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Intensive Maternal and Neonatal Tetanus Elimination campaign in Buthidaung Township, Northern Rakhine State in 2009. The systematic approach and campaigns to reach the hard-to-reach, vulnerable women of child bearing age resulted in Myanmar achieving Maternal and Neonatal Tetanus Elimination status in May 2010

unite for children

Myanmar achieves Maternal and Neonatal Tetanus Elimination

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Tetanus vaccination following the Cyclone Nargis emergency in Laputta Township, Ayeyarwaddy Division

Myanmar's achievement in maternal and neonatal tetanus elimination (MNTE) has been confirmed in May 2010 by an international expert team comprised of the World Health Organization (WHO) and UNICEF.

The final validation came through extensive field trips and surveys conducted in relevant townships in early May. The validation process included a survey of infant mortality rate due to tetanus in all children born between April 2009 and April 2010. The criterion for reaching the MNT elimination status was, fewer than one case of neonatal tenatus found in each Township per 1000 live births. It is a result of years of systematic efforts by the Ministry of Health and its collaborating partners.

On 18 May, the WHO confirmed to the Ministry of Health that Myanmar achieved Maternal and Neonatal tetanus elimination status.

"The achievement came as a result of joint efforts of all the partners collaborating with the Ministry of Health, who worked hard for many years to reach this stage," commented Ramesh Shrestha, UNICEF Representative in Myanmar, "But it is also a reminder that the momentum needs to be sustained and routine immunization must be further strengthened to ensure maintenance of the elimination status."

The community-based survey between 6 and 15 May 2010 that led to the validation used standard WHO and UNICEF methodology and was conducted in the townships of South Okalappa (Yangon Division), Singaing (Mandalay Division) and Saw (Magway Division). At the end of this process, it was confirmed that MNT has been eliminated as a public health problem in those townships, and therefore in townships that had lower risk of MNT, and as a consequence in Myanmar as a whole.

Myanmar is the Second country in East Asia after Vietnam to reach the MNT Elimination status. Tetanus cases among mothers and infants still remain a public health problem in 41 countries. UNICEF collaborated with WHO and the Government of Myanmar in addressing maternal and neonatal tetanus.

This achievement followed Myanmar's systematic efforts for several years to reach all pregnant women with tetanus vaccines and making provisions for safe and clean deliveries throughout the country; and conducting extensive supplemental tetanus toxoid immunization activities since 1999 that targeted women of childbearing age with extensive support from UNICEF.

From 1999 to 2006, 6.7 million women of child bearing age in Myanmar were targeted and more than 80 per cent were protected with two doses of Tetanus Toxoid (TT). In 2007, fresh reviews and indicators led to the identification of 60 and 27 townships respectively for receiving one and three rounds of intensified TT interventions for about 3 million women of child bearing age. In 2008-2009, the targeted areas were further narrowed down and corrective supplementary immunization was administered in 7 townships. The final one million eligible women were reached by additional mass TT campaigns.

Neonatal tetanus (NT) is a form of generalized tetanus affecting infants during the first month of their life that estimated to cause approximately 128,000 deaths worldwide in 2004. Maternal tetanus (MT) which has similar nature and causes affect women during pregnancy and, more often, following unclean deliveries and abortions. As both share the same risk factors and means of prevention such as adequate TT immunization and clean delivery practices, both were combined and Maternal and Neonatal Tetanus (MNT) Elimination Program which was added to the worldwide goal in 2000. At the time, MNT persisted in 58 countries of the world.

Despite the progress made since the late 1980s, MNT continues to be a major public health problem in many developing countries and can account for a considerable proportion of maternal and neonatal deaths. Between 2000 and 2009, 16 countries eliminated MNT. After Myanmar reaching the MNTE status, current efforts now focus on 41 countries.

The Project is funded by
Global Alliance for Vaccines and Immunization (GAVI)

Reflections on MNTE elimination in Myanmar

Tireless efforts of Health Workers to reach the most vulnerable women pay off

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Left: Midwife Than Than Khine

Right: Than Than Khine administering tetanus vaccine during MNTE campaing in 2009 at a rural health centre in Kyee Hnote Thee Village of Buthidaung Township, Northern Rakhine State

Following is a brief account of Than Than Khine, a midwife, captured during the April 2009 MNT campaign among the high risk and hard-to-reach communities in Buthidaung Township in Myanmar's Northern Rakhine State.

On early April 2009 morning, midwife Than Than Khine woke up before dawn to prepare herself for a busy day ahead of her. She was scheduled to immunize 300 women of child bearing age against tetanus in the Kyee Hnote Thee village in Buthidaung Township. The only way to reach the village with a population of over 1600 was by three hour boat ride from the Township, up close to the Bangladesh border.

