MINISTRY OF HEALTH AND SPORTS

Prevailing Non-Communicable Diseases Care Services of two Townships in Myanmar

A Qualitative Study

Soe Htet, Lwin Lwin Aye, Hlaing Moh Moh Thu and Kyaw Kan Kaung

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Non-Communicable Diseases (NCD) Prevention and Control Unit
Department of Public Health

Executive Summary

The study was conducted by Non-Communicable Diseases (NCD) Prevention and Control Unit of Department of Public Health with financial support from HelpAge International, Myanmar. It aimed to identify the current status of NCD services in townships and its challenges, to compare the effect of PEN training, to find out the perceptions of the community, Basic Health Staff (BHS) and volunteers regarding NCD and to elicit opinions and suggestions of stakeholders on NCD services.

This study was a cross-sectional exploratory study using mainly qualitative method. Data collection was conducted in one urban Maternal and Child Health Centre and two Rural Health Centres each from two townships. One township got training of Package of Essential Non-Communicable Diseases (PEN) Interventions of one year at least and the other not. As a pure qualitative study, a total of 42 participants (stakeholders including patients, local authorities BHS and volunteers) were taken part in Focus Group Discussions (FGDs).

The study highlighted supporting evidence that community has less access to NCD services, shortage of medicines, replacement of non-functioning medical equipments, provision of IEC materials and health literacy promotion events in the primary health care settings were required. Inadequate medicine supply for NCD services is a weakness to get trust from the community in long term sustainable care. More advocacy activities for NCD services ware needed to introduce further in the community.

1. Introduction

Ministry of Health and Sports in Myanmar has consistently focused on addressing NCDs and NCDs have been recognized as public health priority in NHP (2011-2016) [1] as well as in new NHP (2017-2021). [2] A dedicated unit for NCD was established under Department of Public Health since early 2015 so as to accelerate NCD prevention and control activities in country with public health approach reaching up to grass root level.

Myanmar provided services for NCDs not only cover treatment, but also prevention, control, and reduction of disease, disability and premature deaths due to chronic disease and conditions. [3] These services developed a comprehensive national policy and plan for prevention and control of major NCDs on top of established high-level national multi-sectoral mechanisms for planning, guiding and monitoring. Moreover, implementing cost-effective approaches for early detection of major NCDs and strengthening the human-resources capacity for better case management and to help people to manage their own conditions better were done. A public health program with community based approach has been advocated to reduce the risk levels of smoking, drinking and lack of exercise in the population through their action and participation.

Currently, NCD Unit is implementing prevention and control activities with specific objectives: to raise the priority accorded to the prevention and control of non-communicable diseases in national agenda through sustained advocacy to governments, partners and other stakeholders, to strengthen national capacity on leadership, governance, and partnership development to accelerate multi-sectoral action through advocacy and dialogue, to reduce modifiable risk factors for non-

communicable diseases in the population through health-promotion, to achieve universal health coverage with key NCD related services by strengthening health systems through a people- centered primary health care approach, to generate and synthesize evidence to support decision-making for prevention and control of non-communicable diseases through strengthening national capacity to conduct high quality prioritized research and to monitor the trends and determinants of non-communicable diseases and its risk factors through establishment of sustainable surveillance and evaluation mechanisms.

Package of Essential NCD (PEN) interventions training has been implementing over 100 townships currently and it is planned to expand to all 330 townships to have covered whole country by the end of 2019. These interventions include screening of Hypertension, Diabetes, CVD and treatment of uncomplicated cases, early detection and referral of oral, breast and cervical cancers by BHS and mainly target to people especially living in rural areas.

Trainings of trainers (TOT) for PEN were conducted for State/Regional training teams and township training teams comprised of TMOs or township health officers, township health assistant and township health nurse by central training teams. Then multiplier trainings for BHS in respective townships were conducted by State/Regional and township training teams. Training manuals, treatment guidelines, records and reporting formats of package of essential NCDs interventions (PEN) in both Myanmar and English languages have been developed for medical doctors and basic health staff (BHS).

