Proposed Plan and Activities of MRH Division

Dr. Hla Mya Thway Einda
(Director) Maternal and Reproductive Health Division
Goal and Strategic Objectives of MRH

Goal

• To reduce maternal mortality ratio from 282 per 100,000 live births (2014) to less than 91 per 100,000 live births by 2030

• To reduce neonatal mortality rate from 26 per 1000 live births (2015) to less than 12 per 1000 live births by 2030

• To reduce the stillbirth rate from 20 per 1000 births (2009) to less than 10 per 1000 births by 2035

• To reduce the prevalence of anaemia in pregnant women from 57 percent to 28 percent

• To reduce the adolescent birth rate from 33/1000 births (2015) to less than 10/1000 births by 2020
Overall Objectives

• The overall objective is to address causes of maternal mortality and morbidities and related disabilities through identification of the most important causes of maternal mortality, their determinants and effective interventions to address them.

• Strengthening health systems for facility-based care and community-based primary care and effective referral systems will be a major contributory factor.
Strategies

I. Ensure adequate numbers of competent teams of health care workers provide care during pregnancy, childbirth and postnatal period

II. Strengthen competency based training programmes- Competency based training for BEmONC and CEmONC, health education including nutrition for adolescents, pregnant mother and newborn, birth spacing services, post-abortion care, GBV and Cervical cancer according to national guidelines
III. Strengthen the role of community volunteers, auxiliary midwives- Task shifting may allow AMWs to receive training and perform some interventions that might have been performed by midwives. In remote areas, in the absence of a skilled birth attendant, AMWs have been trained to administer 4 FP methods to reduce unmet need and misoprostol (600 micrograms by mouth) for prevention of post-partum haemorrhage. Utilize trained community-based volunteer
IV. Ensure financial security for MNH service delivery - The following will be highlighted:

- Identify a separate budget line for RMNCAH with a focus on EPMM (RMNCAH strategy)
- Mobilize resources from development partners for RMNCAH interventions
- Strengthen collaboration with development partners and other stakeholders to generate additional resources to strengthen MNH services and address inequity.
- Address EPMM as a priority strategy in the Global Financing Facility and Investment Case
VI. Ensure high quality medicines, equipment and appropriate technologies for MNH care

• The essential equipment and commodities list at each level for MNH has been developed. It is important that the RH/MNH essential medicines list is aligned with the EPHS for NHP implementation.

• Efforts to strengthen the logistics management information system, improve the availability of logistics data and RH/MNH commodity security will continue. The Reproductive Health Commodity Logistics System (RHC-LS) standardizes storage, distribution, quantification and procurement practices at township, state/region, and central levels while strengthening management and coordination structures.
VII. Increase community awareness and engagement on maternal and newborn health issues- Increase awareness on health matters related to maternal and newborn health issues among individuals, families and communities through equipping these groups with knowledge and capacities to promote good maternal and newborn care in the community.

• Conduct demand generation for institutional deliveries
• Strengthen links between community, AMWs and MW and the health facilities using approaches – transport, prevent delays
• Establish/strengthen social support networks in the community and link with the health system
• Strengthen male involvement in antenatal, delivery, postnatal care (including breast feeding support) and family planning
• Promote community involvement in Maternal and Child Death reviews (MDSR)
VIII. Ensure accountability to improve quality of care and equity- Strengthen monitoring of MNH programme at all levels, Disseminate and use data for planning and programme improvement and Ensure quality and respectful care through adapting WHO global standards on Quality of Care and implement in facilities

XI. Ensure evidenced based intervention through conducting implementation research for RMNH.
Priority Areas of MRH 2018 and 2019

1. Promoting **Institutional Delivery** by demand creation through appropriate communication strategies and **Community based referral mechanism** for timely referral from home to hospital

2. Quality **Comprehensive Emergency Obstetric and Newborn Care** through capacity building of Medical officers up to Station hospital

3. Strengthening **Maternal Death Surveillance and Response (MDSR) system** through
   - capacity building of MDSR team up to township level
   - Support the MDSR review meeting at all level
   - Review of MDSR mechanism and revise accordingly
4. Dissemination of **SRHR Policy** at central and S/R level


6. Strengthening **Post abortion Care**
   - Advocacy
   - Post abortion Care Training
   - Site assessment and site support
   - Data and reporting
   - Community awareness raising
7. Strengthening **Family planning services** through

- Reaching to hard to reach area through task shifting
- Promote accessibility to Young people
- Capacity building using FP guideline for quality services
- Improve quality of care for FP through capacity building
- Promote new methods and Long acting reversible contraceptives (Implants and DMPA-SC)
- Improve community awareness raising on FP through appropriate communication strategy up to social mobilization
8. Secondary Prevention of **Cervical Cancer** (Screening and Referral for treatment) using National guideline

9. Management of **GBV** survivors
   - GBV Guideline advocacy and Training
   - Development of IEC materials for community awareness raising
   - OSCC (One Stop Crisis Center) at Hospital level
# Activities, Timeline and Budget

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<thead>
<tr>
<th>Activities</th>
<th>Timeline</th>
<th>Source (Proposed)</th>
<th>Estimated Budget</th>
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<tbody>
<tr>
<td>1. Institutional Delivery by demand creation through appropriate communication strategies</td>
<td>2018-2019</td>
<td>3 MDG/ Access to Health fund</td>
<td>50,000 US$</td>
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<td>2. Training on Comprehensive Emergency Obstetric Care (CEmOC) to service providers</td>
<td>2018-2019 (30 Master mentor training and 333 Multiplier training)- 25 million</td>
<td>World Bank (4 session for Master Mentor) Essential Health project (4 session of master mentor and Multiplier training for 4 t/s)</td>
<td>46,444,800 MMK</td>
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<td>Training on Comprehensive Emergency Obstetric Care (CEmOC) to service providers</td>
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<tr>
<td>Refresher Training and Monitoring on MDSR (Rakhine)</td>
<td>2018</td>
<td>UNFPA (Humanitarian)</td>
<td>17,000 US$</td>
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<tr>
<td>5. Dissemination of SRHR Policy at central and S/R level</td>
<td>2018-2019</td>
<td>3 MDG/ Access to Health fund</td>
<td>30,000 US$ (Central Level &amp; 9 States)</td>
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## Activities, Timeline and Budget-cont

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<tr>
<td><strong>6. Strengthening Post abortion Care</strong>&lt;br&gt;- Refresher Women Centered Post abortion Care Training&lt;br&gt;- Program review meetings&lt;br&gt;- Provider Networking meeting&lt;br&gt;- Follow up support</td>
<td>2018-2019</td>
<td>3 MDG/ Access to Health fund (Partner- Ipas)</td>
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<td><strong>7. Capacity building on family planning (Implants and DMPA-SC)</strong></td>
<td>2018</td>
<td>RH partners</td>
<td>According to detail action plans</td>
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<td><strong>8. Capacity building on Cervical Cancer Screening at District and Townships (pilot 5 townships)</strong></td>
<td>2018-2019</td>
<td>CHAI</td>
<td>20,000 US$</td>
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