Than Than Khine reached the village and found women waiting in a crowded primary school class room temporarily turned to immunization post. This vaccination drive, which was to continue for two weeks, was part of the Supplementary Immunization Activities (SIAs) carried out to reach Maternal and Neonatal Tetanus Elimination (MNTE) status.

The room full of women waiting to receive the vaccine was a result of Than Than Khine's arduous task of bringing Kyee Hnote Thee village's women aged between 15 to 45 years to the immunization post. "The women were not willing to come and receive the vaccination before, they were not aware of the risks and the benefits. I had to spend a lot of time explaining to them that the vaccine can prevent tetanus and work as a shield against infectious diseases. Gradually they began to see the benefits in coming here to be vaccinated," said Than Than Khine.

The region in the Northern Rakhine State had the additional challenge of dealing with traditional culture and social barriers working against certain health care practices. Thus social interventions were key to successful drive for immunization. Local leaders and Traditional Birth Attendants played critical role in bringing the targeted women to the immunization post to raise coverage.

Due to its low tetanus vaccination coverage and weak antenatal care in the past years, Buthidaung Township is one of the seven high risk townships in which the Supplementary Immunization Activities are carried out to vaccinate 70,000 women of child bearing age.

"Buthidaung Township of Rakhine State is made vulnerable by factors such as high population density and mobility causing some diseases in the recent years," said Dr. Khin Moe Moe Oo, UNICEF Field Officer for Northern Rakhine State.

Myanmar had employed 4-pronged strategy to accelerate Maternal and Neonatal Tetanus Elimination activities. They were: provision of at least two doses of tetanus toxoid (TT) to all pregnant women; and, in high-risk areas, three TT doses to all child-bearing aged women; promotion of clean delivery services to all pregnant women; and, effective surveillance for MNT.

Additionally, auxiliary midwives and Traditional Birth Attendants were trained to promote clean delivery services for all pregnant women and with effective surveillance of MNT in cooperation of the Government of Myanmar and WHO.

Children and adolescents gather to consult issues and challenges related to HIV and AIDS

By Sandar Linn

A two day Children's consultation on HIV and AIDS took place on May 10 and 11, 2010 in Yangon, Myanmar. The consultation gathered 54 children and adolescents aged between 11 and 15 from seven States and Divisions –Yangon, Mandalay, Ayeyarwaddy, Sagaing, Mon, Kayin and Shan.
The consultation aimed:

- To build better understanding of the situation of children affected by HIV and AIDS
- To provide inputs to the National Strategic Plan on HIV and AIDS
- To plan for more effective interventions taking into account children's voices and views and reflecting children rights from the CRC (the Convention on the Rights of the Child) and existing National Child Law.

Children use colour VIPP cards in a group discussion as part of the Children's consultation meeting on HIV and AIDS aiming to identify needs and gaps of children affected by HIV and AIDS on May 2010 in Yangon.

Children lie down and close their eyes to dream on how a child friendly and protective environment should be. The visioning exercise helped them to draw pictures of what they have dreamt and discuss in groups. The group work eventually came out as recommendations to create a child friendly and protective environment..

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Accounts of Child Participants and a Facilitator on the Consultation

Text translated from Myanmar

Zin War Naing, 15, Participant

I came from Lashio Township in Shan State to join the children's consultation. I am really happy to be here because I learned more about HIV and AIDS. But more importantly, the consultation offered not only learning but opportunity to participate and express my opinions and feelings regarding the issue.

The discussion focused on the issues and challenges that children infected or affected by HIV and AIDS face and we came up with recommendations on the kind of protective environment that they want and need. I can say this is a remarkable moment of my childhood. I have been chosen as one of the six children, to present the workshop's recommendations at a bigger meeting on HIV and AIDS held in Naypyitaw on behalf of my friends here who came from across the country. I feel very proud and responsible when my friends voted for me to present at the Naypyitaw meeting. I will always remember this and I will not stop thinking of and working on this issue.

It is heartening to see that adults respect children's views and feelings but I think that we as children should also respect and appreciate what adults do for us. On return to my hometown, I will definitely share my experiences with my family and friends. I will tell them what I have learnt and help them to learn. I will ask them to join hands to help those who need our help. I am sure together we can fight discrimination and stigma especially when it comes to children and HIV.

This workshop also taught me how to gain confidence, how to develop my communication skills, how to build understanding and harmony in diversity. I also enjoyed playing games in the workshop and I thank the facilitators who took such good care of us.

I want to become a teacher.

Toe Maung, 13 Participant

I feel excited to have joined the workshop. At first I felt a little shy of meeting so many new people and to talk about what I think or feel.

