



# Current situation and Strategic activities of the program and knowledge gap

## Maternal and Reproductive Health Division

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Online Brainstorming Workshop for Further Development of Action Plan  
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# Presentation Outline

- I. Goal and Objectives
- II. Strategies
- III. Maternal and Reproductive Health Status
- IV. Coverage of MRH Interventions
- V. Moving Ahead





## I. GOAL & OBJECTIVES





# Program Goal

- To attain a better quality of life and ensure **universal accessibility of reproductive health and rights** by contributing quality reproductive health care services for women, men, adolescents and youth





# Program Objectives

1. To reduce rates of **maternal morbidity and mortality** by increasing equitable access to maternal Health services; improving quality, efficiency and effectiveness of service delivery at all levels; and improving responsiveness to the client needs
2. To reduce unmet need for **family planning**, unplanned births as well as socio-economic disparities in access to and use of contraception





# Program Objectives

3. To strengthen provision of **Post-Abortion Care (PAC)** as an integral component of comprehensive reproductive health services
4. To expand access to **RTI/STI/HIV services** within RH programmes and reduce transmission of RTI/STI/HIV
5. To expand sexual, reproductive health information and services for **adolescents and youth**
6. To increase services for screening and treatment of **cervical cancer**, and
7. To support access to investigation and management of the **infertile couple**.





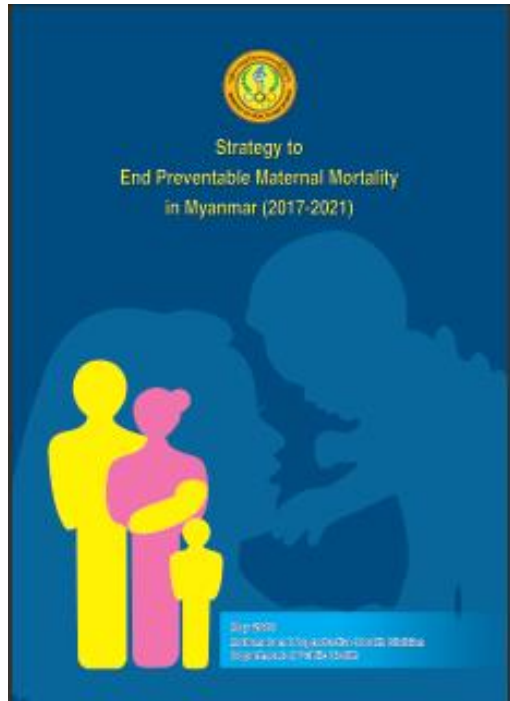
# National Strategies

- National Strategic Plan for Reproductive Health (2014-2018) towards RMNCAH Strategic Plan
- Costed Implementation plan (CIP) for FP 2020
- Ending preventable maternal mortality strategy (2017-2021)
- National Sexual and Reproductive Health and Rights Policy





# Strategies to End Preventable Maternal Mortality (EPMM)



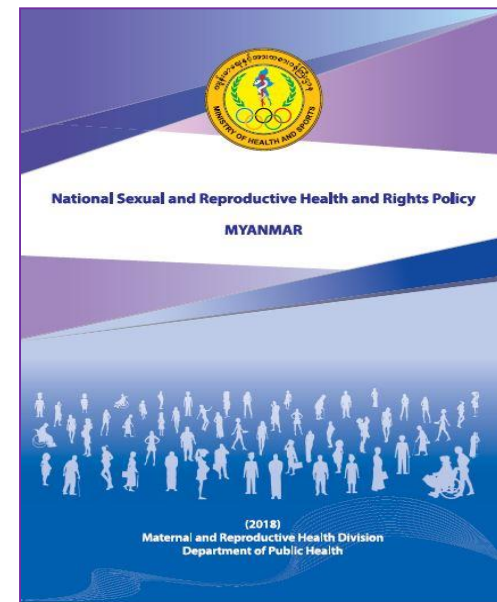
- 1) Address **all causes** of maternal mortality, reproductive and maternal morbidities and related disabilities
- 2) Ensure universal health coverage for **comprehensive SRMNH care**
- 3) Strengthen health systems to respond to the **needs and priorities of women and girls**
- 4) Harness the power of communities and civil societies to improve the demand and acceptability of services **equity**
- 5) Ensure accountability to improve **quality of care** and
- 6) **Address inequities** in access to and quality of SRMNH care





