MFCG ANNUAL REPORT

1st April 2020 to 31st March 2021

MYANMAR FAMILY CLINIC & GARDEN (MFCG)

Myaungmya, Ayeyarwaddy Region

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	: 15 VILLAGES in MYAUNGMYA REGION, MYANMAR

MFCG (Myanmar Family Clinic & Garden), Myaungmya

Contact Person	: Dr. Satoko Nachi, M.D (Country Representative of MFCG)
Office address	: C (8), Pyi Khaing Phyo 3rd Street, Mya Yadanar Quarter, Myaungmya
Mobile No	: (+95) 09260330004
E Mail	: houdou.nachi@gmail.com
Website	: http://mfcg.or.jp
Facebook	: http://www.facebook.com/mfcg.or.jp

Contents

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 Affair.

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 Staffs	-Dr.Satoko Nachi. M.D	
	-Nurse	(1)
	-Nursing Assistant	(1)
	-Driver	(1)

Project implementation period- 1st April 22020 - 31st March 2021

Project Description

Goal/Impact (Development Objective)

1. To improve Health and Socioeconomic status of Rural people in Myaungmya, 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 latrines and four cleanliness to prevent Diarrheal 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 Diarrhea, 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, Vitamin 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 diarrheal disease and worm infestation and also giving awareness of some communicable and non- communicable diseases like TB, Hypertension
5. 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. Cooperation with Government's Staff

MFCG organized meeting with Government's Staff with the recommendation from Myaungmya Hospital.

Purpose -To improve cooperation with Government Staff

-To discuss about the problems and difficulties facing in implementing PHC

-To discuss how to solve the problems

-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.

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 Napa 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.

Heath 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 fields trip per month. Field trip plan was submitted monthly to Myaungmya District Public Health Officer and Ayeyarwaddy regional officer, Pathein. Field trip schedule can be seen on Page 23 and 24.

Data collection and monthly meetings

Monthly and Quarterly Mobile Clinic and Health Education data report have sent to DOH Nay Pyi Taw, Myaungmya District Public Health Officer (DMO) and Ayeyarwaddy Regional Medical Officer, Pathein.

Mobile Clinic and Health Education

Mobile Clinic and Health Education sessions were conducted in the tent 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 Health Education were transported by MFCG car.

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

Community Health Promoter training courses were supposed to give in suitable villages at least 3 to 6 course per year but MFCG provide two training course for CHP this year in Gya Yet Gyi village and Htaw Yee village.

Trainings courses conducted by MFCG

MFCG had 1 day gathering meeting for community health promoters and agricultural members on 22nd October in Htaw Yee village and Kant Kaw Su village. MFCG also give 4 days' agriculture training course in Htaw Yee village from 23rd October to 26th October 2019.In

addition, we conducted Community Health Promoters' Course in Kwat Pyin village from19.August to 23rd August 2019.

Constraints

First of all, most of the villagers seemed to be lack of interest in Health Education session. Secondly, the villagers seemed to lack of collaboration and enthusiasm in some villages which has been a quite inconvenient for MFCG.

For patients with Hypertension, MFCG do blood pressure measuring and give Health Education, do and don't for hypertension but MFCG don't give any antihypertensive drugs to them. And MFCG don't give injection also. Because these MFCG's 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. 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 Health Education sessions, by the cooking demonstration to prevent beri beri and also by giving agricultural training course how to grow organic vegetables at home to prevent malnutrition.

MFCG has been planning for the health awareness and behavior change of the each villager by CHPs. MFCG CHPs can become the link between the BHSs and villagers.

Agricultural gathering training course was given in Htaw Yee and Kant Kaw Su village on 24th and 25thJuly 2018.MFCG gave 5days agricultural training course in Wa Net Kone village on 18th September 2018which will help the villagers to encourage growing organic vegetables to reduce deficiency diseases and generate income by selling vegetables.

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 and awareness raising activity of MFCG .The people from these 15 villages can improve in health knowledge and they can share the health knowledge to their friends and relatives who are living in other villages. It means that we will expect that the people will get this health knowledge and practice may be multiplied again and again successively in the future.

Therefore 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 Health Education 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

7. Non Communicable Diseases

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

8. Seasonal Diseases e.g. Corona Virus Infection

- MFCG gave Health Education to the participants from 15 project villages during Mobile Clinic days and Health Education days.
- MFCG used Health Education pamphlets and posters, vinyl as reference for Health Education.
- During Dental Hygiene Health Education, MFCG exchanges toothbrushes and cups for the participants.

