Draft of the Project Design Matrix (PDM)

Project Name: Community-Oriented Reproductive Health Project in the Union of Myanmar Duration: January 2005 to December 2009

Target Area: Naungcho and Kyaukme Target Group: Women of Reproductive Age (15-49) in Naungcho and Kyaukme

Narrative Summary	Verifiable Indicators **	Means of Verification	Important Assumptions
Overall Goal			
Reproductive health（RH）status improves in project areas and expanded areas*of the Union of Myanmar	1. Maternal mortality rate is reduced	1.1 HMIS Report 1.2 RHMIS Report	Ministry of Health continues its RH policy
	2. Number of pregnancies with complication is reduced.	2.1 Registered Book	
	3. Number of deliveries with complication is reduced.	3.1 Hospital Statistics	
Project Purpose			
・Utilization of quality RH services increases in the project areas	1. CPR (Contraceptive Prevalence Rate) is increased.	1.1 RHMIS Report	Assistances from other donors continue
	2. Number of women who received 4 and more times of ANC is increased	2.1 RHMIS Report	
	3. Number of deliveries attended by skilled health personnel is increased	3.1 HMIS Report	Ministry of Health continues support to RH services
	4. Coverage of T/T vaccination among the pregnant women is increased	4.1 HMIS Report	
・Best practices and approaches identified from the Project are applied to RH programmes in the Union of Myanmar	1. Certain number of Township Health Department utilizes the best practices and approaches formulated by the project	1.1 Operational Research 1.2 Questionnaire Survey	

Outputs			
1. Quality of RH services with special focus on safe motherhood is improved in the project areas	1.1 Certain number of Basic Health Staff (Health Assistants and Midwife etc.) is trained	1.1 Project Annual Report	The condition of access to the Service Delivery Points (SDPs) remains unchanged
	1.2 Certain number of trained voluntary health workers (AMWs and TBAs etc.) is increased	1.2 Project Annual Report	
	1.3 Proportion of referrals to deliveries with complication from the community to the first referral level is increased	1.3 RH data sheet	
	1.4 Certain number of RH counseling services is provided by basic health staff	1.4 Project Annual Report	
2. Awareness and knowledge on RH issues among community people, particularly women in reproductive age, improve in the project areas	2.1 Certain number of Basic Health Staff is trained for IEC/BCC skills	2.1 Project Annual Report	
	2.2 Certain number of community health volunteers and community leaders is trained as IEC/BCC implementers	2.2 Project Annual Report	
	2.3 Certain number of IEC/BCC activities on RH issues is conducted	2.3 Project Annual Report	
	2.4 Percentage of people with knowledge on RH issues is increased in project areas	2.4 Operational Research	
3. Management and technical capacity of Department of Health (DOH), Township Health Department, Rural Health Center (RHC) and other related government and non-government organizations is enhanced to achieve Output 1 and 2	3.1 Certain number of project personnel receives the management training	3.1 Project Annual Report	
	3.2 Certain number of project personnel participates exchange visits to the neighboring countries for development of management capacity	3.2 Project Annual Report	
	3.3 Certain number of meetings is conducted at central, township, village levels	3.3 Project Annual Report	
4. Applicable community-oriented RH approaches are identified for wider application under RH programme in the Union of Myanmar	4.1 Certain number of community-oriented RH documentation is distributed to other areas in the Union of Myanmar	4.1 Project Annual Report	

Activities	**Inputs**		
1-1 Conduct the operational research on RH services, health facilities and community perspectives on RH 1-2 Train and re-train Basic Health Staff (Health Assistant and Midwife, etc.) for strengthening quality RH services at RHCs and Sub-RHCs 1-3 Train and re-train Basic Health Staff (BHS), Auxiliary Midwives (AMWs) and Traditional Birth Attendant (TBAs) for ensuring the clean and safe home-based delivery including early detection of high risk pregnancy 1-4 Organize effective linkages between health workers and the community for early detection of high risk pregnancy and close monitoring of women during pregnancy, delivery and post-delivery period 1-5 Establish an effective referral system for risk cases from the community to the first referral level 1-6 Improve Basic Health Staff (BHS)'s communication skills and their counseling services including post-abortion care 1-7 Upgrade health facilities, basic equipment and commodities in hospitals, RHCs and Sub-RHCs 2-1 Train basic health staff such as Midwives (MWs) as trainers of IEC/BCC activities for awareness creation and knowledge improvement on RH issues among the community people 2-2 Provide IEC/BCC training to community leaders and community health volunteers, including Auxiliary Midwives (AMWs), Traditional Birth Attendants (TBAs) and community health workers (CHWs) by trained Basic Health Staff (BHS)	Japanese Government: 1. Experts (technical, management and coordination) 2. Equipment and materials 3. Training of project personnel in Japan and in other countries	Myanmar Government: 1. Government staff as counterpart personnel, and project staff 2. Office space, facilities, equipment and materials 3. Administrative and operational costs 4. Land, buildings and other facilities necessary for the implementation of the project	Counterparts such as DOH staff, TMO, and BHS are properly allocated Provision of contraceptives and essential drugs to the project areas is secured **Pre-conditions** Residents in the target areas accept RH-related project

2-3 Conduct IEC/BCC activities on RH issues by the trained IEC/BCC implementers mentioned above (2-1 and 2-2), for fostering health-seeking behavior among community people 2-4 Produce appropriate IEC/BCC materials based on the local needs, which contributes towards the effective implementations of IEC/BCC activities 2-5 Establish community support system which links community people with RH services focusing on safe motherhood, by strengthening the linkage among basic health staff, community health volunteers, and existing local authorities/organizations such as Village Health Committee 3-1 Establish project steering committees for the effective planning, monitoring and evaluation of the project activities at each level (Project Steering Committee (PSC) at central level, Township Working Group (TWG) at township level and quarterly meeting at village level) 3-2 Provide management training to steering committee members and project personnel at different levels on the skills for planning, implementation, management and coordination, and monitoring of the project 3-3 Provide capacity development training through study visits/observations of existing model cases in Japan and other countries 4-1 Organize regular half-yearly meetings on the model project at the central level for the effective planning, monitoring and evaluation of the project activities		

4-2 Develop guides for project implementers for the promotion of community-oriented RH activities 4-3 Document process, experiences, outcomes and lessons learnt of the community-oriented RH model project 4-4 Conduct exchange seminars/visits for RH programme personnel between the project areas and other areas in the country for sharing and transferring of experiences gained through the model project 4-5 Conduct workshops/seminars for sharing the experiences, outcomes and lessons learnt of the community-oriented RH model project among the concerned government bodies		

* The areas where community-oriented RH approach is applied.

** The figures will be specified in due course.

Project Design Matrix (PDM) Ver. 01(050309)

Project Name: Community-Oriented Reproductive Health Project in the Union of Myanmar Duration: February 2005 to January 2010

Target Area: Naungcho and Kyaukme Target Group: Women of Reproductive Age (15-49) in Naungcho and Kyaukme

Narrative Summary	Objectively Verifiable Indicators **	Means of Verification	Important Assumptions
Overall Goal Reproductive health（RH）status improves in project areas and expanded areas*of the Union of Myanmar	1. Maternal mortality rate is reduced 2. Number of pregnancies with complication is reduced. 3. Number of deliveries with complication is reduced.	1.1 HMIS Report 1.2 RHMIS Report 2.1 Registered Book 3.1 Hospital Statistics	Ministry of Health continues its RH policy
Project Purpose ・Utilization of quality RH services increases in the project areas ・Best practices and approaches identified from the Project are applied to RH programmes in the Union of Myanmar	1. CPR (Contraceptive Prevalence Rate) is increased. 2. **Percentage** of women who received 4 and more times of ANC is increased. 3. **Percentage** of deliveries attended by skilled health personnel is increased. 4. **Number of women with complications managed by skilled health personnel is increased.** 5. Coverage of T/T vaccination among the pregnant women is increased. 6. **Number of Township Health Department utilizes the best practices and approaches formulated by the project is increased.**	1.1 RHMIS Report **2.1 AN Register** **3.1 AN Register** **4.1 Hospital Statistics** **4.2 Clinic Register** **4.3 AN Register** **5.1 AN Register**	Assistances from other donors continue Ministry of Health continues support to RH services

Outputs			
1. Quality of RH services with special focus on safe motherhood is improved in the project areas	**1.1 Percentage of RH service providers who are able to exchange information with clients is increased. (A checklist should be developed)**	**Baseline, midterm, evaluation survey report**	The condition of access to the Service Delivery Points (SDPs) remains unchanged
	1.2 Percentage of midwifery-trained personnel who are able to perform ANC according to the MOH technical guidelines is increased. (A checklist should be developed based on the MOH guidelines.)	**Baseline, midterm, evaluation survey report**	
	1.3 Percentage of midwifery-trained personnel who are able to assist childbirths according to the MOH technical guidelines is increased. (A checklist should be developed based on the MOH guidelines.)	**Baseline, midterm, evaluation survey report**	
	1.4 Percentage of midwifery-trained personnel who are able to perform PNC according to the MOH technical guidelines is increased. (A checklist should be developed based on the MOH guidelines.)	**Baseline, midterm, evaluation survey report**	
	1.5 Percentage of midwifery-trained personnel knowledgeable about obstetric complications is increased. (A checklist should be developed based on the MOH guidelines.)	**Baseline, midterm, evaluation survey report**	
2. Awareness and knowledge on RH issues among community people, particularly women in reproductive age, improve in the project areas	**2.1 Percentage of men aged 15 and above and women aged between 15 and 49 who are knowledgeable about complications of pregnancy and childbirth is increased.**	**Baseline survey and evaluation Report**	
	2.2 Percentage of men aged 15 and above and women aged between 15 and 49 who are knowledgeable about contraception is increased.	**Baseline survey and evaluation Report**	
	2.3 Percentage of men aged 15 and above and women aged between 15 and 49 who are knowledgeable about risks of abortion is increased.	**Baseline survey and evaluation Report**	
	2.4 Percentage of women who utilize home-based maternal record is increased	**Evaluation Report**	
	2.5 Percentage of women who utilize the clean-delivery-kit is increased.	**Baseline and Evaluation Report**	

	2.6 Percentage of women who participated in health education sessions is increased.	**Project Annual Report**	
	2.7 Number of appropriate BCC materials developed and utilized in the community is increased.	**Project Annual Report**	
3. Management and technical capacity of Department of Health (DOH), Township Health Department, Rural Health Center (RHC) and other related government and non-government organizations is enhanced to achieve Output 1 and 2	**3.1 Annual micro plan at each level for the project is developed every year.**	Project Annual Report	
	3.2 Monitoring/supervision activities are regularly conducted and recorded.	Project Annual Report	
	3.3 Coordination committee is regularly organized at each level and the minutes are recorded.	Project Annual Report	
4. Applicable community-oriented RH approaches are identified for wider application under RH programme in the Union of Myanmar	4.1 Certain number of community-oriented RH documentation is distributed to other areas in the Union of Myanmar	Project Annual Report	

Activities

1-1 Conduct the operational research on RH services, health facilities and community perspectives on RH

1-2 Train and re-train Basic Health Staff (Health Assistant and Midwife, etc.) for strengthening quality RH services at RHCs and Sub-RHCs

1-3 Train and re-train Basic Health Staff (BHS), Auxiliary Midwives (AMWs) and Traditional Birth Attendant (TBAs) for ensuring the clean and safe home-based delivery including early detection of high risk pregnancy

1-4 Organize effective linkages between health workers and the community for early detection of high risk pregnancy and close monitoring of women during pregnancy, delivery and post-delivery period

1-5 Establish an effective referral system for risk cases from the community to the first referral level

Inputs

Japanese Government:

1. Experts (technical, management and coordination)
2. Equipment and materials
3. Training of project personnel in Japan and in other countries

Myanmar Government:

1. Government staff as counterpart personnel, and project staff
2. Office space, facilities, equipment and materials
3. Administrative and operational costs
4. Land, buildings and other facilities necessary for the implementation of the project

Counterparts such as DOH staff, TMO, and BHS are properly allocated

Provision of contraceptives and essential drugs to the project areas is secured

1-6 Improve Basic Health Staff (BHS)'s communication skills and their counseling services including post-abortion care 1-7 Upgrade health facilities, basic equipment and commodities in hospitals, RHCs and Sub-RHCs 2-1 Train basic health staff such as Midwives (MWs) as trainers of IEC/BCC activities for awareness creation and knowledge improvement on RH issues among the community people 2-2 Provide IEC/BCC training to community leaders and community health volunteers, including Auxiliary Midwives (AMWs), Traditional Birth Attendants (TBAs) and community health workers (CHWs) by trained Basic Health Staff (BHS) 2-3 Conduct IEC/BCC activities on RH issues by the trained IEC/BCC implementers mentioned above (2-1 and 2-2), for fostering health-seeking behavior among community people 2-4 Produce appropriate IEC/BCC materials based on the local needs, which contributes towards the effective implementations of IEC/BCC activities 2-5 Establish community support system which links community people with RH services focusing on safe motherhood, by strengthening the linkage among basic health staff, community health volunteers, and existing local authorities/organizations such as Village Health Committee		**Pre-conditions** Residents in the target areas accept RH-related project

3-1 Establish project steering committees for the effective planning, monitoring and evaluation of the project activities at each level (Project Steering Committee (PSC) at central level, Township Working Group (TWG) at township level and quarterly meeting at village level) 3-2 Provide management training to steering committee members and project personnel at different levels on the skills for planning, implementation, management and coordination, and monitoring of the project 3-3 Provide capacity development training through study visits/observations of existing model cases in Japan and other countries 4-1 Organize regular half-yearly meetings on the model project at the central level for the effective planning, monitoring and evaluation of the project activities 4-2 Develop guides for project implementers for the promotion of community-oriented RH activities 4-3 Document process, experiences, outcomes and lessons learnt of the community-oriented RH model project 4-4 Conduct exchange seminars/visits for RH programme personnel between the project areas and other areas in the country for sharing and transferring of experiences gained through the model project 4-5 Conduct workshops/seminars for sharing the experiences, outcomes and lessons learnt of the community-oriented RH model project among the concerned government bodies		

* The areas where community-oriented RH approach is applied.

** The figures will be specified in due course.

Project Design Matrix (PDM) Ver. 02 (050902)

Project Name: Community-Oriented Reproductive Health Project in the Union of Myanmar Duration: February 2005 to January 2010

Target Area: Naungcho and Kyaukme Target Group: Women of Reproductive Age (15-49) in Naungcho and Kyaukme

Narrative Summary	Verifiable Indicators **	Means of Verification	Important Assumptions
Overall Goal			
Reproductive health（RH）status improves in project areas and expanded areas*of the Union of Myanmar	1. Maternal mortality rate is reduced 2. Number of pregnancies with complication is reduced. 3. Number of deliveries with complication is reduced.	1.1 HMIS Report 1.2 RHMIS Report 2.1 Registered Book 3.1 Hospital Statistics	Ministry of Health continues its RH policy
Project Purpose			
・Utilization of quality RH services increases in the project areas	1. CPR (Contraceptive Prevalence Rate) is increased. 2. Percentage of women who received 4 and more times of ANC is increased. 3. Percentage of deliveries attended by skilled health personnel is increased. 4. Number of women with complications managed by skilled health personnel is increased. 5. Coverage of T/T vaccination among the pregnant women is increased. 6. Number of Township Health Department utilizes the best practices and approaches formulated by the project is increased.	1.1 RHMIS Report 2.1 AN Register 3.1 AN Register 4.1 Hospital Statistics 4.2 Clinic Register 4.3 AN Register 5.1 AN Register	Assistances from other donors continue Ministry of Health continues support to RH services
・Best practices and approaches identified from the Project are applied to RH programmes in the Union of Myanmar			

Outputs			
1. Quality of RH services with special focus on safe motherhood is improved in the project areas	1.1 Percentage of RH service providers who are able to exchange information with clients is increased. (A checklist should be developed)	Baseline, midterm, evaluation survey report	The condition of access to the Service Delivery Points (SDPs) remains unchanged
	1.2 Percentage of midwifery-trained personnel who are able to perform ANC according to the MOH technical guidelines is increased. (A checklist should be developed based on the MOH guidelines.)	Baseline, midterm, evaluation survey report	
	1.3 Percentage of midwifery-trained personnel who are able to assist childbirths according to the MOH technical guidelines is increased. (A checklist should be developed based on the MOH guidelines.)	Baseline, midterm, evaluation survey report	
	1.4 Percentage of midwifery-trained personnel who are able to perform PNC according to the MOH technical guidelines is increased. (A checklist should be developed based on the MOH guidelines.)	Baseline, midterm, evaluation survey report	
	1.5 Percentage of midwifery-trained personnel knowledgeable about obstetric complications is increased. (A checklist should be developed based on the MOH guidelines.)	Baseline, midterm, evaluation survey report	
2. Awareness and knowledge on RH issues among community people, particularly women in reproductive age, improve in the project areas	2.1 Percentage of men aged 15 and above and women aged between 15 and 49 who are knowledgeable about complications of pregnancy and childbirth is increased.	Baseline survey and evaluation Repor	
	2.2 Percentage of men aged 15 and above and women aged between 15 and 49 who are knowledgeable about contraception is increased.	Baseline survey and evaluation Repor	
	2.3 Percentage of men aged 15 and above and women aged between 15 and 49 who are knowledgeable about risks of abortion is increased.	Baseline survey and evaluation Repor	
	2.4 Percentage of women who utilize home-based maternal record is increased	Evaluation Report	

	2.5 Percentage of women who utilize the clean-delivery-kit is increased.	Baseline and Evaluation Report	
	2.6 Percentage of women who participated in health education sessions is increased.	Project Annual Report	
	2.7 Number of appropriate BCC materials developed and utilized in the community is increased.	Project Annual Report	
3. Management and technical capacity of Department of Health (DOH), Township Health Department, Rural Health Center (RHC) and other related government and non-government organizations is enhanced to achieve Output 1 and 2	3.1 Annual micro plan at each level for the project is developed every year.	Project Annual Report	
	3.2 Monitoring/supervision activities are regularly conducted and recorded.	Project Annual Report	
	3.3 Coordination committee is regularly organized at each level and the minutes are recorded.	Project Annual Report	
4. Applicable community-oriented RH approaches are identified for wider application under RH programme in the Union of Myanmar	4.1 Certain number of community-oriented RH documentation is distributed to other areas in the Union of Myanmar	Project Annual Report	

Activities	**Inputs**		
1-1 Conduct the operational research on RH services, health facilities and community perspectives on RH 1-2 Train and re-train Basic Health Staff (Health Assistant and Midwife, etc.) for strengthening quality RH services at RHCs and Sub-RHCs	Japanese Government: 1. Experts (technical, management and coordination) 2. Equipment and materials	Myanmar Government: 1. Government staff as counterpart personnel, and project staff 2. Office space, facilities, equipment and materials 3. Administrative and operational costs	Counterparts such as DOH staff, TMO, and BHS are properly allocated
1-3 Train and retrain Basic Health Staff (BHS), Auxiliary Midwives (AMWs) and **Trained** Traditional Birth Attendants (**TTBAs**) for ensuring the clean and safe home-based delivery including early detection of high risk pregancy 1-4 Organize effective linkages between health workers and the community **for the provision of care and close monitoring during pregnancy, delivery, and post-delivery period to make pregnancies safer** 1-5 Establish an effective referral system for risk cases from the community to the first referral level 1-6 Improve Basic Health Staff (BHS)'s communication skills and their counseling services including post-abortion care 1-7 Upgrade health facilities, basic equipment and commodities in hospitals, RHCs and Sub-RHCs	3. Training of project personnel in Japan and in other countries	4. Land, buildings and other facilities necessary for the implementation of the project	Provision of contraceptives and essential drugs to the project areas is secured
2-1 Train basic health staff such as Midwives (MWs) as trainers of IEC/BCC activities for awareness creation and knowledge improvement on RH issues among the community people			

2-2 Provide IEC/BCC training to community leaders and community health volunteers, including Auxiliary Midwives (AMWs), Traditional Birth Attendants (TBAs) and community health workers (CHWs) by trained Basic Health Staff (BHS) 2-3 Conduct IEC/BCC activities on RH issues by the trained IEC/BCC implementers mentioned above (2-1 and 2-2), for fostering health-seeking behavior among community people 2-4 Produce appropriate IEC/BCC materials based on the local needs, which contributes towards the effective implementations of IEC/BCC activities 2-5 Establish community support system which links community people with RH services focusing on safe motherhood, by strengthening the linkage among basic health staff, community health volunteers, and existing local authorities/organizations such as Village Health Committee 3-1 Establish project steering committees for the effective planning monitoring and evaluation of the project activities at each level (Project Steering Committee (PSC) at central level, Township Working Group (TWG) at township level and **Village Track Working Group (VTWG)** at village level) 3-2 Provide management training to steering committee members and project personnel at different levels on the skills for planning, implementation, management and coordination, and monitoring of the project		**Pre-conditions** Residents in the target areas accept RH-related project

3-3 Provide capacity development training through study visits/observations of existing model cases in Japan and other countries		
4-1 Organize regular half-yearly meetings **at the central level** for the effective planning, monitoring and evaluation of the project activities		
4-2 Develop guides for project implementers for the promotion of community-oriented RH activities		
4-3 Document process, experiences, outcomes and lessons learnt of the community-oriented RH model project		
4-4 Conduct exchange seminars/visits for RH programme personnel between the project areas and other areas in the country for sharing and transferring of experiences gained through the model project		
4-5 Conduct workshops/seminars for sharing the experiences, outcomes and lessons learnt of the community-oriented RH model project among the concerned government bodies		

* The areas where community-oriented RH approach is applied.

** The figures will be specified in due course.

Project Design Matrix (PDM) Ver. 03 (Revised 070224)

Project Name: Community-Oriented Reproductive Health Project in the Union of Myanmar Duration: February 2005 to January 2010

Target Area: Naungcho and Kyaukme Target Group: Women of Reproductive Age (15-49) in Naungcho and Kyaukme

Narrative Summary	Verifiable Indicators **	Means of Verification	Important Assumptions
Overall Goal Reproductive health（RH）status improves in project areas and expanded areas*of the Union of Myanmar	1. Maternal mortality rate is reduced 2. Number of pregnancies with complication is reduced. 3. Number of deliveries with complication is reduced.	1.1 HMIS Report 1.2 RHMIS Report 2.1 Registered Book 3.1 Hospital Statistics	Ministry of Health continues its RH policy
Project Purpose ・Utilization of quality RH services increases in the project areas	1. CPR (Contraceptive Prevalence Rate) is increased. 2. Percentage of women who received 4 and more times of ANC is increased. 3. Percentage of deliveries attended by skilled health personnel is increased. 4. **Percentage of pregnant women referred to higher level** is increased. 5. Coverage of T/T vaccination among the pregnant women is increased. 6. Number of Township Health Department utilizes the best practices and approaches formulated by the project is increased.	1.1 **Baseline/End line surveys** 1.2 RHMIS Report 2.1 **Baseline/End line surveys** 2.2 **HMIS Report** 3.1 **Baseline/End line Surveys** 3.2 **HMIS Report** 4.1 **HMIS Report** 5.1 **Baseline/End line surveys** 5.2 **HMIS Report** 6.1 **Project Annual Report**	Assistances from other donors continue Ministry of Health continues support to RH services
・Best practices and approaches identified from the Project are applied to RH programmes in the Union of Myanmar			

Outputs			
1. Quality of RH services with special focus on safe motherhood is improved in the project areas	1.1 Percentage of RH service providers who are able to **use proper counseling procedures with clients** is increased.	Baseline survey, **Midterm evaluation, End line survey**	The condition of access to the Service Delivery Points (SDPs) remains unchanged
	1.2 Percentage of midwifery-trained personnel who are able to perform ANC according to the technical guidelines is increased.	Baseline survey, **Midterm evaluation, End line survey HMIS/RHMIS Report**	
	1.3 Percentage of midwifery-trained personnel who are able to assist childbirths according to the technical guidelines is increased.	Baseline survey, **Midterm evaluation, End line survey HMIS/RHMIS Report**	
	1.4 Percentage of midwifery-trained personnel who are able to perform PNC according to the technical guidelines is increased.	Baseline survey, **Midterm evaluation, End line survey HMIS/RHMIS Report**	
	1.5 Percentage of midwifery-trained personnel knowledgeable about obstetric **emergencies** is increased.	Baseline survey, **Midterm evaluation, End line survey**	
	1.6 Percentage of midwifery-trained personnel knowledgeable about the danger signs for newborns is increased	Baseline survey, **Midterm evaluation, End line survey**	
2. Awareness and knowledge on RH issues among community people, particularly women in reproductive age, improve in the project areas	2.1 Percentage of men aged 15 and above and women aged between 15 and 49 who are knowledgeable about **3 and more complications** of pregnancy and childbirth is increased.	Baseline survey, **Midterm evaluation, End line survey**	
	2.2 Percentage of men aged 15 and above and women aged between 15 and 49 who are knowledgeable about **at least one modern contraceptive method** is increased.	Baseline survey, **Midterm evaluation, End line survey**	

	2.3 Percentage of men aged 15 and above and women aged between 15 and 49 who are knowledgeable about **3 and more risks** of abortion is increased.	Baseline survey, **Midterm evaluation, End line survey**	
	2.4 Percentage of women who utilize home-based maternal record is increased	**Baseline survey, End line Survey**	
	2.5 Percentage of women who utilize the clean-delivery-kit is increased.	Baseline survey, **End line Survey**	
	2.6 **Number** of women who participated in health education sessions is increased.	Project Annual Report	
	2.7 Number of appropriate BCC materials developed and **distributed** in the community is increased.	Project Annual Report	
3. Management and technical capacity of Department of Health (DOH), Township Health Department, Rural Health Center (RHC) and other related government and non-government organizations is enhanced to achieve Output 1 and 2	3.1 Annual plan **including this project in the two townships** is developed.	Project Annual Report	
	3.2 Monitoring/supervision activities are regularly conducted and recorded.	Project Annual Report	
	3.3 Coordination committee **is formed and meeting** regularly organized at each level and **documented.**	Project Annual Report	
4. Applicable community-oriented RH approaches are identified for wider application under RH programme in the Union of Myanmar	4.1 Certain number of community-oriented RH documentation is distributed to other areas in the Union of Myanmar	Project Annual Report	

Activities

1-1 Conduct the operational research on RH services, health facilities and community perspectives on RH

1-2 Train and re-train Basic Health Staff (BHS.) for strengthening quality RH services at RHCs and Sub-RHCs

1-3 Train and re-train **midwifery-trained personnel** for ensuring safe delivery including early detection of high risk pregnancy

1-4 Organize effective linkages between **health providers** and the community **through MCH Promoters** for the provision of care and close monitoring during pregnancy, delivery, and post-delivery period to make pregnancies safer

1-5 Establish an effective referral system for risk cases from the community to the first referral level

1-6 Improve Basic Health Staff (BHS)'s communication skills and their counseling services including post-abortion care

1-7 Upgrade health facilities, basic equipment and commodities in hospitals, RHCs and Sub-RHCs

2-1 Train Basic Health Staff such as Midwives (MWs) as trainers of IEC/BCC activities for awareness creation and knowledge improvement on RH issues among the community people

2-2 Provide IEC/BCC training to community leaders and community health volunteers, including Auxiliary Midwives (AMWs) and **MCH Promoters** by trained Basic Health Staff (BHS)

2-3 Conduct IEC/BCC activities on RH issues by the trained IEC/BCC implementers mentioned above (2-1 and 2-2), for fostering health-seeking behavior among community people

Inputs

Japanese Government:

1. Experts (technical, management and coordination)
2. Equipment and materials
3. Training of project personnel in Japan and in other countries

Myanmar Government:

1. Government staff as counterpart personnel, and project staff
2. Office space, facilities, equipment and materials
3. Administrative and operational costs
4. Land, buildings and other facilities necessary for the implementation of the project

Counterparts such as DOH staff, **State Health Director, DMO,** TMO, and BHS are properly allocated

Provision of contraceptives and essential drugs to the project areas is secured

Pre-conditions

Residents in the target areas accept RH-related project

2-4 Produce appropriate IEC/BCC materials based on the local needs, which contributes towards the effective implementations of IEC/BCC activities 2-5 Establish community support system which links community people with RH services focusing on safe motherhood, by strengthening the linkage among Basic Health Staff, **AMWs, MCH Promoters and local authorities/organizations such as Village Tract Working Group (VTWG)**/Village Health Committee 3-1 Establish project steering committees for the effective planning monitoring and evaluation of the project activities at each level (Project Steering Committee (PSC) at central level, Township Working Group (TWG) at township level and Village Track Working Group (VTWG) at village level) 3-2 **Conduct** management **workshops** to steering committee members and project personnel at different levels on the skills for planning, implementation, management and coordination, and monitoring of the project 3-3 Provide **capacity development** through study visits/observations of existing model cases in Japan and other countries 4-1 Organize regular half-yearly meetings at the central level for the effective planning, monitoring and evaluation of the project activities 4-2 Develop guides for project implementers for the promotion of community-oriented RH activities		

4-3 Document process, experiences, outcomes and lessons learnt of the community-oriented RH model project 4-4 Conduct exchange seminars/visits for RH programme personnel between the project areas and other areas in the country for sharing and transferring of experiences gained through the model project 4-5 Conduct workshops/seminars for sharing the experiences, outcomes and lessons learnt of the community-oriented RH model project among the concerned government bodies		

* The areas where community-oriented RH approach is applied.

** The figures will be specified in due course.

Note: **1) BHS (Basic Health Staff) includes Township Medical Officer (TMO), Station Medical Officer (SMO), Health Assistant (HA), Lady Health Visitor (LHV), Midwife (MW), Public Health Supervisor (PHS) 1 and PHS 2 at the primary health care level.**

2) Midwifery-trained personnel includes LHV, Midwife, AMW and some HA.

Project Design Matrix (PDM) Ver. 04 (Revised 080915)

Project Name: Community-Oriented Reproductive Health Project in the Union of Myanmar Duration: February 2005 to January 2010

Target Area: Naungcho and Kyaukme Target Group: Women of Reproductive Age (15-49) in Naungcho and Kyaukme

Narrative Summary	Verifiable Indicators **	Means of Verification	Important Assumptions
Overall Goal Reproductive health（RH）status improves in project areas and expanded areas*of the Union of Myanmar	1. Maternal mortality rate is reduced 2. Number of pregnancies with complication is reduced. 3. Number of deliveries with complication is reduced.	1.1 HMIS Report 2.1 Registered Book 3.1 Hospital Statistics	
Project Purpose ・Utilization of quality RH services increases in the project areas	1. CPR (Contraceptive Prevalence Rate) is increased. 2. Percentage of women who received 4 and more times of ANC is increased. 3. Percentage of deliveries attended by skilled health personnel is increased. 4. Percentage of pregnant women referred to higher level is increased. 5. Coverage of T/T vaccination among the pregnant women is increased.	1.1 Baseline/End line surveys 1.2 RHMIS Report 2.1 Baseline/End line surveys 2.2 RHMIS Report 3.1 Baseline/End line Surveys 3.2 HMIS Report 4.1 HMIS Report 5.1 Baseline/End line surveys 5.2 HMIS Report	‘Community-Oriented RH approaches” identified by the project are applied to RH programmes in the Union of Myanmar Assistances from other donors continue as planned in the areas Ministry of Health continues support to RH services

Outputs			
1. Quality of RH services with special focus on safe motherhood is improved in the project areas	1.1 Percentage of RH service providers who are able to use proper counseling procedures with clients is increased.	Baseline survey, Midterm evaluation, End line survey	The condition of access to the Service Delivery Points (SDPs) remains unchanged
	1.2 Percentage of midwifery-trained personnel who are able to perform ANC according to the technical guidelines is increased.	Baseline survey, Midterm evaluation, End line survey	
	1.3 Percentage of midwifery-trained personnel who are able to assist childbirths according to the technical guidelines is increased.	Baseline survey, Midterm evaluation, End line survey	
	1.4 Percentage of midwifery-trained personnel who are able to perform PNC according to the technical guidelines is increased.	Baseline survey, Midterm evaluation, End line survey	
	1.5 Percentage of midwifery-trained personnel knowledgeable about obstetric emergencies is increased.	Baseline survey, Midterm evaluation, End line survey	
	1.6 Percentage of midwifery-trained personnel knowledgeable about the danger signs for newborns is increased	Baseline survey, Midterm evaluation, End line survey	
2. Awareness and knowledge on RH issues among community people, particularly women, improve in the project areas	2.1 Percentage of men aged 15 and above and women aged between 15 and 49 who are knowledgeable about 3 and more complications of pregnancy and childbirth is increased.	Baseline survey, Midterm evaluation, End line survey	
	2.2 Percentage of men aged 15 and above and women aged between 15 and 49 who are knowledgeable about at least one modern contraceptive method is increased.	Baseline survey, Midterm evaluation, End line survey	
	2.3 Percentage of men aged 15 and above and women aged between 15 and 49 who are knowledgeable about 3 and more risks of abortion is increased.	Baseline survey, Midterm evaluation, End line survey	

	2.4 Percentage of women who utilize home-based maternal record is increased	Baseline survey, End line Survey	
	2.5 Percentage of women who utilize the clean-delivery-kit is increased.	Baseline survey, End line Survey	
	2.6 Number of women who participated in health education sessions is increased.	Project Annual Report	
	2.7 Number of appropriate IEC/BCC materials developed and distributed in the community is increased.	Project Annual Report	
3. The linkage between RH services and community people is strengthened	3.1 Number of referral from community level to health facilities increased.	Project Annual Report HMIS/RHMIS Report	
4. Mechanism to support community-oriented RH approach is established and functioned	4.1 Coordination Committees at each level are established.	Project Annual Report	
	4.2 Annual plan for this project in each township is developed.	Project Annual Report	
	4.3 The meetings of coordination committees are organized to monitor the mechanism to support community-oriented RH approach.	Project Annual Report	
5. Applicable community-oriented RH approaches are identified and documented for wider application under RH programme in the Union of Myanmar	5.1 Community-oriented RH documentation is distributed to other areas in the Union of Myanmar.	Project Annual Report	

Activities	**Inputs**		
1-1 Conduct the baseline and end line surveys on RH services, health facilities and community perspectives on RH 1-2 Re-train midwifery-trained personnel for ensuring safe delivery including early detection of high risk pregnancy 1-3 Train Basic Health Staff (BHS) on Leadership, Management, and Counseling skills. 1-4 Monitor BHS to support for skill development regularly by DMO/TMO and responsible persons 1-5 Train BHS to strengthen referral to higher level health facilities 1-6 Renovate health facilities 1-7 Provide basic equipment 2-1 Conduct needs assessment on IEC/BCC materials 2-2 Develop IEC/BCC materials 2-3 Train Basic Health Staff (BHS) on IEC/BCC 2-4 Conduct health education sessions by the trained BHS for community people including pregnant women 2-5 Provide guidance to AMWs and MCH Promoters by BHS for IEC/BCC activities on RH issues 3-1 Conduct TOTs of BHS on trainings and refresher trainings for MCH Promoters	Japanese Government: 1. Experts (technical, management and coordination) 2. Equipment and materials 3. Training of project personnel in Japan and in other countries	Myanmar Government: 1. Government staff as counterpart personnel, and project staff 2. Office space, facilities, equipment and materials 3. Administrative and operational costs 4. Land, buildings and other facilities necessary for the implementation of the project	Counterparts such as DOH staff, **State Health Director, DMO,** TMO, and BHS are properly allocated Provision of contraceptives and essential drugs to the project areas is secured

3-2 Conduct trainings and refresher trainings for MCH Promoters 3-3 Conduct home visits by MCH Promoters to women in the community during pregnancy, delivery and post-delivery period 3-4 Organize teamwork for effective referral from community level to the health facilities by BHS, AMWs and MCH Promoters 3-5 Develop action plan by BHS for effective teamwork with AMWs and MCH Promoters 3-6 Provide necessary knowledge and information by BHS to AMWs and MCH Promoters regularly 4-1 Establish coordination committees for the effective planning, implementation, monitoring and evaluation of the project activities at each level (Project Steering Committee at central level, Township Working Group at township level and Village Track Working Group at village level) 4-2 Develop guidelines for coordination committees 4-3 Organize regular meetings of coordination committees at each level to strengthen collaboration mechanism for community-oriented RH activities including community support system 4-4 Conduct management workshop at township level for community leaders to strengthen capacities for planning, implementation, monitoring and evaluation 5-1 Develop guides for project implementers to apply community-oriented RH approaches		**Pre-conditions** Residents in the target areas accept RH-related project

5-2 Conduct workshop for sharing experiences at the township level 5-3 Conduct dissemination workshops for sharing the experiences, outcomes and lessons learnt of the community-oriented RH project among the concerned government and non-governmental organizations 5-4 Organize study visits in Japan and other countries to strengthen management capacity in RH programme in Myanmar		

* The areas where community-oriented RH approach is applied.

** The figures will be specified in due course.

Note: **1) BHS (Basic Health Staff) includes Township Medical Officer (TMO), Station Medical Officer (SMO), Health Assistant (HA), Lady Health Visitor (LHV), Midwife (MW), Public Health Supervisor (PHS) 1 and PHS 2 at the primary health care level.**

2) Midwifery-trained personnel includes LHV, Midwife, AMW and some HA.

RECORD OF DISCUSSIONS BETWEEN JAPAN INTERNATIONAL COOPERATION AGENCY AND AUTHORITIES CONCERNED OF THE GOVERNMENT OF THE UNION OF MYANMAR ON JAPANESE TECHNICAL COOPERATION FOR THE COMMUNITY-ORIENTED REPRODUCTIVE HEALTH PROJECT

With regard to the Minutes of Meeting between the Preparatory study team and the Government of the Union of Myanmar dated 3rd September 2004, Japan International Cooperation Agency (hereinafter referred to as "JICA") had a series of discussions, through the Resident Representative of JICA Myanmar Office, with the Myanmar authorities concerned with respect to desirable measures to be taken by JICA and Myanmar Government for the successful implementation of the above-mentioned Project.

As a result of the discussions, JICA and the Myanmar authorities concerned agreed to recommend to their respective Governments the matters referred to in the document attached hereto.

Yangon, 24 December 2004

Mr. Takahiro Sasaki
Resident Representative
Myanmar Office
Japan International Cooperation Agency

Dr. Tin Win Maung
Director General
Department of Health
Ministry of Health
Union of Myanmar

Witness : Mr. Yasuo Kon
Chairperson,
JOICFP

THE ATTACHED DOCUMENT

I. COOPERATION BETWEEN JICA AND THE GOVERNMENT OF THE UNION OF MYANMAR

1. The Government of the Union of Myanmar will implement the Community-Oriented Reproductive Health Project (hereinafter referred to as "the Project") in cooperation with JICA.

2. The Project will be implemented in accordance with the Master Plan which is given in Annex I.

II. MEASURES TO BE TAKEN BY JICA

In accordance with the laws and regulations in force in Japan, JICA will take, at its own expense, the following measures according to the normal procedures under the Colombo Plan Technical Cooperation Scheme.

1. DISPATCH OF JAPANESE EXPERTS
   JICA will provide the services of the Japanese experts as listed in Annex II.

2. PROVISION OF MACHINERY AND EQUIPMENT
   JICA will provide such machinery, equipment and other materials (hereinafter referred to as "the Equipment") necessary for the implementation of the Project as listed in Annex III. The Equipment will become the property of the Government of the Union of Myanmar upon being delivered C.I.F. (cost, insurance and freight) to the Myanmar authorities concerned at the ports and/or airports of disembarkation.

3. TRAINING OF MYANMAR PERSONNEL IN OVERSEAS
   JICA will provide the Myanmar personnel connected with the Project with the training in overseas including Japan.

III. MEASURES TO BE TAKEN BY THE GOVERNMENT OF THE UNION OF MYANMAR

1. The Government of the Union of Myanmar will take necessary measures to ensure that the self-reliant operation of the Project will be sustained during and after the period of Japanese technical cooperation, through full and active involvement in the Project by all related authorities, beneficiary groups and institutions.

2. The Government of the Union of Myanmar will ensure that the technologies and knowledge acquired by the Myanmar nationals as a result of Japanese technical cooperation will contribute to the economic and social development of Myanmar.

3. The Government of the Union of Myanmar will grant in Myanmar privileges, exemptions and benefits to the Japanese experts referred to in II-1 above and their families, which are no less favorable than those accorded to experts of third countries working in Myanmar under the Colombo Plan Technical Cooperation Scheme.

4. The Government of the Union of Myanmar will ensure that the Equipment referred to in II-2 above will be utilized effectively for the implementation of the Project in consultation with the Japanese experts referred to in Annex II.

5. The Government of the Union of Myanmar will take necessary measures to ensure that the knowledge and experience acquired by the Myanmar personnel through technical training in Japan and other countries will be utilized effectively in the implementation of the Project.

6. In accordance with the laws and regulations in force in Myanmar, the Government of the Union of Myanmar will take necessary measures to provide at its own expense:

(1) Services of the Myanmar counterpart personnel and administrative personnel as listed in Annex IV;

(2) Land, buildings and facilities as listed in Annex V;

(3) Supply or replacement of machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the Equipment provided by JICA under II-2 above ;

7. In accordance with the laws and regulations in force in Myanmar, the Government of the Union of Myanmar will take necessary measures to meet:

(1) Expenses necessary for transportation within Myanmar of the Equipment referred to in II-2 above as well as for the installation, operation and maintenance thereof;

(2) Customs duties, internal taxes and any other charges, imposed in Myanmar on the Equipment referred to in II-2 above; and

(3) Running expenses necessary for the implementation of the Project.

IV. ADMINISTRATION OF THE PROJECT

1. Director-General of Department of Health, Ministry of Health, as the Project Director, will bear overall responsibility for the administration and implementation of the Project.

2. Deputy-Director of Maternal and Child Health, Department of Health, Ministry of Health, as the Project Manager, will be responsible for the managerial and technical matters of the Project.

3. The Japanese Chief Advisor will provide necessary recommendations and advice to the Project Director and the Project Manager on any matters pertaining to the implementation of the Project.

4. The Japanese experts will give necessary technical guidance and advice to the Myanmar counterpart personnel on technical matters pertaining to the implementation of the Project.

5. For the effective and successful implementation of technical cooperation for the Project, Project Implementation Mechanism will be established whose functions and composition are described in Annex VI.

V. JOINT EVALUATION

Evaluation of the Project will be conducted jointly by JICA and the Myanmar authorities concerned, at the middle and during the last six months of the cooperation term in order to examine the level of achievement.

VI. CLAIMS AGAINST JAPANESE EXPERTS

The Government of the Union of Myanmar undertakes to bear claims, if any arises, against the Japanese experts engaged in technical cooperation for the Project resulting from, occurring in the course of, or otherwise connected with the discharge of their official functions in Myanmar except for those arising from the willful misconduct or gross negligence of the Japanese experts.

VII. MUTUAL CONSULTATION

There will be mutual consultation between JICA and the Government of the Union of Myanmar on any major issues arising from, or in connection with this Attached Document.

VIII. MESURES TO PROMOTE UNDERSTANDING OF AND SUPPORT FOR THE PROJECT

For the purpose of promoting support for the Project among the people of Myanmar, the Government of the Union of Myanmar will take appropriate measures to make the Project widely known to the people of Myanmar.

IX. TERM OF COOPERATION

The duration of the technical cooperation for the Project under this Attached Document will be 5 years from 01 February, 2005.

X. IMPLEMENTATION OF THE PROJECT

To implement the Project efficiently and effectively, JICA will entrust actual execution of the Project to JOICFP, based on a contract to be signed by both parties. JICA will supervise the overall implementation of the Project.

ANNEX I	MASTER PLAN
ANNEX II	LIST OF JAPANESE EXPERTS
ANNEX III	LIST OF MACHINERY AND EQUIPMENT
ANNEX IV	LIST OF MYANMAR COUNTERPART AND ADMINISTRATIVE PERSONNEL
ANNEX V	LIST OF LAND, BUILDINGS AND FACILITIES
ANNEX VI	PROJECT IMPLEMENTATION MECHANISM

ANNEX I MASTER PLAN

Overall Goal

Reproductive health (RH) status improves in project areas and expanded areas*of the Union of Myanmar

Project Purpose

- Utilization of quality RH services increases in the project areas
- Best practices and approaches identified from the Project are applied to RH programmes in the Union of Myanmar

Outputs

1. Quality of RH services with special focus on safe motherhood is improved in the project areas
2. Awareness and knowledge on RH issues among community people, particularly women in reproductive age, improve in the project areas
3. Management and technical capacity of Department of Health (DOH), Township Health Department, Rural Health Center (RHC) and other related government and non-government organizations is enhanced to achieve Output 1 and 2
4. Applicable community-oriented RH approaches are identified for wider application under RH programme in the Union of Myanmar

Activities

1-1 Conduct the operational research on RH services, health facilities and community perspectives on RH

1-2 Train and re-train Basic Health Staff (Health Assistant and Midwife, etc.) for strengthening quality RH services at RHCs and Sub-RHCs

1-3 Train and re-train Basic Health Staff (BHS), Auxiliary Midwives (AMWs) and Traditional Birth Attendant (TBAs) for ensuring the clean and safe home-based delivery including early detection of high risk pregnancy

1-4 Organize effective linkages between health workers and the community for early detection of high risk pregnancy and close monitoring of women during pregnancy, delivery and post-delivery period

1-5 Establish an effective referral system for risk cases from the community to the first referral level

1-6 Improve Basic Health Staff (BHS)'s communication skills and their counseling services including post-abortion care

1-7 Upgrade health facilities, basic equipment and commodities in hospitals, RHCs and Sub-RHCs

2-1 Train basic health staff such as Midwives (MWs) as trainers of IEC/BCC activities for awareness creation and knowledge improvement on RH issues among the community people

2-2 Provide IEC/BCC training to community leaders and community health volunteers, including Auxiliary Midwives (AMWs), Traditional Birth Attendants (TBAs) and community health workers (CHWs) by trained Basic Health Staff (BHS)

2-3 Conduct IEC/BCC activities on RH issues by the trained IEC/BCC implementers mentioned above (2-1 and 2-2), for fostering health-seeking behavior among community people

2-4 Produce appropriate IEC/BCC materials based on the local needs, which contributes towards the effective implementations of IEC/BCC activities

2-5 Establish community support system which links community people with RH services focusing on safe motherhood, by strengthening the linkage among basic health staff, community health volunteers, and existing local authorities/organizations such as Village Health Committee

3-1 Establish project steering committees for the effective planning, monitoring and evaluation of the project activities at each level (Project Steering Committee (PSC) at central level, Township Working Group (TWG) at township level and quarterly meeting at village level)

3-2 Provide management training to steering committee members and project personnel at different levels on the skills for planning, implementation, management and coordination, and monitoring of the project

3-3 Provide capacity development training through study visits/observations of existing model cases in Japan and other countries

4-1 Organize regular half-yearly meetings on the model project at the central level for the effective planning, monitoring and evaluation of the project activities

4-2 Develop guides for project implementers for the promotion of community-oriented RH activities

4-3 Document process, experiences, outcomes and lessons learnt of the

community-oriented RH model project

4-4 Conduct exchange seminars/visits for RH programme personnel between the project areas and other areas in the country for sharing and transferring of experiences gained through the model project

4-5 Conduct workshops/seminars for sharing the experiences, outcomes and lessons learnt of the community-oriented RH model project among the concerned government bodies

* The areas where community-oriented RH approach is applied.

