



Eye Screening and Children's Rights Training

5-9th October 2017, Htantabin Township, Yangon Division, Burma

Burma Children Medical Fund Project Report



Union Aid Abroad APHEDA
The global justice organisation of the Australian union movement



dakFOUNDATION



Despite some minor improvements, public health expenditure in Burma is still extremely low. Out-of-pocket spending by households remains the dominant source of financing healthcare.¹ This reality pushes or keeps households in poverty, preventing many from seeking treatment. Although 70% of Burma's population live in rural areas, most of the health system expenditure and development of services is concentrated in larger towns and cities. Inclusive planning for villages and townships remain overlooked. As a result, health and access to healthcare for people in remote areas are effectively on hold. Burma Children Medical Fund (BCMF) believes that everyone in Burma has a right to receive health services and without having to suffer financial hardship.

PROJECT TITLE:	EYE SCREENING AND CHILDRENS' RIGHTS TRAINING
PLACE OF SCREENING:	Kyaung Gyi Parahita Kyaung Taik Monastery, Ywa Thit Gyi Village, Htantabin Township, Yangon Division
DATE OF VISIT:	5-9 October 2017
TARGETED TOWNSHIP:	Htantanbin, Yangon Division. Villages: Thae Phyu, Than Payar Gone, Tapon, Taw Nyo, Ywar Thit Gyi, Mahar Thukha, Tounlonbo, Aye Ywar Lay
VISITED BY:	Burma Children Medical Fund (BCMF), Myanmar Medical Fund (MMF)
PROJECT PARTNERS:	Union Aid Abroad APHEDA, Australian Aid, Brodtbeck Philanthropy Foundation, DAK Foundation
KEY OBJECTIVE:	Provide remote villages with access to healthcare.
OUTCOMES:	<ul style="list-style-type: none"> - Provide basic ophthalmology services (screening, surgery referrals) and eyeglasses to villagers. - Increase awareness of students at the monastery about children rights, child protection and abuse prevention practices. - Increase awareness about safe sexual and reproductive health practices. - Improve sanitary and hygiene practices, knowledge and attitudes among the local population.
OUTPUT:	<ol style="list-style-type: none"> 1. Eye screening, surgery referrals and provision of eyeglasses 2. Child protection training 3. Sexual and reproductive health training for teenagers and young adults 4. Sanitation & Hygiene: a) Soap-making workshop, b) Hand-washing workshop

The four day project performed a total of: **516** vision screenings; distributed **375** eyeglasses; organised **51** eye surgery referrals and **16** non-ophthalmology surgery referrals; trained **40** children in child protection; educated **80** teenagers and young adults about sexual and reproductive health; taught **4** adults how to make soap; and trained **50** children in correct hand-washing practices.

¹ Myanmar Information Management Unit, (2016), [Myanmar National Health Plan 2017-2021](#)

Schedule.

Day 1

08.00 -18.00 Eye Screening, Surgery Referrals, Eyeglass Distribution

Day 2

08.00 -18.00 Eye Screening, Surgery Referrals, Eyeglass Distribution

09.00 - 12.30 *Safe Touch*- Child Protection Training

12.00- 15.00 Hygiene and Sanitation Workshop I – Soap-making

09.00 - 13.00 Sexual and Reproductive Health Training I.

13.30 - 17.30 Sexual and Reproductive Health Training II.