## Sexual and Reproductive Health and Rights (SRHR) Policy

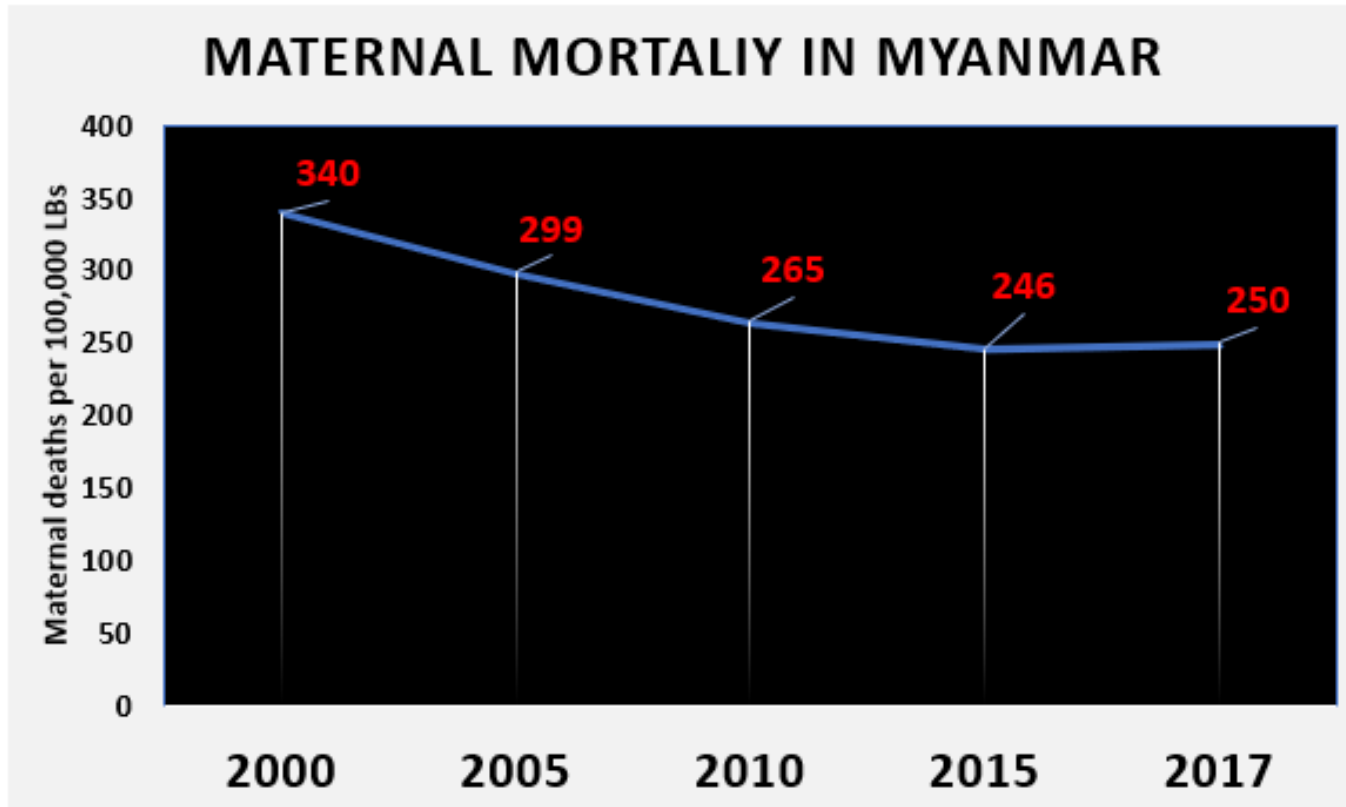
- National SRHR policy has been developed with all relevant stakeholders
- **Six main technical areas**
  - Maternal Newborn and Child Health(MNCH)
  - Family Planning (FP)
  - Gender and Gender based violence (GBV)
  - Adolescent Reproductive Health (ARH)
  - Special Groups
  - RH morbidities





## **II. MATERNAL AND REPRODUCTIVE HEALTH STATUS**





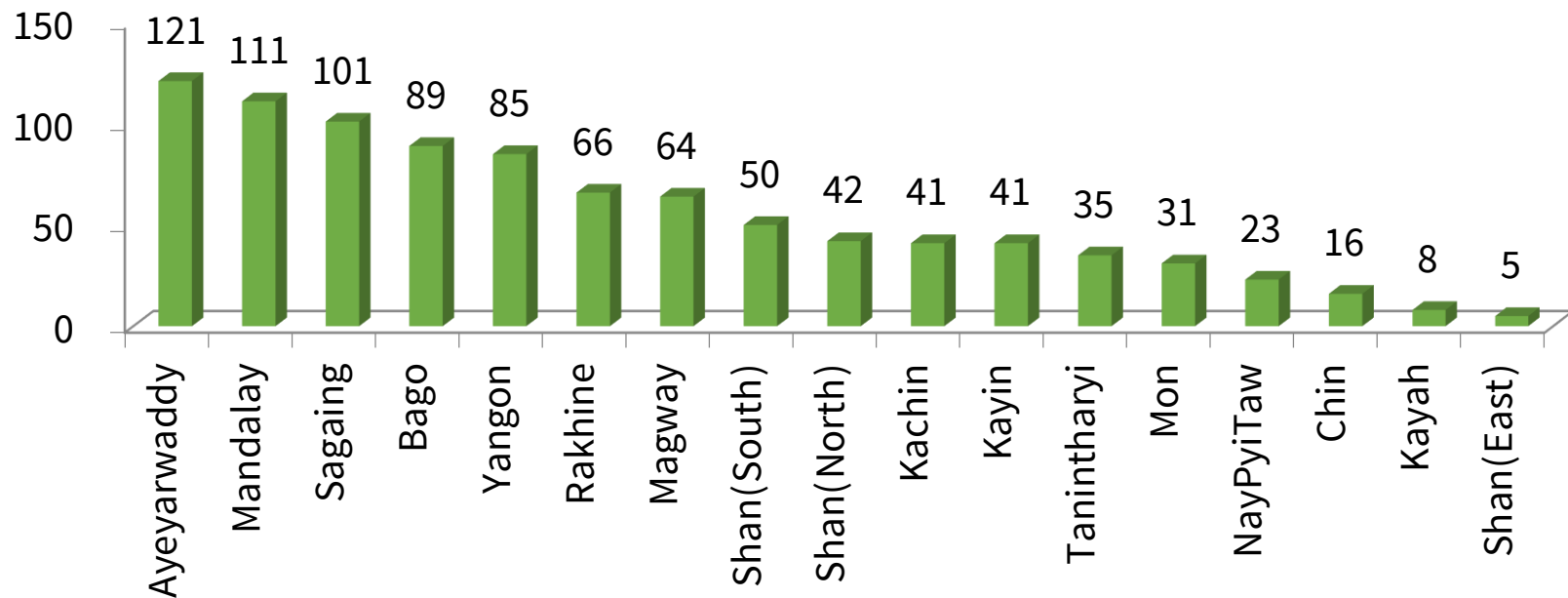
Source- UN estimate 2000-2017 (2019)

