

Asian National Stop-TB Partnership Forum

Tokyo, Japan

14-15th March, 2016

Activities on Prevention and Control Measures of TB

by

MYANMAR MATERNAL AND CHILD WELFARE ASSOCIATION



14–15th Mach,2016
Tokyo, Japan

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MMCWA

This presentation includes;

- Brief information about MMCWA
- MMCWA' s participation in community based TB care activities
 - *Self-reliance Approach*
 - ✓ Target areas
 - ✓ Methodology
 - ✓ Achievements
 - *Project Approach*– CBTBC Project in collaboration with National TB Program(NTP) and Global Fund(Round-9)
 - ✓ Target areas
 - ✓ Methodology

Profile of MMCWA

✿ Myanmar Maternal and Child Welfare Association

Established since 30th April 1991

(according to law No: 21/90 – November 9th, 1990)

✿ Non-profit Voluntary Organization

Mission Statement

The Myanmar Maternal and Child Welfare Association is a voluntary organization dedicated to serve the Myanmar Society in promoting the health and well-being of mothers and children with the aim to improve the quality of life of the people.

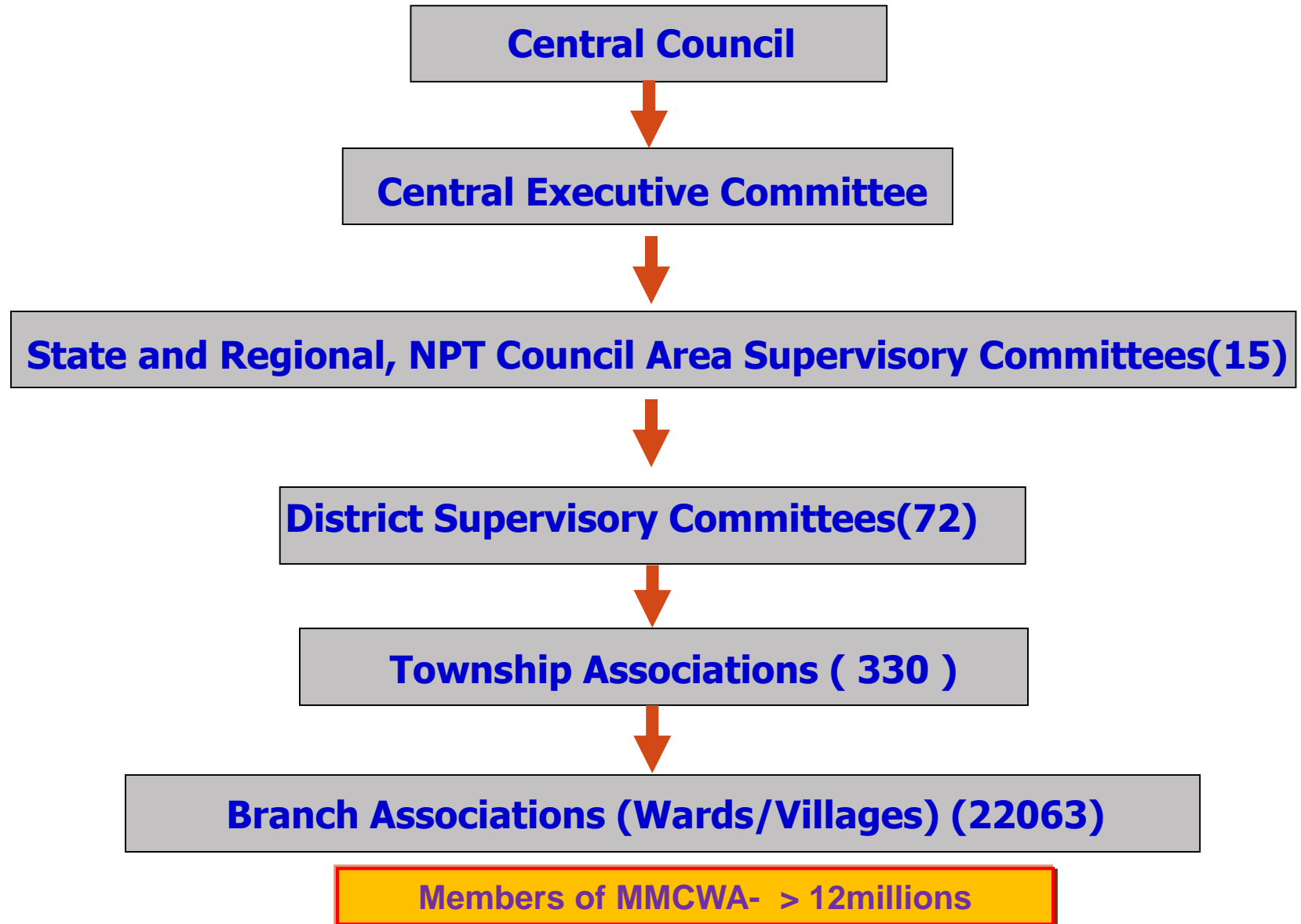


Objective



To carry out activities related to development of health, education, economic and social aspects of beneficiaries with priority to the grassroots level residing in wards and villages.

MMCWA Organizational Structure



MMCWA activities in line with its objectives

- 1. Health Activities**
- 2. Educational Activities**
- 3. Economic Activities**
- 4. Social Activities**

Health Activities

Provision of Community based health care services

Health Education

Prevention and Control of Communicable diseases

Programme for Chronic Non-communicable diseases

Safe motherhood programme

Nutrition Programme

Immuization programme

Programme for Congenital Defect

Eye Care Activities

Environmental Health

Anti Tobacco activities

Programme for Traditional Medicine

Capacity Building Programme

Prevention and control of communicable diseases (HIV/AIDS, Malaria, TB, Leprosy, other infectious d/s..)

