KEY FIGURES FOR HUMANITARIAN ASSISTANCE IN MYANMAR*

1,020,000 people in need of humanitarian assistance*
  of which 537,000 in need of assistance for Health
  more than 240,000 displaced in camps or host families

*includes 460,000 flood affected in 2015

AREAS OF INTERVENTION OF THE HEALTH CLUSTER*

Kachin State and Shan State (north)
People targeted by Health interventions 116,595
Displaced population in camps or host families 96,428
12 Health Cluster partners

Rakhine State
People targeted by Health interventions 421,177
Displaced population in camps or host families 143,887
18 Health Cluster partners

*All figures on this page are from the Humanitarian Response Plan, 2016.
Humanitarian Response Plan 2016: Objectives, Strategy and way forward for Health in Myanmar

On December 10, 2015, the Humanitarian Response Plan for 2016 was presented and endorsed by the members of the Myanmar Humanitarian Country team. The Plan provides an overview of the humanitarian needs of the population in Myanmar, focusing on Rakhine, Kachin and Shan states which have urgent humanitarian needs and recognising the needs of the flood affected population. The Plan has 3 overarching objectives, which form the backbone of the operational strategy and according to which projects will be prioritised.

Meeting life-saving needs
Ensure that life-saving protection and needs of people affected by conflict and/or disasters are met.

Access to basic services and livelihoods opportunities
Ensure that people affected by conflict and/or disasters have equitable access to basic services and livelihoods opportunities.

Early recovery and durable solutions
Enhance resilience of communities to conflict/natural disasters; contribute to early recovery and durable solutions.

Health Cluster: Priorities, challenges and strategic directions

The priority of the Cluster is to improve equitable access to healthcare and basic health services across the areas of intervention, with a specific focus on the most vulnerable sectors of the population (displaced communities, children under five, pregnant and lactating women).

Limited access and restricted movements in some areas of operations, together with lack of skilled health personnel and insufficient supplies and services remain key challenges to be addressed by health partners in 2016.

Overall Strategy

- Provide primary health care services to conflict and disaster affected people;
- Strengthen RMNC services with increased attention to children with disabilities;
- Improve referral systems to hospitals including inpatient services, weekend and boat referrals;
- Address the critical shortage of trained health workers through training of qualified displaced persons;
- Strengthen disease surveillance, outbreak control and response;
- Provide support to routine immunization;
- Develop protocols and conduct trainings on the clinical management of gender-based and sexual violence cases;
- Strengthen health education, in particular for prevention of communicable diseases;
- Coordinate the promotion of hygiene practices and good nutrition practices in collaboration with WASH Cluster and Nutrition sector;
- Increase access to mental health and psychosocial support services, through provision of additional support and linking with protection and gender-based violence referral pathways;
- Support the expansion of national healthcare services to displaced people to progressively reduce the reliance on health partners.
Displaced and host communities in Kachin and Shan states get access to essential health care services

Maternal and child mortality rates in Myanmar remain some of the highest in South East Asia. It is estimated that out of the approximate 916,000 live births in the country, 18,800 are stillbirths, while 8,500 infants die on the first day. In Kachin State, infant and under five mortality rates total at 53 and 61 per 1,000 live births respectively, according to the 2014 Myanmar Census report.

Addressing the health needs of mothers and children in Kachin and northern Shan states is a key step towards increasing health coverage for all sectors of the population in Myanmar. To this end, the International Rescue Committee (IRC) and Plan International are implementing distinct projects to bridge the gaps in health service provision and access to primary health care across IDP camps and host communities in the two states. Working as part of the Health Cluster and in collaboration with local implementing organisations (Karuna Myanmar Social Services and Community Health and Development respectively), IRC and Plan International are providing life saving health services in 28 IDP camps and host communities in Kachin and northern Shan State.

Health interventions are being conducted in Mansi and Waingmaw townships in Kachin state and in the townships of Muse, Nam Khan, Kutkai in Shan north. Overall, more than 14,000 beneficiaries will be able to access essential primary and reproductive health care services.

Two IRC Mobile Health Teams, each formed by a senior medical doctor and by two nurses, or one nurse and one midwife, are providing essential health care in the camps of Mansi and Shan north, while in Waingmaw township Plan is providing primary health and reproductive care to mothers and children, as well as skill-building activities for essential newborn care and for ensuring timely referrals to hospitals and health facilities. The projects received funding through WHO South East Asia Regional Health Emergency Fund (SEARHEF) and the UN Central Emergency Response Fund (CERF).

