

1. Introduction

The National Health and Education Committee (NHEC) is an umbrella organization of Burmese opposition groups, including various ethnic and other democratic organizations. NHEC plays a supporting role to its members and affiliated organizations to deliver much-needed health and educational services to the communities, displaced along the border areas of Burma.

In the year 2000, NHEC and Burma Medical Association (BMA) jointly held a health conference in Mae Sod, Thailand. The conference delegates unanimously agreed to adopt 'Promoting Community-based Health Movements' as a guiding principle to achieve the goal of "Health For All (HFA)". Recommendations were also made for 6 prioritised health problems (Recommendations: Health Conference 2000) (1).

As a follow-up to the 'Recommendations: HC 2000', a series of 'Local Health Workshops' were conducted along border areas of Burma. The first of the series was held at Imphal, the capital of Manipur State of India in July, 2003 and the last again in Kachin area in September, 2005.

The purpose of these workshops was to review "Recommendations on Prioritised Health Problems and Action Plans (Recommendations: HC 2000)" adopted unanimously by the delegates of the Health Conference held in October, 2000. The review process included sharing of experiences by participants regarding "Common Health Problems", illnesses that commonly affected displaced communities from Burma causing avoidable suffering and deaths, encountered in day-to-day practice in their own areas. During these workshops required skills and training topics to build healthy villages and communities were also identified.

Conduct of local health workshops has been one major activity within the context of NHEC's aim of 'Strengthening Health Systems for Efficiency and Effectiveness' of its member organizations, thereby promoting the capability to do health work of relevance and the capacity to provide acceptable level of care to the target populations through its member organizations (2).

2. Aim, Objectives, Expected outcome and process

Aim:

The overall aim of the workshop was to review 'Recommendations: HC 2000' and make further inputs in the light of the guiding principle of 'Promoting Community Based Health Movements'.

Objectives:

- To identify and review common health problems in participants' own areas;
- To determine possible solutions/major interventions to the common health problems identified, using locally available resources including human resources;
- To recommend subjects or topics of interest for continuing learning/educational activities and required skills in order to be able to implement those interventions or health care activities for promoting health of target populations;
- To outline the constraints and challenges faced in implementing health care activities or interventions.

Expected Outcome:

The expected outcome from these workshops was additional inputs to be incorporated into 'Recommendations: HC 2000' and an 'Outline of the Skills' required to build healthy villages and communities and 'Topics of Interest for Continuing Education or Learning' to acquire those skills outlined.

Process:

Pre-workshop preparations:

Preliminary rounds of negotiation and arrangement were made to set the appropriate dates, sites or places the nature and number of participants for the workshops through personal visits, and/or use of other communication channels, i.e., phones, emails or faxes. The problems encountered and learning from these workshops were documented separately under the same subtitle.

Another major preparation undertaken has been preparation of background papers for discourses/discussions in the workshops. Two papers were abridged and adapted from dLH (formerly known as DEP/PHC) course modules: *PHC – Concepts & Principles* and *Introduction to Health, Ethics and Professional Issues*.

Actual Conduct of the Workshops:

After the ceremonial welcoming remarks, introductions, setting norms and role assignments, the first day of a workshop usually started with presentation of general overview of the workshop.

Subsequently, and on the following days review and reflections of the followings were made:

- "Recommendations: Health Conference 2000" adopted unanimously by the delegates of the Health Conference 2000, held in Thai-Burma border area
- "Common Health Problems" encountered in participants' own areas were presented and possible solutions were explored

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- “Applicability of Principles of PHC approach or Strategies of HFA”, to help strengthen participants’ understanding of community-based health movements and do health and development work accordingly.

Furthermore, possible plan of actions to deal with common health problems appropriate to local conditions and resources were explored by participants. Participants in groups used “*Factors for Health*” model for analysis, based on ‘social view of health’. Possible solutions were identified later taking into consideration of practicable HFA strategies in local contexts. Reflections on ‘Applicability of PHC Principles (HFA Strategies)’, provided a framework to further consider possible actions “to build healthy villages and communities” appropriate to local conditions through use of available resources.

This helped the participants to look at common health problems or health issues of their communities from a wider perspective and to move beyond the conventional, and often isolated, hospital-based health care (‘Disease Prevention/Control Model’). A sample outline of the workshop sessions, contents/topics presented during the workshops were outlined in Annex III.

Being exposed to and challenged by a more comprehensive, multi-sectoral, people-oriented health care approach to health (‘Health Promotion Model’), the participants were able to outline the ‘13 points - characteristics of a Healthy Village or Community’.

On the last day of workshop, with reference to possible actions to build healthy villages/communities, skills required to perform those actions were first explored and later topics or subjects of interest appropriate for the training needs of health workers were identified (please see Annex - V).

In the 3 workshops held later (Mon, Karenni, and Kachin Areas), other topics on ‘Structure and Functions, Strength/Weakness of Health Departments’ including ‘Constraints and Challenges’ were identified respectively as per the added objectives. The additional findings from these areas were summarised and presented under ‘Highlights’ of respective area.

Finally, it was to be noted that within the framework of LHW’s objectives, variations in terms of ‘Content’ and ‘Duration’ of each workshop were made to suit the needs (known through participants’ expectations) and the nature of participants (i.e. their educational background and work experience). Hence, findings specific to each workshop were presented under ‘Highlights of the Workshops’.

