# Myanmar Family Clinic & Garden

# (MyaungMya,  Myanmar )

## Project Final Report

Implementation period ( 28th January  2015  – 24th  March  2016 )

**Project Title :Improving Primary Health care in MyaungMya**

Sector : Health

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

MOU period : 24th March 2014 – 23rd March 2016

Country : Myanmar

Project Location : (12) villages in MyaungMya, Ayeyarwaddy region, Myanmar

## MFCG (Myanmar Family Clinic & Garden), MyaungMya

## contact person:

***Ms. Satoko Nachi, M.D ( Country Representative of MFCG)***

Office Address – No (9) Natsin street, No 8th yard MyaungMya

Mobile phone – (+95) 09:260330004

E-Mail houdou.nachi@gmail.com

Website – http://mfcg.or.jp

Facebook – http://www.facebook.com/mfcg.or.jp

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## Background History of MFCG

Myanmar Family Clinic and 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 least able to afford them.

It focuses its attention, mainly on health education, behavior change campaign and provision of basic health services in rural and remote areas.

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

**Memorandum of Understanding (MOU) agreement period** ; 24.3.2014– 23.3.2016

MOU objective is to collaborate with and assist the Department of Health in implementing priorities of National Health Plan and contribute in meeting Millennium Development Goals and to raise health and socio-economic status of Myanmar people.

**Country Representative** – Satoko Nachi. MD

**Staffs**: – Medical Doctor (1)

– Nurse Aid (1)
– Driver (1)

**Project field implementation period** - 28th January 2015 – 24th March 2016

# Project Description

## Goal / Impact

**1.** To raise Health and Social status of Myanmar people.

**2.** Assist in meeting Millennium development Goals.

**Outcomes (**Project Objective / Purpose)
Practical level about primary health raised in project villages in MyaungMya.

**Outputs** (Project results / Deliverables )

1. Awareness level raised, adopted healthy behavior.

2. Morbidity and Mortality of Diarrhoea, B1 deficiency diseases, ARI cases and other common illness lowered.

3. Awareness level of the matter the transmission and prevention of Mosquito bite borne diseases(malaria, DHF and Filaria etc.) increased.

4. Awareness basic Nutrition level and locally available vegetable increased.

## Activities for each Output (Project Components )

## 1.Running Mobile Clinics

**During Mobile Clinic, FOC ( Free of charge ) treatment**

Giving the standard treatment for common diseases like Diarrhoea, Dysentery, Acute Respiratory Tract infection and other acute common illnesses will be provided free of charge to rural population.

Iron, Folic acid vitamin B1 and multivitamin tablets will be distributed to pregnant mothers and to others who need it.

Mobile clinic to detect Suspected TB cases, malnutrition, chronic non-communicated illnesses to provide preventive measures and to refer Suspected TB cases and severe ill patients to nearest health facilities.

**Prevention and treatment of Malaria**

In collaboration with township Malaria department, LLIN (Long Lasting Insecticide Treated Bed nets ) will be distributed to high risk groups depending on availability of fund.

RDT (Rapid Diagnostic Test) Kits will be used to detect Malaria and treatment (according to National Malaria Standard treatment guide lines) will be given if Malaria positive

Severe Falciparum Malaria will be referred to hospital and health facilities.

## 2.Health Education

Small group HE sessions will be organized and health talks will be given to be awareness raised and adopted healthy behavior.

Regular health discussion will be done among village authorities, village leaders and villagers during Health Education activity days.

Standard IEC materials produced by Health education department will be used for Health Education talk topics.

**HE talk topics will be focused on;**

- Awareness on Nutrition and (3) kinds of nutrition food groups, Prevention of Malnutrition, Vitamin deficiencies and correct method of cooking.
- Prevention of Diarrhoeal diseases, Worm infestation and Hepatitis A.
- Benefits of using sanitary latrines.
- Four Cleanness (Hand washing and personal hygiene), Safe food, Safe drinking water and Sanitary latrine) plus environmental sanitation.
- Reproductive Health (RH), especially for Family planning/Birth spacing, ANC, PNC and Men's involvement in RH.
- Prevention of Mosquito bite borne diseases (DHF, Malaria and Filaria etc.)

**Produce vegetable in backyard**

- Giving awareness basic Nutrition level and locally available vegetable increased.
- Sharing knowledge to grow healthy and Nutritional vegetable.
- Sharing practical knowledge to grow nutritional and healthy vegetable in backyard.

