MHAA

2019

ANNUAL REPORT

Myanmar Health Assistant Association

https://myanmarhaa.org/

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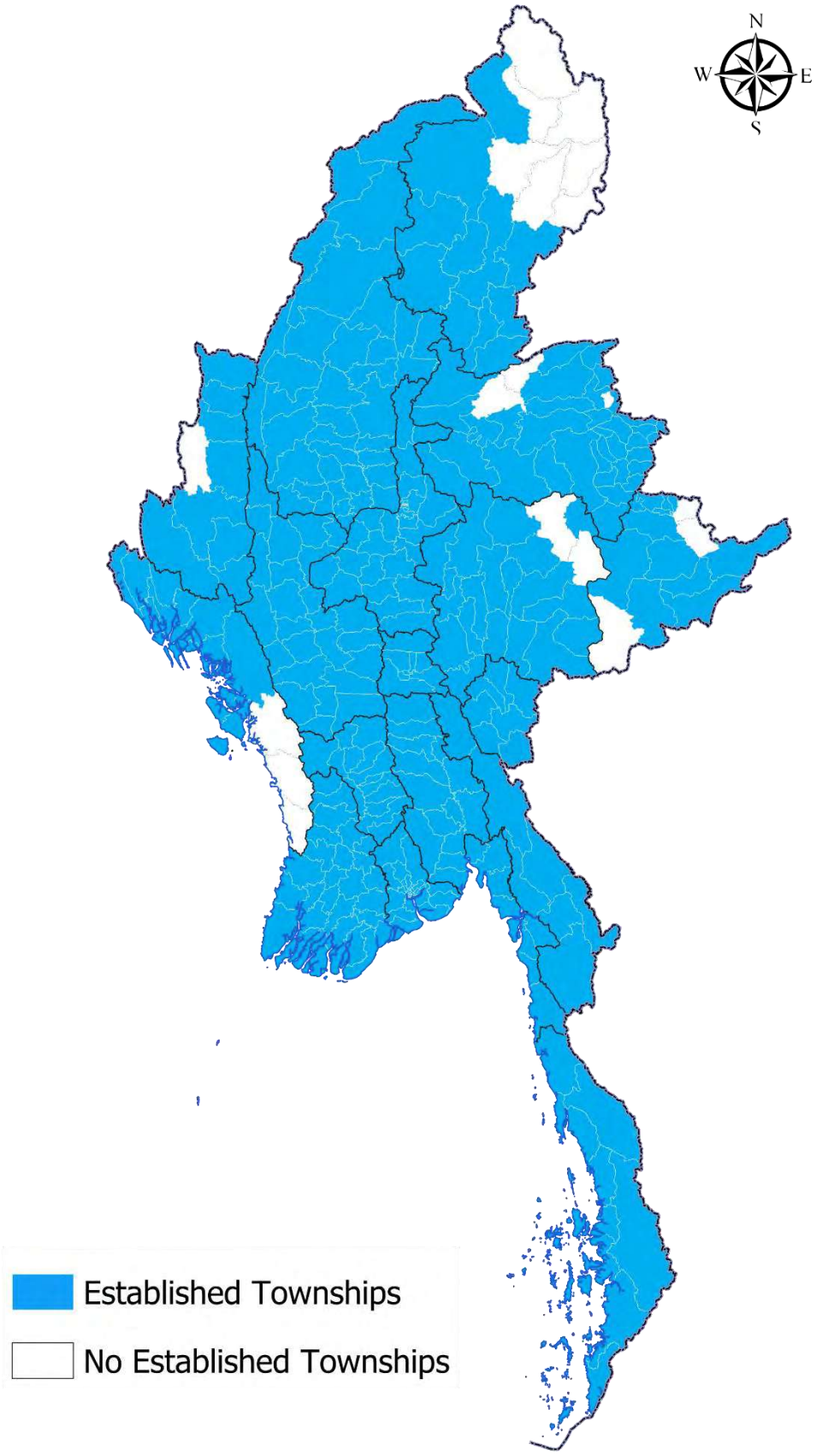
Establishment of MHAA in Myanmar



Project Implementing Township of MHAA

FOREWARD

Health Assistants career has been established since 1953 and it has been more than sixty years of profession. Despite the long period of establishment, it is still in need to augment the opportunities for long-term development of Health Assistants. There are three types of Health Assistants: Regular Health Assistant (RHA), Condensed Health Assistant (CHA) and BCommH (HA) based on the need of different health programs and projects carried out by successive governments.

Although there are gaps in terms of generation and educational background, we have come together to shape a shared vision of becoming a resourceful public health taskforce, to expand access to career development and advanced educational opportunities leading to the health-related benefits of community. It is crucial to have a collective voice of all Health Assistants in order to achieve our common vision and missions and likewise the role of MHAA is foundational.

At the moment, MHAA in township level has been specifically formed in 312 townships and co-owned by the members who are counting at 6,331 and more from across the country. We have mutual partnership with 6 international donor agencies, 11 partners and 15 implementing public health related projects in 89 townships of 11 regions and states. Currently, we have the full-time staff capacity at 605.

The MHAA yearly expenditure volume increased over two-folds to 7.1 million US dollars in FY 2019 from over 3 million US dollars in FY 2018. Moreover, MHAA developed a five years strategic plan which will guide MHAA to perform integrated response to health under all projects as well as achieve more population coverage and better health outcomes fulfilling building blocks for Universal Health Coverage (UHC) in project areas.

It can be said that being able to develop such an annual report with the different stakeholders is an incredible milestone for Myanmar Health Assistant Association, indeed. Moreover, I personally believe that by exploring and analyzing our work, we will be able to achieve our vision through coordinated and integrated project activities for promoting public health, and expanding our career development. Finally, I wish we could also be seen as an integral part of contribution to achieve Universal Health Coverage under the government of Myanmar.

Mya Thwin
President
Myanmar Health Assistant Association

Contents

List of Figures

List of Tables

ACRONYMS AND ABBREVIATION

ACCESS	Access to Health Fund
ASRHR	Adolescent Sexual Reproductive Health and Rights
BCommH	Bachelor of Community Health
BHSP	Basic Health Services Professional
CLTS	Community-led Total Sanitation
DOTS	Directly Observed Treatment, Short-course
EHO	Ethnic Health Organization
ECC	Emergency Child Care
EmOC	Emergency Obstetric Care
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
HA	Health Assistant
HIV	Human Immunodeficiency Virus
ICMV	Integrated Community Malaria Volunteer
IDP	internally displaced person
IEC	Information, Education and Communication
IMAM	Integrated Management of Acute Malnutrition
IRC	International Rescue Committee
LLIN	Long Lasting Insecticidal Net
MoHS	Ministry of Health and Sports
MDR-TB	Multi-Drug Resistant TB
NHP	National Health Plan
NMCP	National Malaria Control Program
NTP	National TB Program
RHC	Rural Health Center
RMNCH	Reproductive, Maternal, New-born and Child Health
SAM	Severe Acute Malnutrition
Sub-RHC	Sub Rural Health Center
SDG	Sustainable Development Goal
THA	Township Health Assistant
THD	Township Health Department
TB	Tuberculosis
UNICEF	United Nations International Children's Emergency Fund
URC	University Research Co., LLC
VHC	Village Health Committee
VHW	Volunteer Health Worker
WFP	World Food Program
WHO	World Health Organization

I. MHAA HISTORY

Myanmar Health Assistant Association (MHAA) was established in 1953 along with the government's program to have rural health care professionals. In 1962, Burma Socialist Program Party government prohibited party and association establishment, hence, MHAA could not function as a civil society organization. In 1994, under State Law and Order Restoration Council government, MHAA reactivated and registered at Ministry of Home Affairs as a non-government organization (registration number - **1/Local/1115** (2020 - 2024).

Since then, MHAA has been able to set the following milestones and growing at the organizational level;

Significant Achievements/Milestones are;

- **1953** MHAA established
- **1992** MHAA constitution approved
- **1993** 1st Annual Conference
- **1994** MHAA reactivated and registered at Ministry of Home Affair
- **1995** Community Based Health Promotion Program for control and prevention of HIV/AIDS pilot project with UNDP support
- **2001** 5th Annual conference held involving BCommH students
- **2004** The channel of the outrage of campaign for Framework Convention on Tobacco Control (FCTC) Project in Hmawbi township with WHO support
- **2006** Strengthening of prevention and control program on HIV/AIDS, Tuberculosis and Malaria in Union of Myanmar Project with Global Fund Support (UNDP-PR)
- **2008** Nargis Emergency Response with UNICEF support
- **2012** Emergency Humanitarian Response (Health and Nutrition) program to Internally Displaced Persons (IDPs)
- **2014** In-service members can become MHAA members according to Association Registration Law
- **2018** Approximately 5000 members from 250 townships became member of MHAA
  - About 350 staff operating project in 60 townships with annual budget over USD 3 million
- **2019** Five years strategic plan launched.
  - A new system of departmental management for the efficiency of the department in terms of processing information and the reduction of risks involved with the department activities.
  - 6,331 members from nearly 250 townships, operating in 80 townships with annual budget USD 7.1 million and 605 staff employed.
  - With MHAA core fund, Community Based Malaria and TB prevention and control project was implemented in 182 villages of three townships: Shwekyin, Kyaukkyi and Thanatpin

1.1 Career path of Health Assistants

The very first Regular Health Assistant (RHA) training was opened in 1951 and completed trainees were appointed as Health Assistant at Rural Health Centers (RHC) since 1953. The government stopped the Regular Health Assistant course (2 years and 3 months) in 1973. Then in 1980, a Condensed Health Assistant course was started as part of a career development program opened for the Lady Health Visitor (LHV) and Public Health Supervisor-1 (PHS-1) after some years of service to become Health Assistant. The Regular Health Assistant course (2 years 3 months) restarted in 1984. The Health Assistant Training School was then upgraded to School of Health Sciences for Basic Health Workers and later to University of Community Health in 1995, and the formal Health Assistant course became a four-year degree course. Although basic education requirements and total training period changed overtime, the graduates are still Health Assistants, with their functional roles unchanged. Health assistants, after serving in the community for seven years can become Health Assistant-1 and later could be promoted to Township Health Assistant (THA) which is gazetted officer.

II. MHAA STRATEGY AND APPROACH

Investing in health is essential not only to improving health outcomes but also to supporting economic growth. Global evidence shows that making the right investments in health stimulates economic growth. Between 2000 and 2011, health improvements accounted for about 11 percent of economic growth in low- and middle-income countries (NHP 2017).[1] A strong and coherent health system is the foundation for healthy children, families and communities, contributing to a productive workforce and a population able to take advantage of the opportunities created by economic growth.

Furthermore, health investment is incremental benefit to poor. Investing in health for the poor is economically productive as well as fulfil basic human rights. Poor people earn their living from daily labor. If they are not healthy, they will be unable to work or be underpaid. In most developing countries, poor households and families rely on daily income for their survival. They also suffer extreme vulnerability to ill health, economic dislocation, and natural disasters.[2] For the poor, loss of daily income (because of absence from work owing to illness) is a disaster. First, there will be no more food and no more money for seeking health care. Consequently, when ill-health is not properly treated, they will be unable to work and lose income. If they exchange their livelihood and even their home to pay for food and healthcare costs further indebtedness ensues and their children will leave school to work for additional family income. This will have further negative effects because the basic requirements for human development, health and education, will not be met so these children will not be able to obtain well-paid jobs. Finally, they will fall into the poverty trap. Although the poor are more resistant to frequent and minor illness, they are more vulnerable to rare and major illness because they are not easily able to access comprehensive health care. In those countries which charge for health services, the poor will not be able to access them.[3] Globally, there will be poverty and social instability if we do not help the poor to maximize their health. Jeffrey D. Sachs reports that disease leads to extreme poverty, extreme poverty leads to political instability, political instability leads to

[1] MYANMAR NATIONAL HEALTH PLAN 2017 – 2021: MOHS 2016
[2] The World Bank. World Development Report 2001: attacking poverty. Washington: The World Bank, 2001.
[3] FOCUSING HEALTH EQUITY, EFFICIENCY AND HEALTH MAXIMIZATION POLICY REVIEW: Malaysian Journal of Public Health Medicine 2013, Vol. 13(1): 64-71

state failure, and state failure leads to violence, criminality and even terrorism.[4] In addition, good health enables people to participate in society, with potentially positive consequences for economic performance.

Health Assistants in Myanmar are working in the community and MHAA projects are mostly community- based. MHAA has established its branches up to township level, covering almost every township in Myanmar with the involvement of members from a wide variety of ethnic nationals. Its members are working in government sectors, mainly in Ministry of Health and Sports (MoHS), as well as in a large number of Non-Government Organizations (NGOs), International Non-Government Organizations (INGOs) and some United Nations (UN) organizations at various positions. They are providing health and other social services in rural areas, conflict affected areas and disaster-prone areas, frequently together with local MHAA associations. Dreaming equitable health services for Myanmar and professional development, MHAA has following vision, mission and core values at the organization level;

Vision

A society attains quality of life having an access to equitable health services

Mission

1. MHAA is a national association of public health professionals striving towards accessible and equitable quality public health services through health promotion, prevention and control of diseases
2. MHAA stands as a united, independent organization earning public trust and international recognition

Achieving vision and mission, MHAA develops goal and objectives as follow;

Goal

"Improve health equity and health status of the people and be a continually developing public health organization"

[4] Sachs J D. Health in the developing world - achieving the Millennium Development Goals, Bulletin of the World Health Organization 2004; 82(12): 947-9.

The Objectives are:

1.1. To contribute in improving health care system in Myanmar
1.2. To promote equitable access to quality health care service by communities including marginalized groups, without financial hardship
1.3. To promote health literacy and healthy behavior, and reduce burden of diseases
2.1. To strengthen the MHAA as public health professional organization
2.2. To strive for and seek opportunities for the educational development as well as career development of members and staff

The overall strategies of MHAA are:

1. Evidence-based advocacy for better health system
2. Community-oriented equitable health services
3. Strengthening individual and institutional capacities of MHAA and its existing and potential members
4. Networking and collaboration with key state-and non-state actors
5. Integrated approach to improve operational efficiency

In line with Myanmar Sustainable Development Plan (2018-2030) and National Health Plan (2017-2021), the following program areas were developed for MHAA's 5-year operations in the whole country including hard-to-reach areas, conflict-affected areas, urban slum and border areas for different types of communities such as women, children, adolescents, migrants, elderly, ethnic people and vulnerable groups;

1. Disease Control (Communicable Disease and Non-Communicable Disease)
2. Reproductive Maternal Newborn and Child Health (RMNACH)
3. Nutrition
4. Water Sanitation and Hygiene (WASH)
5. Health System Strengthening
6. Emergency Response

MHAA integrated MNCH, Nutrition, TB and Malaria together with awareness about Sexual and Reproductive Health and Rights (SRHR) to the community is called community-based health system strengthening model. The essential part of the model is village health volunteer/worker (VHV/VHW) and village health committee (VHC). This model develops local capacities, encourages community participation, and links to the health system at the community level. Different volunteers are trained for different projects. For example, Community Health Worker (CHW) and Auxiliary Midwife (AMW) in Access to Health Fund, Integrated Community Malaria Volunteer (ICMV) in Malaria, TB community volunteer and Self-Help Group (SHG) in Drug Sensitive and MDR TB, Community Nutrition Volunteers in Nutrition program, and so on.

MHAA supported VHV/VHW trainings so as to promote utilization and prevention of health services at the community level and to support data collection and surveillance for the health system and National Health Plan (NHP). VHC has been revitalized/formed and strengthened with community participation in health. Furthermore, VHC organized regular meetings and participated in RHC/Sub-RHC coordination meetings so that the community will actively participate in health planning. VHC and VHW also supported social mobilization of the community for EPI, nutrition and MNCH services

through the outreach session by BHS (RHC/Sub-RHC). The following model used under the Access to Health Fund illustrates how to reach the community by the targeted Essential Package of Health Services (EPHS). Moreover, this model facilitates community participation in health programming which empower the community. The Access to Health Fund also trains VHV for integrated model and will promote health utilization and prevention services at the community level.

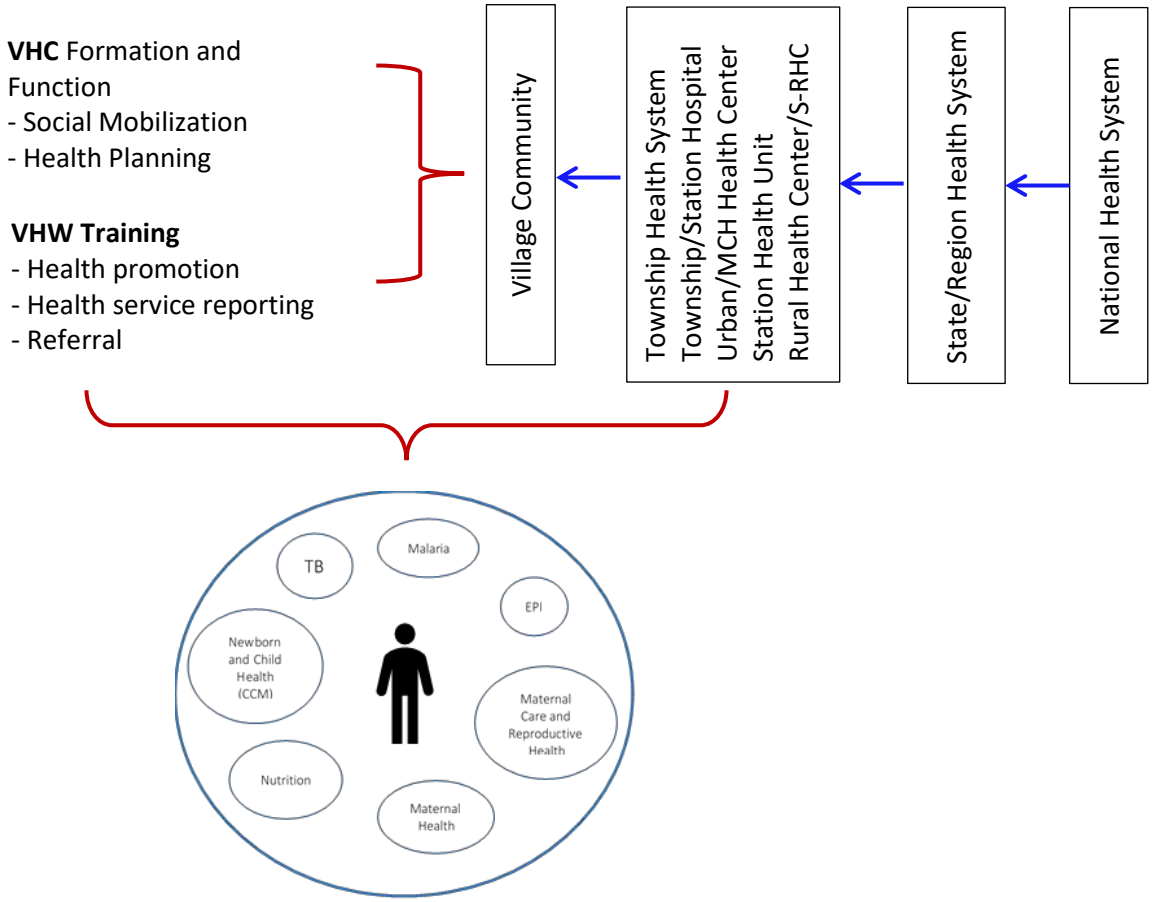


Figure 1. Village Health System Model

III. MHAA PROJECT SUMMARY (2019)

MHAA implemented a total of 89 townships throughout Myanmar during 2019 and below table is indicated project coverage areas and funding agencies.