Outcomes and Post-workshop Follow-ups:

The outcomes of these workshops served as the cornerstone for:

- designing the ‘Continuing Education Program’ and conducting ‘CE Activities’ accordingly;
- developing ‘Management Guidelines’ on;
 - Maternal and Child Health and
 - Common Health Problems as a priority;
- conduct of CEAs for Frontline Health Workers in several locations along border areas.

Thus, the topics of interest identified by participants from these workshops helped further develop modules and training courses for *Continuing Learning or Continuing Education (CE) for Health Workers*.

The use of the term ‘CE’ was recommended rather than ‘CME’ as the former fit in more with the nature of topics identified by participants which were more than medical/disease control and included topics on community development and empowerment, alliance building or networking and communication/counseling skills etc.

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Undeniably, these skills were essential to promote community-based movements rather than project/program-based approaches for ownership and sustainability in the spirit of self-reliance.

A total of 234 health workers participated in various types of CE carried out from December 2003 to November 2005. The details about 'CEAs' and 'Management guidelines and training materials' developed were tabulated on Annexes VII & VIII.

A series of CEAs carried out since September 2003 onwards have been possible, because of having been able to form a training team as an on-going process. The team consisted of professors/lectures/physicians (e.g., Faculty of Obstetrics & Gynecology, Regional Institute of Medical Sciences, Imphal, Manipur/Senior Medical Officer and District TB officer, District Hosopital, Saiha, Mizoram), doctors, and senior medics (who were the graduates of Certificate III/IV in Health) who were identified, liaised and involved in many and varied CEAs (3).

A few of these individuals took part in developing management guidelines too. These guidelines have been used as in conducting CEAs or refresher training courses for health workers working at the grass-root level, termed as Front-line Health Workers. This refers to those health workers as well, trained in 'Basic medical science' and providing services to displaced populations, i.e., inside refugee camps, amongst migrants and IDPs, especially along Burma border areas.

Thus, suffice it to mention that both the process and the outcomes of LHWs were in accordance with and complementary to the overall aim of Health Program of NHEC, i.e., to help develop more efficient health care systems through promoting the knowledge and skills of health workers belong to various health departments and organizations.

3. Major Findings

- 3.1 The roles and responsibilities of participating health workers are found varied and many. A few of them having administrative and managerial functions, some with basic clinical/hospital responsibilities and few with advanced surgical skills (e.g. amputation).
- 3.2 Additional inputs and suggestions to 'Recommendations: HC 2000' outlined by participants further enriched its content, as well as the scope and depth of possible actions, especially at the grass-root level.
- 3.3 There is no striking difference regarding common health problems identified by participants across all areas. These were grouped into infectious, non-infectious, childhood illnesses including malnutrition, reproductive health problems, including mental health and drug abuse, trauma and injuries.
- 3.4 'Required Skills to carry out the possible Actions or Interventions' to build healthy villages and communities have similarities and overlap with the training needs expressed by 'BMA Conference 2003' participants.
- 3.5 The structure and functions of respective health departments and organizations also differs as per their pace and phase of development as well as local needs and demands.
- 3.6 For health departments and organisations, challenges and constraints are understandably enormous. Logistics constraints especially poor communication being the major one are compounded by poor delegation, inadequate supervision and follow up in the field.
- 3.7 Health policies and mechanisms for policy formulations are inadequate while at the same time style of leadership and management including supervision in the field is limited to encourage team work and inculcate a sense of achievement.
- 3.8 Local communities' role in decision-making process for project planning, implementation and evaluation are rudimentary.
- 3.9 Skilled health workers to organize and manage programs/projects were limited. Proper systems or mechanisms to improve such skills are almost non-existent.
- 3.10 Most trainings carried out so far has been focus on curative-oriented, basic medical curriculum.
- 3.11 Apart from few occasions (where the total count outnumbered the desired size) the majority of workshops were attended by appropriate number of participants, i.e., around 20. Altogether, a total of 227 participants attended these workshops, and more than one third were women (please see, Annexes I & II).
- 3.12 It was also observed that conducting workshops closer to the residential or workplaces of participants are less costly (as food and transport cost for participants was less) and less security risk is involved. For example, approximately 50 participants in Dae Bu Noh area could participate in the workshop, nearly twice to Mae Sod and 4 times to Imphal at the cost more or less equal to those sites.

4. Problems encountered and Lessons learned

- Poor transport and communication, weather situation and security were major hindrances in organising workshop. Because of security reasons and poor transport, proposed plans to conduct workshop had to be cancelled on many occasions.
- Difficulty in finalising the dates for workshops/meetings was another setback. Communication through phone/emails was found ineffective relative to meeting personally for dialogue and discussions, impossible on phones/emails.
- Language was a barrier in many workshops, especially relatively young individuals, never before been exposed outside their respective communities. Participating senior health workers were very helpful. This might probably affect participation and contribution.
- Having the opportunity to explain the nature, programs and plans of NHEC at the beginning of each workshop, helped better understanding of and open the way for better cooperation between NHEC and its member organizations in future.
- Single-handedness, not having a team of co-workers was an uphill task at certain situations. Facilitating workshop sessions each day also needed facilitators to have a time for sharing, reflection, and evaluation of a day's events. This situation might affect the quality of facilitation. This was overcome by identifying potential facilitators where available.