Maternal and Reproductive Health Division





## Number of Maternal Deaths by State/Region (2018)

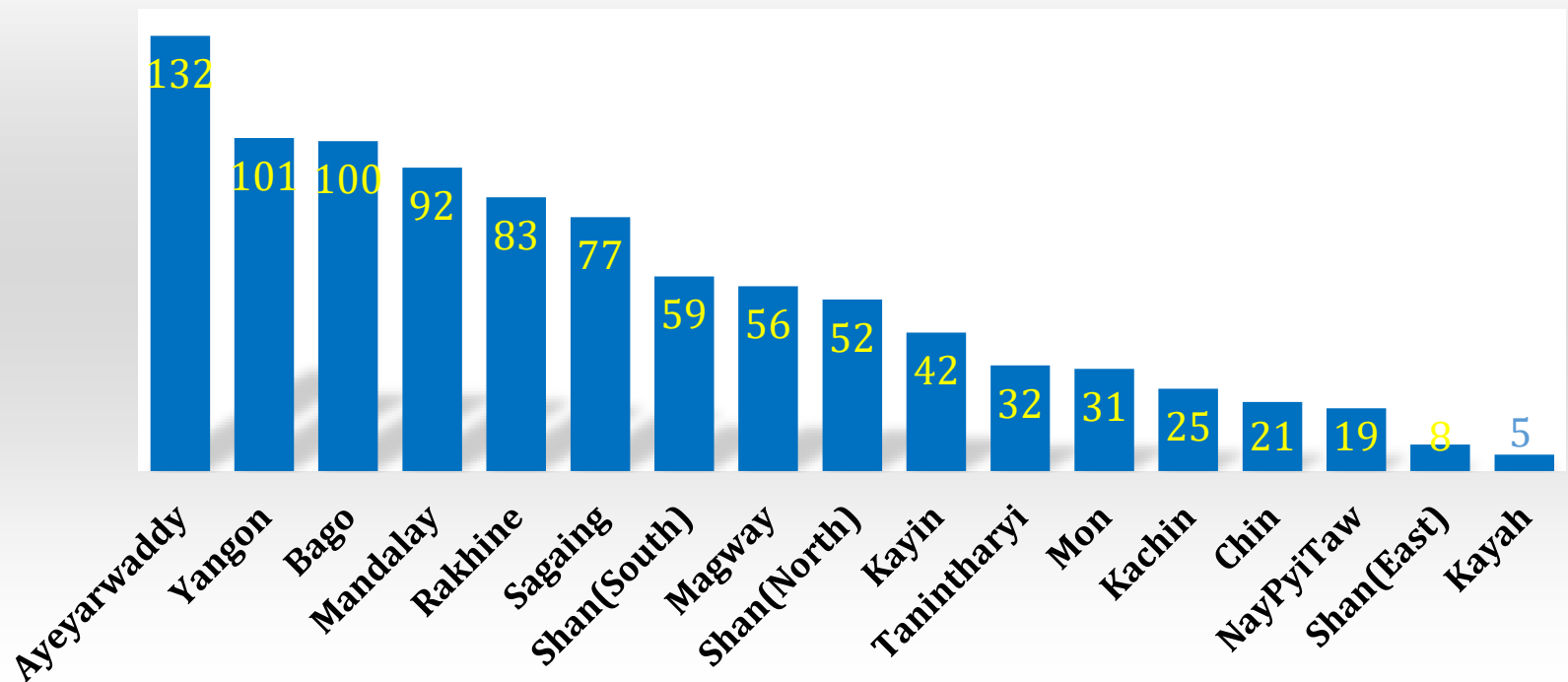


Source – MDSR Reported Data (2018)





