HEALTH - RAKHINE

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|  | | Lead agency: World Health Organization (WHO)  Contact information: Liviu Vedrasco (vedrascol@searo.who.int) | | | | | |
|  | PEOPLE IN NEED 314,000 | |  | PEOPLE TARGETED 314,000 | |  | REQUIREMENTS (US$) 15.7 million |
|  | # OF PARTNERS 18 | | | |  | | |

The overall objective of the health cluster is to reduce avoidable mortality, morbidity and disability among affected people through improving equitable access to preventive and curative health care. To this end, the health cluster will focus on five areas: (1) provision of equitable access to preventative, primary and secondary health care and health promotion 2) disease surveillance and rapid response to outbreaks; (3) provision of routine immunization; (4) provision of Maternal and Child Health (MCH) services; and (5) increased coordination and collaboration between the Ministry of Health (MoH) and partner agencies.

After 18 months of displacement, the majority of the IDPs continue to rely on essential health care services provided by the health cluster partners due to limited access to previously accessible government run primary and secondary healthcare facilities. Following repeated advocacy efforts, a pilot immunization programme was implemented with technical support from the health cluster partners in the last quarter of 2013, however comprehensive routine immunization is yet to be resumed for target people. A major focus of the health cluster will be to use all possible means to fully resume immunization for all people across Rakhine State.

One of the major challenges is the fact that township hospitals close to the camps remain inaccessible to the majority of the IDPs due to threats and intimidation directed at both the health care providers and patients. This situation continues to compromise IDPs’ access to immediate life saving services and poses serious difficulties in provision of essential health care, especially the implementation of a functional referral system. So far, there are only two hospitals in Sittwe that receive referral patients from IDP camps with Muslim populations.

The health cluster will continue to provide live-saving health interventions through a package of primary health services and secondary care including referrals to state-run hospitals. Key priorities for the health cluster include strengthening maternal and child health services; improving the referral system to hospitals including referrals during nights and weekends; strengthening disease surveillance and control; improve mental health and psychosocial support services; strengthening secondary care by creating additional secondary care capacity with 24/7 services in at least three additional locations in Sittwe, Mrauk-U and Pauktaw; development of protocols and training on the clinical management of Gender Based Violence (GVB) cases; strengthening health education and hygiene promotion activities and addressing critical shortage of trained health care workers through training of IDPs.

The health cluster works with 18 health partners including UN agencies, ICRC and IFRC, local and international NGOs as well as with the nutrition and WASH clusters. The cluster with continue to facilitate the interactions with the government authorities at both the state and national levels and organize regular meetings in Sittwe and Nay Pyi Taw to bring up issues requiring governments support or approval.

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| Strategic objective 1: Save lives by reducing mortality and morbidity amongst affected populations in Rakhine and Kachin as well as populations newly affected by conflict or disaster. |

Cluster objective 1A:

Provide equitable access to preventative, primary and secondary health care and health promotion to targeted populations.

Outcome-level indicators and targets

Crude mortality rate (target = 2Xbase rate or <1/10,000/day);

Maternal Mortality Rate (target = base rate for Rakhine state)

<5 mortality rate (target = 2Xbase rate or <2/10,000/day)

Top-priority activities:

| **Activity** | **Locations** | **Indicator** | **Target** |
| --- | --- | --- | --- |
| Delivery of primary health care services through regular mobile clinics | All locations with targeted population in 9 townships in Rakhine State | % of targeted population with access to regular mobile clinics  # of outpatient consultations per person per year  % of clinics where the average number of consultations per day is < 50 / day / clinician | 100%  > 1 visit / person/ per year  >75% |
| Provide access to reproductive, maternal and child health services including emergency obstetric care | All locations with targeted population in 9 townships in Rakhine State | % of targeted population with access to MCH services  % births attended by skilled attendant  % deliveries by Caesarian section | 100%  >90%  > 5% and <15% |
| Provide routine immunization according to national schedule to all children and pregnant women | All locations with targeted population in 9 townships in Rakhine State | Coverage of measles vaccination (6 month to 15 years)  Coverage of Pentavalent vaccination in < 1 year olds  Coverage of polio vaccination | > 95%  > 90%  > 95% |
| Functional referral system to hospitals including referrals during nights and weekends | All locations with targeted population in 9 townships in Rakhine State | # of hospital beds per 10,000 target population  # of emergency referrals  # of referrals for OPD specialist consultations | =10 beds  30% increase from 2013  30% increase from 2013 |
| Disease surveillance and functional early warning and response system (EWARS) | All locations with targeted population in 9 townships in Rakhine State | # of cases and incidence of selected diseases (severe diarrhea, mild diarrhea, dysentery, viral hepatitis, common cold, malaria, DHF) | Measure trends |
| Increase secondary health care capacity in Rakhine state | At least 3 townships with improved secondary healthcare capacity | # of additional hospital beds created  # of additional secondary healthcare facilities receiving referral from target populations | 100  3 |