ANNEX II LIST OF JAPANESE EXPERTS

1 Chief Advisor

2 Project Coordinator

3 One Long-term Japanese Expert on Community Health and Midwifery

4 Short-term Japanese experts in the following fields;

(1) Obstetrics/Gynecology

(2) Midwifery Education

(3) Community Health

(4) Information, Education and Communication / Behavioral Change Communication (IEC/BCC)

(5) Health Information Management System

(6) Project Management

(7) Operational Research

(8) Other necessary short-term experts if arises

ANNEX III LIST OF MACHINERY AND EQUIPMENT

1. Equipment for training and education
2. Basic clinical equipment and supplies
3. Equipment for information management
4. Equipment for transportation
5. Equipment for other related fields mutually agreed upon as necessary

ANNEX IV LIST OF MYANMAR ADMINISTRATIVE AND COUNTERPART PERSONNEL

1. Project Director
Director-General of Department of Health, Ministry of Health

2. Project Manager
Deputy-Director of Maternal and Child Health, Department of Health,
Ministry of Health

3. Project Steering Committee (PSC) Members from Myanmar side at Central Level
*See Annex VI

4. Township Working Group (TWG) Members at Township Level
*See Annex VI

5. Technical Counterparts in such areas as obstetrics/gynecology, midwifery, IEC/BCC, health information, project management and operational research, etc.

6. Other support staff including administrative staff and secretaries, mutually agreed upon as necessary.

ANNEX V LIST OF LAND, BUILDINGS AND FACILITIES

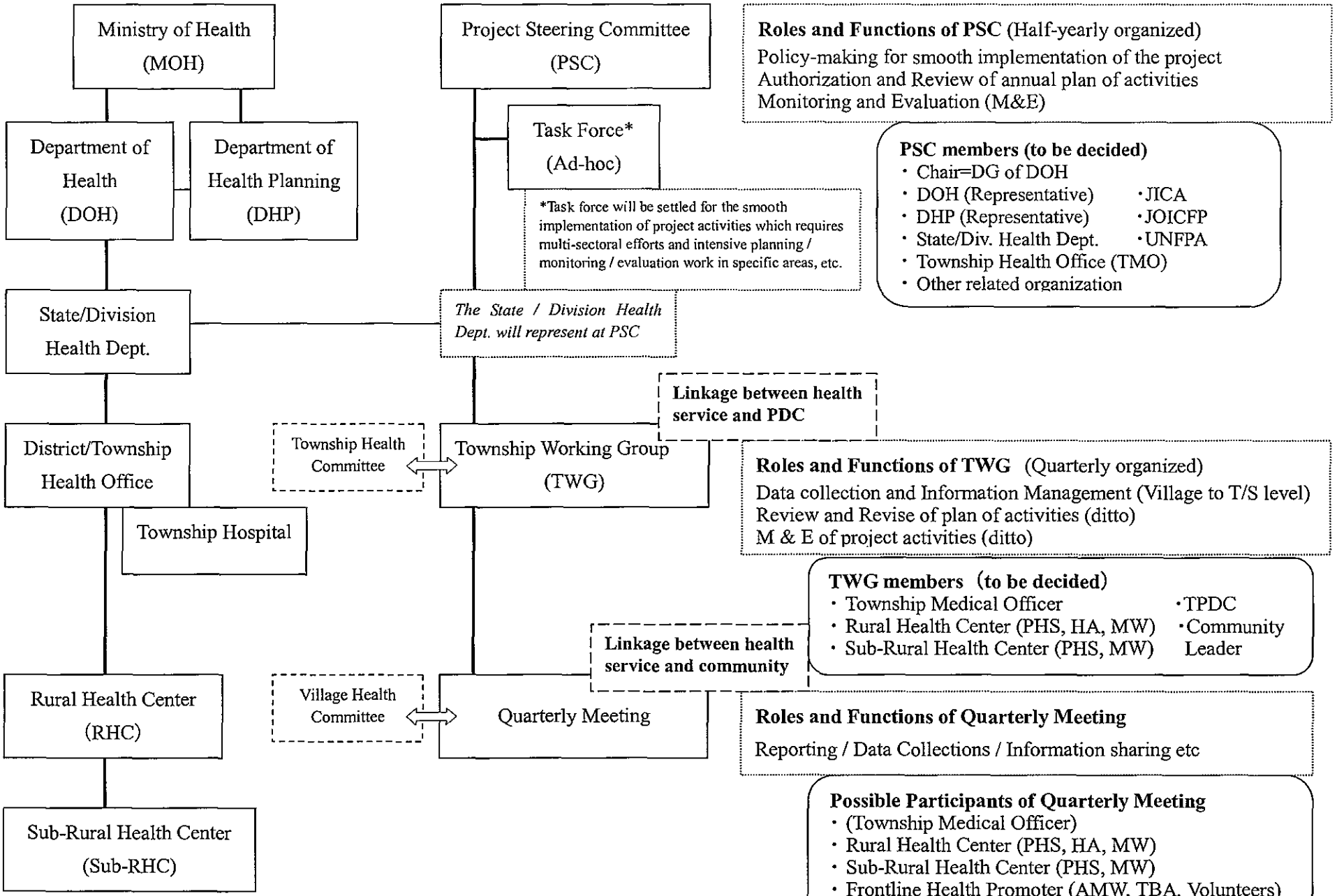
1. Essential facilities for the implementation of the Project

2. Office space and other necessary furniture and facilities for the Japanese experts in Yangon and at the Project Sites

3. Facilities and services such as electricity, water supply, telephone and furniture necessary for the Project activities

4. Other facilities mutually agreed upon as necessary

ANNEX VI PROJECT IMPLEMENTATION MECHANISM Community-Oriented Reproductive Health Project in Myanmar



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MINUTES OF MEETINGS BETWEEN THE JAPANESE 2nd PREPARATORY STUDY TEAM AND THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF THE UNION OF MYANMAR ON THE JAPANESE TECHNICAL COOPERATION FOR THE COMMUNITY-ORIENTED REPRODUCTIVE HEALTH PROJECT

The Japanese Project 2nd Preparatory Study Team (hereinafter referred to as "the Team"), organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Mr. Takahiro Sasaki visited the Union of Myanmar from July 6, 2004 to July 22, 2004, for the purpose of working out the details of the technical cooperation based on the Application proposed by the Government of Myanmar for the Reproductive Health Project (hereinafter referred to as "the Project") .

During its stay, the Team exchanged views and had a series of discussions with the authorities of the Union of Myanmar concerned with respect to measures to be taken by both governments for the successful implementation of the above-mentioned project.

As a result of the discussions, both parties have agreed to record the matters in the documents attached hereto. Both parties will convey the contents of the Minutes of Meetings to their respective governments.

Yangon, September 3, 2004

Mr. Takahiro Sasaki	Dr. Tin Win Maung
Leader	Deputy Director General
2nd Preparatory Study Team	Department of Health
Japan International Cooperation Agency	Ministry of Health
Japan	Union of Myanmar

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The Attached Document

1. The Draft of the PDM (Project Design Matrix)

   The Team conducted a PCM workshop in each project area. Based on the outcome of the workshop, both parties agreed the Draft of the PDM (Project Design Matrix) attached in Annex 1.

2. The Draft of the PO (Plan of Operation)

   Both parties agreed the Draft of the PO (Plan of Operation) of the Project attached in Annex 2.

3. The Draft of the Record of Discussions

   Both parties agreed the Draft of the Record of Discussions attached in Annex 3.

4. Key Issues Discussed

   Both parties agreed the importance and the framework of the proposed project. Further discussion was made on the following issues for more clarification and understanding.

   1) Key reproductive health components to be covered in the project

   Maternal health, especially promoting safe motherhood, and prevention and management of abortion complications.

   2) Overall approach to be undertaken in the project implementation

   Focus will be placed on the development of model approach for community-oriented reproductive health. The model will consider the development of community support system which links community people with RH services focusing on safe motherhood, by strengthening the linkage among basic health staff, community health volunteers, and existing local authorities / organizations such as Village Health Committee, learning from the experiences from Japan and other countries.

   3) Project activities in the project areas

   -The Team conducted a PCM workshop in the two project areas, Kyaukme and Naungcho, identified during the 1st Preparatory Study Mission, and the outcome of the workshop was reflected in the Draft of

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PDM (Project Design Matrix) attached in Annex 1.

-The schedule of the activities in the project areas is given in the Draft of the PO (Plan of Operation) attached in Annex 2.

-During the project period, efforts will be made for applying lessons learned and best practices of the model project to other areas in the country through sharing its outcomes and experiences with due consideration on possible expansion of the project activities.

4) The mission requested allocating the project counterparts at the central and project area levels in accordance with the plan of dispatching experts from JICA, and the Department of Health agreed to the request. (See Annex II and Annex IV of the attached Draft of Record of Discussions)

5. Steps to be Taken for the Project Implementation

The Project will be initiated after the Record of Discussions is signed based on the project design developed.

Annex 1 : Draft of the PDM (Project Design Matrix)
Annex 2 : Draft of the PO (Plan of Operation)
Annex 3 : Draft of the Record of Discussions

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Annex 1

Draft of the Project Design Matrix (PDM)

Project Name: Community-Oriented Reproductive Health Project in the Union of Myanmar   Duration: January 2005 to December 2009

Target Area: Naungcho and Kyaukme   Target Group: Women of Reproductive Age (15-49) in Naungcho and Kyaukme

Narrative Summary	Verifiable Indicators **	Means of Verification	Important Assumptions
Overall Goal			
Reproductive health (RH) status improves in project areas and expanded areas*of the Union of Myanmar	1 Maternal mortality rate is reduced	1.1 HMIS Report 1.2 RHMIS Report	Ministry of Health continues its RH policy
	2 Number of pregnancies with complication is reduced.	2.1 Registered Book	
	3 Number of deliveries with complication is reduced.	3.1 Hospital Statistics	
Project Purpose			
• Utilization of quality RH services increases in the project areas	1 CPR (Contraceptive Prevalence Rate) is increased..	1.1 RHMIS Report	Assistances from other donors continue
	2 Number of women who received 4 and more times of ANC is increased	2.1 RHMIS Report	
	3 Number of deliveries attended by skilled health personnel is increased	3.1 HMIS Report	Ministry of Health continues support to RH services
	4 Coverage of T/T vaccination among the pregnant women is increased	4.1 HMIS Report	
• Best practices and approaches identified from the Project are applied to RH programmes in the Union of Myanmar	1 Certain number of Township Health Department utilizes the best practices and approaches formulated by the project	1.1 Operational Research 1.2 Questionnaire Survey	

Annex 1

Narrative Summary	Verifiable Indicators **	Means of Verification	Important Assumptions
Outputs			
1. Quality of RH services with special focus on safe motherhood is improved in the project areas	1.1 Certain number of Basic Health Staff (Health Assistants and Midwife etc.) is trained	1.1 Project Annual Report	The condition of access to the Service Delivery Points (SDPs) remains unchanged
	1.2 Certain number of trained voluntary health workers (AMWs and TBAs etc.) is increased	1.2 Project Annual Report	
	1.3 Proportion of referrals to deliveries with complication from the community to the first referral level is increased	1.3 RH data sheet	
	1.4 Certain number of RH counseling services is provided by basic health staff	1.4 Project Annual Report	
2. Awareness and knowledge on RH issues among community people, particularly women in reproductive age, improve in the project areas	2.1 Certain number of Basic Health Staff is trained for IEC/BCC skills	2.1 Project Annual Report	
	2.2 Certain number of community health volunteers and community leaders is trained as IEC/BCC implementers	2.2 Project Annual Report	
	2.3 Certain number of IEC/BCC activities on RH issues is conducted	2.3 Project Annual Report	
	2.4 Percentage of people with knowledge on RH issues is increased in project areas	2.4 Operational Research	
3. Management and technical capacity of Department of Health (DOH), Township Health Department, Rural Health Center (RHC) and other related government and non-government organizations is enhanced to achieve Output 1 and 2	3.1 Certain number of project personnel receives the management training	3.1 Project Annual Report	
	3.2 Certain number of project personnel participates exchange visits to the neighboring countries for development of management capacity	3.2 Project Annual Report	
	3.3 Certain number of meetings is conducted at central, township, village levels	3.3 Project Annual Report	
4. Applicable community-oriented RH approaches are identified for wider application under RH programme in the Union of Myanmar	4.1 Certain number of community-oriented RH documentation is distributed to other areas in the Union of Myanmar	4.1 Project Annual Report	

Annex 1

Narrative Summary	Verifiable Indicators **	Means of Verification	Important Assumptions
Activities 1-1 Conduct the operational research on RH services, health facilities and community perspectives on RH 1-2 Train and re-train Basic Health Staff (Health Assistant and Midwife, etc.) for strengthening quality RH services at RHCs and Sub-RHCs 1-3 Train and re-train Basic Health Staff (BHS), Auxiliary Midwives (AMWs) and Traditional Birth Attendant (TBAs) for ensuring the clean and safe home-based delivery including early detection of high risk pregnancy 1-4 Organize effective linkages between health workers and the community for early detection of high risk pregnancy and close monitoring of women during pregnancy, delivery and post-delivery period 1-5 Establish an effective referral system for risk cases from the community to the first referral level 1-6 Improve Basic Health Staff (BHS)'s communication skills and their counseling services including post-abortion care 1-7 Upgrade health facilities, basic equipment and commodities in hospitals, RHCs and Sub-RHCs	**Inputs** Japanese Government: 1. Experts (technical, management and coordination) 2. Equipment and materials 3. Training of project personnel in Japan and in other countries	Myanmar Government: 1. Government staff as counterpart personnel, and project staff 2. Office space, facilities, equipment and materials 3. Administrative and operational costs 4. Land, buildings and other facilities necessary for the implementation of the project	Counterparts such as DOH staff, TMO, and BHS are properly allocated Provision of contraceptives and essential drugs to the project areas is secured

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Annex 1

Narrative Summary	Verifiable Indicators **	Means of Verification	Important Assumptions
2-1 Train basic health staff such as Midwives (MWs) as trainers of IEC/BCC activities for awareness creation and knowledge improvement on RH issues among the community people 2-2 Provide IEC/BCC training to community leaders and community health volunteers, including Auxiliary Midwives (AMWs), Traditional Birth Attendants (TBAs) and community health workers (CHWs) by trained Basic Health Staff (BHS) 2-3 Conduct IEC/BCC activities on RH issues by the 2-4 trained IEC/BCC implementers mentioned above (2-1 and 2-2), for fostering health-seeking behavior among community people 2-5 Produce appropriate IEC/BCC materials based on the local needs, which contributes towards the effective implementations of IEC/BCC activities 2-6 Establish community support system which links community people with RH services focusing on safe motherhood, by strengthening the linkage among basic health staff, community health volunteers, and existing local authorities/organizations such as Village Health Committee			**Pre-conditions** Residents in the target areas accept RH-related project

Annex 1

Narrative Summary	Verifiable Indicators **	Means of Verification	Important Assumptions
3-1 Establish project steering committees for the effective planning, monitoring and evaluation of the project activities at each level (Project Steering Committee (PSC) at central level, Township Working Group (TWG) at township level and quarterly meeting at village level) 3-2 Provide management training to steering committee members and project personnel at different levels on the skills for planning, implementation, management and coordination, and monitoring of the project 3-3 Provide capacity development training through study visits/observations of existing model cases in Japan and other countries 4-1 Organize regular half-yearly meetings on the model project at the central level for the effective planning, monitoring and evaluation of the project activities 4-2 Develop guides for project implementers for the promotion of community-oriented RH activities 4-3 Document process, experiences, outcomes and lessons learnt of the community-oriented RH model project 4-4 Conduct exchange seminars/visits for RH programme personnel between the project areas and other areas in the country for sharing and transferring of experiences gained through the model project 4-5 Conduct workshops/seminars for sharing the experiences, outcomes and lessons learnt of the community-oriented RH model project among the concerned government bodies			

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Annex 1

* The areas where community-oriented RH approach is applied.
** The figures will be specified in due course.

Community-Oriented Reproductive Health Project in Myanmar

: Implementation period (the schedule planned)
: Preparatory period
△ : Meeting

Draft of the Plan of Operations

Activities	Schedule*						Remarks
	04	2005	2006	2007	2008	2009	
Preparatory Period							
0.1 Conduct inaugural study visit for DOH officers in Japan (Nov.)							in cooperation with JOICFP HRD Division
0.2 Organize study tour to Viet Nam for the observation of JICA RH Project (May)							in cooperation with JOICFP HRD Division
0.3 Set up the project office at DOH in Yangon							
0.4 Conduct preliminary activities for the operational research (both in Yangon and Tokyo)							
OUTPUT 1. Quality of reproductive health (RH) services with special focus on safe motherhood, is improved in the project areas							
1.1 Conduct operational research on RH services, health facilities and community perspectives on RH (+ Mid-term and Final)							In three months, preparation, Research, data analysis, and report writing are included
1.2 Train and retrain BHS (HA and MW etc.) for strengthening quality RH services at RHCs and Sub-RHCs							
1.3 Train and retrain BHS (AMWs and TBAs) for ensuring the clean and safe home-based delivery including early detection of high risk pregnancy							

Activities	Schedule*																				Remarks
	04		2005				2006				2007				2008				2009		
1.4 Organize effective linkages between health workers and community for early detection of high risk pregnancy and close monitoring of women during pregnancy, delivery and post-delivery period			.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
1.5 Establish an effective referral system for risk cases from the community to the first referral level			.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
1.6 Improve BHS's communication skill and their counseling services including post-abortion care			.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
1.7 Upgrade health facilities, basic equipment and commodities in hospitals, RHCs and Sub-RHCs			.....	—	—	—	—	—	—	—					—	—	—	—			Equipment according to the standard of Government and UN agencies (WHO, UNICEF, UNFPA)
OUTPUT 2. Awareness and knowledge on reproductive health (RH) issues among community people, particularly women in reproductive age, improve in the project areas																					
2.1 Train BHS such as Midwives as trainers of IEC/BCC activities for awareness creation and knowledge improvement on RH issues among the community people			....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			Training module developed based upon the training assessment made by Govt. / UNICEF / UNFPA / WHO
2.2 Provide IEC/BCC training by trained BHS, to community leaders and community health volunteers (AMWs, TBAs, CHWs)					—	—	—	—	—	—	—	—	—	—	—	—	—	—			

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Activities	Schedule*						Remarks
	04	2005	2006	2007	2008	2009	
2.3 Conduct IEC / BCC activities on RH issues by the trained IEC/BCC implementers mentioned above (2-1 and 2-2)							
2.4 Produce appropriate IEC/BCC materials based on the local needs							In collaboration with UNFPA / UNICEF / WHO (based on the assessment made by UN agencies)
2.5 Establish community support system which links community people with RH services focusing on safe motherhood							
OUTPUT 3. Management and technical capacity of Department of Health (DOH), Townshio Health Department, Rural Health Center (RHC) and other related government and non-government organizations is enhanced to achieve Output 1 and 2							
3.1 Establish project steering committees for the effective planning, monitoring and evaluation of the project activities at central, township, and village levels							
3.2 Provide management training to steering committee members and project personnel on the skills for planning, implementation, management and coordination, and monitoring of the project							
3.3 Provide capacity development training through study visits / observations of existing model cases in Japan and other countries							Sharing experiences with other JOICFP-implementing projects, especially in Asia Region (Twice a year)

Activities	Schedule*						Remarks
	04	2005	2006	2007	2008	2009	
OUTPUT 4. Applicable community-oriented reproductive health (RH) approaches are identified for wider application under RH programme in the Union of Myanmar							
4.1 Organize regular half-yearly meetings on the model project at the central level for the effective planning, monitoring and evaluation of the project activities		△ △	△ △	△ △	△ △	△ △	
4.2 Develop guides for project implementers for the promotion of community-oriented RH activities		— —	— —	— —	— —	— —	
4.3 Document process, experiences, outcomes and lessons learnt of the community-oriented RH model project		—	— —	— —	— —	— —	
4.4 Conduct exchange seminars/visits for RH programme personnel between the project areas and other areas in the country		—	— —	— —	— —	— —	
4.5 Conduct workshops / seminars for sharing the experiences, outcomes and lessons learnt of the model project among the concerned government bodies		—	— —	— —	— —	— —	

* Years mentioned in the schedule indicate a calendar year, NOT fiscal year.

IEC/BCC	Information, Education and Communication
HA	Health Assistant
AMW	Auxiliary Midwife
TBA	Traditional Birth Attendant
CHW	Community Health Woker
BHS	Basic Health Staff
RH	Reproductive Health
MW	Midwife

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Annex 3

(Draft)

RECORD OF DISCUSSIONS BETWEEN JAPAN INTERNATIONAL COOPERATION AGENCY AND AUTHORITIES CONCERNED OF THE GOVERNMENT OF THE UNION OF MYANMAR ON JAPANESE TECHNICAL COOPERATION FOR THE COMMUNITY-ORIENTED REPRODUCTIVE HEALTH PROJECT

With regard to the Minutes of Meeting between the Preparatory study team and the Government of the Union of Myanmar dated 3rd September 2004, Japan International Cooperation Agency (hereinafter referred to as "JICA") had a series of discussions, through the Resident Representative of JICA Myanmar Office, with the Myanmar authorities concerned with respect to desirable measures to be taken by JICA and Myanmar Government for the successful implementation of the above-mentioned Project.

As a result of the discussions, JICA and the Myanmar authorities concerned agreed to recommend to their respective Governments the matters referred to in the document attached hereto.

Yangon, XX, XX, 2004

Resident Representative,	(Title)
Myanmar Office,	Ministry of Health
Japan International Cooperation Agency	Union of Myanmar

Chairperson,
JOICFP

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THE ATTACHED DOCUMENT

I. COOPERATION BETWEEN JICA AND THE GOVERNMENT OF THE UNION OF MYANMAR

1. The Government of the Union of Myanmar will implement the Community-Oriented Reproductive Health Project (hereinafter referred to as "the Project") in cooperation with JICA.

2. The Project will be implemented in accordance with the Master Plan which is given in Annex I.

II. MEASURES TO BE TAKEN BY JICA

In accordance with the laws and regulations in force in Japan, JICA will take, at its own expense, the following measures according to the normal procedures under the Colombo Plan Technical Cooperation Scheme.

1. DISPATCH OF JAPANESE EXPERTS
   JICA will provide the services of the Japanese experts as listed in Annex II.

2. PROVISION OF MACHINERY AND EQUIPMENT
   JICA will provide such machinery, equipment and other materials (hereinafter referred to as "the Equipment") necessary for the implementation of the Project as listed in Annex III. The Equipment will become the property of the Government of the Union of Myanmar upon being delivered C.I.F. (cost, insurance and freight) to the Myanmar authorities concerned at the ports and/or airports of disembarkation.

3. TRAINING OF MYANMAR PERSONNEL IN OVERSEAS
   JICA will provide the Myanmar personnel connected with the Project with the training in overseas including Japan.

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III. MEASURES TO BE TAKEN BY THE GOVERNMENT OF THE UNION OF MYANMAR

1. The Government of the Union of Myanmar will take necessary measures to ensure that the self-reliant operation of the Project will be sustained during and after the period of Japanese technical cooperation, through full and active involvement in the Project by all related authorities, beneficiary groups and institutions.

2. The Government of the Union of Myanmar will ensure that the technologies and knowledge acquired by the Myanmar nationals as a result of Japanese technical cooperation will contribute to the economic and social development of Myanmar.

3. The Government of the Union of Myanmar will grant in Myanmar privileges, exemptions and benefits to the Japanese experts referred to in II-1 above and their families, which are no less favorable than those accorded to experts of third countries working in Myanmar under the Colombo Plan Technical Cooperation Scheme.

4. The Government of the Union of Myanmar will ensure that the Equipment referred to in II-2 above will be utilized effectively for the implementation of the Project in consultation with the Japanese experts referred to in Annex II.

5. The Government of the Union of Myanmar will take necessary measures to ensure that the knowledge and experience acquired by the Myanmar personnel through technical training in Japan and other countries will be utilized effectively in the implementation of the Project.

6. In accordance with the laws and regulations in force in Myanmar, the Government of the Union of Myanmar will take necessary measures to provide at its own expense:

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(1) Services of the Myanmar counterpart personnel and administrative personnel as listed in Annex IV;

(2) Land, buildings and facilities as listed in Annex V;

(3) Supply or replacement of machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the Equipment provided by JICA under II-2 above ;

7. In accordance with the laws and regulations in force in Myanmar, the Government of the Union of Myanmar will take necessary measures to meet:

(1) Expenses necessary for transportation within Myanmar of the Equipment referred to in II-2 above as well as for the installation, operation and maintenance thereof;

(2) Customs duties, internal taxes and any other charges, imposed in Myanmar on the Equipment referred to in II-2 above; and

(3) Running expenses necessary for the implementation of the Project.

IV. ADMINISTRATION OF THE PROJECT

1. Director-General of Department of Health, Ministry of Health, as the Project Director, will bear overall responsibility for the administration and implementation of the Project.

2. Deputy-Director of Maternal and Child Health, Department of Health, Ministry of Health, as the Project Manager, will be responsible for the managerial and technical matters of the Project.

3. The Japanese Chief Advisor will provide necessary recommendations and advice to the Project Director and the Project Manager on any matters pertaining to the implementation of the Project.

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4. The Japanese experts will give necessary technical guidance and advice to the Myanmar counterpart personnel on technical matters pertaining to the implementation of the Project.

5. For the effective and successful implementation of technical cooperation for the Project, Project Implementation Mechanism will be established whose functions and composition are described in Annex VI.

V. JOINT EVALUATION

Evaluation of the Project will be conducted jointly by JICA and the Myanmar authorities concerned, at the middle and during the last six months of the cooperation term in order to examine the level of achievement.

VI. CLAIMS AGAINST JAPANESE EXPERTS

The Government of the Union of Myanmar undertakes to bear claims, if any arises, against the Japanese experts engaged in technical cooperation for the Project resulting from, occurring in the course of, or otherwise connected with the discharge of their official functions in Myanmar except for those arising from the willful misconduct or gross negligence of the Japanese experts.

VII. MUTUAL CONSULTATION

There will be mutual consultation between JICA and the Government of the Union of Myanmar on any major issues arising from, or in connection with this Attached Document.

VIII. MESURES TO PROMOTE UNDERSTANDING OF AND SUPPORT FOR THE PROJECT

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For the purpose of promoting support for the Project among the people of Myanmar, the Government of the Union of Myanmar will take appropriate measures to make the Project widely known to the people of Myanmar.

IX. TERM OF COOPERATION

The duration of the technical cooperation for the Project under this Attached Document will be 5 years from January, 2005.

ANNEX I	MASTER PLAN
ANNEX II	LIST OF JAPANESE EXPERTS
ANNEX III	LIST OF MACHINERY AND EQUIPMENT
ANNEX IV	LIST OF MYANMAR COUNTERPART AND ADMINISTRATIVE PERSONNEL
ANNEX V	LIST OF LAND, BUILDINGS AND FACILITIES
ANNEX VI	PROJECT IMPLEMENTATION MECHANISM

ANNEX I MASTER PLAN MYIHM-0423 21/26

Overall Goal

Reproductive health (RH) status improves in project areas and expanded areas*of the Union of Myanmar

Project Purpose

- Utilization of quality RH services increases in the project areas
- Best practices and approaches identified from the Project are applied to RH programmes in the Union of Myanmar

Outputs

1. Quality of RH services with special focus on safe motherhood is improved in the project areas
2. Awareness and knowledge on RH issues among community people, particularly women in reproductive age, improve in the project areas
3. Management and technical capacity of Department of Health (DOH), Township Health Department, Rural Health Center (RHC) and other related government and non-government organizations is enhanced to achieve Output 1 and 2
4. Applicable community-oriented RH approaches are identified for wider application under RH programme in the Union of Myanmar

Activities

1-1 Conduct the operational research on RH services, health facilities and community perspectives on RH

1-2 Train and re-train Basic Health Staff (Health Assistant and Midwife, etc.) for strengthening quality RH services at RHCs and Sub-RHCs

1-3 Train and re-train Basic Health Staff (BHS), Auxiliary Midwives (AMWs) and Traditional Birth Attendant (TBAs) for ensuring the clean and safe home-based delivery including early detection of high risk pregnancy

1-4 Organize effective linkages between health workers and the community for early detection of high risk pregnancy and close monitoring of women during pregnancy, delivery and post-delivery period

1-5 Establish an effective referral system for risk cases from the community to the first referral level

1-6 Improve Basic Health Staff (BHS)'s communication skills and their counseling

services including post-abortion care MYHM-042J 22/26

1-7 Upgrade health facilities, basic equipment and commodities in hospitals, RHCs and Sub-RHCs

2-1 Train basic health staff such as Midwives (MWs) as trainers of IEC/BCC activities for awareness creation and knowledge improvement on RH issues among the community people

2-2 Provide IEC/BCC training to community leaders and community health volunteers, including Auxiliary Midwives (AMWs), Traditional Birth Attendants (TBAs) and community health workers (CHWs) by trained Basic Health Staff (BHS)

2-3 Conduct IEC/BCC activities on RH issues by the trained IEC/BCC implementers mentioned above (2-1 and 2-2), for fostering health-seeking behavior among community people

2-4 Produce appropriate IEC/BCC materials based on the local needs, which contributes towards the effective implementations of IEC/BCC activities

2-5 Establish community support system which links community people with RH services focusing on safe motherhood, by strengthening the linkage among basic health staff, community health volunteers, and existing local authorities/organizations such as Village Health Committee

3-1 Establish project steering committees for the effective planning, monitoring and evaluation of the project activities at each level (Project Steering Committee (PSC) at central level, Township Working Group (TWG) at township level and quarterly meeting at village level)

3-2 Provide management training to steering committee members and project personnel at different levels on the skills for planning, implementation, management and coordination, and monitoring of the project

3-3 Provide capacity development training through study visits/observations of existing model cases in Japan and other countries

4-1 Organize regular half-yearly meetings on the model project at the central level for the effective planning, monitoring and evaluation of the project activities

4-2 Develop guides for project implementers for the promotion of community-oriented RH activities

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4-3 Document process, experiences, outcomes and lessons learnt of the community-oriented RH model project

4-4 Conduct exchange seminars/visits for RH programme personnel between the project areas and other areas in the country for sharing and transferring of experiences gained through the model project

4-5 Conduct workshops/seminars for sharing the experiences, outcomes and lessons learnt of the community-oriented RH model project among the concerned government bodies

* The areas where community-oriented RH approach is applied.

ANNEX II LIST OF JAPANESE EXPERTS

1 Chief Advisor

2 Project Coordinator

3 One Long-term Japanese Expert on Community Health and Midwifery

4 Short-term Japanese experts in the following fields;

(1) Obstetrics/Gynecology
(2) Midwifery Education
(3) Community Health
(4) Information, Education and Communication / Behavioral Change Communication (IEC/BCC)
(5) Health Information Management System
(6) Project Management
(7) Operational Research
(8) Other necessary short-term experts if arises

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ANNEX III LIST OF MACHINERY AND EQUIPMENT

1. Equipment for training and education

2. Basic clinical equipment and supplies

3. Equipment for information management

4. Equipment for transportation

5. Equipment for other related fields mutually agreed upon as necessary

ANNEX IV LIST OF MYANMAR ADMINISTRATIVE AND COUNTERPART PERSONNEL

1. Project Director
Director-General of Department of Health, Ministry of Health

2. Project Manager
Deputy-Director of Maternal and Child Health, Department of Health, Ministry of Health

3. Project Steering Committee (PSC) Members at Central Level

4. Township Working Group (TWG) Members at Township Level
*See Annex VI

5. Technical Counterparts in such areas as obstetrics/gynecology, midwifery, IEC/BCC, health information, project management and operational research, etc.

6. Other support staff including administrative staff and secretaries, mutually agreed upon as necessary.

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ANNEX V LIST OF LAND, BUILDINGS AND FACILITIES

1. Essential facilities for the implementation of the Project

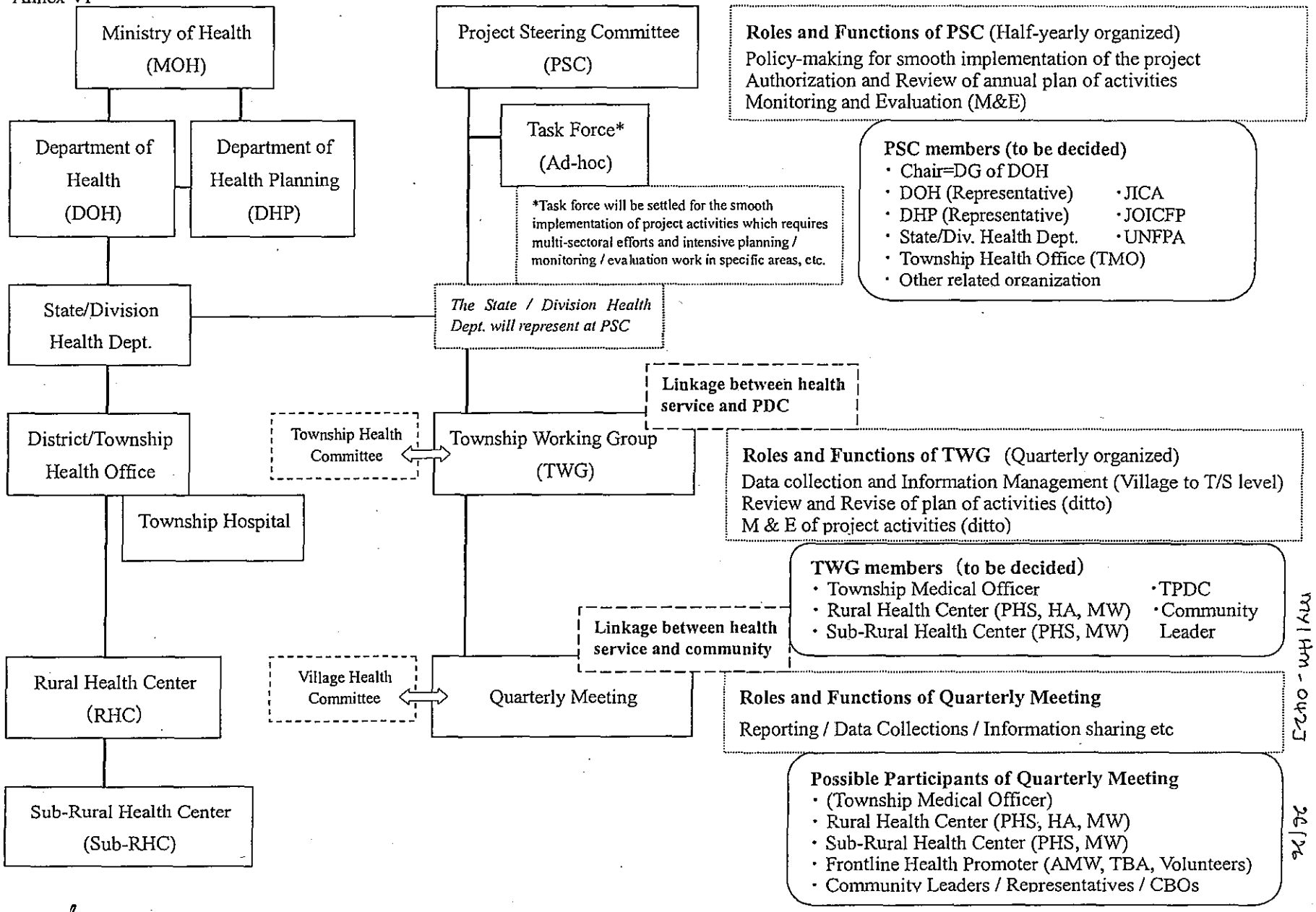
2. Office space and other necessary furniture and facilities for the Japanese experts in Yangon and at the Project Sites

3. Facilities and services such as electricity, water supply, telephone and furniture necessary for the Project activities

4. Other facilities mutually agreed upon as necessary

Community-Oriented Reproductive Health Project in Myanmar - Project Implementation Mechanism -

Annex VI



Organizational Set up of PSC / TWG / VTWG

1. Project Steering Committee

Members

1. Chairperson – Deputy Director General (Department of Health)
2. Member – Director (Public Health)
3. Member – Director of Central Health Education Bureau
4. Member – Director of State Health Department (Northern Shan)
5. Members – District Medical Officer, Township Medical Officer
6. Members – UNFPA/JICA/JOICFP representatives
7. Secretary – Deputy Director (Maternal and Child Health)
8. Joint Secretary – Assistant Director (Maternal and Child Health)

Roles and responsibilities of the PSC

1. To oversee overall project management
2. To review and authorize annual plan of the project in accordance with the framework of the Record of Discussions
3. To guide the overall project activities
4. To discuss issues raised in relation to the project at the central level
5. To provide political, moral, logistical, and technical support for smooth implementation of the project activities at the central level
6. To monitor and analyze the progress of the project at the central level
7. To ensure close collaboration among the relevant member agencies
8. To evaluate the activities of the Project
9. To compile all the information related to the project at the central level
10. To disseminate information about activities of the project to relevant agencies and organizations at the central level

2. Township Working Group

Members

1. Chairperson – Chairperson of Local Authorities
2. Members (3) – Representatives from Township NGOs
3. Member – Township Education Officer
4. Secretary – District Medical Officer/ Township Medical Officer
5. Joint Secretary – Reproductive Health Focal Person

Roles and responsibilities of TWG

1. To plan and organize project activities at the township level
2. To review project activities at the township level
3. To guide and monitor the progress of the project activities in the township
4. To discuss issues raised in relation to the project at the township level
5. To provide political, moral, logistical, and technical support for smooth implementation of the project activities and social mobilization for the project in the township
6. To compile statistics related to the project activities at the township level
7. To monitor and analyze the progress of the project at the township level
8. To compile all the information related to the project at the township level
9. To report to the PSC whenever requested
10. To ensure close collaboration among the relevant agencies and organizations under the supervision of PSC
11. To disseminate information about activities of the project to relevant agencies and organizations at the township level under the supervision of the PSC

3. Village Tract Working Group

Members

1. Chairman – Chairman of Village Tract Local Authorities
2. Members (5) – Representatives from local NGOs/Community Leaders
3. Secretary – SMO / HA / LHV / MW

Roles and responsibilities of the VTWG are as follows:

1. To review project activities at the village tract level
2. To plan and organize the project activities at the village tract level
3. To guide and monitor the progress of the project activities in the village tract
4. To discuss issues raised in relation to the project at the village tract level
5. To provide political, moral, logistical, and social support for smooth implementation of the project activities especially by the RHC or sub-RHC and MCH promoters
6. To mobilize community people for promotion of RH in the villages
7. To accept monitoring visits by the TWG and assist the team for smooth implementation
8. To ensure close collaboration among the relevant agencies and organizations under the supervision of the TWG
9. To report to the TWG whenever requested
10. To disseminate specific information about the activities of the project to the community people under the supervision of the TWG

1st Project Steering Committee
For
DOH/JICA/JOICFP Community-Oriented Reproductive Health Project

Dates: **17th February 2006**
Time: **9:00 - 12:00 a.m.**
Venue: **Meeting Room, 2nd Floor, Department of Health (DOH), Ministry of Health, Yangon, Union of Myanmar**
Participants: **18 participants (A list of participants attached)**

Agenda:

1. Opening Session
   (1) Confirmation of agenda
   (2) Opening remarks by Chair
   (3) Remarks by JICA Representative
   (4) Introduction of the Participants
2. Confirmation on the PDM
3. Presentation and Review of the Yearly Activity Report Overview of JFY 2005
   a) Overview of JFY 2005
   b) Project Management Mechanism (Roles and Functions of PSC/TWG/VTWG)
   c) Baseline Survey Result Presentation and Qs and As
   d) Training Activities
4. Presentation and Plan of Operations for JFY 2006
5. Other matters
6. Closing Remarks

Minutes of the Meeting

1. Opening Session

(1) Confirmation of agenda

Dr. Wai Wai Lwin, Medical Officer as MC announced the opening of the 1st Project Stering Committee meeting for the Community-Oriented Reproductive Health Project (CORHP) and read the draft agenda and the participants unanimously confirmed the agenda as planned.

(2) Opening remarks by Chair

On behalf of Deputy Director General (DOH), Dr. San Shway Wynn, Director (Public Health) took the chair and expressed his appreciation to all the participants to attend the 1st Project Steering Committee for CORHP. He said that since the launching workshop was held on 7th June 2005, we had made some positive progress in the project by the efforts of all the people concerned with the project, while at the same time we had faced many unforeseen and uncountable difficulties which were mostly

beyond our control. This meeting would be a great opportunity to review the activities and lessons learned in 2005 as the 1st preparatory phase and to discuss positively among all concerned personnel way forward for JFY 2006 as the 2nd phase regarding strategies and activities which would lead to the benefits of the mothers and children.

(3) Remarks by JICA Representative

Mr. Makoto Yamashita, Deputy Resident Representative, JICA Myanmar Office, stated that JICA had been pleased to fully entrust JOICFP as a specializing organization in RH and safe motherhood to implement this project in partnership with DOH. With due consideration on the fact that the project has faced unforeseen difficulties and constraints in the implementation in JFY 2005, this is a good timing for us to review the activities of JFY 2005 and to discuss actions and countermeasures to be taken to tackle such difficulties and reconfirm the plan of operations for JFY 2006 as the new challenges.

(4) Introduction of the Participants (a participants list attached)

2. Confirmation on the PDM

Review and confirmation of some revisions on PDM was reported by Dr. Thein Thein Htay, Deputy Director (MCH) (PDM and suggested revisions attached).

Discussions:
The suggested revisions were approved by the participants and the following additional comments were made on the PDM.

1) As for "Output 2: Awareness and knowledge on RH issues among community people, particularly women in reproductive age, improve in the project areas," it was suggested that "behavior" should be added in the wording of the Output 2 since the listed indicators aim to address changing behaviors not just awareness and knowledge.
2) Further consideration on the indicators of the Output 2 was suggested for other alternative indicators and means of verifications in a realistic way. It was noted that since the baseline survey on community perspective has not been done yet due to the delay in approval, further consideration needs to be made on the basis of the result of the baseline survey outcome.
3) As for "Important Assumptions" for "Outputs," the statement "the condition of access to the Service Delivery Points (SDPs) remains unchanged" may not be suitable and needs to be reconsidered in light of other socioeconomic factors.

Mr. Yamashita requested DOH and JOICFP that if the revision of PDM is approved by the PSC, this needs to be also consulted with JICA HQs, particularly regards to the revision on Output and Important Assumptions, for the final approval by JICA.

3. Presentation and Review of the Yearly Activity Report Overview of JFY 2005

(1) Overview of JFY 2005

Ms. Ryoko Nishida, Project Manager, presented and reviewed the Yearly Activity Report Overview of

JFY 2005 (attached). In spite of the achievements made in the project during the past year, she reported that some of the delays were caused by the administrative difficulties beyond our control, such as the delay of travel permits and limitation of Japanese experts operation at the field level, the delay of the 2nd part of baseline survey due to the delay in approval and the delay in the recruitment of project staff and setting up of project offices in Yangon and in the project areas. At the same time, dissemination of the project activities was undertaken actively by JOICFP through JOICFP eNEWS, and its other publications. Lessons learned in JFY 2005 would be fully considered and utilized for JFY 2006.

Dr. San Shway Wynn took note of the issues to be addressed and mentioned that DOH would be fully cooperating with JICA/JOICFP in addressing these issues.

i) Recruitment of project staff and setting up the offices at central and project areas would be the most priorities in the management of the project. DOH promised to support the recruitment of local staff of the project as soon as possible. Dr. Thein Thein Htay advised that vacancy announcement be made for recruitment and medical background and language ability be considered for project staff for professional work. Both District Medical Officer (Kyaukme) and Township Medical Officer (Naungcho) ensured that they have allocated office spaces for the project in their place. The office at the central level can be maintained as long as DOH stays in the building, but after they move, it is uncertain and beyond their control.

ii) Dr. San Shway Wynn promised to follow up the current situation of the 2nd part of the baseline survey (survey on community perspectives).

iii) Travel authorization depends on higher authorities concerned, however it will be improved gradually from now on.

Mr. Ryoichi Suzuki also mentioned that the project in general showed encouraging progress, slowly but steadily. However, it was also true that many things happened on the way in its management and administrations beyond our control. He said that this was the good lessons learned for new JFY of 2006 to consider countermeasures to meet such challenges.

(2) Project Management Mechanism (Roles and Functions of PSC/TWG/VTWG)

Dr. Thein Thein Htay reported the implementation mechanism, the Project Steering Committees at the different levels and its roles and functions (attached)

Ms. Nishida made additional information regarding the possibility of setting up Joint Village Tract Working Group (JVTWG) which is established jointly by the village tracts in each RHC/sub-RHC catchment area, to cover all the village tracts. It is noted that consideration on the full utilization of existing organizations, system and personnel is the principle of the project Mr. Ryoichi Suzuki mentioned the project's role is also to strengthen the existing organizations, system and personnel, more effectively and efficiently.

Regarding the JVTWG, after discussions among the participants including representatives from Kyaukme and Naungcho, it was noted that although the idea would be appreciated, setting up JVTWG wound not be realistic from the view of the existing administrative set-up with the Health Committee set up for the Health Center, composed of the representatives from each village tracts in catchment

area. It was suggested that the original structure in coordination through health committees would be preferable. However, how the health committee with VTWG could render support and assistance to the MCH promoters to be trained in the project in each village needs to be further considered and clarified.

(3) Baseline Survey Result Presentation and Qs and As

The presentation of the 1st part of the Baseline Survey Result on RH services and health facilities was made by the researcher (attached).

It was noted that the results of the baseline survey would be very useful to implement the project and utilize the results for evaluation later on. In the discussion, it was noted that home delivery was common in the project areas and the one of its major reasons is access to the health facilities and transportation as well as the number of the facilities with delivery facilities is limited (e.g. no delivery rooms at the RHC and Sub-center level). It was noted by Dr. San Shway Wynn that emphasis is made on delivery attended by skilled birth attendants, and at the same time MOH as its policy is now encouraging facility-based delivery through improving its health facilities with delivery room at RHC/sub-center.

(4) Training Activities (attached)

The training plan is incorporated and presented in the Plan of Operations for JFY 2006.