However the NCD unit has not done an evaluation yet and the study is the preliminary one to explore the current status of NCD services implementation and differences between properly trained township versus a status quo one.

2. Aim

The aim of the study is aimed to find out the existing situation of NCD services provided by BHS in townships.

3. Objectives

3.1. To identify the current status of NCD services in townships and its challenges

3.2. To compare the effect of PEN training

3.3. To explore the perceptions of the community, Basic Health Staff (BHS) and volunteers regarding NCD

3.4. To elicit opinions and suggestions of stakeholders on NCD services

4. Methodology

4.1. Study Design:

It was a cross-sectional exploratory study using qualitative method.

4.2. Study Population:

- Basic Health Staffs (i.e. Health Assistants (HA) , Lady Health Visitors (LHV) , Midwives (MW))
- Local Authority (Village/Ward Administrator)
- Volunteers (Village/Ward Maternal and Child Welfare Assosiation member, Auxiliary Midwives (AMW), Voluntary Health Worker (VHW))
- Patients (those sought care for their Hypertension or Diabetes Mellitus)

4.3. Study Area:

The study included a total of 42 participants within Tatkone and Yamethin townships in Nay Pyi Taw Union Territory and Mandalay Region.

4.4. Sampling:

Purposive sampling was applied with 2 groups in urban setting and 4 in rural areas.

4.5. Data Collection Method:

4.5.1. Focus Group Discussions (FGDs)

FGDs were conducted with BHS, local authorities, volunteers and patients. A total of 6 FGDs were conducted 3 in each township.

4.6. Data Processing an Analysis:

Qualitative data from FGDs were clean, coded, transcribed and analyzed according to main themes and subthemes or nodes using the software – nVivo version 10. A total of 61 nodes and 9 node families were identified.

4.7. Ethical considerations:

The researchers followed ethical principles to ensure safety, privacy and confidentiality of participants. Participants received a thorough explanation about the purpose of the study prior the FGD and their written informed consent were obtained.

4.8. Triangulation:

Findings were methodologically triangulated from FGD to ensure validity. The qualitative data was analyzed using nVivo software and coding and validation were carried out by the principal investigator and co-investigators.

4.9. Limitations:

The study was carried out in only 2 townships and cannot reflect nor generalize the whole country scenario.

4.10. Dissemination:

Findings and recommendation of the study will be disseminated and validated to stakeholders in the evaluation meeting of 20 PEN trained townships.

5. Findings

5.1. Background Information

In this study, altogether 42 persons from two townships were engaged. Among 6 FGDs, 2 were conducted at Maternal and Child Health (MCH) Centres, 3 at Rural Health Centres (RHC) and 1 at the Sub-Rural Health Centre (SC). 13 BHS, 13 patients, 9 ward/village administrators and 7 volunteers were participated. Before FGD, they all signed the prepared written informed consent forms after detailed explanation by the FGD facilitator (researcher).

5.2. Experience and awareness to NCD services

Although both study townships were serving NCD care, only township 1 got PEN training a year ago. 19 out of 21 participants there aware NCD services were available at their health centres and had about one year experience whereas 2 didn't aware or experienced. However all the participants in township 2 didn't aware or experienced NCD services while they assumed the community or elderly care clinics as NCD services points.

A BHS from township 2 replied *"We have a total of 20 NCD patients. We have to replace batteries three times per month. Glucometer results were not correct. Issued Glucometer shows different result in compared with Tarumo (another brand)"*.

"NCD လူနာက တစ်လကို (၂၀)လောက်ရှိတယ်။ ဓာတ်ခဲက တစ်လကို ၃ခါ လဲရတယ်။ Glucometer တွေက အဖြေမမှန်ဘူး။ Tarumo နဲ့ ယှဉ်စစ်ရင် ကွာနေတယ်။"

5.3. Eligibility criteria for NCD care

Regarding the eligibility criteria of the NCD services, most of the respondents (20 out of 42) believed that there is no age limit to be eligible for NCD services. 14 out of 42 respondents replied anybody who completed 40 years old age was eligible whereas 10 of them confused they were the same with elderly clinic patients only.

