



Medical Action Myanmar

To improve access to health care for all people in Myanmar



Activity Report

January - June 2020



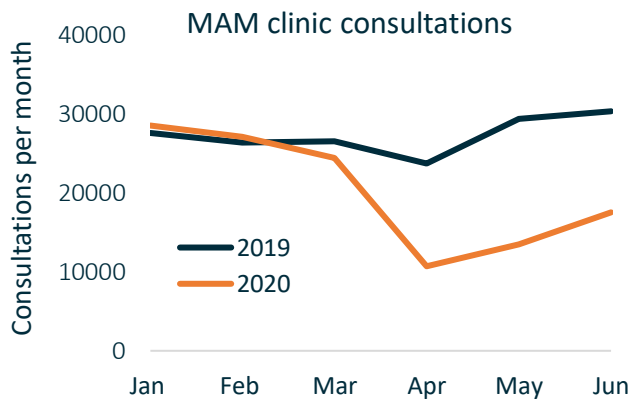
Contents

1.	The COVID-19 effect	1
2.	Introduction	1
3.	Medical clinics	1
a.	Paediatrics and malnutrition	1
b.	Reproductive health and family planning	2
c.	Antenatal care	2
d.	HIV prevention and treatment	2
e.	Eye screening	2
f.	Tuberculosis	2
g.	Hepatitis C	2
h.	Day-care	2
i.	Counselling and outreach service	3
j.	Laboratory	3
k.	Food and travel support	3
l.	Hospital Support	3
m.	“Mother” House	3
n.	Emergency COVID-19 support	3
4.	Community Health Workers	4
a.	Malaria	4
b.	Tuberculosis	4
c.	Referrals of severely sick persons	4
d.	Basic Health Care	5
e.	Malnutrition screening and treatment	5
f.	CHW medical training & monitoring	5
g.	Rickets in Naga and Puta-O District	5
h.	Research for rickets	6
i.	Food for children in Naga	6
5.	Donations	8

1. The COVID-19 effect

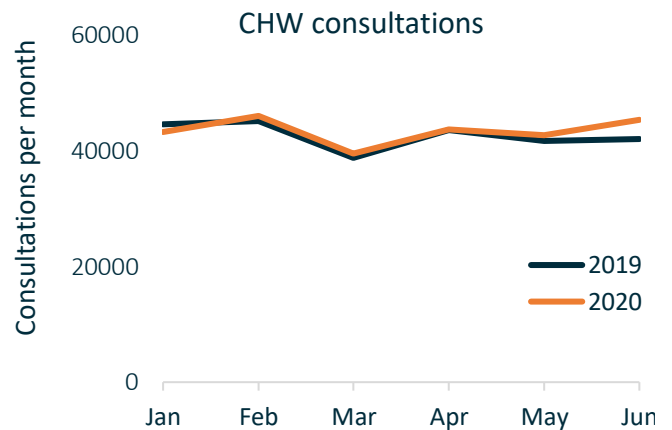
The emergence of COVID in March posed challenges, but we continued the Clinic and Community Health Workers services across the country.

For the 11 Medical Clinics, we intensified infection control and created 'Fever Corners' to screen and separate potential cases. Nevertheless, the uptake of clinic services decreased, as patients appeared to be afraid to visit clinics and some areas were closed off.



In particular for people who had fever and cough were reluctant, possibly out of fear that they would be put in quarantine. This is most harmful for people who might have TB. When they avoid health services and don't get treated they can spread TB to their family. We communicated that activities were ongoing but with limited success.

The Community Health Workers in remote areas operated as usual. Community based health services appeared "COVID resistant". To make sure that CHWs would not run out of supplies in case of a 'lock-down' we provided them with a large stock of tests and medicines.



Only the hospital referrals decreased as patients were too afraid to leave their village. Only after several months the referrals of severely ill patients normalized.

