MYANMAR MATERNAL AND CHILD WELFARE ASSOCIATION STRATEGIC PLAN

for the period (2012-2015)

October, 2012

Authorized by Central Executive Committee Members

1

TABLE OF CONTENTS

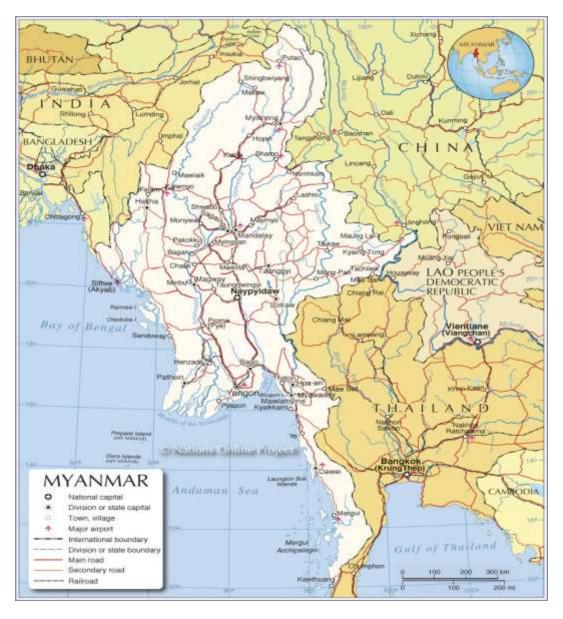
Organizational Description

Mission and Vision

Goals and Strategies

Monitoring and Evaluation of Plan

Budgetary Plan

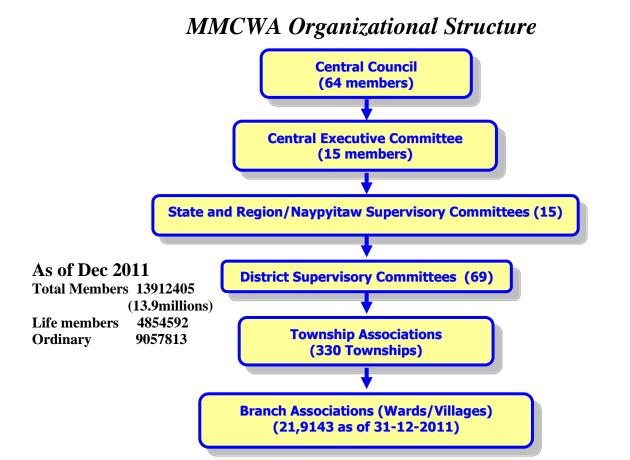


Organizational Description

Myanmar is located in the eastern part of the Asian Continent, in a geographical area rich in natural and mineral resources, which provides significant economic potential. The country borders with Bangladesh, China, India, Lao PDR and Thailand and is member-state of the Association of South East Asian Nations (ASEAN). Ethnically diverse, Myanmar is a nation of many races. Some 135 ethnic groups make up its population of 59.78millions. Development of social sector has kept pace with economic development. Total government spending for health is increasing yearly. In the year 1988-89 total government health spending and per capita spending was 464 million kyats and 12 kyats respectively. In the year (2010-2011) these spending were increased to 86547 million kyats and 1448 kyats respectively. In Myanmar, expenditure on health as a % of GDP has increased from 1.8% in 1999 to 2.12% in 2010.

Myanmar possesses good technical capacity and can successfully undertake major initiatives when there are clear objectives and high-level commitment and support, combined with national mobilization and adequate resources. Examples of these are the National Sanitation Week, National Immunization Days (NIDs) and efforts to achieve Universal Salt Iodization and Vitamin A supplementation. With the strong political commitment of government, enthusiastic efforts by basic health staff and disease control programme staff along with effective coalition of national NGOs mainly MMCWA, leprosy was eliminated at national level in 2003 and polio was eradicated in 2004.

To promote the sectoral collaboration and community participation in all round development activities , MMCWA was founded on 30th April 1991. . The Association has Central Council as a main body, which has 64 members representing the Central level, States and Divisional level and related departments. The 15-numbered Central Executive Committee has taken care of day-to-day activities on behalf of the Central Committee. Recognizing the growing importance of the needs to involve all relevant sectors at all levels and to mobilize the community more effectively at the local level, State/Region Supervisory Committees and Township Associations have been established down to the wards and village tracts. These committees at each level are headed by the chairman or responsible person of the organs of authority concerned and include heads of related government departments and representatives from the social organizations as members, heads of health departments are designated as secretaries of the committees. The Association has over 4.8 millions (4854592) life members and nearly 9 millions (9057813) ordinary members, totaling over (13912405) 13.9 millions as of end 2011 and our volunteers are from all walks of life with no gender discrimination. The total members of MMCWA is 23.25% of the total population.



