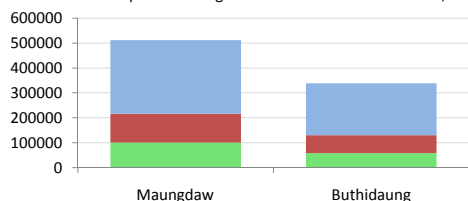


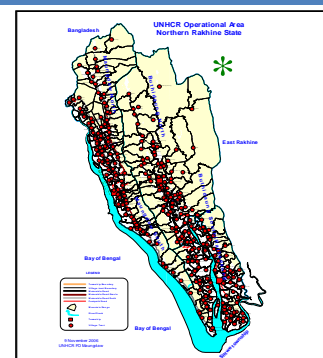
Total Population of Concern **850,594**

■ Under-fives children 160,631
 ■ Women of reproductive age 185,902



Implementing Partners:

Health/ HIV
 ACF, AMI, Malteser
Nutrition
 ACF, Malteser
WatSan
 ACF, Malteser



Operational Summary

Achievements:

- Completed the construction of two delivery units in Maungdaw North.
- Completed the construction of an isolation ward in Maungdaw Township hospital.
- Renovated some health facilities in order to utilize as EmOC units.
- Constructed a clinic at Auk Nan Yar, Rathedaung Township.
- Kept stockpile in Maungdaw UNHCR to response to any emergency/ disease outbreak
- Provided support for the repair and reconstructive surgery for some gynaecological cases including 9 utero-vaginal prolapse and one vesico-vaginal fistula.
- Provided 991 Chulli water filters to 991 household in Maungdaw and Buthidaung Townships.
- Renovated 4 existing public water points with storage facilities, renovated one opened well, provided 965 ceramic clay water filters at household level, protected two ponds with fences, tested water quality at the supported sites, established 8 water users groups and trained, constructed three public latrines as demonstration and provided the material to 437 household to construct the HH latrines at Sittwe.

Constraints:

- Travel restriction for Muslim population to get timely referral and treatment
- Social and cultural barriers to change the communities' attitude and practices on health seeking behaviour.
- There are still gaps in very remote areas although many agencies are now working in NRS
- Overlapping, duplication of some programs in some operational areas
- Difficult to get the approval for some activities such as surveys and assessments
- Lack of support and cooperation by some health staff who see NGOs as their competitors.
- Difficult to get the data from IPs and health departments.
- Deadline to submit Health and Nutrition report to regional office is earlier than the deadline for IPs to submit report to UNHCR country office.
- Limited opportunities of IP and UNHCR staff to attend trainings, workshops and meetings in order to share and learn from other colleagues.

Conclusions

According to IP reports and data from government health department, many of the expected achievements have been reached. However, many gaps remain, among those such that are difficult to address, such as, not reaching to very remote areas, no access to all PoCs and the further need to expand the programmes. It was observed that community participation, initiatives are needed to strengthen sustainability in health promotion programmes.

Recommendations and Action Points

- UNHCR should intensify coordination efforts so to ensure that all stakeholders are involved in planning, implementation, monitoring, and evaluation.
- It is also necessary among agencies and health authorities to be transparent, in order to compliment, to avoid duplication, overlapping and to ensure the effective and efficient division/sharing of resources among all implementers.

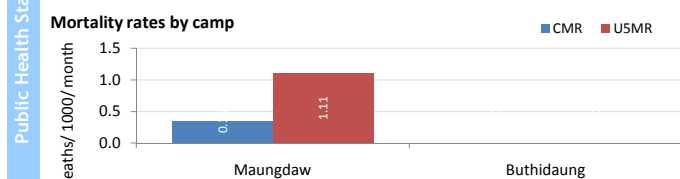
Activities and priorities needed to achieve the expected goals in 2010:

