



Health checks for children in Sittwe IDP camps. Photo: Mercy Malaysia

HEALTH CLUSTER ACTIVITIES IN RAKHINE STATE

Improving Access to Routine Immunization in Remote Villages of Maungdaw Township, Rakhine State

Immunization rates in Rakhine State have historically been lower compared to other states in Myanmar. This is true especially in more difficult to access areas of the northern part of the state. Despite the challenges, maintaining high levels of immunization amongst the population is a key public health intervention that must always be prioritised. The critical need for maintaining high coverage was demonstrated recently when two cases of vaccine-derived polio virus, due to low population immunity, were reported in Maungdaw Township in 2015.

Improving access to routine immunization services is one of the projects undertaken in Northern Rakhine by the Myanmar Nurse and Midwife Association (MNMA), which aims to improve the health status of under-five children living in remote villages of Maungdaw Township by expanding access and quality of immunization services. Their 9-month project, supported by UNOCHA and WHO, targets more than 8700 children under 5 and almost 2300 pregnant women across 50 villages of the Township.

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By supporting the State health authorities in their immunization activities, MNMA expects to improve immunization coverage rates and reach previously missed children with immunization services. Their activities include performing health checks and ensuring pregnant women receive tetanus toxoid vaccination. These immunization activities will increase access to basic health services for the population and provide opportunities to conduct further health promotion work in the remote parts of the State.

In tandem with the Sub-National Immunization days conducted in January and February which achieved high coverage the project reached around 15% of the targeted children for routine Polio and BCG. Almost 250 pregnant women were reached with tetanus toxoid vaccination. In parallel with the provision of immunization services, trained staff members of MNMA carry out health education sessions for the general population and for parents, caregivers and pregnant women.

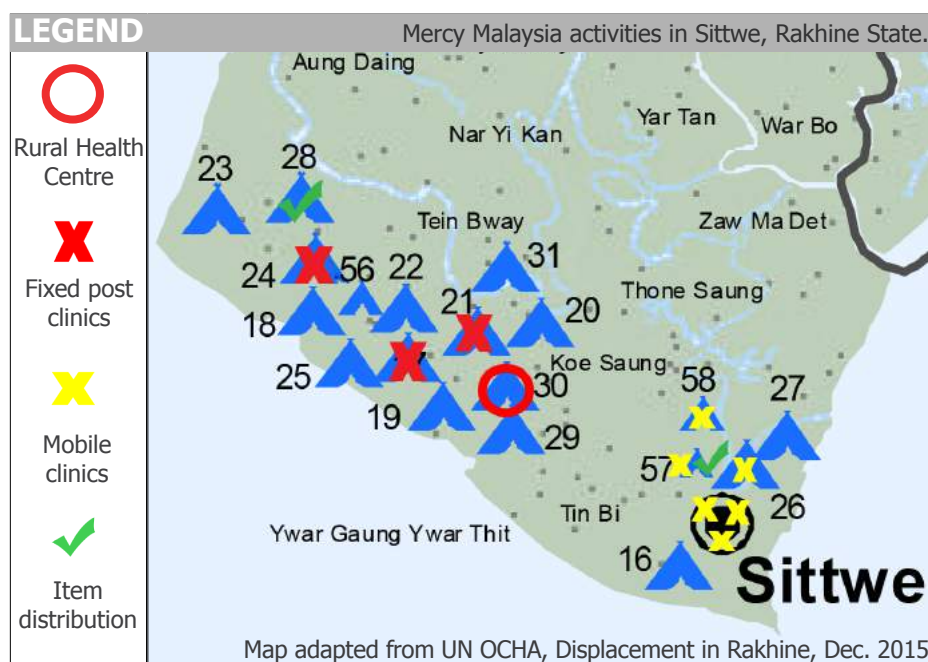
Health care provision and Health System Strengthening activities for displaced populations in Rakhine State

Primary health care provision to displaced and host communities in Rakhine State is a central feature of any health related programme implemented in the region. These activities go beyond the provision of basic and emergency health care, and are intrinsically linked to health system strengthening programmes at State and National level.

Amongst the many health partners operating in Rakhine State, the Malaysian Medical Relief Society, better known as MERCY Malaysia (MM), in October 2012 expanded operations for its health programmes to Sittwe, Rakhine State.

The organisation has worked closely with the Ministry of Health and the Rakhine State Health Department to efficiently provide health care to communities. From 2012 to 2014, the mobile medical teams – composed of seven medical doctors, five health assistants, and twelve community health workers – delivered health care services to almost 60,000 patients. In 2015 MM increased its access to 20,000 men and boys, 35,000 women and girls and 28,000 children under 5 years of age.

In addition to providing essential primary healthcare in 6 camps through mobile clinics, which



include referring patients to Government health facilities for specialized treatment, provision of services in fixed clinics is a critical component of MMs work. The construction of the Rural Health Centre in Thet Kelp Yin camp – catering for a population of more than 5,700 people – was recently completed. Three additional static clinics that operate 5 days a week are located in Ohn Taw Gyi, Baw Du Pha, and Kaung Doke Khar camps, and serve an average of 135 patients a day. In Sittwe more than 48,200 Internally Displaced People (IDP) from all communities may access primary health care services and health education

activities from MM facilities.

In Sey tha Magyi and Set Yone Su camps, Medical activities are complemented by the distribution of kitchen items, school supplies, mosquito nets, blankets, and other household essentials. Lastly, support to the Rakhine State Health Department is provided for state-wide activities, such as the Polio Immunization campaigns conducted in December 2015 and early 2016.

