



Implementing NCD Programme in Myanmar: Developing health information systems for managing control programme of NCDs

Tej Ram Jat, PhD

Programme Manager Public Health

HelpAge International, Myanmar

Introduction

- Myanmar is the second largest country in South-East Asia.
- Population- 51,486,253 (Census 2014)
- Ongoing epidemiological transition increasing the burden of NCDs.
- 68% deaths due to NCDs (WHO-2017).
- 94% adults live with at least 1 risk factor of NCDs (STEPS 2014).
- Limited capacities for research, policy, programming for prevention and control of NCDs.



Objectives of the Project

- **The University of Public Health Myanmar, University of Medicine 2, Help Age International and Thammasat University Thailand collaborating for public health capacity building project through triangular collaboration.**
- **Supported by the European Union under strengthening public Health Institutions Programme.**
- **The objectives of this project are:**
 - **To strengthen the University of Public Health for enhanced evidence based policy analysis and providing research evidence based on international scientific knowledge and supported by local research.**
 - **To build public health capacities of the larger health system for addressing disease transition specially through integration of NCD services at primary healthcare level.**

Major Strategic Components of the Project

Research

- Assessment of research gaps and developing priority research agenda
- Enhanced research to inform policy and programmatic response to address health transition

Policy

- Increased policy dialogue and consultation
- Enhanced evidence based policy analysis
- Developing National Strategic Action Plan on NCDs

Strengthening Public Health Capacity to Respond to Myanmar's Disease Transition

Capacity Building

- Greater knowledge and skills among policy makers and public health implementers
- Capacity building for PEN expansion
- Stronger UPH to deliver high quality teaching and research

Communication

- Wider dissemination of research evidence through workshops, publications and different communication media for awareness and policy initiatives

Activities

- **Conducted trainings for faculty and researchers on NCDs focussed research, policy development and policy analysis.**
- **Assessed available research evidence on NCDs, identified the gaps and developed draft prioritized research agenda.**
- **Conducted learning exchanges for UPH faculty, researchers and officials from MOHS to show first hand experiences.**
- **Organized five advocacy workshops with concerned stakeholders.**
- **Developed for the Ministry of Health and Sports a national strategic plan on prevention and control of NCDs (2017-2021).**









