

The Role of NGOs in Health Capacity Building for Organizational Staff and Volunteers in Myanmar

Htet Htet Win¹, Toe Toe Oo², Richard Dare³

¹Research Scholar, PhD Candidate, International Leadership University, Myanmar

²Research Guide, Professor, International Leadership University, Myanmar

³Research Guide, Professor and Rector, International Leadership University, Myanmar

ABSTRACT:

The role of non-governmental organizations (NGOs) in health capacity building for trained community volunteers in Myanmar, a Least Developed Country (LDC) is significantly noteworthy. The study highlights the training programs and initiatives conducted by NGOs in areas such as sexual and reproductive health and rights (SRHR) and Gender-Based Violence (GBV) prevention, addressing critical needs in family planning, maternal health, GBV prevention, and the prevention of TB, HIV/AIDS, and other infectious diseases.

The training programs and packages are designed to equip healthcare providers and community volunteers with fundamental skills, thereby enabling them to effectively address the health issues facing by the community especially among the vulnerable population.

The study also points to the effective use of participatory learning methods by NGOs, such as interactive workshops, role-plays, case studies, and group discussions, which actively engage participants and promote an environment conducive to collective learning and knowledge sharing. Furthermore, through FGD, it was found that NGO interventions contribute to positive changes in health behaviors, such as increased awareness of preventive measures and adoption of healthier lifestyles.

KEYWORDS: Non-Governmental Organizations (NGOs), Health Capacity, Organizational Staff, Trained community volunteers

INTRODUCTION:

Myanmar has been known as one of the Least Developed Countries (LDC) in the world according to the HDI (2023). The Human Developmental Index (HDI) uses more than 150 global indicators, including education, life expectancy and per capita income, and uses these statistics to generate a "human development" value. The HDI places each country on a scale of 0-1 (with 1.000 being the best possible score and 0.000 the worst) Myanmar ranking for 2023 is 0.583 placing it 18th in the list of the 45 LDCs in the world. This data is seen as legitimate because it uses United Nations' Development Committee data, and assesses each country's progress in fifteen indicators, including: human assets index/workforce (HAI), economic and environmental vulnerability index (EVI), and the gross national income per capita (GNI). It then categorizes them into one of four levels of human development: low human development (0-.55), medium human development (.55-.70), high human development (.70-.80), and very high human develop-

ment (.80-1.0), which leads to the total index score.

Myanmar, as with other Least Developed Countries (LDC), is highly vulnerable to economic and environmental shocks because their industrial and economic ecosystems are fragile and underdeveloped. In addition, they also tend to have poor health systems, which leads to a less healthy population and less versatile workforce.

This study explores the multifaceted role of NGOs in health capacity building of the organizational staff and trained community volunteer within the context of Least Developed Countries (LDCs), with a specific emphasis on sexual and reproductive health and rights (SRHR) and the response of tuberculosis (TB), HIV/AIDS, and other infectious diseases (Kok et al., 2015). The researcher applied the case study method to include organizational staff and trained community volunteers who provide a range of healthcare services to various populations across different regions. The aim is to investigate how NGOs contribute to strengthening health capacity among service providers.

To examining the strategies and approach that NGOs applied in health capacity-building activities in addressing SRHR issues, and infectious diseases (Dwyer et al., 2013). As another dimension, this study tried to determine the experiences and perspectives of relevant stakeholders in NGO-led projects, such as staff, community leaders, and those directly benefiting from these efforts. The aim is to gather valuable findings that could be useful for improving practices in health promotion and capacity building, especially concerning sexual and reproductive health rights (SRHR) and infectious diseases. Ultimately, this study aims to deepen the understanding of how NGOs support health capacity building among the service providers and development in Least Developed Countries.

REVIEW OF LITERATURE:

HDI. (2023): *Least developed countries and the Human Development Index (HDI): Myanmar*. World Population Review.

