



Dining for Women Report Final Report Safeguarding Maternal and Infant Health

Program Details:

Organization: Muditar Foundation
Title: Safeguarding Maternal and Infant Health
Amount: \$36,107
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 2300 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.



The Problem 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 12 Muditar Partnership Villages

We are happy to report that we achieved all of our outcomes and over 2347 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 2347 women from 12 villages from 2016 June to 2018 May.

- Depo Injection - 1345
- Oral contraceptive pill - 887



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- Intrauterine device - 23
- Condom - 92

There are nine village nurse midwives (VNM) trained by Muditar in 12 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 didn't have a VNM still received affordable contraception from Muditar's health program manager every month. Our program manager provided free contraception but women had to visit government health clinic to get an injection.

Among 1229 women who are within reproductive age, 916 women are married in these 12 villages. Dining for Women's project support allowed 772 women (84% of married women) to use contraception.

In addition to ensuring the continued usage of contraception for the women, the project has supported 150,000 kyats (\$102 USD) for each village to purchase the necessary contraception so that these women can continue even after the project has phased out. The village's Women Health Committee will manage that money to make sure that all women who are currently using contraception will still receive same support for an additional three more months.

ii. 72 % of pregnant women receive at least one prenatal examination

221 out of 306 pregnant women received at least one prenatal examination from the VNM and from a government midwife from 2015 April to 2018 May.

iii. 90% of pregnant women take high quality prenatal vitamins for one year: 7 months during pregnancy and 5 months after delivery

275 out of 306 pregnant women received high quality prenatal vitamins during 7 months of prenatal period and five months after delivery for one year. Even though some did not 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). Two villages that do not have VNM received prenatal vitamins from Muditar's health program manager every month. But there are some pregnant women who didn't take vitamin from Muditar because they went to the government sub-center, so they received from there.

iv. 66% of deliveries are performed by a Muditar or government trained auxiliary midwife

There were 146 deliveries during three-year grant period. 49 deliveries were done by a TBA (traditional birth attendant) and 97 deliveries were done either by our trained VNMs, a government midwife, or in hospital. Before Muditar implemented this program, less than 30% of deliveries were with a government trained auxiliary midwife or in hospital.

v. 90% of children under the age of five take daily children's vitamins



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There were 621 children under the age of 5 in 12 villages during the three-year grant period, and 90% took daily children's vitamins. Only a few children missed some months because they were spending time in fields far away as their parents worked.

vi. 84% of infants are weighed and measured on a monthly basis for one year

In the nine villages with a VNM, 123 infants were delivered during the two years and were weighed and measured on a monthly basis for one year. In the two villages without a VNM, 23 infants didn't have a chance to receive this care.



	Activities	Beneficiaries Reached			Village Health Educators Recruited & Trained		
		M	F	Total	M	F	Total
1	Trained VHEs to conduct survey and hold workshops (12 villages)					66	66
2	VHEs conducted survey (12 villages)		1229	1229			
4	VHEs facilitate small group workshops (12 villages)		1229	1229			
5	Provide prenatal vitamins (12 villages)		185	185			
6	Provide children vitamins (12 villages)			598			
7	Subsidize contraception (12 villages)		2347	2347			



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Village women who were trained as Village Health Educators and Village Nurse Midwives as part of the Safeguarding Maternal and Infant Health program sponsored by Dining for Women.

CHALLENGES FACED DURING IMPLEMENTATION

The language barrier and education level of village women were the main challenges for implementing this project and that took more times than we have planned. Also, we couldn't do some activities as work plan schedule because of weather issues which led to impassable roads. But eventually we were able to finish all the activities we had planned in the proposal.

It was a big challenge for us to keep accurate records of the number of women that we were supporting to receive contraception. Because some women who are taking every month, or every three months, and so the numbers were overlapping. Finally, we decided it was best to show how many times contraception was distributed to village women.

LESSONS LEARNED

We have learned that training the local village women to lead small group discussions about health has more benefits than if the staff of Muditar led. Because, when the local village women lead discussion, there is no language barrier, women feel free to talk about personal matters because they know each other well.

Also, we found that it will be better if we can do more health education on nutrition, personal hygiene and communicable diseases.

Profile from Focus Group Discussion with Village Women and VHE

One of the woman, 46 year old age, Nang Ngwe has one son and two daughters and all are married. Her older daughter died three years ago three days after delivering her child and no one knew the



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reason. After she attended small group discussion with VHE in the village, she realized that her daughter died because of an infection during post delivery period. Her daughter had foul smell discharge and fever, but no one knew it was dangerous sign for mother. She said this Safe Motherhood program was too late for her to know all the knowledge, if she knew earlier her daughter wouldn't have died.

Nang Ngwe's younger daughter married last year and she was pregnant during this year. During the VHE discussion they learned that because of her stature and heavy weight, it would be best for her to deliver at the hospital. So her daughter and husband saved enough money during her pregnancy so she could deliver at the hospital. She delivered her daughter last two months by Caesarean section at the hospital and the hospitals' OBGYN said it was a very good choice to deliver at the hospital. Now her daughter and her child are healthy and happy.



Behavior Changed

Sources of information came from VHE and VNM of the villages.

Pregnant women and women after delivery are eating enough nutritious food, before they believed that eating meat can cause big baby and difficult in delivery. Eating eggplant cause retained placenta, green vegetables cause gas and pain in abdomen for the kids, yellow beans cause diarrhea. Now they know those are wrong beliefs.

About breast-feeding, they didn't feed colostrum to the baby before because they thought it is dirty. But after they knew that colostrum is good for the baby, they feed it. They were not so clear how many months they should give exclusive breast-feeding to the baby before. Now they provide exclusive breast-feeding.

Many of village women had history of having pregnancy during six months after delivery because they thought that they could only pregnant after first time of menstruation after delivery. So they got pregnant again. Now they go the midwife at the 45 days after delivery to receive contraception.



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The women after delivery worried to take a bath because they thought it can cause fever to them and so their personal hygiene was bad during 10 days after delivery. Now they understand it is important to have clean environment for mother and baby.

Two women said they would like to be young again. If they got this health education when they were young they wouldn't have many children. One had seven children and the other one had eight children.

VHE Talks

- I'm proud of myself to be a VHE and provide health education to the village women. I didn't know I can do like that.
- It is fun to talk with women group about women things
- I would like to be work as VHE for life long and learn more health knowledge
- We did small group discussion on Full moon day, no moon day and evening time of the other days because all the women are free only that time and they always busy in their field. We went to the fields to talk with women if they were too busy to give time to attend HE discussion.
- 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.



F. Muditar is doing this program in another six villages in 2018 in two districts in the Southern Shan State and it is supported by Shanta Foundation, US. The target group is 569 reproductive age women.

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