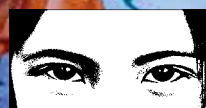


# Myanmar: Mobile clinics, a ray of hope

Excerpts from our magazine published in June 2023



**Terre des hommes**  
Helping children worldwide.



**Naing Aung**

Deputy Delegate of  
Terre des hommes  
in Myanmar

## Adapting to the chaos of everyday life

When Terre des hommes launched its project in 2016, I didn't expect what we were going to be facing. Nobody was expecting it. Myanmar was making progress and daily life was going on as normal. At the time, Terre des hommes had chosen to set up in peri-urban areas, as we tended to forget these underprivileged neighbourhoods near the big cities, where informal housing had developed. In collaboration with the local authorities at the time, we launched a project in Hlaingtharya, in the western suburbs of Yangon. The goal was to improve access for very poor families to essential health, water, sanitation and nutrition services.

But I was far from thinking that we would have to go through such difficult times. Over the past two years, the context in Myanmar has changed completely. The country is suffering from a political crisis coupled with an economic crisis. Inflation is strangling the population and the most vulnerable are struggling to feed themselves, creating a situation of chaos. It's heartbreaking to see this happening to your own country. At the end of 2021, to make matters worse, some of Hlaingtharya's slums were dismantled and the people living there found themselves without

*«Faced with this emergency,  
we adapted our activities  
and extended them to many  
more families.»*

alternative accommodation. Faced with this emergency, we adapted our activities and extended them to many more families. In this difficult context, I'm proud to be able to put my skills to good use to help the most disadvantaged, and grateful to be part of such an outstanding team.

Here, uncertainty rules and we have to adapt to the chaos of everyday life. One of our priorities today is to provide our services while protecting our staff and volunteers from insecurity. Unfortunately, the current context doesn't allow us to look ahead, but you will see in the following pages how Terre des hommes is succeeding in considerably improving the living conditions of the most vulnerable families. There is a huge gap to be bridged between the needs of the population and the means they currently have at their disposal. Myanmar faces many challenges on a daily basis, but the population is showing great courage in moving forward. I see it every day.

Naing Aung

A handwritten signature in blue ink, consisting of stylized, overlapping loops and lines.



# Mobile clinics, a ray of hope for families

To respond to the emergency in Myanmar, which is marked by a political crisis and galloping inflation, Terre des hommes is deploying mobile clinics. Every day, they go out to meet families in need who have no access to healthcare. An immersion in a chaotic daily life where hope, courage and resilience take over from despair.

Every morning, the Terre des hommes (Tdh) teams take stock before going to the Hlaingtharya office. If there are demonstrations, access is impossible. Once the situation is clear, they meet in the organisation's offices. Then the doctors and staff load up a van with medical equipment and set off for a location agreed the day before in Hlaingtharya or Shwepyithar, two townships where Tdh activities take place. They are on the banks of the river Hlaing. Just a stone's throw away, you can see the outlines of a wealthy district with a golf course and luxury hotels.

The informal settlements are a far cry from the glitz and glamour. To reach its destination, the van bites the dust on bumpy dirt roads that run alongside precarious housing. Most of these are frail huts with bamboo floors, wooden poles and galvanised steel roofs dotted with holes. Roof openings are sealed with pieces of cardboard. Some of the huts are on stilts to prevent flooding. The area is marshy and the rainy season, from June to October, causes the waters of the Hlaing and the many surrounding ponds to overflow. Rubbish and rubble, thrown into the bottom of the ponds, float to the surface around the houses. The stench is part of everyday life. Since entire neighbourhoods were dismantled at the end of 2021, many families have found refuge inside large buildings that are not normally habitable. Thant Sin Aye, one of Tdh's doctors, sums up the situation. *"Seven or eight people are crammed into small rooms that they rent. They cook, wash and sleep in the same place. Some of them don't even have windows, can you imagine that?"*

The majority of the population in these townships is made up of migrants who



Most huts have bamboo floors, wooden poles and galvanized steel roofs dotted with holes.

fled rural areas for economic or security reasons, or as refugees following the damage caused by cyclone Nargis in 2008. Shwepyithar is Yangon's industrial suburb. There are many factories and construction sites where men are employed as day labourers. Others scavenge for waste, which they then sell to recyclers. Women are generally employed in factories, even during pregnancy.



