



**AMDA**  
アムダ



**Association of Medical Doctors of Asia  
(AMDA)**

## **What's the AMDA?**

- ✓ A humanitarian, non-profit, non-political, non-religious, and non-governmental organization
- ✓ Established in Japan in 1984.
- ✓ Medical and health sectors combine with education, micro-finance, community development and others.
- ✓ 50 countries in Asia, Africa, Latin America and Europe.



## **AMDA Myanmar**

- ✓ Close collaboration with the MoH and MPBANRDA
- ✓ Operate various kinds of projects
  - Central Dry Zone since 1995
  - Kokang Special Region No.1 since 2004
- ✓ Emergency response operation for cyclone-affected communities during 2008

# **Project in Myanmar**



## **Strengthening Basic Health Service**

### **(Pakokku Township)**

- ✓ Renovate/ construct public health facilities
- ✓ Provide essential drugs
- ✓ Support a cost effective referral system
- ✓ Enhance the safety net and environment for community health



## **Livelihood Improvement Program**

### **(Meiktila Township)**

- ✓ Provide a micro-finance service package
- ✓ Provide health education
- ✓ Training on agriculture, livestock, health, insurance and saving



## **Mother and Child Nutrition Program**

### **(KSR-1)**

- ✓ Provide food intake
- ✓ Conduct health knowledge and practice
- ✓ Access to health care



# Nutrition Implementation in Myanmar

## Livelihood Improvement Program (Meiktila Township)

- ✓ 37 villages
- ✓ 1500 beneficiaries
- ✓ Loan recipients (18 to 65 years old female)
- ✓ Health education for balance food diet, safe food preparation, signs and symptoms of malnutrition, vitamin deficiency
- ✓ Collaborate with BHS and concern departments



## Mode of operation

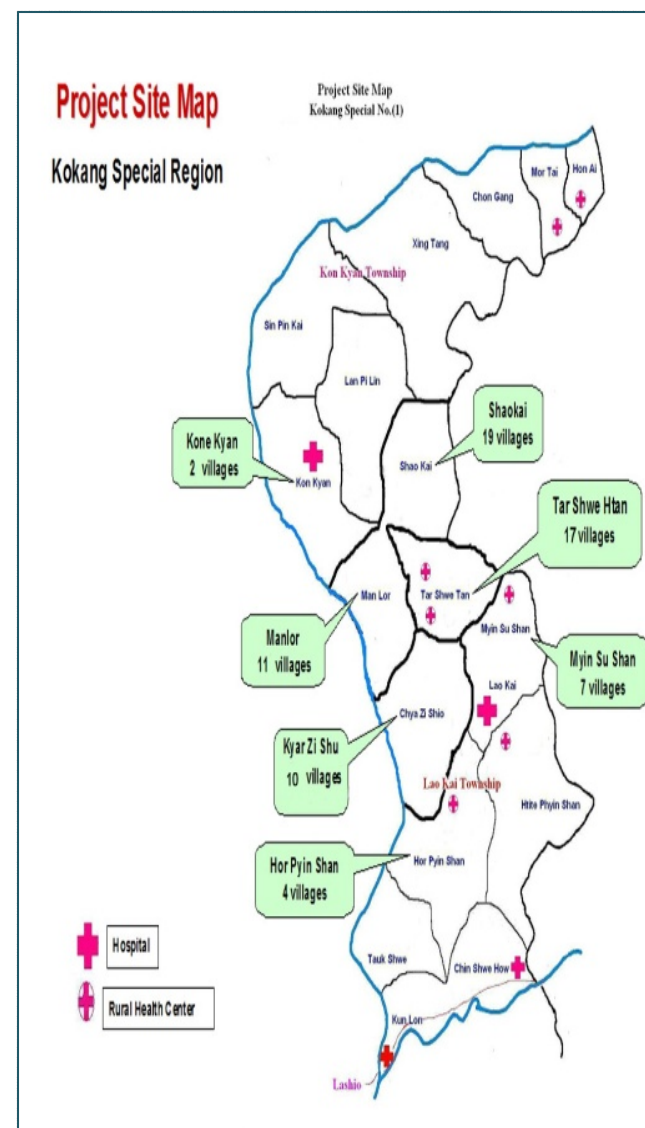
- ✓ Conduct HE by staffs to beneficiaries
- ✓ ECHO HE by beneficiaries to other members

## Achievement

- ✓ Improve the knowledge on nutrition from 62% to 87%

## Mother and Child Nutrition Program in KSR-1

- ✓ 26% of KSR-1
- ✓ 70 villages
- ✓ 3400 beneficiaries
- ✓ Pregnant women, Lactating mothers and children aged 6~ 36 months
- ✓ Provide basic package (food, multi-vitamin, sanitary items distribution, cooking demonstration, health education, growth monitoring, home visit and counseling for wasting children)
- ✓ Organize Mother Groups
- ✓ Collaborate with MGs, BHS, Village leaders



# Collaboration Strategies



## Stage 1 : Preliminary Stage

Identify beneficiaries, survey and data analysis

## Stage 2 : Introduction Stage

Basic package, formulate MGs

## Stage 3 : Transition Stage

Nutrition training to MGs

## Stage 4 : Encourage Stage

Peer education by MGs

## Stage 5 : Empowerment Stage

RH training to MGs

## Stage 6 : Bonding Preparation Stage

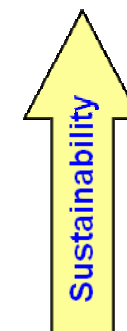
Peer education by MGs

## Stage 7 : Bonding Stage

All activity by MGs



Community



AMDA

## Achievement



- ✓ **92% of beneficiaries consumed adequate nutritional food**
- ✓ **380 MG members organized in this program**
- ✓ **Improve knowledge on nutrition 47% (46% to 93%) of MG members**
- ✓ **Mortality of mothers decreased 12% (16% to 4%) in MCN-1 program**
- ✓ **Mothers know the children's nutrition status.**
- ✓ **The proportion of wasting children is decreased to 5.79%.**

## Results

Experience/ knowledge	Mid-term	Baseline		
	MCN-1	MCN-2	MCN-3	MCN-4
Usage of Birth Spacing	46%	12%	29%	26%
ANC experience	34%	2%	8%	18%
Immunization experience of children	63%	5%	7%	19%
Knowledge on nutrition value of yesterday's meal	87%	0%	0%	0%
Knowledge on 3 food groups	97%	0%	0%	0%
Knowledge on malnutrition symptoms	58%	2%	4%	3%
Knowledge on child health check-up	70%	1%	0%	0%



# Cooking Competition

December 2007



December 2008



## Overcoming challenges



**The lack of resources**

- ✓ Lack of healthcare providers
- ✓ Financial difficulties

**Meeting cultural diversity**





## Future Plan (2010 ~ 2011)

### Mother and Child Health and Nutrition Program

- ✓ Expend MCHN program
- ✓ Extend beneficiaries and villages gradually  
(nearly 50% cover KSR-1)



Thank you for your attention.