## Reported Maternal Death by S/R (2019) (n=935)

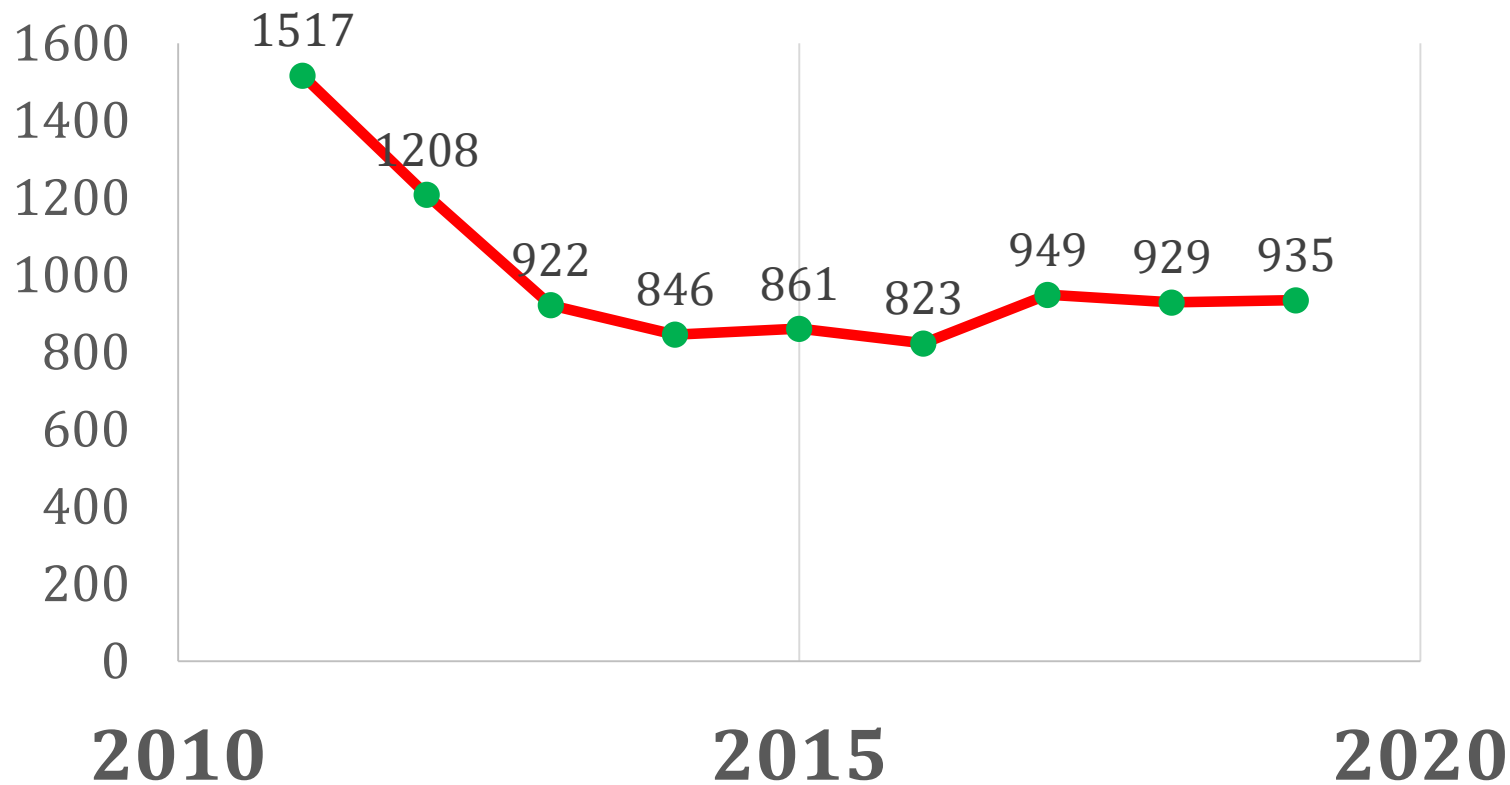


Source- MDSR 2019





## No. of reported Death (2011-2019)