That is not what children my age, my friends or I, are encouraged to do most of the time. We do not express ourselves often. But this workshop really allowed us to have our own say.

We were the ones to set ground rules for the consultation. This is fantastic. One thing I also like most about this workshop is the opportunity to share knowledge and experiences with my new friends. I learned a lot from them. What I learned is very useful. If I ever meet children who are suffering from HIV or discrimination due to the disease, I will give them the moral support not to feel lonely and depressed.

If I find his or her environment does not accept them, I will know how to try to pursue them to understand and not to isolate those children.

I know this can be difficult but each and every one of us can contribute in creating a discrimination free environment for HIV and AIDS infected or affected people especially for children. One has to start for others to understand and follow. I want to be the one to lead. I may not be able to do it all, but I will do what I can.

My aim in life is to become an army doctor.

"We adults are not able to think or feel as children even if we try. It is thus important that children's views and considerations are reflected in the plan and activities for children"

Sandar Win Zin, facilitator-EMDH

Invited by UNICEF, I am representing EMDH (Enfants du Monde-Droits de l'Homme) in the children's consultation. In preparation for the workshop we had a simulation exercise with two trainers and ten facilitators. In that exercise, we had to think like children to be able to better understand how we can help them express their feelings and opinion.

Frankly speaking, I was a bit worried about how much children can say on the impact of HIV and AIDS in their lives. I could not think of a lot to say when role playing as a child. But now in facilitating the actual workshop, I am pleasantly surprised and very impressed to see that children were very active in the discussion, they can think and say more than we expect. This clearly shows that we adults are not able to think or feel as children. It is thus important that children's views and considerations are reflected in the plan and activities for children. And the best way to gather this is through consultations such as the present one.

This is a first of a kind for me and I am glad to participate and facilitate this consultation. The workshop is proving to be highly productive and effective to advocate HIV and AIDS issues that are related to children by the children. This also helps children to practice their rights, the right to participate, and the right to freedom of expression.

I feel energized to see how enthusiastically and actively they are participating. In future we should have more such consultations with children. It is effective and fascinating when children's issues are addressed by children.

On the second day of the consultation, children were encouraged to dream a child friendly and protective environment. They talked, discussed and expressed freely by practicing their right to freedom of expression.
These recommendations came out of that discussion and was presented by six children at the National level meeting on HIV/AIDS held in Naypyitaw.

Recommendation from Children's Consultation on HIV and AIDS

To their family:

- We would like our parents to be more mindful of our health needs.
- Please give us your loving-kindness, care and security. We thrive when being cared by our parents, brothers and sisters.
- We would like our parents to listen to us more.

To INGO/NGOs working on HIV and AIDS:

- Please ensure children's rights without discrimination.
- Please organize for us more vocational training that will help us to get good jobs when we are ready.
- Please provide us health care services and medicines as needed.
- We need more clinics with ARV facilities.
- NGOs are requested to continue their current support.

To local authorities:

- We want the local authorities to have more awareness and knowledge on HIV and AIDS.
- Please ensure children's participation in activities that relate to children.
- No discrimination against children.
- Adequate security and protection to be for ALL children.
- Local authorities should be well aware of child rights and help realize them.

To the government in dealing with HIV and AIDS:

- ARV and nutrition support must be given to children who are infected with HIV.
- Hospitals do not discriminate against HIV infected mothers and allow them to deliver their babies in hospitals.
- Educational support for children who cannot afford to go to school.
- School teachers must not discriminate against children with HIV.
- Teachers should not beat children.
- Children's recommendations must be considered.

The Project is funded by UNICEF regular resources

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New school year begins on 1st June in Myanmar

Children are back to school in UNICEF supported Child Friendly School in Kawhmu Township, Yangon Division

The final attack to eliminate the poliovirus in Myanmar

By Dr. Ye Hla

Myanmar was a poliomyelitis endemic country when the global effort of Poliomyelitis Eradication Initiative was launched in 1996. After the tremendous efforts with eight series of National Immunization Days (NIDs), four of Sub-National Immunization Days (SNIDs) and six mopping-up immunization activities between 1996 and 2000, only six cases of wild polio virus were reported in 1999 and 2000. Myanmar remained polio-free since February 2000 with no further reported cases until 2007.

With the resurgence of polio in endemic and other countries, 11 wild poliovirus cases were reported in 2007. All the wild polio cases occurred in Northern Rakhine State bordering with Bangladesh, which indicated the risk of importation of wild poliovirus from the neighbouring country.

In addition to the wild polio cases, four paralytic cases reported in four different locations in States and Divisions proved to be caused by vaccine-derived poliovirus (VDPV).

