



Dining for Women Report May 2017 Safeguarding Maternal and Infant Health

Program Details:

Organization: Muditar Foundation
Title: Safeguarding Maternal and Infant Health
Amount: \$36,000
Location: Southern Shan State of Myanmar

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 1183 women to increase their knowledge and understanding of maternal and infant health, receive prenatal and infant care, and have access to affordable contraception, prenatal vitamins and children's vitamins.



A Village Health Educator talking with village women about child birth.

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 1100 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.

Measureable Outcomes in the 11 Muditar Partnership Villages

We are happy to report that we achieved all of our outcomes and over 1100 women and 600 children have benefited from this program! Below are details on our achieved outcomes.

i. All women have access to affordable contraception.

Muditar have been supporting affordable contraception to (655) women from 11 villages from 2016 June to 2017 April.

- Depo Injection - 464
- Oral contraceptive pill - 134



Dining for Women Report May 2017 Safeguarding Maternal and Infant Health

- Intrauterine device - 13
- Condom - 44

There are nine village nurse midwives who were trained by Muditar in 11 villages. These VNM are providing affordable contraception in the village so the women don't have to travel far away to access contraception. Two villages that don't have VNM received affordable contraception from Muditar's health program manager every month. Program manager provided free contraception but women had to visit government health clinic to get injection.

We learned that most of the women in our project are most interested in using three months injection for contraception. IUD insertion and condom are rarely used. We can see that more women are using contraception methods than before because Muditar is providing access to it in their village, the cost is very small amount for them, and they can access anytime they need.



This is a low cost activity and very valuable for the village women.

ii. 66 % of pregnant women receive at least one prenatal examination.

81 out of 121 pregnant women received at least one prenatal examination from our VNM and from government midwife.

iii. 100% of pregnant women take high quality prenatal vitamins for one year.

All 121 pregnant women received high quality prenatal vitamins for one year. Even though some didn't want to get a prenatal exam from the VNM, they still came to get prenatal vitamins from Muditar. They are willing to take multivitamins for pregnancy but they still want to take care and deliver with traditional birth attendant (TBA).

iv. 69% of deliveries are performed by a Muditar or government trained auxiliary midwife.

There were 119 deliveries during two years. 38 deliveries were done by TBA (traditional birth attendant) and 81 deliveries were done by VNM, government midwife and in hospital. There were less than 30% of deliveries with government trained auxiliary midwife or in hospital before Muditar is doing this program.



Dining for Women Report May 2017 Safeguarding Maternal and Infant Health

v. 90% of children under the age of 5 take daily children’s vitamins.

There were 598 children under the age of 5 in 11 villages during two years. Most of the children (90%) are taking daily children’s vitamins. Only a few kids were missing in some months when they were go and sleep in the fields far way from the village together with their parents.



vi. 89% of infants are weighed and measured on a monthly basis for one year.

There are 9 VNM in 11 villages. 107 infants who were delivered during two year and were weighed and measured on a monthly basis for one year by VNM. 12 infants from other two villages, which don’t have VNM, didn’t have a change to get this care.

	Activities	Beneficiaries Reached			Village Health Educators Recruited & Trained		
		M	F	Total	M	F	Total
1	Training VHEs to perform survey (11 villages)					62	62
2	VHEs perform survey (11 villages)		1183	1183			
3	VHE training to facilitate workshops (11 villages)					62	62
4	VHEs facilitate small group workshops (11 villages)		1183	1183			
5	Provide prenatal vitamins (11 villages)		121	121			
6	Provide children vitamins (11 villages)			598			
7	Subsidize contraception (11 villages)		655	655			



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

We planned to do this grant project in 2016 in 12 villages, but we couldn't do in one village, Naung Boat. We introduced the project and the village women agreed they would like to participate. They chose six women to attend the training. But the women didn't show up in the training; all the women chosen refused to attend the training. Naung Boat is a really isolated village, village women are shy and have no confidence to speak out and attending to a meeting or training.

When we discussed with them to find out the solution, we got only one solution that we have to go to the village and do a special training for that village. We plan to implement this program in Naung Boat after the rainy season, in the Fall of 2017.

Contact information

Dr. (Nge Nge) Khaing Zar Oo

Email: ngegekhaingzar@gmail.com

Phone: 959 26-223-8844

Amy Hartenstine

Email: amy@shantafoundation.org

Phone: 970-749-1198