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Eye Screening, Menstrual Health Training and Wheelchair Fitting and Training **Project Report**

20-23 January 2018

Kyaung Gyi Parahita Kyaung Taik Monastery, Ywa Thit Gyi Village,
Htantabin Township, Yangon Division, Burma

Project Title:	Eye Screening, Menstrual Health Training and Wheelchair Fitting and Training.
Project Location:	Kyaung Gyi Parahita Kyaung Taik Monastery, Ywa Thit Gyi Village, Htantabin Township, Yangon Division, Burma
Project Duration:	January 20 – 23 2018
Target Population:	Villages in Htantabin Township, Yangon Division, Burma
Project Partners:	Union Aid Abroad APHEDA, Australian Aid, Brodtbeck Philanthropy Foundation, DAK Foundation, Red Rocketship Foundation, Krio Hirundo, Allied Pickfords, Mobility Worldwide, Suwannimit Foundation and Rotary Club of Wanneroo
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. • Review material taught previously about children rights, child protection and abuse prevention practices with children from the monastery. • Teach children living at the monastery about the environment and the importance of recycling. • Increase awareness about puberty and menstrual health. • Provide children and adults with wheelchairs and mobility carts, while also training community members to fit and assemble wheelchairs for recipients. • Refer patients requiring other medical care to Burma Children Medical Fund's surgical programs, to access treatment.
Output:	<ul style="list-style-type: none"> • Eye screening, eye surgery referrals and provision of eye glasses • Puberty and menstrual health workshop • Wheelchair fitting training • Child protection and abuse prevention practices review • Plastic and Recycle: Environment and Recycling workshop • Patients referred for access to further non-ophthalmological medical treatment

Summary

Throughout the **4** days eye screening mission, **319** adults and children had their eyes screened, **285** glasses were distributed, **55** patients were referred for eye surgery, **11** patients were referred for non-eye related treatment, **5** children and adults were fitted with wheelchairs and mobility carts, **10** young adults from the monastery were trained to assemble and fit wheelchairs, **12** young girls and women learned about puberty and menstrual health, distributed **12** feminine hygiene kits containing reusable pads, **40** children from the monastery attended a review workshop on child protection, and **10** children from the monastery attended a workshop on the environment and recycling.

Project Area in Htantabin Township, Yangon Division, Burma



Table of Contents

Introduction	5
1. Eye Screening, Provision of Eye Glasses and Surgery Referrals	5
2. Puberty and Menstrual Health Workshop	9
3. Wheelchair Fitting and Training	12
4. Child Protection and Abuse Prevention Practices Review	15
5. Plastic and Recycle: Environment and Recycling workshop	16
Concluding Remarks	17
Acknowledgement	18



Introduction

Although recent years have brought political change to Burma, health and social services continues to be inadequate and inaccessible to many. Health services only offer basic health services and most require patients to pay for medical supplies and medicine. With most health facilities located in urban areas, 60% of Burma population, who live in rural areas, are forced to rely on ethnic and community-based organizations for primary healthcare. As a result of this, a large portion of Burma's population faces problems in accessing care and continue to suffer from preventable conditions. Burma Children Medical Fund (BCMF) believes that everyone in Burma has a right to receive health services and without having to suffer financial hardship.

1. Eye screening, provision of eye glasses and surgery referrals



It is estimated that around 60%¹ of Burma's population lives in rural areas. With most ophthalmological clinics located in urban areas, eye clinics remain inaccessible for a large proportion of the population. When they do live close to eye clinics, the high cost¹ of seeking treatment keeps individuals away. As a result of this and other factors, Burma has the highest rate of blindness in Southeast Asia².

Blindness and poor eye sight affects people not only physically but socially and emotionally as well. Often adults face limitations in everyday and economic activities, while children's ability to study is affected³. Families are also affected, with the visually impaired person requiring a constant care taker. This then does not allow the caretaker to participate in economic activities or attend school if they are children.

After a successful initial eye screening mission to Htantabin Township, Yangon Division, Burma, Burma Children Medical Fund (BCMF) was asked to return and provide eye screening to villagers in the area who were not able to attend in October 2017. BCMF expected **15 villages** and around **215 patients** from Htantabin Township to arrive for the eye screening over three days. When word spread that BCMF was performing eye screening, **17 more villages** arrived. In total **319** individuals arrived from **32** different villages in Htantabin Township.

