I. BHS Group Works (Morning Session)

1. (A groups) – Job Description, Career Development, Terminology of designated Posts and Uniforms of BHS

Sub Groups

1. JD and Providing Primary Health Care
   (Dr. Maung Maung Htay Zaw, DD (Planning), Dr. Ei Kyar Phyu, MO (Nutrition))
2. JD and Quality of Primary Health Care
   (Dr. Kyi Thar Su Han, AD (Planning), Dr. Hnin Darli Win, MO (Nutrition))
3. Opportunity for Career development
   (Dr. Nyein Aye Tun, DD (BHS), Daw Tin Tin Ngwe, AD (Nursing))
4. Organization Structure to improve PHC
   (Dr. Zar Zar Win, AD (Nutrition), U Than Tun, THA (BHS))
5. Terminology of designated Posts and Uniforms of BHS
   (Dr. Zaw Win Myint, MO (BHS), U Tun Win Lat, HA (Planning))

Facilitating Team

- Group in–charge : Dr. Htin Linn, DyDG (Disaster)
- Lead Facilitator : Dr. G Seng Tong, Director (Planning)
- Facilitators:
  (1) Dr. Nyein Aye Tun, DD (BHS),
  (2) Dr. Maung Maung Htay Zaw, DD (Planning)
  (3) Daw Tin Tin Ngwe, AD (Nursing)
  (4) Dr. Kyi Thar Su Han, AD (Planning)
  (5) Dr. Zar Zar Win, AD (Nutrition)
  (6) Dr. Ei Kyar Phyu, MO (Nutrition)
  (7) Dr. Hnin Darli Win, MO (Nutrition)
  (8) Dr. Zaw Win Myint, MO (BHS)
  (9) U Than Tun, THA (BHS)
  (10) U Tun Win Lat, HA (Planning)
- Rapporteur:
  (1) Dr. Khine Khine Tun, AD (MRH)
  (2) Dr. Win Lae Htut, AD (School Health)

Group Work Guidelines:

Sub group (1): JD and Providing Primary Healthcare

- Existing JDs could cover all elements of PHC or not
- Elements of PHC that need specific JD

- Elements of PHC that need integration
- Specific assignments for particular BHS to provide PHC
- Needs for specific assignments to provide PHC

Sub group (2): JD and Quality of PHC

- Issues effecting the quality of provided PHC
  (Workload, Population and Area Coverage, Facilities, Instruments, Specific Capacity)

Sub group (3): Opportunities for Career Development

- Existing policy , criteria and Training course for MW/ LHV's Career Ladder
- Existing policy and criteria and Training course and PHS2, PHS1's Career Ladder
- Existing policy and criteria and Training course and HAs' Career Ladder
- Options that could solves the Career Ladder and Career Development of BHS

Sub group (4): Organization Structures to improve PHC

- Existing Organizational structures of Township and below(Composition of HR) and providing PHC
- Any Additional HR composition needed in Organization Structures to improve PHC
- Any Specific Qualification needed for all BHS to improve PHC

Sub group (5): Terminology of Designated Posts of BHS and Uniforms of BHS

- For PHS1, and PHS 2
- For HAs
- General Terminology for BHS

2. (B groups)– Medicines & Supplies

a. Availability of Basic medicines by health facility (+ program specific drugs, etc.) (Dr. Su Hlaing Myint, AD (NCD))
b. Inventory control mechanism (stock book) (Dr. Aye Mya Mya Kyaw, AD (Nutrition))
c. Creating demand–based system (Dr. Khaing Nyein Chan, AD (PD))
d. Transport cost (Dr. Tin Maung Swe, Director (PD))
e. Information system (including LMIS) (Dr. Myint Moh Soe, DD (MRH))

Facilitating Team

Group in–charge: Dr. Win Naing, DyDG

Lead facilitator – Dr. Kyaw Kan Kaung

Facilitators: Dr. Tin Maung Swe, Director (PD)

Dr. Su Hlaing Myint, AD (NCD)

Dr. Khaing Nyein Chan, AD (PD)

Dr. Myint Moh Soe, DD (MRH)