- MFCG also provides Clean Delivery Kits for third trimester pregnant women.

Special Activities of MFCG

Supporting Masks to Road Workers in Myaungmya Township

MFCG noticed that many road workers were working in repairing roads along the U Ba Cho road in Myaungmya Township without wearing masks. So, MFCG donated disposable masks to Road workers to prevent Corona Virus Infection. And we supported (2) disposable masks to each person working for the road. MFCG supported for (2) times in August and September. So, MFCG went along the road to distribute the masks to each person.

Date	Time	Beneficiaries
14/8/2021	1st time	Road workers
9/9/2021	2nd time	Road workers

Supporting Medicine to Myaungmya Township Hospital

MFCG supported medicine to the Myaungmya hospital in 8, September,2021. Here is the list of medicine which we supported.

	Name	**Amount**
1	3cc syringe	80 piece
2	5 cc syringe	98 piece
3	20 cc syringe	24 piece
4	Burplex	4 bot
5	Zocovin cream	7 tube
6	Probiotic	7 box
7	Respira Syrup	19 bot
8	Grovit syrup	2 bot
9	Tomcin syrup	13 bot
10	Cefixime 100 mg	1 box
11	Cefixime 200 mg	1 box
12	Stugin	36 strip
13	Gentalene C cream	9 tube
14	Feplus	1 box
15	Ranitidine 150 mg	1 box
16	Aceclofenac 100 mg	3box
17	Clotrimazole 100 mg	4 box
18	Azithromycin 500 mg	4 box
19	Kotase	3 box
20	Metronidazole 200 mg	5 box
21	Paracetamol 500 mg	1 bot
22	Denzo	35 strip
23	Cyprotone syrup	1 bot
24	Spacovin 40	10 box
25	Cevit 100 mg	1 bot
26	Orazinc tablet 20 mg	1 box

Logical Thinking and Writing Training Course

MFCG gave an opportunity to San San Maw, one of MFCG members to join the Logical Thinking and Training course in December. The online course took for three days.

Please see the following report about the Logical Thinking and Writing Training Course.

Course Title : **Logical Thinking & Writing Training**

Trainer : Saya Myo Min

Date : 14, 16, 18, Dec. 2020

Time : 1:00 Pm - 4:00 Pm

Attendance : 12 participants

Contents

1. Communication
    i. Three big reasons why we fail communication
    ii. Johari Window
    iii. Communication at Workplace(Report, Inform, Consult, Confirm, Propose)
2. MECE way
    i. Fishbone Analysis
3. Logical Thinking
4. Logical Tree

<u>Communication</u>

A process by which information is exchanged between individual through different kinds of methods (such as orally, Email, Phone) to produce mutual understanding.

Effective communication is important to build a trustworthy relationship. So, I learned how to have an effective communication.

- **Three big reasons why we fail communications**
    - Not speaking out
    - Not listening with attention
    - Not asking

- **Johari Window**
  Johari Window model is a useful tool for improving self-awareness and mutual understanding between individuals within a group.

	I know myself	I don't know myself
Others know about me	Open-Window	Blind Window **(Ask, listen)**
Others don't know about me	Hidden Window **(Speak, Talk)**	Unknown

- **Communication at workplace**
  - **RICCP**

		Report	Inform	Consult	Confirm	Propose
What		Let your manager/others know that you have progressed and completely tasks.	Let your manager or others know of information that affect your work or other's work	Seeking advice or instruction from your Boss or others.	Make sure that your interpretation matches your Boss or others.	Providing concrete ideas to improve work efficiency and solve problems.
Why		For effective communication				
Where		At work place				
Whom		Boss/others	Everyone involved in a team	Boss	Boss/others	Boss
When		Anytime necessary	Anytime necessary	Anytime necessary	Anytime necessary	Anytime
How	**Ways**	-Orally -Documents -Email, Phone	-Orally -Email -Phone	-Orally -Email -Phone	-Orally -Email -Phone	-Orally -Email -Phone
	Tips	Report directly to the person who gives instruction	More clearly, quickly &accurately according to their level of education.	More concisely and clearly	Check Recheck Counter-check	Boss is always waiting for you.