Day 3

8.00-18.00 Eye Screening, Surgery Referrals, Eyeglass Distribution

Day 4

09.00 – 12.00 Eye Screening, Surgery Referrals, Eyeglass Distribution

13.00 - 15.00 Hygiene and Sanitation Workshop II - Hand-washing, Waste Disposal



RESULTS

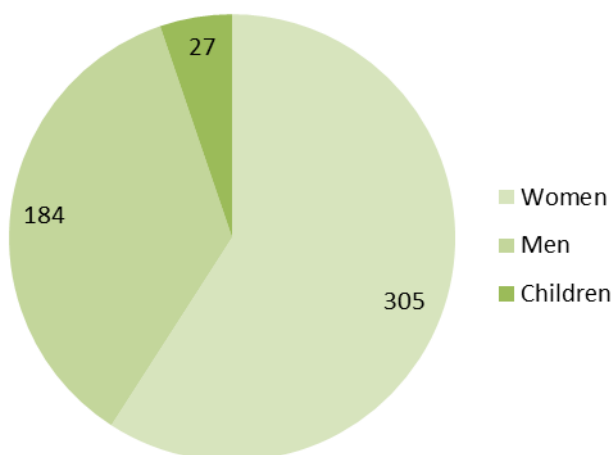
1. EYE SCREENING, SURGERY REFERRALS AND PROVISION OF EYEGASSES

The rate of blindness in Burma is most prevalent in rural areas. It has been reported that cataract represents the main cause of blindness and low vision in the country, accounting for 64% of blindness that is, in a large part, preventable. Fewer than half the ophthalmologists in Burma perform surgery, and over 50% practice solely in large cities where people can afford to pay the expenses. In rural areas, there is approximately only one ophthalmologist for every 500,000 people, and eye health screening and treatment for children and adults is far from comprehensive.² The burden of disability in terms of blind years represents a major social, emotional, and economic burden for the patients, the families, the communities, and ultimately, the nation.³

Impact of the Mission

Number of vision screenings performed:	516
Number of eye glasses distributed:	375
Number of eye surgery referrals	51
Number of other surgery referrals	16

Direct beneficiaries:



2 eye surgery patients were sent to a hospital in Thailand during the final day of the eye screening mission. For the remaining patients, BCMF is searching for local surgical options in Yangon hospitals.

In addition to eye surgery referrals, some villagers travelled to the eye screening mission with other health problems. BCMF organised 16 non-ophthalmological surgery referrals, over half of those being cardiac.

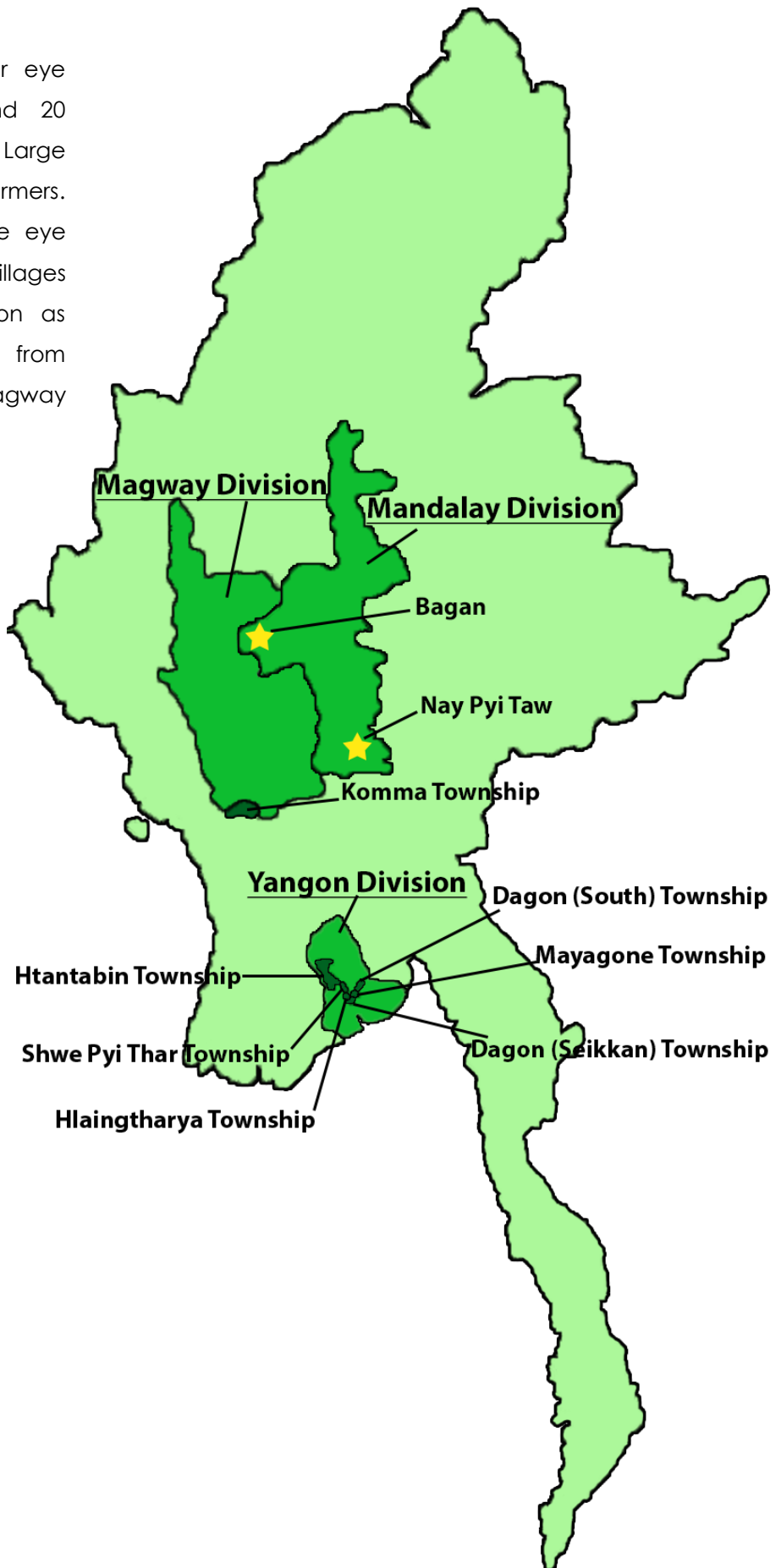
The average age of female and male patients was 49 and 52 respectively, while the average age of children screened was 12.