5. Recommendations

To health workers working at the grass-roots

- Educate individuals, households and local communities to recognize symptoms early including danger signs and help learn home-based remedies so that an illness can be treated early, healed faster and prevented from further spread.

The best educator will be a trained VHW/TBA from the same community or village. Mothers or other family members can be counseled individually by the same VHW/TBA, to recognize danger signs and provide appropriate nursing (including medication) care of a sick child or an adult who is ill, at an early stage of illness. Even older children can learn to take care their younger siblings while parents are away from home, i.e. at work or attending farms. **This will promote self-help care at the individual, household and the community level preventing unnecessary suffering or deaths and epidemics or disease outbreaks.**

- Train volunteers to use simple tools and methods in order to recognize symptoms timely and thus prevent avoidable suffering and death, including spread of the disease.

An evidence-based, practical and cost-effective way to manage a sick child, an ill mother or other members of the household exists. The approach relies on use of simple diagnostic tools and affordable drugs both at the community and health facility level. This approach is also appropriate for the situations that are remote and isolated (such as remote interior and border areas of Burma) where laboratory support and clinical resources are limited or almost non-existent.

Integrated with health promotion, and disease prevention activities, the approach enable volunteers and health department's staff or frontline health workers to help set up safe and comfortable community-based services. In addition, active involvement of the mothers, women's groups, youth groups and gradually the whole community in health care process will further ensure 'continuum of care' from the community or primary to secondary and tertiary levels of care.

An example is 'Integrated Management of Childhood Illness (IMCI) for basic health workers', which uses simple techniques and methods to recognize symptoms early and classify illness. In this way, volunteers and frontline health workers could perform appropriate treatment and timely referral based on severity of illness. Similarly, the maternal and common health problems could be dealt with enabling CHWs/TBAs and frontline health workers to provide appropriate care at an early stage. **This will place a skilled person to promote health and prevent illness at the community level, affordable and acceptable to the community.**

To senior staff of health departments and organizations:

- Train middle level & front line health workers with appropriate skills including counseling, communication and community mobilisation.

Health workers need to be re-orientated to new approaches and methods in individual patient care as well as care of families and the whole community. In particular, they could be equipped with skills required for practical applications of concepts of health promotion and primary health care principles in the context of respecting, fulfilling, and protecting human rights, including the right to health (4). **This will put in place skilled health workers at the facility level, with a new approach to health work ensuring a chain of proper supervision and follow-up to maintain standards and provide quality of care.**

- Provide on-going training or continuing education to update skills and knowledge of health workers serving at all levels of health care continuum. Such trainings should be designed in such a way that an individual health worker could be able to move up along the 'ladder of a graded educational system' for professional development.

This is a challenge which demands immediate attention from all parties involved in trainings (basic/post-basic/and continuing medical education etc.). In many workshops, seminars and conferences (e.g., BMA conference 2003), health workers expressed the desire for improving their skills and knowledge on a continuous basis.

In addition, there is a demand for official recognition of varied and many trainings each health worker has gone through. Hence, appropriately planned approach to CEAs based on a rational, systematic approach is essential rather than ad-hoc or need-based. **This will put in place a system for human resource development ensuring staffing of skilled health workers at the facility level.**

To health departments and organizations:

- Review and redesign trainings for all levels of health workers to make sure competency skills are job related and perform efficiently. It is not enough just by adding new topics/subjects to the existing curricula. Essentially a complete and thorough revision of each training curriculum should be done. Learning outcomes and contents be re-written for each unit of competency, underpinned by concepts of health Promotion and PHC principles including human rights.

Having been able to conduct competency-based training means having in-built mechanisms for comparable, measurable standards to assess competencies or knowledge and skills learned during a training. Having measurable standards for each level of health worker will further open the way for potential recognition

through negotiations with reputed educational and training institutions for accreditation and issuance of certificates, acceptable at the national/international levels. **Competency-based trainings not only help acquirement of job related competencies to perform the assigned tasks and jobs efficiently but also pave the way for accreditation and recognition of trainings.**

- Proper assessment procedures could be introduced to assess and maintain acquired competencies of a trainee. By doing so, job-related competency skills are redefined and checklists can be developed to put in place mechanisms for performance assessment and maintaining standards(5). **Maintaining performance of a health worker and provision of quality care goes hand in hand. In addition, due recognition given to a health worker for his performance and achievement in turn helps build the confidence and boost the morale to serve better.**
- Explore/liaise with training schools & educational institutions: matching competencies for recognition of trainings and accreditation procedures.