Health Education

- IEC dissemination
- Mass Media
- Community health talks
- Outreach round table talks
- Early Case Detection
- Referral
- Support for care and treatment

Educational Activities

Educational activities

- 1. Early Childhood Development Centre (ECCD)**
- 2. Participation in mobilization for School enrollment week**
- 3. Stationeries, Uniforms and Financial Assistance for Formal Education**
- 4. Adult Literacy**
- 5. Evening classes**

Early Childhood Care and Development (ECCD)

Activities

- ❖ *Establishing holistic development from transition period of the children*
- ❖ *Creating opportunities for income generation for mothers*
- ❖ *Provision of parenting education*
- ❖ *Pre-school Teacher training*

In 2014,

Number of Pre-school - 730
Children (male) - 12349
(female) - 15317

Number of Day Nursery - 39
Children (male) - 574
(female) - 738



Formal Education



Stationary Support to needy students



School Enrollment Week-Community Mobilization

Non-formal Education



3-R Classes



**Continuous Learning Initiative
for Adult Literacy**

Libraries – 12873 numbers

Community learning Centre – 3260 numbers



Provided Books to Libraries

Economic Activities

Income Generation Programme

1. Provision of vocational training courses(VCT) on sewing, knitting, cooking etc.
2. Micro-credit small loan scheme
3. Financial assistance for small household farming, agriculture and small scale home industries
4. Finding Job Opportunities



Micro-credit small loan scheme



**Training on Embroidering
Tapestry**



**Training on Basic Computer
Skills**

Social Activities

Social activities

- Elderly Care Program (Home based care services for physical & psychosocial well-being)
- Bringing social support to orphanages and vulnerable group
- Maxillofacial correction to promote self esteemed for cleft children
- Promoting and assisting civic duty and cultural heritage for future generation
- Risk management and rapid response in time of disaster