- support to establish comprehensive EmOC, child health and nutrition programmes.
- Add adolescent RH with HIV/AIDS prevention into on-going RH programmes.
- expand malaria prevention and control programmes in highly endemic village tracts
- expand WASH programme
- Contingency plan for disease outbreak
- Expand the operation area to Rathedaung and Sittwe Townships and provide necessary services to all

Public Health Programme	Coordination	
	2009	Standard
Do regular health coordination meetings take place?	Yes ✓ Yes	Yes
Access to Health Services		
No of HC facilities	79	! 1:≤10,000
No of consultations per trained clinician per day	N/A	ⓘ ≤ 50
Utilisation Rate (new consultations/person/year)	N/A	ⓘ 1-4
Proportion of host population consultations	N/A	ⓘ variable

Public Health Status	Malaria	
	2009	Standard
Has ACT been introduced as 1st-line treatment?	Yes ✓ Yes	Yes

Public Health Status	Public Health Impact	
	2009	Standard
Crude Mortality Rate (CMR) (1000/month)	N/A	ⓘ ≤ 1.5
Under-fives Mortality Rate (U5MR) (1000/month)	N/A	ⓘ ≤ 3.0
Infant Mortality Rate (IMR) (1000 live births/year)	N/A	ⓘ ≤ 60
Neonatal Mortality Rate (NMR) (1000 live births/yr)	N/A	ⓘ ≤ 40

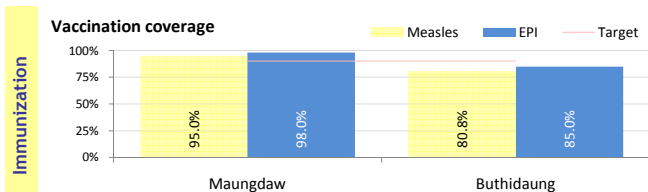


UNHCR organised monthly health coordination meeting at UNHCR Field Office regularly, and also organised regular meeting with State and Township level health authorities. In addition, UNHCR regularly coordinate with other UN agencies, UNICEF and UNFPA to support each others and to plan for collaborated programme.

Birth and death registration have some limitation for PoCs, there are many non-reported bith and death. In practical, CMR, U5 MR, and NMR could be higher than the reported figures. The Township Health Department collects birth and deaths for all persons with or without citizenship on a monthly basis, hence these indicators are the most reliable data.

Disease Burden	US Morbidity (cases/ 1000/ month)	US	Proportional Morbidity
	N/A	N/A	0% 0%
N/A	N/A	0% 0%	
N/A	N/A	0% 0%	
N/A	N/A	0% 0%	
N/A	N/A	0% 0%	
N/A	N/A	0% 0%	
Crude Morbidity (cases/ 1000/ month)	Crude	Proportional Morbidity	
	N/A	0% 0%	
N/A	N/A	0% 0%	
N/A	N/A	0% 0%	
N/A	N/A	0% 0%	
N/A	N/A	0% 0%	

There were seasonal variations in the incidence rate of malaria and diarrhoea. However, no incidence rates or proportional morbidity rates are available.



In Maungdaw Township, vaccination coverage is still good as there is good collaboration and coordination among DoH and agencies. Agencies have supported DoH in the transportation of required vaccines. In addition, promotion of deliveries by skilled person, timely referrals, promotion of maternal nutrition and exclusive breast feeding and immunization should be strengthened to reach all required standard.

Reproductive Health	Maternal and Newborn Health	Standard
	Coverage of complete ANC care (4 or more visits)	68% ✗ 100%
Proportion births attended by skilled person	32% ! ≥ 50%	
Proportion of birth taking place in EmOC facilities	2% ✗ ≥ 50%	
Proportion of low birth weight deliveries (<2500g)	3% ✓ ≤ 15%	
Family Planning	Proportion of women using contraceptives	N/A ⓘ ≥ 30%
	Sexual and Gender-based Violence	
Incidence of rape (reported cases / 10,000/ year)	N/A ⓘ variable	
Proportion of rape survivors who receive PEP <72 h	N/A ⓘ 100%	
Proportion of rape survivors who receive ECP <120 h	N/A ⓘ 100%	
Prop. of rape survivors receiving STI prophylaxis <2wks	N/A ⓘ 100%	