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Improving life-saving Midwifery practices in Kachin State

Since 2012, UNFPA has been working with the Department of Health Professional Resource Development Management (DHPRDM) of the Ministry of Health, to improve overall midwifery practices. 252 faculty members, who work in 22 midwifery and 28 nursing schools in all States and Regions of Myanmar, have attended training of trainers (TOT) sessions on emergency obstetric and newborn care (EmONC).

The TOT runs for 5 days, covering topics such as the management of both natural and emergency deliveries, as well as mother and newborn care. In addition to the local implementing organisations (Karuna Myanmar Social Services and Community Health and Development respectively), IRC and Plan International are providing life saving health services in 28 IDP camps and host communities in Kachin and northern Shan State.

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The TOT runs for 5 days, covering topics such as the management of both natural and emergency deliveries, as well as mother and newborn care. In addition to the TOT training course, there is a 4 months training on EmONC at teaching hospitals in Yangon. Daw Hnin Hnin Lwin, Principal of Myitkyina Midwifery School in Kachin State, is one of the 128 nurses and midwives who participated in the TOT course.

Daw Hnin Hnin Lwin is now back in Myitkyina training 117 midwives who are studying for their midwifery diploma. The training at health centres allows midwives to apply the skills they acquired through theoretical lessons, which will dramatically improve capacities for obstetric and newborn care in Kachin State. As part of their training at Myitkyina’s Midwifery School, students go to the local rural health clinic and assist 3 to 4 births per day. There, they receive practical training in delivery, gaining the skills to perform safe deliveries even in more difficult situations.

“Midwives, once in the field, are equipped with the knowledge to assess the progress of labour and can recognize complications early on, ensuring timely referrals to hospitals which can save lives”, Daw Hnin Hnin Lwin commented.

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1 Global and National Newborn health indicators data base, January 2015
Health Cluster supports mass polio immunization campaign in Rakhine State

During two health sector meetings held in Rakhine State in late November, the Rakhine Health Cluster committed its support to the Myanmar government and State health authorities for a mass polio vaccination campaign planned in 10 high-risk townships in the state.

Earlier this year, two cases of vaccine-derived polio virus infection were reported amongst children in Maungdaw Township, northern Rakhine. The emergence of such cases of vaccine-derived polio virus is due to low population immunity resulting from low immunization coverage. Routine immunization coverage in Rakhine state has been below 80% for the last years, and in 2014 in some of the State’s townships only 27% of children received the three recommended doses of oral polio vaccine.

The most effective way to stop the circulation of this virus is to increase the immunity of children through increased routine immunization coverage. The 18 partners of the Rakhine Health cluster, which include Rakhine State Health Departments as well UN agencies, NGOs, Red Cross and local associations (Myanmar Health Assistant Association, Myanmar Medical Association and Myanmar Nurses and Midwives Association) provided their support to the Ministry of Health for conducting the first round of the campaign on 5-7 December 2015. The humanitarian community at large and non-health cluster partners also contributed to the campaign through planning, information dissemination and advocacy activities.

More than 313,000 children under 5 years old in 10 townships across the State received a dose of Oral Polio Vaccine (OPV). The rounds of vaccination are scheduled to be repeated to provide the second and third doses on 26-28 December and 16-18 January 2016.

The campaign in Rakhine is part of a mopping-up vaccination campaign conducted in an additional 5 high-risk townships in Chin, Magway, Bago and Ayeyarwady. In January and February 2016 two rounds of routine polio vaccination will be conducted in another 87 townships across the country. From January, the Ministry of Health will also introduce the use of Inactivated Polio Vaccine (IPV) in addition to OPV, and will later perform a switch from trivalent to bivalent oral polio vaccination as part of the Polio Eradication and Endgame Strategic Plan 2013-18, as recommended by the World Health Assembly.

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USAID supports the first Demographic Health Survey in the country

A national Demographic and Health Survey (MDHS) will be conducted in Myanmar by the Ministry of Health and other key Ministries with the support of USAID and their implementing partner, ICF International. This will be the country’s first nationally representative household survey to collect critical health and demographic data for use in policy formation, program planning, and monitoring and evaluation. The survey represents a significant opportunity for obtaining baseline data to inform health programming and planning, thus providing a useful tool to all humanitarian and development health partners operating in Myanmar.

The 2015-16 MDHS will collect information on a variety of health topics including reproductive and contraceptive practices, maternal and child health, mortality, nutritional status and knowledge on HIV/AIDS. Field work for the survey began on 7 December 2015, after two years of planning, trainings and a series of consultative meetings and fora conducted throughout the country.

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