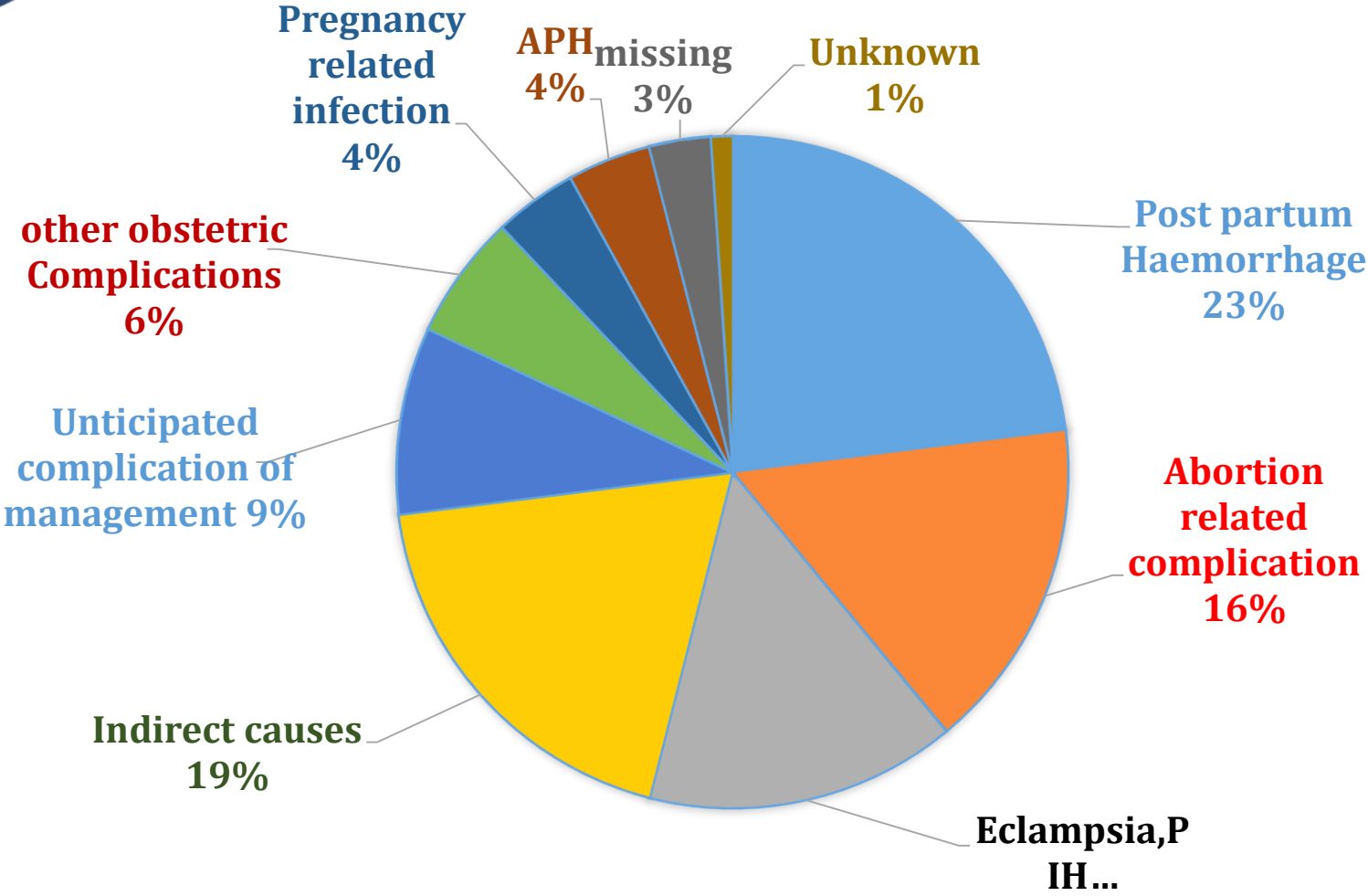


Source- MDR, MDSR





# CAUSES OF MATERNAL DEATH (2017) (N=949)

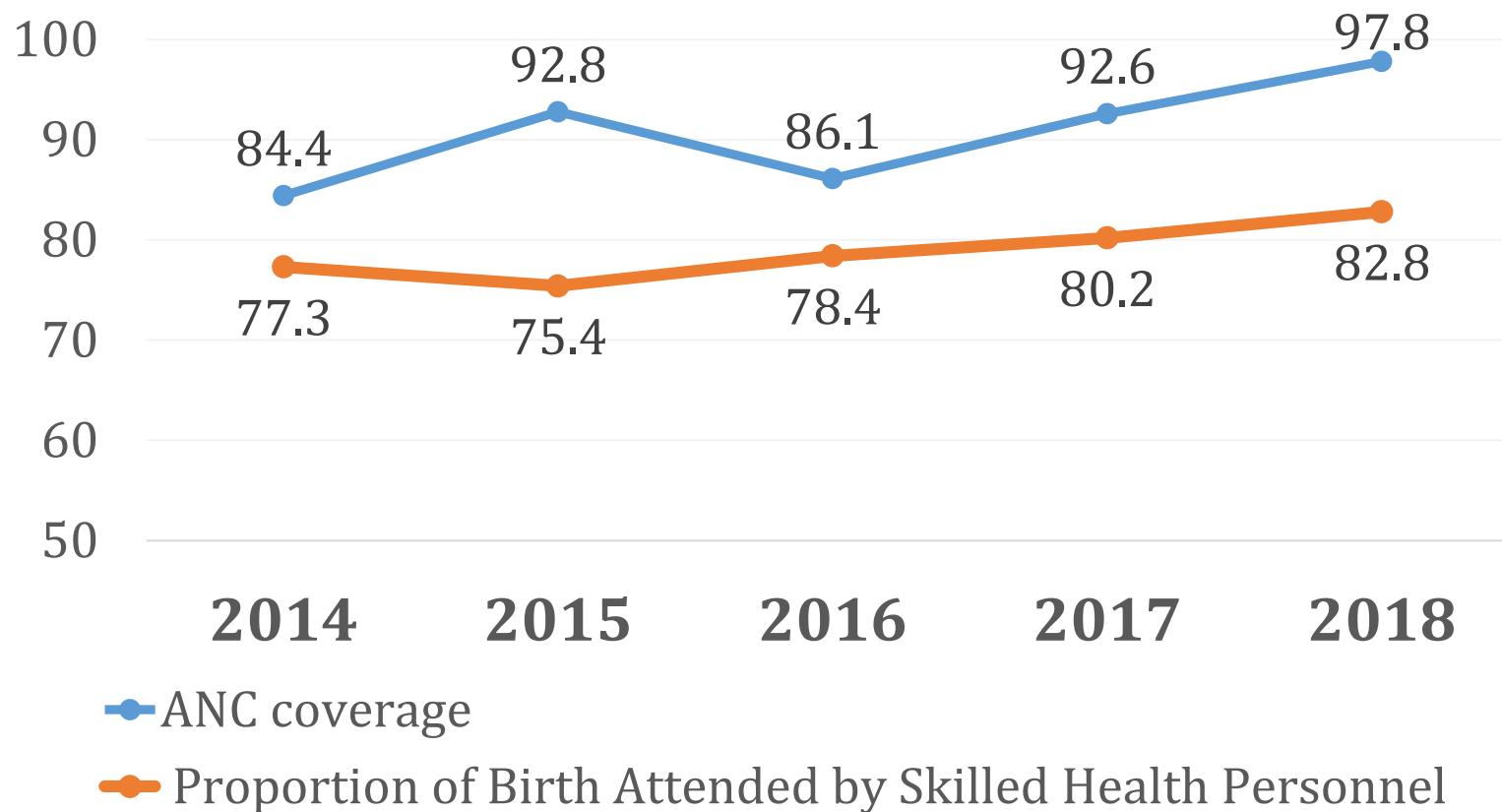