¹ Yee Yee Au et al., (2017). Eye Banking in Myanmar: A Review of Services and the Role of International Non-profit Community Based Organizations Transitioning Mandalay Eye Bank Towards Self-sufficiency. International Journal of Eye Banking. 5(2). <http://eyebankingjournal.org/wp-content/uploads/2017/08/6-Myanmar.pdf>

² OHSU Global. (2018). SE Asia Collaboration. <http://www.ohsu.edu/xd/health/services/casey-eye/about-us/casey-community-outreach/international-outreach/seasia.cfm>

³ WHO. (2018). Prevention of Blindness and Visual Impairment. <http://www.who.int/blindness/economy/en/> ; World Economic Forum. (2016). Eyeglasses for Global Development: Bridging the Visual Divide. http://www3.weforum.org/docs/WEF_2016_EYEAlliance.pdf

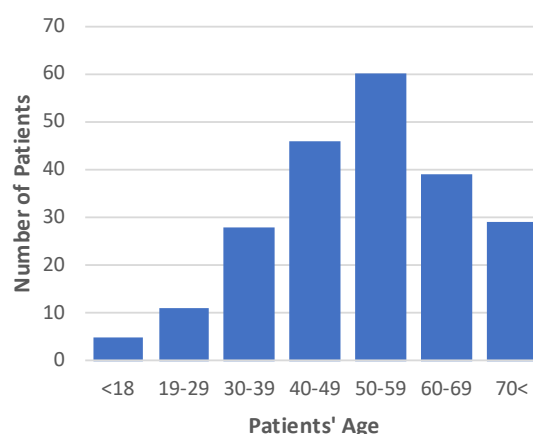
Project Impact

In total, BCMF performed **319** vision screening, distributed eye glasses to **89%** of the patients screened, and referred **55** patients for eye surgery. The average age of all the patients screened was **56** years old, and over **60%** of the patients were female. **19%** of the patients screened were referred for eye surgery, with **70%** of the patients suffering from cataract in one or both eyes, **29%** suffering from pterygium in one or both eyes and **0.2%** of the patients suffering from glaucoma.

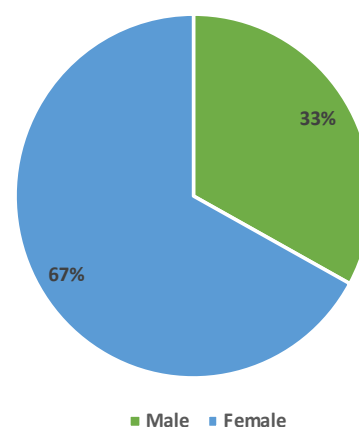
Number of Glasses Distributed by Power

Power	Number of Glasses Distributed
4	6
3.5	11
3	26
2.75	0
2.5	32
2	40
1.75	18
1.5	29
1.25	10
1	39
0.5	1
-0.5	15
-1	17
-1.25	1
-1.5	11
-1.75	1
-2	12
-2.25	0
-2.5	2
-3	9
-3.5	1
-4	2
Total	283

Number of Patients Screened by Age



Number of Patients Screened



Key Insights

- Most of the patients who arrived to have their eyes screened, work as farmers or shop vendors. The majority of male patients work as farmers, with **16%** of the farmers working as subsistence farmers. Female patients on the other hand were primarily housewives, farmers or shopkeepers and vendors.
- Villagers in Htantabin Township have to go to Yangon to have their eyes screened. As three friends Naw Thu Ri, Eli Saw Beh and Naw Ti Khu noted, “In the village the hospital and the clinic is very far. We need to go to Yangon, and it costs more than 13 000 or 14 000 kyat (approx. 14 USD) just for the glasses, not including screening. Because of this we have never had our eyes screened before”.

