



Daw Nan Sint Sint Khaing visits a patient at Waing Maw hospital, Kachin State. Photo: UNFPA

Life-saving reproductive health services and gender-based violence care provided in Kachin State

In hard-to-reach areas of Kachin State like Moe Guang and Waing Maw townships communities have very limited access to basic health care, and women of reproductive age are particularly affected. To ensure that **life-saving reproductive health services** are accessible and available to both displaced and local populations in these areas, Health Cluster partners UNFPA and Myanmar Medical Association (MMA) have joined forces on a project addressing these key health needs. To date, **3,099 women and 495 men** have accessed reproductive health services, which include family planning, health education and emergency referrals through mobile health clinics and health facilities. Of this total, 857 women have received antenatal and postnatal care, and 400 Clean Delivery kits have been distributed to pregnant women.

Funded by the United Nations Central Emergency Response Fund (CERF), this project prioritizes strengthening the capacity of health staff to deliver quality reproductive health care. Training and on-the-job orientation on the **Minimum Initial Service Package** (a set of key activities needed to respond to reproductive health needs during crises and emergencies) and on the use of **Emergency Reproductive Health kits** have provided MMA health staff from Waing Maw and Moe Gaung Township Hospitals with the skills and tools to better

address the reproductive health needs of women in these communities.

Prevention and response to the consequences of sexual violence is also an essential and life-saving component of reproductive health interventions. From 25th to 27th May 2016, UNFPA held a '**Clinical Management of Rape Treatment and Gender-Based Violence Workshop**' in Myitkyina, for 30 Government Health Staff including doctors, nurses and midwives from surrounding townships, in close coordination with the Gender-Based Violence (GBV) sub-sector. Topics covered included the management of gender-based violence cases and the review of reproductive health kits, how to set-up clinics and provide support to GBV survivors, the administration of post-exposure prophylaxis (PEP) and how to treat rape survivors at clinics.

Daw Nan Sint Sint Khaing, who attended the workshop, has worked as a nurse for four years and is now at Waing Maw Township Hospital. *"During the workshop, we learned how to treat and support rape survivors. We were able to share our experiences and learn from each other. Returning to work, I feel confident to put what I have learned into practice."*

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Improving nutrition services for conflict-affected communities in Rakhine State

Ensuring adequate nutrition for the most vulnerable sectors of the population is at the basis of health service provision in emergency settings. Good nutrition and food supply can go a long way in preventing the onset of many diseases, and targeted nutrition interventions can ease the burden of acute and chronic malnutrition amongst the population.

Currently, Myanmar Health Assistant Association is the only non-governmental organisation providing **health and nutrition services for conflict-affected people** in remote areas of Kyauktaw, Mrauk U and Minbya townships, in Rakhine State. Funded through the Emergency Response Fund (ERF), the MHAA project provides mobile clinics with doctors, community nurses and community health workers, well-equipped with adequate medicine supplies and transportation vehicles. In addition to providing health and nutrition services, the

Patients' stories

"My name is Arr Mi Nar Har Thu and I live in Pauk Taw Township, Sin Tet Maw Camp. I am twenty-seven years old and I have five children. One of my children was often ill and much thinner than the others. One day, my friend told me about Myanmar Health Assistant Association: they have a clinic and provide nutrition services in our camp every Thursday. After he told me, I brought my daughter to the clinic. MHAA's staff registered and checked-up my child - they told me she was suffering from moderate acute malnutrition.

They gave me her registration card, some medicines and one pack of wheat-soya blend (WSB) supply. They explained how to prepare the WSB and provided other information on nutrition. Now, I feed my child regularly and she is getting better. I went regularly to MHAA clinic, and after nine weeks they measured her again and told me that she is now well nourished."

teams also facilitate the emergency referral process for patients and provide support for transportation fees.

MHAA has been working in humanitarian health and nutrition projects in all affected townships in Rakhine State since 2012, with funding supports from UNICEF, WFP, WHO and ERF (UNOCHA).

Through their health and nutrition interventions, they are able to reach out to underserved communities in remote areas of the state, and provide health education sessions in addition to health services. Their interventions are often life-saving for the children living in those areas.

Similarly to Arr Mi Nar Har Thu's daughter, Yarzín Arafá's 3-year-old son also received treatment at one of MHAA's mobile clinic. The staff measured his son's medium upper arm circumference and told Yarzín he was malnourished. They provided him with medicines and food supplies, and explained him how to properly feed him. *"I always followed the instructions given by MHAA staff. For five weeks, I went to MHAA camp clinic regularly. And I noticed that my child was getting remarkably fatter and healthier",* Yarzín said.

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MHAA staff visit patients in mobile clinics. Photo: MHAA

Health emergency preparedness and response: strengthening capacities and activities in Rakhine State



A child walks through the mud of his village in Rakhine State after Cyclone Komen in 2015. Photo: WHO

Reinforcing government capacities and preparedness for health emergencies and disasters was the focus of a high-level workshop held in Sittwe by the Rakhine State Health Department in May 2016. The workshop was chaired by the Social Minister of the Rakhine State Government, Dr. Chan Thar, and saw the participation of State Health Director Dr. Thaung Hlaing, key SHD officials, the Medical Superintendent of Sittwe General Hospital and acting State Director (Medical Services) Dr. Shwe Thein and other hospital officials, as well as Township Medical Officers or their representatives from all seventeen townships in Rakhine State. It was organized and facilitated by the Deputy State Health Director Dr. Aung Thurein and supported by the International Organization for Migration (IOM), the International Committee of the Red Cross (ICRC) and the World Health Organization.

