HEALTH - KACHIN

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|  | Lead agency: World Health Organization (WHO)Contact information: Liviu Vedrasco (vedrascol@searo.who.int) |
|  | PEOPLE IN NEED113,000  |  | PEOPLE TARGETED113,000 |  | REQUIREMENTS (US$)8.85 million |
|  | # OF PARTNERS11 |  |

The overall objective of the health cluster in Kachin 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 be focusing on: (1) provision of preventative, health promotion, primary and secondary health care; (2) disease surveillance and rapid response to outbreaks; (3) provision of routine immunizations (4) provision of Maternal and Child Health (MCH) services; and (5) increased coordination and collaboration between the Ministry of Health (MoH) and partner agencies.

Health referral systems remain a major concern, especially in non Government control areas (NGCA), where the majority of IDPs have very limited access to health services and, therefore, continue to reply on facilities in China, creating additional financial constraints on accessing cross-border health care. Laiza Hospital could serve as a referral facility in border areas but it requires additional health professionals and substantial upgrading of existing health facilities. The health cluster will continue to provide live-saving health interventions through a package of primary health services and secondary care including referrals to hospitals.

Local partners, with support from international agencies, remain key service providers in NGCA. Key priorities for the health cluster include strengthening routine immunization services across Kachin State, strengthening MCH services, improving the referral system to hospitals across Kachin , addressing shortages of trained health care workers through training of IDPs, strengthening disease surveillance and control through implementation of Early Warning and Reporting System (EWARS) across Kachin, early diagnosis and effective treatment of Malaria and provision of Long-Lasting insecticide treated nets (LLINs), improving mental health and psychosocial support services, development of protocols and training on the clinical management of Sexual and Gender Based Violence (SGBV) cases, and improving coordination among health agencies by implementing 4W mapping and regular meetings.

The cluster works with 11 health partners including UN agencies, ICRC and IFRC, local and international NGOs as well as with nutrition and WASH clusters. The cluster will continue to facilitate the interactions with the Government authorities both at the state and national levels and l organize regular meetings in Myitkyina 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 both GCA and NGCA areas  | % 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 both GCA and NGCA areas | % 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 both GCA and NGCA areas | 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 both GCA and NGCA areas | # of hospital beds per 10,000 target population # of emergency referrals # of referrals for OPD specialist consultations | =10 beds30% increase from 201330% increase from 2013 |
| Disease surveillance and functional early warning and response system (EWARS) | All locations with targeted population in both GCA and NGCA areas | # of cases and incidence of selected diseases (severe diarrhea, mild diarrhea, dysentery, viral hepatitis, common cold, malaria, DHF)  | Measure trends  |
| Early diagnosis and effective treatment of Malaria and provision of Long-Lasting insecticide treated nets (LLINs) | All locations with targeted population in both GCA and NGCA areas | # of cases and incidence malaria% of targeted households with 2 or more LLINs | Measure trends100%  |

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 both GCA and NGCA areas | % 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 both GCA and NGCA areas | # 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 both GCA and NGCA areas | % of patients lost to follow up treatment of TB and HIV/AIDS | <10% |
| Upgrading existing facilities of Laiza hospital and augment its staff | Laiza hospital  | % annual increase in patients treated % increase in staff working at the Laiza hospital  | 30%30% |
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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 both GCA and NGCA areas | 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  | 1 |
| Timely investigate rumors of disease outbreaks by trained staff from MOH and NGOs | Any location in Kachin 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 both GCA and NGCA areas | # of health cluster partners with trained teams  | 4 |
| Update the EWARS form to allow for disaggregation by gender and age  | All locations with targeted population in both GCA and NGCA areas | 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 Kachin 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% |