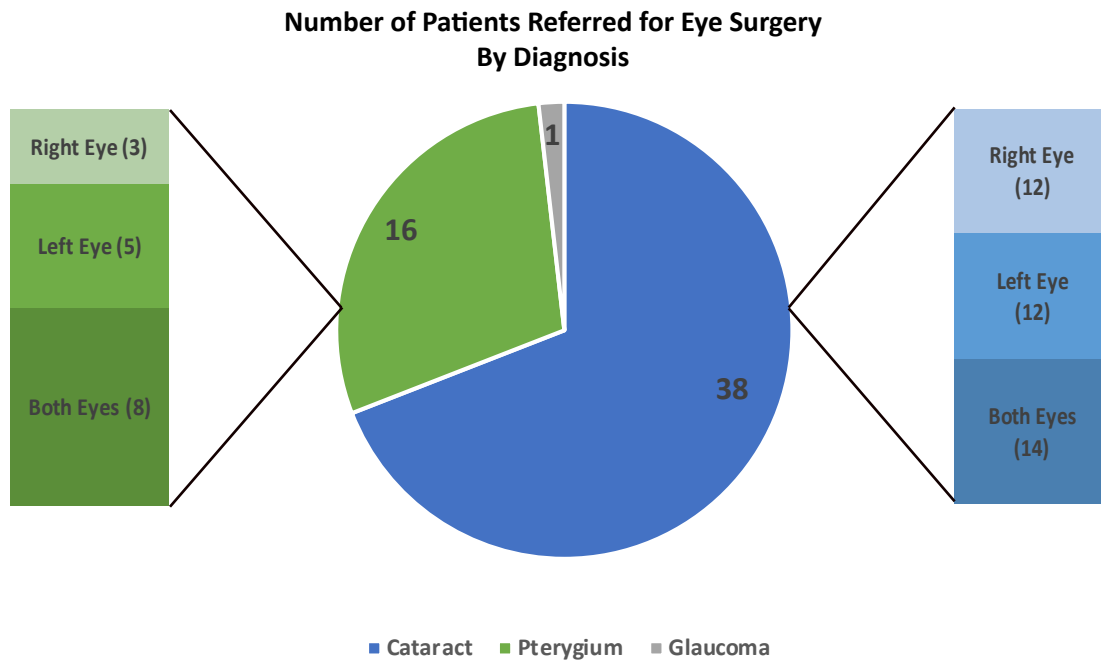


- Following recommendations after the eye screening mission in October 2017, **all BCMF staff and volunteers as well as 3 community members from Htantabin Township** participated in a three-day eye screening workshop in December 2017. The workshop allowed BCMF to operate **4** eye screening stations as opposed to the previous **3** stations. The immediate benefit of this was that BCMF was able to screen more patients in less time.
- The ratio of females to males who sought to have their eyes screened was **2:1**. When asked why males from their households did not come to have their eye's screened, females relayed that they were either working on the farm, watching the house while the family had their eye's screened, were preparing for a religious ceremony or had no problems with their vision. They suggested that they would come to a future eye screening mission if there was one after the rainy season in October-November.
- Individuals who came to have their eye's screened, tended to suffer from eye problems between six months to over two years. The **5%** patients who had their eyes checked but had normal vision, reflect how preventative practices in eye health are almost none existent. In addition to lack of access to affordable eye care, patients tend to seek help only when their eye sight has become impaired and impacted their quality of life. Daw Tin Yee who is 85 years old suffered from poor sight for two years, before she received glasses through BCMF.



Daw Tin Yee, who is 85 years old, suffered from poor eye sight for 2 years before she received glasses through BCMF. "Now I can see better than before", said Daw Tin Yee happily. "Now I can walk around again, because before I was afraid I would fall down due to my bad vision."

- **68%** of people who required glasses were affected by presbyopia and required reading glasses. Only **23%** of people were affected by a loss of distant vision due to myopia, and only **3%** of people suffered from both myopia and presbyopia.



Lessons Learned

- BCMF staff should continue to participate in yearly eye screening workshops, to maintain proper eye screening diagnosis.
- An eye screening mission after rainy season would allow more males to have their eye's screened, when they do not have to work in the fields.
- An evaluation of eyeglass use by patients 6 to 12 months after an eye screening mission would provide BCMF with insight on how eyeglasses are used by recipients. The evaluation would also help with future eye screening missions.



