

"Unlocking the potential for scale and engaged uptake of mHealth solutions through long term partnership"

Use Case of collaborative engagement in Myanmar by
Danish Red Cross, Myanmar Red Cross Society and Maternity Foundation

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PARTNERS	Maternity Foundation, Danish Red Cross, Myanmar Red Cross Society
CONTACT PERSON	Helena Lassen, Senior Programme Manager / email: helena@maternity.dk

Executive Summary

Despite considerable efforts over the past decade to reduce the number of maternal deaths in Myanmar, the maternal mortality rate remains high. In fact, Myanmar maternal mortality rate for 2017 was 250, a 2.04% increase from 2016¹. Thus, the need to improve service coverage as well as quality of care, to reduce the high maternal mortality remains as important as ever.

The Maternity Foundation (MF) started collaborating with relevant partners in Myanmar as early as 2015, and in February 2018 the Myanmar version of the Safe Delivery App (SDA) was approved and launched in Yangon. The App was introduced to various user-groups through one-off trainings. However, it was the partnership with the Myanmar Red Cross Society (MRCS) and the Danish Red Cross (DRC) that created the platform for continued scale and uptake of the App. The SDA was integrated into the implementation of the Red Cross led part of the comprehensive project "Reproductive, Maternal, Newborn, Child Health (RMNCH)". The Safe Delivery App (SDA) was a suitable addition to the RMNCH project as the SDA could be 'plugged' directly into ongoing activities. Key health care personnel were trained on core clinical topics, and the Safe Delivery App served as a digital learning and teaching tool during the training. The majority of the participants reported that they continued to use the App 20 months after the training.

Knowledge and confidence were higher 10 months after the training than before the training, and 70% of the participants reported that they used the App 1-3 times a week. 20 months after the initial training, 65% of the participants reported that they continue to use the App 1-3 times weekly, which is a good indication of continued usage. App tracking in Myanmar similarly showed a continued high level of engaged app usage, despite a drop from the period straight after the training (Feb -Nov 2019) to the following period (Dec 2019 – Nov 2020). The knowledge and confidence levels remained higher 20 months after the training, despite a small decrease from the midline to endline.

The successful partnership between MRCS, DRC and MF as part of the "Reproductive, Maternal, Newborn, Child Health (RMNCH)" project has led to the joint development of a new project in Myanmar specifically on COVID-19.

Partners

Maternity Foundation (MF)

MF is a Danish development organization, established in 2005. We aim to reduce maternal and newborn mortality in low- and middle-income countries by implementing sustainable, innovative mobile health solutions. With the University of Copenhagen and University of Southern Denmark we developed The Safe Delivery App. The App uses simple, intuitive animated instructions to guide healthcare workers in basic emergency obstetric and newborn care. The App is today implemented across sub-Saharan Africa and Southeast Asia. It is free and available for download in both Google Play and App Store, and it works offline once downloaded.

Danish Red Cross (DRC)

As a member of the Red Cross Movement, the Danish Red Cross (DRC) is part of the world's largest humanitarian and development network of volunteers and staff. The vision of the DRC is through voluntary action to prevent and alleviate discrimination, human suffering and distress. DRC's national and international work is mutually inspiring. Volunteers in DRC's local branches throughout Denmark contribute to the international work through income from second-hand shops and through twinning programmes. Danish Red Cross (DRC) has worked in Myanmar since 2004 and has an extensive programme portfolio in cooperation with MRCS.

Myanmar Red Cross Society (MRCS)

The Myanmar Red Cross Society (MRCS) is an auxiliary to its public authority and is guided in its humanitarian operations by the 7 Fundamental Principles of the Red Cross and Red Crescent (RCRC) Movement. MRCS is the largest humanitarian organization in Myanmar with a nationwide network of over 44,000 trained volunteers organized in 330 township branches.

¹ Source: <https://www.macrotrends.net/countries/MMR/myanmar/maternal-mortality-rate#:~:text=Myanmar%20maternal%20mortality%20rate%20for,a%200.41%25%20decline%20from%202015>.

The Maternal and Newborn Health Landscape in Myanmar

The diversity of Myanmar can be captured in a handful of characteristics. There are over 130 different ethnic groups, numerous languages spoken, a diversified religious practice across the country, and a varied landscape, stretching from mountainous terrain, lowlands and extensive coastal line. It has a population of approximately 54 million today, with the majority living in rural areas.