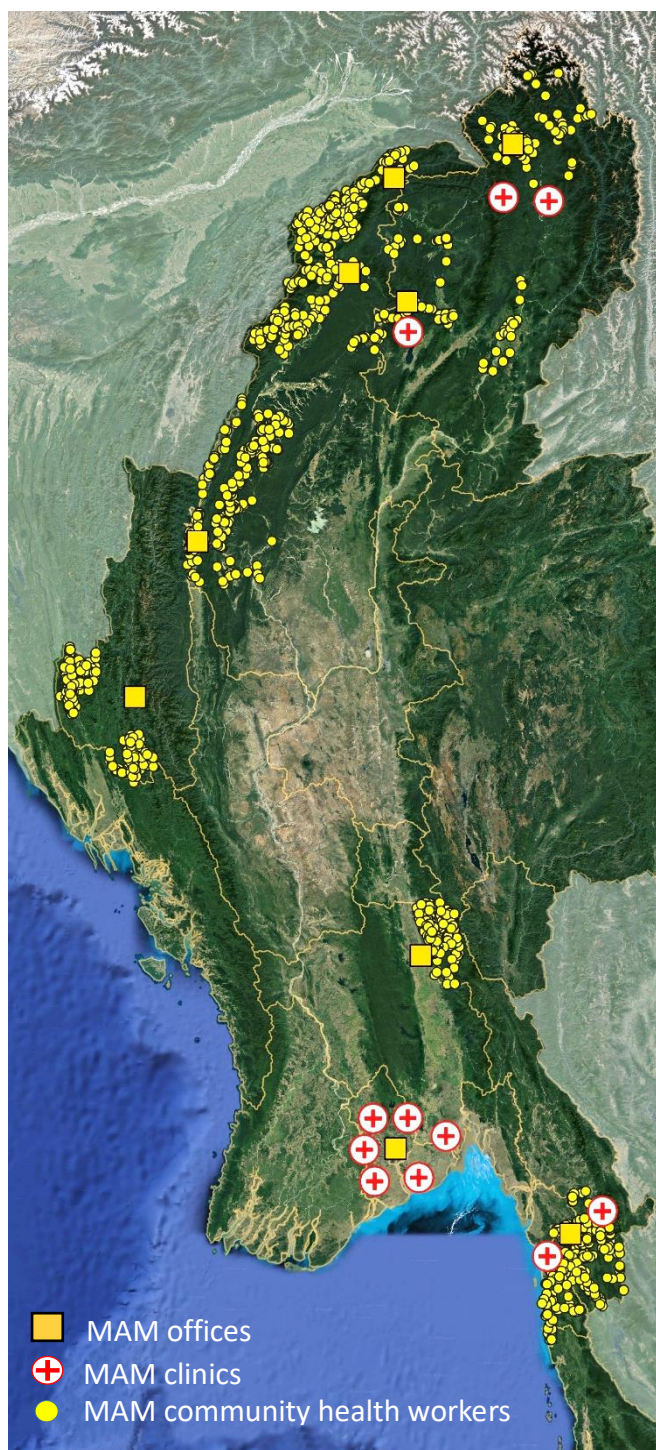
The COVID ramifications were massive for poor people. As workplaces closed, people had no income and without financial buffer, this is a disaster. Within days families were not able to feed themselves. Besides the health care activities, we started to provide food to the most vulnerable.