Dr. Aye Mya Mya Kyaw, AD (Nutrition)

Rapporteur: Dr. Lwin Lwin Aye, Dr. Aye Nyein Moe Myint

Group Work Guideline for Sub Group (1)

Topic	Information System for Medicines and Medical Equipment
Facilitator	Dr Myint Moh Soe , Deputy Director (MRH)
Time allowed	(XX) Minutes

Sr	**Area to Discuss**	**Description**
1.	Current Situation	• Although significant effort has been made to improve the availability of medical products in every level of Health Center in Myanmar , the availability and adequacy of the medicine are still a challenge . • The Commodity Logistics System has been set up in all townships at Bago , Magway and Ayeyarwady regions . • Maternal and Reproductive Health Unit has trained for its logistic in Shan-South ,Shan –North , Mon , Kayin , Kachin Mon , Kachin , Mandalay region townships. • Currently practice on proper inventory management procedures and logistics management information system (LMIS) at township and service levels varies across the health centers . • Although there are remarkable changes in practice on reporting the health commodities consumption and need in the implemented townships , it need to strengthen the performance . • It is also necessary to expand the good practice in all remaining townships across the country. • Most of the health centers receive the supply of medicine in quota distributed from higher level health centers , consequently shortage or excess of medicines and so adequacy of supply are is a common problem for primary health care services . • are still challenges remain for MRH commodity management, as the state/regional level has not implemented effective inventory management or performance management systems,

		causing stock imbalances as products are pushed from these levels regardless of township needs; these products may be under-stocked or absent altogether in state/region warehouses, mostly due to a lack of adequate data with which to make supply chain decisions especially procurement .
2.	Optimum standard	• There must be a well performing system of reporting the status of medicines and medical equipment necessary for primary health care services. • Each SRHC and RHC in a particular township needs to report monthly consumption of medicines and medical equipment. • The consumption, balance and demand of each item of medicine and medical equipment must be reported to township level. i. Well performing LMIS system need to set up in each township . ii. The LMIS System for health commodities will facilitate health center for adequate supply as well as inform higher level to remobilize the excess stock at a particular health center . iii. The information system will provide the consumption of different types of medicine there by supporting the data necessary for regional and national forecasting.
3.	Challenge	The group work to cover – i. expected challenges to establish a well-functioning LMIS System in RHC and SRHC.(example – training need , logistics , time allocated) ii. What will be infrastructure necessary for LMIS ? iii. What would favor to set up LMIS system ? iv. What should be fulfilled from Township Level to make that system work ? v. Suggestion and recommendation
4.	Expected outcome	i. LMIS System is to be established covering all township in Myanmar ii. The monthly consumption and need of health care commodity is to reported iii. The commodities are to be distributed in need based . iv. Supply chain practice of health care commodity to change from " Push "to "Pull ". v. Systematic forecasting of the real need based on consumption data from each health facilities.

Group Work Guideline for Sub Group (2)

Topic	Inventory Management System
Facilitator	Dr Su Hlaing Myint ,Assistant Director (NCD)
Time allowed	(XX) Minutes

Sr	**Area to Discuss**	**Description**
1.	Current Situation	• Timely, accurate, complete and consistent reporting is the key to an efficient Logistics Management Information System (LMIS) that lead to a good supply chain system.

		• Although there are practice of inventory management system in all level of health facilities, there are a lot of variation in practicing the system. • There are no standard inventory management tools except in somewhere places that have been initiated LMIS system. • The stock book or the ledger book varies one health facility to another . • Different types of stock book for different vertical health programme such as immunization , malaria , TB and MRH etc. • There is only paper based inventory management system at all level of health facilities except some electronic inventory system (e.g mSypply software) • Basic Health Workers are overburden with multiple and parallel stock book . • Although so much time have been spent for inventory record starting from daily usage for each patient , daily and monthly consumption are not able to report to higher level . • There is just record keeping but it does not create quantity to order for upcoming months .
2.	Optimum standard	• There should be standard inventory management tool for all level of health facilities . • Adequate number of the stock book need to be distributed . • The usage of bin card and stock record should be consistent in all health centers. • Electronic inventory management system should be established in all townships . • The alert system to inform possible wastage due to shortage of shelf life and risk of expiry .
3.	Challenge	The group work to cover – i. expected challenges to establish an efficient inventory management system in RHC and SRHC.(example – supply of preprinted stock books , adequate staff , time allocated) ii. What will be infrastructure necessary for inventory management system ? iii. What type of support is necessary from township level ? iv. Suggestion and recommendation
4.	Expected outcome	i. Standard inventory management system to practice in all townships ii. To know current difficulties for inventory management at all level of health facilities iii. Systematic inventory to support proper record keeping , timely report leading to uninterrupted supply chain system