Myanmar transitioned to a civilian government in March 2011, bringing changes across the society, including the health care system. Today the primary health care provider is Ministry of Health and Sports, with national and international non-governmental organizations and community-based organizations supporting the provision of healthcare services across the country². While much progress has been documented in the country over the past decade, many challenges are yet to be solved, for example *"In the field of healthcare, there are problems in maternal and child health, nutrition, infectious disease controls, tobacco controls, access to healthcare services, and quality of services"*³. Key challenges in the field of maternal and newborn health include high maternal mortality rates, quality of health service provided, skills of cadre, access to health care. Many of these existing challenges have been exacerbated by the COVID19 pandemic.

UNFPA Midwifery report (2014)⁴ states that there are over 1,5 million pregnancies per year in Myanmar. Despite vested efforts over the past decade to reduce the nr of maternal deaths, the rate remains high. In fact, Myanmar maternal mortality rate for 2017 was 250.00, a 2.04% increase from 2016⁵. Thus, there is a need to improve service coverage as well as quality of care, to reduce the high maternal mortality. *"... a maternal death review in 2013 reported that 38% of maternal deaths were due to postpartum haemorrhage, followed by pregnancy-induced hypertension 21% and abortion 12% (Maternal and Reproductive Health Division, 2014). Majority of these maternal deaths can be prevented by proper care during pregnancy and delivery by a skilled professional, and by timely management and referral."*⁶

Since 2000, the newborn mortality rate has declined 2,7%⁷. While this is commendable progress, the focus needs to remain on key maternal and newborn indicators - newborn mortality rate remains at 23 deaths per 1000 live births, with Preterm birth complications (32%) and Intrapartum related events (27%), as lead causes⁸. UNICEF in its analysis concludes that half of all deaths among children occur in the first month of life and often due to preventable causes (e.g. such as low birth weight and other complications related to prematurity). Furthermore, only 37% of deliveries are in a health facility, and just 60% of infants are delivered by a skilled medical provider, of which many are home births⁹. Quality of antenatal, skilled delivery and postpartum care therefore needs to remain a high priority in the country.

² Source: p. 2 / Nagoya J. Med. Sci. 78. 123 ~ 134, 2016 / Healthcare in Myanmar; [\(PDF\) Healthcare in Myanmar \(researchgate.net\)](#)

³ IBID

⁴ Source: https://www.unfpa.org/sites/default/files/pub-pdf/EN_SoWMy2014_complete.pdf

⁵ Source: <https://www.macrotrends.net/countries/MMR/myanmar/maternal-mortality-rate#:~:text=Myanmar%20maternal%20mortality%20rate%20for,a%200.41%25%20decline%20from%202015.>

⁶ Source: WHO report – International Journal of Population Studies. Maternal mortality and fertility in Myanmar: State of the art Myint Myint Wai^{1,2*}, Espen Bjertness², Thein Thein Htay¹, Tippawan Liabsuetrakul³, Johanne Sundby²

⁷ Source: <https://www.healthynewbornnetwork.org/country/myanmar/>

⁸ Source: <https://www.healthynewbornnetwork.org/country/myanmar/>

⁹ Source: <https://www.unicef.org/myanmar/health-and-nutrition/maternal-new-born-and-child-health>

COVID 19 pandemic has exacerbated many of the challenges in reducing the mortality rates and improving the quality of care. It has been noted there have been disruptions in essential primary health services due to repurposing of health care staff and closure of some outpatient services, changes in health-seeking behaviour at individual and household level, and overall impact on socio-economic factors which often play a crucial part in efforts in reducing the mortality rates and improving the quality of care. One way to support the improvement in the quality of care, both generally and during pandemics, can be through the use of digital health tools which aim to provide update information to even those who are hard to reach.

How it all started – the Safe Delivery App in Myanmar


Several years of work went ahead of the partnership with Myanmar Red Cross Society. Maternity Foundation's work in Myanmar started in 2015 with the Danish Women's Doctors Association which identified the need for midwives and skilled birth attendants to have immediate access to critical clinical protocols and information during obstetric emergencies. The identified need became the starting point for several years of collaboration towards the creation of a Myanmar version of the App.

