ESSENTIAL MATERNAL, NEONATAL, AND CHILD HEALTH (MNCH) SERVICES FOR HARD-TO-REACH POPULATIONS

"STRENGTHENING THE HEALTH SYSTEM AND BUILDING COMMUNITY-BASED CAPACITIES FOR SUSTAINABLE CHANGE"

The Ayeyarwady delta is remote. Transport is available only by boat through intricate channels in the mangrove forest. Communities are poor, vulnerable to natural disaster, and often live cut-off from the modern world of electricity and telephones.

This geography presents numerous challenges to the delivery of health services. Transportation by boat is expensive and slow, and as a result people present late at health clinics with conditions having already deteriorated, leading to excess mortality.

Many people in the delta depart to pursue livelihoods in other parts of Myanmar, or go to Thailand in search of work. The delta is Myanmar’s largest rice producer, attracting large numbers of seasonal migrants and is also home to a population of itinerant boat families who ply the rivers on small watercraft, eking out a living.

The International Organization for Migration (IOM) has partnered with the Department of Health (DOH) and communities in the delta since the immediate aftermath of Cyclone Nargis in 2008.

During the emergency response IOM ran mobile clinics, rehabilitated health system infrastructure, evacuated patients, and implemented psychosocial programmes. IOM has participated actively with other partners in the health cluster coordination, which continues to the present day.

Funded through the Three Millennium Development Goal Fund (3MDG) and in support of Myanmar’s rational strategies for reproductive and child health, IOM’s activities strengthen the health system and community-based systems for the promotion and delivery of quality maternal, newborn and child health care.

2013 Achievements

MNCH supported in 662 villages in Mawlamyinegyun Township and in 589 villages in Bogale Township

689,875 total estimated population covered across two townships

61 Township Health Department and IOM joint supervision visits to Rural Health Centres and Volunteer Health Workers

16 capacity building trainings for Basic Health Staff

60 new Auxiliary Midwives and 80 new Community Health Workers trained

1,678 referrals for emergency obstetric care and 306 referrals for emergency child care

45% decrease in maternal deaths (33 in 2012; 18 in 2013)

32% decrease in under-five deaths (368 in 2012; 249 in 2013)
Facilitating improved coordination

IOM is supporting government counterparts by assisting in township and village-level coordination, in order ensure more effective coverage of services. This includes helping the DOH to convene coordination meetings at township level with local authorities, other government agencies and INGO and NGO partners, as well as supporting basic health staff to convene monthly coordination meetings at rural health centre level.

Additionally, 3MDG partners across townships in the Ayeyarwady region and beyond are coordinating by sharing experiences and lessons learned.

Capacity building

Investment is being made at the village tract and village levels, in terms of both capacitating service providers and revitalizing and capacitating village health committees.

3MDG is strengthening the volunteer health worker cohort at community level by supporting the recruitment and training of new community health workers and auxiliary midwives. This collective work is increasing the demand for skilled childbirth, uptake of antenatal care, immunization coverage, and the proportion of infants being exclusively breastfed. Midwives are receiving additional training for skilled birth attendance.

Township health staff and IOM jointly undertake regular supervision visits to rural and sub-rural health centres to monitor and support the provision of healthcare and coordination functions.

Health management information systems are being supported through a combination of strengthening the routine capture of surveillance data as well as assisting townships in compilation and analysis.

Health facilities at the township and village level are being upgraded with the necessary equipment and facilities for ensuring that trained staff are provided the means of undertaking their duties while creating a positive environment for clientele.

Intensified early-infant care

While maternal mortality is on the decrease, infant mortality is still at unacceptably high levels. The main reason seen by IOM in the field is that parents and care givers wait until it is too late before making the boat journey to health facilities.

Per national strategies, preventable death can be averted by intervening with parents on specific days during the first days, weeks, and months of life. Parents are given instruction on issues such as hygiene, initiating and maintaining exclusive breastfeeding, and recognizing danger signs.

Reaching migrants settings

Building upon lessons learned in south-east Myanmar, IOM is initiating a set of activities intended to sustainably bring mobile populations (eg. boat families) and seasonal migrants in worksites such as paddyfields into regular contact with basic health staff and volunteers.

This begins through dialogue with community leaders, health service providers, and employers. As worksites are not recognized villages, this consultation is crucial for locating the most vulnerable hidden populations, and for identifying effective intervention strategies. GPS coordinates are plotted and an assessment is made of demographics, migration patterns, health needs, and service access. This data is then compiled and utilized for planning the provision of essential services such as immunizations. In partnership with academic institutions, surveys will be carried out to assess health needs and to develop client-friendly services for boat families due to their highly mobile nature.

In addition to maternal, neonatal and child health, IOM and government counterparts have identified additional urgent health-related issues requiring attention in the targeted townships, including HIV and AIDS and trafficking in persons.