**Training for Community Health Promoters**

Training for community youth, village leaders and family members to become Community Health Promoters (CHPs) at KKS village.

## Patient Referral System

Mobile clinic to detect suspected TB cases, malnutrition, chronic non-communicated illnesses to provide preventive measures and to refer suspected TB cases and severe ill patients to nearest health facilities.

## Health education talks and HE sessions (HE team has only 2 staffs)

Pamphlets and posters as IEC materials are used for HE talks giving.

For cooking demonstration, steamed rice cooking demonstrations were conducted at Moe Kyo Pan and Tha Baut Chaung (west) villages.

HE team provides HE talks to the population as group health education sessions and also door to door visits.

The HE participants were given awareness for using sanitary latrines, safe water drinking, washing hands before and after toilet, using spoons for taking meals and gardening in the backyards and these are one of the best ways to improve their health status and some of them have been practicing these health knowledge.
MFCG nutritional HE topics are always based on local affordable and available food vegetables.

MFCG RH HE giving talks are on ANC, PNC, Neonatal care at home, and breast feeding, complimentary food for babies, Birth spacing methods and Men's involvement in RH.

MFCG also shared physical exercise methods to prevent physical pain and aches to the HE participants.

Because of no availability of time and busy for their income generation work, mostly villagers could not come and participate to HE sessions, so that team has difficulties to organize group HE sessions. That's why mostly in 2015 most of the HE talks were provided in door to door visits. This system was not effective and caused time waste. So that since 2016 January, team has been using another option; lucky draw system to compensate the HE participants' affords of using their time, by sharing HE demonstration used materials like spoons to use in eating meals, cups for drinking gruel and soaps for washing hands etc.)

## Components for HE sessions

**Village volunteers:**

MFCG has been using volunteers who are interested in to join MC and HE activities. MFCG pay some honorable fees for their time and afford in helping MC and HE activities as assisting in labor works.

For the future, MFCG will plan to use trained CHPs as its volunteers.

**CHPs:**

MFCG has being planning step by step to spread health awareness and behavior change through CHPs. (may be they will become focal persons and the best possibility to bring the update health knowledge to the population. That's why in 2015 one CHP training had already conducted for 6 CHPs candidates at KantKawSu village and in 2016 the number of CHPs will be increased up to 30 for the next 6 villages).

## Benefit of people in project area by this project (Successes)

MFCG have participated in health care providing to cover remote and hard to reach villages of MyaungMya Township and established mobile clinics in the (12) project villages.
Health and Social status of the project village population will be raised by Mobile Clinic activities with free of charge treatment and sharing of health knowledge by HE activities about common major health problems which they are facing and motivation them to adopt more healthy life styles and behaviors ( by using BCC ) and knowledge to grow healthy and nutritional vegetable in their backyards, modern agricultural and gardening knowledge to produce healthy organic products within small self- help groups which will contribute to lowering of deficiency diseases and generates income to alleviate poverty.

MFCG has being planning step by step to spread health awareness and behavior change through CHPs. (may be they will become focal persons and the best possibility to share the update health knowledge to the population. That's why in 2015 one CHP training had already conducted for 6 CHPs candidates at Kant Kaw Su village and in 2016 the number of CHPs will be increased up to 30 in the next 6 villages.
And also MFCG CHPs will become the link between the BHSs and villagers.

**MFCG emergency referral support**; MFCG MC Team had supported emergency referral to one ANC patient in SET village. Her name is Ga Pi Co Lar, 38 years old.

Cause of referral was G3, P1+1, 20 weeks pregnancy with *Anemia and PIH* ( Pregnancy induced Hypertension) BP= 220/140 mph.

MFCG had tried to negotiate the patient family with village authorities to get 10000 kyats from the village charity committee fund. And also MFCG had donated 8000 kyats to the patient's family as referral initiative motivation support. MFCG had transported this patient to Myaungmya General Hospital by its' car.

Patient had got emergency obstetric care in time. It means that MFCG had participated in community health care to reduce MMR rate (one of the MDG goals).

Ministry of health is trying to recruit health man power and health centers in MyaungMya villages. But our project villages are situated in hard to reach locations and that's why these villagers have difficulty in transportation to go to health facilities and also mostly they have financial problems. Government health staffs very rarely get chance to give them HE talks because they could not reach these villages often. And also Local and INGOs which can give HE talks in these Villagers are mostly not available in this village. Mostly these villages could not access electricity, so that they cannot access to media like newspapers, journals, Internet, TV and video, it seemed to be that they cannot well access to Health knowledge.