Table 1. MHAA Project Coverage 2019

Sr. No	Project	State/Region	No. of Township	Funding Agencies
1	Community Based Integrated Health Care (CBIHC)	Bago	3	MHAA
2	Empowering Community for Malaria Control Towards Malaria Elimination in Myanmar (EC – MCME)	Chin and Bago	3	UNOPS-GFATM
3	END TB Project	Rakhine, Yangon, Magway, Mandalay and Sagaing	46	UNOPS-GFATM
4	Nutrition Support to TB Patient (NSTB) Project	Rakhine	5	WFP
5	DEFEAT Malaria Project	Rakhine	3	URC
6	Scaling Up of Nutrition Interventions for IDPs Conflict Affected Communities	Rakhine	5	WFP
7	Promotion of Sanitation and Hygiene Practices through Community-led Total Sanitation Project	Magway	3	UNICEF
8	Improving Access to Integrated Health and Nutrition Interventions for IDPs, Affected Communities and Hard to Reach Communities in Rakhine State	Rakhine	9	UNICEF
9	Food and Nutrition Security Project Nutrition Activities	Rakhine	3	GIZ
10	Reaching Equitable Access to health through Local-empowerment (REAL)- KSS	Kachin, Shan, Sagaing	17	UNOPS-ACCESS
11	Making Linkages, Building the Future, Saving Lives for Remote Populations in Chin Project	Chin	2	UNOPS-ACCESS
12	Promoting Access to Health in Rakhine	Rakhine	7	UNOPS-ACCESS
13	Promoting Access to Health in Rakhine (Interim)	Rakhine	4	UNOPS-ACCESS
14	Reaching Equitable Access to health through Local-empowerment (REAL): KKM	Kayin	4	UNOPS-ACCESS
15	Community Participation toward Universal Access to TB/MDR-TB project (CpATB)	Yangon	14	UNOPS-ACCESS

1. Community Based Integrated Health Care (CBIHC) Project funded by Myanmar Health Assistant Association

At first, this project was funded by 3MDG in 2018 and it was finished at the end of 2018. However, there were many remarkable outcomes in prevention and control of TB and malaria activities as well as active volunteers. Therefore, MHAA decided to implement with own fund during funding gap for 2019.

Implementing Township: Shwe Kyin, Kyaukkyi, Thanatpin in Bago

Coverage Population: 330,858

Goal

- To reduce malaria morbidity and mortality by 85% and 75% respectively 2020
- To reduce TB deaths by 95% and to cut new cases by 90% respectively 2035

Objectives

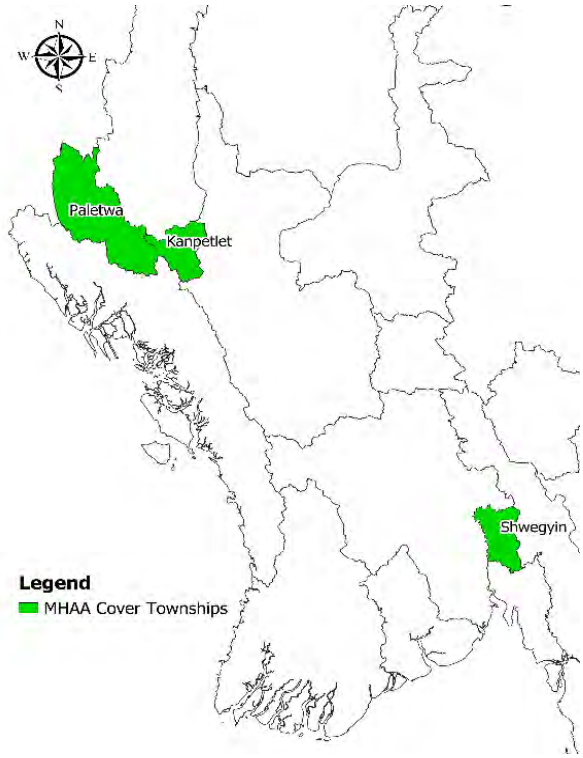
1. To sustain ICMV Trained volunteers in the rural villages for prevention and control of Malaria
2. To sustain the innovative vector control activities towards Malaria Elimination
3. To sustain the linkage between ICMV trained Volunteers and BHS
4. To strengthen the community referral system for ICMV diseases (Tuberculosis, Malaria)
5. To strengthen EPHS Services within community by MoHS

Activities

- Early diagnosis and prompt treatment
- Referral for Severe malaria patient
- Presumptive TB refer as an integrating approach
- Assist in LLIN distribution
- Health Education
- Quarterly Co-ordination meeting with stakeholders
- Assist in MoHS Activities

2. Empowering Community for Malaria Control Towards Malaria Elimination in Myanmar (EC – MCME) Project funded by Global Fund

This project was planned for three years (2018-2020) with a total budget of USD 515,559.



Implementing Township: Paletwa, Kanpelet in Chin State and Shwe kyin in Bago

Coverage Population: 48,483

Goal

To reduce malaria morbidity and mortality by 85% and 75% respectively by 2020 through innovative community empowerment approach towards the national goal of Malaria Elimination in Myanmar

Objectives

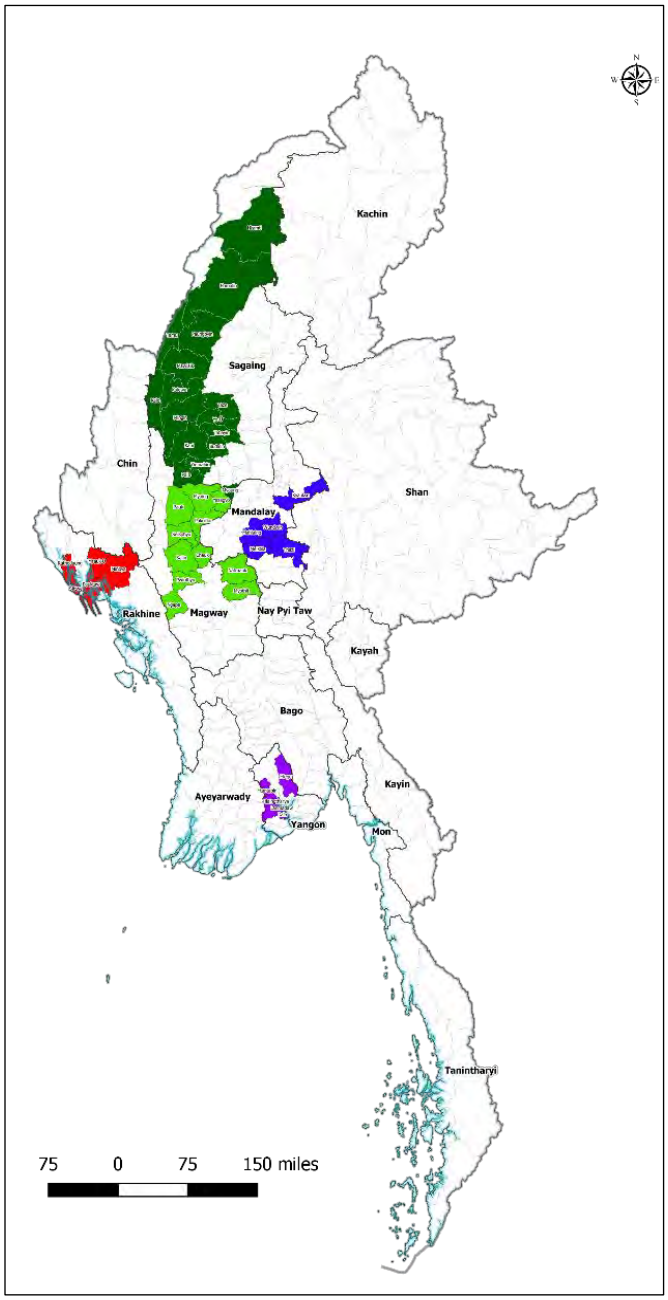
1. Mobilize and empower Malaria affected communities to prevent and reduce the Malaria burden
2. Universal access to Community Malaria Case Management through trained volunteers in the rural villages for prevention and control of Malaria
3. Accelerate the innovative vector control activities toward the Malaria Elimination
4. Policy and advocacy for universal coverage (including hard to reach area and community) through integrated community malaria volunteer in the village health system

Activities

- Training and retraining of ICMV
- Raising awareness on malaria and other diseases
- Testing of suspected cases of malaria using Rapid Diagnostic Tests (RDTs)
- Treatment of malaria cases as per national malaria treatment guidelines
- Assisted Referral of malaria/severe cases (including other diseases) as required
- Support to identify and refer TB, HIV and other health care conditions as per ICMV guideline
- Routine volunteer on-site supportive supervision and monitoring visits and meetings
- IEC/BCC (Behavior Change Communication) sessions on diagnosis, treatment and prevention of transmission of malaria to communities
- Transportation and distribution of commodities from central level to end users
- Participation in monthly coordination meetings and sharing of reports to township health department routinely
- Transportation of LLINs from warehouse to community
- Distribution of LLINs (mass and continuous) and hammock nets
- Community mobilization

3. END TB Project

The End TB project was funded by Global Fund. The project will carry out from January 2018 to December 2020. The total budget is USD 5,155,706.52.



Implementing Township: Hlaingtharyar, Insein, Htantapin, Pabedan, Pazundaung, Lanmadaw, Twantay, Dalla, Seik Gyi Kanaung To, Hlegu, Meiktila, Thazi, Mahlaing, Wundwin, Kyaukse, Pakokku, Myaing, Pauk, Yasegyo, Chauk, Seikphyu, Natmauk, Myothit, Salin, Pwintphyu, Ye U, Depayin, Butalin, Taze, Yinmabin, Myaung, Pale, Kani, Kale, Kalewa, Mingin, Mawlaik, Tamu, Homalin, Hkamti, Phaung Pyin, Sittwe, Pauktaw, Rathaetaung, Mrauk U, Minbya

Coverage Population: 1,353,109

Goal

To end the epidemic of DS-TB and DR-TB in 46 project townships in line with SDG 3 by contributing to National TB program.

Objectives

1. To mobilize and empower communities to prevent and reduce the burden of tuberculosis
2. To promote access to early diagnosis and prompt treatment for tuberculosis
3. To sustain and improve the quality of DOTS services to reach all TB patients and thereby to improve the treatment success rate among all TB detected patients
4. To support the treatment success of DRTB patients while ensuring infection control and prevention of tuberculosis

Activities

A. Active Case Findings through Community Based TB Care (CBTBC) Model (36 townships)

- Volunteer training
- Health Education to Community

- IEC Distribution
- Home Visit & Counselling
- Presumptive TB Referral
- Directly Observed Treatment (DOT) supervision
- Contact Tracing
- Patient Transportation allowance (TA) and Health Care Package Support
- Monthly volunteer meeting

Home Visit to MDR-TB patient by MHAA Staff with Community Volunteer

B. Community Based MDR-TB Care and Support (10 Tsp; in Yangon Region, 5 Tsp; in Rakhine State)

- Volunteer training
- TA support
- Nutrition Support in cash
- DOT provision by volunteers
- Treatment adherence and side effect monitoring
- Infection control measure
- Awareness raising and contact tracing
- Contact tracing and referring
- Monthly volunteer meeting
- Mid-year coordination meeting with THD

C. Human resource support for mobile team operation in Sittwe, Rakhine state and Dawei, Tanintharyi Region

TB Annual Review Meeting at MHAA Head Office, Yangon

4. DEFEAT Malaria Project funded by USAID

The DEFEAT Malaria project will be implemented for five years, starting from 15 August 2016 and ending on 14 August 2021. The total budget is USD 1,499,972.62.

Implementing Township – Buthidaung, Maungdaw, Rathedaung township of Northern Rakhine state

Covered population – 160,792

Goal:
To reduce the malaria burden and control Artemisinin resistant malaria in the target areas. To contribute to the long-term national goal of eliminating malaria in Myanmar.

Objectives

1. Achieve and maintain universal coverage of at-risk populations with proven vector control and case management interventions, while promoting the testing of new tools and approaches.
2. Strengthen the malaria surveillance system to comprehensively monitor progress and inform the deployment and targeting of appropriate responses and strategies.
3. Enhance technical and operational capacity of the NMCP and other health service providers at all levels of service provision.
4. Promote the involvement of communities, private healthcare providers, private companies and state-owned enterprises in malaria control and elimination initiatives.

Activities

- Integrated Community Malaria Volunteer Training
- Malaria Case Management and Diagnosis by Passive Case Detection and Active Case Detection
- Malaria Prevention and Control (Health Education, LLIN Distribution)
- Directly Observed Treatment by volunteers
- Volunteer Supervision
- Monthly Reporting Meeting with Volunteers
- Quarterly township/health center meeting
- Joint Supervision with BHS/VBDC (Vector Borne Disease Control)
- Routine Data Quality Assessment to conduct by Quarterly
- Malaria Commodities and drugs to distribute to service delivery points
- Malaria elimination activities (Case notification, Case investigation, Foci investigation and response)

5. Nutrition support to MHAA's Notified TB patients for Treatment Success Project funded by WFP

The Project Duration is from October 2018 to December 2020 and approved budget is 200,933,733 MMK.

Implementing Township: Minbya, Mrauk U, Sittwe, Pauktaw, Rathedaung in Rakhine State

Coverage Population: 941,779

Objectives

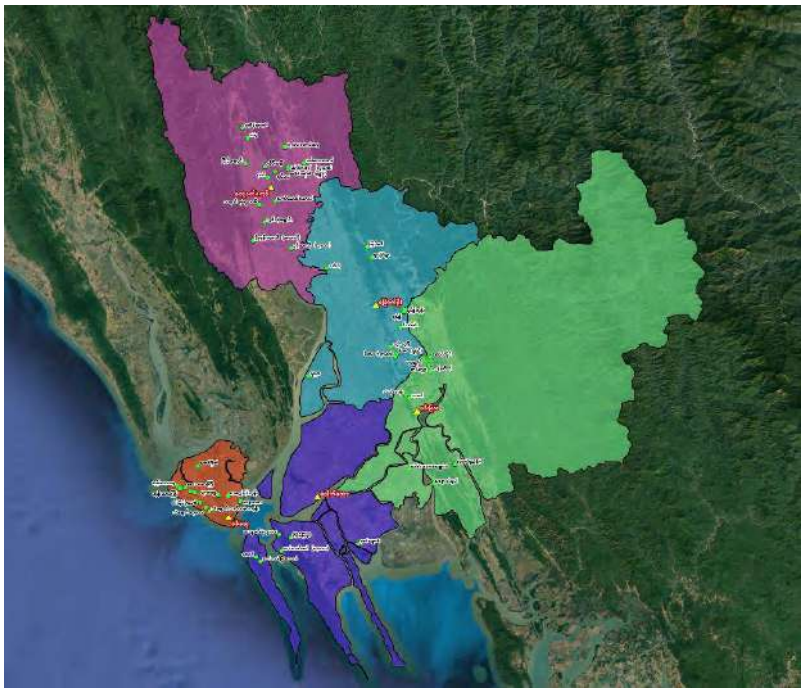
1. To improve treatment success rate through nutrition recovery by providing food and nutrition to all NTP's detected notified TB patients
2. The overall objectives of project activities are:
3. To provide and improve opportunities with recovery and treatment success of patients affected by TB, maintaining or preventing the deterioration of their nutritional status by supplementing existing food means;
4. To provide food support for poor TB patients in order to enable them to complete the DOTS program, in addition to providing therapeutic support.
5. To avert sale of drugs (i.e. anti-TB, drug treatment.);

Activities

- Food & nutrition assistance to people infected with tuberculosis throughout their treatment
- Food request, handling and storage
- Nutritional assessment, nutrition counselling and health education
- Food distribution process (beneficiary registration and verification, food distribution)
- Support health care practice of children and pregnant & lactating mothers.
- Monitoring and reporting



6. WFP Nutrition IDPs "Scaling Up of Nutrition Interventions for IDPs Conflict Affected Communities"



The Project Duration was Jan-Dec 2019 with the approved budget of 643,137,826 MMK.

Implementing Township: Kyauktaw, Minbya, Mrauk U, Sittwe and Pauktaw Townships in Rakhine State

Coverage Population: 201,372

Objectives

1. To reduce malnutrition rate by providing supplementary food ration and by treating moderately acute malnourished beneficiaries in five Townships of Rakhine state start from 1st January to 31st December 2019
2. To improve health and nutrition knowledge, IYCF and care practices of mothers or caregivers of under-five children in five townships of Rakhine State namely Kyauktaw, Minbya, Mrauk U, Sittwe and Pauktaw Townships

Activities

- Targeted Supplementary Feeding Program (TSFP) for treatment/supplement to Moderate Acute Malnourished under five children, pregnant and Lactating women
- Blanket Supplementary Feeding Program (BSFP) for prevention of wasting to under five children, pregnant and Lactating women
- Conduct the anthropometric measurement of the targeted population
- Infant and Young Child Feeding Counselling (IYCF)
- Cooking Demonstration in the community level
- Food request, handling and storage
- Nutritional assessment, nutrition counselling and health education
- Food distribution process (beneficiary registration and verification, food distribution)
- Support health care practice of children and pregnant & lactating mothers.
- Monitoring and reporting

7. UNICEF CLTS "Promotion of Sanitation and Hygiene Practices through Community-led Total Sanitation Project (CLTS)"

This project duration is 2019 - 2020 with a total budget of 405,917,000 MMK.

Implementing Township: Ngaphe, Salin and Pwint Phyu townships in Magway Region

Coverage Population: 474,845

Objectives

1. To provide technical assistance to Rural Health Centers and BHS in implementation of CLTS activities
2. To provide CLTS tools and materials
3. To manage payment of CLTS project implementation and monitoring works related local travel allowance and per diem to BHS

Activities

- Advocacy meeting about the project
- CLTS orientation training to BHS
- Pre triggering visiting and Baseline data collection
- Provide and support to BHS for carrying out triggering process using standard participatory package
- Provide technical assistance and financial support to BHS to conduct monthly post triggering monitoring
- Support and provide technical assistance to Basic Health Staff and Township Medical Officer (TMO) for verifying and declare ODF status
- Open Defecation Free (ODF) verification and celebration
- Project review meeting

8. Improving Access to Integrated Health and Nutrition Services for IDPs, Affected Communities and Hard to Reach Communities in Rakhine State Project funded by UNICEF

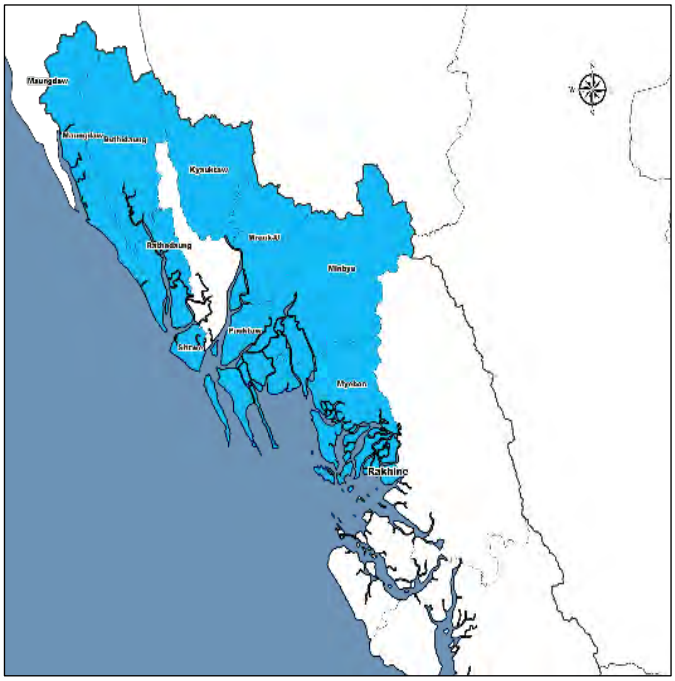
This project will be two years (2019 – 2020) with a total budget of USD 2,497,695.36.

Implementing Township: Sittwe, Pauktaw, Kyauktaw, Mrauk-U, Minbya, Myebon, Rathedaung, Buthidaung, Maungdaw

Coverage Population: 308,054

Objectives

1. to reduce morbidity and mortality of under five children and women due to common childhood illnesses and communicable diseases such as diarrhea, Acute Respiratory Infection (ARI) /Pneumonia, and others among IDPs and affected communities in target townships in Rakhine State by providing life-saving health services.
2. To reduce and prevent morbidity and mortality of under five children and women by treating acute malnourished under-five children and by providing micronutrient supplementation to under-five children and pregnant and lactating women.



