

### Thank you Dining for Women!

We are grateful for Dining for Women's support to improve maternal and infant health practices and access to care for the Pa-O women living in remote villages in Myanmar (Burma). Your generosity has enabled more than 1200 women to increase their knowledge and understanding of maternal and infant health, receive prenatal and infant care, and have access to affordable contraception.

### The Problem Being Addressed

In the rural Pa-O tribal villages of Shan State, Myanmar, maternal and infant mortality is high, risky abortions are common, and children under 5 years of age do not receive adequate nutrition resulting in stunted growth and compromised brain function. These villages are not served by any other aid organizations and average annual family income is below \$500. They are far from the nearest health clinic, lack funds to pay for health care, have no trained midwives and limited access to contraception.

### Expected Outcomes of Safeguarding Maternal and Infant Health Program

Muditar will train and supervise 60 women in twelve villages in Myanmar as Village Health Educators (VHE) to facilitate a series of three safe motherhood workshops for over 1200

women to increase their knowledge and practice of healthy reproductive behavior, such as family planning, prenatal and postnatal care, safe delivery options, and better infant care such as good nutrition, breastfeeding, immunizations, and monthly growth monitoring.

For the first time, village women will have local resources for continued support with reproductive issues. The VHE's and an auxiliary midwife (trained through another Muditar program), will provide consultation, access to affordable contraceptives, skilled delivery support, prenatal and infant care. And, the village women will have a women's group with which to discuss very personal issues such as contraception use, family planning, empowerment, finances, and future hopes.

### The expected outcomes are:

- ✓ Every woman has access to affordable contraception
- ✓ 80% of pregnant women receive at least one prenatal examination
- ✓ 75% of pregnant women take high quality prenatal vitamins for one year
- ✓ 90% of deliveries are performed by a Muditar or government trained auxiliary midwife
- ✓ 90% of children under the age of 5 take daily children's vitamins
- ✓ 90% of infants are weighed and measured on a monthly basis for one year
- ✓ 95% of children under 5 receive immunizations



*This 46-year-old woman had a married daughter who died several years ago just after delivering her first baby and no one knew why. During the discussion group with a village health educator (VHE), she realized that her daughter died due to an infection during the post delivery period. Her daughter had a foul smelling discharge and fever, but no one knew these danger signs. She said this Safe Motherhood program was too late for her daughter but she was happy that other lives could be saved with this new knowledge.*

**What Challenges are you facing? How are you approaching these challenges?**

One of the two key staff members involved in this program resigned in order to continue her education. The initial impact of this meant we did not have time to conduct pre-surveys for the first group of five villages. The surveys are designed to help us determine changes in reproductive behavior over time. We also could not start the subsidized contraceptive program due to this loss of staff.

In February, we hired a new staff member who has begun performing the pre- and post-surveys for the new health educators in seven villages. We will also conduct a second post-survey for the first group (of five villages) six months after completion of the training to compare changes in behavior and understanding. We will begin the subsidized contraception program in June.

The second unexpected challenge we faced was that there were no women from four of our villages who qualified to enroll in the auxiliary midwife training. The primary qualification is an 8<sup>th</sup> grade education and unfortunately there were no women over the age of 18 who have even completed the 6<sup>th</sup> grade nor could any of them read. The auxiliary midwife was to provide a variety of reproductive services, such as consultation, distribute contraceptives (most commonly a depo shot), prenatal care, safe deliveries, and infant monitoring. The result is that we have not been able to distribute vitamins in those villages nor will we be able to distribute contraceptives, even once we start that up in June.



*A VHE leading a meeting with village women. The health books they use have pictures since many of our villagers can't read.*

We will complete the Village Health Educator (VHE) training in these four villages in June. We plan to identify the best VHE's and provide them with monthly supervision so they can provide basic reproductive consultation, distribute vitamins, and perform infant monitoring. Since contraceptive distribution includes depo shots or IUD's, they will not be qualified to do this. We will help the VHE to arrange for the village women to visit the nearest government health center and receive the 75% subsidy for contraception.

Another small setback was that the women chosen to be VHE's for the village of Naung Boat did not show up for the first day of training. We felt it wouldn't be advantageous for them to continue the training after missing the first day, and the second group of villages to receive training are located too far away for the women to travel to. So, in September our staff will hold a special 3-day training for the VHE's in Naung Boat village.

**6. Have you revised your original objectives?** The only revision to our objectives is due to not having qualified women to train as auxiliary midwives in four villages. Unfortunately, we will be unable to provide prenatal care or safe delivery until those villages have adult women who have completed 8<sup>th</sup> grade to attend the nurse-midwife training.

**7. What progress have you made toward achieving your objectives?**

• **Objective 1: Muditar will train and supervise 60 women (5 per village) as Village Health Educators (VHE)**

We have completed the VHE program for groups in five villages. The first training included 29 women for three days and taught them how to facilitate small group meetings of reproductive-age women in their village. In April we began training the new VHE groups in six villages. In September we will hold the training for the twelfth village, Naung Boat.

• **Objective 2: VHE's will facilitate a series of three safe motherhood workshops for 1277 women.**

After the completion of the training, the first group of VHE's held small group meetings in their villages, and led discussions with over 600 women on all aspects of healthy reproductive behavior, infant care, contraception, safe-delivery and nutrition. The group meetings' purpose was to educate village women and encourage them to change their behaviors to ensure safer pregnancies and deliveries, and healthier infants. By the end of June



*Village Health Educator training led by Dr. Nge Nge*

all training will be completed in the remaining six villages. They will then facilitate the safe motherhood workshops and provide services throughout the rest of the year.

• **Objective 3: Village women will have local resources for continued support with reproductive issues.**

In each of the first five villages, the auxiliary midwife along with the VHE's are providing private consultation, prenatal care, skilled delivery support, and infant monitoring and care. 100% of the pregnant women in these five villages are receiving (or have received) prenatal care, vitamins and infant care from their village auxiliary midwife. 24 women had safe deliveries from October 2015 – April 2016.

• **Objective 4: Village women will have a forum to discuss very personal issues such as contraception use, family planning, empowerment, finances, and future hopes.**

During the group meetings led by the VHE's the women really opened up; telling personal stories, asking questions, offering support and empathy to one another, and many misunderstandings were addressed.

• **Some common misconceptions that were addressed among our village women:**

- Eating eggplant causes retention of placenta; eating green vegetables causes gas that is then painful for the fetus; yellow beans cause diarrhea. Feeding colostrum to the baby is unhealthy because it is dirty.
- Can't get pregnant for 6-months after delivery.

- Mother would get a fever if she bathed within 10 days of delivery.
- **Responses from VHE's and participants after the training:**
  - "I wish I was young again and received this health education because I would not have had so many children (eight)."
  - "We understand that pregnancy, delivery and birth spacing are not only women things. All of the husband have their role to participate in creating a happy family and especially for mother and baby."
  - "We went to the fields to talk with women if they were too busy to attend VHE discussion."

### Contact information

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*"I'm proud of myself to be a VHE and provide health education to the village women. I didn't know I could do like that. I would like to be work as VHE for life long and learn more health knowledge. It is fun to talk with women groups about women's things."*