A review of **Disaster Risk Reduction (DRR) activities** in light of global and national frameworks was a central part of the workshop, given the “critical importance” of these activities in a disaster-prone area such as Rakhine State - as noted by Social Minister Dr Thar in his opening remarks. Myanmar-specific documents and tools like the National Disaster Management Law and the Myanmar Action Plan on DRR were discussed and reviewed, also considering the lessons learnt from the health impact of Cyclone Komen in August 2015.

Strengthening health workers capacities in disaster response was also a prominent item on the agenda of the meeting. Participants agreed on the need to conduct capacity building training for all

Basic Health Staff on ‘Disaster Risk Reduction and Emergency Medical Responses’, to be completed in coming months. The State Health Department in collaboration with ICRC developed the training modules, and Township Medical Officers act as facilitators for their respective townships. Health Cluster partners are also facilitating the implementation of training activities: ICRC supports training in Maungdaw, Buthidaung, Pauktaw, Kyauktaw, Minbya, and Mrauk-U townships; IOM covers Sittwe and Kyaukpyu townships, while Relief International supports training activities in Myebon township.

Lastly, an **assessment of emergency medical response teams and resource mapping for health** (human resources and functionality of health facilities) was also conducted. Plans for a more comprehensive approach to the use of medical teams – for instance, conducting rapid health needs assessment in addition to providing health services, in order to coordinate more quickly with Township or State health authorities – were discussed. Standard Operating Procedures defining the activation of such teams and their roles and responsibilities with respect to other government first responders such as search and rescue, fire brigade, coastal guard teams will be developed. The issues discussed during this workshop will contribute to the development of State Health Plan, in line with the identified priorities of the Ministry of Health and Sports for the first 100 days of the new government.

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HEALTH NEWS

Rakhine State Health Department responds to Gastroenteritis outbreak in collaboration with Health Cluster partners

Between 11th and 17th May 2016 a **localized outbreak of Gastroenteritis virus** affected residents of Ponnagyun Township, Rakhine state. A total number of 18 cases were reported among displaced and host populations of the township, out of which two deaths were recorded.

The **response to the outbreak was well coordinated between government health authorities and health cluster partners**, as well as OCHA and partners from other clusters. The State Health Department called for a joint mission to the affected areas on May 13th, after receiving notification of the outbreak by Ponnagyun Township Medical Officer (TMO).

A team led by State Health Department and TMO Ponnagyun joined by representatives from WHO, UNICEF and International Rescue Committee (IRC) visited the affected villages, noting the health requirements of the population.

In the following days, Médecins Sans Frontières (MSF), IRC, OCHA, UNICEF Health and WASH, UNHCR and WHO met to discuss immediate action plans: in coordination with the State Health Department, health cluster partners supported the referrals of patients to Ponnagyun Township Hospitals (MSF) and the provision of health services through mobile clinics (IRC and MSF). In addition, health education sessions on hygiene and diarrhoeal diseases

were conducted in the affected communities by the Township Medical Officer of Ponnagyun. WASH items (e.g. hygiene kits, sit-down toilets, water pipes) were provided by the State Health Department with logistics support from UNICEF, IOM, OCHA and WFP.

Clinical tests proved negative for both cholera and rotavirus.

Thanks to the smooth collaboration between Rakhine State health authorities and international and local health partners, the outbreak was managed effectively and quickly brought under control.

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Union Minister of Health and Sports Dr Myint Htwe illustrates priority areas during Rakhine visit

On June 1st 2016 a public forum was held in Sittwe for the visit of a team of Union Ministers led by Lt General Ye Aung, Union Minister of Border Affairs. The discussion was focused on socio-economic development activities in Rakhine State. Dr Myint Htwe, Union Minister of Health and Sports, was part of the team.

Amongst the different issues discussed, Rakhine State Government officials presented the plans to upgrade and improve Hospitals and other health facilities in Rakhine State,

including upgrading Sittwe General Hospital (500 bed hospital) with specialists and medical officers and reinforcing health facilities in Myaung Bway (Mrauk-U) and Maungdaw townships.

The four priority areas identified by Dr Myint Htwe for the state focus on Health Systems Strengthening, Human Resources for Health (with a particular focus on incrementing Obstetric-Gynecological nurses and midwives), updating Standards of Practice including treatment guidelines (in collaboration with Myanmar Medical Association

and other respective specialised societies) and improving channels for public discussion and listening to the communities.

Additionally, two other issues were identified as a priority for the Ministry of Health and Sports: health promotion in communities and School Health programs focused on prevention and early intervention with adolescents against drinking, smoking, and other health risk factors, to be implemented in collaboration with the Ministry of Education.

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