WHO Myanmar and health partners collaborating with 7 other countries of the South-East Asia

Contribution to the COVID-19 pandemic response, WHO Myanmar joined the WHO-European Union co-funded project: South-East Asia Health Pandemic Response and Preparedness. The project is implemented in 8 countries: Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand and Viet Nam. The project spans 36 months from 1 Jan 2021 to 31 December 2023 and covers activities related to COVID-19 surveillance, risk communication, case management, essential health services provision and operational support.

The project in Myanmar has done:

- 0.5M Euro was supported for surveillance, risk communication, case management, essential health services provision and operational support.
- 25,000 people were reached through civil society partners, in hard-to-reach areas of the Rakhine, Kachin and southern Shan Regions.
- 5200 of personal protective kits were distributed for better protection of frontline health workers.
- 24 frontline health workers were trained on COVID-19 clinical case management.
- 16 screening points were strengthened in Rakhine, Kachin and southern Shan.
- 30,000 posters and brochures were distributed to communities and healthcare workers.

Much has happened since the last publication of the Health Cluster Bulletin – Jan-June 2020. Myanmar has indeed seen a combination of events leading an unprecedented health crisis. The military takeover on 1 February 2021 and the subsequent violence led to the collapse of the public health system, resulting in significant gaps in the provision of essential health services. The crisis was further compounded by devastating third wave of COVID-19 (June-Nov 2021).

The health cluster and partners are committed to support and enable essential health services and critical life-saving assistance for the most vulnerable and displaced people and host communities, leaving no one behind. The actions of the health cluster are guided by the UN Humanitarian Response Plan 2022.

The present bulletin showcases nine groundbreaking health projects across eight (8) States.

WHO Myanmar is continuing to implement the project in collaboration with partners until December 2023. This project plays a crucial part in the pandemic response amidst the challenging situation of Myanmar.

For more information, please contact: Dr Win Bo, WHO Myanmar, bow@who.int
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“Collectively responding to the COVID-19 pandemic”

The first COVID-19 case was reported in Myanmar on 23 March 2020. On 21 July 2022, Myanmar counted 613,887 cases and 19,434 deaths from COVID-19. With the risk ever present and highly-transmissible Omicron variant, WHO and health partners remain mobilized to support the population in Myanmar through COVID-19 surveillance and rapid response, clinical case management and vaccination essential services and operational support.
Swe Tha Har, a friendship in English meaning, is committed to promote healthy community in Magway Region. Focusing on local community empowerment and capacity building, Swe Tha Har assigned 10 community-based volunteers in communities of the Magway Region, for health awareness activities and health services and logistics such as emergency referrals and COVID-19 protective equipment.

Furthermore, from 23 to 25 May 2022, the organisation trained 22 volunteers (12 in-person and 10 online) and 8 frontline health workers, on basic health, maternal and child health, nutrition and personal hygiene and common health problems, for example diarrhoea, dengue fever, hypertension and diabetes. On the last day of training, the participants practised on how to conduct health education sessions for the communities. After completion of the training, the volunteers are continuing facilitation of health awareness sessions in IDP and host communities.

Swe Tha Har sees the engagement of local members of the communities and expanding capacity through trainings as a way of mitigating the health risks as well as increasing the ability to serve and respond to the needs communities.

For more information, please contact: Aung Kyaw, Swe Tha Har, aungkyaw@swethahar.org
The Myanmar Medical Association promotes access to adolescent sexual and reproductive health information and quality-assured services, awareness on sexual and reproductive health and rights of young people, including marginalized and vulnerable, disabled and LGBTQIAs, through the Sexual and Reproductive Health Project.

The project uses approaches focusing on interpersonal communication such as life skills-based trainings and peer education, and on Sexual Orientation, Gender Identity and Expression (SOGIE) and gender – based violence (GBV) edutainment programme and local educational events. Since COVID-19 pandemic, activities are more focused through mass media channels: Facebook and telegram channels to reach target population. In addition, advocacy activities to care-givers and parents were conducted to promote favorable environment in educational activities. The project established “Adolescent and Youth Friendly Health Service (AYFHS) Network” with the coordination and collaboration of General Practitioners to promote access to friendly and quality health services for youth in need of ASRH services.

