



Burma Children Medical Fund

Mission Report

Eye Screening, Wheelchair Fitting and Capacity Building

28th – 30th April 2018, Nay Yin Village,

Ma Ni Yadanar Monastery, Yasagyo Township, Magway Division, Burma





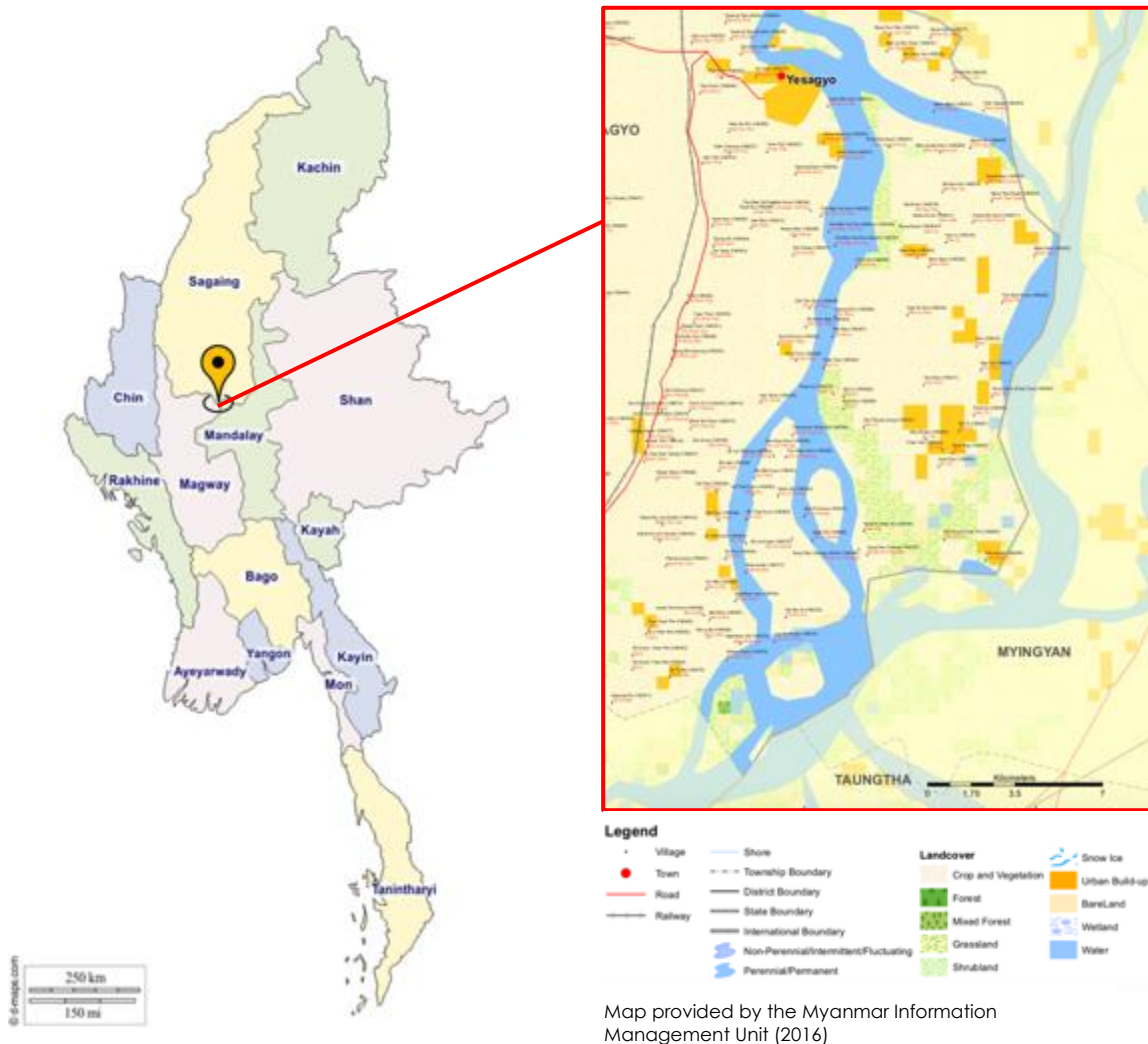
TABLE OF CONTENTS

1	OVERVIEW.....	4
1.1	MISSION REACH.....	5
2	SERVICES	7
2.1	EYE SCREENING, PROVISION OF EYEGLASSES AND SURGERY REFERRALS.....	7
2.2	FEMALE REPRODUCTIVE HEALTH AND RIGHTS WORKSHOP	15
2.3	WHEELCHAIR FITTING	21
3	CONCLUDING REMARKS AND OUTLOOKS.....	24

