

MFCG

Myanmar Family Clinic and Garden

MyaungMya , Irrewaddy Division

ANNUAL REPORT

(1st April 2017 to 31st March 2018)



**Project Title : Improving the health knowledge and social status
in MyaungMya Region**

Sector : Health (mainly) and Agriculture

Donor : MFCG (Myanmar Family Clinic & Garden), Japan

MOU period : 1st MOU 24th March 2014-23rd March 2016
: 2nd MOU (in processing)

Country : Myanmar

Project Location : 16 VILLAGES in MYAUNGMYA REGION, MYANMAR

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ACRONYM

MC	= Mobile clinic
HE	= Health Education
ARI	= Acute Respiratory Tract Infection
BHS	= Basic Health Staff
AMW	= Auxiliary Midwife
CHW	= Community Health Worker
ORS	= Oral Rehydration Solution
CDK	= Clean Delivery Kit
BCC	= Behavior Change Communication
DOH	= Department of Health
ANC	= Antenatal Care
PNC	= Post Natal Care
PHC	= Public Health Care
M&E	= Monitoring and Evaluation
MOU	= Memorandum of Understanding
WCBA	= Women of Child Bearing Age
CHP	= Community Health Promoter
RH	= Reproductive Health

Background History of MFCG

Myanmar Family Clinic & Garden (MFCG) is a non-profit organization established in June 2012 in Tokyo, Japan. It is also a non-governmental, non-religious organization which provides necessary basic health and agricultural knowledge and services free of charge to those who are least able to afford themselves.

MFCG focuses mainly on health education, behavioral change and provision of basic health services in rural and remote areas. MFCG is also in the process of applying valid registration with the Ministry of Home Affairs.

MFCG head quarter is situated in 8-41-23 Higashioku, Arakawa-ku, Tokyo, Japan and managed by three board members. Tel & Fax: +81 (0)3-6807-7499, Mobile: +81 (0)80-3527-2340

Memorandum of Understanding(MOU) agreement period

1st MOU : 24.3.2014-23.3.2016

2nd MOU: in progress

MOU objective is to provide guidelines and mechanism for MFCG to collaborate with and assist the Department of Public Health in implementing priorities of National Health Plan and contributes in meeting Millennium Development Goal and to raise health and socio-economic status of Myanmar people.

Country Representative -Dr.Satoko Nachi. M.D

Staffs	-Medical Doctor	(1)
	-AMW	(1)
	-Driver	(1)

Project implementation period- 1st April 2017 - 31st March 2018

Project Description

Goal/Impact (Development Objective)

1. To improve Health and Socioeconomic status of Rural people in Myaung Mya, Ayeyarwaddy Division
2. To assist in meeting Millennium Development Goals

Outcomes (Project Objective/ Purpose)

Practical level about primary health raised in 15 project villages of MyaungMya

Outputs (Project results/Deliveries)

1. Awareness level raised, adopted healthy behavior
2. To increase access of Health Education knowledge
3. Morbidity and Mortality of Diarrheal diseases, ARI, Vitamin B1 deficiency diseases, vector borne diseases , seasonal disease and other common illness lowered due to improve access of primary health care
4. Awareness about Nutrition and locally produced organic vegetable increased.
5. Increased co-operation with government's staff
6. Evaluation

Activities for each output (Project Components)

1. Health Education

Priority is placed on basic health education activities for communicable and non-communicable diseases using standard IEC materials produced by NHEB and in accordance with National Guidelines from respective program.

Health education primarily focus on

- (1) Nutrition and balanced diet to prevent vitamin deficiencies and malnutrition
- (2) Healthy lifestyle to prevent chronic diseases
- (3) using sanitary laterines and four cleanliness to prevent diarrhea disease , worm infestation , Hepatitis and vector borne diseases,
- (4) Reproductive health (ANC, PNC, family planning)
- (5) Dental hygiene

Community Health Promoters are trained by health officer to increase access of health education knowledge at respective villages. They will spread the health information in their respective villages, and assist in MFCG HE talk sessions. CHPs will co-operate with basic health staffs.

Tooth brushing method is taught and toothbrushes are also distributed for oral hygiene.

Our activities to achieve output

- (1) Advocacy meetings with village representatives to improve corporation from village administrators
- (2) Conducting group health education talks sessions in small groups and individual session
- (3) Awareness campaign and distribution of IEC/ Pamphlets
- (4) Collaborate with CHP to access for HE knowledge

2. Primary Health Care Program

Standard treatment for common diseases like acute respiratory infection, loose motion, dysentery and worm infestation and other common illnesses will be provided free of charge to rural population.

ORS and zinc tablet for diarrhoea, Iron, folic acid, vitamin b1 and multivitamin tablets are distributed to pregnant mother and who need it.

Primary complex and TB suspect were referred to nearest health facilities.

The Clean Delivery Kits are provided for third trimester of pregnant women if necessary.

Our activities to achieve output

- (1) Running mobile clinic 10-12 times per month to provide PHC care
- (2) Prevention and treatment of diarrhea, worm infestation, ARI, Vit B1 and nutritional deficiency anemia and other common illnesses, and also referral of serious cases to nearest health centers
- (3) Providing CDK(Clean Delivery Kit) to third trimester ANC women for safe home delivery care by AMW or TBA
- (4) Health Education focusing on increasing use of sanitary latrines, hand washing with soap to prevent diarrhea disease and worm infestation and also giving awareness of some communicable and non- communicable diseases like TB, Hypertension
- (4) Tooth brushing demonstrations were done and give toothbrushes to villagers for oral hygiene.

3. Nutrition

HE sessions include conducting cooking demonstrations, 3 nutrition groups and balanced diet to prevent malnutrition and vitamin deficiencies.

Giving awareness of reducing life-style related diseases such as Hypertension, Diabetes, and Metabolic Syndrome etc.

The practical knowledge of organic food was shared to villagers to get motivation on organic gardening.

Our activities to achieve output

- (1) Giving HE to mothers and women group about 3 nutrition groups and balanced diet
- (2) Giving HE how to prepare and cook foods and doing cooking demonstrations
- (3) Providing practical knowledge to mothers and women group to grow healthy and nutritional vegetable in HE talks.
- (4) Basic organic agricultural training in home garden level.

