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## Services for the Target Population Group

### Maternal and Child Health

Mothers and children constitute over 60 percent of the total population in the country and are accorded special priority by the health care system. Maternal and child health care services are provided both in urban and rural settings and it is also a crucial component of National Health Plan. In order to reduce the country's burden of maternal and perinatal morbidity and mortality, essential reproductive health care including maternal and child health care, essential obstetric care, prevention and management of post-abortion complication, management of Reproductive Tract Infections/ Sexually Transmitted Infections (RTIs/STIs) and adolescent reproductive health has been implemented as one of the activities of the National Health Plan. Promotion of community awareness on the knowledge about pregnancy and childbirth, danger signs, role of family and community in preparation and transportation in case of emergency was the major gainful achievement to the safe motherhood activity at community level. Despite these advances, the progress has been uneven in some areas and there are much more rooms to be improved in reduction of maternal and neonatal morbidity and mortality. In response to this challenge, at country level, national plan of actions and strategic plans were set out, together with national as well as the global partners. Continuum of quality care for maternal and newborn health has then been focused as a priority in preventing maternal and newborn deaths and morbidities.

Based upon the survey findings, the Maternal Mortality Ratio was 1.78 in urban and 2.81 in rural per 1,000 live births (*National Mortality Survey, CSO-1999*). Proportion of births attended by skilled health personnel as reported by HMIS are 40.1% in 2001 and 63.59% in 2006. As of 2007, 18,098 midwives and 29,691 AMWs are providing maternal care throughout the nation. At present, the ratio of midwifery skilled providers (including AMWs) to village is 1 : 2 while the national target is at least one midwifery skilled person to every village. Deployment of health manpower has been focused especially to rural and remote areas.

#### Efforts to improve maternal, child and newborn health

The main strength of the current activities is based primarily upon expansion of the skilled birth attendants by building the capacity of AMW in their midwifery skills while attempting to recruit more midwives in the health system. For provision of skilled care at every childbirth including postpartum and neonatal care, the Ministry of Health has been striving for provision of a continuum of care starting from the pregnant mother and her family, followed by the first level of health care at health post at which it involves



the provision of good-quality midwifery care. Emphasis is on improving obstetric practices and reducing the occurrence of harmful traditional practices, while acknowledging that other traditional practices may have their place in a society. Promoting the adoption of safe practices such as clean hands, a clean delivery area and clean instruments for cutting the umbilical cord, is one way of eliminating harmful traditional practices. The activities to ensure quality care at every child birth covering post-partum and neonatal care include: development of national standardized guidelines for accreditation of midwifery skilled personnel, refresher training and standardized protocol of AMWs on pregnancy, childbirth, postnatal and newborn care (PCPNC) for the accreditation of their midwifery skill, procurement and distribution of training equipment and materials for Essential Obstetrics and Newborn Care by AMWs, recruitment of new AMWs to expand manpower force for providing skilled care at birth, and expansion and monitoring of the utilization of home-based maternal records as well as the referral system for EOC and newborn care.

There is an urgent need to update the curriculum for training of midwives, auxiliary midwives, and traditional birth attendants to develop competency in the provision of routine maternity care, as well as the recognition of complications and need for referral. Appropriate decision-making by primary maternal health care providers is the foundation of essential and comprehensive obstetrical care. This curriculum will be used in a coordinated effort to train and periodically retrain basic health staff. Training of township-level trainers will be given the highest priority in implementation of this training. The development of a competency-based curriculum will serve to set a national standard for high quality maternal health care. Ensuring that this standard is met throughout the maternal health delivery system in Myanmar requires diligent efforts in regard to management and supervision. In line with the revised maternal health care curriculum, a set of technical guidelines are to be prepared which describe this standard of care. These guidelines are periodically updated as new scientific data become available. These technical guidelines are used by supervisory and management personnel throughout the health delivery system to guarantee an appropriate level of quality in maternal health services.

Some of the maternal morbidities and mortalities appear to be due to delayed referral from primary maternal health providers. A critical element of the maternal health training curriculum will focus on prompt identification of conditions requiring immediate referral to a medical facility. A clear set of referral guidelines adapted to the local transport, resource, and facility setting will be clearly articulated by township-level supervisors.