MECE(Mutually Exclusive Collectively and Exhaustive)

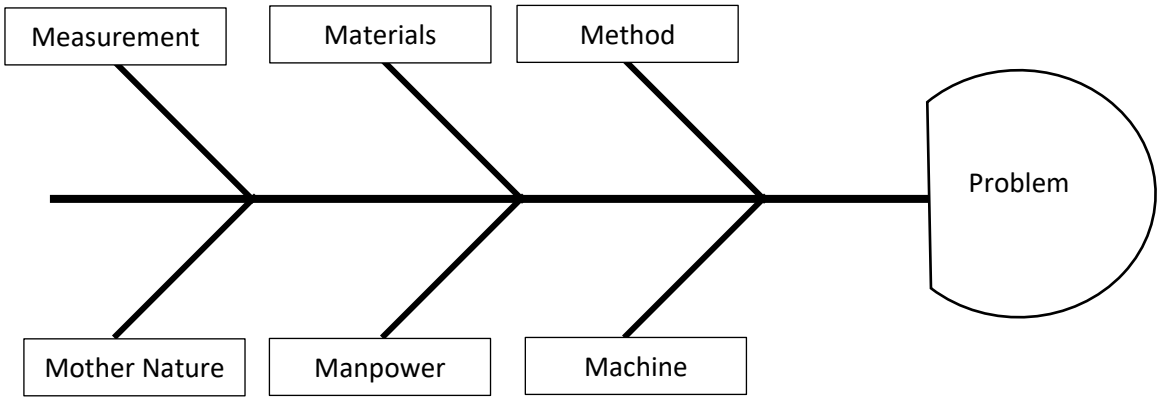
MECE means "No duplication and no missing part". It is a problem solving framework that helps to solve the problems.

- MECE framework of analyzing micro-environment (4 C)
  - Customers (Product)
  - Cost (Price)

- Communication (Promotion)
- Convenience (Place)

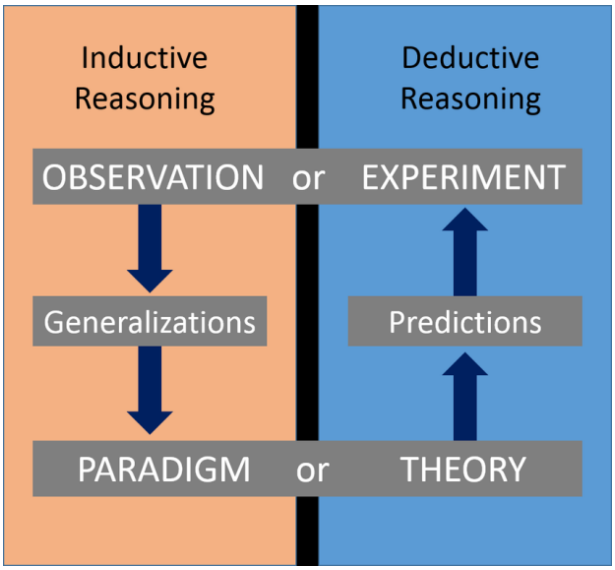
➢ **Fishbone Analysis**

It identifies many possible causes for an effect or problem.



Logical Thinking

Inductive Reasoning & Deductive Reasoning



Inductive reasoning	Deductive reasoning
E.g. Someone who uses Inductive reasoning makes specific observations and then draws a general conclusion	Deductive reasoning is a specific conclusion follows a general theory

The purpose of inductive reasoning and deductive reasoning

Inductive reasoning

- ❖ Inductive thinking uses experience and proven observations to guess the outcome,
- ❖ The goal of inductive reasoning is to predict a likely outcome.

Deductive reasoning

- ❖ Deductive reasoning uses theories and beliefs to rationalize and prove a specific conclusion.
- ❖ The goal of deductive reasoning to prove a fact.