2. Puberty and Menstrual Health Workshop



Although adolescents account for around 20% of Burma's total population, knowledge and education about reproductive health remains very limited⁴. Furthermore, many women's lack knowledge about menstruation and hygienic menstrual practices. Girls often miss school, lack proper means of disposing of used pads and practice unhygienic methods^{4, 5}. However, education about puberty and reproductive health in Burma continuous to be neglected in schools resulting in unplanned pregnancies, missed classes during menstruation and exposure to infection from unhygienic practices. Providing education on puberty and menstrual health as well as providing reusable pads not only reduces the environmental impact and financial cost of purchasing sanitary napkins every month, but also allows women and girls not to miss school or work every month.

Burma Children Medical Fund (BCMF) team members held an interactive workshop on puberty and menstrual health at the monastery where the eye screening took place. 12 young women between the ages of 14 and 34, from the adjoining village came to learn about puberty and menstruation. They spent almost 75 minutes learning and discussing topics such as how women's bodies change as they go through puberty, the physiology of the menstrual cycle and the benefits of re-usable sanitary napkins.

Asking incisive questions, the group learnt how the process of puberty in girls is regulated by the hormones estrogen and progesterone and that it is these same hormones which control our menstrual cycles. Many of the young women had never seen an illustration of the female reproductive system and were unaware of what the uterus, fallopian tubes and ovaries looked like.

The workshop covered the correct names for each part of the female body involved in reproduction and, as a group, BCMF staff and participants discussed the superstitions around menstruation in different cultures. BCMF staff also went through the menstrual cycle and explained how the different phases prepared a woman's body for pregnancy each month. Ohmmar Myint felt that understanding the menstrual cycle and how to monitor menstruation each month so as to more easily predict its arrival were the most interesting things she learnt during the workshop.

4 Burnet Institute .(2018). https://www.burnet.edu.au/news/917_landmark_study_into_adolescent_health_in_myanmar

5 Sommer, M. (2017). <https://theconversation.com/why-a-monthly-period-is-especially-hard-for-millions-of-women-and-girls-around-the-world-78235>



“This taught me how to care for myself better throughout puberty, while menstruating and when I am with a boy. [...]In the village, some young people do not go to school. They just stay home and take care of their siblings and cook for the family, so they do not have knowledge of this stuff. This would be good to teach to them.”

(Myint Myat, 14 years old)

One of the final topics discussed was the environmental and economic impact of using disposable sanitary napkins in these women's lives. Many of them admitted to disposing of used pads down the holes of squat toilets and all of them remembered seeing what happened when dogs came across used napkins thrown in the trash. They expressed some surprise at the estimated number of pads a woman goes through over a lifetime of menstruation and Myint Myat shared that prior to the workshop she was unaware that it took plastic and other materials found in disposable pads such a long time to decompose. This information moved her and made her, and others, interested in the possibility of using a more environmentally friendly version of the pad.

The older girls, those who were studying at college, also recognized the economic value of not having to purchase the disposable sanitary pads each month. Ohmmar Myint said that though she is able to purchase sanitary pads, she recognizes that for many young women this could be a significant expense. She said, “For me, the convenience is more important. I won't have to worry about remembering to buy the disposable pads and these seem easier to use”.

Feminine Hygiene Kits

Each hygiene kit includes:

- 1 Soap
- 1 Ziplock bag
- 2 Pairs of Underwear
- 1 Washcloth
- 1 Instruction sheet for the hygiene kit
- 2 leakproof pads (snaps onto underwear)
- 8 liner for the pads
- 1 draw string carrier bag