4. Presentation of Plan of Operations for JFY 2006

Dr. Thein Thein Htay and Ms. Ryoko Nishida presented and reported on the draft Plan of Operations for JFY 2006 (attached). Both of them mentioned that the lessons learned in JFY 2005 were considered as the basis for planning for JFY 2006 and more emphasis and commitment would be placed on strengthening the activities at the field level in JFY 2006. Ms. Nishida mentioned that JOICFP would make efforts to increase personnel input from JOICFP to strengthen management capacity in the early 6 months of JFY 2006.

Mr. Yamashita mentioned that although the JICA budget situation is not favorable, JICA would make due consideration for its collaboration in the next fiscal year. It was requested by JICA that both DOH and JOICFP should have prior consultations and mutual agreement on the operation and its conditions in JFY 2006 before finalizing the JFY 2006 plan and possible counter measures and substitute plans need to be also considered. In light of the move of the central government administration to Pyinmana, prior consultations at the central level is necessary and the actual implementation at the field level need to be promoted.

Dr. Thein Thein Htay mentioned: 1) Baseline survey should be finished as earlier as possible and the JICA's support and follow up with FERD is also requested; 2) The introduction and training of MCH promoters should be undertaken at the early stage in the project areas. This project was given the attention by all people concerned in the field of RH/safe motherhood to provide a model or good practice for other areas in Myanmar.

Mr. Suzuki emphasized that the delay in the implementation of the project was not just the concern of all the people concerned with the project, but more significantly it is the concern for the delay to save the life of mothers and children.

5. Other Matters

In other matters, JOICFP introduced the draft and sample materials for the Project Pamphlets in English and Japanese with proposed project logo and nickname and asked for comments from the participants. Dr. San Shway Wynn and Dr. Thein Thein Htay requested that nick name should be "simple" and "easy" to be remembered in order to expand the project experiences to other areas in Myanmar. The selection of photos also needs to consider representing features and characteristics of Myanmar.

6. Closing Remarks

Dr. San Shway Wynn closed the meeting with his appreciation for the active discussions among all the participants from DOH, JICA, JOICFP, UNFPA, project areas, and other concerned personnel in the project implementation and he requested everyone for full participation and further partnership to save the mothers and children in Myanmar through this project.
(Meeting was adjourned at 12:00 by the announcement of MC).

1st Project Steering Committee Meeting
List of Participants

Dr. San Shway Wynn, Director, Public Health -- Chair
Dr. Khin Than Oo, Director, Health Education
Dr. Thein Thein Htay, Deputy Director, MCH
Dr. Wai Wai Lwin, Assistant Director, MCH
Dr. Than Win, District Medical Officer, Kyaukme
Dr. New Nwe Win, Township Medical Officer, Naungcho
Dr. Ma San Myint, Medical Officer, MCH
Dr. San San Oo, Medical Officer, MCH
Daw Khin Ma Ma Aye, Assistant Representative, UNFPA Myanmar
Mr. Makoto Yamashita, Deputy Resident Representative, JICA Myanmar Office
Ms. Yoshika Umabe, Project Formulation Adviser, JICA Myanmar Office
Ms. Pa Pa Khin, Program Assistant, JICA Myanmar Office
Ms. Ryoko Nishida, Project Manager, JOICFP
Mr. Ryoichi Suzuki, Short-term Expert on Project Management, JOICFP
Ms. Ryoko Koshihara, Project Coordinator, JOICFP

Dr. Theingi Myint, (DOH)
U Nyan Lin, Baseline Survey consultant
U Mya Thwin, Baseline Survey consultant

2nd Project Steering Committee
For
DOH/JICA/JOICFP Community-Oriented Reproductive Health Project
Healthy Mother Project

Dates: **16th September 2006**
Time: **13:00 - 17:30 p.m.**
Venue: **Meeting Room, 2nd Floor, Nadi Myanmar Hotel**
Mandalay, Union of Myanmar
Participants: **17 PSC members (DOH/JICA/UNFPA/JOICFP representatives)**
(A list of participants attached)

Agenda:

1. Opening Session
   (1) Confirmation of Agenda
   (2) Opening remarks by Chair
   (3) Remarks by JICA Representative
   (4) Remarks by JOICFP Representative
   (5) Introduction of the Participants
2. Presentation and Review of the Half-Yearly Activity Report JFY2006
   (Review of the past 6 months since the 1st PSC in February 2006) *(Presented by)*
   (1) Overview of the Activities/Progress since 1st PSC *(Dr. Theingi Myint)*
   (Including all the activities concerned by Outputs in the PDM)
   (2) Report of AMW Training and Improvement *(Dr. Khin San Oo)*
   (3) Report of the Counterpart Training *(Dr. San San Oo)*
3. Presentation and Confirmation on the Plan of Operations for the 2nd part of JFY 2006
   (1) Modification of the Plan of Operations *(Ms. Ryoko Nishida)*
   (2) Introduction of MCH Promoters *(Dr. Nwe Nwe Win)*
   - Guidelines for MCH Promoters
   - Plan of TOT and Training for MCH Promoters
   - Contents and Production Plan of MCH Promoters Handbook
   (3) IEC/BCC Activity Plan *(Ms. Ryoko Nishida)*
   - Production and Contents of the Planned IEC/BCC Materials
   (4) Renovation of Health Facilities (RHC and Sub-RHC) in 2006 *(Dr. Than Win)*
   (5) Operations Research (2nd part of the Baseline Survey) *(Dr. Theingi Myint)*
4. Other matters
   (1) 3rd Project Steering Committee/Review Meeting (February 2007)
   (2) Others
5. Closing Remarks

Minutes of the Meeting

1. Opening Session

(1) Confirmation of Agenda

Dr. Min Lwin Oo, focal point person from Naungcho as MC announced the opening of the 2nd Project Steering Committee Meeting for the Community-Oriented Reproductive Health Project (CORHP/ *Healthy Mother Project*) and read the draft agenda and the participants unanimously confirmed the agenda as planned.

(2) Opening remarks by Chair

On behalf of Deputy Director General and Director (Public Health), Department of Health (DOH), Dr. Khin Than Oo, Director, Central Health Education Bureau, took the chair and expressed her appreciation to all the participants to attend the 2nd Project Steering Committee Meeting for CORHP. She said that she would believe this to be a good opportunity to obtain and share information and experiences from the project progress among all the concerned people.

(3) Remarks by JICA Representative

On behalf of Resident Representative, Ms. Yoshika Umabe, Project Formulation Adviser (Health), JICA Myanmar Office, said that JICA had been pleased to get the progress of activities implemented by DOH/JICA/JOICFP in the first half of the year 2006 Japanese Fiscal Year (JFY). In spite of the delay that the project had experienced during 2005 JFY, she mentioned that the project is coming to the very important stage to maintain its momentum towards full implementation and requested all the organizations and people concerned to participate and collaborate for the effective and efficient implementation of the project for the betterment of health of mothers and children of the Union of Myanmar.

(4) Remarks by JOICFP Representative

On behalf of JOICFP, Mr. Ryoichi Suzuki, Deputy Executive Director expressed that one of the significant inputs of the project is the introduction of Maternal and Child Health (MCH) Promoters System in Kyaukme and Naungcho Townships as the model practice in the Union of Myanmar, as the "pipeline" between health service providers/institutions and community people, in particular, mothers and children. He believed that the 2nd half of the 2006 JFY could pay more attention to and make efforts towards the introduction and training of MCH Promoters in full range in the two townships. It is expected that such efforts would contribute to developing the national level strategy for MCH Promoters System for safe motherhood and thereby lead to the improvement of the Reproductive Health (RH) status of people in the Union of Myanmar through the Department of Health, Ministry of Health in the very near future.

(5) Introduction of the Participants

(The List of Participants attached)

2. Presentation and Review of the Half-Yearly Activity Report JFY2006 (Review of the past 6 months since the 1st PSC in February 2006)

(1) Overview of the Activities/Progress since the 1st PSC
(by Dr. Theingi Myint, Deputy Director, MCH, DOH)

She overviewed the past six months of project activities including project framework, major activities and achievements by each output, and challenges and way forward In the presentation, she noted that the AMW refresher training conducted in Kyaukme and Naungcho townships were the first training undertaken with piloting the new manual.
(Refer to Annex 1 – 1: PPT (Power Point) Presentation; and Annex 1-2: Draft 2006 JFY Half-Yearly Progress Report)

Discussion:
Daw Khin Ma Ma Aye (Assistant Representative, UNFPA) discussed that this two townships are also their project township. The distribution of Clean Delivery Kits and AMW Kits is one of their activities as well. If CORHP plans to provide these materials, UNFPA will coordinate to avoid duplication and provide them to other project townships. She raised another point that they have just conducted BCC management training for 34 townships. In future this area is the opportunity for collaboration with CORHP in Kyaukme and Naungcho. Dr. Theingi and Ms. Ryoko Nishida appreciated for the partnership by UNFPA, and noted that future coordination and collaboration would be considered in the activities in these two townships.

(2) Report of AMW Training and Improvement
(by Dr. Khin San Oo, Focal Point Person, Kyaukme)

Dr. Khin San Oo, focal point person, Kyaukme presented about the AMW refresher training, progress and improvement. Three training sessions for each township were conducted during the reporting period (Feb. - Aug. 2006) and more than 50% of functioning AMWs have been trained.
(Refer to Annex 2: PPT Presentation)

Discussion:
Dr. Khin Than Oo and Daw Khin Ma Ma Aye suggested to change the title from "Increased Utilization of Services" to "Improvement of Services" as well as the contents of the table to be broken down such as the number of deliveries attended by Midwife, AMW and TBA in order to assess the improvement. Dr. Than Lwin also emphasized that neonatal care should be included in the key training components in the item 5 (Care after Delivery & Obstetric First Aid). He also mentioned to put Emergency Obstetric Care as a training component, but the other participants discussed that timely referral and knowledge were sufficient for this training for AMWs.

(3) Report of the Counterpart Training in Japan
(by Dr. San San Oo, Assistant Director, MCH, DOH)

The Counterpart Training in Japan was presented by Dr. San San Oo, Assistant Director, MCH, Department of Health. This was conducted from July 18th to August 5th 2006 in Tokyo and Wakayama, Japan. The Myanmar Counterpart Mission of four participants, headed by Dr. San Ssn Oo, learned applicable lessons and experiences in Japan and shared their experiences in order to strengthen the strategies in the project implementation including the Maternal and Child Health Promoters System. Dr. San San Oo explained that the Japanese system of MCH promoters and Mr. Suzuki added the additional information on the experiences and discussions by the 4 participants in Japan. (Refer to Annex 3: PPT Presentation)

3. Presentation and Confirmation on the Plan of Operations for the 2nd Part of JFY 2006

(1) Modification of the Plan of Operations in the 2nd Half of 2006
(by Ms. Ryoko Nishida, Project Manager, JOICFP)

The presentation on "Major Activities & Proposed Changes in the 2nd Half of 2006" was made by Ms. Ryoko Nishida, Project Manager, and she explained and requested for the approval of the Project Steering Committee on the major activities and proposed changes in the second half of 2006. The focused activities are:

- Introduction of MCH Promoters System
- Refresher training of AMWs
- Strengthening of IEC/BCC activities
- Renovation of health facilities, and
- Conduct of the Baseline Survey Part II

She explained that as part of the Baseline Survey Part II, the OVI Review Workshop as well as Baseline Survey Outcome Dissemination Meeting will be proposed after the Survey. It was also noted that the plan of dispatching HMIS expert for monitoring and evaluation would not be undertaken in 2006 JFY. The overall plan was agreed and the detailed plans were separately presented and discussed as follows.
(Refer to Annex 4: PPT Presentation)

(2) Introduction of MCH Promoters
(by Dr. Nwe Nwe Win, TMO, Naungcho)

Dr. Nwe Nwe Win, TMO, Naungcho township presented the introduction of MCH Promoters System in Myanmar. The contents of presentations are as follow;

- Why MCH Promoter?
- Action Plan
- Guidelines for MCH Promoters
- Plan for training of trainers and MCH Promoter
- Development of MCH Promoter Handbook

- Development of MCH Promoter kits
- Supportive mechanism for MCH Promoters

(Refer to Annex 5-1: PPT Presentation; Annex 5-2: Draft MCH Promoters Handbook)

Discussion:
Deliberations were made on the draft guidelines, i.e. beneficiaries, selection criteria and procedure, roles and responsibilities and what to do by MCH Promoters and term of service. Firstly discussion and revisions were made for the selection procedure of MCH Promoters so that the role of the community should be made in the selection of MCH Promoters. A candidate should be living within the locality with 30 households, recommended by the community in the locality and confirmed by VTWG.
Secondly, as for primary beneficiaries intended by MCH Promoters, discussion was made on whether to include only newborns or under 5 children, and noting the MDGs, it was agreed as "pregnant women, mothers and under 5 children." It was also suggested that family members and women in reproductive age should be in the category of secondary beneficiaries and the rest such as health personnel and VHC, VTWG and TWG are categorized as stakeholders.
Regarding the term of service, it was suggested to change it to "the duration of participation in the programme" and MCH Promoter should participate at least 2 years after the training. Finally, it was suggested to do pretest the MCH Promoter Handbook in the local community in Kyaukme and Naungcho.
It was proposed and agreed that DOH will make necessary procedure for approval after the draft guidelines and draft MCH Promoters Handbook are finalized with the comments provided by the Project Steering Committee.

(3) IEC/BCC Activity Plan
(by Ms. Ryoko Nishida, Project Manager, JOICFP)

Ms. Ryoko Nishida, Project Manager reported on the plan, progress and contents of the planned IEC/BCC materials production. The reprinting and translation into Shan language of the existing three pamphlets have been already discussed prior to the Project Steering Committee Meeting and all participants agree to do so.

The first draft/samples of MCH Promoter Handbook, MCH Promoter kits (bag, batch, notebook and ball pen), MCH Promoter Pamphlet for the community, Project Pamphlet for stakeholders and pregnancy calendar were shown, corrected and consolidated among the participants, which are to be approved by the DOH after the final revised draft materials are ready. It was noted that the use of badge requires instruction so as to limit the use only on the occasions of home visits as MCH Promoter, referrals to hospitals and other MCH Promoter related activities.
(Refer to Annex 6: PPT Presentation)

(4) Renovation of Health Facilities (RHC and Sub-RHC) in 2006
(by Dr. Than Win, DMO, Kyaukme)

Dr. Than Win, DMO, Kyaukme reported and explained that one RHC and two Sub RHC in each township will be renovated according to the Plan.
(Refer to Annex 7: PPT Presentation)

Discussion:
Discussion was made on the set up of delivery rooms in RHC and Sub-RHC with regard to the promotion of institutional delivery. Dr. Khin Than Oo pointed out that during RHC and Sub RHC renovations, the inclusion of the delivery room in such centers could be piloted for this project in order to reduce Maternal Mortality Rate, however, the guidelines by DOH would be necessary, particularly for setting up a delivery room in the Sub-RHC. As for the renovations plan for 2006, Dr. Than Lwin committed to get official approval as soon as possible from DOH.

(5) Operations Research (the Baseline Survey Part II)
(by Dr. Theingi Myint, Deputy Director, MCH, DOH)

Dr. Theingi Myint presented overall and specific objectives of the Baseline Survey as part of the operations research. Then she explained and presented the procedure and findings of the Baseline Survey Part I and then continued the plan of the Part II as follows.

- Quantitative study
- Contents (the knowledge, perceptions and practices of the community on pregnancy, child birth and other RH related issue through household visits)
- Duration (September 15, 2006 to January 15, 2007)

(Refer to Annex 8: PPT Presentation)

4. Other Matters

Ms. Umabe from JICA explained that some other ministries which JICA are working with do not always require a liaison officer for the traveling of JICA experts to the project sites. So she requested to DOH to give further consideration to make similar arrangement for this project.
The next Project Steering Committee will be organized in February 2007. The exact date and place will be decided later in consultation with DOH.

5. Closing Remarks

Closing remarks was addressed by Dr. Khin Than Oo and she expressed her appreciation for the activities of CORHP in the two townships. She also said that the MCH Promoters System, i.e. its lessons learned and experiences from this project, should be shared and expanded to other areas of Myanmar for better health of mothers and children.

2nd Project Steering Committee Meeting
List of Participants

<DOH>
Dr. Theingi Myint, Deputy Director, MCH (Maternal and Child Health)
Dr. San San Oo, Assistant Director, MCH (Maternal and Child Health)

Dr. Khin Than Oo, Director, CHEB (Central Health Education Bureau)
Dr. Than Lwin, Deputy Director, BHS (Basic Health Services)

Dr. Than Win, District Medical Officer, Kyaukme
Dr. Nwe Nwe Win, Township Medical Officer, Naungcho
Dr. Khin San Oo, Focal Point Person, Kyaukme
Dr. Min Lwin Oo, Focal Point Person, Naungcho

<JOICFP>
Ms. Ryoko Nishida, Project Manager, JOICFP
Mr. Ryoichi Suzuki, Short-term Expert on Project Management/Deputy Executive Director, JOICFP
Ms. Naoko Ogata, Expert on Community Health, JOICFP
Ms. Ryoko Koshihara, Project Coordinator, JOICFP
Dr. Kyaw Win Sein, Project Officer (PO), JOICFP
Dr Sithu Pe Thein, Field Officer (FO), JOICFP

<JICA>
Ms. Yoshika Umabe, Project Formulation Adviser (Health), JICA Myanmar Office
Ms. Pa Pa Khin, Program Assistant, JICA Myanmar Office

<UNFPA>
Daw Khin Ma Ma Aye, Assistant Representative, UNFPA Myanmar

2nd Project Steering Committee Meeting
List of _Documents

Annex 1-1: PPT Presentation: Overview
Annex 1-2: 2006 JFY Half-Yearly Progress Report: April – September 2006
Annex 2: PPT Presentation: Report of AMW Training and Improvement
Annex 3: PPT Presentation: Report of the Counterpart Training
Annex 4: PPT Presentation: Major Activities & Proposed Changes in the 2nd Half of 2006
Annex 5-1: PPT Presentation: Introduction of "*MCH Promoters*" System in Myanmar
Annex 5-2: MCH Promoter Handbook (Draft)
Annex 6: PPT Presentation: IEC/BCC
Annex 7: PPT Presentation: Renovation of RHC and Sub-RHC
Annex 8: PPT Presentation: Baseline Survey

Others:
Annex 9: Opening Remarks by JOICFP Representative

3rd Project Steering Committee
For
DOH/JICA/JOICFP Community-Oriented Reproductive Health Project
Healthy Mother Project

Dates: **24th February 2007**
Time: **13:00 - 16:30 p.m.**
Venue: **Meeting Room, Royal Kumudra Hotel**
Nay Pyi Taw, Union of Myanmar
Participants: **A total of 20 participants including 13 PSC members (DOH/JICA/JOICFP representatives), observers and secretariat (A list of participants attached)**

Agenda:

1. Opening Session
   (1) Confirmation of Agenda
   (2) Opening remarks by Chair

2. Presentation and Review of the Outcomes and Achievements
   (Review of the past 6 months since the 2nd PSC in September 2006)

	(Presented by)
(1) Overview	*(Dr. Theingi Myint)*
(2) Report of AMW Training	*(Dr. Khin San Oo)*
(3) Report of MCH Promoters System Part I	*(Dr. Lei Lei Kyaw)*
Report of MCH Promoters System Part II	*(Mr. Ryoichi Suzuki)*
(4) IEC/BCC Activities	*(Ms. Ryoko Nishida)*
(5) Renovation of Health Facilities	*(Dr. Thwe Thwe Htoo)*

3. Discussion and Confirmation on the Plan of Operations for the plan in 2007 JFY

(1) Report of the OVI Review and Revision of PDM	*(Dr. San San Oo)*
(2) Plan of Operations for 2007 JFY	*(Dr. Theingi Myint)*
(3) Conduct of Mid-term Evaluation	*(Ms. Yoshika Umabe)*

4. Other matters

5. Closing Remarks

Minutes of the Meeting

1. Opening Session

(1) Selection of Chairperson and Confirmation of Agenda

Dr. San Shway Win, Deptuty Director General, DOH, Chairperson of the Project Steering Committee (PSC) has appointed Dr. Thein Thein Htay, Director, Public Health to take a chair. Dr. Thein Thein Htay has opened officially the 3rd. Project Steering Committee Meeting for the Community-Oriented Reproductive Health Project (CORHP/ *Healthy Mother Project*) and read the draft agenda and the participants unanimously confirmed the agenda as planned.

(2) Opening remarks by Chair

Dr. Thein Thein Htay has expressed her gratitude to all the participants and observers to attend the 3rd. Project Steering Committee Meeting for CORHP. She has mentioned that this is a great opportunity for each one of us to obtain and share the progress and experiences of the project among all the concerned people for further improvement of the project. Dr. Thein Thein Htay suggested to take the procedure of having all the progress reports at first and then a discussion session to be followed to allow more time for discussion and every participant agreed upon this suggestion.

2. Presentation and Review of the Outcomes and Achievements (Review of the past 6 months since the 2nd PSC in September 2006)

(1) Overview

(by Dr. Theingi Myint, Deputy Director, MCH, DOH)

She overviewed the past six months of project activities including project framework, major activities and achievements based upon the Project Outputs 1 to 4 in the Project Design Matrix (PDM) from October 2006 to February 2007, and challenges and way forward. In her presentation, she noted the AMW refresher training conducted in Kyaukme and Naungcho townships, with a total of 197 AMWs trained since February 2006. Further, she also emphasized the following points: the renovation of the health facilities 1 RHC, 2 Sub-RHC in each township completed and the launching ceremony conducted from end January to early February in each township; the provision of equipments, IEC/BCC activities, and the introduction of MCH Promoter system including training of MCH Promoter such as TOT and initial training of MCH Promoters. She reported 1,672 MCH Promoters have been trained through the 68 sessions in two townships under the 75 trainers.

She also mentioned the dissemination workshop on the baseline survey result and renovation launching ceremony in both townships. In Naungcho it was conducted on January 29 with 80 participants and in Kyaukme on February 1, with 113 participants both including TWG members, VTWG / VT representatives and BHS). OVI review workshop was also undertaken on January 30 to 31, 2007.

Dr. Theingi also reported the challenges and way forward of the project at this stage. Challenges at Programme level and the way forward that she mentioned are as follows :

Challenges at the Programme Level

- Insufficient utilization of RH services
- Inadequate coverage of ANC and deliveries attended by skilled personnel
- Insufficient awareness and knowledge on RH issues among community people
- Inadequate management of existing local resources (human, logistic supplies, facilities*)*

Lessons Learned and Way Forward

- Need for effectively utilizing the outcomes of Baseline survey for project planning and evaluation
- Need for further strengthening midwifery skills
- Need for strengthening IEC/BCC
- Need for strengthening community support system for reproductive health – safe motherhood
- Need for strengthening capacity and responsiveness by health institutions/basic health staff to meet the demand from the community/beneficiaries
- Need for developing "Supportive Monitoring System" with collaboration of Health Sector and the community level
- Need for the Process Documentation for sharing the project outcomes and lessons learned

(Refer to Annex 1: PPT (Power Point) Presentation)

(2) Report of AMW Training

(by Dr. Khin San Oo, Focal Point Person, Kyaukme)

Dr. Khin San Oo, focal point person, Kyaukme presented the report of AMW refresher training. One training session for each township was conducted during the reporting period (October - February 2007) and the total number of 37 AMWs were trained with the AMW Refresher training manual revised by the project. She also mentioned that the utilization of services by AMWs after the refresher training in both townships has increased significantly in particular, AN Care and Delivery. She has recommended that the DOH, JICA and JOICFP would conduct assessment of the training and monitoring after the training and consider the revision of the reporting format.

(Refer to Annex 2: PPT Presentation)

Discussion

Ms. Umabe, JICA asked the increased utilization of services by the AMWs in comparison with Midwives. Dr. Khin San Oo explained with the preliminary data by the percentage of the services of AMW utilized in the total in Kyaukme and noted the increase from 8% to 21% in ANC (New), 5% to 14% in ANC (New+Old), 4% to 10% in delivery, 4% to 6% in PNC between 2005 and 2006. For the referral, the number is increased but the proportion is decreased from 28% to 23%. Further investigation will be made when the data is consolidated.

Dr. Thein Thein Htay suggested that we should strengthen the linking system between AMWs and MWs.

(3) Report of MCH Promoters System

1) Part I: MCH Promoters

(by Dr. Lei Lei Kyaw, Acting TMO, Naungcho Township Hospital)

Dr. Lei Lei Kyaw reported that the Training of Trainers (TOT) for MCH Promoter Training was conducted in November 27-29 in Kyaukme and November 22-24 in Naungcho. A total of 75 trainers were trained in the 3-day course.

She continued reporting the MCH Promoter Initial trainings which started on the 4th December 2006 and finished on the 14th January 2007. A total of 68 training sessions, Kyaukme 46 sessions and Naungcho 22 sessions, were undertaken simultaneously during the period. She mentioned that a total of 1,672 MCH Promoters had been trained, 970 MCH Promoters in Kyaukme and 702 in Naungcho.

The average age of MCH Promoters is 35 years of age in both townships and the age range is from 17 to 65 in Kyaukme and 19 to 59 in Naungcho.

The MCH Promoters have been recognized as an essential bridge between the community and Basic Health Staff (BHS) for better health of mothers and children and they have started working for the community immediately after the training.

(Refer to Annex 3-1: PPT Presentation)
(Refer to Annex 3-2: Introduction of "MCH Promoters" System in Myanmar: Strategic Plan; English and Myanmar versions)
(Refer to Annex 3-3: MCH Promoters Guidelines; English and Myanmar versions)

2) Part II: MCH Promoters System and Training: Findings, Challenges and Recommendations in Myanmar

(by Mr. Ryoichi Suzuki, JICA Short Term Expert on Project Management and Community-based Organization Activities and Deputy Executive Director, JOICFP)

Mr. Ryoichi Suzuki reported on the review of the MCH Promoter initial training and explained the challenges and recommendations. He mentioned the methodology of review and evaluation including pre and post test, course evaluation questionnaire and individual and group interviews. The quantitative and qualitative results of the review and assessment were attached.

He emphasized the findings of his review and assessment; i) the stakeholders of this project significantly increased, i.e. 75 TOT members, including Medical Officers (MO), Health Assistant (HA), Lady Health Visitor (LHV), Midwife (MW), Public Health Supervisor (PHS) -I, 1,672 MCH Promoters (970 for Kyaukme, 702 Naungcho), 635 Local Authorities Representatives (Naungcho 250 villages and 6 wards and Kyaukme 370 villages and 9 wards); ii) the project has reached all villages now, covering the population of 335,000 (Naungcho 135,000 population with 21,000 households, Kyaukme 200,000 population with 37,000 households) through MCH Promoters as the community mobilization agents.
(Refer to Annex 3-4: PPT Presentation)
(Refer to Annex 3-5: Review and Assessment on Introduction and Training of MCH Promoters in

Kyaukme and Naungcho)

Discussion

Dr. San Shway Wynn asked in the course evaluation questions No. 5, "Which session you did not understand", what is the reason why they did not understand even it is the small percentage. Mr. Suzuki answered that it was because of the language barrier and educational level. Dr. Theingi commented additionally to consider the cultural background of Shan people. Ms. Nishida added that although in the guidelines the selection criteria of the MCH Promoters was to be able to read and write, in the reality it was difficult to find such persons to meet the criteria in some villages. Dr. San Shway Wynn noted that even though people who are not able to read and write, they could be still very influential and capable to work as a MCH Promoter for the community. Daw Khin Cho Oo, Chairperson (MMCWA-Kyaukme) and representative of the community mentioned that the MCH Promoters had started very actively their work in motivating and referring the pregnant women to the MCH centre especially for the first pregnancy.

Dr. Thein Thein Htay shared her experiences on the sustainability of the project. It was emphasized that we need to consider how to sustain the project after the project is terminated. Some of the experiences in Myanmar indicate that after the project is terminated, for example in the case of training one in ten households health workers for primary health care could not continue their activities when the USAID funding was stopped. In this project, she requested to each one of the stakeholders to think it seriously for the sustainability and ownership by the community and testify this under this project.

Dr. San Shway Wynn asked the coordination mechanism between the MCH Promoters and MCWA members. Chairperson of the MCWA (Kyaukme) explained that there is a harmonious collaboration between the MCH Promoters and MCWA members and the number of pregnant women receiving antenatal care (ANC) and TT immunization had started to increase. She requested the capacity of the BHS should be strengthened according to the needs of the community.

Dr. San Shway Wynn also asked about the imbalance of the household numbers covered by MCH Promoters ranging from 10 to 50 households. Mr. Suzuki mentioned that the most important thing is willingness and capacity of the MCH Promoter and we should carefully observe the MCH Promoters activities in a comparative way.

Dr. Theingi Myint questioned about the replacement of the MCH Promoters if there are drop outs after training. Mr. Suzuki commented that we should observe carefully what kinds of ideas would be suitable to replace the vacancy by the community. The project would take note what is going on from now on in the community since this project is to serve as the operations research.

Dr. Khin San Oo asked how to proceed with the reports of the MCH Promoters which are now in hands of Midwives. Mr. Suzuki and Dr. San Shway Wynn both requested two townships to conduct the situation analysis for the reporting system carefully and to make suggestions for the revision of the reporting system in practical ways. Dr. Thein Thein Htay also recommended the townships to

continue the implementation with keeping the records and reports until the next TOT, which will be in May 2007 and to examine and review the process for necessary revision. Dr. San Shway Wynn also commented that since the MCH Promoters are volunteers, sharing "information" among MWs and MCH Promoters is important.

(4) IEC/BCC Activities

(by Ms. Ryoko Nishida, Project Manager, CORHP)

Ms. Ryoko Nishida reported the IEC/BCC Activities in JFY 2006 including assessment of IEC/BCC needs conducted, development of plan for IEC/BCC, development of IEC/BCC and advocacy materials, introduction of MCH Promoters - TOT and MCH Promoters Initial Training on effective communication skills.

She presented the project had made the translation of the existing pamphlets selected as the most needed into Shan language, such as RH Pamphlet (UNFPA PO2/CHEB/JOICFP), Safe Motherhood Pamphlet (UNFPA PO2/CHEB/JOICFP), Pamphlet on information about abortion risks (DOH, WHO, UNFPA) according to the needs of the community. She also mentioned the new development of the IEC/BCC materials, such as MCH Promoter Handbook, MCH Promoter Kit (Bag, Badge, Notebook and Ballpoint Pen), Pregnancy Calendar, MCH Promoter Pamphlet for the Community, Project Pamphlet for Stakeholders.

Ms. Nishida has recommended that IEC/BCC is a cross-cutting issue to be integrated effectively to each one of the project activity. It was also noted that the communication skills should be emphasized to enhance the effectiveness of the project activities.

(Refer to Annex 4-1: PPT Presentation)
(Refer to Annex 4-2: List of Developed IEC/BCC Materials 2006)

Discussion

Dr. Thein Thein Htay expressed her thanks to JICA and JOICFP in producing IEC materials in local languages such as Shan. However, she suggested to make the audience analysis and also to prepare the materials which could be used for the people who cannot read and write. She suggested to consider the production of more pictorial ones with illustrations to make them easier to understand and useful. For example, she noted her experiences in another state such as Chin State, with the existence of different languages within the same locality the materials were produced in different languages, but in reality the issue was that the intended audiences were not able to read and write.

(5) Renovation of Health Facilities

(by Dr. Thwe Thwe Htoo, Acting DMO, Kyaukme District Hospital)

Dr. Thwe Thwe Htoo reported the improvement of health facilities (RHC and Sub-RHC). In 2006, a total of 2 RHCs and 4 Sub-RHCs were renovated according to the guidelines of the DOH in time according as planned. The selection criteria are as follows:

- ✓ Better accessibility
- ✓ High existing needs for renovations

- ✓ Water availability
- ✓ Strong commitment and support of the Health Committee, local authorities and the community
- ✓ Existence of responsible person(s) (e.g. Station Medical Officer, Health Assistant, Midwife); and
- ✓ Sub-RHCs under the supervision of the selected RHC (preferably)

She also mentioned about the community participation and support were encouraged in each village of the renovated health facilities through the additional contributions made from the community, such as water and electricity supply, access road to the health center, gate and fence, signboard, flag pole, etc.

(Refer to Annex 5: PPT Presentation)

Discussion

Dr. San Shway Wynn asked Dr. Thwe Thwe Htoo, Acting District Medical Officer (DMO) on the criteria of the renovation and issues if any. Dr. Thwe Thwe Htoo explained that the process was initiated by the previous DMO, but everything went on smoothly and the community appreciated these renovations. She also mentioned that the selected health facilities are easily accessible. Dr. Lei Lei Kyaw, Acting Township Medical Officer (TMO) raised the question on the terminology of the renovation because one of the priority villages in her township has no building at all. She asked whether it would be possible for the TMO to request the construction of a Sub-RHC instead of renovation. Dr. San Shway Wynn commented that it would be necessary to consider how to address this issue in future and he mentioned most important consideration would be the needs not the accessibility. Ms. Umabe of JICA commented that we would focus on the needs by the community so that even new buildings could be considered carefully based upon the necessity of health facilities, government procedures and community ownership.

3. Discussion and Confirmation on the Plan of Operations for the plan in 2007 JFY

(1) Report of OVI Review and Revision of PDM

(by Dr. San San Oo, Assistant Director, MCH, DOH)

Dr. San San Oo reported the results of the OVI Review Workshop which was conducted in Kyaukme, from January 30 to 31. The proposed revisions were discussed and reviewed by the PSC members and approved with some revisions. The final PDM including OVIs approved by the PSC is attached.

(Refer to Annex 6-1: PPT Presentation

(Refer to Annex 6-2: Revised OVIs)

(Refer to Annex 6-3: Revised PDM)

(2) Plan of Operations for 2007 JFY

(by Dr. Theingi Myint, Deputy Director, MCH, DOH)

Dr. Theingi Myint introduced the plan for 2007 - Focus and Major Activities. Key areas of focus in 2007 are:

1. Strengthening Antenatal care,
2. Promotion of Clean and Safe Delivery

3. Promotion of Postnatal Care
4. Prevention of Unwanted Pregnancies and Abortions
5. Strengthening Community Support System for RH/Safe Motherhood

She also explained in details on strategies and activities. After the discussion and confirmation, the PSC unanimously approved the plan for 2007.

Dr. Theingi also mentioned the Counterpart Study Visit on Project Management for Community-Oriented RH Approach will be planned in July 2007 to learn the experiences, best practices and lessons leaned from RH/MCH in Japan and the community-oriented approaches for strengthening project management in Myanmar. The number of participants will be 6 representatives (1 from DOH/MCH, 1 from State Health Dept., 2 focal persons in each township).
(Refer to Annex 7-1: PPT Presentation)
(Refer to Annex 7-2: Plan of Operations-Draft)

Discussion
Dr. San Shway Wynn asked the possibility of JICA system to provide the essential medicines for RH. Ms. Umabe said essential medicines could be procured if they are available locally and if the suppliers are registered at MOH.

Ms. Nishida questioned how to procure the clean delivery kits for the project area and requested the DOH to facilitate necessary allocations for the project area from the available stock. If they are available locally based upon the DOH-approved specifications, local procurement could be also considered.

(3) Conduct of Mid-term Evaluation

(by Ms. Yoshika Umabe, Project Formulation Adviser, JICA)

Ms. Umabe, representing the JICA Myanmar office, officially expressed their thanks to MOH/DOH collaboration as a partner of this project for the significant progress made during the past year. She also announced that the mid-term evaluation will be conducted in 2007 JFY preferably in the timing after June. She said that this mid-term evaluation would be a joint undertaking among the partners to review the progress, identify future challenges and make recommendations for the improvement of the project.

4. Other Matters

The next Project Steering Committee will be organized in September 2007. The exact date and place will be decided later in consultation with DOH.

5. Closing Remarks

The closing remarks was addressed by Dr. Thein Thein Htay and she expressed her appreciation for the activities of CORHP in the two townships and ownership shown by each one of the stakeholders. She said that the project was conceived about 2 years ago and is now just like a baby and we should

pay full attention to take care of this project to grow healthier. She requested the members of PSC to extend more efforts to this project to expand and replicate its good practices to other areas of Myanmar. As she recalled back in 2004, the first mission to Japan, when the mission members got an ideal of MCH Promoter from Japan, this idea is now started in Myanmar within a very short period. We are very proud of everybody's efforts. She expressed her heartfelt thanks to JICA and JOICFP on their partnerships.

3rd Project Steering Committee (PSC) Meeting
List of Participants

<PSC Members>

1	Dr. San Shway Wynn	Deputy Director General (Public Health)
2	Dr. Thein Thein Htay	Director (Public Health)
3	Dr. Theingi Myint	Deputy Director (MCH)
4	Dr. San San Oo	Assistant Director (MCH)
5	Dr. Thwe Thwe Htoo	Acting District Medical Officer (Kyaukme)
6	Dr. Khin San Oo	Focal Person (Medical Officer) (Kyaukme)
7	Dr. Lei Lei Kyaw	Acting Township Medical Officer /Focal Person (Naungcho)
8	Daw Khin Cho Oo	Local Community Representative (Chairperson of MCWA / MWAF) (Kyaukme)
9	Ms. Yoshika Umabe	Project Formulation Adviser (Health) JICA Myanmar Office
10	Ms. Ryoko Nishida	Project Manager Community-Oriented RH Project
11	Mr. Ryoichi Suzuki	Expert on Project Management/ Community-based Organization Activities/ Deputy Executive Director, JOICFP
12	Ms. Naoko Ogata	Expert on Community Health Community-Oriented RH Project
13	Ms. Ryoko Koshihara	Project Coordinator Community-Oriented RH Project

<Observers>

1	Dr. Wai Wai Lwin	Assistant Director (WCHD)
2	Dr. Phyu Phyu Aye	Medical Officer
3	Dr. Khin Wai	Department of Medical Research (Upper)
4	U Nyan Lin	Researcher (Baseline Survey Team)
5	U Zaw Thein Myint	Researcher (Baseline Survey Team)

<Secretariat>

1	Dr. Sithu Pe Thein	Field Officer Community-Oriented RH Project
2	Daw San Yin	Field Assistant Community-Oriented RH Project

3rd Project Steering Committee Meeting
List of _Documents

Annex 1: PPT Presentation: Overview
Annex 2: PPT Presentation: AMW Refrehser Training Progress and Improvements
Annex 3-1: PPT Presentation:MCH Promoters
Annex 3-2: Introduction of "MCH Promoters" System in Myanmar: Strategic Plan; English and Myanmar versions)
Annex 3-3: MCH Promoters Guidelines; English and Myanmar versions
Annex 3-4: PPT Presentation: MCH Promoters System and Training: Findings, Challenges and Recommendations in Myanmar
Annex 3-5: Review and Assessment on Introduction and Training of MCH Promoters in Kyaukme and Naungcho
Annex 4-1: PPT Presentation: IEC/BCC Activities 2006
Annex 4-2: List of Developed IEC/BCC Materials 2006
Annex 5: PPT Presentation: Improvement of Health Facilities - RHC and Sub-RHCs
Annex 6-1: PPT Presentation: Report on the OVI Review and Revision of PDM (with revisions at the PSC) and Revised OVI Review Outcome
Annex 6-2: Revised OVIs
Annex 6-3: Revised PDM
Annex 7-1: Plan for 2007 - Focus and Major Activities
Annex 7-2: Plan of Operations - Draft

* PPT: Power Point

4th Project Steering Committee
For
DOH/JICA/JOICFP Community-Oriented Reproductive Health Project
"Healthy Mother Project"

Dates: **5th September 2007**
Time: **9:30am - 2:30 p.m.**
Venue: **Meeting Room, Department of Health**
Nay Pyi Taw, Union of Myanmar
Participants: **23 Participants (DOH/JICA/JOICFP representatives)**
(A list of participants attached)

Agenda:

1. Opening Session

(1) Opening Remarks by Director-General, Department of Health,
(2) Remarks by JICA Representative,
(3) Remarks by JOICFP Representative,
(4) Selection of Chairperson and Confirmation of Agenda

2. Presentation and Review of the Outcomes and Achievements

(Review of the activities after the 3rd PSC in February 2007) *(Chaired by Dr. Nilar Tin)*
(1) Overview of Activities and Progress *(Dr. San San Oo)*
(2) Report of AMW Refresher Training *(Dr. Khin San Oo)*
(3) Report of MCH Promoters System
-Review and Outcome of Refresher Training *(Dr. Lei Lei Kyaw)*
-Outcomes from Situation Analysis of MCHP System *(Mr. Ryoichi Suzuki)*
(4) IEC/BCC Activities
- Review of IEC/BCC materials (*Mr. Ryoichi Suzuki)*
- Training on IEC/BCC educational tools *(Dr. Khin San Oo)*
(5) Report on Counterpart Study Visit to Japan (*Dr. Myint Myint Than*)

3. Discussion and Confirmation on the Plan of Operations in the latter part of 2007 JFY

(1) Outline of Plan of Actions in the latter part of JFY 2007 *(Dr. San San Oo)*
(2) Audio visual materials for Introduction of MCHP (*Mr. Ryoichi Suzuki)*
(3) Renovation of Health Facilities (*Dr. Chaw Chaw Naing*)

4. Other Matters

(1) Summary of Findings by Midterm Review Team *(Mr. Naoyuki Kobayashi*)

5. Closing Remarks

Announcement: The 5th PSC meeting

Minutes of the Meeting

1. Opening Session

(1) Opening Remarks by Dr. Tin Win Maung, Director General, DOH

In his remarks, the Director General has pointed out that Reproductive Health has become a priority issue and RH Policy has been officially laid down by the Ministry of Health. To reach the Millennium Development Goal in 2015, we have to make more efforts to reduce the Maternal Mortality Rate as well as Infant Mortality Rate. *"Healthy Mother Project"* which DOH and JOICFP had been implementing with support of JICA and introducing Maternal and Child Health Promoters System would be a great help to reach our goal.

(2) Remarks by Mr. Kohei Sato, Deputy Resident Representative, JICA Myanmar Office

Mr. Sato in his remarks has congratulated on the partnership between DOH counterparts and Japanese experts to accomplish significant progress of the project since 2005. He said that it was a good timing to conduct midterm evaluation done by the JICA Midterm Evaluation Team with DOH jointly. It would be aiming at further progress of the project to fulfill the project objectives for the improvement of RH status in the Union of Myanmar. He has requested to all stakeholders concerned to collaborate furthermore for the more effective and efficient implementation of the project towards the health of mothers and children of the Union of Myanmar.

(3) Remarks by Mr. Ryoichi Suzuki, Project Manager of CORHP and Deputy Executive Director, JOICFP

Mr. Suzuki mentioned that the most significant output of the project was the introduction of Maternal and Child Health Promoters System in the Kyaukme and Naungcho Townships as the first historical model practice in the Union of Myanmar. The MCH Promoters have been important community health volunteers serving as the *"bridge"* between health service providers such as midwives and community people, in particular, mothers and children. And he added that further efforts would be required to introduce this model approach to the other areas in Myanmar.

(4) Selection of Chairperson and Confirmation of Agenda

As Dr. San Shway Wynn, Deputy Director General, Public Health and Dr Thein Thein Htay, Director, Public Health were out of Nay Pyi Taw, Dr Nilar Tin, Director, Planning was requested to take the chair of the 4th PSC meeting. Tentative agenda was approved as planned.

2. Presentation and Review of the Outcomes and Achievements

(1) Overview of activities and progress

(by Dr. San San Oo, Assistant Director, MCH, DOH)

She gave an overview of the activities and progress of the first part of JFY 2007 of the project, including project framework, major activities and achievements from the last PSC meeting in February to September 2007, and challenges and way forward. Activities and achievements were categorized according to the Project Outputs. For "Challenges and Way Forward", she stressed key areas of focus which include 1) Strengthening of AN Care, 2) Promotion of clean and safe delivery, 3) Promotion of Postnatal Care, 4) Prevention of Unwanted Pregnancies and Abortions, 5) Strengthening Community Support System for RH/Safe Motherhood.

Discussion topics:

Quality AN Care and how it can be achieved were the main points in the discussions. After the MCHP system introduced to the project areas, MCHP have brought pregnant women for ANC encouragingly. It is client-centered approach. MCHP has been working as a *bridge* between midwives and pregnant mothers.

(2) Report of AMW Refresher Training

(by Dr. Khin San Oo, Focal Point Person, Kyaukme)

Dr. Khin San Oo, focal point person, Kyaukme presented about the AMW refresher training.

From February 2006 to June 2007, six (6) training sessions have been conducted in each township and total number of 233 AMWs has been given refresher trainings. She also mentioned about the increased utilization of services given by AMWs after the refresher trainings in both townships especially for AN Care and Deliveries.

Discussion topics:

-Supportive supervision and monitoring for AMWs should be done by the Midwives. The MWs are also responsible to give on job training to them when it is necessary.

-Education level of the AMWs should be considered during selection of trainees for refresher trainings.

-Regarding the recommendation to develop training manual for different participant's category; it was suggested that the manual should be a fixed one and not to be changed according to the participant's category. Important thing is how to facilitate the training sessions according the trainees level.

-DOH has prepared new manual for refresher training for AMWs.

(3) Report of MCH Promoters System

- Review and Outcome of Refresher Training

(by Dr. Lei Lei Kyaw, Focal Point Person, Naungcho)

Dr. Lei Lei Kyaw reported that all together 49 sessions of refresher trainings for MCHP were conducted and 554 were trained in both townships in May 2007.

Discussion topics:

-As the MCHPs are the *"bridge"* between the community and the service providers, this human bridge need to be very strong. They need strong support from the community and the PDC members.

-MCH promoters' supportive monitoring system should be strengthened at the community level by MWs and community.

- Outcomes from Situation Analysis of the MCH Promoters System

(by Mr. Ryoichi Suzuki, Project Manager, CORHP)

Mr. Suzuki made the presentations on behalf of Mr. Nobuhiro Kadoi, Japanese Expert on Operations Research and Dr. Theingi Myint, Deputy Director, MCH, DOH who have jointly conducted the situation analysis of the MCH Promoters System. He has introduced good practices and lessons learned which were found through the study in order to support the MCH Promoters system by the community. The results of study will be discussed more in the Exchange Experience Workshop to strengthen the community support system which will be organized in January 2008.

(4) IEC/BCC Activities

- Review of IEC/BCC materials

(by Mr. Ryoichi Suzuki, Project Manager, CORHP)

Mr. Suzuki presented the findings of Review of IEC/BCC materials by Ms. Amane Funabashi, Japanese Expert on IEC/BCC. Interviews were done in June 2007 in the project areas regarding the IEC/BCC and comments were also given by DOH/Township personnel. Revisions of the Pamphlets, Pregnancy Calendar and MCH Promoter Handbook were done. Based on the results all concerned IEC/BCC materials would be revised accordingly for national prototype.