2. Introduction

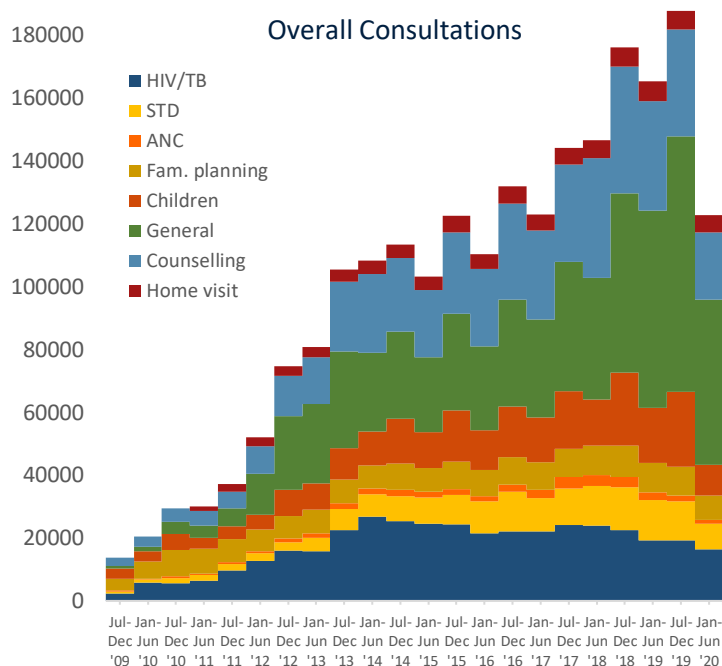
Myanmar has a population of 52 million with 26% of people living below the poverty line. Most of them live in the most remote communities or in urban slums.

Medical Action Myanmar started operations in 2009 with 1 clinic in a large slum in Yangon. Since then, we expanded to 11 clinics and 1,716 Community Health Workers (CHW) who provide free health care in the most remote and hard-to-reach communities. From January to June 2020, we performed 488,900 consultations.



3. Medical clinics

MAM conducted 122,785 clinic consultations and 5,450 home visits for patients with chronic diseases like malnutrition, TB and HIV. Compared to 2019, clinic activity reduced due to COVID-19 fear.



a. Paediatrics and malnutrition

9,710 consultations for children were conducted. Treatment of acute malnutrition gets special attention.

Child Protection: Some children seen during consultations are abused and need protection. MAM's child protection team dealt with 113 cases, to prevent further abuse, or, in very violent cases, go to court.

Child Support: MAM provides extra support including food, school items, clothing and a hygiene kit to extra vulnerable children like orphans, children with chronic diseases and children living in extreme poverty. 23 new children joined the program, bringing the total to 373 children. The support is worth \$360 per year.



7 year old Phoo enrolled in the Child Support program

b. Reproductive health and family planning

Many women have more children than they can care for. This leads to poverty and poor health of mothers and children. Some women seek illegal abortions, which can result in infection and death. 7,791 family planning consultations were conducted and 872 women got a contraceptive implant.

Women with sexually transmitted infections (STI) have often no symptoms and screening is essential to detect syphilis, chlamydia, gonorrhoea a.o. These infections facilitate HIV transmission and are harmful for unborn babies. Female sex workers are most at risk. Many work in brothels with limited opportunities to visit a clinic. MAM's mobile team visits sex workers *in the brothels* to provide contraception and testing and treatment for STIs/HIV. 8,112 consultations were made.



A discussion about the most practical ways to prevent HIV and STIs in a special waiting room for female sex workers

c. Antenatal care

Treatment of HIV+ pregnant women saves their lives and prevents HIV transmission to their baby. Alongside 1,205 antenatal care consultations, 57 HIV+ mothers were treated. All 25 children tested were HIV (-) 18 months after delivery!



Antenatal exam including an ultrasound examination

d. HIV prevention and treatment

This year we tested 7,188 people of whom 379 were HIV+. We currently have 4,248 HIV patients on treatment. Over 85% of patients is still surviving after 8 years. That is a good result!



Besides treatment, we are involved in large scale prevention activities including health education discussions, condom distribution and needle exchange for heroin users, which benefits the people with high risk behavior *and* their partners and children.

e. Eye screening

People with severe HIV can get blind due to infections with cytomegalovirus or Tuberculosis. We screened 505 patient's eyes; 143 patients were diagnosed with TB or other pathologies and 2 with CMV retinitis and treated. For CMV, injecting ganciclovir directly into the eyeball can prevent blindness. Patients who need eye surgery get this free of charge.

f. Tuberculosis

This year, we tested 1,604 patients for TB and 280 tested positive and received treatment. 99 patients were co-infected with HIV.

g. Hepatitis C

MAM in partnership with Myanmar Liver Foundation treats patients for Hepatitis C to prevent progression to terminal cirrhosis. Treatment is too expensive for patients. So far, 205 patients were treated and cured.

h. Day-care

Severely ill patients are admitted to day-care. So far in 2020, we treated 1,033 patients in day care. Patients who need surgery or obstetrics, are referred to local hospitals. All costs are provided by MAM.