MFCG aims for these villagers to follow as prevention is better than cure. So that Health Education talk giving and awareness raising activity of MFCG implementation procedure will make sure that at the end of the project year mostly the people living in these 12 villages will become improve in getting health knowledge for taking care of their health status. And then they may transfer this health information to their friends and relatives who are living in other villages. It means that we can hope that the persons who will get these good health knowledge and practice may be multiplied again and again as consequences in the future.

Therefore I would like to say that MFCG is running it's project implementation 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 activities in (12) Project villages, Myaungmya

(1) Balance Diet, including essential (3) Kinds of food groups
(2) Breast feeding and Complimentary food for baby after 6th months of age
(3) Personal hygiene including Systematic Hand washing methods and dental hygiene
(4) Safe Food
(5) Safe Water
(6) Sanitary Latrine
(7) Prevention of diseases born by mosquito bite (DHF, Malaria, Filaria etc.)
(8) Prevention of Diarrhoea, Dysentry, Worm infestation
(9) Safe mother hood, Family planning Birth spacing methods and Men's involvement in RHs
(10) Sign and Symptoms, prevention and where to go for diagnosis and management for suspected Tuberculosis.
(11) Hypertension
(12) Locally available vegetable gardening

(13) How to prevent effects of sunburn, ultraviolet rays and heat exhaustion during hot season

MFCG gave group Health talks sessions and Door to Door visit HE sessions to the participants from 12 project villages during Mobile Clinic days and HE days.

MFCG used DOH, HE pamphlets and posters as reference for Health Education Talks.

Since 2016 January, MFCG HE team has been using lucky draw system to compensate the HE participants' affords of using their time, by sharing HE demonstration used materials like spoons for use in eating, cups for drinking gruel, soaps for washing hands etc.)

## MFCG Project Villages in Myaungmya

| | | | | |
|---|---|---|---|---|
| **A** | PLW | Poe Long Wa | Me'Kyaw SC | Khwae Lae Gyi RHC |
| **B** | NCL | Nyaung Chaung Lay | NgaMyinChaung SC | Khwae Lae Gyi RHC |
| **C** | MKP | Moe Kyo Pan | Pyin Pon SC | Khwae Lae Gyi RHC |
| **D** | SET | Shit Ein Tan | | Khwae Lae Gyi RHC |
| **E** | GYG | Ga Yet Gyi | | Khwae Lae Gyi RHC |
| **F** | KKS | Kan Kaw Su | Ka Nyin Kine SC | Shan Yae Kyaw RHC |
| **G** | DB | Doe Bat | Da Yae' Baut SC | Pyin Ywar RHC |
| **H** | NPT | Nga Pyaw Taw | Te' Te' Kue SC | Pyin Ywar RHC |
| **I** | TBC(w) | Tha Baut Chaung(west) | Te' Te' Kue SC | Pyin Ywar RHC |
| **J** | TYS | Ta Yote Su | Pyin Ma Chaung SC | Kan Gyi RHC |
| **K** | KPNLP | Kyar Phue Ngone Lap Pan | Da None Chaung SC | Kan Gyi RHC |
| **L** | MH | Myo Haung | Set Kone SC | Kone Thar RHC |