Group Work Guideline for Sub Group (3)

Topic	Transport charges for supplies
Facilitator	Dr Aye Mya Mya Kyaw ,Assistant Director (Nurition)
Time allowed	(XX) Minutes

Sr	Area to Discuss	Description
1.	Current Situation	• An efficient supply chain system for health is to deliver the health commodities to health facility nearest to the people. • In Myanmar, current supply chain is interlinked with procurement units and distribution system of the suppliers. • The commodities have been distributed from Yangon CMSD and /or Public Health Warehouse in Yangon to Regional / State departments stores. • Most of the health care commodities has been ask to collect from lower level health facilities to higher level store .(Example : Township health department collect supplies from Regional Health Department , RHC / SRHC collect from Township Health Department) • The transport cost for some vertical programme commodities has been supported . • Some NGO / INGO support the cost for some commodity for their respective programme . • Basic Health Staff have to spend their pocket money to carry the basic health commodities for their health center . • Currently world bank loan fund has been disbursed to us such kind of transport charges but sustainability is a challenge.
2.	Optimum standard	• There should be a budget line to allocate the transport charges at all level of health facilities. • The transport cost to get supplies and the cost to carry / deliver medicine to mobile clinic should be provided. • Township health department should have sufficient fund to allocate the fund necessary for health workers. • Basic Health Workers should not suffer from a burden to find way to arrange for transport cost .
3.	Challenge	The group work to cover – v. expected challenges to get sufficient fund for transport of medicine and medical equipment . vi. What type of support is necessary from township level ? vii. How to request the fund from regional health department viii. Suggestion and recommendation
4.	Expected outcome	iv. The health staff are provided with adequate amount fund for transport of medicines and medical equipment v. The practice of fund request from township and from department budget while planning for annual budget

3. (C groups) – Quality and limitation for Capacity development

a. Professional development

b. Logistic management

c. Human resource management

d. Data management

e. IT literacy and e-government transformation

Facilitating Team

Group in–charge: Dr. Thet Thet Mu, DyDG

Lead Facilitator: Dr. Zaw Min Htun

Facilitators:

Rapporteur: Dr. Thet Wai Nwe, Dr. Kyawt Mon Win

II. BHS Group Works (Afternoon Session)

1. **(A groups) – Funding support (Operational Cost for service delivery of BHS to Community)**

1.1 Small Group A1 (Dr Phyu Win Thant (AD, NIMU)

- How many budget line and which budget lines you want to use for regularly for e.g monthly, weekly etc.
- **Travel Cost (0201)** for service delivery, supervision, attending the meeting and for assessment and survey
  - Standard Frequency?
  - How to prepare the trip plan? (Monthly, 3 monthly? 6 monthly?)
  - How much money needed for one month? To identify fixed amount
  - How to develop control mechanism to use the travel cost effectively and efficiently

1.2 Small Group A2 (Dr Khin Thu Htet (AD, NIMU)

- How many budget line and which budget lines you want to use for regularly for e.g monthly, weekly etc.
- **Daily Allowance (0301)** for meetings and trainings at township level/RHC level?
  - How many days for standard for one month? only for Monthly CME program and training (fixed norm?)
  - How many days for regular monthly meeting and training
  - How about for monthly regular RHC Meeting?
  - How much amount of money is appropriate for BHS (pls think about only for one month) Fixed Amount?
  - How to control the using of daily allowance effectively and efficiently

1.3 Small Group A3 (Dr Bawi Mang Lian (MO, NIMU)

- How many budget line and which budget lines you want to use for regularly for e.g monthly, weekly etc.