- Training on IEC/BCC educational tools

(by Dr. Khin San Oo, FPP, Kyaukme)

Dr. Khin San Oo presented about the IEC/BCC skills training using the *Magnel Kit* and the *Pregnancy Simulator* at the MCH centers in both townships aiming at behavior change in the community. Feedback from the participants stated that both the educational tools are very interesting and easy to explain about RH and functions of reproductive system. Using a *Pregnancy Simulator* would give more emphasis on male involvement and male's role to change their attitude and take more responsibility to solve problems regarding RH of their partners.

Discussion topics:

The Chairperson suggested to provide all BHS with these IEC/BCC tools and necessary skill training so that it would be an impact to strengthen the IEC/BCC activities for better MCH program at the community level.

(Lunch break for one hour)

(5) Report on Counterpart Study Visit to Japan

(Dr. Myint Myint Than, Deputy Director, WCHD Project)

Dr. Myint Myint Than reported on the Counterpart Study Visit to Japan, July 3-21, 2007. The 6 mission members (2 from DOH central, 2 from Shan State and 2 from two townships) has visited to Tokyo and Wakayama Prefecture to get more information and knowledge on the MCH Promoters system.

Discussion topics:
Sustainability of MCHP system in Japan: it was discussed how this system could be sustained in the project areas. It needs “commitment” and “dedication” from each one of the stakeholders even though different living conditions in different communities and countries.

3. Discussion and Confirmation for the Plan of Operations in the latter part of JFY 2007

- Outline of Plan of Actions in the latter part of JFY 2007

(by Dr. San San Oo, Assistant Director, MCH, DOH)

Dr. San San Oo presented on the key activities to be undertaken during the latter part of JFY 2007 as follows:

1. Refresher Training for Skilled Birth Attendants (LHV/MW),
2. Renovation of health facilities,
3. Provision of basic medical equipments,
4. Training of Trainers (TOT) for MCH Promoters,
5. Refresher training for MCHP,
6. Exchange Experience Workshop for community support system,
7. 5th Project Steering Committee meeting, etc.

Discussion topics:
Regarding the MCH Promoters' sustainability, the support from local government including administrative support, local planning, policy and legislation is needed. And some kind of incentives such as recognition for MCHP, certificates, registration, and moral and financial support, if the local authorities can provide.

- Audio Visual Materials for Introduction of MCHP

(by Mr. Ryoichi Suzuki, Project Manager, CORHP)

The objective of producing this AV material is to introduce the "Community-Oriented Reproductive Health Project" focusing on MCH Promoters, and to share the experiences and outcome of the project. Outline of the story had been submitted to the Ministry of Health and it had been approved and writing of detailed scripts is underway.

Discussion points:
CHEB had requested to make extra copies of the DVD/VCD for Department of Health as this will be needed to share to other Basic Health Staff in other parts of the country.

- Renovation of Health Facilities

(by Dr. Chaw Chaw Naing, Naungcho)

Dr. Chaw Chaw Naing reported on the plan for renovation of health facilities in JFY 2007. Two (2) Sub-RHCs in Kyaukme Township and 1 RHC and 2 Sub-RHCs in Naungcho Township had been selected for renovation. The selection criteria are as follows: 1) High existing needs for renovations, 2) Water availability, 3) Strong commitment and support of the Health, 4) Existence of responsible person(s) (e.g. Station Medical Officer, Health Assistant, Midwife), 5) Sub-RHCs under the

supervision of the selected RHC (preferably), and 6) After selection, Renovation Committee should be organized.

Discussion points:
Water supply for the health facilities was the main topic of discussion. As water is the essential thing for sanitation, it should be given priority and the facility needs running water as we are promoting institutional deliveries. It was suggested that water supply should be initiated by community as it is affordable by the community, since we are also encouraging the community participation and initiatives.

4. Other Matters

(1) Summary of Findings by Midterm Review Team

(by Mr. Naoyuki Kobayashi, Head of JICA Midterm Evaluation Team)

Mr. Kobayashi on behalf of the Mid-term Evaluation Team has presented their findings with the positive results of the project which have been done by all the efforts of both parties and he has further presented on their recommendations to the project for the latter period, such as 1) Sustainability mechanism, 2) Team work among MW, AMW and MCHP to increase quality RH service for community, and 3) Roadmap to establish Community-Oriented RH approach. He has requested the two parties to make further endeavors in order to achieve the project objectives. Mr. Kobayashi expressed his appreciations to all people concerned to complete the evaluation exercise as planned.

5. Closing Remarks

Closing remarks was addressed by Dr. Nilar Tin, chair of the meeting. Announcement: the 5th Project Steering Committee will be organized in February 2008 and date and time will be decided in due course.

(September 5, 2007)

The 4th Project Steering Committee Meeting
List of Documents (power point slides)

Annex 1: Overview of Activities and Progress
Annex 2: Report of AMW Refresher Training
Annex 3: Review and Outcome of Refresher Training of MCH Promoter
Annex 4: Outcomes from Situation Analysis of MCHP System
Annex 5: Review of IEC/BCC materials
Annex 6: Training on IEC/BCC educational tools
Annex 7: Report on Counterpart Study Visit to Japan
Annex 8: Outline of Plan of Actions in the latter part of JFY 2007
Annex 9: Audio visual materials for Introduction of MCHP
Annex10: Renovation of Health Facilities

The 4th Project Steering Committee (PSC) Meeting
List of Participants

Dr. Nilar Tin, Director, Planning
Dr. Khin Maung Lwin, Director, CHEB
Dr. Than Lwin, Deputy Director, Basic Health Services
Dr. Myint Myint Than, Deputy Director, WCHD
Dr. San San Oo, Assistant Director, MCH
Dr. Wai Wai Lwin, Assistant Director, WCHD
Dr. Hnin Hnin Lwin, Medical Officer, MCH
Dr. Phyu Phyu Aye, Medical Officer, MCH
Dr. Chaw Chaw Naing, Township Medical Officer, Naungcho
Dr. Khin San Oo, Focal Point Person, Kyaukme
Dr. Lei Lei Kyaw, Focal Point Person, Naungcho
Daw Mya Mya Htay, Local Community Representative, Naungcho
Dr. Thwe Thwe Win, UNFPA Myanmar
Mr. Kohei Sato, Deputy Resident Representative, JICA Myanmar Office
Mr. Naoyuki Kobayashi, Head, JICA Mid-term Review Team, Team Director, RH Team, JICA HQs
Ms. Kotoko Suzuki, JICA Mid-term Review Team, Asst. Professor, Tokyo Gakugei University
Ms. Yoshiko Takahashi, JICA Mid-term Review Team, Consultant/Project Evaluator
Ms. Ryoko Kato, JICA Mid-term Review Team, RH Team, JICA HQs
Mr. Ryoichi Suzuki, Deputy Executive Director, JOICFP/Project Manager, CORH Project
Ms. Naoko Ogata, Expert on Community Health, CORH Project, JOICFP
Ms. Ryoko Koshihara, Project Coordinator, CORH Project, JOICFP
Dr. Nang Noi Leik, Project Officer, CORH Project, JOICFP
Daw Nang Mon Sabai Khin, Field Secretary, Kyaukme, CORH Project, JOICFP

(23 participants)

5th Project Steering Committee
For
DOH/JICA/JOICFP Community-Oriented Reproductive Health Project
"Healthy Mother Project"

Dates: **14th February, 2008**
Time: **8:30am - 12:00 noon**
Venue: **Royal Kumudra Hotel**
Nay Pyi Taw, Union of Myanmar
Participants: **20 Participants (DOH/JICA/JOICFP representatives)**
(A list of participants attached)

Agenda:

1. Opening Session
(1) Opening Remarks by Deputy Director-General, Department of Health,
(2) Remarks by JICA Representative,
(3) Remarks by JOICFP Representative,
(4) Video Show: "*One Day of Nwe Nwe - Activity of a MCH Promoter*"

2. Review of the latter half of JFY 2007 and Presentation on the activities
(Chaired by Dr. Thein Thein Htay)
(1) Overview of the Activities and Progress of the latter half of JFY 2007 *(Dr. Theingi Myint)*
(2) Report on Experience Sharing Workshop on Community Support System for Promotion of Maternal and Child Health
(i) Report on the Workshop *(Mr. Ryoichi Suzuki)*
(ii) Report on Results of the Study and Recommendations *(Dr. Theingi Myint)*
(3) Report on Refresher Training for MCH Promoters and TOT for BHS (*Dr. Aye Aye Mu)*
(4) Report on Counseling Skills Training for BHS (LHV and MW) *(Dr. San San Oo)*
(5) Report on Renovation of Health Facilities (*Dr. Chaw Chaw Naing*)

3. Presentation and Confirmation on the Plan of Operations for JFY 2008 (April 2008 – March 2009)
(1) Plan of Operations of JFY 2008 including revision of the PDM *(Dr. Theingi Myint)*

4. Follow-up of Recommendation of Mid-Term Evaluation Team *(Mr. Ryoichi Suzuki)*
(1) Road Map
(2) Team Work Building
(3) Sustainability
(4) Project monitoring

5. Closing Remarks
Announcement: The 6th PSC Schedule

Minutes of the Meeting

1. Opening Session

(1) Opening Remarks by Dr. San Shway Wynn, Deputy Director General, DOH

In his remarks, the Deputy Director General has pointed out that Reproductive Health has become a priority issue and RH Policy has been officially laid down by the Ministry of Health since 2002. In the Five-year National Health Plan laid out in 2004, one of the major activities is to improve the capacity of the Service Providers. Maternal Mortality Ratio (MMR) in Myanmar is 316/100,000 live births in 2004-2005, whereas IMR is 49.7/1000 live births and under 5 mortality is 66.6/1000 live births. Neonatal deaths are 40% of all infant mortality. The time starting from Pregnancy through Childbirth, Postpartum till Newborn period is very important, so the *"Healthy Mother Project"* implemented in Kyaukme and Naungcho will become a "Model Project" for all pregnant women to have safe motherhood. And Dr. San Shway Wynn mentioned that he would like to urge all persons concerned to learn together and work together for the success of this project. He requested their continuing support and collaboration from JICA, JOICFP and UNFPA.

(2) Remarks by Ms Yoshika Umabe, Project Formulation Adviser (Health), JICA Myanmar Office

Ms. Yoshika Umabe stated that this *"Healthy Mother Project"* started in February 2005 and the project had the Mid-Term evaluation in September 2007. The process and achievement should be documented by the project based on the recommendations made by the Mid-term evaluation team for the future needs. Project term remains only the 1 year 7 month period before the completion of the project and then she showed her expectation that the project could maintain the momentum being created. She also has encouraged each one of the stakeholders to take his/her efforts for further steps and achievements. She also appreciated the team work efforts among
all concerned people from DOH and JOICFP.

(3) Remarks by Mr. Ryoichi Suzuki, Project Manager of CORHP and Deputy Executive Director, JOICFP

Mr. Suzuki mentioned that the most significant output of the project was the introduction of MCH Promoters who acted as *"Bridge"* between community and service providers. He also thanked all stakeholders who assisted in the production of the Video named *"One day of Nwe Nwe- Activity of a MCH Promoter"*. He reported on the results on Community Support System for the promotion of Maternal and Child Health which reveal the good practices and collaboration among the BHS, community and MCH promoters to create a model approach for application to the other areas in Myanmar by the initiative and further endeavors of DOH.

(4)Video Show presentation: *"One Day of Nwe Nwe- Activity of a MCH Promoter"*

Dr. San Shway Wynn, Deputy Director General was quite impressed with the DVD presentation, expecting wider utilization for introduction of MCH Promoters through Myanmar.

Dr. Thein Thein Htay, Director, Public Health commented that if the video could be translated into

Shan language, it could be distributed to the other areas in the Shan State.

2. Review of the latter half of JFY 2007 and Presentation on the activities

Dr. Thein Thein Htay, Director, Public Health took a chair on behalf of Dr. San Shway Wynn, Deputy Director General from this session. She stated that the first mission from Myanmar including her to Japan in 2004 has a valuable opportunity to learn the MCH Promoter system in Japan. Since then we have tried our best to introduce this system in Shan State as a model approach. Sustainability is now a very important challenge for each of us. She requested all stakeholders to develop practical ideas through the project.

(1) Overview of the Activities and Progress of the latter half of JFY 2007 *(by Dr. Theingi Myint, Deputy Director, MCH, DOH)*

Dr. Theingi gave an overview of the activities and progress of the latter half of JFY 2007 of the project, including project framework, major activities and progress since September 2007, and challenges and way forward. Activities and achievements were categorized according to the Project Outputs. For "Challenges and Way Forward" it was based on the recommendations by JICA Mid-Term Evaluation Team.

Dr. Thein Thein Htay requested two Townships to improve the RHMIS and HMIS in order to show practical good practices in collecting data and monitoring the project.

There was a demonstration of "*Magnel Kit"* and "*Pregnancy Simulator"* by the project team from Kyaukme and Naungcho.

(2) Report on Experience Sharing Workshop on Community Support System for Promotion of Maternal and Child Health

(i) Report on the Workshop *(by Mr. Ryoichi Suzuki, Project Manager, CORHP)*

Mr. Suzuki presented about the Experience Sharing Workshop stating the Main Objectives and the Good Practices presented by the selected villages in each township and the slogans developed during the workshop. Three (3) slogans were developed from Kyaukme and four (4) from Naungcho and are still waiting for the confirmation of the final slogan for the year of 2008 selected by respective PDC chair.

(ii) Report on Results of the study and Recommendations *(by Dr. Theingi Myint)*

Dr. Theingi Myint presented about the results of the study done by Mr. Nobuhiro Kadoi and her on MCHP System. She explained about the hindering factors in detail and some problems faced by the interviewees and also some good practices found during the study.

Dr. Thein Thein Htay said among the 3 Delays, the 1st delay which is related to awareness of health knowledge can be overcome through this project. She also recommended to include village leaders and other family members in further studies as there are influences of other family members and

community members in health seeking behavior, particularly for pregnant women. In Myanmar, especially in rural areas, mothers-in-law and mothers play an important role in the behavior of the postnatal women. The information which the health personnel had relayed can be abolished easily when the women go back to their homes. Unless we can instill the knowledge to other family members, it is very hard to change the behavior. She stressed that the pregnant women also need to know the rights and responsibilities of all pregnant women. She should know that she had the right to receive AN Care and at the same time should have the responsibility of going to the health facility for AN Care. During this process, the mothers-in-law and other family members are like "Threats" which should be overcome.

Dr. Wai Wai Lwin presented about her experiences in Than Ywa where she met an AMW and 5 volunteers who are giving health education and she suggested them to give health education for MCH. Some of the volunteers are males.

Mr. Suzuki said we need friendly environment for pregnant women, so involvement of family members, especially the in-laws and husbands should be more encouraged. The male involvement for behavior change should be more encouraged through this project.

(3) Report on Refresher Training for MCH Promoters and TOT for BHS *(by Dr. Aye Aye Mu)*

Dr. Aye Aye Mu said that station medical doctors were not included in the TOTs for MCHP Refresher trainings and reminded to include them in the next trainings.
MCH Promoters showed keen interest on *"Pregnancy Exercises".*
They asked for acknowledgement from the community leaders and acceptance by the community people.

Mr. Suzuki mentioned that sustainability should be considered 1) recognition and appreciation by the community, 2) continuing education opportunities, and 3) incentives in kind and cash.

Regarding the sustainability of MCH Promoters, Dr. Thein Thein Htay stated that community support system was very important as well as the continuing medical education system by DOH in technical point of view. She also mentioned that the political commitment by the local government was essential. And she called the more partnership from the representatives of MCWA to consider their further efforts to support MCH Promoters in each area.

Dr. Thein Thein Htay said we need to change the behavior and attitude of the MCHPs who are looking forward to get some incentives and let them be convinced that they are volunteers. In this way we can make the System more sustainable.

(4) Report on Counseling Skills Training for BHS *(by Dr. San San Oo)*

Dr. San San Oo reported on Counseling Skills training for BHS from both townships. Personnel from DOH and State Health department gave lectures on this topic.

Dr. Thein Thein Htay mentioned that counseling skill is very special requirement. Even the DOH does not have any specialists. She requested that JICA and JOICFP considered the collaboration in this field.

(5) Report on Renovation of Health Facilities *(by Dr. Chaw Chaw Naing)*

Dr. Chaw Chaw Naing presented on the renovation of health facilities in two townships with some comparative photographs which showed very distinct differences in the buildings. Altogether 5 health facilities were renovated during this JFY 2007.

Dr. Thein Thein Htay extends her gratitude to JICA and JOICFP for the renovation. She said this change can become attractive to the community to come to the health center for receiving the services and information.

3. Presentation and Confirmation on the Plan of Operations for JFY 2008 (April 2008 – March 2009)

(1) -Outline of Plan of Operations of JFY 2008 *(by Dr. Theingi Myint, Deputy Director, MCH, DOH)*

Dr. Theingi Myint presented about the plan for JFY 2008 including the following points;

1) **Challenges and Way Forward** based on the recommendations by JICA Midterm Evaluation Team including Road Map of Community-Oriented RH Approach, Team work building among MW, AMW and MCH Promoters, Sustainability such as by Continuing Medical Education (CME), and Project Monitoring Indicators and Data Collection
2) **Key Areas of Focus** including Antenatal Care, Clean and Safe Delivery, Postnatal Care, referral to higher level and Team Work/Community support system for promotion of maternal and child health.
3) **Plan of Operations of JFY 2008 and Key Activities** according to the outputs 1 to 4 as attached.

Dr. Theingi Myint mentioned that continuing education to SBA in their skill development was important. We carefully studied the present PCPNC for SBA in the project areas and should find the areas to be strengthened.

Plan of Operations for JFY 2008 and Key activities were anonymously approved by the Steering Committee members.

4. Follow-up of Recommendation of Mid-Term Evaluation Team *(by Mr. Ryoichi Suzuki)*

Mr. Suzuki explained the background of recommendations by JICA Mid-term Evaluation Team which was conducted in August to September 2007. He elaborated each one of the recommendations as follows;

- **Road Map:** To develop and share the Road Map and steps for establishing Community-Oriented RH Approach among the project personnel,
- **Team Work:** To strengthen Team Work for Quality RH Service and Information among MW, AMW and MCH Promoters. For the Team Work building, leadership and management skill development of Midwife, Continuing Medical Education system, supportive supervision and monitoring system should be strengthened.
- **Sustainability:** Project sustainability should be well planned. Technical sustainability through Continuing Medical Education (CME) should be strengthened. Community participation at Township and village level should be further strengthened
- **Project Monitoring:** Project Monitoring Indicators/Data Collection system should be strengthened. Existing monitoring and data collection system should be carefully studied and improved.
-

The Project Steering Committee members agreed on further consolidation and discussion among all concerned partners so that these recommendations could be in the actual implementation and in action

5. Closing Remarks

Dr. Theingi on behalf of the DOH expressed her appreciation to all the participants who shared their ideas to have a lively discussion in the meeting and requested cordially to all stakeholders to take full efforts and support for the success of the *"Healthy Mother Project"*
And she also motioned about next PSC Meeting will be organized in September 2008.

(February 14, 2008)

(Attachments)

5th Project Steering Committee Meeting - List of _Documents (power point slides)

Annex 1: Overview of Activities and Progress
Annex 2: Report of Experience Sharing Workshop
Annex 3: Report on Results of Situation Analysis on MCHP System
Annex 4: Report on Refresher Training for MCH Promoters and TOT for BHS
Annex 5: Report on Counseling Skills Training for BHS
Annex 6: Report on Renovation of Health Facilities
Annex 7: Outline of Plan of Operations of JFY 2008
Annex 8: Follow-up of Recommendations of Mid-Term Evaluation Team

The 5th Project Steering Committee (PSC) Meeting
List of Participants

1) Dr. San Shway Wynn, Deputy Director General (Public Health)
2) Dr. Thein Thein Htay, Director, Public Health
3) Dr. Khin Maung Lwin, Director, CHEB
4) Dr. Theingi Myint, Deputy Director, MCH
5) Dr. San San Oo, Assistant Director, MCH
6) Dr. Wai Wai Lwin, Assistant Director, WCHD
7) Dr. Hnin Hnin Lwin, Medical Officer, MCH
8) Dr. Moe Sandar, Medical Officer, WCHD
9) Dr. Aye Aye Mu, District Medical Officer, Kyaukme
10) Dr. Chaw Chaw Naing, Township Medical Officer, Naungcho
11) Dr. Mya Hnin Aye, Focal Point Person, Naungcho
12) Daw Swe Swe, Chairperson, MCWA, Kyaukme
13) Daw Mya Mya Htay, Chairperson, MCWA, Naungcho
14) Ms. Yoshika Umabe, Project Formulation Adviser (Health), JICA Myanmar Office
15) Mr. Ryoichi Suzuki, Deputy Executive Director, JOICFP/Project Manager, CORH Project
16) Ms. Ryoko Koshihara, Project Coordinator, CORH Project, JOICFP
17) Ms. Naoko Ogata, Expert on Community Health, CORH Project, JOICFP
18) Dr. Nang Noi Leik, Project Officer, CORH Project, JOICFP
19) Ms. Naing Naing San, Field Officer, CORH Project, JOICFP
20) Daw Nang Mon Sabai Khin, Field Secretary, Kyaukme, CORH Project, JOICFP

(20 participants)

The 6th Project Steering Committee (PSC)

Dates: **September 15, 2008 (Mon)**
Time: **10:00 – 13:30**
Venue: **Royal Kumudra Hotel, Nay Pyi Taw**
Participants: **PSC members (DOH/JICA/UNFPA/JOICFP representatives**

Objectives:

- To review the progress and achievements in the first half of the Project of JFY2008;
- To discuss and confirm the plan of operations in the latter half of JFY 2008; and
- To discuss and confirm the revision of MCHP Guideline, PDM, and Suggested contents of Guidelines of CORH approach package.

Agenda: (Tentative)

(Dr. Thein Thein Htay, Deputy Director General: PSC Chairperson)

1. Opening Session

(1) Opening remarks by Dr. Thein Thein Htay, DOH
(2) Remarks by Ms. Yoshika Umabe, JICA
(3) Remarks by Mr. Ryoichi Suzuki, JOICFP

2. Review of the first half of JFY2008

(Responsibility/Presented by)

(1) Overview of the Activities and Progress in the first half of JFY 2008
(Including activities of assessment of midwifery skills, project monitoring system and progress of renovation of health facilities) (by DOH/JOICFP)
(2) Report on Assessment of Community Support System (by DOH/JOICFP)
(3) Report on Training on Leadership and Management for SBAs (by DOH/JOICFP)
(4) Report on IEC/BCC Skills Training for SBAs (by DOH/JOICFP)

3. Presentation and Confirmation on the Plan of Operations in the latter half of JFY 2008 (by DOH/JOICFP)

4. Confirmation of the Revised *MCH Promoters Guidelines* (by DOH/JOICFP)

5. Presentation on the Suggested Outline of Guidelines for the Community-Oriented Reproductive Health Approach Package (by DOH/JOICFP)

6. Confirmation of Final Revision of Project Design Matrix (PDM) and signing by the DOH, JICA and JOICFP (by DOH/JICA/JOICFP)

7. Closing Remarks

Announcement of The7th Project Steering Committee (February, 2009)

Minutes of the Meeting

1. Opening Session

(1) Opening Remarks by Dr. Thein Thein Htay, PSC Chairperson, Deputy Director General (Public Health), DOH

Dr. Thein Thein Htay, PSC Chairperson and Deputy Director General (Public Health) opened the PSC Meeting. In her remarks, on behalf of Dr. Win Myint, Acting Director General, Department of Health (DOH), she pointed out the important role for the Community-Oriented RH Project as the model project to introduce the practical and sustainable approaches to the other areas in Myanmar. In this context, she requested all members of the project implementation to identify more strategies for practical approaches through this project. She mentioned that the First Mission from Myanmar to Japan with 4 members including her in 2004 had a valuable opportunity to learn about the MCH Promoter system in Wakayama, Japan. Since then we have tried our best to modify this system and apply it to Shan State as a model approach for Myanmar. Sustainability is a very important challenge now for each one of us. She also stated that time was now matured and we should develop the concrete packages to the other areas to show the model of community-oriented approaches. These results through this project would be very beneficial to the other areas to initiate and replicate the approaches from this project for the sake of health of mothers and children in the other priority areas. She encouraged the personnel concerned of the MCH section, DOH and the two Townships such as Kyaukme and Naungcho to make more efforts in order to get the further concrete achievements by the project and requested all the concerned parties such as JICA, JOICFP and UNFPA for further advice and collaboration.

(2) Remarks by Ms. Yoshika Umabe, Project Formulation Adviser (Health), JICA Myanmar Office

Ms. Yoshika Umabe stated that JICA was really happy to see the progress of the project which came out from the great efforts of the project team. She expressed her sincere appreciation to the concerned people of the project from central to township, Kyaukme and Naungcho and JOICFP. She stated that a set of recommendations by 2007 JICA Evaluation Team, such as 1) Sustainability of MCHP System, 2) Team work building among BHS, AMW and MCHP by improving leadership skills of BHS, in particular midwives, and 3) Development of Roadmap for establishment of Community-Oriented RH Approach as a model approach to the other areas in the future was our challenges. And she hoped that after the completing the CORH Approach package, DOH will take over the responsibility to multiply the model to the other areas. She requested all the member of the project to develop a good model of approach which was feasible to apply in other part of the country. Time is very limited until the phase-out of the project, by January 2010, for one year and half. She said it was important to work for the remaining tasks and moreover it is essential to pay attention on sustainability of the project as well. She encouraged all participants to have an active discussion and fruitful results of the 6th PSC Meeting.

(3) Remarks by Mr. Ryoichi Suzuki, Project Manager of CORHP and Deputy Executive

Director, JOICFP

Mr. Suzuki congratulated all concerned project team members on their efforts for further progress of the *Healthy Mother Project*. Although the dispatch of Japanese experts and the Counterpart Study Visit to Japan were delayed or postponed because of the Cyclone *Nargis*, the project has showed further step forward significantly in the 2nd quarter by all efforts of the project team. He requested all members of PSC to discuss technically on 1) Revision on MCH Promoters Guideline and 2) Suggested contents of the Guidelines of Community-Oriented Reproductive Health Approach Package. He also announced the PDM Revision would be confirmed and finalized by signings of DOH, JICA and JOICFP. He showed his appreciation to all concerned personnel for revision of the PDM based on the recommendation of the Mid-term Evaluation Team in 2007. Mr. Suzuki also announced that Technical Meeting on Continuing Medical Education as a strategy of sustainability of the Project would be organized in the afternoon would be also very essential for the project technical sustainability. He added that community support and community participation were very encouraging through this project for the further promotion of maternal and child health in two Townships. And the Project also identified the good practices and team work building among health personnel and community in particular, AMWs and MCH promoters. He as the project manager requested all concerned personnel and agencies to give more advices for further improvement of the project to be a model to the other areas in Myanmar.

2. Review of the first half of JFY 2008 and Presentation on the activities

Dr. Thein Thein Htay, Deputy Director General (Public Health) chaired the sessions. After the introduction of participants and confirmation of agenda, presentation and discussion session was opened.

(1) Overview of the Activities and Progress of the first half of JFY 2008 *(by Dr. Than Lwin, Director, Public Health, DOH)*

Dr. Than Lwin on behalf of DOH gave an overview of the activities and progress of the first half of JFY 2008 of the project. He outlined the project framework, major activities and progress along with the PDM since February 2008 including activities which were done in the first half year such as Leadership and Management Training, IEC/BCC Skills Training for SBA, 3 different Assessments of Midwifery Skills, Community Support System, and Project monitoring/Data Collection System, and Progress of Renovation of Health Facilities. He also informed the postponement of the 2008 Study Visit to Japan because of the influence of the Cyclone *Nargis* to the same timing in 2009. He also stated about the challenges based on the recommendations of 2007 JICA Midterm Evaluation Team. He requested all concerned personnel to make more efforts to achieve them in time.

Dr. Thein Thein Htay encouraged two project implementing Townships to show the applicable model to the other areas.

Regarding sustainability, some of the participants discussed about incentives in kind and in monetary would be considered for volunteers such as MCH Promoters. And it is important to give the recognition and appreciation to them at many occasions as possible. The continuing opportunity of

trainings to provide the new knowledge and information would be also important strategy to sustain their momentum of activities.

Dr. Thein Thein Htay also touched upon the concept of evidence-based approach. The collection of precise indicators would be very helpful to know the progress and at the same time we should assess the reasons behind as the lessons learned if it was not accomplished.

(2) Report on Assessment of Community Support System
(by Mr. Ryoichi Suzuki, Project Manager, CORHP)

Mr. Suzuki presented about the Report on Assessment of Community Support System. He distributed a handout of situation study Part 1 to the participants. The purpose of the study was to collect and consolidate the basic information about good practices of CORH activities in the project areas and to make recommendations for setting-up the Driving Force Village Tracts based on the results of study. The study was conducted in June to July 2008 in two Townships in the methodology of questionnaires distribution and analysis for total 49 attendants in both Townships. In October, further situation study Part 2 would be organized to get more analysis. Mr. Suzuki reported some significant results by the part 1, such as activities of Health Committees and Village Tract Working Group, Community Welfare Fund and Referral Support as the community support system and utilization of Home-based Maternal Record (HBMR) and Clean Delivery Kit (CDK), etc.

Dr. Theingi Myint, Deputy Director, MCH, showed her expectation on further analysis not only quantitatively but also qualitatively.

Dr. Sai San Win, State Director of Health, Northern Shan State, from the view of protocol of the study, requested more proof of the study since this is based on the questionnaires only to the BHS which seemed to be rather subjectively answered by themselves.

Mr. Suzuki mentioned that the purpose of the questionnaires to BHS was mainly to set up the Driving Force Village Tracts based on the results for further analysis.

(3) Report on Training on Leadership and Management for SBAs
(by Dr. San San Oo, Assistant Director, MCH, DOH)

Dr. San San Oo reported that Trainings on Leadership and Management for SBAs were conducted in Kyaukme, August 26-28 and Naungcho, September 1-3, 2008 with 39 and 34 participants respectively. The trainings were conducted by 4 facilitators from the central, state and township with Ms Yorin Kim, Community Health Expert. The participants developed their action plan to mobilize the teamwork among SBA, AMW and MCH Promoters for improving community RH activities. Dr. San San Oo mentioned that Training Guide for this particular training was the first trial of leadership and management training for the SBA level. She stated her recommendation to modify the original Guide based on the training experiences for this time. She introduced some of the feedback from the participants, such as; 1) Among the BHS, I believed MW was the lowest status and I didn't realize that I was working in a leading role. Now I understand that I can be also a leader in the community. 2) This training not only helps our work but also is useful in making our lives more meaningful. I would like

to recommend to give this training to all the midwives countrywide.

Dr. Sai San Win questioned why the results of the pre-test and post-test were not so different as we could not see the improvements from the training in the test. Dr. San San Oo explained that although we had to examine the contents of the test carefully for the next time, we could see that they had enough knowledge on the leadership and management.

(4) Report on IEC/BCC Skills Training for SBAs
(by Dr. Hnin Hnin Lwin, Medical Officer, MCH, DOH)

Dr. Hnin Hnin Lwin, Medical Officer of MCH Section, DOH, reported that IEC/BCC Skills Training for SBAs were conducted in Naungcho, on August 19-20 and in Kyaukme, on August 24-25, 2008 with 35 and 36 participants respectively. Facilitators are from central, state and Township and Ms. Amane Funabashi, IEC/BCC Expert. The sessions consisted of introduction of IEC/BCC, introduction of *Magnel Kit* and *Pregnancy Simulator*, group work on facilitation notes and presentation, and action plan of IEC/BCC sessions using the materials. According to the action plan they will conduct health education sessions regularly in the respective RHCs and Sub-RHCs. It was recommended one-day training on hand-made educational materials, for which training, one of the trainers was recommended to be sent from CHEB.

Dr. Khin Maung Lwin, Director, CHEB, MOH, commented that training for behavior and attitude change could not be done in a day or few days and it is necessary to continue a series of trainings. He also mentioned that the quality of facilitators is also important. He recommended on developing the well-planned training module and curriculum for facilitators too.

3. Presentation and Confirmation on the Plan of Operations in the latter half of JFY 2008 *(by Dr. Theingi Myint, Deputy Director, MCH, DOH)*

Dr. Theingi Myint presented about the Plan of Operations in the latter half JFY 2008 according to the 5 Outputs of the PDM Ver. 04, which was authorized later in the meeting, including the following points;

1) **Project Purpose:** Utilization of quality RH services increases in the project areas
2) **Important Assumptions:** Community-Oriented RH approached identified by the project are applied to RH programmes in the Union of Myanmar.
   Assistances from other donors continue as planned in the areas.
   Ministry of Health continues support to RH services.
3) **Revised Outputs:**
   - Output 1: Quality of RH services is improved.
   - Output 2: Awareness and knowledge on RH services among community people is improved.
   - Output 3: Linkage between RH services and community people is strengthened.
   - Output 4: Mechanism to support community-oriented RH approach is established and functioned.
   - Output 5: Applicable Community-oriented RH approaches are identified and documented.
4) **Challenges** based on the recommendations by JICA Midterm Evaluation Team including Road Map of Community-Oriented RH Approach, Teamwork building among MW, AMW and MCH

Promoters, Sustainability such as Continuing Medical Education (CME), and Project Monitoring Indicators and Data Collection.

5) **Key Areas of Focus** including Antenatal Care, Clean and Safe Delivery, Postnatal Care, Referral to higher level and Teamwork and Community support system for promotion of Maternal and Child Health.
6) **Plan of Operations in the latter half of JFY 2008 and Key Activities** according to the outputs 1 to 5 as per attached.

Dr. Khin Maung Lwin mentioned from his experiences in DOH that the concept of clean delivery was not well recognized even by BHS yet. It should take a longer time than expected for them to change their behavior and attitude. It was pointed out that we should give more attention to behavior change for the service providers as well as their skill development.

Plan of Operations in the latter half of JFY 2008 and Key activities were unanimously approved by the Steering Committee members.

4. Confirmation of the Revised *MCH Promoters Guidelines* *(by Mr. Ryoichi Suzuki, Project Manager, CORHP)*

Mr. Ryoichi Suzuki explained the discussion points such as Selection Criteria of MCH Promoters, Procedure of selection of MCH Promoters and Roles and Responsibilities of MCH Promoters and Reporting Format, etc.

Dr. Khin Maung Lwin suggested that "BHS" under the procedure of selection in page 3 should be change to the "the related medical staff".

The chair recommended the revised one including the monthly reporting format of MCH Promoters should be consulted among the MCH section and project team in detail for final revision of MCH Promoters Guidelines.

5. Presentation on the Suggested Outline of Guidelines for the Community-Oriented Reproductive Health Approach Package *(by Mr. Ryoichi Suzuki, Project Manager, CORHP)*

Mr. Suzuki introduced the suggested outline for the Guidelines for Community-Oriented Reproductive Health Approach Package as per attached. The recommendation of setting up the Technical Group headed by Dr. Theing Myint and Mr. Ryoichi Suzuki with the members of MCH Section, JOICFP and Two Townships was approved for further technical procedures.

6. Confirmation of Final Revision of Project Design Matrix (PDM) and signing by the DOH, JICA and JOICFP

Revised PDM was approved and will be signed by three parties, DOH, JICA and JOICFP, namely Dr. Thein Thein Htay, Ms. Michiko Umezaki and Mr. Ryoichi Suzuki respectively.

7. Closing Remarks

Dr. Than Lwin on behalf of PSC Chairperson and the DOH expressed his gratitude to all the participants who have shared their ideas and had active discussions in the PSC Meeting. And he also requested all concerned personnel to make further efforts for the concrete results of the project. And he closed officially the meeting announcing that the next PSC Meeting would be held in February 2009.
(September 15, 2008)

(Attachments)

6th Project Steering Committee Meeting - List of Documents (power point slides and handouts)

Annex 1: Overview of the Activities and Progress in the first half of JFY 2008
Annex 2: Report on Assessment of Community Support System
Annex 3: Report on Training on Leadership and Management for SBAs
Annex 4: Report on IEC/BCC Skills Training for SBAs
Annex 5: Plan of Operations in the latter half of JFY 2008
Annex 6: The Revised MCH Promoters Guideline
Annex 7: The Suggested Outline and Contents of Guidelines of the Community-Oriented Reproductive Health Project Approach Package
Annex 8: Revision of Project Design Matrix (PDM)

The 6th Project Steering Committee (PSC) Meeting - List of Participants

1) Dr. Thein Thein Htay, Deputy Director General, Public Health
2) Dr. Than Lwin, Director, Public Health
3) Dr. Khin Maung Lwin, Director, CHEB
4) Dr. Sai San Win, State Health Director, Shan State (North), Lashio
5) Dr. Theingi Myint, Deputy Director, MCH
6) Dr. San San Oo, Assistant Director, MCH
7) Dr. Myint Moe Soe, Medical Officer, MCH
8) Dr. Hnin Hnin Lwin, Medical Officer, MCH
9) Dr. Aye Aye Mu, District Medical Officer (DMO), Kyaukme
10) Dr. Sein Win, Focal Point Person, Kyaukme
11) Dr. Chaw Chaw Naing, Township Medical Officer (TMO), Naungcho
12) Dr. Mya Hnin Aye, Focal Point Person, Naungcho
13) Ms. Mya Mya Htay, Chairperson, MMCWA, Naungcho
14) Ms. Yoshika Umabe, Project Formulation Adviser (Health), JICA Myanmar Office
15) Ms. Pa Pa Khin, Programme Assistant, JICA Myanmar Office
16) Mr. Ryoichi Suzuki, Deputy Executive Director, JOICFP/Project Manager, CORH Project
17) Ms. Misako Nogi, Project Coordinator, CORH Project, JOICFP
18) Dr. Myo Tint Than, Field Officer (Medical), CORH Project, JOICFP
19) Ms. Htwe Htwe Ohn, Field Officer (Administration), CORH Project, JOICFP

(19 participants)

The 7th Project Steering Committee (PSC)

Dates: **February 19, 2009 (Thursday)**
Time: **10:00– 12:15**
Venue: **Royal Kumudra Hotel, Nay Pyi Taw**
Participants: **PSC members (DOH/JICA/JOICFP representatives)**

Objectives:

- To review the progress and achievements in the latter half of the Project of JFY2008;
- To discuss and confirm the Plan of Operations in JFY 2009
- To discuss and consult on Guidelines and Package, etc.

Agenda:

1. Opening Session

(1) Opening remarks by Dr. Thein Thein Htay, Deputy Director General (Public Health), DOH
(2) Remarks by Mr. Hideo Miyamoto, Chief Representative, JICA Myanmar Office
(3) Remarks by Mr. Ryoichi Suzuki, Project Manger, CORHP, JOICFP

(Dr. Thein Thein Htay: PSC Chairperson)

2. Review of the latter half of JFY2008

(Responsibility/Presented by)

(1) Report on Overview of the Activities and Progress in the latter half of JFY 2008 (by DOH/JOICFP)
(2) Report on Experience Sharing Workshop Ⅱon Good Practices for Safer Motherhood and Community Support System (by DOH/JOICFP)
(3) Report on TOT, MCHP Trainings and Assessment of MCH Promoters (by DOH/JOICFP)
(4) Report on Community-based IEC/BCC Skills Training 2008 and Development of IEC/BCC Materials (by DOH/JOICFP)
(5) Report on Refresher Training on Midwifery Skills for SBA (by DOH/JOICFP)
(6) Report on Improvement of Health Facilities, RHC and Sub-RHC (by DOH/JOICFP)

3. Confirmation on Outline of Plan of Operations in JFY 2009

(by DOH/JOICFP)

4. Consultation and discussion

(1) Guideline and Packages: Operational Manual
(2) Procedures on Expansion and Application to the other areas (by JOICFP)

5. Closing Remarks

Minutes of the Meeting

1. Opening Session

(1) Opening Remarks by Dr. Thein Thein Htay, PSC Chairperson, Deputy Director General (Public Health), DOH

Dr. Thein Thein Htay in her opening remarks mentioned that the Government of Myanmar has recognized the RH as a priority issue in order to contribute towards achieving the Millennium Development Goal 4 of Improving Maternal Health. She said that they aimed to strengthen the health system by improving the skills of the RH care providers and family and community practices, by providing enabling environment and improving the services based on evidence-based decision making processes. In Myanmar, the Maternal Mortality Ratio was estimated to be 316 per 100,000 live births surveyed during 2004-2005. The IMR was 49.7 per 1000 live births and U5MR was 66.1 per 1,000 live births from the survey in 2003. The most important issue was that neonatal deaths contributed to 40% of total under five deaths and to address these issues there is a need to ensure continuum of care for maternal and newborn health, starting from pregnancy, childbirth, postpartum till newborn as well as care should be aimed at the individual, family and community levels where primary care and first referral of cases arise with complications and problems. She said to have learnt that the *Healthy Mother Project* in Kyaukme and Naungcho Townships is using a Community-oriented Approach in order to promote safe motherhood through community participation and involvement, with the aim to increase utilization of reproductive health services and information in the community. The introduction of Maternal and Child Health Promoters System in the Kyaukme and Naungcho Townships was found to be a model practice in Myanmar. It was significantly recognized that Maternal and Child Health Promoter (MCHP) System in Kyaukme and Naungcho Townships serving as the *"bridge"* between health service providers such as midwives and community people, in particular, for the enhancement of health of pregnant women and children under 5 in the community. And she showed her wish to organize the technical discussion session on the sustainability of MCH Promoters system. In addition she mentioned to share the completeness of end line survey for MCHP system as well after the comprehensive coordination among all concerned counterparts at all levels based on the recommendations from the JICA mid-term evaluation team and JICA Myanmar Office. In her conclusion, she urged all partners to learn together and work together for better health of mothers and babies in Myanmar.

(2) Remarks by Mr. Hideo Miyamoto, Chief Representative, JICA Myanmar Office

Mr. Hideo Miyamoto stated that JICA was pleased to see the tangible achievements such as capacity development of BHS, establishment of MCH Promoter System, renovation of 19 health centers, development of IEC/BCC materials and so on by the joint efforts of all concerned Japanese and Myanmar counterparts. And we have learned from the project report that ANC visits, number of delivery by SBA and TT immunization coverage have been increased. He congratulated the project team from the central level officials, key project team players at the State and Township level and the

project experts of JOICFP for these achievements. He expressed his expectation that the project would complete successfully and achieve the project purpose at the end of the project term. He continued that since the beginning of the project, JICA has high expectation on this project and JOICFP, which was highly respected for its reputation in RH field, has been selected to execute the project. From the experience of this project implementation, he said that they aimed for identifying the best RH approach to be applied nationwide in Myanmar. As you all know very well that the community-oriented approach which this project has initiated was a difficult approach, but expectedly the most effective and sustainable approach for development at grassroots level. The strength and challenges of this approach have been accumulated from the five-year implementation experience of this project. Taking the experience from this project, JICA would like to encourage the DOH to keep the responsibility for continuation and expansion of this approach. He requested all the attendants of the 7th PSC meeting to participate actively for the best use of this meeting to discuss overview of the project in the latter half of the JFY 2008 and plan of operations for JFY 2009. In conclusion, he showed his strong belief that our collaboration and cooperative efforts would ultimately contribute to promote the health and wellbeing of mothers and children in Myanmar.

(3) Remarks by Mr. Ryoichi Suzuki, Project Manager of CORHP and Deputy Executive Director, JOICFP

Mr. Suzuki expressed his congratulations to all counterparts of the project in their efforts for the further progress of the project. All of the activities planned were completed by the efforts of all concerned personnel more than our expectation. He also reported that some 70 MCHP trainings for 2nd batch were completed in January 2009 and the present number of MCHPs is 1,715 in both Townships with the continuation rate of 66% from the 1st batch. It showed the strong potentiality that MCHP System would be sustained. And he mentioned that the system showed the significant achievements such as increasing the number of ANC, immunization, deliveries by SBA, PNC and referral to the higher level of health facilities. And he also informed that end line assessment is now under the process to identify the progress of the project. Since the JFY 2009 was the last year of the project, Mr. Suzuki emphasized that 1) sustainability of the project, 2) confirmation of achievements of the project and 2) starting in preparation of the expansion and application to the other areas were key challenges for JFY 2009. He extended his appreciation to the all concerned agencies including DOH, JICA, Embassy of Japan and UNFPA for their providing full support and advices for the successful implementation and achievement of *Healthy Mother Project* to save the life of mothers and children in Myanmar.

2. Review of the latter half of JFY 2008

Dr. Thein Thein Htay, Deputy Director General (Public Health) chaired the sessions. After confirmation of agenda, presentation and discussion session was opened along with the planned agenda. And she requested the participants to give their comments, advices and clarification after all presentation completed. Then the session was opened.

(1) Overview of the Activities and Progress of the latter half of JFY 2008

(by Dr. Theingi Myint, Deputy Director, MCH, DOH)

Dr. Theingi Myint on behalf of DOH gave a project overview of the activities and progress of the latter half of JFY 2008 for 6 months. She briefly outlined the project purpose, expected outputs, challenges continued, key areas of focus, major activities and progress along with the revised PDM in September 2008. She reported on the highlights, achievements along with the key activities which were done in the latter half year. They included Refresher Training for SBA on Midwifery Skills, Renovation of Health Facilities, Provision of Equipment, Training on Effective Utilization of IEC/BCC Materials on RH, Training on TOT and MCHP trainings, TWG/VTWG meetings, Technical Discussion on Continuing Medical Education (CME), PSC Meeting in September and Experience Sharing Workshop. She also congratulated all concerned stakeholders of the project to have completed a series of planned activities and to have achieved further progress by their efforts.

(2) Report on Experience Sharing Workshop on Good Practices for Safer Motherhood and Community Support System

(by Dr. San San Oo, Assistant Director, MCH, DOH)

Dr. San San Oo, Assistant Director reported on the workshop and the results. In January 28 and 29, 116 participants and 73 participants from the community representatives such as representatives of TWG, VTWG and BHS attended in Kyaukme and Naungcho respectively. The objectives of the workshop were 1) to share the findings from the situation studies, 2) to share the good practices from selected village tracts identified through the monitoring and reporting system, and 3) to discuss about applicable practices. She introduced good practices from the village representatives including Community Welfare Fund, Referral support, etc. She summarized that community ownership and participation were also encouraged through the MCH Promoter System and Teamwork building among MW, AMW and MCHP and establishment of Community Support System.

(3) Report on TOT and MCHP Training and Assessment of MCH Promoters

(by Dr. San San Oo, Assistant Director, MCH, DOH)

Dr. San San Oo reported on TOT and MCHP Training and Assessment of MCH Promoters. TOT was conducted in Naungcho, November 24-25 and Kyaukme, November 26-27, 2008 with the participants 40 and 43 respectively. And some 70 trainings (43 in Kyaukme and 27 in Naugncho) for MCHPs were conducted from December 6, 2008 to January 17, 2009. The total number of MCHP becomes 1,715 as the 2nd batch. In the assessment of MCHP there are 3 methods such as 1) MCHP Profile analysis, 2) Questionnaire for BHS and 3) Semi-structured interview with MW. The series of the activities were done by the joint efforts of the Myanmar and Japanese counterparts. Some of the results were found as follows, 1) No education status decreased from 12% (2008) to 3.7% (2006), 2) Mean age at enrollment become younger (35.6→31.7 years) and so on. And she mentioned that MCHP were very proud to work for their own community helping the mothers and children. The continuation rate from 1st batch to 2nd batch was 66% at average of both Townships.