(HDI,2023): A metric developed by the United Nations Development Program (UNDP) that measures a nation's "average performance in three fundamental aspects of human development: life expectancy and health, education, and economic well-being.

(David and Nazneen,2009): NGOs stand as remarkable actors in the international development sectors. They have been service providers to vulnerable groups and as well as policy advocates.

(Kok et al., 2015): capacity building among the community is one of the most attainable factors that could bring toward the ultimate goal of the public health intervention among the community.

(Birgel et al., 2023): The capacity building comprises the skills, technical knowledge and financial support in order to address the underlying causes of the obstacles

(WHO, 2005): In relation to health promotion, capacity building extends beyond individual training to include organizational development, system strengthening, and community empowerment.

(Rodriguez-Garcia et al., 2023): Research has shown that NGOs belong to distinct value in delivering health promotion interventions, attributable to their clear presence, established community connections, and capacity to tailor programs to local contexts

(Sachs, 2004): Through capacity building initiatives and capacity-building activities, NGOs actively engage with communities to raise awareness, foster healthy behaviors, and mobilize resources to improve health outcomes of developing countries.

(Bjarnegård 2020): These political fluctuations have created opportunities for INGOs to engage in advocacy, capacity building, and governance projects that support democratic reforms and human rights

initiatives (Tun 2022). Additionally, attention must be given to the plight of women in marginalized communities in Myanmar (Htun 2020).

(Public Report, SDC Phase M project, Kayin state)

Project phases

Phase 3 01.05.2023 - 30.04.2026 (Current phase)

Phase 2 01.01.2019 - 30.04.2023 (Completed)

Phase 1 01.03.2014 - 31.12.2018 (Completed)

Findings and reports have highlighted the importance of capacity building in achieving better and sustainable health outcomes, particularly in resource-constrained settings where healthcare systems may be fragile or under-resourced

(Lehmann & Gilson, 2013): By investing in the capacity of both staff and communities, NGOs can enhance the effectiveness, efficiency, and sustainability of health interventions, leading to improved health outcomes and strengthened health systems

Case study research is an investigative approach wherein the researcher digs into a bounded system (a case) or multiple bounded systems (cases) over time. This involves detailed, in-depth data collection, meticulous, comprehensive data collection from various sources such as observations, interviews, audiovisual materials, documents, and reports. The outcome typically includes a detailed description of the case and the emergence of thematic elements based on the theme (Creswell, 2007). (Creswell, 2009) and (Merriam, 1998) propose that all methods of data collection are viable within case study analysis.

OBJECTIVES:

- To explore the role of NGOs in Health Capacity building among the service providers; organizational staff and trained community volunteers in Myanmar, a Least Developed Country (LDC)
- To understand how do NGOs contribute to the training and skill development of healthcare providers and community members in health-related areas
- To examine how do NGOs tailor their capacity-building initiatives to address the unique needs and challenges of different communities
- To explore in what ways did the capacity of service providers and community members in health sector increase after receiving the relevant trainings provided by NGOs?

METHODOLOGY:

A case study method was conducted through a hybrid (a mixed of physical and virtual session) Focus Group Discussion (FGD) session with (10) participants from various INGOs, LNGOs, and volunteer networks. Additionally, for the data triangulation process, supportive documents such as internal and external project and program reports and success stories were employed.

The fundamental element of analysis for each Focus Group Discussion (FGD) centered on the involvement of Non-Governmental Organizations (NGOs) in capacity building among the service providers in a Least Developed Country, Myanmar. The analysis was designed to be flexible, allowing it to adapt as new insights emerged from interviews and observations. This adaptability helped provide a thorough examination and description of the varied environments in which the role of NGOs in capacity building was examined. It also supported the ongoing enhancement of interview questions throughout the study. Although the main focus was on insights from FGD participants, additional data from external sources

was also collected and carefully examined, along with the researcher’s observations and responses gathered as the study progressed.