Activities

- Providing of Basic Primary Health Care to Affected and Hard-to-Reach Community including Under-five Children
- Emergency Referral Support Activity
- Antenatal Care and Postnatal Care Activity
- Expended Program on Immunization (EPI) Activity
- Dengue Hemorrhagic Fever (DHF) Control Activity
- Health Education Activity
- Active and Passive Screening Activity
- IYCF Activity for Pregnant and Lactating Women
- Provision of nutrition supplies for Children (Multi-micronutrient Sprinkle, pack of 30 (120 sachets/ children 6-59 months)
- Provision of nutrition supplies for Pregnant and Lactating Women (Multi-micronutrient, film-coated tablets, PAC-1000 (180/ Pregnant and lactating)
- Vitamin A Supplementation and Deworming Activity

9. Food and Nutrition Security Project - Nutrition Activities funded by GIZ

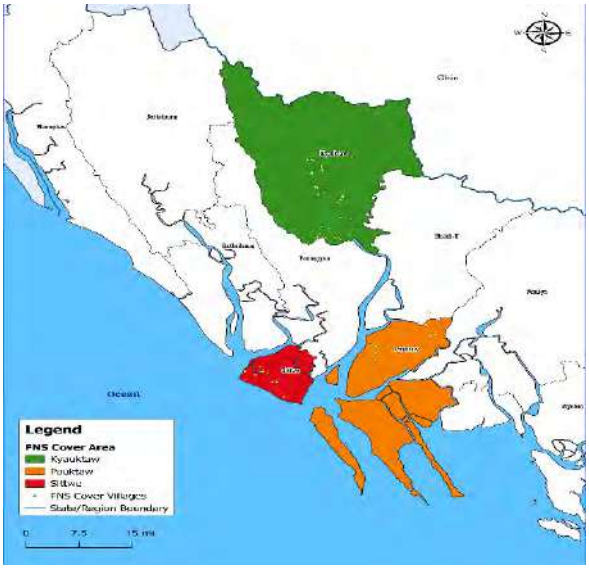
This project was funded by GIZ and duration was July 2018 to July 2020. The total project budget is EURO 321,899 with agreement one and two.

Implementing township – Sittwe, Pauktaw, and Kyauktaw in Rakhine State

Covered population – 119,004

Objective

The dietary and hygiene practices of people in selected region of Rakhine State have been improved, particularly among 15 – 49 years old women and 6 to 23 months children.



Activities

- Nutrition Awareness Sessions
- Cooking demonstration sessions
- Field Nutrition Day Activities
- Nutrition Promotion Month Activities
- Exclusive Breast-Feeding Campaign Activities
- Community Mass Meeting
- Theatre Play Activities
- Volunteers Cluster Meeting
- Father Talk Sessions
- Volunteers Capacity Building
- Hygiene promotion activities for school children in Pauktaw Township
- Nutrition Assessment (15 – 49 years women)

10. Access to Health

In 2019, MHAA started implementation of Access to Health Fund in 48 townships in seven States/Regions. The project duration is first two years (2019-2020) and total budget is USD 9,597,812. In partnership with IRC, PATH-R Interim project was implemented by MHAA in Rakhine State with USD 542,246 for six months duration in 2019.

The Access to Health Fund's overall goal is: Better overall health status of populations in remote and conflict-affected areas and reduced health inequalities. Under these goals, MHAA Access to Health Program developed following project objectives and outputs and outcomes;

Objectives

1. To empower CBHWs and VHCs in Basic Essential Health Care services
2. To increase access to early case detection and treatment of TB/MDRTB, Malaria and MNCH, ASRH and Nutritional problem in accessible and hard to reach area
3. To promote the enabling environment for the service providers
4. To extend and expand the preventive and control activities of prevailing diseases and MNCH problem

Activities

1. Maternal, Newborn and Child Health

- Support to planning at Township Health Department
- Support to outreach activities
- Support to maternal and child referrals
- Support to Village-Based Health Workers (supervision, supplies, training) including auxiliary
- midwives, community health workers and volunteers.
- Support to BHS such as supervision and training

2. Nutrition

- Promotion of early and exclusive breastfeeding
- Nutrition education by campaign/events
- Provision of micronutrient supplements for women during pregnancy and children under two years of age through BHS
- Strengthening prevention and treatment of severe acute malnutrition within the community through BHS

3. Sexual Reproductive Health and Rights

- Referral to clinics and to youth-friendly services
- Delivery of SRH commodities to ASRH peer
- Outreach delivery of SRHR information and community education, with a focus on young people

4. Tuberculosis (TB) /MDR-TB

- Implement Active Case-Finding in conflict and remote areas through volunteers
- Provision of integrated health care services at community level
- Strengthening health system on TB sustainable community through SHG volunteers
- Human resource support for mobile team
- MDR-TB care and support (DOTS, nutrition support, psycho social support, infection control, contact tracing)
- Human resource support for MDR-TB Treatment centre

5. Malaria

- Testing and treatment of malaria services to hard-to-reach populations through volunteers
- Support to identify and refer TB, HIV and other health care conditions as per ICMV guideline
- Routine volunteer on-site supportive supervision and monitoring visits and meetings

Health System Strengthening

- Support for THD/RHC Coordination Meeting
- Support for supervision and monitoring visit to RHC/SRHC/VBHWs

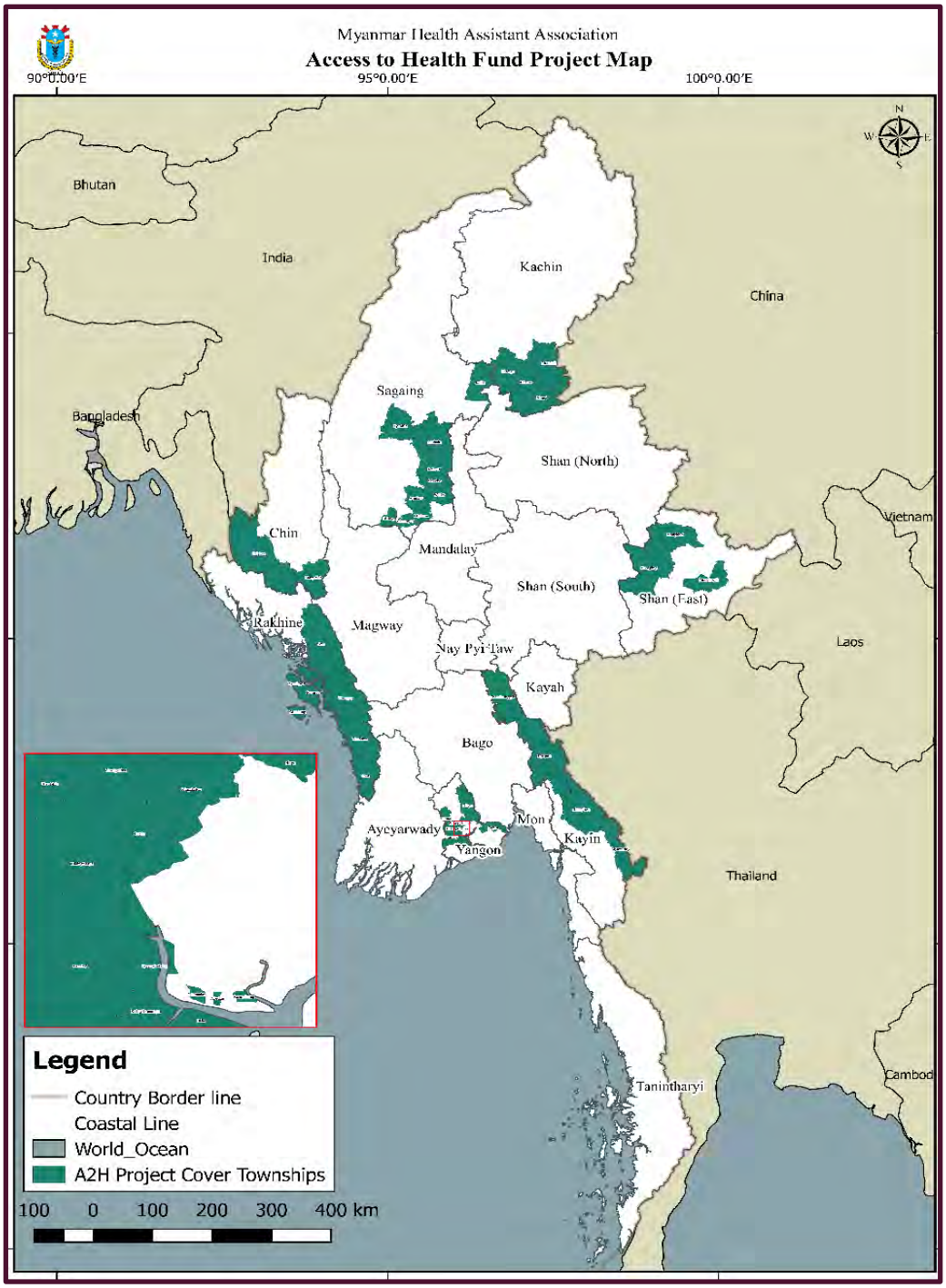
- Support technical and non-technical trainings for BHS/VBHWs
- Support THD for MDSR and CDSR Review Meeting

Demand Creation

- Revitalized/Established VHC
- Community Engagement, feedback and health education sessions

Social Cohesion

- Support technical and non-technical training to EHO volunteers
- Involvement of EHO in Township/RHC coordination meeting



IV. 2019 ACHIEVEMENT AND COVERAGE

1. Organization Development

MHAA strengthened activities in 2019 and various initiatives started in 2019 especially development of Strategic plan which will guide in future project and program implementation. Moreover, Commission, Constitution, and Council Law are important for organizational strengthening as well as professional development for Health Assistants.

Inaugural Speech delivered by the Union Minister Dr. Myint Htwe, Ministry of Health and Sport, MHAA Strategic Plan (2019-2023) Launching

MHAA Strategic Plan (2019-2023)

MHAA five years strategic plan is the first ever developed organizational strategic plan for MHAA. Strategic plan includes vision, mission, core values, goal and objectives, strategies and program areas with the targets for five years. The characteristic of the MHAA Strategic Plan is the unique nature of its target and activities in the direction of achieving universal health coverage in the programs and projects. This strategic plan was developed and launched with the assistance of MHAA organizational fund with the supervision of MHAA Central Executive Committee chaired by MHAA president.

Commission and Constitution

14th MHAA Conference, University of Nursing, Yangon on 29 December 2019

MHAA organized biennial assembly and commission where endorsement of policies and guidance, selection of executive members and president for leadership and control mechanism of the organization, reporting achievement and endorsement through assembly attended by selected Health Assistants from State/Region. One of the important activities is commission and selection of executive members from each State/Region. The commissions forming included; committee forming on 4 March 2019; first Pre meeting was on 19 May 2019 in Yangon HQ, constitution workshop was held in City Golf Resort (4 June 2019), and finalization workshop was conducted on 21 Nov 2019.

Council Law

Council law is critical for Health Assistants and central executive committee has been working on procedures necessary for endorsement of the Council Law. Since 2019, MHAA Central Executive Committee (CEC) has been working with Attorney General Office and edited, revised and added as necessary and discussed many times in Attorney General Office. Beyond the draft with Attorney General Office, MHAA CEC visited two times to discuss with president in member of Bill Committee at Amyothar-Hluttaw on 5/11 and 14/11 2019.

Meeting with Bill Committee at Amyothar Hluttaw

Meeting with Bill Committee at Amyothar Hluttaw

2. Academic development

MHAA continuously supports continued education and academic development of Health Assistants. In the past, MHAA supported cash awards and hand-on training to the students of University of Community Health. In 2019, MHAA organization and Faculty of Public Health, Khon Kaen University of Thailand agreed to develop an international collaboration program to promote public health profession, academic and research development.

The affiliation signing ceremony between MHAA and Faculty of Public Health, Khon Kaen University was done on 24 Nov 2019 in Hotel Yangon, honored by Dr. Thar Tun Kyaw (Permanent Secretary of Department of Public Health, MoHS). The agreed activities are to:

a. Organize Joint Training Program (Certificate course; under and postgraduate course)
b. Organize Joint Research Program
c. Exchange of Student, Academic staff and Supporting staff
d. Exchange of Administrative and Other non-academic staff
e. Other Academic Exchange Activities, Information, Research material

Affiliation Signing Ceremony between MHAA and Khon Kaen University

For staff capacity improvement, MHAA organized the following trainings during 2019.

- Capacity Building Training for Disease Control
- Improve Financial Regulation process and internal control system
- Project Management and Media ethic
- MNCH and Nutrition from NTP
- Adolescent Sexual Reproductive Health and Rights
- Power BI Computer Software Training
- Monitoring and Evaluation (M&E) Forum
- Operational Research
- Strategic Planning and Project Management
- Annual Review Meetings with Project wide

Strategic Planning & Project Management Training by Khon Kaen University

In June 2019, MHAA could organize “Capacity Development Workshop” to discuss Career Opportunity of Health Assistants, Promotion, common agreement of professional name and implementation of MHAA’s Strategy and about 100 participants joined this workshop.

For capacity building of Health Assistants in MoHS, MHAA organized “Leadership and Management Training” with professional trainers (Myanmar Development Professional) in October 2019 in Magway Region. A total of 70 participants attended this training.


Capacity Development Workshop

For the academic development of Health Assistants in MoHS, MHAA supports MMK 600,000 per person who are joined Master Program in Community Health, Public Health and Food Technology Fields and has planned to provide financial aids for Ph.D program but has not defined the amount yet. In August 2019, MHAA donated MMK 500,000 to “BHS Family Scholarship Program” which provided financial aid to Students who attended to University of Community Health. Annually, MHAA also supports the students who are offsprings of Health Assistants when they pass matriculation with distinction (mmk 20,000 per distinction).

3. Budget and Achievement

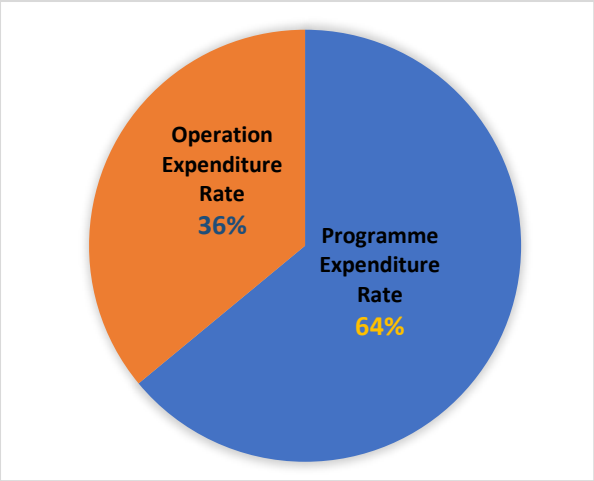


Figure 2. Budget and Expenditure Rate

In 2019, there were 15 projects with a total budget over Seven million (USD 7,111,187**)**. MHAA executed projects under two programs namely the MULTI and the ACCESS. Under the MULTI program, the total implementation budget was USD **3,163,182.** Under the MULTI program, the smallest project was WFP Nutrition for TB Patients with the budget for 2019 (USD 17,387) and the largest project was the Global Fund UNOPS END TB with the budget for 2019 (USD 1,353,109). MHAA has been carrying out TB projects with the Global Fund UNOPS principal recipient (PR) since 2011-12 (STOP TB project) and carried on with scaling up coverage until now. The Access to Health Fund was started in January 2019 and MHAA carried out in 5 areas with a total implementation budget for 2019 of USD **3,480,581**. The highest budget was for Rakhine State (PATH-R project) with USD 1,251,775 and the lowest budget was for Chin State with USD 80,263.

Table 2. MHAA 2019 Budget by Project and Area

Project Name	Project Area	Township	Expense (USD)	Expenses %
MHAA Head Office	Yangon	-	467,424	7%
CPA TB Project	Yangon	14	538,254	8%
REAL - Kayin Project	Kayin	4	358,644	5%
REAL - KSS Project	Kachin, Sagaing, Shan	17	1,251,645	18%
PATH-R	Rakhine	7	1,131,269	16%
Chin	Chin	2	80,263	1%
Interim	Rakhine	4	120,506	2%
End TB Project	Rakhine, Sagaing, Magway	46	1,353,109	19%
EC MCME Project	Chin, Bago	3	161,354	2%
FNS Project	Rakhine	3	134,241	2%
Defeat Malaria	Rakhine	3	242,062	3%
Health and Nutrition Project	Rakhine	9	749,897	11%
SFP Project	Rakhine	5	359,583	5%
NSTB Project	Rakhine	5	17,387	0.24%
CLTS Project	Magway	3	145,550	2%
MHAA TOTAL			7,111,187	100%

4. Human Resources

Generally, the candidates selected for University of Community Health have limited proportion for female students leading to higher proportion of male Health Assistants according to MoHS plan. However, MHAA practices non-discrimination to all employees on grounds of race, sexual orientation, gender, Ethnicity, nationality, age, marital status, disability, culture, beliefs and social background. Targeting gender sensitive programs, MHAA will explore more qualified women recruitment for implementing community health programs in Myanmar. In 2019, the proportion of male staff was 60% (241) and female staff is 40% (365), totally 606 staff.

In accordance with a continuous developing organization in Myanmar, the workforce of 2019 (606 staff) was increased obviously compared to 2018 (355 Staff). This was due to new projects funded by Access to Health (UNOPS) in 48 townships with the newly recruited staff (251) early in 2019. MHAA has also provided human resources with the position of 2 Laboratory Technicians at Meiktila and Kalay Township Health Department with MHAA own fund.

Although MHAA is for Health Assistants, the organization recruited staff according to the organizational set up of MHAA. During 2019, health assistants are only 53% among the total 606 staff. In previous, MHAA practiced and managed with functional management style in all projects. However, MHAA could change to departmental management style in 2019. It could be formed as Human Resources Department, Finance Department, Operation Department, M&E Department and Program Department in 2019.

As a few challenges, there has been a turnover of staff, especially field staff who are working in very remote and conflict areas. In category of staff, MHAA program staff is 337 and other staff consist of TB mobile team staff, AEI focal, consultant, drivers and security guards.