Social distancing in MAM's clinics

i. Counselling and outreach service

Counselling is done to support compliance with long-term treatments for diseases. 21,446 sessions were conducted, and 5,450 home visits were done for socially weak patients. Poor compliance leads to resistance, which is a threat for all.

j. Laboratory

56,459 laboratory tests were conducted in the first 6 months of 2020.



Most MAM clinics have an on-site laboratory for quick test results

k. Food and travel support

Patients with serious chronic diseases are often unemployed and poor. Some sell their medicines to buy food, leading to treatment failure. We provide food for patients until they recover from the acute phase of their disease and return to their job. 1,279 patients received food (rice, beans, oil, fish and salt).

l. Hospital Support

In Hlaingtharya hospital, Yangon, MAM provided medical consultations to 791 ART patients, 452 HIV-TB counselling sessions and 230 counselling sessions to pregnant women for HIV testing. In Putao hospital, the MAM team provided medical consultations to 424 ART patients and 364 injection drug users who are on MMT.

m. "Mother" House

MAM built a house for extremely vulnerable children (HIV orphans and abused children). There are currently 12 children living there. This house has 2 'mothers' who care for them with love, and make sure they get their medicines and education. The mothers also organize social activities, recreational trips, guitar and swimming classes.



n. Emergency COVID-19 support

Households already living in poverty suddenly faced mass unemployment due to COVID. People living off their daily incomes, with no savings, could no longer afford rent, food or other necessities.

To support them, MAM provided financial and nutritional support packages. 10,440 people received financial support or a food package containing rice, lentils, salt and oil.

56,000 facemasks were also distributed to patients and local community members.



This grandmother, the sole caregiver, and grandson received financial support during the Covid-19 lockdown.



4. Community Health Workers



There are no trained health professionals in remote communities. The infrastructure is poor and transportation to hospitals prohibitively expensive. Sick people visit local “quacks”, who treat them without training. MAM trained villagers to become *Community Health Workers* (CHW) to manage malaria, respiratory infections including TB, diarrhoea and other common diseases *in* the community. Severely ill patients are transported to hospitals, paid by MAM.

In March, COVID-19 reached Myanmar. Government or self-imposed lockdowns restricted movement. People were reluctant to visit the hospitals for fear of COVID and subsequent quarantine. However, CHW continued to deliver health services. In the first half of 2020 they conducted 370,559 consultations. CHW services in the community appear to be “COVID-resistant”.

a. Malaria

CHWs tested 110,553 people for malaria. 3,111 were positive and treated. CHW have proven to be very effective and malaria decreased dramatically.

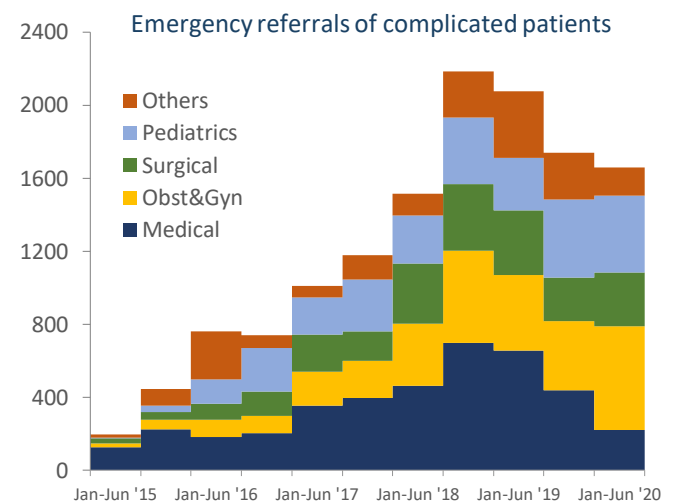
b. Tuberculosis

CHWs referred 3,977 TB suspected patients to get an X-ray and a lab test. 449 were diagnosed with TB and started treatment.