*«Some homes don't even have windows, can you imagine that?»*

Thant Sin Aye, Tdh doctor

At home, some make soap or cook meals for resale. The population is therefore active, but Myanmar's economic situation, stifled by inflation, means that salaries have reached a ceiling.

**“His chances of survival were very slim”**

The van criss-crosses the streets of these neglected areas carrying all the equipment needed to provide treatment. Setting up a mobile clinic has been a daily challenge in Myanmar since 2021. With the current situation putting a strain on public hospitals, Tdh has chosen this solution to bring care to the most vulnerable. On average, eight sessions a week are organised for pregnant women and children under five. The doctors set up the clinic in a house or an official building, such as a library. A few minutes later, the families, who have been informed the day before, are ready for their consultations. It was thanks to the presence of these mobile clinics that Daw Aye Mar, alerted by the worrying condition of her neighbour's grandson, was able to save little Pyae Sone Aung, who had just celebrated his first birthday. He was suffering from malnutrition and an infection. *"I took him to the mobile clinic," she explains. "He received medical treatment and food supplements. Since then, he has been in good health. The Terre des hommes doctors have enabled him to lead a*

< Thanks to the mobile clinics, Daw Than Wai's grandson Pyae Sone Aung was saved and celebrated his first birthday.



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**Doctor Yee Cho Hnin examines Pyae Sone Aung during a mobile clinic session.**

*normal life, whereas before, his chances of survival were very slim."*

Daw Aye Mar, 58, a member of the mothers' support group, looks after her grandchildren, aged 10 and 7. The family lives under a roof made from pieces of bamboo salvaged from an abandoned hut nearby. Dae Aye Mar earns little money by selling takeaway food. At the same time, she is part of a group that helps to identify and support the most vulnerable people in the community, while coordinating with Tdh. On consultation days, she and other volunteers welcome patients before introducing them to the medical teams. The doctors adapt. In the absence of a chair, Thant, dressed in a shirt and the traditional longyi, a large cloth that wraps around his waist, often sits on the floor facing the children. Taking turns wielding a pen or stethoscope, he auscultates, questions, notes, prescribes or warns. If he detects a pathology too serious to be treated in a mobile clinic, he refers the patient to a hospital, in which case the case file is examined for possible financial support from Tdh.

The various services coordinate to meet the needs of the community. And there are many needs.

**Children looking for rubbish to sell**  
 Htet Aung Kyaw, in charge of the health programme for Tdh, describes the emergency: *"According to a study carried out on more than 400 households in partnership with Unicef, 40% of those questioned replied that they had considerably reduced their food consumption. For many families, feeding themselves has become their only daily task.*

**«40% of those questioned replied that they had considerably reduced their food consumption.»**

Htet Aung Kyaw,  
 in charge of the health programme

*And when they do manage to find something to eat, it is sometimes just rice. The lack of food or the uniformity of the diet cause serious health problems for the children. This puts them in a particularly difficult situation,*

*with 40% of them dropping out of school. Parents keep them at home for economic reasons, and older children look after siblings or work. Others are kept out of school for security reasons", as Daw Than Wai, Daw Aye Mar's neighbour, who lives with Pyae Sone Aung and two other grandchildren, tells us. "I don't dare let the children go back to school because the situation is turbulent and we could have to flee at any moment". In the absence of school, Naing Lin Oo and Aung Naung Htwe, the two older children aged 8 and 13, try to earn their daily meal, walking barefoot in the streets. "In the morning, we play and around midday, we go quite far to collect rubbish to recycle", they say. "We then manage to sell our daily collection to buy food. Sometimes it's dangerous and we have to run away because people call us thieves and threaten us."*

Another serious problem threatens children. Due to a lack of resources, parents are unable to cover medical expenses such as vaccinations or travel to hospital. According to the study conducted with Unicef, 25% of parents have stopped giving their children booster vaccinations. A situation that worries Thant. *"If children can't complete their full vaccination schedule, we're going to have a real problem in the long term because they could be affected by serious diseases."* What's more, many births take place at home because the parents can't afford to travel to the hospital. Here again, the consequences are serious, with an increase in infant mortality and complications for mothers.