From January to June 2022, the project reached 21,000 young people, including disabled and LGBTQIAs, informing and raising awareness on accurate and concise information on pubertal changes, healthy life choices, teenage pregnancy prevention, HIV and Sexually-transmitted infection prevention, SRH and rights, promoting men engagement and SCSOGIE concept and GBV prevention. Specifically, 378 young people with disabilities together with their care-givers were reached through innovative customized dialogue sessions upholding the concept of “No One Left Behind”. A total of 3,067 consultations were made by the AYFHS network members related to ASRH problems.

For more information, please contact: Dr Thandar Soe, Myanmar Medical Association, thandarsoe12485@gmail.com
Chin State is recognized as the poorest State in Myanmar, with a lack of natural resources such as teak, precious stones, gold, and oil, and inadequate transportation infrastructure, resulting in many people living in hard-to-reach areas. It is undeniable that the double crisis of COVID-19 and the political situations in the country triggered more vulnerability for 500,000 residents living in windy hills. The majority of people from Paletwa township of Chin State has been suffering socio-economic burdens due to armed conflicts since 2019. These conflicts and crises exacerbate the situation of women and girls by exposing them to gender-based violence (GBV) such as arbitrary killings, sexual assault including rape and forced marriage. Particularly in displaced sites, women and girls are living with concerns for safety and security.

Recognizing these challenges women and girls face in such context, UNFPA prioritized restoring dignity and improving well-being of women and girls. Each dignity kit consists of basic hygiene items such as soap, shampoo, detergent cream, and basic clothing items such as longyi, blouse, and slipper, as well as menstrual hygiene items such as sanitary pads and other essential supplies needed for women and girls.

Despite the challenges to access the conflict-affected areas, UNFPA distributed the dignity kits with the support of its partners in Chin State. Over 3,000 dignity kits were distributed to women and girls in Paletwa, Samee, Mindat, and Kanpetlet townships since the beginning of 2022. During distribution, women and girls received awareness and information about GBV, including cultural and social norms, domestic violence, and where they can get the services if they need.

UNFPA has been providing the basic sexual and reproductive health and rights, GBV and referral pathway training to 8 civil society organizations in Chin State who are working on the ground to improve their knowledge in providing GBV & SRHR sessions at village levels and emergency settings.

For more information, please contact: Nan Yu Khine, United Nations Population Fund (UNFPA), khine@unfpa.org
A Success Story on capacity development of Volunteer Health Workers in Hlaingbwe Township, Kayin State

Under the umbrella of the universal health care, it is critical to reach vulnerable communities in the remote areas. Community health volunteers play a crucial role in filling the health gaps where there are most needed and difficult to reach. Therefore, capacity building of volunteer health workers are the key for health programs in rural areas.

Malteser International (MI) and Back Pack Health Worker Team (BPHWT) have been empowering local communities by conducting trainings for volunteer health workers in Karen. Saw Chit Lay is one of the participants who attended one-month Volunteer Health Worker (VHW) training at BPHWT clinic in March 2021. MI handed over the kits which include basic medicines and instruments to trainees.

Saw Chit Lay was a committed trainee with full attendance record and actively participated in discussions and practical demonstrations. He achieved excellent pre and post- test scores. His learning journey didn’t end there. He continued participation in other training sessions such as for Covid-19 and mask making conducted by MI in 2021.

Since the return to to his village, Saw Chit Lay has been sharing the knowledge and skills acquired from the trainings. He initiated community awareness and health education sessions on TB, Malaria, Dengue, Acute Watery Diarrhoea and Covid-19. He is taking part in community Covid-19 prevention programs, immunization activities, and patient referral activities. Furthermore, he is assisting the government basic health staff in the village. Since he can speak Sagaw and Poe Karen languages, the mother tongues of that area, he helps in effective engagement with the local communities.

His consistency, passion and skills make him a indefectibly reliable volunteer health worker of the local community to provide basic health care services, under the technical support from the Malteser International. Saw Chit Lay will continue his dedicated volunteer support to the vulnerable community through continuous learning.

For more information, please contact: Dr. Ye Lwin, Malteser International, ye.lwin@malteser-international.org

Saw Chit Lay, a volunteer health worker, Naung Sa Lone village, Hlaingbwe Township, Kayin State. (Photo: Malteser International)
Providing primary healthcare in Kawkareik and Kyar In Seik Kyi townships, Kayin State

SDC - funded primary health care project “Partners for Health Access in Southeast Myanmar” (PHASE-M) has been operating since 2015 and covering 167 villages in Kawkareik and 50 villages in Kyar In Seik Kyi with village health committees and mother-to-mother support groups in both townships.