4

A number of measures were undertaken for the past nearly two decades for the community development. However, coverage of services remained more rooms to get improved. In line with the National Health Policy, NGOs such as Myanmar Women Affairs Federation (MWAF), Myanmar Maternal and Child Welfare Association (MMCWA), Myanmar Red Cross Society (MRCS), other Professional and Religious organizations are also taking some share of service provision and their roles also becoming important as the needs of collaborative actions for health become more prominent.

The Association has put emphasis on achieving the Millennium Development Goals (MDGs) by 2015 in its own capacity with available resources. At country level, MMCWA has been an active partner in the development process and implementation of the Health-related Strategic Plans of the Ministry of Health.

In line with the Nation's commitment to attaining MDGs, Special emphasis has been made to implement the Making Pregnancy Safer Initiative, as a high priority component of reproductive health strategy, which also included the introduction of Voluntary Counseling and Testing for PMCT in routine AN care.

In Myanmar, mothers and children constitutes over sixty percent of total population.

Recognizing that implementation of maternal and obstetric services, especially for the rural people is constrained by a number of factors such as scarcity of supplies, equipment, live-saving medicines, and cost of referral services, the Association has provided substantial assistance with its capacity at all levels.

Vision and Mission

Vision: Through its various activities and programs, the Association strives to create a future in which:

- All families have economic security;
- All pregnancies are intended;
- All women reach an optimal level of health and well-being prior to pregnancy;
- No women dies or is harmed as a result of being pregnant;
- All babies are born healthy and reach their fifth birthday and beyond;
- All children and adolescents reach their optimal level of health and well-being;
- All women, infants, children and adolescents have access to affordable, quality health care services
- All children live in healthy environments with access to education, and
- Women, children and families are socially highly valued;

Mission: The Myanmar Maternal and Child Welfare Association is a voluntary organization dedicated to serving 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. Values: Beliefs that are shared among the stakeholders of an organization. Values drive an organization's culture and priorities.

Methodologies

There are many consultations for strategic planning but typically following processes were used:

- Situation analysis (SWOT) evaluate the current situation and how it came about. When
 developing strategies, analysis of the organization and its achievement was executed at CEC
 level as well as State/Division and Township levels to identify all opportunities and threats of the
 external environment as well as the strengths and weaknesses of the organizations. A series of
 quarterly and annual progress reports of past five years were scrutinized and looked for a
 forward-moving trend in their educational, health, social and economic activities mostly at
 community level.
- **Think** what specific actions must be taken to close the gap between today's situation and the ideal state?
- Target define goals and/or objectives
- Formulate formulate actions and processes to be taken to attain these goals
- Plan what resources are required to execute the activities?
- Implement implementation of the agreed upon processes
- Monitor- get feedback from implemented processes to fully control the operation

Goals and Strategies

- **Goal:** 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
- **General 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

Specific Objectives:

- (a) To improve the health status of mothers and children through awareness promotion and increasing access to health care
- (b) To enhance access to education
- (c) To encourage economic opportunities at family and individual level
- (d) To ensure social support available for those who needed
- (e) To strengthen international collaboration

Strategic Directions:

- Improve rural health care (skilled attendance at every birth)
- Better functioning of referral systems and emergency obstetric care
- Key family practices and community participation
- Resource mobilization for out-reach and hard-to-reach areas
- Strengthening co-operation and collaboration among related stakeholders
- Community engagement and social responsibility

Implementation Approaches:

- Community advocacy
- Community mobilization
- Awareness promotion
- Community participation

Sr. No.	Objectives	Strategies	Activities	Expected Outputs
	1. To ensure improving community awareness up to grass root level	 1.1 Advocacy to key stakeholders and community 1.2 Health education at community level 1.3 Communication Objectives and Managing Behavioural Impacts 2.1 Establish and 	Health ActivitiesCommunity Based Health Care Activities• Advocacy• Mass health education• Training of trainers and multiplier courses• Peer education sessions• Behavioural change communication (BCC)• Home-based care• Monthly mobile clinic	
	2. To provide community and home-based care	and maintain home-based care at family level	Elderly care ill patients	
	3. To improve access to maternity services	3.1 Expand maternity home services for comprehensive RH services 3.2 Establish and implement interventions for PMCT	 Maternal and Child Care Services Establishment of maternity homes (133)and (11) maternity waiting home as of December 2011 Provision of reproductive health services at maternity homes (Birth spacing, Male involvement, Adolescent RH, Maternity waiting home, etc) Prevention of mother to child transmission of HIV/AIDS(PMCT) Support ultrasound facility 	