2015 
**Establishing Partnership
 Clinical Review Team
 Identified**


A panel of in-country experts was identified consisting of health experts obstetrics and gynaecologists and paediatrics, Ministry of Health and Sports (MoHS) representatives, UNFPA, and WHO representatives based in Myanmar. The expert panel worked closely with the clinical team of Maternity Foundation.

2015-2017 
**Adaptation of
 Clinical Content**

A rigorous process unfolded in reviewing the full clinical content of the App and discussing suggestions for adaptation. The process was supported by a series of online and in-person meetings. Final agreement on the clinical content was an App that is adapted to Myanmar context and is in line with WHO guidelines.

2017 
**Translation,
 Audio recording,
 Production of the App**

With agreement on the clinical content in place, translation work commenced, followed by audio recording and adaptation of the graphic identity or visuals in the App.

2018- now 
**Publication,
 Implementation,
 Scale**

The Safe Delivery App for Myanmar was approved and launched in February 2018, in Yangon.

The Myanmar version of the App consists of 10 modules covering the seven Basic Emergency Obstetric and New-born Care (BEmONC) signal functions, essential preventative procedures, and newborn care.

Tested Models for App Uptake

With the App adapted to the national context and available on Google Play and iTunes, the next crucial step was to focus on App uptake across the country and to increase the engaged usage of the App content. Efforts clustered around two key approaches:

- i) one-off interventions responding to a specific request from an in-country partner and;
- ii) inclusion into ongoing in-country projects

The one-off interventions resulted in a handful of trainings conducted in various locations across different regions for pre-service and in-service users. The Ministry of Health and Sports largely led the roll-out of these trainings on tablets which drove the initial high uptake across Myanmar. Such interventions are generally important as they provide an opportunity to introduce the App to a broader spectrum of end-users and partners alike. Besides, they support the continued increase in the number of downloads and engaged users within the country.

However, it was the opportunity to include the Safe Delivery App into an ongoing Maternal and New Born Health intervention of the Danish Red Cross and the Myanmar Red Cross Society that contributed to sustaining the momentum of engaged App uptake in the project area. It also provided an opportunity to document improvements that the App can have on knowledge acquisition and retention. Equally important this longer-term collaboration was a steppingstone to explore new opportunities and modes of working by encouraging the App use as a self-directed learning tool outside the health facility, going beyond the primary use as a job aid.

Scaling with the Danish Red Cross and the Myanmar Red Cross Society

The collaboration between Maternity Foundation and the Danish Red Cross in Myanmar builds on a successful pilot project in Guinea that concluded in 2017. The project in Guinea, implemented by the Guinean Red Cross, focused on documenting changes in knowledge and confidence in basic emergency care among health workers and midwives associated with the programme. The Global French version of the Safe Delivery App was used in the programme.

In Myanmar, as in Guinea, the Danish Red Cross (DRC) has a long-standing engagement in the health sector with a particular focus on Maternal and New-Born Health. Jointly with the Myanmar Red Cross Society (MRCS), they have been involved in the implementation of a comprehensive project named "Reproductive, Maternal, Newborn, Child Health (RMNCH)" since 2017.

The Safe Delivery App (SDA) was a suitable addition to the RMHCH project as the SDA could be 'plugged' directly into ongoing activities. Key health care personnel were trained on core clinical topics, and the Safe Delivery App served as a digital learning and teaching tool during the training. The training focused on improving the clinical knowledge of the midwives, as well as increasing the confidence level of midwives in using the Safe Delivery App as a job aid at their respective health facilities and as a self-directed learning tool available at their fingertips anywhere and anytime.

Maternity Foundation provided training to MoHS trainers and consultants contracted by the Danish Red Cross to enable them to conduct in-country introduction training of the Safe Delivery App to the selected 61 midwives in February 2019. The introduction training of the midwives also took place in February 2019.

Maternity Foundation developed an M&E Framework to document the changes in clinical knowledge, confidence, and acceptability of Safe Delivery App. The surveys and feedback from the end-users were collected by MRCS staff before the Safe Delivery App introduction training. The midwives were asked to complete two surveys: one regarding their clinical knowledge and one on their self-reported confidence levels of managing complications (baseline February 2019). To capture

changes in clinical knowledge and confidence over time, the surveys were repeated at two additional time points – midline (November 2019) and at endline (Oct 2020).