1 OVERVIEW

MISSION TITLE	Eye Screening, Wheelchair Fitting and Capacity Building
PLACE OF SCREENING	Ma Ni Yadanar Monastery, Nay Yin Village, Magway Division, Burma
DATE OF VISIT	28 th – 30 th April 2018
TARGETED AREA	Beneficiaries from 19 villages
VISITED BY	Burma Children Medical Fund (BCMF)
PROJECT PARTNERS	Union Aid Abroad APHEDA, Australian Aid, Brodtbeck Philanthropy Foundation, DAK Foundation, Days for Girls, Red Rocketship, Suwannimit Foundation
KEY OBJECTIVE	Provide remote villages with access to healthcare
INPUT	<ul style="list-style-type: none"> - 17 mission members, including an ophthalmic nurse, two reproductive health trainers and one senior wheelchair technician - Eye screening equipment and stations - Wheelchair fitting and assembly tools, wheelchair manuals - Workshop material and reusable sanitary pad kits - Medication
ACTIVITIES	<ul style="list-style-type: none"> - Provided basic ophthalmology services: eye screening, provision of glasses and eye surgery referrals - Assembled and fitted wheelchairs - Conducted two workshops on female reproductive health and rights - Screened patients for non-eye surgery referrals
OUTPUT SUMMARY	<ul style="list-style-type: none"> - Performed 550 eye screenings and distributed 444 eyeglasses - Organized 93 eye surgery referrals - Worked together with 76 girls and women on female reproductive health and rights - Provided and fitted two children and three adults with wheelchairs

1.1 MISSION REACH



The mission was conducted at **Ma Ni Yadanar Monastery, Nay Yin Village, Yasagyo, Magway Division, Burma**. The monastery is located on an island bordering Mandalay and Sagaing Divisions.

Beneficiaries from 19 villages travelled to the Ma Ni Yadanar Monastery. Most villagers came from Nay Yin, the village surrounding the monastery, as well as neighbouring communities.

Eight of the 19 villages were informed beforehand by the local monks. However, as word about BCMF's arrival spread in the local communities, villagers from more distant villages travelled to Nay Yin to have their eyes screened as well as seek medical advice.

SCHEDULE

Day 1

08.00 -17.00 Eye Screening, Eyeglass Distribution and Surgery Referrals

09.30 -16.00 Wheelchair Fitting

Day 2

08.00 -17.00 Eye Screening, Eyeglass Distribution and Surgery Referrals

08.00 - 12.00 Workshop I on Female Reproductive Health and Rights

13.00- 16.00 Workshop II on Female Reproductive Health and Rights

09.30 -16.00 Wheelchair Fitting

Day 3

8.00-19.00 Eye Screening, Eyeglass Distribution and Surgery Referrals

2 SERVICES

2.1 EYE SCREENING, PROVISION OF EYEGLASSES AND SURGERY REFERRALS

Visual impairment is a serious health problem in Burma. The National Eye Health Plan 2017 – 2021 (NEHP), launched by the Ministry of Health and Sports in March 2017, aims to “improve access to comprehensive and quality eye care services in Myanmar by strengthening the eye care system in order to reduce avoidable blindness by 25% by the year 2020”¹

However, most ophthalmological clinics in Burma are still located in urban areas and remain inaccessible to large portions of the population. Large travel distances make it impossible for villagers living in remote areas to visit eye clinics and the relatively high costs of ophthalmological services remains an access barrier for rural populations. Limited access to healthcare² and high rates of childhood malnutrition³ contribute to Burma having one of the highest rates of blindness in Southeast Asia.

After two successful eye screening missions to Htantabin Township in Yangon Division, BCMF was asked to conduct an eye screening mission at Ma Ni Yadanar Monastery at Nay Yin Village in Magway Division. The monastery is located on an island, with one hospital and one clinic. However, the hospital is not equipped to perform eye surgery and there are no ophthalmologists. Instead patients must travel between two to four hours (depending on their means of transportation and the availability of the ferry) to Myingyan on the mainland to receive eye glasses. Unfortunately, the eye clinic in Myingyan

¹ The Republic of the Union of Myanmar (2017). National Eye Health Plan 2017 – 2021. https://www.iapb.org/wp-content/uploads/NEHP_Final.pdf

² World Health Organisation Country Office for Myanmar (2014). WHO Country Cooperation Strategy Myanmar 2014-2018, Myanmar: World Health Organisation (WHO), Yangon, p. 9.