In response to a series of polio epidemics, UNICEF and WHO assisted Ministry fo Health in implementing a series of immunization campaigns. In May, June and July 2007, four rounds of Sub-National Immunization Days (SNID), along with mopping up immunization activities, were conducted in 83 townships of Rakhine State and contiguous areas. During the National Immunization Days (NID) in November-December the same year, over 7 million children under five years of age were immunized nationwide with 98% coverage.

In February 2008, the Special Outbreak Response Immunization was again conducted for about 1.8 million under five year old children in 80 townships in the States and Divisions of Bago East, Mon, Kayin, Yangon and Rakhine, in response to an outbreak of vaccine-derived polio virus (VDPV). In the second National Immunization Days (NID) in January-February 2009, 7.4 million children under five years of age were immunized nationwide with 99% coverage.

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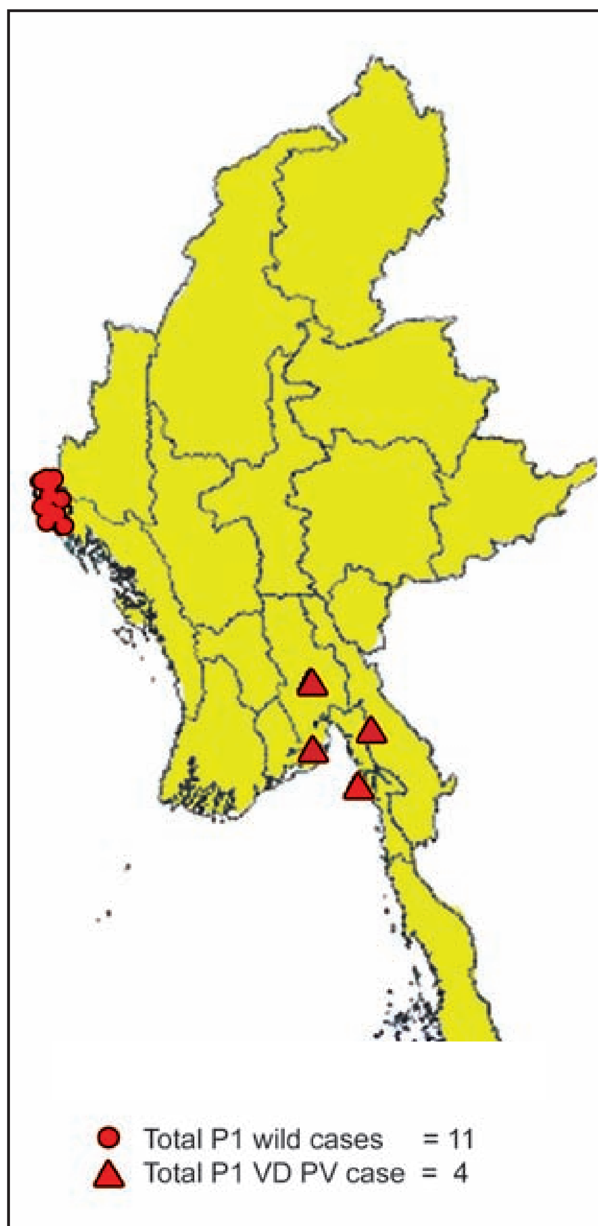
A child is immunized by a staff of the Japanese Committee for Vaccines

UNICEF covers the full range of costs for purchasing OPV vaccines, operational and cold chain, transportation from central to all health facilities, local level social mobilization and communication materials.



Source: UNICEF Myanmar Health & Nutrition

About 3 series of NIDs or SNIDs are recommended to return to and maintain polio free status after a resurgence of wild polio outbreak.

In 2010, a total of 81 townships from 11 States and Divisions were selected for conducting Sub-National Immunization Days on 3 April and 1 May 2010 for the first round. UNICEF covers the full range of costs for purchasing OPV vaccines, operational and cold chain and transportation from central to all health facilities, local social mobilization and communication materials .

Central launching ceremony for SNIDs was opened by Regional Commander and the Minister of Health. It was attended by the Representatives of UNICEF and WHO, Director of Japan Committee for Vaccines and other invited officials and guests from the divisional level.

High level of interest and commitment was pledged by the government to continue efforts to eradicate polio. Target population was 2.2 million and coverage achieved in the first and seconds rounds were 98% and 99%. This campaign may be the last of its series and is designed to launch a massive assault against the crippling disease of poliomyelitis in Myanmar. Routine immunization and surveillance on disease occurrence are strengthened to maintain polio-free status, aiming for the global eradication of poliomyelitis in the near future.