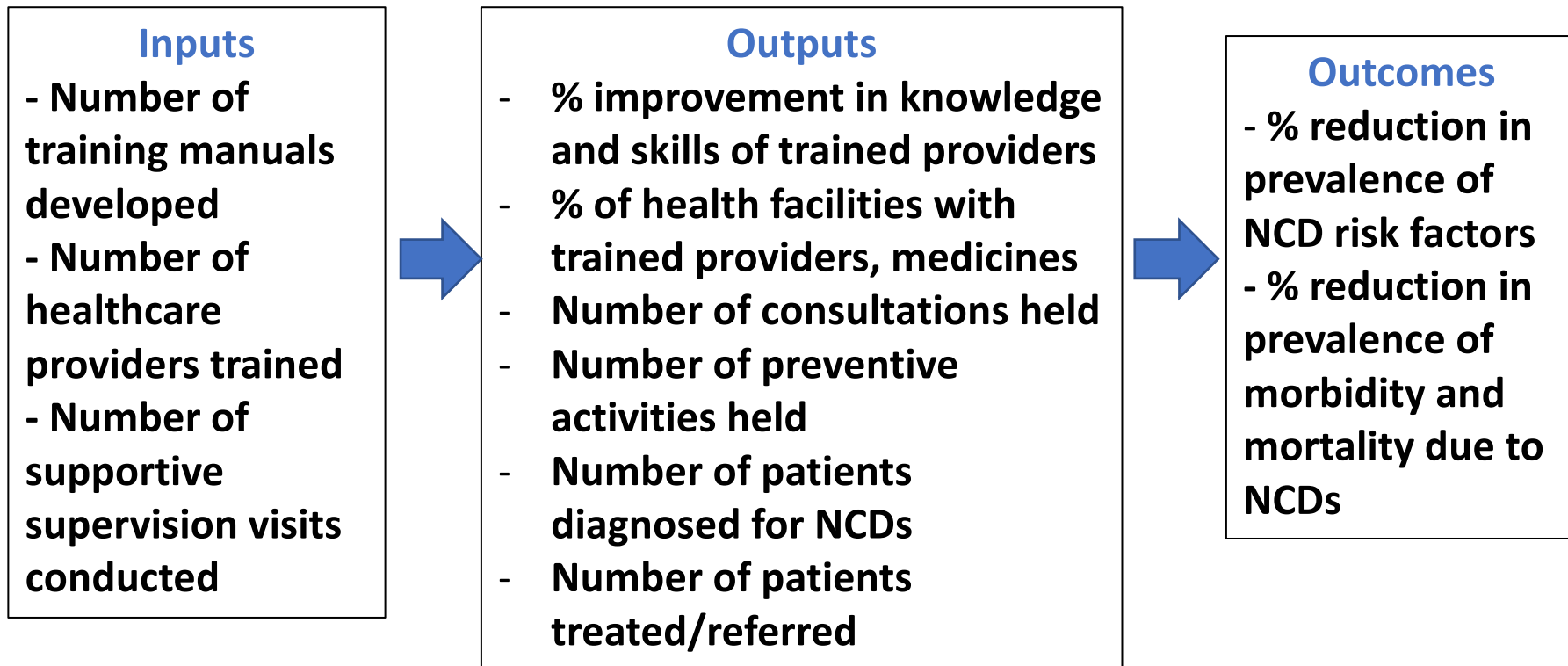
Activities

- **Developed, pre-tested and finalized two training manuals for training of lower and medium-level health care providers in prevention and integration of NCD services into primary healthcare.**
- **Conducted training for central training team and regional training teams.**
- **Conducting training of township medical officers and other medical/public health officers on PEN interventions (990 TMOs/MOs from 330 townships)**
- **Training of basic health staff on PEN interventions by TMOs/MOs.**
- **Developing health information system for NCDs prog.**
- **Conducting action research during the roll-out of the training.**



Indicator Framework

- Indicator framework for progress monitoring and impact measurement of NCD prevention and control



Tools and Processes

- **Patient registries, individual patient screening and treatment records**
- **Referral records**
- **Facility registers with daily summary reports,**
- **Monthly summary reports**
- **Quarterly summary reports**
- **Data entry in electronic formats**
- **Data processing, report generation and feedback**

Annex (17) Clinical Record for NCDs Patient (NCD လူနာမှတ်တမ်း)

Health Facility Name _____ Patient Name _____
 Age _____ Registration No: _____
 Gender: Male or Female Income per month _____

1. History / Complaint

2. Investigations

	Visit 1 Date -----		Visit 2 Date -----		Visit 3 Date -----		Visit 4 Date -----	
10 years cardiovascular risk	1. < 10% 2. 10 to< 20% 3. 20 to< 30 % 4. 30 to< 40% 5. > 40%		1. < 10% 2. 10 to< 20% 3. 20 to< 30 % 4. 30 to< 40% 5. > 40%		1. < 10% 1. 2. 10 to< 20% 3. 20 to< 30% 4. 30 to< 40% 5. > 40%		<10% 2. 10 to< 20% 3. 20 to< 30% 4. 30 to< 40% 5. > 40%	
Fasting Blood Glucose / Random Blood Sugar								
Resting SBP (Two readings at each visit) mmHg								
Resting DBP (Two readings at each visit) mmHg								
Currently on antihypertensive medication	Yes	No	Yes	No	Yes	No	Yes	No
Cholesterol								
Urine albumin								
Peak flow rate								
Foot examination of diabetes	Yes	No	Yes	No	Yes	No	Yes	No
Arrangement of eye examination for diabetes in the next 24 months	Yes	No	Yes	No	Yes	No	Yes	No
Waist circumference (cm)								
Tobacco smoking	Yes	No	Yes	No	Yes	No	Yes	No
Counseling tobacco cessation	Yes	No	Yes	No	Yes	No	Yes	No
Counseling diet/physical activity	Yes	No	Yes	No	Yes	No	Yes	No
Suspected Cancer (Oral / Breast / Cervical)								

Medicines and daily dose								
Referral reasons (within code number)								
Feedback from higher level	Yes	No	Yes	No	Yes	No	Yes	No

လူနာ၏ရာဇဝင်နှင့် စမ်းသပ်စစ်ဆေးချက်များတွင် အောက်ဖော်ပြပါအချက်များမှ တစ်ခုခု ရှိနေပါက အထူးကုဌာနဆေးရုံ / အထက်အဆင့်သို့ လွှဲပြောင်းပေးရန်အတွက် ကုဒ်နံပါတ် (Code No.) များ

