Good practices of maternal and child health section for reducing and eliminating maternal mortality and morbidity

Introduction

In Myanmar, mothers and children constitute 60% of the total population. The Government of Union of Myanmar has given maternal and child health services as priority in the national health plan. Union of Myanmar as a member state of the United Nations is working hard for reducing maternal mortality and morbidity.

Maternal and Child health services are provided both in urban and rural settings. The Ministry of Health has been increasing coverage of quality antenatal services to achieve goals set from the International Conference on Population and Development and Millennium Declaration. Maternal and Child Health section is trying to reduce Maternal Mortality Ratio of 1990 to ¾ in 2015 to achieve Millennium Development Goal 5.

Activities

The Ministry of Health had formulated National Reproductive Health policy during 2002 and developed first Five Year Strategic Plan for Reproductive Health (2004-2008) and second Five Year Strategic Plan for Reproductive Health (2009-2013). Ministry of Health has been working collaboration with WHO, UNFPA, UNICEF and international non-governmental organizations.

Main activities are:

- Increasing antenatal, delivery, postnatal and newborn care services
- Health care services for prevention of unsafe abortion by providing care, support and birth spacing services
- Prevention and care for Reproductive Tract Infections including HIV/AIDS and reproductive morbidities such as cervical cancer screening
- Uplifting adolescent reproductive health services and increasing male involvement in reproductive health

Activities of Maternal and Child Health Section for achieving millennium development goals are

- Advocacy and trainings
• Supply of drugs and equipment
• Development and distribution of IEC materials
• Research
• Upgrading infrastructure
• Supervision and evaluation
• Support for community participation and development of effective referral system
• Health promotion in collaboration with UN agencies, International and Local Non-governmental organizations

With guidance of Minister for Health, special emphasis had been made to achieve MDG 4 and 5 since 2009. Accordingly three workshops for achieving millennium development goals had been conducted on (8-10-2009), (28-11-2009) and (18-1-2011) at Ministry of Health, Nay Pyi Taw. These workshops were attended by participant’s officials from departments under Ministry of Health, health directors from State/Divisions, Obstetricians and Gynecologists and Pediatricians. Many action plans for reduction of maternal mortality and morbidity were come out from these workshops with the guidance from Minister and Deputy Minister of Ministry of Health.

Ministry of Health had formed National Reproductive Health Committee with participants from United Nations’ Organization, International and Local Non-governmental Organizations, related Ministries and departments from Ministry of Health to promote coordination between partners and to achieve more cooperation among partners. First meeting for Reproductive Health Committee had been held at Ministry of Health on (7-5-2010) and second meeting had been held on (25-10-2010) at Nay Pyi Taw which were chaired by Deputy Minister of Health, H.E Professor Dr. Mya Oo.

After discussion of these meetings, the performance and regular review of the Reproductive Health strategies were steered, required technical and programmatic changes were guided and resources for implementation of reproductive health strategic priorities were mobilized.

After the meeting the following actions were accomplished.
1. Improving intra-departmental and external collaboration and partnership
2. Strengthening of referral system based on scenarios
3. Internalization of best practices in Maternal, Newborn and Child Health initiatives into the health system.

Maternal mortality and morbidity issues could not be solved only by the health personals. There is a need for the community involvement and participation especially in hard to reach communities and underserved areas. To achieve this, Community Orientated Reproductive Health Project had been implemented as model townships in Kyauk Me and Naung Cho of Northern Shan State aiming to improve the effective referral system and to increase community awareness and participation. The main theme of this program is production of Maternal and Child Health Promoters (MCHP) who linked the community and service providers. These volunteers helped pregnant mothers and mother with under 5 children to take ante-natal care, to deliver with skilled health personals, to take post natal visits. They also helped pregnant mothers to take immunization and organized and helped emergency referral for pregnant women during pregnancy and deliveries. These activities will also be replicated in 2 townships form remaining each 16 states and regions especially to the border areas and hard to reach areas during 2010. Nowadays, there are more than 27,000 Maternal and Child Health Promoters at 32 townships helping people in far and remote areas.

Another type of community health volunteer is Community Support Group (CSG), who has been jointly implemented by DOH, Central Health Education Bureau (CHEB) and UNFPA since 2004. They also helped pregnant mothers for emergency referral to hospitals. This kind of activity is carried out in 54 townships with a total number of 95,000.

To increase the awareness among community, pamphlets, posters, vinyl boards were developed, distributed and erected. Audio and video materials were also developed and broadcasted. These information, education and communication materials were also developed in other languages other than Myanmar language to reach ethnic communities.

An orientation workshop on Reproductive Health for achieving Millennium Development Goals for Maternal and Child Health medical officers and School Health
officers was conducted from (6-12-2010) to (9-12-2010) at Nay Pyi Taw with participants from 38 townships. The outcome of the workshop was MCH MOs and SH MOs on MCH and SH activities and importance of maternal, newborn and child health care especially quality care had been oriented in order to gain support for increasing the MCH coverage.

Achievements

1. Skills of basic health staff (especially midwives) are improved
2. More collaboration and cooperation among stakeholders
3. Supply of drugs and equipment has been increased (e.g. clean delivery kits, midwife kits, auxiliary midwife kits, iron tablets, magnesium sulphate and misoprostol)
4. Supply of emergency obstetric aids and newborn resuscitation equipments to project townships
5. Establishment of labour room attached Rural Health Centers/Sub-Centers
6. Recruitment of more auxiliary midwives
7. Achievements on safe motherhood are-
   • Introduction and utilization of Injection Magnesium Sulphate (IV at hospital and IM by midwives in remote settings) to control Pregnancy Induced Hypertension and Eclampsia
   • Distribution of Misoprostol to prevent Postpartum Haemorrhage
   • Distribution of neonatal resuscitation kits
   • Distribution of Home Based Maternal Records

Maternal and Child Health section is increasing partnership and collaboration from community on health care services by awareness raising activities. Antenatal Care coverage increased from 61.7 % in 2002 to 71.39% in 2009. Delivery by skilled health personal increased from 51.3 % in 2002 to 64.4% in 2009. A total number of 669 rural health centers and rural health sub-centers with labour rooms have been established to provide institutional deliveries. Due to the above mentioned activities Maternal Mortality Ratio decline from 420/100,000 live births in 1990 to 240/100,000 live births in 2008
Health care service package approach was introduced especially for hard to reach areas such as EPI (Expanded Program of Immunization) plus activities and NID (National Immunization Day) plus activities were conducted as a new strategic approach. New health care facilities such as Station Hospitals, Rural Health Centers and Rural Health Sub-centers were also established at border areas and hard to reach areas.

Ministry of health is also motivating the spirit of Basic Health Staff such as Township health nurses, Health Assistants, Lady Health Visitors, Midwives, Public Health Supervisor (1) and (2) by awarding them as outstanding basic health staff with certificate and study tour to famous places 2 yearly. Efforts of Basic Health Staff on reducing maternal morbidity and mortality were well recognized globally, one midwife from the Eastern Shan State has been awarded with Global Health Workforce Alliance Award 2011.

In conclusion, Maternal and Child Health section, Department of Health is accomplishing our best to reduce maternal mortality ratio, infant mortality rate and under 5 mortality rates with the guidance and support form Ministry of Health.