A system has been in place since the year 2000, recognized by TAEF, SA for a distance learning course known as DEP/PHC, a project of NHEC, with the focus on health promotion. **Many Competencies acquired through varied trainings over the years can be accredited and rewarded, motivating the health worker to go on learning throughout his life for professional development.**

- develop protocols/management guidelines (workplace policies & procedures)

These are the standards which will serve as the criteria for measuring health workers' performance and acquired competencies. In this way, health workers will be able to do jobs and perform their duties as per the protocols and standards/procedures be followed accordingly. **These standards provide tools not only to assess individual performance but also a system for health facility assessment and corrective measures to be taken subsequently.**

- Upgrade the skills of staff at the administrative and managerial level to enable them for effective supervision, team building and project management. **This will help the administrative and managerial staff to supervise and support their colleagues after the trainings and do hands-on training more effectively. In addition, working as a team leader, the administrative staff will be able to provide feedback of findings from the field to his senior staff.**
- Build the capacity of senior staff for leadership, advanced management and health policy development. This will ensure leadership to develop appropriate health policies based on needs and demands from target communities. In addition to monitor and evaluate the process/outputs and outcomes of health work, **health departments and organizations will be having the capacity to implement polices into actions and manage change process efficiently.**
- Therefore, NHEC/BMA with the support from member organizations initiate a systematic approach to training, especially for continuing education and explore further the potential for recognition and accreditation of trainings completed by each individual health worker.

To NHEC:

- To explore/consult/secure necessary expertise & funds to bring into effect of mutually agreed sets of policies & activities
- Initiate & maintain a process of dial/disc. with respective dept. & org. for the issues related to: policies, trainings, and community level initiative (acting as a nodal point)
- To manage the whole ‘change’ process efficiently and effectively through appropriate staffing and support.

6. Conclusions

It is hoped that findings from local health workshops and the proposed recommendations in this report contribute towards development of appropriate strategies and actions to improve efficiency and effectiveness of various health departments and organisations.

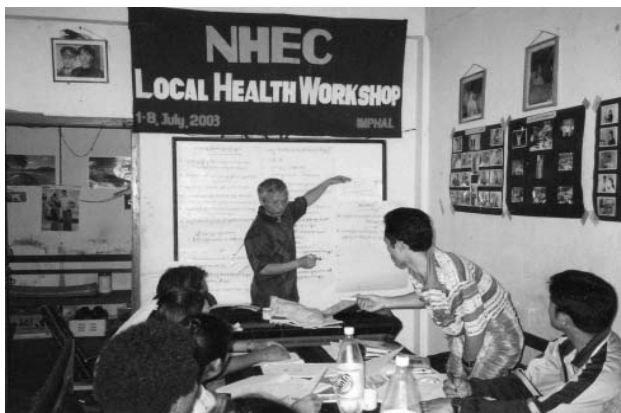
In particular, the proposed recommendations aim at building a health system that originates from the grass-root or the community level, such as education and training of members of the community to become self-reliant and initiate self-care using simple technologies and locally available resources.

At the health facility (clinics, hospitals) and health department/organisation level, training programs be re-organised on a systematic basis with the orientation towards ‘Health Promotion Education’ and for development of competency-based ‘Certified Education Program/Trainings’ for official recognition and professional development of health workers.

At the departmental/organisational levels, the proposed recommendation focussed on capacity building of senior staff and leaders for development of a system of coordination, proper management and supportive follow-up for its effectiveness, in addition to its role in policy making and implementation.

7. Highlights of Workshops

7.1 Imphal, Manipur State, India



Particulars about the workshop:

- health workers from different organizations participated (ABSDF, KNA, ZNC, NNLD)
- all were CHWs & trained medics
- Health workers from Naga & Chin Hills, including Kalay-Kabaw valley areas participated
- included update sessions related to diseases/drugs/methods of prevention
- one of the longest (7 days) & learning/findings provided a framework for subsequent workshops.

Major activities:

- basic medical training by ABSDF
- clinic at Moreh run by ABSDF & periodic health check-up camps carried out jointly with local NGOs, from Imphal
- mobile medical teams visit inside (very occasional)



Note: Other outcomes/findings related to 'Recommendations: HC 2000', 'Common Health Problems' and 'Needs for CE or Learning' proposed by participants were incorporated into the general list (Please see, Annexes).

A time for fun and play!



7.2 Kawthoolei Area



Particulars about the workshop:

- more than half of participants were newly trained health workers
- got exposed early in their training to 'Concepts of Health' (besides diseases and medicines)
- Only few individuals from each of the 3 other districts (Thaton, Taungoo & Thaton) could attend the workshop, due to security & communication
- a quarter of participants were from Daebunoh district
- presence of 2 senior health workers (1 being the District Health In-charge, and the other Assistant Secretary of KDHW) made communication easier (helped in translation) though time-consuming.

Majour Activities:

- Referral clinics (deals with serious illnesses both medical/surgical: such as severe cases of malaria/amputations)
- Mobile medical teams (in collaboration with BPHWT)
- Malaria Control Programs (in selected areas).

Photo : A severely anemic child with malaria, being able to suck at the breast after receiving 1 bottle of packed cell transfusion at the referral clinic, Daebunoh.



Training conducted by KDWH:

- On-going basic medical training (½ yr: clinical/ field practice)
- Health administrator (3 years)
- Nursing (1½ years)
- Nur. assistant (4 months)
- Advanced medical & surgical trainings (duration varied)
 - Trauma care
 - Primary Eye Care
 - Health Statistics etc.

Note: The list was not exhaustive; a few examples cited here for reference.

The specific demand made was introduction of dLH training course as a component of CEA. The demand was met in December 2003, one of the earliest CEA of NHEC.

