



Reaching the minorities in remote areas of Kachin State



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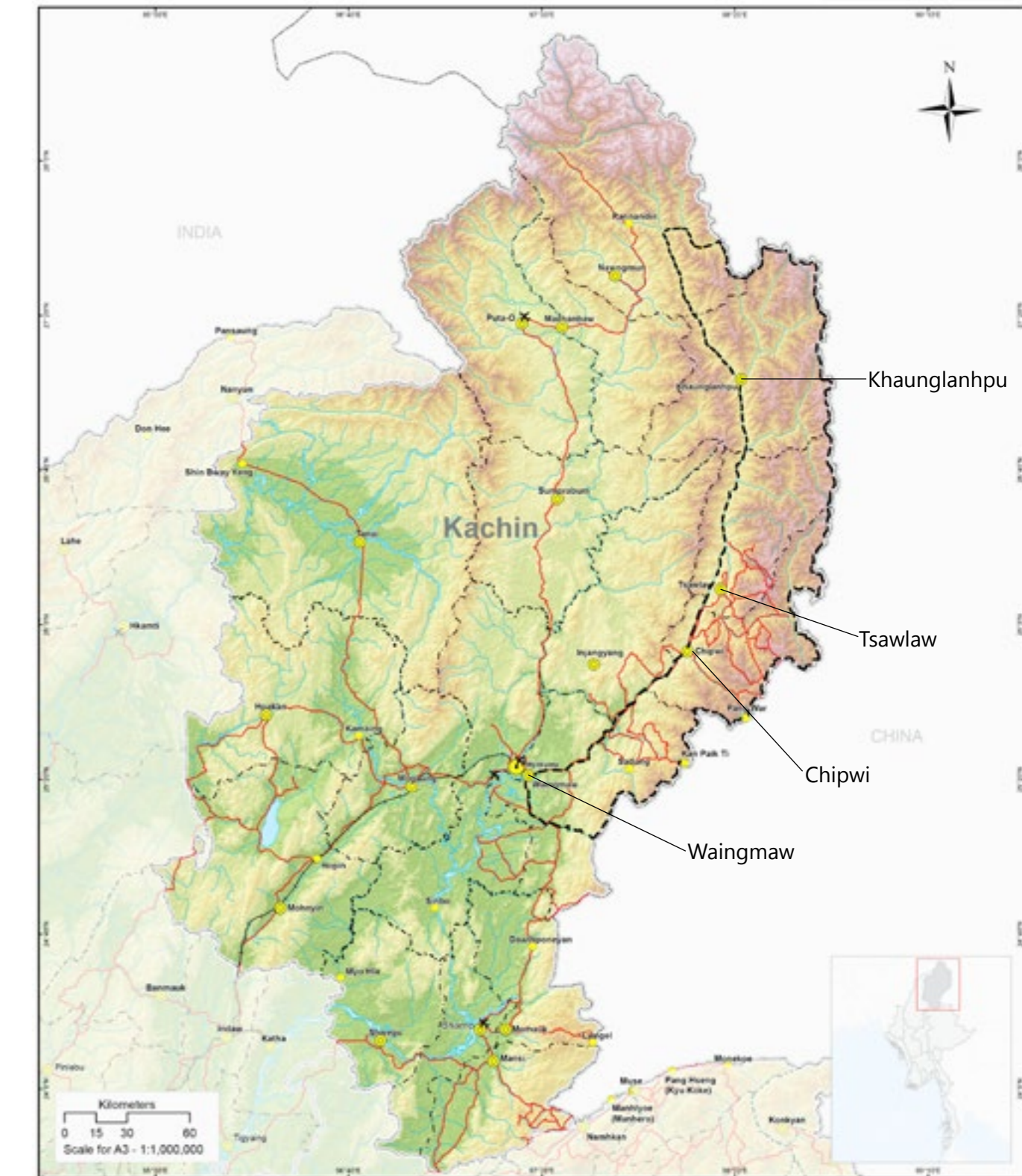
Foreword

In 2010, Health Poverty Action (HPA, formerly known as Health Unlimited) started working in Waingmaw, Chipwi, Tsawlaw and Khaunglanhpu Townships of Kachin State, Myanmar. With the cooperation from the Kachin State Public Health Department and other stakeholders, HPA commit to support the Government primary health care system to improve service accessibility in hard-to-reach areas, and to promote people's health and quality of life. HPA is dedicated to building a world in which everyone, regardless of gender, ethnicity, age or socio-economic status, can enjoy the right to health, especially the most poor and marginalized.

