



June 2015

Update on Burma



In Burma (officially known as the Union of Myanmar), political developments are taking place that will shape the future but it is still not clear whether the government will deliver on its promise to move to democracy. Constitutional reform is on the agenda. Proposed reforms would establish a framework for a genuine federal system, facilitate the peace process between the ethnic armed groups and the government, reduce the influence of the military in administrative affairs and reform the electoral process. Still, these reforms have not yet been adopted and as time passes, it is apparent that the election will proceed under the military-dictated constitution without democratic reforms.

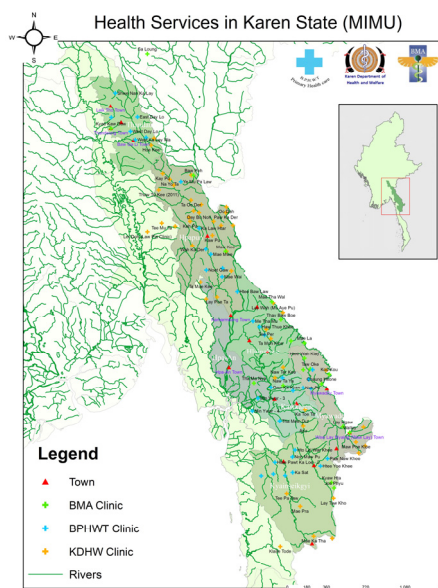
There are also huge economic developments in the pipeline. Myanmar is a member of the ASEAN group of nations, which will open borders among member nations and provide freer movement of goods and people. Myanmar is also a party to the Trans Pacific Partnership currently being debated in Washington. Both these agreements will have a significant economic boost for trade and employment.

Yet in many areas of the country, and in particular in the ethnic areas of eastern Burma, these developments have yet to improve the harsh living conditions. In the decades-long conflict, ethnic communities built up their own health provision structures to provide health care in rural areas and for those displaced by fighting. They continue to be the main provider of health care. As international aid organizations shift their funding to programs within Burma and away from the Thai-Burma border, the welfare of those served by the ethnic

health organizations is increasingly unsupported. Even more disconcerting is that development aid going to government agencies is not always linked to improvements in human rights so that land confiscation, environmental damage, ongoing violence and discrimination and persecution of ethnic minorities continue.



The health center in the Karen village of Ei Tu Ta serves 4,000 internally displaced persons.



Metta Calana Activity Report

The Long Road to Recovery, prepared by a coalition of academics and the ethnic health organizations, gives a snapshot of current health conditions in the ethnic areas. It shows that although improvements have occurred as a result of the ethnic health programs, most indicators lag significantly behind other areas of the country and even further behind neighboring countries. There remains much to be done. A health convergence group has

initiated discussions with government agencies to promote a collaborative primary health care system. The Backpack Health Workers Team, Burma Medical Association, Mae Tao Clinic, the Karen Department of Health and Welfare and others are key to establishing a functioning primary care system. These are the organizations that Metta Calana works with and supports to provide needed health care to women and children where there is no doctor.



Malnutrition, malaria and diarrheal diseases are very common among children under 5.

The three month injectable contraceptive is preferred by most women in the villages.



The full report can be downloaded at www.maetaoclinic.org

Family Planning

The lack of access to reproductive health services in rural Burma is reflected in the high level of undesired pregnancies that often lead to obstetric complications or unsafe abortions. The Long Road to Recovery surveyed 1,180 women



With reliable family planning, this woman will have more time and resources for her children.

about their need for family planning and found that 54 percent of the women who could become pregnant did not wish to become pregnant at that time. Yet contraceptive availability is quite low and is not supported by the government. More women are asking for injectable contraceptives. This year Metta Calana developed partnership agreements with the Burma Medical Association, the Karen Department of Health and Welfare and the Pa'O Health Working Committee for the community distribution of family planning to clients through 50 health centers throughout Karen State and in Shan State. The estimated population in these areas is 200,000 of which 41,000 are women of reproductive age. Additional supplies include urine pregnancy tests, vitamins, de-worming medicine and surgical instruments. We have also conducted family planning trainings for more than 100 health workers.

The Long Road to Recovery

Ethnic and Community-Based Health Organizations
Leading the Way to Better Health in Eastern Burma



A Report by the Health Information System Working Group
February 2015

Emergency Obstetric Care

The maternal death rate in Burma is five times higher than neighboring Thailand (240 vs. 48 per 100,000 births) but in eastern Burma in the ethnic areas of Shan, Karen, Mon and Karenni, the maternal mortality rate of 721 per 100,000 is three times the national rate. (*Diagnosis: Critical; Health and Human Rights in Eastern Burma 2010*).

The principal causes of death in childbirth are the same everywhere: hemorrhage, obstructed labor, sepsis and abortion (miscarriage) complications. The most effective way to address these problems is with the presence of a skilled health worker who can recognize and manage complications in childbirth. It is a proven strategy to reduce maternal and neonatal deaths and has been called the "keystone in the arch of safe motherhood."

We have been working with Mae Tao Clinic and the ethnic health organizations to train and equip health workers to deliver basic emergency obstetric care (EmOC) both at the Mae Tao Clinic and in rural health centers since 2008, including the current training for 45 health workers. This year we can extend the training even farther to health workers who cannot travel across the border. We are coordinating with KDHW to provide a course in Maternal and Child Health in one of the rural villages to 40 reproductive health workers this summer.

Developing the skills to recognize and manage complications is only part of the solution. Essential medicines and equipment are needed to perform these procedures. We are working with the Karen Department of Health and Welfare, Mae Tao Clinic and the Burma Medical Association to provide essential equipment and medicines to six sites. By providing resuscitation bags, Kiwi vacuums, surgical instruments and medicines such as oxytocin, antibiotics, magnesium sulfate and blood pressure medicines, we can ensure that the skills learned in the training can be put to use when the situation arises.



Postpartum bleeding can be fatal. This woman receives a blood transfusion after successful treatment to control bleeding.



Naw Dee is the health worker in Thé Pon, a small village close to the river in Burma. She is 23 years old. As a community health worker, she treats malaria, children's diseases and provides family planning. This year she is attending the EmOC course at Mae Tao Clinic. When she returns to the health center she will encourage women to deliver at the health center rather than in their houses so that any complications in childbirth can be promptly managed or referred to the hospital.



A mother carefully checks out her newborn baby after delivery.

Compassionate Care at Social Action for Women

Social Action for Women (SAW) provides shelter, health care and education for HIV-positive migrant women and children from Burma in and around Mae Sot, Thailand. There is a Health Care House which provides shelter and treatment to women living with HIV, a safe house for children orphaned by AIDS and a reproductive health program to provide sex education to thousands of migrant women. In addition, more than 200 children who cannot attend regular school receive their education through the migrant school operated by SAW.

Thanks to the generosity of our donors, we have increased the support for women and children living with HIV/AIDS in the shelters run by Social Action for Women. Metta Calana now provides non-medical living support for 32 residents, 21 women and 11 children.



The orphaned children at SAW grow up healthy and receive an education – giving them opportunities they would not otherwise have.



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