MMCWA participation in Elderly Care Activities

Approaches

1. Self reliance Approach
-by MMCWA (Central)
/State & Regional /Township
MCWA supervisory committees

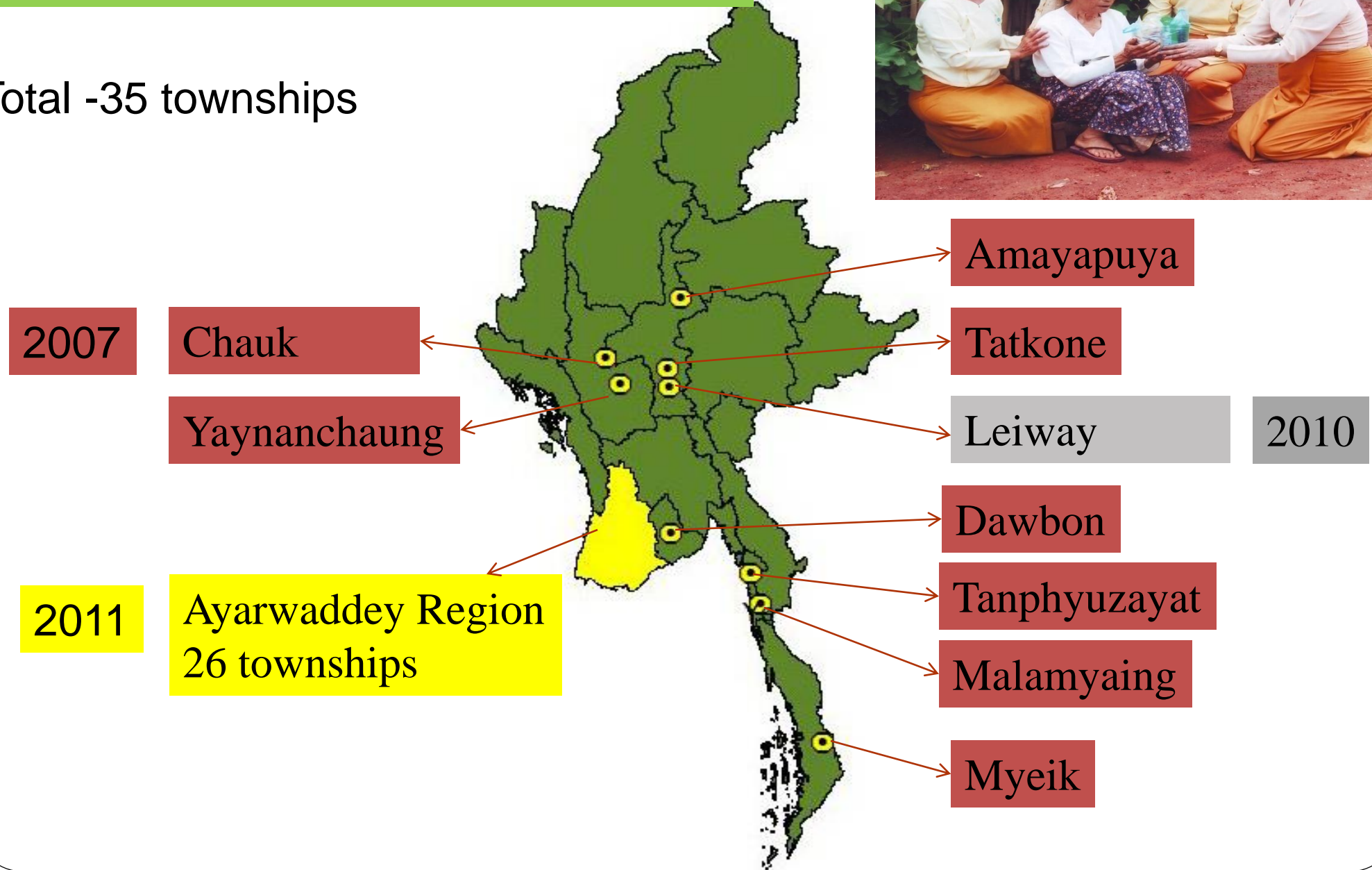
2. Project Approach
(MMCWA+DSW)
(MMCWA Funding)