4 . Agricultural training

This project will raise the health and socioeconomic status of the villages by giving education and trainings in selected villages how to produce/farm organic vegetables which they can eat and sell extra-products to others.

This can contribute to reduce deficiency diseases and generate income to fight poverty.

Our activities to achieve output

- (1) Giving lectures how to make natural fertilizers and how to grow various organic vegetables by using natural fertilizers
- (2) Giving practices in the field how to make natural fertilizers and how to grow various organic vegetables by using natural fertilizers

The trainees (villagers) will carry out " check and new actions " steps to continue on practice cycle.

They will share the knowledge to others villagers who are interested in organic gardening and so can improve health and socioeconomic status of villagers.

5. Co-operation with Government's Staff

MFCG organized meeting with government's staff with the recommendation from Myaungmya Hospital.

Purpose

- (1) to improve cooperation with government staff
- (2) to discuss about the problems and difficulties facing in implementing PHC
- (3) to discuss how to solve the problems
- (4) to support the government staff from MFCG if possible

Our activities to achieve output

- (1) organizing meeting with government staff at least once per month and if possible weekly
- (2) discussing the facing problems and how we can solve the problems together

MFCG can get feedback and suggestion from government staff about MFCG's activities while meeting with them and so that we can improve MFCG's activities also.

6. Evaluation

MFCG is currently doing evaluation of the project activities starting from August, 2017. MFCG selected three villages(Moe Kyoe Pan, Htaw Yee, Kan Kaw Su) for evaluation and selected the target population size as 50 per village. We give 20 minutes to answer the questions for each person.

Purpose

- (1) to know the health education level of the villagers in project area before starting MFCG's activities
- (2) to know the improvement of health education level of the villagers after MFCG's activities
- (3) to get feedback from the villagers about MFCG's activities
- (4) to evaluate how effective are MFCG's activities and to know how we can improve MFCG's activities.

Our activities to achieve output

- (1) asked the villagers to answer the pre and post MFCG activities question sheets
- (2) to answer the question sheets on village meeting and HE days and in MC days

Difficulties

- (1) It is quite difficult to organize the villagers in HE days
- (2) Some villagers cannot read and write to answer the question sheets
- (3) Some villagers don't want to answer the question sheets.

Brief History of projected villages

Project 15 villages are situated at the areas which are inconvenient to access by BHS.

Weather

1. Hot Season (summer): starts from March to June. Sun protector and good rehydration are essential. To protect sun, the villagers generally use umbrella, local made hats and local make up(Thanakha)
2. Rainy Season: starts from July to October. For some villages, it is not easy to travel by road because of road conditions, they need to use motorboats or boats for transportation. Mainly, the villagers grow paddy during this season.
3. Cold Season (Winter): from November to February. Not so cold in this area. from 15 degree Celsius to 30 degree during this season.

Economic situation

Most of the villagers make their living by growing paddy, vegetables, bamboos, wood, cashew nuts, betel leaf and betel nut growing. Depending on the season, the villagers earn money by working as daily laborers in paddy field or making Nipa palm roofs or growing vegetables or as fishermen.

Majority of villagers are quite poor and socio-economic status is low. But nowadays microfinance projects from government, other NGOs such as world vision, PACT, and also other small microfinance are supporting some villages and trying to reduce poverty and increase their income.

Electric supply

All villages have no electricity supply and mostly they have to use battery or solar as source of electricity.

Public media center

There is no library and internet access center. But Kya Phu Ngone village has small library and Daw Khin Kyi foundation mobile library is also reaching to borrow the books to those villages once a month.

Safe drinking water source

The villagers mainly drink water without boiling. They use wells or rainy water ponds as drinking water. Some villages have tube pump well supported from other NGO organizations.

Education

Most project villages have primary schools at least. Some have middle schools and high schools.

Parents have to use large amount of money for their children to attend to the high school or university at town and a minority of adults can go higher education.

Religion

The religion is mainly Buddhism. But In Htaw Yee village, all villagers are Christian and four churches can be found.

Health facilities

No health facility is available in all project villages. But government health facilities are available at nearby villages and they can go and get health care from BHSs.

Men and women situation in the villages

No gender discrimination in all villages. Domestic violence and drug abuse are very rare in these villages.

RH component

For family planning, the villagers used mostly Oral contraceptive pills and Depo injection methods which can be accessed easily from Midwives and AMWs. If they want to insert IUCD for contraception, they have to go to Government Hospital. There are some NGOs like Marie Stopes International supports inserting IUCDs for free.

Mostly pregnant women are taking ANC with midwife. MFCG involvement in RH is giving iron/folic tablets to ANC women, screening for risk pregnancy and refer them and giving HE about family planning, safe motherhood and taking birth with skilled medical persons.

Link between MFCG and Government structures

Before the project starting MFCG did advocacy to township, village BHSs, village administrators and leaders.

Field trip plan

Generally, there is twelve field trip per month. Field trip plan was submitted monthly to MyaungMya District Public Health Officer (DMO) and Irrewaddy regional officer, Pathein.

Field trip schedule can be seen on Page 29 and 30.

Data collection and monthly meetings

Monthly and quarterly mobile clinic and HE data report have sent to DOH Nay Pyi Taw, Myaungmya District Public Health Officer (DMO) and Irrewaddy regional medical officer, Pathein.

Mobile Clinic and Health Education

Mobile Clinic and HE sessions were conducted in the tank by MFCG, but sometimes in the village leader or volunteer's house.

Transportation to the field: Field staffs, drugs and commodities for Mobile Clinic and IEC materials for HE were transported by MFCG car.

Mobile Clinic for PHC and to detect Suspected TB cases, malnutrition etc. and to refer suspected TB cases and severe ill patients to nearest health facilities.

CHP training courses were supposed to give in suitable villages at least 3 to 6 course per year but MFCG couldn't provide any training course for CHP this year for the reason of difficult in choosing suitable village.

Trainings conducted by MFCG

MFCG give 6 day course agricultural training about how to grow organic vegetables on home garden level in Htaw Yee village. This made the villagers to reduce deficiency diseases and generate outcome.

Constraints

First of all, most of the villagers seemed to be lack of interest in HE session not only on MFCG side but also on Government side. During Village meeting and HE session, it was difficult to organize villagers. This problem needs to be solved. (for example, by using some other audio or visual media)Secondly, there seemed to lack of collaboration and enthusiasm of the village authority in some villages which has been a quite inconvenient for the team.