(4) Report on Community-based IEC/BCC Skills Training 2008 and development of the

IEC/BCC materials
(by Dr. Mya Hnin Aye, Focal Point Person, Naungcho)

Dr. Mya Hnin Aye, Focal Point Person, Naungcho reported that Community-based IEC/BCC Skills Training 2008 were conducted in Kyukme, November 15 and in Naungcho, November 17, 2008 with the participants 45 and 39 BHS respectively. Facilitators are from state and Township with IEC/BCC Expert from the JOICFP. The sessions consisted of the overview of IEC/BCC, effective communication, involvement of community leaders, what is the community-based IEC/BCC activities, what is the enter-education, and development of facilitation note and script using puppets and then they had a demonstration. Action Plan was also developed by each RHC. And since then health education sessions were conducted regularly in respective RHCs and Sub-RHCs. She also introduced newly developed IEC/BCC materials for 2008 such as MCH Promoters handbook 2nd version, MCH Promoters Kit, Calendar for 2009, Pocketsize notebook for MCHP based on the needs of the stakeholders.

(5) Report on Refresher Training on Midwifery Skills for SBA
(by Dr. Aye Aye Mu, District Medical Officer, Kyaukme)

Dr. Aye Aye Mu reported that refresher training on midwifery skills for SBA were organized in 29-30 December 2008 in Kyaukme and 1-2 January 2009 in Naungcho for 31 and 35 SBAs respectively. The Learning Objective: To have strengthened the midwifery skills of SBA in Kyaukme and Naungcho, Shan state, based on the outcome of the skills assessment of SBAs. And she added the Specific Objectives: By the end of the training, participants would be expected to be able to:

- Recognize new danger signs and problems during perinatal period
- Know how to manage problem and how to provide obstetric first aid
- Improve the quality of newborn resuscitation techniques and other vital newborn care

Dr. Aye Aye Mu recommended that the continuous training of skills development for SBAs was needed regularly and timely.

(6) Report on Improvement of Health Facilities of RHCs and Sub-RHCs
(by Dr. Chaw Chaw Naing, Township Medical Officer, Naungcho)

Dr. Chaw Chaw Naing reported that renovation of health facilities have completed as planned for this particular year and showed the slides of "before and after" of each health center. In FY 2008 total number of renovated health center were 8 as follows;

- **Kyaukme Township:** Mai Ngawt RHC, Ta Gon Daing Sub-RHC, Kywe Kone Sub – RHC and Maw Mar Sub – RHC
- **Naungcho Township:** Thone Sae RHC, Bant Bwe RHC, Samma Sae Sub – RHC and See Sone Sub - RHC

3. Presentation and Confirmation on the Plan of Operations of JFY 2009
(by Dr. Theingi Myint, Deputy Director, MCH, DOH)

Dr. Theingi Myint presented about the Plan of Operations in JFY 2009. She firstly touched upon the JFY 2009 was the final year until January 31, 2010, then the major challenges in JFY 2009 are as follows;

- **Sustainability of the project** in Kyaukme and Naungcho: MCHP System, teamwork and community initiative
- **Evidence analysis** of each project intervention
- **Guideline/package** should be documented for application to the other areas: **Operational Manual**

And she confirmed the following points and explained about the planned key activities in JFY of 2009;

1) **Project Purpose:** Utilization of quality RH services increases in the project areas
2) **Overall Goal:** Community-Oriented RH approaches identified by the project are applied to RH programs in the Union of Myanmar.
3) **Revised Outputs:**
   - Output 1: Quality of RH services is improved.
   - Output 2: Awareness and knowledge on RH services among community people is improved.
   - Output 3: Linkage between RH services and community people is strengthened.
   - Output 4: Mechanism to support community-oriented RH approach is established and functioned.
   - Output 5: Applicable Community-oriented RH approaches are identified and documented.
4) **Key Areas of Focus** including Antenatal Care, Clean and Safe Delivery, Postnatal Care, Referral to higher level and Team Work and Community support system for promotion of Maternal and Child Health.
5) **Plan of Operations of JFY 2009 and Key Activities** according to the outputs 1 to 5 including the follows;
   - Technical Assistance to SBA for Midwifery Skills
   - Technical Assistance to IEC/BCC including MCH Handbook for national prototype and FAQ Booklet for MCHP
   - Training on Leadership and Management for SBAs
   - Strengthening TWGs and VTWGs
   - Strengthening Supportive supervision and monitoring system
   - Seminar on Planning and Management for community stakeholders for safe motherhood through MCHP System
   - Technical Discussion on CME and Continuing Health Education (CHE)
   - Project Steering Committee Meetings in September and November 2009
   - Development of Operational Manual
   - Dissemination Workshop of the Community-oriented Approach
   - Counterpart Study Visit
   - JICA Final Evaluation and End line assessment, and so on.

Plan of Operations for JFY 2009 and Key activities were anonymously approved by the Steering Committee members.

4. Consultation and discussion:

(1) Guideline and Packages: Operational Manual

Mr. Suzuki consulted with the PSC on the title on Guideline and Package would be *Operational Manual*. The tentative contents were also confirmed. The procedures as planned were also confirmed. Final draft of the manual should be in September and distribution would be started from November at the Dissemination Workshop. Editorial Group would be established by the members from DOH and JICA/JOICFP. The detail member list will be discussed and confirmed by the technical meeting later on.

(2) Procedures on Expansion and Application to the other areas

Mr. Suzuki consulted with the PSC on the tentative procedures as follows;

1) Before the September PSC in 2009, candidates of expanded areas will be decided according to the criteria of selection.
2) The candidate Townships of expansion will be invited to the Project Dissemination Workshop in November
3) The expanded areas will start the MCH Promoters System and community-oriented RH approach based on the Operational Manual in 2010 after the project finished by the initiative of DOH.

And he added the following information to be shared with the PSC members;

1) Candidates will be selected based on the criteria
2) Discussions points and tentative criteria, for example:
   - How many townships from how many districts/ states under the direct supervision of MCH section, DOH/MOH
   - High MMR, high IMR, other conditions
   - Low coverage of ANC, PNC, etc.
   - Commitment of TMOs to implement
   - Good Access and communication with DOH
   - Cooperation with local administrative authorities and local NGOs, etc.

Furthermore Mr. Suzuki requested the DOH to establish the Technical Team by DOH and JICA/JOICFP for this purpose under the PSC chairperson.

After the presentations were done, the chairperson invited the comments and questions form the participants.

Major comments, advice and inputs from the participants were as follows:

Dr. Khin Maung Lwin, Director, CHEB, MOH suggested and recommended followings:

1) To Dr. Thein Thein Htay: MCH Promoters System should be studied for further application as the public health community network to the other areas from the experiences and achievements in Kyaukme and Naungcho,
2) To Mr. Suzuki: 1) It is a suitable idea to set the Editorial Group for Operational Manual for replication of the approach. Then the concerned people would be involved appropriately. 2) JOICFP and JICA should also consider providing more opportunities to the other areas for upgrading the health facilities such as RHC and Sub-RHC, when they consider the replication of the project with the support from Japan.

3) To Dr. Theing Myint: 1) Team-work building at higher level even at township, state and central should be also strengthened; 2) Role and responsibility among each team member should be clarified more. It is better for preparation if the idea to be replicated to the other areas, 3) It is valuable to study more about Continuing Medical Education (CME) and Continuing Health Education (CHE) through this project to find more practical and feasible way.
4) To Dr. San San Oo: 1) Applicable experiences and personal stories really happened should be documented during the activities of MCH Promoters. Personal histories could be attracting the followers. Recognition of the MCHPs is also a way of giving them support morally.
5) To Dr. Mya Hnin Aye: Enter-education requires skills development for effective facilitation and it was also required to have technical and financial supports even after the project phased out.
6) To Dr. Chaw Chaw Naing: In the RHC and Sub-RHC, I recommend each center should consider the poster exhibition appropriately and effectively, not recommended that posters displayed only to fill the wall.

Dr. Nila Tin, Director, Planning, DOH commented that within the 5-year term, Kyaukme and Naungcho have achieved a lot of progress through the project; however, we should extend further efforts to change people's behavior toward more health seeking. Then MCH Promoters' role and function become more important as the agents to change the people's behavior. And now the stage we faced was how we could sustain the MCHP system. In order to support pregnant women, community welfare fund and emergency referral system were encouraging. Although the financial sustainability was difficult to be achieved, but the satisfied people from the services through MCHP could become voluntarily contributors later on for community welfare fund. It could be a good sign for financial sustainability. The reporting on ANC, PNC was also utilized as the evidence because the evidence would be encouraging to the participating people to know their efforts and results.

Dr. Aye Aye Mu, DMO of Kyaukme Township recommended that criteria of MCHP should include single women for sustainability of MCHP system. She said that younger ones are able to read and write, and they have much time for the volunteer work compared with married and child bearing women, if they have their wish to work for the community. In addition to that Dr. Aye Aye Mu also reported that Kyaukme had 6 vacant positions of midwives which would be difficult for effective activities.

Dr. Chaw Chaw Naing, TMO of Naungcho Township shared the latest indicators in 2008 showing the significant change in ANC, ANC+4, and other figures. Then Dr. Thein Thein Htay asked Dr. Sai San Win, State Health Director of the Northern Shan State to compare the Kyaukme and Naungcho with other townships in the same state whether we could find the significant difference or not in those figures.

Dr. Myint Myint Than, Deputy Director, WCHD recommended that the editorial members for operational manual should be invited from the related sections. Mr. Suzuki appreciated the idea to involve the concerned people for community-oriented approach and he said the operational manual should be user-friendly.

5. Closing Remarks

Dr. Thein Thein Htay, Chairperson of PSC and on behalf of the DOH expressed her gratitude and appreciations to all the participants for their active participation and she showed her special thanks to Mr. Hideo Miyamoto, JICA Chief Representative and his team and JOICFP expert team headed by Mr. Suzuki who have shared their ideas in the 7th PSC Meeting. And she also requested all the members of the PSC that the year of 2009 was the most important year for all related personnel at all levels such as the central, state and township to make further efforts for the project sustainability.

(February 19, 2009)

The 7th Project Steering Committee Meeting
List of Documents (power point slides and handouts)

Annex 1: Overview of the Activities and Progress in the latter half of JFY 2008
Annex 2: Experience Sharing Workshop II on Good Practices for Safer Motherhood and Community Support System
Annex 3: Report on TOT, MCHP Trainings and Assessment of MCH Promoters
Annex 4: Community-based IEC/BCC Skills Training 2008
Annex 5: Development of IEC/BCC Materials
Annex 6: Refresher Training on Midwifery Skills for SBA
Annex 7: Improvement of Health Facilities, RHC and Sub-RHC
Annex 8: Plan of Operations in JFY 2009 with tentative Schedule of the Project Activities
Annex 9: Guideline and Packages: Operational Manual
Annex 10: Procedures on Expansion and Application to the other areas

With the other related handouts attached.

The7h Project Steering Committee (PSC) Meeting
List of Participants

1. Dr. Thein Thein Htay, Deputy Director General, Public Health, DOH
2. Dr. Khin Maung Lwin, Director, CHEB, MOH
3. Dr. Nila Tin, Director, Planning, DOH
4. Dr. Theingi Myint, Deputy Director, MCH, DOH
5. Dr. Myint Myint Than, Deputy Director, WCHD, DOH
6. Dr. San San Oo, Assistant Director, MCH, DOH
7. Dr. Moe Sandar, Assistant Director, WCHD, DOH
8. Dr. Myint Moe Soe, Medical Officer, MCH, DOH
9. Dr. Su Su Lin, Medical Officer, MCH, DOH
10. Dr. Yee Yee Cho, Medical Officer, BHS, DOH
11. Dr. Myat Lay Nwe, Medical Officer, WCHD, DOH
12. Dr. Sai San Win, State Health Director, Shan State (North), Lashio
13. Dr. Aye Aye Mu, District Medical Officer (DMO), Kyaukme
14. Dr. Chaw Chaw Naing, Township Medical Officer (TMO), Naungcho
15. Dr. Mya Hnin Aye, Focal Point Person, Naungcho
16. Ms. Mya Mya Htay, Chairperson, MCWA, Naungcho
17. Mr. Hideo Miyamoto, Chief Representative, JICA Myanmar Office
18. Ms.Yoshika Umabe, Project Formulation Adviser, JICA Myanmar Office
19. Ms. Pa Pa Khin, Program Assistant, JICA Myanmar Office
20. Mr. Ryoichi Suzuki, Project Manager, CORH Project, JOICFP
21. Ms. Misako Nogi, Project Coordinator, CORH Project, JOICFP
22. Ms. Mari Kinoshita, Community Health Expert 1, JOICFP
23. Ms. Sachiko Sakurai, Community Health Expert 2, JOICFP
24. Dr. Nang Noi Leik, Project Officer, CORH Project, JOICFP
25. Ms. Htwe Htwe Ohn, Field Officer (Administration), CORH Project, JOICFP

(25 participants)

The 8th Project Steering Committee (PSC) Meeting

Dates: **September 15, 2009 (Tue)**
Time: **13:00– 16:00**
Venue: **DOH Meeting Room, Nay Pyi Taw**
Participants: **PSC members (DOH/JICA/UNFPA/JOICFP representatives and JICA Terminal Evaluation Team)**

Objectives:

- To feedback of the outcomes of the JICA Terminal Evaluation Team and to have a signing of the Minutes of Meetings on Terminal Evaluation
- To review the plan, activities and achievements in the first half of the Project of JFY2009;
- To share the results of End Line Assessment;
- To share the semi-final draft of *Implementation Guide*;
- To confirm the selection of the potential expanded areas and to discuss the future perspectives of the Project sustainability; and
- To confirm the Plan of Operations in the latter half of JFY 2009.

Agenda: (Dr. Thein Thein Htay, Deputy Director General: PSC Chairperson)

1. Opening Session

(1) Opening Remarks by Dr. Win Myint, Director General, DOH
(2) Remarks by Mr. Hideo Miyamoto, Chief Representative, JICA Myanmar Office
(3) Remarks by Mr. Ryoichi Suzuki, Project Manager, CORH Project, JOICFP

2. Feedback Session of JICA Terminal Evaluation Team and

3. Signing of the Minutes of Meetings on Terminal Evaluation

4. Review of the first half of JFY2009 *(Responsibility/Presented by)*

(1) **Overview of Plan, Activities and Progress in the first half of JFY 2009** (by DOH/JOICFP)

- ✓ Seminar on Planning and Management for Sustainability
- ✓ The 2nd Leadership and Management Training for BHS
- ✓ Monitoring Training for BHS
- ✓ Assessment of Good Practices of Community Support System
- ✓ Midwifery Education: On-job training for AMW by MW
- ✓ IEC/BCC: Health Education Sessions

5. Report on Counterpart Study Visit to Japan (by DOH/JOICFP)

6. Report on CME/CHE by the Project Townships (by DOH/JOICFP)

7. Report on the End Line Assessment (by the Consultant)

8. Consultation, discussion and confirmation

(1) **Sharing the semi-final draft of *Implementation Guide*** (by DOH/JOICFP)

(2) **Selection of the potential expanded areas and Discussion on the future perspectives of the project** (by DOH/JOICFP)

(3) **Plan of Operations for the latter half of JFY 2009** (by DOH/JOICFP)

9. Closing Remarks

Announcement: The 9th Project Steering Committee Meeting in January 2010

Minutes of the Meeting

1. Opening Session

(1) Opening Remarks by Dr. Win Myint, Director General, DOH

In his remarks, Dr. Win Myint, Director General has pointed out that reproductive health has become a priority issue and RH Policy has been officially laid down by the Ministry of Health since 2002. In the Five-year National Health Plan laid out in 2004, one of the major activities is to improve the capacity of the Service Providers. Maternal Mortality Ratio (MMR) in Myanmar is 316/100,000 live births in 2004-2005, whereas IMR is 49.7/1000 live births and under 5 mortality is 66.6/1000 live births. Neonatal deaths are 40% of all infant mortality. The time starting from Pregnancy through Childbirth, Postpartum till Newborn period is very important, so the *"Healthy Mother Project"* implemented in Kyaukme and Naungcho will become a "Model Project" for all pregnant women to have safe motherhood. And Dr. Win Myint mentioned that he would like to urge all persons concerned to learn together and work together for the success of this project. He requested their continuing efforts of DOH to strengthen the project and continues their efforts further more for the sustainability. He also expressed his gratitude to the JICA Terminal Evaluation Team on their efforts for their evaluation activities. He appreciated the partnership with JICA and JOICFP.

(2) Remarks by Mr. Hideo Miyamoto, Chief Representative, JICA Myanmar Office

The Chief Representative stated that this project started in February 2005 and this fiscal year was the last year of 5 year project. He said that it was significant for the project to have a lot of achievements by the efforts by DOH in cooperation with JOICFP to implement the project in Kyaukme and Naungcho Townships for the purpose of quality RH services in focus on maternal and child health. The JICA Terminal Evaluation Team would present the results of the evaluation of the project which was very encouraging one. He requested the all concerned persons and organizations to continue their efforts for the project sustainability of the project even after the project termination by January 2010 and he requested all stakeholders for the good preparation within the project term. And Kyaukme and Naungcho would be asked by him to take an important role from now on as the model areas of community-oriented RH project to lead the other newly expanded areas. He encouraged each one of the participants and DOH stakeholders to take his/her efforts for further steps and achievements continuously even until the end of the project. He appreciated their team work efforts among all concerned people of DOH and JOICFP. And he gave his gratitude to the JICA Terminal Evaluation Team in their contributions for their evaluation activities.

(3) Remarks by Mr. Ryoichi Suzuki, Project Manager of CORHP and Deputy Executive Director, JOICFP

Mr. Suzuki congratulated all of the stakeholders for the progress and accomplishments of the project. He mentioned that up to date the Project has implemented wide range of activities targeting approximately 4,000 stakeholders in two Townships in total as follows:

- Some 90 BHS including MWs received trainings on skill development of various topics
- 233 AMWs received the refresher training

- 3,326 MCH Promoters received trainings during 2006 and 2008
- Some 110 community representatives including PDC and village chairpersons and village representatives
- 26 counterparts were dispatched for study visit to Japan and Vietnam until 2009
- 19 RHCs and Sub-RHCs in total were renovated and provision of the necessary equipment for the health facilities.

He added that based on the accumulated experiences and achievements in the Project areas, time has come to extend the community-oriented RH approach to the other areas while keeping the model Townships of Kyaukme and Naugcho in order to uplift the approach including MCH Promoters System as a strategy for improvement of maternal and child health situation in the Union of Myanmar. He also said that the achievements should be relied on the strong partnership of DOH, JICA and JOICFP to develop the community-oriented reproductive health approach by their very harmonious efforts. He believed that time has matured to discuss further on the future perspectives of the project in particular on the sustainability of the activities in Kyaukme and Naungcho Townships and to plan to apply the experiences to the other areas He appreciated the all concerned people for their contributions for the achievements of the project.

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2. Feedback Session of JICA Terminal Evaluation Team

The session was opened by Dr. Tin Win Kyaw, Director of Public Health, DOH who took the chair on behalf of Dr. Thein Thein Htay, Deputy Director General and Chairperson of the Project Steering Committee. He invited the JICA Terminal Evaluation Team to report of the outcomes and results of the evaluation exercise. Ms. Keiko Osaki, Leader of the Team reported along with the attached evaluation documents.

After the presentation, the chair invited the discussions, observation on the documents from the participants of the PSC Meeting. The major discussions are as follows.

- Dr. Nilar Tin, Director, Planning commented how the existing health volunteers such as CHW were integrated with this project. In answering the question, Dr. Aye Aye Mu, DMO, Kyaukme Township explained that the nature of the project develop the MCH Promoters system with the single purpose volunteer in maternal and child health. There is no CHW in the system although some of the members were integrated with the members of MMCWA members. MCHP is selected from 30 households. She also mentioned that each one of the volunteers has the same objective which is to save the life of mothers and children.
- Dr. Khin Maung Lwin, Director, CHEB added that MCHPs have different functions compared with other primary health care volunteers such as AMW and CHW. Their role was clearly identified as a"*bridge"* between the health providers and community people in particular pregnant mothers and children under 5.
- Dr. Tin Win Kyaw, Director, Public Health commented that one MW covered around 5,000 population, and they need some *bridges* between their services and community people. With their help of MCHPs, midwives are more effective to work.
- Dr. Khin Maung Lwin also commented that MCHPs could work in the hard-to-reach areas because they were selected among the household in the same village and MCHPs spoken the

same languages with the pregnant mothers. Since they were functioned as the peer educators. He continued that I believed that MCHP is a mother-to-mother volunteer and deferent function with the other health volunteers such as CHW, CSG, etc. For the sustainability of MCHP, we should prepare the some stimulus package for them to appreciate to their dedicate work without any payment and to continue their activities. I mean that stimulus package in kind of in training within the capacity of the project for their sustainable voluntary work.

- Dr. Tin Win Kyaw, Director, Public Health said in his observation in Wakayama Prefecture that MCHP has multipurpose nowadays including elderly care and welfare. Mr. Suzuki commented that at the beginning the MCHP had a single purpose only on MCH and they added another task one by one, not from the beginning and they become multipurpose workers later on.
- Dr. Nilar Tin, Director Planning mentioned the all volunteers have their own task and responsibility however we should remember they are voluntarily contributing to save the life of mothers and children under the mutual help in the villages.
- Ms. Osaki questioned the DOH why you need MCHPs. I think there are AMW, CHW already working in the villages. Dr. Aye Aye Mu said that CHW are mainly male and AMW is not enough to cover the all areas and we have many language groups.
- Mr. Suzuki commented that we needed more discussions on whether the single or multi purpose workers are better. Since they are purely volunteers without any payment. If they have some more burdens they could not work effectively. Since they are working by their own wishes as a volunteer using their vacant time only.
- Dr. Khin Maung lwin commented that monitoring system of the health volunteers, are necessary by the MWs. However, monitoring format should be simple one, I believed that no more burdens to MWs. He added that about 50,000 Community Support Group members were now working as the RH volunteers. He continued that success stories of volunteers should be collected for the recognition of their activities as one of the incentives for them. Dr. Khin Maung Lwin said that the sharing the success stories and experiences among the stakeholders in their achievement to save the life of women was introduced through the news letter, for example. It would be a stimulus for each one them. Other stimulus package would be prepared packages to honor them such as bag, batch another color of bag each batch change the color. He stated that stimulus package with minimum expenditure should be prepared for the volunteers as one of the sustainability of the volunteer works based on his 7 year experiences of CSG program. Monitoring format of MCHP is necessary but should be simple one. He recommended that Kyaukme and Naungcho health staff and volunteers should sit together to discuss on the simplest monitoring system to suit to the situation and to discuss low cost incentives. And even it is difficult to set the local association but they could be grouping at least not as formal association.
- Dr. Tin Win Kyaw recommended that training is rather important to sustain the project. JICA Township Training Team would be established soon. They would support the project in terms of skill development for the health providers. It would be possible to include some package for health volunteer skill development.

After the discussions and comments from the participants, the draft documents presented was enormously approved by the Department to Health (DOH).

3. Signing of Minutes of Meetings on Terminal Evaluation

Dr. Win Myint, Director General, DOH and Ms. Keiko Osaki, Leader of the Terminal Evaluation Team, JICA signed on the Minutes of Meetings (M/M) attached at his office with the witness of JICA Chief Representative, the mission members and DOH representatives such as Deputy Director General, Public Health and Director, Public Health, and JOICFP Project Manager.

4. Review of the first half of JFY2009

Dr. Khin Maung Lwin, Director, CHEB took a chair on behalf of Dr. Thein Thein Htay. Dr. Tin Win Kyaw, Director of Public Health presented on the overview of the Plan, Activities and Progress in the First Half of JFY 2009 along with the following components.

(1) Overview of Plan, Activities and Progress in the first half of JFY 2009

- ✓ Seminar on Planning and Management for Sustainability
- ✓ The 2nd Leadership and Management Training for BHS
- ✓ Monitoring Training for BHS
- ✓ Assessment of Good Practices of Community Support System
- ✓ Midwifery Education: On-job training for AMW by MW
- ✓ IEC/BCC: Health Education Sessions

5. Report on Counterpart Study Visit to Japan

Dr. Hnin Hnin Lwin, Medical Officer, MCH Section on behalf of the Study Visit Team to Japan reported. She mentioned the 6 representatives were dispatched to Japan including 2 from the central office of DOH and 2 counterparts from Kyaukme and Naughcho respectively, headed by Director, Public Health from July 6 to 25, 2009 to learn the experiences, best practices and lessons learned on sustainability in Japan and the community-oriented approaches including MCH Promoter System in Tokyo and Wakayama Prefecture. She said that this visit was so significant in order to strengthen the sustainability of the project in the future

6. Report on CME/CHE by the Project Townships

Dr. Aye Aye Mu, DMO, Kyaukme and Dr. Chaw Chaw Naign, TMO, Naungcho reviewed their annual plan for CME and CHE respectively on the achievements, lessons learned and recommendations for the future sustainability. The representatives of DOH central office recognized the CME and CHE were rather important strategies for the sustainability of the each project area. Some difficult and lesson learned from Kyaukme was assess. Some of the midwives could not reach to all the villages, and MCHPs and AMWs could not come and assemble at the health centers too.

They recommended 1) DOH guide line for both townships, 2) Working with Township health Committee and Villages and Wards Health Committees, 3) Continuous CME and CHE, and 4) Refresher training for AMWs and MCHPs as local activity.

Mr. Suzuki encouraged the yearly planned CME and CHE as one package were effective rather than

the ad hoc meeting. Institutionalization of the system in the existing organization and program as they recommended would be recommended. DOH recommended health education sessions to be don ducted all levels would be very much encouraging. This would be the pipeline of health services and information. And listening the people would be very important, Dr. Khin Maung Lwin mentioned.

7. Report on the End Line Assessment

Mr. Nyan Lin, consultant reported the results of the end line assessment which was conducted in 2009 and compared with the baseline survey 2005-6 showing the figures identified trends of improvements and achievements in each component according to the power points attached. Assessment conclusion was as follows;

- The knowledge of RH issues among the community people has improved significantly.
- Significant improvements in the utilization of RH service are observed in many indicators.
- The midwifery skills and knowledge of BHS are upgraded significantly.
- The activities of MCHPs have some effects in promotion of RH.

Some technical questions to the reporter such as sample size, questionnaires, methodology of interviews would be cleared by Mr. Nyan Lin. And he informed that end line assessment reports would be finalized at this moment in progress

8. Consultation, discussion and confirmation

(1) Sharing the semi-final draft of *Implementation Guide*

Mr. Suzuki showed the semifinal one of Implementation Guide. And he said the Guide will be distributed in the dissemination workshop in November. I would be also translated to Myanmar language.

(2) Selection of the potential expanded areas and Discussion on the future perspectives of the project

Dr. Tin Win Kyaw introduced tentative list of candidates in the meeting as follows;

- ✓ In Southern Shan State: Pindaya Township and Ywa Ngan Township
- ✓ In Magway Division: Taung Twin Gyi Township and Aung Lan Township

Dr. Khin Maung Lwin commented that except Ywa Ngan Twonship, other three townships are under the support of UNFPA CSG. He recommended reconsidering the candidates of townships among all concerned with the DOH. Dr. Tin Win Kyaw stated to need more time for consolidation of the candidates selection of the expanded areas among the DOH. Mr. Suzuki requested it would be much appreciated to select the candidates before the Dissemination workshop in November. The new expanded areas would be invited to the model areas for the workshop.

For the future perspective:

- Dr. Nilar Tin suggested that male involvement should be considered in the future. Husband participation would be very essential for RH and MCH.
- Dr. Khin Maung Lwin showed his comments technical sustainability would be supported by the Health personnel, however, we would be faced some difficulties to sustain the project financially to tell the truth.
- Dr. Tin Win Kyaw mentioned that one of the potential way would be to request the financial support from the MMCWA and technical input from the DOH. We need more discussions and consultation within the DOH. Beyond 2010, DOH would try to find other sources as much as possible but it would be very difficult under the present situation. Local resources in two townships would be possible at some extent. But other new areas would be difficult with the same manners with the model areas. We need more strategic discussion among the all stakeholders.
- Dr. Khin Maung Lwin stated the friendship between Japan and Myanmar was strong enough to create the other type of technical cooperation would be consulted for the future to fulfill the mission for RH and MCH. We will try our best to sustain the project areas as we have committed, however, this approach was just developed by this project and we need more time to have more confidence.
- Dr. Nilar Tin commented that our country health system should be strengthened to reduce MMR. At the same time we should have system development human resources. In terms of Kyaukme and Naungcho we have recognized their strong ownership from the bottom-up. However we need more efforts to the nation wide efforts for reducing MMR, for that purpose we need more strengthening the technical working group with the partner agencies. It would be combined with GAVI health system development
- DOH participants mentioned from the central to township level that project in Kyaukme and Naungcho could be implementing with DOH infrastructure since MCHP were trained and already to conduct their activities under the midwives. But it would be difficult to initiate this project in to the other areas without any resources. Cost effectiveness and cost sharing with the local authorities would be considered when we would expand this idea to the other areas. We need more study how to apply to the other areas based on the our experiences and to find the essence of the component of the project. Definitely training would be needed financial resources in the new areas and materials such as MCHP kit and IEC/BCC minimum printing cost.
- Dr. Khin Maung Lwin recommended having exchange study program to learn with each other such as between CSG and MCHP in the nearest pints. CSG has a budget to send the model areas by their own resources.
- Mr. Suzuki mentioned that MDGs in particular MMR and IMR would be the most difficult tasks. I would be essential to have a bridge between health providers and community people since midwives could not reach every corner of the villages and the continuing efforts would be required badly.
- DOH representatives also suggested finding some integration with the other projects, such as GAVI, BHS training to succeed the component training as many as possible.
- JICA mission stated that this approach should be duplicated to the other areas and implementing in your health system would be welcomed, in that way, we need to study more

to reduce the cost and to be tested for more applicability. DOH would be planning in that way would be recommended. Please try your best to find your internal resources or existing resources for this sustainability as much as possible. The JICA terminal evaluation team to describe your commitment in our documents.

- Two townships mentioned that they tried their efforts to coordinate with PDC and local authorities monthly to find more practical way to sustain the project in particular training for MCHPs through our BHS.
- Dr. Khin Maung Lwin said this approach would be very effective to the urban poor since this would be based to house to house approach. MDGs is most important goals for all of us strategy to reduce the MMR and IMR, we need to continue our efforts to fulfill the mission and goals. The role of model areas of Healthy Mother Project would be more contributing to these MDGs and expand this idea to the other areas as the successors of the model. The modality of the project introduced by JICA/JOICFP would be very much applicable and valuable to our countries, we believe. And he mentioned that DOH would do all the best. We are very happy to share the problems with our friends to find a solution together to the common goals for the health of mothers and children. And we are always open to JICA/JOICFP to a new project in the future.

(3) Plan of Operations for the latter half of JFY 2009

Mr. Suzuki explained the coming schedule such as Dissemination Workshop in NPT, Yangon, Project areas and expanded areas, if possible. And the 9th Project Steering Committee Meeting would be organized in January 2009 to sum-up the 5 year activities and discuss the future perspectives.

9. Closing Remarks

Dr. Khin Maung Lwin on behalf of DOH and chairperson of PSC express his appreciation to all participants for their active participation to the discussions and he requested their more efforts to sustain the project. Mr. Suzuki also expressed his impressions on the strong confidence of sustainability of Kyaukme and Naungcho as the model to the other areas in Myanmar for Community-oriented RH project. Ms. Osaki appreciated the kind cooperation from the all concerned stakeholders to accomplish the evaluation exercise.

The 8th Project Steering Committee (PSC) Meeting
List of Participants

1. Dr. Win Myint, Director General, DOH
2. Dr. Thein Thein Htay, Deputy Director General, Public Health
3. Dr. Tin Win Kyaw, Director, Public Health
4. Dr. Khin Maung Lwin, Director, CHEB
5. Dr. Nilar Tin, Director, Planning
6. Dr. Hnin Hnin Lwin, Medical Officer, MCH
7. Dr. Myint Moe Soe, Medical Officer, MCH
8. Dr, Su Su Lin, Medical Officer, MCH
9. Dr. Aye Aye Mu, District Medical Officer (DMO), Kyaukme
10. Dr. Chaw Chaw Naing, Township Medical Officer (TMO), Naungcho
11. Dr. Kyi Phyar Aung, Kyaukme
12. Dr. Nang Mya Hnin Aye, Focal Point Person, Naungcho
13. U Nyan Lin, Consultant of End line Assessment Study
14. U Kyaw Thung, Township Supervisor of End line Assessment Study
15. Ms. Pa Pa Khin, Program Assistant (Health), JICA Myanmar Office
16. Mr. Ryoichi Suzuki, Project Manager, CORH Project, JOICFP
17. Ms. Misako Nogi, Project Coordinator, CORH Project, JOICFP
18. Mr. Tomomichi Yamada, Expert on Monitoring and Operational Research, CORH Project, JOICFP
19. Ms. Mari Kinoshita, Expert on Community Health, CORH Project, JOICFP
20. Ms. Ryoko Koshihara, Expert on Community Organization Activities, CORH Project, JOICFP
21. Dr. Nang Noi Leik, Project Officer, CORH Project, JOICFP
22. Dr. Myo Tint Than, Field Officer (Medical), CORH Project, JOICFP
23. Ms. Htwe Htwe Ohn, Field Officer (Administration), CORH Project, JOICFP

Member of the JICA Terminal Evaluation Team

1	Ms. Keiko Yamamoto (Osaki)	Leader, Senior Advisor (Health), JICA
2	Ms. Kotoko Suzuki	Assistant Professor, Faculty of Education, Tokyo Gakugei University
3	Ms. Akiko Hayashi	Evaluation Analyst
4	Ms. Yoshika Umabe	Planning Cooperation, JICA Myanmar Office

（Total number: 27 participants）

The 9th Project Steering Committee (PSC) Meeting

Dates: **January 22, 2010 (Fri)**
Time: **10:30 – 12:30 hour**
Venue: **Meeting Hall, Royal Kumudra Hotel, Nay Pyi Taw**
Participants: **PSC members (DOH/JICA/UNFPA/JOICFP representatives)**

Objectives:

- To review the progress and achievements of the Project in JFY2009;
- To overview the five-year Project;
- To share the *Implementation Guide for Community-oriented Reproductive Health Approach*
- To discuss about the follow-up activities after the project termination

Agenda:

(Chaired by Dr. Khin Maung Lwin, Director, CHEB, DOH)

1. Opening Session

(1) Opening Remarks by Dr. Khin Maung Lwin, Director, CHEB, DOH
(2) Remarks by Mr. Hideo Miyamoto, Chief Representative, JICA Myanmar Office
(3) Remarks by Mr. Ryoichi Suzuki, Project Manager, CORH Project, JOICFP

2. Review of the Project in JFY2009 *(Responsibility/Presented by)*

(1) **Overview of the Activities and Progress in the latter half of JFY 2009**
(by DOH/JOICFP)

- ✓ Dissemination Meeting on Community-Oriented RH Approach
- ✓ Experience Sharing Workshop on Community-Oriented RH Approach
- ✓ Distribution of *Implementation Guide*

(2) **Community Health Volunteers in Myanmar** (by DOH/JOICFP)

3. Consultation and Discussion (by DOH/JOICFP)

- ✓ Future plan for sustainability of Community-oriented RH Approach in Kyaukme and Naungcho Townships
- ✓ Follow-up activities after the project termination

4. Closing Session

Minutes of the Meeting

1. Opening Session

(1) Opening Remarks by Dr. Khin Maung Lwin, Director, CHEB, DOH

In his remarks, Dr. Khin Maung Lwin on behalf of Director General of DOH has mentioned that the Government of Myanmar has recognized reproductive health (RH) as a priority for improvement of the nation since early 1990s. Consensus reached at the 1994 International Conference on Population and Development (ICPD) adopted a broad developmental approach based on realizing women's reproductive rights and gender equity, calling for integral part of wide-ranging reproductive health (RH) care services. RH Policy has been officially laid down by the Ministry of Health since 2002. In the Five-year National Health Plan (2006-2010) and Strategic Plan of RH, one of the major activities is to improve the capacity of the Service Providers. In Myanmar, Maternal Mortality Ratio (MMR) is 316/100,000 live births in 2004-2005 and neonatal deaths are 40% of all infant mortality. The time starting from Pregnancy through Childbirth, Postpartum till Newborn period is very important, as well as continuum of cares at individual, family, community, primary care and first referral levels. So the *"Healthy Mother Project"* used a Community-Oriented RH Approach in order to promote safe motherhood through community participation and involvement, which leads to increase utilization of quality RH service and information in the community for safer pregnancy and delivery for women in Myanmar. *Healthy Mother Project* which has been implemented in Kyaukme and Naungcho Townships will become a "model project" for all pregnant women to introduce the MCH Promoters System as the practical community-oriented health system in Myanmar as a *bridge* between health service providers and community people in particular mothers and children. According to the result we could find very high potentiality that MCH Promoters System would contribute for safe motherhood and improvement of RH status of women in Myanmar. He expressed his congratulations to all the concerned implementers on their efforts towards successful implementation of the project which has shown a lot of effective strategies and approaches to other areas in Myanmar. He finally expressed his gratitude to the technical cooperation by JICA and JOICFP for five year long since 2005 till 2010 in order to improve the health status of Myanmar people in particular for the pregnant women, newborns and children.

(2) Remarks by Mr. Hideo Miyamoto, Chief Representative, JICA Myanmar Office

Mr. Miyamoto, Chief Representative of JICA Myanmar Office, stated with his congratulations to the concerned personnel to have materialized all the recommended actions by the JICA joint terminal evaluation mission in September 2009. With the concerned peoples' efforts, we could have accomplished the project activities timely and tangible achievements have been made throughout the implementation period. At the time of evaluation, it was said that the purpose of the project is likely to be achieved and the project was evaluated as successful by the Evaluation Team. He expressed his sincere thanks to the BHS in Kyaukme and Naungcho Townships for their tireless efforts for successful implementation of the project with their high dedication and commitment. He also expressed his gratitude to the DOH/MOH for their administrative guidance and support for smooth implementation of the project. He extended his appreciation to the JOICFP Project Team for their dedication and commitment for safe motherhood in Myanmar. To ensure the sustainability of the

project activities, he encouraged all the concerned personnel to continue their efforts and endeavors to promote the health and wellbeing of mothers and children in Myanmar utilizing the approaches and strategies from the *Healthy Mother Project.*

(3) Remarks by Mr. Ryoichi Suzuki, Project Manager of CORHP and Deputy Executive Director, JOICFP

On behalf of JOICFP Project Team, Mr. Suzuki expressed his heartfelt appreciation to all of the concerned people for their dedicated efforts and endeavors for the successful project implementation for five years. He mentioned that the project areas such as Kyaukme and Naungcho have showed significant achievements beyond their expectation at the beginning. In particular, some of the indicators have been improved by the activities of the introduction of MCH Promoters under supportive supervision by the midwives. The first batch of MCH promoters were trained in December 2006 and the 2nd batch in December 2008, such as 1,672 (Kyaukme 970/ Naungcho 702) and 1,654 (K950, N704) respectively. MCH Promoter's role is to serve as a *bridge* between midwives and community people, especially pregnant women, mothers and children under 5. MCH Promoter selected in every 30 households in all the villages was the very important agent at the grass-root along with the community people. In addition community support system has been also strengthened in collaboration of PDC chairpersons with BHS for MCH promotion activities in the Project areas at both Township and village levels. Some of the good practices including *Community Welfare Fund*, and *Emergency Transportation System by the community* for the pregnant women were well facilitated through the community initiative and ownership. Commitment of all the stakeholders at community level was also enhanced through this Project, not only among health personnel but also among Township, Village Tract and Village PDC Chairpersons and the community representatives by the series of comprehensive interventions by the Project including advocacy meetings, experience sharing workshops as well as planning and management seminar. Based on the accumulated experiences and achievements in the Project areas, DOH starting from the central level to Township levels stated their commitments and confidence to sustain and extend the Community-Oriented RH Approach to other areas while keeping the model Townships in order to expand the approach including MCH Promoters System as a strategy for improvement of maternal and child health situation in the Union of Myanmar. He believed that this Community-oriented RH Approach could be very useful for strengthening Myanmar's RH and safe motherhood program and strategy aiming to achieve the MDGs by 2015. He also shared *the Implementation Guide for Community-Oriented Reproductive Health Approach* booklet with all the participants. The application of the good practices, experiences and lessons learned from the project may be built-in to the National Health Plan, Strategic Plan for Reproductive Health, National strategy for achieving the MDGs, in particular global targets 4 and 5: Improve Maternal and Child Health, and Revitalization of Primary Health Care (PHC). He also showed his gratitude to the Department of Health/Ministry of Health, Japan International Cooperation Agency (JICA) as well as UNFPA for providing their full support, encouragement and advices for the successful implementation of *Healthy Mother Project* for five years.

2. Review of the Project in JFY2009

Dr. Khin Maung Lwin, Director, CHEB, acted as a chairperson on behalf of Dr. Thein Thein Htay,

Deputy Director General (Public Health), and PSC Chairperson.

Dr. Theingi Myint, Deputy Director of MCH presented on the overview of the Activities and Progress in the latte half of JFY 2009 along with the following components *(referred to the attached power point presentation slides).* Some photos of the Meeting and Workshop were introduced, too.

(1) Overview of the Activities and Progress in the latter half of JFY 2009

- ✓ Dissemination Meeting on Community-Oriented RH Approach
- ✓ Experience Sharing Workshop on Community-Oriented RH Approach
- ✓ Distribution of *Implementation Guide*

(2) Community Health Volunteers in Myanmar

Dr. Hnin Hnin Lwin, Assistant Director, MCH, presented the following subject using the power point presentation slides and handouts titled under the same subject.
She raised the consideration for the DOH as follows;

- ■ Communication among health volunteers in one township
- ■ Team work among volunteers and BHS
- ■ Coordination, cooperation and support among different health volunteers of same activity

Mr. Suzuki added that the JICA Terminal Evaluation Team recommended the project team to make a list of community volunteers working in Myanmar so that DOH could consider about the more collaboration and coordination among all the community volunteers with each other. Dr. Theingi mentioned that it should have more studies in each volunteer activity for further improvement of each system and coordination among the existing volunteer systems. Dr. Khin Maung Lwin from his experiences to have provided the trainings for the community health volunteer including the youth volunteers, one of the important things would be linked more with the BHS such as midwives in the same areas under the good team work building. However, in Myanmar some volunteers received the monetary incentives and others didn't. Such kind of matter should be coordinated under DOH guideline. It should be respected that each volunteer system has its own objectives; however, it is not necessary to compete with each other rather to cooperate with each other. He mentioned that we could give the same mission goal to all of them such as MDGs in order to work for the health for all the people in Myanmar. He added that it was important that we should appreciate their own dedication and commitment with their own voluntary spirit always.

3. Consultation and Discussion

- ✓ Future plan for sustainability of Community-oriented RH Approach in Kyaukme and Naungcho Townships
- ✓ Follow-up activities after the project termination

Dr. Khin Mar Myint, Acting DMO of Kyaukme and Dr. Chaw Chaw Naing, TMO of Naungcho presented their own future plan of sustainability of CORH Approach in their respective areas. (R*eferred to the power point slides attached*) with their commitment and ownership.

Ms. Wai Wai Than, Chairperson of MMCWA, Kyaukme Township, has shown her commitment to continue the MCHP System in her Township with the good coordination of other MMCWA activities including 10 household volunteers working for the health and welfare of the women and children. She said that MMCWA was working as a social organization to conduct a various activities such as health education regularly. Although she was newly assigned on January 4, 2010, she committed to coordinate with the BHS and MCHPs for the sustainability of the project activities which achieved very successful results.

Dr. Khin Maung Lwin supported the ideas of CME and CHE as the strategies for sustainability, and asked how and where the future MCHP training could be conducted in two Townships. Answering this, Dr. Chaw Chaw Naing said that PDC chairman of Naungcho Township has already shown his initiative to support the MCHP System and further promote Community Support System. He has committed to continue the MCHP trainings for the 3rd batch in coming December 2010 which would be conducted at the RHCs and Sub-RHCs. The chairman requested Dr. Chaw Chaw Naing to raise this point to the Township Health Committee as an agenda for starting the preparation for the VT chairmen to support the CORH approach including the trainings for the MCHPs. Dr. Khin Mar Myint also mentioned that PDC chairman of Kyaukme would take his initiative to coordinate with VT chairmen to support the MCHP and Community Support System more including the 3rd batch training for MCHPs with the same manner in previous implementation. Both DMO and TMO mentioned that transportation and food cost will be covered by PDC and community people. She mentioned that training would be conducted for continuing and newly assigned MCHPs at the same time and their BHS already have good experiences as the trainers for MCHPs. Dr. Khin Maung Lwin commented that if it was so, it would be sure even in the future.

Dr. Khin Maung Lwin mentioned that *institutionalization* of the project activities was rather difficult and very challenging at the same time. A series of advocacy would be a very important intervention for the institutionalization repeatedly. Important point is how to cultivate the volunteer sprits with all concerned people. Dr. Khin Maung Lwin said that transfer of the government personnel is unavoidable administrative system, however, he suggested that even a one sheet of paper of the activities could be helpful for the successor to understand what kind of activities he/she is expected to carry on in the newly assigned jurisdiction. Documentation would be recommendable as one of the ways to institutionalize the project activities for better sustainability.

Dr. Thiengi informed that 2 out of the 4 townships attended the Experience Sharing Workshop in November showed their keen interests to initiate the MCHP System in their own Townships. She said that they needed to have the official approval from the higher authorities to do so under the DOH/MOH.

Mr. Suzuki advised the DOH to distribute the MCHP kits according to the needs of the model areas for the 3rd batch of MCHP training and the other Townships on their initial trainings out of the 5,000 additional MCHP kits which will be provided by the project before the end of the project. He added that *Implementation Guides* both in English and Myanmar will be also useful for the implementers of

CORH approach which will be available at the MCH, DOH at the same time.

4. Closing Remarks

Dr. Theingi expressed her appreciation to JICA and JOICFP to extend their technical cooperation to DOH for five years to improve various status and skills for the concerned personnel. She said that the experiences in Kyaukme and Naungcho were very valuable for other areas to apply the CORH Approach.

Mr. Miyamoto expressed his gratitude to DOH and JOICFP Project Team for their dedication and endeavors for the success of the *Healthy Mother Project* to improve the health status of mothers and children significantly.