Although Basic Health staff and IPs' MCH fixed and mobile clinics are providing ANC/PNC, awareness raising, coverage of complete ANC has not reached to the standard. The reasons include lack of awareness, cultural barriers, travel restriction and other social factors. The partnership programme on MNCH is still needed to continue and to expand to most remote areas. In addition, promotion of deliveries by skilled person, timely referrals, promotion of maternal nutrition and exclusive breast feeding and immunization should be strengthened to reach all required standard.

Awareness raising on prevention and management of physical/medical, psychological and legal aspects of SGBV remain to be implemented.

HIV/AIDS	Protection	Standard
	Are PoCs included in national HIV strategic plans?	Yes ✓ Yes
Monitoring and Evaluation	Are PoCs included in national HIV sentinel surveillance?	No ✗ Yes
	Date of last BSS/ KAPB survey	N/A ⓘ
Prevention	Condom distribution rate (Nr. of condoms/person/month)	N/A ⓘ ≥ 0.5
	Does appropriate IEC material exist for PoCs?	Yes ✓ Yes
Are risk groups targeted with prevention programs?	Yes ✓ Yes	
Proportion of donated blood units screened for HIV	N/A ✓ 100%	
PMTCT coverage rate	N/A ⓘ 100%	
Care and Treatment	Do PoC's have equal access to ART as host community?	Yes ✓ Yes
	Nr. of HIV Positive POCs receiving ART	200 variable
Prop. of HIV-pos mothers receiving cotrim. prophylaxis	N/A ⓘ 100%	
Prop. of HIV-pos infants receiving cotrim. prophylaxis	N/A ⓘ 100%	

Health departments have some programmes on HIV prevention and treatment including awareness raising/education on prevention of HIV as well as care and support of PLWHIV in the community.

MSF-AZG has established one clinic in each Township, supporting PoCs for STI treatment, VCT, ART, prevention program for high-risk groups and providing of food rations for ART cases with the support of WFP. AMI, Malteser and ACF referred the suspected cases, high-risk cases and drug-resistant TB to MSF_AZG clinic for VCT and further necessary treatment, care and support.

Since PoCs in NRS have lack of knowledge on HIV/AIDS prevention, care and support, HIV programmes should be expanded not only by health department and agencies but also involved by other department like social welfare, education and NNGOs.

The PMTCT programme for Maungdaw health department is supported by UNFPA and UNICEF for Buthidaung Township.

Nutrition	Surveys & Assessments	Standard
	Date of last nutrition survey	N/A ⓘ 1 per year
Date of last Joint Assessment Mission (IAM)	N/A ⓘ 1 per year	
Malnutrition	Global acute malnutrition rate (GAM)	21.0% ✗ ≤ 5%
	Severe acute malnutrition rate (SAM)	3.5% ✗ ≤ 2%
Prevalence of anaemia in children under five	N/A ⓘ ≤ 20%	
Prevalence of anaemia in women of reproductive age	N/A ⓘ ≤ 20%	
Average number of kilocalories per person per day	N/A ⓘ 2100	
Food Security	Does UNHCR provide complimentary food?	
	Did the general food ration change during the year?	
Did WFP report any pipeline/stock breaks during the year?	Yes ✗ No	
Are PoCs included in national Food Security strategy?	Yes ✓ Yes	
Proportion of ration sold by PoCs to buy other food items	N/A ⓘ ≤ 30%	

Nutrition and food security surveys are usually conducted by ACF and WFP. According to the surveillance finding of the health department, the nutrition status of under 3 children in NRS reached a borderline standard. At community level, IPs identified many malnourished children and women and provided feeding programmes, referral for therapeutic feeding, treatment of underlying diseases, nutrition/ hygiene education and demonstration & education on the preparation of balance food with locally available resources for the mothers of malnourished children, care takers and the community.