³ Ministry of Health and Sports and ICF International (2016). Myanmar Demographic and Health Survey 2015-2016: Key Indicators Report, Ministry of Health and Sports and ICF International, Nay Pyi Taw and Rockville, p. 21

often is not able to help with complicated cases and eye diseases, advising patients to seek help in Mandalay. Many patients are not able to travel to Mandalay, because they either cannot afford the cost of the travel and accommodation, or because work and household duties prevent them from making the journey.

Furthermore, every year during the rainy season, between May-June to early October, the island floods for one to several months. Access to the island is then completely cut off, with villagers unable to reach health facilities on the mainland.

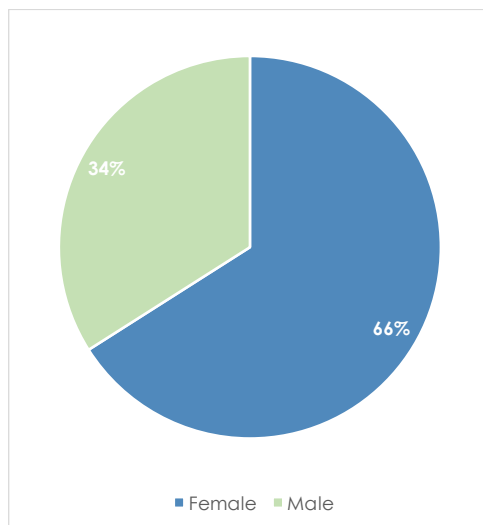
Activities

BCMF set up a small eye screening station at the monastery. Upon arrival, new patients were registered at the registration station, where information such as name and age were collected. Following the registration process, patients continued to the eye screening stations, where they were examined by an ophthalmic nurse and trained BCMF eye screening personnel. After patients were screened for eye glasses and potential eye diseases were identified, patients received glasses with appropriate strength. If the eye screening revealed a potential eye disease, patients were asked to provide their contact information, in order to receive eye surgery at a later time.

Beneficiaries and Output

Number of eye screenings performed:	550
Number of eye glasses distributed:	444
Number of eye surgery referrals:	93

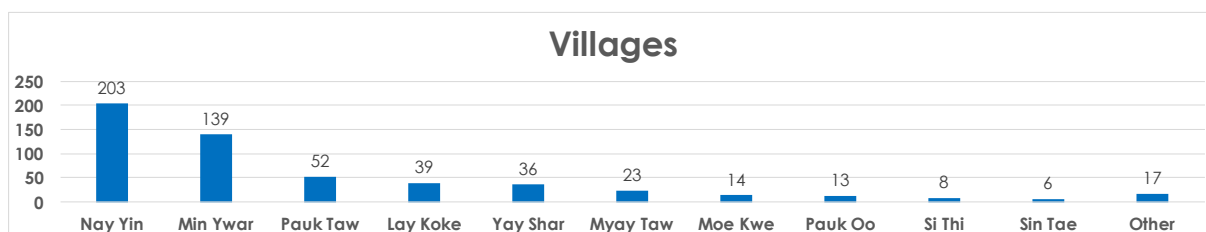
Figure 1: Sex



During the three-day mission, **362 women (66%)** and **188 men (34%)** had their vision screened. This means that almost twice as many women visited the monastery for eye screening than men. Similar numbers on sex ratio have been observed on previous BCMF missions. This can be due to the fact that although many female patients actually have male relatives with eye problems, their male

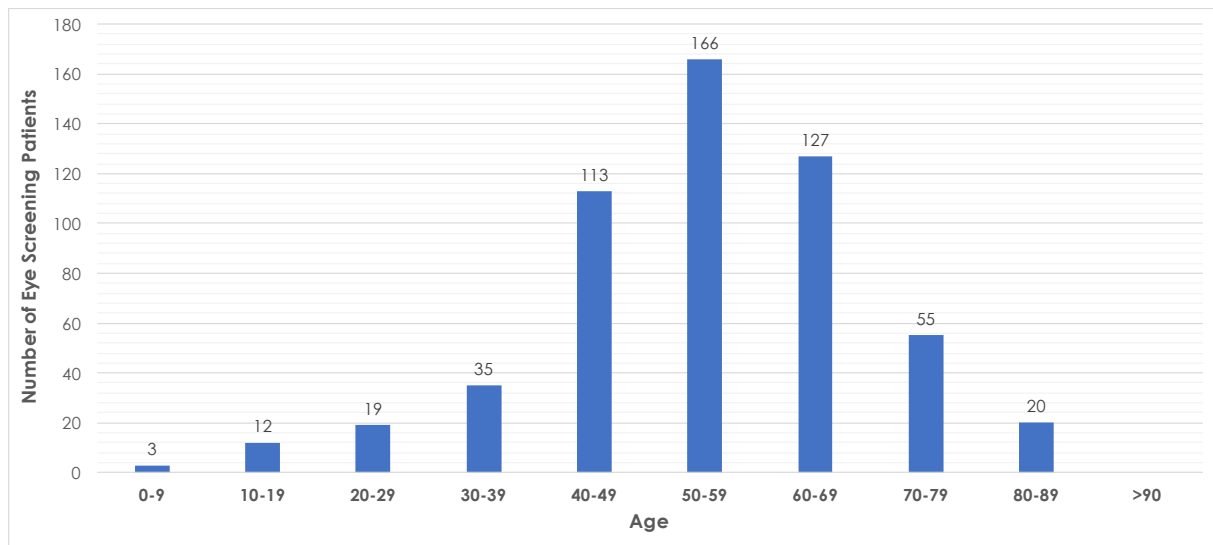
relatives were often not able to travel to the monastery, instead they were working or watching the house and children while females relatives went to the eye screening. Overall, beneficiaries from 19 villages travelled to the monastery.