This photo album shows images of the Northeast area of Kachin State, including Kachin Special Region One (KSR1) and the People's Militia Local (PML) area, to bring you closer to the real life of local communities - their culture, infrastructure and health services. This will allow you to hear the voices of and see the issues faced by the community. What you see here is also what inspires and motivates HPA to work in this area. HPA will continue our work to make it a better place.

Health Poverty Action would like to pay our sincerest gratitude to all individuals who have contributed to this work, and great appreciation to the UNICEF and the UK Department for International Development (DFID) for supporting this work.

HPA Programme Location:
Waingmaw, Chipwi, Tsawlaw
and Khaunglanhpu Townships
of Kachin State





(Left) Mountains in Tsawlaw township, Kachin State. The HPA office in Pangwa is responsible for our work in the Northeast of Kachin, including Kachin Special Region One (KSR1) and the People's Militia Local (PML) areas. These areas cover an area of around 31,000 square kilometers, bordering Baoshan and Nu River State in Yunnan Province, China, and have a population of around 66,227. The overall landscape is mountainous, with an average altitude of 3,000 meters in the east close to the border with China, and 200 meters in the east where the May Hka River runs in to the valley.



Shin Hkaung Clinic. This clinic was built by HPA in Shin Hkaung village tract in 2007. In 2012, People's Militia Local (PML) reconstructed the clinic. Shin Hkaung village tract is the headquarter of the PML .

The photo shows a muddy road during an outreach trip. Bordering China, Khaunglanhpu is inaccessible during its six-month winter season when it is covered in heavy snow. Thus HPA must access Khaunglanhpu during the rainy season to carry out activities, and taking a journey in the mud is a necessity.



Snowy route to carry out an outreach trip. The border area between Khaunglanhpu and China is mountainous. The average altitude is above 3,000 meters. The road leading to the area is covered by heavy snow from December to May. Even during summer it takes a whole day to hike over the mountain to get to China and the route to the nearest township, Putao, will take at least 10 days by foot.



View over Shin Hkaung Village Tract, Khaunglanhpu Township. This S-shaped road leads to Shin Hkaung Village. Only in Pangwa, the Capital of KSR1, can you find cement roads, everywhere else the routes are simply cut out of the mountains. For almost half a year, some of these areas are covered in snow.



At the Myanmar-China border, a driver is guiding HPA through an area where there have been landslides. Sometimes to reach a remote project area HPA must cross the border several times which can take several days.





Shin Hkaung Village Tract.



A family in Lauwukyila Village, Shin Hkaung Village Tract. Almost all the family's belongings can be seen on the wall here — coats, corn, oil, pictures, and some decoration.



A child playing with a toy gun. This area has been affected by the unstable political situation over the past ten years.



A child from Shin Hkaung Village Tract. Since HPA came to work here, the live birth rate has significantly improved. Further areas to be addressed in the work will include family planning, quality of life and ensuring economic and environmental sustainability.



Loat Naw Kyan sub-centre, in Chipwi Township. The Government is improving the health infrastructure in this remote area.

(Right) The picture shows a deserted clinic run by a Chinese private practitioner before, which has since become a middle school, owned by the local church.





In front of the church in Tsawlaw Township, a woman is communicating via a walkie talkie. Landlines or cellphones are not available here because there is no network. The coverage of a walkie talkie signal is about a 10-kilometer radius. Thus sending information further away would need to be passed on several times.