The Reproductive, Maternal, Newborn, Child Health (RMNCH) Project

As part of the RMNCH programme, the Myanmar Red Cross Society and the Danish Red Cross focused on two Rural Health Centres (RHC) in Myo Thit Township, Maway Region (Illustrated in Green on the map). The project aimed at improving access to and utilization of Reproductive Maternal New-born and Child Health (RMNCH) services.

The target population includes 61,022 hard to reach rural people with a focus on women and children under 5 years old. **Key programme components are based on a concept of "continuum of care" and include:**

- a) Strengthening of health systems' capacity to deliver quality RMNCH services from household to township level;
- b) Empowering and building capacity in communities to address the most common diseases and health hazards;
- c) Enhancing capacities of Myanmar Red Cross Society to manage and deliver sustainable health activities.

Myo Thit

Myo Thit township has 1 Township Hospital, 7 Rural Health Centers (RHC) and 34 Sub-RHCs (SRHC) providing health services to a total population of 181,533. There are 53 Midwife positions, of which 87% are filled. At community level in the 66 project villages, 100% of the 55 Auxiliary Midwife (AMW) positions and 95% of the 66 Community Health Worker (CHW) positions are filled and now, due to the project, they receive support from the local Sub-RHC Midwife. Although the RHCs and SRHCs are staffed, there is a gap in their ability to cover all outreach areas due to distance, lack of funds for transport related costs and, in some cases, inaccessibility in the raining season. Some of the more remote SRHCs have a high turn-over of midwives, with frequent prolonged vacancies, as some have no safe accommodation and require long distances to reach (often by foot). The rate of Skilled Birth attendance is 68%, with most deliveries attended at home.

A further challenge for the health service providers is that many villagers are living in unregistered villages, which means that government services are extremely limited or non-existent. The Township Medical Officer (TMO) approved the training of AMWs and CHWs for these villages (approximately 22 extra villages) – the first time that these villages have ever had a health worker of any kind. Now, with the project in its final year, these villages are regularly visited by the SRHC midwife and the volunteers are provided with supportive supervision. This enables the villagers to access basic health care, including pregnancy/delivery/postnatal care and treatment of sick children under 5. In this context the offline accessibility of the Safe Delivery App is very well suited.

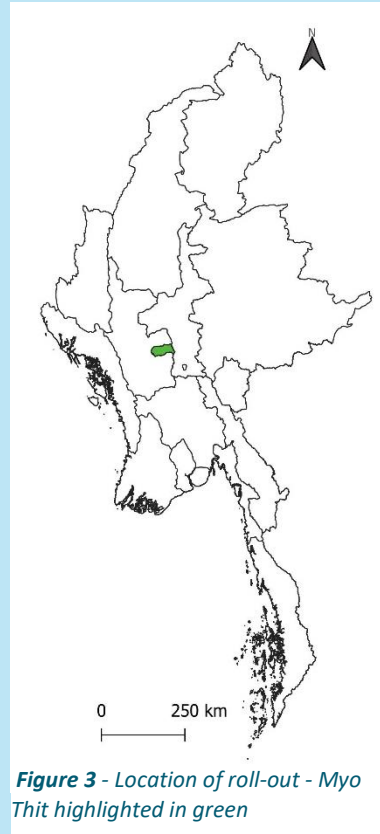


Figure 3 - Location of roll-out - Myo Thit highlighted in green

Progress and results

The core objectives were to assess changes in clinical knowledge and confidence levels of midwives in critical obstetric practices. Additionally, Maternity Foundation monitored data on App use at the country level. Monitoring the self-reported user patterns of the App through acceptability surveys and corroborating those findings with the App engagement data gave good insight into how and when the App tends to be used among midwives. Such information can help understand what impact the App has in contributing to changes in clinical knowledge and healthcare workers' knowledge retention.

Safe Delivery App Usage

In November 2020 10,825 Safe Delivery App users report to work in Myanmar. **75%** of the users of in Myanmar work in Primary health facilities.

5,703 users have accessed content 5 time or more



Figure 6 | Users by engagement level

Overall app usage in Myanmar:

- **89% (9,594) have used a feature in the App at least once** (video, action card, practical procedure, or drug)
- **53% (5,703) have used a feature five or more times.** Users who have used the App five or more times are considered 'engaged' users and these users tend to spend two and half minutes in the App each time they use it.
- **Most frequently viewed modules include:** Infection Prevention followed by Hypertension, Post Abortion Care and Active Management of Third Stage Labour (AMTSL).

