



Role of Voluntary Health Workers in Maternal & Child Health Care for Migrants

in Bogale and Mawlamyinegyun Townships,





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Introduction

- Myanmar had a number of health workforces< 2.28 /1,000 populations
- One of the Challenges for UHC: social exclusion factor for migrants
- Voluntary Health Workers (VHWs): key players in delivering basic health care services to the poorest and underserved communities
- VHW :Community Health Workers (CHW) and Auxiliary Mid-wife (AMW)

Objectives

- To find out the existing situation of MCH services provided by VHWs for migrants
- To describe perceptions of community and Basic Health Staff towards role of VHWs in MCH care services for migrants
- To elicit opinions and suggestions of migrants, BHS and VHWs for providing MCH care for migrants

Methodology

Study Design: Cross-sectional

Study area: 87 villages in Bogale and Mawlamyine Gyun Townships, Ayeyarwaddy Region

Sampling: villages where large numbers of migrants

Data Collection

Document review: Supervision checklist of VHWs **Face-to-face interviews:** 550 migrant mothers having under 2 years old child

Focus Group Discussions (FGDs): 15 FGDs with migrant mothers

Key Informant Interviews (KIIs): 42 KIIs with BHS, IOM staff
In Depth Interviews (IDIs): 26 IDIs with CHW and 30 IDIs
with AMWs

Data analysis: Quantitative data-descriptive analysis Qualitative data-thematic analysis

Key Findings

-66.5% have heard of AMW and 60.7% heard of CHW
-However they knew only names of AMW/CHW

- . Most migrants did not know VHWs & available health services
- . 35% and 24% sought care with AMW and CHWs respectively
- VHWs provided care to migrants if they came across
- No specific plan to find migrants and provided MCH care from IOM
- Few VHWs tried to reach migrants mothers & children through employers and with there own initiatives
- Migrants information was not recorded in routine Health Information System
- All BHS viewed VHWs as auxiliary task force
- · Some migrants did not rely on VHWs
- Challenges for VHWs: Lack of regular supply for essential medicines
- No compensation for loss of income while helping health service activities
- Unclear role and responsibilities

I am inquisitive

If I get the information, such as, a selling boat comes to our village and stay overnight for about 2 days, I go there and inquire whether they bring young children and pregnant women. "Hay! has this child got immunization? In which village you got it?" (IDI with VHW)

Seven out of ten are missing

They are daily wagers. Even pregnant woman has to do whatever she can. Men also cannot take the lead, I suppose. Large family ..struggling for earning...cost of living become running up ...then they cannot pay attention to this (health). Ante natal care, child immunization...I think 7 out of 10 would be missing... (IDI with VHW)



For Migrants' MCH

- to collect migrants' information & include in HMIS
- to raise awareness of migrants on available health services and VHWs
- to develop a strategy targeting for MCH care of migrants

For Sustainability of VHWs

- Define clear roles and responsibilities of VHWs
- Support VHWs by merit-based compensation, essential drugs, recognitions and performance-based rewards
- Provide capacity building, continuous supportive supervision and monitoring of VHWs

We are like this...during harvesting time, we work in the paddy fields..when there is time for immunization, we come back from farm. We dry rice /paddy. After 8 days, keep paddy inside the house. We are doing like that...cultivating in the farms and going again to the field..We do what Sayama Gyi ask us to do so..gathering community. We cannot sit after the cyclone Nargis.



Even though they cannot spend whole times, they help during EPI. But they have their living and some earning to take care of parents... struggling for daily living. We should also help/support them. When we ask them to do work (health activities) that would be good if we can provide their daily wages loss (KII With BHS)



Treatment seeking with VHWs (n=550)

There is a success story of AMW in Village "B". It was the day of monthly meeting where all MWs and AMWs attending. One lady came and asked AMW in the meeting: "Sayama, sayama, my sister is going to give birth soon. Please come with us". Such AMW are depended by villagers. They are conducting deliveries there.

(KII With BHS)

We cannot give even ORS in case of diarrhoea. So community do not trust us and do not come to us. If we have essential medicine for minor ailments, the community would more rely on us.

(KII With BHS)

VITAM B12

There should be a recognition or giving award to VHWs who did well. Now, we cannot even reimburse their return cost when they came along with patient for emergency referral. I'd also suggest a for them so that community would recognize them as VHW. (KII With BHS)

I tell when I see them (migrants). I sometimes sent message with someone about dates (for immunization). I do not go to the farm/forest purposively. I just tell if I come across. During EPI, I ask them to come for AN care. That's it

(IDI with VHW)

If we would note how many people coming into our village yearly and make alrecord, and We ask them to inform us where they are moving. Then we can provide health care for them, I think.

Discussion & Conclusion

- Migrant mothers and children have less access to routine MCH services
- Role of VHWs in providing MCH services for migrants is crucial
- VHWs and BHS faced challenges to provide MCH care for migrants through routine programme
- Gaps in information sharing among administrative authority, VHWs, BHS and employers regarding migrant mothers and children
- Lack of Information on migrant mothers and children in HMIS contribute to inaccessibility of MCH services
- Inadequate supports for VHWs is a weakness for reaching migrants and risk for long term sustainability

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