The Project is funded by Japan Committee for Vaccine (JVC)

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Exclusive breastfeeding makes happy mothers and healthy babies

Kay Thwe Oo visits the centre for monitoring the growth of her child. "My child is healthy and the weight chart shows good progress, he now weighs 11.81 Kg. So many people ask me what do I feed him and how do I take care of him. I do not mind sharing the open secret which is the root cause of the well-being and health of my child or any child – which is to breastfeed the child exclusively.

"I learnt the benefits of breastfeeding even before I got married as my mother is a midwife. I heard this from my mother giving health talk to mothers when I accompanied her for home visits to pregnant and lactating mothers. When I gave birth to my son, doctors and nurses at hospital told me to breastfeed exclusively which means giving breast milk only and not even water.

Therefore, I started breastfeeding my child exclusively right after birth. My mother and my husband encouraged and supported me. But most women in village pushed me to feed the child rice and water telling me that my child would be hungry and thirsty. They questioned why I did not follow the traditional ways of feeding a child. I resisted those pressures because I believed I was doing what is best for my child. My child rarely gets sick unlike those children who are given water and rice. Now it has been nearly 6 months and my child bears positive evidence of why exclusive breastfeeding is the best for a child. This is my first child and I will do the same if I have a second child, which is to give my child precious breast milk only and nothing else."

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Kay Thwe Oo,30, with her five and a half month old son in front of the Rural Health Centre in Ngar Kyi Ga Yat village in Maubin Township in Ayeyarwaddy Division. The Centre was constructed by UNICEF as part of the longer term cyclone recovery efforts with the support of the Government of Japan.

Breast milk is the best and only food for children up to six months, not even water is needed

Baseline Study on Exclusive Breastfeeding in Bago Division lead to communication campaign to promote exclusive breastfeeding practices

By Dr. Saw Eindani Aung

Globally more than 10 million children die every year mostly from preventable diseases. Exclusive breastfeeding means feeding infants up to six months ONLY with mother's breast milk without any other additional solid and liquid, not even water. The practice of exclusive breastfeeding alone can save 1.3 million children's lives annually. Exclusive breastfeeding remains the single most effective intervention toward realizing the Millennium Development Goal 4 for reducing child mortality by two thirds by 2015.

In spite of a numerous campaigns and efforts, the rate of exclusive breastfeeding in Myanmar remains a low 15%, even though the rate of (non exclusive) breastfeeding is as high as 90%. The situation bears clear indication toward the need to strengthen, revise and improve communication strategies and mechanism to promote awareness and practices for exclusive breastfeeding.

In 2009 UNICEF, in collaboration with the National Nutrition Centre under the Department of Health and with funding support from the Royal Danish government, conducted a baseline study on exclusive breastfeeding. The objective of the study was to find out existing family and community practices on exclusive breastfeeding, barriers that prevent and enhancers that enable EBF, in two pilot townships of Oktwin and Phyu in Bago Division.

A total of 287 mothers, 67% of whom are housewives aged between 17 and 45 responded to the survey that used a combination of quantitative and qualitative methods. Also 50 mothers-in-law/grandmothers, 56 husbands and 20 mid-wives were interviewed as key informants and 20 focus group discussions were held.

In comparison to the rate of 47.1% exclusively breastfed children in 0-1 month age group, a sharp decline is noted at 17% in exclusive breastfeeding for 4-5 month old babies. The drop in the rate is caused by mothers starting to give additional liquid mainly water as the child progresses through months; 66% mothers in the study said they give or intend to give water to the young children without being aware of the risks involved.

The most common enhancer (for the mothers who breastfeed exclusively) cited by mothers is the adequate nutrient contained in breast-milk that can help improve the child's immune system. The barriers (for mothers who do not exclusively breastfeed) identified by the study include lack of knowledge on exclusive breastfeeding and its benefits, mother's decision to exclusively breast feed negatively influenced by grand-mothers/mothers-in-law, husbands and others in the family and community. More than 10 % of mothers mentioned elderly women family members of the household advised against exclusive breastfeeding.

The findings pointed out that 30% to 40% of respondents cited national televisions such as Myawady and MRTV as their preferred source of mass media information on Exclusive breastfeeding. While the most preferred source of interpersonally received information is from the midwives who are easily accessible to mothers.

The study findings highlighted the need to complement interpersonal communication with mass media to improve exposure to campaign message on exclusive breastfeeding. It also highlights the need to educate not only mothers but also key influencers who are grand-mothers/mother-in-laws and elderly family members.

The primary message to promote – Breast milk is the best and only food for children up to six months, do not even give water – will go along with other supporting key messages.

The secondary group to be reached through communication are midwives and health facilitators. As mid-wives are already overwhelmed by many tasks assigned to them, community level promotion of exclusive breastfeeding will be carried out with the help of members of MMCWA (Myanmar Maternal and Child Welfare Association) with support from the Basic Health Staff. The tertiary groups are community-based groups and networks who can support in creating an enabling environment for mothers to exclusively breastfeed.