**Latrines and baby pots revolutionise everyday life**

The volunteers responsible for mobilising the community and members of the mothers' support groups try to

raise awareness of these issues through prevention sessions. For example, Daw Aye Mar explains her role with breastfeeding mothers who cling to the ancestral practices in force here, where it is said that water should be given in addition to breast milk. *“Thanks to my help, some mothers have changed their behaviour and are now exclusively breastfeeding.”* Ei Ei Khine, a young mother of a 10-month-old baby, also demonstrates the effectiveness of Tdh’s activities, which provide financial aid in cash to meet the most urgent needs (see box). *“I intended to give birth at home, but the midwife told me that my state of health didn’t allow it. So I gave birth by caesarean section in a private hospital with the help of Terre des hommes.”* Hnin Ei Phyu, 36, received support for the birth of her fourth child. *“I received financial support during my pregnancy, after the birth and when my husband was in hospital because of an accident at work. As we had no income, the aid enabled us to buy everything we needed for a week.”*



^ Young mother with her child, who received financial help from Tdh’s cash transfer service.

His family has also been helped with the installation of sanitary facilities, another major problem in the community. For example, it can happen

that 30 people share just one toilet. The installation of latrines represents a real improvement in living conditions. Community volunteer Ko Zaw Min

explains: *“When I first entered Hnin Ei Phyu’s family’s tiny hut, there was a mess and a terrible smell because the toilet was just three metres from the*

### Cash transfer service, instructions for use

When they find themselves in an emergency situation, families borrow at unsustainable repayment rates. Unscrupulous loan sharks offer 30% loans repayable in seven days. Ma Hnin Ei Phyu explains, for example, that because she was late in returning the money, she had to pay back interest that exceeded the amount of the loan. Tdh can give some people a break by offering cash assistance to the most vulnerable so that they are less dependent on these dangerous loans. Families who can benefit from this initiative receive a money transfer of around 20 Swiss francs every two months. This money is used to buy hygiene products, medicines or food. As the families have difficulty getting around, the cash assistance also enables them to be more mobile and therefore to access healthcare more easily.





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Hnin Ei Phyu, 36, and his family in their hut in Hlaing Thar Yar, Yangon.

house, with no walls to ensure privacy. Tdh installed pit latrines and when Ko Zaw Min returned to see Hnin Ei Phyu, he saw the change. The hut was tidy and smelled good.

*«As we had no income, the aid enabled us to buy everything we needed for a week.»*

Hnin Ei Phyu, 36

Awareness-raising also involves the arrival of new objects in everyday life, such as the baby potty. Ma Aye Myint, a mother of two, is a witness of this revolution. *“I’d rarely seen a potty for little ones to go to the toilet, and I thought it was only for rich families. Today, my baby uses the potty and is clean! I’m extremely grateful to Terre des hommes.”*

*In crisis situations, humanitarian aid brings small successes that build big victories. As Htet, in charge of the health programme, concludes, “we*

**“Anyone who wants to change others has to change themselves”**



sticking out and I always clean my hands before eating. I thought I had a stomach problem, but now that I have a different hygiene routine, everything is fine.”