A BHS from Township 1 replied *"Although the directive said age over 40 years old, now we have to give service to those who suffered at younger age as well"*.

"ညွှန်ကြားချက်က အသက်(၄၀)ကျော်ဆိုပေမယ့် ခုက အသက်ငယ်ငယ်တွေမှာပါ ဖြစ်နေလို့ လာရင်ကုပေးတယ်။"

5.4. Support for NCD care

When they were asked about the supports by government, 6 replied the health facility got nothing regarding NCD. 29 and 31 persons responded they got medicines and medical equipments concerning NCD. 7 of them replied they got health education materials and 10 of them responded appointment of health staff. None of them responded support of logistic supplies and reporting forms.

A BHS from township 2 answered back the support of medicine as: "*The patients visit here (RHC) as (supported) medicines are free of charge.*"

"ဆေးကအလကားရတော့ ဒီကိုပဲလာကြတယ်"

5.5. Effect of NCD care services

After asking their opinion on effect of NCD care services, 40 persons replied it was effective and beneficial to the community. However the opinions varied from increase knowledge to community (18), improved health status (20), reduced financial hardship (20), easily accessible to services (24), increased confidence (11) and others (5).

A BHS from township 2 answered: "*The health knowledge regarding diabetes mellitus and hypertension was promoted. Whenever something ill happens, (community) knows to visit health centres*".

"ဆီးချိုသွေးတိုးနဲ့ပတ်သက်ပြီး ကျန်းမာရေးအသိမြှင့်လာတယ်။ တခုခု နေမကောင်းဖြစ်ရင် ကျန်းမာရေးဌာနကို လာရကောင်းမှန်းသိလာတယ်။"

A local administrator (stakeholder) from township replied: "(We) are introduced to know where and which day to visit clinic. If that was not within clinic hours, it costs somewhat as we have to go other places (private clinics) else".

"ဘယ်မှာပြရမလဲ၊ ဘယ်နေ့ပြရမလဲ သိလာကြတယ်။ ဆေးခန်းပိတ်ချိန်ဆိုရင်တော့ အပြင်သွားရတော့ ကုန်ကျတယ်။"

A BHS from township 1 told: *"Previously although there were many patients suffering from diabetes mellitus, we could not give treatment. When this activity started, we had something (medicine) to pay and the patient number increased due to this service".*

"အရင်ကဆီးချိုသွေးချိုလူနာများပေမယ့် ဆင်းရဲသူတွေများတော့ မကုပေးနိုင်ခဲ့ဒီလုပ်ငန်း စတော့ပေးစရာရှိလာတယ်။ လုပ်ငန်းလုပ်တော့ လူနာအရေအတွက် တက်လာတယ်"

5.6. Challenges (Community)

Regarding challenges occurred from the community perspective (including volunteers) (a total of 29), 10 responded there was shortage of medicine for some time. Among them 3 replied there were insufficient number of staff at the health centres and 3 pointed out inadequate supply of equipment as well. 2 complained of travel cost to health centres was one of their challenges and 4 had problems in accessing health service after clinic (office) hours.

A patient from township 2 complained: "*When there is shortage of medicine, we have to buy. It costs 1200 Kyats per week*".

"ဆေးပြတ်ရင်ဆေးဝယ်သောက်ရတယ်။ တစ်ပတ်စာ ၁၂၀၀ လောက်ရှိတယ်။"

A patient from township 1 complained: "When there was shortage, we feel dissatisfaction".

"ဆေးပြတ်ရင်စိတ်ပျက်တယ်။"

A local administrator from township 1 responded: "*As the staff has no assistant, there is no one at the health post if she goes to attend meeting*".

"ဆရာမက လက်ထောက်မရှိတော့ အစည်းအဝေးတက်ရင်မရှိ။"

A BHS from township 1 reported: "*The lipid analyzer machine shows error currently*".

