



Horizontal integrated approach on service provision of Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition

**Public Health Team
Department of Public Health**

Office No (4), MOHS, Nay Pyi Taw, May 29th 2019

Background

- **Health sector development report from Kayin State was submitted to MOHS in December 2018**
- **Union Minister's guidance to visit Kayin State as a team led by DYDG and reported back to MOHS**
- **Public health team travelled to Kayin State to meet with all TMOs and Public Health Focal Persons on 6th March 2019 when all were attending EPI meeting**

Outline of presentation

- **Report on advisory visit on health sector development in Kayin State**
- **How to implement horizontal integrated approach on service provision of Reproductive, Maternal, Newborn, Child, Adolescent Health, and Nutrition**

Report on advisory visit for health sector development in Kayin State

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Advisory visit

- **Went to Hpa-an, Kayin State on 6th March 2019 when all TMOs and their teams were in Hpa-an after EPI evaluation**
- **Team members are:**
 - **Dr. Myint Myint Than, DyDG (PH)**
 - **Dr. Sandar, Director (SH)**
 - **Dr. Myint Moh Soe, DD (MRH)**
 - **Dr. Soe Min Oo, DD (NNC)**
 - **Dr. Su Su Lin, DD (SH)**
 - **Dr. Thida Win, DD (CHD)**
 - **Dr. Khin Myo Myo Win, AD (CHD)**

Report submitted by Kayin State (1)

- **Infrastructure development**
- **Supply of medicine and equipment for hospitals/clinic**
- **Human resource allocation**
- **Capacity building of Basic Health Staffs**

Report submitted by Kayin State (2)

- **Progress of public health services**
 - **Maternal and Reproductive Health Activities**
 - **Child Health and Development Activities**
 - **School Health Activities**
 - **Environmental Sanitation Activities**
 - **Nutrition Promotion Activities**
 - **HIV/AIDS Activities**
 - **NTB Activities**
 - **Leprosy Activities**
 - **Malaria Activities**
 - **EPI Activities**

Comments on Kayin report (1)

Report findings

Some progress activities were showed in tables

Some indicators are better than union figure

Suggestions

Should show trends

Different data from different sources did not match

Comments on Kayin report (2)

Report findings	Suggestions
Some indicators are better than union figure	Data validity ???
Showed only overall budget	Should show budget according to sector, so as to do cost benefit analysis easily
Did not show unfinished activities of planned activities	Unsuccessful and unimplemented activities should be mentioned and be considered in next planning

Suggested report format on health sector development (1)

- **Introduction**
 - **Current situation**
 - **Brief description on health sector**
 - **SDG indicators**
 - **Status related to SDG indicators**

(Comparison with global, regional, Myanmar, and with other states and regions)

Suggested report format on health sector development (2)

- **Health system analysis (Effectiveness, Unintended effects, Equity)**
 - **Current activities (by sections/divisions/programs)**
 - **Human Resources**
 - **Infrastructure**
 - **Supplies & equipments/commodities**
 - **Budget**
 - **Health information**
 - **Monitoring & evaluation**

Suggested format on health sector development (3)

- **Partnership and coordination**
 - UN, INGOs, NGOs, CSOs, EHOs, community
 - Partner mapping
 - Service mapping
 - Intersectoral coordination
- **Emergency preparedness & response plan**
- **Doable costed future plan with time frame**
- **Conclusion**

Taking Opportunity of the trip

- **Current Provision of Public health services is vertical approach**
- **How important the Continuum of Care (CoC)?**
 - **Transforming vertical to horizontal approach to be more effective and efficient maximum benefits**

**Horizontal integrated approach on
service provision of
Maternal, Newborn, Child, Adolescent
and Development, and Nutrition**