Key Observations

- Through an in-kind donation from Days for Girls, we distributed re-usable feminine hygiene kits to the workshop participants and explained about how they are used and maintained. Many of the girls knew of aunts or mothers who had used rags for their menstruation before disposable sanitary pads became more widely available, so the concept of washing out and re-using menstrual pads was not foreign to them. They also saw that this newer version was much more convenient and easier to use.
- Some of the women did not know about elementary information such as hormones and female eggs. As a result of this BCMF staff had to explain these basic concepts before they could talk about the menstrual cycle.
- Though they knew many of the changes that affect young women going through puberty, after the workshop they said they had a greater understanding about how it all fit together. One woman, Ohmmar Myint, who, at 34, was a bit older than the rest of the group, even expressed surprise that she had not known this part of her body. Myint Myat, who was one of the youngest of the group at 14-years-old, said, “I did not know a lot about my body and puberty before this.”
- BCMF was supposed to hold two sessions of the workshop, one in the morning and one in the afternoon. However, the second session was cancelled because there was a religious ceremony in the village. The group that was going to attend the second session were women who worked in a factory. Because they work six days a week and Sunday was their only day off, it was important for them to attend the religious ceremony when they were able to.



Lessons Learned

- The reception from the participants was positive, both regarding the information taught and the reusable feminine hygiene kits distributed. Some BCMF staff will return to Htantabin in February 2018 and will conduct a post-training survey to evaluate the success of the workshop in order to make improvements for future workshops.
- A pre-workshop survey to assess participants knowledge about puberty and menstruation would let the instructors prepare and tailor the workshop to participants knowledge level.
- Training community leaders to run their own workshops and distribute reusable pads would allow more women and girls to learn about menstrual health and menstrual hygienic practices.

3. Wheelchair Fitting and Training



Less economically developed countries, such as Burma, have significantly higher disability rates, with the World Bank estimating that 20% of the world's poorest people have some kind of disability⁶. According to UNICEF people living with a disability are among the poorest in the world and face extra barriers to accessing education and participating in society⁷. A disabled person without access to a wheelchair is often housebound and requires extra care. The person's caregivers, often a parent if they are children or a spouse or child if they are an adult, also become housebound. The caregiver is unable to earn an income, contribute financially to the family, attend school or participate in community life. Some caregivers are forced to leave their disabled relative at home, immobile and unattended for much of the day.

In light of the extensive positive ramifications associated with the distribution of wheelchairs, BCMF aims to provide properly fitted wheelchairs and mobility carts for patients in Burma and along the Thai-Burma border. To create a sustainable program, BCMF aims to provide training to local community leaders and medics on proper wheelchair assembly and wheelchair fitting. Empowering people with disabilities and integrating them in society benefits the individual and the broader community.



6 Handicap International. (no date). http://www.hiproweb.org/fileadmin/cdroms/Handicap_Developpement/www/en_page21.html

7 UNICEF. (2017). https://www.unicef.org/myanmar/Full_report_in_English.pdf



A BCMF volunteer conducted a short training and demonstration about physiotherapy for adults who are paralysed from the waist down. The exercises used weights which were created with everyday items such as water bottles, bricks and small elastic bands. The two adults who received mobility carts, were taught about the importance of maintaining upper body strength through daily exercise.

Project Impact

During the eye screening mission, BCMF also carried out a wheelchair fitting training during the three days. Young adults at the monastery, who had previously attended a wheelchair fitting training by BCMF, participated in the training to assemble and fit **2** children's wheelchairs and **2** adult mobility carts. Working with BCMF staff, **2** children received wheelchairs, **2** adults received mobility carts and **1** adult received a wheelchair.

Key Observations

- Mobility carts are mobile devices that are operated by a hand crank. The cart operates similar to a bicycle, but the recipient pedals with their hand. Mobility carts are only provided for recipients who are able to pedal with their hands and do not require someone to push them.
- Wheelchairs provide recipients with mobility outside of their home. As one recipient, Ye Tint noted, "This [wheelchair] is really useful for my mobility and to go to other places. And [it] will help me in life [by letting me] go to places I want to [go]."
- Wheelchairs are in high demand in Burma, and there are not enough for all patients. Five-year-old Kaung Sad Paing's parents were only able to provide their son with a wheelchair with BCMF's help. "We were not able to obtain a wheelchair in Burma," said Kaung Sad Paing's parents.
- BCMF left **10** mobility carts at the monastery for future wheelchair fittings.





Although his father works for the government, they are unable to afford or find a wheelchair for their son. “We are very happy with the wheelchair, because we were not able to obtain a wheelchair in Burma,” said Kaung Sad Paing’s parents. “There is a high demand for wheelchairs in Burma, and we are really thankful [that we received one]”.

