



Northern Shan State Family Planning Conference

Lashio, March 2-3, 2016

Conference Report



List of Acronyms

AMW– auxiliary midwife
AN care – antenatal care
AYSRH – adolescent and youth sexual and reproductive health
BHS – basic health staff
CPI – Community Partners International
CPR - contraceptive prevalence rate
DHS – Demographic and Health Survey
DOPH – Department of Public Health
FP – Family Planning
FP2020 – Family Planning 2020
GAD – General Administration Department
GPRHCS - Global Programme on Reproductive Health Commodity Security
HPA – Health Poverty Action
IEC – information, education and communication (activities and materials)
IUD – intrauterine device
LARC – Long Acting Reversible Contraceptive
LMIS – logistics management information system
MCH – Maternal and Child Health
MMA – Myanmar Medical Association
MMCWA – Myanmar Maternal and Child Welfare Association
MNMA – Myanmar Nurses and Midwives Association
MOH – Ministry of Health
MRH – Maternal and Reproductive Health Section of MOH
MSI – Marie Stopes International
OC pills – oral contraceptive pills
PSI – Population Services International
SRH – sexual and reproductive health
TMO – Township Medical Officer
UNFPA – United Nations Population Fund



Executive Summary

Pathfinder International and Myanmar Partners in Policy and Research (MPPR), in collaboration with the Ministry of Health, conducted the Lashio Family Planning (FP) Conference in March 2-3, 2016, with support from the David and Lucile Packard Foundation. This was the third convening activity following the national level FP best practices conference in Naypyitaw in 2014, and the Southern Shan FP conference in Taunggyi in 2015. One of the key objectives of these state level FP conferences is to share FP2020 information at the state/region level, aligning township health teams with Myanmar's commitments for FP2020. The event provided a platform for state level officials, NGOs, township health staff and experts to work together to identify bottlenecks in FP service delivery and develop appropriate strategies. Participants learned from global technical updates and details of Myanmar's FP2020 commitments from local and international experts. Open discussions and interactive dialogues among all participants were held throughout the event, providing a unique opportunity for exchanging ideas and learning from different perspectives. Senior health officials from state and central levels utilized the opportunity to listen to the voices of BHS and to respond to questions and comments.

During the second day of the conference, the participants including township health officers collectively developed strategies to overcome challenges, wrote action plans to implement those strategies, and practiced costing for implementing activities. Group discussions based on real-life case scenarios were held and helped participants identify issues by reflecting on their own experiences and knowledge of local contexts. The participants were very enthusiastic in the discussions, and voiced their concerns that brought issues to the senior officials' attention. The tables below present the results of group work that identified key issues in the areas of commodity, human resources, service delivery, data, and collaboration:

Commodity bottlenecks	Proposed strategies
Supplies inadequate. Implants stock out. No/ inadequate funding for transporting supplies (central to townships, townships to lower levels). Some commodities over-stocked. Expired commodities shipped to lower level facilities.	Improve supply chain/ logistics management.

Human resource bottlenecks	Proposed strategies
Shortage of health workers. Many unfilled vacancies. Workload too high. High attrition of volunteers such as AMWs. Low morale of workers/volunteers. Salary too low compared to NGOs. Challenges of living and working in remote places with security risks.	Recruit and assign more BHS and volunteers. Consider providing more benefits to BHS. More support to enable BHS to perform their tasks (eg. Vehicles for travel to villages). Introduce appropriate incentives for maintaining/ motivating volunteers. Empower MWs/ AMWs with more opportunities to utilize their skills/ knowledge (task shifting).
Insufficient knowledge and skills related to FP including implant insertion/ removal, IUD insertion/ removal, counseling	Training programs. Training the trainers. Sharing updates, research papers and other information in Myanmar language.

Too occupied with trainings, meetings, travel, filling out forms, preparing reports – left little time for service delivery.	Recruit and assign more BHS and volunteers. Set up more sub-centers (sub-RHC) to share workload.
In towns, no AMW to support MW in activities. Trained AMWs do not participate in activities.	Reinvigorate/ set up community support groups. Consider appropriate incentives for volunteers.

Service delivery bottlenecks	Proposed strategies
Difficult access due to security/ geographical reasons, poor transport infrastructure (roads, bridges), budget constraints to cover travel expense etc.	Integrate FP services into other activities. Consider transport allowance for volunteers helping in service delivery. Mobilize more resources for transport. Consider mobilization of resources from private businesses. Consider task shifting.
Language barriers.	Recruit and assign local people as BHS. Collaborate with ethnic community-based organizations.
Cultural barriers and social norms against providing FP and RH information/ services to adolescents. Community support poor in some places.	Engage communities and stakeholders (young people, teachers, community leaders, Chinese schools, etc.). Carry out more education and sensitization activities.
Adolescents reluctant to access services at public facilities. Adolescents' RH knowledge poor. Access to RH information poor. Drug abuse incidence high.	Invest in youth-friendly service provisions at public facilities. Education activities targeting adolescents. Consider use of mobile technology to reach them. Train volunteers/ peer educators. Reinvigorate life-skills education.
Fragmented services. Competing priorities (putting more efforts into one can mean less resources left for another)	Integrate services (in both public and private sector including NGOs)
Referral systems weak.	Improve communication channels and transportation resources.

Data availability bottlenecks	Proposed strategies
Poor availability of essential data for monitoring and planning services/programs. Difficulties in getting private sector service data (NGOs and private providers do not share their service/ project information) Dearth of information about populations in hard-to-reach areas.	Coordinate with other government departments, NGOs and for-profit private sector. Refer to census and DHS data (when it is available next year). Advocate for more support from relevant NGOs (MMA, MMCWA, etc.) for research and data collection. Train volunteers for a quick baseline data collection.
Data quality low - MWs cannot invest enough effort and time in data entry. (Overwhelmed with too many tasks including filling out forms, attending meetings/ trainings, travel etc.) Insufficient knowledge about	Provide trainings/ manuals on how to fill out forms.

some forms.