7.3 Mae Sot, Tak Province, Thailand



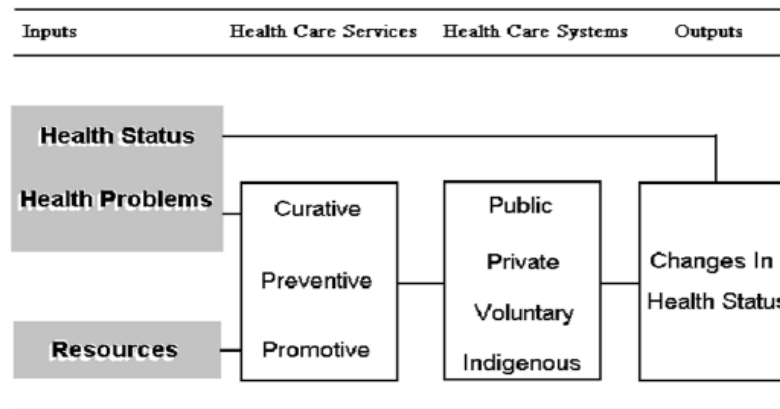
Particulars about the workshop:

- Participants from MTC and member groups of BPHWT attended workshop
- KDHW participants from central head-quarters also in the workshop.

Focus of the workshop:

- Review of a Health Care System: Components/Aim & Objectives, Inputs, Process and Outcomes relationship in a system (this model was used in subsequent workshops!).
- Pyramidal structure of a Health Care System and Levels of Care.

Model of a Health Care System



Other findings related to 'Recommendations: HC 2000', 'Common Health Problems' and 'Needs for CE or Learning' proposed by participants were incorporated into the general list (Please see, Annexes).

7.4 Kachin Area



Particulars about the workshop:

- 2 Local Health Workshops conducted
- 42 health from central and divisional head quarter areas attended these workshops.

Kachin Health Department:

- formed in the year 97-98
- administratively divided into:
 - central & divisional headquarters
 - district/township health departments with hosp. & RHCs.
- has a health policy related to Maternal Health:
 - avoidance of pregnancy & childbirth of women (<18 years and >35 years)
 - promotion of family planning.

- future plans are:
 - promotion of quantity and quality of health human resources
 - expansion health departments including hospitals and clinics
 - promotion of traditional medicine
 - quality control of drugs and medicines.

- need to strengthen in the following areas:

- specific policy and action plan to prevent drug abuse and HIV
- more cooperation with other depart. & sectors
- upgrade quantity and quality of health work forces
- sustainability of health work forces
- should include community development in health programs.



Trainings Conducted:

- LMP training and internships for Nurse/Midwifery trainees in from China.
- Basics/nursing/midwifery/CHW/TBA trainings including immunizations etc.

Common health problems (outstanding):

Potential health hazards due to pollution of rivers/streams/soil by mercury, used in gold mining.

7.5 Mon Area



Particulars about the workshop:

- 2 Local Health Work-shops conducted:
- 25 + 15 (40) health workers from the border areas and different regions inside Mon State attended to these workshops.

Common Health Problems
(as distinct from other areas):

- Dengue Hemorrhagic Fever
- Septic abortions (topped the 'Maternal Health Problems' list).

Health Activities of Mon Area:

- 2 main functional areas;
 - border areas and
 - inside the country.
- medic & CHW training.



Other outcomes/findings were incorporated into the general list (Please see, Annexes.).

7.6 New Delhi, Union Territory, India



Particulars about the workshop:

- A total of 16 participants attended the workshop
- Half were women (from ethnic and women's organizations)
- 11 amongst them are from border areas
- 5 participants are CHWs from villages
- one of the shortest work-shops (held for 3 days only)
- a prior exposure to discussions on "Principles of PHC" helped shortened the workshop ("Health/Human Rights Workshop" by Dr. Khin Saw Win at New Delhi.

Focus of the workshop:

- Review of 'Recommendations: HC 2000'
- Possible disease prevention/health promotion activities outlined from the perspective of 'Continuum of care'
- Extended role of health workers: healers as well as social workers promoting health and wellbeing.

Other outcomes/findings related to 'Recommendations: HC 2000', 'Common Health Problems' and 'Needs for CE or Learning' proposed by participants were incorporated into the general list (Please see, Annexes).



7.7 Shan Area



Particulars about the workshop:

- Conducted 3 days in Shan area
- A total of 22 participants from IDP areas and border of Burma attended the workshop
- 14 were women

Focus of the workshop:

We have no relevant data at this site, as the focus has been on training!



7.8 Karenni Area



Particulars about the workshop:

- Conducted 3 days in Namswai village, Maehongson in cooperation with KNHD
- 20 health personnel attended (from Karenni Camps 1, 2 and IDP area).

Karenni Health Department:

- 2 structural arrangements to do health programs and activities;
 - within the country
 - inside the refugee camps
- no national health policy (just for refugee camps).

Trainings Conducted:

- CHW trainings
 - Refresher courses are very limited.
 - Needs trainings on dental, eye and health assistant trainings, amongst others
- Structural changes/adjustments for ease of communication with NGO.



Note: Other outcomes/findings were incorporated into the general list (Annexes).