II. Home-based care for elderly project- MMCWA+ Dept; of Social Welfare



Total -35 townships





**Conducting Home Based
Medical Care**



Provision of eye care for elderly

Participation in relief matters at the effected area of disasters



Donation for Flooded Townships in Kalay and Tamu

Preparation Dignity Kits for Disaster-risk areas at MMCWA HQs

Collaborating Agencies of MMCWA

Government sector

1. Ministry of Health
2. Ministry of Education
3. Ministry of Social Welfare
4. Ministry of Internal Affairs

International

- 1.WHO
- 2.UNICEF
3. IPPF
- 4.UNFPA
- 5.UNAIDS
- 6.JOICFP
- 7.GGA

MMCWA Community Based TB Care Activities

Approaches

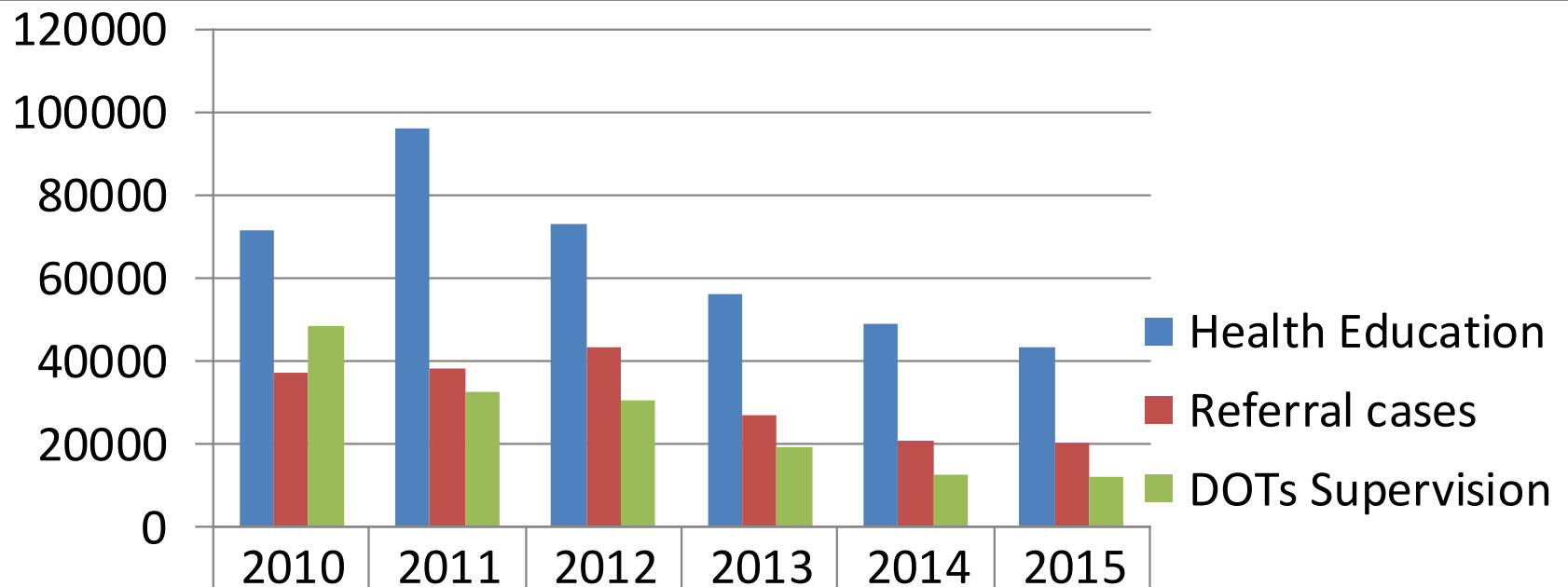
1. Self reliance Approach
-by MMCWA (Central)/State & Regional / Township
MCWA supervisory committees