Mr. Suzuki appreciated on behalf of the JOICFP Project Team to all the project implementers in Kyaukme and Naungcho and assistance from the JICA Myanmar Office and DOH/MOH for five years which have provided the guidance and support to the project in order to achieve the successful completion and fulfillment of the project objectives.

Dr. Khin Maung Lwin, on behalf of DOH and chairperson of PSC, expressed his appreciation to all participants for their active participation to the final PSC Meeting and he requested the all the stakeholders and concerned personnel to sustain and strengthen the approach and strategies more by their own way. He also stressed the mission toward improving health of the people in Myanmar should be continue even after the project. He closed the meeting with expressing his gratitude to JICA and JOICFP.

(January 22, 2010)

List of Documents (power point slides and handouts)

Annex 1: Overview of the Activities and Progress in the latter half of JFY 2009
Annex 2: Community Health Volunteers in Myanmar
Annex 3: Handouts: Community Health Volunteers in Myanmar
Annex 4: Sustainability of the Project Activities in Kyaukme and Naungcho
Annex 5: Consultation and Discussion

List of Participants

1. Dr. Khin Maung Lwin, Director, Central Health Education Bureau (CHEB), DOH
2. Dr. Theingi Myint, Deputy Director, MCH
3. Dr. Hnin Hnin Lwin, Assistant Director, MCH
4. Dr. Su Su Lin, Medical Officer, MCH
5. Dr. Khin Mar Myint, Acting District Medical Officer (DMO), Kyaukme
6. Dr. Chaw Chaw Naing, Township Medical Officer (TMO), Naungcho
7. Dr. Su Su Naing, Township Health Officer, Focal Point Person, Kyaukme
8. Dr. Nang Mya Hnin Aye, Medical Officer, Focal Point Person, Naungcho
9. Ms. Wai Wai Than, Chairperson, Myanmar Maternal and Child Welfare Association (MMCWA), Kyaukme
10. Mr. Hideo Miyamoto, Chief Representative, JICA Myanmar Office
11. Ms. Yoshika Umabe, Project Formulation Adviser (Health), JICA Myanmar Office
12. Ms. Pa Pa Khin, Program Assistant (Health), JICA Myanmar Office
13. Mr. Ryoichi Suzuki, Project Manager, CORH Project, JOICFP
14. Ms. Misako Nogi, Project Coordinator, CORH Project, JOICFP
15. Dr. Myo Tint Than, Field Officer (Medical), CORH Project, JOICFP
16. Ms. Htwe Htwe Ohn, Field Officer (Administration), CORH Project, JOICFP

（Total number: 16 participants）

Implementation Guide for Community-Oriented Reproductive Health Approach

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Part 2

Community-Oriented Reproductive Health Approach

I Five (5) Model Steps of Community-Oriented RH Approach

The following model steps for the Community-Oriented RH Approach would be helpful when you apply the Approach in your area. These steps are the suggested example drawn from our experiences of Project implementation in Kyaukme and Naungcho Townships; therefore, you can make necessary adjustments depending on the situation of your township.

(1) The 5 model steps

Step 1: Situation Analysis
Step 2: Planning
Step 3: Advocacy and Sharing the Same Vision
Step 4: Implementation
Step 5: Monitoring and Evaluation

Here is the detail explanation of what is expected to be done in each step:

Step 1 : Situation Analysis

DMO/TMO and BHS to study and analyze the present situation and identify the issues in your township

(i) Skill of SBAs and AMWs

Make a skill assessment of SBAs (such as LHVs and MWs) and AMW for providing quality RH services. If you cannot conduct a full scale assessment, you are at least recommended to make sure what kind of skill needs to be enhanced for providing RH services with better quality.

(ii) Community health volunteers

Is there any community health volunteers in your area? How many of them are active and which areas are being covered? What are the actual activities they undertake?

(iii) Teamwork and collaboration among MW, AMWs and community health volunteers

Is there any teamwork or collaboration among MW and AMWs? In which ways do they actually collaborate? If there are community health volunteers in the area, what is the status of teamwork among all these stakeholders?

(iv) Community support

Are there any activities carried out by the community's initiative to promote RH/ safe motherhood in the area, and in which ways are they carried out? Who are the person(s) or organization(s) providing the support?

(v) Health committee

Are the health committees at township and village levels functioning or active? What are the actual roles and functions of the health committees? Are there any issues?

(vi) Health awareness

What is the situation of community people's awareness concerning health/RH? What kind of information/message is being conveyed to the community people by BHS at the village level, how, and at which occasions? Are there any major or particular issues to be addressed in the area?

This study and analysis could be very helpful for you to know the present situation in your area, and it can give you a good basis for planning. This analysis can also be conducted through monthly meeting of CME sessions, in which all the BHS would be present. Some of the necessary information could be collected by the BHS under the supervision of DMO/TMO.

It is strongly recommended to have the baseline indicators at the time you start implementation, so that you will be able to measure the changes/ improvement objectively by monitoring the changes in such indicators.

Step 2 : Planning

To plan on your goal, steps and method of implementation – using the *Implementation Guide* as a reference

With the issues and challenges identified in Step 1, you will need to identify the priority areas that require more attention. When applying Community-Oriented RH Approach, there is a suggested sequence of activities to follow, though, adjustments can be made according to the situation and needs in your area to tackle specific issues.

We recommend that you refer to the related sections/chapters in this Guide, so that you would know the necessary considerations for your planning. A systematic implementation of the activity components is recommended for gaining the expected outcomes. In other words, you may not have much improvement in RH/safe motherhood situation only by conducting MCH Promoters training. The charts 2-1 (a) and (b) "Sample of Implementation Flow of Essential Components of CORH Approach" (on pages 21-22) might help you to understand the concept and the

essential components of the Approach, together with the suggested flow of implementation, for you to refer especially when you plan as well as actually apply this Approach.

The Essential Components of this Approach are as follows.

(i) Skill Development of BHS

➢ **Leadership and management skill**

Midwives need to be motivated and empowered as leaders in MCH promotion activities at the village level. This skill will also be a basis for building teamwork (*) among midwife, AMWs and MCH Promoters later on.

*** Teamwork building among midwife, AMWs and MCHPs** is one of the key strategies of the Approach.

➢ **Midwifery skill**

It is very important for midwives to be able to provide quality RH/MCH services, especially attending births, when community people seek for their services. Failure to do so may discourage the community people to seek such services in the future.

(ii) Introduction of MCH Promoters (ToT and MCH Promoters Training)

MCH Promoters would act as a bridge between health services and the community people, especially pregnant women, under the effective teamwork with midwife and AMWs in their area. They are also expected to work as a catalyst to bring about changes in their community by disseminating health messages as well as promoting health seeking behavior among the people. Following the Training of Trainers (TOT), BHS need to give 1-day training to MCH Promoters in villages.

(iii) Promotion of Community Support

In the Approach, community members are expected to play a significant role in promoting safe motherhood in their area. MCH Promoters alone, may not be able to handle some difficult situations, i.e. emergency referrals, in which the community could support and cooperate by providing necessary help and assistance to the mother and/or baby.

The community health volunteers including MCH Promoters are able to work effectively and actively in their area, when supported by their community members.

Some time after the introduction of MCHPs in the community (might be 1 or 2 year after), good practices identified at the village/village tract level can be presented in experience sharing workshops, so that other villages can learn and follow them.

For the planning process, it should be encouraged for all the stakeholders

in the area to participate as much as possible. These stakeholders might include local authority, community representatives, local NGOs, etc. This is recommended because they will have a sense of ownership in the activities from the very beginning, and thus will be more likely that they would be committed and take active role at implementation stage.

Step 3 : Advocacy and Sharing the Same Vision

To share the issues and challenges based on the current situation, and at the same time, to advocate the vision on Community-Oriented RH Approach

After the situation analysis on the present situation (Step 1) and planning (Step 2), advocacy to all the stakeholders is necessary. Firstly, advocacy on safe motherhood is essential, and it needs to be addressed to all stakeholders, not only the BHS, but also the community representatives, such as village/village tract leaders and local NGOs. Secondly, the results from the situation analysis, issues and challenges identified, can be shared to make common understanding and have the same agenda among all. In CORH Approach, it is recommended to conduct an advocacy meeting at the initial stage before any activity is started, with all concerned stakeholders being involved.

Step 4 : Implementation

Start small and grow bigger later on

There are few things we want to emphasize when you apply the CORH Approach in your area.

(i) It could be suggested to start small, instead of trying to do everything from the beginning. You can start with small inputs or activities and let them grow bigger later on, especially when not enough resources is available to start a lot of activities at the same time. As for the resources, it could to be sought from the existing resources within own community first, before seeking from the outside.

(ii) It is recommended that you plug-in new structure, system or services into the existing ones where possible, rather than creating a new ones. That way, it is easier to ensure sustainability.

(iii) All the concerned persons and organization need to be fully aware of the activities to be implemented. It would be essential, especially when you are trying to introduce a totally new idea, system or activities, such as

MCH Promoters System. If you fail to do so, those who are not well informed may not be willing to cooperate, since they do not see its significance.

(iv) A focal point person can be assigned at the township level for the implementation. Even though DMO/TMO would take the sole responsibility for the overall implementation, someone else, preferably a person who can work closely with DMO/TMO, should be selected to manage the actual day-to-day activities including monitoring and supervision.

Step 5 : Monitoring and Evaluation

Monitoring and evaluation activity needs to be conducted based on the evidence, to make necessary adjustment for the next steps

Plan - Do - See Cycle is required for any kind of implementation. Without proper monitoring and evaluation, it is difficult to measure the effects or achievement of the activities implemented. Monitoring and evaluation is also effective for sustaining the activities, by making necessary revisions or improvements to achieve better outcomes.

No matter how effective the activities implemented are, the effectiveness may not be sustained over time without proper monitoring and evaluation activities.

(For monitoring and evaluation, please also refer to Part 2, Chapter IX "Suggested Four (4) Monitoring Areas.")

Chart 2-1(a) Sample of Implementation Flow of Essential Components of CORH Approach (1st year)

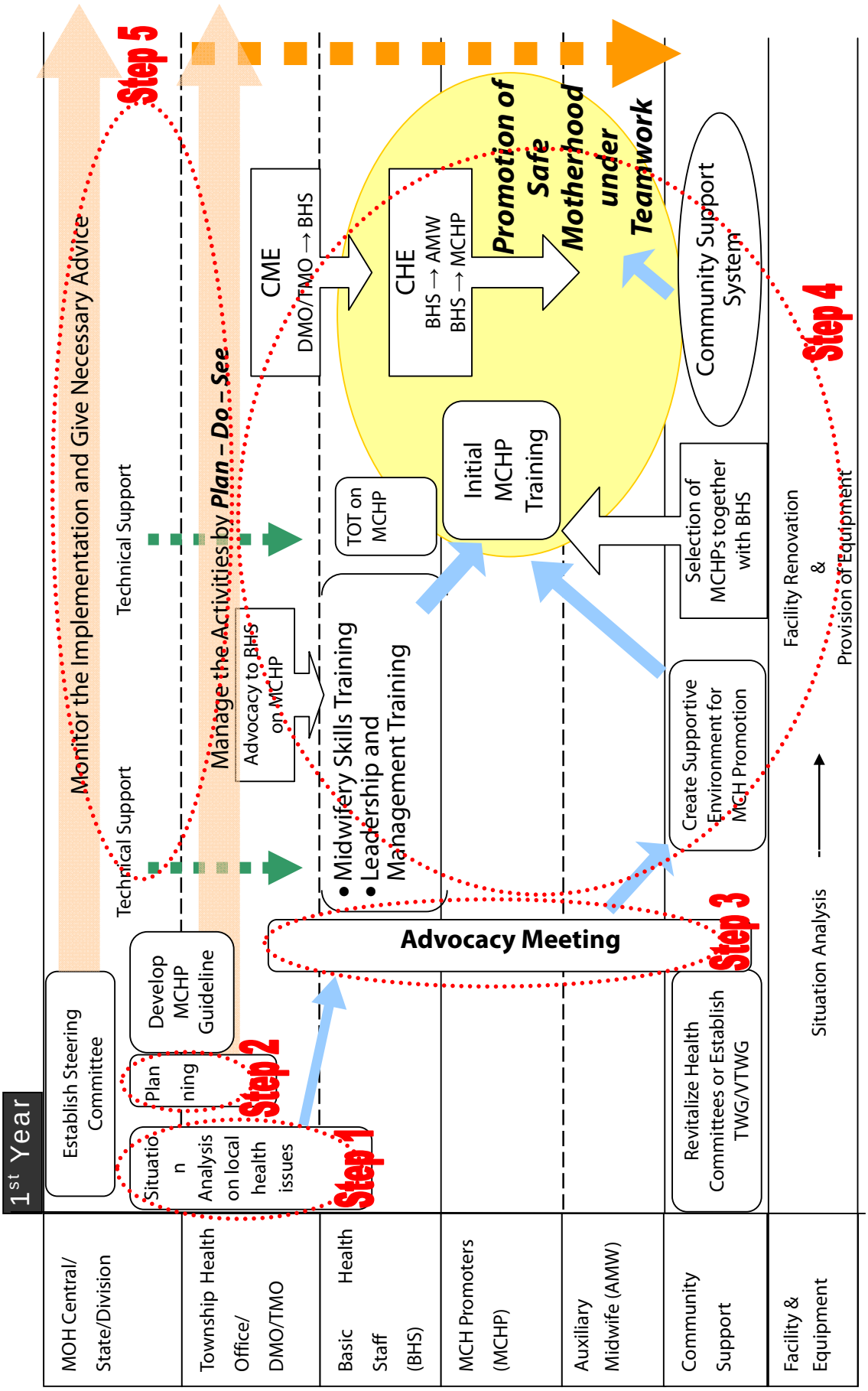
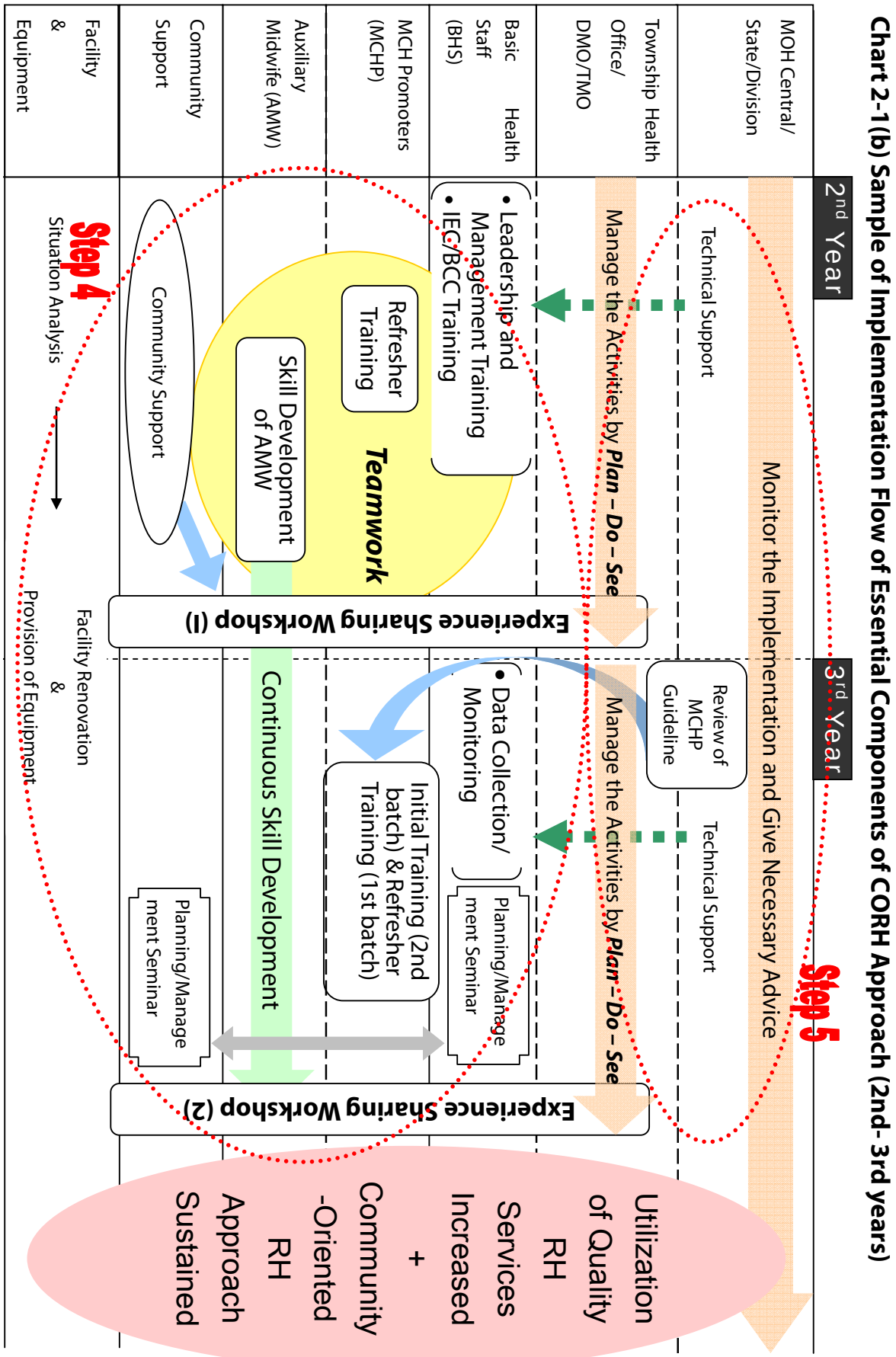


Chart 2-1(b) Sample of Implementation Flow of Essential Components of CORH Approach (2nd- 3rd years)



II Midwife is the Key Person for Community-Oriented RH Approach

(1) Midwife is the Key Person

In the Myanmar health system, the midwife's role and responsibility are vital in many aspects. Whenever and wherever we talk about community-oriented health programs, including maternal and child health at the village level, the midwife is no doubt the most essential health agent. According to the *"Duties and responsibilities of BHS*[1] *",* it appears that almost no public health care activities could be implemented without midwives. However, even by our observation it is evident that the burden and workload of the midwives are heavy beyond description.

The midwives are often seen as a multipurpose workers, and paid health agents in the community, especially at the village level. Analysis of their daily work often shows that about 85 % of their time could be utilized for the other public health issues besides their original midwifery role. Their other responsibilities include immunization, disease control and monitoring, data collection in addition to population count in their jurisdiction. As it is apparent that these situations cannot be improved within a short period of time, and until such time that it can, the midwife will remain as a very important key personnel for all community health activities. Therefore, the immediate problem we now face is how we can reduce this workload and burden of MWs, and what additional intervention can be done to achieve this. Based on this situation, the Project first provided capacity development for the midwives, depending on their capability, and second, it strengthened teamwork by effective utilization of MCH Promoters.

(2) Skill and Capacity Development is Essential

As Project recognized the need to empower MWs in their capacity and skills, we provided them with "on job training" on important components, such as the skill development on midwifery skills, IEC/BCC, counseling, leadership and management, data collection, etc. Especially the leadership and management training was quite effective with the aim for changing MWs' perspectives that they can provide health care more effectively by good collaboration with AMWs, MCHPs and community people, under proper leadership of MWs. It led to the changes in MWs' attitude and behavior, and at the same time, they became recognized as the key persons in health care provision at the village level.

(3) Empowerment of MWs Changes Them a Lot

After the Project implementation for about 5 years with a series of trainings on the subjects mentioned earlier, the midwives gradually changed their behavior and working attitudes. At the same time, the teamwork building among MCH related stakeholders - MWs, AMWs and MCH Promoters, who were trained by MWs, was also encouraged. It was proved that

[1] Duties and Responsibilities of Basic Health Staff and Standard Operating Procedures, First Edition, March 2008, DOH/MOH, JICA

empowerment of MWs in terms of knowledge and information, skills and leadership capacity, and teamwork building, made considerable change in their mind, attitude and behavior, making them think more positively on their roles and responsibilities. Previously many MWs thought of themselves as mere health service providers at the village level. Now they have realized that, with effective teamwork with health volunteers, they can also be leaders for MCH promotion activities in their community. Group dynamics can also be created by the good collaboration of MW, AMWs and MCHPs, which may have a positive effect for their work in terms of encouragement and motivation. Substantial number of MWs found that an effective teamwork could reduce the burden and work load usually shouldered by the MW alone, facilitating community health activities, especially in safe motherhood programs. Thanks to the work of MCHPs and AMWs, they can easily identify the target population in the community such as pregnant women and children under 5. Moreover, MCH Promoters can encourage the target population to receive necessary services including ANC, T/T immunization, delivery, PNC by SBAs, so that MWs can improve their coverage. Another big advantage of effective teamwork is that MCHPs as well as AMWs can make proper and prompt coordination when they find any danger sign in pregnant woman or the baby, so that the client can be referred to MW without much delay.

(4) A Leader is Not Born Naturally

In any society, a leader is not born naturally. It is rather essential that he/she should be brought up by the society, to be well acquainted with its needs. If MWs recognize that community people and health volunteers such as AMWs and MCH Promoters require their help and support, she will not feel that she is alone in the village, and would be glad to help. She surely learn/know about group dynamics and the enjoyment of working as a team, and will also learn to take on the leadership role for the promotion of health in community. At the beginning of the Project we saw that most of the midwives believed that they were the front liners of public health and the midwifery services, but they did not realize that they could be leaders in the community. However, after the leadership training, they began to realize that they have potentials to be leaders, as skilled birth attendants, in their respective community, for the promotion of safe motherhood.

(As for the midwifery skills training, please refer to Part 3 - I "Skill Development of MWs," and for the leadership and management training, please refer to Part 3 – III "MCH Promoters System.")

III Teamwork Building among Midwives, AMWs and MCH Promoters

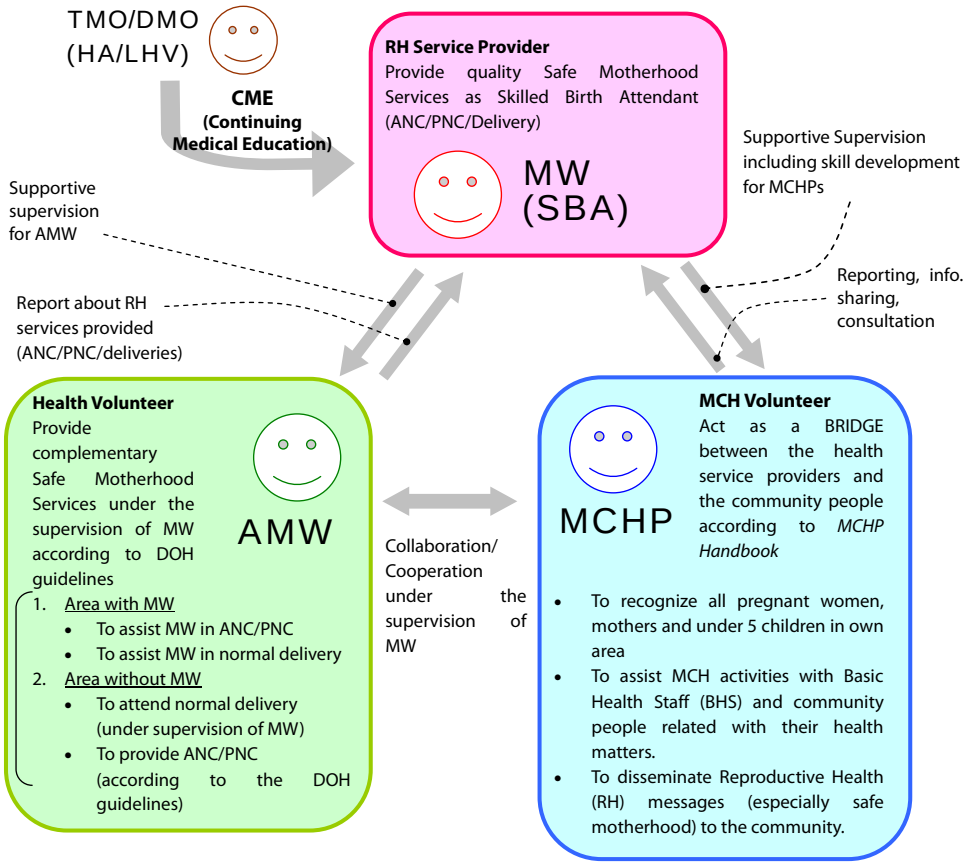
(1) Basic Concept of Teamwork

Before the start of the Project, it was identified that AMWs did not receive sufficient supervision by the midwives, and due to some limitations, MCH services could not always reach to all the people in the community.

In order to tackle this issue, the Project promoted teamwork building among midwife, AMW and MCH Promoters, for strengthening MCH activities, and improve provision of MCH services to the community, especially the pregnant women in the Project areas.

The relationship of the 3 stakeholders is described in the chart 2-2 .

Chart 2-2 Basic Concept of Teamwork



(2) 4 Prototypes of Teamwork

There are 4 prototypes identified through experiences in two Project Townships as per the following charts. They are categorized in 4 different prototypes depending on the availability of MW and AMWs in particular village where the pregnant woman resides. One MCH Promoter is available per around 30 households, which means at least 2-3 MCH Promoters would be available in every village.

In any type MW should be responsible to extend supportive supervision and coaching to AMWs and MCH Promoters and it is also critically required of her to give some technical support and input for the skill development of AMWs.

Prototype 1: Collaboration among MW, AMW and MCH Promoter where both MW and AMW are available in the village

Although this is the most desirable type of collaboration, the Project estimates only approximately 3% out of 620 villages in two Project Townships have this type of collaboration, mostly in urban areas or areas surrounding RHCs and Sub-RHCs.

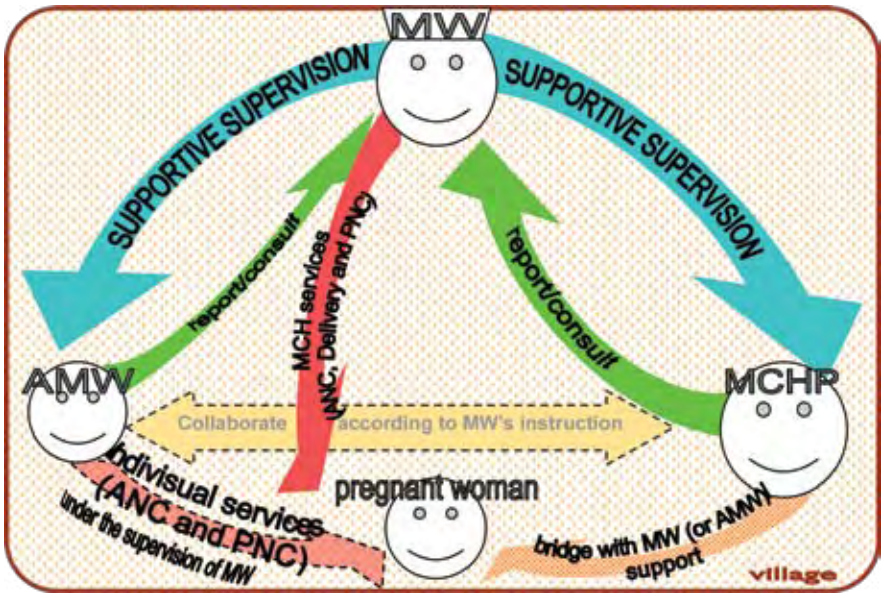
As shown in the figure, AMWs and MCHPs would work under the supervision of MW, to ensure the pregnant women could receive quality RH services by SBA, with occasional support by AMWs.

In order to have sufficient teamwork/collaboration, MW needs to provide monitoring and supportive supervision as well as continuing education to AMWs and MCHPs.

AMWs could provide RH services to pregnant women according to the instructions by the MW, and MCHPs also collaborate with AMWs according to MW's instructions.

Regular reporting as well as consultations to MW from AMWs and MCHPs on their activities is essential.

Chart 2-3 Collaboration for Prototype 1



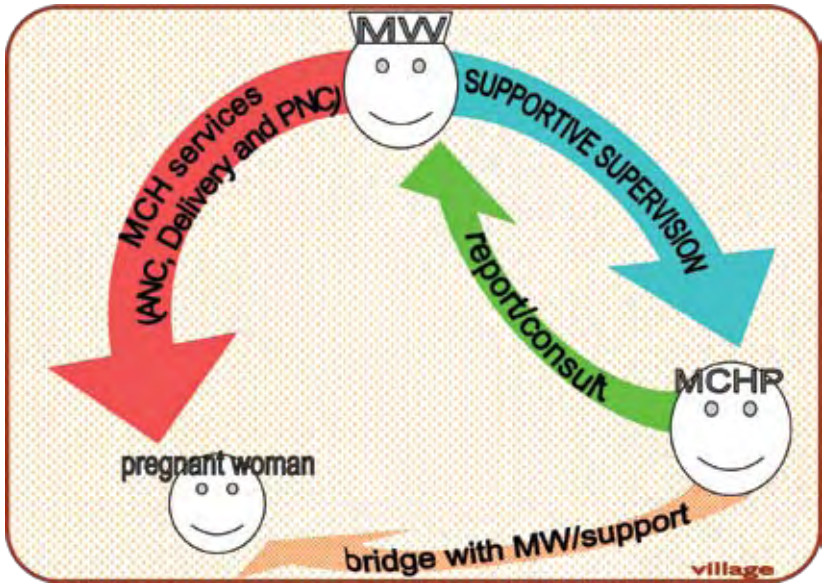
Prototype 2: Collaboration between MW and MCH Promoter where only MW is available in the village

Project estimates approximately 10% of 620 villages in two Project Townships have only one MW available in the village.

In this type of collaboration, MCHPs are expected to encourage all pregnant women to receive quality RH services by the MW, and to provide assistance in case of emergency referral.

MCHPs report to the MW regularly, while receiving supportive supervision as well as continuing education by the MW.

Chart 2-4 Collaboration for Prototype 2



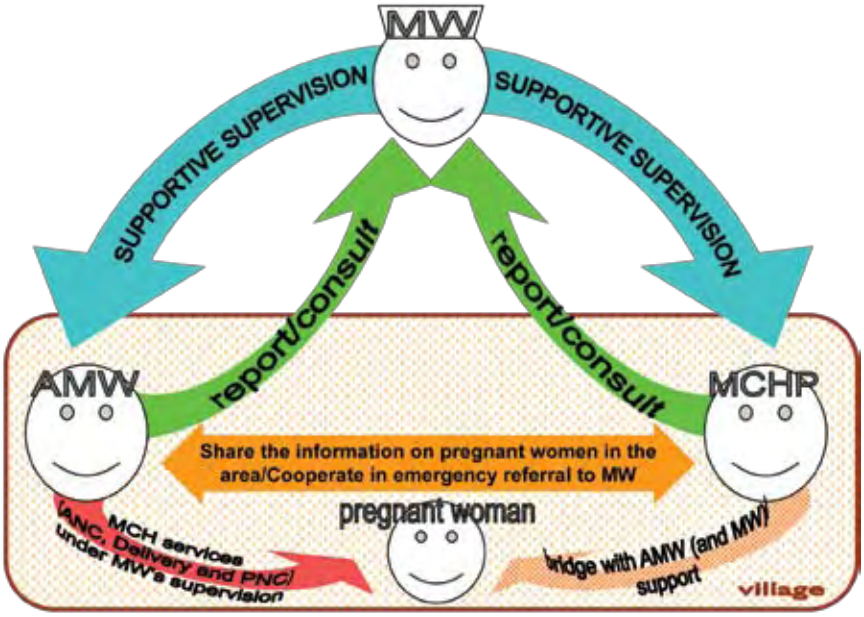
Prototype 3: Collaboration among MW, AMW and MCH Promoter where only AMW is available in the village

Project estimates approximately 36% of 620 villages in two Project Townships have this type of collaboration.

MW in charge of this village has to provide supportive supervision and continuing education to the AMWs and MCHPs, while receiving regular report and consultations from them, so that MW is fully aware of the situation of the pregnant women in the village.

In this type of collaboration, the teamwork among AMWs and MCHPs, including sharing of information on the pregnant women and cooperation in emergency referral becomes quite important, although it doesn't diminish the importance of seeking supervision or instructions from the MW.

Chart 2-5 Collaboration for Prototype 3



Prototype 4: Collaboration among MW, AMW and MCH Promoter where neither MW nor AMW is available in the village

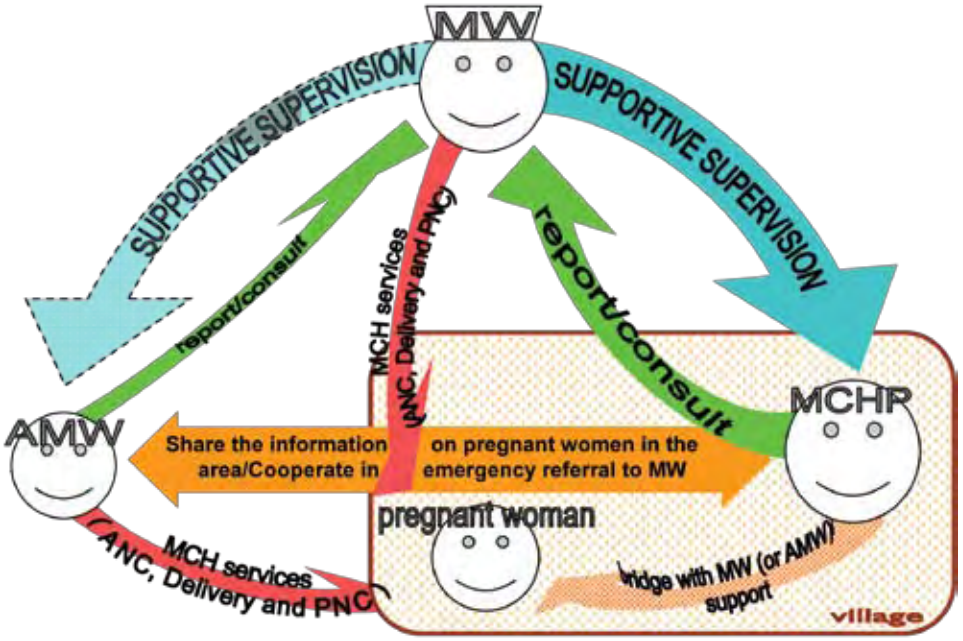
Project estimates approximately 51% of 620 villages in two Project Townships have this type of collaboration.

MW needs to provide supportive supervision to MCH Promoters for effective MCH activities in the village.
MCHPs could encourage pregnant women to receive quality RH services from MW, utilizing the opportunity when the MW comes to the village, once per month.

In case they have AMWs in the near-by villages, MCH Promoters could encourage pregnant women to receive ANC and PNC from AMW, under the guidance of MW.

At the time of emergency referral, MCH Promoters are expected to facilitate necessary support from the community such as arrangement of transportation, etc.

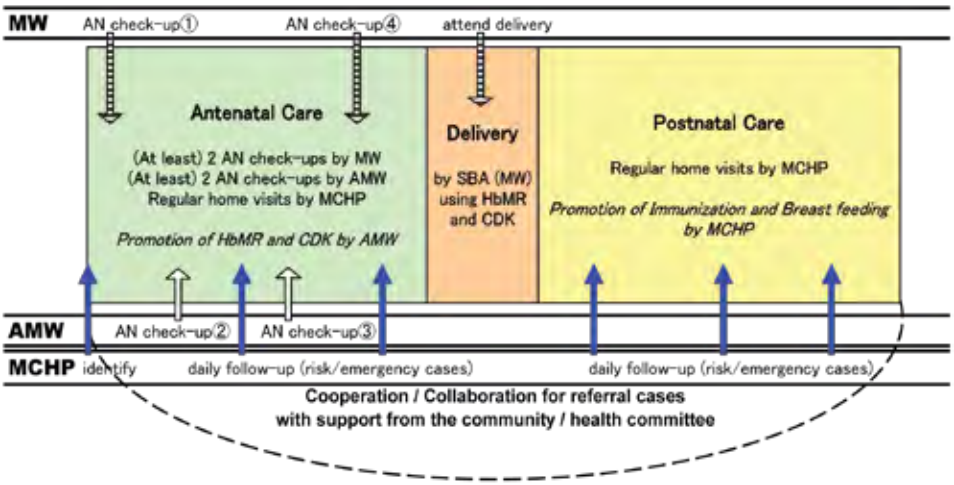
Chart 2-6 Collaboration for Prototype 4



(3) Collaboration for MCH Service Provision

The Project presented the collaboration among MW, AMW and MCHP in more practical way, according to the each MCH service provision such as AN care, delivery and PN care. In the most desirable situation, where MW is available and AMWs and MCHPs are working under good collaboration with MW, AMW might be able to help MW by providing 2 times of AN check-up to a particular pregnant woman. She can even assist MW by helping the delivery assisted by MW, or providing PN care.

Chart 2-7 MCH Teamwork for Quality RH Service according to the Sequence of Services



Where MW is not available or easily accessible, AMW may need to provide most of MCH services, including AN care, delivery and PN care, with cooperation of MCH Promoters, under guidance from MW. Close supervision and consultation by MW would be crucial in these cases.

Chart 2-8 MCH Teamwork for Quality RH Service according to the Sequence of Services
- Places where MW is absent

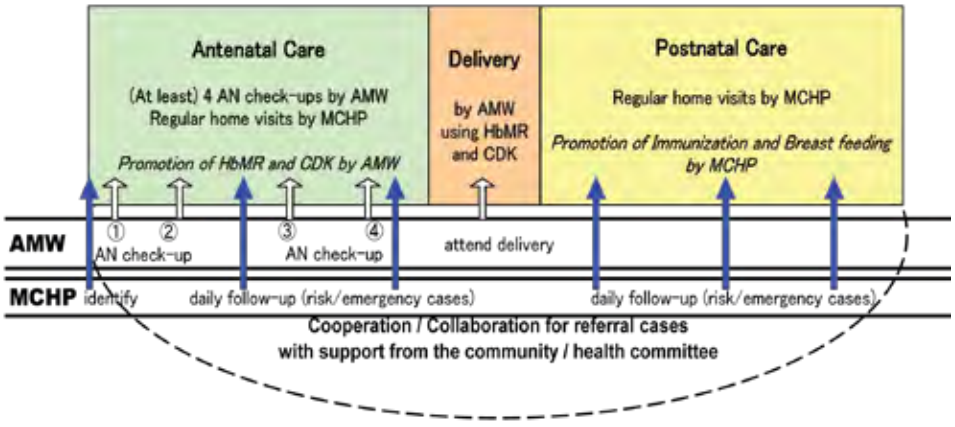


Table 2-1 How to Strengthen Teamwork among MW, AMW and MCHP for Promotion

	Current Situations	Challenges/issues
SBAs (LHV &MW) （8,527 MWs in the country*） * as of Dec. 2005 (71 in the Project areas) ＜% in Project area＞ assist delivery 45.6% provide ANC 71.2% provide PNC 51.7% 18 month training	● MWs belong to RHC/Sub-RHC and there are shortages in some area. ● Some community members have difficulty to access to RHC/Sub-RHC.	● Too wide covering area (i.e. 20,000 population in reality).
	● MWs have too much work load.	● Too many tasks (or roles/TOR), handling not only in the field of Maternal and Child Health but also Public Health issues.
	● 75 MWs cover 620 villages and 15 wards (average: 8.5 V&Ws).	● Lack of supportive supervision (and skills for Continuing Medical Education) for AMW and MCHP
	● Monthly salary is K.30,000 ($25).	● Insufficient management skills as a Team leader for Maternal and Child Health.
AMW (28,872 in the country*) * as of Dec. 2005 (228 functioning AMWs in the Project areas) <% in Project area> assist delivery 9.8% provide ANC 4.9% provide PNC 8.7% 6 month training	● AMWs were trained as volunteers to attend deliveries at the time of MW's absence, and one AMW is allocated per 2.7 villages/wards on average (AMWs are volunteers without any regular payment).	● No clear distinction in the roles and functions from MW.
	● The percentage of deliveries assisted by AMWs differs greatly by place and situation (sometime AMWs receive some kind of reward).	● Insufficient skills/capacity/experiences. ● Aging (First batch was trained in 1980's) ● Lack of incentives and less needs leading to high drop out rate.
	● There is insufficient collaboration with MW and MCHP in some area.	● Insufficient supportive monitoring/supervision by the health administration/MW.
	● One AMW covers 2.7 villages on average in the Project Areas.	●Weak community support system at village level.
MCHP (1,654 in Project areas = one in 30 households, 950 (K) and 704 (N)) Started activities after attended one-day training in Dec 06 to Jan 07, being renewed every 2 years	● MCHPs identify pregnant women and under-five children in the assigned area (30 households), conduct household visits, be aware of their health status and assist in emergency referrals.	● A mechanism to make the activities sustainable is required. ● Illiteracy and language barriers (in understanding the training sessions, IEC/BCC activities and record keeping).
	● Their relationship with MWs are generally good, i.e. in promotion/ introduction of RH services or immunizations.	● Transportation is difficult and the village is far from health facilities (RHC/Sub-RHC).
	● Their collaboration with AMWs is a challenge (In the training, it was encouraged to collaborate with AMWs if they don't have MWs in the area).	● MCHPs are busy with their own work such as farming, selling, etc.
	● Some MCHPs have difficulties in making regular reporting because they are unable to write and read.	● Weak reporting system from MCHP to MW.
		● Weak community support system for MCHP.

* No. of population (HH): K: 169,134 (HH29,893) & N: 137,908 (HH21,497)

* More than 321 out of 620 villages/wards in the Project areas have no MW/AMW. [620 - 314 (75 MWs + 239 AMWs)]

of Maternal and Child Health

Recommendations	To strengthen teamwork (activities)
● To enable MW to undertake the work more effectively under the teamwork by sharing tasks and collaboration with AMWs and MCHPs, such as early detection of risk cases, assistance in delivery, promotion of immunization, provision of ANC/PNC by AMWs.	【**Monthly Meeting and any ad-hoc meetings**】 To have Monthly Meeting and occasional ado-hoc meetings using the opportunities as many as possible such as immunization sessions for the MCH team at RHC/Sub-RHC unit to facilitate reporting, communication and consultations as well as to enhance collaboration among the members. 1. Report regarding the ANC/PNC/assisting deliveries, referrals, utilization of HBMR and CDK, Tetanus immunization and under 5 children immunization. 2. Share the obstacles and provide possible counteractions/advices. 3. Teamwork will be further strengthened by sustaining the activities with interventions through supportive supervision and CME by MW. ※ *It is essential for MW to feel that she can more effective by the teamwork* ※ *This teamwork will be further promoted by the support from the community such as Health Committee through community welfare fund, transportation for emergency, etc* ※ *Monthly CME (Continuing Medical Education) will be conducted at sub-RHC and RHC levels.*
● To enhance capacity for MW in leadership and management skills for teamwork building.	
● Deliveries need to be attended by MWs (SBA) in principle, but AMW shall take MW's role while MW is absent. At the same time, need to enhance AMWs' skills on ANC/PNC in order to focus on early detection of high risk cases and referrals (for decline of maternal mortality) through promotion of usage of HBMR and CDK → Need clear distinction on the roles with MW. ● To consider the possibilities to upgrade young and experienced AMWs to MWs (by National program).	
● To consider the willingness of herself as well as the reliance from the community members for the selection of MCHPs - some MCHPs are not continuing in the Project areas.	
● To strengthen the collaboration with and supportive supervision by MW through CME. ● To cooperate in referral, especially make MCHP's role in referral be clearer.	
● To ensure community support from TWG, VTWG or Health Committees.	
● Need to strengthen technical sustainability → from MW through supportive supervision through CME. ● To improve MWs' teaching methods to overcome the language barrier as well as innovative teaching materials.	
● To establish a feasible reporting system.	
● To strengthen/ensure the acknowledgement, understanding and support from the community or its representatives.	
● To review the selection criteria (having no infants, having understanding from the families) and the selection method (recommendations from MW or community members in the designated area).	

IV Skill Development of Auxiliary Midwives (AMWs)

(1) Role of AMWs is Essential

In rural areas in Myanmar such as Kyaukme and Naungcho Townships, the role of AMWs is essential since number of midwives is limited and it may not be always easy for each midwife to sufficiently serve all the population in her jurisdiction. According to the Project assessment, 239 AMWs have been functioning in the Project areas.

(2) Actual Situation of AMWs

Based on an assessment, the Project recognized the necessity to provide refresher trainings to AMWs. Most of the AMWs in the Project areas received the minimum initial trainings in 1980's, since when, most of them had no chance to receive further refresher training for skill development. It was found that there is a huge gap among the AMWs on their levels of knowledge, skills and experiences as AMW. Some AMWs are very active having good collaboration with MWs in their work, but some others are not. One of the reasons was that they received only insufficient support they needed including continuing education, information and supportive supervision. The Project also identified some drop-out cases of AMWs after initial training, not attending deliveries anymore. Another issue raised was the aging particularly among the 1st batch of AMWs who were trained in 1980's.

(3) Importance of Refresher Training for AMWs

Refresher trainings were organized for 233 AMWs in total from 2006 to 2007 in 6 groups in each Project township, with the objectives of skills development of clean and safe delivery at home alternatively where midwives are not available. The refresher trainings were conducted by using the manual developed and adopted by DOH according to WHO's PCPNC (Pregnancy, Childbirth, Postnatal and Newborn Care) guidelines, and we had a great chance to recommend for some revisions including a lot of figures and illustrations through using it in the trainings. The revised

manual suggested from the Project is now used in the AMW refresher trainings in other areas after the final revision by the DOH.

(4) Collaboration with Midwife and MCH Promoters

The major role and responsibilities of AMW are to attend the delivery in the villages without any MW, however, through the Project, we also encouraged the teamwork among MW, AMW and MCHPs for promotion of maternal and child health in the preventive aspects. AMW could also work for ANC and PNC under the supportive supervision of MW. It could maximize the provision of reproductive health services in the rural areas with the existing human resources.

(5) Continuous Skill Development and Support is Crucial

One of the lessons learnt from the group training was it could not meet the expected outcome because the levels of each AMW's knowledge, skills and experiences were diverse.

Although refresher training according to the DOH in a group is essential, in order to strengthen capacity and skill development of each AMW based on their level, the Project recommends continuous on-the-job refresher trainings and guidance for AMWs by the MW from the same jurisdiction, timely and need-oriented to individual AMW.

(As for the continuous skill development for AMWs, please refer to Part 3 - II "Skill Development of AMWs")

V Concept of MCH Promoters System

(1) Introduction of MCH Promoters System in Myanmar

(i) Background:

The health of mothers is essential to ensure the health of babies, children, the family and the community. The importance of improving the reproductive health status of women, especially safe motherhood, has been well recognized by the Ministry of Health (MOH) as one of the priority issues, as stipulated in their National Reproductive Health Policy.

In 2004, four-member leading observatory mission from DOH/MOH visited Japan and had a chance to learn about Japanese MCH Promoter System in Wakayama Prefecture. During 2005 and 2006, the Project developed the first concept of MCH Promoters in Myanmar as the strategy to strengthen community health program in a series of consultation and consolidation among the concerned persons.