"Lipid analyzer စက်တွေက error တွေတက်နေ။"

A volunteer from township 1 told: "*Previously we have to visit township for this and faced troubles in travelling, fees and time as well*".

"အရင်ကမြို့ကို သွားရင် သွားရတဲ့ဒုက္ခ၊ ကုန်ကျစရိတ်၊ အချိန်လည်းကုန်"

5.7. Challenges (Health Personnel)

Concerning challenges faced by health personnel, 9 out of 13 BHS responded shortage of medicine, 7 complained of spending too much time on preparing reports related documents and 12 pointed out inadequate equipment supply. 3 told that they were overburdened with activities and 5 could not provide service when they had trainings, meetings or other assignments.

A BHS from township 2 responded: *"I was blamed as why you have no more medicine"*.

"ဆရာမတို့ကလည်း ဆေးမရှိတော့ဘူးလား" ဆိုပြီး ကိုယ့်ကိုအပြစ်တင်ကျတယ်။

A BHS from township 2 replied: "*BP cuff and Glucometer are needed for every midwife*".

"BP cuff, Glucometer တွေကို ဆရာမတစ်ယောက်ကို တစ်ခုလိုချင်တယ်။"

A BHS from township 1 complained: *"(We) need enough forms whilst we have to copy them now*".

"Form တွေ လုံလုံလောက်လောက်ရချင်၊ အခုတော့ မိတ္တူကူးနေရတယ်။"

A BHS from township 1 told: "*In rainy season, it is difficult to visit RHC and goes direct to hospital especially elderly can't go due to uneven roads*".

"ဒီလိုမိုးရာသီမှာ RHC ကို လာဖို့ခက်လို့ ဆေးရုံသွားကြတာရှိတယ်။ အသက်ကြီးသူတွေက ဒီရာသီမှာလမ်းပန်းခက်လို့မသွားကြ"

5.8. Suggestions for improvement

The participants suggested for improvement of current NCD services, 7 out of 42 asked to conduct proper training on NCD care services whereas 32 respondents

requested to provide enough supply of medicine and equipment. 21 persons suggested to deliver health education to the community and to provide IEC materials while 2 asked to extend or modify clinic hours to have more access.

A BHS from township 2 replied: *"(She) does not have proper training and cannot prescribe medicine"*.

"သင်တန်းမရသေး/ဆေးမပေးတတ်"

A BHS from township 1 responded: *"(She) did not calculate CVD risk due to busy things though properly trained"*.

"CVD risk မတွက်ဖြစ်၊ သင်တန်းရထားပေမယ့် အလုပ်ရှုပ်တော့ မလုပ်ပေးနိုင်။"

A BHS from township 2 commented: *The community got health knowledge. As a result they have less consequences of disease due to prescription of medicine. Some people did not or irregularly take medicine if they did not get medicine free of charge. We need to educate more to prevent those type of patients"*.

"လူထုက ကျန်းမာရေးဗဟုသုတရသွားတယ်။ ဆေးပေးထားလို့ နောက်ဆက်တွဲ ဆိုးကျိုးတွေဖြစ်တာတွေ နည်းသွားတယ်။ တချို့က အခမဲ့မရရင် ဆေးပုံမှန် မသောက်တာတွေ၊ လုံးဝမသောက်တာတွေ ဖြစ်နိုင်တယ်။ ဒီလိုလူနာတွေ ထပ်မပေါ်အောင် ကျန်းမာရေးပညာပေးတွေ များများပေးရမယ်။"

A local administrator form township 2 suggested: *"Please share pamphlets to let the community know what's happening*".

"Pamphlet လေးတွေဝေပြီး အရပ်ထဲကသိစေချင်တယ်"

A BHS from township 1 replied: *"It is easier said than done. Community is difficult to persuade or comply. We have to persuade more to have people's*

compliance. Whenever there was a health talk, only elderly, kids and jobless people attended whereas decision makers and sharers did not".