(Kaung Sad Paing, 5 years old)

Lessons Learned

- To help maintain proper wheelchair fitting and assembly, more training should be provided for the young adults at the monastery. Teaching the trainees about the conditions and disabilities that wheelchair recipients suffer from, would give the trainees a better understanding on how to properly fit wheelchairs.
- Maintaining wheelchair recipients’ health through upper body exercises or teaching caregivers how to care for paralysed family members, should also be taught to trainees. This would reduce long-term complications such as bedsores, stiff joints and muscles, as well as contractures.
- Training videos and pamphlets can be created for wheelchair recipients and caregivers about exercises they can complete at home.
- Working with local organisations allows wheelchair recipients to receive continuous support, while simultaneously strengthening local organisations’ capacity.



4. Child Protection and Child Rights Review



During BCMF's previous eye screening mission in Htantabin Township, Yangon Division, Burma, **40** children between the ages of 4 and 10 participated in an interactive child protection workshop. Children learned about their rights and were empowered to safely raise their voices about decisions and issues affecting them. The key focus of the training was prevention.

This time BCMF staff held a review session with the **40** children. Children were asked questions such as how they should report an incident and what they should do if a stranger tried to lure them away. They then wrote down their answers and then posted them on a symbolic tree while sharing their answers with everyone.



Key Observations

- The children understood and remembered what they had been taught in the previous session, quickly answering questions.

Lessons Learned

- Child protection workshops should also be held for older children at the monastery in the future both to teach them about their own rights as well as protecting younger boys at the monastery.
- A future workshop on respecting each other for the boys should also be held. This would help uphold child rights and stop cases of bullying.

5. Plastic and Recycle: Environment and Recycling workshop

According to WHO, Burma's level of air and water pollution is among the worst in the world⁸. Adding to this is the large number of plastic products used and improperly disposed of in Burma. Without access to clean drinking water, many residents of Burma are forced to drink bottled water. Without any proper services in place to recycle plastic garbage in the cities⁹, let alone rural areas, plastic bottles and containers end up in landfills or informal dump areas. Improper disposal of rubbish and recyclable items not only has a negative impact on the environment but can also cause health problems such as respiratory illnesses and encourages bacteria, insect and vermin growth¹⁰.

To teach about the importance of recycling, 10 children from the monastery were taught about the environment, recycling and how they could properly dispose of rubbish. The children then watched a video which gave ideas on how they could reduce their waste and recycle. After the video, the children planted flowers in old plastic bottles.

Key Insights

- Originally, BCMF staff planned to make toy cars with the children in addition to planting flowers in the bottles. But due to electricity cuts, the staff were not able to use the glue gun for the toy car.
- Needing to study and attend tutoring sessions, many of the older children were unable to participate in the workshop during the late afternoon.

Lessons Learned

- To allow older children to attend the workshop, training should be held during the day and not in the late afternoon.
- Future workshops could also include a section on composting, gardening and its benefits.



8 Baker, N. (2016). <https://www.mmtimes.com/national-news/22840-myanmar-s-air-pollution-among-the-worst-in-the-world-who.html>

9 Shwe Yee Saw Myint. (2016). <https://www.mmtimes.com/national-news/yanmar/20317-yangon-rubbish-piles-up.html>

10 Ecube Labs. (2016). <https://www.ecubelabs.com/overflowing-garbage-bins-5-impacts-on-health-and-environment-and-how-to-prevent/>

Concluding Remarks

BCMF recognises that working long-term in an area serves local populations better. Specific programs can be better tailored for local communities, and BCMF can provide better access to healthcare. BCMF will continue to work with our partners in Htantabin Township to provide access to much needed healthcare.



Acknowledgement

BCMF would also like to thank partner organisations Union Aid Abroad APHEDA, Australian Aid, Brodtbeck Philanthropy Foundation, DAK Foundation, Red Rocketship Foundation, Krio Hirundo, Allied Pickford, Suwannimit Foundation, Mobility Aid and Rotary Club of Wanneroo. Without their support, BCMF would not have been able to help the people from Htantabin Township receive access to eyeglasses, surgery, wheelchairs and reusable pads.

