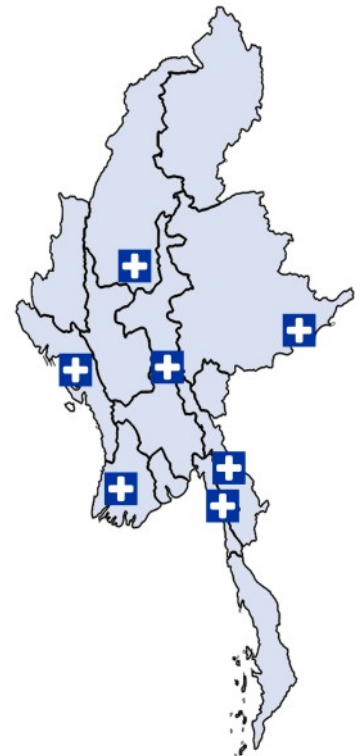




An IOM Lab Technician conducts malaria testing for a migrant worker at a rubber plantation in Mon State. © IOM 2016 / M. Muse

## AREAS OF WORK



## OVERVIEW

In Myanmar, migrants, mobility impacted communities and host communities face several challenges affecting their access to health care services. These barriers are due to poor access to information and knowledge, lack of accessibility to health care facilities, discrimination, financial, logistical, linguistic and cultural barriers and weak referral mechanisms between services in origin and destination areas.

For more than 10 years, IOM Myanmar has been working with the Ministry of Health and Sports (MOHS), State and Township Health Authorities and Communities and partners to develop and deliver extensive and comprehensive health programming with a focus on HIV, TB and malaria; maternal and child health, sexual reproductive health and rights, gender based violence (GBV); and health system strengthening, including cross border health and the migration dimension in humanitarian crises.

IOM works to strengthen state and township level planning and capacity in the delivery of migrant health through engagement of private entities and linking private-public partnerships as well as capacity building of private and public health staff. For example, IOM values partnerships with existing ethnic health organisations (EHOs), civil society organisations (CSOs) and local NGOs, women’s organisations, youth volunteers and men’s groups and communities to expand access to outreach services and conduct information sessions and prevention activities. Moreover, the Migration Health Unit has worked to strengthen referral mechanisms through migrant voucher systems and the revitalisation of Village Tract Health Committees (VTHC), provision of essential medicines and supplies, minor refurbishment of health facilities and the establishment of migrant resource centres/service centres at border areas and special economic zone areas.

IOM Myanmar also strives for the enhancement of quality data collection and reporting including health management information systems and data quality assurance and through conducting assessments of service accessibility in targeted communities.



An IOM Community Health Supervisor (CHS) delivers a health education session to migrants in Bogale Township in the Delta region. © IOM 2016 / M. Muse

### FOR MORE INFORMATION CONTACT

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An IOM malaria volunteer conducts RDT testing at a rubber plantation in Mon State. © IOM 2016 / M. Muse

## HIV, TB & MALARIA

IOM provides HIV services including outreach activities targeting key affected populations, diagnoses new TB cases and oversees 100 active outreach health workers providing community based HIV and TB services in Mon and Kayin States. IOM also oversees 200 volunteers for malaria community case management (CCM), providing malaria tests and treatment in Mon State and the Sagaing Region with funding from The Global Fund. IOM is also implementing an ADB-funded HIV project in collaboration with the National AIDS Program to improve capacity to deliver HIV services and increased access to outreach services in five townships in Mon, Kayin, and Shan States.

## HEALTH ASSESSMENTS

IOM implements the UKTB and Australian Family Reunification Programme in Myanmar on behalf of the UK and Australian governments. IOM provides tuberculosis screening for applicants for UK visas and medical screening for all Myanmar resident applicants for UK and Australia visas. IOM is the only authorised organisation to provide this service in Myanmar and operates an independent Health Assessment Clinic located within the Pun Hlaing Hospital in Yangon.

## MIGRATION HEALTH POLICY, RESEARCH & TECHNICAL SUPPORT

With the support of IOM Development Fund, IOM works closely with the Ministry of Health and Sports (MOHS) in Myanmar to strengthen migration health management through research, policy and technical advice and to assist Myanmar in efforts to implement the World Health Assembly Resolution 61.17 on the health of migrants. IOM supports MOHS to develop migrant health policies and systems with a migration lens and to bring together multi-sectorial stakeholders to coordinate and mainstream migration health initiatives.

## MATERNAL AND CHILD HEALTH

IOM takes a collaborative approach with township health departments to increase access to maternal, newborn and child health services among poor and hard-to-reach populations. IOM supports integrated programming that facilitates emergency obstetric and child referrals, the training for voluntary health workers, nutrition, and TB and malaria prevention which has led to year-on-year reductions in maternal and child mortality. IOM also conducts operational research to provide evidence-based inputs for policy makers that could promote better understanding of interventions and possible mechanisms to enhance health care utilisation among migrant mothers and children.



Midwife, Daw Aye Aye Mon supporting the referral process of Kyu Kyu Win and his 2-month-old son in Myint Ka Kone village in Mawlamyinegyun. © IOM 2013 / Valeria Turrisi

## HEALTH IN RAKHINE

In Rakhine State, IOM works with township and state health departments to address barriers in the accessibility, availability and quality of health services for all communities. By addressing both the barriers to accessing health care including identification of cases needing referral, cost of transport and treatment, and knowledge of community and health workers; as well as addressing barriers in providing health care such as technical capacity, equipment and supplies, and ability access health facilities, IOM assists MOHS to improve standards for all populations within project townships in Rakhine State.

## SEXUAL & REPRODUCTIVE HEALTH SERVICES

IOM works to increase the access of women and girls to comprehensive, rights-based sexual and reproductive health (SRH) services. This includes strengthening government capacity in the provision of quality SRH and GBV services; increasing knowledge of GBV concepts, understanding of referral pathways amongst service providers, community based organisations, NGOs and duty bearers; bridging service delivery gaps in hard-to-reach areas of target townships; and increasing community awareness and engagement in SRH and GBV issues.