Terre des hommes Lausanne (Tdh-L)

Maternal, Newborn and Child Health Project


26 September, 2016
**Terre des hommes – Lausanne(Tdh-L)**

Active for 60 years, Terre des hommes, Lausanne is the biggest Swiss organisation dealing with child relief.

Active in more than 30 countries in Child Protection and Maternal, Newborn and Child Health Care

Signed MOU with DSW in 2012, Dec. Tdh provide social and economic reintegration for vulnerable children to stay with their families and communities instead of staying in government institutions/training schools.

Signed an MOU with MOH in 30 July, 2015
Maternal, Newborn Child Health and Nutritional Status in Hlaing Thayar Township

- Known for dense and diverse population
- Great mobility and underutilization of basic services
- Peri-urban poor live in difficult environmental conditions placing them higher risk of morbidity and mortality
- Area: 26.5 Sq Mile, 20 Wards
MOH statistics state population is around 515,570

Census states 730,000 Population (10% of Yangon Population)
Assess the MNCH situation in Hlaing Tharyar township

Multi Stage Cluster Survey (851 Households)
< 2 years’ mother – 258
< 5 year’s mother - 310
Children sample size -128

9 FGD’s and 12 KII’s
(72 participants)
migrant women and men, village leaders, health staff in the public and private sectors

1. Socio Economic status
2. Food Security
3. Access and Barriers to MNCH
4. KAP
5. Nutritional Status and IYCF,
6. Access to WASH
Quantitative Findings

Social Economic Status

- Average HH had 4 members and lived in wooden house.
- 45% under poverty (cut off of USD 1.5 per day)
- Despite employment, saving capacity remained low and unexpected spending were challenging (extremely low coping mechanisms – 65% borrowing from money lenders)
- Most income spent on food (98%)
- Large segments of population faced highly food insecurity
Quantitative Findings

Reproductive Health Care

- Mothers received ANC with 61%,
- Newborn Care for children was poor - only 14%,
- 16% to 4 Post Natal Care visits by trained health care worker
- Institutional deliveries took place in less than half of births, 45%.
Nutrition and Child Health Care

- Poor Infant and Young Child Feeding practice
- Exclusive Breast Feeding rate (EBF) - 51%
- Complementary feeding Introduced too early (4 months on average)

High Prevalence of undernutrition among < 5 years
- Wasting 13.5%
- Stunting 34.6 %
- Low birth weight 12%
WASH

- Poor WASH practices
  - water treatment (24%)
  - handwashing at key times especially related to child care 24%
  (before feeding the child)
Qualitative Findings

- Key Themes Identified
  - migrant characteristics
  - accessibility and barriers to health structures
  - male involvement
  - MNCH knowledge and practice
- Accessible Health Structures but barriers were identified:
  - staff availability, opening hours, waiting,
  - high cost of delivery at health centers versus home – hidden costs,
  - difficulty for husbands to attend ANC visits.
Male respondents were involved in MNCH related decisions

WASH related factors came strongly as risk factors and were linked to morbidity

Women used ANC services at health facilities but tend to deliver with TBA at home

Respondents seek health care at private clinics and drug reseller

Maternal occupation was one of the main causes of inappropriate IYCF practices
Recommendation/Conclusion

- Urban poor had limited coping strategies to deal with shocks
- Households had poor access to reproductive health due to barriers like cost and maternal work
- IYCF practices were suboptimal and nutritional status of children was poor as well
- Hand washing at key times were suboptimal too
- Access to water should be investigated further with bottled water quality test
- Programmatic recommendation aimed
  - to support urban health services for poor,
  - to improve health and nutritional status of urban poor through increased utilization of public sector, demand side mechanisms in place, community interventions and strengthen capacity of township health department
Thank you !