In order to improve the health status of women and their babies, one approach, introducing the system of MCH (Maternal and Child Health) Promoters in the Union of Myanmar has been developed based upon the applicable lessons and experiences derived from the system of MCH Promoters in Japan. This approach has been introduced firstly in the Project Townships, Kyaukme and Naungcho, Shan State (North), expecting that their experiences in the Project areas to be shared and applied to other areas as the national strategies under the MOH/DOH.

Box 2-1 Strategies identified by MOH/DOH mission to Japan

Following the four-member MOH/DOH leading observatory mission visited to Japan in November 2004, second mission visited Japan in July 2006, just before the introduction of MCH Promoters System in Myanmar. The mission members learned about MCH Promoters System in more practical way and identified the following strategies from Wakayama Prefecture, Japan, to be addressed when implementing the system in Myanmar.

1. MCH Promoters System as the *bridge* or *pipeline* between the community people and health administration in the municipality
2. Role and responsibilities of Public Health Nurses in Japanese health system, paid administrative front liners to supervise the MCHPs supportively
3. MCH Handbook as a *tool of linkage* between the mothers and health administration
4. Strong commitment of the mayor, health service providers and MCH Promoters
5. Emergency referral system concept of curative and preventive integration

(ii) Function of MCH Promoters:

MCH Promoters to be trained as "MCH volunteers" in Myanmar to act as key persons at the village level for better health of pregnant women, mothers and children through **linking** community members and Basic Health Staff (BHS) ***as a bridge*** to promote safer motherhood.

MCH Promoters to work closely with midwives and the community to improve the health status of pregnant women, mothers and children under 5 years old in their community. One MCH Promoter will be in charge of about **30 households**.

MCH Promoters to recognize all the pregnant women in their communities to ensure that every pregnant woman/mother will receive proper antenatal (AN) care, every pregnancy and childbirth in the community be safe and clean delivery, PN care and referral to the health facilities in case of obstetric emergency in cooperation with the community.

(iii) Expected Outcomes:

- Increased utilization of RH services, e.g. coverage of ANC (at least 4 times), safe delivery by SBA, PNC and newborn care;
- Increased awareness and knowledge on RH, e.g. health seeking behaviour by community people, early detection of danger signs and early treatment;
- Ensured timely referrals for obstetric emergency with community support.

(2) Characteristics of MCH Promoters

In order to promote maternal and child health, MCH Promoter becomes a ***"bridge"*** between community people, in particular pregnant women and children under 5, and health providers such as BHS (such as midwives). The situation of rural areas and community may discourage a pregnant woman to come to the MWs and Rural/Sub-Rural Health Centers. We identified that there are several hindering factors such as physical, economical and psychological. The physical and economical reasons might not be solved by individuals, and sometimes we need the community support system, but psychological one could be solved to some extent by MCH Promoters' efforts to encourage pregnant women and their families to take ANC, to have safe delivery by SBA, PNC and to support transportation in emergency referral to the health facilities.

Nowadays in two Project Townships there are about 1,700 MCH Promoters, each MCH Promoter is in charge of approximately 30 households. They are so effectively linked with MWs and AMWs with the support from the community.

(3) Effectiveness of Single-Purpose Volunteer

From the experiences in Japan and other countries on volunteer activities, the **multipurpose volunteers are easy to say but difficult to do and to sustain**. According to the experiences in Japan, if the no-paid volunteers were expected too much, they could not continue and sustain. We have recommended a single-purpose volunteer than a multipurpose volunteer from the very beginning.

Term of 2 years is also suitable in our experiences. Around one third of MCH Promoters chose not to continue after 2 years because of various reasons such as;

1) They are busy in taking care of their own babies and children, household work, agriculture and family business,
2) Their health conditions, and
3) Moving to other area, etc.

One third of vacant position of MCH Promoters could be fulfilled effectively without any delay and their experiences could be shared among the old and new members under the **peer education** concept. We even found that the discontinued members who remained in the same area supported the activities of the 2nd batch MCH Promoters as the peers.

(As for the MCH Promoters System, please refer to Part 3 - III "MCH Promoters System")

Box 2-2 Experience of MCH Promoters System in Japan

MCH Promoters System was initiated in 1968 in Japan by the Ministry of Health and Welfare (MOHW) then in order to promote Maternal and Child Health at the municipal levels. In those days many municipalities such as villages and towns particularly in the rural and remote areas were facing the low acceptance rates of health check-ups for pregnant women such as ANC, PNC and immunizations for pregnant women and babies. And in addition to that, MMR and IMR were still higher in the rural areas than in the urban areas in Japan.

With this background, MOHW recommended all related municipalities to improve this situation by establishing the new system of *"MCH Promoters"* as the volunteers in the respective areas to make a visit to pregnant women soon after the *pregnancy registration* at the municipal office in order to promote health check-ups and immunization.

The **role of municipal office** is as follows:

1) Selection of MCH Promoters in coordination with public health nurses and related community representative, and to issue the certificate of entrust to them by the Municipal Mayor,
2) Giving the regular trainings by the public health nurses and specialists in the municipality,
3) Provision of training venue for the trainings by the municipality, and
4) Preparation of budget by the municipalities and MOHW will give half portion at the beginning as the subsidy from the central government, which is gradually taken over by the municipalities under their ownership.

Currently 110,000 MCH Promoters through out Japan working at the community level, one MCH Promoter taking the responsibility to make home visits to the pregnant women and babies in care among around 100 to 200 households at average based on the request by the municipality. Nowadays they have established their own association as a local NGO at the municipal level for self-managed activities, too. MCH Associations Federation was also organized at the central level.

Their activity was originally started with a single purpose in MCH but they have been also gradually expanding the targets and activities. Some of them are working for adolescent health education to children and young people based on the compiling the experiences as the institutional capacity.

VI Community Support System

(1) Community Support is Vital to Improve RH/MCH Status

Throughout the Project experiences as well as JOICFP's past experiences of project implementations, we found it was extremely difficult to promote reproductive/maternal and child health without the strong community support, because the community people's attitude and practice affected the health status of community people. For example, the primary-level referrals from the villages without medical professional to primary health/medical facilities are largely influenced by the community support system. Especially in the referral cases of pregnant or delivering women at risk, the "three delays" in risk-identifications, decisions by family and transportation could hamper the efforts of medically/midwifery-trained persons to provide better emergency care to the patient. In this context, community people could play the important role in safe motherhood promotion and the efforts to establish the community support system is vital component in improving RH/MCH status.

(2) MCH Promoters can Facilitate Community Support

In the Project areas where the MCH Promoters were introduced, we observed many ***good practices*** conducted by community people with intention to save mothers' and/or children's lives. MCH Promoters are actively working as the ***bridge*** or ***pipeline*** between the pregnant women and health care providers, and many of whom influenced surrounding people (intentionally or unknowingly) and created the favorable environment in MCH promotion. Even though we could say that the mutual help and assistance is commonly seen in the Myanmar's cultural context, especially in the rural area, those mutual-help practices seem to be driven, strengthened or become more systematic in Project areas by the introduction of MCH Promoters.

(3) Community Support will Make MCH Promoters' Work Easier

In such way, when community becomes more supportive to safe motherhood/MCH promotion activities, it is natural that MCH Promoters are able to work in more comfortable conditions as the volunteers. MCHPs feel much more honored with better recognition by community people (especially community authority), and much easier to work when supported by the community in such occasion as emergency referral. Those motivated MCH Promoters could have better influence to the surrounding community and the good cycle for MCH promotion would be established in the community in this way.

(4) Positive Changes Observed in the Project Areas

Actually in the Project area, some of the villages show positive changes in promoting safe motherhood/MCH activities after the introduction of MCH Promoters. The important point is those activities are conducted not only by health personnel but also by other stakeholders in community. Followings are major areas in which we observed the positive change through the Project period.

Box 2-3 Major Area of Positive Changes in the Project Areas

1. **Community Welfare Fund** with specific objectives of assisting MCH-related issues, are newly established (or further strengthened).
2. **Transportation support for emergency referral** are organized in cooperation with the car/trawlogy owners
3. **Functioning MCH stakeholders' teamwork,** especially among MW, AMW, MCH Promoter and community leaders

(5) Sharing the Good Practices of Community Support

It is difficult to formulate the one "model-approach" for establishing such kind of community support system based on our Project experiences, because those good practices are deeply affected by local circumstances. However, it will be of good help especially for planners, implementers and supervisors of the "community-oriented" projects, if we introduce some of the good practices in Kyaukme and Naungcho Townships.

We have to mention that it is also very effective for fostering the community initiative to promote safe motherhood, to share such kind of "practical good experiences" or "good practices," at the occasion of workshop or seminar inviting the community stakeholders. In the Project sites, some of the villages (or village tracts) initiated the community support system such as Community Welfare Fund or Trawlogy Roaster System after the 2-time of "Experience-Sharing Workshop" which aims to give the opportunity for village people (including community authority and residing health staff) to present their good experiences in MCH promotions, and for other participants to learn some applicable lessons learned from neighboring area.

(As for the good practices, please refer to Part 3 - IV "Community Support System.")

VII Strategies for Sustainability of CORH Approach – Technical, Program and Financial

In general, there are mainly three (3) categories of sustainability in our perspectives as follows:

(1) Technical sustainability
(2) Program sustainability
(3) Financial sustainability

These categories could be useful when considering how to ensure the sustainability of the Community-Oriented RH (CORH) Approach.

(1) Technical Sustainability-Continuing Health Education (CHE) as a Strategy for Technical Sustainability

Project promoted the existing system of Continuing Medical Education (CME) at the Township level; monthly education system by DMO/TMO for BHS, to enhance technical sustainability.

Based on this system, the Project has introduced a similar system called Continuing Health Education (CHE), in which BHS provides regular guidance and supportive supervision to health volunteers including AMWs and MCHPs at RHC or Sub-RHC level. It would be called as Continuing Health Education (CHE) since the volunteers are not in medical profession, it needs to be called health education instead of medical education. But the concept is the same as CME, and it means teaching from MWs to the volunteers such as AMWs and MCHPs. The cascade effect would flow through starting from the Central, State, Township and down to the village levels. We have recommended that CME and CHE should have a systematic and strategic action plan and monitoring system at each level.

Box 2-4 Recommendations for CME and CHE

(recommended by the participants of the 6th Project Steering Committee, September 2008):

1. Strengthening of Township level training team.
2. Establishment of Continuing Medical Education (CME) sessions by MW to MCHP at 4 sites twice yearly.
3. Development of bottom-up triad discussion methodology.
4. Sensitization and recognition of AMWs and MCHPs by Township Medical Officer and all BHS.
5. Providing opportunity for skill development among MWs, AMWs and MCHPs.
6. Supportive supervision and coaching at all levels.
7. Assessment of application of knowledge into practice. Map drawing for location of villages, village tracts, MCHPs, AMWs and insertion into GIS.
8. Development of monitoring tools for MWs.
9. Conduct of meetings between MCHPs and MW.
10. Recognition and motivation of MCHPs in terms of different ways such as gifts, caps, bags and special meeting.

11. Development of system to monitor information sharing of BHS (MW) and MCHPs.
12. Findings ways to solve the problems and obstacles for successful implementation of CME sessions according to the local needs.
13. To establish mobile teams for CME.
14. Translation of IEC/BCC materials to local language/dialect. It should be language rather than literature.
15. Distribution of IEC materials to cover all villages in township.

(2) Program Sustainability

It is recommendable to build-in a new system, strategy and approach into the existing program as much as possible, to further strengthen the existing efforts, rather than establishing a new mechanism. By doing so, the newly introduced system is likely to be sustained in conjunction with the existing program. We call it a **"Built-in Effect."** In other words, most of the new ideas or concepts of the Project were built on the existing system, or designed for utilizing the existing system as much as possible. Therefore, even though the concept of CORH Approach may be quite new, the actual activities could be integrated into regular program of RH/MCH services/activities of BHS, which would makes it easier for them to continue the new efforts within their own capacity.

(3) Financial Sustainability

It is one of the most difficult tasks to obtain an assured financial sustainability. Although in the Project we have made our efforts to suggest the most cost effective way, still minimum budget would be required to implement any kind of activity. We tried to find a way to ensure of financial sustainability from the existing resources in the community itself including Community Welfare Fund which the village has the fund for emergency cases based on the needs of the community. Financial support, however, we have recognized the possibility of the local government and NGOs as a source of funding. The Project established Township Working Groups (TWG) to strengthen the existing Health Committees chaired by PDC chairperson and consist of the representatives from MMCWA, MWAF, Education Office, USDA and Township Health Office (DMO/TMO/Medical Officer) as the related stakeholders to coordinate the Project implementation. The TWG and VTWG will be one of the most potential mechanisms for sustainability.

Box 2-5 Strategies for Sustainability of MCH Promoters as Volunteers

One of the challenges of the Project was how to sustain the MCH Promoters as the volunteers in the villages. The Project has found that the following points would be essential strategies to maintain their motivation and commitment of MCH Promoters.

1. Provision of opportunities of continuous trainings, education, updating the information and communication skills

MCH Promoters needs to have continuing refresher trainings regularly and frequently to update their information and skills of communication. We believe that refresher trainings are vital for them to be able to motivate pregnant women to come to the health center. Therefore the Project has been emphasizing that, after the initial training was completed, it is important for midwife to provide continuous input for MCH Promoters since they are the *trainers and coaches* from the beginning. This **"teacher and student relationship"** is effective for them to build a strong teamwork which could sustain for a long time.

2. Creating a sense of achievement and appreciation by the community in general and by the pregnant women in particular

In Myanmar cultural context, the value of **mutual help system** is strong and there is high motivation to work for community and neighbors as one of their values. However, they would feel grateful if appreciated by the community, especially by the pregnant women. Some of the MCH Promoters mentioned that PDC chairperson and community leaders showed their appreciation in front of the community people, an incidence which highly motivated them.

3. Provision of some incentives in kind or in monetary rewards

Through some focus group discussions with MCH Promoters, the Project has identified that from the beginning they had a strong motivation to work for the community and mothers, but continuation of voluntary work is not always easy without any incentives in kind or in monetary rewards such as transportation fee for their activities. They have been selected in the village to work for 30 households and then sometimes pregnant woman lives far and they might need some local means of transportation to visit them. The Project has only provided them with MCH Promoters kit including MCH Promoter Handbook, a notebook, a ball pen, a bag,

and a batch. The MCH Promoters are busy as a wife, as a mother and as an important family member engaging in agriculture or some other family business; therefore volunteer works without any monetary reward could be given low priority gradually, which was identified through Project assessment.

4. Strengthen the teamwork building among the midwife, AMW and MCH Promoters to create the team spirit as the team of MCH promotion in the village

The Project is promoting the teamwork building among the MWs, AMWs and MCH Promoters for promotion of maternal and child health in the village. ***"One person's power is rather weak but team power should be stronger than each individual."*** **Team spirit development** would be one of the strategies for sustainability, which was also proved through the Project.

Through the experiences of the Project, it was realized that there is no single effective strategy to keep motivating MCH Promoters. However, to establish some integrated and multiple strategies could be effective to encourage them more to continue. They are the non-paid volunteers, however, they have the strong pride to contribute to their own communities. We believe, through the Project implementation, that the combination of the above strategies 1. 2. 3. and 4. are effective to encourage volunteer spirit and activities.

VIII IEC/BCC Intervention for Community People

Since the beginning of the Project, IEC/BCC intervention for community people has been carried out mainly through the *health education sessions* at the MCH Centers, RHCs and Sub-RHCs by the midwives and other BHS with support by AMWs and MCHPs regularly.

We believe that the individual behavior change is not so easy but will occur gradually and steadily if regular and frequent health education is conducted. The more efforts were made by BHS, more audiences came to the session. It indicates that the participants found the sessions beneficial to them. Once individuals have changed their behavior, they would change their health consciousness, to "promote their health by themselves" and "early detection and early treatment." They would have confidence that the midwives are always with them in order to support health of pregnant women, mothers and children.

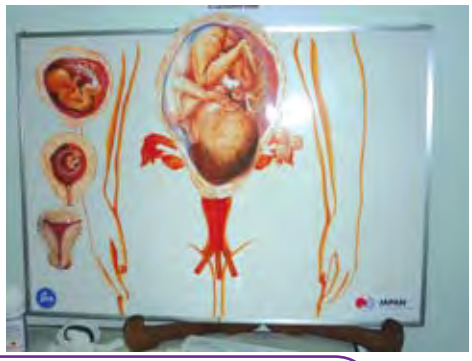
Through this Project MWs are recognized more as the key persons for health of the community people, in particular for pregnant women and their spouses. Recently the extent of male involvement such as participation to the health education sessions by husbands have been increasing.

In the health education sessions, the Project recommended three major kinds of materials that enable more effective education sessions as follows;

Box 2-6 Three Major Kinds of IEC Materials

1. **Magnel Kit** (A kit for teaching reproduction processes and mechanism, etc)
2. **Pregnancy Simulator** (A kit for experiencing the pregnancy, which is useful for male participation/involvement)
3. **Puppet** (A puppet being hand-made with a pair of gloves for *enter-education sessions*, which could be effective for emotional appeal to audiences)

The Project also distributed the various educational materials such as pregnancy calendar, pamphlet, poster calendar, etc., through BHS as the tools for supporting pregnant women and community people to understand the health messages better.



IX Suggested Four (4) Monitoring Areas

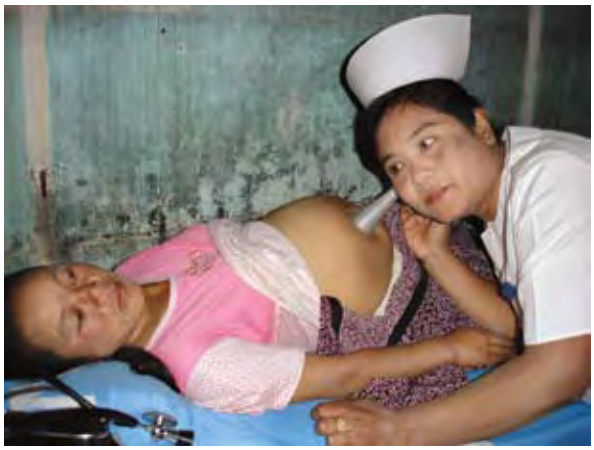
The word "monitoring" has a wide meaning and it has been utilized in many ways. We need to be careful when using the word, as sometimes it can cause confusion. From the Project, we would suggest 4 monitoring areas as a basis for all the monitoring activities as follows.

(1) Monitoring on RH Data and Indicators

It is important to measure the progress and achievements based on the figures/statistics, to be evidence-based. By monitoring the changes in data and indicators, you could know the impact of the activity more objectively. In the Project, while we collect the official statistics regularly, we also put much focus on the skill development of MWs on monitoring, particularly on data collection, so that more accurate data could be collected at the township level to be utilized for performance/ achievement monitoring as well as proper analysis for further interventions.

(2) Technical Monitoring on Skill of Health Service Providers and Conditions of Health Facilities

This monitoring should be conducted along with supportive supervision by technical adviser(s) so that appropriate assistance/instructions based on the findings can be provided for further improvements. In the Project, experts together with the township health personnel such as DMO/TMO and focal point person, conducted regular monitorings to monitor the effectiveness of the technical inputs provided. It was done by visiting the health facilities, interviewing the BHS, AMWs, MCHPs and/or community people, sometimes using questionnaires.



(3) Monitoring on Overall Management of Activities

Monitoring on overall implementation is essential to manage the activities to ensure you are making progress towards the set goal according to the plan of operation. If there is any issue, you need to make necessary adjustments following cause analysis. As for the Project, this was undertaken by the Project experts together with the DOH personnel

at township level in regular meetings as often as possible, with the progress, achievements and issues being shared and discussed at the central level once in every half a year, to decide the way forward.

(4) Monitoring on Community Activities

This area of monitoring is necessary especially in Community-Oriented RH Approach, to capture any changes happening in the community, so that you can know if the expected outcomes are achieved by the implemented activities. At the same time, good practices identified in some villages shall be further promoted and later they can be even shared to other areas to be followed in experience sharing workshops. In the Project, good practices have been collected regularly through monitoring visits as well as written reports by BHS, which gave a good basis for experience sharing workshops in the Project areas.

For conducting these 4 areas of monitoring activities, a monitoring team needs to be formed. A monitoring team shall consist of the concerned personnel primarily from health sector, such as DMO/TMO, focal point person, THN, THO and/or HA1, as the "basic members." Then other stakeholders such as community representatives could join on ad-hoc basis when necessary, depending on the monitoring area, e.g. it would be useful for monitoring on community activities.

Explanation on each monitoring area including responsible persons and suggested timing is indicated in the Table 2-2 "Suggested Monitoring Area under Community-Oriented Reproductive Health Approach" on pages 47-48.

Tabel 2-2 Suggested Monitoring Areas under Community-Oriented Reproductive Health Approach

	Area	General Purpose	Steps to be taken	Possible Persons in Charge	Suggested Frequency
1	Monitoring on RH Data and Indicators	To assess the outcomes of CORH Approach from the figures and indicators related to reproductive health and maternal and child health.	At the beginning stage of applying CORH Approach, you are recommended to settle the "monitoring indicators" by which you could monitor the process/progress in RH/MCH related areas. Possible indicators are the coverage of ANC (antenatal care), PNC (postnatal care), and T/T (Tetanus Toxoid) immunization, and percentage of deliveries attended by SBAs, etc.	DMO/TMO, HA1 (possibly supported by DOH Central)	Monthly data collection and quarterly review
2	Monitoring on Skill of Health Care Providers	To assess the skill of health care providers who are trained under CORH Approach.	If you are planning to conduct CME-based regular skill improvement sessions targeted to BHS, or to conduct ad-hoc skill training for health care providers under CORH Approach, you are also recommended to assess their skill before and after the training. The assessment would be better conducted when you follow the rigid procedures or settled protocols (e.g. DOH guidelines). Under CORH Approach, the vital component is the strengthened skill of MW on the leadership/teamwork building. In addition to the skill on health care service provision, you should also check the MW's skill improvement in these areas and monitor the activities conducted by community health volunteers (AMW and MCHP) through the BHS's reporting. The most important point is that you don't necessarily conduct any special examination or big-scale performance checking test to assess the skill of health care providers. Under CORH Approach, we recommend you to maximize the opportunity of monthly CME, and to organize the monitoring team which visits health centers regularly, and conduct "supportive supervision and monitoring." It will encourage health care providers with the appropriate feed back from upper level supervisors.	DMO/TMO, THN/HA1	Monitoring on each health-center and give supportive supervision to BHS, possibly by each quarter

	Area	General Purpose	Steps to be taken	Possible Persons in Charge	Suggested Frequency
3	Monitoring on Overall Activities	To monitor the progress and achievements made in target areas, in order to collect necessary information for review and revision of plan of activities under CORH Approach	Based on the suggested flowchart of CORH Approach (Chart 2-1; pages 21-22), you are recommended to develop annual plan of operations in detail. After applying CORH Approach in your area, you are recommended to monitor the overall progress according to the plan of operations by quarterly.	DMO/TMO	Annual planning and quarterly review
4	Monitoring on Community Activities	To monitor the community-based good practices (which means the community-initiated activities for supporting RH/MCH promotion) and document those practices for future expansions in neighboring areas	After the introduction of MCHP System, you could start to collect the information about good practices initiated by community people (In the Project model areas, there identified the establishment of Community Welfare Fund, trawlorgy roaster system, exemption given to MCHP from other voluntary work). Those good practices are to be documented and shared with all stakeholders in your townships, for future expansion.	DMO/TMO, BHS and VTWG members	Monthly reporting from BHS to Township Health Department / Necessary information could be collected by monitoring team as well (shown in 2. Monitoring of Skill)

Records
of
Dissemination Meeting on Community-Oriented RH Approach

Title： **Dissemination Meeting on Community-Oriented RH Approach**
Date： **November 2, 2009 09:30－16:00**
Venue： **Nay Pyi Taw, Meeting Room (Disease Control), MOH**
Participants： **Total 43 participants (list attached) from DOH, Health Departments of Northern Shan State, Kyaukme and Naungcho Township, UN Agencies (UNFPA, WHO and UNICEF), International / National NGOs (Save the Children, World Vision, Population Service International, Marie Stopes International, Myanmar Medical Association, Myanmar Maternal and Child Welfare Association etc), JICA and JOICFP**

General Objective:

- To disseminate the experiences and achievements of the Community-oriented Reproductive Health Project in Kyaukme and Naungcho
-

Specific objectives:

- To introduce the background situation, concept, strategy and activities of Community-Oriented RH Approach including "MCH Promoters System" and characteristics of MCH Promoters as community-based volunteers,
- To share the outcomes and achievements of the Community-Oriented RH Project based on the results of the baseline / end line assessments,
- To share the *Implementation Guide*, and
- To discuss on the application on the Community-oriented RH Approach in the Union of Myanmar.

Agenda and Time Table:
(Chairperson for 2-1 to 2-2: Dr. Thein Thein Htay, Deputy Director General and Chairperson for 2-3 to 8: Dr. Tin Win Kyaw, Director, Public Health, DOH)

Time Frame	Program	Presented by
09 : 45-10:15	**1. Opening Session** By DOH, JICA and JOICFP *Refreshment*	DG, DOH, Representatives from JICA and JOICFP
10:15-11 : 15	**2-1. Background Situation for Applying Community-Oriented RH Approach in the Project Areas**	Dr. Thein Thein Htay, Deputy Director General, DOH
	2-2. Presentation on Concept and Strategy of Community-Oriented RH Approach	Dr. Tin Win Kyaw, Director, Public Health
	2-3. Presentation on Overview of the Project Activities	Dr. Theingi Myint, Deputy Director, MCH

11:15-12:30	**3-1. Presentation on MCH Promoters System "Bridging Mothers & Health Services"** (Introduction of MCHP Kit) **3-2. DVD Presentation "One day of Nwe Nwe－Activities of a MCH Promoter"** (Introduction of MCHP Kit) **Questions and Answers**	Dr. Hnin Hnin Lwin, Medical Officer, MCH
12:30-13:30	*Lunch Break*	
13:30-14:30	**4-1. Presentation on Outcomes and Achievements of the Community-Oriented RH Project－from indicators of Baseline/End line assessments** **4-2. Presentation on Outcomes and Achievements of the Project in Kyaukme and Naungcho Townships**	Dr. Myint Moe Soe, Medical Officer, MCH Dr. Aye Aye Mu, DMO, Kyaukme and Dr. Chaw Chaw Naing, TMO, Naungcho
14:30-14:45	**5. Introduction of *Implementation Guide --How to use the Guide***	Dr. Theingi Myint, Deputy Director, MCH
14:45-15:00	*Coffee/Tea Break*	
15:00-15:20	**6. Questions and Answers/Open Discussions including of sustainability of the project**	Mr. Ryoichi Suzuki, Project Manager, JOICFP
15:20-15:50	**7. Open Forum with other international NGOs on the community-based activities**	Representatives of International NGOs
15:50-**16:00**	**8. Closing Session**	Representatives from UN Agencies, JICA and JOICFP

Minutes of Meeting

1. Opening Session:

Dissemination Meeting on Community-Oriented RH Approach was officially opened by Dr. Kyee Myint, Deputy Director General, Medical Care, Department of Health (DOH). On behalf of DOH, he congratulated all the concerned implementers and stakeholders of the Project on their efforts and contributions towards successful implementation of the project. He mentioned the Project would share a lot of effective strategies, good practices and approaches to other areas in Myanmar. He requested all partners and stakeholders to make further efforts to achieve the MDGs, in particular for improvement of maternal health. He also urged all the participants to learn together of the effective community-oriented approaches from this Project today to apply to other areas in the Union of Myanmar. He added that community-oriented approach would be a very essential strategy for saving the lives of mothers in Myanmar and it would contribute to reduce the MMR ultimately, which is one of the MDGs.

Mr. Hideo Miyamoto, Chief Representative of JICA Myanmar Office, introduced the significant achievement of the Project within the limited Project period by all the concerned people's efforts, such as increasing ANC, safe and clean delivery by SBA, referral to higher level, TT immunizations based on the results of the end line assessment and JICA terminal evaluation. The awareness of people was also raised significantly resulting in increase of health seeking behavior in rural areas. He said that the Project will phase out by the end of January 2010, however, he requested all concerned personnel from the Project areas to sustain the effects of the Project, at the same time, other meeting participants to learn applicable experiences and good practices from the Project areas for further improvement of the RH/MCH situation in the other areas in Myanmar. He, on behalf of the JICA Myanmar Office and Japanese ODA Technical Cooperation Scheme, congratulated to all the implementers and partners on the successful achievements.

Mr. Ryoichi Suzuki, Project Manager, mentioned that many of the Project indicators could be considered to have been increased by the effects of MCH Promoters introduced by this Project, who are working together with midwives and other Basic Health Staff (BHS) in the collaborative working relationship. It was analyzed by the End line Assessment as well as JICA Terminal Evaluation Team. The 1st batch of MCH Promoters were trained in December 2006 and the 2nd batch in December 2008, 1,672 (Kyaukme 970/ Naungcho 702) and 1,654 (K950, N704) respectively. The MCH Promoter's role is to serve as a *bridge* between the community people, especially pregnant women, mothers and children under 5, and BHS, especially midwives. One MCH Promoter is selected for every 30 households in all the villages in Project areas. It is implemented under MCH Promoters System, one of the components in the "community-oriented RH approach," on which concept the Project has been based in the aim of improving maternal and child health situation. He hoped that this approach could be useful, beneficial, and applicable to other areas in Myanmar.

(Each Opening Remarks attached)

2. Presentation Sessions:

Dr. Thein Thein Htay, Deputy Director General, DOH, took a chair in the sessions 2.1 and 2.2 and Dr. Tin Win Kyaw, Director, Public Health, took a chair in the sessions from 2.3 to 8.
Each presentation was conducted by using power point slides *(For details, refer to the attached documents).*

The presentation sessions started with the **Meeting Orientation**, which was delivered by the chairperson to confirm the general and specific objectives (Refer to page 1).

The summary of each presentation was as follows;

2-1. Background Situation for Applying Community-Oriented RH Approach in the Project Areas

At the beginning of the Project in 2005, Myanmar's RH situation (Source: UNFPA 2005) was as follows;

- High MMR (360 / 100,000 live births)
- High IMR (71 / 1,000 live births)
- Insufficient rate of delivery attended by skilled birth attendants (56%)
- Low Contraceptive Prevalence Rate (CPR) (33%)

Dr. Thein Thein Htay introduced the issues and situation in the Project areas at the beginning stage (2005) as follows:

- Low coverage of ANC, PNC and deliveries attended by skilled health personnel
- Insufficient awareness of Basic Health Staff on to what extent they should put priorities on RH/MCH issues
- Insufficient awareness of health volunteers and mothers about RH/MCH issues
- Insufficient referral system and collaboration between health volunteers and health service providers
- Inadequate facilities and basic supplies (IEC/BCC materials, Home-based Maternal Records, Clean Delivery Kits and Midwifery/Auxiliary Midwifery kits)

Dr. Thein Thein Htay oriented along with the power point slides including the background situation for applying Community-Oriented RH Approach. She also explained the history behind the naming of "*Healthy Mother Project"*, and selection criteria of the Project areas (Kyaukme and Naungcho). Another point mentioned was the reason why DOH decided to introduce MCH Promoters System because they learned it through the Lading Observatory Mission in November 2004 to Wakayama Prefecture of Japan. Major lessons learned from the Mission were as follows;

- MCH Promoter as a *bridge* between municipal health section and community people
- MCH Handbook as health education and communication tool
- Public Health Nurse System
- Referral system to save the lives of mothers
- Commitment of all concerned people such as policy makers (i.e. mayors), service providers, MCH Promoters, etc.

She also mentioned that this approach would be effective for achieving the MDGs in Myanmar.

(For details, refer to the attached Power Point Slides)

2-2. Presentation on Concept and Strategy of Community-Oriented RH Approach

Dr. Tin Win Kyaw presented on **key words and concept** of this Project as follows;

- ***Community participation and involvement***
- ***Bottom-up approach***
- ***Women-friendly and Gender-sensitive***
- ***Sustainability – Full utilization of existing resources (human, financial and in-kind resources at the village and township level)***
- ***Mutual help in Myanmar community***
- ***Linkage between health service and community people***
- ***Health-seeking behavior change***

He also explained on the Project **strategies** as follows;

1. Improve quality of RH services
   - Skill development of BHS (midwifery, communication, leadership skills
   - Renovation of Facilities (RHC and Sub-RHC)
2. Improve awareness and knowledge on RH issues among community people
   - IEC/BCC intervention (introduction of new IEC/BCC materials and methods (ex. Enter-education by puppet show)
3. Strengthen linkage between RH services and community people
   - Introduction of MCH Promoters System
4. Establish mechanism to support Community-Oriented RH approach

- Establishment of TWG /VTWG and strengthened community involvement

5. Identify applicable Community-Oriented RH approaches
   - *Implementation Guide*

2-3. Presentation on Overview of the Project Activities

Dr. Theingi Myint briefed on the overview of the Project activities along with the power point slides (as per attached). She mentioned each activity was implemented based on the annual plan of actions with necessary adjustment based on the outcomes of the previous year. The DOH, JICA and JOICFP organized the Project Steering Committee (PSC) Meetings half annually to review the activities and have consultative discussions among all the members of PSC including the representatives from the two Project areas.

(Please refer to the major activities in the presentation slides attached)

3-1. Presentation on MCH Promoters System "Bridging Mothers & Health Services" (Introduction of MCHP Kit)

3-2. DVD Presentation "One day of Nwe Nwe－Activities of a MCH Promoter"

Dr. Hnin Hnin Lwin presented on MCH Promoters System by the slides (attached) and showed the DVD titled "***One day of Nwe Nwe－Activities of a MCH Promoter***." MCH Promoters System was introduced by this Project in 2006. MCHPs contributed significantly for the achievements of the indicators on RH and safe motherhood even by the 3 years intervention since 2006 when the System was first introduced.

4-1. Presentation on Outcomes and Achievements of the Community-Oriented RH Project－from Indicators of Baseline/End line assessments

Dr. Myint Moe Soe, on behalf of the DOH, presented on the summary of Baseline and End line Assessments. He especially highlighted the changes of the Project indicators among the two assessments. **Conclusions** of the study were as follows;

There were improvements observed in the following areas:

- **The knowledge of RH issues among the community people**
- **Utilization of RH services (ANC, TT, delivery with skilled birth attendants and PNC)**
- **The midwifery skills and knowledge of BHS**

4-2. Presentation on Outcomes and Achievements of the Project in Kyaukme and Naungcho Townships

Dr. Aye Aye Mu, DMO, Kyaukme, and Dr. Chaw Chaw Naing, TMO, Naungcho, presented the achievements and outcomes with their own experiences in tackling the challenges in the respective areas.

5. Introduction of *Implementation Guide --How to use the Guide*

Dr. Theingi Myint introduced the contents and its expected usage of the *Implementation Guide,* which was still under development and need an approval. Once completed, it would be distributed to all the concerned agencies, organizations, stakeholders and Townships.

6. Open Discussions

Dr. Tin Win Kyaw, Chairperson, opened a discussion session and requested Mr. Ryoichi Suzuki to give some suggested agendas, which were as follows:

Related to **Sustainability:**

- What is the suitable strategy for keeping the so-called institutional memories in the Project areas, even after transfer of DMO/TMO?
- What kind of strategies could be recommended to maintain local authorities' commitments for maternal and child health issues including MCH Promoters?

Some of the recommendations from the participants were as follows:

- ✓ The tasks and duties of DMO/TMO concerning the Project activities could be documented, so that their role and responsibilities could be transferred to the successors.
- ✓ Team approach would be recommended to keep the institutional memories in the Township. The team should include not only DMO/TMO but also THN, HA and other BHS who resides in the area and could possibly stay longer in the jurisdiction.
- ✓ Health committee's function could be strengthened at the Township and village level to sustain the MCH Promoters System in order to further encourage the ownership by the local authorities at each level.

7. Open Forum with other international and national NGOs on the community-based activities

With the permissions from the session chair, Dr. Tin Win Kyaw, Dr. Theingi Myint invited the representatives of international NGOs to share their own community-based activities including community-based volunteers.

- **Save the Children** shared their loan system managed by community-based organization as a revolving fund. It aims to help the under-served areas and people for the sake of improving their reproductive health.
- **World Vision (WV)** introduced the comprehensive training program of health volunteers including RH, TB, HIV/AIDS and shared their experiences on strategy for revolving fund to be used for emergency referrals at the village level.
- **Population Service International (PSI)** shared their multipurpose community health volunteer's activities in RH, TB, malaria, etc.
- **Marie Stopes International (MSI)** shared their activities through SRH promoters in safe delivery, BCC activities, clinical services such as EmOC linking with the hospital/clinic.
- **Myanmar Medical Association (MMA)** introduced their comprehensive training scheme for general practitioners for the RH services and their community activities including RH Support Group Activities.
- **Myanmar Maternal and Child Welfare Association (MMCWA)** shared their large scale activities nation wide in maternal and child welfare activities through the 11 million volunteer members in whole country and they showed interests in MCH Promoters System as an applicable strategy for MMCWA's activities.

- **Other discussion points:**
  - ✓ A variety of community-based health volunteers have been trained by different organization, in different places, and for deferent purposes. It might be desirable to standardize these health volunteer systems, however, each volunteer system has its own characteristics, background and objectives. It could be important for DOH to orchestrate instead of the standardizing them.
  - ✓ What is the cost necessary for MCH Promoter per head? US dollar 2-3 per head is required for the provision of MCHP kit.
  - ✓ No incentive for MCHP was given except provision of MCHP kit. They are purely non-paid volunteers.
  - ✓ MMCWA showed their interest in MCH Promoters. The participant from MMWCA said that they would like to discuss in the Board to link or apply the system with their "ten household volunteer" system.
  - ✓ Renovation of health facilities would also contribute towards the increased utilization of health services, because the renovated facilities could attract community people to come to RHC or Sub-RHC more.

8. Closing Session

Dr. Tin Win Kyaw invited the representatives from UN agencies such as WHO, UNICEF and UNFPA to give their comments, remarks and/or observation.

- **WHO** showed their interest in the community-oriented approach including MCH Promoters System and requested for further sharing of experiences and information in maternal and newborn care.
- **UNICEF** showed their interest in the selection criteria of MCH Promoters, which also could be applied to other community health volunteers. He also noted that it is important to share experiences among concerned agencies for the strategy of sustaining this community-oriented approach.
- **UNFPA** shared their strategy of EmOC to reduce MMR and renovation of facilities at the RHC level by equipping delivery room to promote institutional delivery as well as behavior change among the village people to avoid delay in referral to higher level.
- **JOICFP** suggested for listing up the various community health volunteers by different agencies/project for effective orchestration by DOH. Each volunteer have their own characteristics and significances to be shared among all the concerned stakeholders, aiming for establishing effective approach in the community.
- **JICA** appreciated all the stakeholders for their participation to the meeting and requested them to utilize the *Implementation Guide* widely when completed.

Dr. Tin Win Kyaw, chairperson, officially closed the meeting with his gratitude for all the participants on behalf of all the organizers from DOH/MOH, JICA and JOICFP. The meeting was adjourned successfully as scheduled.

Attachment:

1. Opening Remarks:

(1) Opening Remarks by Director General, DOH
(2) Opening Remarks by Chief Representative, JICA Myanmar Office
(3) Opening Remarks by Project Manager, JOICFP

2. PowerPoint Slides:

(1) Meeting Orientation：Objectives
(2) Background Situation for Applying community-Oriented RH Approach in the Project Areas
(3) Presentation on Concept and Strategy of Community-oriented RH Approach
(4) Presentation on Overview of the Project Activities
(5－1) Presentation on Outcome and Achievements of the Community-Oriented RH Project
－from indicators of Base line and End line Assessments
(5－2) Presentation on Outcome and Achievements of the Community-Oriented RH Project in Kyukme and Naungcho
(6) Presentation on MCH Promoters System and Characteristics of MCH Promoters as Community-Based Volunteers
(7) Introduction of *Implementation Guide*--How to use the Guide
(8) Tentative Agenda for Discussion on Application of the community-oriented RH Approach

3. List of participants: (attached)

4. Press Release:

（DOH/JICA/JOICFP distributed a Press Release for the meeting attached）

List of Participants

1. Dr. Kyee Myint, Deputy Director General (Medical Care), Department of Health
2. Dr. Thein Thein Htay, Deputy Director General (Public Health), Department of Health
3. Dr. Tin Win Kyaw, Director (Public Health), Department of Health
4. Daw San Yee, Director (Nursing), Department of Health
5. Daw Khin Win Thet, Deputy Director (Medical Care), Department of Health
6. Dr. Theingi Myint, Deputy Director (MCH), Department of Health
7. Dr. Myint Myint Than, Deputy Director (WCHD), Department of Health
8. Dr. San San Aye, Deputy Director, (Planning), Department of Health Planning
9. Daw Wutyi Swe, Deputy Director, Department of Traditional Medicine
10. Dr. Aye Aye Thaw, Deputy Director (Nutrition), DOH
11. U Sian Za Nang, Deputy Director (CHEB), DOH
12. Dr. Myint Moe Soe, Medical Officer (MCH), Department of Health
13. Dr. Hnin Hnin Lwin, Medical Officer (MCH), Department of Health
14. Dr. Su Su Lin, Medical Officer (MCH), Department of Health
15. Dr. Khin Ohmar San, Deputy Director (NAP), DOH
16. Dr. Tun Than Oo, THO, Shan State (North)
17. Dr. Aye Aye Mu, District Medical Officer (DMO), Kyaukme
18. Dr. Chaw Chaw Naing, Township Medical Officer (TMO), Naungcho
19. Dr. Kyi Phyar Aung, Focal Point Person, Kyaukme
20. Dr. Kyant Tin Lu, Field Officer (RH), DOH
21. Dr. Yan Naing, Field Officer (RH), DOH
22. Daw Ei Hley Htet, PO, MRCS, DOH
23. Dr. Thwe Thwe Win, National Program Officer (RH), UNFPA
24. Dr. Franco Dabala, ENC Consultant, WHO
25. Professor San San Myint, Consultant, WHO
26. Dr. Siddhlrdh Niruban, Specialist, Child Survival Project, UNICEF
27. Dr. Mruiel Mu Yeh Htoo, Assistant Project Manager, MSI
28. Dr. Moe Moe Aung, Senior Programme Manager, MSI
29. Dr. Myint Myint Win, Brand Manager, PSI
30. Dr. NayHtut Ko Ko, Programme Associate, World Vision
31. Dr. San San Win, Executive Director, MMCWA
32. Dr. Phone Mu Hlaing, Project Officer, MMA
33. Dr. Myint Thu Lwin, Representative, Save the Children
34. Mr. Hideo Miyamoto, Chief Representative, JICA Myanmar Office
35. Ms. Yoshika Umabe, Project Formulation Adviser (Health), JICA Myanmar Office
36. Ms. Pa Pa Khin, Program Assistant (Health), JICA Myanmar Office
37. Mr. Ryoichi Suzuki, Project Manager, CORH Project, JOICFP
38. Ms. Mari Kinoshita, Expert on Community Health, CORH Project, JOICFP
39. Ms. Ryoko Koshihara, Expert on Community Organization Activities, CORH Project, JOICFP
40. Ms. Misako Nogi, Project Coordinator, CORH Project, JOICFP
41. Dr. Nang Noi Leik, Project Officer, CORH Project, JOICFP
42. Dr. Myo Tint Than, Field Officer (Medical), CORH Project, JOICFP
43. Ms. Htwe Htwe Ohn, Field Officer (Administration), CORH Project, JOICFP

(Total number: 43 participants)

Press Release

Challenges to achieve Millennium Development Goals (MDGs)
--New approach of effective community-oriented strategy to make the pregnancy safer was shared

A Dissemination Meeting for Community-Oriented Reproductive Health (CORH) Approach was organized in Nay Pyi Taw on November 2, to share the experiences and lessons learned from Community-Oriented Reproductive Health (CORH) Project (*Healthy Mother Project).* 50 participants from Ministry of Health, UN agencies, international and local NGOs as well as Japanese partners attended the Meeting.

Healthy Mother Project has been implemented in the rural areas of Kyaukme and Naungcho Townships in the Northern Shan State for five years from 2005 - 2010. A joint effort was made in collaboration among Department of Health, JICA and JOICFP, under the Technical Cooperation Scheme supported by Japanese Government. It aimed to identify an effective strategy to promote maternal and child health through encouraging women in the community to receive antenatal care (ANC), postnatal care (PNC), tetanus toxoid (TT) immunization, and delivery attendance by skilled birth attendants.

Through this Project, Maternal and Child Health (MCH) Promoters System was newly introduced in this country. MCH Promoters are the community health volunteers to work as a *bridge* between pregnant women and health services under teamwork with midwives. Some 1,654 MCH Promoters are currently working to help pregnant women, mothers and children under five in the rural villages.

Myanmar is now trying to reduce by three quarter the Maternal and Mortality Ratio (MMR), one of the important indicators of Millennium Development Goals (MDGs) by 2015, which is currently 316 per 100,000 live births. At the community level, pregnant women need to be more encouraged to receive quality RH services during their pregnancy.

To address this issue, CORH Approach, in which MCH Promoters were introduced, could be one of the strategies to make a difference by increasing utilization of quality reproductive health services with special focus on safe motherhood. In two Project Townships, 1,672 MCH Promoters were trained as the 1st batch in 2006 and 1,654 as the 2nd batch in 2008. One MCH promoter was selected to cover 30 households.

The Project also focused on skill development of basic health staffs (BHS) to ensure the quality reproductive health services and at the same time, BHS to become a better manager of community-oriented MCH promotion activities.

At the same time, Community Support System has been strengthened in collaboration of community representatives with BHS, as it is required to assure sustainability of community initiatives. Some initiatives such as *Community Welfare Fund* and *Support for Emergency Transportation* were started for helping pregnant women in the Project areas. Strong commitment of the community people has led to high level of community participation and ownership of the MCH promotion activities.

Based on the evidences collected through hospital statistics and the Project baseline and end-line assessment studies, CORH Approach was found to be effective in addressing the issues on maternal and child health. After 3 years of MCH Promoters' activities, more pregnant women are now receiving quality reproductive health services, namely ANC, TT immunizations, delivery by skilled births attendants, and

PNC. Knowledge on reproductive health of community people has also improved. With these achievements, the Approach is expected to be applied to other areas in Myanmar in order to contribute to the country's challenges to achieve MDGs.