- **Transportation cost (0304)** to bring the medicines, vaccines and materials from a distance place , for emergency patient referral
    - How many frequency (only one or two or three per month)
    - How much money needed for one month? Fixed Amount?
    - How to control the use of money effectively and efficiently
    - Who should supervise to using the money?
    - How to record the receipts of using the money?

1.4 Small Group A4 (Dr Wityee Win (MO, NIMU)

- How many budget line and which budget lines you want to use for regularly for e.g monthly, weekly etc.
- Fuel cost for vehicles(0306) (especially motor cycle)
    - How many days for using fuel cost
    - (Standard Days?) (8 Days/Month + Monthly Meeting)
    - How much money will be required? Fixed amount for one month?
    - Who will supervise to use the money? How?
    - How to control the misuse of the money? What Mechanism?

1.5 Small Group A5 (Dr Kaung Myat Oo (MO, NIMU)

- How many budget line and which budget lines you want to use for regularly for e.g monthly, weekly etc.
- (0320) Cost for IEC production, copying, computer tying etc.
    - How much amount of money will be required for one month, at least? Fixed amount?
    - Who should supervise to use this money?
    - How to control the misuse of the money and any evidence to record?
    - How to calculate the required amount of money for 0320 monthly?
- (0313) Operational cost for materials that will be used for their job

Facilitating Team

Group in–charge: Daw Aye Aye Sein, DyDG

Lead Facilitator: Dr. Ye Min Htwe

Facilitators: Dr. Phyu Win Thant, AD (NIMU)
Dr. Khin Thu Htet, AD (NIMU)
Dr. Bawi Mang Lian, MO (NIMU)
Dr. Wut Yee Win, MO (NIMU)
Dr. Kaung Myat OO, MO (NIMU)

Note taker: Dr Mang Cin Tial, MO (NIMU), Dr Kyaw Min Htet, MO (NIMU)

Rapporteur: Dr. May Phyu Lin, Dr. Aye Mya Chan Thar

2. (B groups)– Access to primary health care services (ELEMENTS ++)

(1) Area Coverage

- Mapping of geographical access (regular, outreach, H2R)
- Field Visit (? minimum standard per week/ per month)
- Strengths and Challenges

(2) Population Coverage

- Urban and Peri-urban (UHC, MCH) , Rural (SHU, RHC, Sub RHC)-
- HR and capacity- MO, investigation facilities
- *Clinic-based services* – HR, time, opening hours, quality of basic services, expanded services, patients' satisfaction
- *Field-based services* (including mobile services) frequency, regularity, medicines, equipment, HR, time etc.
- *Institution-based services*- School, Monastery, Workplace,

(3) Special focus on hard-to-reach population groups

- Mapping of H2R groups in each health center
- Information on mobile population in each health center
- Collaboration with stakeholders (community leaders, Local authorities, NGOs, CBOs)

(4) Service Delivery

- Review existing primary health care services (list),
- Nature of services at SRHC, RHC, Station Hospital, Township, UHC – ? Promotive and Preventive/? Curative / ? Rehabilitative/ ?palliative

(5) Motivation of health care providers

- Delegation of authority- for ownership sense, Responsibility and Authority
- Continuous Professional Development,
- Career development,
- Staff welfare,

- Social Support – ? Hospitalization, ? Workplace hazards
- Regular system of recognition to BHS Professionals and supervisors at tsp and districts(including Staff welfare, social support)
- Success stories and gaps, Opinions on recognition

Facilitating Team

Group in–charge: Dr. Thandar Lwin, DyDG

Lead Facilitator: Dr. Phyu Phyu Aye

Facilitator: Dr. Mya Lay Nwe, DD (NCD)
Dr. Chan Nyein Maung, DyD (Mandalay)
Dr. Myo Su Kyi, DD (Naypyitaw)
Dr. Hlaing Hlaing Htay, AD (Naypyitaw), Dr. Zun Mar, AD (BHS)
Dr. Ae Mon Tun, AD (SH), U Thet Htwe, UoCH

Rapporteur: Dr. Lwin Lwin Aye, Dr. Aye Nyein Moe Myint

3. **(C groups)– Community engagement (linkage with CBHW & health literacy promotion)**

Group discussion outlines–

– How do you understand on community engagement and health literacy promotion?
– How many health literacy promotion activities in a month done in your area?
– Please give your opinion on the health literacy status of people residing in your area?
– How do you think about current health literacy promoting activities?
– What needs to be done to get more community engagement and get higher health literacy level?
– What is the enabling environment for the people to change their behavior in your community?