For patients with Hypertension, MFCG do blood pressure measuring and give HE about disease, dos and don'ts for disease but MFCG didn't give any antihypertensive drugs to them. And, MFCG didn't give injection also. These make MFCG image to be declined on the villager's side.

Lesson Learnt

MFCG should raise its man power to cope with emergency situation like unplanned leave. One HE officer will be recruited for HE team.

All MFCG staffs should get training on Capacity Building Initiative and Health Education training to improve team building skills.

MFCG should better well prepare for the unpredictable emergency situation for transportation to the field trips.

If a poor patient needs to go to the hospital for any reason he/she has problems mainly in transportation fee, treatment cost and addition cost. MFCG should encourage the emergency patients by using its' car for transportation and support some amount of cash (10000kyats) for referral initiative motivation.

Benefit of people in project area

Health and socioeconomic status of the villagers in project villages will be improved by giving Primary Health Care and by giving Health Education Talk by MFCG.

The incidence of deficiency diseases and chronic non communicable diseases will be reduced by conducting small group or individual HE sessions, by doing cooking demonstration how to prepare and cook nutritious foods for the family and also by giving agricultural training how to grow organic vegetables in backyards or home garden level.

MFCG has been planning for the health awareness and behavior change of the each villager through CHPs. It has expected that MFCG CHPs will become the link between the BHSs and villagers. However, in this projected year, we couldn't manage to give CHP course.

Agricultural training for home garden level was given in Htaw Yee Village in 2017 which will help the villagers to encourage growing organic vegetables and reduce deficiency diseases and generate income.

MFCG mainly prioritizes for the villagers to get the correct basic health knowledge and to make them realize that prevention is better than cure. So that Health Education talk and awareness raising activity of MFCG will make sure that at the end of the project year the people in these 12 villages will become improve in health knowledge and they may transfer this health information to their friends and relatives who are living in other villages. It means that we can expect that the persons who will get these good health knowledge and practice may be multiplied again and again successively in the future.

Therefore I would like to say that MFCG is implementing the project in Cost Effective way because although it could use limited budget, man power and materials it will surely get great project outcome.

MFCG HE Topics given in Health Education Sessions

1. Nutrition

- (1) Balanced diet, including essential 3 groups of food
- (2) Benefits of rice gruel, and vitamin B1
- (3) Local gardening of organic vegetables and their nutritious value

2. Personal Hygiene

- (1) Hand washing method
- (2) Prevention of diarrhea, dysentery and worm infestation
- (3) Dental Hygiene including systematic tooth brushing method

3. Environmental

- (1) Safe food
- (2) Safe water
- (3) Sanitary latrine
- (4) Prevention of Mosquito borne diseases (Dengue fever, Malaria and Filariasis)
- (5) Prevention of sunburn, ultraviolet rays and heat exhaustion during hot season
- (6) Environmental sanitation and garbage disposal

4. Maternal and Child health

- (1) Safe motherhood
- (2) Danger signs for Pregnant Women
- (3) Breastfeeding and weaning diet

5. Reproductive health

- (1) Family planning and contraception methods

6. Symptoms and prevention of tuberculosis and where to go for diagnosis

7. Non communicable diseases

- (1) Hypertension (Symptoms, Complication and Prevention)
- (2) Diabetes Mellitus (Symptoms, Complication and Prevention)

8. Seasonal diseases , eg H1N1

MFCG gave Group Health talk Sessions and individual HE sessions to the participants from 12 project villages during Mobile Clinic days and HE days.

MFCG used HE pamphlets and posters, vinyl as reference for Health Education talks.

During Dental Hygiene health talks, MFCG gave toothbrushes and cups for the participants.

MFCG also provided Clean Delivery Kits for third trimester pregnant women and also newborn kits to those who cannot be afforded.

Agricultural Training Report in MyaungMya

Agricultural Training Report in August 2017

Village name : Htaw Yee village (Ah Su Gyi RHC)
Location of training : Htaw Yee Church
Training Period : Lecture (3) days - 8 - 10, August 2017
: Practical (3) days - 22 - 24, August 2017

Aims of training

The project will raise the health and social status of rural population by giving knowledge accessible to local people and sharing of modern agricultural and gardening knowledge to produce healthy organic products within small self-help groups and community based organizations which will contribute to lowering of deficiency diseases and generates income to alleviate poverty.

Trainer : (1) Khun Htee Sung (Trainer from Terra People Association)
: (2) Khun Thet Htun Naing (Trainer form Terra People Association)
: (3) Khun Toe Naing (Trainer from Terra People Association)

Numbers of trainees : 5

List of trainees : (1) Saw Sar Pwe Mue, age (34) yrs old (Htaw Yee village)
: (2) Saw New Year, age (19) yrs old (Htaw Yee village)
: (3) Naw Mae Lo, age (45) yrs old (Htaw Yee village)
: (4) Daw Nwet Yin Win, age (42) yrs old (Htaw Yee village)
: (5) Ma Aye Aye Aung, age (30) yrs old (Kalama Kwin village)

Lesson Topics

Way of the symbiotic agriculture

On Lecture Days:

1. How to make and use Dochakkin natural fertilizer
2. How to make and use Bokhashi natural fertilizer
3. Crop rotation and mixed cropping
4. How to make biological pesticides (tobacco pesticides, neem leaf pesticides etc)
5. How to make natural fermented juices, fish amino acid and oriental herbal nutrients for plants
6. How to make and use wood vinegar (Mokusakueki) for plants
7. How to grow various types of vegetables (tomato, bell pepper, ginger, potatoes, cabbage, watermelon, avocado, mushroom, drumsticks ,etc) and various plants like banana, sugarcane and corn by using organic fertilizer and natural pesticides
8. Seedling treatment and techniques

On Practical Days:

1. Making of Dochakkin and Bokhashi natural fertilizer practically
2. Making of fermented plant juice, oriental herbal nutrients and tobacco pesticides practically
3. Making Mokusakueki practically
4. Growing tomatoes, lady fingers and lettuce practically
5. Grafting and budding of mango tree practically

Expected Outcome

The trainees will make organic gardening in the backyard and will grow vegetables like Cucumber, Long bean, Roselle and Paddy etc.