An HPA car is being inspected. There are several check-points on the road from Tsawlaw to Pangwa.



Li Bixian and Khao Ze are crossing a rattan bridge which is only wide enough for one person to pass at a time. They are on their way to supervise Village Malaria Workers. Many project villages are not accessible by road and it can take one to two days' walking to get there.



(Left) HPA has been supporting the transportation of medical supplies from Myitkyina (the Capital of Kachin State) to Tsawlaw Hospital. The transportation requires crossing the Myanmar-China border twice and it usually takes two days.



The health worker Dee Yin is providing health service to an elder. It takes at least seven hours' drive to transfer patients from Lauwukyila village to the nearest hospital which has elementary equipment. And it is quite a challenge for the villagers to find a car for referral in these areas.



An inpatient is receiving treatment in the newly constructed Tsawlaw Hospital. With HPA support, the hospital is now equipped with basic obstetric equipment and is able to manage daily out-patient cases. Also, through frequent outreach activities, the hospital is able to cover most areas with EPI(Expended Programme on Immunisation) and MNCH (Maternal, Newborn and Child Health) service.

(Right) In Htunshin Village of Chipwi Township, Yin Myaw, an HPA volunteer, is working with her team to put up posters for health education. As a pilot village, HPA has set up a Village Health Committee here to assist in activities including health education and advocacy, child nutrition support and sanitation improvement.





(Left) Kyi Tan Village, Tsawlaw Township. The outreach team from Tsawlaw Hospital is conducting EPI activity with HPA.

EPI activity in the hard-to-reach village of Tsawlaw Township.



(Right) Lauwukyila Village, Khaunglanhpu Township. The Auxiliary Midwife Sa Naw Ye provides antenatal care to a pregnant women.

A mother is comforting her crying baby during immunisation.



A newborn receives immunisation.



WORK

In Lauwukyila Village, a boy waits at the mobile clinic. His lip turns pale due to persistent fever. He is possibly infected with malaria. Occasional malaria cases occur in the lower altitude areas of Kachin. In 2012, five positive cases were identified during routine screening of fever patients. In recent years, HPA has been training Village Malaria Workers and mobile clinic teams to reduce the malaria burden in hard-to-reach areas.



(Right) A health worker is taking care of an infected wound on a young boy. Communities here do not always have resources to manage simple medical situations due to lack of knowledge or essential medicines.





(Left) The pregnant woman is taking a walk accompanied by Ze Ram (on the right), a locally trained birth attendant, who is trying to distract herself from the pain before delivery. Her husband left home three days ago, heading back to his hometown to vote in the election so only two birth attendants and her sister-in-law are here with her. HPA has been supporting several birth attendants like Ze Ram to provide services in communities.

At one thirty in the morning, the woman starts her delivery after her waters broke. The birth attendant Ze Ram is encouraging the woman to push.

Ze Ram is relieved after ensuring the woman is doing well.



At two clock in the morning the baby was delivered safely.



Ze Ram stayed with the woman for the rest of the night after her delivery.

HPA Community Mobiliser Khao Ze enjoys music. He wrote a song about malaria prevention with members of a community church in Tsawlaw Township and is teaching the song to the choir there.



In Htunshin village of Chipwi Township, HPA volunteer Yin Myaw is explaining to a new mother good practices of maternal and newborn health.