Facilitating Team

Group in–charge: Dr. Myint Myint Than, DyDG

Lead Facilitator: Dr. Than Naing Soe

Facilitator:

Rapporteur:

I. CEW Group works (Morning session)

1. Infrastructure (2 groups)

Lead Facilitators: Dr. Kyaw Zay Ya, Dr. Myo Thant Khaing

Facilitators: Daw Thuzar Khaing, U Kyaw Naing

Group work guideline for Infrastructure

(၁) ပြည်သူ့ကျန်းမာရေးဦးစီးဌာနအောက်ရှိ ကျေးလက်ကျန်းမာရေးဌာန/ဌာနခွဲများ အပါအဝင် ကျန်းမာရေးဌာန အဆောက်အဦများအား ဌာနဆိုင်ရာ မြေယာပိုင်ဆိုင်မှု လျှောက်ထားရာတွင် လိုက်နာဆောင်ရွက်ရမည့် အချက်အလက်များ၊ တွေ့ကြုံရသော အခက်အခဲများ။

(၂) ပြည်သူ့ကျန်းမာရေးဦးစီးဌာနအောက်ရှိ ကျေးလက်ကျန်းမာရေးဌာန/ဌာနခွဲများ အပါအဝင် ကျန်းမာရေးဌာန အဆောက်အဦများအား ငွေလုံးငွေရင်းရန်ပုံငွေဖြင့် အဆောက်အဦအသစ် လျာထားရာတွင် ဆောင်ရွက်ရမည့် လုပ်ငန်းစဉ်များ။

(၃) ပြည်သူ့ကျန်းမာရေးဦးစီးဌာနအောက်ရှိ ကျေးလက်ကျန်းမာရေးဌာန/ဌာနခွဲများ အပါအဝင် ကျန်းမာရေးဌာန အဆောက်အဦများအား ပြုပြင်ထိန်းသိမ်းစရိတ် ရန်ပုံငွေဖြင့် လုပ်ငန်းများ တင်ပြ ဆောင်ရွက်ရာတွင် လိုက်နာရမည့် ပြုပြင်ထိန်းသိမ်းခြင်းလုပ်ငန်းဆိုင်ရာ အချက်အလက်များ။

(၄) ပြည်သူ့ကျန်းမာရေးဦးစီးဌာနအောက်ရှိ ကျေးလက်ကျန်းမာရေးဌာန/ဌာနခွဲများ အပါအဝင် ကျန်းမာရေးဌာန အဆောက်အဦများအား ထိန်းသိမ်းစောင့်ရှောက်ခြင်းလုပ်ငန်းတွင် ဆောင်ရွက်ရမည့် လမ်းညွှန်ချက်များနှင့် စီမံကွပ်ကဲခြင်းလုပ်ငန်းရပ်များ။

(၅) World Bank ၏ ထပ်တိုးရန်ပုံငွေဖြင့် ဆောင်ရွက်ရာတွင် ထည့်သွင်းစဉ်းစားရမည့် အချက်အလက်များနှင့် ဦးစားပေးလျာထား ရွေးချယ်ခြင်း (Prioritization by Desk Review)

2. Service delivery (including HR, Information system) (2 groups)
    - Service Delivery–
        - Basic requirements of good service delivery
        - Systems need to be strengthened for sustainable service delivery
            - Infrastructure
            - Human resource
            - Drugs and medical equipment
            - Budget
            - Supporting systems

- HRH & HMIS: Current situation Vs. Future Expectation– How to fill the gaps

Lead Facilitator: Dr. Thant Sin Htoo
Facilitators: Dr. Lwin Lwin Aung, DD (HMIS)
Dr. Yan Naung Than, DD (Admin)
MOs from NIMU

II. Panel discussion on Medicines & Supplies (procurement & supply chain system)

1. PULL System

1.1 Availability of Basic Medicine by health facility (+ Program specific drug)

1.2 Inventory Management

2 Information System

3 Transport

1. PULL System

1.1 Availability of Basic Medicine by health facility (+ Program specific drug)

- There are 162 items of medicine and medical supplies defined for RHC and sRHC as workshop output.