These organic vegetables will be consumed by themselves and to be sold to others for income. They will share this knowledge to other villagers who are interested in learning the organic gardening and on the other hand, it will improve the health status of the villagers.

Cooking Demonstration

As a part of nutrition program, MFCG did cooking demonstration one time in Myoh Haung Village in 15. 9. 17.

Date	15.9.17
Time	9:00 Am - 1:00 Pm
Place	Myoh Haung Monastery
Participants	M - 66 F - 63 (Total -129)
Components	Cooking, Health Education, Tasting and Quiz

Remarks : 2 responsible persons from NHK news channel accompanied on that day to take news.

The following table is showing the facts :

	Facts	Review
Cooking	<ul style="list-style-type: none"> -divided villagers into 10 groups -around 13 persons/group -made 2tins of rice/pot -told the villagers to make rice in two methods 1)traditional way which produce rice water 2)steam rice cooking method which rice water doesn't come out -also cooked organic vegetables which we bought from Kant Kaw Su village about a week before -vegetables became bad because of long time after plucking -many people and crowded, can't manage well 	<ul style="list-style-type: none"> - cooking method is good - should control the number of participants For eg. 50 persons/time -Divide the village (east / west) -Divide the session(morning / evening) -Should buy vegetables only one day ahead
HE	-each time - 2 groups	-Only three sessions in the morning regardless of number of participants.

	<p>-30mins/ 2 groups while cooking</p> <p>-HE topics given</p> <ol style="list-style-type: none"> 1) Vitamin B1 and rice water 2) Three groups of nutrition 3) Hand washing method <p>-many HE sessions therefore not enough time and manpower</p>	<p>-Should finish before their lunch time</p>
Tasting	<p>-villagers were so much hungry because HE sessions were not finished till 1 pm.</p> <p>-some villagers went back because of hunger.</p> <p>- couldn't manage well</p> <p>(reasons : weak in management, crowded and lack of manpower)</p> <ol style="list-style-type: none"> 1) putting two kinds of rice for each villagers is time consuming 2) no people to wash plates and cups 3) villagers didn't bring plates and cups from their home 	<p>-Detail plan of the tasks for all the members is needed</p> <p>-To inform the villagers about the materials to bring ahead</p> <p>-To give the prizes after quiz</p> <p>-HE session should finish before their lunch time</p>
Quiz and Prize	<p>-Most villagers can answer most of the questions therefore difficult to decide the winner to give prize</p> <p>-Prizes were given only after eating, not after asking questions, making unsystematic.</p> <p>-Prizes were given to all participants of winner group, not individual winners.</p>	<p>- should prepare more quiz</p> <p>- prizes should be given after asking quiz will be more systematic</p>

Meeting with Government Staff in Myaungmya

MFCG organized meeting with government staff (BHS) from Myaungmya District with recommendation from Myaungmya Hospital. MFCG organized meeting with BHS two times up to now, one in January 2018 and another one in February 2018.

Purpose

- (1) to improve cooperation with government staff
- (2) to discuss about the problems and difficulties facing in implementing PHC
- (3) to discuss how to solve the problems
- (4) to support the government staff from MFCG if possible

MFCG can get feedback and suggestion from government staff about MFCG's activities while meeting with them and so that we can improve MFCG's activities also.

	Date	Place	RHC	Participants
1	12. 1.18	Poe Laung Wa Village	Ye' Kyaw RHC +Khway Lay Gyi RHC	10 BHS + 4 MFCG members
2	16. 2.18	Wa Nat Kone Village	Set Kone RHC + Sint Kuu Sub-center	13 BHS + 5 MFCG members

MFCG discussed with BHS about the facing problems in implementing their duties . The main difficulties of the BHS are man power and transportation . They also want to combine dental care in School Health days. There is a another problem that is difficult to collect people for HE activity.

Conclusion

- (1) MFCG asked the BHS to combine during MFCG mobile clinic days for HE if they are free on that days
- (2) to support some vinyl made by MFCG
- (3) to support dental care with Japanese or Myanmar Dentists in School Health activities during September to November, especially in High Schools.
- (4) to support latrine bowls and pipes to the villagers if needed

Evaluation Report

Aim/ Purpose

1. to know the basic health education of the villagers in project villages
2. to know the effectiveness of MFCG activities
3. to get comments and advises about MFCG activities from villagers how to improve MFCG activities

Target villages- 3 villages

1. Moe Kyoe Pan Village
2. Kant Kaw Su Village
3. Htaw Yee Village

Due to manpower and time limitations, MFCG cannot do feedback activities in all 15 projected villages. MFCG selected 3 villages that MFCG did organic agricultural training and so MFCG can get feedback for all MFCG activities.

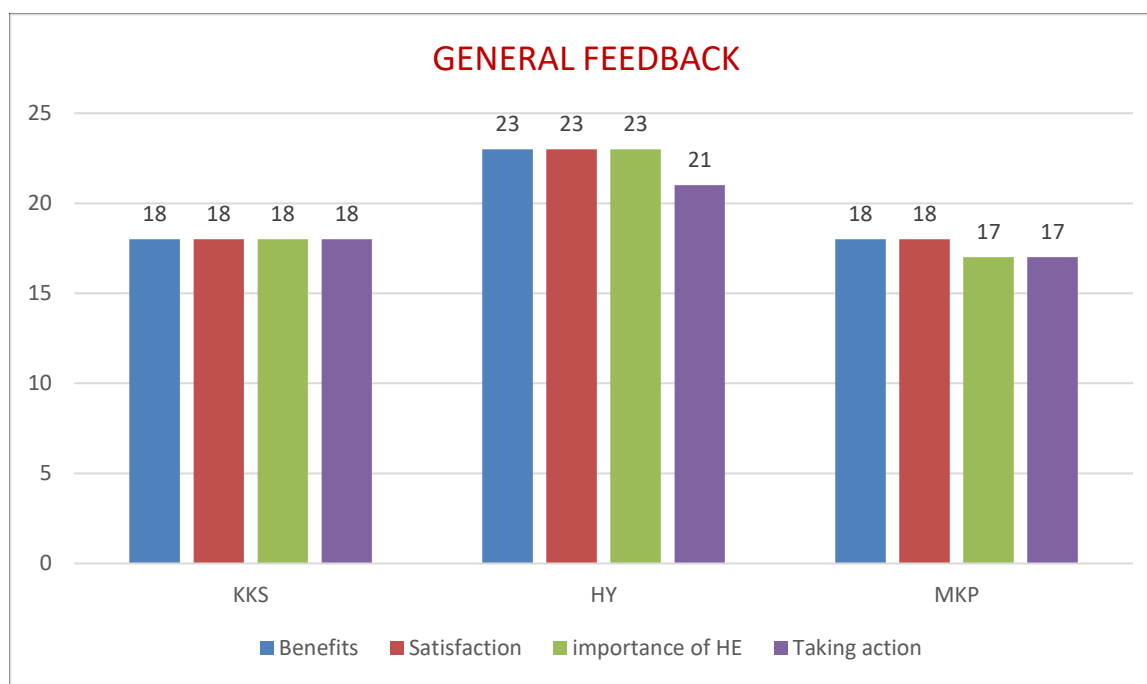
Target sample size - 50 participants for each village.

