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
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

<table>
<thead>
<tr>
<th>Experience/knowledge</th>
<th>Mid-term</th>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MCN-1</td>
<td>MCN-2</td>
</tr>
<tr>
<td>Usage of Birth Spacing</td>
<td>46%</td>
<td>12%</td>
</tr>
<tr>
<td>ANC experience</td>
<td>34%</td>
<td>2%</td>
</tr>
<tr>
<td>Immunization experience of children</td>
<td>63%</td>
<td>5%</td>
</tr>
<tr>
<td>Knowledge on nutrition value of yesterday’s meal</td>
<td>87%</td>
<td>0%</td>
</tr>
<tr>
<td>Knowledge on 3 food groups</td>
<td>97%</td>
<td>0%</td>
</tr>
<tr>
<td>Knowledge on malnutrition symptoms</td>
<td>58%</td>
<td>2%</td>
</tr>
<tr>
<td>Knowledge on child health check-up</td>
<td>70%</td>
<td>1%</td>
</tr>
</tbody>
</table>
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.