

Transforming rural Maternal & Neonatal Health

Chin State, Myanmar

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## Transforming Rural Maternal & Neonatal Health

### Project Overview:

The majority of women giving birth in Chin State, Myanmar, lack access to anti-natal care by an experienced health worker or midwife. Chin State has only two fully functioning hospitals for a population of just under half a million and the latest UNICEF report identified only 5.6% of births in Chin State as having taken place in a 'healthy facility'.

On average, 50% of women in urban areas receive support from a skilled or semi-skilled practitioner, however, in rural villages, where 79% of the population live, the majority of women give birth supported only by family members and untrained **Traditional Birth Attendants (TBAs)**.

TBAs are usually older women who have gained knowledge of the birthing process through oral tradition and practical experience but who have no formal learning or qualification. TBAs are involved both at the birth itself and may also assist during early pregnancy and in the early post-birth period. In Chin State at least one in every four births are attended by a TBA.

The Myanmar 2014 census recorded over 11,749 births in the rural areas of Chin State of which 607 (5%) newly-born infants died. This rate of infant-mortality correlates to one of the highest recorded under-five child mortality rates of 90 deaths per 1,000 live births. This compares to 47 per 1,000 in the urban areas of Myanmar (UK=19). High levels of infant and child mortality are largely attributable to a lack of skilled practitioners, poor hygiene during labour and harmful traditional practices resulting from myths and superstitions surrounding childbirth.

Health & Hope's **Transforming Rural Maternal and Neonatal Health Project** aims to radically reverse maternal and infant mortality and morbidity rates through building the capacity of local women to provide comprehensive antenatal, birth and postnatal care for pregnant women. In addition, the project provides the essential knowledge required for referring complex pregnancies where the life of the infant or mother is considered at acute risk.

### Achievements to date:

Health & Hope has been delivering life-saving midwifery courses to local women since 2013. Following on from the first needs-assessment, UK midwives have worked alongside Health & Hope to provide 126 women from 58 villages with the opportunity to attend a bespoke, evidence-based training course. The two, one-week long courses provide essential and advanced training for local



TBAs. This has led to a significant reduction in maternal and perinatal mortality and morbidity in the villages where they work. In order to further the geographic reach of the training, the project was extended to include a Train the Trainer programme in 2018. Over the last two years, 15 local Trainers of Trainers (ToTs) have led their own community-based workshops in remote rural villages. As a result, a further 101 TBAs and 123 women have accessed the training programme. The ToTs are well respected in the villages that they serve and also act as a network for the distribution of Clean Delivery Kits (CDKs) and key medicines, such as pregnancy vitamins, iron tablets and paracetamol, to TBAs.

*“Whilst visiting Lailenpi for monitoring and training, it was impossible to ignore the joy amongst the women who had attended the workshops. Six years ago it wasn't unusual for women to die during childbirth. But, since the training started, there have been no maternal deaths in Lailenpi and, as a result, the under-5 orphanage has been closed. The women's group said that they now face giving birth with confidence instead of fear. When I visit the work, I'm repeatedly thanked by the women and church leaders for this amazing change and the hope it has brought to families. I'm certainly unable to take all the credit! But at the same time, I am absolutely delighted at the continuing success of the project. The practical, hands-on training is incredibly empowering for the local women who have now found value and respect amongst the community. The transformation of knowledge, attitudes and practices will also bring sustainable change, as the skills are passed down from one generation to another. There is so much need in the region and our hope is to continue to expand the training to as many villages as we can.”* **Christopher Jones, Executive Director, Health & Hope UK**

The full TBA training programme covers:

- Antenatal care and health in pregnancy
- Management of normal labour and birth
- Safe management of third stage
- Management of obstetric emergencies
- Care of the perineum in the absence of suturing
- Immediate care of the newborn including infant resuscitation
- Breastfeeding
- Examination and care of the newborn
- Basic post-natal care
- Family planning: including natural methods in the absence of artificial and chemical provision
- Sexually transmitted infections
- Basic record-keeping and use of data collection pictogram
- Care in miscarriage, avoidance in the participation of abortion
- Hand washing techniques/infection control



The UK midwives and staff have built a tremendous rapport with the local women of whom many, for the first time, feel recognised and appreciated in their roles. The following three quotes capture the progression of learning into action which we find repeated again and again through participants of the TBA training:

“ We have only ever done rote learning in the past, but this training you have given us is so great because we can see, hear and touch. We can ask any questions we want to! The practical sessions are so helpful because you can really imagine it and practice it with your hands.”

“ The training has been more than I could have imagined. I was able to compare what I was taught with my experiences. I was able to pick up the new skills such as hand washing, skin to skin contact, resuscitation, preventing excessive bleeding, breastfeeding, and how to measure blood pressure and temperature. I am so grateful and feel so proud. Now, when there is a complication during delivery or with a new-born baby, I remember what I have been taught and am excited to perform what I have learnt. Since receiving training I found skin to skin contact has helped solve many problems women face post-delivery. Through breastfeeding I see and hear many babies become more calm and remain healthy.”