2. Project Approach
(MMCWA+NTP)
(Global Fund Round-9 Funding)

MMCWA Self reliance TB Care Activities

- Target - 15 States and Regions(330 townships)
- Methodology
 - Dissemination Health Talks on prevention of TB
 - Referral of presumptive TB cases
 - MMCWA volunteers' participation on DOTs programme

MMCWA Self reliance TB Care Activities(Cont;)

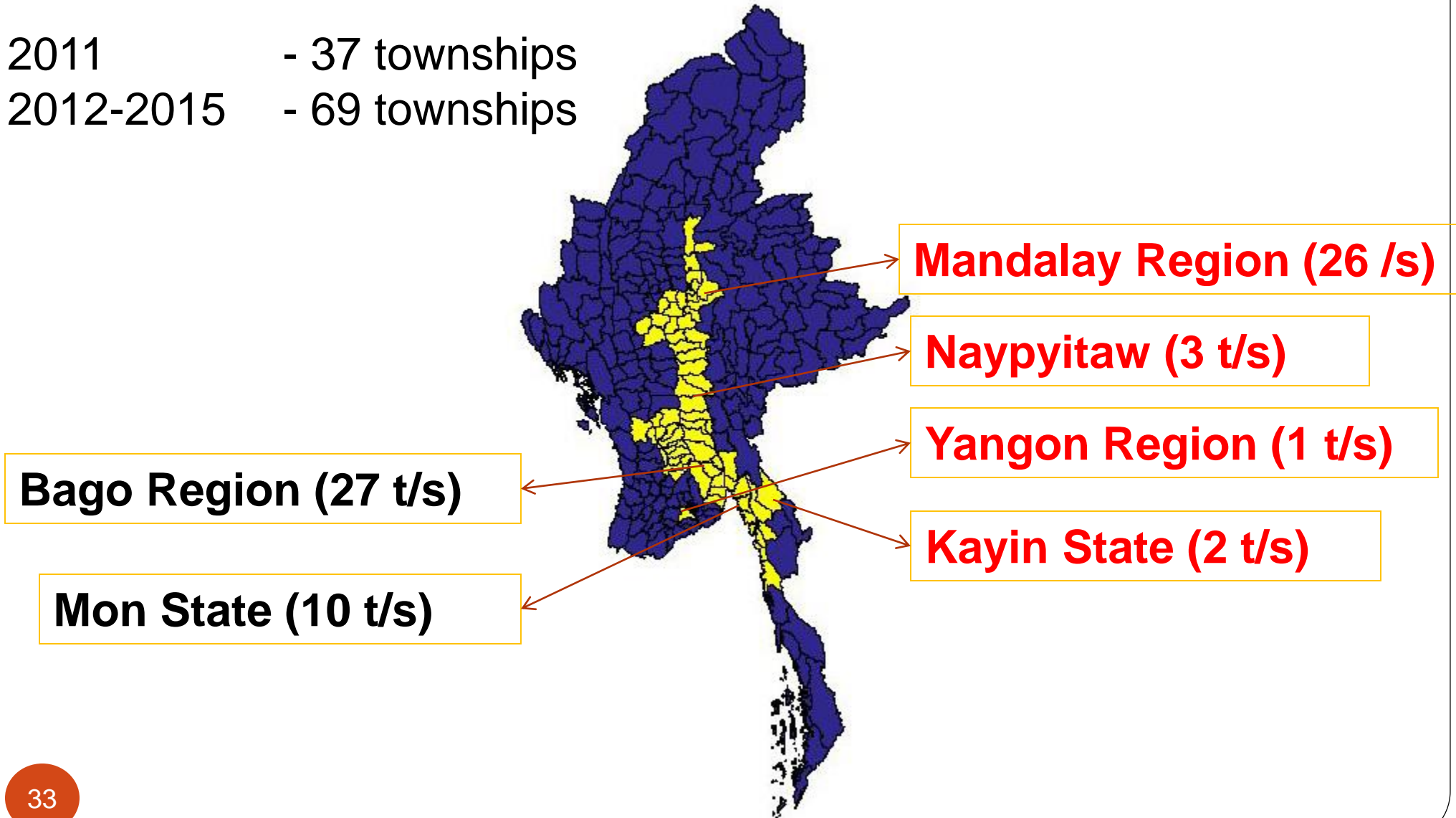


■ Health Education	71328	96425	72847	55928	48881	43286
■ Referral cases	36923	38034	43271	26783	20723	19846
■ DOTs Supervision	48144	32473	30292	18999	12237	11860