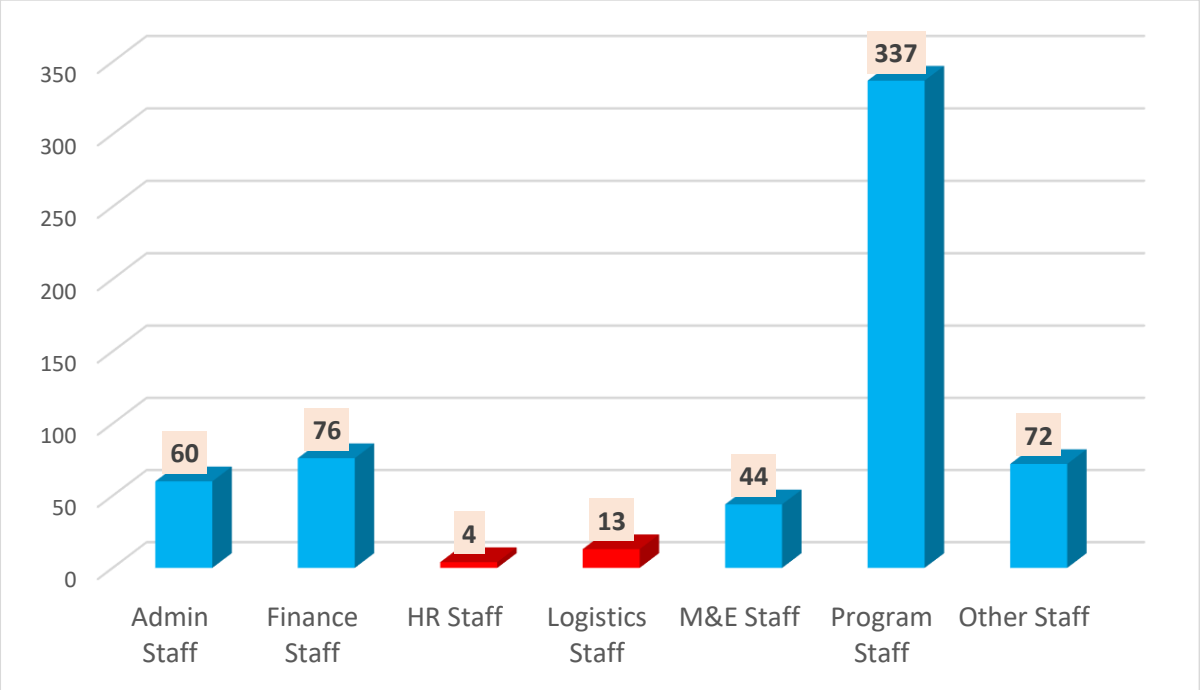


Figure 3. Category of Staff in MHAA

5. Programmatic Achievement

The programmatic achievement session will be discussed in coverage and outcome for following thematic program;

5.1 Disease Control (Communicable Disease and Non-Communicable Disease)
5.2 Reproductive Maternal Newborn and Child Health (RMNACH)
5.3 Nutrition
5.4 Water Sanitation and Hygiene (WASH)
5.5 Health System Strengthening
5.6 Emergency Response


School Health Activity, Sagaing


Post triggering activities at Shwe Twin Tu Village, Salin Township, Magway

World TB Day activity at Mongping township, Shan-East


EPI Activity at Ta Khae Khoe Village, Kayin State

Glance Results

MALARIA

23 Townships in 7 States and Regions Covered

69,850

Communities RDT Tested For Malaria

4,275

Communities Treated for Malaria

TUBERCULOSIS

73 Townships in 9 States and Regions Covered

588

MDR-TB Cases received MDR-TB Care and Support

30,586

Referral of Presumptive TB by volunteers

4,966

Notified TB Cases (All Forms)

MATERNAL, NEWBORN AND CHILD HEALTH

18 Townships in 4 States and Regions Covered

3,084

Emergency maternal referrals

17,24

Emergency U5 children referrals

235

Emergency Maternal referral from hard to reach area

182

Emergency U5 Children referral from hard to reach area

NUTRITION

9 Townships in Rakhine State

86,800

U5 Children Received Nutrition Screening

463

Children with Severe Acute Malnutrition (SAM) Admitted

6,228

Children with Moderate Acute Malnutrition (MAM) Admitted

4,075

Pregnant and Lactating Women received multi-micronutrient tablets

331

Cured SAM Cases

5,870

Cured MAM Cases

PRIMARY HEALTH CARE

9 Townships in Northern Rakhine State Covered

43,977

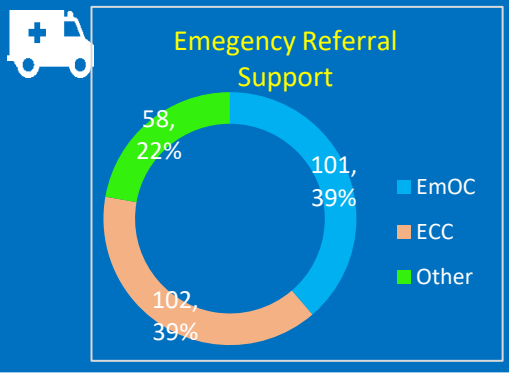
Affected community who received basic primary health care services including medical consultation

2,779

Under-five children with diarrhea treated with ORS and Zinc tablets

1,277

Under-five children with suspected pneumonia treated with antibiotics

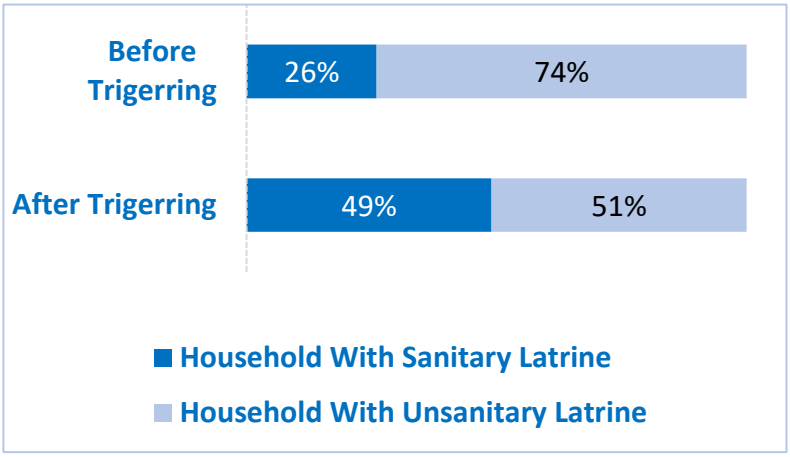


COMMUNITY LED TOTAL SANITATION

3 Townships in Magway Region

1,659

Household with new latrine built



5.1 Disease Control (Communicable Disease and Non-Communicable Disease)

Tuberculosis

TB is a major public health problem in Myanmar and over the world. According to the World Health Organization (WHO), Myanmar is one of the world's 30 high countries in TB, MDR-TB and HIV-TB burden. The objectives of the National TB Program (NTP) is to reduce mortality, morbidity and transmission of TB until it is no longer a public health problem; to prevent the development of drug resistant TB; and to halted by 2015 and begun to reverse incidence of TB. MHAA has been working for community-based TB program since 2010. According to the nationwide TB prevalence survey Myanmar in 2018, there was high TB prevalence in remote villages with poor access to TB service.[5]

MHAA has been implementing the community-based TB program since 2010. MHAA empowered community volunteers in collaboration with National TB Program and mobilized community to promote early diagnosis and treatment adherent support by volunteers including peer volunteers.

MHAA started integrated community volunteers for TB, Malaria and MNCH under the Access to Health Fund.

TB Home Based Care by MHAA Staff in Sagaing

Home Visit to TB patient by MHAA Staff with Community Volunteer

[5] Results of Nationwide TB Prevalence Survey Myanmar Oct 2017 – Sep 2018 Dr. Si Thu Aung Director (Disease Control) Department of Public Health, 04.04.2019

Drug-Sensitive TB Program (DS-TB)

MHAA DS-TB program coverage for 2019 was eight States/Regions and 73 townships with 9,044 villages for 9,065,197 population. Moreover, MHAA trained a total 1,536 community volunteers for active case finding of TB and treatment support as well as provided TB services to 15 camps (in Rakhine) of 98,907 population. There were two major funding; Global Fund (End TB project) and Access to Health TB project, however; coverage area does not overlap or implement different types of the TB program (Drug Sensitive and Resistant TB).

Under the Drug Sensitive TB program, there were different projects under the different funding namely; End TB Project (Global Fund), Access to Health (Community Participation towards Universal Access to TB, Reaching Equitable Access to Health through Local Empowerment (Kachin, Shan and Sagaing), Promoting access to Health in Rakhine) and Community Based Integrated Health Care (CBIHC) Project with MHAA Own Fund. The activities are conducted according to the TB projects.

Table 3. Results of DS-TB Program in 2019

Indicators	Achieved
Number of presumptive TB cases Examined	**30,586**
Number of notified cases of all forms of TB	**4,966**
Number of notified TB cases of bacteriologically confirmed TB cases	**1,454**
Number of community volunteer trained and supported	**1,536**
Percentage of DS-TB cases (2018 cohort) successfully treated	**93%**
Number of Notified TB Case received Health Care Package Support	**4,866**
Number of TB Contact Person Examined for TB Diagnosis	**4,981**

Multi-Drug Resistant TB Program

MHAA MDR-TB program "Patient Centre Community-based MDRTB Care Program" has been working since 2013 and supported by many donors namely FHI 360, 3MDG and currently the Global Fund in townships in Rakhine State and 10 townships in Yangon Region. In 2019, MHAA trained 332 MDR-TB volunteers who will conduct MDR-TB Care in collaboration with National TB.

For multi-drug resistant TB (MDR-TB), MHAA provided important treatment adherence activities including DOT provision, infection control, side-effect monitoring, counselling, and contact tracing, and world TB day activities and community awareness raising activities through trained community volunteers and supported nutritional packages, financial support and transport allowance. In 2019, 301 cases out of ongoing 604 MDR-TB cases were newly enrolled in MHAA MDR-TB Program. Among total ongoing cases, 93% were in Yangon Region and 7% in Rakhine State. As of Figure (4), MDR-TB cases occurred nearly twice in male than that of female.

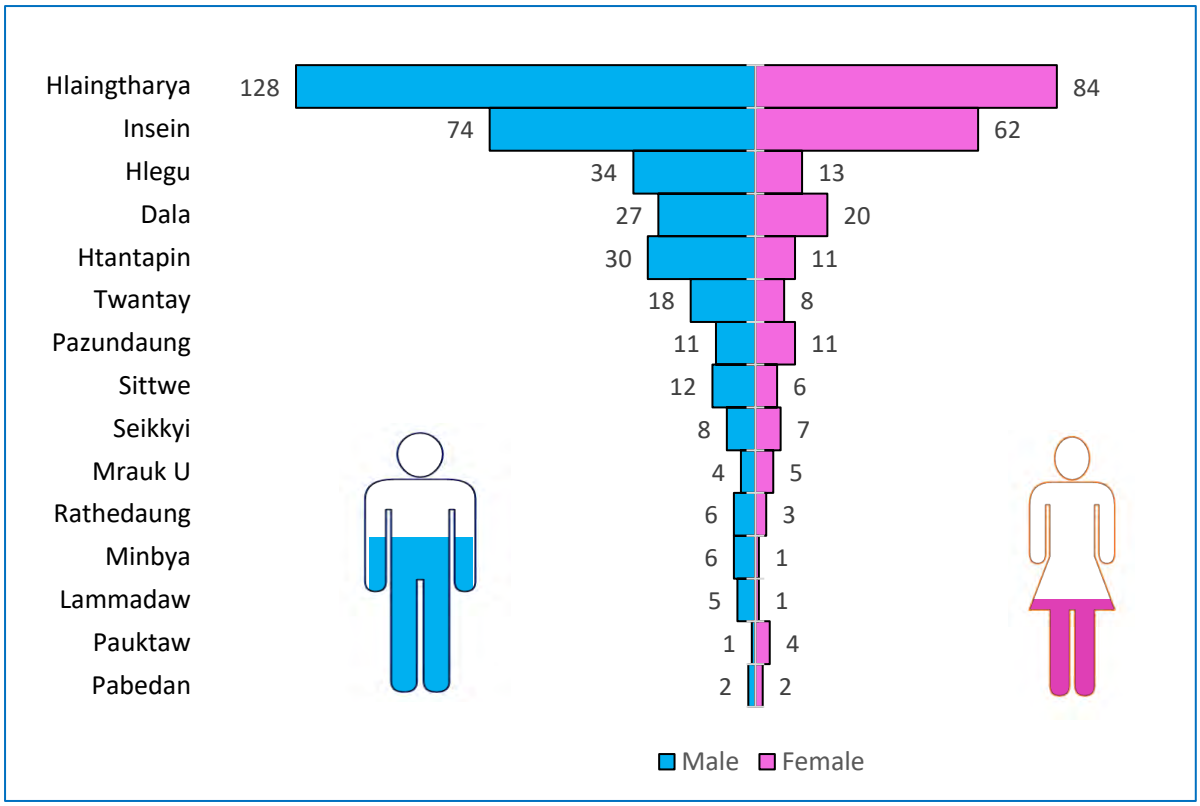


Figure 4. Ongoing MDR-TB Case Distribution by Gender and Township during 2019

In Yangon, the burden of drug resistant tuberculosis (DR-TB) in urban areas is higher than anywhere else in the country and also almost half of all treated DR-TB cases. During 2019, 556 ongoing MDR-TB Cases were registered in 10 Townships (Hlaingtharya, ongoing cases, 541 cases received the MDR-TB care and support through community volunteers. There were some challenges for DOT provision because some patients were mobile, migrants and refused DOT provision due to lack of health knowledge and socioeconomic problems.

In Rakhine State, there were 48 ongoing MDR-TB cases in five townships (Sittwe, Rathedaung, Pauktaw, Mrauk-U and Minbya townships) which were covered by MHAA in 2019. Among these five townships, Sittwe township had the highest number of MDR-TB cases (18 Cases) and then followed by Mrauk-U and Rathedaung (each 9 Cases). MHAA supported the MDR-TB

Htantapin, Insein, Twantay, Dala, Seikkyikhanaungto, Lanmadaw, Pabedan, Pazundaung, Hlegu) in Yangon Region covered by MHAA. Hlaingtharya and Insein townships were the highest caseload of 38% and 24% respectively. Among

care and support to 47 cases through community volunteers.

In 2019, MHAA referred 98 MDR-TB contact persons and found out 5 (5%) TB cases among contact persons. All of these cases received treatment in Drug-Sensitive TB Program. MHAA needs emphasis to conduct more contact tracing and referral in coming years.

Regarding the 2017 cohort, 311 MDR-TB cases enrolled in MHAA MDR-TB Program. Among these cases enrolled in 2017, the MDR-TB treatment success rate (TSR) as of 2019 was 80%. This result was remarkable treatment success rates for MDR-TB compared to a global average of 56% and also nearly

the national target of 81%.[6] [7] However, the death rate was still high (15%) while the failure rate and loss to follow up rate were 0.3% and 4% respectively. Most importantly, 3 (1%) MDR-TB cases were moved to XDR regimen and 5 (2%) moved to Pre-XDR.

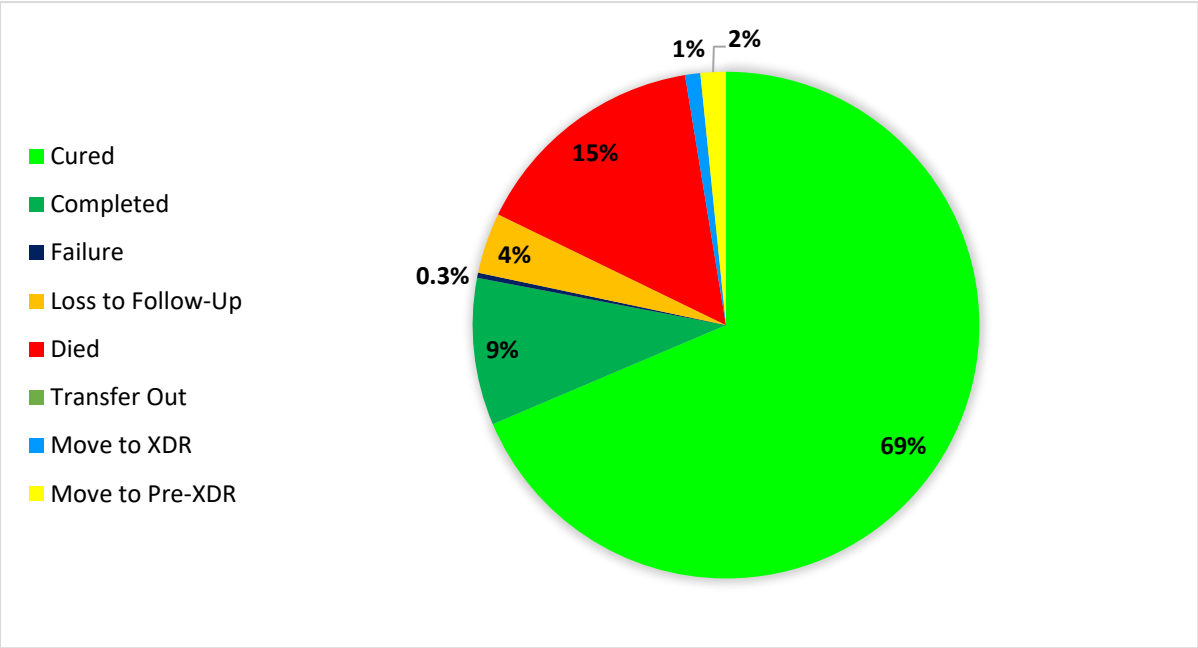


Figure 5 MDR-TB Tx outcome (2017 Cohort)

[6] https://www.who.int/tb/publications /global_report/en/
[7] https://mohs.gov.mm/su/ogsJUs(National Strategic Plan (2016-2020)

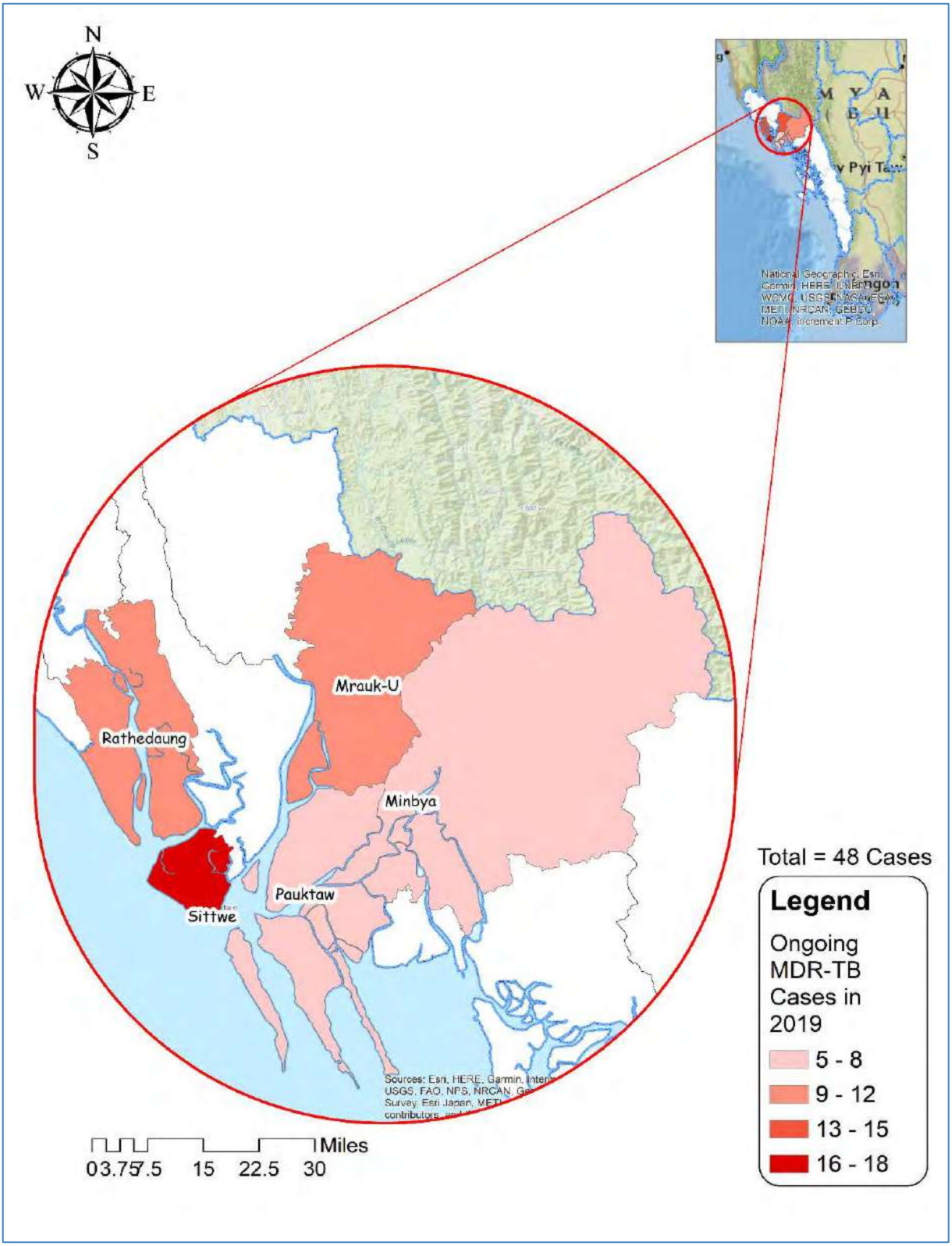


Figure 6. Map of Ongoing MDR-TB Case Distribution in 5 Townships in Rakhine State Region during 2019