Due to the COVID-19 pandemic and the political crisis in Myanmar, the majority of government hospitals are not functioning very well and the communities in both townships are in great need for basic health services.

Patients with chronic diseases such as hypertension and diabetes could not have regular medicines. Pregnant women did not know where to go for antenatal care services. And children under 5 years old had limited access to health professionals.

In response to such situations, PHASE-M set up mobile clinic services in Kawkareik and Kyar In Seik Kyi townships and recruited 3 mobile health teams. Each team includes a nurse and a health educator led by a medical doctor. All mobile team members were trained on safety & security, safeguarding, and conflict sensitivity before they went to the field. They also received technical trainings such as clinical management of GBV, mental health and psychosocial support and integrated management of acute malnutrition.

These mobile teams visited 3 villages a week and could reach to 28 villages in total within 6 months, from Jan to June 2022 amidst the conflicts that impose to safety and security. Total 2064 patients consulted at the mobile clinics: 252 were under 5, 1417 were women of reproductive age (15 – 49 years). The most common diseases found in the mobile clinics were hypertension, diabetes, arthralgia, acute respiratory infections, diarrhea and common cold.

The communities expressed thanks to the mobile teams and requested to open the mobile clinic more frequently. A mother of newborn baby, Nan Khin Hnin Wai said that when she was with her pregnancy, she was worried because there was no antenatal care (ANC) or delivery services available at her village. Fortunately, she received ANC, together with iron and folic acid tablets, and delivery kit from PHASE-M’s mobile clinic, she could give birth safely at Kyone Doe hospital.

For more information, please contact: Dr. Thaung Htut, Christian Aid, THtut@christian-aid.org
Addressing community needs for health and well-being in Kachin State

In Kachin State, Kachin Baptist Convention (KBC) is providing health services based on the needs of the local communities in collaboration with health partners and donors. The main health services provided by KBC include emergency response for IDPs, primary health care, nutrition, Reproductive maternal, newborn, child and adolescent health, mental health and psychosocial support, (MHPSS), trainings for Christian health worker, herbal medicine promotion, blood donation and HIV/AIDS awareness. These services are implemented by a combination of external and internal funding including donations from church members.

From January to June 2022, KBC provided primary health care services to more than 30,000 patients, health education sessions to more than 5,000 participants, and around 100 delivery cases through both fixed and mobile clinics. KBC also provided referral support to more than 200 patients to ensure further management at secondary and tertiary hospitals. Regular nutritional services are also continuously provided in IDP camps, villages and more than 300 clients received mental health and psychosocial support MHPSS consultations.

During the Covid-19 pandemic and unstable political situation, not only emergency responses to newly displaced areas could be conducted but also 140 Covid-19 patients could be treated at covid care center by establishing both care center and oxygen generator. The services of teleconsultation and providing kits for Covid-19 patients are also provided.

In collaboration with health partners, KBC will continue the provision of health services and assistance for the community, while considering both the reduction of the financial burden of the community and the sustainability in a long run.

For more information, please contact: Dr Malut Naw Tawng, Kachin Baptist Convention, malutnawtawng@gmail.com.
Malaria prevention and control activity is one of the thematic activities in MNCH integrated project implemented by Myanmar Health Assistant Association (MHAA). In Man Wein Gyi area, community can not access to malaria prevention and control services and, it is not covered by any other malaria implementing partners. Therefore, in 1st semester of 2022, MHAA filled the gaps with the recruitment of new integrated community malaria volunteer (ICMV) to provide the malaria prevention and control services to the vulnerable community. MHAA provided the initial ICMV training to 14 ICMVs as per guideline to be skillful and to enhance their productivity in implementing the malaria control activities and, identification and referral of other ICMVs diseases (Tuberculosis, Leprosy, HIV/AIDS, Dengue Hemorrhagic Fever and Lymphatic Filariasis) in their villages and camps respectively.

Moreover, MHAA opened a sub-office in Man Wein (Gyi) in February 2022 to reach health services to community. MHAA has been providing the financial support for seriously ill cases, TB related cases and MNCH services, community-based activities in this area. In addition, MHAA also provided the services for malaria prevention and control such as RDT testing and treatment, continuous mosquito nets distribution and awareness sessions to ensure that the most vulnerable, mobile and migrant population, women and children to be reached by 14 new ICMVs, and mobile teams.