"ပြောတာလွယ်၊ လုပ်ရခက်၊ လူထုစည်းရုံးရခက်၊ လူထုကလိုက်နာဖို့ခက်၊ လူတွေလိုက်နာလာအောင် တော်တော်စည်းရုံးရမယ်။/ ဟောပြောပွဲခေါ်ရင် ကလေး၊ အဘိုးအဘွား၊ အလုပ်မရှိသူတွေလာ- နားထောင်ဆုံးဖြတ်နိုင်သူ၊ ပြန် share မယ့်သူတွေက မလာကြ"

A local administrator from township 2 described: *"I want to have health talk in my village. It is better if BHS meet direct with whole community twice a year".*

"ကိုယ်အုပ်ချုပ်တဲ့ ကျေးရွာမှာ ဟောပြောပွဲတွေ လုပ်စေချင်တယ်။ တစ်နှစ်မှာ (၂)ခါလောက် ကျန်းမာရေးဝန်ထမ်းတွေနဲ့ ပြည်သူတွေ တိုက်ရိုက် ထိတွေ့ စေချင်တယ်။"

A BHS from township 1 suggested: *"If we can provide poster and pamphlets, patients know and come (to health centre)".*

"Poster, Pamphlet တွေရရင် လူနာတွေ သိပြီးလာတတ်တယ်။"

5.9. Sustainability

The respondents kept in mind sustainability of NCD services and suggested on it. 7 of them wanted to rely on free of charge (FOC) while 22 persons wanted to provide individual donation whereas 17 of them want t continue by forming a committee.

A local authority form township 2 told: "*If the country cannot support, we will coordinate with non-profit organizations to buy medicines needed*".

“နိုင်ငံတော်က မထောက်ပံ့နိုင်ခဲ့ရင် ပရဟိတနဲ့ ကျန်းမာရေးပေါင်းပြီး လိုတဲ့ဆေးဝယ်မယ်။”

A patient from township 1 answered: “*Although we want to share half of the medicine cost, we need to consider others (poorer), If the country cannot support entirely and ask for money, we will*”.

“စရိတ်တဝက်မျှပေးရမယ်ဆို ကိုယ်ကပေးချင်ပေးမယ့် တခြားသူ တွေက ရှိသေးတယ်။ လုံးဝအလကားမပေးနိုင်လို့ တောင်းတယ်ဆိုလဲပေးမယ်။”

A BHS form township 1 shared: “*Government spent a lot. People has to contribute. Hence, it will be sustainable in long run. Health personnel have to operate not this only but in complement with other health care activities for its sustainability*”.

“အစိုးရကအကုန်အကျများတယ်၊ ပြည်သူကလည်းပါဝင်သင့်တယ်၊ ဒါမှ ရေရှည်တည်တံ့မယ်။ ကျန်းမာရေးဝန်ထမ်းတွေကလဲ ဒါကို သီးသန့်လုပ်ငန်း အနေနဲ့ မဟုတ်ဘဲ အခြားကျန်းမာရေးစောင့်ရှောက်မှုတွေနဲ့ တွဲလုပ်သွားရင် ရေရှည်တည်တံ့မယ် ထင်တယ်။”

A BHS form township 1 also suggested: “*We faced shortage of medicine for 2-3 months. (We) bought (medicine) with fund from committee. As we operate this service on Wednesday, we lose trust from community if we close*”.

“ဆေး ၂လခွလောက်အောင်တစ်ခါပြတ်ဖူးတယ်။ ကော်မတီပိုက်ဆံနဲ့ဝယ်သုံးတယ်။ ဆေးခန်းက ဗုဒ္ဓဟူးနေ့ဖွင့်တယ် ပြောထားတော့ အဲဒီနေ့မဖွင့်နိုင်ရင် လူထုက အထင်လွဲတယ်။”

5.10. Additional Suggestions

Additional suggestions were included in the FGD and 3 of them commented to provide cervical cancer screening and 1 of them suggested to supply inhaler to BHS for chronic respiratory diseases as well.

A volunteer Health Worker from township 2 suggested: "*People want cervix cancer investigation*".