Local Health Workshops – A Time Line

Year – 2003

Month/Year	Location	Host organization
1 - 8 July 2003	Imphal, Manipur State, India	ABSDF
4 - 14 Aug. 2003	Karen Area	KDHW
25 - 30 Aug. 2003	Mae Sod, Tak Province, Thailand	BPHWT/MTC
9 - 24 Nov. 2003	Kachin Area	KIO

Year – 2004

Month/Year	Location	Host organization
5 - 9 Jan. 2004	Mon Area	MNSP
23 - 25 Feb. 2004	New Delhi	NHEC-WR
2 - 7 Mar. 2004	Shan Area	SSA

Year – 2005

Month/Year	Location	Host organization
31 Aug - 2 Sep. 2005	Karenni Area	KNPP
1 - 2 Aug. 2005	Mon Area	MNSP
29 - 30 Sept. 2005	Kachin Area	KIO

Area-wise List of Participants

I. Workshop in Imphal, Manipur State, India	
1. Participants: Kalay-Kabaw Valley (Somra Naga Hills, Lay Shi Townships)	4
2. Participants from Chin Hills (Tedim District)	4
3. Participants from ABSDF	4
Sub-total: (6 Male + 6 Female)	12
II. Workshop in Dae Bu Noh, Papun District, Burma	12
1. Participants from Pa-Pun District	12
2. Participants from Tha-Ton District	1
3. Participants from Taungoo District	1
4. Participants from Nyaung-Lebin District	2
5. Participants from Central Dept. of Health & Welfare	2
6. Student Participants (doing CHW training course)	28
Sub-total: (35 Male + 13 Female)	48
III. Workshop in Mae Sod, Tak province, Thailand	
1. Participants from Mae Tao Clinic	4
2. Participants from BPHWT	6
(KNPLF, KNLP, ABSDF)	
3. Participants from dLH	2
4. Participants from SAW	1
5. Participants from KWO	1
6. Participants from Duplaya District	6
7. Participants from Central KHD	6
8. Participants from Pa-an District	2
9. Participant from Pa-pun District	1
10. Participants from Karenni (KSWC)	1
11. Participant from ALO	1
Sub-total: (16 Male +15 Female)	31
IV. 1st. Workshop, Mon Area	
1. Total participants	22
Sub-total: (17 Male + 5 Female)	22
V. 1st. Workshop, Kachin Area	
1. Participants	28
Sub-total: (25 Males + 3 Females)	28

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VI. Workshop at New Delhi, NHEC-WR office, India	
1. Participants from Border areas	10
2. Participants from New Delhi	6
Sub-total: (8 Male + Female 8)	16
VII. Workshop at Shan Area, Burma	
1. Participants	22
Sub-total: (8 Male + 14 Female)	22
VIII. Workshop at Nan Soi, Mae Hong Son, Thailand	
1. Participants	20
Sub-total: (8 Male + 12 Female)	20
IX. 2nd. Workshop, Mon Area	
1. Total Participants	14
Sub-total: (5 Male + 9 Female)	14
X. 2nd. Workshop, Kachin Area	
1. Total participants	14
Sub-total: (14 males)	14
Total participants: (142 Male + 85 Female)	227

A Sample Outline of Local Health Workshop

Duration: 5 to 7 days

4-5 days on “Review of common local health problems” to critically analyse and identify possible solutions (through use of “Health for All: Goals and Strategies” and “Health of People in Burma”, extracts from course materials of Certificate III in Health, dLH).

1-2 days on “Identifying Training Needs” and “Planning/setting dates for Continued Education Activities”.

Participants: Health Workers (District Health Department In-charge, Administrators, Clinic in-charge, Senior medics and Trained medics), Auxiliary Nurse-Midwives, and Community Health volunteers from inside the country and different areas along the said border areas.

Purpose:

1. To review ‘Recommendations on HC 2000’
2. To critically review ‘common local health problems’
3. To explore possible solutions to common health problems
4. To determine skills required to carry out those identified solutions/actions and
5. To outline topics/subjects for continued learning/education activities.

Process:

1. A review of Future Plans of NHEC Health Programs & Recommendations: HC2000
2. Participants’ presentations of ‘Common Health Problems’
3. Understanding ‘Factors of Health’ and possible interventions to help ‘Build Healthy Communities/Villages’
4. Identifying skills and recommending types of training required to perform those interventions.

Methods: Lectures, Field visit, Group work, Interactive Discussions. *Participatory nature:* in the workshop, facilitators pose questions and encourage discussion. Participants were encouraged to share their own experience and perceptions as concepts and issues related to contents of the workshop were worked through as it was important to participate fully, to discuss and share with others.

Common Health Problems

- I. Communicable Diseases:
 - Malaria
 - Tuberculosis (TB)
 - Acute Respiratory Infections
 - Diarrhoeal Diseases (including Dysentery, Typhoid)
 - STIs (including HIV/AIDS)
 - Worm Infestations (Children)
 - Skin Diseases.

- II. Non-communicable:
 - Hypertension
 - Gastric/Peptic Ulcers
 - Cirrhosis of the Liver (Ascites).

- III. Nutritional:
 - Malnutrition: Protein Calorie Malnutrition amongst Children under 5
 - Micronutrients Deficiencies: especially Iron, Vitamins A and B1.

- IV. Reproductive Health:
 - Irregular Menstruation and White discharge
 - Abortion
 - Anemia in Pregnancy
 - Hemorrhage
 - Sepsis
 - Eclampsia
 - Obstructed Labour.