² The Fred Hollows Foundation, [Myanmar](#)

³ World Health Organisation (2017), [Socio Economic Aspects of Blindness and Visual Impairment](#); Nemet at al, (2009), [Causes of Blindness in Rural Myanmar](#), *Clinical Ophthalmology Journal*; Nemet at al, (2009), [Causes of Blindness in Rural Myanmar](#), *Clinical Ophthalmology Journal*.

Reach of the eyescreening mission:

People traveled to BCMF for eye screening from 2 cities and 20 villages from 7 townships. A Large portion of the patients were farmers. Through word of mouth, the eye screening mission reached villages not only from Yangon Divison as originally intended, but also from Mandalay Division and Magway Divison.



Distribution of eyeglasses:

By Age

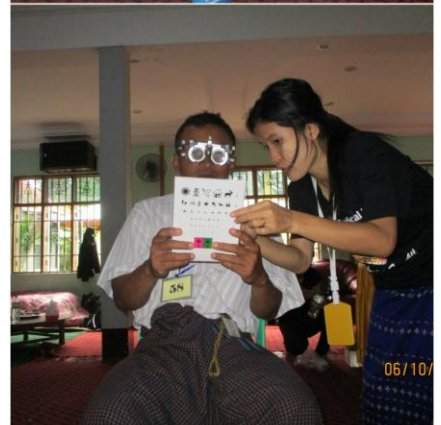
	<18	18-28	28-38	38-48	48-58	58-68	>67	Total
-6,00	0	0	0	0	0	0	1	1
-5,50	0	0	0	0	0	0	1	1
-5,00	0	0	0	0	0	1	0	1
-4,50	1	0	0	0	0	1	0	2
-4,00	1	0	1	0	0	0	2	4
-3,50	1	0	0	1	0	2	1	5
-3,00	0	0	1	0	0	1	0	2
-2,50	0	0	1	1	1	2	4	9
-2,00	0	0	1	0	0	6	2	8
-1,50	3	0	5	0	4	2	10	22
-1,25	0	0	0	0	0	0	0	0
-1,00	3	2	2	3	9	11	5	29
-,50	1	0	0	0	0	0	0	1
+1,00	0	0	5	18	8	6	6	41
+1,25	0	0	2	14	3	1	1	20
+1,50	0	0	0	22	8	1	1	32
+1,75	0	0	0	19	15	1	1	36
+2,00	0	0	0	14	25	8	1	47
+2,50	0	0	0	3	32	11	0	46
+3,00	0	0	1	0	22	21	3	45
+3,50	0	0	0	0	2	5	3	10
+4,00	0	0	0	1	3	4	5	13
Total	10	2	16	23	22	32	32	375

By Strength

Distance Strength	# Glasses
-6	1
-5,5	1
-5	1
-4,5	2
-4	4
-3,5	5
-3	2
-2,5	9
-2	8
-1,5	22
-1,25	0
-1	29
-0,5	1
1	41
1,25	20
1,5	32
1,75	36
2	47
2,5	46
3	45
3,5	10
4	13
Total	375