(November 2, 2009)

Record of
Workshop for Experience Sharing on
Community-Oriented RH Approach

Title : Workshop for Experience Sharing on Community-Oriented RH Approach）

Date : November 12 to 14, 2009

Venue : Kyaukme and Naungcho Townships in Shan State (North)

Participants : Total 34 participants (list attached) from DOH, Shan (North and South) States and Mandalay Division Health Departments, Township Health Departments of Ywa Ngan and Kalaw Townships in Shan State (South), Pin Oo Lwin and Amarapura Townships in Mandalay Division and Kyaukme and Naungcho Townships in Shan State (North), Health Education Officers, JICA Myanmar Office and JOICFP

Objectives:

To share the experiences with the other townships on the Community-Oriented Reproductive Health (RH) approach, which has been identified through *Healthy Mother Project* (Community-Oriented Reproductive Health Project) implemented in Kyaukme and Naungcho Townships.

Outline of the Workshop:

First Day:

- To introduce the background situation, concept, strategy and activities of Community-Oriented RH approach, including MCH Promoters System and characteristics of MCH Promoters as community-based volunteers,
- To share the outcomes and achievements of the Community-Oriented RH Project based on the results of baseline and end line assessments, and
- To share the *Implementation Guide*.

Second Day:

- To make field visit to learn from the actual activities and good practices in Naungcho Township, i.e. MW/AMW/MCHP teamwork, community support system, etc.

Third Day:

- To make field visit to learn from the actual activities and good practices in Kyaukme Township, i.e. MW/AMW/MCHP teamwork, community support system, etc.,
- To identify, from the field visits, applicable practical strategies and experiences to be applied in the implementation of the approach in the other Townships,

Course Leader and Facilitators:

- Course leader: Dr. Sai San Win, State Health Director, Shan State (North)
- Co-Course Leader : Dr. Myint Moe Soe, Medical Officer, MCH, DOH
- Facilitator: Dr. Aye Aye Mu, DMO, Kyaukme Township
- Facilitator: Dr. Chaw Chaw Naing, TMO, Naungcho Township

Selected Townships for Experience Sharing of Community-Oriented RH Approach :

State / Division	Township
Mandalay Division	➢ Pin Oo Lwin District ➢ Amarapura Township
Shan State (South)	➢ Ywa Ngan Township ➢ Kalaw District

Revised Basic Criteria for the Selection

(May 2009 revised)

1. **High Needs for improvement of Maternal Health**

✓ Indicators such as high MMR, low performance of ANC and PNC, low level of delivery attended by skilled birth attendants (SBA)

2. **Strong Commitment of the Stakeholders**

✓ Strong commitment from TMO (Township Medical Officer)
✓ Strong commitment of local authorities such as PDC chairman

3. **Availability of Health Infrastructure and Health Personnel**

✓ Basic heath facilities and active Basic Health Staff (BHS) available

4. **Good Coordination and Supportive Supervision from the Central Office**

✓ Good coordination and supportive supervision from the MCH Section, DOH

5. **Accessibility for Monitoring from the Central Office**

✓ Accessibility for monitoring – the distance and travel time from NPT

Attached

- **Agenda and Time Table**
- **List of Participants**
- **Minutes of Meeting**
- **Power Point Slides:**
  - Workshop Orientation: Objectives
  - Background Situation for Applying community-Oriented RH Approach in the Project Areas
  - Concept and Strategy of Community-Oriented RH Approach
  - Overview of the Project Activities
  - Outcome and Achievements of the Community-Oriented RH Project
    －from indicators of Base line and End line Assessments
  - Outcome and Achievements of the Community-Oriented RH Project in Kyukme and Naungcho
  - MCH Promoters System－Bridging Mothers and Health Services
  - Introduction of *Implementation Guide*--How to use the Guide
- **Hand Outs:**
  - Project Design Matrix (PDM)
  - Suggested points to be observed in Naungcho and Kyaukme

Tentative Agenda and Time Table:

First Day

Time Frame	Program	by	Remarks
08:30-09:00	**Registration**	Project secretariat	
09:00-09:15	**1. Opening Session** By DOH, JICA and JOICFP **- Program Briefing**	Representatives from DOH, JICA and JOICFP	
09:15-10:45	**2-1. Background Situation for Applying Community-Oriented RH Approach in the Project Areas** **2-2. Presentation on Concept and Strategy of Community-Oriented RH Approach** **2-3. Presentation on Overview of the Project Activities** **2-4. Questions and Answers**	Dr. Sai San Win, State Health Director, Shan State (North)	- Why CORH Approach was applied in two Townships? - What is included in the "Minimum package" of the Approach? - What are the "concept" and "strategy" of the Approach?
10:45-11:00	Coffee/Tea Break		
11:00-11:20	**3. Presentation on Outcome and Achievements of the Community-Oriented RH Project ~ from indicators of Baseline / End line assessments ~**	Dr. Myint Moe Soe, Medical Officer, MCH	- Increased utilization of RH services - improved knowledge on safe motherhood among the community people
11:20-12:20	**4-1. Presentation on MCH Promoters System "Bridging Mothers & Health Service"** (Introduction of MCHP Kit) **4-2. DVD presentation: *"One day of Nwe Nwe – Activities of a MCH Promoter"***	Dr. Aye Aye Mu, DMO, Kyaukme	
12:20-13:20	Lunch Break		
13:20-13:45	**5. Introduction of *Implementation Guide --How to use the Guide***	Dr. Sai San Win, State Health Director, Shan	- To give an idea on how you can use the Guide when implementing the Approach in new areas

		State (North)	
13:45-14:40	**6. Presentation on Outcome and Achievements of the Project in Kyaukme and Naungcho Townships**	1) Dr. Chaw Chaw Naing, TMO, Naungcho 2) Dr. Aye Aye Mu, DMO, Kyaukme	
14:40-15:10	**7. Presentation and briefing on the 3rd Day by DMO**	Dr. Aye Aye Mu, DMO, Kyaukme	- To give **basic information** on the health facilities to be visited (location, coverage, population size, staffing, **information about AMWs and MCHPs, main focus on good practices** to be presented/learned in each facility)
15:10-15:25	Coffee/Tea Break		
15:25-15:45	**8. Questions and Answers/Open Discussion**		
15:45-16:00	**9. Summing Up Session and Schedule Confirmation on the 2nd and 3rd Days**		- Grouping for the field visit to be confirmed

Second Day

Time Frame	Program	by	Remarks
07:20-08:35	Move from Kyaukme to Naungcho		
08:35-08:50	**Welcome Remarks by Township Working Group (Naungcho Township)**	Township PDC Chairperson, Naungcho Township	
08:50-09:05	Coffee/Tea Break		
09:05-09:35	**1. Presentation and briefing by TMO**	Dr. Chaw Chaw Naing, TMO	- To give **basic information** on the health facilities to be visited (location, coverage, population size, staffing, **information about AMWs and MCHPs, main focus on good practices** to be presented/learned in each facility)
09:45-12:00	**2. Visit to a RHC or Sub-RHC for Interviews with MWs, AMWs, MCHPs and VTWG Members**		- 2 groups will visit different RHC / Sub-RHC separately at the same time **Group A – MCH Center** **Group B – Kan Gyi RHC**
12:00-13:00	Lunch Break		

13:00-15:30	**3. Visit to a RHC or Sub-RHC for Interviews with MWs, AMWs, MCHPs and VTWG Members**		**Group A – Ohnma Khar S/C** **Group B – Naungcho Gyi S/C**
15:30-16:45	Move from Naungcho to Kyaukme		

Third Day

Time Frame	Program	by	Remarks
08:00-09:00	Move from Kyaukme to the health facilities		
09:00-11:30	**1. Visit to a RHC or Sub-RHC for Interviews with MWs, AMWs, MCHPs and VTWG members**		- 2 groups will visit different RHC / Sub-RHC separately at the same time **Group A – Naung Pein S/C** **Group B – Kywe Kone S/C**
11:30-12:30	Lunch Break		
13:00-13:15	**2. Welcome Remarks by Township Working Group (Kyaukme Township)**	Township PDC Chairperson, Kyaukme Township	
13:15-14:00	**3. Group Work to identify applicable strategies and experiences**		- to share and discuss in group what were the **applicable strategies and experiences** identified/learned through the field visits to be applied in their own Townships
14:00-14:15	Coffee and Tea Break		
14:15-15:45	**4. Presentation on the results of group work**		- Participants to present the results of the group discussions
15:45-16:00	**5. Closing Session**		

Workshop for Experience Sharing on Community-Oriented RH Approach
List of Participants

1. Dr. Myint Moe Soe, Medical Officer (MCH), Department of Health
2. Dr. Sai San Win, State Health Director, Shan State (North), Lashio
3. Dr. Myint Aung, State Health Director, Shan State (South), Taunggyi
4. Dr. Tun Aung Kyi, Deputy Divisional Health Director, Mandalay Division, Mandalay
5. Daw Khin Myint Lay, Health Education Officer, Shan State (North), Lashio
6. Daw Aye Aye Myint, Health Education Officer, Shan State (South), Taungyi
7. U Win Aung Maw, Assistant Health Education Officer, Mandalay Division, Mandalay
8. Dr. Win Pa Pa Win, Assistant Medical Superintendent (on behalf of TMO), Pin Oo Lwin
9. Daw Myat Myat Oo, Township Health Nurse (THN), Pin Oo Lwin
10. Daw Yee Yee Shwe, Township Health Nurse (THN), Amarapura
11. Daw Cho Cho Win, Health Assistant 1 (HA1), Amarapura
12. Dr. Hla Hla Kyi, District Medical Officer (DMO), Kalaw
13. Daw Hnin Wai, Township Health Nurse (THN), Kalaw
14. Dr. Khin Win Myint, Township Medical Officer (TMO), Ywa Ngan
15. Daw Khin Khin Thein, Township Health Nurse (THN), Ywa Ngan
16. Dr. Aye Aye Mu, District Medical Officer (DMO), Kyaukme
17. Dr. Chaw Chaw Naing, Township Medical Officer (TMO), Naungcho
18. Dr. Kyi Pyar Aung, Focal Point Person, Kyaukme
19. Dr. Nang Mya Hnin Aye, Focal Point Person, Naungcho
20. Mr. Hideo Miyamoto, Chief Representative, JICA Myanmar Office
21. Ms. Yoshika Umabe, Project Formulation Adviser (Health), JICA Myanmar Office
22. Ms. Naoko Yoshida, Expert on Health/Education, Kokang Project
23. Ms. Pa Pa Khin, Program Assistant (Health), JICA Myanmar Office
24. Mr. Sai Wan Soan, Interpreter, JICA Myanmar Office
25. Mr. Ryoichi Suzuki, Project Manager, CORH Project, JOICFP
26. Ms. Mari Kinoshita, Expert on Community Health, CORH Project, JOICFP
27. Ms. Ryoko Koshihara, Expert on Community Organization Activities, CORH Project, JOICFP
28. Ms. Misako Nogi, Project Coordinator, CORH Project, JOICFP
29. Dr. Nang Noi Leik, Project Officer, CORH Project, JOICFP
30. Dr. Myo Tint Than, Field Officer (Medical), CORH Project, JOICFP
31. Ms. Htwe Htwe Ohn, Field Officer (Administration), CORH Project, JOICFP
32. Ms. San Yin, Senior Field Assistant, CORH Project, JOICFP
33. Ms. Nang Mon Sabai Khin, Field Assistant, CORH Project, JOICFP
34. Ms. Phyo Ei Thu, Junior Field Assistant (Naungcho), CORH Project, JOICFP

(Total number: 34 participants)

Minutes of the Meeting

Workshop for Experience-Sharing on Community-Oriented Reproductive Health Approach

Date: November 12 -14, 2009
Venue: Kyaukme and Naungcho, Shan State (North)
1st day at Kyaukme District Hospital

1. **Opening Speech from DOH** by Dr. Sai San Win, State Health Director, Shan State (North), DOH, MOH

   First, Dr. Sai San Win mentioned that the RH issue was priority in the Union of Myanmar, and the improvement of capacity of service providers and community health care system was one of the major activities in the 5-year National Health Plan (2004) and the Strategic Plan of RH (2008). The Myanmar's latest MMR is 316, IMR 49.7 and U-5 mortality 66.6.

   Next, he mentioned that the Community-Oriented RH Project" which had started in since February 2005, became a very important model project for introducing the effective approaches in ensuring safe motherhood for all pregnant women at the community level. And this workshop would be a great opportunity to share the project experiences and developed approaches and strategies with all concerned participants.

   Since DOH is working very hard to provide better community health care for the good health of the Myanmar People, DOH staff considers the CORH Project (Healthy Mother Project) was giving a lot of good practices and lessons learned for the followers through the effective approaches and strategies including MCHP to link the pregnant women and health care providers (particularly MW) as a bridge. Since its introduction in two project townships, the figures significantly improved such as ANC, delivery attended by SBA, PNC and referral to higher level, TT immunization, because the mothers in those areas gained the better access to the health facilities through the motivation of MCHPs.

   As conclusion, he cordially requested all persons concerned to learn together of the effective approaches by this Project today, to apply it to the other areas in Myanmar, and to continue their efforts in order to strengthen the strategies and approaches with the spirit of the project model areas.

2. **Opening Speech from JICA** by Mr. Hideo Miyamoto, Chief Representative, JICA Myanmar Office

   First, he started the presentation with his welcome remarks for every participant. He mentioned that he was glad to invite all of them, especially the ones from other townships to this workshop for learning the strategies and activities of the Community-Oriented RH approach, and cordially requested them to learn the applicable system and to expand this approach to their own township.

   The speech was concluded with the congratulatory address from JICA to all BHS of Kyaukme and Naungcho, central officials of DOH and Japanese experts for successful implementation of the Project, and with the wishes for fruitful results of this workshop.

3. **Opening Speech from JOICFP** by Mr. Ryoichi Suzuki, Project Manager, CORH Project

On behalf of JOICFP, he congratulated all the project implementers for the considerable achievements made so far, during the limited project period. He also emphasized the benefit of the MCH promoter system as core components of the CORH Approach. In addition to MCHP system, there was a lot of Project interventions like the skill development of BHS, (midwifery skills, management and leadership, data collection etc), by Japanese experts. The Project tried to systemize the support from community people to MCH-promotion activities, and there established Community Welfare Fund and emergency transportation provision in some areas.

He also introduced some figures which showed the Project achievements, such as number of trained BHS, AMW and MCHP, number of community representatives attending the workshops, number of health facilities renovated under the Project. He concluded the speech by expressing his gratitude to all the concerned organizations and agencies for their support, encouragement and advices for the successful implementation of the CORH Project.

4. **Workshop Briefing** by Dr. Sai San Win, State Health Director, Shan State (North)

Firstly, overall objectives and specific objectives (day by day) of the Workshop were shared among the participants as followed.

General Objectives:

- To share the experiences with the other Townships on the Community-Oriented Reproductive Health Approach, which have been identified through CORH Project implemented in Kyaukme and Naungcho Townships.

Specific Objectives (1st Day)

- To introduce the background situation, concept, strategy and activities of CORH Approach, including MCH Promoters System and characteristics of MCH promoters as community-based volunteers
- To share the outcomes and achievements of the Community-Oriented RH Project based on the results of the Baseline / End-line assessments
- To share the Implementation Guide

Specific Objectives (2nd Day)

- To make field visit to learn the experiences and good practices in Naungcho Township, ie MCHP system, MW/AMW/MCHP team work, community support system etc.

Specific Objectives (3rd Day)

- To make field visit to learn the experiences and good practices in Kyaukme Township, ie MCHP system, MW/AMW/MCHP team work, community support system etc
  To identify, from the field visit, applicable strategies and experiences to be applied in the other Townships

It was followed by the self-introduction of all participants and secretary members. The paper handouts which include the tentative agenda and time allocation were distributed to the participants for their references.

5. **Background situation for applying CORH Approach in Project areas** by Dr. Sai San Win,

State Health Director, Shan State (North)

He shared the background information with participants by power point presentation (attached). The following information was shared: (For detailed see attached)

- RH statistics at the time of 2005, when CORH Project started (High MMR of 360 / 100,000 live births, High IMR of 71 / 1,000 live births, insufficient rate of delivery attended by SBA of 56% and low CPR of 33 %)
- Issues to be addressed (Low coverage of ANC, PNC and deliveries attended by SBA, Insufficient awareness of BHS / Health Volunteers and mothers about RH/MCH, Insufficient referral system and collaboration between health volunteers and health service provider and Inadequate facilities and basic supplies)

Next, he mentioned about the Leading Observatory Mission conducted in Nov. 2004 during the project preparatory period, from which, the participants from DOH Central (Director, PH, Director (IHD), Deputy Director (MCH)) learned a lot of lessons applicable to Myanmar.

1. MCHP Promoter as a bridge between municipal health section and community people
2. MCH Handbook as health education as well as communication tool
3. Public Health Nurse System
4. Referral system to save mother's life
5. Commitment of all concerned people such as policy makers, health service providers and health volunteers (MCH promoters)

Based on the Japan's accumulated experiences and their lessons learned from the Observatory Mission, the 5 specific objectives (in other words, 5 expected outcomes of the Project) were settled as followed, in order to achieve the general project purpose of increasing the utilization of quality RH services in the two project areas:

Expected Outcomes of the CORH Project

1. Improve quality of RH services
2. Improve awareness and knowledge on RH issues among community people
3. Strengthen linkage between RH services and community people
4. Establish mechanism to support community-oriented RH approaches
5. Identify applicable community-oriented RH approaches

He closed his presentation by referring the MDG No. 5 (reduction of MMR) which should be achieved in Myanmar.

6. **Concept and Strategy of CORH Approach** by Dr. Sai San Win, State Health Director, Shan State (North)

The key concepts of the CORH Approach were introduced and 5 expected outcomes of the CORH Project were shown along with the main activities necessary for achieving the each expected outcomes.

Key concepts of the Community-Oriented Reproductive Health Project

- Community participation and involvement
- Bottom-up approach
- Women-friendly and gender-sensitive

- Sustainability (full utilization of existing resources)
- Mutual help in Myanmar community
- Linkage between health service and community people
- Health seeking behavior change

Expected outcomes and major activities of the CORH Project

1. Improve quality of RH services
Activities: Skill development of BHS (midwifery, communication, leadership etc)
2. Improve awareness and knowledge on RH issues among community people
Activities: IEC/BCC intervention (introduction of new IEC materials and method (ex. Enter-education method by puppet show)
3. Strengthen linkage between RH services and community people
Activities: Introduction of MCH promoter system
4. Establish mechanism to support community-oriented RH approaches
Activities: Establishment of TWG / VTWG and strengthened community involvement
5. Identify applicable community-oriented RH approaches
Activities: Development of Implementation Guide

7. **Overview of the Project Activities** by Dr. Sai San Win, State Health Director, Shan State (North)

First, there introduced the overall project framework (such as the project period (*5 years from February 2005 to January 2010*), implementing organization (*DOH, JICA and JOICFP*), and project areas with population (K*yaukme and Nauntcho Townships in Northern Shan State with the population of 170,000 and 130,000 respectively*) and the organizational structure (Detailed, see attached). Next, the project design was shown to the participants with the project purpose, 5 expected outputs, key areas of focus and main activities for achieving the each expected outputs in detail.

The major contents of the above-mentioned "project design" have already described in the previous presentations 5 and 6. Refer to the attached for more detailed information on the project activities

8. **Outcome and Achievements of the CORH Project** by Dr. Myint Moe Soe, Medical Officer (MCH), DOH

He introduced the major outcomes and achievement of the CORH Project, by citing the figures and indicators from Baseline and End-line Assessments respectively conducted in 2005~2006 and 2009 by the Project. The major indicators compared between baseline and end-line are as follows; (Refer to the attached for more detailed information)

- TFR (Total Fertility Rate)
- Knowledge of RH among community people (s*ymptoms during pregnancy, danger signs during and after pregnancy, abortion-related risks and contraceptive method etc.*)
- ANC coverage
- Delivery care (*Percentage of women who have given birth in the last 12 months with SBA*)
- TT vaccination coverage
- Use of HBMR(Home-based Maternal Record) and CDK (Clean Delivery Kit)
- CPR (Contraceptive Prevalence Rate)
- Referral (*RHC/Sub-RHC to Hospita*l)
- Midwifery Skill (*counseling, AN care, Delivery, PN care (immediate, within 2-3 days, within*

4-6 weeks etc)

- Midwifery knowledge among BHS (*obstetric complication, newborn care etc*.)

Generally, there could be concluded with the improvement in the area of 1) knowledge on RH issues among community people, 2) utilization of RH services (ANC, TT vaccination, delivery by SBA and PNC) and 3) midwifery skill and knowledge among BHS by the Project interventions.

9. **MCH Promoters System "Bridging Mothers and Health Service"** by Dr. Aye Aye Mu, District Medical Officer (DMO), Kyaukme

The practical information was introduced about MCH promoter system, which was one of the core components of the CORH Approach.

(1) What is MCHP?

MCH Promoters are MCH and RH focused volunteers and they bridge community to health services by recognizing women in community, by helping every woman to receive RH care and by helping every U-5 children to take health care.

(2) Ten "Do's" of MCHP

The 10 regular activities of MCHP were introduced such as weekly home-visit, identification of pregnant women and U-5 children in their respective area, encouraging women to receive RH services (ANC, PNC, immunization), informing village leaders of health-related problems that requires community mobilization etc. (For more detailed and practical information, please refer to the attached.)

(3) Four "Don'ts" of MCHP

MCHPs were trained not to do followings. 1) Any kind of medical interventions; 2) to tell privacy of pregnant women, U-5 children and mothers (clients) to other people; 3) to take any attitude that makes clients uncomfortable and embarrassed; 4) to take part in political activities.

(4) What we have expected

By the introduction of MCHP system, the followings are expected to be achieved.

1) Increased access to RH services (ANC, Delivery, PNC by trained personnel)
2) Increased awareness and knowledge on MCH (among community people)
3) Getting more support from community for MCH (especially high-risk case identification, emergency referral etc)

(5) Achievements

- Total (accumulated) numbers of 2,225 women have been trained as MCHP (1 MCHP / 26 households).
- MCHPs became reliable source of RH information for community people.
- Increased ANC, TT2 and PNC coverage
- Increased deliveries by trained personnel (incl. AMW)

(6) Review: What we did

1) Framework development (development of the guideline, training manuals and supporting materials (MCHP Handbook and Kit etc.)
2) Human resource development (candidate selection and conduct of trainings (TOT,

initial and refresher etc.)
3) Review of the progress and outcomes
4) Consolidation of gains for wider application (Sharing good practices within project areas (through workshops) and development of implementation guide)

(7) Design of the System

- Number of MCHP: 1 MCHP / 30 households
- Duration of Service: 2 years with possible extension
- Beneficiaries: Pregnant women, U-5 children and mothers
- Selection Criteria: 1) Married women preferably with child-rearing experience
  2) Can read and write
  3) Be interested in working for women and children's health
  4) Have free time to participate in the activities etc.
  (For more detailed, see attached)
- Qualification process:
  1) MW makes 1st selection of candidates
  2) VTWG makes 2nd selection
  3) Candidates participate in qualification (initial) training
  4) DMO/TMO issue certificate after completion of qualification training

(8) Trainings

- **Training of Trainers (TOT)**
  To train HA, LHV and MW as lecturers of qualification training
- **MCHP Qualification Training**
  1 day training to selected candidates: main contents are "What's MCHP", "Do's and Don'ts", Key RH topics (danger signs etc), Communication skills etc.
- **MCHP Refresher Training**
  1 day training to qualified MCHP: main purpose is to update MCHPs
- **Leadership and Management Training**
  To provide SBA with the skill of team-building, leadership and management

(9) Developed materials (MCHP kit and Handbook)

The MCHP Kit and MCHP Handbook were introduced and distributed to all participants.

(10) Support mechanism

The mechanism chart was shown to the participants, which explained the relationship between (among) MCHP and other surrounding stakeholders (BHS, Family members, Community people and Local NGOs etc.) For example, BHS provides technical support to MCHP through the supervision, training and health information sharing etc. For others and more detailed information, see attached.

(11) Why MCHP is effective

The MCH promoters are effective, because they are ordinary women rearing children in the community, because they know local languages, customs and traditions, because they have practical experience to share with pregnant women and mothers, and because they have good relationship with community people.

After the presentation by Dr. Aye Aye Mu, the DVD titled "One Day of Nwe Nwe" was shown, for easier understanding of participants about MCH promoters, which was filmed in Kyaukme and

describing the main activities of MCHP with its purpose, expected roles and function, selection criteria etc.

10. **Introduction of Implementation Guide** by Mr. Ryoichi Suzuki, Project Manager, CORH Project

First, he expressed his gratitude for the participants to show their interest in applying the CORH Approach in their won areas during the preceding session of questions and answers. And he explained that the draft "Implementation Guide" was still under the official process of authorization from DOH/MOH, and could not be distributed to the participants with apologies.

The Implementation Guide is composed from 3 parts (Part 1: Project Overview and Achievements; Part 2: Community-Oriented RH Approach; and Part 3: Specific Implementation Guides). He mentioned that this Guide was developed based on the actual experiences of the CORH Project and the users could choose any sections or components to refer based on their needs. He also showed some exemplary way of utilization of the Guide by power point, as shown in the attached.

11. **Outcomes and Achievements of CORH Project in Kyaukme** by Dr. Aye Aye Mu, District Medical Officer, Kyaukme

She firstly shared the general information on Kyaukme, such as basic administrative data (number of village, household, population by category, staffing in health sector, number of public health facilities, geographical characteristics (mountainous and difficult in access, with language barrier etc). Next, the project outcomes specific in Kyaukme were shown in comparative way of health indicators in 2005 and 2008. (Detailed, see attached.) The MMR, ANC coverage by MW, Deliveries by MW and AMW, Referral cases, TT 2nd dose and CPR improved in 2008, compared by 2005's figure.

It followed by the introduction of activities conducted in Kyaukme, including the various training for BHS, a series of training for MCHPs, AMW refresher trainings and renovation of RHC and Sub-RHC, through all of which, the followings were achieved.

- Skill development of BHS in midwifery, leadership and management, communication, health education etc.
- Awareness of volunteers about AN care
- Awareness of pregnant women and their family
- Awareness of community
- Teamwork of BHS with AMWs and MCHPs

In addition to the improvements in RH service provision and community awareness on RH, the community support system to MCH activities, the MCHP system and the CME and CHE programme (from MW to AMW and MCHP) were established at village level from the presenter's point of view.

According to the review by DMO, one of the challenges (weak points) is the insufficient advocacy to Township Health Committee, other related NGO and other hospital staff than public health staff. The Project focus was put on the advocacy to TWG and VTWG members and BHS in public health sector, so the involvement of and the understanding from the above-mentioned stakeholders concerned with health, became relatively weak.

Discussion after DMO's Presentation

DMO (Kyaukme)

- It's better to work with township health committee than TWG. Township health committee includes personnel from all departments. So we can cooperate better. (E.g. for renovation of health facilities, we can cooperate with construction department.)

DMO (Kalaw)

- We need advocacy meeting for hospital staff as DMO (KM) mentioned for effective referrals.

Dr. SSW

- We need to appreciate the role of AMWs in promotion of MCH. By doing so, AMW will cooperate better with BHS and MCHPs.

DMO (Kyaukme)

- We conducted MCHP training in about 50 different places. It will be better if we can do it at RHC / Sub-RHC. So that MCHPs from different villages can meet each other. Regarding sustainability of CORH approach, we can conduct MCHP training with minimum cost (like AMW training).

DMO (Kalaw)

- Advocacy to village leaders is most important for CORH approach.

Dr. Sai San Win

- It will be good for participants to listen to some scenarios about MCHPs activities from some village.

Dr. Myint Mo Soe

- We should include school health MO in trainings. So that he can help project activities somehow.

Dr. Sai San Win

- Supervision of some RHC is rather poor.

DMO (KM)

- One of the factors is difficult access.

Dr. Myint Mo Soe

- We intend to conduct training on essential newborn care.

DMO (Kyaukme)

- Presented about the health project of Naung Pein and Aye Thar Yar RHC. She said that one of the possible causes of high still birth rate is HIV positive mothers.

DMO (Kalaw)

We welcome the introduction of CORH approach to our township.

12. **Outcomes and Achievements of CORH Project in Nangucho** by Dr. Chaw Chaw Naing, Township Medical Officer, Naungcho

Dr. Chaw Chaw Naing, Township Medical Officer, Naungcho, first touched upon the overall goal, project purpose and key areas of focus of the CORH Project. The general information of Naungcho Township followed (like population by category, number of household, village and wards, geographical characteristics (some areas with difficult access in rainy season, with limited

number of AMW and some people still relies on TBA because of the lack of knowledge and awareness etc)).

Next, the project outcomes specific in Naungcho were shown in comparative way of health indicators in 2005 and 2008 (For details, see attached.) The MMR, ANC coverage by MW, Deliveries by MW and AMW, Referral cases, TT 2nd dose and CPR improved in 2008, compared by 2005's figure.

It was almost same in Kyaukme and in Naungcho, for the activities conducted and the achievements made so far during the Project period. The challenges identified by TMO are the necessity to develop the township level implementation guide for local authorities, NGOs , hospital staff, BHS etc, and to sustain MCHP system with support by TPDS, VPDC, NGOs, health staff and community even after the Project termination.

Dr. Aye Aye Mu introduced some good practices to the participants, citing from the results of the situation study part II (the results of key informant interviews with stakeholders about the practical change happened in the community after MCHP introduction).

13. **Presentation and briefing on the 3rd day of the workshop** by Dr. Aye Aye Mu, District Medical Officer, Kyaukme

The orientation and briefing was given to the participants about Naung Pain RHC and Kywe Kone Sub-RHC (under the jurisdiction of Aye Thar Yar RHC), where the participants would visit on the third day of the workshop. The basic data was shared among the participants such as population by category, number of villages, household, AMW and MCHPs, major indicators in 2005, 2008 and 2009 (until October) showing the Project outcomes (ANC, deliveries, PNC coverage, TT 2nd dose, MMR, IMR and U-5 mortality). The good practices observed in those areas were CHE program for AMW and MCHP, effective IEC/BCC activities, good recording and reporting system, community support system and health-seeking behavior change, especially for AN care. (More detailed, see attached.)

It was demonstrated how to use the pregnancy simulator, as one of the Project interventions in the IEC/BCC area. The pregnancy simulator was the health education tool which could involve the audiences (especially male audiences) of the health education sessions effectively.

The workshop sessions of the first day concluded successfully.

Discussions on 1st Day of Workshop

DMO (Kyaukme)

- MCHPs are not allowed to give any kind of treatments to anyone, they are supposed to act as a bridge between BHS and community people.
- When we compare the data of different times, we need to consider the factor of under reporting. (Because one MW needs to cover upto 24 villages in some areas.)
- In TWG, township PDC chairperson act as chair and DMO/TMO act as secretary. Members of TWG are township education officer, one representative each from USDA, MMCWA, and MWAF. In VTWG, chair person of VT act as chair and BHS (MW) act as secretary. Members of

VTWG are PDC clerk, representatives from other NGOs.

- Regarding referrals system, it improved significantly. So, we have more patients in OG wards than before. In many villages, we have system of use of trawlergy for emergency cares (alternately). There are usually many people accompanying with patients to hospital.
- Today we are supposed to discuss about the strength and weakness of CORH approach.
- No matter we extend this approach to other areas or not, we can practice MCHP system in our own way. We have volunteers for every 10 households trained by MMCWA. We can provide training ourselves with minimum cost. In my opinion, single women can also be MCHPs for e.g., we accept single women for AMW trainings. In CORHP implemented in Kyaukme and Naungcho, we left station medical officer. We need SMO to supervise MW and LHV. We should also include VT members in VTWG. So that they can know our Project activities. About 60% of MCHPs are members of MMCWA too. JOICFP produced pamphlets not only in Myanmar but also in Shan. It is particularly useful in Kyaukme Township where there are majority ethnic groups. The CORH approach is really useful to community people. (E.g. AN care, early referral). But, the impacts of CORHP will be seen better in 3 or 4 years later than now.

DMO (Kalaw)

- How MCHPs inform to MW in remote areas?

DMO (Kyaukme)

- Actually, we still have some vacancies in some remote areas, So, the first thing we need to do is to appoint MW for these vacancies. Secondly, MWs are covering many villages. In Kyaukme one MW needs to cover up to 24 villages. In Pin Laung Township, one MW needs to cover up to 44 villages. So we need to train more MW. Ideally, we should have one MW for every 5 villages.

Dr. Sai San Win

- MCH related issues are not only in remote areas, but also in villages near (to down town/ hospital) some pregnant mothers living near to hospital does not take ANC till 6th month of pregnancy. In such cases, MCHP can persuade mothers to take ANC and can take mothers to MW.

DMO (Kyaukme)

- We have one maternal death recently. Actually, she lived in downtown area. She was referred by MW to hospital. But, she came to hospital very late. So, she died at hospital. Therefore, we need to consider about social factors apart from access. Because of MCHPs activities, more pregnant mothers know the importance of ANC. We include the labor room in every health facility renovated by project for institutional delivery. Even if we cannot do institutional delivery, we can provide labor bags.

DMO (Kalaw)

- When we submitted the application for new sub-RHC, there were some delays. So, we need more prompt approval for new centre to get quality health care for community.

DMO (Kyaukme)

- In Kyaukme, one MW needs to cover up to 24 villages. It takes more than one day to reach. In some remote areas, ideally, we should have one MW in every 5 villages. But, this can only be done by DOH central.

Dr. Sai San Win

- Our population is continuously increasing. But, we cannot increase the number of RHC/ Sub-RHC proportionately. So MWs need to cover many villages. If one MW needs to cover 4-5 villages only, she can do better.
- In some areas, we can provide curative measures only. We can not conduct public health activities as we don't have MCH unit.

DMO (Kalaw)

- May I know about the implementation guide (of CORH Approach)? Can I get one?

Dr. Nang Noik Leik (JOICFP Project Officer)

- It's yet to get approval. After approval by DOH, we will translate it and distribute it to all concerned persons.

Dr. Sai San Win

- We will make 2 version of implementation guide (English, Myanmar)

THN (Amarapura)

- Why the percentage (%) of referral declined in year presentation in spite of MCHP activities?

DMO (Kyaukme)

- In our official statistics, it did not decline. Actually, it increased. This is due to sampling size of end line assessment.
- Another reason is that we don't usually use the word "referral" when community takes mothers or children to health facility. We use the word referral only when AMW or MW refers to higher facilities.

DMO (Kalaw)

- In MCHP handbook, we better describe quite clearly. (Main cause - measure to do)

e.g. (1) Main cause of MMR is post partum haemorrhage. To prevent this, mothers need to deliver with SBA.
(2) Other cause of MMR is abortion. To prevent this, mothers need to do birth spacing.
(3) Main cause of IMR is sepsis and neonatal tetanus. To prevent this, SBA & AMW need to use CDK.
(4) Other cause of IMR is low birth weight. To prevent this, mothers need to take iron tabs.

DMO (Kyaukme)

- MCH situation in this area improved significantly. But, some families' still have social problems like financial, education, language etc.

DMO (Kalaw)

- Village tract PDC and village PDC are main persons for effective and prompt referral.

Deputy Director (Mandalay)

- I'd like to know the data of MMR and IMR of this area before introduction of project and now.

DMO (Kyaukme)

- I will present these data in detail in afternoon session. Generally, some data improved significantly but some didn't.

Dr. NNL (Dr. RS)

- One of the reasons may be under reporting previously. Now, MCHP reports to MWS. So, MW is likely to get data without fail.

AMS (Pyin Oo Lwin)

- Any activity for male involvement in your project? I'd like to suggest to include some part on male involvement in MCHP handbook.

Dr. NNL

- Project introduces some IEC/BCC materials to improve the IEC session. One of these materials is pregnancy simulator. We request husband to wear it and to get the feeling of pregnant mothers so that they will have more sympathy on their wives.

DMO (Kyaukme)

- I agree with Dr. NNL on under reporting. Because of this, we now have higher IMR than before. But, I believe that MCH situation has improved significantly.
- To get data for MMR is much easier than that of IMR.

Deputy Director (Mandalay)

- Because of high MMR, we conducted campaign in pa-thein-gyi Township in 2009. Within 4 months, we got 336 new AN cares. Out of 336, 129 mothers were of risky ones. It will be a good idea to conduct campaign in areas of high MMR and IMR.

DMO (Kalaw)

- This kind of campaign is needed especially in villages without MWs. For such campaign, we need one venue. MCHPs also need support from village leaders. We also need some instruments (e.g, BP Cuff, Bicycle) some are not functioning, anymore. So we need to supply in kinds too.

Dr. NNL

- Campaign can improve the data for limited period. But, it's not possible to sustain it after implementing campaign.

Dr. SSW

- We can improve the health care services at grass root level by appointing PHS II in vacancies.

DMO (Kyaukme)

- We need to assign definite duties to PHS II. Otherwise, it will not make any difference. Most of the workload is usually on MW.

DMO (Kalaw)

- I agree with DMO (Kyaukme)

DMO (Kyaukme)

- We can do immunization more effectively by organizing separate EPI team. This team will go round the villages and do immunization.

DMO (Kalaw)

- I suggest to include complimentary feeding in MCHP hand book, because many mothers still don't know about the importance of it.

Dr. MMS

- We should discuss with nutrition department and includes essential points for children nutrition (under 5 years) in MCHP hand book

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The 2nd day and the morning of the 3rd day of the Workshop were dedicated for the field observation. All participants were divided into 2 groups and visited the following health facilities and interviewed with community stakeholders, such as BHS, AMW, MCHP and community leaders (PDC chair etc.)

The general information and good practices of each center were described in the presentation paper of DMO/TMO.

	Group A	Group B
2nd Day (AM)	MCH Center (Naungcho)	Kangyi RHC (Naungcho)
2nd Day (PM)	Ohnmakar Sub-RHC (Naungcho)	Naungcho Gyi Sub-RHC (Naungcho)
3rd Day (AM)	Naung Pain RHC (Kyaukme)	Kywe Kone Sub-RHC (Kyaukme)

3rd day at Kyaukme District Hospital

After the field observation in Kyaukme on the 3rd day of the Workshop, the Township PDC Chairperson delivered the speech in front of all participants and some free discussions were made in the presence of PDC Chair.

Discussion after PDC (KM) speech

DMO (Kalaw)

- We have heard that Kyaukme township PDC chair has participated in project activity since the beginning of project. So, it's good to hear about his experience and comments.
- In my opinion, interest of village authorities on community health activities is essential for CORH approach.
- I also had some experience on working Bo-ga-lay (Delta area) and, training volunteers for 10 households (sponsored by MMCWA) in other areas.
- These volunteers are important to achieve our MDG5 (to reduce MMR, to reduce IMR).
- We, Myanmar people, have been doing many kinds of social work as this is one of our traditions. We can do it more effectively if we get some support from projects.
- Our main difficulty is in referral.
- We can do referral better if every village or village tract has their own CWF.
- Regarding sustainability, we should continue CME, CHE not only on MCH matters but also on some current health issue (e.g H1N1 flu).
- Regarding incentives, MCHPs want to gather in every 2 on 3 months to share their experiences each other.
- I think we can do more effectively if we cooperate with education sector (School teacher can work as MCHPs).
- We can share the information through township health committee meetings and PDC meetings to village leaders.
- In conclusion, CORH approach is very beneficial to community people and it can contribute significantly in reduction of MMR and IMR.

AMS (Pyin Oo Lwin)

- I am very glad to know that all stake holders, of MCH are working together willingly.
- We found that MCHPs are working as a bridge between BHS and community people.
- We witnessed many achievement of this project in Kyaukme and Naungcho during this workshop.
- I'd like to give some recommendation for all concerned persons.
  (1) We should arrange regular CHE for MCHPs.

(2) To recognize the vital role of village authorities in achieving CORH approach.

(3) We need to be patient enough for achieving good outcomes. MCHPs said it took about 1 year to be recognized by community people.

- In conclusion, I welcome INGO as they came to Myanmar to help Myanmar people. If our t/s is selected to be one of the extended areas of CORH Project, I will cooperate with township's all stake holders to do the best of my ability.

THN, Amarapura

- I am very glad to see the MCHPs are working together with other stakeholders for maternal and child health. When I asked them whether they are going to continue MCHP activities, they said they will. I found out that they are actively working in their respective areas.
- In conclusion, I warmly welcome the extension of CORH approach to our township.

Dr. Sai San Win

- We knew outcomes and achievement of project after listening to presentations on 1st day of workshop. After visiting RHC and Sub-RHC and discussing with all stakeholders, it became more sure for there achievements.
- During our visits to RHC and Sub-RHC, I requested all stakeholders to speak out whatever they want, in whatever way because we want to listen to real voices from each and everyone. In Naungcho Gyi Sub-RHC, Naungcho township, I also requested some villagers to speak out about their opinion on MCHP activities.
- So, we could hear the real voices of everyone. As you all know, behavioral change of community people is easy to say but not easy to do. It's not easy to change the behaviors of community people during 4-5 years. Previously, many postnatal mothers ate only nice, ginger and salt during puerperium period. Now they no more practice this habit anymore.
- In my opinion, I think we got achievements of CORH approach more than we expected.
- Now, traditional birth attendants have no more clients. I asked many stakeholders that whether there are conflicts between TBA and BHS and/or AMW. But, they said there are no conflicts. TBA also cooperates and helps BHS and AMW. (e. g. in emergency referrals). So number of delivery with SBA increased significantly. So, there is no MMR& IMR case in Naungcho Gyi and Kywe Kone Sub-RHC in 2009. Their performance is beyond our expectation when I asked them whether their husbands allow to do MCHP work, they said yes, and husbands are also supportive to MCHP. So, MCHPs are happy and proud for their MCHP activities.

DMO (Kyaukme)

- I would like to mention some weak points of project activities so that concerned persons can improve their activities later.
- We should include the PDC of Kyaukme and Naungcho on 1st day of our workshop.
- PDC chairperson should be invited to PSC meeting so that he can know what is going on regarding project activities. Now, PDC chair person does not know well about the achievement of our project.

THN Ywa Ngan

- We found that CORH approach causes improvement not only in maternal and child health but also in collecting accurate health data. Health awareness among community people also improved significantly.

- In some villages, many villagers relied on local healers. Now, they use basic health staff. There is no more use of traditional birth attendants by local people.
- Thank you all concerned persons for all arrangements for this workshop. I will share my experiences in this workshop to my colleagues in my own township.

DMO (Kyaukme)

- We can continue CORH approach through township health committee and village tract health committee.

Dr. Myint Mo Soe

- Many NGOs trained varieties of volunteers for different purposes. So, we now have so many kinds of volunteers, we intent to revise the roles and responsibilities of different volunteers and to assign common roles and responsibilities for every volunteers.

After the free discussions, the findings and lessons learned from the field observations were discussed among the participants, through the series of sessions of "Group Discussion", "Group Presentation" and "Open Discussion".

Group Presentation by
Mandalay Division
(Amarapura and Pyin Oo Lwin)

Findings

- Recognition of community people to MCHPs.
- Better coverage of ANC/PNC because of activity of MCHPs.
- Better coverage of TT immunization for mothers.
- Better coverage of immunization for children under 1yr.
- Can get accurate data of pregnant mothers and children under 5 years.
- Improvement of knowledge on RH among community people.
- Being able to refer pregnant mothers in time.
- Good cooperation among MCH related personnel.

Community support system

- Need community welfare fund (for emergency care)
- Need little presents for MCHPs occasionally.

For sustainability

- Arranging for MCHPs to meet each other and to share experience every month.
- To meet with MW often and share experience.
- For Health department, to give guidance for collecting CWF.

Group Presentation by
Shan (South) State
(Kalaw, Ywa Ngan)

Findings

- Improved ANC coverage
- Number of delivery with SBA increased
- Coverage of EPI improved
- Can get exact data of HMIS for surveillance.
- Can do referrals more effectively
- Use of CDK (100%)
- There are some behavioral changes among community people. Previously, some postnatal mothers ate only rice, salt and ginger. They also practiced induced sweating staying indoor wearing thick clothes (in poorly ventilated rooms). Now, people no more practice these habits.
- Each MCHP cover only 30 households and their function is RH specific. So, it is effective.
- Prospect of sustainability of CORH approach is very good because MCHPs are happy for their volunteer work.
- Local authorities are also willing to help BHS, AMW and MCHPs.
- MCHPs have good communication with MW, AMW.
- Decline of MMR and IMR.

Recommendation (Shan south group)

- To conduct refresher trainings often for MCHPs.
- To give feed backs as required. (eg. one MCHP did not do follow up to mother with PIH. So she suffered fits, to explain the need of follow up in such cases.
- To do CHE on suitable topics which are not included in the MCHP manual.
- To give more teaching on Birth spacing.
- To give regular CHE for MCHPs (eg, AH1 N1 flu)
- To distribute MCHP manuals through BHS.
- To keep CWF in every villages.

Discussion after Group presentations

Mandalay Group

- To apply CORH approach in our township, we need resource.
- We still want to wait and see the progress in Kyaukme and Naungcho townships.

DMO (Kyaukme)

- We don't necessarily need resources to practice CORH approach. We can find ways to conduct training with minimum cost (e.g. in monthly district / township health department meeting).

Dr. Myint Mo Soe

- Some MCHPs said they not only wanted to gather in their own township but also visit other township (Kyaukme and Naung Cho)

HEO (Lashio)

- I told MCHPs one of the options to collect money for CWF that is to sell Mo-hin-ga or other snacks in pagoda festivals.

DMO (Kyaukme)

- We can practice CORH approach without external support (resource), we can share information through weekly meeting of township health committee. We don't necessarily need travelling allowance for MCHP training.
- We still need to simplify our guide books, trainer's manual to be more user-friendly.

DMO (Kyaukme)

- Regarding cooperation with education sector, we discussed with concerned persons at Nay-Pyi-Taw. Because these are departments under 2 different ministries, we cannot ask education personnel to take some assignments for our project without prior permission from respective ministry.

AMS (Pyin-Oo-Lwin)

- Let me confirm that whether birth spacing is included in safe motherhood or not.

DMO (KM), Dr. Myint Mo Soe

- Yes, it's included in safe motherhood.

DMO (KM)

- There are big differences between reporting of Japanese MCHPs and Myanmar MCHPs. Because of easy access to ICT, Japanese MCHPs can report very promptly and easily.

Dr. Sai San Win

- To sum up the workshop, we need to inform DOH about discussion points including strengths and weaknesses relating implementation of CORH approach in Kyaukme and Naungcho townships. In this workshop, we were explained with presentations. In addition, we could meet with all stake holders of MCH namely village tract PDC, BHS, AMW and MCHPs.

  So, there is no doubt that we achieved significantly in this area. It's clear that it will be beneficial to community if we can continue CORH approach in KM & NC townships and extend to other townships. But we need to find ways to implement it with minimum resource.

Dr. Myint Mo Soe

- I am very familiar about the presentations and I knew the outcome and achievement of CORH

approach well. I am not worried for sustainability of project because MCHPs are working happily in their respective areas.

- It's evident that MCHPs are very supportive to BHS and AMWs.
- I am very glad to know that village PDC, BHS, AMW and MCHPs are working together.