth SRH service delivery
Myawaddy	1. Recommend MOH & MOE provide adolescent SRH session in high school
	2. Create youth center to where adolescents can share experiences and knowledge of RH

Data Availability: A suggested plan was to provide standardized forms for projects and basic data collection at rural health centers (RHCs), and to provide data management training using the standardized forms to overcome lack of reporting skills. Establishing proper channels of data flow for collation was also one of the priority actions. To overcome missing or inaccurate information due to the busy schedules of BHS, task shifting of some reporting duties to PHS II, while ensuring MWs maintain daily records of basic information.	
Kawkareik	1. Task share with PHS II and improve their data management skills to ensure the availability of FP data
	2. Share data with EHOs, and conduct monthly and quarterly meeting with them to share information and discuss issues
HlaingBwe	1. Standardize format for basic data collection for MWs with the support of higher authorities; many project-based data collection forms, but no basic data entry forms
	2. Provide transportation allowance to BHS to send data for reporting
Than Daung Gyi	1. Ensure daily diary writing by MWs to record data 2. Request increase in the number of skilled personnel who can gather accurate data, rather than asking AMWs and CHWs to file reports
	3. Plan well and prepare in advance for data reporting to avoid missed deadlines
HpaPon	1. Provide data management training to all BHS
	2. Provide HMIS training and workshop
Kyain Seikgyi	1. Set up a reporting date for collating data to get reports on time
	2. Establish proper communication chain among RHC, township, and central levels to collate data
Hpa- An	1. Allow task shifting of some reports to PHS II while MWs write daily diaries
	2. Provide communication budget to report data on time. Ensure regular reporting from INGOs and EHOs to gather complete data.
Myawaddy	1. Standardize forms and indicators with EHOs to gather complete data

Collaboration and Partnership The key to better collaboration was identified as regular coordination meetings among DOPH, EHOs, NGOs, CBOs, and other stakeholders at township level to share information, raise awareness about FP, and plan for improved coverage.	
Kawkareik	1. Invite NGOs to work and collaborate in the township, as no organizations are currently present
	2. Coordinate with members of parliament to get more support from volunteer health care workers
HlaingBwe	1. Hold township coordination meeting quarterly with INGOs and EHOs to share information, update service mapping, and discuss ways to improve services
	2. Increase the number of advocacy meetings with authorized organizations to have smooth partnership
Than Daung Gyi	1. Invite INGOs and NGOs to coordinate FP service delivery by sharing FP status information
	2. Collect and use accurate data for abortion, maternal mortality, neonatal death, and contraceptives usage to advocate for collaboration and coordination
HpaPon	1. Develop short-term and long-term planning for improved coordination and collaboration between MOH and other health organizations
Kyain Seikgyi	1. Boost the interests of partner NGOs and communities by providing pamphlets, posters, and songs
	2. Mobilize the village committee and NGOs to become involved in FP
Hpa- An	1. Township health department holds quarterly meeting with INGOs and EHOs to update information
	2. Conduct continuous awareness-raising activities, coordinating with INGOs and EHOs, and promoting partnerships
Myawaddy	1. Hold regular coordination meetings at township level

Policy Recommendations by Participants

The leaders and representatives from each township and organization presented the following recommendations to the national and regional level leaderships to address policy and higher-level bottlenecks.

Finance and Law

1. Provide funds for operational costs including needed funds for redistributing excess stocks
2. Advocacy towards legalization of abortion

Service Delivery

1. Task shifting to AMWs and CHWs (e.g., allow them to distribute short-term contraceptives)
2. Administer implants at RHC level
3. Regular coordination meetings for data sharing and better communication
4. Make community advocacy one of main health service delivery activities
5. Promote FP not only among women but also among CBOs, youth organizations, and men

Community Health Education

1. Teach reproductive health in school
2. Program for adolescent reproductive health education for out-of-school children
3. Conduct SRH awareness-raising activities in communities

Training

1. Train PHS II in group counseling
2. Provide quality RH training
3. Provide technical training to EHOs
4. Include EHOs in MOH trainings