4. To upgrade health facility	4.1 Enhance maternal health services by equipping with advanced clinical facility to reduce Maternal Mortality and Morbidity 4.2.To reduce Under five mortality including Neonatal Mortality and Infant mortality	Proper and adequate ante-natal care, during delivery and post-natal care Supply Suction Machine, Oxygen cylinder Photo therapy	
5. To build capacity for human resource development for health care	5.1 Capacity building to strengthen midwifery services5.2 To give Training to TBA	 Midwifery training in collaboration with health department Training of auxiliary midwives in State and Regions Training of Ten Household volunteers 	
6. To ensure universal child immunization	6.1 Enhance universal access to EPI services	Immunization activities (a) Social mobilization (b) Community advocacy (c) Health talks	

7. To promote community awareness on prevention of HIV/AIDS, PMCT, Tuberculosis and Malaria	7.1 Develop and implement HIV/AIDS projects and PMCT	 Prevention of Communicable Diseases (a)Prevention of HIV/AIDS including PMCT Advocacy workshop on HIV/AIDS for district leaders Peers Education Training Health Education for HIV/AIDS awareness raising through various media Case findings Support for treatment Life skills training for housewives (HIV/AIDS) Home-based care Financial and social support Prevention of Tuberculosis Health education DOTS Referral Prevention of Malaria Health education Referral cases Treatment Distribution of Insecticide - Impregnated Bed Nets 	
8. To provide services to enhance quality of life	8.1 Organize for a mobile surgical team in collaboration with local health facility	Eye care for cataract patients Reconstructive Surgery for Congenital Defects and Malformation	
9. To ensure health promotion	9.1 Awareness promotion of tobacco-free initiatives	 Anti Tobacco Activities Heath education Tobacco free zone 	

10. Provide services and support to enhance the availability of safe drinking water and sanitation	10.1 Establish the community advocacy for personal hygiene, water safety and sanitation 10.2 Provision of digging wells 10. Ensuring sanitary latrine and hand washing practices	 Environmental Health Activities Safe water Supply Personal Hygiene Environmental sanitation Fly-proof latrine Safe water Supply Digging new wells Cleansing of existing wells Sanitary fly-proof latrine Construction and utilization of fly-proof latrine Personal hygiene Hand washing practices among preschool 	
11. To ensure early diagnosis and timely referral especially for female reproductive health problem	11.1 Awareness promotion through advocacy and provision of quality diagnostic facilities	Donate money to go to hospital Diagnostic Center Health Education Counselling General Medical Check up X-Ray Bone Densitometry Mammogram Colposcopy and cervical Biopsy Cervical Cancer Screening with pap smear Ultrasound Examination	

12. To improve nutritional status of under-5 children	12.1 To enable community for daily balanced diet intake at family and individual level 12.2 Community empowerment for proper preparation of food through cooking demonstration training and competition	 Nutrition Promotion for under 5 children Information collection of malnourished children Growth monitoring Community Nutrition Centre Nutrition education and cooking demonstration Iron and Vitamin-A supplementation Prevention of Iodine deficiency Health Education Distribution of Iodized salt Quality control of Iodized salt 	
13. To promote utilization of traditional medicine practices at family and community level	13.1 Regular and multiplier training on indigenous medicine 13.2 Establish herbal garden	Improving knowledge and usage of indigenous medicine	
14. To improve mental health status of general population	14.1 Awareness promotion 14.2 Capacity building of Associations' members as well as community members	Mental health Community advocacy Awareness promotion Training 	

15. To improve accessibility and availability to the community-based care services	15.1 Provide necessary assistance to all levels	 Support and Donation Medicine and Medical equipment Bicycles Delivery Room Instruments Insecticide-impregnated nets 	
16. 1.Expanding and improving comprehensive early childhood care and education	 16.1.1 Provide appropriate training for ECDC teachers to have quality education. 16.1.2 Provide routine school medication examination. 	 Educational Activities -Early Childhood Development Centre (ECDC) Establishment new pre-primary school Provide school facilities (teaching aids, playthings for outdoor and indoor games, clean and safe outdoor and indoor games, clean and safe water, and good sanitation etc) Competition of all round development activity for Pre-school children Medical check –up for ECDC entrants 	
2. Support formal education system.	16.2.1 Ensure that all children of school going age have access to good quality education and encourage them to complete basic primary education at least.	 Stipends for needy students at all three levels. Primary School level Secondary School level Tertiary level support school uniforms and essential stationery for needy students. 	