အလျင်အမြန် လွှဲပို့ရမည့်လူနာ

- (၁) သွေးပေါင်ချိန် 200 / 120 mmHg အထက်
- (၂) အသက် ၄၀-နှစ်အောက် လူနာများတွင် သွေးပေါင်ချိန် 140 / 90 mmHg (သို့မဟုတ်) 140 / 90 mmHg အထက်
- (၃) ရုတ်တရက် ရင်ဘတ်အောင့်ခြင်း (သို့မဟုတ်) ရင်ဘတ်အောင့်မှု ပိုမိုဆိုးဝါးခြင်း (သို့မဟုတ်) လေဖြန်းခြင်း (သို့မဟုတ်) လေသင်တုန်းဖြစ်ခြင်း။
- (၄) ကိုယ်တွင်းအင်္ဂါ ထိခိုက်ခြင်း၊ (Organ failure) [ဥပမာ - နှလုံးစူးအောင့်ခြင်း (Chest pain) ၊ နှလုံးအလုပ် ကောင်းစွာမလုပ်နိုင်ခြင်း (Heart failure)]
- (၅) အသစ်တွေ့ သွေးချိုဆီးချိုရောဂါရှိ လူနာ (သို့မဟုတ်) အသက် ၃၀-နှစ်အောက် လူနာများတွင် ဆီးအတွင်း ကီတုန်းဓါတ် (၂ +)၊ သွေးအတွင်း အဆီဓါတ် (Total cholesterol) > 8 mmol/L ကျော်နေလျှင်
- (၆) ဆီးချိုသွေးချိုရောဂါရှင်များတွင် ပြင်းထန်စွာရောဂါပိုးဝင်ခြင်းနှင့် (သို့) ခြေထောက်အနာရှိလျှင်၊
- (၇) သွေးချိုဆီးချိုရောဂါရှင်များတွင် ရုတ်တရက် အမြင်ချို့ယွင်းမှုဖြစ်လျှင်၊

အလျင်အမြန်မဟုတ်သော်လည်း လိုအပ်သောကုသမှုခံယူနိုင်ရန်အတွက် လွှဲပို့ရမည့်လူနာ

- (၈) နှလုံးခုန်သံတွင် အသံပိုပါခြင်း။ (Cardiac Murmurs)
- (၉) သွေးတိုးကုသဆေး ၂-မျိုး (သို့မဟုတ်) ၃-မျိုး ပေးသော်လည်း သွေးပေါင်ချိန် $\geq 140 / 90$ mmHg (သွေးချိုဆီးချိုရောဂါရှိသူများတွင် 130 / 80 mmHg ကျော်လျှင်) ၊ သွေးချို ဆီးချို ရောဂါရှိသူများတွင် ဆီးအတွင်း အသားဓာတ်ပါခြင်း။
- (၁၀) သွေးချိုဆီးချိုရောဂါရှင်များထဲမှာ Glidazide ပါသည်ဖြစ်စေ၊ မပါသည်ဖြစ်စေ Metformin အမြင့်ဆုံးနှုန်း၊ သောက်နေသော်လည်း သွေးအတွင်း အချိုဓာတ် 14 mmol/L (250 mg/dl) ထက် ကျော်နေလျှင်
- (၁၁) (၂)နှစ်အတွင်း မျက်စိ စစ်ဆေးထားခြင်း မရှိလျှင်။
- (၁၂) နှလုံးသွေးကြောရောဂါ ဖြစ်ပွားနိုင်ခြေ (Cardiovascular risk) မြင့်မားလျှင် (>20%)

Annex (18) Referral Form in TOT PEN Manual

1. Name _____
2. Age _____ yrs
3. Gender _____ (M or FM)
4. Registration No: _____
5. Date: _____
6. Current Diagnosis _____
7. Current Medication _____

8. Reason for the referral (please check all what applied)

9. Feedback form from higher center
 1. Date _____
 2. Diagnosis _____
 3. Current Medication _____
 4. Follow-up requirements _____
 5. Remarks _____