Community based TB Care (MMCWA+NTP+GF) (Townships - 69 townships)

2011 - 37 townships
2012-2015 - 69 townships





Activities

- (1) Central Training of trainers on Community TB Care (Naypyitaw)
(x 2 days) (1 volunteer/tsp)
- (2) Township Multiplier Training for Community volunteer on DOTS
(x 2 days) (30 volunteer/tsp)
- (3) TB case finding and/or treatment activities at community level
- (4) Community education session
- (5) Half yearly evaluation meeting for community volunteer at
respective township level

- **(6) Central Annual Evaluation Meeting at MMCWA HQ (Yearly)**

- **(7) Refresher Training for community volunteers at MMCWA HQ (once in 3 year)**

Supervision

- (1) Supervision from Central to State/Regional level**
 - *One visit per year to the respective State/Regions*

- (2) Supervision from Districts to Townships level**
 - *One visit per year to the respective townships*

Annex 1 - Reporting forms and registers
Annex 1.1 - TUBERCULOSIS TREATMENT CARD (TB-01)

Name _____
 Complete address (Permanent) _____
 (Temporary) _____
 Sex M F Age _____
 Name and address of 1. DOT Provider _____
 2. DOT Supervisor _____
 3. Contact Person _____

Township TB No. _____
 Health facility _____

Disease site

Pulmonary Extra Pulmonary
 (Specify) _____

INITIAL PHASE - Prescribed regimen and dosages
 Tick frequency: Daily
 Tick category and indicate number of tablets per dose and dosage of S (grams):

CAT I **CAT II** **CAT III**
 New case Re-treatment New Case
 (smear-positive, or seriously
 ill smear-negative, or EP)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(HRZE) (HR) Z S(E) (HRZE) (HR) Z E S (HRZE) (HR) Z S(E)
 (HR) = isoniazid and rifampicin Z = pyrazinamide E = ethambutol
 S = streptomycin (HRZE) = 4FDC

Referred by

Self referral
 Community member
 Public facility
 Private practitioner
 Other (specify) _____

Types of TB patient

New Treatment after failure
 Relapse Treatment after default
 Transfer in Other (specify)

Month	Results of Sputum Examination			Result of Culture and DST				Weight (kg)			
	Date	Smear	Lab: No.	Date	Lab: No.	C result	DST result				
0							H	R	E	S	

C = Culture result (+ = positive, Neg. = Negative, Con + Contaminated)
 DST result: S = Sensitive, R = Resistant

Tick appropriate box after the drugs have been administered

Month	Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Number doses this month	Total doses given	Drugs given Date	Doses						

Please turn over for continuation phase

II. CONTINUATION PHASE - Prescribed regimen and dosages

Tick frequency: Daily

Tick category: CAT I

CAT II

CAT III

Indicate number (4 months)
(HR)

(5 months)
(HRE)(HR) E

(4 months)
(HR)

Day Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Number doses this month	Total number doses given		

Enter (✓) on day of directly observed treatment. For a self-administered regimen, enter (X) on day when drugs are collected. Any time drugs are given for self-administration, draw a horizontal line (-----) through the number of days supply given.