Although , the target sample size is 50, MFCG cannot reach to collect the target sample size due to the following difficulties.

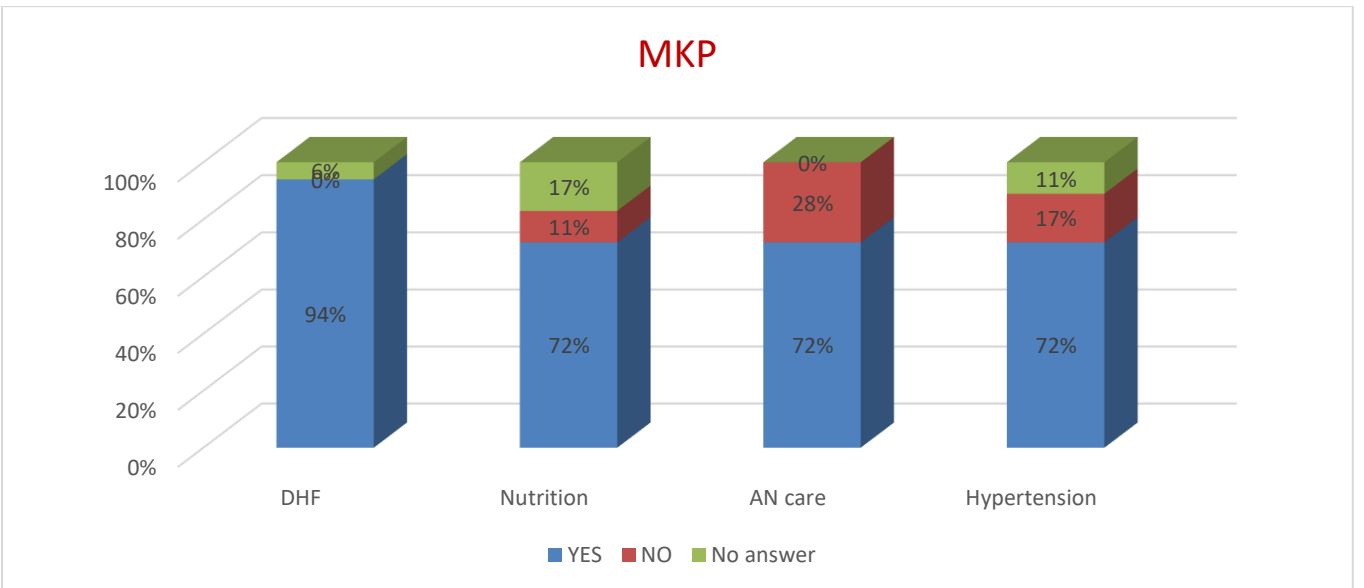
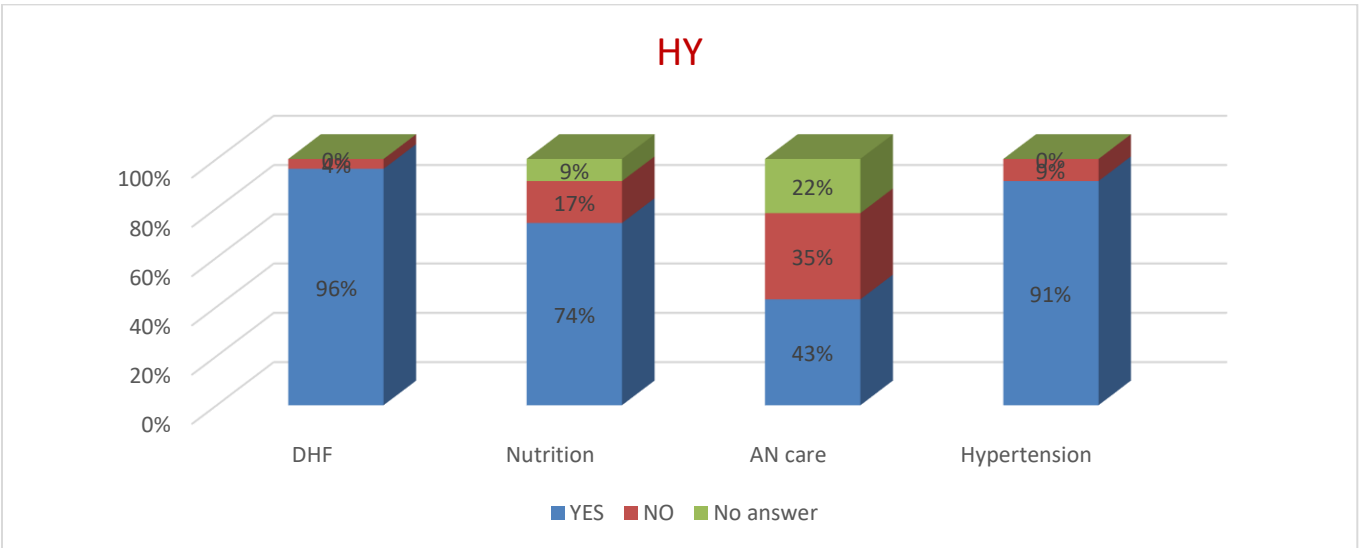
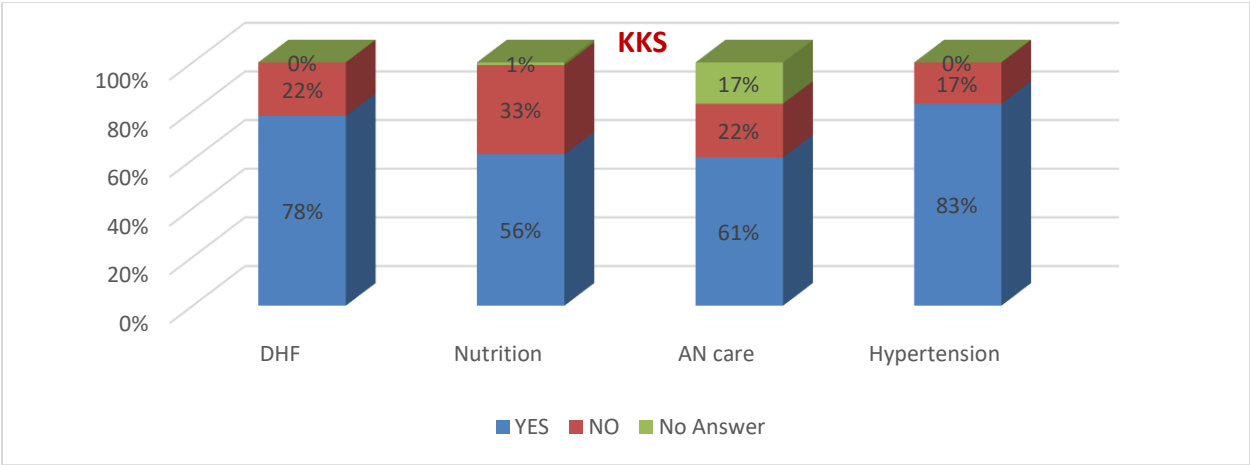
Difficulties