Main activities:

- Facilitate trainings for basic health staff and volunteer health workers
- Undertake joint supportive supervision visits to ensure quality health care
- Support township health departments for planning and coordination
- Revitalize village tract health committees and village health committees
- Establish step-wise referral mechanisms for severe and complicated cases
- Procure supplies and equipment for services at rural and sub-rural health centres
- Strengthen the Health Management Information System (HMIS)

Pregnancy is often the first time a woman decides to access health care, and therefore a good opportunity for the health system to reach out to her.

The increase in numbers of emergency referrals and the decrease of maternal deaths shows the importance of early and effective intervention in remote areas.

Community mobilization and step-by-step referral is taking place by recruiting, training, and supporting community health volunteers at village level who interact with auxiliary midwives and midwives.
"We are strengthening the system and we are doing it together. Our main success is in service delivery, and it is giving motivation to our staff."  
Dr. Aye Aung, Medical Superintendent, Mawlamyinegyun

"IOM staff are giving technical and financial support to our village health committee. We are learning. It is like watering a flower. It is encouraging to see it growing and the wish is to preserve its life." U Than Aye, Village Health Committee Chairman, Pu Tye Yoe, Mawlamyinegyun

"I joined the training in October 2013, spending three months learning the theory in Bogale and three months doing practical training at Ka Don Ka Ni Hospital."  
Ma Khine Wai Lwin, a recently trained auxiliary midwife

"I have the chance to take part in the rural health centre monthly meeting. We are able to discuss about the challenges of referral cases and about good practices, such as nutrition in pregnancy and exclusive breastfeeding."  
Ma San Thida, auxiliary midwife, Myin Ka Kone village

"Basic and refresher training of community health workers and auxiliary midwives is expanding access to a better health service for the most vulnerable mothers and babies in hard-to-reach villages. Investment in front line health workers is a priority."  
Dr. Lin Yadana Ko, IOM Mawlamyinegyun

"Improving the availability and quality of health data enables more targeted health intervention, especially for the migrant population. Our monitoring and evaluation team is supporting the township health staff to improve analysis and use of data."  
Dr. Thida Htun, Senior Programme Associate, IOM Myanmar

"The priority for 3MDG Fund, IOM and their partners is to ensure that mothers and children from the hardest to reach populations have access to immunizations, antenatal and postnatal care and health education."  
Dr. Aye Thida, National Health Coordinator, IOM Myanmar

"The referral system we use for at-risk deliveries is one of the key ways to avoid preventable deaths, and IOM with 3MDG are supporting it."  
Dr. Zaw Lin Htet, Station Medical Officer, Ka Don Ka Ni Station Hospital
At 41, Daw Mar Mar Htay gave birth to her first child. In the early stages of her pregnancy, she was referred to Ka Don Ka Ni Station Hospital by a young volunteer in her village. “I was told I could get good healthcare here at the hospital, so I decided to come for my first visit seven months ago and came back three more times. Everything went well.”

The staff at the hospital are excited and pleased with the outcome. “But what if she hadn’t been referred to the hospital?” Station Medical Officer Dr. Zaw Lin Htet wonders. “What if she hadn’t been advised by the volunteer worker in her village that her delivery could have been difficult due to her age and an out of term pregnancy? What if by staying at a village that is 90 minutes away, and with only the traditional birth attendant able to help, she had encountered serious complications?”

Through the 3MDG Fund, IOM and the DOH are partnering to facilitate a series of basic and refresher trainings to expand access to a better health service to the most vulnerable mothers and babies in hard-to-reach villages. Twelve new Auxiliary Midwives recently attended training at Ka Don Ka Ni Station Hospital, comprising 33 days of theory and 33 days of practice. “We try to teach the volunteers how to support pregnant women; they know that most maternal and child deaths are preventable. This fact is their biggest motivation. They are not midwives, they are not doctors, but skilled volunteers. Their daily dedication can save people's lives,” says Dr. Zaw Lin Htet.

“The number of referrals is increasing, more women are seeking skilled health staff to assist them. Following the refresher training for the Auxiliary Midwives, more and more women come for delivery at the hospital as a consequence of a referral, while before they were only coming for emergencies and often it was too late,” says Dr. Zaw Lin Htet. “We are in the middle of the Ayeyarwady delta. Transportation is very complicated as it is done by boat through the thousands of small waterways. During the monsoon season pregnant women arrive exhausted by the end of their trip. It is already extremely difficult in normal conditions, can you imagine being pregnant and in pain due to some complications and needing to reach the nearest hospital which is one or two hours away by boat?”

WITH THANKS TO OUR PARTNERS:

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WE WORK CLOSELY WITH

• Village Health Committees
• Basic Health Staff
• Community Health Workers
• Township Health Authorities
• Local Authorities
• UN and INGO partners