**Short Project Village Profile ( 2014 )**

| Sr | Project Village | | RespectiveSub Center | Respective RHC | House Holds | Total Population | | | < 1 Pop | < 3 Pop | < 5 Pop | < 15 Pop | WCBA |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | HH | Total Population | Male | Female | | | | | |
| 1 | PLW | Poe Long Wa | Me'Kyaw | Khwae Lae Gyi | 118 | 623 | 322 | 301 | 15 | 35 | 58 | 223 | 370 |
| 2 | NCL | Nyaung Chaung Lay | Nga Myin Chaung | Khwae Lae Gyi | 260 | 1139 | 564 | 575 | 28 | 101 | 142 | 382 | 307 |
| 3 | MKP | Moe Kyo Pan | Pyin Pon | Khwae Lae Gyi | 41 | 164 | 84 | 80 | 6 | 10 | 16 | 63 | 84 |
| 4 | SET | Shit Ein Tan | | Khwae Lae Gyi | 224 | 942 | 478 | 464 | 22 | 77 | 130 | 311 | 475 |
| 5 | GYG | Ga Yet Gyi | | Khwae Lae Gyi | 295 | 1290 | 647 | 643 | 41 | 103 | 157 | 462 | 320 |
| 6 | KKS | Kant Kaw Su | Ka Nyin Kine | Shan Yae Kyaw | 104 | 501 | ?? | ?? | 11 | 43 | 60 | 160 | 110 |
| 7 | DB | Doe Bat | Da Yae' Baut | Pyin Ywar | 105 | 475 | 249 | 226 | 4 | 19 | 34 | | 115 |
| 8 | NPT | Nga Pyaw Taw | Te' Te' Kue | Pyin Ywar | 131 | 645 | 309 | 336 | 16 | 38 | 55 | 74 | 180 |
| 9 | TBC(w) | Tha Baut Chaung(west) | Te' Te' Kue | Pyin Ywar | 64 | 315 | 164 | 151 | 3 | 15 | 26 | 40 | 90 |
| 10 | TYS | Ta Yote Su | Pyin Ma Chaung | Kan Gyi | 87 | 419 | 212 | 207 | 12 | 22 | 43 | | 125 |
| 11 | KPNLP | Kyar Phue Ngone Lap Pan | Da None Chaung | Kan Gyi | 98 | 403 | 198 | 205 | 9 | 35 | 49 | | 97 |
| 12 | MH | Myo Haung | Set Kone | Kone Thar | 325 | 1488 | 727 | 761 | 24 | 64 | 119 | 415 | 404 |
| | | | | | | **8404** | | | | | | | |
| | | | | **Total** | **1852** | **8404** | | | | | | | |

| MFCG Field Trip Schedule for Mobile Clinic | | | | | | | | | | | | | 28th January 2015 to 24th March 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 2015 | | | | | | | | | | | 2016 | | | Total |
| Sr | Project Village | J | F | M | A | M | Jn | Ju | Au | S | O | N | D | J | F | M | |
| 1 | PoeLaungWa | 1 | | 1 | | 1 | | | | | | | 2 | | | 1 | 6 |
| 2 | NyaungChaungLay | 1 | | 1 | | 1 | | 1 | 1 | | 1 | 1 | 1 | | | 1 | 9 |
| 3 | Moe Kyo Pan | 1 | 1 | | | 1 | | 1 | 1 | | 1 | | | 1 | | | 7 |
| 4 | Shit Ein Tan | | 1 | 1 | | 1 | | 1 | | 1 | 2 | | 1 | 1 | | | 9 |
| 5 | Ga Yet Gyi | | 1 | | 1 | | 1 | 1 | | 1 | 1 | | | 1 | | | 7 |
| 6 | Kant Kaw Su | | 1 | | 1 | | 1 | 1 | 1 | 1 | | 1 | 1 | 1 | | | 9 |
| 7 | Doe Bat | | 1 | | 1 | | 1 | 1 | | 1 | | | | | 1 | 1 | 7 |
| 8 | Nga Pyaw Taw | | 1 | | 1 | | 1 | 1 | | 1 | | 1 | | | 1 | | 7 |
| 9 | Tha Baut Chaung(west) | | 1 | | 1 | | 1 | 1 | | 1 | | 1 | | | 1 | | 7 |
| 10 | Ta Yote Su | | | 1 | | 1 | 1 | | 1 | | 1 | 1 | | | | | 6 |
| 11 | Kyar Phue Ngone Lap Pan | | | 1 | | 1 | 1 | | 1 | | 1 | 1 | | | | | 6 |
| 12 | Myo Haung | | | 1 | | 1 | 1 | | 1 | | 1 | 1 | | | | | 6 |
| Total Mobile Clinic days = 86 | | | | | | | | | | | | | | | | | |