The standardized open-ended interview was done as this approach involves a predetermined set of questions meticulously formulated and arranged to guide each respondent through the same sequence, posing the same questions using essentially identical wording.

In this study, the researcher applied open-ended questions for FGD. The session lasted approximately two hours, allowing for open discussion without overly encroaching on participants' personal time within their daily lives. Interviews were documented and audio recorded. Following the focus group discussion (FGD), transcripts were generated and subjected to analysis. The process of thematically analyzing the interview data is elaborated.

Table 1: Description of Participants and Types of Trainings for FGD

Organization	Types of capacity building training receiving			
	SRHR training	HIV/AIDS	TB	Others
PSI	★	★	★	★
YCBC	★			★
KUMUDRA		★		★
PIM	★	★	★	★
PGK	★	★	★	★

Figure 1: Service Model of NGOs

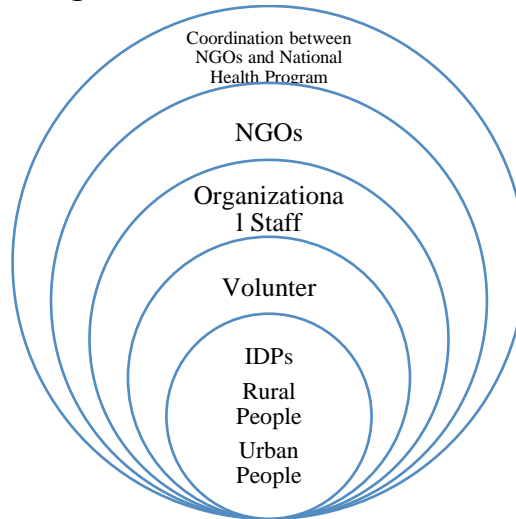


Table 2: Socio-Demographic Factors of FGD Participants

Hybrid-FGD- (In person and online)						
1. Are you working in or for Myanmar?	Number of Participants	2. Are you working in UN/NGO/INGO sector, CBOs/CSOs/Volunteer Network?	Number of Participants			

<input type="checkbox"/> Yes (Please continue the questionnaire)		10	<input type="checkbox"/> Yes (Please continue the questionnaire)		10				
<input type="checkbox"/> No (Stop here, thank you for your time)		0	<input type="checkbox"/> No (Stop here, thank you for your time)		0				
AGE	Number of Participants	GENDER	Number of Participants	EDUCATION	Number of Participants	My Occupation is:	Number of Participants		
Below 18	0	Male	3	Less than high school	0	UN staff	0		
18-25	4	Female	5	High school	0	NGO staff	4		
26-35	4	Non-binary/third gender	2	Undergraduate	2	INGO staff	3		
36-45	1	Prefer not to say	0	Bachelor's degree	7	CBO/CSO member			
Over 46	1			Master's degree	1	Volunteer workers	3		
				PhD's degree					
Total	10		10		10		10		

RESULT AND DISCUSSION:

Role of NGOs in Health Capacity Building among staff and community volunteers

a. How do NGOs contribute to the training and skill development of healthcare providers and community members in health-related areas?

During the focus group discussion (FGD), participants emphasized the fundamental role of non-governmental organizations (NGOs) in enhancing the training and skill development of healthcare providers and community members in various health-related areas. The consensus among NGO workers and volunteers, who are deeply involved in sexual and reproductive health and rights (SRHR), tuberculosis (TB), HIV/AIDS, and other infectious disease fields, was resoundingly clear: NGOs play a multifaceted role in capacity-building efforts. Firstly, NGOs are instrumental in designing and delivering training programs tailored to the specific needs of healthcare providers. Participants highlighted the comprehensive nature of these programs, which often encompass not only clinical skills but also areas such as communication, cultural competence, and ethical considerations. These trainings are typically interactive and participatory, fostering a conducive learning environment that empowers healthcare providers with the necessary knowledge and skills to deliver high-quality care. Moreover, NGOs extend their reach