- It is very difficult to collect villagers in HE days.
- Some villagers cannot read and write.
- Some villagers do not have enough education skills to understand the questions.
- Some villagers do not want to answer the feedback question sheets.

<u>Date</u>	<u>Village</u>	<u>Number of Participants</u>
4. 8. 17	Kant Kaw Su	18
18. 8. 17	Htaw Yee	23
11. 8.17	Moe Kyoe Pan	5
19. 1. 18	Moe Kyoe Pan	7
22. 2. 18	Moe Kyoe Pan	4
28. 3. 18	Moe Kyoe Pan	2

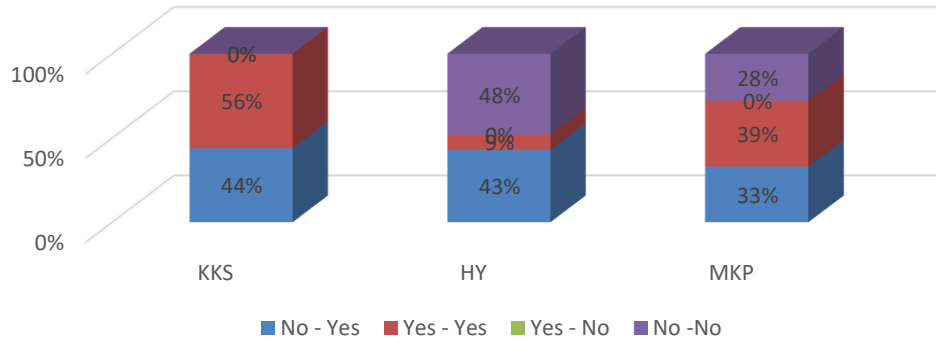


TAKING ACTION				
No	Topics	KKS	HY	MKP
1	Hand washing	5	5	7
2	Toilet	3	1	6
3	Deworming	1	2	-
4	Safe food	1	-	2
5	Toothbrushing	-	2	4
6	Balanced diet	2	1	1
7	Rice Water drinking (B1)	3	-	-
8	DHF	8	6	-
9	Environmental sanitation	9	2	1
10	Contraception	-	1	-
11	Hypertension	-	3	-
12	Share knowledge	-	-	1

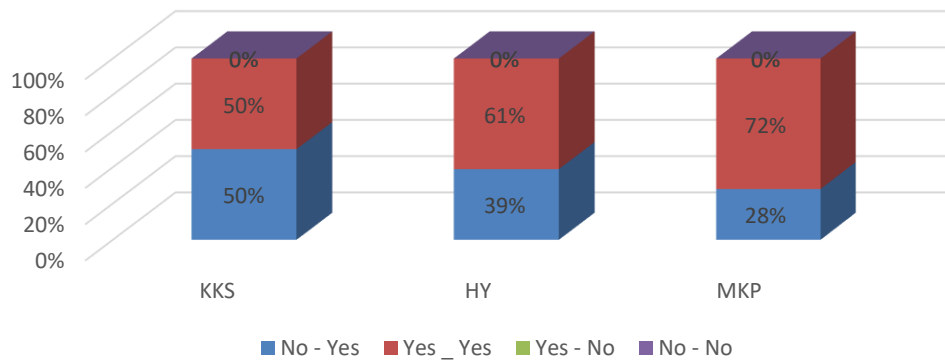


Before and After Comparison

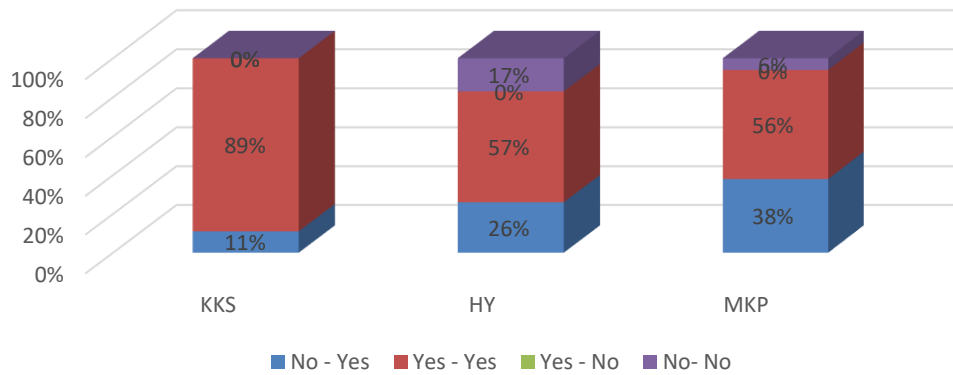
Rice Water Drinking (B1)



