



# Medical Action Myanmar

To improve access to health care for all people in Myanmar



## Activity Report

January - December 2020



## Contents

<b>1.</b>	<b>Summary</b>	<b>3</b>
<b>2.</b>	<b>MAM medical clinics</b>	<b>5</b>
a.	Paediatrics and malnutrition	5
b.	Reproductive health and family planning	5
c.	HIV prevention and treatment	6
d.	Eye screening	6
e.	Tuberculosis	6
f.	Hepatitis C	6
g.	Day-care	6
h.	Counselling and outreach service	6
i.	Laboratory	6
j.	Food and travel support	6
k.	Emergency COVID-19 support	6
<b>3.</b>	<b>Village Health Workers</b>	<b>8</b>
a.	Malaria	8
b.	Tuberculosis	8
c.	Referrals of severely sick persons	8
d.	Basic Health Care	8
e.	Malnutrition screening and treatment	8
f.	Rickets in Naga and Puta-O District	9
g.	Research for rickets	10
h.	Food for children in Naga	10
i.	VHW medical training & monitoring	10
<b>4.</b>	<b>Donations</b>	<b>11</b>

## 1. Summary

Myanmar has a population of 52 million with 26% of people living below the poverty line. Most of them live in very 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 12 clinics and 1,758 Community Health Workers in hard-to-reach communities in 2020.



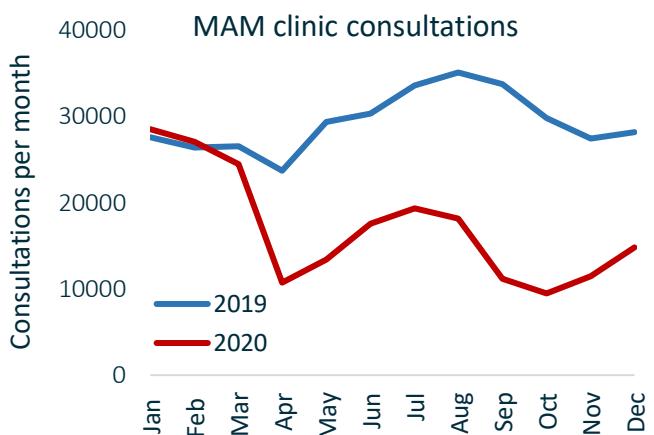
The emergence of COVID in 2020 posed a serious challenge, but we continued all activities across the country. We performed 1,072,186 consultations in 2020, which is a little less than in 2019 (1,133,929). After the start of COVID in March, many people were afraid to go out, in particular in Yangon, which was most effected by the pandemic, and the lockdown that followed.

**Clinics.** After the first COVID-19 cases, clinic teams were re-arranged. We intensified infection control and created 'Fever Corners' to screen and separate potential cases. Nevertheless, the uptake of clinic services decreased, as patients were afraid to visit clinics and some areas were 'locked'.

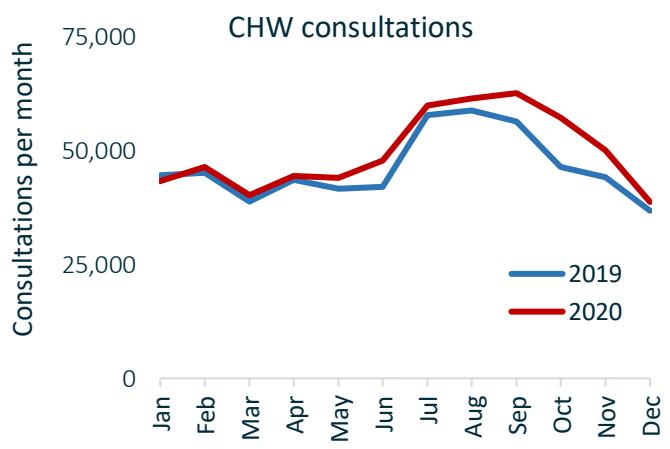


Hand washing basin set up at the entrance of the clinic

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 conducted 848,418 consultations. Community based health services appeared "COVID resistant". To make sure that CHWs did not run out of supplies, as a result of 'lock-downs', we provided them with a large stock of tests and medicines.



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

We provided patients on long-term treatment, for Tuberculosis, HIV or non-communicable diseases like hypertension and diabetes, with a large supply of medicines, to guarantee compliance during a COVID outbreak. Treatment compliance visits were replaced by phone-based compliance monitoring.