- V. Mental Health:
 - Substance Abuse
 - Anxiety/Depression.

- VI. Injuries:
 - Accidents & mine injuries
 - Poisoning.

Note: This list was the summarized version of “Common Health Problems” identified by participants from all the local health workshops, mostly done on the very 1st day of the workshop.

Training Needs identified by Local Health Workshop participants (All areas)

I. Case Management, Prevention and Control of the following Communicable diseases:

- Malaria
- Tuberculosis
- Diarrhoea
- ARI
- HIV/AIDS.

(In particular, for HIV/AIDS to promote awareness, acceptance, and action by the community including People living with HIV/AIDS.)

II. Reproductive health:

- Care of Pregnant mothers
- Dealing with Obstetrics Emergencies
- Education on sex and sexuality with Life skills for adolescents
- Case management of STIs, prevention and control
- Counseling.

III. Child health:

- Integrated management of Childhood Illnesses (IMCI): malaria, measles, pneumonia, diarrhea and malnutrition
- ARI and Tuberculosis in Children
- Other Vaccine preventable diseases.

IV. Nutrition:

- Components of Nutrition
- Common Nutritional problems: management and prevention.

V. Others:

- Workshops/seminars on Malaria
- Inclusion of facts about malaria in school health education curriculum
- Training of CHWs
- Medical Ethics & Human Rights
- Community development and community organizing skills
- Communication/counseling skills
- Methods/techniques for health education activities with the community
- Networking skills
- Water and Sanitation: technical skills.





Local Health Workshop Report

The following is a list of training needs identified by participants attending BMA Conference in July 2003, Mae Sot, presented here to show similarities and overlaps amongst the topics identified by participants to '6 Local Health Workshops' held in border areas of Burma.

Training needs identified by Health Workers attending BMA conference:

- Refresher courses and continued education programs (Diploma/Masters courses) for Health workers working in health organizations/departments/NGOs
- Refresher course for basic health workers (TBA/CHW)
- Training courses on PLA-PRA (participatory rapid assessment methods)
- Village First Helper (Basic & Advanced Training for Injuries)
- HA/MCH/CHW/TBA Training courses
- HIS Training
- Health Management (Health Programs)
- Refresher courses: Immunizations/School Health/International Health laws/ Health and Human Rights/ Torture victims and Stress management/Health Education (particularly for migrant workers)/family planning/ Obstetric emergencies/Disaster management/IMCI/Politics of health (relationship between political, social, economic factors and health).

Priority Training Needs identified by the same BMA conference participants:

1. Village First Helper
 2. Trauma Management (Basic and Advanced)
 3. Health as Human Rights
 4. HIS
 5. Health Management
 - Office Management
 - Project Management
 6. Integrated Management of Childhood Illnesses (IMCI)
 7. Counseling.
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Level-wise Synthesis of Training Needs (Based on LHW)

General: Management Guidelines (Operational/technical) on:

1. Malaria
2. Tuberculosis (TB)
3. HIV/AIDS
4. Reproductive and Child Health
5. Mental Health
6. Accidents and poisoning (including mine injuries)

Basic Health Workers:

1. Integrated Management of Maternal and Childhood Illness (IMMCI): Burmese Version available from NHEC
2. Integrated Management of Pregnancy and Childbirth (IMPAC):
3. Integrated Management of Selected Health Problems (IMSHP)

Medics/Nurses:

1. Obstetrics Emergencies (*Midwifery*, Education material for teachers of midwifery, midwifery education, ©WHO, 1996).
2. Standards and Life-saving Midwifery Practices (*Standards of Midwifery Practice for Safe Motherhood*, Vol.1-4, © WHO, SEARO.)

Doctors/Clinicians/Program Managers:

1. Audit tools (Standards-setting tools for Midwifery practices)
2. Health Care Management (PHC: Management Advancement Programme (PHC/MAP)
3. Human Resource Development (WHO *Training manual on management of human resources for health*, Section I. Part A & Part B, Section II, A guide for facilitators)
4. Advanced studies for Health Management (External Programmes, e.g., IGNOU in India).

Resources:

On HIV/AIDS:

1. Ancient remedies, New Diseases; Involving Traditional Healers in increasing access to HIV/AIDS Care and Prevention (www.unaids.org)

On Health/Human Rights:

2. 25 Questions/Answers on Health/Human Rights, H/HR Publication series, (www.who.int/hhr)

On Continued Education:

3. Report of a WHO expert committee: Systems of Continued Education, Priority to District Health Personnel, Technical Report Series, 803, Geneva, 1990.
4. Continued Education for Health Workers, Planning District Program, Wood. C.H., Nairobi, Kenya, AMREF, 1983.