Ko Zaw Min, a community mobiliser, is proud of the progress he has made in personal hygiene thanks to Tdh’s activities to facilitate access to water and sanitation. “Anyone who wants to change others has to change themselves. Thanks to the Tdh training courses, I have learnt more about hygiene, sanitary latrines, the correct disposal of waste, and so on. My personal hygiene has improved and now I never leave my fingernails

*must always find reasons to be optimistic for our magnificent country”. He is banking on the resilience and determination of his people, while waiting to see the general situation improve. “There is an enormous amount of talent and commitment in Myanmar,*

*which gives me hope for a bright future. Today, there are many challenges, but I hope that we will soon have a peaceful, prosperous and more inclusive country.”*

Marc Nouaux

## Let's hear from: Naw Ester Phyo, community mobiliser in Myanmar

Naw Ester Phyo, 26, has been a community mobiliser for Terre des hommes (Tdh) since 2022. As a student, she was forced to drop out of university due to the economic situation, and joined Tdh to help her community. Find out how she lives this commitment to healthcare and the positive stories she has witnessed.



*“Today, I see mothers identifying health problems in their children on their own. For example, they know how to spot diarrhoea and are aware of the risks involved for the child.”*

### **What are some of the most powerful moments you've experienced since you started working with Terre des hommes?**

I remember a grandmother who broke down in tears during an education session on dengue fever. She was touched by the thought of her grandson who had suffered brain damage as a result of the disease. She was telling the other women present how lucky they were to be informed about dengue fever and to have help in treating it.

I also remember a mother who had lost her baby to diarrhoea. She spoke out in front of the others to warn of this danger to children. Her tears and her testimony touched the other mothers, who then said that this type of intervention encouraged them to change their behaviour and better anticipate and prevent illness in their children.

### **What does humanitarian work mean to you?**

Taking part in the Tdh training courses has given me the confidence to speak out in public and raise awareness in the community. My relatives are used to getting involved in community work, so I've always been involved in this kind of initiative during my school vacations. I've been an enumerator in rural areas and I've also taught foreign languages and IT to children. I've always felt the need to get out there and get involved.

### **Can you describe your day-to-day work?**

I inform mothers, volunteers and mothers' support groups when the mobile clinic is coming. During the session, I coordinate between the Terre des hommes staff and the families supported. I also meet the mothers once every two months for healthcare training. I fill in each patient's data to keep the files up to date. I also have to identify families who are eligible for Tdh support. To do this, I get in touch with key members of the community who tell me where I can find the people who most need our services.

### **How do you monitor the families?**

Unfortunately, because of their economic situation, families move a lot. They move closer to places where they can find work. Often, they stay in the same township, but it's a big place, so it's hard to find them when they need follow-up. During my first six months as a community volunteer, I found it difficult to locate them, but now I'm able to contact them by phone and track them down. And if they don't have any means of contact, I rely on discussions with neighbours to help me find them.

### **What other challenges do you face?**

I sometimes find it difficult to get certain families to embrace the concepts of hygiene and health prevention, because of



their level of education and knowledge on the subject. But the group sessions help to raise awareness.

*“One of the biggest problems is the lack of proper sanitary facilities. That’s why the project to improve access to water and latrines is so important.”*

One of the biggest problems is the lack of proper sanitary facilities. That’s why the project to improve access to water and latrines is so important. We need to do even more, and we hope to have more resources to help more pregnant women in need. There is also the problem of waste management. We’ve managed to create fertiliser with some of the waste. I can now see flowers growing and that makes me happy.

### **What changes make you proud and optimistic?**

When I enter these neighbourhoods, people greet me with a smile. Today, I see mothers identifying health problems in their children that they didn’t know how to detect before. For example, how to identify diarrhoea and be aware of the risks it entails for the child. In addition, there has been real progress in terms of hygiene with the use of the baby potty, which many families are discovering. They need to learn to make it part of their child’s routine. Prevention is also effective, particularly when it comes to pregnancy complications, encouraging pregnant women to visit their doctor at least four times before giving birth. All these advances make me proud. In these difficult times, we have to stand strong and rejoice in the progress we’ve made.

Community mobiliser Naw Ester Phyto meets a family in Yangon.





## How you can help

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