Figure 2: Village of residence



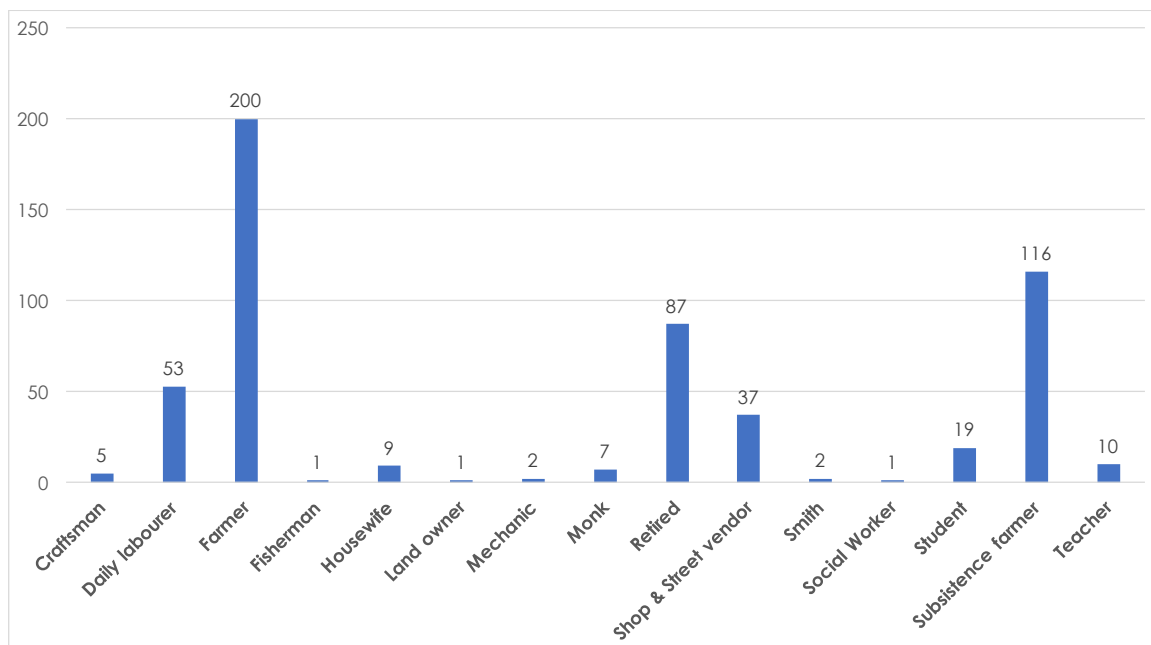
The majority of eye screening patients were between 50-59 years old (30%). The second biggest age group were patients between 60-69 years old (23%). Only 12,5% of all patients were younger than 40 years old.

Figure 3: Age Distribution (Eye Screening)



Most of the patients work in the agricultural sector as farmers or subsistence farmers (57%). This is not surprising given that the eye screening was conducted in a very rural area of Magway Division. 7% work as shop or street vendors, 10% as daily labourers and 16% of the patients are retired.

Figure 4: Occupation



435 (79%) out of 550 patient received glasses. 290 were diagnosed with presbyopia, which is the normal loss of ability to focus up close that occurs with age. This is coherent with the high number of older patients screened (see Figure 3)

and the strength of distributed eyeglasses (see Table 1). Another 40 patients were diagnosed with hyperopia, which is the inability to focus up close, but unrelated to the aging of eyes. Only 105 patients were diagnosed with myopia or near-sightedness.