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Providing health services to IDP camps dwellers. Photos: Mercy Malaysia

Providing a pathway for maternal and child health care referrals

For the communities living in the hard-to-reach areas of northern Rakhine State, being able to access specialised health care services in hospitals and bigger health facilities can make the difference between life and death. This is particularly true for pregnant women, mothers and children; complications during pregnancies or birth, which are preventable and treatable with specialized care, can too easily result in a death.

Supporting health care referrals for mothers and children is one of the projects implemented by the International Organization for Migration (IOM) in areas of Northern Rakhine. The objective of the 9-month project – funded through the UN Central Emergency Fund for underfunded emergencies (CERF) – is to reduce excess mortality and morbidity in vulnerable and underserved populations by reducing barriers in accessing lifesaving health care services for all communities. The referrals project specifically targets the needs of women and children through enabling access for maternal, neonatal and child health referrals – a much needed service.

IOM works in support of the Township Health Departments and the State Health Department to strengthen the health system and improve access to health care for all communities. As part of the organisation's conflict-sensitivities strategy, IOM enables services to all residents – irrespective of their religious beliefs or displacement status. To date, a total of 971 people in Buthidaung and Pauktaw Townships were able to rely on emergency referrals thanks to the support for transportation, meals, living expenses and treatment costs.



A two-month old baby being referred for specialised care. Photo: IOM

Nini*, a 20 year old pregnant woman from one of the villages in Buthidaung was one of these people. Last February she suddenly suffered from severe abdominal pain and weakness during labour and had high fever. There was no available Basic Health Staff (BHS) in her village and one volunteer who had attended training referred her to Buthidaung Hospital. Despite the difficulties in reaching the hospital (located more than 10 miles from her village) she was admitted in time, she delivered safely and stayed in hospital for 9 days. The baby and mother were discharged alive and well with the help of the support received.

The training of BHS and volunteer health workers (VHW) is essential to ensure that the referral mechanism works smoothly and in a timely way. IOM provided

support to the Township Health Department of Pauktaw as part of their monthly Continued Medical Education training to 87 Basic Health Care staff on Safe Motherhood in different sessions and to 105 VHW and 132 BHS staff on the functioning of the referral mechanism. Other activities for health system strengthening, including provision of basic medical equipment and supplies and preparedness for catering to emergency medical needs at station and village level, are ongoing by IOM.

*Real name changed and village name unspecified.

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EWARS: The Early Warning Alert and Response System piloted in Rakhine State

“Surveillance can be defined as ongoing systematic collection, collation, analysis and interpretation of data and the dissemination of information to those who need to know in order that action may be taken”

WHO's International Health Regulations (2005) require member states to meet specific core capacity requirements for surveillance and response in order to early detect, investigate and respond to all public health risks. This mechanism is known as Early Warning and Response (EWARS) System and is based on the collection of relevant public health information and their dissemination to health authorities, who can then take appropriate measures to respond.

In the context of operations of the Health Cluster in Rakhine State, it is crucial that information generated by health partners (cluster member organisations, INGOs, local NGOs, health associations and State health authorities) should be transmitted in a reliable and timely fashion to the national health surveillance system.

In April the Clinical Epidemiology Unit (CEU) of the Ministry of Health with the support of WHO will introduce and pilot a revised EWAR system in selected locations in Rakhine State. The system will be rolled out in a stepwise fashion in those camps and villages in crisis-affected areas. The piloting of this new system comes after intensive review and discussions on how to strengthen and improve

the previous surveillance system and adapt it to the specific context of Rakhine State.

Data from approximately 65 clinics will be aggregated at the State Health Department in order to detect and respond to outbreaks of communicable diseases of public health importance. Case definitions provided by the CEU will be disseminated, “Alert” and “Epidemic” thresholds established, and response guidelines finalized. Analysis and feedback on the system will be provided to partners. The training on EWARS will begin in Sittwe in early May. By June, all 65 clinics (including mobile health services) will be included.

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HEALTH NEWS

Financing Sexual and Reproductive Health and Rights in Humanitarian Response

“Financing Sexual Reproductive Health and Rights in Humanitarian Response” was one of the parallel sessions at the biennial Asia Pacific Conference on Reproductive and Sexual Health and Rights (APCRSHR) held in Myanmar from 23rd to 26th February 2016. The session was attended by nearly ninety participants from over thirteen countries representing UN agencies, governments and organizations, as well as members of the Sexual Technical Working Group and Health Cluster in Myanmar. Panellists were from UNFPA and International Planned Parenthood Federation's SPRINT Initiative.

The session highlighted the importance of providing RH services as part of the humanitarian response in crisis settings through the implementation of the Minimum Initial Service Package (MISP); Bangladesh, Myanmar and Nepal all shared their experiences.

The Minimum Initial Service Package (MISP) is a series of crucial actions required to respond to reproductive health needs at the onset of every humanitarian crisis. The MISP is not just kits of equipment and supplies; it is a set of activities that must be implemented in a coordinated manner by appropriately trained staff.

While UNFPA's State of the World Population 2015 report highlights that the donor community has increased its support for SRHR services as part of the humanitarian response, funding is still relatively low. Globally between 2002 and 2013, only 43 per cent of the funding target for SRHR in humanitarian emergencies was met, in comparison to 68 per cent of the total funding reached for the humanitarian sector.

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