Coordination bottlenecks	Proposed strategies
Sharing of data and information between private and public sector is poor. Weak collaboration in training, planning, implementation and monitoring services/ programs.	Regular coordination meetings. Explore opportunities for collaboration for research, data collection, capacity building and service provision/integration (eg. HIV, STI and FP services).
Poor regulation of private providers - Uncertified providers (quacks, drug stores). Chinese providers with questionable skills providing un-verified commodities (IUDs, implants) in some villages.	Educate private providers. Educate beneficiaries.
Life-skills programs not being implemented in schools.	Work more closely with Ministry of Education to reinvigorate Life-Skills programs.

Recommendations

At the end of the conference, Northern Shan State presented the following strategic recommendations to implement. The concluding recommendations, participants' feedback and anonymous suggestions all highlighted the need for greater support at the national level and more enabling policies for strengthening township health systems in order to meet FP2020 commitments.

Strategic Recommendations by Northern Shan State

1. Strengthen Data and Information for Family Planning and Reproductive Health including HMIS
2. Strengthen coordination mechanism at state and township levels for improved health services
3. Facilitate language mapping and production of IEC material, fact sheets in various languages, dialects
4. Promote advocacy and community awareness at State and Township level
5. Promote more widely the use of life skills curriculum at schools
6. Promote Youth Friendly Services in all health facilities
7. Encourage Townships to support AMWs and other volunteers to improve motivation and prevent attrition.
8. Facilitate sharing of best practices and innovations between townships
9. Strengthen supply chain and logistics management for family planning and other commodities
10. Promote counseling for Family Planning, including postnatal care and post-partum FP.

Introduction

In 2013, the Government of Myanmar joined the global FP2020 movement and committed to increasing the Contraceptive Prevalence Rate from 41 percent to 50 percent by 2015 and to over 60 percent by 2020. The Myanmar Ministry of Health (MOH) developed the Reproductive Health (RH) Five-Year Strategic Plan (2014-2018) to be implemented by the Department of Public Health and its partners. The FP2020 Costed Implementation Plan has also been drafted towards the goal of achieving FP2020 commitments. In line with these developments, Pathfinder International and Myanmar Partners in Policy and Research (MPPR), with seed funds from the David and Lucile Packard Foundation, and in cooperation with major FP/RH partners in the country and with FP2020, organized the Family Planning (FP) Best Practices Conference in the nation's capital, Naypyitaw, in July 2014, and a state level conference and workshop for Southern Shan State in Taunggyi in May 2015. With the impetus resulting from these developments, Pathfinder and MPPR, with continuing support from the Packard Foundation, hosted another FP conference at the state level with the Department of Public Health (DOPH) in Northern Shan State.

The FP conference was held in the Nursing and Midwifery Training School in Lashio for 2 days on March 2-3, 2016. The event was a combination of a conference and a workshop with participants being MOH officials from Naypyidaw, representatives from INGOs in Northern Shan, as well as township medical officers (TMOs) and basic health staff from townships.

The primary goal of the workshop was to increase the state and township level capacity to identify main constraints and bottlenecks hampering FP service delivery that would assist in achieving the national FP2020 goals. The workshop was also designed to provide an opportunity to develop township strategies to overcome bottlenecks and action plans with estimated funding required to effectively address these constraints and bottlenecks.

The objectives of the conference were as follows:

1. To provide, through presentations by global and national experts, updates on FP related policies and strategies, as well as technical updates on FP/RH services to state and township level officials and health staff. Priority topics included FP2020 commitments, national SRH strategies and policies, adolescent and youth SRH, integrated service delivery, and improved FP/RH access for minority populations in the state. To distribute information on related international developments, best practices, and tools in English and Myanmar's language.
2. To provide, through workshop discussions, an opportunity for health officials and staff to develop capacity for strategic thinking and dialogue for effective FP/RH service delivery in Northern Shan. To provide an opportunity for township teams to share their previous experiences on FP service delivery, and to collectively engage in the bottleneck analysis of FP service delivery and to develop action plans.
3. To lay the foundation for promoting and strengthening the institutional capacity to collaborate for best FP/RH practices with other stakeholders such as MOH, civil societies, and NGOs within the state through open dialogue with a variety of participants. To help identify organizations and individuals as potential leaders who could work together in future programs to overcome bottlenecks hindering FP service delivery in the state.

Township and Participants

“For a nation to develop, its citizens need to be healthy and reach their full productivity.... A family which is too big is vulnerable to poverty, financial hardship, insufficient resources for education and health. In addition, narrowly spaced births can result in poor health for both mothers and children. Therefore, it is important for every family to plan a family size which is suitable for their own income and circumstances.”

- State Public Health Director, Shan North

Deputy Administration Officer of the Northern Shan State, the Director of Northern Shan State Department of Medical Care and the Director of Northern Shan State Department of Public Health, the Dean of the Nursing and Midwifery Training School and ObGyn specialists. A retired ObGyn professor, who was also the chairperson of the Myanmar Medical Association's ObGyn Society, also provided guidance and technical inputs throughout the conference.

Nineteen townships in Northern Shan State including conflict-affected and hard-to-reach areas were able to participate in the conference. In Northern Shan, 5 out of 24 townships did not have a functional township health team. They belonged to self-administered regions of Pa Laung, Wa or Kokang ethnic groups. Their participation was not possible for security and political reasons. From the participating 19 townships, township medical officers, RH focal persons, health assistants and midwives represented their townships.

Local representatives of partner organizations implementing FP/RH activities in Northern Shan such as MMCWA, PSI and WHO also attended. High level local officials and experts present at the opening ceremony were the



Conference Activities

The event was a hybrid of a conference and a workshop. The conference presented 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 (SRH) including global commitment statements and relevant research findings. These updates set the foundation and justifications for later bottleneck analysis discussions on how to increase access to FP services particularly among young people and underserved populations in Northern Shan. In the workshop section, pre-defined realistic case scenarios were used to stimulate and guide participants in problem analyses and strategy development. The presence of the key persons from the central level Maternal and Reproductive Health Unit and state level DOH encouraged the participants to exchange opinions openly and discuss in detail issues in service delivery.