53 (9.6%) out of 550 patients screened had good vision and did not require glasses. 62 (11%) patients did not receive glasses, because either the required eyeglass strength was beyond BCMF's capacity, the condition is not treatable with glasses, or further investigation is necessary.

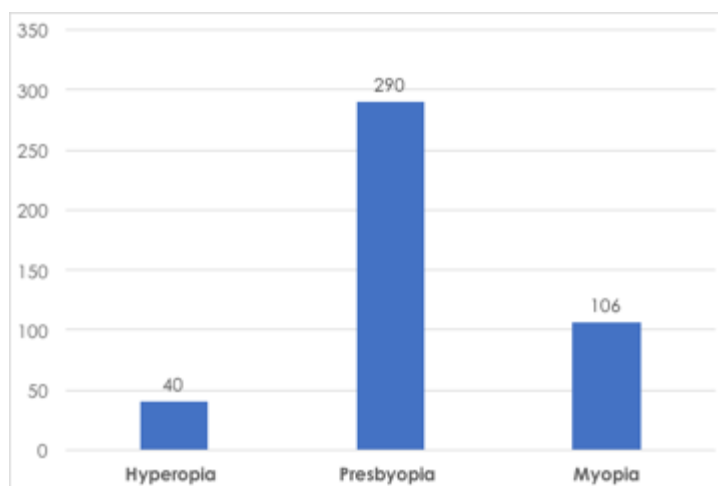
Eye conditions

Hyperopia: Farsightedness

Presbyopia: Farsightedness associated with aging of the eye

Myopia: Near-sightedness

Figure 5: Diagnosis



Overall, 93 patients were diagnosed with eye conditions, such as cataract, glaucoma and pterygium, and require eye surgery. BCMF staff recorded their contact details and is currently in the process of referring them for eye surgery or further investigation. BCMF collaborated with local organisations to evaluate and contact eye clinic and hospitals in Magway Division. Suitable institutions

have been identified and BCMF will be contacted once capacities are available.

Table 1: Distribution of Eyeglasses by Age and Strength

	10-14	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	Total
-5.00											1					1
-4.50										1	2					3
-4.00								1			1		1			3
-3.50							1			2		1				4
-3.00								1	2	4	1	1				9
-2.50									6	2	1	1			1	11
-2.00									2	5	6	3	1	2		19
-1.75							1									1
-1.50							1		3	1	1	2				8
-1.25									1				1			2
-1.00		1				2	1		3	4	8	3	2	1	2	27
-0.50			2	2	2			1		1	1	1	2			12
+1.00					8	14	9	9	6	5	10	2	2			65
+1.25						13	5		1		1		1			21
+1.50	1				1	15	16	9	3	6	5	1				57
+1.75							10	6	1							17
+2.00						2	12	21	12	2	4	4	1	1		59
+2.25									1							1
+2.50							2	21	21	6	3	1	1	1		56
+3.00							1	2	12	9	5			1		30
+3.50						1		3	7	6	5	4	1	1		28
+4.00								1	3	1	2	3				10
Total	1	1	2	2	11	47	59	72	81	55	54	26	13	7	3	444

Patient Story



Ten years ago **U Myint Maung** (55) noticed that the sight in his right eye has deteriorated. Starting out as blurry vision, over the years his eyesight decreased until he became completely blind in one eye. At that time, he worked as an agricultural day labourer and was able to provide for him and his wife. Two years ago, he noticed that vision in his left eye was deteriorating. His vision decreased so quickly that soon he was not able to work anymore. His eyesight

is now so bad that even at home he requires a lot of help from his wife. Especially at night he is not able to walk around by himself and needs somebody to accompany him. Even during the daytime, when his wife is at work, he has to use his hands to find his way to the bathroom. He also has more and more trouble recognising faces, even if people are standing close to him. U Myint's wife works as a masseuse and both of them have to live off of her income. Taking care of U Myint and trying to earn enough to cover daily expenses often leaves his wife exhausted.

U Myint's condition greatly depresses and worries him, "I fear that I will become completely blind and I feel guilty because I have to rely on my wife's income. I hope that my vision can be restored, which will allow me to work again and stop being a burden for my wife."

BCMF suspects that U Myint Maung is suffering from glaucoma in both eyes and is currently in the process of referring him to an eye clinic for further investigation.