The COVID ramifications were massive for poor people. Workplaces closed, people had no income and without financial buffer, this was a disaster. Many were not able to feed themselves. To address this we selected several thousand most vulnerable families for food distribution.

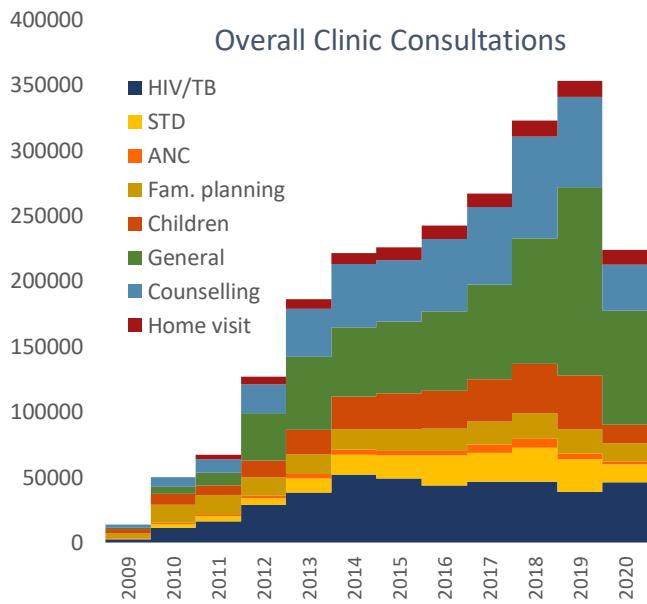


MAM food distribution during the COVID lockdown



## 2. MAM medical clinics

MAM conducted 223,768 clinic consultations including 11,190 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

14,231 consultations for children were conducted, which was much lower than usual. This could be partly due to the reduction of common respiratory infections as a result of COVID measures.

**Child Protection:** Some children seen during consultations were abused. MAM's child protection team dealt with 260 cases, to prevent further abuse, or, in very violent cases, go to court.

MAM built a house for extremely vulnerable children (HIV orphans and abused children). 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 and recreational trips.

**Child Support:** MAM provides support including food, school items, clothing and a hygiene kit to extra



A young child receiving care at a child protection house

vulnerable children like orphans, children with chronic diseases and children living in extreme poverty. 44 new children joined the program in 2020, bringing the total to 378. The support is worth \$330 per year.



Maternal and child care service at the clinic

### 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. 14,087 family planning consultations were conducted. Contraceptive implants, which can prevent pregnancy for up to 3 years are becoming increasingly popular among women and 1,182 women got an implant in 2020.



Contraceptive implant insertion to a woman

Women with sexually transmitted infections (STI) have often no symptoms and screening is essential to detect infections. These infections facilitate HIV transmission and are harmful for unborn babies. Female sex workers are most at risk. Many work in brothels and have limited opportunities to visit a clinic. MAM's mobile team visits sex workers *in the brothels* to provide contraception and treatment for STIs/HIV. 13,482 consultations were made.

### *c. HIV prevention and treatment*

We provide large-scale HIV prevention activities including health education discussions, condom distribution and needle exchange for heroin users. This benefits people with high-risk behavior, their partners and children.

We tested 1,885 pregnant women and started treatment for 112 HIV+ mothers. Treatment saves their lives and prevents HIV transmission to their baby. In 2020, 44 children from HIV+ mothers were tested and all were HIV (-) 18 months after delivery.

MAM is treating 4,476 HIV patients. Over 85% of patients are surviving after 8 years on treatment.



*Taking a skin sample to test for Cryptococcosis and Penicilliosis*

HIV treatment saves patients' lives and it stops HIV transmission to others.

### *d. Eye screening*

People with severe HIV can get blind due to infections with cytomegalovirus or Tuberculosis. We screened 751 patient's eyes; 193 patients had TB, CMV or other pathologies. For CMV, we inject ganciclovir directly into the eyeball to stop the destruction and prevent blindness. Patients get eye surgery free of charge.