beyond formal healthcare settings by engaging with community members directly. Through workshops, seminars, and outreach initiatives, NGOs facilitate skill development among community health workers and volunteers, equipping them with the tools to effectively engage with their communities on health-related issues. This grassroots approach not only enhances the capacity of individuals to address health challenges at the community level but also fosters a sense of ownership and sustainability within local communities. Participants also highlighted the importance of ongoing mentorship and support provided by NGOs. Beyond initial training sessions, NGOs offer continuous guidance and mentorship to healthcare providers and community members, helping them navigate challenges, stay updated on best practices, and build confidence in their roles. This ongoing support is critical for sustaining the impact of capacity-building efforts over the long term. By investing in the professional growth of healthcare providers and empowering community members, NGOs play a vital role in strengthening health systems and improving health outcomes for all.

The discussion points captured among project staff and volunteers, who are trained in SRHR services, are as follows:

One significant aspect highlighted was the tailored training programs designed by NGOs specifically for the SRHR sector. These programs cover a broad spectrum of topics such as family planning, maternal health, HIV/AIDS prevention, gender-based violence, and comprehensive sexuality education. By customizing these initiatives to address the specific needs and challenges within SRHR, NGOs ensure that healthcare providers and community members receive training that is not only relevant but also practical. Another key point discussed was the participatory learning methods employed by NGOs in their training sessions. Through interactive workshops, role-plays, case studies, and group discussions, participants are actively engaged, facilitating a deeper understanding and acquisition of skills. This interactive approach fosters an inclusive learning environment where healthcare providers and community members can freely share experiences and learn from one another.

Furthermore, NGOs invest in building the capacity of healthcare providers through specialized training on SRHR issues. These training sessions cover the latest medical advancements, evidence-based practices, and guidelines in SRHR. By equipping healthcare professionals with the necessary knowledge and skills, NGOs empower them to deliver high-quality SRHR services to their communities.

Regarding the maternal health, NGOs are actively involved in designing comprehensive training programs aimed at improving the quality of care provided to expectant mothers. These programs encompass a range of topics, including prenatal care, safe delivery practices, postnatal care, and newborn health. Through hands-on workshops and simulation exercises, healthcare providers and volunteers are equipped with the necessary skills to ensure safe pregnancies and deliveries, thereby reducing maternal mortality rates within communities.

In the realm of reproductive health contraception, NGOs provided the trainings in disseminating accurate information about contraceptive methods and family planning. Training sessions conducted by NGOs cover the different types of contraceptives available, their usage, effectiveness, and potential side effects. Participants are educated on how to counsel individuals and couples on family planning choices, considering factors such as age, health status, and reproductive goals. By empowering healthcare providers and volunteers with this knowledge, NGOs contribute to increasing access to contraception and promoting reproductive autonomy among community members.

Moreover, NGOs prioritize the implementation of comprehensive sexuality education (CSE) to address the diverse SRHR needs of individuals, particularly adolescents and young adults. Training programs on

CSE cover topics such as anatomy, puberty, sexual and gender diversity, consent, healthy relationships, and sexually transmitted infections (STIs) prevention. Through interactive workshops, role-playing activities, and peer-led discussions, participants gain a deeper understanding of these topics, enabling them to make informed decisions about their sexual and reproductive health. Additionally, NGOs emphasize the importance of destigmatizing discussions around sexuality and promoting open communication within families and communities.

FGDs with TB service providers, including both organizational staff and DOTS volunteers, revealed that step-by-step guidance on TB testing procedures—such as specimen collection methods (including sputum), obtaining diagnoses, and facilitating treatment (the role of a treatment facilitator)—can enable even non-medical peer volunteers to be trained as treatment facilitators under an NGO-led on-the-job training program. Through such focused training initiatives, NGOs aim to equip their personnel with the necessary expertise to combat TB effectively within the communities they served.