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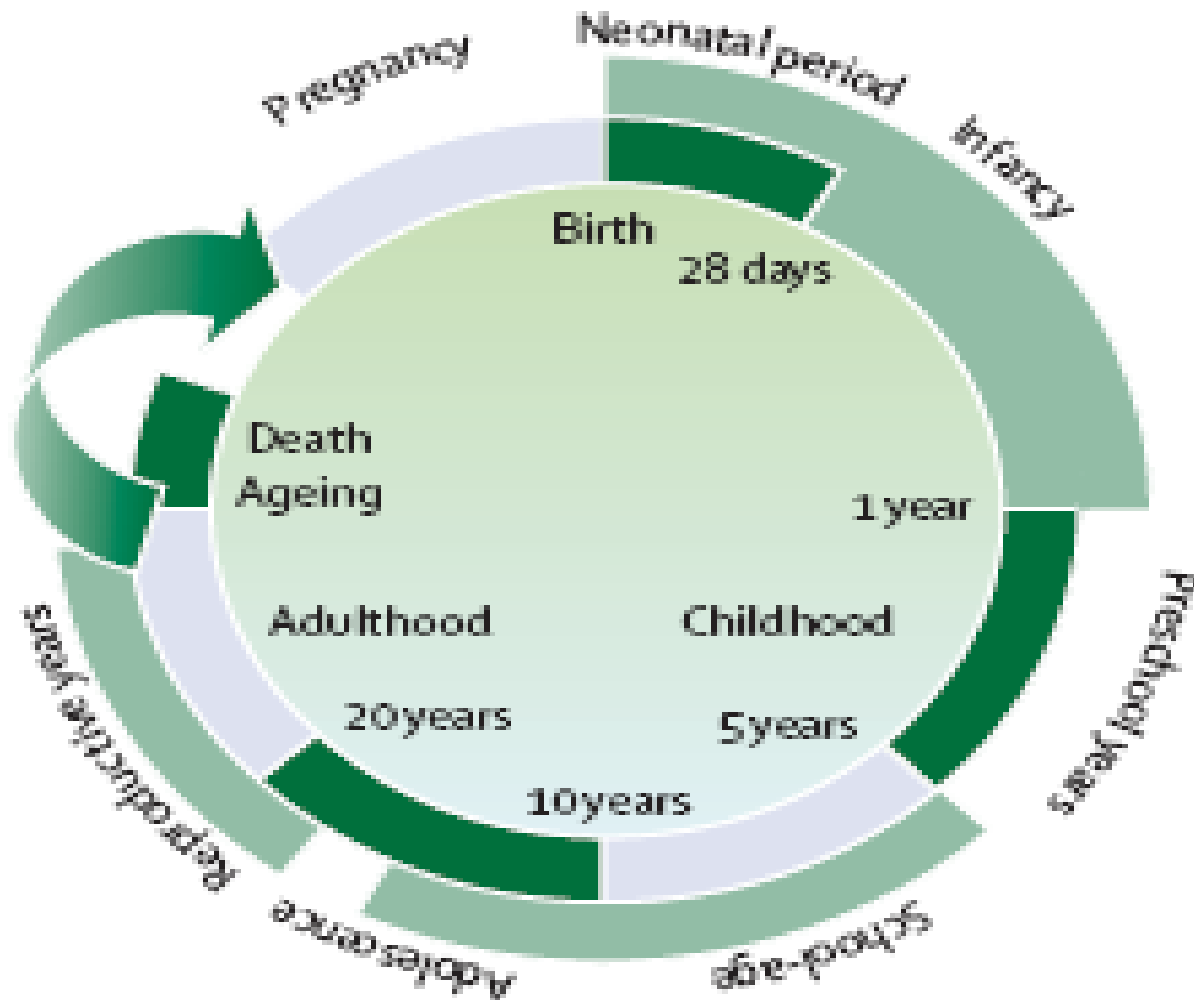
Aim

- **To provide effective, and efficient provision of service of RMNCAHN according to the stages of life cycle to ensure maximum benefits for reducing morbidities, ending preventable mortalities, and longevity of healthy life**

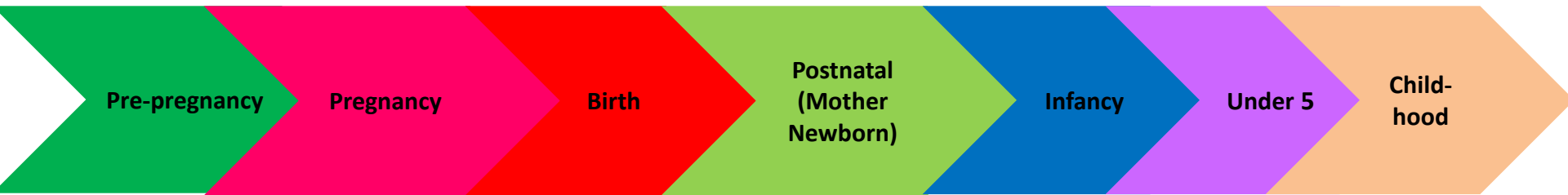
Rationale

- **Can provide all necessary interventions for individual depending on his/her stage of life cycle**
- **Directed toward addressing a wide range of problems rather than a single issue**
- **Prevention-focused with curative-care components**
- **Can increase the program effectiveness**
- **Can reduce the program cost (linking existing interventions, implementation of more than one interventions at the same time)**
- **Empower community with sense of ownership**
- **Attractive to policy makers being long-term sustainability in nature**