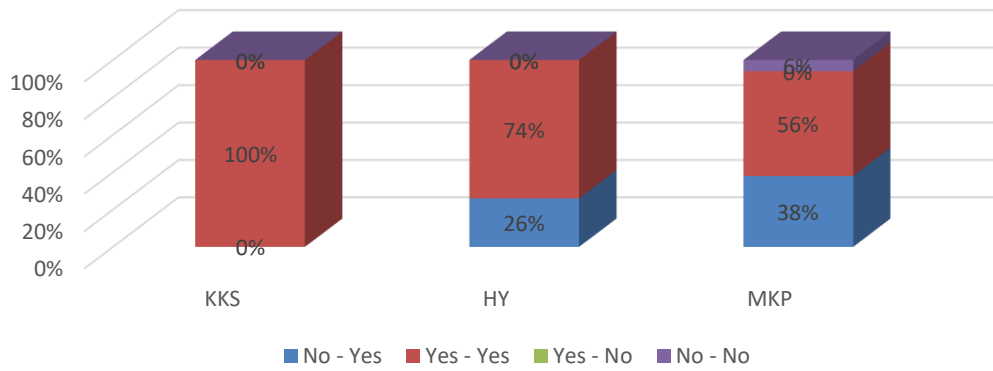
Hand Washing



Sanitary Laterine



Toothbrushing



Action Taken for DHF Prevention

	KKS	HY	MKP
Cover Pot	50%	59%	50%
Throw	64%	45%	50%
Change Water	50%	36%	50%
Filter	42%	45%	25%
Pour	64%	68%	100%
Mosquito Nets	68%	64%	100%
Remove larvae	4%	9%	50%
Good ventilation	14%	50%	25%
Buried	55%	14%	50%
Clean environment	50%	28%	50%
Spray	0%	32%	25%

Knowledge of Balanced diet			
	KKS	HY	MKP
Carbohydrates	73%	75%	61%
Protein	82%	75%	61%
Vitamins and minerals	82%	75%	72%

Taking AN care			
	KKS	HY	MKP
OG	55%	20%	17%
Midwives	45%	50%	45%
TBA	36%	60%	39%

Knowledge about Prevention of Hypertension			
	KKS	HY	MKP
Diet	93%	62%	50%
Regular Exercise	13%	4%	0%
Avoidance of alcohol drinking and smoking	6.6%	9.5%	0%

Comments		
Village	MC	HE
KKS	<ul style="list-style-type: none"> - Once a week - Once a month - Twice a month 	<ul style="list-style-type: none"> - HE about healthy lifestyle - To give HE about seasonal diseases eg. DHF in rainy season
HY	<ul style="list-style-type: none"> - More Mobile clinic days - To give injection 	<ul style="list-style-type: none"> - HE about Sanitary latrine - Safe water - Cancer - GE - Organic benefits - More HE days
MKP	<ul style="list-style-type: none"> - More Mobile clinic days - To give injection 	-

MFCG Project Villages in MyaungMya

Sub-center(SC)		Rural Health Center(RHC)	
MKP	Moe Kyoe Pyit	Pyin Pone	Kway Lay Gyi
GYG	Ga Yat Gyi	Kway Lay Gyi	Kway Lay Gyi
KKS	Kant Kaw Su	Ka Nyin Kine	Shan Yae Kyaw
DB	Doe Bat	Pyin Ywar	Pyin Ywar
NPT	Nga Pyaw Taw	Tae Tae Kuu	Pyin Ywar
TBC	Tha Baut Chaung	Tae Tae Kuu	Pyin Ywar
TYS	Ta Yote Su	Pyin Ma Chaung	Ah Su Gyi
KPN	Kyar Phue Ngone	Da None Chaung	Kan Gyi
MH	Myo Haung	Kone Thar	Set Kone
WNK	Wa Nat Kone	Sin Kuu	Set Kone
CET	Chauk Eain Tan	Sin Kuu	Set Kone
HY	Htaw Yee	Htaw Yee	Ah Su Gyi
PLW	Poe Laung Wa	Poe Laung Wa	Ye Kyaw
NCL	Nyaung Chaung Lay	Nga Myin Chaung	Khway Lay Gyi
UNC	U Nu Chaung	Ywar Thit	Pyin Ywar
KLMK	Kalarma Kwin	Pyin Ywar	Too Chaung

Projected Village Profile

Sr	Project Villages	Respective RHC	Respective subcenter	Households	Total Pop	M	F	<1	<3	<5	<15	WCBA
1	MKP (Moe Kyoe Pann)	Khway Lay Gyi	Pyin Pone	56	237	115	122	14	25	33	88	56
2	GYG (Gayat Gyi)	Khway Lay Gyi	Khway Lay Gyi	295	1348	677	671	28	110	225	530	281
3	KKS (Kant Kaw Su)	Shan Yay Kyaw	Ka Nyin Kine	124	533	256	277	11	26	45	99	142
4	DB (Doe Bat)	Pyin Ywar	Pyin Ywar	94	436	227	209	10	19	32	112	118
5	NPT (Nga Pyaw Taw)	Pyin Ywar	Tae Tae Kuu	154	666	324	342	11	39	55	139	154
6	TBC(Tha Baut Chaung)	Pyin Ywar	Tae Tae Kuu	68	337	170	167	7	17	27	63	91
7	TYS (Ta Yote Su)	Ah Su Gyi	Pyin Ma Chaung	93	430	213	217	11	20	37	78	47
8	KPN (Kyar Phue Ngone)	Kan Gyi	Da None Chaung	146	606	292	314	7	28	46	189	102
9	MH (Myoe Haung)	Set Kone	Kone Tha	336	1603	775	828	31	80	139	433	419
10	WNK (Wa Nat Kone)	Set Kone	Sin Kuu	37	174	75	99	3	8	19	69	41
11	CET(Chauk Eain Tann)	Set Kone	Sin Kuu	32	142	76	66	2	7	14	49	36
12	HY (Htaw Yee)	Ah Su Gyi	Htaw Yee	91	437	207	230	7	17	38	115	114
13	PLW (Poe Laung Wa)	Ye Kyaw	Poe Laung Wa	485	2593	1314	1279	54	101	198	797	1366
14	NCL(Naung Chaung Lay)	Khway Lay Gyi	Nga Myin Chaung	282	1497	739	758	21	56	116	428	762
15	UNC(U Nu Chaung)	Pyin Ywar	Ywar Thit	102	417	220	197	3	13	25	99	145
16	Kalarma Kwin	Pyin Ywar	Too Chaung	100	599	280	319	10	5	6	119	162
	Total			2495	12055	5960	6095	230	571	1055	3407	4036