Trainees learn the intricacies of TB counseling, focusing on effective communication strategies to support patients throughout their treatment journey. Moreover, NGOs provide in-depth training on Directly Observed Treatment, Short-course (DOTS), ensuring that staff and volunteers understand the protocol for administering medications and monitoring patient progress. Through practical exercises and simulations, trainees gain hands-on experience in implementing DOTS strategies and managing TB cases within communities.

In the domain of **HIV/AIDS**, NGOs organize training initiatives tailored for both staff and volunteers deeply engaged in these critical programs. These comprehensive programs span a spectrum of crucial areas within HIV/AIDS management, including testing, counseling, and treatment. Trainees undergo meticulous instruction, delving into the intricacies of HIV testing procedures. From pre-test counseling to specimen collection and result interpretation, every step is meticulously covered to ensure proficiency and accuracy. Post-test counseling is also an important step, where trainees learn to provide invaluable support and guidance to individuals grappling with HIV-positive diagnoses.

Moreover, NGOs extend their training efforts to encompass the field of antiretroviral therapy (ART), a cornerstone in HIV/AIDS treatment. Staff and volunteers receive in-depth education on administering medications and monitoring treatment adherence effectively. Through immersive learning experiences such as role-playing scenarios and case studies, trainees are afforded the opportunity to put their newfound knowledge into practice. These hands-on exercises not only enhance technical skills but also cultivate sensitivity and professionalism in delivering HIV/AIDS services. Ultimately, the aim is to empower staff and volunteers with the tools and expertise needed to make meaningful strides in HIV/AIDS prevention, care, and support within their communities.

For STI and Other Infectious Disease Training: NGOs conduct specialized training sessions on the management of sexually transmitted infections (STIs) and other infectious diseases. These sessions cover a range of topics, including disease prevention, diagnosis, and treatment. Trainees learn about common STIs, their transmission routes, and the importance of early detection. They receive training on conducting diagnostic tests for STIs, such as laboratory procedures and sample collection methods. Additionally, NGOs provide guidance on treatment protocols for various infectious diseases, emphasizing the use of evidence-based practices and medication regimens. Trainees also learn about infection control measures to prevent the spread of communicable diseases within communities. Through interactive workshops and skill-building exercises, staff and volunteers develop the proficiency needed to effectively address STIs and other infectious diseases in their respective areas of operation.

b. How do NGOs tailor their capacity-building initiatives to address the unique needs and challenges of different communities?

In exploring how NGOs tailor their capacity-building initiatives to address diverse community needs and challenges, insights from the FGD sessions reveal a multifaceted approach. Participants underscored the importance of community engagement and needs assessment as foundational steps. NGOs leverage various methodologies, including participatory workshops, focus group discussions, and community surveys, to gain an in-depth understanding of local contexts and priorities.

One recurring theme is the customization of training modules to suit the specific needs of different communities. This involves adapting content, language, and delivery methods to resonate with local cultures and preferences. For instance, in areas with low literacy rates, NGOs employ visual aids, storytelling, and interactive sessions to enhance understanding and retention.

NGOs also prioritize inclusivity and diversity in their capacity-building efforts. Recognizing that communities are heterogeneous, they strive to ensure representation and inclusiveness across gender, age, ethnicity, and socioeconomic status. Tailored training programs are designed to cater to the unique challenges faced by marginalized groups, such as women, youth, and persons with disabilities.

Furthermore, flexibility emerges as a key principle in capacity-building initiatives. NGOs acknowledge the dynamic nature of community needs and adapt their programs accordingly. This may involve periodic reviews and revisions of training content, as well as ongoing support and mentorship to address emerging challenges. Collaboration and partnerships are also central to NGOs' capacity-building strategies. By forging alliances with local stakeholders, including community leaders, government agencies, and other civil society organizations, NGOs ensure a holistic and sustainable approach to capacity development. This collaborative ethos fosters shared ownership and empowers communities to drive change from within.