In his opening speech, U Sein Oak, Deputy Director of the Shan North General Administration Department (GAD), highlighted the need for finding solutions appropriate for the local context, the important roles of basic health staff and volunteers, and the need to learn good practices. He also urged participants to analyze the problems together, to disseminate global information in Myanmar's language and to work together to bring the ideas and approaches produced from this conference to fruition.

Dr. Tun Min, the director of Northern Shan State Department of Public Health, highlighted the importance of making family planning information and services accessible to families in rural areas. He also stressed the MOH's commitment to FP2020 and urged all participants to actively participate. The Deputy Director of Northern Shan State GAD, officials from the State DOPH, representatives of the organizations and other participants then signed

the poster with the commitment statement: “We will work to ensure full choice and full access to women in Myanmar through the Family Planning 2020 commitment.”



Representatives from Maternal and Reproductive Health Section, Pathfinder International and Myanmar Partners in Policy and Research (MPPR) shared their experiences and updates on global trends and national strategies. Topics included FP2020 commitments, national RH strategies, national FP policies, national strategic plan for young people’s health, youth friendly reproductive health programs, and long-acting reversible contraceptives. ObGyn experts also explained Implanon NXT® implant insertion procedures, using videos and demonstrations with arm models. Participants also practiced the procedure under these experts’ supervision.

There were friendly and candid discussions throughout the two days of the conference. Whenever an opportunity arose during group presentations or Q & A sessions, participants, especially the township midwives, openly shared their real life challenges, raised issues and actively contributed to discussion. The state DOPH officials and experts provided answers to questions raised by the participants and clarifications on issues.

Summary of Presentations

Presentations and discussions during the conference highlighted both the commitments for family planning in the country and the need for improved quality in service delivery. Due to an unexpected massive traffic accident on the highway, Dr. Hnin Hnin Lwin and Ms. Sono Aibe were unable to join the conference on the first day. Their presentations were given on the second day instead. The rest of the conference proceeded as scheduled.

1. *Overview of FP2020, Myanmar’s commitments and Sustainable Development Goals*

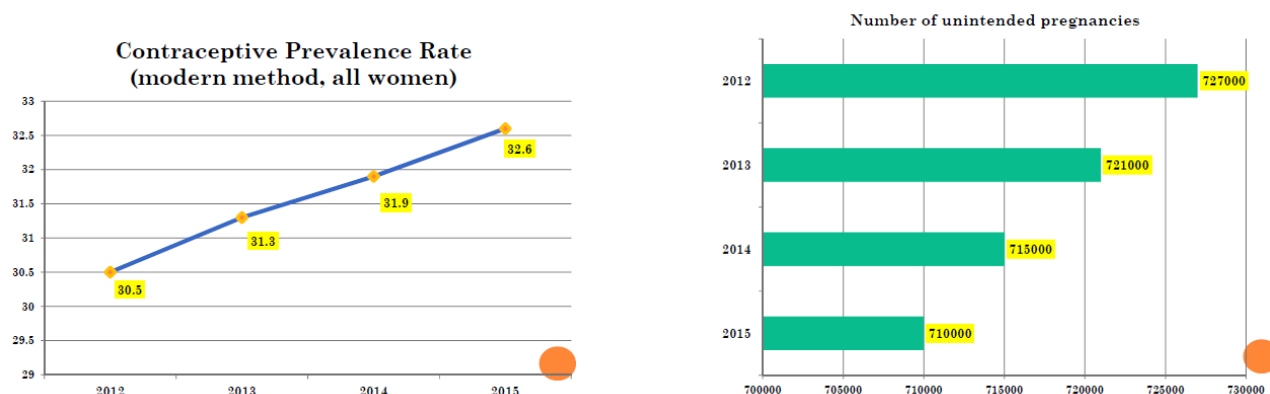
Dr. Hnin Hnin Lwin, a Deputy Director in the Maternal and Reproductive Health Division, Department of Public Health, provided background information on global FP2020 commitments, Myanmar’s commitments and targets set, national responses by MOH and achievements to date. She also introduced the overview of Sustainable Development Goals (SDG) and highlighted the link between Family Planning services and core SDGs in addition to health related goals.

According to Dr. Hnin Hnin Lwin, the government spent USD \$1.09 million in 2012-2013, USD \$3.27 million in 2013-2014 and USD \$1.96 million in 2014-2015 on procurement of contraceptives. Procurement of contraceptives for 2014-2015 was expected to be smaller than the previous year as the quantity of remaining commodities from year 2013-2014 was significant. Regarding the family planning funding for 2014, 52% came from UNFPA, 32% from Ministry of Health, 10% from MSI and 6% from PSI.



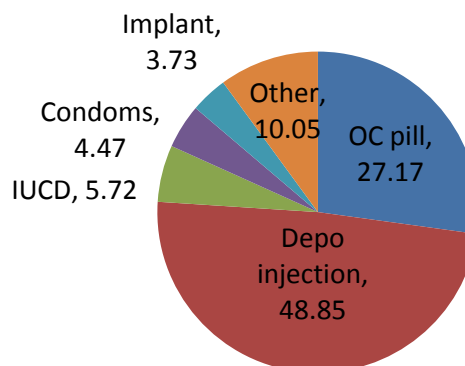
She briefly touched on key national responses including the development of a costed implementation plan for FP2020, procurement and distribution of FP commodities, and an increased budget allocation for FP. She discussed Myanmar’s FP2020 progress using select indicators: an increase in the Contraceptive Prevalence Rate (CPR), a decline in unmet need and in the numbers of unwanted pregnancies and unsafe abortions estimated to have been averted.