**Promotion of Community Awareness on  
Safe Motherhood**



## Future Plan and Five Year Strategic Plans for Reproductive Health and Child Health Development

Myanmar has decided to achieve the MDGs in the area of maternal, newborn and child health and plan and implement the strategies and interventions to reduce the U5MR to 38.5/1000 LB in 2015. Therefore "Five-year Strategic Plan for Reproductive Health" (2004-2008) and "Five-year Strategic Plan for Child Health Development" (2005-2009) were developed by the Department of Health, Ministry of Health, with inputs from key stakeholders. It is in response to the felt need to have a comprehensive document that embodies the national aspirations on reproductive health and child health development in the country, and the way to achieve it. It is a road map for maternal, newborn and child health as well as for other essential components of reproductive health and adolescent health strategic plan (under development), as well as to the existing disease specific strategic plans in the country. The strategic plans have the common programme approaches namely:

- 1) Improving skills of health care providers
- 2) Strengthening the health system to deliver child health services
- 3) Improving family and community practices
- 4) Improving the enabling environment
- 5) Improving the evidence base for decision making

Although improvements on the health status of mothers and children were noted, much more need to be done to sustain the gains and to contribute to the achievement of Millennium Development Goals by 2015. Under the leadership of the Department of Health, the development of this plan takes into account the National Health Policy, National Population Policy, National Health Plan, Health Development Plan, and Myanmar Vision 2030. It considers the disease burdens of mothers, newborn and children in the country and the available evidence-based interventions. General objective is to improve quality of health care in order to reduce morbidity and mortality of mothers, neonates, infant and children under five, and to achieve normal growth and development of children in Myanmar.



## Women and Child Health Development Project (WCHD)

Women and Child Health Development Project of The Department of Health is the one of the project implementing maternal, newborn, adolescent and child health care. It has been implemented since 2001 with the goal of achieving Millennium Development Goals and the following objective, in general to provide quality health care services for women, children and adolescent in order to reduce under-five mortality rate and maternal mortality rate and to promote health development of the women, children and adolescent. Specifically the project aims to reduce the under-five mortality rate to achieve Millennium Development Goal, to reduce the maternal mortality to achieve Millennium Development Goal and to ensure quality health services for children, adolescent and women. WCHD project has been implemented 125 townships in all States and Divisions from 2001 to at the end of 2007.

WCHD strategies aims at ensuring quality health services are accessible and affordable for women, children and adolescent. It contains 4 components: namely, women health development, child health development, adolescent health development and newborn health development.

Available strategies are incorporated into the new programme: Integrated Management of Childhood Illness (IMCI) for Child Health, Integrated Management of Pregnancy and Childbirth (IMPAC) for Women Health and Life Skills Education for Health (LSEH) for adolescent health.

Coordination between departments, national/international agencies and organizations involved in health of women, children and adolescent has been initiated. WCHD in 12 new townships per year from 2006 to 2010 has been carried out. IMMCI activities are to be reinforced in areas where WCHD activities are yet to be implemented.



**Community-based Health Activities Training**

## Gender and Women's Health

In Myanmar, the issue of gender equity and equality is still new and little research exists on the real situation of women and men in communities. Gender analysis is needed to determine how these differences impact exposure to risk, access to benefits, information, resources, and healthcare.

A research was done during 2004-2006 to assess the role of gender in the rural communities and urban and periurban communities as well as to assess the knowledge, attitude and practice on gender issues of basic health staff. It was found that there was no marked gender discrimination among poor people in rural areas of Myanmar and the situation is similar in periurban communities. This practice of sharing the responsibilities between husbands and wives is very prominent in rural poor as both of them have to work hard to feed the whole family. The study on KAP of BHS could identify rich background information for use in preparing training modules for basic health workers on gender and health.



Training modules were prepared and training were given to basic health staff on concepts and related practices within the health-related framework of gender and equity. At present gender issue was being sensitized to nearly 1400 BHS from 27 townships and out of these, specific gender and health training was given to 500 BHS from 10 townships. Later it will expand to more townships all over the country.

As regards gender mainstreaming issue, modules were also developed for sensitization on gender and health at the health manager level emphasizing on specific diseases using gender analysis tools and gender mainstreaming tools. All these activities will lead to development of strategies for integrating gender equity into programmes, policy, and capacity building in the health sector in future.