2.2 FEMALE REPRODUCTIVE HEALTH AND RIGHTS WORKSHOP

Although adolescents account for around 20% of Burma's total population⁴, knowledge and education about reproductive health remains very limited. The lack of education as well as the fact that sexual and reproductive health is still considered a taboo subject leads to limited knowledge about menstruation and hygienic menstrual practices among women.⁵ However, reproductive health education continues to be neglected throughout Burma. This has numerous repercussions, including, but not limited to, unplanned pregnancies, missed classes during menstruation and increased exposure to infection from unhygienic methods of managing their menstruation.^{6 7}

Giving 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 to attend school or work consistently throughout the month, every month.

Educating the population on broader reproductive health topics and reproductive rights will ultimately have widespread social, economic and health outcomes for girls, women and their communities as a whole.

Activities

On the second day of the mission, BCMF team members held two workshops on reproductive health—one in the morning and one in the afternoon—at the monastery where the eye screening took place. In total, 76 women between

⁴ Ministry of Immigration and Population (2015). The 2014 Myanmar Population and Housing Census. <https://reliefweb.int/report/myanmar/2014-myanmar-population-and-housing-census-thematic-report-children-and-youth-census> , pp.19.

⁵ UNFPA (N/A). <http://myanmar.unfpa.org/en/node/15283>

⁶ Burnet Institute (2018).

https://www.burnet.edu.au/news/917_landmark_study_into_adolescent_health_in_myanmar

⁷ Sommer, M. (2017). <https://theconversation.com/why-a-monthly-period-is-especially-hard-for-millions-of-women-and-girls-around-the-world-78235>

the ages of 14 and 43 from adjacent villages attended the two workshops. Each workshop ran between three and four hours.

The workshop began with an ice breaker; participants and BCMF staff gathered in a circle, introduced themselves and were asked to name their favourite body part. This exercise familiarised the participants with the BCMF staff, made them more comfortable talking about their bodies and helped to create a relaxed atmosphere.

The presentation of the workshop material started with the basic anatomy of the female reproductive system. After the anatomy, participants were divided into several groups for an activity. Each group was given a large sheet of paper and drawing supplies and was tasked with drawing the female body and highlighting changes that occur during puberty. After the drawings were completed, the groups presented their representations in front of the other participants.

After the drawing activity, the trainers continued with the workshop material. The following key topics were covered:

- Anatomy of the female reproductive system
- Puberty
- Menstrual cycle and managing menstruation
- Sex and contraception
- Sexually transmitted diseases and safe sex
- Basic hygiene

To aid in the presentation of the material, the trainers used a large flipchart with relevant pictures and text. The flipchart content was created by the BCMF team and it was designed to be portable, durable and waterproof. Because BCMF often works in areas with limited to no electricity, the flipchart was designed to be an electricity-free alternative to modern and traditional visuals, like a PowerPoint presentation.

The workshop also included a hand-washing exercise, in which participants were taught about general hygiene and proper hand-washing techniques. At the end of the workshop, participants were asked how they currently manage their menstruation. Most women reported using disposable sanitary pads. BCMF then introduced them to reusable sanitary pads. Reusable sanitary pad kits, made and provided by Days for Girls, were distributed to interested girls and women of menstruating age and BCMF staff demonstrated how to use and wash them.

After each topic, participants were able to ask questions and engage in discussion with each other and the trainers. Once the workshop was completed, a voluntary focus group discussion (FGD) was conducted with some of the girls and women. Participants were asked for their feedback on the workshop: What did they like? What did they not like? What could be done to improve? Additionally, BCMF asked some questions to better understand the local context and inform future activities: Did their parents or caretakers talk to them about reproductive health? Did they have female family members or friends who did not attend the training, and if so, why? Was the date and time of the workshop conducive to their work or personal responsibilities? The information gathered in the FGDs will be used for output evaluation, to identify good practices and improve future workshops.

Overall, the workshops were received with enthusiasm and curiosity. Participants were engaged, listening attentively and asking many questions. The women expressed interest in participating in additional health education workshops and urged BCMF to return so others in their village and neighbouring villages could attend the same workshop. Some men who were at the monastery during the workshops also expressed interest in a reproductive health workshop for boys and men.

After the workshop, three additional women approached the reproductive health trainers and explained that they were not able to attend the workshops,

but are interested in the reusable sanitary pad kits. A BCMF trainer sat with the three of them and explained how to use and wash the kits and gave one to each woman.