The Baseline Study formed an informed basis for a communication campaign planned and implemented by UNICEF in collaboration with the National Nutrition Centre to promote exclusive breastfeeding. The campaign involves print and electronic media, posters and billboards for national reach. Interpersonal communication pilot project implemented in two townships Oktwin and Phyu in Bago Division aiming toward a potential mothers' group of over 7,000 and approximately equal number of grandmothers/mothers-in-law as primary beneficiaries to reach. An end line study or evaluation is expected to inform on the effectiveness and lessons learnt from the pilot communication interventions forming good grounds for possible scaling up of the communication efforts in other parts of Myanmar in future.

The Project is funded by DANIDA

Changing attitude and behaviour through Life Skills programme

By Wendy Myint-Myint Hla

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Hnin Yu Paing in front of her house, on her way to sell mangoes in Set Su Village of Kaw Hmu Township. After selling mangoes, she will join EXCEL training

Kaw Hmu Township, 28 May 2010 – Ma Hnin Yu Paing, 12 years, of Set Su Village in Kaw Hmu Township feels her participation in the EXCEL (Extended and Continuous Education and Learning) programme helped to turn a new chapter in her life. She was about to complete the three phase training programme that took 72 hours within a span of nine months.

When Hnin Yu Paing was four months old, she lost both her parents to a car accident. She was raised by her Uncle U Win Maw and his wife Daw Aye Maw, who have three children. Being daily-wage workers, they had to struggle and make ends meet to take care of her along with the three others. U Win Maw takes up any available odd jobs such as fishing, catching crabs, working in paddy plantation and whatever is available in different seasons.

When Hnin Yu Paing completed fifth grade, she quit school knowing her father had become unwell and the family could no longer afford the expenses for her schooling. Since then, she has been selling seasonal fruits and vegetables in the village, working in the plantation field in dirty clothes that she could rarely wash. Ready to take any kind of work to meet the needs of her family in hardship, she never had thought of setting a goal for her future.

A year ago, however, UNICEF's local NGO partner Pyinnya Tazaung identified Hnin Yu Paing as a vulnerable and marginalised out-of-school child to participate in the EXCEL course. Hnin Yu Paing's enrolled in the course that ensued major attitudinal and behavioural change in her. "I am so happy that I joined EXCEL. I now know how to differentiate between my needs and wants; and if I face problems, I now understand how to approach the most important and pressing issues," said Hnin Yu Paing, a confident girl, who wants to own a retail business one day. "Before, I did not feel like listening to my parents, I would pout at them. But I don't do that anymore, I try to understand and be understood by them." she continued to explain how her behaviour has changed.

Not only Hnin Yu Paing who is extremely satisfied for having attended the training, her aunt, who she calls mother, is also very pleased to see the benefits of letting her along with her brother, attend the training. She finds Hnin Yu Paing is more polite and has improved social skills and hygiene awareness. "Our house used to be in a mess with many things lying around on the floor, but now our house looks much more neat, thanks to Hnin. She even helps cut my nails regularly to keep us hygienic," said Daw Aye Maw, 47. Despite the family's paucity, Hnin Yu Paing makes sure there is soap available to wash hands before and after meals and defecation. "Moreover, she now regularly washes her clothes and wear clean clothes," she added.

Daw Aye Maw, who at first resisted sending Hnin for the EXCEL course, is now convinced of its benefits saying, "I look

©UNICEF MYANMAR/2010/Wendy Myint-Myint Hla
Hnin Yu Paing, with her aunt Daw Aye Mar inside her house. Her house now looks clean as a result of Hnin's efforts to keep it clean and tidy

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Hnin Yu Paing, second from left, with her co-learners in an EXCEL class on her last day of a nine month long training course. The class is held in a primary school during summer holidays.

forward to sending her to more training if they come across." Like Hnin Yu Paing, many poor and marginalised out-of-school children were empowered to practice positive behaviour by acquiring psychosocial competencies and knowledge as a result of attending EXCEL training program.

The EXCEL program aims to increase access to life skills-based education for the most vulnerable children in Myanmar particularly for out-of-school and working children aged 10 to 17 years old. UNICEF initially started EXCEL project in 5 pilot townships in 2003. The project has expanded to 33 townships (675 circles) and has reached more than 1,300 villages and wards. In 2009-2010, up till now, 22,000 children have completed all three phases. More than 54% of the out-of-school children who participated in the training are girls and majority are working children.

The Project is supported through multi-donor funds including European Union (EU), UK Department for International Development (DfID), Denmark and AusAID and from UNICEF regular resources.