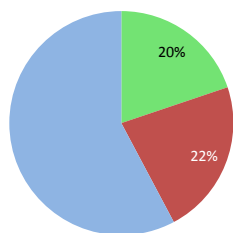
WASH	Water, Sanitation and Hygiene	Standard
	Average quantity of potable water per person per day	N/A ⓘ ≥ 20L
Nr. of persons per water tap	N/A ⓘ ≤ 80	
Proportion of pop. living within 200 m from water point	N/A ⓘ 100%	
Nr. of persons per drop-hole in communal latrine	N/A ⓘ ≤ 20	
Proportion of families with latrines	67% ✗ 100%	
Proportion of camps with 1 hygiene promoter/ 500 persons	N/A ⓘ ≥ 75%	
Proport. of families receiving >250g soap/person/month	N/A ⓘ ≥ 90%	

Although indicator data are not available, ACF has been implementing water, sanitation and hygiene promotion programmes since ten years, reaching even to the remote areas. However, some of the villages struggle with sub-standards for non-accessibility of roads and transportation of machines and manpower. There are also some constraints in the maintenance of water sources, hand-pumps and tube-wells. Hygiene education and behavior change is also needed to strengthen the overall impact of WASH interventions.

Malteser provided safe water systems and some public and household latrines to the community in Sittwe Township.

Total Population 511,575

- Under-fives children 101,379
- Women of reproductive age 114,708

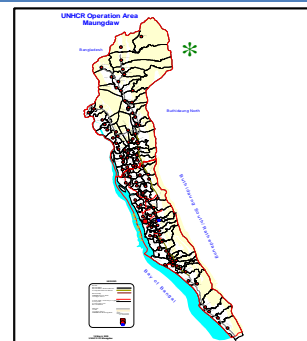


Implementing Partners:

Health/ HIV
ACF, Malteser

Nutrition
ACF, Malteser

WatSan
ACF, Malteser



Public Health Programme

Access to Health Services

- Do PoCs have access to national health facilities? Yes
- Do PoCs have to pay for primary health care? No
- No of HC facilities where PoCs have free access 46
- No of consultations per trained clinician per day N/A
- Do PoCs have access to 2nd and 3rd level care? Yes
- Does a referral system exist? Yes
- Are referral cases reviewed by a board (or alt. system)? Yes

2009 **Standard**

Yes ✓ Yes

No

46

N/A ⚠ ≤ 50

Yes ✓ Yes

Yes ✓ Yes

Yes ✓ Yes

Overall Objective:
To promote the integration of persons of concern into Myanmar's society, to improve their livelihoods and the peaceful co-existence with their neighbors of different ethnicity.

Health and Nutrition Sector Objectives for 2009

- Improved reproductive health status of the population of concern to UNHCR in NRS.
- Population of concern to UNHCR enjoys improved health care services, with special focus on malaria and TB.

Public Health Status

Public Health Impact

- Crude Mortality Rate (CMR) (from survey) 0.35
- Under-fives Mortality Rate (U5MR) (from survey) 1.11

Patient load

- Average number of new patients per month N/A
- Average number of repeat patients per month N/A
- Average number of referrals per month N/A

2009 **Standard**

0.35 ✓ ≤ 1.5

1.11 ✓ ≤ 3.0

N/A ⚠

N/A ⚠

N/A ⚠

Activities:

1. Reproductive Health/ Maternal & Neonatal Health

- provision of antenatal care, safe delivery, post-natal care,
- awareness raising on RH and safe delivery for pregnant women and community,
- provision of Clean Delivery Kits,
- provision of family planning,
- promotion of breast-feeding practices,
- prevention and treatment of HIV/AIDS and STI
- support of some gynaecological cases for repair/ reconstructive surgery in coordination and collaboration with Department of Health, UNFPA and Malteser,
- construction of two delivery units in Maungdaw North and
- renovation and provision of essential equipment for some health facilities in NRS.