Conclusion

The State Health Director of Kayin State, Dr. Tun Min, concluded the conference by acknowledging the significance of the work done in bottleneck analysis and its usefulness in future planning. He echoed the statements of BHS during the analysis, noting the difficult conditions under which health workers must deliver FP services in Kayin State. These include hard-to-reach conflict areas, threats to safety, lack of commodities, insufficient human resources, and lack of dialogues and collaborations among those who work in the state. While these conditions are not dissimilar to other states in which he has worked, the consequences are particularly serious in Kayin due to the presence of heavily armed conflict areas and underserved ethnic groups. The State Health Director, however, pledged to do whatever he can to alleviate the difficult conditions. He proposed, for example, to negotiate with the central authority for a faster recruitment process in filling vacant MW positions by recruiting Kayin natives. For security concerns, he promised to coordinate with village leaders to increase the level of security for health workers, particularly for female MWs and nurses. He also encouraged health staff in villages to communicate their difficulties to township and state level authorities so that appropriate assistances can be provided to them. For commodity supply, he pledged to improve the distribution system so contraceptives and other medical supplies can reach townships and villages faster and well before expiration dates of medical stocks. He also urged townships to improve the accuracy of commodity forecasting for this purpose. In Kayin State, there are many areas where health care services are not provided due to long political and armed conflicts. Under the changing political atmosphere, the State Health Director finally expressed his optimism for better coordination and partnerships among the MOH, EHOs, and INGOs to effectively provide health care and FP services to these local communities in the near future.

Appendix 1 - Conference Agenda

Day 1: Thursday, 17 November, 2016

Registration 7:30 am	Registration Opens
Opening Ceremony **8:00 - 9:00 am**	Opening Speech (U Tayza Htet Hlaing Htwe, Minister of Racial Affairs, Kayin State) Welcome remarks (Dr. Hla Myat Thway Einda, Director of MRH, MOHS) Importance of FP in Kayin State (Dr. Thin Myat Khine, KDHW) Importance of partnership in FP service delivery in Kayin State (Dr. Tun Min, State Health Director, Kayin State) Participant introduction (Dr. TUn Min ,State Health Director, Kayin State)
Photo/Coffee break **9:00 - 9:20 am**	Group photograph Refreshments and networking Participants put their signatures on the FP2020 commitment banner
Objective & Overview **9:20 - 9:30 am**	Objectives and overview of the conference (Sono Aibe, Pathfinder International) • Introduction of FP2020 & Myanmar's Commitments • Fostering understanding and partnerships
Global Updates **9:30 -9:45am**	FP trend in the world • Global Commitment Statement for LARC for youth (Dr. Candace Lew, Pathfinder International)
National FP Strategies **9:45-10:30 am**	FP National Strategies (Dr. Hla Mya Thway Einda, Director of MRH, MOHS) • FP2020 Strategic Plans • AYSRH policy/five-year youth strategic plan in Myanmar • FP Budget allocations
FP Service Delivery in Kayin State **10:30-11:30 am**	FP services in Kayin State (DOPH) FP services by Ethnic Health Organizations (Karen DOPH& NGO/CBO) Question and Answer, Discussions
LARC introduction **11:30 –12:15 pm**	Technical updates on Long-Acting Reversible Contraception (Dr. Candace Lew) Implant insertion and removal video
LUNCH **12:15-1:00 pm**	Lunch break & networking Implant & Sayana Press Display
Workshop Introduction **1:00-1:15 pm**	Objectives and overview of the workshop (MPPR) (7 Townships/DOPH& EHO/Table**)**
Bottleneck Analysis – Mapping (Group) **1:15-2:15 pm**	Mapping of FP service delivery: (Outputs: Flip Chart) • Identification of gaps in services and barriers
Results Report(Plenary) **2:15 – 3:00 pm**	Township groups report back their work (5 min/group) Participants provide feedback
TEA/COFFEE **3:00-3:15 pm**	Refreshments served during the presentations • Implant insertion practice with arm models at each table
Bottleneck Analysis – Problem Identification **3:15-4:15 pm (Group)**	Identification of problems in FP service delivery: (Outputs: Form 1) • Prioritization in 5 problem areas–pick 2 issues for causal analysis
Results Report(Plenary) **4:15 – 5:00 pm**	Township groups report back their work (5 min/group) Participants provide feedback
Wrap Up and Overview of tomorrow's Agenda **5:00– 5:15 pm**	Explanation about the materials in the conference bag (MPPR) Administrative announcements Wrap up of the day • Plans for tomorrow