Source- MDSR 2017





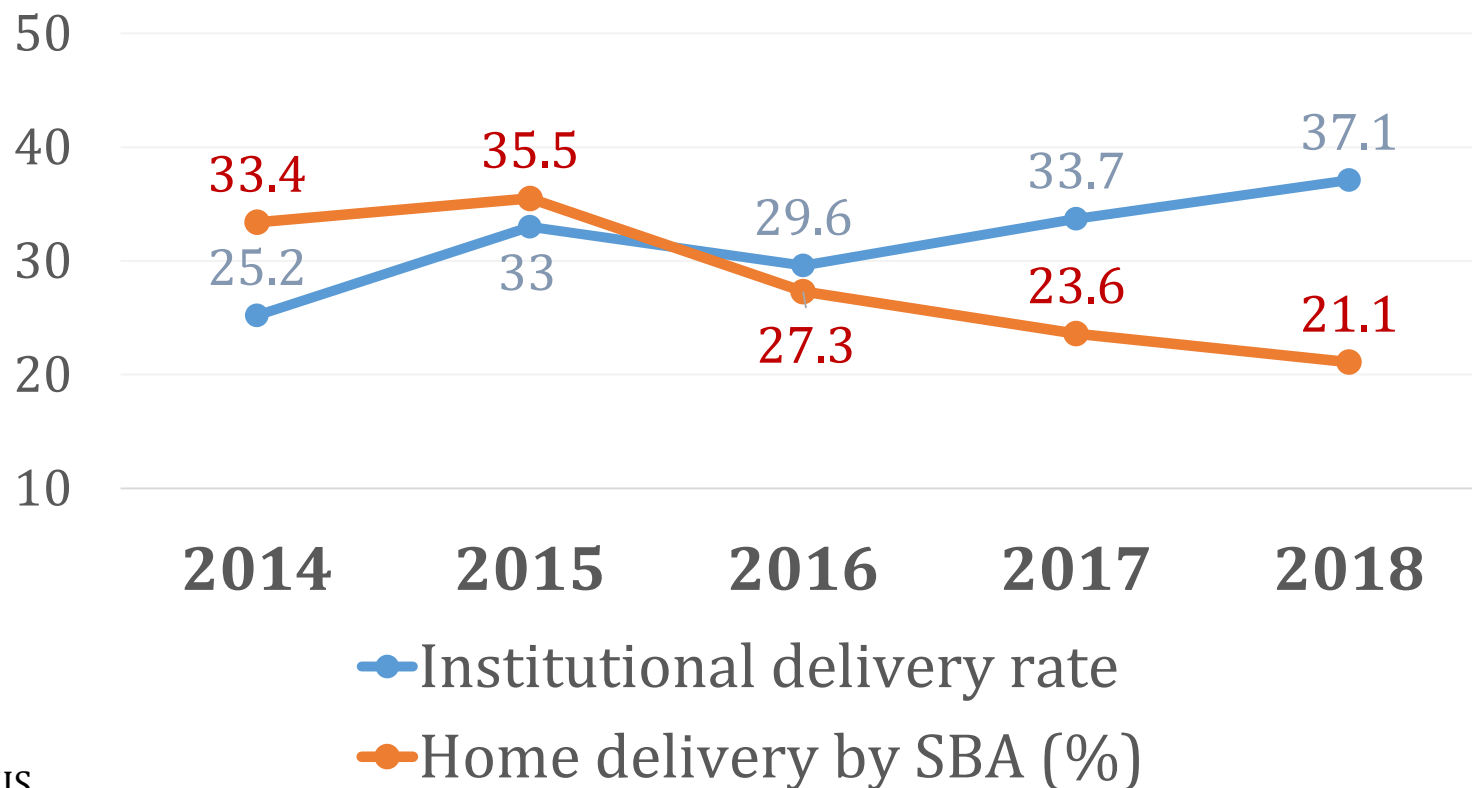
## Ante-natal Care Coverage and Skilled Birth Attendant Rate (2014-2018)