| MFCG Field Trip Schedule for Health Education Activities | | | | | | | | | | | | | | 28th January 2015 to 24th March 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 2015 | | | | | | | | | | | | 2016 | | | Total |
| Sr | Project Village | J | F | M | A | M | Jn | Ju | Au | S | O | N | D | J | F | M | |
| 1 | PoeLaungWa | 1 | | 1 | | 1 | | | | | | | | 1 | | | 4 |
| 2 | NyaungChaungLay | 1 | | 1 | | 1 | | 1 | | | 1 | | | 1 | | | 6 |
| 3 | Moe Kyo Pan | | 1 | 1 | | 1 | | | 1 | | 1 | | | 1 | | | 6 |
| 4 | Shit Ein Tan | | 1 | 1 | | 1 | | | 1 | | | | | 1 | 3 | | 8 |
| 5 | Ga Yet Gyi | | 1 | 1 | | 1 | | | 1 | | | 1 | | | 1 | 1 | 7 |
| 6 | Kant Kaw Su | | 1 | 1 | | | 1 | 1 | 1 | | | 1 | | | 1 | 1 | 8 |
| 7 | Doe Bat | | 1 | | 1 | | 1 | | | 1 | | | 1 | | 1 | | 6 |
| 8 | Nga Pyaw Taw | | 1 | | 1 | | 1 | | | 1 | | 1 | | | | 1 | 6 |
| 9 | Tha Baut Chaung(west) | | 1 | | 1 | | 1 | | | 1 | | | 1 | 1 | | 1 | 7 |
| 10 | Ta Yote Su | | 1 | | 1 | | | 1 | | | 1 | | | 1 | 1 | | 6 |
| 11 | Kyar Phue Ngone Lap Pan | | | 1 | 1 | | | 1 | | | 1 | | | 1 | | | 5 |
| 12 | Myo Haung | | | 1 | 1 | | | 1 | | | 1 | | | 1 | | 1 | 6 |
| YaeTwinYaeKan Orphan children house | | | | | | | | | | | | | | | 1 | | 1 |
| SwanAha Dama charity school | | | | | | | | | | | | | | | | 1 | 1 |
| | | | | | | | | | | | | | | | | | Total HE Days = 77 |

Agricultural Training 3 days theory and 3 days practical at KantKawSu village

5 days Community Health Promoters training

2 months later 0ne day refresher training day at KantKawSu village

**Main Objective** : Improving basic Primary Health Care in (12) project villages through running mobile clinics.

**Indicators** : Numbers of people given treatment for Acute illness (or) preventive measures for Nutrition by MC.

Prevention and treatment for ARI, B1 and other deficiency, common illnesses and also referral of serious cases.

**According to MOU, MFCG responsible activities under PHC program during Mobile clinic days.**

**Period : 28th Jan 2015 to 24th March 2016**

| Sr | Name of Illnesses | Total cases |
|---|---|---|
| 1 | Acute Respiratory disease | 64 |
| 2 | C.S.M (Clinically Suspected Malaria) | 5 |
| 3 | Deworming | 1418 |
| 4 | Dysentery | 6 |
| 5 | General Weakness | 33 |
| 6 | Iron-Folic acid supply to ANC women | 144 |
| 7 | Iron-Folic acid supply to PNC women | 27 |
| 8 | Loose motion | 35 |
| 9 | Iron-Folic acid supply to Mild Anaemia | 166 |
| 10 | Nutrition supply (Multivitamin supply) | 3877 |
| 11 | Refer for Suspected TB | 17 |
| | MFCG responsible PHC care patients | 5792 |
| | Others (common cold, back pain, muscle stiffness, chronic cases such as hypertension etc.) | 950 |
| | Grand Total patients = 6832 | |
| 12 | Total Referred patients = 385 | |

**Total HE participants in HE day activities Period - 28th Jan 2015 to 24th March 2016**

| | Male | Female | Total numbers of HE participants | |
|---|---|---|---|---|
| | | | Planned | Achievement |
| **Total participants in HE sessions** | **2756** | **4919** | | |
| **Total of HE sessions** | **7675** | | | **275** |

# MFCG Emergency Humanitarian Aids for Flood effected people

MFCG (Myanmar Family Clinic & Garden), Myaungmya donated the following Emergency humanitarian aids to the flood effected people in August, 2015.

| **12.8.2015** | | | | | | |
|---|---|---|---|---|---|---|
| **Donated for the flood effected people lived in** | **District/Region** | **Donated Materials** | **Amount** | **Cost in Myanmar kyats** | **Donated Oganization** | **Donated Materials transported by** |
| Kyaung Kone | **Pathein/Ayeyarwaddy** | **Touchlight** | **260** | **312000** | **MFCG** | Transported via Myaungmya Charity team to the flood effected people |
| | | **1 Litre Drinking water (6 bottles/case)** | **17 cases** | **13600** | **/** | **/** |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | **Plasic Water Proof** | **606** | **606000** | / | / |
| | | **Longy ( women )** | **39** | **97500** | | |
| | | **Longy ( men )** | **200** | **513800** | / | / |
| | | **Noodle (Yum Yum)30pks/case** | **6 cases** | **23400** | / | / |

| **16.8.2015** | | | | | | |
|---|---|---|---|---|---|---|
| **Donated for the flood effected people lived in** | **District/Region** | **Donated Materials** | **Amount** | **Cost in Myanmar kyats** | **Donated Organization** | **Donated Materials transported by** |
| **Kangyi Daunt/ Tharpaung** | **Pathein/Ayeyar waddy** | **Plasic Water Proof** | **500** | **500000** | **MFCG** | Transported via Myaungmya Charity team to the flood effected people |
| | | **Rice** | **150 bags** | **2775000** | / | / |
| **25.8.2015** | | | | | | |
| **Kangyi Daunt/ Tharpaung** | **Pathein/Ayeyar waddy** | **Oil (1 Litre bottle)** | **120 bottles** | **1020000** | / | / |
| | | **Noodle** | **5100 pks** | | / | / |