Observations: eg. CXR findings, side effect, any action by BHS, other co-morbidities, etc.:

Retro status	Date	Result
VCCT		
CPT start		
ART start		
Result: 1 = Positive, 2 = Negative, 3 = Indeterminate, 4 = not done / unknown		

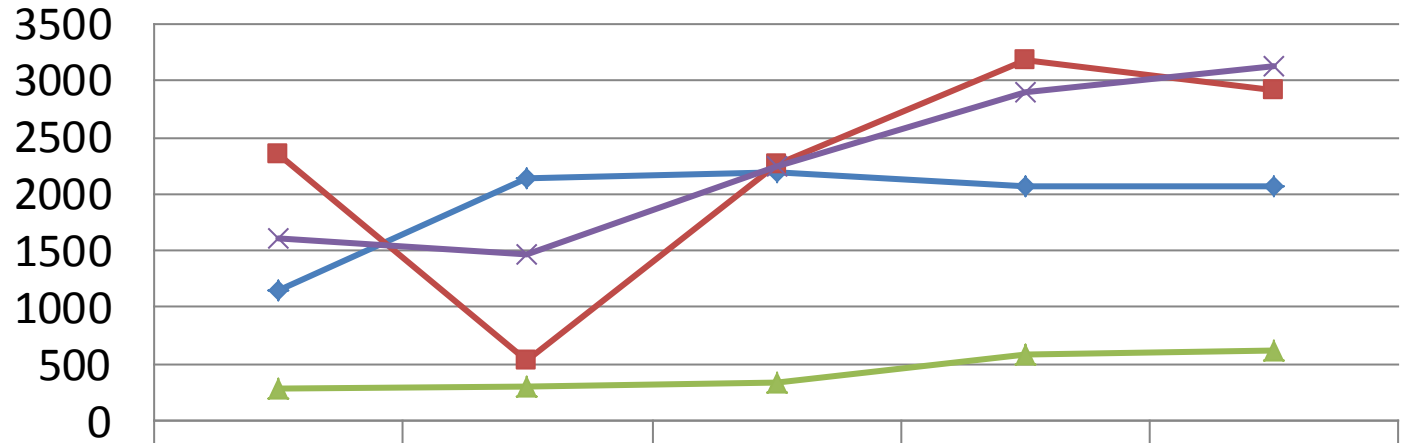
<p>Treatment outcome</p> <p>Date of decision _____</p> <p>Cure <input type="checkbox"/></p> <p>Treatment completed <input type="checkbox"/></p> <p>Treatment failure <input type="checkbox"/></p> <p>Died <input type="checkbox"/></p> <p>Default <input type="checkbox"/></p> <p>Transfer out <input type="checkbox"/></p>
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Annual Evaluation Meeting