Annex (19) NCD ရောဂါရှာဖွေစစ်ဆေးသူများ မှတ်ပုံတင်စာအုပ်

Participants' Registry for NCD Screening

မြို့နယ် တိုက်နယ်/ကျေးလက်ကျန်းမာရေးဌာန/ဌာနခွဲ ခုနှစ် လ

1. Serial No	2. Date	3. Name	4. Age (Year)	5. Address / Telephone Number	6. Gender		7. Smoking	8. *Chewing Tobacco	9. **Alcohol Consumption	10. Body Mass Index kg/m ² (BMT)				11. Blood Pressure mmHg			12. Fasting Plasma Glucose Level mg/dl			13. Random Blood Sugar mg/dl			14. Risk Percentage for Cardiovascular Disease				15. Suspected Cancer (Oral / Breast / Cervical)	16. Referral 1. Township / 2. District / 3. Region / 4. Central
					Male	Female				< 18.5	18.5 - 24.9	25 - 29.9	≥ 30	< 139 / 89	≥ 140 / 90	≥ 160 / 100	< 100	100 - 125	≥ 126	< 200	≥ 200	< 10%	10 %- < 20 %	20 %- < 30 %	≥ 30 %			

Note- Invitation should be given to person who are between 40 to 65 years old and have not been diagnosed as having disease like diabetes, hypertension, heart disease, strokes etc. {အသက်(၄၀)နှစ်နှင့် အထက် NCD ရောဂါ (ဥပမာ။ ။ ဆီးချို၊ သွေးတိုး၊ နှလုံး နှင့် လေဖြတ်ရောဂါများ) မဖြစ်ပွားဘူးသေးသော လူများကို ဖိတ်ခေါ်စစ်ဆေးရန်။}

- *A-Non smokers, non tobacco chewers (refrain from all type of tobacco during last year) B-Smokers, tobacco chewers (*A - လွန်ခဲ့သောတစ်နှစ်အတွင်း ဆေးလိပ်မသောက်သူ၊ ဆေးရွက်ကြီးမငုံသူ B - ဆေးလိပ်လည်းသောက် ချွံဆေးရွက်ကြီးလည်းငုံသူ)
- **A- Abstainers (drunk alcohol during last year), B-Drinkers (being drink last month), C-Heavy alcohol (drinking alcohol 4 days or more in a week){**A - လွန်ခဲ့သောတစ်နှစ်အတွင်း အရက်မသောက်သူ B - အရက်သောက်သူ လွန်ခဲ့သောတစ်လအတွင်း အရက်သောက်ခဲ့သူ C - အရက်အလွန်အကျွံ သောက်သူ (အရက်ကို တစ်ပတ်လျှင် အနည်းဆုံး လေးရက်သောက်သူ)}
- When indicating the Blood Pressure (BP), mark whether systolic or diastolic as above the indicated values. {ကော်လံ (၁၁) တွင် လူတစ်ဦး၏ သွေးဖိအားကို ဖော်ပြရာ တွင် ကော်လံ (၁၁) တွင် ပါရှိသော systolic (သို့) diastolic ဖိအားများထက် များရမည်။}
- When indicating suspected cancer, mention as breast lump, oral leukoplakia, oral ulcer, VIA positive, Growth at cervix, Ulcer cervix etc.

NCD ရောဂါရှာဖွေစစ်ဆေးခြင်း နေ့စဉ်မှတ်တမ်းအကျဉ်းချုပ်

Daily Summary of the NCD Screening Activities

မြို့နယ် တိုက်နယ် / ကျေးလက်ကျန်းမာရေးဌာန / ဌာနခွဲ

Year Month Day

1. Place of NCD Screening	2. Male / Female / Total	Result of NCD Screening														12. Suspecte d Cancer (Oral / Breast / Cervical)	13. Referral								
		3. No. of new eligible clients (ရောဂါရှာဖွေ စစ်ဆေးမှု ခံယူရန် အကျိုးဝင် သူများ)	4. No. of Smokers	5. No. of chewing tobacco users	6. No. of Alcohol Users (B+C)	7. Body Mass Index Kg /m ²				8. Blood Pressure mmHg		9. Fasting Plasma Glucos e Level mg/dl		10. Random Blood Suger mg/dl							11. CVD Risk				
						< 18.5	18.5 - 24.9	25 - 29.9	≥ 30	≥ 140 / 90	≥ 160 / 100	100 - 125	≥ 126	< 200	≥ 200		< 10 %	10 % < 20 %	20 % < 30 %	≥ 30 %					
Township / Station / RHC / Subcenter	Male																								
	Female																								
	Total																								
Mobile Clinic	Male																								
	Female																								
	Total																								

