Extending maternal and child health services to villages in eastern Myanmar

Case study | October 2014

Maternal, neonatal and child health are a vital component of community health programmes in eastern Myanmar, as mortality rates for women, children and infants are significantly higher there than in the rest of the country.

In large parts of the region, people live in remote communities, historically neglected by formal health services and affected by conflict for over 50 years. Despite big improvements in the political context in recent years, there remain significant obstacles for effective service delivery.

In the absence of government healthcare provision, community-based providers work extensively across the region to deliver key services. Ethnic health organisations have for years delivered services through a network of mobile health workers and stationary clinics, both in Myanmar and across the Thai border. But significant gaps in service coverage remain.

The Emergency Health Care Project (EHCP) for eastern Myanmar, funded by the **UK Government's Department for International Development (DFID)** and implemented by a consortium of partners led by **Christian Aid**, set out to fill some of these gaps. With a budget of £1.16m, the three-year project set out to reach 200,000 people in South Shan, Kayah, Kayin and Mon states, and East Bago and Tanintharyi divisions. The broader project covered water, sanitation and hygiene and malaria, as well as maternal, neonatal and child health.

In Daw Khu Li village, Kayah state, trained traditional birth attendants like Say Moe (left) now have the vital skills necessary to examine and monitor the wellbeing of mothers to be.

Credit: Christian Aid/Kaung Htet

Starting in 2011, when fighting, human rights abuses and large displaced populations were regular occurrences, EHCP has supported community level healthcare provision through three partners – **Backpack Health Worker Team (BPHWT)**, **Karen Baptist Convention (KBC)** and **Knowledge and Development for Nation-Building (KDN)**. By training and equipping community health workers, the project has made basic primary healthcare services available at community level.

BPHWT is a large, well-established community healthcare programme, based in Mae Sot, Thailand, which delivers health services through mobile health workers to the most difficult to access populations of eastern Myanmar. The programme also trains and supports village health workers and trained traditional birth attendants (TTBAs) who deliver basic primary healthcare services in villages.

As this was KBC and KDN's first health project, they work through a simpler model. Training and support is provided to village health volunteers and traditional birth attendants, who deliver basic services in communities and refer more complicated cases.

Key achievements

Skilled birth attendance doubled in KBC areas during the project, and increased by over 50% in KDN areas. In BPHWT areas, the proportion of births attended by TTBAs increased to 79%. The proportion of women with access to

modern family planning in BPHWT areas increased, while more than half of the women in KBC areas and two thirds in KDN areas received at least four antenatal visits by the end of the project.

Over 40,000 children received vitamin A supplements, and over 45,000 children received deworming tablets. The percentage of women taking iron and folate supplements increased, covering almost half of women in BPHWT areas, and around two thirds in KBC and KDN areas. The proportion of infants aged 0-5 months who are exclusively breastfed increased by 52% in BPHWT areas to 35%, surpassing the national average (24%) and project target (30%).

Key lessons learned

- **Difficulties in access**, due to remoteness, conflict, poor infrastructure and/or high transportation costs can limit the use of formal healthcare, making community-based primary healthcare more important.
- **Clear guidelines are needed on the roles and responsibilities of community-based health workers,** which are understood by the health workers themselves, and by village health committees and wider communities.
- Health workers need to be enabled to deliver care through training and provision of supplies, in order to retain credibility and respect in their communities, and to remain motivated.
- **It is important to involve men**, and to be aware of and try to address underlying gender dynamics when working on reproductive health in villages.
- **Services being promoted need to be accessible**. Promoting nutritional supplements or family planning commodities, but in areas where access to formal health providers is very limited, the ability of beneficiaries to act on their new knowledge is limited.
- **Revolving funds for medical referrals** have been an effective tool to increase access to healthcare services, particularly during obstetric emergencies.
- **Nutrition is a crucial area** in improving women's and children's health.
- Supporting maternal health at the community level is challenging. On one hand, the focus should be on **encouraging and facilitating access to skilled care**, particularly for skilled birth attendance. On the other, there are economic, logistical and social/cultural reasons for many women preferring to give birth at home, and in many instances a traditional birth attendant is the only provider available. If TBAs are already attending a significant proportion of births, providing them with additional skills to make these deliveries safer can be justified as an interim measure. However, the training TBAs receive through projects such as EHCP is very limited, so one of their key roles should be to influence the health seeking behaviour of women and encourage deliveries with a skilled birth attendant. Given that TBAs are often trusted by women in the communities, efforts should be made to either **promote further education for TBAs** to allow for career progression, and/or encourage younger but more trained health workers to work alongside older TBAs to gain the trust of the community.
- Although challenging and expensive, particularly in remote areas, **regular supervision is key** to effective community-based primary healthcare, as it helps to ensure continued motivation of health workers and quality of care.
- **Systematic links to an appropriate health system** are important for recognition of community-based health workers, effective referrals and continued support, training and supervision. Organisations delivering health services at the community level should, as far as possible, make efforts to align their health worker standards with those accepted and recognised by the appropriate health authorities.