1) We want to define (50 – 100) items which should not be stock out and how to supply without stock out.
2) Division of Supply of these (50 – 100)items
   i) first 50% by State and Region
   ii) 2nd 50% by Central Level (as central procurement is huge quantity, we need to take time for production and delivery time)
   iii) Program specific drugs like antiTB, antimalarial, antiHIV, ARV, RH drugs will be 100% supplied by Program/Central
3) For Bulky Items like, Drip, Cotton, Gauze, Syringes, Spirit, are these items should be local purchased by township with limited price ceiling or price range and FDA Registration.
4) Tender Contract

- Start from the Tender Notice, items will be procured +/– 20% of the tendered quantity and delivery within 1 month on request.

(Tender Success Company has to store certain amount of tender success product in their store)

5) Standard Treatment Guidelines for Basic Health Staff (2013)
    - Need to update the STG and
    - Need to issue standing order for giving treatment course of long term treatment drugs/Multivitamins to patient not more than 1 week or 2 weeks

1.2 Inventory Management

1) Stock Level

(min level and Max level according to monthly consumption)

		Minimum	Maximum	Expiry date for reallocation
RHC and sRHC	–	2 months	3 months	
Township	–	3 months	6 months	within 6 months
State and Region	–	3 months	6 months	within 6 months
Central	–	3 months		within 9 months

- Stock level below minimum level has to make emergency order to upper level, S/R and Central level has to deal with tender success company if necessary.
- Medicines and medical supplies with defined expiry drugs should not be present in Main store of township, State and Region.

2) Records

(a) Stock Book at main store level

(b) Daily consumption book at SOP and no separate stock book

(c) Facility Stock Report (FSR)

(d) Inventory Card

Who will print **Formatted Records**?

(a) State and region

(b) Central

2 **Information System**

eLMIS

Medical Store: If there is no assigned computerized system, all store data must be kept with Microsoft access Database (no fees) up to township level.

Indenting System – using lmis.mohs website (naypyitaw)

– paper based

Reporting system – using lmis.mohs website (naypyitaw)

– M supply in project township

3 **Transport**

b) Central to State/ Region ---by private company by tender process
c) S/R to Township --- by local transport using gov: budget
d) Township to HF --- monthly based supply

– not too much quantity

– claim to township or defined transport charges monthly or private local company

Facilitators: Dr. Swe Zin Win, Dr. Kyaw Soe Min

III. CEW Group works (Afternoon session)

1. **Effective Partners coordination for PHC** (2 groups)
   Facilitator: Dr. Than Naing Soe

2. **Integrated Training/meeting programs and principle** (2 groups)
   Facilitator: Dr. Zaw Min Tun

IV. Panel discussion on Budget allocation and effective utilization

Facilitators: Dr. Ye Min Htwe & Directors (Finance)

Discussion Points for Group (C)
Quality and limitation for capacity development

Selected areas to discuss;

1. **Professional development**
2. **Logistics management**
3. **Human resource management**
4. **Data management**
5. **IT literacy and e-governance transformation**

Prioritized areas for quality improvement in capacity development of BHS	Limitations for quality improvement in capacity development of BHS	Ways to solve the limitations	Levels (Central/Region/ State/Township) of responsibility	Targeted Timelines
1.				
2.				
3.				
4.				
5.				

Discussion Points for
Integrated Training/meeting programs and principle

1. Ways to Integrate Training/meeting programs
2. Proposed integrated areas (e.g., EPI, MRH, CH, Nutrition, CEU, Disaster, HMIS, etc.) for future training/meeting)
3. Length of the training/meeting
4. Proposed principles/guidelines for future training/meeting
5. Use of teaching/learning materials in training