It was estimated that through 2015, about 1.4 million unwanted pregnancies and 487,000 unsafe abortions have been averted through the use of modern contraceptive methods. The following charts from her presentation show achievements towards Myanmar's FP2020 goals.



2. Family Planning Methods in Northern Shan State

Dr. Aye Moe Moe Phyu, Maternal and School Health Officer of Northern Shan DOPH, presented 2014-15 statistics around contraceptive utilization in Shan North and individual townships. The following pie chart shows contraceptive methods used in Shan North. She also mentioned that about 39% of eligible couples in Shan North were not using any form of contraceptives.



The table below shows 2014-15 contraceptive utilization for 15 townships in percentage.

Injectable 3 month Depo Provera and combined oral contraceptive pills were the most popular in all townships.

	Depo inj	OC pills	IUCD	Condoms	Implants	Others
Lashio	54.58	20.35	5.52	4.34	3.48	13.9
Muse	38.62	28.77	6.57	6.38	4.76	14.9
Kyaukme	49.64	37.9	4.87	2.77	2.29	2.53
Moemeik	64.64	22.66	3.16	0.71	1.84	6.99
Kunlong	51.75	27.44	7.49	5.17	6.24	1.9
Tangyan	37.3	25.77	13.54	5.9	14.34	3.14
Kutkin	27.89	16.27	13.64	6.56	4.8	30.84
Namkham	49.26	25.07	6.82	4.56	6.77	7.51
Hopan	34.45	42.68	7.2	0.4	7.95	7.32

Namtu	57.8	24.83	3.94	4.9	4.07	4.46
Namsam	40.91	40.08	4.24	4.94	1.82	8
Hsipaw	52.59	24.4	4.18	1.62	2.56	14.65
Naungcho	60.07	18.68	4.92	2.05	0.76	13.52
Mabein	69.78	16.85	2.49	0.02	3.75	7.11
Mantong	32.93	52.43	9.25	4.02	1.37	0

3. Introduction to Long Acting Reversible Contraceptives (LARC)

Dr. Candace Lew, Senior Technical Advisor for Contraception at Pathfinder International, talked about LARCs 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. Particularly, she briefly explained the differences between Implanon/Implanon NXT® (Nexplanon®) and Jadelle® which are 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 clients. Dr. Lew also explained the use of the WHO's Medical Eligibility Wheel, task-sharing for family planning services, service integrations and post-partum family planning methods. The presentation was followed by short videos demonstrating procedures for insertion and removal of Implanon NXT®. Then Dr. Lew and Dr. Mya Thida, Ob-Gyn professor, explained and demonstrated the procedures for insertion and removal of the Implanon NXT® and IUDs using arm models and uterus models. All participants showed keen interest in the procedures although they were aware that current policies allow only the doctors to do the implant insertion and removal.

4. Expanding Youth-friendly Services in Shan State

In this presentation, Ms. Sono Aibe, Senior Advisor for Strategic Initiatives, at Pathfinder International discussed youth-friendly services and other related information including the current situation of adolescent reproductive health in Myanmar, potential barriers to adolescent health services and demand generation reflecting on the experience of Pathfinder in Mozambique and Ethiopia. She also discussed the rationale for youth friendly reproductive health services from a rights-based perspective, and the vulnerabilities and opportunities for enhancing the nation's human resources. She also explained at length the essential elements and characteristics of youth friendly services. Ms. Aibe shared Pathfinder's experience with community engagement in demand generation and examples of leveraging in information technology. Her examples of the modes of demand generation included peer education, peer groups for girls or boys (or married girls and boys), comprehensive school-based sexuality education, social marketing, radio/television information, radio/television serial dramas and mHealth. She also shared a list of resources from Pathfinder which can be used in developing youth friendly services.



5. Family Planning Counseling



Dr. Candace Lew provided another presentation on FP counseling giving an overview of different FP methods and effective communication tips. She went on to explain the importance of both verbal and non-verbal communications in dealing with clients. The presentation was followed by a pre-arranged role-play. Two pairs of participants volunteered – each pair demonstrating a communication

session between a midwife and a young sexually active unmarried girl seeking contraceptive advice. The first pair showed a bad communication session and the second a good session. Each session was followed by a short guided discussion of what constituted a good or bad counseling session, based on participants' observations. Dr. Lew wrapped up the role play by stressing the key factors in quality FP counseling – the rights based approach, sensitivity to adolescents' needs, informed choice, respect and non-judgmental attitude.

Group work on case scenarios

Township teams were arranged into seven groups for the workshop. Each group was given a pre-written case scenario reflecting issues in areas such as commodity security, service quality, youth friendly services, community mobilization, and supportive supervision or service delivery. Learning from the experience of facilitating group discussions in previous conferences (one in Naypyitaw and the other in Taunggyi), the purpose of using case scenarios was to maximize the output of group discussions by helping participants focus on major issues without being distracted by smaller details. The scenarios, attached in Appendix 3, were developed with Myanmar's FP2020 Strategies and key bottleneck areas identified in the previous two FP conferences. Using the case scenarios, the workshop groups worked through four phases over the two days – identifying problems, analyzing root causes, developing strategies to address selected issues and planning activities with cost estimation. The township teams participated actively by openly sharing their views, concerns and real-life experiences. And they openly raised questions and issues to the speakers, the Director of Northern Shan DOPH, MRH officials and experts throughout the event. The following is a summary of the most relevant issues identified and proposed strategies.



Human resources

Bottlenecks

Shortage of health workers. Many unfilled vacancies. Workload too high. High attrition of volunteers such as AMWs. Low morale of workers/volunteers. Salary too low compared to NGOs. Challenges of living and working in remote places with security risks.

Insufficient knowledge and skills related to FP including implant insertion/ removal, IUD insertion/ removal, counseling

Too occupied with trainings, meetings, travel, filling out forms, preparing reports – left little time for service delivery.