In remote or resource-constrained areas, where access to healthcare services may be limited, innovative solutions such as mobile clinics and community outreach programs are deployed to ensure that TB education and services reach those in need. Participation and empowerment play as central themes in NGO-led health capacity-building initiatives. By involving community members in the design and delivery of training sessions, NGOs foster a sense of ownership and agency among participants. This participatory approach not only enhances the relevance and effectiveness of training materials but also empowers communities to challenge stigma and discrimination related to notorious diseases.

Exploring how NGOs tailor their capacity-building initiatives for **HIV, AIDS, and other infectious diseases** unveils a nuanced and responsive approach, as revealed through discussions in the FGD sessions. Central to these initiatives is a commitment to addressing stigma and discrimination surrounding HIV/AIDS and other infectious diseases. NGOs prioritize creating safe and supportive environments where individuals feel comfortable seeking testing, treatment, and support services. This involves developing educational materials and training modules that challenge misconceptions, promote empathy, and foster understanding within communities.

Tailoring capacity-building initiatives for HIV, AIDS, and other infectious diseases also entails recognizing the diverse needs and contexts of different populations. For example, in communities with high rates of transmission, NGOs may focus on promoting prevention strategies such as condom use and needle exchange programs. In contrast, in areas where access to healthcare services is limited, efforts may center on training community health workers to provide HIV testing, counseling, and treatment services closer to home.

NGOs put more effort into a participation and empowerment approach in NGO-led capacity-building programs by involving community members in the design and delivery of training programs. Contextualization and adaptability are the features of successful capacity-building initiatives for HIV, AIDS, and other infectious diseases. NGOs remain responsive to emerging trends, shifting epidemiological patterns, and changing community needs. This might involve updating training curricula to reflect new treatment guidelines, integrating innovative technologies into service delivery models, or expanding outreach efforts to reach marginalized populations.

Moreover, in the domain of HIV training, NGOs recognize the paramount importance of addressing the needs of key populations; men who have sex with men (MSM), sex workers, transgender individuals, and people who inject drugs. Training programs tailored for healthcare providers and volunteers aim to equip them with the knowledge, skills, and sensitivity essential for effectively engaging with and providing services to these marginalized communities. The training curriculum encompasses a range of crucial components, starting with a deep dive into understanding the unique vulnerabilities and barriers that key populations face in accessing HIV prevention, testing, treatment, and care services.

Beyond these foundational aspects, the training digs into specific HIV prevention and harm reduction strategies tailored to the unique needs of key populations. Participants receive guidance on providing information about interventions such as pre-exposure prophylaxis (PrEP), needle exchange programs, condom distribution, and sexual health education. To reinforce learning, trainees engage in hands-on activities like role-playing exercises, analyzing case studies, and participating in interactive discussions. These practical sessions provide opportunities for applying knowledge and skills in real-world scenarios, thereby boosting confidence and competence in working with key populations.

Overall, the training endeavors to equip healthcare providers and volunteers with the tools and insights necessary to navigate barriers, foster trust, and deliver culturally sensitive and effective HIV services to those most vulnerable. By strengthening the capacity of frontline workers to engage with key populations, NGOs contribute significantly to reducing HIV transmission and enhancing health outcomes within marginalized communities.

The study also revealed the importance of collaboration and linkage between trained community volunteers, organizational staff in order to effectively deliver the necessary capacity-building initiatives for HIV, AIDS, and other infectious diseases. NGOs work in partnership with local healthcare providers, government agencies, and community organizations to strengthen prevention, diagnosis, and treatment provisions. By pooling resources, sharing expertise, and coordinating activities, these collaborations ensure a comprehensive and integrated approach to addressing HIV/AIDS and other infectious diseases within communities.

In summary, the insights gleaned from the FGD sessions highlight the importance of addressing stigma and discrimination, tailoring interventions to meet the diverse needs of different populations, fostering participation and empowerment, remaining flexible and adaptable, and fostering collaboration across sectors. Through these efforts, NGOs empower individuals and communities to effectively prevent, diagnose, and manage HIV, AIDS, and other infectious diseases, leading to improved health outcomes and stronger, more resilient communities.

c. In what ways did the capacity of service providers and community members in health sector increase after receiving the relevant trainings provided by NGOs?