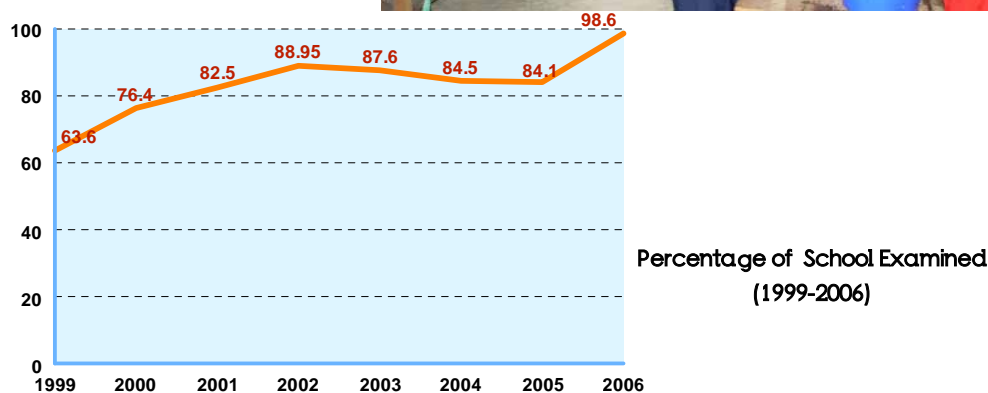
## School and Adolescent Health

Myanmar students in basic education schools were estimated to be 7.8 millions according to the report in 2006 of Department of Education Planning and Training. Adolescents (10-24) years of age constitutes approximately 30 percent of total population of Myanmar. The School Health Programme was included in Community Health Care Programme in National Health Plan since 1999. According to the needs and demand due to socio-cultural changes, the Five year Strategic Plan for Adolescent Health and Development was formulated and put into action in conformity with the National Health Plan.

As School Health Programme aims to improve the health of entire students, the programme is in keeping along the track of Health Promoting School up to the community level. The Education sector plays the ownership role and the Health sector is mainly providing the technical support for implementation of the (9) components of Health Promoting Schools: Comprehensive School Health Education, Healthy School Environment, Nutrition Promotion and Food Safety, Prevention of Diseases, School Health Services, Sports and Physical Activities, School to Community Outreach, Counselling and Social Support, Training and Research. This ongoing process was found to have some progress from year to year.

A very significant activity for school health programme of Myanmar, Global School Based Student Health Survey, was conducted along with School Health Week (2007) among 2806 students in 8<sup>th</sup> Grade to 11<sup>th</sup> Grade in selected 50 schools. The survey aimed to assess the adoption of healthy life style among students. The findings of survey results are to be disseminated pending analysis.

Professor Dr. Kyaw Myint,  
Minister for Health,  
Inspecting the Demonstration on  
Impregnation of Curtains in  
Basic Education High School No. 5,  
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## Adolescent Health

The Ministry of Health is committed to promoting and maintaining the health status of adolescents through Adolescent Health Project in collaboration with related sectors. Improving access of adolescents to information and skills, Improving the physical and social environment of adolescents and improving adolescents' access to and use of services are set as main strategies. National Workshop for early implementation of five year strategic plan for adolescent health and development was organized in 2007 with various related sectors and inputs were obtained through discussions mainly addressed to the problems of adolescent health.



**Central Coordinating Meeting for Early Implementation of Five Year Strategic Plan for Adolescent Health and Development in August 2007, Royal Kumudra Hotel, Nay Pyi Taw**

## Promoting Healthy Ageing

Increasing number of ageing population is one of the emerging issues in the developing countries including Myanmar. To overcome the effect of growing elderly population on health aspect, health care of the elderly project was implemented since 1992-93 in six townships and expanded to 72 townships. Based on the concept of active ageing, the project mainly focused on preventive and promotive aspect.

Doctors and Nurses from the Township hospitals as well as Basic Health Staff were trained for basic elderly health care and were also trained for case management of elderly patients. Local NGOs and volunteers (Community Health Workers and Auxiliary Midwives) were also trained to be aware of and understand the issue of elderly care and the importance of their participation in this activity.

Basic Health staff at the Rural Health Center are trained to be able to detect minor as well as some major illnesses of the elderly. They are encouraged to take care of minor illness and refer the seriously ill to the nearest Township Hospital. They are also trained to understand the underlying causes of the illnesses and factors influencing social, mental and health problems that the aged are facing.

Health education/ counseling, an essential component of the elderly health care, is also included in the training with special emphasis on communication skill for educating the elderly people as well as their care givers.

Elderly Day is usually held all over the country on the 1st of October and on that day elderly are provided with gifts and medical care, eye care and oral care by health personnel and assisted by the local NGOs.