***Total amount = 5,861,300 kyats***

## MFCG ( Myanmar Family Clinic & Garden ), Myaungmya

## Community Health Promoters' (CHP)training in December 2015

**Village name** – Kant Kaw Su village (Myaungmya township)

**Location of Training** – Kant Kaw Su village, Temple common place

**Training period** – 14th- 18th December 2015

**Aims of training -** The project will raise health and social status of rural population by giving knowledge accessible to local people and sharing of Primary Health Care knowledge to produce healthy living style lowering of primary health diseases.

Training courses will be provided to village leaders/elders, teachers and women groups who will spread the basic health knowledge in the village.

### Purpose:

(1) Villagers will be improved their own health status
(2) They can find out what the health problem they have
(3) They can solve these problems by them-selves

### Training Schedule:

(1) Continuous total 5 days + 1 day (2 months later- refresher training and review)
(2) AM: 3 hours + PM: 2 hours (total 5 hours per day)

**Training module** - reference from DOH health education manuals

**Trainers** - Collaborated by Health Education Department, Daw Ei Ei Swe (A.D)

**Trainees** - (6) Village Leaders from Kant Kaw Su village

**Expected outcome-** After this training the trainees will participate in health education activities ( health talks and awareness ) to local people about common major health problems they are facing and motivate them to adopt more healthy life styles and behaviors.

## MFCG ( Myanmar Family Clinic & Garden ), Myaungmya

## Agricultural Training report in August 2015

**Village name** **– Kant Kaw Su village ( Myaungmya township)**

**location of Training** **– one trainee's vegetable garden in Kant Kaw Su village**

**Training period** **– lecture (3) days – 11 to 13, August 2015**

**Practical (3) days – 25th to 27th, August 2015**

**Aims of training** - The project will raise 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** **–** U Saw One ( Trainer from Terra People Association)

**Numbers of trainees** **–** 2

**Lesson topics** – Way of the Symbiotic Agriculture

1- Basic knowledge of farming
2- Difference between "Dochakkin" natural fertilizer and Chemical fertilizer
3- How to make and use Dochakkin natural fertilizer
4- The list of vegetable plants who can be plant together
5- How to make and use Charcoal steamed liquid
6- How to make and use Paddy chaff Charcoal
7- How to make and use natural pesticide
8- How to make and use natural Vinegar for farming
9- How to make and use "Bokashi" natural fertilizer
10- System of planting Banana trees
11- Methods of Grafting and Budding of tree branches and it's benefits
12- System of planting Mushroom ( Ngwe Hnin Mhoe and Kawk Yoe Mhoe )

## Expected outcome

The trainees will make organic gardening in the backyard and will grow indigenous plants such as Cucumber, Pumpkin, Bitter Gourd, Gourd, Lime, Citron, Marrow, Squash, Snake Gourd, Ridged Gourd, Tomato, Long Bean, Pea, Young Soya Bean, Winged Bean, Cabbage, Rape, Lemon Grass, Leek ( Spring Onion), Cauliflower, Coriander, Water Cress Leave, Roselle, Chinese Kale, Lady Fingers, Chilies, Brinjal ( Egg- Plant), Onion, Mushroom and Banana etc.

These organic vegetables will be consumed by themselves or to be sold to other families for their income generation. They will share this knowledge to the other villagers who are interesting to learn the organic gardening and in the other hand it will improve the health status of villagers.

## Conclusion :

MFCG is very appreciate to work in Myanmar since 2015 on 23rd of March. MFCG have cooperated since 2014 and we mainly focused on public health in need at Myaungmya township. Up to now, we only provided medical health care facilities in those rural areas where government health cares are difficult to reach. In the near future, we plan to increase our activities which is one of our main aims. We not only cure the present diseases but also focus on cures for the underlying causes like malnutrition, diarrhea, etc. We are sure that our aims will be successful in the near future and please try to cooperate in our MFCG activities.