In towns, no AMW to support MW in activities. Trained AMWs do not participate in activities.

Proposed strategies

Recruit and assign more BHS and volunteers. Consider providing more benefits to BHS. More support to enable BHS to perform their tasks (eg. Vehicles for travel to villages). Introduce appropriate incentives for maintaining/ motivating volunteers. Empower MWs/ AMWs with more opportunities to utilize their skills/ knowledge (task shifting).

Training programs. Training the trainers. Sharing updates, research papers and other information in Myanmar's language.

Recruit and assign more BHS and volunteers. Set up more sub-centers (sub-RHC) to share workload.

Reinvigorate/ set up community support groups. Consider appropriate incentives for volunteers.

“Once an AMW receives our training, she would start working for some clinics run by the Chinese where she could earn an income.”

- A TMO on difficulty in maintaining volunteers

“Some volunteers have other motivations. At AMW trainings, some trainees keep asking us to show them how to administer injection medicines. Once they learn that skill, they would start selling services illegally in their communities.”

- A midwife

Service Delivery

Bottlenecks

Difficult access due to security/ geographical reasons, poor transport infrastructure (roads, bridges), budget constraints to cover travel expense etc.

Language barriers.

Cultural barriers and social norms against providing FP and RH information/ services to adolescents. Community support poor in some places.

Adolescents reluctant to access services at public facilities. Adolescents’ RH knowledge poor. Access to RH information poor. Drug abuse incidence high.

Fragmented services. Competing priorities (putting more efforts into one can mean less resources left for another)

Referral systems weak.

Proposed strategies

Integrate FP services into other activities. Consider transport allowance for volunteers helping in service delivery. Mobilize more resources for transport. Consider mobilization of resources from private businesses. Consider task shifting.

Recruit and assign local people as BHS. Collaborate with ethnic community-based organizations.

Engage communities and stakeholders (young people, teachers, community leaders, Chinese schools etc.). Carry out more education and sensitization activities.

Invest in youth-friendly service provisions at public facilities. Education activities targeting adolescents. Consider use of mobile technology to reach them. Train volunteers/ peer educators. Reinvigorate life-skills education.

Integrate services (in both public and private sectors including NGOs)

Improve communication channels and transportation resources.

“One of our nurses was abducted recently and we don’t know what happened to her... In some areas, militia groups would briefly allow the health team to do a quick child immunization round. Our BHS team has to do it in a hurry and pull back immediately. In some areas they allow no access at all to government teams. There are also some places where only NGOs can access from China’s side.”

- A TMO on delivering services in conflict areas

“Referral linkages are important. Health facilities need to recognize and value AMWs’ efforts. Some health workers complain about AMWs who refer clients for service. It demotivates the volunteers.”

- A TMO on referrals

“I noticed that many women coming for childbirth do not receive FP education until they are sent back home after delivery.”

- A TMO on fragmentation of services

Data Availability and Quality

Bottlenecks

Poor availability of essential data for monitoring and planning services/programs. Difficulties in getting private sector service data (NGOs and private providers do not share their service/ project information) Dearth of information about populations in hard-to-reach areas.

Data quality low - MWs cannot invest enough efforts and time in data entry. (Overwhelmed with too many tasks including filling out forms, attending meetings/ trainings, travel etc.) Insufficient knowledge about some forms.

Proposed strategies

Coordinate with other government departments, NGOs and for-profit private sector. Refer to census data and DHS (when it is available next year). Advocate for more support from relevant NGOs (MMA, MMCWA, etc.) for research and data collection. Train volunteers for a quick baseline data collection.

Provide trainings/ manuals on how to fill out forms.

“I know that some NGOs are implementing activities in sensitive geographic areas without notifying us. But I just let them carry on, as if I don’t know what they are doing because people are benefiting from their services anyway.”

- A senior government official on the weak coordination between private and public sectors

Collaboration with Private and Public Sectors

Bottlenecks

Sharing of data and information between private and public sector is poor. Weak collaboration in training, planning, implementation and monitoring services/ programs.

Proposed strategies

Regular coordination meetings. Explore opportunities for collaboration in research, data collection, capacity building and service provision/integration (eg. HIV, STI and FP services).

Poor regulation of private providers - Uncertified providers (quacks, drug stores). Chinese providers with questionable skills providing un-verified commodities (IUDs, implants) in some villages.

Educate private providers. Educate beneficiaries.

Life-skills programs not being implemented in schools.

Work more closely with Ministry of Education to reinvigorate Life-Skills programs.

Commodity Security

Bottlenecks

Proposed strategies

Supplies inadequate. Implants stock out. No/ inadequate funding for transporting supplies (central to townships, townships to lower levels). Some commodities over-stocked. Expired commodities shipped to lower level facilities.

Improve supply chain/ logistics management.

Recommendations

The conference came up with the following recommendations to the MOH and implementing partners.

1. Strengthen Data and Information for Family Planning and Reproductive Health including HMIS
2. Strengthen coordination mechanism at state and township levels for improved health services
3. Facilitate language mapping and production of IEC material, fact sheets in various languages, dialects
4. Promote advocacy and community awareness at State and Township level
5. Promote more widely the use of life skills curriculum at schools
6. Promote Youth Friendly Services in all health facilities
7. Encourage Townships to support AMWs and other volunteers to improve motivation and prevent attrition.
8. Facilitate sharing of best practices and innovations between townships
9. Strengthen supply chain and logistics management for family planning and other commodities
10. Promote counseling for Family Planning including PN care

Participants' Feedback

The following table and graph summarize anonymous feedback from individual participants regarding the conference and the workshop sessions.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The conference format was well designed and useful.	-	-	17.3%	25.9%	56.8%
2. The presentations were relevant, easy to understand, added to my knowledge of best practice in family planning	-	1.2%	6.2%	24.7%	67.9%
3. Workshop sessions were valuable and well facilitated.	-	2.5%	22.2%	17.3%	58.0%
4. My interest in family planning services has been increased by this conference.	-	1.2%	8.6%	16.0%	74.1%
5. I feel I can deliver family planning services better than before.	-	1.2%	7.4%	17.3%	74.1%
6. I am interested in holding a similar conference in my state/region.	-	1.2%	2.5%	11.1%	85.2%
7. The materials I received from the conference are useful to my work.	-	2.5%	1.2%	11.1%	85.2%

Anonymous feedback was collected from participants using a form including quantitative and qualitative (open) questions.