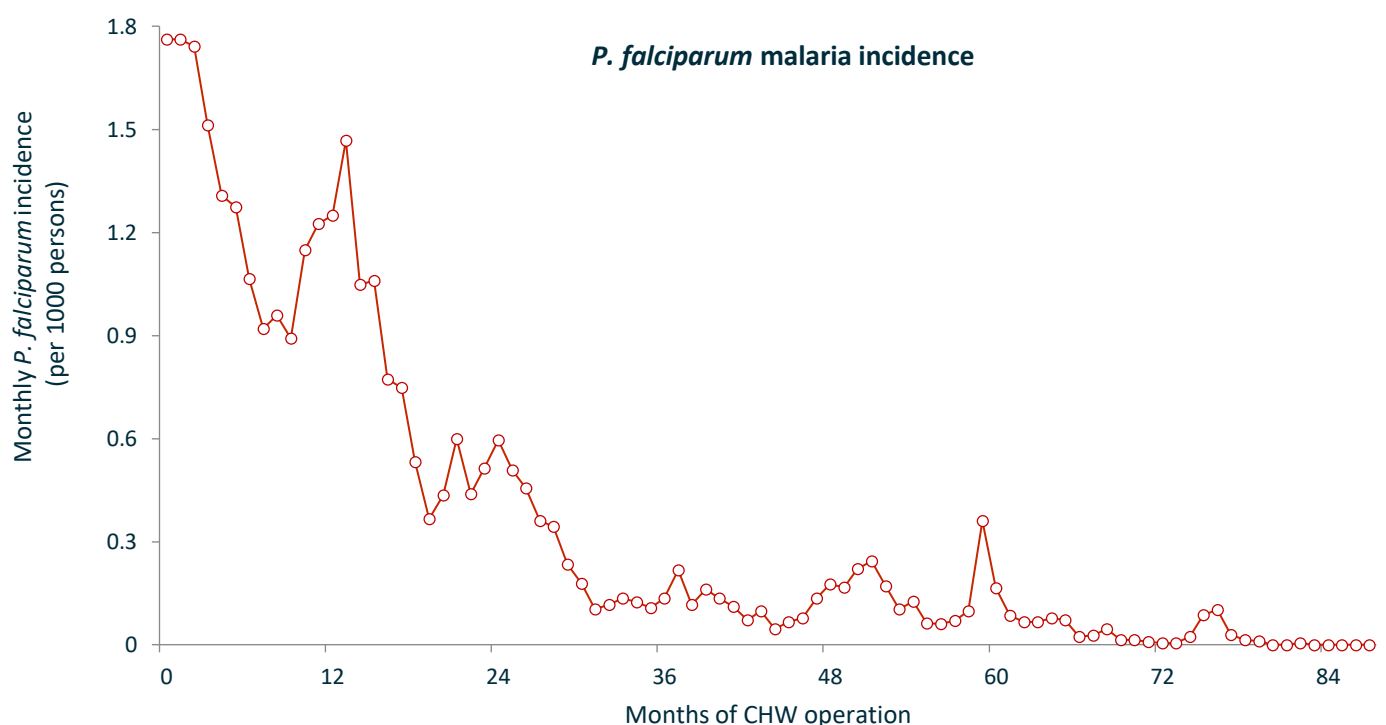
If a patient is too sick to travel, MAM staff collects the sputum in the community and brings it to the hospital. If positive the medicines are brought to the village.

c. Referrals of severely sick persons

MAM trained CHWs to recognize severe conditions that need referral. 1,657 patients were referred and



cost for transportation, treatment and food was covered by MAM.



d. Basic Health Care

CHWs also conducted 260,006 consultations for respiratory infections, gastrointestinal infections, malnutrition and skin infections. 11,421 women received family planning consultations.