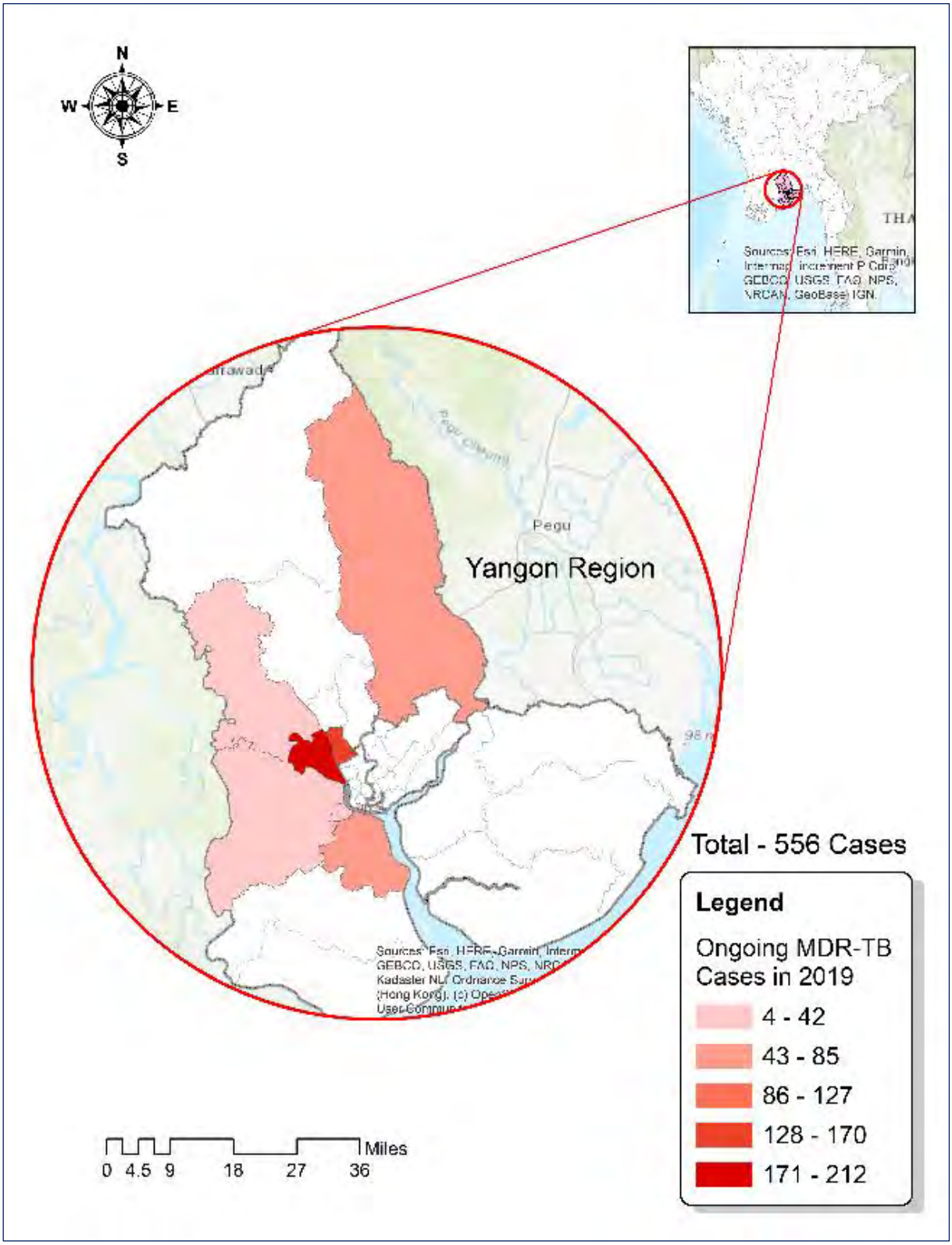


Figure 7. Map of Ongoing MDR-TB Case Distribution in 10 Townships in Yangon Region during 2019

Malaria

In Myanmar, malaria transmission is largely restricted to hilly, forested and forest fringe areas. Of the 52 million population residing in the country, 22.5 million (43%) reside in endemic areas, whereas 21.4 million (41%) live in areas with receptivity and vulnerability risk of malaria. A total of 182,616 malaria cases were reported in 2015.[8] At present falciparum malaria accounts for around 64% of cases. Annual Falciparum Incidence (AFI) in 2015 is 2.66. The recent roll out of RDTs in Myanmar dropped the incidence of reported malaria by 49% since 2012 (from 8.09 in 2012 to 4.16 in 2015 per 1,000 population) despite improved case detection resulting from RDT. In 2015, Rakhine and Sagaing accounted for 19% and 15% of Malaria incidence respectively. Marginalized mobile and migrant populations and ethnic minority groups working or living in the forest and on the forest fringe often carry the greatest burden of poverty and disease and targeted Malaria intervention should pay attention to these vulnerable groups.

RDT Testing by ICMV

In 2019, MHAA malaria program funded by three donors namely the Global Fund, Access to Health Fund, USAID Fund and MHAA own fund covered 23 townships from five States and two Regions with 921 villages and 771 volunteers reaching 786,806 population. The relevant

Special Mobile Activity at Aung Min Village, Rathedaung Township

challenges identified by MHAA team were; need to improve in field supervision visit to voluntary health workers due to restriction of field activities especially in Rakhine and high turn-over rate of staff to work in conflict situations.

MHAA Malaria program coverage State/Region was;

1. Chin State (Paletwa and Kanpetlet)
2. Rakhine State (Buthidaung, Maungdaw and Rathedaung)
3. Kachin State (Bhamo, Momauk, Mansi and Shwegu)
4. Kayin State (Hlaingbwe and Hpapun)
5. Shan East (Monghpyak, Mongkhet and Mongping)
6. Sagaing Region (Shwebo, Khin U, Kanbalu, Chaung U, Salingyi, Wetlet, Ayadaw and Myinmu)
7. Bago Region (Shwe Kyin)

[8] NATIONAL STRATEGIC PLAN Intensifying Malaria Control and Accelerating Progress towards Malaria Elimination 2016-2020, MOHS (2017)

ICMV Training at Maungdaw township, Rakhine

There was a total of 69,850 people tested for Malaria. By age distribution of RDT Testing, (47355; 68%) were the age of 15 years and above, and remaining were; 10-14 years (7543,11%); 5-9 years (8649,12%); 1-4 years (5702,8%); and under one year (599,1%). By sex aggregation, (28,969; 41%) of testing were women, (40,879, 58%) were men and less than (200; 1%) of them were pregnant. By the diagnosis, there were (65,573, 94%) negative cases and (4275, 6%) Positive cases. Among malaria cases, 64% was Plasmodium Falciparum (P.f), 35% was Plasmodium Vivax (P.v) and 1 % was Mix Case. Malaria positivity rate (MPR) was the highest in Chin (Paletwa and Kanpetlet townships) 16.9% and lower than 1% in Bago, Kachin, Shan East, Sagaing and Rakhine. MHAA overall MPR was 6.2% in 2019.

The three highest testing and positive State/Regions were reported for malaria diagnosis (Table 4). Three highest testing States/Regions were; Chin (22,720), Kayin (8,684) and Rakhine (33,359); highest positive numbers were Chin (PV 1216, PF 2,586 and mix 43), followed by Kayin and Rakhine. There was a total (3845) P.f, P.v and mix in Chin among total whole MHAA positive of (4,275). According to WHO 2015 micro stratification for Malaria in Myanmar, three townships are five highest Malaria Annual Parasite Index (API) (an indicator for Malaria burden) in Myanmar namely Hpapun (253), Buthidaung (139) and Paletwa (104).

On the way of Malaria Mobile Session at Work Site, Kachin

Field Visit in Paletwa township, Chin State

Water Way Trip of MHAA Staff in Paletwa township, Chin State

Table 4. MHAA Malaria Program Summary about the Socio-demographic, Diagnosis and National Treatment Guideline

Description	Bago	Chin	Kachin	Kayin	Rakhine	Shan (East)	Sagaing	MHAA Total
RDT								
<1YEAR	0	499	16	58	23	3	0	599
1Y - 4Y	34	4,041	94	697	810	26	0	5702
5Y - 9Y	127	4,666	91	1,489	2,190	82	4	8649
10Y - 14Y	177	2,886	38	1,468	2,899	41	35	7544
15Y and Above	2,521	10,628	731	4,972	27,437	303	764	47356
Age Total	**2,859**	**22,720**	**970**	**8,684**	**33,359**	**455**	**803**	**69,850**
RDT								
MEN	1867	11,527	457	4,371	22033	194	430	40,879
WOMEN	992	11,193	513	4313	11326	261	373	28,971
Women Pregnant	0	100	8	12	77	3	0	200
Gender Total	**2,859**	**22,720**	**970**	**8,684**	**33,359**	**455**	**803**	**69,850**
Positive								
PV	8	1,216	4	163	90	1	1	1,483
PF	3	2,586		62	83			2,734
MIX-PF PV		43		2	13			58
Total Positive	**11**	**3,845**	**4**	**227**	**186**	**1**	**1**	**4,275**
Malaria Positive Rate	0.40%	16.90%	0.40%	2.60%	0.60%	0.20%	0.10%	6.10%
National Treatment Guideline and Referral								
NTG	11	3812	4	226	186	1	1	4,241
Referral cases	0	33	0	1	0	0	0	34
NTG (%)	**100.0%**	**99.1%**	**100.0%**	**99.6%**	**100.0%**	**100.0%**	**100.0%**	**99.2%**

5.2 Reproductive Maternal Newborn and Child Health (RMNACH)

In Myanmar, the maternal mortality ratio (MMR) is the second highest among ASEAN countries at 282 deaths per 100,000 live births in 2014.[1] Every year, around 2,800 women die during pregnancy or childbirth (2014 census). The under-five mortality rate (U5MR) is 72 deaths per 1,000 live births – compared to 29 in Cambodia and 12 in Thailand – and the infant mortality rate is 62 per 1,000 live births, compared to 25 in Cambodia and 11 in Thailand.[1]

MNCH program was implemented in 18 townships in four States (Rakhine, Shan East, Kachin and Kayin) under the Access to Health Fund started in 2019. At the end of the 2019, there were 3,381 villages of which 786 villages were hard to reach villages, and two million population coverage. It is aiming to increase access to quality essential health services for underserved and vulnerable people in conflict-affected areas and hard to reach areas including migrant workers and internally displaced persons, and to enable the health system to sustain these gains. Under the MNCH program, the following achievement reported;

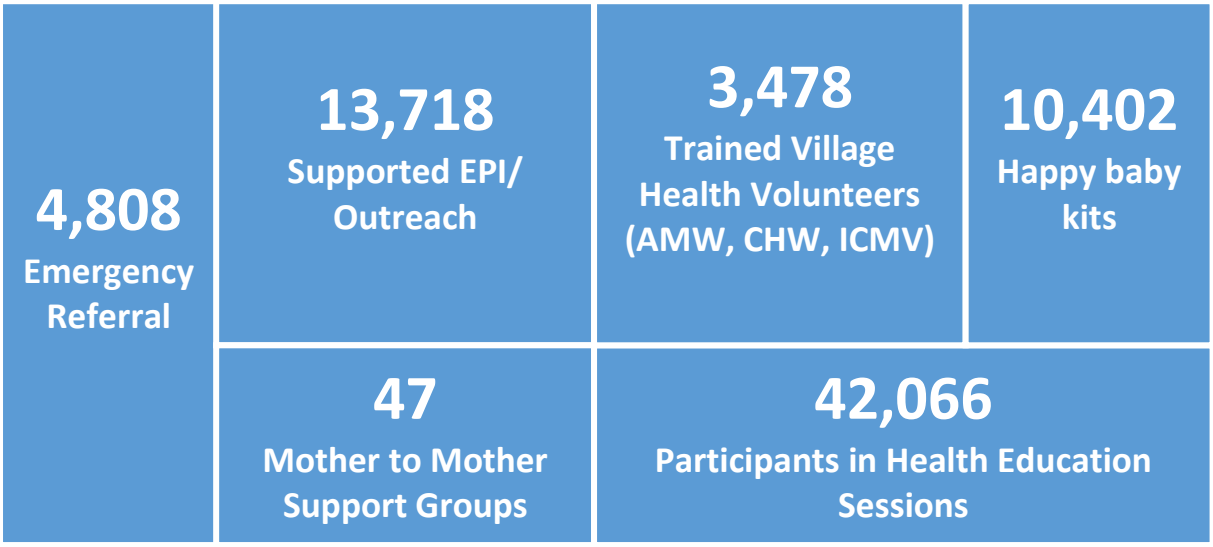


Figure 8. Supported Results of MNCH program

MHAA could provide financial support to a total of 4,808 emergency referral cases ;3,084 mothers and 1,724 children, in kind items like Happy baby kit to 10,402 pregnant women and reached 13,718 people for EPI (Expanded Program on Immunization) through Outreach Sessions, trained 3,479 village-based health worker (ICMV, CHW, AMW, etc.) and disseminated health messages on MNCH to 42,066 persons through health education session.

MHAA implementation model enhanced the interventions for Health System Strengthening that support the National Health Plan and its Annual Operation Plans such as support to the meetings at State Level, Township Level and RHC Level. To sustain community involvement in health system, village health communities are formed which help to enable meaningful dialogue and collaboration between health providers and the community, both to improve health demand and responsiveness.

Under the MNCH program, MHAA supported BHS and volunteers for promoting community awareness and referral support to mothers (EMOC) and children (ECC) with Access

to Health Fund (UNOPS). There were a total 4,808; 3,084 EMOC referrals and 1,724 ECC referrals supported by MHAA program in four States/Regions namely Kachin, Kayin, Rakhine and Shan East.

By State/Region, the highest referral diseases were; high risk pregnancy (202 out of total 567) in Kachin; prolong/obstruct (194 out of total 556) in Kayin; high risk pregnancy (615 out of total 1762) in Rakhine; and high-risk pregnancy (93 out of total 196) in Shan East. According to the JI-MNCH report, five most common diseases for EMOC referral were high risk pregnancy, Eclampsia/PIH/PE, bad obstetric history, abnormal lie and high head at term.[6]

High proportion of death was reported from the grand multipara group (gravid 4 and above) in Kayin 57% and Shan East 100%; while High proportion was reported from the gravida 1-3 group in Kachin 100% and Rakhine 63% accordingly. For the EMOC referral, the proportion of gravida 1-3 was 68% to 84% for all four States, and gravida 4-8 was 16% to 28% accordingly.

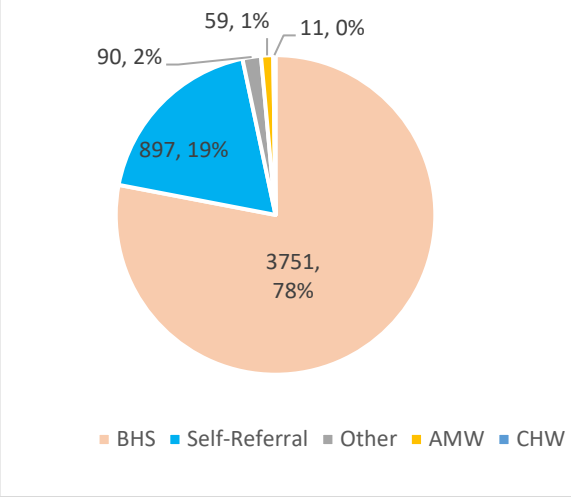


Figure 9. Referral by whom

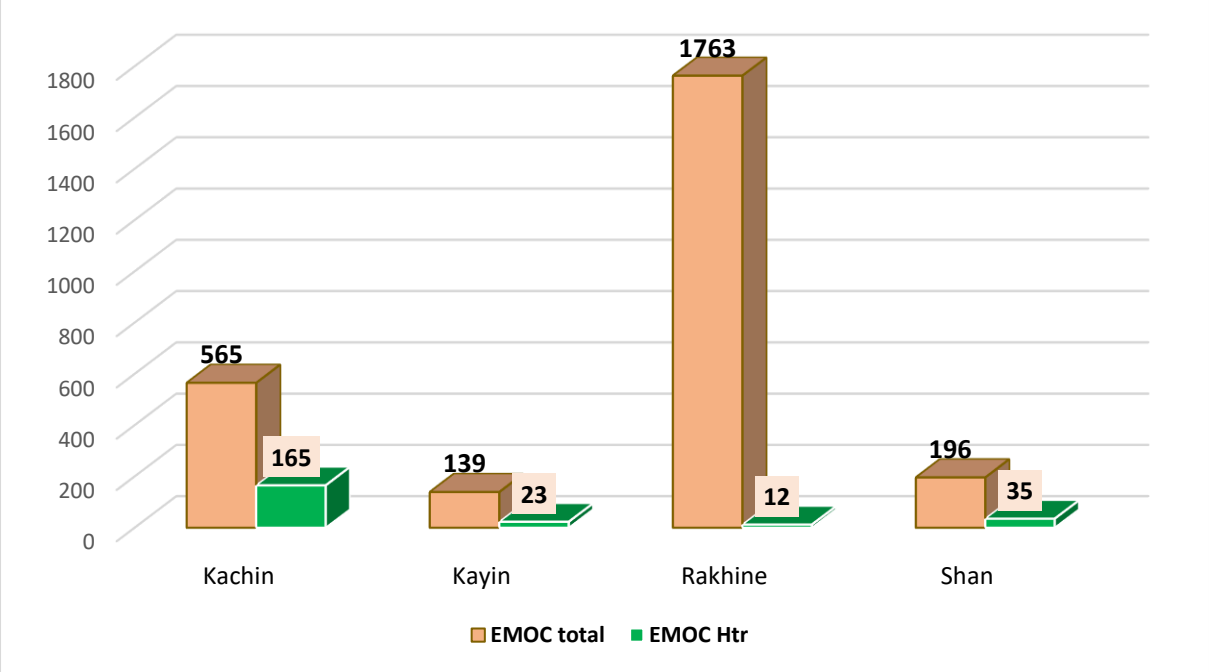


Figure 10. EMOC Referral Supports by State/Region

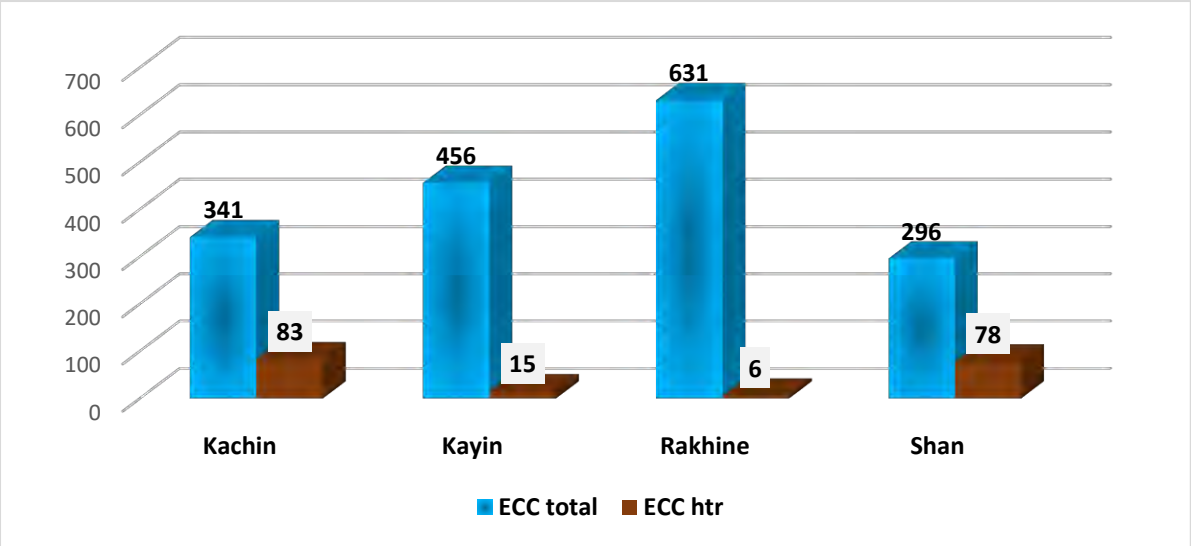


Figure 11 ECC Referral Supports by State/Region

For the child death surveillance and response (CSDR), there was a similar proportion between boy and girl, and high proportion reported from the hard to reach area from Kachin (41%) and Shan East (39%) compared to Rakhine (3%) and Kayin (4%). For the maternal death surveillance and response (MDSR), mostly reported from non-hard to reach areas except Shan East. For the age group, under one age group reported 82% of child deaths, however; only 51% of ECC assistance went to under one-year group.