In response to the question about how they plan to apply what they learned in the conference, most participants

"I feel that the policies and procedures of the MOH need a lot of improvements to address the needs of field staff and to ensure program success."

- Anonymous feedback

mentioned that they would share it with co-workers and junior BHS at training sessions, monthly meetings, sharing sessions and continuing medical education sessions. Participants also mentioned their intentions to utilize the knowledge in providing reproductive health services to adolescents, to involve AMW and local communities in service delivery, to manage their stocks of commodities more effectively and to work more closely with NGOs and private providers in the locality. In their feedback forms, they also clearly indicated their interest in receiving more LARC commodities, more trainings and more support for service delivery. They wanted more trainings and guidelines on

reproductive health, family planning, counseling and other clinical skills to help clients overcome the side effects of contraceptives.

Suggestions to the DOH included:

- Cascade RH/FP trainings for BHS
- Supplying contraceptives and equipment based on needs, especially at townships and sub-centers
- Supporting teaching aids (such as printed materials and uterus models) for trainings
- Revising/improving the national policies/ procedures to meet the needs of field staff and to ensure program success
- Strengthening public-private partnership towards more successful FP service delivery
- Task-shifting by allowing BHS to do implant insertion
- Improving data quality by providing refresher trainings to BHS and supplying an adequate of number of register forms
- Setting up more sub-centers (sub-RHC)

A few participants also urged real action and support, including policy revisions, following the conference. They also had suggestions for the conference organizers, sponsors and facilitators. One participant suggested having doctors, LHV and MW in separate groups in order to encourage more frank discussions. He/she believed others hesitated to speak up when there was a doctor in the group. A few participants believed there was room for improved time management. A few also wanted to have more time for demonstration and practice of LARC insertion, instruments for actual use, training aids (such as uterus models and instruments), and more actual commodities to take away for each township at the end of the conference. Participants also wanted the facilitators to spend time explaining all the materials in the conference bags and to have smaller groups for discussions and demonstrations. One participant suggested sharing FP2020 information through websites, journals, magazines and trainings. And another one suggested training and working through community support groups (CSGs) in some townships where they already exist. They said CSGs played an important role in towns where there was no AMW.

“I hope discussions and suggestions we made in this conference will be seriously considered in policymaking.”

- Anonymous feedback

Several participants expressed their appreciation for the sponsors, Pathfinder International and the DOPH for making this conference happen. They were also appreciative of the speakers, especially those from the MRH, Pathfinder International, and facilitators for their patience, commitment and efforts in holding the conference in such a remote state.

Appendix 1 - Conference Agenda

Day 1: Wednesday March 2, 2016

Registration 8:30 am	Registration Opens
Opening Ceremony 9:00 - 9:30 am	Welcome remarks
Photo/Coffee break 9:30 - 10:00 am	Group photograph Refreshments and networking Participants put their signatures on the FP2020 commitment banner
Global & National Updates 10:00 -11:00 am	Global updates on AYSRH (Ms. Sono Aibe, Pathfinder International) FP 2020, RH strategy, Youth policy, FP Budget allocations (MOH) FP/RH & MCH services in Northern Shan State (DOH) Question and Answer, Discussions
LARC introduction 11:00 – 12:00 am	Technical updates on Long-Acting and Reversible Contraception (Dr. Candace Lew) Implant insertion and removal demonstration (Dr. Candace Lew)
LUNCH 12:00-1:00 am	Lunch in Nursing School Implant insertion practice with arm models
Workshop Introduction 1:00-1:30 pm	Objectives and overview of the workshop (MPPR) <ul style="list-style-type: none"> • Introduction of FP2020 commitments • Global Commitment Statement for LARC for youth • AYSRH policy/5-year youth strategic plan in Myanmar • MOH/DMR study on youth reproductive health
Bottleneck Analysis (Township groups) 1:30-2:00 pm	Outputs: Form 1 <ul style="list-style-type: none"> • Identification of problems • gaps between policy/strategies and practices on the ground
Bottleneck Analysis Continued (Township groups) 2:00-2:45 pm	Outputs: Form 1 continued: <ul style="list-style-type: none"> • Identification of gaps between policy/strategies & practices on the ground • Causal analysis • presentation preparation
TEA/COFFEE BREAK 2:45-3:00 pm	Refreshments and networking Implant insertion practice with arm models at each table
Township Report (Plenary) 3:00 – 4:30pm	Township groups report back their work and participants provide feedback 10 min/table – 7 groups
Wrap Up and Overview of Wednesday's Agenda 4:30-5:00 pm	Explanation about the materials in the conference bag Administrative announcements Wrap up of the day <ul style="list-style-type: none"> • Plan for tomorrow