Note - B - Drinkers (being drinking during last month), C-Heavy alcoholics (drinking alcohol 4 days or more in a week)

{B-အရက်သောက်သူ(လွန်ခဲ့သော တစ်လအတွင်း အရက်သောက်ခဲ့သူ), C- အရက်အလွန်အကျွံသောက်သူ (အရက်ကို တစ်ပတ်လျှင်အနည်းဆုံး လေးရက်သောက်သူ)}

- This could be used to fill the monthly summary sheet (NCD ရောဂါ ရှာဖွေစစ်ဆေးခြင်း နေ့စဉ်မှတ်တမ်း အကျဉ်းချုပ်ကို လစဉ်မှတ်တမ်း အကျဉ်းချုပ်ဖြည့်ရာတွင် အသုံးပြုရန်)

.....
သားဖွားဆရာမ/လက်ထောက်ကျန်းမာရေးမှူး
တိုက်နယ်ဆရာဝန်လက်မှတ်

.....
Date

NCD ရောဂါရှာဖွေစစ်ဆေးခြင်း လစဉ်မှတ်တမ်းအကျဉ်းချုပ်

Monthly Summary of the NCD Screening Activities

မြို့နယ် တိုက်နယ် / ကျေးလက်ကျန်းမာရေးဌာန / ဌာနခွဲ

Year Month

1. Place of NCD Screening	2. Male / Female / Total	Result of NCD Screening																	12. Suspected Cancer (Oral / Breast / Cervical)	13. Referral					
		3.No. of new eligible clients (ရောဂါ ရှာဖွေ စစ်ဆေးမှု ခံယူရန် အကျိုးဝင် သူများ)	4. No. of Smokers	5. No. of chewing tobacco users	6. No. of Alcohol Users (B+C)	7. Body Mass Index Kg/m ²				8. Blood Pressure mmHg		9. Fasting Plasma Glucose Level mg/dl		10. Random Blood Sugar mg/dl		11.CVD Risk									
						< 18.5	18.5 - 24.9	25 - 29.9	≥ 30	≥ 140/90	≥ 160 / 100	100 - 125	≥ 126	< 200	≥ 200	< 10 %	10 % < 20 %	20 % < 30 %		≥ 30 %					
Township /Station/ RHC/Sub center	Male																								
	Female																								
	Total																								
Mobile Clinic	Male																								
	Female																								
	Total																								

Note –

- B - Drinkers (being drinking during last month), C- Heavy alcoholics (drinking alcohol 4 days or more in a week)
{B-အရက်သောက်သူ(လွန်ခဲ့သော တစ်လအတွင်း အရက်သောက်ခဲ့သူ), C- အရက်အလွန်အကျွံသောက်သူ (အရက်ကို တစ်ပတ်လျှင်အနည်းဆုံး လေးရက်သောက်သူ)}

.....
သားဖွားဆရာမ/လက်ထောက်ကျန်းမာရေးမှူး
တိုက်နယ်ဆရာဝန်လက်မှတ်

.....
Date

NCD ရောဂါရှာဖွေစစ်ဆေးခြင်း (၃) လပတ် အစီရင်ခံစာ

Quarterly Report of the NCD Screening Activities

မြို့နယ် Year Quarter

1. Place of NCD Screening	2. Male / Female / Total	Result of NCD Screening															12. Suspected Cancer (Oral / Breast / Cervical)	13. Referral							
		3.No. of new eligible clients (ရောဂါ ရှာဖွေ စစ်ဆေးမှု ခံယူရန် အကျိုးဝင် သူများ)	4. No. of Smokers	5. No. of chewing tobacco users	6. No. of Alcohol Users (B+C)	7. Body Mass Index Kg/m ²				8. Blood Pressure mmHg		9. Fasting Plasma Glucose Level mg/dl		10. Random Blood Sugar mg/dl		11.CVD Risk									
						< 18.5	18.5 - 24.9	25 - 29.9	≥ 30	≥ 140/90	≥ 160 / 100	100 - 125	≥ 126	< 200	≥ 200	< 10 %		10 % < 20 %	20 % < 30 %	≥ 30 %					
Township /Station/ RHC/Sub center	Male																								
	Female																								
	Total																								
Mobile Clinic	Male																								
	Female																								
	Total																								

