

# Primary Health Care (PHC) project

**Overall Goal: Disadvantaged people in rural communities, including conflict-affected and vulnerable populations, have access to better basic health infrastructures and services and are enabled to contribute to local health governance through enhanced individual and organizational capacities**



**The Primary Health Care (PHC) project funded by SDC is the first project that has made sustained efforts to work with both the government and Ethnic Health Organizations with the aim to enable the two sides to coordinate health service delivery, which increases trust between them and ultimately contributes to conflict resolution. Vulnerable people benefit of an improved and less discriminatory access to health, and a more inclusive health system. The Consortium for Health in Eastern Burma (CHEB) led by Community Partners International (CPI) and Partners for Health Access in the Southeast of Myanmar (PHASE-M) led by Save the Children are mandated by SDC to implement the PHC project in four Townships in Kayin.**

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## Background

Over the last half a century of isolation, and with limited resources, Myanmar has seen very low levels of basic health services, poor infrastructure, shortage of trained

health staff, a chronic shortage of essential drugs and supplies, and high levels of out-of-pocket payments for health. This situation, magnified by conflicts and geographical remoteness, has led to considerable inequities in the utilization of health services and poor health indicators. The maternal mortality and under 5 mortality rates are gradually declining, but are still highest among ASEAN countries at 282 maternal deaths per 100'000 live births and 50 deaths per 1'000 live births in 2015. In remote and conflict affected areas, the health situation is even worse: maternal mortality rate is 721 per 100'000 live births and under 5 mortality rate is 142 per 1'000 live births.

There are, however, good reasons for optimism. The Government of Myanmar is committed to Universal Health Coverage (UHC) by 2030, effectively putting at the centre of its priorities questions of equity and access to health for the most marginalized populations. Public spending on health has considerably increased over the past few years.

The Ministry of Health and Sports (MoHS) has launched the 2017-2021 National Health Plan (NHP) identifying the country's priorities, needs, and gaps. The NHP recognizes the role of EHOs as legitimate health service providers in EAO controlled areas and the need to coordinate with them to achieve UHC.

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## Project Goal and Outcomes

The overall goal of the project is that disadvantages people in particular women and children in conflict-affected and remote areas, have access to better health services and are

enabled to contribute to local health governance through enhanced individual and organizational capacities.

The project is implemented in both government and EAO controlled areas of four townships in Kayin state (Kawkareik, Hlaing Bwe, Kyar In Seik Gyi and Myawaddy). The PHC project aims to achieve three outcomes in line with the NHP and is reaching approximately 570'000 beneficiaries:

- 1) Equitable provision of quality basic health and nutrition services is improved in rural areas of target townships
- 2) Communities are empowered to improve their health status and strengthen the health system governance
- 3) Government and ethnic health systems are coordinated and strengthened

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### Achievements Phase I

- Thanks to the facilitation of PHC implementing partners, EHOs were invited to fully participate in the formulation and drafting process of the National Health Plan. The NHP recognizes EHOs as one of the four main health care service providers in Myanmar.
- A joint immunization program with government and EHOs is being implemented in non-government controlled areas and 2'558 children under five were immunized in 2018 for the first time.
- 430 village health committees are strengthened or established in 2018 to take part in community led health promotion activities, facilitate patient referral and give community feedback on health services to basic health staff.
- Number of deliveries attended by skilled birth attendants tripled over three years in EAO controlled areas (from 353 deliveries in 2015 to 1'059 in 2017).
- Emergency referrals supported by both consortia have increased considerably from 85 in 2015 to 2'633 in 2018.

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### Expected Results in Phase II

- Strengthen provision of quality basic primary health care services including nutrition promotion, and tackling gender-based violence (GBV), mental health and drug abuse by improving skills and competencies of health workers in both government and EHO areas.
- Community engagement and the demand for essential services will be increased, using local health committees with meaningful civil society participation, dialogue between health providers and communities, and sustainable accountability mechanisms.
- The health systems across government and EAO controlled areas will be strengthened and better coordinated, from the community level up to national

level across different health administrations including township and state levels.

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### Approach

In Phase II, PHC continues to work in all four townships in both government and EAO controlled areas of Kayin State, in which Kawkareik and Kyar In Seik Gyi are joint townships for both consortia, where they will be working together through collaborative activities, aiming at an improved coordination of the health systems to implement the National Health Plan (NHP). Building on the lessons learned from the previous phase, interventions are based on evidence and a conflict sensitive program management approach is being applied.

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### Target Groups

Vulnerable people in conflict-affected and remote areas in Kayin State, in particular women and children

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### Project at a Glance

**Project Title:** Primary Health Care (PHC) project

**Duration and total Budget:**

Phase I: 10.2014-12.2018, CHF 10'000'000

Phase II: 01.2019-12.2022, CHF 10'000'000

**Implementing Agencies:** Community Partners International (CPI) (CHEB consortium lead), and Save the Children International (PHASE-M consortium lead)

**Consortium Members:**

PHASE-M: Christian Aid and Karen Baptist Convention  
CHEB: Karen Department of Health and Welfare (KDHW), Backpack Health Workers Team (BPHWT), Burma Medical Association (BMA) and Mae Tao clinic (MTC)

**Project Partner:** Ministry of Health and Sports (MoHS)

**Project Location:** Kawkareik, Hlaing Bwe, Kyar In Seik Gyi and Myawaddy townships in Kayin State.

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