All other:

| **Activity** | **Locations** | **Indicator** | **Target** |
| --- | --- | --- | --- |
| Provide support for mental health patients and psychosocial support services to the target population | All locations with targeted population in 9 townships in Rakhine State | % of mobile clinic teams that provide mental health and psychosocial support | 75% |
| Training of IDP Community Health Workers (CHW), Assistant Midwife (AMW), Midwife (MW) and other basic health staff | All locations with targeted population in 9 townships in Rakhine State | # of IDP health staff trained  # of CHW per 10,000 population | 120  >=10 |
| Diagnosis and treatment of TB and HIV/AIDS | All locations with targeted population in 9 townships in Rakhine State | % of patients lost to follow up treatment of TB and HIV/AIDS | <10% |
| Introduce health management information system (HMIS) in all locations | All locations with targeted population in 9 townships in Rakhine State | % of health partners reporting through HMIS by May 2014 | 75% |

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| Strategic objective 4: Response capacity is adequate to meet basic humanitarian needs of newly conflict or disaster affected people across Myanmar (preparedness) |

Cluster objective 4A:

Strengthen early warning and response system for the detection of and response to outbreaks of infectious diseases

Outcome-level indicators and targets

% of confirmed outbreaks responded to within 72 hours

Top-priority activities:

| **Activities** | **Locations** | **Indicator** | **Target** |
| --- | --- | --- | --- |
| Timely respond to outbreaks by trained staff from MOH and NGOs | All locations with targeted population in 9 townships in Rakhine State | Percentage of agencies reporting EWARS data weekly  % of confirmed outbreaks responded to within 72 hours | 100%  100% |
| Preposition emergency supplies in high risk areas prone to natural disasters and epidemics | High risk areas prone to natural disasters and epidemics | # of emergency prepositioned hubs | 2 (one in Sittwe and one in Maungdaw) |
| Timely investigate rumors of disease outbreaks by trained staff from MOH and NGOs | Any location in Rakhine state | % of rumors investigated within 72 hours | 100% |

All other:

| **Activities** | **Locations** | **Indicator** | **Target** |
| --- | --- | --- | --- |
| Train surveillance teams from MOH and NGOs/INGOs on outbreak investigation and response | All locations with targeted population in 9 townships in Rakhine State | # of health cluster partners with trained teams | 6 |
| Update the EWARS form to allow for disaggregation by gender and age | All locations with targeted population in 9 townships in Rakhine State | EWARS form updated | By April 2014 |
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**Cluster objective 4B:**

Provide essential healthcare services to meet the immediate needs of newly affected population in Rakhine state

**Outcome-level indicators and targets**

Crude mortality rate (target =<1/10,000/day)

**Top-priority activities:**

| Activities | Locations | Indicator | Target |
| --- | --- | --- | --- |
| Delivery of primary health care services through mobile clinics | All new locations | % of targeted population with access to regular mobile clinics  # of outpatient consultations per person per year  % of clinics where the average number of consultations per day is < 50 / day / clinician | 100%  > 1 visit / person/ per year  >75% |
| Provide access to reproductive, maternal and child health services including emergency obstetric care | All new locations | % of targeted population with access to MCH services  % births attended by skilled attendant  % deliveries by Caesarian section | 100%  >90%  > 5% and <15% |