Day 2: Thursday, 3 March, 2016

8:30 – 9:00am	Arrival
Workshop Explanation Recap (Plenary) 9:00-9:15 am	Recap on root causes identified the previous day Brainstorm strategies to overcome bottlenecks Explanation of form 2 Review example strategies and action plans
Strategies and Action Planning (Township groups) 9:15-11:00 am	Township group work Outputs: Form 2 <ul style="list-style-type: none"> • Brainstorm strategies • Prioritize strategies • Develop action plans for selected strategies
TEA/COFFEE BREAK 11:00-11:30 am	Refreshments and networking Implant insertion practice with arm models at each table
Costing Action Plans (Township groups) 11:30-12:30 am	Township group work Outputs: Form 2 <ul style="list-style-type: none"> • Costing exercise for action plans
LUNCH 12:30-1:30 pm	Lunch at MMA Hall Implant insertion practice with arm models at each table
Township Report (Plenary) 1:30 - 2:45pm	Township groups report back their work and participants provide feedback <ul style="list-style-type: none"> • 10 min/group
TEA/COFFEE BREAK 2:45-3:15pm	Refreshments and networking Implant insertion practice with arm models at each table
Counseling & Communication (Plenary/Township) 3:15 – 4:15pm	Training on patient friendly communication and counseling (Pathfinder) <ul style="list-style-type: none"> • Issues and problems • Good practices and approaches • Role play • Q & A
Feedback Session 4:15 – 4:30m	Evaluation on the workshop
Concluding Session 4:30-5:00 pm	Resources and Tools to Support Implementation: Commitments from the State, and Discussion, Q & A
5:00 pm	Closing remarks by Pathfinder International Adjourn

Appendix 2 - List of Participants

Ministry of Health

Dr Hnin Hnin Lwin – Deputy Director, Maternal and Reproductive Health Section

Associate State Department of Public Health, Shan North

Dr Tun Min – Director

Dr Htun Than Oo – Assistant Director

Dr Kyaw Swar Myint – Assistant Director

Dr Khaing Sandar Aung – TBDO/ Acting DD

Dr Khaing Khaing Phyu - Nutrition Team Leader

Dr Aye Moe Moe Phyu – Maternal and Child Health Officer

Nang Sein Pwint – AO

Aye Aye Mar - UD

State Department of Medical Care, Shan North

Dr Dee Pah – Medical Superintendent, Lashio General Hospital

Dr Ma Ma Zaw – Sr Consultant Ob-Gyn, Lashio General Hospital

Dr Zin Zin Than Win – Deputy Medical Superintendent, Lashio General Hospital

Dr Khin Pyae Sone – Assistant Surgeon, Lashio General Hospital

E Loi Roi – SN, Lashio General Hospital

Ei Kham Kyi – TN, Lashio General Hospital

Su Su Aung – TN, Lashio General Hospital

Nyunt Nyunt Shwe – Principal, Nursing and Midwifery Training School

Naw Tin Tin Moe - Principal, Nursing and Midwifery Training School

Nang Ong Kham - Principal, Nursing and Midwifery Training School

General Administration Department, Shan North

Sein Oak – Administrator

Tun Tun

Myint Myint Sein – LHV

Zar Chi Win – LHV

MD Lur Nar – LHV

Khin Hlaing Htay - Field staff

Moemeik township

Dr Kaung Htet Zin – Station Medical Officer

Thin Thin Maw – Midwife

Yin Yin Kyi – LHV

Lashio township

Dr Khin Thuzar Htoo – Township Medical Officer

Nang Shwe Aein- Nursing Officer

Aye Win Naing - HA

U Win – HA

L Huu Naw - HA

May Than Kyi - HA 1

May Than Kyi - HA 1

Aye Win Naing - HA

L Huu Naw – HA

Nan Ra - MW

San Thida Htwe - MW

San Thida Htwe - MW

Nan Ra – MW

Rai Htoi - MW

Nang Myo Myo Tun - MW, MCH

Sein Sein Tin - MW, MCH

Nang Haymar Theint – MW

Mar Mar Soe - MW

Rai Htoi - MW

T Jar Khawn- LHV

Aye Aye Thinn - LHV

Ng Khin Myo Oo - LHV

T Jar Khawn - LHV

Aye Aye Thinn - LHV

DD Bawk Nan – LHV

Ng Khin Myo Oo - LHV

Naw Blessing – LHV

Hsipaw township

Dr Nang Yu Pa Han – Medical Superintendent, Hsipaw Hospital

Nang Kham – TN

Mi Mi Hlaing – THN

Namkham township

Dr Win Maw Oo – Medical Superintendent, Namkham Hospital

Mar Mar Aye – THN

D Pre Htam – LHV

Naungkhio township

Kay Thi – THN

Ng Htar Htar Nwe – MW

Ng Kham Oo – LHV

Muse township

Dr Nyan Myint – Medical Superintendent, Muse Hospital

Khin Hnin Mone – SN

Nang Daisy – THN

Khawn Ra – LHV

Lauk-kai township

Lu Pan – SN
San Myint – Health Assistant
Zar Ni Win – MW

Theinni township

Dr Tun Tun Zaw – Township Medical Officer
Aye Aye Htay – THN
Nang Myint Aye – MW

Kyaukme township

Dr Aung Aung – Township Medical Officer
Dong Nam – MW
Zi Wah Htun – LHV

Mabein township

Dr Chit Win Lay – Assistant Surgeon, Mabein Hospital
Su Su Nyein – THN
Soe Soe Wai – LHV

Namsam township

Dr Wah Wah Htun - Assistant Surgeon, Namsam Hospital
Khin Mar Kyi – THN
Nang Khin Htwe - LHV

Kunlong township

Dr Chan Myae Kyaw Thein – Station Medical Officer
Dr Kyaw Min Thet – Assistant Surgeon
Kyi Kyi Mar – MW
Khin Myo Win – LHV

Namtu township

Other NGOs

Moe Ma Ma Win – President, Myanmar Maternal and Child Welfare Association, Lashio District
Dr Khin Nan Thi – Secretary, Myanmar Maternal and Child Welfare Association, Lashio District
Sandar - Myanmar Maternal and Child Welfare Association, Lashio township
Yin Kyi - District Myanmar Women's Affairs Federation
Hla Hla Myint - District Myanmar Women's Affairs Federation
Nan Khin San – Township Myanmar Women's Affairs Federation
Dr Soe Tint – HSSO
Saw Eh Doh Brang Seng - Technician, World Concern
Dr Naing Naing Win – Coordinator, Health Poverty Action
Aye Aye Myint - Secretary, Myanmar Nurses and Midwives Association
Dr Sai Woon Serth – Population Services International
Dr Yu Sandar Moe – HSO, Population Services International
Dr Kyi Thar – WHO
Wai Lynn - IPRD, Lashio