For both EMOC and ECC referral, all four States reported low proportion of cases in hard to reach areas, less than 30% in all four States, however; Rakhine has lowest, 1% for both ECC and EMOC referral.

Table 5. MNCH Program Beneficiary Socio-demographic factors and Delivery Type of EmOC

MNCH	STATE/ REGION	Age_ Group		Delivery Type				Hard to Reach Condition		
		5-14 Y	15Y - 49Y	Instru mental	LSCS	NSVD	Other	Non H2R	H2R	Uncover Area
EMOC	Kachin	1	568	9	333	190	37	405	164	0
	Kayin	1	555	59	187	244	66	504	23	29
	Rakhine_ South	0	1763	160	1171	378	54	1751	12	0
	Shan East	0	196	24	58	90	24	161	35	0
	TOTAL	**2**	**3082**	**252**	**1749**	**902**	**181**	**2821**	**234**	**29**

Table 6. MHAA MNCH Program Beneficiary Socio-demographic factors of ECC

MNCH	STATE/ REGION	Age_ Group			Gender		Hard to Reach Condition		
		<28D	28D – <1Y	1Y – <5Y	BOY	GIRL	Non H2R	H2R	Uncover Area
ECC	Kachin	187	71	83	192	149	260	81	0
	Kayin	76	149	231	235	221	384	15	57
	Rakhine	103	178	350	330	301	625	6	0
	Shan East	52	71	173	168	128	218	78	0
	TOTAL	**418**	**469**	**837**	**925**	**799**	**1487**	**180**	**57**

EPI (Immunization)

MHAA EPI program under the Access to Health provides assistance to Basic Health Staff (BHS) and Township Health Department (THD) to carry out immunization. Generally, high EPI coverage will prevent childhood preventable diseases and under five child mortality. MHAA 2019 EPI coverage was reported in table (7). MHAA EPI coverage included four States/Regions and 20 townships namely Kachin (Bhamo, Momauk, Mansi, Shwegu), Kayin (Thandaunggyi), Rakhine (Thandwe, Gwa, Toungup, Manaung, Ramree, Ann, Kyaukphyu) and Shan East (Monghpyak, Mongkhet, Mongping). There was a total of 13,717 under five children immunized with the support of MHAA. Among them, 12% (1663) lived in hard to reach areas of the respective townships. Among the State/Region, Rakhine was highest coverage number (8996) and Kayin was lowest coverage (290), however; both were lowest coverage of hard to reach; 0.5% and 0%.

On the other side, Kachin has a coverage session of 2,333 but high proportion of hard to reach coverage is about 50%. MHAA could contribute and support 71% of total cover villages to be reached more in EPI/OS coverage. On the other side, township Health Management Information System (HMIS) data showed the achievement of a range 50% to 100% in Penta 3 coverage and a range 72% to 93% in measles coverage.

In MHAA implementing townships, immunization coverage was high in all townships; Penta 3 (79% to 100%) and measles (78% to 93%) except Mongping. MHAA will explore ways to scale up coverage to remaining areas in low coverage townships and expand to hard to reach community in good coverage township to achieve universal immunization coverage among all children in collaboration with Township Health Departments.

Package tour activities at Hard to Reach Village, Myawaddy Township

Table 7. MHAA EPI Program Coverage

State/ Region	Township	Number of EPI Sessions supported by MHAA			EPI coverage villages/ Wards supported by MHAA	Total Villages/ Wards	% of Supported villages/ Wards in EPI/OS	Under One Immunization Coverage	
		Non-Hard-to-reach	Hard-to-reach	Total Sessions				Penta3	Measles
Kachin	Bhamo	488	221	709	102	103	99%	89%	89%
	Mansi	44	365	409	52	156	33%	93%	89%
	Momauk	206	481	687	101	171	59%	98%	93%
	Shwegu	433	95	528	70	100	70%	86%	87%
	Kachin Total	**1,171**	**1,162**	**2333**	**315**	**530**	**59%**		
Kayin	Thandaunggyi	290	0	290	155	310	50%	79%	78%
	Kayin Total	**290**	**0**	**290**	**155**	**310**	**50%**		
Rakhine	Ann	1,330	8	1,338	178	236	75%	90%	91%
	Gwa	830	0	830	108	160	68%	101%	81%
	Kyaukpyu	1,535	0	1,535	236	281	84%	95%	93%
	Munaung	850	0	850	94	137	69%	97%	84%
	Ramree	1,135	0	1,135	138	217	64%	98%	81%
	Thandwe	1,688	0	1,688	186	273	68%	99%	79%
	Toungup	1,617	41	1,658	199	227	88%	94%	83%
	Rakhine Total	**8,948**	**49**	**9,034**	1279	1531	**84%**		
Shan East	Monghpyak	656	174	830	133	138	96%	95%	88%
	Mongkhet	718	156	874	138	138	100%	84%	85%
	Mongping	272	122	394	118	359	33%	50%	72%
	Shan Total	**1,646**	**452**	2098	396	635	**62%**		
	Total	**12,055**	**1,663**	**13,718**	**2,144**	**3,006**	**71%**		

Primary Health Care

Universal Health Coverage (UHC) is defined as all people having access to needed health services of quality without experiencing financial hardship. The National Health Plan (NHP) of Myanmar aims to strengthen the country's health system and pave the way towards UHC, choosing a path that is explicitly pro-poor. Another form of prioritization of NHP is in the definition of the Essential Package of Health Services (EPHS), which will grow over time, starting with a Basic EPHS to be guaranteed for everyone by 2020.The Basic EPHS emphasizes the critical role of primary health care and the delivery of essential services and interventions at Township level and below, starting within the community. The Basic EPHS has a strong focus on primary health care services and interventions that the poor and vulnerable need most[i].

Since the onset of the inter-community violence in June 2012, government authorities and humanitarian actors rapidly established an array of health care services for the displaced communities in Rakhine. Primary Health care including reproductive health services, have been provided, but gaps still remain. To contribute in basic EPHS, MHAA has been focused on providing primary health care services in Rakhine. with the purpose of reducing mortality and morbidity of children by treating acute malnourished under-five children, reducing morbidity and mortality of under five children and women due to common childhood illness and communicable diseases such as diarrhoea, ARI / Pneumonia and others among IDPs, affected communities and hard-to-reach communities in target townships in Rakhine State by providing life-saving health services.

With UNICEF funding, Primary health care services are carried out in the IDPs, affected communities and hard to reach communities of target townships: Sittwe, Pauktaw, Kyauktaw, Mrauk U, Minbya, Myebon and Rathedaung, Buthidaung and Maungdaw township in Rakhine State. The Project duration is 2012 to 2020. Under the primary health care activities, the following achievement were reported;

As a summary of achievement in implementing townships, adult who received basic primary health care services were 31430, under-five children who received basic primary health care services including medical consultation were 12547, under-five children with diarrhoea treated with ORS and Zinc tablets and under-five children with suspected pneumonia treated with antibiotics were 2779 and 1277. In emergency referral, there are three categories as EmOC, ECC and others that supported 101,102, 58. Among the implementing townships, the highest achievement township was Sittwe and Lower achievements were in Rathedaung, Buthidaung and Maungdaw. The main challenges of these townships are the difficulties to get Travel Authorization from local authorities because of security issues. Due to security issues, the volunteer recruitment process was delayed.

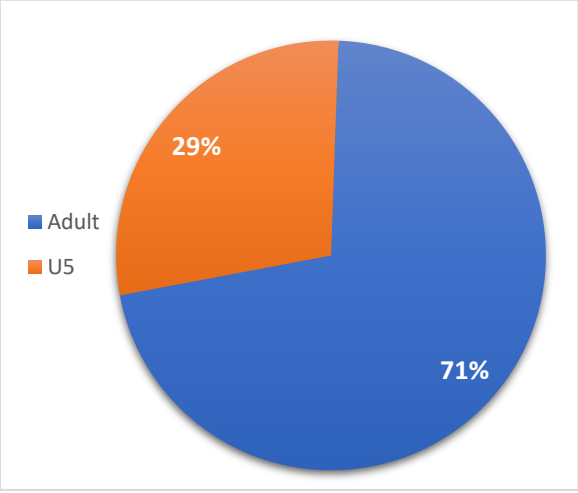


Figure 12. Achievement of Medical Consultation

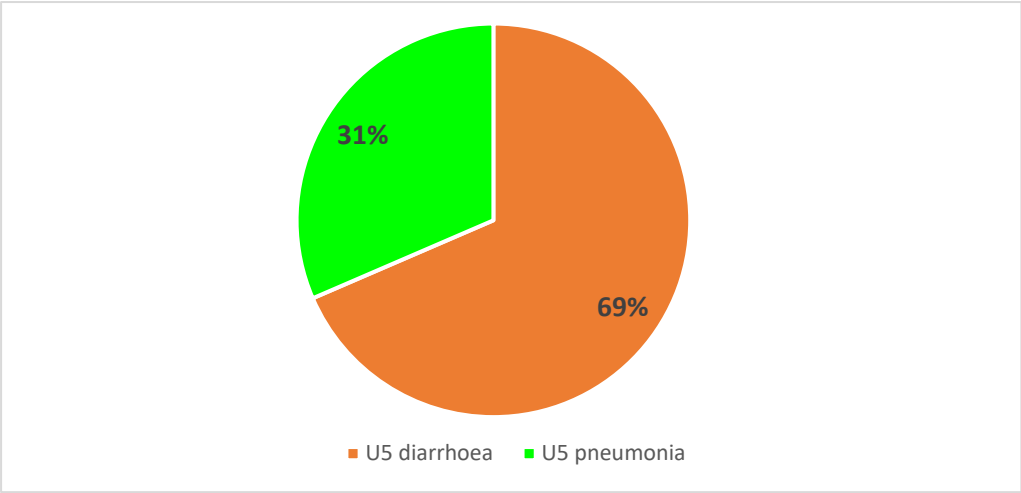


Figure 13. Achievement of Treated Diarrhea and Pneumonia

Mobile Clinic Activity at Chaung Wa Village, Pauktaw Township, Rakhine State

5.3 Nutrition

MHAA nutrition program in 2019 was funded by four donors namely World Food Program (WFP), Access to Health, GIZ, and UNICEF. There were altogether four States and 27 townships. They were 16 townships in Rakhine, four townships in Kachin State, three townships in Shan State and four townships in Kayin State. The objective of the Nutrition program is to reduce all forms of malnutrition in mothers, children and adolescent girls with the expectation that this will lead to healthier and more productive lives that contribute to the overall economic and social aspirations of the country. In 2019, MHAA conducted the following Nutrition Interventions:

Infant and Young Child Interventions

- Integrated Management of Acute Malnutrition (IMAM)
- Infant and young child feeding
- Micronutrient supplementation and fortification
- Prevention and treatment of common childhood diseases (diarrhea, pneumonia, measles, etc.)

Maternal Interventions

- Multiple micronutrient supplementation (MMS) of pregnant and lactating women
- Nutrition counselling for healthy dietary intake
- Wasting Prevention

+

Nutrition Support to Tuberculosis Patients

The achievement of MHAA Nutrition program reported in the following session. The Severe Acute Malnutrition (SAM) program was supported by UNICEF and Moderate Acute Malnutrition (MAM) program was supported by WFP. Moreover, Access to Health, GIZ, and UNICEF and WFP supported community outreach activities reported.

MUAC Measuring at Rakhine by MHAA's Staff

INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION (IMAM PROGRAM) IN NORTHERN RAKHINE STATE

(a) Outpatient Therapeutic Program

in June 2012, MHAA in collaboration with UNICEF, implemented emergency health and nutrition interventions including life-saving treatment through integrated mobile health and nutrition services in IDP camps and conflict affected communities in 9 townships in Northern Rakhine State: Sittwe, Rathedaung, Buthidaung, Maungdaw, Minbya, Myebon, Kyauktaw, Pauktaw and Mrauk-U. However, MHAA could not conduct the outpatient therapeutic program in Buthidaung, Maungdaw and Rathedaung townships due to limitation of travel approval in 2019.

In 2019, MHAA handed over 1 outpatient therapeutic program (OTP) Unit in Sittwe township from ACF (Action contre la faim). MHAA screened 41759 children (6 - 59 months) for acute malnutrition through mobile team and community health volunteers with passive (75%) and active screening (25%). 463 children with SAM were newly admitted for treatment in therapeutic programs (90 per cent of the target).

As the result of OTP performance indicators in 2019 (Figure (14)), MHAA total recovery rate was 71%. This result didn't meet in compare with SPHERE minimum standard of 75%.[9] Non-Respond rate was very high of 18% while the defaulter rate was 11%. Although most townships met the SPHERE Standard, Minbya and Sittwe Townships had low recovery rate of 54% and 67% respectively. There were challenges in SAM case management to meet positive outcomes. Some children had medical

Mobile Health and Nutrition Services to Hard to Reach Area by MHAA Staff

complications, sharing and selling of food due to socio-economic problems, and poor living status. As the result of intensified fighting in Northern Rakhine, continued movement restrictions obstruct physical and economic access to food, also health services and add constraints on the already scarce livelihood opportunities available to the displaced and relocated populations.

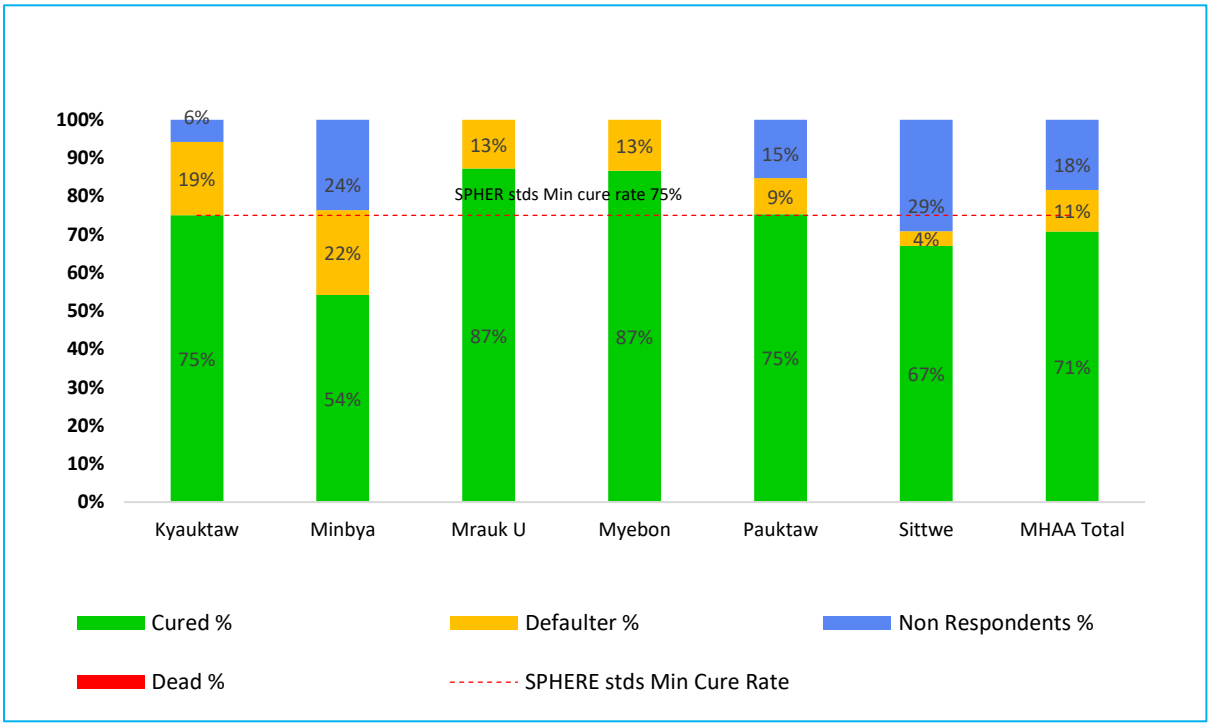


Figure 14. Results of OTP Performance Indicators

[9] https://spherestandards.org/wp-content/uploads/Sphere-Handbook-2018-EN.pdf

(b) Supplementary Feeding Program

MHAA Supplementary feeding program has been implemented through mobile nutrition team in northern Rakhine state with the support of World Food Program (WFP) since 2013. In the early years (2013-2018), MHAA conducted only targeted supplementary feeding program (TSFP). There are five objectives of TSFP, specially (i) to rehabilitate the individuals with MAM from specific target group (ii) to prevent individuals with MAM from developing SAM (iii) to prevent mortality associated with MAM (iv) to provide follow-up support for individuals who has been treated for SAM to prevent relapse (v) to prevent deterioration of maternal nutritional status and subsequence poor birth weight. In 2019, MHAA conducted the TSFP in five townships: Sittwe, Pauktaw, Kyauktaw, Mrauk U and Minbya and also additional blanket supplementary feeding program (BSFP) in three Townships: Kyauktaw, Mrauk-U and Minbya. The objective of BSFP is to prevent nutritional deterioration and related mortality in vulnerable populations and high-risk groups.

Despite the frequent conflict in northern Rakhine, MHAA SFP Program could carry out the nutrition services. During 2019, MHAA conducted 139 community mobilization sessions to promote community awareness and participation, screened the 45041 children (6-59 months) for acute malnutrition and identified newly 6228 children out of a total admitted 6555 children with MAM. Sittwe and Pauktaw Township were highest admission rate of 30% and 20% respectively while other townships were below 7%. It related the coverage ratio that 75% of coverage population were in Sittwe and Pauktaw Townships. And, 72% were camp populations in these two townships.

As the result of TSFP performance indicators in 2019 (Figure (16)), MHAA total recovery rate was 89%. This result is remarkable achievement in comparison with SPHERE minimum standard of 75%. However, the three townships (Kyauktaw, Mrauk-U and Minbya) had high defaulter rate and non-respond rate. It was due to intensified fighting that affected travel limitations. And, there was a one death case in Minbya township due to medical complications.

Moreover, MHAA also conducted the Blanket Supplementary Feeding Programs (BSFP) for the wasting prevention of pregnant and lactation women (PLW), and U5 children in three townships (Kyauktaw, Mrauk-U and Minbya). In 2019, 227.214 Metric Tons of WSB++ were distributed for 75739 U5 children and 31.196 Metric Tons of WSB+ for 10397 PLW.