MFCG Field Trip Schedule for Mobile Clinic (April 2017 - March 2018)

	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	March
1. Moe Kyoe Pan	1		1	1			1		1	1	1	1
2. Ga Yat Gyi	1		1	1			1	1	1		1	1
3. Kant Kaw Su	1		1						1		1	
4. Doe Bat	1		1	1					1		1	
5. Nga Pyaw Taw		1	1		1						1	
6. Tha Baut Chaung		1		1				1				1
7. Ta Yote Su		1		1		1		1			1	1
8. Kyar Phue Ngone				1		1			1			1
9. Myoh Haung		1		1				1		1		
10. Wa Nat Kone		1		1		1		1		1		
11. Chauk Eain Tan		1			1		1			1		1
12. Htaw Yee		1				1		1	1			
13. U Nu Chaung								1				
14. Poe Laung Wa								1		1		
15. Naung Chaung Lay								1		1		1
16. Kalarma Kwin						1	1					

MFCG Field Trip Schedule for Health Education Activities (April 2017 - March 2018)

	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	March
1. Moe Kyoe Pan		1		1						1		
2. Ga Yat Gyi		1	1									
3. Kant Kaw Su	1		1		1	1						
4. Doe Bat	1					1		1		1		1
5. Nga Pyaw Taw		1	1		1							1
6. Tha Baut Chaung						1						
7. Ta Yote Su							1				1	
8. Kyar Phue Ngone		1	1									
9. Myoh Haung						1					1	
10. Wa Nat Kone			1						1		1	1
11. Chauk Eain Tan				1					1			
12. Htaw Yee				2								
13. U Nu Chaung					1	1	1	1	1		1	1
14. Poe Laung Wa								1		1		
15. Naung Chaung Lay								1				
16. Kalarma Kwin												

Number of total patients in Mobile Clinic Activities (April 2017 - March 2018)

	2017									2018			
	April	May	June	July	August	Sep	Oct	Nov	Dec	Jan	Feb	March	Total
Moe Kyoe Pan	-	-	32	61	-	58	39	-	40	43	20	26	319
Ga Yat Gyi	48	-	86	73	-	-	37	24	59	-	-	35	362
Kant Kaw Su	68	-	60	-	-	-	-	-	67	-	73	-	268
Doe Bat	52	-	47	43	-	-	45	-	38	-	29	-	254
Nga Pyaw Taw	-	55	69	-	14	-	-	-	-	-	73	-	211
Tha Baut Chaung	-	-	-	-	-	-	-	-	-	-	-	31	31
Ta Yote Su	-	41	-	52	-	-	-	14	-	-	32	-	139
Kyar Phue Ngone	-	-	-	38	-	-	55	-	52	-	-	28	173
Myoh Haung	-	18	-	27	-	-	-	9	-	79	-	-	133
Wa Nat Kone	-	45	-	23	-	23	-	36	-	48	-	-	175
Chauk Eain Tan	-	12	-	-	9	-	29	-	-	38	-	23	111
Htaw Yee	-	63	-	-	-	46	-	27	50	-	-	-	186
U Nu Chaung	-	-	-	-	-	-	-	-	-	-	-	-	-
Kalarma Kwin	-	-	-	-	-	-	-	62	-	-	-	-	62
Poe Laung Wa	-	-	-	-	-	-	-	-	-	59	-	-	59
Naung Chaung Lay	-	-	-	-	-	-	-	69	-	61	-	6	136
Total	168	234	294	317	23	127	205	241	306	328	227	149	2619

Total Number of Participants in Health Education Activities (April 2017 - March 2018)

	2017									2018			
	April	May	June	July	August	Sep	Oct	Nov	Dec	Jan	Feb	March	Total
Moe Kyoe Pan	-	30	32	106	-	58	39	-	40	91	20	26	442
Ga Yat Gyi	48	-	125	-	-	-	37	24	59	-	-	-	293
Kant Kaw Su	196	-	75	-	-	71	-	-	67	-	73	-	482
Doe Bat	99	-	47	-	-	-	45	20	38	-	-	59	308
Nga Pyaw Taw	-	89	69	-	14	-	-	-	-	-	-	12	184
Tha Baut Chaung	-	-	-	-	-	-	2	-	-	-	-	-	2
Ta Yote Su	-	51	-	52	-	-	-	14	-	-	-	-	117
Kyar Phue Ngone	-	46	26	38	-	-	55	-	53	-	-	29	247
Myoh Haung	-	18	-	27	-	129	-	9	-	79	27	-	289
Wa Nat Kone	-	45	13	23	-	24	-	36	-	48	34	31	254
Chauk Eain Tan	-	12	-	18	9	-	29	-	-	38	-	23	129
Htaw Yee	-	63	-	92	-	46	-	27	40	-	-	-	268
U Nu Chaung	-	-	-	-	-	-	-	19	8	10	23	-	60
Kalarma Kwin	-	-	-	-	-	-	-	-	-	-	-	-	-
Poe Laung Wa	-	-	-	-	-	-	-	62	-	59	-	-	121
Naung Chaung Lay	-	-	-	-	-	-	-	70	-	87	-	-	157
Total	343	354	387	356	23	328	207	281	305	412	177	180	3353

Total Number of cases in Mobile Clinic Activities (from April 2017 to March 2017)

Sr No	Name of Illness	Total number of Patients
1	Acute Respiratory Disease	280
2	Clinically suspected malaria (C.S.M)	1
3	Case detection and refer for suspected TB cases	4
4	Deworming	98
5	Dysentery	3
6	Loose motion	39
7	General weakness	557
8	Iron and Folic acid supply for ANC	64
9	Iron and Folic acid supply for PNC	25
10	Mild anaemia	17
11	Nutritional supply (Multivitamin supply)	195
	MFCG responsible PHC care patients	1283
	Others (skin diseases, mild gastritis , myalgia and hypertension etc.)	1336
	Total patients	2619
	Total referred patients	30

Total HE participants (from April 2017 to March 2018)

Total HE participants	Total HE participants	
	Male	Female
	1044	2610
	3654	
Total HE sessions	249	