Examining the capacity-building initiatives provided by NGOs revealed significant increases in the skills, knowledge, and confidence of service providers and community members in the health and development

sector. Through pre-and post-training assessments, surveys, and qualitative feedback, it was observed that participants reported improvements in their ability to diagnose and treat health conditions, implement community-based interventions, and advocate for health promotion. Moreover, enhanced collaboration, networking, and resource mobilization were observed among trained individuals, leading to greater sustainability and impact of health and development interventions. These findings underscore the transformative power of NGO-led trainings in building resilient and empowered communities capable of addressing complex health and development challenges effectively.

For SRHR, project staff and volunteers highlighted the significant strides made in enhancing their capabilities through NGO-led training initiatives. These programs have not only bolstered their understanding of SRHR principles but have also equipped them with practical skills to effectively engage with communities on sensitive topics related to sexual health, reproductive rights, and gender equality. The training sessions fostered a deeper awareness of the diverse needs of individuals within communities and empowered participants to provide culturally sensitive and inclusive SRHR services.

In addition to broader SRHR principles, project staff and volunteers also emphasized the invaluable clinical intervention skills they acquired through NGO-led training. These specialized programs focused on areas such as contraception, maternal health, reproductive health, and the detection and management of reproductive organ cancers. Participants gained proficiency in providing counseling and services related to contraception methods, antenatal care, postpartum support, and screening for reproductive cancers.

Through these specialized training programs, project staff and volunteers deepened their knowledge and skills in various aspects of contraception, maternal health, reproductive health, and the detection and management of reproductive organ cancers. In the contraception domain, they received comprehensive training on the full spectrum of contraceptive methods, including barrier methods, hormonal contraceptives, and long-acting reversible contraceptives (LARCs).

Additionally, participants learned about contraceptive counseling techniques tailored to individual needs and preferences. In maternal health, the training provided insights into antenatal care practices, focusing on the importance of regular antenatal care visit, nutrition, and monitoring for any complications during pregnancy. Postpartum care sessions equipped participants with the skills to offer guidance and assistance to new mothers during the critical postpartum period, including breastfeeding support and recognizing signs of postpartum depression.

Furthermore, participants received extensive instruction on reproductive health, covering topics such as menstrual hygiene, sexually transmitted infections (STIs), and family planning services. They learned how to facilitate discussions on reproductive health awareness within their communities and provide essential services to address reproductive health needs effectively.

Regarding the detection and management of reproductive organ cancers, participants were trained in recognizing early warning signs, conducting screening procedures, and referring individuals for further diagnostic evaluation and treatment. This training not only enhanced their ability to detect reproductive cancers at an early stage but also empowered them to provide crucial support and guidance to affected individuals and their families. By honing their clinical skills in these critical areas, they became better equipped to address the specific healthcare needs of women and promote comprehensive reproductive healthcare within their communities.

CONCLUSION:

The study aimed to investigate the role of NGOs in Health Capacity building among organizational staff

and trained community volunteers in a Least Developed Country (LDC), Myanmar. The researcher, together with facilitators, conducted a Focus Group Discussions (FGD) to explore the role of NGOs using various thematic scopes, tools, parameters, and lenses. To fully capture the study's main themes—promoting the health capacity status of organizational staff and trained community volunteers in a Least Developed Country (LDC), supportive tools were also utilized in addition to FGD, such as literature reviews, project and program report (internal and external), and success stories.

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 - a. Project phases
 - b. Phase 3 01.05.2023 - 30.04.2026 (Current phase)
 - c. Phase 2 01.01.2019 - 30.04.2023 (Completed)
 - d. Phase 1 01.03.2014 - 31.12.2018 (Completed)
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