Beneficiaries and Output

Direct beneficiaries: **79 women (age 14-43)**
 Indirect beneficiaries: **Family members, friends and neighbours**
 Targeted areas: **Min Ywar and Nay Yin Villages**
 Reusable sanitary pad kits distributed: **79**

Figure 6: Age Distribution (WSRH)

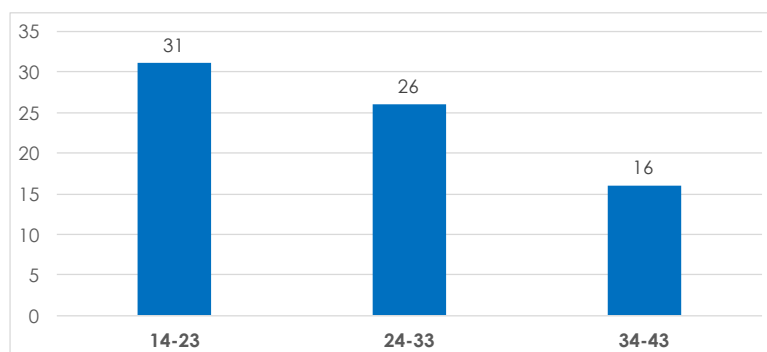


Figure 7: Marital Status (WSRH)

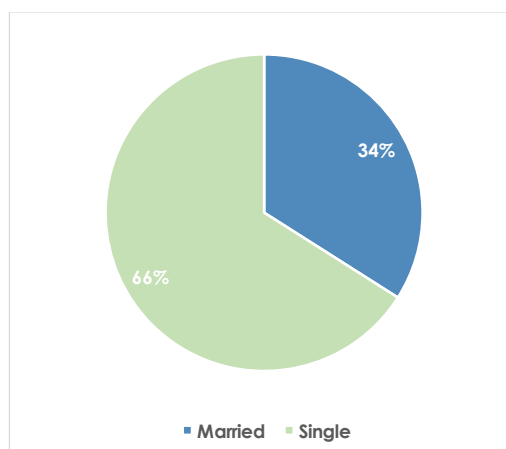
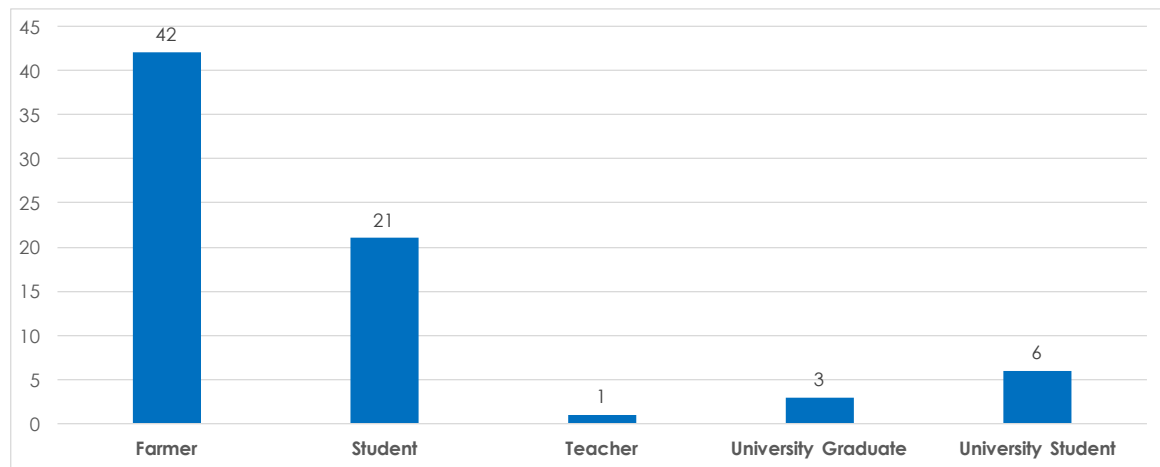


Figure 8: Occupation (WSRH)





2.3 WHEELCHAIR FITTING

In 2014 the Myanmar Ministry of Social Welfare conducted the 2014 Myanmar Population and Housing Census, which included the first nationally representative situation of disability.⁸ According to the census, Myanmar has 2,311,250 persons, or 4.6% of its population, living with some form of disability. Out of these 4.6%, more than a quarter has multiple disabilities.

At the household level, there are more than 1.7 million households, or nearly 16% of conventional households, with at least one person living with a disability. Compared with other countries in South East Asia, these numbers are still relatively low, which is likely due to the narrow definition which defines disability as, “a restriction or lack of ability because of impairment”.⁹

A wheelchair increases mobility and can lead to empowerment and overall well-being. Mobility is an important prerequisite to participate in community life and to access education as well as healthcare.¹⁰ However, wheelchairs and trained technicians that fit wheelchairs to a patient's needs are still rare in Burma.

Thanks to the donations of two organizations, BCMF is able to provide patients in Burma with wheelchairs. Wheelchairs for adults are donated by the Rajanagarindra Institute of Child Development (RICD) and wheelchairs for children are donated by Wheelchair For Kids (WFK).