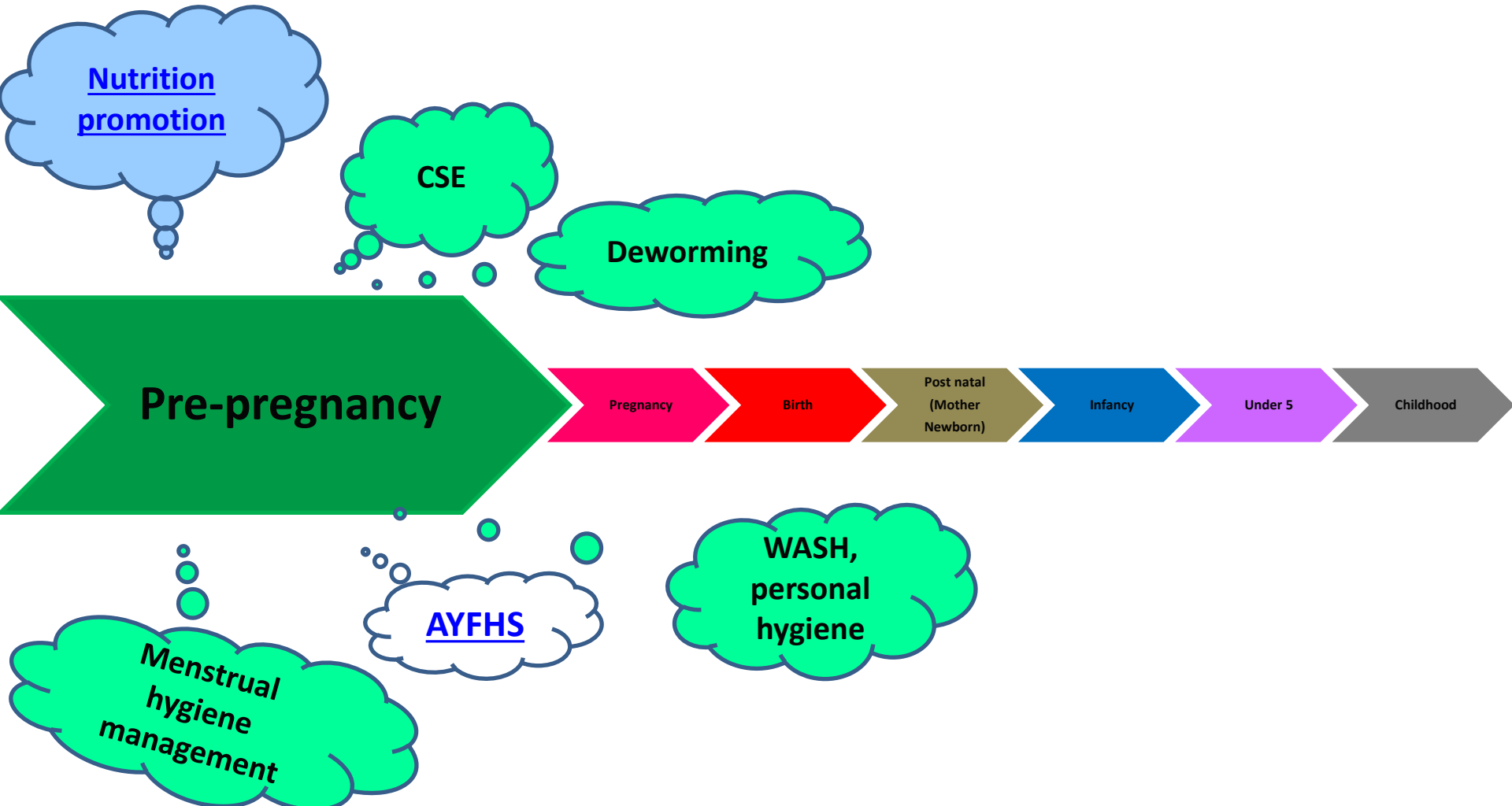
Packaging of reproductive, maternal, newborn, child, school health and nutrition promotion interventions