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. Kyaw Myint Aung – Director
Dr Rika Morioka - Managing Director
Dr Htun Linn Oo - Program Manager
Ngwe Zin Han – Admin and Finance Manager
Ko Ko Aung – Project Assistant, Lashio
Dr. Aung Kyaw Myint – Independent interpreter/photographer

Dr Hnit San Oo – Medical Superintendent, Namtu Hospital
Khin Myint Lay – HEO
Thandar Myint – MW

Hopang township

Dr Thant Lwin Htun – Township Medical Officer
Nang Win Win Hlaing – MW
Yayt Larn Nap – LHV

Mantong township

Nang Thin Thin Su – MW
Moe Moe Myint Aung – MW

Kutkai township

Dr Win Win Myaing – Township Medical Officer
Honey Win – MW
Yu Yu Than – HA 1

Konkyan township

Dr Sein Win – Township Medical Officer
Nang Khan Aye – SN

Mongyal township

Dr Soe Lwin – Township Medical Officer
Mai Daut Chin Seng – MW
Su Kyi Win – MW

Tangyan township

Dr Aung Zaw Oo – Township Medical Officer
Khin Nyein Chan – MW
M Ja Re – LHV

Appendix 3 – FP Case Scenarios for Group Work

The Myanmar translations of the following scenarios were provided for group work to solicit indepth analyses of common bottlenecks identified through earlier discussions.

Case 1 – You have just been transferred to this township with hard to reach areas. You went to a meeting in NPT where you learned that your township has a low contraceptive prevalence rate and high unmet need for family planning. The township profile shows the immunization coverage is good at 85%. Records show that mobile immunization trips are effectively reaching hard to reach areas. You have a stock of combined OC pills, IUDs, implants, emergency pills and depo injectibles sufficient for about 1 year according to the forecast. There are also a few NGOs in your township providing services for HIV and sexually transmitted infections.

Note to facilitators

FP2020 strategic area: Strategy 4 - Improved availability

Focus: Integration

Case 2 – At a meeting, the township RH focal person raises an issue. She has heard about some unregistered drug peddlers and quacks secretly selling contraceptives and condoms to young unmarried people in some villages. Auxiliary midwives also report that emergency pills are quite popular among adolescents including among unmarried youths. But these adolescents do not come to hospitals or midwives for contraceptives. You recall a study by DMR you have read recently. The study shows adolescents do not access government facilities for FP information and services. They are also reluctant to visit public health staff because they are worried that they might be scolded or that their parents might find out.

Note to facilitators

FP2020 strategic area: Strategy 3 - Improved performance of health workforce

Focus: Youth friendly services, access to services, quality of services

Case 3 – Last month, a few adolescent girls were admitted to your township hospital with complications from unsafe abortions. You notice that the number of such cases has increased in recent years. These girls came from villages in hilly remote areas of your township. They have difficulty accessing family planning services and information in their villages. You have stocks of all types of contraceptives in your township hospital. You know that the number of AMWs has been increased recently and most have received trainings. Assume that new policies allow AMW to provide combined OC pills and MW to provide IUDs and depo injections. Immunization coverage is 85%. Utilization of other health services is already good.

Note to facilitators

FP2020 strategic area: Strategy 2 –Increased demand

Focus: Demand creation

Case 4 – Midwives and AMWs in your township have started health education activities targeting adolescents in rural communities including Chinese villages. They discuss reproductive health and contraceptive methods with youth in detail. In some conservative villages, parents, school teachers and senior citizens have become rather unhappy about teaching family planning methods to young people. They believe that it will encourage young people to have sex before marriage. They communicated their concerns to health staff and requested stopping the contraceptive education activities with adolescents. They have otherwise been supportive of other health activities.

Note to facilitators

FP2020 strategic area: Strategy 1 – Enabling environment

Focus: Advocacy, sensitization, community mobilization, communication strategy

Case 5 – Your township is not far from the Chinese border. Midwives recently notice that more and more women inquired about implants. On the other hand, last month, several women came to the township hospital seeking help for getting their implants removed. All these women had been using implants for less than 3 months. Most of them experienced irregular periods and spotting they did not expect. Some of them also heard that implants could move around other parts of the body and cause harm. They became scared and wanted to remove their implants. These contrasting behaviors of women surrounding implants are confusing to midwives.

Note to facilitators

FP2020 strategic area: Strategy 3 – Improved performance of health staff

Focus: FP methods training, counseling skills, implant insertion & removal

Case 6 – Your township has received implants, IUDs, OC pills and condoms in sufficient quantities according to 2016 forecast. However, in your hospital's store, you already have last year's leftover Depo injection and IUDs in quantities enough for more than 6 months. All of these old stocks are going to expire in the next 6 months. All midwives received training on contraceptives including IUD insertion last year. You are worried that these contraceptive supplies might not be used up, and the township will face a reduction in the budget due to a new policy about expired commodities.

Note to facilitators

FP2020 strategic area: Strategy 5 – Commodity security

Focus: Supply chain management, demand creation, commodity reallocation

Case 7 – There are 30 midwives in your township. Among them, 3 midwives in remote villages seem to distribute or administer very few family planning commodities compared to others. But you are not certain as you do not see them for months and the numbers in reports fluctuate month to month by a large margin. They have returned a large quantity of expired contraceptives particularly IUDs and implants from their sub-centers before. You notice that they are among the youngest midwives posted in the villages alone with minimal training, and do not speak the local ethnic language of their villages. But you have heard from other midwives and people in their villages that these 3 midwives are helpful and committed to their work.

Note to facilitators

FP2020 strategic area: Strategy 6 – Monitoring

Focus: Supportive supervision, training, mentoring