## Institutional Delivery Vs Home Delivery by SBA rate (2014-2018)

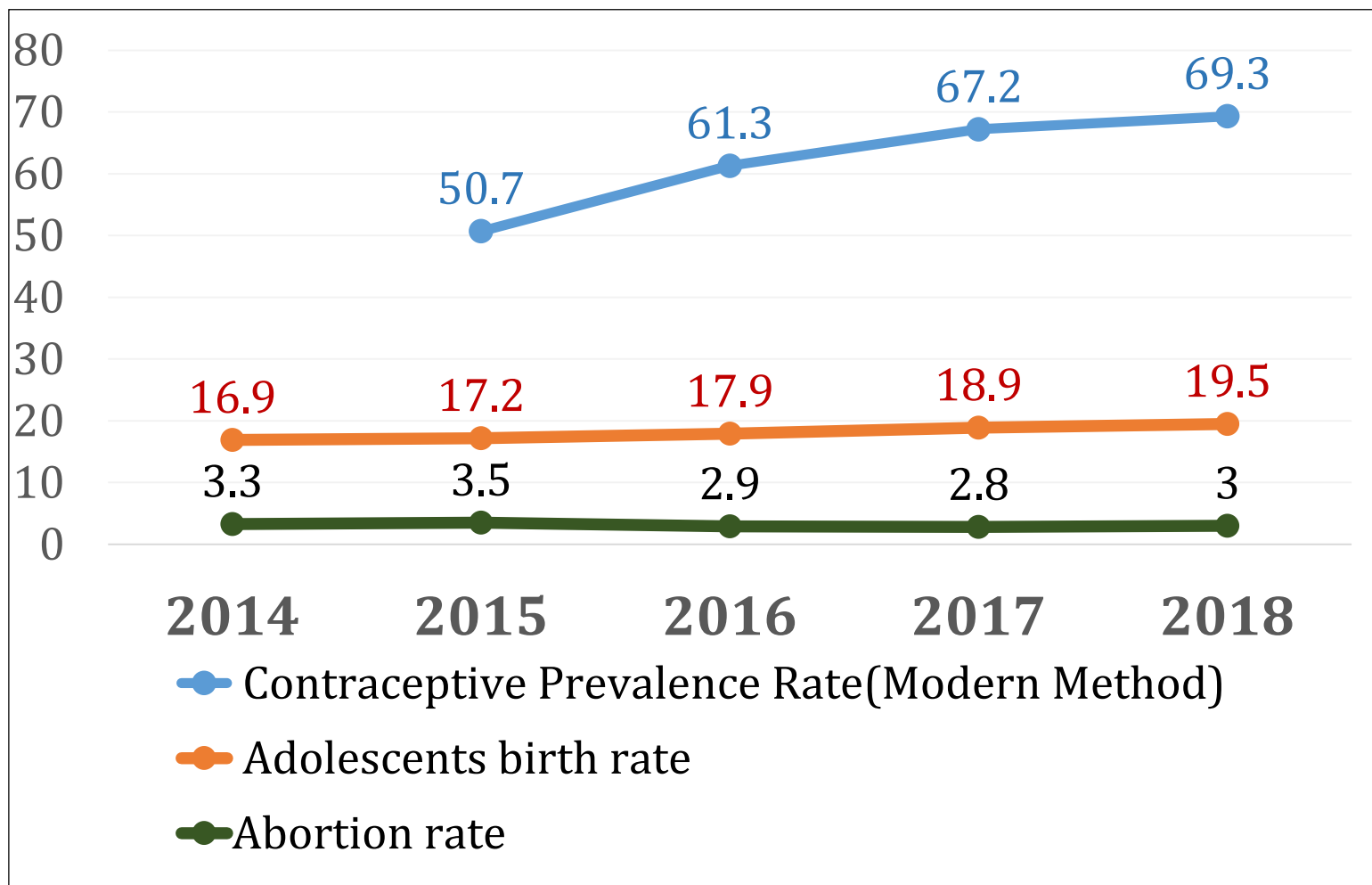


Source- HMIS





## CPR (Modern Methods), Adolescent Birth Rate and Abortion Rate (2014-2018)

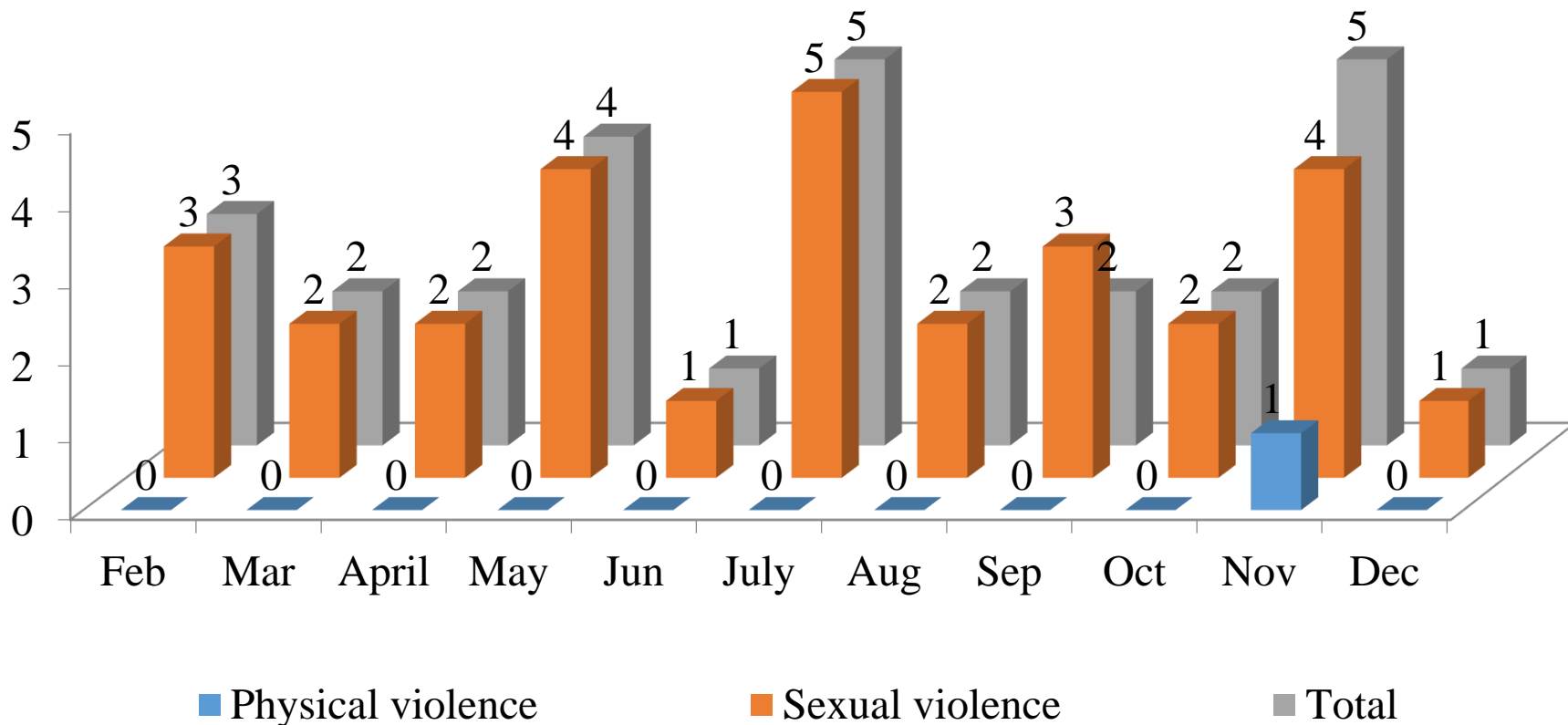


Source-  
HMIS





# 2018 OSCC GBV cases (1000-bedded Hospital)

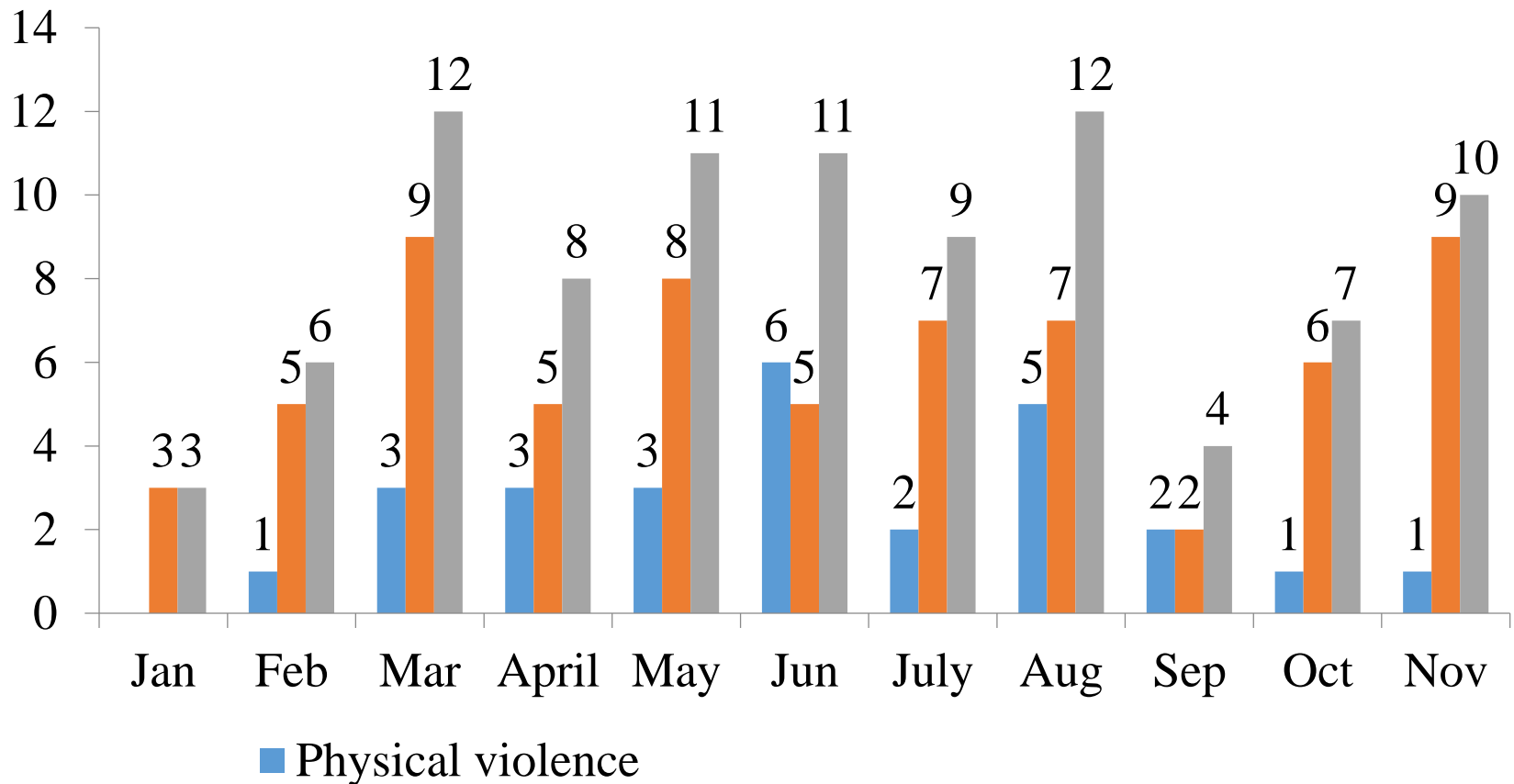


Source- (1000)bedded hospital





# 2019 (OSCC) GBV cases



Source- (1000)bedded hospital





## Moving ahead:

In addition to current implementation, **to reduce Maternal deaths**

- Strengthen MDSR System including organizing the central review committee
- Promote Institutional Delivery through generation of community demand and increasing readiness of Comprehensive Emergency Obstetric Care (CEmOC) at Station Hospital
- Establish the emergency referral support system





## Moving ahead:

- to increase access Family Planning
- Continue task sharing to AMWs on family planning especially hard to reach areas
- Adolescent friendly contraceptive services
- Increase health communication and community engagement
- Promote reproductive health commodities security
- Conduct the implementation research on identifying of barriers in accessibility of FP and RH information and services





# Weakness and challenges

- Shortage of human resource at all levels
- Data validity, timeliness
- Misinterpretation of data definition
- Frequent turn over of health staffs at State and Regional Levels