INFANT AND YOUNG CHILD FEEDING (IYCF)

The quality of children's diets is more important before two-year-old than at any other time in life. Nutrition in the first two years of life provides a good opportunity to support early childhood development (ECD). MHAA nutrition program conducted the strengthening of IYCF counselling,

Health Education about 3 Food Group by MHAA Staff, Sittwe

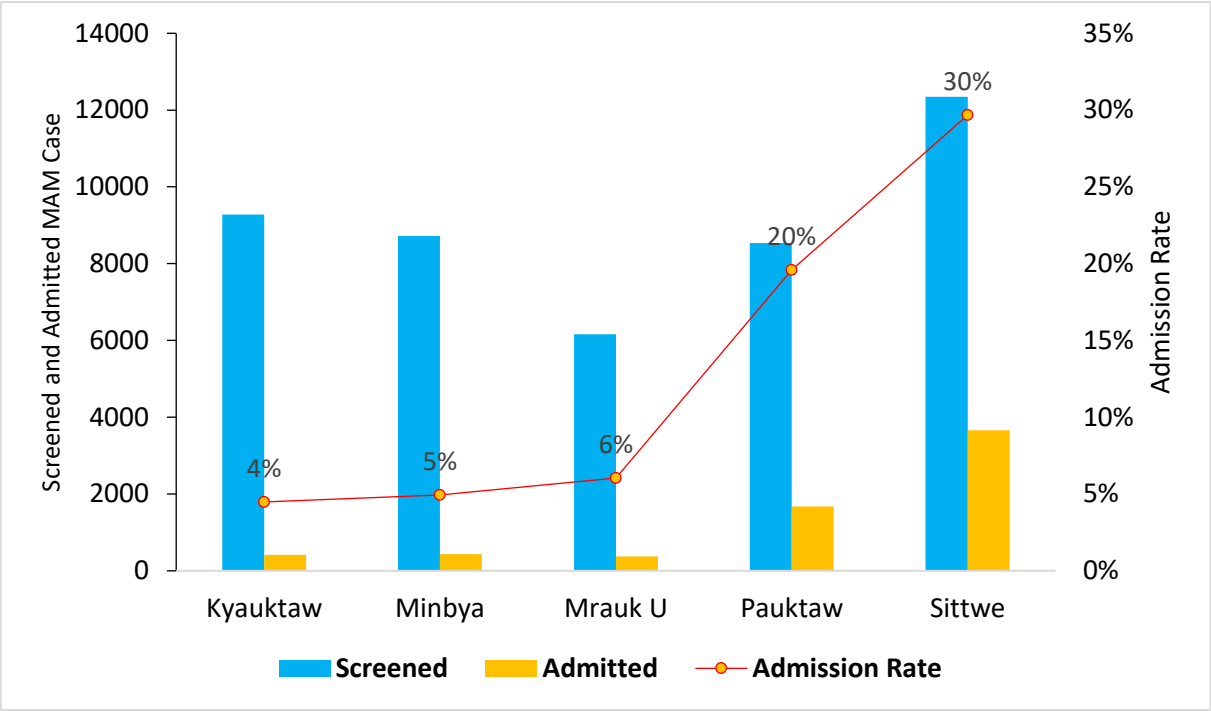


Figure 15. Nutrition Screening, MAM Case Finding and Admission Rate by Township

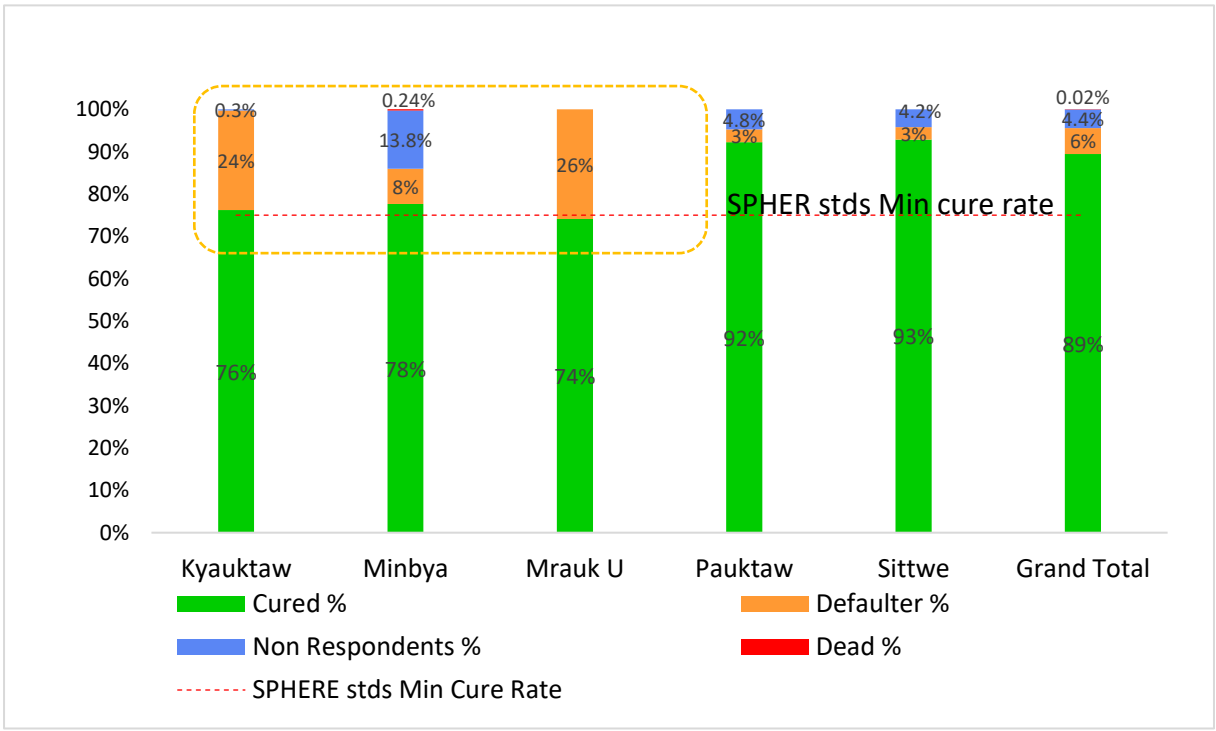


Figure 16. Result of TSFP Performance Indicators

capacity including empowering of community volunteers, township nutrition team, support in nutrition training of township health department and establishment of Mother-to-Mother Support Group in the community, which in turn provides caregivers with the knowledge and skills to improve feeding practices.

In 2019, MHAA provided the IYCF counselling services to 6983 pregnant and lactating women through mobile nutrition team. 47 Mother-to-Mother Support Groups have been established with the support of Access to Health Fund. And, MHAA also supported nutrition training of township health department and 753 health staff received IYCF training.

With the slogan of "Invest in Nutrition: Join hands in building the Nation", MHAA could participate and coordinate actively in Nutrition Promotion Month activities with State Health Departments, Township Health Departments and other partner organizations. During this event, MHAA conducted mass awareness raising sessions through booth shows, quiz sessions of Nutrition knowledge to community, distribution of Pamphlets and posters, provision of incentive and celebration of cooking demonstration. To exchange and apply healthy nutritional preparation and cooking methods for children and awareness raising on Nutrition, MHAA could conduct 82 sessions of cooking competition and demonstration in project areas.

Cooking Demonstration at Mongping township, Shan-East


Nutrition Campaign in Tone Tar SHU, Mongping township

MICRONUTRIENT SUPPLEMENTATION AND FORTIFICATION

Micronutrients may be small but they are powerful. These vitamins and essential nutrients are vital building blocks of children's mental and physical development – and without them, children suffer from stunting, wasting, cognitive delays, weakened immunity, disability and even death. During pregnancy, deficiencies in iron, folate, iodine or other essential nutrients can be catastrophic to a woman's own health and to the survival and development of her growing child.

MHAA implemented the micronutrient supplementation and fortification program in 9 townships in northern Rakhine State with the support of UNICEF as part of health and nutrition project. In this program, MHAA supplied the caregivers with micronutrient powders (MNPs) to sprinkle on the foods they prepare for young children and multi-micronutrient tablets for pregnant and lactating women. In 2019, MHAA supplied the micronutrient powers (Sprinkle) to 25204 children (6-59 months) and the micronutrient tablets to 4075 pregnant and lactating women.

NUTRITION SUPPORT TO TUBERCULOSIS PATIENT

Food support – when integrated with lifesaving treatment – can improve quality of life as the patient can work and contribute to the family's income, maintain a good appetite and stable weight, and enjoy prolonged good health. Good

nutrition is pivotal for TB patients in maintaining a strong immune system and fighting the diseases, as both are associated with a vicious cycle of malnutrition and infection. Evidence shows that nutrition is important at all stages of TB; in the initial stages of treatment, food and nutrition support can reduce mortality risks and mitigate the side effects of the treatment by contributing to nutritional recovery. At later stages, it can improve treatment adherence and support patients in maintaining a healthy lifestyle. People with TB often face the double burden of reduced income and increased expenses. High health expenditure by TB patients has consequences on TB diagnosis, treatment and care. This often leads to a worsening of food and nutrition security for patients and their families during the disease.

MHAA nutrition support to Drug Sensitive Tuberculosis Patient Program (NSTB) has been implementing in five townships in Rakhine State (Sittwe, Rathedaung, Pauktaw, Mrauk-U and Minbya) since 2018 with the supporting of World Food Program (WFP). In 2013 to 2017, MHAA had conducted the nutrition support to MDR-TB patients with the support of FHI 360 and WFP. The nutrition packages include 5 items such as Rice, Oil, Salt, Bean and WSB++ (for U5 children)/WSB+ (for adult). During 2019, 3150 DS-TB cases (Adult 2922, 93% and Child 228, 7%) were provided the 51.9 Metric Tons of nutrition packages. And, MHAA provided nutrition counselling to TB patients.

Breast Feeding Awareness Session, Kyauktaw, Rakhine State

Field Visit in Rakhine State (Health & Nutrition Project)

5.4 Water Sanitation and Hygiene (WASH)

Community-Led Total Sanitation (CLTS)

CLTS Triggering session in Ngape Township, Magway

Community Led Total Sanitation (CLTS) is an innovative methodology for mobilizing communities to completely eliminate open defecation (OD). Communities are facilitated to conduct their own appraisal and analysis of open defecation (OD) and take their own action to become ODF (open defecation free). In general, CLTS focuses on the behavioral change needed to ensure real and sustainable improvements – investing in community mobilization instead of hardware, and shifting the focus from toilet construction for individual households to the creation of open defecation-free villages. By raising awareness that as long as even a minority continues to defecate in the open, everyone is at risk of disease, CLTS triggers the community's desire for collective change, propels people into action and encourages innovation, mutual support and appropriate local solutions, thus leading to greater ownership and sustainability.

MHAA worked closely with Basic Health Services Professionals who worked environmental sanitation as a function of the health center. While Basic Health Services Professionals take a leading role in planning and implementation of CLTS activities, MHAA provided and supported technical assistants to Rural Health Centers for the systematic CLTS approach and supported CLTS tools and materials in their implementation.

BHS shows showing the new built latrine during post triggering in Salin Township, Magway

In this project implementation, MHAA also facilitated to strengthen the reporting timeline and system of the sanitation monitoring indicators which are included in Form (3), annual report of HMIS. During this project, BHSP reported the sanitation indicators in monthly basic to the respective Township Health Departments and then to the Regional Health Department. Sanitation indicator definitions are clearly defined between BHSP due to the technical assistant of MHAA. MHAA carried out CLTS in three townships of Magway Region without any financial support to the community. Achievements were reported in figure (17) for before CLTS triggering (baseline), and after CLTS post triggering (December). Household (HH) with Sanitary Latrine use was significantly increased from baseline to post CLTS triggering (20,950 Households to 39,743 Households).

Moreover, the number of new latrines built were increased in all three townships, the total new latrines built in all three townships were (799). On the other side, the number of households with unsanitary latrine use was reduced from 59,529 to 42,011 in all three townships, and household with shared latrine number and no latrine or open defecation (OD) in all three townships were slightly reduced after the project. See below figures for the detailed progress of each township.

