More than 500,000 people in need of humanitarian assistance in Myanmar: Humanitarian Response Plan for 2017

In 2017, Myanmar will have an estimated 525,000 people in need of humanitarian assistance across Kachin, Rakhine and northern Shan States. This figure includes people recently affected by the renewed fighting in Kachin and northern Shan State, as well as those affected by protracted crises in Rakhine and Kachin and by natural disasters. Overall, an estimated US $146 million will be required to ensure humanitarian assistance for the concerned population.

In fulfilling its objectives of meeting the needs and ensuring the livelihoods of displaced and crisis-affected populations, the 2017 Humanitarian Response Plan also highlights the need for an integration of developmental approaches and humanitarian activities, specifically in Rakhine state. The HRP recognizes that the “broader, longer-term development needs of communities” must be taken into greater consideration to build up resilience to future shocks and crises. In addition, the need for strengthened collection of comprehensive data to inform programming is identified as a critical necessity, with a focus on multi-sectoral needs assessments. Lastly, problems of shrinking humanitarian access will continue to be addressed, through advocacy and engagement with both Government and non-government counterparts.

HUMANITARIAN STRATEGY FOR HEALTH

The primary objective of the Health Cluster is to improve equitable access to health care services for all people affected by crisis or natural disasters. Strengthening primary health care, with a particular focus on maternal, newborn and child health, will be a key strategy to ensure that more people can access basic health services, closer to where they live. This will be complemented by the reinforcement of the referral system to secondary and tertiary health care structures. Advocacy related to lifting restrictions to accessing health care will continue be a critical objective, particularly in Rakhine State, to ensure that people in need can access the nearest appropriate health service without unnecessary delays.

Interventions for people living with HIV, patients suffering from Tuberculosis and those in need of psychological and mental health support will be integrated into health cluster partners’ activities as much as possible. Similarly, counselling and response to cases of gender-based violence will be streamlined and strengthened as a component of all health cluster partners’ interventions.

Coordination between the Health cluster and other sectors will be reinforced. In particular, coordination with the WASH and Nutrition sectors will be instrumental to ensure that effective needs can be properly assessed and reflected in the programming of all partners. Lastly, reinforcing capacities of government counterparts – through the expansion of the Early Warning and Response System (EWARS) and the introduction of a virtual Strategic Health Operation Centre – will contribute to an overall strengthening of the health system in areas of operation of the Cluster.

7 Strategies of the Health Cluster

Underpinned in all priority areas are efforts to integrate humanitarian activities into longer term development planning and national structures; the Health Cluster will work towards:

1. ensuring a minimum package of primary health care;
2. expanding referrals as required;
3. strengthening disease surveillance;
4. develop emergency preparedness capacity for natural disasters;
5. coordinated advocacy promoting access to healthcare;
6. strengthening needs assessments;
7. expansion of health infrastructure with further improvement/construction of static health facilities.

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In health clinics operating in Rakhine State IDP camps, consultations and physicians records are hard copy documents, stored within the clinics. Data from these records are aggregated and submitted to the State Health Department (SHD) on hard copies to provide immediate information to the SHD’s surveillance system. This method of record-keeping, created to accommodate the limited resources of the camp clinics, results in an inability to track patients’ medical history: a significant limitation given that most clinics often receive more than 100 patients per day.

The International Rescue Committee (IRC) runs 22 health clinics across Sittwe and Rathedaung townships, treating 43,000 patients a year. To meet the need for enhanced tracking of patient histories, in 2016 the IRC developed a Health Geo-Spatial Information Management System using a combination of mobile technology and Geographical Information Science (GIS) software. By improving processes for documenting consultations within the camp clinics and improving data analysis, the system has enabled the team to make more evidence-based decisions to improve programming. The geo-spatial tool works through a Patient Consultation Booklet (PCB), developed by IRC, which since April has been distributed to all new patients when they register with community health workers (CHWs). IRC has distributed nearly 20,000 patient record books across their area of operation.

Each PCB has a unique ID number, but contains no other traceable information in order to protect patient confidentiality. All data, including PCB ID number, age, gender, village/camp name and shelter location, are recorded by CHWs on a tablet computer with a customized mobile application and saved on a password-protected Patient Record Database. The address system used in the camps means that it is possible to link the PCB ID to the shelters in the camps where patients are currently residing. The critical advantage of this system is that the doctors and nurses in the clinics use tablets also to record clinical information in a Clinical Consultation Database, which records the same information as written in the PCB.

By using the PCB and compiling data through the mobile health information system, IRC’s clinical team gains direct access to patient histories, reducing the time spent searching for records. In addition, recording patients’ locations has improved the understanding of the clinics’ catchment areas, enabling the team to map where people are coming from to access clinic services and informing the programming of activities accordingly.