Evaluation of Training Programs:

5. Guidelines for Evaluating a Training programme for Health Personnel by F.M.Katz (WHO, Geneva, 1978)
6. Evaluation of Educational Program in Nursing by Moira Allens, (WHO, Geneva, 1977)

On Health & Diseases:

7. Health and Diseases in Developing Countries, by Kari.S. Lankiner, © Mac Millan, 1994

On PRA/PLA:

8. South Asia Workshop Report: "PRA – Going to Scale: Challenges for Training" (praxis@actionaidindia.org)

A Matrix: Priority Health Problems-Skills Required

Common Health Problems	Skills identified	Training	Available Reference/Training materials	Remarks
Communicable: • Malaria • Tuberculosis (TB) • Acute Respiratory Infections • Diarrhoeal Diseases • STIs (including HIV/AIDS) • Urinary Tract Infections • Worm Infestations (Children) • Skin Diseases.	<ul style="list-style-type: none"> • Case Management Skills • Project or Operational Management Skills. • Health & Human Rights (Health Promotion) • Community Development (Community mobilisation & organizing skills) 	<ul style="list-style-type: none"> • <i>IMCI</i> • <i>IMPAC</i> • <i>IMSHP</i> • <i>Syndromic Management of STIs</i> • <i>Project Planning & Management</i> • <i>Human Rights Training</i> • <i>Health Promotion Training (dLH)</i> • <i>Communication skills</i> • <i>Counseling (basic & specific Training Skills)</i> • <i>Training of Trainers (TOT).</i> 	<ul style="list-style-type: none"> • Health worker manuals on IMCI/IMPAC/IMSHP (for medics & CHWs) • CHW manual (prepared by BMA/NHEC) • dLH training materials on 'Health Promotion, Community Development, Communication & Counseling' etc. • TOT training materials available from dLH (Certificate IV Assessment & Workplace Training Materials) • PHC Management Advancement Programme (PHC MAP) 	1. Project planning & Management: <ul style="list-style-type: none"> • Setting up community health programs, by Ted Lankester, Teaching At Low Cost (TALC/UK) or (VHAI, India) • Other WHO publications. 2. A training team: an on-going process
Non-communicable: • Hypertension • Gastric/Peptic Ulcers	<ul style="list-style-type: none"> • Communication/ counseling skills • Health Education • Training skills • Basic skills in animal husbandry/ agriculture 			
Nutritional: • Malnutrition (Children and Pregnant women) • Vitamin A Deficiency • Beri-beri (Vit. B Deficiency).				
Reproductive: • Irregular Menstruation and White discharge/ STIs • Abortion (Safe & Unsafe) • Anemia in Pregnancy • Hemorrhage • Sepsis • Eclampsia • Obstructed Labour.				
Mental: • Substance Abuse • Anxiety/Depression • Psychosis.				
Injuries: • Accidents • Poisoning.				

Table - Continuing Education Activities (Dec. 2003–Nov. 2005)

Type of CEA	Site	No. of participants		Resource materials used
		F-male	Male	
1. Obstetrics Emergencies (OE)	Mae Sod (Dec. 2003)	22	3	<i>The midwife in the community:</i> Foundation Module: Educational Material for Teachers of Midwifery, © WHO.
2. PHC & Community Development Principles (PHC/CD)	Dae Bu Noh (Dec., 2003)	7	17	<i>Summary & Assessment Booklet for Foundation Modules</i> from DLH.
3. Integrated Skills Training (ITS)	Saiha (April, 2004)	8	14	IMCI, <i>Maternal component of IMMCI</i> , and <i>Health promotion</i> chapter from IMSHP.
4. Integrated Skills Training (ITS)	Imphal (June 2004)	19	4	IMCI, <i>Maternal component of IMMCI</i> , and <i>Health promotion</i> chapter from IMSHP
5. Training of Trainers for Village Health Volunteers (TOT – VHVs)	Mae Sod (July 2004)	9	18	- <i>A Guide for Teachers of Health Workers, Teaching Skills Develop. Manual</i> , © The Uni.of NSW.
6. PHC & Com. Development Principles (PHC/CD)	Mae Hon Son, Camp 1, Karenni (Sept. 2004)	6	3	<i>Summary & Assessment Booklet for Foundation Modules</i> from DLH.
7. TOT-cum-Integrated Skills Training	Kachin Area (Nov.2004)	12	26	- IMCI, <i>Maternal component of IMMCI</i> , and <i>Health promotion</i> chapter from IMSHP - <i>A Guide for Teachers of Health Workers, Teaching Skills Develop. Manual</i> , © Uni. of NSW.
8. TOT-cum-Integrated Skills Training	Dae Bu Noh (Dec. 2004)	21	14	- Learning materials from <i>Certificate IV in Assessment & Workplace Training Course</i> - <i>IMCI</i> (Burmese version)
9. Community Health Manage. Workshop with Staff of MCH centers	Mae Sod (April, 2005)	16	6	- <i>Summary Booklet from Foundation Modules</i> of DLH. - Learning materials from <i>Teachers of Midwifery Education</i> , WHO, 2000
10. Primary Health Care-Management Advancement Program (PHC-MAP)	Mahidol University BKK (7-25 Nov 2005)	0	9	PHC-MAP Modules, Aga Khan Foundation
Total Participants		120	114	No. of Women participants (120) outnumbered Men (114) = 234

References:

1. 'Health Conference 2000', a report by NHEC/BMA.
2. Project Design Document (2003-2006), NHEC
3. CEP Project Report (March 2004 – April 2005) to NHEC
4. Health Promotion Education for Health Professionals, © WHO 2000.
5. Standards of Midwifery practices for Safe Motherhood, Vol. 1-4, © WHO 1999.