Uses for **inductive reasoning and deductive reasoning**

Inductive reasoning

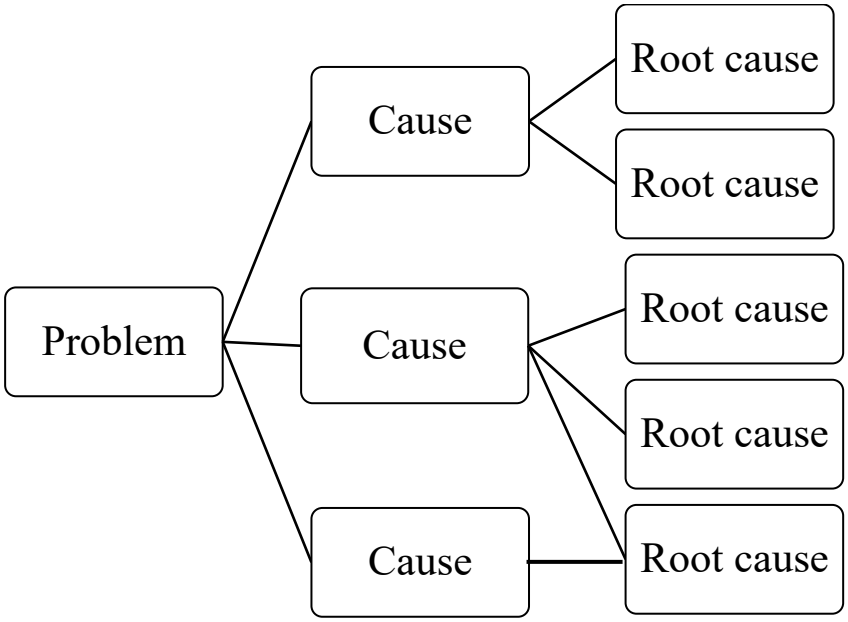
- ▪ It is often used in applications that involve prediction, forecasting, or behavior.

Deductive reasoning

- ▪ It is a logical process in which multiple premises, all believed true or found true most of the time, are combined to obtain a specific conclusion.

Logical Tree

It is used for problem solving (root cause analysis)



3. Outcomes

By studying this course, I have learned the following key points:

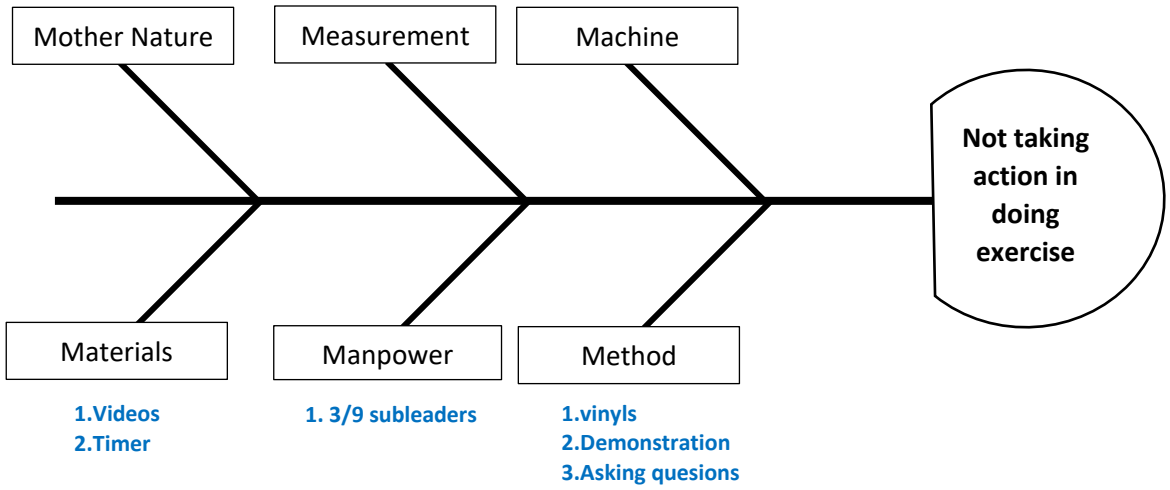
1. Johari Window
    a. It is a technique for improving self-awareness within an individual..It is also a useful tool if we want to improve our communication skills.
    b. So, I will try to communicate openly with my Boss and co-workers in my work place to have effective communication.

2. Communication at workplace
    a. I have previously known (3) points about communication at workplace (Report, Inform, and Consult). After I finished this course, I got to know two more facts (Confirm and Propose). Especially I learned about "Propose" and I realized that I must provide the new ideas to improve our health education activities to my Boss because she is always waiting for me.

3. MECE way
    a. It helps to solve the problems. It helps to eliminate confusion and focus on key fact that points the way to success.
    b. Let me share about what I applied in my workplace to find out the way (problem solution) for not taking action in doing exercise by sub-leaders in Ta Yote Su village.

What	Not taking action in doing exercise
Why	To maintain the immune system for preventing Covid-19 infection.
Where	Ta Yote Su village(TYS)
Date	17/Dec/2020
Who	MFCG

To whom	Sub-leaders(the villagers)
How	1. MFCG explained about the purpose of doing exercise. 2. MFCG explained the sub leaders that there are 2 different kinds of exercises. 3. MFCG showed them demonstration how to do exercises. 4. Sub-leaders needed to look at the exercise demonstration first without doing. 5. MFCG and sub-leaders did (2) kinds of exercises together. 6. After HE session, MFCG asked each sub-leader to show us back how to do (2) kinds of exercises. 7. MFCG asked them to take action in doing exercise every day. 8. MFCG asked them to share how to do exercise with their family members and responsible households



MFCG went to TYS village as a second time and we realized that no villagers did exercise to prevent Covid-19 because the sub-leaders (villagers) thought that:

- Harvesting is a kind of exercise but it is not a kind of exercise to prevent Covid-19.
- Doing exercise may take around (5) mins for one time.
- They are busy with harvesting so; they said that they don't have time to do exercise.

After using this fish bone analysis with MECE way, we realized that using timer for setting the time is effective for taking action in doing exercise.

After using the timer, they realized doing exercise in one time take around 30 seconds. So, they promised us to do exercises every day at least (2-3 times) per day.

MFCG Project Villages in Myaungmya

	Villages	Sub Center (SC)	Rural Health Center(RHC)
MKP	Moe Kyoe Pyit	Pyin Pone	Kway Lay Gyi
GYG	Ga Yat Gyi	Kwaay 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
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	Nya Myin Chaung	Khaw Lay Gyi
PTS	Pauk Taw Su	Da None Chaung	Kan Gyi

Projected Village Profile

Sr	Project Villages	Respective RHC	Respective sub center	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	Pauk Taw Su	Kan Gyi	Da None Chaung	53	238	118	120	1	14	13	54	53
				2346	**11277**	**5578**	**5699**	**218**	**567**	**1037**	**3243**	**3782**

MFCG Field Trip Schedule for Health Education Activities (April 2020 - March 2021)

MFCG has Health Education activity during Covid-19. But we couldn't cooperate with all the villagers in the villages because of the limitation of the participants to prevent Corona virus. So, MFCG cooperated mainly with sub-leaders and some villagers during covid-19. And then, MFCG gave Health Education to the sub-leaders and requested them to share health knowledge about Corona Virus to their responsible households. At the end of the session, MFCG gave questions to all of the sub- leaders about what we have taught them during HE session. In addition, MFCG Supported masks and soaps to the villagers through the sub-leaders who could answer all of the questions. Our field trip schedule is shown below:

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Poe Laung Wa										1		
Nyaung Chaung Lay												1
Moe Kyoe Pann								1		1		
Ga Yat Gyi						1		1				
Kant Kaw Su						1			1			
Doe Bat							1		1			1
Nga Pyaw Taw								1				
Tha Baut Chaung (W)								1				1
Ta Yote Su							1		1			
Kyar Phue Ngone						1			1			
Myo Haung							1		1			
Wa Nat Kone								1		1		
Chaute Eain Tan								1		1		
Htaw Yee						1						1
Kwat Pyin								1				
Pauk Taw Su							1					1
Taung Dee							1			1		

Total number of participants in Health Education Activities (April 2020 - March 2021)

Year	2020																		2021						Total	
Months	April		May		June		July		Aug		Sept		Oct		Nov		Dec		Jan		Feb		Mar			
Village Name	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Poe Laung Wa																			8	3					8	3
Nyaung Chaung Lay																							9	12	9	12
Moe Kyoe Pann																			3	15					3	15
Ga Yat Gyi											1	44			5	12									6	56
Kant Kaw Su											12	26					7	5							19	31
Doe Bat													4	15			3	15					3	12	10	42
Nga Pyaw Taw															8	12									8	12
Tha Baut Chaung (W)															6	2							4	1	10	3
Ta Yote Su													11	-			6	-							17	-
Kyar Phue Ngone (Let Pan)											10	9					1	11							11	20
Myo Haung													39	9											39	9
Wa Nat Kone															7	41			10	24					17	65
Chauk Eain Tan															5	4			7	15					12	19
Htaw Yee									1	26	4	34					8	15					3	11	16	86
Kwat Pyin													7	6	3	4									3	4
Pauk Taw Su																							10	26	17	22
Taung Dee													7	4					15	6					22	10
Total Patients									1	26	27	113	68	34	34	75	25	46	43	63			29	52	227	408
									27		140		102		109		71		106				81		636	

Number of Supporting Masks and Soaps (April 2020 - March 2021)

Year	2020									2021			
Months	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Number of supported masks	-	-	-	-	195	764	3315	3422	2132	284	-	1562	1164
Number of supported soaps	-	-	-	-	-	-	126	400	458	179	-	382	1545
Number of supported cloth masks									101		-		101