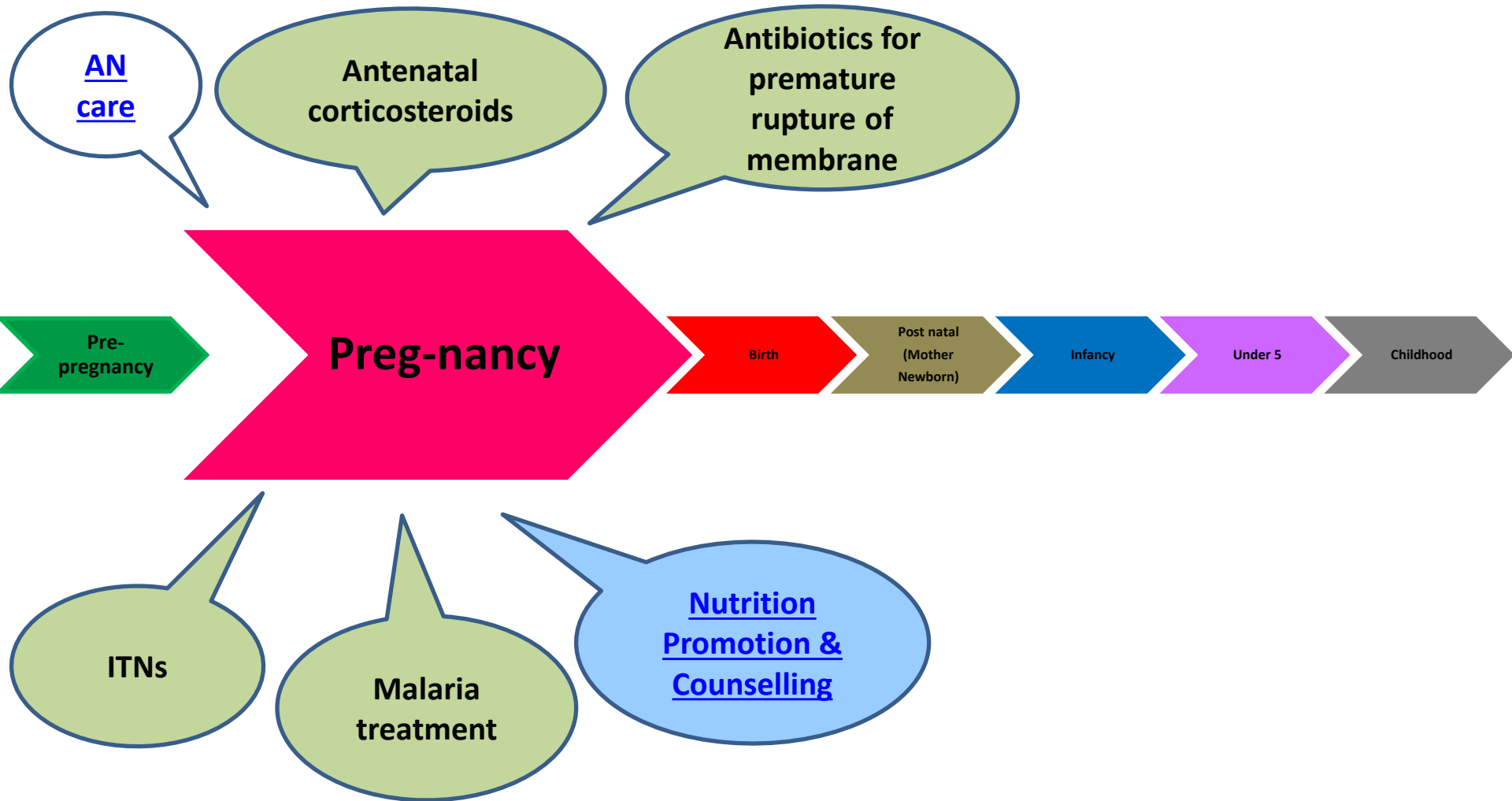
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