Note –

- B-Drinkers (being drinking during last month), C-alcoholics (drinking alcohol 4 days or more in a week)
{B-အရက်သောက်သူ(လွန်ခဲ့သော တစ်လအတွင်း အရက်သောက်ခဲ့သူ), C- အရက်အလွန်အကျွံသောက်သူ (အရက်ကို တစ်ပတ်လျှင်အနည်းဆုံး လေးရက်သောက်သူ)}

.....
သားဖွားဆရာမ/လက်ထောက်ကျန်းမာရေးမှူး
တိုက်နယ်ဆရာဝန်လက်မှတ်

.....
Date

Annex (20) Daily NCD Diseases Register (နေ့စဉ် NCD ရောဂါမှတ်တမ်းတင်စာအုပ်)

Date	DD	MM	YYYY
------	----	----	------

1. Registration No.	2. Name	3. Address	4. Old/ New Case (O/N)	5. Age	6. M/ F	7. Disease					8. CVD risk				9. Visit No.	10. Treatment	11. Referral
						Cardio- vascula / Cerebro- vascular	Hyper- tension	Diabetes	Suspected Cancer (Oral / Breast / Cervical)	Other	< 10 %	10 % < 20 %	20 % < 30 %	≥ 30 %			1. Township / 2. District / 3. Region / 4. Central

Total Diabetes	
Total CVD	
Total Hypertension	
Total Suspected Cancer	
Total	

Monthly NCD Diseases Summary (လစဉ် NCD ရောဂါမှတ်တမ်း အကျဉ်းချုပ်)

Township -----

Region/State -----

Health Facility -----

Year -----

Month -----

1. Place of care Given	2. Male/ Female/ Total	3. Disease					4. Patients		5. CVD Risk				6. Referral			
		Cardiovascular/ Cerebrovascular	Hypertension	Diabetes	Suspected Cancer (Oral / Breast / Cervical)	Other	Old	New	< 10 %	10 % < 20 %	20 % < 30 %	≥ 30 %	Township	District	Region	Central
Township / Station / RHC / Subcenter	Male															
	Female															
	Total															
Mobile	Male															
	Female															
	Total															

Total Diabetes	
Total CVD	
Total Hypertension	
Total Suspected Cancer	
Total	

Quarterly NCD Diseases Report (NCD ရောဂါ ၃-လပတ် အစီရင်ခံစာ)

Township -----

Region / State -----

Health Facility -----

Year -----

Month -----

1. Place of Care Given	2. Male/ Female/ Total	3. Disease					4. Patients		5. CVD Risk				6. Referral			
		Cardiovascular / Cerebrovascular	Hypertension	Diabetes	Suspected Cancer (Oral / Breast / Cervical)	Other	Old	New	< 10 %	10 % < 20 %	20 % < 30 %	≥ 30%	Township	District	Region	Central
Township / Station / RHC / Subcenter	Male															
	Female															
	Total															
Mobile	Male															
	Female															
	Total															

Total Diabetes	
Total CVD	
Total Hypertension	
Total Suspected Cancer	
Total	

Annex (22) Supervision Checklist at Township Level

(To carry out by the central / regional / district level supervisors every three month)

Name of Township ----- Region/ State -----

Name and designation of supervisor -----

Name and designation of supervisee -----

Date : -----

1. Health Manpower at Township Level (Use another table for specific facility)

Category	No. of staff sanctioned	No. of staff appointed	No. of staff working
TMO			
TPHO			
MO / AS			
THN			
HA 1			
Nurse			
HA			
PHS (1)			
LHV			
MW			
PHS (2)			
AMW			
CHW			
Total			

2. Minimum Essential Equipment List at Township Level (Use another table for specific facility)

Equipment	Functioning	Non - functioning	Quality Control	How to maintain	Remark
a. Blood pressure measuring devices (BPM D) <ul style="list-style-type: none">• Mercury• Aneroid• Automatic					
b. Oxygen cylinders (full)					
c. Weighing machines					

d. ECG machines					
e. Measuring tape					
f. Nebulizers					
g. Peak flow meter					
h. Stethoscope					
i. Thermometer					
j. Health education material					
k. Pulse oximeter					
l. Spacer					
m. Glucometer					
n. Ophthalmoscope					
o. WHO CVD risk score chart					
p. Locally adapted guideline					