Figure 8 | Distribution of module views in Myanmar since the project started

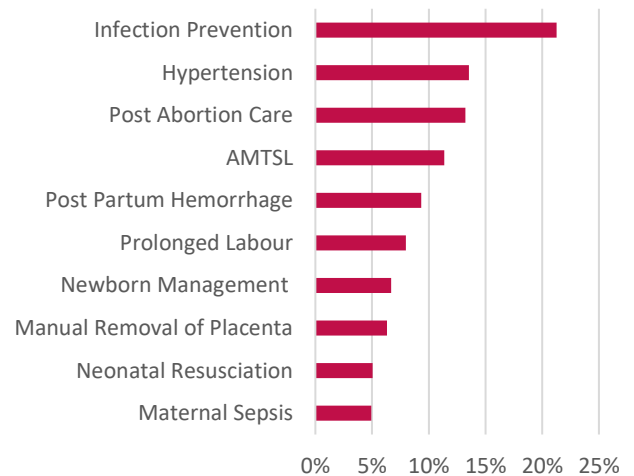
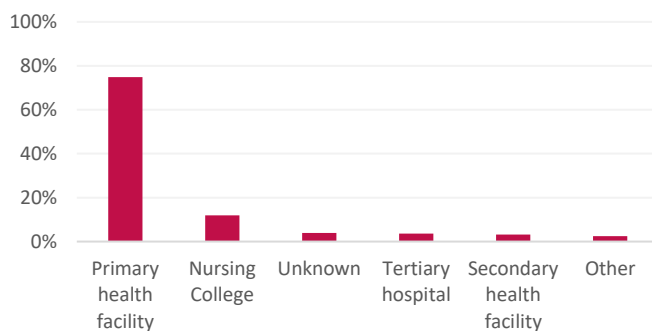


Figure 7 | Self-reported workplace of Safe Delivery App users in Myanmar



Zooming in on the project period reveals, that since the project launch, a constant number of users opened the App; approximately 5,500 in 2019, rising to ~6,000 in 2020. However, the user-patterns for the two periods indicate that users in Myanmar were more actively using the App during 2019 as compared to 2020. The proportion of engaged users dropped from 30% to 22%, and Active Users dropped from 76% to 65%. The average time per app session dropped from 2.5 minutes to 1.9 minutes per App session.

Knowledge, Confidence and Acceptability Results – Myo ThiT, Magway¹⁰

The knowledge level increased significantly from baseline to midline and from baseline to endline ($p < .05$).

The mean knowledge level at baseline was 41%, increasing to 54% at midline, and declining at endline 51%. There was a 24% increase in average knowledge level from baseline to endline.

The mean knowledge typically peaked during the midline assessment, as shown in Figure 10.