e. Malnutrition screening and treatment

MAM medical mobile teams together with CHW's conduct mass screening for malnutrition for children and pregnant and lactating women. Children with no history of deworming were given a deworming tablet. During Jan - June 2020, 213 malnourished children and 136 malnourished pregnant and lactating women were identified and treated using special therapeutic food.

f. CHW medical training & monitoring

All CHWs received classroom training and are subsequently visited (bi-) monthly for *on-the-job-training* by one of the 50 MAM medical mobile teams. This is very labour intensive but we are convinced that on-the-job-training in the community with a doctor and the CHW seeing patients together is essential to improve the skills of the CHW.

g. Rickets in Naga and Puta-O District

In 2019, MAM mobile medical teams in Naga, a very remote region in the far North-West of Myanmar on the Indian border, identified 8 children with arm and leg deformities, bone pain and severe walking difficulties. Some couldn't walk at all. Blood investigation and X-rays revealed that these children suffered from nutritional rickets with vitamin D (and calcium?) deficiency. Treatment with vitamin D and calcium reduced the pain, improved mobility and reversed the bone deformities. X-rays and lab results

also showed significant improvement.

Since then MAM mobile medical teams and CHWs screened all 274 villages in Naga and provided vitamin

D and calcium to 337 children who were identified with clinical rickets. Moreover, CHWs in other areas across the country started looking for this disease as well and identified and treated another 28 children with rickets in Kachin.

Left untreated, the unnecessary suffering can be devastating for these children for the rest of their life. The legs of this 17 year old boy are unlikely to recover substantially.

But rickets is preventable, and it is treatable with medicines *if* identified at a young age. For severe cases surgery can be required, which is complicated and not available nearby these communities, but we have contacted an orthopedic surgeon who wants to help.

The identification of rickets in remote communities highlights the potential of MAM's CHW network.



A 6 years old boy before and after taking 1 year vitamin D and calcium. His leg deformities and mobility improved substantially.

You can watch a short video of the project made by AFP at:
<https://www.youtube.com/watch?v=AcW7kMKkF24>

h. Research for rickets

We plan to do a large study to investigate the risk factors associated with the development of rickets in children. We hope that we can provide information to policy makers with the results of this study, to formulate future preventative strategies.

i. Food for children in Naga

The finding of nutritional rickets in Naga region suggests there might be more children suffering from inadequate nutrition. Most families rely on farming but due to the terrain only a few items can be successfully grown, and hunting or foraging for food has limited success.

As a temporary measure, to address a lack of food diversity, MAM distributed 58.4 metric tonnes of special nutritious food to 6-23 month old children and pregnant and lactating women.

Due to the COVID-19 pandemic, food was distributed by MAM staff door-to-door (instead of large food distributions) to ensure all under five children and pregnant and lactating women were reached and their nutritional status assessed.

During food distribution, 5 children with severe acute malnutrition and 158 children with moderate acute malnutrition were also found and treated.



Testing a child for malnutrition in a village in Naga, in the far northwest of Myanmar



Working for communities in remote areas has its travel challenges



5. Donations

Our activities are only possible thanks to the donations we get. Small or large, they all make a big difference for the patients we treat! Some diseases, like malaria or rickets, can be treated for a few dollars. It can save a life or it can prevent a lot of unnecessary suffering.

For people who live in Australia, Canada, Germany, Switzerland, The Netherlands, UK and USA, donations can be tax detectable. For information please contact Sieb, our resource coordinator: sieb@mam.org.mm

Bank details Medical Action: USD		Bank details Medical Action: EURO	
Bank name	ABN AMRO Bank	Bank name	ABN AMRO Bank
Bank address	Apollolaan 171, 1077 AS Amsterdam, The Netherlands	Bank address	Apollolaan 171, 1077 AS Amsterdam, The Netherlands
Account name	Medical Action	Account name	Medical Action
Account number (USD)	43.84.12.974	Account number (EURO)	54.12.25.693
IBAN number	NL56ABNA0438412974	IBAN number	NL24ABNA0541225693
BIC:	ABNANL2A	BIC:	ABNANL2A