3. Essential Medicine List at Township Level
(Use another table for specific facility)

Generic Medicines	Always available	Sometimes available	Not available at all
Gliclazide			
Metformin			
Amlodipine			
Atenolol			
Enalapril			
Aspirin			
Atorvastatin			
Other drugs			

3. Available Health Services at Township Level
(Use another table for specific facility)

Are the following procedures being conducted at the facility when needed?

a) Administration of oxygen (via mask or tube)	Yes	No, why not ?
b) Administration of intravenous (IV) fluids/drip	Yes	No, why not ?
c) IV injection	Yes	No, why not ?

d) Intramuscular (IM) injection	Yes No, why not ?
e) Subcutaneous injection	Yes No, why not ?
f) Electrocardiography (ECG)	Yes No, why not ?
g) Cardiopulmonary resuscitation	Yes No, why not ?
h) Manual ventilation with a bag valve mask resuscitator (ambu-bag)	Yes No, why not ?
i) Visual acuity examination	Yes No, why not ?
j) Examination for neuropathy with knee hammer / tuning fork, etc.	Yes No, why not ?
k) Peak flow test	Yes No, why not ?
l) Ophthalmoscopy	Yes No, why not ?
m) Diabetes self- management	Yes No, why not ?
n) Self –administration of insulin	Yes No, why not ?

5. Available Laboratory Services at Township Level
(Use another table for specific facility)

Type	At facility	At referral	Both
Urine albumin/protein testing			
Urine glucose / sugar			
Blood sugar			
Blood cholesterol			

6. Referral of Patients

- A. Referral system (Describe the referral system) _____

- B. Distance to nearest referral institution _____ mile
- C. Duration to nearest referral institution _____ Hours _____ Mins
- D. Most frequent means of transport _____
- E. Ambulance service available (Y) or (N) _____
- F. Reason for referral (acute/emergency/severe/additional test) _____

- G. Feedback Response (Y) or (N) _____

7. Service utilization

- A. No. of visit/patient during last month in OPD _____
- B. No. of inpatient during last month in the hospital _____
- C. No. of visit/patient per day in OPD _____
- D. No. of inpatient per day in hospital _____
- E. Yesterday
 - 1. No. of visits for heart disease, High BP, stroke, heart failure _____
 - 2. No. of visits for diabetes _____
 - 3. No. of visits for asthma or chronic cough _____
 - 4. No. of visit for cancer patients _____

8. Record keeping

- A. Patient record-form and filling / keeping-(Y)/(N) _____
- B. Patient register and filling / keeping-(Y)/(N) _____
- C. Facility records and filling / keeping-(Y)/(N) _____
- D. Medicines and consumable — Stocks and Ledger and Filling/ Keeping-(Y)/(N) _____

9. Financing and Administration

- A. How were the services for NCDs delivered? Were the services free or paid?

- B. If NCD services were paid, what is the type of payment? _____ (Partial/Full)
- C. Type of services delivered? _____ (Consultation/Drug/Investigation/Other)
- D. Is there any contribution from the community?
Amount of contribution per year? _____

10. Community participation

- A. Is there any social mobilization for NCDs services (Yes or No)? _____
- B. Who are the Key Stakeholders? _____

- C. What type of support given by community? _____

11. Key observations at facility _____

12. Recommendations and actions _____

Monitoring and Data Validation Mechanism

- Supportive supervision visits
- Scoring of facilities based on performance
- Periodic review meetings and feedback
- Studies on preparedness and responsiveness of health facilities
- Conducting studies on barriers and facilitators of NCD service utilization
- Studies on service utilization, quality of services and patient satisfaction

Monitoring and Data Validation Mechanism

- **Study on NCD morbidity and mortality**
- **Comparison with STEPS survey on NCD risk factors**
- **Establishing community based feedback mechanisms on NCD services**
- **Triangulation of data from monthly/quarterly reports from facilities, supportive supervisions visits and independent studies/surveys**



This programme is financed
by the European Union

Thanks.

Acknowledgements:

- Thanks to the European Union for funding this project in Myanmar.
- Thanks to University of Public Health Myanmar, University of Medicine 2, Help Age International and Thammasat University Thailand for collaborative work and Age International and World Diabetes Foundation for co-funding.
- Thanks to Ministry of Health and Sports, the Government of Republic of the Union of Myanmar for full cooperation.
- For more information please visit:

Project Website: www.sphcmyanmar.org

Facebook Page: <https://www.facebook.com/SPHCMyanmar/>