Figure 10 | Average knowledge level

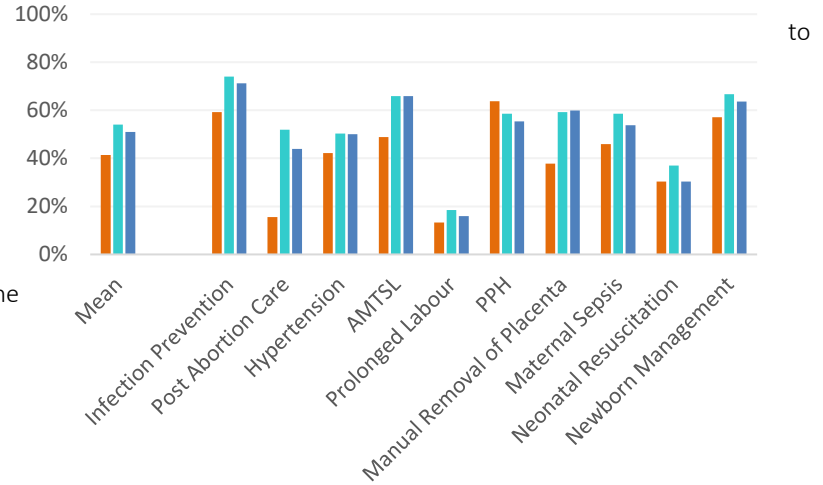
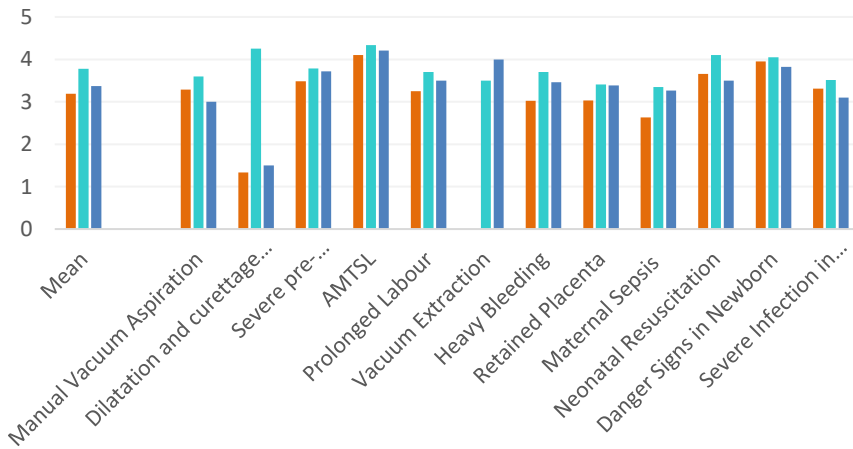


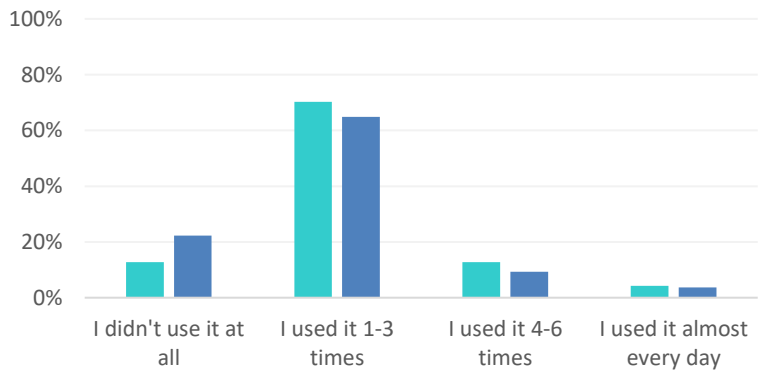
Figure 11 | Average confidence level



The average level of self-reported confidence increased from 3.2 to 3.4, suggesting that despite a small increase, the healthcare workers did not feel that they were coping when managing the complications throughout the project duration. It is reassuring that the confidence level remains in line with the knowledge level; confidence peaking at the same time point as the knowledge level did.

A high proportion of participants at both midline and endline reported that they used the App 1-3 times in the past week (70% and 65% respectively). At endline, there was a slight shift in self-reported use, and more healthcare workers reported that they didn't use it at all in the past week (22%) compared to midline (13%).

Figure 12 | App acceptability level



¹⁰ Refer to Myo ThiT, Magway end-line report for detailed results.

The increase in users reporting that they did not use it in the last week resonates with the observed drop in app usage from the first half of the project to the second half of the project as illustrated in Figure 9.

It is expected that active use of the App by e.g. revision of the material available on the App helps retain knowledge. The drop in app usage could be part of the explanation of the slight decline in knowledge observed from midline to endline. However, due to the inability to track only project participants, it is not possible to establish a direct link between declining app usage and declining knowledge scores. In future projects, agreements will be established to track project participants' via AppIds. This will enable a more in-depth analysis of user patterns' link with knowledge outcomes.

Interviews with Midwives

Three midwives from different villages participated in short interviews regarding their use of the Safe Delivery App. The interviews provided insights into their perceptions and usage of the App in addition to the quantitative survey data. All the midwives reported that their knowledge and confidence had improved since receiving the training and the App.



Figure 13| Midwives providing qualitative feedback, from left to right: Daw Hnin Yee, Daw Toe Toe Wai, Daw Zin Mar Nu

Daw Toe Toe Wai from Phyar Kone Village reported that not only had her clinical knowledge improved, but she felt more confident to conduct Health Education sessions in interesting ways for the participants. Another midwife, Daw Hnin Yee from Ta Lote Pin Village, increased her knowledge, on average on complications by 43%, and also commented that she had updated knowledge on PPH, AMTSL, Manual Removal of Placenta, and pre-eclampsia. While Daw Zin Mar Nu from Nat Ywar Village reported that she felt more confident, so much so that she no longer needed to call the Lady Health Visitor if she was unsure on how to manage a case. Instead, she could easily refer to the App.