“ It was a full day's journey from my village to where this lady was. As soon as I heard the news I prepared myself to go and arrived there at 9pm the same evening. In the beginning, I was very nervous, because there were three government nurses had been called to assist. They were surrounding her and trying to help. However, I saw the mother's pain and tiredness and felt very sorry for her. The nurses all said that they could not do anything more, that she and the baby would die, so I asked them to please leave her, and let me see if I could help. When I realised the baby's shoulder was stuck the lessons I had practiced during the TBA training from Health & Hope came to my mind. It was so clear. I did as we had learnt and the baby came out so quickly. Both mother and baby were happy within just a few minutes and the nurses were amazed and curious about where I had learnt this technique! The mother was crying and all of them were so happy and amazed. I thank God, Health & Hope and the TBA trainers from the UK, otherwise surely this women and her baby would have both died.”



In addition to the training of the ToT's and TBA's, six government trained midwives requested to join the November 2019 workshop, with seven attending in March 2020. Government midwives have little to no opportunity for training post qualification, and there is a significant need to support their practice and ongoing professional development. This was the first step in developing formal links between the government and locally trained TBA's, cultivating greater collaboration, respect, recognition and establishing a future referral process.

*"We were so glad to be able to return in March 2020, and evaluate how the local trainers were getting on. It became apparent as soon as we met them or had even started preparation for the outreach to villages, that they have been incredibly active in rolling out the programme as tasked. There was so much enthusiasm and so many stories - their excitement was contagious. This voluntary role requires a lot of commitment. When we asked them what practical difficulties they experienced being away from home for up to six days at a time, they said they were well supported by their husbands, and that other village women helped out with domestic chores too. They had a real sense of pride in what they do and believe passionately in the work. This gives them confidence to press on.*

*The numbers of local TBAs who have received training in locations that had not been accessed before was also hugely encouraging. During just four months, 47 TBAs had received training for the first time. In addition, many villager women had the opportunity to learn basic health knowledge, such as hand washing, personal hygiene, nutrition and sexual health by joining in with the training."*

**Maaïke Carter, UK based volunteer midwife**

## **Project Summary 2020-2021:**

There are 1,382 villages in Chin State and 20 towns. Village population sizes vary from just 46 to 3,250. Health & Hope's Community-led Healthcare project has placed a trained Community Health Worker (CHW) in 318 of these villages in Chin State, providing a primary healthcare service accessible to 106,350 people each year. In a recent survey, 73% of adults from these villages accessed a Health & Hope trained CHW at least once in the prior twelve months. In the same study, only 20% of villages reported having access to any form of government health service, mostly through ad-hoc visits of ambulant midwives.



Government investment in health care has historically been the lowest amongst any country in the world which the WHO holds data for. Combined with lamentable matriculation rates at high school (19% in 2019), there is likely to continue to be a vacuum of government healthcare provision to rural villages over the coming decade. As a result, despite a few midwives now serving the main towns and villages in the region, there continues to be a significant need for the training of local health workers to address rural healthcare needs in the absence of skilled personnel trained by the government.

The Maternal and Neonatal Health project has provided training to TBAs in 58 villages in Chin State. These TBAs support around 460 women each year through pregnancy and childbirth. Our vision is to extend this training, first to each village where we have trained a CHW, and then beyond.

In 2020-2021 funding for this project will support ToT outreach in 24 villages in rural Chin State. We will continue to focus on supporting the local Trainer of Trainers (ToTs), equipping them to deliver the bespoke training package to TBAs and in the villages providing Maternal and Neonatal health education to women across a much larger geographical area. Once skilled, these newly trained TBA practitioners will support a further 180 women throughout their pregnancy, labour and provide post natal care to the mother and new-born.

**The specific aims for this year's project are to:**

- Support the training of TBAs through the local ToT's to 24 villages in rural Chin State through the delivery of 12 local workshops. This will provide support to a further 180 women each year in pregnancy and childbirth and will facilitate a sustainable change in knowledge, attitude and practice surrounding maternal and neonatal care in rural Chin State.
- Review the quality of the local trainer's work through six monitoring village field visits.
- Deliver an advanced training course and review of skills workshop for the ToTs, through a week long workshop including training in essential monitoring of pregnancies, managing complex deliveries and infant resuscitation. This workshop will also expand the total number of ToT's to 18.
- Provide a two day bespoke training workshop in advanced midwifery to government trained midwives alongside the ToT workshop, identifying further opportunities for integrating ToTs work with local ambulant midwives.
- Equip and resource the local medical team, senior ToTs and government midwives to take over the delivery of TBA training from the expat midwives.