⁸ UN Stats (2017). Disability Statistics in Myanmar Highlight from 2014 Population & Housing Census. <https://unstats.un.org/unsd/statcom/48th-session/side-events/documents/20170309-2L-Khaing-Khaing-Soe.pdf>

⁹ Ibid.

¹⁰ World Health Organisation (2018). Wheelchair publications – an overview. http://www.who.int/phi/implementation/assistive_technology/wheelchair-publications/en/

Activities

On the first two days of the mission, BCMF's wheelchair technician examined potential wheelchair recipients to decide whether or not they are in need of a wheelchair. To fit the wheelchair, the technician first measured a person and determined how to adjust the seat, back and armrest accordingly. After the wheelchair was assembled the technician checked if the fit is correct and made adjustments, if necessary. Patients should be comfortable in the wheelchair and able to sit in an upright posture. They also need to be able to operate the wheelchair without pressure or friction from the chair to ensure safety and support while using the wheelchair.

The technician also educated the patients as well as family members and caretakers on how to use and maintain the wheelchair. In addition, he advised them on how to relieve pressure and soreness, which can be caused by operating a wheelchair for extended period of time.¹¹ BCMF provided patients, family members and caretakers with a wheelchair manual that summarises proper wheelchair maintenance and pressure relief techniques.

Output

Direct beneficiaries: **Five wheelchair recipients (three adults, two children)**

Indirect beneficiaries: **Family members, friends and caretakers**

¹¹ For a quick guide on wheelchair fitting, see: Ferrara, Nicolas (2017). Wheelchair Seating and Fitting Basics for Physical Therapists. <https://newgradphysicaltherapy.com/wheelchair-seating-patient-positioning/>



3 CONCLUDING REMARKS AND OUTLOOKS

U San Thein (61) – Local Leader of the National League for Democracy & Assistant to the Village Leader of Nwe Ni and **Ko Myint Naing** (50) – Local Leader of the National League for Democracy & Social Worker in Nay Yin:

“In the past, Burmese health organisations have conducted eye screenings in townships on the mainland, but no organisation has ever come directly to our island. I believe this is due to the remoteness of our villages. Health workshops are rarely conducted, even on the surrounding mainland. At one time, we were informed that a governmental organisation is offering health training, but the workshop was in Yasagyo Township, which was too far away for the villagers living on this island [approx. half a day of travel]. This is the first time an organisation has come directly to our island and worked with our people.

The workshop [on Female Reproductive Health and Rights] is very important for our people, especially in order to raise awareness and provide information about protection against sexually transmitted diseases. In the past, we had a few cases of HIV in our villages. For some people, the disease was fatal, and others still have to get medicine from the nearest townships to treat their illness. We believe a similar workshop for men would be a great chance for them to learn about these topics as well. Furthermore, not everybody had the chance to attend the eye screening this time, because many people had to work on farms. We would be very grateful if BCMF could return in the future.

When BCMF first came to our island to assess the situation and informed us that they can conduct eye screening and health workshops, we were very sceptical. At that time, we did not really believe that BCMF would actually come to our island, because it is overlooked by most organisations and even the government. But seeing BCMF's work in the past days makes us very thankful.”

U Pyin Nar Won Tha – Head Monk of Ma Ni Yadanar Monastery:



“The first time I heard of BCMF was when a fellow monk from the Htantabin monastery [in Yangon Division] told me about the organisation. When he told me about the work BCMF has done in the past, I was keen to invite the organisation to our island. I believe that the health workshops are greatly beneficial for our community. It is important that women and teenagers get educated on these matters – for their own health, but also in order to

share their new knowledge with family members and friends. Eye problems are one of the biggest health issues for our community. Bad vision can severely impair the lives of people and their families. Usually people have to travel long distances in order to get their eyes checked and receive glasses, which is not possible for everybody. I am grateful for BCMF's work and hope that the organisation will be able to visit our community again in the future. If so, BCMF is welcome to stay at our monastery again.”

Outlook

- BCMF has been requested to visit the island again to conduct another eye screening and provide similar health workshops. The preliminary plan is to visit the island to run another health workshop in November 2018 and conduct an eye screening mission in February 2019.
- The village and community leaders have also expressed plans to set up a clinic near Ma Ni Yadanar Monastery in the future and have requested BCMF's support for the planning process.
- BCMF is currently evaluating the possibility to take in an intern from local communities on the island. An intern would receive training at BCMF's office and serve as a contact between BCMF and the community in the future.

