

# Terre des hommes Lausanne (Tdh-L)

Maternal, Newborn and Child Health Project

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26 September, 2016



Terre des hommes

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## Terre des hommes – Lausanne(Tdh-L)

Active for 60 years, **Terre des hommes, Lausanne** is the biggest Swiss organisation dealing with child relief.

Active in more than 30 countries in **Child Protection and Maternal, Newborn and Child Health Care**

Signed MOU with DSW in 2012,Dec. Tdh provide **social and economic reintegration for vulnerable children** to stay with their families and communities instead of staying in government institutions/training schools.

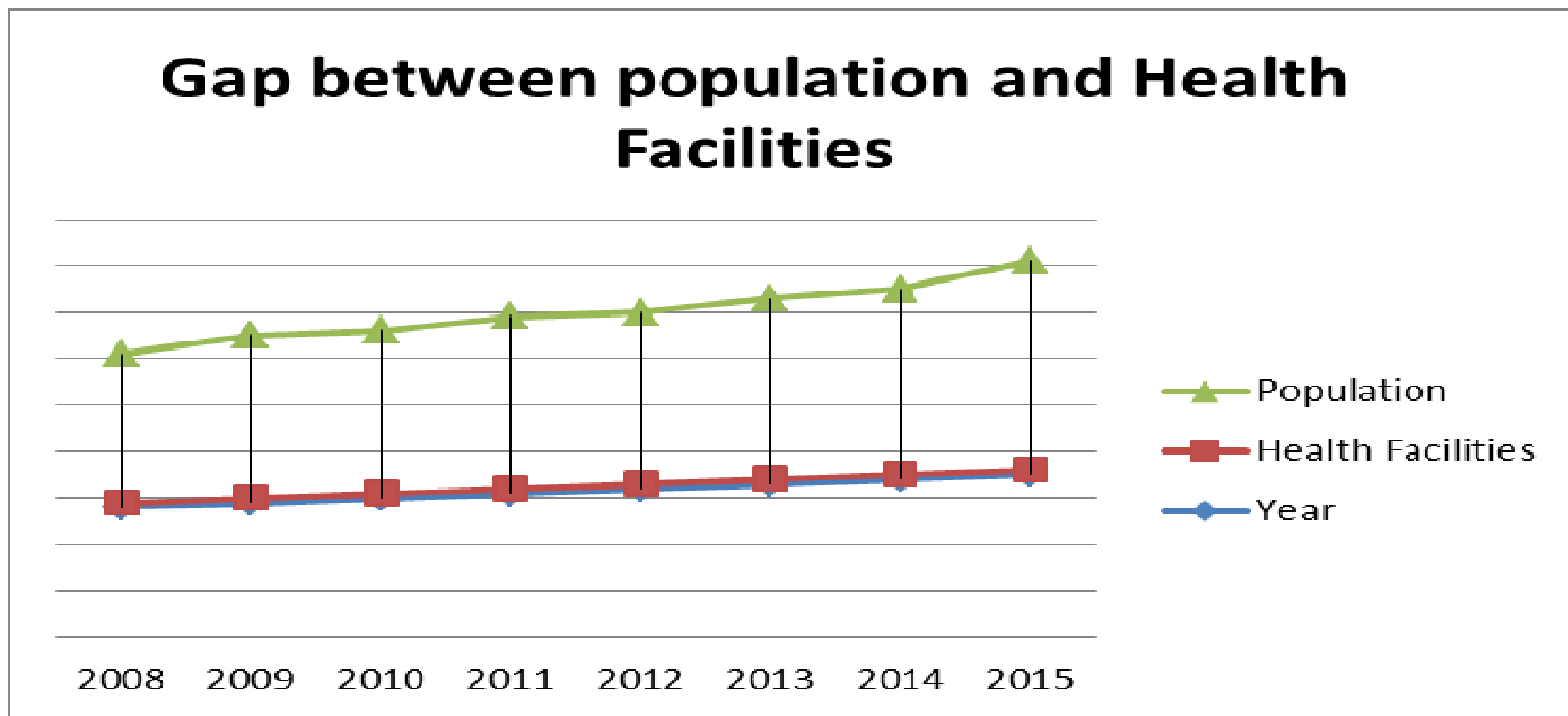
Signed an **MOU with MOH** in 30 July, 2015