2. Primary Health Care including prevention and treatment of Malaria and TB

- awareness raising,
- improving the diagnosis and treatment of malaria/ TB with nutrition support,
- establishment of referral system in coordination with township health department,
- emergency response, management and reporting of diseases outbreak and prevention like diarrhoea, AH1N1,
- screening for malnutrition for under 5 children, pregnant/ lactating women and therapeutic/ supplementary feeding programs
- training and support for community health workers.

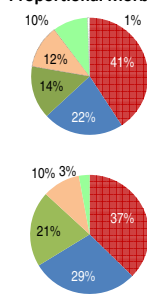
3. Water, Sanitation and Hygiene (WASH)

- Hygiene promotion awareness raising
- community training and provision of water purifiers

U5 Morbidity (%)

- Diarrhoea 40.8
- Low birth weight & Prematurity 22.3
- Malnutrition 14.6
- ARI 12.0
- Neonatal Jaundice 9.7

Proportional Morbidity



Crude Morbidity (&)

- Malaria 37.3
- Respiratory Tract Infection 28.9
- Diarrhoea 20.5
- Dysentery 10.3
- TB 2.9

Nutrition

- Global acute malnutrition rate (GAM) 16.3%
- Severe acute malnutrition rate (SAM) 2.4%
- Prevalence of anaemia in children under five N/A
- Prevalence of anaemia in women of reproductive age N/A
- Average number of kilocalories per person per day N/A

2009 **Standard**

16.3% ✗ ≤ 5%

2.4% ⚠ ≤ 2%

N/A ⚠ ≤ 20%

N/A ⚠ ≤ 20%

N/A ⚠ 2100

The prevalence of anaemia in children under 5 and women of reproductive age is not assessed routinely. However, more than 80% of pregnant women in Myanmar are believed to be anaemic. Pregnant women receive routinely Ferrous-Folate during pregnancy. ACF, Malteser and MSF-AZG are conducting screenings for malnutrition and are providing therapeutic/ supplementary feeding programme. The prevalence of GAM is still high. During the hunger period, June-September, there was an increased number of malnourished children admitted to ACF's TFCs as compared to the previous year.

Reproductive Health

Maternal and Newborn Health

- Do pregnant women have access to antenatal care? Yes
- Do pregnant women have access to safe delivery care? Yes
- Do women have access to family planning? Yes

2009 **Standard**

Yes ✓ Yes

Yes ✓ Yes

Yes ✓ Yes

The proportion of deliveries attended by skilled staff was 32% in 2009 compared with 15% in 2006. 32% of pregnant women benefited from ANC by qualified health staff. IPs have been providing ANC/PNC through PHC and mobile clinics, complimenting government MNH programs. Family planning services along with advocacy to the communities for their acceptance are carried out by IPs. According to Township Health Department, contraceptive prevalence rate is 27.8%; still low compared to the national rate. Reported by Township Medical Officer, the abortion rate is 4.1% which is likely underreported; NNMR 13.9 per 1000 live birth, IMR is 5.5 per 1,000 live birth, and MMR is very high at 210 per 100,000 live birth. Clinical management of rape survivors are currently provided by MSF-AZG and the Township hospital. UNHCR and IP constructed two delivery room in Maungdaw North.

Sexual and Gender-based Violence

- Proportion of rape survivors who receive PEP <72 h N/A
- Proportion of rape survivors who receive ECP <120 h N/A

2009 **Standard**

N/A ⚠ 100%

N/A ⚠ 100%

Prevention

- Condom distribution rate (Nr. of condoms/person/month) ✗
- Does appropriate IEC material exist for PoCs? No
- Are risk groups targeted with prevention programs? Yes
- Proportion of donated blood units screened for HIV 100%
- Do pregnant & lactating women have access to PMTCT? No

2009 **Standard**

✗ ≥ 0.5

No ✗ Yes

Yes ✓ Yes

100% ✓ 100%

No ✗ Yes

Since Maungdaw is not a high-prevalence HIV/AIDS area, the government health department and IPs mainly focus on awareness raising and health education on HIV/AIDS/STI prevention for general community and for pregnant women. However, MSF-AZG has been providing VCT and ART for the PLWHIV and focus on prevention programs for high risk groups.