Day 2: Friday, 18 November, 2016

7:30 – 8:00 am	Arrival Implant insertion practice with arm models
Recap of Day 1& Overview of Day 2 8:00- 8:15 am	Recap of problems identified the previous day Explanation of Day 2 activities
Bottleneck Analysis – Causal Analysis 8:15-10:15 am	Problem tree causal analysis for five areas–two problems each (Outputs: Form 1) 1. Commodity 2. Human resources 3. Service delivery issues 4. Data availability 5. Coordination
TEA/COFFEE 10:00 am	Refreshments served during the workshop
Results Presentations 10:15-12:15 pm	Presentations by groups and discussions (15 min/group)
LUNCH 12:15-1:00 pm	Lunch break and networking Implant display
Strategies and Action Planning 1:00 - 2:15 pm	Explanation of activities: strategies vs action plans Proposed strategies to overcome bottlenecks (Outputs: Form 3) Action plans to implement the strategies selected (Outputs: Form 4)
Presentations and Discussions 2:15-3:30 pm	Presentations by groups and discussions (10 min/group)
TEA/COFFEE 3:00 pm	Refreshments served during the workshop
Counseling & Communication 3:30 – 4:30 pm	Training on patient-friendly communication and counseling (Pathfinder International) • Issues and problems / good practices and approaches • Role play / Q & A
Concluding Session 4:30-5:00 pm	Resources and Tools to Support Implementation: Recommendations to Health Directors, Director General, and others Evaluation on the workshop
5:00 pm	Closing remarks by Sono Aibe, Pathfinder International Adjourn

Appendix 2 - List of Participants

Ministry of Health

Dr. Hla Mya Thway Einda– Director, Maternal and Reproductive Health Section
Dr. Yu Mon Myint – Medical Officer, MRH, Naypyitaw
Dr. Myo Ko Ko – Medical Officer, MRH, Naypyitaw

Associate State Department of Public Health, Kayin

DrTun Min – Director, SPHD
Dr. Kyaw Swar Myint, Deputy Director
Dr. Khin Moe Thwe – Assistant Director
Dr. Nanda Aung Aung– Team Leader (School Health)
Daw Naw Has Ro - Nurse Officer (F)
Daw San Thi – THA, SPHD (F)
Dr. Zayar Lin - DMO, Kawkaraik
Dr. Myint Myint Aye - JCOG, Pha An, General Hospital

General Administration Department, Kayin

Dr. Yun YunHtun TL, Hpa An

Township Health Team, Kayin

HpaAn Township

Dr. Khin Moe Aye, Township Medical Officer
Daw Aye Aye Than – SN,
Daw Nang Than Yi – MW (UHC)
Daw Nang HtweKhin – LHV (MCH)
Daw Ni Win Kyin - NO, Medical Service

Kyain-seikkyi Township

Daw Moe Thandar Mon - THN
Daw Naw Earizar - MW (MCH)
Daw Aye Thida - Mid-Wife (Phya Ngoto)
Daw Tin Tin Nyo – LHV

Kamamaung Sub-township

Dr. Thet Zaw Htun– Assistant Surgeon, Kamamaung Hospital

HlaingBwe township

Dr. Wut Yi Thin – Medical Officer, MCH/SH/Nut.Hospital (F)
Daw Aye Aye Khine - LHV
Daw Nyein Nyein Ei - MW, Win Sein S/C
Daw Nang Hlaing Htay – THN

Kawkareik township

Dr. May Oo Khine Assistant Director
Dr. Zayar Lin – DMO
Daw Khaing Khaing Tint – LHV (Nabu)
Daw Nang Shwe Ni - MW
DawMi Yin Yin New - THN

Myawaddy Township

Dr. Myo Thant Zin - MO (MCH)
Daw Nang Thi Thi Thin - THN
Daw Nang Kain Na Yee - Mid-Wife
Daw San San Myint - LHV (MCH)

Thandaungyi Township

Dr. Zayar Oo – Senior Medical Officer i
Daw Than Than Sint - THN
Daw Naw Soe Soe Yi - LHV
MiKhin Hta Aye – MW

Hpapun Township

Daw Nang Thazin Htwe - NO

Other NGOs

Dr. Sett Aung Naing- Township-In-Charge, MSI
Dr. May Thazin Aye - PC, SDC (PHASE – M)
Nant Sandar Chit - ADRA (EMBRACE)
Dr. Tin MaungHtoo - Project Manager, ADRA Myanmar
Dr. Cho Cho Lwin - Project Manager, MSI
Nay Nyi Nyi Lwin - Program Manager (MCH), CPI
Dan Muriel Mu YehHtoo - Project Manager, MSI
Nan Mu Mu Nyein - EMBRACE (ADRA)
Naw Toh Lwee Htoo - Malteser
Aye Sandar Htun – Malteser
Dr. Naing Bo Bo Min - Sr. Health Manager (IRC)
Dr. Aung Htet - Health Manager - PLE, IRC
Dr. Phyo Aung Win PSI