Daw Zin Mar Nu explained that during a training session at the township hospital, an Auxiliary Midwife (AWM) was conducting a delivery, but the woman started to bleed. The AWM wanted to refer the woman, but the woman refused and called for a midwife. Daw Zin Mar Nu checked the drug list and the practical procedures for PPH, so she knew how to manage the woman and give the correct dosage of the drug. Using oxytocin and a saline drip, she treated the woman with confidence and did not need to refer.

Daw Hnin Yee had a case of retained placenta, so while she prepared to manage the case, she asked a colleague to open the App and find the video on manual removal of placenta. She followed the steps shown in the video – it was a very good outcome, and she was happy to have had the App to help guide her through it.

The midwives commented that they will continue to use the App once the project ends because it is very helpful. Daw Toe Toe Wai noted that having the App makes her feel safe because she can use the App to remember updated information and wants to be updated.

Partner Feedback

Partners emphasized open and honest communication as well as the Maternity Foundation's agile approach as important ingredients to the successful collaboration. Fran Stevens, the Health Programme Manager at DRC Myanmar, emphasized that the collaboration and communication between Maternity Foundation, DRC HQ and DRC Myanmar has been excellent, with open and honest communication which meant it was always effective. A global level strength, mentioned by Signe Frederiksen, Health Advisor, the Danish Red Cross HQ, is that *"Maternity Foundation are so attuned to the realities on the ground and very adaptive to opportunities (i.e. COVID-19) or changes in program implementation"*.

The partners also highlighted how the collaborative approach, as well as the long engagement of Maternity Foundation in Myanmar, were vital to ensuring local anchoring of the project. Fran Stevens said: *"Maternity Foundation have been invaluable in arranging surveys and training curriculum and providing analyzed survey results to be shared with partners"*. Moreover, she noted that assistance was provided remotely to the team on the ground to ensure data collection went smoothly, and the data was analyzed and shared via a report at both baseline and midline. She emphasized that one of the main strengths of the partnership was that the MRCS project staff were involved in the training of midwives and data collection with support from Maternity Foundation. This meant that there was local ownership and trainings could be conducted in Myanmar language to ensure maximum effectiveness. Furthermore, Signe Frederiksen, DRC HQ, mentioned that Maternity Foundation's strategy of working with MoHS and local partners has increased the possibilities DRC have in using the App in their programmes because the content has been acknowledged and approved by the MoHS in the country.

The collaboration between Maternity Foundation and the Danish Red Cross both in Myanmar and Guinea are among a few successful examples of introducing relevant innovations into existing programmes and the partnership in Myanmar was included in the Innovation Framework of the Danish Red Cross as an example of good practice.

Key Learnings and Recommendations

Longer-term partnerships can be strong catalysts for scale in the "quick and savvy" world of tech:

- **Nationally tested models can be replicated through the global reach of the partner.** The longer-term partnership with Danish Red Cross established in Guinea 2017 was an important stepping stone to scaling the usage of the SDA in Myanmar. From the project collaboration in Guinea, the Maternity Foundation and the Danish Red Cross already knew how the two organizations complement each other, and a trusting relationship was established. The pre-existing relationship between MF and DRC opened the door to the partnership with MRCS and enabled the swift integration of the SDA into the RMNCH project. The long term vision between Maternity Foundation and the Danish Red Cross is to replicate the model with Red Cross/Red Crescent partners in more countries.
- **Engaging in projects of longer duration can be a channel for crucial feedback to tech partners** such as Maternity Foundation as it allows for data collection over a more extended period and for understanding more about continued App usage. Such insight can help refine the implementation approach and efforts to scale.
- **Finally, longer-term partnerships and project duration can be a fertile ground for new thinking and innovation.** Building on the good experiences of the initiative as it is presented in this Use Case, the partners will kick off a new project that expands the collaboration into new territories of remote training, blended learning approaches, and low dose high-frequency methodologies.