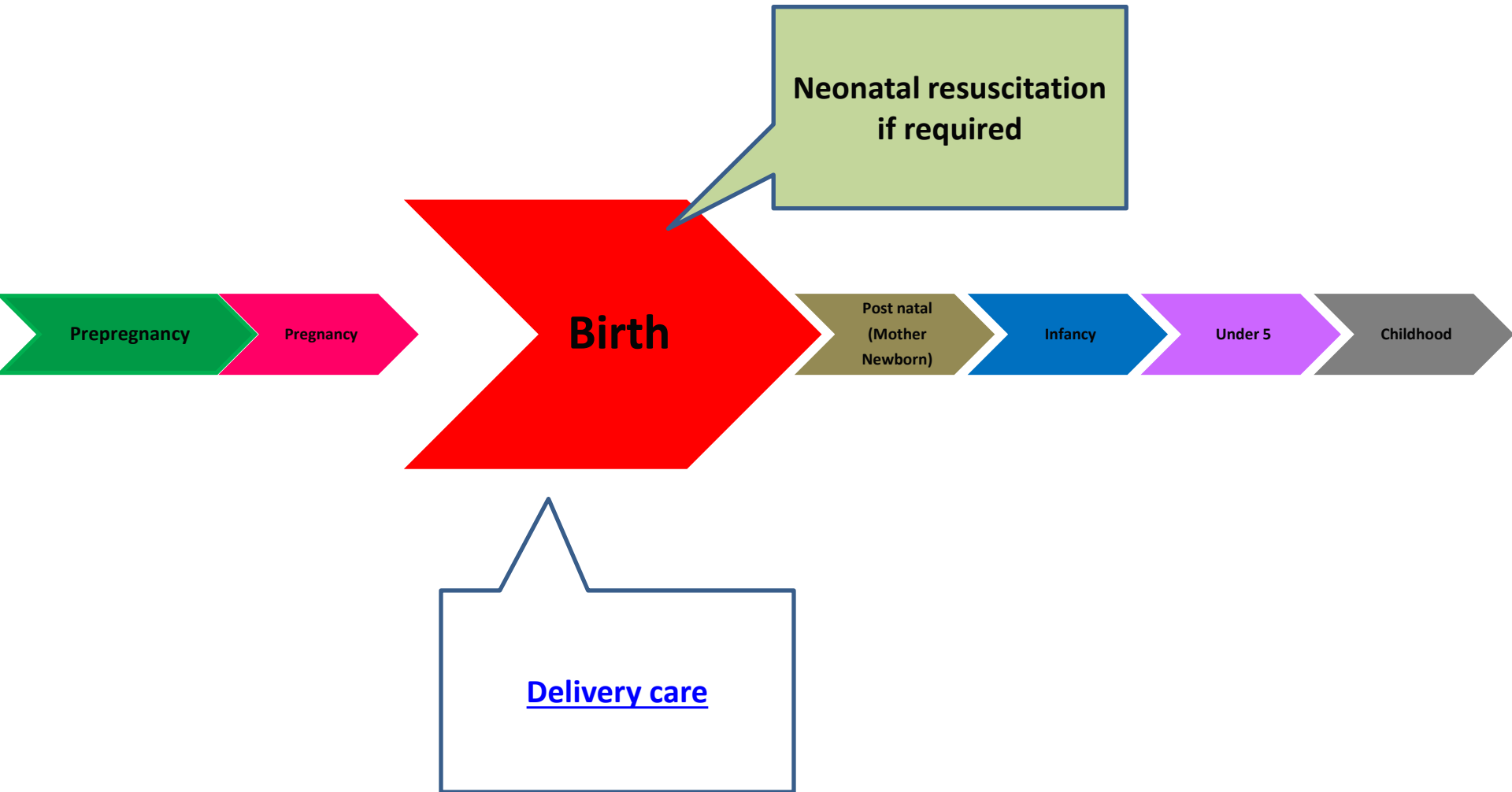
Essential care during pre-pregnancy