As government hospitals are the only blood transfusion facilities, (Living Blood Bank), all of donated blood units are screened for HIV, however, patients need to pay for testing. Condom distribution has been conducted by both government and IP/OPs, MSF-AZG and Malteser in Maungdaw Township with desensitization. During the reporting period, Malteser distributed estimated 100,000 male condoms via PHC centres, TBAs and CHWs. According to the TBAs, even the men came and asked the condoms from the TBAs. The PMTCT program in Maungdaw is coordinated by UNFPA and no data is available from Township Health department. All IPs and OPs are conducting HIV HE on prevention, care & support.

Care and Treatment

- Do PoCs have equal access to ART as host community? Yes
- Nr. of HIV Positive POCs receiving ART variable
- Prop. of HIV-pos mothers receiving cotrim. prophylaxis N/A
- Prop. of HIV-pos infants receiving cotrim. prophylaxis N/A

2009 **Standard**

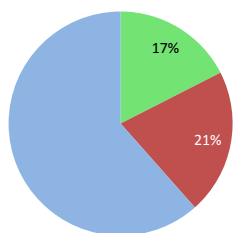
Yes ✓ Yes

variable

N/A ⚠ 100%

N/A ⚠ 100%

Total Population	339,019
■ Under-fives children	59,252
■ Women of reproductive age	71,194

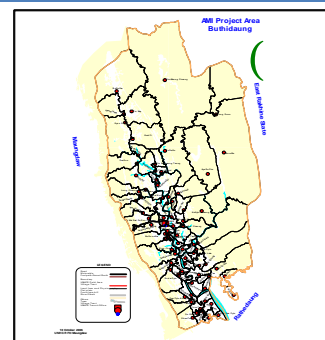


Implementing Partners:

Health/ HIV
AMI, Malteser, ACF

Nutrition
ACF, AMI

WatSan
ACF



Public Health Programme	Access to Health Services
	Do PoCs have access to national health facilities?
	Do PoCs have to pay for primary health care?
	No of HC facilities where PoCs have free access
	No of consultations per trained clinician per day
	Do PoCs have access to 2nd and 3rd level care?
	Does a referral system exist?
Are referral cases reviewed by a board (or alt. system)?	

2009	Standard
Yes	✓ Yes
Yes	✓ Yes
33	ⓘ ≤ 50
N/A	ⓘ ≤ 50
Yes	✓ Yes
Yes	✓ Yes
Yes	✓ Yes

Overall Objective:
To promote the integration of persons of concern into the mainstream of Myanmar society, to improve their livelihoods and the peaceful co-existence with their neighbors of different ethnicity.

Health and Nutrition Sector Objectives for 2009

1. Improved reproductive health status of the population of concern to UNHCR in NRS.
2. Population of concern to UNHCR enjoys improved health care services, with special focus on malaria and TB.
3. Coordinated approach to health care services in NRS, with particular focus on reproductive health.

Public Health Impact	Crude Mortality Rate (CMR) (from survey)
	Under-fives Mortality Rate (USMR) (from survey)

2009	Standard
N/A	ⓘ ≤ 1.5
N/A	ⓘ ≤ 3.0

Activities:

1. Reproductive Health/ Maternal & Neonatal Health

(a) Antenatal Care, and Post-natal Care provided by mobile MCH, (b) skilled care in delivery provided, (c) family planning sessions delivered to women of reproductive age, and (d) education sessions on RH issues delivered in schools and in community.