Continued use of the SDA can lead to a continued increase in knowledge and confidence

- **The continued use of App gives confidence to midwives and skilled birth attendants to find key critical information and protocols when needed and apply it in their professional context.** While the end-users of the Safe Delivery App are familiar with smartphones and use them in their everyday lives, they have not had an opportunity to access critical information on emergency obstetric care from their phone before.
- **Becoming a confident user of a digital tool requires more than just a download of the App.** The training approach that combines clinical content with a variety of teaching methods supported by the Safe Delivery App proved to be successful in introducing the content of the App as well as demonstrate its applicability in multiple settings (health facility and at home). The training successfully ensured that participants were familiar enough with the App, that they can use it when needed, as highlighted in the feedback from midwives. The link between app usage and knowledge retention remains to be explored further by collecting AppIDs of project participants to refine the App Tracking further.

Context matters, even when rolling out an App

- **Deep involvement of partners with local knowledge and presence increases the likelihood of local ownership and sustained usage:** Working with partners, such as Danish Red Cross and MRCS, who have broad operational presence and know-how of the context and involving MRCS project staff in the training of midwives and data collection processes were crucial steps towards local ownership of the App.
- **Understanding the context gives us a better understanding of potential challenges too.** We understand that staff turn-over in the country can impede ongoing work and lead to less than optimal implementation at times. This is not unique for the initiative in Myanmar, but, the longer-term engagement in Myanmar highlighted the importance of exploring how institutional memory and project know-how is preserved within organizations. More thinking needs to be vested into understanding what is required so that the App remains a proactively used tool. In the new project, we hope to mitigate this risk by establishing a community of practice among end-users which we expected will make end-users less reliant on organizations and their interventions in the long run.

What's Next?

For the Partnership in Myanmar

- Maternity Foundation is working with partners to avail the COVID-19 module in country. The new module was created to ensure that health care workers providing essential SRHR and MNH services have access to up-to-date information on how to minimize exposure to Covid-19, both for themselves and their clients. The module includes an instructional video focused on Infection Prevention (relevant for all health care workers), as well as clinical checklists and information to help providers answer questions that may arise when counseling and caring for clients during the Covid-19 pandemic, including information on breastfeeding and vertical transmission
- While the partners (Maternity Foundation, Danish Red Cross, Myanmar Red Cross Society) have been pursuing collaborative opportunities beyond the initiative as it is outlined in this Use Case throughout 2020, it has been COVID-19 response that have given us a platform to continue the work in country and to build on learnings up till now. In December 2020 partners are kicking off a new project that will focus on strengthening the health care capacities of the COVID-19 response in four regions in the country. Importantly the collaboration will look at the approaches too, such as remote training, low dose high frequency methodologies and blended learning approaches.

Beyond Myanmar

- In terms of collaboration between Red Cross Denmark and Maternity Foundation, our commitment to continue working together in July 2019 translated into a signing of MoU between parties, highlighting engagement in areas of: operational collaboration, external engagement, capacity building and piloting of new mHealth tools.
- In terms of learning from the partnerships with Myanmar, when compared to our global data we note a general trend of higher engagement numbers in countries and areas where we have established strong in country partnerships.

Additional Sources and Links

Wai, M.M., Bjertness, E., Htay, T.T., Liabsuetrakul, T., & Sundby, J. (2019). Maternal mortality and fertility in Myanmar: State of the art. *Journal of population studies*, 5.

Latt, Nyi & Cho, Su Myat & Htun, Nang Mie Mie & Saw, Yu & Myint, Myat & Aoki, Fumiko & Reyer, Joshua & Yamamoto, Eiko & Yoshida, Yoshitoku & Hamajima, Nobuyuki. (2016). Healthcare in Myanmar. *Nagoya Journal of Medical Science*. 78. 123-134.

The State of the World's Midwifery: A Universal Pathway. A Women's Right To Health (2014 - https://www.unfpa.org/sites/default/files/pub-pdf/EN_SoWMy2014_complete.pdf

<https://www.healthynewbornnetwork.org/country/myanmar/>

<https://www.unicef.org/myanmar/health-and-nutrition/maternal-new-born-and-child-health>

<https://www.macrotrends.net/countries/MMR/myanmar/maternal-mortality-rate#:~:text=Myanmar%20maternal%20mortality%20rate%20for,a%200.41%25%20decline%20from%202015.>