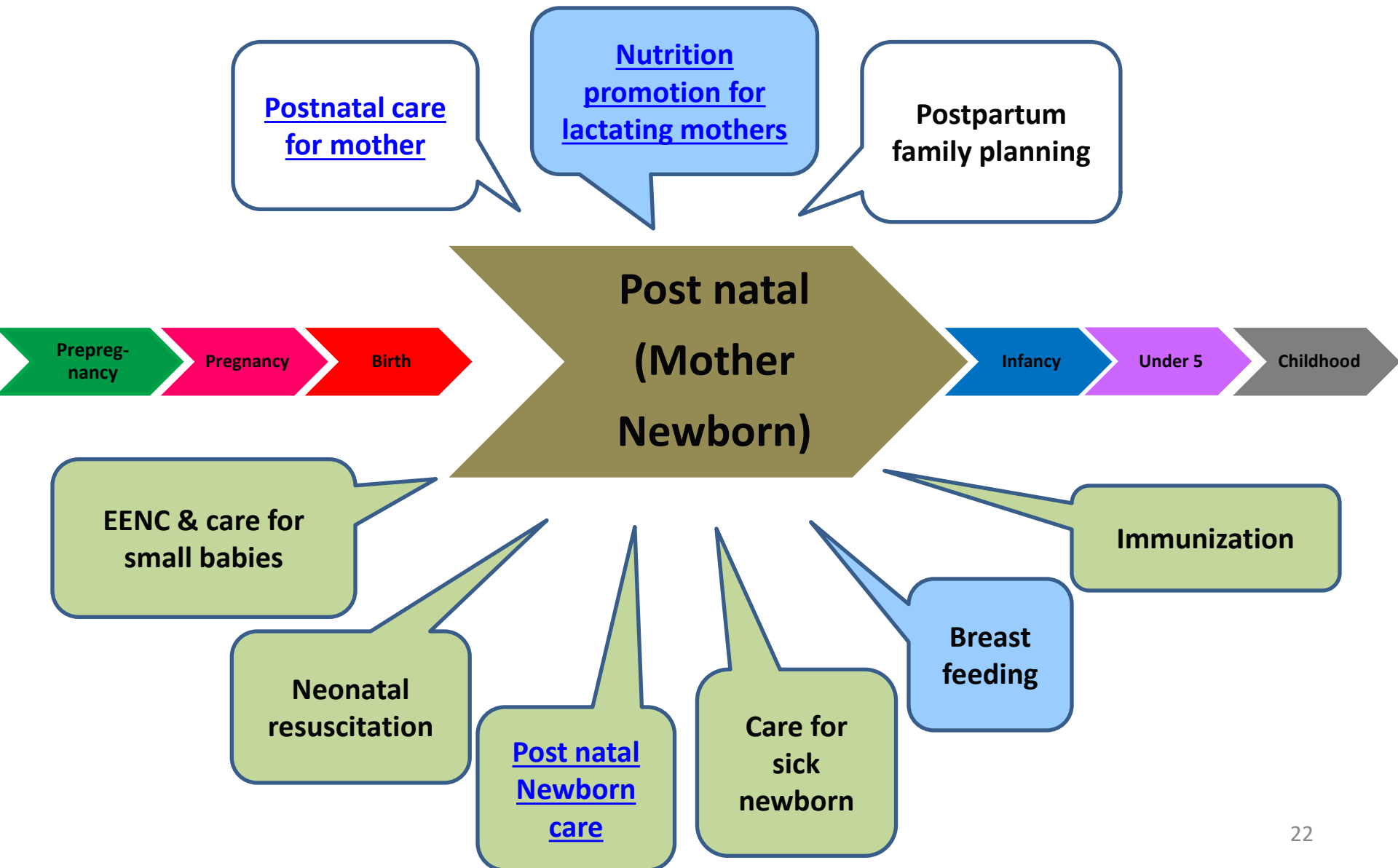
Essential care during pregnancy period



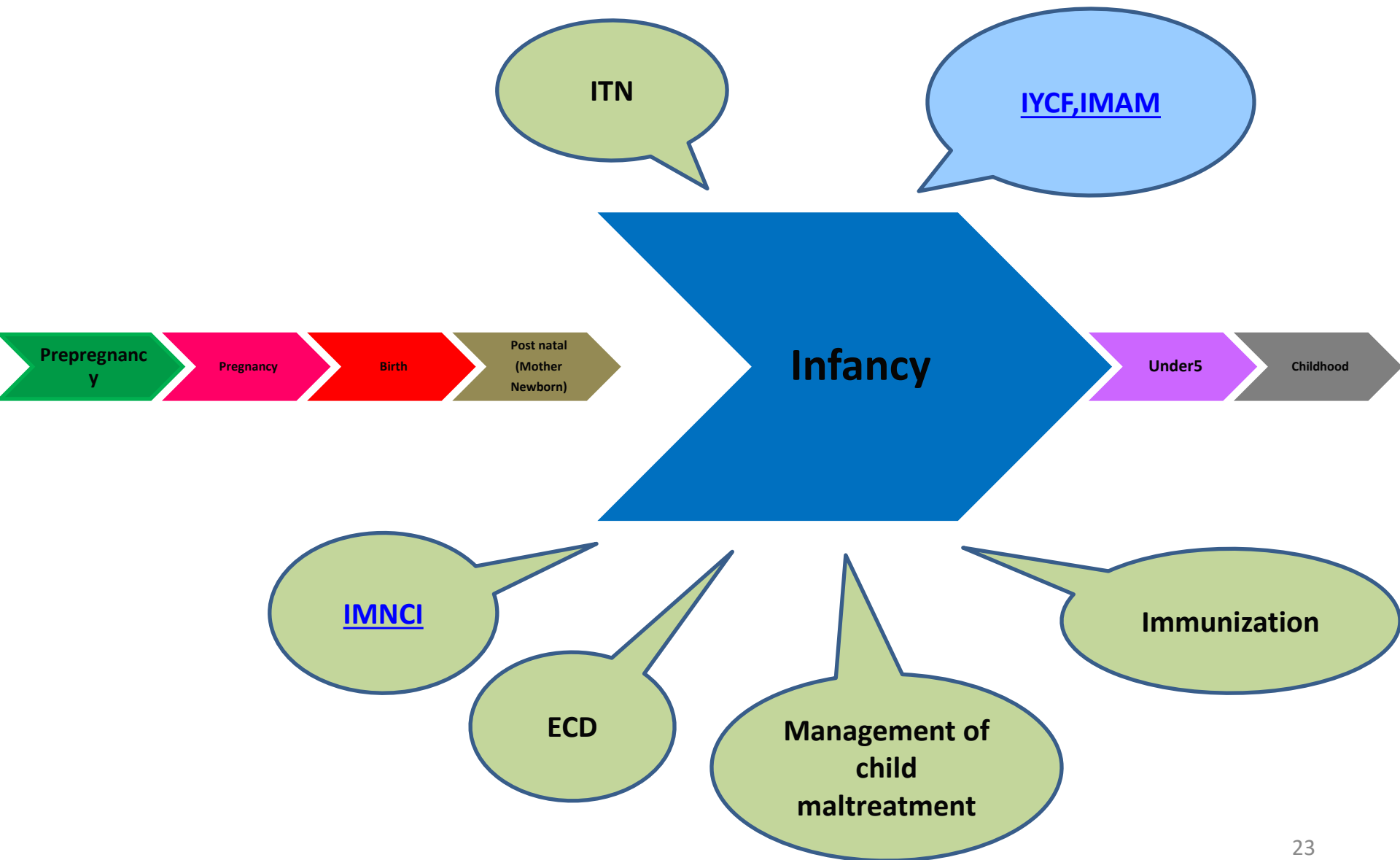
Essential care during intra-partum period