Volunteer midwives from the UK who have developed the bespoke training course over the last seven years and who have delivered a nine-year programme in professional development to the Midwifery Association of Mongolia, will continue to provide support to the local ToTs through a two-week long visit in March 2021. The local Health & Hope medical team, consisting of three medical doctors, four nurses and a paramedic, will provide hands-on practical assistance to the ToTs and the management of logistics alongside their duties at Hope Clinic and the Community-Led Healthcare Project.



Phoebe-Lin, Nurse



Elizabeth, Nurse



Rodany, Nurse



Dr Beichotha



Dr Shwehulian



Unity, Paramedic



Dr Sakie

Workshops are knowledge and skills based, with the opportunity for problem based practical learning contextualised to the reality of working in remote settings, with little access to medication or equipment. As well as a review of key skills and gaps in knowledge, the following topics will be delivered:

1. Review of positions for labour and birth including emergency skills and drills
2. Referral pathways for at risk women
3. Pre-eclampsia, including urine analysis
4. Syntocinon use and misuse
5. Foetal Heart monitoring and practise with a doppler scanner.
6. Examination of the newborn including immediate care of the newborn, care of the small baby and care of the reluctant feeder
7. Team-working: responsibilities of midwives, TBAs, Doctors, Community Health Workers

Drawing in local Government Midwives to learn alongside the ToTs is crucial to future collaboration. This encourages team-working between both groups and an opportunity for the midwives to see first-hand, the level of knowledge and skills that TBAs are developing.

The role of the ToTs in the community are a vital component of the Maternal and Neonatal Health project. It is these experienced and skilled local practitioners who facilitate knowledge, attitude and practice changes at the community level. With the **expansion** to a further **48** villages, the work will dramatically reduce the number of preventable maternal and neonatal deaths due to lack of education and unsafe practices.

This project sits alongside and complements our existing health work in Chin and Rakhine States including the following projects:

<b>Project</b>	<b>Short Description</b>
Clinic	Based in Lailenpi, Hope Clinic was built in 2016, and provides services to almost 2,000 patients each year. The clinic provides outpatient services Monday to Friday (0900-1700) and Saturday (0900-1200) and, in emergencies, can provide a referral and transport service to hospitals in Pakokku or Yangon. This service often saves families going into lifelong debt in order to reach expert clinical care in an urban centre.
Community-led health care	Since 2009 Health & Hope have trained 791 CHWs from 446 partner villages in Chin and Rakhine States. These healthcare workers are the only source of medical knowledge in the majority of villages. This project provides in-situ support to CHWs through an Area Coordinator programme providing mentoring support, peer learning opportunities, one-to-one health training, access to medicines, health education campaign material and monitoring of health statistics across partner villages. The project also provides ongoing medical education to the Area Coordinators and outreach work amongst CHWs through Health & Hope medical staff.
Community Health Financing Initiative (CHFI)	The CHFI aims to equip Village Health Committees (VHCs) with the skills and investment required towards developing locally viable businesses which generate profits that feedback into the costs of providing the Community-led healthcare service for each village. Over the last year, 10 villages received loans of up to \$500 that were invested in one of two community-owned business initiatives - Chicken rearing and Elephant Yam farming. Loans at 0% interest were fully repaid at the end of 12 months with each village earning at least 96% profit. Having achieved successful outcomes, we are now looking at how we can scale up this project to more villages in 2020.



## Project Budget:

The budget provides for the full cost of the workshops, in-situ training, outreach work, study materials, teaching aids (such as resuscitation dolls), support staff and birthing kits, including essential equipment and medicine for each trainee.

Description	Cost	%
<b>Activities</b>		
Workshop conducted by visiting midwives from the UK to train 6 new local trainers (TOT's), to evaluate, review and support the 12 original TOTs and run a workshop for 12 government trained midwives.	£ 5,408	20%
12 existing and 6 new local trainers conduct outreach field visits to provide advanced teaching, mentoring and deliver in-situ training in 24 villages.	£ 3,228	12%
Training equipment, resources and medications used by the 12 existing local trainers during village outreach inc. birthing bags, CDKs...	£ 5,980	22%
Field visits with the local trainers into 12 villages to assess effectiveness of training, reporting methods, monitoring and intervention.	£ 1,609	6%
Advocacy and lobbying with government to establish MoU	£ 1,603	6%
<b>Capital Costs</b>		
Motorbike for outreach visits. High quality resources and teaching aids used in the delivery of workshops and field visits including replacement resuscitation dolls and mannequins.	£ 2,727	10%
<b>Local Staffing</b>		
Programme manager, translator, medical staff, support staff	£ 1,945	7%
<b>Logistical costs</b>		
Utilities, equipment, maintenance, transport, communications, vehicle fuel, consumables, training room hire	£ 2,748	10%
<b>Capacity building, Reporting and Intervention Monitoring</b>		
In-situ review of the training and outreach work, training, financial oversight and narrative reporting	£ 1,894	7%
<b>Project Total</b>	<b>£ 27,142</b>	<b>100%</b>
Funding already secured	£ 24,476	90%
Additional funding required	£ 2,666	10%