- Medico-legal problems (e.g. GBV survivors)





## **Activities after COVID**







## **Planned activities of Programs as soon as COVID-19 dies down**

- **Capacity building and awareness raising activities on promoting facility –based delivery in 19 selected (Highest Maternal Death in 2019) townships**
- **Provision of Comprehensive services on GBV survivors through scaling up of OSCC in Selected States and Regions**
  - in Kachin state, Kayin state, Shan(North) State and Rakhine State
  - In Ayeyarwaddy, Bago, Sagaing and Magway Regions





- **Initial (16) Townships for Implementation of Secondary Prevention of Cervical Cancer**
  - Yangon - Insein, Hlaing Thar Yar, Shwe Pyi Thar
  - Southern Shan - Loilen, Namhsan, Laihka, Kyethi, Mongkaing, Mongshu, Konhing
  - Northern Shan – Lashio, Kyaukme, Hsipaw, Kutkai, Mongyai, Tangyan





## Planned Activities with Access to Health Grant (2020)

Sr	Activity
1.	Implementation on Peer Education Programme in Universities/Colleges both Educational and Health Sectors
2.	Maternal and Reproductive Health Related competency skills for focal persons at central level
3.	Orientation of Sexual and Reproductive Health and Rights to Maternal and Reproductive Health Medical Officers from all states and regions at central level
4.	Advocacy and Trainings for Minimum Initial Service Package in 5 States (Kayah, Kayin, Shan South, Shan East, Chin )





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# Questions, comments and suggestion

