



Back Pack Health Worker Team

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Proposal for Operational Funding for the Back Pack Health Worker Team

January to December 2004

Regardless of race, culture, belief and boundary, everyone has an equal right to receive primary health care.

THE CONTINUING NEED FOR HEALTH CARE PROVIDED BY THE BPHWT IN BURMA

As civil war continues to rage in Burma, an increasing number of people have been forced to flee their villages and live in temporary shelters in the jungle. It is now estimated that over 2,000,000 of these internally displaced persons (IDPs) are living in Burma.



IDP living in temporary shelter

People living within the states in which the civil war is intense, live in a constant state of fear. The Burmese Military Government (SPDC) sends its soldiers and the soldiers of its allies, into these states with no food or supplies. When these soldiers arrive at villages they steal food, clothing, utensils and construction materials.

Sometimes as the villagers flee, the soldiers destroy all village infrastructure including houses, food storage, water and sanitation systems.



People flee the SPDC over difficult terrain



A village destroyed by the SPDC

Forced labour



If villagers are captured by the soldiers they are at risk of being:

- forced to be porters for the soldiers;
- forced to be un-paid labour for government projects;
- raped, tortured or murdered.

Internal displacement affects the health and well-being of people due to continual disruption to the supply of food, shelter, water, sanitation, health care and education.

Ethnic groups living along the borders and in the remote interior of Burma are the most severely affected.



Malnutrition affects people of all ages

In 2002, the 70 Back Pack Teams provided 82,745 episodes of care to internally displaced people in the 15 operational areas inside Burma.



BPHWT treat gunshot wounds

Many internally displaced people would have no access to health care if the Back Pack Health Workers Team did not operate within Burma.



BPHWT provide emergency medical care in the jungle

BACK PACK HEALTH WORKERS TEAM (BPHWT)

BPHWT Program Overview:

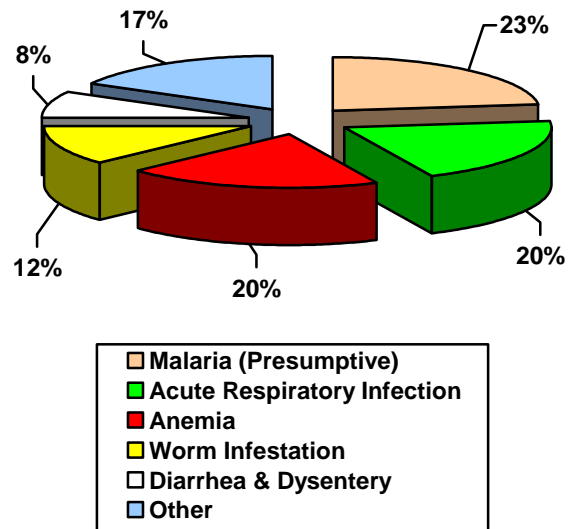
- **Medical Care Program**
- **Maternal Child Health Program**
- **Public Health Promotion Program**
- **Capacity Building Program**
- **Health Information & Documentation**

In brief, through these five programs the seventy teams within the BPHWT:

- Provide primary health care to internally displaced people;
- Educate Traditional Birth Attendants (TBAs);

- Promote public health to groups within communities to improve knowledge about:
 - Preventing diseases;
 - Safe water systems and effective sanitation systems;
 - Improving the nutritional status of children.
- Train community health volunteers to encourage community participation and pro-active action;
- Encourage collaboration of health organizations working inside Burma and local health authorities about health issues in the community;
- Assess the health needs of the community by analyzing data collected through service delivery documentation, community consultations and health surveys;
- