MFCG ANNUAL REPORT

(1st April 2021 to 31st March 2022)

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

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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)
	- Logistician	(1)
	-Driver	(1)

Project implementation period- 1st April 22021 - 31st March 2022

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. 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
2. Providing CDK (Clean Delivery Kit) to third trimester ANC women for safe home delivery care by AMW or TBA
3. 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
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.

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 53.

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.

Health Education

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.

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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

9. The benefits of organic farming

- MFCG gave Health Education to the participants from 15 project villages on the 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.

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**

Special Activities of MFCG

Report on Dental Activity in Htaw Yee Village

Date : 25/Nov/2022

Time : 9:00 Am – 3:00 Pm

Place : Htaw Yee (HY) village

Activities : (1) Health Education Talk about Oral Health

(2) Dental Checking and Treatment

Participants

No	Members		Number
	Dentists		4
	Dental Assistants		2
	MFCG members		5
	Participants	Adult	110
		Children	33

Method

MFCG started our activity at 9 o'clock in the morning and we finished our morning session at 12 noon. And then we took a lunch time for one hour. After that we started our afternoon session again. Please see the following table about the procedure.

No	Counter	Remark
1	Registration Desk	Initially, The participants need to do registration about their name and age at the counter to join our activity.
2.	Answering Survey Questions	The participants who would like to join this activity must answer the survey questions. Those survey questions are related with the people's oral health. The survey questions for adults and children are different. The adult people can answer the survey questions by themselves. If the participant is a child, Parents or guardian needed to answer the survey questions on behalf of their children. Because the children can't understand the questions very well. Please see the survey questions paper on another page.(19-23)
3	Health Education Talk	The dentist gave the oral health education talk. Then, he explained the correct way of tooth brushing to all the Participants using the tooth model.
4	Oral Checking Counter	There were (2) oral checking desks. All the participants of the oral health condition were assessed by the (1) dentist. If the participant needed to get the treatment, they needed to proceed to the Blood Pressure (BP) taking counter to get the oral health treatment. (1)MFCG members helped the dentist to make a record at the oral checking counter.
5	BP Checking Place	(1) MFCG member took responsibility to take BP for those who need to check it. And then we gave (1) piece of toothbrush for every participants.
6	Oral Treatment Counter	There were (2) different tables that can give oral treatment. The number of participants who needed to get the oral treatment were…. Total participants -97

Conclusion

We did the oral checking with the total number of (143) participants. The number of participants who needed oral treatment were (97) participants. The villagers were also satisfied with the services that we gave to them because they didn't need to come to the downtown to see the dentists and they could save the money. It was a very good opportunity for them.

Next plan

(68%) of the participants were needed the oral treatment. So, MFCG decided to encourage the villagers to take care of their dental health (such as brushing their teeth regularly and taking care of dental hygiene)

Report on Dental Activity in Myo Haung Village

Date : 26/Nov/2022

Time : 9:00 Am – 3:00 Pm

Place : Myo Haung (MH) village

Activities : (1) Health Education Talk about oral health

(2) Dental Checking and Treatment

Participants

No	Members		Number
	Dentists		4
	Dental Assistants		2
	MFCG members		5
	Participants	Adult	20
		Children	50

Method

MFCG started our activity at 9 o'clock in the morning and we finished our morning session at 12 noon. And then we took a lunch time for one hour. After that we started our afternoon session again. Please see the following table about the procedure.

No	Counter	Remark
1	Registration Desk	At first, The participants need to do registration about their name and age at the registration counter for the dental activity.
2.	Answering Survey Questions	The participants who would like to join this activity must answer the survey questions. Those survey questions are related with the people's oral health. The survey questions for adults and children are different. The adult people can answer the survey questions by themselves. If the participant is a child, Parents or guardian needed to answer the survey questions on behalf of their children. Because the children can't understand the questions very well.
3	Health Education Talk	The dentist gave the oral health education talk. Then, he explained the correct way of tooth brushing to all the Participants using the tooth model.
4	Oral Checking Counter	There were (2) oral checking desk. All the participants of the oral health condition were assessed by the (1) dentist. If the participant needed to get the treatment, they needed to proceed to the Blood Pressure (BP) taking counter to get the oral health treatment. (1)MFCG members helped the dentist to make a record at the oral checking counter.
5	BP Checking Place	(1) MFCG member took responsibility to take BP for those who need to check it. And then we gave (1) piece of toothbrush for every participants.
6	Oral Treatment Counter	There were (2) different tables that can give oral treatment. The number of participants who needed to get the oral treatment were: Adult- 50 Children-20

Conclusion

We did the oral checking with the total number of (70) participants. The number of participants who needed oral treatment were (55) participants. The villagers were also satisfied with the services that we gave to them because they didn't need to come to the downtown to see the dentists and they could save the money. It was a very good opportunity for them.

Next plan

(75%) of the participants were needed the oral treatment. So, MFCG decided to encourage the villagers to take care of their dental health (such as brushing their teeth regularly and taking care of dental hygiene)

မေးခွန်းလွှာ

ဤမေးခွန်းလွှာသည် ကလေးများ၏ သွားနှင့်ခံတွင်းကျန်းမာရေးနှင့်ပတ်သက်၍ မိဘ/အုပ်ထိန်းသူထံ မေးမြန်းခြင်းဖြစ်ပါသည်။

အောက်ပါ မေးခွန်းများအား ဖြေဆိုရန်သဘောတူပါသည်။

နေ့စွဲ ..... လက်မှတ်.....

ကလေးအမည် ..... ကလေးအသက်..... ကျား/မ .....

မေးခွန်းလွှာအားဖြေဆိုသူ

၁။ အမေ ၂။ အဖေ ၃။ ဆွေမျိုး ၄။ အဘိုး/အဘွား ၅။ အိမ်အကူ ၆။ အခြား

သင့်ကလေးအတွက် အသင့်တော်ဆုံးအဖြေတစ်ခုကိုရွေးပါ။

အပိုင်း (က) အထွေထွေအခြေအနေ

၁။ မိဘ/အုပ်ထိန်းသူ၏ ပညာရေးအခြေအနေ ဖခင် မိခင်

၁။ အခြေခံပညာမူလတန်းအောင် ၂။ အခြေခံပညာအလယ်တန်းအောင်

၃။ အခြေခံပညာအထက်တန်းအောင် ၄။ တက္ကသိုလ်အဆင့်/ ဘွဲ့ရနှင့်အထက် ၀

၂။ မိဘ/အုပ်ထိန်းသူ၏ အလုပ်အကိုင် ဖခင် မိခင်

၁။ ကျပန်းအလုပ် ၂။ လယ်ယာ ၃။ အစိုးရ / ကုမ္ပဏီဝန်ထမ်း ၄။ ကုန်သည် ၅။ သက်မွေးဝမ်းကျောင်း (ဆရာဝန်၊

အင်ဂျင်နီယာ....) ၆။ မှီခို ၇။ အခြား ၂

၃။ သင့်ကလေးအားအဓိကစောင့်ရှောက်သူ

၁။ အမေ ၂။ အဖေ ၃။ ဆွေမျိုး ၄။ အဘိုး/အဘွား ၅။ အိမ်အကူ ၆။ အခြား ၇

အပိုင်း (ခ) သင့်ကလေး၏ စားသောက်မှုအလေ့အထ

၄။ ကလေးသည် အစားအစာများကို ပါးစပ်ထဲတွင် အချိန်ကြာမြင့်စွာ ဝုံထားလေ့ရှိပါသလား။

၁။ အမြဲတမ်းရှိပါသည် ၂။ တခါတရံရှိပါသည် ၃။ မရှိပါ ၄

၅။ သင့်ကလေးသည် အဓိကအစားများအကြားတွင် မုန့်ပဲသရေစာစားလေ့ရှိပါသလား။

၁။ အမြဲတမ်းရှိပါသည် ၂။ တခါတရံရှိပါသည် ၃။ မရှိပါ ၅

၆။ သင့်ကလေးသည် နေ့စဉ် တစ်နေ့လျှင် ဘယ်နှကြိမ်မျှ မုန့်ပဲသရေစာစားလေ့ရှိပါသလဲ။

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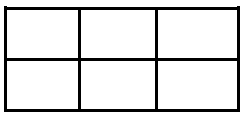
၇။ သင့်ကလေးအား ဘယ်အချိန်တွင် မုန့်ပဲသရေစာကျွေးလေ့ရှိပါသနည်း။

၁။ သတ်မှတ်ချိန်ပြုလုပ်၍ ၂။ ပုံမှန်မရှိပါ ၃။ စားချင်သည့်အခါ ၇

၈။ အဓိကမုန့်ပဲသရေစာသည် ဘာဖြစ်ပါသနည်း။ (တစ်ခုထက်ပိုဖြေဆိုနိုင်ပါသည်)



၁။ သကြားလုံး ၂။ ဘီစကစ်/ကွတ်ကီး ၃။ ချောကလက်

၄။ အသီးအနှံများ ၅။ အခြားမုန့်များ ၆။ ဘာမျှမစားပါ

၉။ မုန့်ပဲသရေစာစားချိန်အတွင်း (သို့) မုန့်ပဲသရေစာအပြင် အခြားမည်သည့်အရည်များသောက်လေ့ရှိပါသလဲ။

၁။ သောက်ရေ ၂။ နွားနို့ ၃။ သစ်သီးဖျော်ရည် ၄။ အချိုရည် ၅။ ကော်ဖီ/လက်ဘက်ရည် ၆။ အခြား

၁၀။ သင့်ကလေးသည် နေ့စဉ် တစ်နေ့လျှင် ဘယ်နှကြိမ်မျှ ဖျော်ရည်များသောက်လေ့ရှိပါသလဲ။

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အပိုင်း (ဂ) သင့်ကလေး၏ ခံတွင်းကျန်းမာရေးနှင့် ပတ်သတ်သောအလေ့အထများ

၁၁။ သင့်ကလေးသည် တစ်နေ့လျှင် ဘယ်နှကြိမ် သွားတိုက်ပါသနည်း။

၁။ ၁ ကြိမ် ၂။ ၂ ကြိမ် ၃။ ၁ကြိမ်ထက်နည်း ၄။ ယခုထိမတိုက်သေးပါ

၁၂။ ဘယ်အချိန်တွေမှာ သင့်ကလေးသွားတိုက်ပါသနည်း။ (တစ်ခုထက်ပိုဖြေဆိုနိုင်ပါသည်)

၁။ မနက်အိပ်ယာထပြီး ၂။ မနက်စာစားပြီး ၃။ နေ့လည်စားစားပြီး ၄။ ညစာစားပြီး ၅။ မုန့်ပဲသရေစာစားပြီး ၆။ ညအိပ်ခါနီး

၁၃။ သွားတိုက်သည့်အခါ ဖလိုရိုက်ဒ် ပါသောသွားတိုက်ဆေးအားအသုံးပြုပါသလား။

၁။ အသုံးပြုပါသည် ၂။ အသုံးမပြုပါ ၃။ မသိပါ

၁၄။ အစားစားပြီးလျှင် သင့်ကလေးသည် ပါးစပ်အားသန့်ရှင်းလေ့ရှိပါသလား။

၁။ အမြဲတမ်းရှိပါသည် ၂။ တခါတရံရှိပါသည် ၃။ မရှိပါ

၁၅။ သင့်ကလေးသည် သွားဆေးခန်းသို့ သွားနှင့်ခံတွင်း ပြသဖူးပါသလား။

၁။ ပုံမှန်စစ်ဆေးလေ့ရှိပါသည် ၂။ သွားရောဂါအတွက်ပြဖူးပါသည် ၃။ မပြဖူးပါ

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********** ပါဂင်ဖြေကြားပေးမှုအား အထူးကျေးဇူးတင်ပါသည်။

မေးခွန်းလွှာ

ဤမေးခွန်းလွှာသည် သင်၏သွားနှင့်ခံတွင်း ကျန်းမာရေးနှင့်ပတ်သက်၍ မေးမြန်းခြင်းဖြစ်ပါသည်။ အောက်ပါ မေးခွန်းများအား ဖြေဆိုရန် သဘောတူပါသည်။

နေ့စွဲ ..... လက်မှတ်.....

အမည် ..... အသက်..... ကျား/မ .....

သင့်အတွက် အသင့်တော်ဆုံးအဖြေတစ်ခုကိုရွေးပါ။

အပိုင်း (က) အထွေထွေအခြေအနေ

၁။ သင်၏ ပညာရေးအခြေအနေ

၁။ အခြေခံပညာမူလတန်းအောင် ၂။ အခြေခံပညာအလယ်တန်းအောင်

၃။ အခြေခံပညာအထက်တန်းအောင် ၄။ တက္ကသိုလ်အဆင့်/ ဘွဲ့ရနှင့်အထက် ၁

၂။ သင်၏ အလုပ်အကိုင်

၁။ ကျပန်းအလုပ် ၂။ လယ်ယာ ၃။ အစိုးရ / ကုမ္ပဏီပန်ထမ်း ၄။ ကုန်သည်

၅။ သက်မွေးပမ်းကျောင်း (ဆရာပန်၊ အင်ဂျင်နီယာ....) ၆။ မှီခို ၇။ အခြား ၂

အပိုင်း (ခ) သင်၏ စားသောက်မှုအလေ့အထ

၃။ သင်သည် အစားအစာများကို ပါးစပ်ထဲတွင် အချိန်ကြာမြင့်စွာ ဝံ့ထားလေ့ရှိပါသလား။

၁။ အမြဲတမ်းရှိပါသည် ၂။ တခါတရံရှိပါသည် ၃။ မရှိပါ ၃

၄။ သင်သည် နေ့စဉ် တစ်နေ့လျှင် ဘယ်နှကြိမ်မျှ မုန့်ပဲသရေစာစားလေ့ရှိပါသလဲ။

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၅။ အဓိကမုန့်ပဲသရေစာသည် ဘာဖြစ်ပါသနည်း။ (တစ်ခုထက်ပိုဖြေဆိုနိုင်ပါသည်)
၁။ သကြားလုံး ၂။ ဘီစကစ်/ကွတ်ကီး ၃။ ချောကလက် ၄။ အသီးအနှံများ ၅။ အခြားမုန့်များ ၆။ ဘာမျှမစားပါ

၆။ မုန့်ပဲသရေစာစားချိန်အတွင်း (သို့) မုန့်ပဲသရေစာအပြင် အခြားမည်သည့်အရည်များသောက်လေ့ရှိပါသလဲ။
၁။ သောက်ရေ ၂။ နွားနို့ ၃။ သစ်သီးဖျော်ရည် ၄။ အချိုရည် ၅။ ကော်ဖီ/လက်ဘက်ရည် ၆။ အခြား

၇။ သင်သည် နေ့စဉ် တစ်နေ့လျှင် ဘယ်နှကြိမ်မျှ ဖျော်ရည်များသောက်လေ့ရှိပါသလဲ။ _____

အပိုင်း (ဂ) သင်၏ ခံတွင်းကျန်းမာရေးနှင့် ပတ်သတ်သောအလေ့အထများ

၈။ သင်သည် တစ်နေ့လျှင်ဘယ်နှကြိမ် သွားတိုက်ပါသနည်း။

၁။ ၁ ကြိမ် ၂။ ၂ ကြိမ် ၃။ ၃ကြိမ်ထက်နည်း ၄။ တစ်ခါမျှမတိုက်ဖူးပါ။ ၅

၉။ ဘယ်အချိန်တွေမှာ သွားတိုက်ပါသနည်း။ (တစ်ခုထက်ပိုဖြေဆိုနိုင်ပါသည်)

၁။ မနက်အိပ်ယာထပြီး ၂။ မနက်စာစားပြီး ၃။ နေ့လည်စာစားပြီး ၄။ ညစာစားပြီး ၅။ မုန့်ပဲသရေစာစားပြီး ၆။ ညအိပ်ခါနီး

၁၀။ သွားတိုက်သည့်အခါ မည်သည့်ပစ္စည်းကို အသုံးပြုပါသနည်း၊

၁။ မီးသွေး ၂။ ဖွဲပြာ ၃။ ဆား ၄။ သွားတိုက်တံနှင့်သွားတိုက်ဆေး

(မေးခွန်း ၁၀ တွင် သွားတိုက်တံနှင့်သွားတိုက်ဆေးကိုအသုံးပြုသည်ဟု ဖြေဆိုခဲ့လျှင် မေးခွန်း ၁၁ ကိုဖြေဆိုပေးပါရန်)

၁၁.သွားတိုက်သည့်အခါဖလိုရိုက်ပါသောသွားတိုက်ဆေးအားအသုံးပြုပါသလား။

၁။ အသုံးပြုပါသည် ၂။ အသုံးမပြုပါ ၃။ မသိပါ

၁၂။ အစားစားပြီးလျှင် ပါးစပ်အားသန့်ရှင်းလေ့ရှိပါသလား။

၁။ အမြဲတမ်းရှိပါသည် ၂။ တခါတရံရှိပါသည် ၃။ မရှိပါ

၁၃။ သင်သည် သွားဆေးခန်းသို့ သွားနှင့်ခံတွင်း ပြဿဒါးပါသလား။

၁။ ပုံမှန်စစ်ဆေးလေ့ရှိပါသည် ၂။ သွားရောဂါအတွက်ပြဖူးပါသည် ၃။ မပြဖူးပါ

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********** ပါဂင်ဖြေကြားပေးမှုအား အထူးကျေးဇူးတင်ပါသည်။

Report on Cooking and Playing Football Activity in TBC village

Date : 18/Jan/2022

Time : 9:00 Am to 4:30 Noon

Place : TBC village

Activities (1) Cooking and Eating Activity

(2) Playing Football Activity

Purposes (1) To be more familiar with TBC Youth Team members to cooperate more effectively for TBC's village development.

(2) To improve the communication skills of the TBC Youth Team members.

Participants TBC Youth Team Members (TBCYT) - 8 members

Myaungmya Youth Team (MYT) Members - 12 members

MFCG Members - 4 members

Village Leader - 1 member

Method

No of Groups	Name of the Curries	No. of participants			Purpose of selecting the dishes	Time	Place	Remark
		TBC YT	MYT	MFCG				
Group - 1	Chicken and Gourd Curry	2	1	1	The following dishes were selected to balance (3) groups of Nutrition.	From 9:00 Am to 12:00 Noon	We had the cooking and eating activity in Hein Htet Aung's house.	We cooked (5) chickens and (2) gourds.
Group - 2	Egg Curry	1	2	1				We cooked (30) eggs for this curry.
Group - 3	Fried Water Spinach	2	1	-				We used (15) benches of water spinach to fry.
Group - 4	Gourd Soup	2	2	-				We used (1) gourd to make soup.
Group - 5	Rice & Boiled Fish Paste	1	2	1			He is one of the TBC Youth Team members.	We cooked (16) tins of rice and (50) Kyattha of Ngapi (fish paste) & (5) different kinds of vegetables.

For the cooking program, we divided the people into (5) groups and divided the TBC Youth Team members and Myaungmya Youth Team members into different groups. The reason for this split is to get to know each other better while cooking activity and reduce fear when dealing with strangers.

In the morning session, we ate together at a large table after cooking time. Foods are arranged in a Buffet table and we could enjoy our favorite dishes as much as we want.

After lunch time, we had a break time for a moment and played a game that was led by Myaungmya Youth Team leader to have a fun and be more familiar each other.

And then we went to the playground which was in TBC village to have a football activity. It took about 10 minutes to walk from cooking activity place to reach there. All the boys from TBC Youth Team and Myaungmya Youth Team members participated in playing football. The village leader acted as a referee. The girls from TBC and MYT Team members cheered for the football match. After the football match was finished, we took a group photo with all the members and finished our activities for that day.

Conclusion

- Cooking, eating activity and football playing activity gave an opportunity to the TBC youth team members to have a conversation between each other and got to get know each other. We noticed that TBC Youth Team members have improved their communications skills significantly in cooking and football activity.

- MFCG shared all the surplus dishes with those who helped with our cooking activity.

- MFCG noticed that there were a lot of remaining dishes after eating activity. Please see the following table.

No	Name of the dishes remained	Remaining percentage
1	Chicken and gourd curry	50% left
2	Egg Curry	10% left
3	Gourd Soup	50% left
4	Rice	50% left
5	Boiled Fish Paste	60% left
6	Vegetables	60% left

Next plan

- MFCG planned to have a book club activity for the next step. MFCG will have a discussion with TBC youth team members about book club activity to know what kinds of books they really want to read.

- MFCG decided to reduce the amount of cooking ingredients for next time. We planned to prepare the ingredients for cooking activity according to the number of people. Please see the following tables for the next plan.

No	Name of the dishes	Estimated amount
1	Chicken and gourd curry	3-chicken & 2 gourds for 22 people
2	Egg curry	One egg for (1) person+ extra (5) eggs
3	Gourd soup	(1) medium sized gourd for soup
4	Rice	(5) tins/ 10 people
5	Boiled fish paste	(20) kyattha/ 20 people
6	Vegetables	(2) benches & (2) different kinds of vegetables

Report on Discussion about Food Supply Activity in TBC village

Date : 9/Dec/2022

Time : 9:00 Am to 12:00 Noon

Place : Village leader's house in TBC village

Activities (1) Health Education Activity

(2) Meeting with the villagers

Purposes (1) To give the health knowledge about Covid-19 Virus Infection and the benefits Organic Farming.

(2) To have the discussion with the villagers to see the results of the meeting about the management of the food supply activity.

Participants	Villagers	-	10 participants
	Myaungmya Youth Team (MYT) members	-	4 People
	MFCG members	-	3 People

Method

At first, MFCG gave the Health Education Talk. Please see the attached paper on (page 50) to see the contents of the Health Education Activity.

After giving Health Education Talk, MFCG had a discussion with the villagers, MFCG discussed about the following points

Contents of discussion
➢ MFCG encouraged the villagers how to survive in a village by cooperating with all the villagers? ➢ MFCG asked the villages that "What kinds of community do they want to be in the future". ➢ Myaungmya Youth Team (MYT) members encouraged the villagers to give the spaces to the youth for the development of their village. ➢ MFCG encouraged the villagers to be able to stand up by themselves in the future and not to give up easily when they have to face the difficulties. ➢ MFCG proposed to have a Public Health Care Course in a village if they really want to have it. ➢ MFCG requested the villagers to get a place to have an activity for Health Education Activity with Food Supply Program. ➢ MFCG explained the villagers about the management of the Food Supply Activity ➢ MFCG requested the village to give the available date for with Food Supply Activity

Conclusion

1. One of the villager said that he did not want to be given anything because he does not want to spoil his villagers' spirit.
2. Villagers decided to form a core group with the villagers for the village's development. All interested villagers will be invited to join that group.
3. MFCG went to see the place for Food Supply Activity and then we requested the villagers to prepare some arrangement for the activity.

Next plan

1. MFCG decided to provide food supply to those who attend the Health Education Activity.
2. MFCG will have a meeting again about the food supply activity next week to discuss about the management system in detail.
3. MFCG will have Health Education Activity with Food Supply Program on 22nd Dec 2022.

Report on Health Education Activity with Food Supply Program in TBC village (1st time)

Date	:	22/Dec/2022	
Time	:	9:00 Am to 12:00 Noon	
Place	:	TBC village (U Ngwe Win's house)	
Activities		(1) Health Education Activity	
		(2) Food Supply Activity	
Purposes		(1) To participate in Health Education Program with interest and implement it.	
		(2) To provide the rice, oil, beans and dried-fish to TBC villagers	
Participants		villagers (one person from each house)	- 81 participants
		Myaungmya Youth Team (MYT) members	- 4 members
		MFCG members	- 3 members
		TBC Youth Team members (TBCYT)	- 8 members

Method

There are two sessions for the health talk program. Two sessions were in the morning and two sessions were in the evening. It took about (90) minutes for each session including the health talk program and food supply program.

Health Education Part

<table>
<tr><th>No</th><th>HE Topics given</th><th colspan="2">Duration</th><th colspan="2">Number of participants</th><th>Remarks</th></tr>
<tr><td rowspan="4">1

2</td><td rowspan="4">Beri Beri

Hand washing</td><td rowspan="2">Morning</td><td rowspan="2">9:00 Am – 12:00 N</td><td>Session I</td><td>19 people</td><td rowspan="4">-MFCG divided the participants into four groups for hand washing topic.

We did hand washing demonstration together and It took about (3) minutes to practice.

There was a competition after practicing time. And the winning team was awarded with two pieces of candies.

-MFCG gave one piece of paper about the way of hand washing technique to all the participants who joined our Health Education Activity.</td></tr>
<tr><td>Session II</td><td>19 people</td></tr>
<tr><td rowspan="2">Afternoon</td><td rowspan="2">1:00 Am – 4:00 Pm</td><td>Session III</td><td>20 People</td></tr>
<tr><td>Session IV</td><td>23 People</td></tr>
</table>

Food Supply Part

MFCG worked together with TBC Youth Team members and Myaungmya Youth Team members for food supply program.

TBC Youth Team members took responsibility to distribute the “Number Cards” to all of the households in TBC village. These cards were provided around three days before the activity was started. All the attendees must bring the distributed cards and the foods will not be available if they don’t bring them.

No	Name of Products provided	Amount/ Household	Remark
1	Rice	20 tins	Ko Yel paing ,Myaungmya Youth Team leader,led the food supply session.
2	Cooking Oil(vegetable Oil)	One liter of oil	TBC Youth Team members and Myaungmya Youth Team members worked together to manage the food supply session.
3	Beans	(2) tins	We used the instruction map for all the volunteers (such as TBC Youth team members and MYT members) to explain the management system of food supply session. So that, they can understand clearly how they have to do it smoothly.
4	Dried – fish	(10) Kyattha	
5	Carbolic soap	(1) piece	The schedule for the program and the responsibilities for those involved were also drawn up in advance.

Conclusion

(81) Villagers from (83) household joined the health education activity. So (97%) of the household participated in Health Education Program. All the participants listened to the health education activity enthusiastically and they were happy to do hand washing demonstration and participate in competition as well.

TBC Youth Team members were also happy to cooperate with MFCG for their village because they had an opportunity for contribution to the food supply program and to communicate with the elder villagers.

Next Plan

MFCG decided to have an Health Education Activity with Food Supply Program again by cooperating with TBC Youth Team members and Myaungmya Youth Team members.

Report on reviewing about Health Education Activity with Food Supply Program and Book Club Activity in TBC village

Date : 9/Feb/2022

Time : 9:00 Am to 12:00 Noon

Place : TBC village (Village leader's house)

Activities Meeting with the TBC villagers and TBC Youth Team Members.

Purposes (1) To review about the second time Food Supply Program

(1) To know about the types of the books that TBCYT members want to read for the book club. The youth team members must be interested in those books to get new knowledge which is useful for their village development.

Participants

TBC Youth Team Members (TBCYT)	-	6
Villagers	-	1
Myaungmya Youth Team (MYT) members	-	4
MFCG members	-	3

Method

At first, the discussion about the book club was initiated by MYT leader. The meeting contents are as below:

Contents	Remark
Types of books that TBCYT members would like to read	- Agricultural books - Books on communication
Purposes	- Gardening is the main job in their village - (4) -TBCYT members are also really interested in gardening. They are planting some vegetables as well (such as Roselle and Gourd) - (5) TBCYT members are interested to improve their communication skills between the elder people and strangers. Because they have the fear of interacting and talking with strangers.
Participants to join the book club activity	- All TBCYT members - Anyone who is interested in book club activity are welcomed
A designated area for the book club activity	- Monastery(Aye Taw Kyaung)
Planned days and time for book club activity	- Every Tuesdays(from 9:00 Am- 11:00 Am)
Management of reading books in the book club activity	- Participants will read the same book but different units at the same time. And then, they will have a sharing time to share their knowledge what they have learned from the book.

And then, MFCG began the second part of the activity. MFCG divided the people into (3) groups to give impression and ideas on the (2^{nd}) food supply program. A group is mixed of TBCYT members, MYT members and MFCG members. We took time for around (15) minutes for discussion. At the end, one volunteer from each group shared their discussion contents to all the groups. Please see the contents of the discussion below.

Sr .No	Contents of the discussion
	✸ TBCYT members were happy to cooperate together with MYT members and MFCG members. Because they had an opportunity to work for their village. ✸ (8) Household were absent to join the health education activity. ✸ One person from one household couldn't join it because she was sick. ✸ (1) Man (U Taw Kyaw) came to the activity place but he felt shy to do exercise in front of the other villagers. ✸ TBCYT members would like to get more health knowledge (Such as Dengue Hemorrhagic and Flu) ✸ TBCYT members would like to change the types of the contents for food supply program(from bitter beans to Indian beans / and from dried fish to Sardines) ✸ TBCYT members want all the households in their village to join this activity next time.

Conclusion

TBCYT members said that they will try to encourage their villagers to be able to join this activity as much as they can.

Next plan

MFCG will have a meeting with MYT members to discuss about the book club activity. We will make the detail plans about the book club activity with them and we will go to see TBC YT members to have discussion again.

Report on Health Education Activity with Food Supply Program in TBC village (2nd Time)

Date : 28/Jan/2022

Time : 9:00 Am to 3:00 Pm

Place : TBC village (Hein Htet Aung's house)

Activities (1) Health Education Activity

(2) Food Supply Activity

Purposes (1) To participate in Health Education Program with interest and implement it.

(2) To provide the rice, oil, beans and dried-fish to TBC villagers

Participants	villagers (one person from each house)	-	75 participants
	Myaungmya Youth Team (MYT) members	-	5 members
	MFCG members	-	4 members
	TBC Youth Team (TBCYT) members	-	8 members

Method

There are two sessions for the health talk program. Two sessions were in the morning and two sessions were in the evening. It took about (90) minutes for each session including the health talk program and food supply program

Health Education Part

<table>
<tr><th>No</th><th>HE Topics given</th><th colspan="2">Duration</th><th colspan="2">Number of participants</th><th>Remarks</th></tr>
<tr><td rowspan="3">1

2</td><td rowspan="3">Hand washing

Coron Virus Infection</td><td rowspan="2">Morning</td><td rowspan="2">9:00 Am – 12:00 N</td><td>Session I</td><td>18 people</td><td rowspan="3">-MFCG divided the participants into four groups for hand washing topic.
We did hand washing demonstration together and It took about (3) minutes to practice.
There was a competition after practicing time. And the winning team was awarded with some snacks
-MFCG gave one piece of paper about the way of hand washing technique to all the participants who joined our Health Education Activity.
-MFCG gave health talk about Corona Virus Infection with the demonstration of doing exercise, gargle and hand washing activity.</td></tr>
<tr><td>Session II</td><td>19 people</td></tr>
<tr><td rowspan="2">Afternoon</td><td rowspan="2">1:00 Am – 4:00 Pm</td><td>Session III</td><td>18 People</td></tr>
<tr><td>Session IV</td><td>20 People</td></tr>
</table>

Food Supply Part

MFCG worked together with TBC Youth Team members and Myaungmya Youth Team members for food supply program.

TBC Youth Team members took responsibility to distribute the “Number Cards” to all of the households in TBC village. These cards were provided around three days before the activity was started. All the attendees must bring the distributed cards and the foods will not be available if they don’t bring them.

No	Name of Products provided	Amount/ Household	Remark
1	Rice	20 tins	Myaungmya Youth Team leader led the food supply session.
2	Cooking Oil(vegetable Oil)	One liter of oil	TBC Youth Team members and Myaungmya Youth Team members worked together to manage the food supply session.
3	Beans	(2) tins	We used the instruction map for all the volunteers (such as TBC Youth team members and MYT members) to explain the management system of food supply session. So that, they can understand clearly how they have to do it smoothly.
4	Dried – fish	(10) Kyattha	
5	Carbolic soap	(1) piece	The schedule for the program and the responsibilities for those involved were also drawn up in advance.

Conclusion

(75) Villagers from (83) household joined the health education activity. So (90%) of the household participated in Health Education Program. All the participants listened to the health education activity enthusiastically and they were happy to do hand washing demonstration and participate in competition as well.

TBC Youth Team members were also happy to cooperate with MFCG for their village because they had an opportunity for contribution to the food supply program and to communicate with the elder villagers.

Next Plan

MFCG decided to have a Health Education Activity with Food Supply Program again by cooperating with TBC Youth Team members and Myaungmya Youth Team members.

Report on Health Education Activity

With Food Supply Program in TBC village (3rd Time)

Date : 18/Mar/2022

Time : 9:00 Am to 3:00 Pm

Place : TBC village (Hein Htet Aung's house)

Activities (1) Health Education Activity

(2) Food Supply Activity

Purposes (1) To participate in Health Education Program with interest and implement it.

(2) To provide the rice, oil, beans and dried-fish to TBC villagers

Participants	villagers (one person from each house)	-	74 participants
	Myaungmya Youth Team (MYT) members	-	5 members
	MFCG members	-	4 members
	TBC Youth Team (TBCYT) members	-	7 members

Method

There are two sessions for the health talk program. Two sessions were in the morning and two sessions were in the evening. It took about (90) minutes for each session including the health talk program and food supply program

Health Education Part

No	HE Topics given	Duration		Number of participants		Remarks
1 2 .	Hand washing Corona Virus Infection	Morning	9:00 Am – 12:00 N	Session I	17 people	-MFCG divided the participants into four groups for hand washing topic. We did hand washing demonstration together and It took about (3) minutes to practice. There was a competition after practicing time. And the winning team was awarded with some snacks -MFCG gave one piece of paper about the way of hand washing technique to all the participants who joined our Health Education Activity. -MFCG gave health talk about Corona Virus Infection with the demonstration of doing exercise and gargle.
				Session II	19 people	
		Afternoon	1:00 Am – 4:00 Pm	Session III	19 People	
				Session IV	19 People	

Food Supply Part

MFCG worked together with TBC Youth Team members and Myaungmya Youth Team members for food supply program.

TBC Youth Team members took responsibility to distribute the “Number Cards” to all of the households in TBC village. These cards were provided around three days before the activity was started. All the attendees must bring the distributed cards and the foods will not be available if they don’t bring them.

No	Name of Products provided	Amount/ Household	Remark
1	Rice	20 tins	Myaungmya Youth Team leader led the food supply session.
2	Cooking Oil(vegetable Oil)	One liter of oil	TBC Youth Team members and Myaungmya Youth Team members worked together to manage the food supply session.
3	Beans	(2) tins	We used the instruction map for all the volunteers (such as TBC Youth team members and MYT members) to explain the management system of food supply session. So that, they can understand clearly how they have to do it smoothly.
4	Dried – fish	(10) Kyattha	
5	Carbolic soap	(1) piece	The schedule for the program and the responsibilities for those involved were also drawn up in advance.

Conclusion

(74) Villagers from (83) household joined the health education activity. So (89%) of the household participated in Health Education Program. All the participants listened to the health education activity enthusiastically and they were happy to do hand washing demonstration and participate in competition as well.

TBC Youth Team members were also happy to cooperate with MFCG for their village because they had an opportunity for contribution to the food supply program and to communicate with the elder villagers and strangers (such as MYT members and MYT members)

Next Plan

MFCG decided not to have the food supply activity and we will try to have another different activity to support the village to reach their aims.

Report on Activity in Pwel Nyat San (PNS) Village

Date : 11/Feb/2022

Time : 9:00 Am – 12:00 Noon

Place : Pwel Nyat San (PNS) village

Activities (1) Meeting with the villagers

(2) Health Education Talk

Participants : (23) Villagers

(4) MFCG members

Method

<table>
<tr><th>Sr No</th><th>Discussion Issues</th><th colspan="3">Contents</th></tr>
<tr><td>1</td><td>Village Blueprint</td><td colspan="3">Villagers have a dream of building a clinic and library in the future. They have a future map about their village.</td></tr>
<tr><td>2</td><td>Health Matter</td><td colspan="3">There were no sick people in the village since 23rd Dec, 2021 to the present.</td></tr>
<tr><td>3</td><td>Agricultural Matter</td><td colspan="3">There are (4) community gardens.</td></tr>
<tr><td></td><td></td><td></td><td>In charge sub-leader</td><td>In charge household(H/H) for watering</td></tr>
<tr><td></td><td></td><td>Land (1)
Land (2)
Land (3)</td><td>Mahn Sa Taw
Mahn Sein Mya Din
Mahn Win naing</td><td>19 H/H
7 H/H
33 H/H</td></tr>
</table>

And then, MFCG gave Health Education Talk about Corona Virus Infection:

(1) 6 - points to follow
(2) 3 - points to avoid to prevent Covid – 19 infection

And then we did demonstration how to wash hand properly, how to gargle systematically and how to do the exercise for prevention of Covid – 19 infection.

Finally, MFCG distributed the action cards to each participant. Our purpose is to take action of the (6) points what they've learnt .The purpose for the action cards is to record on the paper when they put them into action. So that, MFCG can do a follow up whether they take action or not.

Conclusion

As a first step, the villagers would like to have houses in clean yards to be neat and tidy in order to create a clean and beautiful environment in their own village.

Next plan

MFCG will have a discussion again with the PNS villagers to know about the detail plan of their village environment to reach their aims. MFCG prepared some questions for that meeting. Please see the following table.

Sr No	Questions
1	Why is the environment cleaning is important?
2	Where do the villagers throw away the trashes?
3	Are there any personal/public trash bags in their village?
4	How many trash bags are there in the village?
5	Where do the villagers put the public trash bags?
6	What kinds of trash bags are used in their village?
7	Who made these trash bags?
8	Who have the responsibility to manage the trash bags?
9	How often do you clean the public trash bags?

Report on Home Visiting Activity in Ga Yat Gyi (GYG) Village

Date : 18/ Feb/2022

Time : 9:00 Am to 3:00 Pm

Place : Ga Yat Gyi(GYG) village

Activities : (1) Home Visiting Activity

(2) Meeting with Community Health Promoters(CHP)

Purposes : (1) To know the real situation of the GYG village

(2) To enquire CHP about their village situation

Participants : CHP members - 2

MFCG members - 5

Method

MFCG divided the members into two groups for home visiting in the morning session. One group contains (3) people, (1) CHP member and (2) MFCG members. We selected (10) households to randomly with the help of (2) CHP members and village leader.

There are (3) parts in the village. So, we selected the houses which were from (3) different parts. Because we don't want to miss any parts from the village to visit.

We divided the questions into (5) categories. They are living status part, Agricultural matter, Education matter, Medical parts and Youth sector. Please see the questions in the following table.

	Questions from MFCG	**Answers**
Living Standard Status	1. What is the village main business? 2. What is the average daily income? 3. How about the grocery prices? (Have they changed in a year?	- Paddy field - 5000 kyats/day - The price of petrol and cooking oil has increased two times.
Education Matter	1. Is there a school in their village? 2. Do all the school children go to school? 3. How many school teachers are there in school?	- Post-primary school - Most school children go to school - There are (10) school teachers in the village.
Health Matters	1. Was there anyone sick within two weeks? a. What is the diagnosis? b. How do you manage to get the treatment? 2. When the villagers are sick, where do they usually go to get the treatment? 3. Do they have a chronic medical problems? a. Do they see medical person regularly? 4. Do the villagers know about Omicron?	- No one was sick. - When they are sick, they sometimes buys medicine at the shops. - Sometimes, they go to see Dr. Tin Tin Oo who is in Myaungmya. - They have hypertensive patients but they don't go to see the medical person regularly. - They have traditional birth assistances in the village. - (87) Years old man died suffering from Covid-19 last (9) months. Many people still don't know about Omicron infection.

Agricultural Matter	1. Do the villagers grow vegetables? 2. Do they use chemical fertilizers in vegetable garden? 3. Where do they get vegetables if they don't grow vegetables?	- Among (10) H/H,(2) H/H has the vegetable garden. - They use chemical fertilizer in planting. - They sometimes buy vegetables from the mobile vegetable shops. They come from Myaungmya.
Youth Sector	1. Is there a youth group in the village? 2. What is the purpose of the youth group?	- There is a youth group in the village. There are (24) members in that group. - They started to organize that group Since April 2021. - Youth team support the village activities such as funeral activities and wedding activities. They provide the manpower support to them.

Afternoon Session

MFCG had a discussion with two CHP members and we encouraged them to draw the village map again. Because the previous map was lost.

And then, MFCG asked two CHP about the trash matter for their own village.But, they still didn't have a specific plan for that issue.

Conclusion

Two CHP members promised us to finish drawing the village map. It will take about two weeks to finish. They will also have a meeting to manage about the trash matter of their village.

Next plan

MFCG planned to see the school teachers and the youth team members to cooperate together for the GYG village development.

Report on Activity in Pwel Nyat San (PNS) Village

Date : 11/Mar/2022

Time : 9:00 Am – 12:00 Noon

Place : Pwel Nyat San (PNS) village

Activities (1) Health Education Talk

(2) Meeting with the villagers

Participants : (15) villagers

(3) MFCG members

Method

At first, MFCG collected the action cards which were given to the villagers in February. Then, MFCG appreciated the participants who took actions to prevent the Covid-19 infection. One of the participants did very well to follow the preventive measures of Covid 19. So, we gave two pieces of good quality soaps to that participant who took actions and made a record very well. The purpose of giving soaps is to appreciate him.

And then, MFCG explained about Covid-19 preventive measures to all the participants.

Finally, We gave Health Education about Heat Stress Topic to the villagers. And then, we instructed them how to make ORS to prevent heat stress. We provided one bottle of purified water freely to all the participants to make ORS practically. We only provided the water bottle to the participants who are more than 6 years old. Because they had to put (8) teaspoons of sugar and (1) teaspoon of salt to their own water bottle by themselves. If the participants are younger than (6) years old, we don't think they can manage by themselves to make the ORS.

After we finished the Health Education Session, We proceeded to the meeting session with the villagers

At first, MFCG asked about the following points to the participants.

Questions from MFCG	Answers from the villagers
Where do the villagers throw away the trashes? Are there any personal/public trash bags in their village? How many trash bags are there in the village? Where do the villagers put the public trash bags? What kinds of trash bags are used in their village? Who made these trash bags? Who have the responsibility to manage it? How often do you clean the public trash bags?	All the houses have their own trash bags in their own houses. The villagers use the empty rice bags to use as a trash bag. The villagers made the trash bags by themselves. They don't have the public trash bags in the village. The villagers take care of their trash bags individually (Disposal of the trashes from the bags) The villagers take responsibility for their own houses to dispose the trashes by burning in their compound.

MFCG offered the villagers about trash matters whether they need some support from MFCG side(such as picking up trash activity) to cooperate with the villagers.	The villagers answered “they don’t need any help from outside for trash matter. They can manage by themselves so far”.

Finally, MFCG asked about the agricultural issues to the villagers.

The villagers said that they could produce very good products from their community gardens (Such as cucumber and egg plants). But their vegetables were stolen at night time so they stopped doing gardening since last two weeks.

So, MFCG encouraged the villagers not to stop easily when they face difficulties and then MFCG gave one idea to get rid of this difficulty. That is that “To make a notice vinyl and hang on something near the community garden”. The contents of the vinyl are “These vegetable are for everyone. Anyone can come and buy them freely)

But, the villagers prefer to solve that difficulty by using their own method.

Conclusion

- MFCG gave the action cards about Covid-19 preventive measures and then we explained about these cards properly how to write down.
- The blueprints of the PNS village are:
  - To have a clean environment
  - To have a clinic
  - To get a library
  - To develop agriculture

Next plan

The villagers decided to have a discussion with other villagers to discuss about the agricultural matter. They will try to do their best to prevent stealing vegetables from their community garden.

Health Education Activities (from April2021 – March 2022)

Health Education Activities in April

Village	PLW		KPN		Total	
Date	27/April/2021		28/April/2021			
Activity Day	MCD		MCD			
Participants	M	M	M	F	M	F
	6	16	8	14	14	30
HE Topics	1. Tooth Brushing 2. Heat Stress		1. Corona Virus Infection 2. Heat Stress			
HE Sessions	1 Session		1 session		2 sessions	

Village	HY		Total	
Date	29/April/2021			
Activity Day	MCD			
Participants	M	F	M	F
	4	12	4	12
HE Topics	1. Corona Virus Infection 2. Heat Stress 3.Toothbrushing			
HE Sessions	1 Session		1 session	

Health Education Activities in May

Village	NCL		TBC		Total	
Date	18/May/2021		28/May/2021			
Activity Day	MCD		MCD			
Participants	M	F	M	F	M	F
	7	9	3	18	10	27
HE Topics	1. Corona Virus Infection 2. Heat Stress		1. Corona Virus Infection 2. Heat Stress			
HE Sessions	1 Session		1 session		2 sessions	

Village	MH		Total	
Date	31/May/2021			
Activity Day	MCD			
Participants	M	F	M	F
	12	17	12	17
HE Topics	1. Corona Virus Infection 2. Heat Stress			
HE Sessions	1 session		1 session	

Health Education Activities in June

Village	**MKP**		**HY**		**Total**	
Date	4/June/2021		6/June/2021			
Activity Day	MCD		MCD			
Participants	M	F	M	F	M	F
	30	44	1	32	31	76
HE Topics	1. Tooth Brushing 2. Heat Stress 3.(3) Groups of Nutrition		1. Corona Virus Infection 2. Hand Washing			
HE Sessions	1 Session		1 session		2 sessions	

Health Education Activities in July

Village	HY		MKP		Total	
Date	13.July.2021		15.July.2021			
Activity Day	MCD		MCD			
Participants	M	F	M	F	M	F
	3	14	4	3	7	17
HE Topics	1. Corona Virus Infection 2. Dengue Hemorrhagic Fever		1. Corona Virus Infection			
HE Sessions	1 Session		1 Session		2 sessions	

Village	TBC		Total	
Date	29.July.2021			
Activity Day	MCD			
Participants	M	F	M	F
	4	3	4	3
HE Topics	1. Corona Virus Infection 2. Hand Washing			
HE Sessions	1 Session		1 session	

Health Education Activities in October

Village	**DB**		**Total**	
Date	29/October/2021			
Activity Day	MCD			
Participants	M	F	M	F
	12	5	12	5
HE Topics	1. Corona Virus Infection			
HE Sessions	1 session		1 session	

Health Education Activities in November

Village	**KPN**		**HY**		**Total**	
Date	11.Nov.2021		12.Nov.2021			
Activity Day	MCD		MCD			
Participants	M	F	M	F	M	F
	5	2	2	4	7	6
HE Topics	1. Corona Virus Infection 2. Hand Washing		1.Corona Virus Infection 2.The benefits of organic farming 3. Tooth brushing			
HE Sessions	1 Session		1 Session		2 sessions	

Village	**TBC**		**Total**	
Date	15/Nov/2021			
Activity Day	MCD			
Participants	M	F	M	F
	2	0	2	0
HE Topics	1. The benefits of organic farming			
HE Sessions	1 session		1 session	

Health Education Activities in December

Village	DB		TBC		Total	
Date	8/Dec/2021		9/Dec/2021			
Activity Day	MCD		MCD			
Participants	M	F	M	F	M	F
		14	7	3	7	17
HE Topics	1. The benefits of organic farming		1.Corona Virus Infection 2.Beri Beri 3.(3) Groups of Nutrition			
HE Sessions	1 session		1 session		2 sessions	

Village	TBC		Total	
Date	22/Dec/2021			
Activity Day	MCD			
Participants	M	F	M	F
	20	61	20	61
HE Topics	1.Beri Beri 2.Hand Washing			
HE Sessions	1 session		1 session	

Health Education Activities in January

Village	HY		TBC		Total	
Date	26/Jan/2022		28/Jan/2022			
Activity Day	MCD		MCD			
Participants	M	F	M	F	M	F
	7	15	20	55	27	70
HE Topics	1. Corona virus Infection		1. Corona Virus Infection			
HE Sessions	1 session		1 session		2 sessions	

Health Education Activities in February

Village	MKP		Total	
Date	17/Feb/2022			
Activity Day	MCD			
Participants	M	F	M	F
	1	9	1	9
HE Topics	1. Corona virus Infection			
HE Sessions	1 session		1 session	

Health Education Activities in March

Village	**GYG**		**TBC**		**Total**	
Date	15/Mar/2022		18/Mar/2022			
Activity Day	MCD		MCD			
Participants	M	F	M	F	M	F
	7	20	32	43	37	63
HE Topics	1. Corona Virus Infection 2.Heat Stress 3.Hand Washing		1. Corona Virus Infection 2.Hand Washing			
HE Sessions	1 session		1 session		2 sessions	

Village	**WNK**		**PNS**		**Total**	
Date	23/Mar/2022		11/Mar/2022			
Activity Day	MCD		MCD			
Participants	M	F	M	F	M	F
	8	35	4	11	12	46
HE Topics	1.Heat Stress 2.Hand Washing		1. Corona Virus Infection 2.Heat Stress			
HE Sessions	1 session		1 session		2 sessions	

MFCG Field Trip Schedule for Health Education Activities (From April 2021 – March 2022)

	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							1	
Ga Yat Gyi												1
Kant Kaw Su												
Doe Bat							1		1			
Nga Pyaw Taw												
Tha Baut Chaung (W)		1		1		1		1	3	2	1	1
Ta Yote Su												
Kyar Phue Ngone	1							1				
Myo Haung		1										
Wa Nat Kone												1
Chaute Eain Tan												1
Htaw Yee	1		1	1				1		1		
Kwat Pyin												
Pauk Taw Su		1										
Taung Dee		1							1		1	
PNS								1				1

Total Number of HE participants and HE Sessions (from April 2021 to March 2022)

<table>
<tr><td rowspan="4">Total HE participants</td><td colspan="2">Total HE participants</td></tr>
<tr><td>Male</td><td>Female</td></tr>
<tr><td>210</td><td>349</td></tr>
<tr><td colspan="2">559</td></tr>
<tr><td>Total HE sessions</td><td colspan="2">25</td></tr>
</table>

Total Number of Health Education Participants (from April 2021- March 2022)

Year	2021																		2022						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	6	16																							6	16
Nyaung Chaung Lay			7	9																					7	9
Moe Kyoe Pann					44	30	4	3													1	9			49	42
Ga Yat Gyi																							7	20	7	20
20Kant Kaw Su																										
Doe Bat													12	5			1	14							13	19
Nga Pyaw Taw																										
Tha Baut Chaung (W)			3	8			4	3								2	39	46			6	3			52	17
Ta Yote Su																										
Kyar Phue Ngone (Let Pan)	8	14													5	2									13	16
Myo Haung			12	17											2	14									14	31
Wa Nat Kone																							8	35	8	35
Chauk Eain Tan																							3	-	3	
Htaw Yee	4	12			1	32	3	14											-	10					18	68
Kwat Pyin																										
Pauk Taw Su																										
Taung Dee			4	10																					4	10
PNS																					12	10	4	11	16	21
Total Participants	18	42	26	44	45	62	11	20					12	5	7	18	40	60		10	19	22	22	66	210	349
	60		70		107		31						17		25		100		10		41		88		559	