Key Observations

- Prior to arrival, BCMF registered in total 329 vision screenings from 8 villages in Yangon Division. However, as the news spread about the eye screening, some villages arrived unannounced, increasing the total number of eye screening to 516. From this total, 51 patients were referred for eye surgery. As expected, the main reason for eye surgery referrals was cataract (42 out of 51 patients).
- Interviews with patients revealed that vision health affected their lives quite significantly. Not being able to work at a farm, sort rice husks and grains, read, write, sew or contribute to crucial household chores were among the most commonly cited consequences that had an impact on the overall livelihood of the family. In some cases, children of patients had to provide assistance and sacrifice their childhood to support the family.
- A large majority of the patients said they have lived with their eye problem untreated for years. Lack of medical services and/or lack of finances and time to seek ophthalmologic services acted as key deterrents for seeking treatment. Due to such long-term neglect, quite a lot of patients at the eye screening mission suffered from short sightedness. This was unusual as the patients we normally see tend to suffer from far sightedness. Due to this and the higher than expected number of patients, BCMF ran out of eyeglasses with strengths of -1, +1 and above -2 on Day II. On the same day, 200 additional eyeglasses had to be purchased in Yangon.
- BCMF was approached by a number of students residing at the hosting monastery who asked to get their eyes tested. Often, insufficient lighting and long hours of study affect their eyesight, which is in turn reflected in their school results.
- Children rarely talk about problems with their sight. If the family or teacher does not notice their struggle, they tend to accept their condition and live with poor vision long into adulthood.





Lessons Learnt:

- To increase the effectiveness of response to a large numbers of patients, eye screening training for *all* local BCMF staff is necessary.
- Further BCMF screening missions should also include targeted student and children eye screening projects.
- A larger supply of glasses for short sightedness is required for future missions.

PATIENT'S STORY

"When I recover I want to see the faces of people who are helping me. I want to see my neighbours, family, and most important of all, my son."

Daw Khin⁴ (28) walked in to the eye screening hall holding the hand of her son. Unusually, it was not the mother leading the way but her four-year-old child. Daw Khin is blind. She was brought to BCMF by her neighbour, a village nurse. All three live in a village in Magway Division, central Burma. To reach the screening, both women and the boy walked for six hours until they reached an asphalt road. From there they set off on an 11-hour car journey, organised and paid for by a monk from their village. When asked about what caused the blindness, Daw Khin bows her head down and the neighbour goes quiet, unsure whether it is appropriate to talk about the details. After a long pause, the nurse gathers her courage and begins.



When Daw Khin was a child, her mother would often run away from her violent husband. One day, when she was only six, her aunt sold her to someone in the south of Burma. Daw Khin became a victim of child trafficking for slave labour. Her owner forced her to cook, clean, wash, cut bamboo, make charcoal and anything else they ordered her to do. *"I was abused physically; they did not treat me like a human. Most of the time, the house owner's wife would hit me with a stick."* After 16 years as a slave labourer, Daw Khin sneaked out of the house and ran away. She met a man who became her husband. Soon after their wedding, Daw Khin gave birth to her now four and half-year-old son. *"Only a couple months after she gave birth, her husband started coming home drunk every night. He would punch or hit her with a stick in the face. She was still too weak to defend herself because she had just given birth. That's when she started to lose vision,"* says her neighbour. This continued until Daw Khin became entirely blind.

Seven months ago, 22 years after she was trafficked, a charity organisation helped Daw Khin escape her husband. They then organised her journey up north and back home, where she now lives with her mother, grandmother, two half-brothers and her son. The only eyes she has are the eyes of her son who has been looking after her since he was two years old. He accompanies her practically everywhere. Daw Khin borrows money from family and neighbours because she cannot work. Her only joy is singing and being able to touch her son's face. *"When I recover I want to see the faces of people who are helping me. I want to see my neighbours, family, and most important of all my son. When I am fully recovered I want to help my mother because she has been helping me so much and has suffered because of my loss of sight too,"* concludes Daw Khin.

⁴ The real name was changed to protect the privacy of the patient.

2. CHILD PROTECTION TRAINING “SAFE TOUCH”

Children represent 34% of Burma's population. That is more than 18 million. UNICEF reports reveal that the lack of an effective child protection system and awareness of children's rights is leaving millions of them vulnerable to neglect, exploitation and abuse. Despite recent legislative reforms that include a review of the existing Child Law, there is no national policy on child protection, and resources for prevention and response to violence against children are minimal.⁵ Quite clearly what happens to children today will affect Burma for a long time to come. With 1 million children living away from their parents and further 600,000 residing in institutions⁶, child protection awareness in Burma is key.

- Child labour is one of the most prominent child protection problems in Burma.
- 1 in 7 victims of trafficking are children.
- Children with disabilities are amongst the most vulnerable and face severe exclusion.