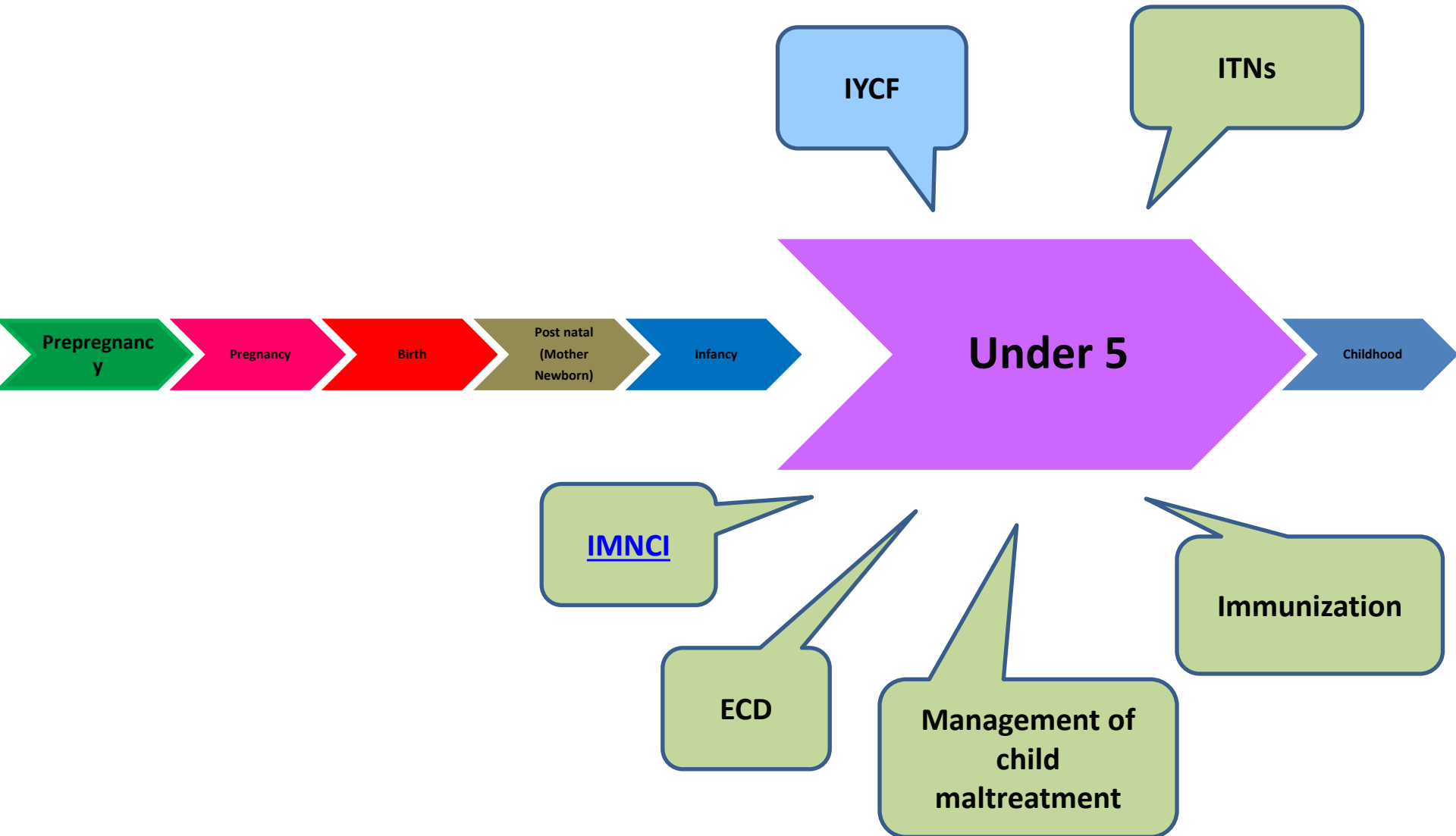
Essential care during post-natal period for mother and newborn