*Eye screening of a patient for CMV retinitis*

### *e. Tuberculosis*

This year, we tested 1,826 patients for TB, 374 tested positive and received treatment. Among them, 145 patients were co-infected with HIV. The treatment success rate was 88%

### *f. Hepatitis C*

MAM treated 287 patients for Hepatitis C to prevent progression to terminal cirrhosis. Patients cannot afford to buy treatment themselves, as it is too expensive

### *g. Day-care*

Severely ill patients are admitted to day-care. In 2020, we treated 1,172 patients in day care. Patients who need surgery or obstetrics, are referred to local hospitals and all costs are provided by MAM.

### *h. Counselling and outreach service*

Counselling is done to support compliance with long-term treatments for diseases. In 2020, 35,288 sessions were conducted, and 11,188 home visits were done for socially weak patients. Poor compliance leads to resistance, which is a threat for all.

### *i. Laboratory*

All clinics have laboratories which provides laboratory tests on the spot. In 2020 91,096 tests were conducted.



*Blood sample taking for HIV testing*

### *j. Food and travel support*

Patients with serious chronic diseases are often unemployed and poor. Some sell their medicines to buy food, which can lead to treatment failure. We provide cash for food for patients until they recover from the acute phase of their disease and return to their job. 748 patients received cash support for food.

### *k. 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 and other necessities.

To support them, MAM provided financial and nutritional support packages. We tried to select the families most in need. We provided 20,295 people with financial support or food packages containing rice, lentils, salt and oil.

For the prevention of COVID, we also distributed facemasks to 56,000 patients and community members.



MAM food distribution during the COVID lockdown



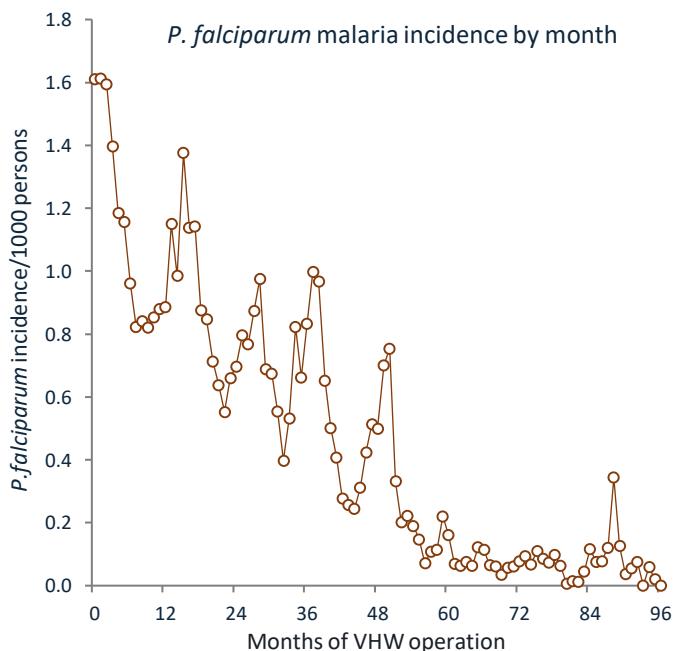
## 2. Village Health Workers

MAM works in the most remote communities. There is no health care system and sick people usually visited local untrained "quacks". MAM trained and supplied villagers as *Village Health Workers* (VHW) to manage malaria, respiratory infections including TB, diarrhoea and other diseases in the community. They can refer severely ill patients to hospitals, paid by MAM.

When COVID reached Myanmar lockdowns restricted movement, but VHW continued to deliver health services. In 2020, they conducted 848,418 consultations. VHW services are “COVID-resistant”.

*a. Malaria*

Malaria transmission is largely concentrated in remote and hard to reach communities, where access to health care services is difficult. People with malaria could not get treatment easily and transmission continued. After MAM introduced VHW in 2011, people with fever got early diagnosis and treatment *in* their community. This rapidly reduced malaria transmission.