2. Primary Health Care

(a) Basic medical care provided to under 5 children, (b) prompt detection and referral to trained care providers, (c) support provided to two local communities to run a community-based referral system, and (d) screening for malnutrition for under 5 children, pregnant women and lactating mothers.

3. HIV/ AIDS prevention

(a) VCT counseling provided to pregnant women in the screening centre.

Public Health Status	Patient load
	Average number of new patients per month
	Average number of repeat patients per month
Average number of referrals per month	

N/A	ⓘ
N/A	ⓘ
N/A	ⓘ

US Morbidity (%)		%
	N/A	N/A
	N/A	N/A
	N/A	N/A
	N/A	N/A

Proportional Morbidity

0% 0%

Crude Morbidity (&)		%
	N/A	N/A
	N/A	N/A
	N/A	N/A
	N/A	N/A

0% 0%

Nutrition	Malnutrition
	Global acute malnutrition rate (GAM)
	Severe acute malnutrition rate (SAM)
	Prevalence of anaemia in children under five
	Prevalence of anaemia in women of reproductive age
Average number of kilocalories per person per day	

2009	Standard
25.7%	✗ ≤ 5%
4.5%	✗ ≤ 2%
N/A	ⓘ ≤ 20%
N/A	ⓘ ≤ 20%
	✗ 2100

AMI has conducted malnutrition screening of under 5 children, pregnant women and lactating women. AMI referred severely malnourished clients to ACF for therapeutic feeding and the malnourished clients with medical problems to government hospital for necessary treatment. During the hunger period, June-September, there was an increase in the number of malnourished children admitted to ACF therapeutic feeding centres. Because of low coverage and lack of collaborative efforts among INGOs and health department, malnutrition rate is still very high.

Reproductive Health	Maternal and Newborn Health
	Do pregnant women have access to antenatal care?
	Do pregnant women have access to safe delivery care?
Do women have access to family planning?	

2009	Standard
Yes	✓ Yes
Yes	✓ Yes
Yes	✓ Yes

According to data collected by AMI's MCH activities, 63% of women of reproductive age range have access to RH services (ANC, PNC and skilled birth attendance). Antenatal coverage by the skilled BHS is 45.5% and 24% of pregnant women were delivered by skilled persons. The contraceptive prevalence rate in Buthidaung is 12.3% in AMI covered areas and 7.8% for the whole Township

Sexual and Gender-based Violence	Proportion of rape survivors who receive PEP <72 h
	Proportion of rape survivors who receive ECP <120 h

2009	Standard
N/A	ⓘ 100%
N/A	N/A 100%

Because of social and traditional barriers, inequality of power relation, stigma & discrimination, lack of information and lack of awareness and lack of PEP services, most of the rape cases are not reported, or reported very late and could not receive PEP.

HIV/AIDS	Prevention
	Condom distribution rate (Nr. of condoms/person/month)
	Does appropriate IEC material exist for PoCs?
	Are risk groups targeted with prevention programs?
	Proportion of donated blood units screened for HIV
	Do pregnant & lactating women have access to PMTCT?
	Care and Treatment
Do PoC's have equal access to ART as host community?	
Nr. of HIV Positive POCs receiving ART	
Prop. of HIV-pos mothers receiving cotrim. prophylaxis	
Prop. of HIV-pos infants receiving cotrim. prophylaxis	

2009	Standard
N/A	ⓘ ≥ 0.5
No	✗ Yes
Yes	✓ Yes
100%	✓ 100%
No	✗ Yes
Yes	✓ Yes
200	variable
N/A	ⓘ 100%
N/A	ⓘ 100%

Condom distribution has been conducted by the government health department and IPs, AMI and Malteser in Buthidaung Township.

There is a UNICEF funded- PMTCT program in Buthidaung and one mother and her baby have been found positive for HIV. Currently, AZG is supporting ART to estimated 200 positive patients in Buthidaung Township. All IPs and OPs are providing HIV education on prevention, care & support and reducing stigma. AMI is providing VCT counseling to pregnant women in the screening centre.