In Kachin Special Region One (KSR1) and People’s Militia Local (PML) areas, the team of health service providers is very diverse as a result of its particular political and geographic situation. Before it became a Border Guard Force (BGF) in 2009, there was a simple functioning health system, staffed with local health workers whose roles were not recognized by the government. After the government gained control here these health workers were consequently not able to stay in their roles, and the government has assigned its health staff to this region. This region is located next to the area controlled by the Kachin Independence Organization (KIO), which since 2011 has seen conflict between the government military and the Kachin Independence Army (KIA), most of government health staff were retained in the Township Hospitals or Myitkyina, and thus unable to reach communities to provide services. For a while, there were no proper health service providers here, so HPA was providing essential support through its own mobile clinics and training of village volunteers. In 2015, the Kachin State Public Health Department assigned a batch of young doctors to take on the roles of acting Township Medical Officers (TMOs), responsible for the overall management of clinical and public health services. Since then, HPA has been working closely with these acting TMOs such as to support Basic Health Staff (BHS) to provide services in Rural Health Centers and Sub-centers as well as outreach activities including MNCH, EPI and nutrition support. In an area so vast and with a population so sparse, it would require much more than a functioning health system to reach the most remote areas, and the role of Village Health Volunteers (VHV) is therefore essential. While HPA is working to support the government primary health system here, it is also strengthening the linkages between BHS and VHVs so as to expand the coverage of services to hard-to-reach areas and communities.



Tian Yanghui, the manager of HPA’s Pangwa office, has worked in the Kachin project area for six years. Since the office was established here, his work has never stopped, even during periods of armed conflict, government transition and instability.



HPA Assistant EPI Officer Hein Kyaw Lin (Left) and Outreach Officer Ze Naw (Right) in the Cold Chain Room. Hein Kyaw Lin graduated from University of Community Health, Magway. “I originally came here to work because it pays better in this area.” Hein Kyaw Lin admitted. But this view has changed during his stay:” It’s much harder than I was expecting but I will stay till the end of the project. This work means a lot to me, as well as to the people who live here.”

26-year-old Chong Noi comes from the other side of May Hka River, from a village named Gaw Mau. Each November, when the weather gets better and the current of the river is steady, Chong Noi crosses Nmai Hka River using a bamboo raft, then walks through the forest and hikes over the mountain to Tsawlaw, so she can deliver malaria reports, receive supervision and take medical supplies from HPA back to Gaw Mau.



Bawm Aung Hhaung Naw is from Myaw Kyang village, she is 25 years old. Two years ago she signed up for AMW (Auxiliary Midwife) training supported by HPA, and since then has assisted with seven deliveries. The village is remote and it is very difficult for health staff to come here. Bawm Aung Hhaung Naw has become the only service provider in her village assisted by her neighbors. Last year, this AMW helped a woman deliver her baby safely after a six-hour prolonged labour. Referral to a health facility was not possible and no assistant was available. Bawm Aung Hhaung Naw hopes to run a real clinic in the village someday.



27-year-old Yin Myaw was a health worker in the former special region health system. She was sent back to her husband's home in Htunshin village in 2010 when the local authority cut the budget and handed over control of the health department to the Myanmar government. But Yin Myaw, a mother of three, has continued her work on malaria prevention, MNCH and health education in the community, with support from HPA. People in the village know her well and whenever they are in need of health services, Yin Myaw is the person they go to for counselling, diagnosis and treatment. For herself, Yin Myaw wishes she could attend the systematic medical education from Government Nursing School to become qualified to go back to the health system.



With HPA support, Basic Health Staff from Tsawlaw have completed capacity build training. They will be working in hard-to-reach areas providing MNCH, child nutrition and EPI services for communities.





Dee Yin, 35 years old, is taking charge of Shin Hkaung Clinic in Khaunglanhpu. When he was a child, five of his relatives died and they did not know the reason due to the limited health service here. Since then Dee Yin made up his mind to become a doctor. He later received medical training when he served in the army. In 2001, after his retirement from the army, Dee Yin started working with HPA in the community. Due to lack of essential medicines here, it is difficult for Dee Yin to manage even common diseases. He sometimes feels frustrated by the situation. "I hope we can have more health workers to come here to help, also more medical supplies."



Tsawlaw Township Medical Officer (TMO) Dr. Sai Gun with HPA volunteers, they are discussing and preparing for EPI activity.



Health Poverty Action Presents
(Formerly known as Health Unlimited)
www.healthpovertyaction.org

For a world in which the poorest and most marginalised enjoy their right to health.

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