*Graph; Malaria incidence across all MAM projects since 2011,  
based on 1.496.671 tests and 40.598 cases*

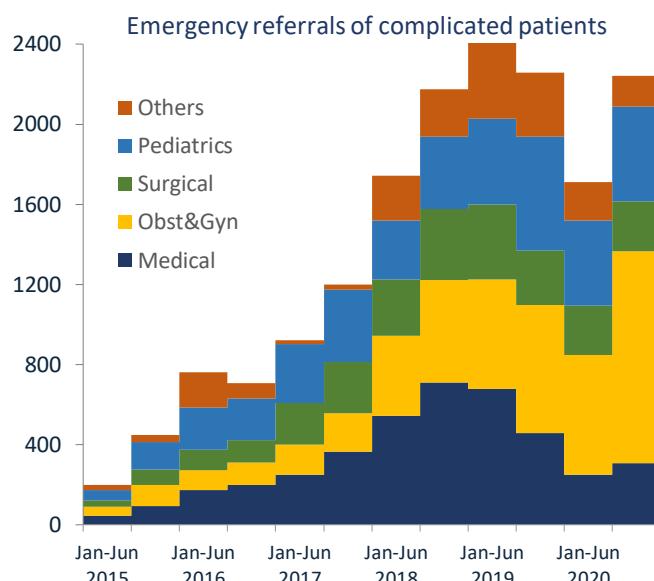
In 2020, the VHWs tested 261,241 people for malaria and 11,732 tested positive and were treated. Most of the malaria positive patients (10,583) came from a very remote area in South Chin state, on the border with India and Bangladesh, where malaria is highly endemic. There is intense fighting between the government army and the Arakan (independence) Army. MAM was only allowed to start malaria activities there in 2016. The VHW are very active but it will take years to get malaria under control in this area.

*b. Tuberculosis*

VHWs referred 6,734 TB suspected patients to get an X-ray and a lab test. 966 patients were diagnosed with TB and treatment was started. If a patient is too sick to travel, MAM staff collects the sputum in the community and brings it to the hospital. If it is tested positive, the medicines are brought to the patient in the village.

c. *Referrals of severely sick persons*

MAM trained VHWs to recognize severe conditions that need referral. 4,030 patients were referred and MAM paid cost for transportation, treatment and food.



*d. Basic Health Care*

VHWs also conducted 587,177 consultations for respiratory infections, gastrointestinal infections, malnutrition and skin infections. 23,772 women received family planning consultations.

e. *Malnutrition screening and treatment*

Mobile teams conduct mass screening for malnutrition for children, pregnant and lactating women. 577 malnourished children and 95 women were treated with special therapeutic food. Children were also given deworming tablets.



#### *f. Rickets in Naga and Puta-O District*

In 2019, MAM mobile medical teams identified 8 children with arm and leg deformities, bone pain and severe walking difficulties in Naga, a very remote region in the far North-West of Myanmar on the Indian border. 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 VHWS screened 274 villages in Naga and provided treatment to 311 children. MAM staff started looking in other areas as well and identified another 33 children with rickets in Kachin.

Left untreated, this disease can be devastating for these children for the rest of their life.



*We identified this boy with severe rickets when he was 15 years.*

*Too late for his legs to completely recover. However, after treatment, the pain decreased and with exercise, he can now move around on crutches. A substantial improvement for his quality of life.*

Rickets is preventable with good nutrition, and treatable if identified at a young age. For severe cases who are identified at a later age, surgery can be helpful. We have contacted an orthopedic surgeon who is willing to help.

*Health education to Naga families to early detect children with rickets*



#### *g. 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 formulate future preventative strategies.

#### *h. Food for children in Naga*

The finding of nutritional rickets among several hundred children in Naga region suggests systemic inadequate nutrition. As a temporary measure, to address a lack of food diversity, MAM distributed 48,120 kilos of special nutritious food, provided by WFP, to 6-23 month old children and pregnant women. During food distribution, we identified another 368 children with acute malnutrition.

#### *i. Disabled persons*

MAM integrated care for people with disabilities in the health care package and provided 16 crutches, 20 wheelchairs and 10 hearing aids.

#### *j. VHW medical training & monitoring*

All VHWs are regularly visited (bi-) monthly for *on-the-job-training* by one of the 50 MAM medical mobile teams. In 2020, MAM conducted 8,168 supervision visits. We are convinced that on-the-job-training in the community with a doctor and the Village Health Workers, seeing patients together is essential to improve the skills of the VHW.

Visiting the Village Health Workers is very labour intensive, in particular because the communities are very remote and travel is pretty rough .....



*MAM mobile medical teams often look more like cross-country sports teams*

### 3. 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! Treatment of some diseases, like malaria or rickets, cost only 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 Mr Sieb, our financial person: [sieb@mam.org.mm](mailto: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





In Naga, we provided special food to all children under 2 years of age to prevent malnutrition and rickets