Resources needed for malaria prevention in Myanmar

Continued from page 16

provision of insecticide treated net (ITN) and long lasting insecticidal nets (LLIN) for the households in 80 high risk townships. Essential drugs and diagnostic kits are provided for early diagnosis and prompt treatment.

UNICEF promoted long lasting insecticidal nets (LLIN) as a highly effective preventive measure. Each net is worth less than US$6 and can make a cost effective prevention intervention to protect children under 5 against malaria in a family.

The interventions are accompanied by sharing of information and communication on malaria prevention and control involving the communities. The capacity development measures included operations research, strengthening health staff capacity and intersectoral collaboration.

Even the low cost LLIN intervention can pose a massive challenge considering the size and scale of the at risk population. What makes it manageable and focused is UNICEF led malaria risk micro-stratification and planning process that help identify the most vulnerable villages and families in the community. This approach identifies 2.6 million people in 440,000 households in 80 townships of Myanmar as the ***highest risk cohort*** that should be targeted for preventive interventions.

Mircro-stratification and planning is an epidemiological approach in identifying high risk areas for targeted high impact interventions and strategic allocation of limited resources. Inadequate funding is a major challenge in controlling and combating malaria in Myanmar.

The aim is to make effective malaria prevention and treatment accessible and affordable for everybody especially the high risk groups through concerted efforts.

©UNICEF MYANMAR/ 2007
Distribution of Long Lasting Insecticidal nets in Thaton Township

UNICEF hands over 24 newly built Rural Health Facilities in the Cyclone Ravaged Ayeyarwaddy Division to Myanmar's Ministry of Health

©UNICEF MYANMAR/2010/Myo Thame
The newly constructed Rural Health Centre in Aung Hate Village in Maubin Township, along with 22 other RHCs, received support from the Government of Japan through UNICEF

UNICEF handed over 24 newly built and medically equipped Rural Health Facilities to the Ministry of Health in an official ceremony held in the Myanmar capital on 22 June 2010. Three of these are Rural Health Centres and 21 are Sub Rural Health Centres located in the cyclone ravaged Ayeyarwaddy Division. They were built as part of UNICEF's longer term recovery support to improve children's and women's health in the cyclone-torn and under-served Delta.

Most of the new facilities have replaced health facilities destroyed by the devastating Cyclone Nargis two years ago severely breaking down the health service delivery capacity. The facilities were constructed in close collaboration with the Ministry of Health with funding support from the Government of Japan.

UNICEF Representative Mr. Ramesh Shrestha officially handed over the facilities to Dr. Win Myint Director General, Department of Health. Senior officials from the Ministry of Health. Officials from the Embassy of Japan and UNICEF were also in attendance. Mr. Shrestha received a 'Certificate of Appreciation' from the Minister of Health for UNICEF's support in building the rural health centres.

"This is a milestone moment toward establishing easy access to quality health care for children and women in the Delta. UNICEF is very pleased to hand over 24 completed Rural Health Facilities to the Ministry of Health. We expect these health facilities not only to help in recovery from the impact of the cyclone but also to have a long term role in reducing disease and mortality among the communities in Delta," said Ramesh Shrestha, UNICEF Representative, "My sincere thanks to the Ministry of Health for valuable guidance and the Government of Japan for generous support to reconstruct the destroyed rural health facilities. This is a partnership worthy of its cause – better health for children and families in Myanmar."

H.E. Mr. Yasutoshi Nogawa, Ambassador of Japan to Myanmar, said "I wholeheartedly welcome this occasion signifying an important step toward the betterment of the health sector. The aftermaths of Cyclone Nargis are still felt in the region, and with many health facilities severely damaged by the Cyclone, their restoration has been one of the most essential and imperative needs. I do hope that these facilities will be fully utilized for improving the people's health in the region as well as make a valuable contribution to the friendship between Japan and Myanmar."

UNICEF has also provided 102 fiber glass boats to help health workers to organize outreach activities in 12 Townships in Ayeyarwaddy and Yangon divisions affected by the Cyclone Nargis.

Rebuilding of Rural Health Facilities are funded by the Government of Japan and other donors.

Special features of the Rural Health Facilities:

- These facilities will provide easy access to quality essential primary health care services for approximately 150,000 people.
- The RHCs offer a range of health services for maternal and child health such as antenatal, pre natal care and delivery, nutritional and exclusive breastfeeding support, emergency care and management.
- Most new facilities replace old ones destroyed by the Cyclone that caused severe disruption to health care services.
- The RHCs are disaster-resistant. Built both by light weight construction technology and reinforced concrete depending on the soil condition – they are designed to withstand cyclone and earthquake of known intensity.
- UNICEF also provided 102 fibre glass boats to help health workers provide outreach health care services.
- Each centre is equipped with a labour room and other essential medical amenities.
- Fully and appropriately furnished, each facility includes a power generator to ensure uninterrupted critical health care and emergency case management.
- The health facilities have safe water supply through sinking of deep tubewells where the soil conditions allow them and rain water collection in others.
- Ramp accessibility for people with disabilities.