Dr. Hnin Myaing - AD, Kayin Medical Service, Hpa An
Dr. Thin Myat Khine - Assistant Director, Karen Dept of Health & Welfare
Naw Khu Lwe - EPI Coordinator, KDHW
Naw Sable Moe, Mae Tao Clinic, Mae Sot
Nan Wah Wah Aung, BMA, Mae Sot
Moh Moh Win - BPHWT, Mae Sot
Saw Moo Thar – BPHWT, Kawkareik
Daw Lay LayKhine - MIS Officer, KDHW Hpa An
Naw Shwe Shwe Win – BMA, Kya-in-seikkyi (KyawHta)
Say Leh Wah - KDHW, Mae Sot
April Hlaing - KDHW, Mae Sot

Pathfinder International

Sono Aibe – Sr Advisor for Strategic Initiatives
Dr. Candace Lew – Sr Technical Advisor for Contraception

Myanmar Partners in Policy and Research (MPPR)

Dr. Rika Morioka - Managing Director
Dr. Aung Hein- Program Manager
Dr. Sabai- Program Manager
Ngwe Zin Han – Admin and Finance Manager
Theo (Mr.) – interpreter

Appendix 3–Participant Evaluation and Feedback

The following table summarizes anonymous ratings of the conference and workshop from individual participants.

	Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*
1. The conference format was well designed and useful.	-	-	3.1%	18.46%	43.07%
2. The presentations were relevant, easy to understand, added to my knowledge of best practice in family planning	-		4.61%	30.38%	44.6%
3. Workshop sessions were valuable and well facilitated.	-	1.5%	3.1%	23.1%	38.5%
4. My interest in family planning service has been increased by this conference.	-		1.5%	18.46%	46.2%
5. I feel I can deliver family planning services better than before.	-		6.2%	21.5%	38.5%
6. I am interested in holding a similar conference in my state/region.	-		3.1%	18.46%	40%
7. The materials I received from the conference are useful to my work.	-		1.5%	30.38%	46.2%

(Some question are not responded)

Benefits of Kayin FP Conference from the participants' view

Anonymous comments were collected from participants to evaluate the event. The overall benefits of the conference were described as following:

1. **General**
   - This conference was very interesting and excellent
   - It was a valuable conference. I suggest you do it for 3 days instead of 2 days next time

2. **Opportunity for better coordination and communication**
   - Active participation of Director General (MRH), SHD, and EHOs was really appreciated
   - Good chance to meet with BHS from MOH
   - At the assigned township, we will coordinate with local authorities, MWs, and NGOs to educate the community
   - Very happy to participate as an EHO, and this conference is very supportive for coordination with State Health Department
   - Helps to improve referral system and coordination for future
   - Members of EHOs appreciated the opportunity to discuss with the Directors of MRH and State Health about integrated FP services and future implementation of reproductive health.

3. **Knowledge acquisition**
   - The knowledge received from this conference was very useful in educating teenagers on FP
   - We can share the knowledge to BHS at monthly CME
   - Information obtained from this conference was very helpful and useful. I will pass on information I learnt to my managers, doctors, and other responsible persons to increase the focus and interest in FP in Kayin State.
   - I liked the participatory learning style
   - The role play and group sessions were helpful in recognizing their importance

4. **Improved motivation for FP**
   - We together can achieve the goal of FP2020
   - Believe that we can reduce MMR of 70/10000 LB by 2020
   - We want to provide more retail services in FP like implant and Sayana Press, as they are needed for community and adolescent health
   - Would like to be one of the contributors meeting the government's commitments to FP2020

Comments for improvement
- Workshop starting time was too early and ended late
- Time for township presentations was too long
- Same accommodation for all
- Quality RH training is needed

Several participants expressed their appreciations for the sponsors—Pathfinder International, MPPR, and DOPH—for making this conference happen. They also appreciated the speakers, especially those from the MRH and Pathfinder International, and MPPR facilitators for their patience, commitments, and efforts.