Source: UNICEF (2017), *Latest Data on the Situation of Children in Myanmar*

Impact of the mission

A three-hour interactive workshop provided boys (ages 4-10) living at the hosting monastery, with information about human rights protection, assault prevention, and prevalent child rights violations. The children were led to understand their rights and empowered to safely raise their voices about decisions and issues affecting them. The key focus of the training was prevention.



Children were proactive in each element of the workshop which demonstrated keen interest in the subjects discussed. As the workshop progressed, a growing number of teenagers, between the ages of 13 and 17 from the monastery, joined the class out of their own interest. The concluding part of the training saw children repeating major messages and lessons learnt, demonstrating the impact of the session.

⁵UNICEF, (2017), Child Alert, [Lives on Hold- Making Sure No Child is Left Behind in Myanmar](#); UNICEF (2017), [Child Protection Myanmar](#)

⁶ UNICEF (2017), New Vision for Children in Myanmar, UNICEF presentation (Using recent data to analyze the situation of children and what it means for Myanmar)

Key topics covered by the workshop:

- Our Bodies Are Our Own
- Differences in Anatomy, Body Parts
- Appropriate Touch

Direct beneficiaries: **40 children** (age 4-17)

Indirect beneficiaries: siblings of participants, current and future classmates

Key Observations

- Post workshop interviews revealed that children had no prior knowledge about concepts such as privacy, private body parts or rights to say 'no' when uncomfortable about physical contact.
- Some students disclosed they were touched inappropriately before, however at that time they did not know they had a right to say 'no'.

3. SEXUAL AND REPRODUCTIVE HEALTH TRAINING FOR TEENAGERS

Adolescents account for about 20% of Burma's total population.⁷ Sexual and reproductive health is still considered a taboo subject, making it challenging for young people to access accurate information that would inform their life decisions. As a result, many in this group experience challenges such as early marriage, unplanned pregnancies, unsafe abortions, limited education, and sexually transmitted infections. Such narrow understanding of reproductive health reflects in the development of values, norms and identity related to relationships and gender. Reproductive health education programs addressing the above have a positive impact not only on knowledge and attitudes, but also contribute to safer sexual practices.⁸

Impact of the mission

Two rounds of training delivered to teenagers and young adults from Ywar Thit Gyi and Aye Ywar Lay villages, Htantabin Township, Yangon Division, were delivered in three-hour slots. The interactive workshop and tests were designed to provide young students and adults with accurate information about puberty, reproduction, and the consequences of unsafe sex. The attendees were provided with preventative methods on how to avoid HIV, sexually transmitted infections, negative consequences of unsafe sex, and unintended pregnancy. Methods taught included delaying the

⁷ Burnet Institute, [Adolescent Health in Myanmar](#)

⁸ UNFPA, (2017), [Country profile Myanmar, Young People](#); UNFPA Myanmar, (2017), [Annual Report](#); Unicef (2017, [Latest Data on the Situation of Children in Myanmar](#); Unicef, (2017), Child Alert, [Lives on Hold- Making Sure No Child is Left Behind in Myanmar](#);

onset of sexual activity, reducing the number of partners, and increasing condom and contraceptive use. The main aim of the workshop was to facilitate informed decision making and assist in navigating a safe transition to adulthood. Both female and male students expressed keen interest in the topics discussed.



Key topics covered:

- Method of Reasoning and Thinking about the Future
- Birth Control Methods
- Female and Male Reproductive Systems
- Bodily Changes During Puberty
- STI's and Penis Enhancement Injections

Direct beneficiaries: **40 boys** (age 13 - 20), **40 girls** (age 13 - 18)

Indirect beneficiaries: siblings and friends of participants, village communities of participants

Key Observations

- The reactions of students, high level of participation, note taking and general curiosity from both genders, indicated that students were hearing about many of the topics for the first time and were interested to learn more. This was later confirmed by post workshop interviews with participants. Individual conversations demonstrated that the most important lessons for male students were the consequences of penis enhancement injections and female conception processes. For female students the menstruation cycle and planned pregnancy were important topics.