3. Establish and maintain safe school environment and facilities	16.3.1 Promote school health activities.	 Healthy environment for school children. Aedes free school Tobacco free zone school Appropriate health talk. Implement literacy campaign Adult literacy campaign 3R's Reading circles for Adult learners Establish libraries Establish community learning centers. 	
4. Develop and implement literacy improvement plans	 16.4.1 Organize literacy campaign and community learning centres 16.4.2 Provide publication materials such as periodicals, journals, books, magazines, etc in coordination with public relation department 	Donate to school and village library	
17. 17.1.Reduce social inequity in reaching health and education opportunity	17.1.1 Strengthen and implement social support system17.1.2 Collaboration and coordination with related sector such as health, education, social welfare, etc	 Social Activities Provision of assistance to those mothers and children with difficulties in health and education Assisting in activities to safeguard cultural heritage Elderly Care General Health Care Eye care 	

17.2. Disaster Preparedness	17.2.1 Prepare and Train for emergency situation	 Dental care Providing spectacles and hearing aids Mental care Home care Home Gare for Elderly Training of First – Aid course collaborate with Myanmar Red Cross Society Donate money and commodities to affected area	
18. To ensure economic security at family and individual level	18.1Enforce income generation programme18.2 Build capacity to run small scale business	 Economic Activities Income Generation Programme Provision of vocational training courses on sewing, knitting, cooking etc. Micro-credit and loan programme Small household farming and agriculture Small scale home industries Flower arrangement course Sewing course to increase family income Thatch roof making for income generation, etc. 	
19. Improve international collaboration	19.1 Collaborate with international agencies to develop preventive and support programs to strengthen health, education and social activities.	International Relation - UNFPA - UNICEF - IPPF - Global Fund (Round 9)	

	20. Ensure systematic review of Association activities and develop future plan	20.1 Continually evaluate and assess field activities202 Assure a practicable and realistic future plan	Review of quarterly reports from States and Regions MCWA supervisory committees. Review of the annual reports from States and Regions and distribution of prizes for outstanding groups among the State and Region. Review of research papers prepared by States/ Regions and distribution of prizes thereon . Annual formulation of MMCWA's future plans of activities.	
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Monitoring and Evaluation of Plan

As mentioned aforesaid, strength and weaknesses (internal forces) and opportunities and threats (external forces) were identified during the process of situation analysis before the implementation of activities. It was regarded that the strength and opportunities were positive forces that should be used to efficiently implement the field activities at community level while the weaknesses and threats are hindrances for which the means to overcome were well devised in the planning stage.

A continuous monitoring of the planned activities was positioned as a built-in process to ensure the activities were implemented as per schedule. Quarterly reporting system from State/Regional Supervisory Committee was also established and annual meeting for the evaluation of year round activities of the branch association all over the country has taken place regularly. In order to improve the social, educational and health status of mothers and children throughout the Nation, the Association has laid down its future's plan of operations annually. Systematic supervision, monitoring and evaluation at various levels is an essential requirement for successful implementation of planned activities and achievement of aims and objectives. Evaluation was done during annual meeting at central level to find out the strengths, weaknesses and solutions and to plan the future activities. The following important issues were prioritized: a) To obtain strong and exact information and data; b) To implement according to the future plan at different levels; c) To analyze the data and use the findings for future planning from township, state/division to central level and d) To document the activities and findings systematically from township to central level.

During the development of monitoring plan, analysis is made as to whether the set goals and objectives were achieved or not. If they are, then the progress were acknowledged and awarded. If not, then efforts are made to find the solutions to overcome the hindrance in order to achieve the set objectives according to the timelines specified in the plan. The implementation statuses were assessed through desk monitoring of the quarterly and annual progress and field visits. Data dictionary was formulated, developed and utilized to evaluate the activity achievement and its indicators.

Budgetary Plan

Founded by government. Save the money in bank and use for various purposes from interest. Funds also get from members fees and rental fees from our own buildings. We divide funds for conducting activities of health, education, social, economic and general purpose.