Importantly, this system makes it possible to map out communicable diseases across the camps, such as diarrhea and infections stemming from cramped living conditions. The community health team can use these maps to inform and redirect their health education sessions and community awareness campaigns based on where common morbidities are originating within the camps. By using this clinical data the IRC is able to connect prevention activities in communities to the morbidities being treated in the clinics, thus greatly improving the effectiveness and appropriateness of the healthcare provided across the camps.

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Coverage of clinic users in a Rakhine IDP Camp. Photo: IRC
The resurgence of conflict in northern Shan State, paired with the remoteness of this hilly area of Myanmar, means that accessing basic health care has turned into an ever increasing challenge for the rural population living in Manton, Namhsan and Namtu Townships. Most parts of these townships are hard to reach and transport is difficult, especially during the rainy season. In addition, armed conflict between the Myanmar Army and ethnic non-state actors or amongst different armed groups poses serious obstacles to accessing the health care system.

Pregnant women, mothers in need of obstetric assistance and their newborn children are amongst the most vulnerable groups lacking reliable access to often life-saving health services. To improve access to these services, the INGO Cooperazione e Sviluppo – Cesvi is implementing a project to provide maternal and child health assistance through the strengthening of Township MNCH services and engagement of local communities. Funding for this important project is provided by the Three Millennium Development Goal Fund (3MDG).

The project supports the Comprehensive Township Health Plans with logistics and technical expertise, as well as on the elaboration and implementation of the plan. Activities carried out under the project include the training of community health workers and auxiliary midwives to fill the health services gaps, as well as upgrading the capacities of Basic Health Staff or other health providers. Another critical aspect is improving referrals, with the aim to save lives by strengthening the coordination and links between different health providers and community members, while guaranteeing transparency and accountability. To date, more than 400 pregnant women were able to access referral services and 20 Village Health Committees have been formed and activated.

Cesvi also supports community health workers and auxiliary midwives in terms of service delivery, commodities, reporting and supervision; aiming to strengthen capacities of staff from the Township Health Department and of those trained outside the MoHS. By supporting health workers in remote and conflict areas and including community-based civil society organizations, access to participatory health services can be greatly improved. Ngu War, midwife at Mine Mu Sub Rural Health Center in Namtu Township, said that thanks to the project activities she is now able to perform monthly outreach sessions to one of the villages and gained the trust of the community, establishing a good relationship with them.

Cesvi is working on this project in partnership with the Burnet Institute for capacity building, technical assistance and M&E. With the Ta’ang Women Organization, Ta’ang Student and Youth Union, Cesvi works to develop Village Health Committees, strengthen the referral network, and assist in the recruitment of volunteers, reinforcing the delivery of health services by and for the local community.

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Ms Ngu War, midwife, Namtu township

"After taking part in this project, I gained confidence and the trust of the community. I can now provide health outreach sessions every month in this village."
Mental health support provided to displaced people in Rakhine State IDP camp, Myebon Township

Mental health support for crisis-affected populations is often considered a priority in the short-term aftermath of a traumatic event. However, during a protracted humanitarian crisis, immediate needs can transform into long-term psychosocial issues requiring sustained attention and mental health care.

In Myebon Township, Rakhine State, the situation is clearly one of a protracted crisis. Since the outbreak of inter-communal violence in late 2012, a large part of the community in the township has been confined to IDP camps. There, residents live in isolation and in dire communal settings, lacking freedom of movement and facing obstacles to re-establishing their sources of livelihood.

The long-term conditions of displacement and isolation, paired with deteriorating standards of living, have taken their toll on the mental well-being of the residents. Mental distress and psychosocial issues are increasing, and must be addressed in a complementary way with other health needs.

With support from the European Commission’s Humanitarian Aid Office (ECHO), Relief International (RI) has been working since May 2016 to address these issues through the establishment of a core set of mental health and psychosocial services for IDP camp residents in Taung Paw Camp, Myebon Township. RI is currently the only international actor able to maintain a presence within the camp.

While working to provide primary health services to the community in the camp, RI identified the need to fill the gap in the provision of psychological support for the displaced population. The most prominent focus of the program is building the capacity of RI health staff to be able to detect the signs and symptoms of mental and psychological issues and to be able to respond to the mental health and psychosocial needs of camp residents.

A psychosocial officer was recruited to provide non-medical treatment to people suffering from psychological distress and mental disorders, with the aim to train other basic health staff operating in the camp (although patients requiring medical treatment must still be transferred to Sittwe General Hospital, the closest facility offering psychiatric care). Through their work, outreach activities to promote mental health well-being in the camp are being carried out, which include recreation and relaxation group activities. The project, while limited in its operational area, represents an important and much-needed step towards the inclusion of mental health services for the displaced population of Rakhine State.

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