"သားအိမ်ခေါင်းကင်ဆာကို လူတွေစစ်ချင်ကြတယ်"

A BHS from township 2 pointed out: "*It is better if we get inhalers for asthma patients*"

"ပန်းနာ ရင်ကျပ် အတွက် inhaler ရလျင်ကောင်းမယ်"

6. Discussion

Do the participants aware of NCD care services?

Vast majority of the FGD participants aware of NCD care services available at health centres in their jurisdiction and most of them assumed the community or elderly care clinics as NCD services posts. As the services are at the township level and below, they put emphasis mainly on major NCD such as hypertension and diabetes mellitus only.

Do they know who are eligible for NCD care services?

A lion share of respondents replied that no age limit was required to be eligible for NCD services. A quarter of respondents replied anybody who completed 40 years old age was eligible who were mostly from township 1 (PEN trained township). A good number of them confused they were the same with elderly clinic patients which is quite similar.

What support did the health centres get from government?

Concerning supports by government for NCD, the minority of respondents replied the health facility got nothing regarding NCD. More than three quarters of the persons responded, health facilities obtained medicines and medical equipments and a few replied getting health education materials and appointment of health personnel. The support of logistic supplies and reporting forms were not responded by anyone.

What are their opinions on effect of NCD services?

Upon opinion on effect of NCD care services, almost all persons replied it was effective and beneficial to the community. The respondents in PEN trained township answered they had more increased knowledge and better health with less financial hardship in easily accessible services in compare to a status quo township. BHS in trained township had more confidence to take care of services as well. BHS in untrained township faced difficulty in following guidelines confidently.

What are challenges faced by the community concerning NCD services?

The community faced challenges on shortage of medicine for some time, insufficient number of staff at the health centres, inadequate supply of equipment and clinic (office) hours. They have problems on travel cost as well. The community wanted to have clinic hours to be further flexible and preferred to open in the evenings more.

What are challenges faced by health personnel concerning NCD services?

Fr health personnel, they have challenges on shortage of medicine, too much time on preparing reports related documents and inadequate equipment supply. BHSs were overburdened with existing activities and attended trainings and meetings frequently as a consequence cannot open clinic regularly.

What do they suggest for improvement?

For improvement of current NCD services, all BHSs from untrained township asked to conduct proper training on NCD care services and nearly all respondents

asked enough supply of medicine and equipment. Suggestions to deliver health education to the community and provision of IEC materials were prompted. The local authority and patients wanted to extend or modify clinic hours for more accessible time frame.

How to sustain NCD services in the community?

Intended for the sustainability of NCD services, most suggested to collect individual donation or operated by a committee whereas some requested free of charge for services and medicine. They asked to invest more on preventive measures as well for sustainability of NCD services in long term.

What are additional suggestions?

They added to conduct cervical cancer screening and provide inhalers to BHS for chronic respiratory diseases on top. BHS wanted referral feedback and replacement of fixing lipid analyzer machines with error messages. BHS also wished for provision of batteries for Glucometer, BP cuff and lipid analyzers.

7. Conclusions

The study highlighted supporting evidence that community has less access to NCD services. It is indicated that there were shortage of medicines and needed replacement of non-functioning medical equipments. The community faced challenges for travel cost and flexible clinic hours. Very few provision of IEC materials and less health literacy promotion events in the primary health care settings were required more frequently. BHSs asked roper training on NCD care services and less reporting or document works.

Inadequate medicine supply for NCD services is a weakness to get trust from the community in long term sustainable care. More advocacy activities for NCD services ware needed to introduce further in the community.

8. Recommendations

For BHS

- Conduct proper training (PEN) regarding on NCD care is needed
- Modified report forms and reporting mechanism
- Less number of training or meetings to have more time on services
- Feedback for referral cases for follow up and continued treatment

For Community

- Advocacy activities regarding NCD services
- Health literacy promotion on NCD deeds with related IEC materials
- Share costs for medicine and investigation cost for sustainability
- Open clinics more in evenings

9. References

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