# Maternal, Newborn Child Health and Nutritional Status in Hlaing Thayar Township



- Known for dense and diverse population
- Great mobility and underutilization of basic services
- Peri-urban poor live in difficult environmental conditions placing them higher risk of morbidity and mortality
- Area: 26.5 Sq Mile, 20 Wards

MOH statistics state population is around 515,570



Census states 730,000 Population (10% of Yangon Population)

## Assess the MNCH situation in Hlaing Tharyar township



Multi Stage Cluster Survey (851 Households)

< 2 years' mother – 258

< 5 year's mother - 310

Children sample size -128

9 FGD's and 12 KII's  
(72 participants)

*migrant women and men, village leaders, health staff in the public and private sectors*

1. Socio Economic status
2. Food Security
3. Access and Barriers to MNCH
4. KAP
5. Nutritional Status and IYCF,
6. Access to WASH

# Quantitative Findings

## Social Economic Status

- ❖ Average HH had 4 members and lived in wooden house.
- ❖ 45% under poverty (cut off of USD 1.5 per day)
- ❖ Despite employment, saving capacity remained low and unexpected spending were challenging (extremely low coping mechanisms – 65% borrowing from money lenders)
- ❖ Most income spent on food (98%)
- ❖ Large segments of population faced highly food insecurity

# Quantitative Findings

## Reproductive Health Care

- ❖ Mothers received ANC with 61%,
- ❖ Newborn Care for children was poor - only 14%,
- ❖ 16 % 4 Post Natal Care visits by trained health care worker
- ❖ Institutional deliveries took place in less than half of births, 45%.





## Nutrition and Child Health Care

- ❖ Poor Infant and Young Child Feeding practice
- ❖ Exclusive Breast Feeding rate (EBF) - 51%
- ❖ Complementary feeding Introduced too early (4 months on average)

High Prevalence of undernutrition among < 5 years

- Wasting 13.5%
- Stunting 34.6 %
- Low birth weight 12%





## WASH

### ❖ Poor WASH practices

- water treatment (24%)

- handwashing at key times

especially related to child care 24%

(before feeding the child)

# Qualitative Findings

- ❖ Key Themes Identified
  - migrant characteristics
  - accessibility and barriers to health structures
  - male involvement
  - MNCH knowledge and practice
- ❖ Accessible Health Structures but barriers were identified:
  - staff availability, opening hours, waiting,
  - high cost of delivery at health centers versus home – hidden costs,
  - difficulty for husbands to attend ANC visits.





- ❖ Male respondents were involved in MNCH related decisions
- ❖ WASH related factors came strongly as risk factors and were linked to morbidity
- ❖ Women used ANC services at health facilities but tend to deliver with TBA at home
- ❖ Respondents seek health care at private clinics and drug reseller
- ❖ Maternal occupation was one of the main causes of inappropriate IYCF practices

## Recommendation/Conclusion

- ❖ Urban poor had limited coping strategies to deal with shocks
- ❖ Households had poor access to reproductive health due to barriers like cost and maternal work
- ❖ IYCF practices were suboptimal and nutritional status of children was poor as well
- ❖ Hand washing at key times were suboptimal too
- ❖ Access to water should be investigated further with bottled water quality test
- ❖ Programmatic recommendation aimed
  - to support urban health services for poor,
  - to improve health and nutritional status of urban poor through increased utilization of public sector, demand side mechanisms in place, community interventions and strengthen capacity of township health department

Thank you !