For more information, please contact: Aung Myo Khaing, MHAA (Myanmar Health Assistant Association), spm.kachin@myanmarhaa.org
From January to June 2022, Myitkyina Diocesan Catholic Health Commission (MDCHC) provided medical interventions to villages in the Kachin Region. MDCHC focuses on primary medical services to our targeted villages that are far from city. Provided transportation and financial conditions, most villagers do not have access to basic medical services. MDCHC targeted 14 areas, namely Palana, Nawng Nang, Gat Chang Yang, Hparaw, Ubyit, Shadau, Maw Hpawng, 16 miles, Lawa, Alam, Dum Gan, Aung Min Tar, Chying Hkrang and Tang Hpre. MDCHC is also planning to reach medical services in remote area, N Jang Yang, in the coming months.

MDCHC distributed hand sanitizers and masks for prevention of Covid-19 and nutritional support to Hope center, rehabilitation rebirth center and vulnerable persons. Furthermore, MDCHC provided referral services directly to patients in need. Medical services through mobile health care to the villages included maternal and child health care and non-communicable diseases like hypertension, diabetes mellitus, osteoarthritis and chronic obstructive pulmonary disease, asthma and so on. MDCHC conducted screenings of HIV, HBsAg and HCV to pregnant women. It also provided pre-test counseling and index testing services to the partners of HIV positive patients and household. From January to June 2022, MDCHC provided primary health services to 1600 people through mobile health care teams in remote area.

For more information, please contact: U Hkun Myat, Myitkyina Diocesan Catholic Health Commission, hkunmyataung1995@gmail.com
Health Cluster in numbers and maps

Early warning, alert and response system or EWARS, Rakhine & Kachin States (January-June 2022)

Rakhine State
- 11 Reporting organizations
- 2,982 Reporting received
- 186 Reporting sites
- 142,281 Consultations
- 105 Verified cases

Kachin State
- 6 Reporting organizations
- 809 Reporting received
- 109 Reporting sites
- 30,829 Consultations
- 21 Verified cases
### Health Cluster Work Plan overview 2022

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
<th>Core function</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
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<td>Scaling up of subnational coordination</td>
<td>Establishment of new subnational coordination hubs-Southeast,Chin,Magway,Sagaing</td>
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<td>National Health Cluster meetings (Operational health partners meeting)</td>
<td>Virtual meeting</td>
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<td>Health Cluster Terms of Reference</td>
<td>Review of previous and consensus for adoption</td>
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<td>Review and updating</td>
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<td>Health Cluster Strategy</td>
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<td>Contingency planning for monsoon season</td>
<td>In preparation for the coming monsoon</td>
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<td>Monthly humanitarian updates reporting</td>
<td>Monthly</td>
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<td>MFH first standard allocation</td>
<td>Prioritization exercise and formation of review committee from members who did not apply for funding; Schedule to be communicated by OCHA-MHF</td>
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<td>HRP 2022 monitoring report</td>
<td>HRP biannual monitoring</td>
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<td>Humanitarian Needs Overview</td>
<td>HNO 2023 development</td>
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**Humanitarian Response Plan 2022, Health Cluster funding status**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Need</th>
<th>Target</th>
<th>Reached</th>
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<tbody>
<tr>
<td>% of early warning, alerts and response system (EWARS) notification for IDPs that are verified</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>% of IDP population that has access to primary health care services.</td>
<td>100%</td>
<td>100%</td>
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<td>% of communicable disease outbreaks notifications verified and responded timely for IDP population</td>
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<td>% of non-displaced vulnerable population that has access to primary health care services.</td>
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<td>45%</td>
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<td>% of communicable disease outbreaks notifications verified and responded timely for non-displaced vulnerable population.</td>
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<td>Not reported</td>
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**Humanitarian Response Plan monitoring report overview, Health Cluster (Jan-Mar 2022)**

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<tr>
<th>People in need (2022)</th>
<th>2,504,880</th>
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<tr>
<td>People targeted for 2022</td>
<td>1,438,834</td>
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<tr>
<td>People reached (Jan-Mar 2022)</td>
<td>361,116</td>
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</tbody>
</table>

For more information on Health Cluster, please contact:
Dr Ann Fortin,afortin@who.int
Health Cluster Coordinator, Myanmar