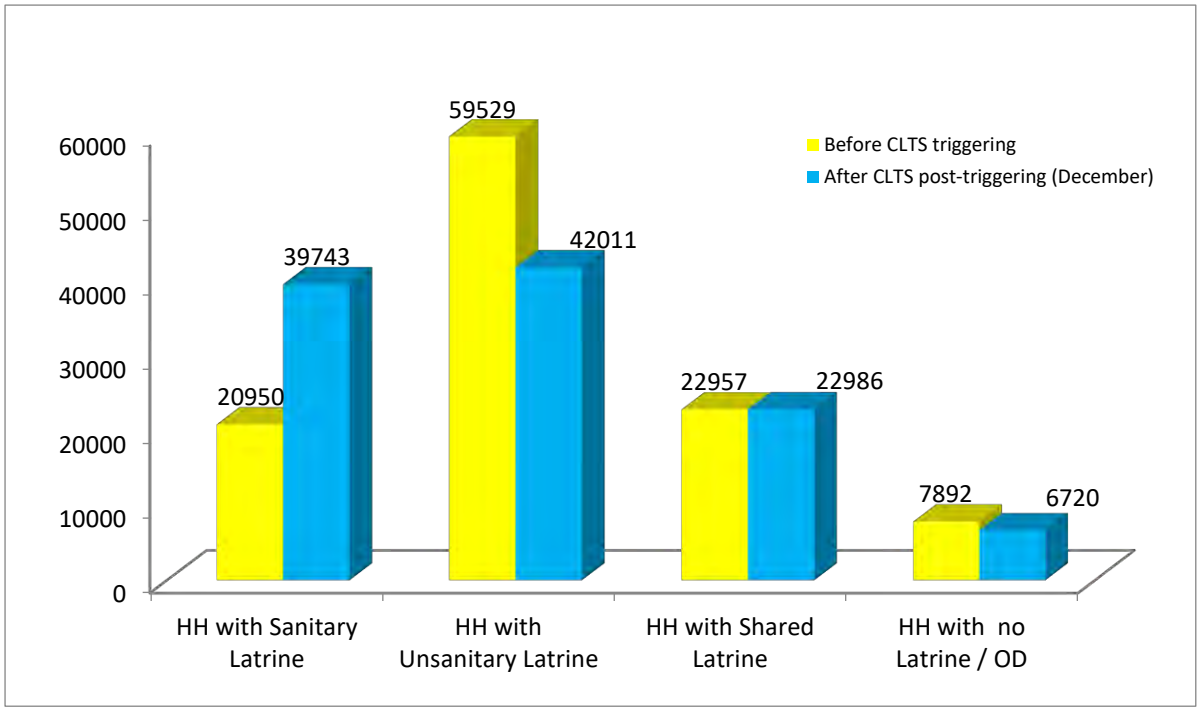


Figure 17. Progress of CLTS, Magway Region

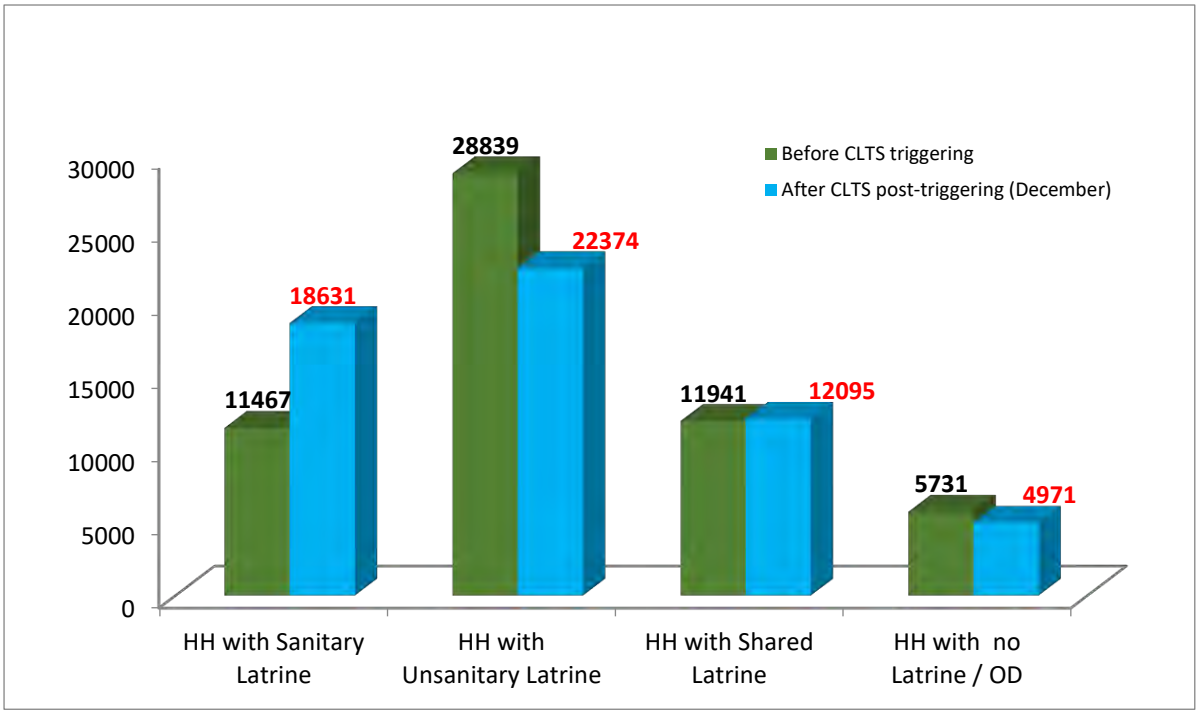


Figure 18 Progress of CLTS in Salin Township, Magway Region

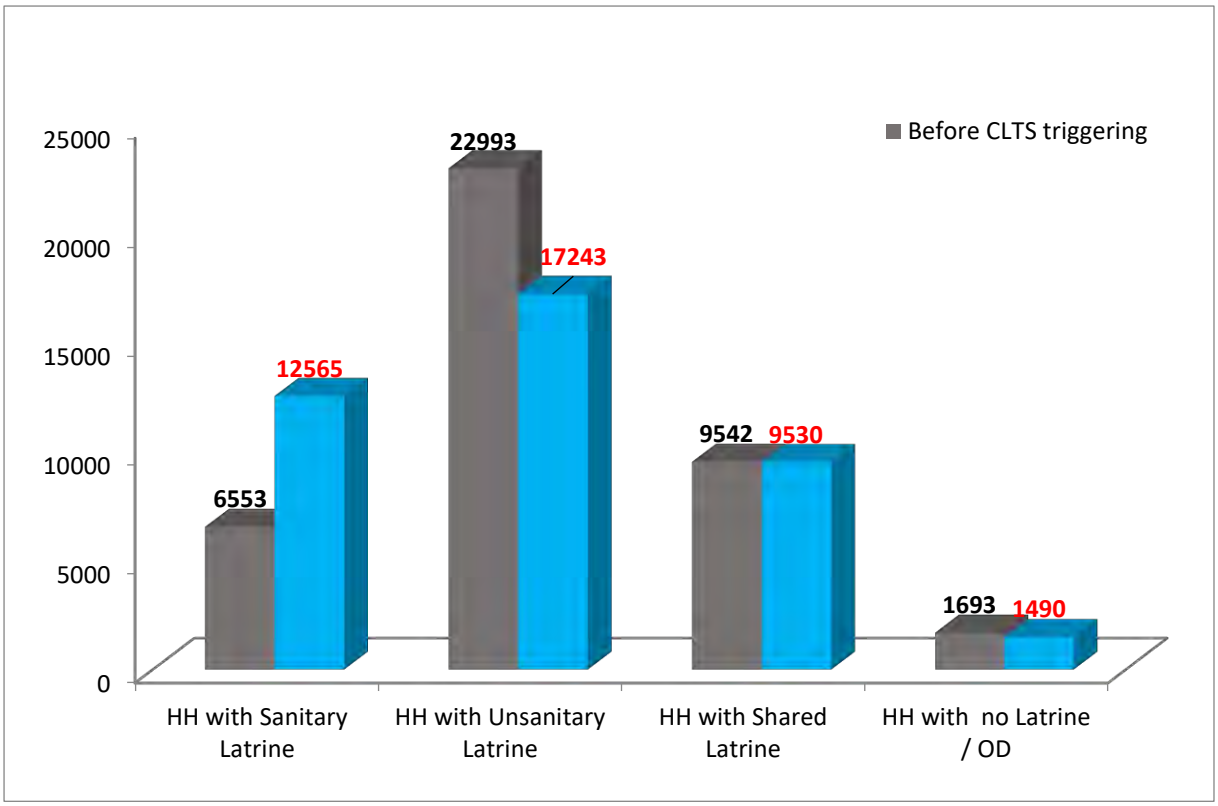


Figure 19. Progress of CLTS in Pwintphyu Township, Magway Region

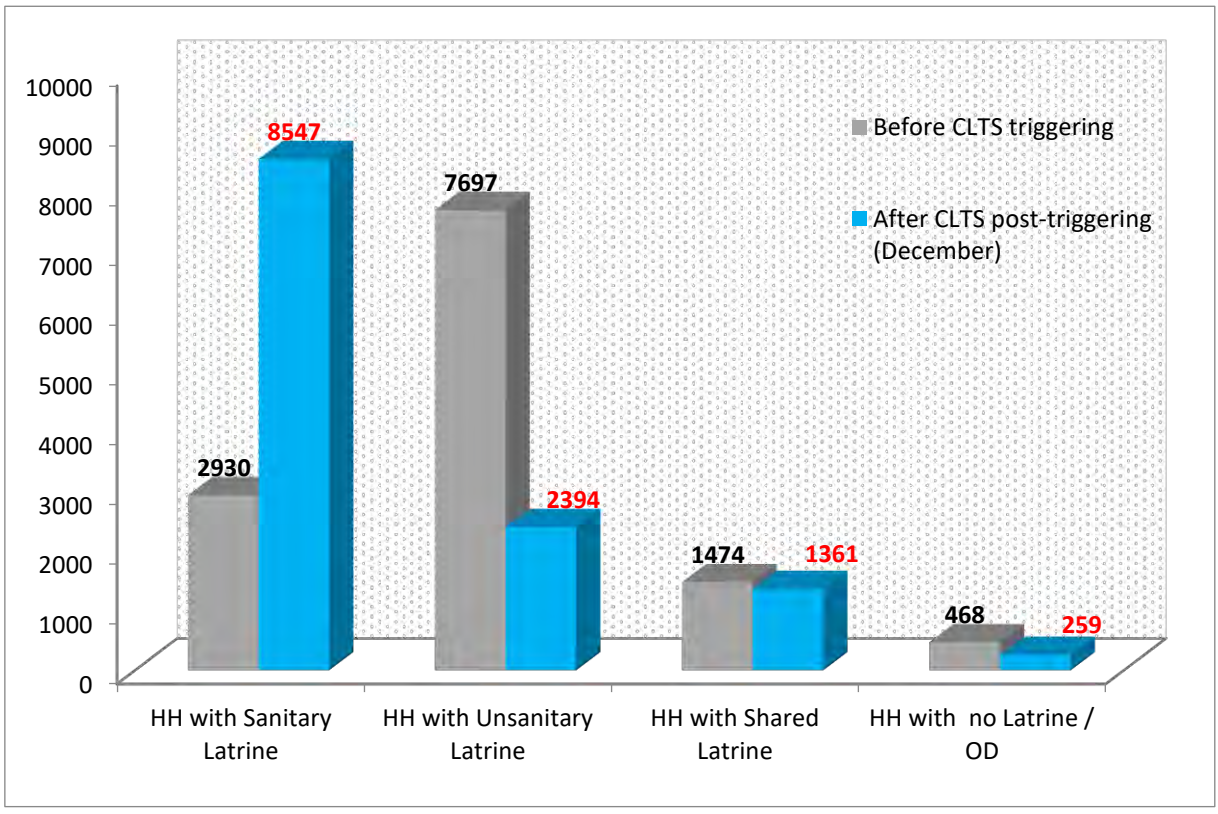


Figure 20. Progress of CLTS in Ngape Township, Magway Region

5.5 Health System Strengthening

According to MHAA's five years Strategic Plan, MHAA is committed to strength health system in Myanmar through integration at NHP and public health policies, improvement of health information system, be qualified professionals, efficient resource allocation and utilization, and increasing coverage of basic health services.

MHAA is a member of National Health Plan, Nutrition Technical Working Group, RMNCAH Working Group, TB Technical Strategic Group (TSG)- Extend Group, Malaria Technical Strategic Groups in National Level. Project team is a member of State Health Working Group and Township Health Working Group in respective States/Regions and Townships. MHAA participated and celebrated World Days such as TB, Malaria, AIDS, CLTS, Hand washing, Nutrition Promotion, Disability and Volunteer's Day, etc. through coordination with State/Region/Township Health Department in project areas.

Under Access to Health Fund, it could recruit one Health System Strengthening Officer at Keng Tung, 60 staff in five TB Mobile teams at Yangon, Sittwe, Monywa, Kengtung and Dawei. With MHAA own fund, two laboratory technicians were recruited at Monywa and Meiktila townships.

In MNCH integrated projects, MHAA supported EPI/outreach visits, Joint Supervision Visits, Child Death Surveillance and Response visits, Maternal Death Surveillance and Response visits, Quarterly RHC meetings, BHS meetings, technical and non-technical trainings. MHAA also organized of Volunteer trainings and reporting, formed or revitalization of Village Health Committees, and Formed of Mother to Mother Support Group which improved health care services to the community. MHAA also provided minor renovations of infrastructures and happy baby kits for increment of Institutional deliveries in Township Health Departments, Rural Health Centers and Sub Rural Health Centers. And also, it was contributed to National TB Program, Vector Borne Disease Control Program and National Nutrition Center from ICMV activities, Nutrition activities and WASH activities with different projects throughout Myanmar during 2019. MHAA staff itself, provided health education sessions, volunteer supervision and joined at several meetings, events, campaigns, assisted in HMIS data verification and entry process.

Disability Inclusion Training, Yangon

Towards UHC, MHAA expanded its health services to support Disability with the integration in ongoing projects such as organizing Training, Advocacy meeting, disability data collection, networking with disabled organization and preparation to support Assisted Devices. During 2019, MHAA provided "Disability Inclusion Training" to MHAA staff for two days facilitated by U Nay Lin Soe (Executive Director, Myanmar Independent Living Initiative). With the aim of "no one is behind", MHAA could organize advocacy meetings for disability inclusion in provision of health services at Toungup township in

Disability Inclusion Training, Yangon

November 2019 and all government departmental attended. Together with MoHS and Ministry of Social Welfare Relief and Resettlement, MHAA celebrated “International Day of People with Disability” at Thandwe Township in December 2019.

To improve the performance of Self Health Group, MHAA organized Capacity Building Training to Hlaingtharyar Self Health Group which has assisted in MHAA CpATB Project with the coordination with National TB Program in December 2019. A total of 16 participants participated in this training.

Disability Inclusion Training, Yangon

Outreach Visit of BHS and MHAA Staff in Rakhine State

5.6 Emergency Response

Starting from Cyclone Nargis in 2008, MHAA continuously involved in responding to emergency reaching hardest-hit and most vulnerable children and families with life-saving and life-sustaining support in the shortest time possible.

Cyclone Giri, a category four cyclonic storm, made landfall in Rakhine State on 22 October 2010, close to the town of Kyaukpyu. The Townships of Kyaukpyu, Myebon, Minbya and Pauktaw were the most severely affected by the storm, which caused severe damage to houses and infrastructure including roads and bridges in coastal areas. For Cyclone response, MHAA provided sanitation and hygiene promotion, and distribution of Hygiene Kits and Long-Lasting Insecticidal Nets to the affected community.

Field Visit to flood affected villages, Hinthada Towhship, Ayeyawaddy Region, July 2016

Due to Cyclone Komen on 30 July 2015, it affected Natural Disaster throughout Myanmar in Ayeyarwaddy, Bago, Chin, Kachin, Kayin, Kayin, Magway, Mandalay, Mon, Rakhine, Sagaing, Shan and Yangon. According to the National Disaster Management Committee (NDMC) report, it was that over 1,616, 000 people had been severely affected by floods and landslides in July and August. At least 117 people have been confirmed dead, and according to the Ministry of Agriculture and Irrigation, more than 1.4 million acres of farmlands have been inundated, with more than 972,000 acres destroyed.

Therefore, MHAA donated the rice to about 50 sacks in Daunt Gyi RHC, Thabaung township. As an emergency response, MHAA team members conducted health education, latrine construction, drilling well and other WASH activities at Kalay, Tamu and Kawlin townships. MHAA also implemented "Integrated Health and Nutrition Interventions for Flood Affected Communities" which was funded by UNICEF at Hinthada, Ingapu, Zalun and Nyaungdon townships in Ayeyarwaddy region and Paletwa Township in Chin State from March 2016 to January 2017. For post cyclone rehabilitation, MHAA implemented a four months project in Salin, Pwint Phyu and Sidoktaya townships.


Nutrition service at Ayeyawaddy region in 2016

In Namhsan on February 3, 2016, there was happened fire that caused over 1,000 people had been homeless and destroyed 240 houses in town. In this happening, MHAA donated MMK 500,000 to Township Rehabilitation Committee.

Major fire happened in Htain Pin Dump Site, Hlaingtharyar township in April 2018. Smoke covered 20 townships across Yangon, directly

threatening an estimate of 796,852 people. During this period, MHAA provided awareness raising sessions including mask distribution.

As an emergency response against floods at Kayin, Mon and Bago in July 2018, MHAA supported food items, non-food items and cash donation through coordination with Government, MoHS and MHAA members.

In MHAA 2019-2023 five-year strategic plan, MHAA formed an Emergency Team with people who are willing to be involved as a volunteer. MHAA is one of the focal organizations for emergency response among Myanmar NGO networks. As an organization mandate, MHAA is not delayed in every disaster and emergency situation. During September 2019, Emergency Response Plan Workshop was held for two days at MHAA Head Quarter and discussed for Health Education Plan, prompt response in Emergency situations in line with MHAA policies and procedures. Two MHAA staff could join Disaster Risk Assessment and Application for Risk Reduction Training, Humanitarian Leadership Training for seven days in Hinthada township which was organized by Myanmar Preparedness Partnership (MPP), Asian Disaster Preparedness Center (ADPC) and Ministry of Social Welfare Relief and Resettlement.

Donation by MHAA Member in Mon State for Flood and Landslide relief

In Brief, the following table shows MHAA supporting emergency support in 2019 with MHAA member contribution and core fund.

Table 8. MHAA's Supports in Emergency

Sr.	Description	Area	Total Amount (MMK)
1	Supporting to Landslide affected person	Mon	500,000
2	Supporting to conflict affected person	Kan Sauk IDP (Kyauktaw, Rakhine State)	1,500,000
3	Supporting to conflict affected person	Ahhtet Myat Lay IDP	1,500,000
4	Supporting to conflict affected person	Mrauk U	1,000,000

V. COMMUNITY FEEDBACK MECHANISM, GENDER AND CONFLICT SENSITIVITY

MHAA is implementing Access to Health Fund. A key component of the MHAA approach to Health for All is to implement "Community Feedback Mechanisms (CFMs) within a rights-based approach." This is underpinned by four principles: Accountability, Equity, Inclusion and Conflict Sensitivity. Community feedback mechanisms allow people to share their views, empowering them to achieve or control their health outcomes. They support health service providers to be responsive and deliver quality health services. In the National Health Plan Monitoring & Evaluation framework and Annual Operational Plan, CFMs should be established to systematically capture community voices at township level in 2018. This means it is critical for existing CFMs implemented by 3MDG Implementing Partners (IPs) to support and be linked with township mechanisms and structures. This note provides a technical guideline to IPs to implement an effective CFM system at field level and township level. Recommendations are based on the case study called "How effective are CFRMs in improving access to better health for all" from June 2016.

Health For All Refresher Training to BHS at Toungup Township Hospital, Rakhine

In table (9), MHAA collected data under the community feedback mechanism which was reported. According to the data, there were highest number of community feedbacks (1498) collected from Sagaing Region and the lowest number of feedbacks were from Chin (51). 81% of all community feedbacks were addressed through project and coordination mechanisms within the region.

Table 9. MHAA Community Feedback Mechanism

State/ Region	Total	Positive	Negative, Suggestion and Other Feedbacks	Address	Addressed Percentage (excluded Positive feedbacks)
Sagaing (10 townships)	1498	424	1074	784	73%
Yangon (14 townships)	174	68	106	102	96%
Kachin (4 townships)	204	37	167	147	88%
Shan (3 townships)	125	28	97	87	90%
Kayin (4 townships)	114	27	87	78	90%
Rakhine (7 townships)	490	93	397	368	93%
Chin (2 townships)	51	29	22	9	41%

The organization has also recruited focal points for Cross Cutting Themes (CFM, Gender and Social Inclusion and Conflict Sensitivity) since 2018. These focal points provided Cross-Cutting themes related trainings to Staff, Volunteers and Basic Health Staff throughout the MHAA's project areas for the sake of understanding and also conducted Community Engagement Sessions to engage between Basic Health Staff and the community. In 2019, it was provided health for all trainings and cross-cutting themes trainings to 225 MHAA staff (Male - 168 and Female - 57) and 1097 Basic Health Staff (Male - 257 and Female - 840).

Gender-sensitive approach in programming aligns with and contributes to Sustainable Development Goal 5, which aims to achieve gender equality and empower women and girls. The approach further aligns with the government-ratified Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), particularly its emphasis on not discriminating against women and girls in health care especially those in rural areas.

Regarding Gender and Social Inclusion, it has already described "Respect on Human Dignity and Non-Discrimination" in Core Values by taking into account the differences among women and men, which are related to class, political opinions, religion, ethnicity, race, sexual orientation or disability. In an effort to improve gender balance within the organization, MHAA mentions in every Vacancy Announcement as an equal opportunity employer and encourages qualified female candidates to apply for.

In project areas, MHAA collects sex-disaggregated data (where relevant), implements interventions that equally benefit people of all genders, taking into consideration disease burden and shares stories of these interventions and the results during reporting.

MHAA is also committed to ensuring that support to the provision of health services in areas previously or currently affected by conflict is based on a thorough understanding of the different social, political and institutional situations in these areas. MHAA is practicing that interventions operate in a manner that:

- Adhere to international best practices related to **'do no harm' practices** and engagement principles in conflict affected areas;
- Tailor program interventions to conflict affected areas' operating environments;
- Maximize the peace-building opportunities of its interventions by bringing people together around health

Community Engagement Meeting at Hlegu township, Yangon

VI. SUCCESS STORIES OF 2019

Success Story of a Volunteer

I am U Arr Jar, one of the volunteers in Myanmar Health Assistant Association (MHAA) at Reaching Equitable Access to Health through Local Empowerment Project intervened in Monghpyak Township, Eastern Shan State. I live in Hway Sho village, which is very hard-to-reach from Monghpyak.

When I was a child, my right leg was paralyzed because of injection by a quack during illness and I thought all good things were over. It became a person with disability in walking and climbing. However, it didn't kill my mind and my hope. I was eager to help people as much as possible since my childhood, and I did.

In 2019, MHAA started MNCH project intervention and I have participated as a volunteer (Community Health Worker) in this project. It is an opportunity for me to help the community as well as Township Health Department. I was happy to conduct such health activities and I could assist MHAA and Basic Health Staff in EPI, School health activities, DHF control activities, Environmental Sanitation, Rural Health Center Coordination Meeting and provide health education to community. During 2019, I could refer emergency cases about 1 pregnant mother and 7 under five children and 3 Notified TB cases out of 4 presumptive TB referral. Moreover, I conducted malaria activities and other health related activities. Although these are not a great achievement, it is not the end and it just a start.

I also attended and participated Disability Inclusion Session at Keng Tung organized by ICRC. I am happy and be ready to continue assist MHAA and THD to be a good volunteer. I work hard for the community and they are believing me and relying for their health.

I feel very happy now and I feel "I can do it".

Success Story of Peer in TB Project

I am U Zaw Myo Aung who lives in Sin Yone Ward, Shwe Bo Township, Sagaing Region which is one of the implementing townships by Myanmar Health Assistant Association with "Reaching Equitable Access to Health through Local Empowerment Project" funded by Access

Starting from early March 2019, I was suffering fever, cough with sputum, and loss of weight for 2 months. I thought that it might be a normal cough because of smoking. Therefore, I was taking drugs from the local pharmacy for relieving but it wasn't. I didn't realize that these are the characteristics of Tuberculosis (TB).

One day, I met with MHAA's volunteer and he encouraged me to do TB detection because the signs and symptoms I suffered are the characteristics of TB. He explained the TB referral services of MHAA and free of charges on Anti-TB drugs taking from National TB Control Program. So, I was tested sputum and chest x-ray at Township Health Department with the help of volunteer and the result was TB positive. MHAA supported travel allowances, x-ray cost and also nutrition package for me. According to suggestion of MHAA staff and volunteers, I quit smoking during anti-TB drug taking period. During this period, volunteers conducted regular follow up visits and provided health education frequently. And so, I improved health knowledge about TB and remarked there are so many people around me who have the same symptoms with me. I wanted to help those people to take TB detection through the coordination with MHAA and volunteer.

MHAA staff told me that "you can refer presumptive cases for TB detection as a peer and MHAA will support referral services like you and it is one of the approaches for TB active case findings". Hence, I started advocating to people who are suffering from fever, cough with sputum and weight loss for TB detection. In this way, I referred 10 Males and 17 Females of presumptive TB patients during 2019. Among them, there were notified cases about 3 Males and 3 Females. This was one of the satisfactory moments in my life.

In October 2019, I was completed treatment and I was free from tuberculosis. I would like to say special thanks to MHAA, NTP and volunteers. At the meantime, I am sure to continue referring to TB presumptive patients and provision of health knowledge in order to improve health knowledge, to get early detection and treatment and to get the services for other people like me. "I believe that now I can share happiness and wellness to the community."

Success Story of Referral Services

MHAA is implementing the "Promoting Access to Health in Rakhine State Project" in seven townships of Southern Rakhine. The project activities include MNCH activities, referral support, supporting to THD, RHC, SRHC supervision to health facilities, etc. In this story, we would like to highlight about the EMOC referral support to Daw Phyu Ei Hliang.

My name is Daw Phyo Ei Hlaing and I am 21 years old. I live in Ka Lan Te Village, Mu Ywin SRHC under Zin Chaung RHC. During my very first pregnancy, I was so worried of where to deliver because we have no savings and my husband is a farmer. Sayarma Daw Khin Pyae Sone Htun (Midwife) told me that it is needed to deliver at Hospital for the first pregnancy according to MoHS guideline and MHAA's MNCH project also supports referral services for the emergency cases of mothers and children. She provided antenatal care and health education during my pregnancy life. I was so confused for delivery whether hospital or home. Instead Sayarma encouraged for institutional delivery, my husband wanted home deliveries. And then, I decided to deliver at home.

After 4 times antenatal care, labor pain started and prepared for delivery. However, my baby hasn't come out and so, Sayarma referred me to Station Hospital which is far about 2 miles from my village. I admitted Station Hospital with "postdate with complications". After 14 hours of labor pain, my baby has come out with instrumental delivery. After 5 days hospitalization, MHAA staff come and support me referral services such as meal cost and travel cost. Although the services couldn't cover all costs, it was very helpful for us and we could repay our debt while getting for transportation to Hospital. MHAA staff also encouraged me to get full postnatal care and provided some nutritional knowledge and I was very satisfied.

My community is poor and has many illiterate persons and so, there may be many mothers who are scared to attend hospital like me. Therefore, I will encourage them for hospital deliveries whenever they face emergency situations and explain about MHAA's referral services. I really thank to MHAA and Access to Health Fund and hoping this organization achieve, assist the community more and more. Now I am happy with my boy.

VII. CONCLUSION

MHAA strengthened activities in 2019 and various initiatives were started in 2019 especially development of Strategic plan, Commission, Constitution, and Council Law which are important for organizational strengthening as well as professional development for Health Assistants. The size of organization is growing. The number of townships which could form MHAA township sub branch is 312. On the other side, the number of project townships implemented by MHAA is also increased leading to health system strengthening toward the goal of Universal Health Coverage. Consequently, the number of staff in 2019 is increased two-fold compared to 2018.

Despite conducting the project in hard-to-reach areas, conflict affected areas and IDP camps, MHAA achieved almost all the objectives in 2019. Moreover, the strategic plan will guide to the future as a road map for contribution in country health improvement. As an auxiliary to the government in humanitarian field, MHAA commits to endure our humanitarian and development works in collaboration with national and international stakeholders. MHAA will try to improve the organizational capacity and to serve communities effectively and efficiently in the future.