Driving Malaria out

By Dr. Thet Wai Hlaing

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Blood test done on Aung Zaw Zaw by a midwife

In the past two years, 9 year old Aung Zaw Zaw had too many malaria attacks. A student of third grade, he lives with his mother and two siblings in a small hut in Hpawpha village close to a large rubber plantation in a foothill on the edge of Thaton Township, Mon state. In 2006, the Kayin village has been identified by the malaria micro-stratification exercise as one of the most malaria high risk villages in the township. The malaria stratification exercise was conducted jointly by health staff from the township and malaria control team of Mon state.

His mother works in the rubber plantation. Her job is to scrap the bark of rubber tree to take out rubber sap; which is done in the night time. She had malaria, every other member of the family also suffered from malaria on and off for many years.

But Aung Zaw Zaw was the worst case. His illness prevented him from attending school regularly. He became weaker and suffered from malnutrition, anemia and growth retardation due to chronic malaria attacks. The family could not afford and never used bed nets.

His blood tests by midwives using the Rapid Diagnosis Test (RDT) during his last malaria attack has shown that he had the most severe type of malaria (Plasmodium Falciparum). He was put on a course of Coartem, an anti-malaria drug which is a Artesinine Combination Therapy (ACT), given free of charge by midwives. He gradually recovered on taking this medicine and started going to school regularly. His family received one Long Lasting Insecticidal Bed net (LLIN) last year and they started sleeping under it. Since then, there hasn't been any further malaria attack in the family.

The midwife in the village said, "There was not a single household without a malaria case in this village until last year. But with distribution of LLIN and introduction of RDT and ACT, the incidences of malaria attacks have dramatically gone down in my coverage area which includes this village. Now this village is more or less malaria free." Malaria supervisor from that township added, "The malaria micro-stratification exercise and follow up actions such as distribution of LLIN to all households in high risk areas and effective and prompt treatment by RDT and ACT have strongly contributed to this result."

The Project is funded by the Governments of Germany and Japan & UNICEF regular resources

Aung Zaw Zaw and his younger brother return from school

©UNICEF MYANMAR/2010/ Thet Wai Hlaing

Aung Zaw Zaw (left) with his mother and younger brother. One Long Lasting Insecticidal Bed Net (LLIN) made so much difference to the family's health.

Resources needed for high impact, targeted malaria prevention in Myanmar

By Zafrin Chowdhury

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Long Lasting Insecticidal nets (LLIN) are handed over in Thaton Township

Malaria is one of the most serious public health problems in South East Asia with the highest number of malaria deaths occurring in Myanmar. Since 1993, malaria persisted in terms of the top most disease burden and is ranked as the number one priority in the current National Health Plan.

Malaria risk mapping in Myanmar reveals 284 out of 325 Townships or 76% of Myanmar's 55 million population live in Malaria prone areas, 13% in potential malaria prone areas and 11% in non-malaria areas. Populations most vulnerable to malaria are those living in remote and hard-to-reach areas, migrant workers and marginalized ethnic groups. Transmission of malaria is perennial but higher in the rainy season and more active in rural and hilly areas.

Between 2000 and 2009, an average of 600,000 malaria cases and approximately 3000 deaths were reported annually according to Vector Borne Disease Control (VBDC), Department of Health. Plasmodium falciparum accounts for around 75% of malaria cases. It is estimated that 68% of malaria cases are adults, 19% are between 5 and 14 year old children and 13% are under 5 year old children. In other words, at least one in every seven malaria cases is a young child.

A large number of malaria cases and fatalities are suspected to go unreported as VBDC reports are based on health facilities only, thus the actual magnitude of malaria is likely to be higher than estimated.

Significant logistical challenges remain in tackling the disease, especially during and after long rainy season, when malaria transmission is the most vigorous. There are not enough facilities to diagnose and treat malaria in number and in capacity.

UNICEF has been active in 80 endemic townships that report half of the country's malaria cases supporting a range of preventive and curative services. UNICEF's role was critical in the

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UNICEF Supported 80 High Risk Townships for Malaria Prevention and Treatment

For more information on Malaria prevention and treatment programmes please contact UNICEF Myanmar. Detail proposals can be made available to those interested in funding malaria prevention programme for young children of Myanmar.

Please turn overleaf to page 15 for a story on prevention and treatment of childhood malaria.

All contributions published in this newsletter are written by UNICEF Myanmar staff members

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