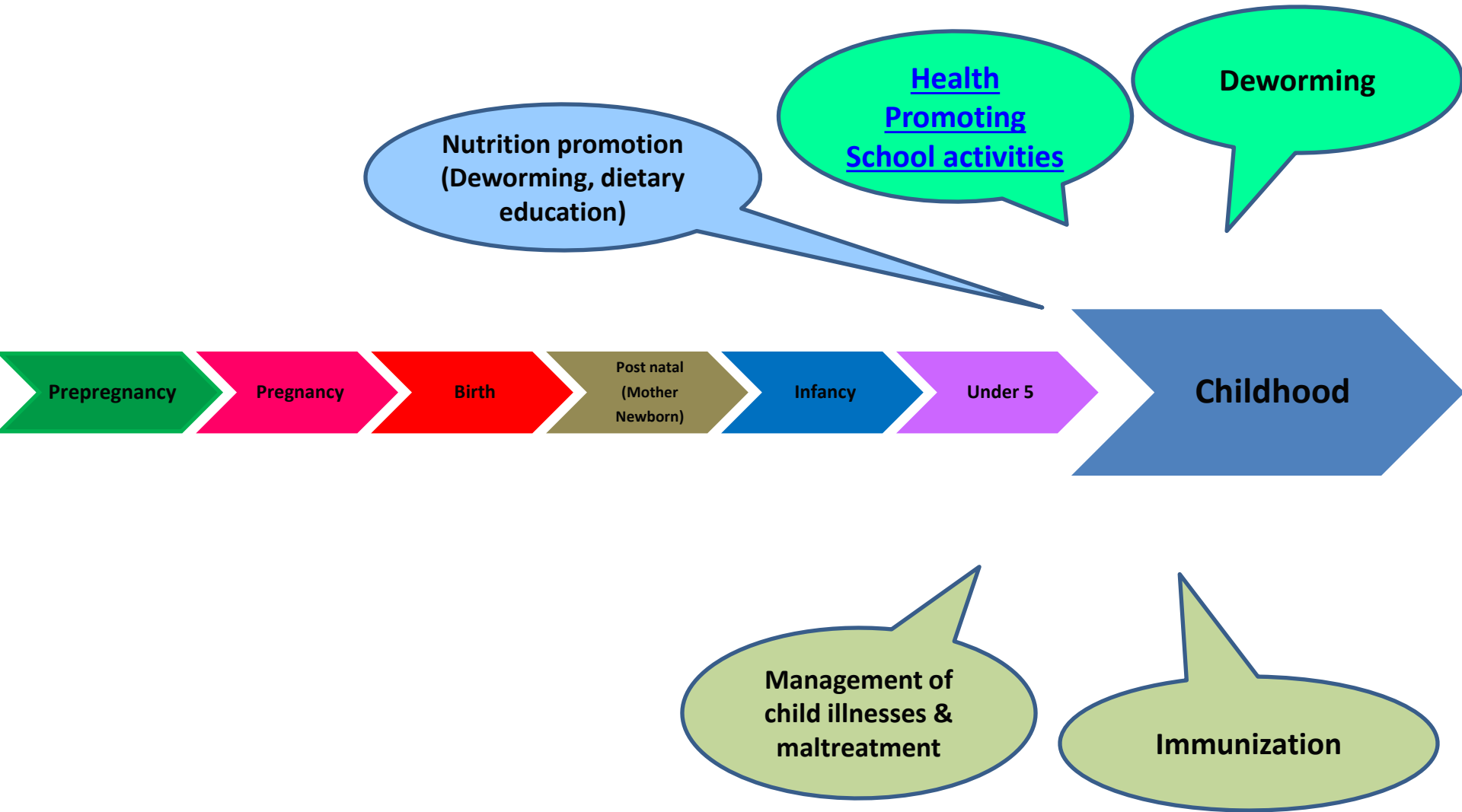
Essential care during infancy



Essential care for under five children



Essential care during childhood



Guiding principles

- In line with NHP
- Right-based
- Equity-based
- Feasibility
- Doable and sustainability
- All inclusive
- People centered
- Quality care/services
- Accountability
- Community ownership & earn trust from local community

Strategies

- **Prioritization of interventions within defined time frame**
- **Provider readiness**
- **Demand creation**
- **Use of algorithm through tablets**
- **Mentoring**
- **Partnership and coordination**
- **Inter Ministry and Multi-sectoral collaboration**
- **Monitoring, Supervision, Assessment, and Evaluation**

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