4. SANITATION AND HYGIENE TRAINING

The American Journal of Tropical Medicine and Hygiene (2016) reports that gastrointestinal diseases are a leading cause of morbidity and mortality among children in Burma. Although the monastic schools currently operating across the country host close to 300,000 children, they receive very little government funding. Run by monks, they generally do not charge tuition fees, and serve the poorest children in the country- a group particularly at a high risk of gastrointestinal diseases. Interventions that promote both hand-washing with soap after defecation and before handling food, are reported to have led to an almost 50% reduction in the risk of diarrhea-related infections. Improving hand-washing behaviour is therefore one of the most cost-effective ways to prevent gastrointestinal diseases.⁹

Impact of the mission

Sanitation and Hygiene Training consisted of two sub trainings; one for children residing at the monastery and one for adults from surrounding communities.

a) Soap Making

Two BCMF trainers delivered workshop on how to make home-made soap. The ingredients used were water, oils (sesame, coconut, and palm), natural fragrance, and lye. These can be used to clean both oneself and clothes. Towards the end of the mission, the trainers were also approached by monks asking for the recipe in order to start soap production at the monastery.

Direct Beneficiaries: **4 adults** from neighbouring villages

Indirect Beneficiaries: family and friends of participants, monastic community, village communities



⁹ Weaver et al, (2016), [Water, Sanitation, and Hygiene Facilities and Hygiene Practices Associated with Diarrhea and Vomiting in Monastic Schools, Myanmar](#), *The American Journal of Tropical Medicine and Hygiene*.

b) Hand-washing Workshop

The training taught children about correct hand-washing practices with a view to improve personal hygiene behaviour. Children learnt 7 Steps of Hand Hygiene that they practiced and subsequently showed to other students at the conclusion of the workshop. In a playful form appropriate for their age, children were also educated about how to maintain their environment clean, focusing predominantly on importance of rubbish disposal.

Beneficiaries: **50 boys** (age 4-15)

Indirect beneficiaries: siblings of participants, current and future class mates



Key Observations

- The workshop revealed that most of the participants **lacked** knowledge about personal hygiene and its importance in relation to health.

CONCLUDING REMARKS

During the eye screening mission, BCMF representatives talked to the community, monks, and local leaders, who showed great interest in developing access to healthcare in their communities. They also conveyed their gratitude towards the eye screening mission and its partners Union Aid Abroad APHEDA, Australian Aid, Brodtbeck Philanthropy Foundation, and DAK Foundation. BCMF would also like to express our sincere 'Thank You' to these organisations, as our work would not have touched hundreds of lives in such a short time without their support.

Final words from the host monastery



"If nobody helps like you do, people around here will just continue to live with their issues; they won't seek help. I have been in this area for many years, and people know me. It was not easy for our monastery to receive an organisation from outside of Burma. But I was ready to take full responsibility for your mission because I knew you and the authorities trust my judgement. I know that the villagers would otherwise not have another opportunity like this. [...] I want to thank everyone who helped to organise this project, it was the first of its kind in this area. There are still six more villages that did not get the chance to be screened, so I sincerely hope there will be another mission like this. [...] My hopes are that we will also

receive more training about puberty. Most people in Burma are shy and don't like to talk about it. But there are things everyone needs to know about. "

... and a big 'Thank You' from the Project Team.

Kanchana Thornton (Mission Director; Surgical Screening); **Ma Myai** (Logistics); **Sermkiat** (Registration), **Nyein Chan** (BCMF Intern, Registration), **Goong Satja Netek** (Ophthalmic Nurse - Eye Screening); **Bu Wah** (Eye Screening); **Kabaw** (Eye Screening); Mae Tao Clinic Staff **Kyaw Eh** (Eye Screening); 4 **Htantabin Staff** (Eye Screening Assistance); **Xiu Ping** (Eyeglass Distribution; Safe Touch Workshop; Puberty Workshop; Interviews); **Ree Poe** (BCMF Intern, Eyeglass Distribution); **Aung Tin Tun** (Surgical Screening; Interviews; Puberty Workshop); **Ma Tu** (Interview Coordination; Surgical Screening); **Than Than Oo** (Interviews; Safe Touch Workshop; Sanitation Workshop); **Raylinn Nuckolls** (Interviews; Safe Touch and Puberty Workshop); **Bridgitte Agocs** (Interviews; Eyeglass Distribution); **Molly** (Interviews; Eye surgery registration; Eyeglass Distribution); **Hay Tha** (Photo-Video Reporting; Translation); **Eva Slamkova** (Photo Reporting; Mission Report); **Aung Pay** (Soap Making Workshop); **Bob** (Soap Making Workshop; WASH); **Ondrej Rostek** (Soap Making Workshop; WASH; Interviews).