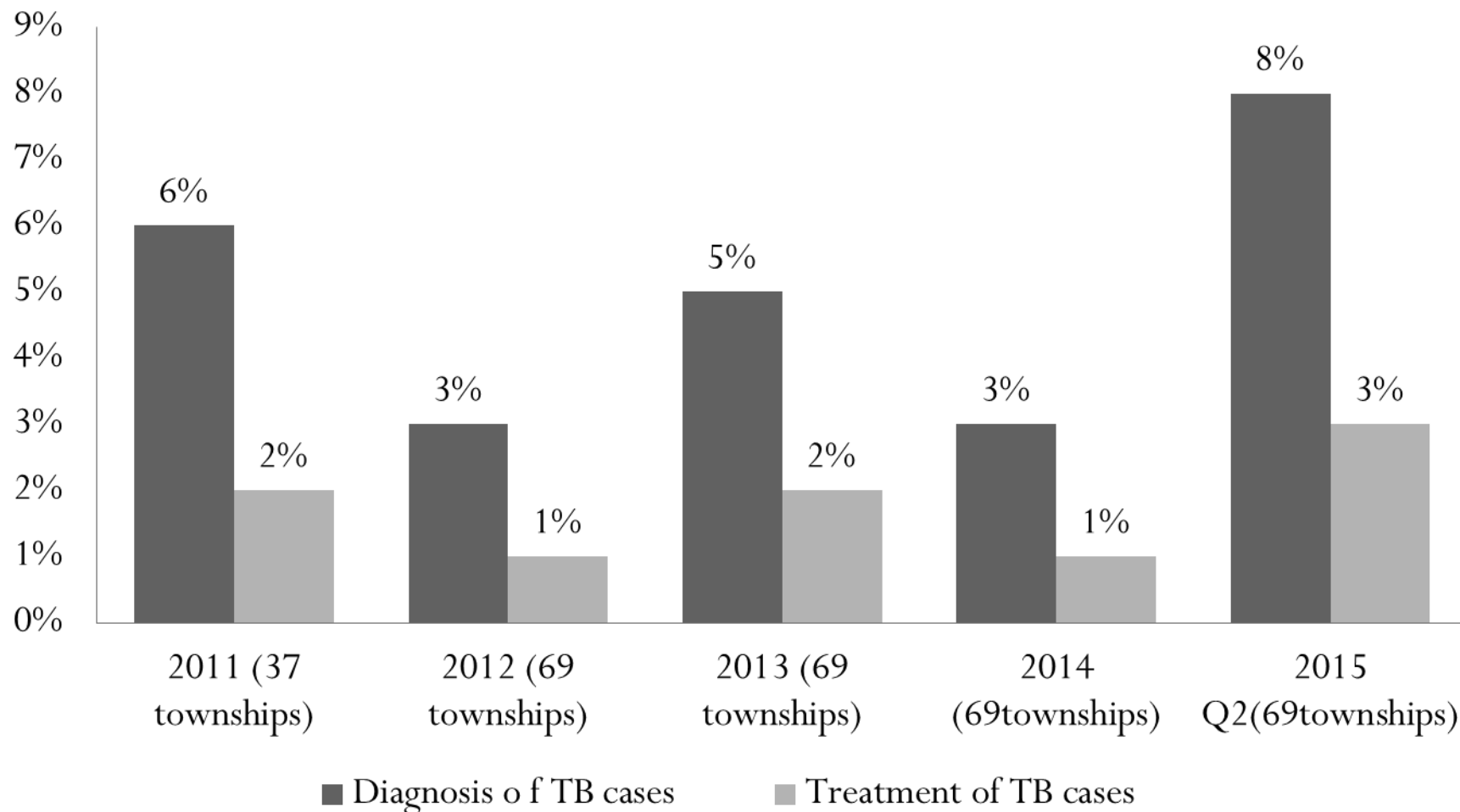
မြန်မာနိုင်ငံတော်အစိုးရအဖွဲ့
ပြည်သူ့လူထုအခြေပြု တီဘီဝေဒနာရှင်များအားပြုစောင့်ရှောက်ခြင်းစီမံချက် နှစ်ပတ်လည် အကဲဖြတ်ဆန်းစစ်ခြင်း
Annual Evaluation Meeting on Community Based
TB Care Project
MMCWA DOH Global Fund
10-11-2014 Nay Pyi Taw

Indicators



	2011	2012	2013	2014	2015
◆ No. of community volunteer trained	1147	2139	2190	2070	2069
■ No. TB suspected cases referred by community volunteers	2357	531	2255	3177	2921
▲ No. of TB patients detected and put on treatment	282	298	344	589	615
✕ No. of health talks conducted at community level	1606	1468	2251	2905	3126

MMCWA contribution to National TB Program(NTP)



Source; NTP

Supervision from Central to Mon State



Supervision from Central to Mandalay Region



Training of Trainers(ToT) Refresher Training



Strengths

- 1 MMCWA Volunteers reach to the gross-root level
- 2 Volunteers are enthusiastic and energetic in finding new cases and referral
- 3 MCWA Volunteers participate in Home-based Care for providing DOTS
- 4 Community participation are active;
- Interested in Health Talks on TB preventive and control measures

Challenges

- 1 Supervision from District to township level reports are not receiving regularly.
- 2 Attrition within the ToT volunteers
- 3 Reporting system sometimes weak, not received in time.
- 4 Need patient support and transportation fees for patients

Volunteerism

Performing an act of kindness , freely giving of talent, time, effort for the simple fulfillment of community expectations.





Thank You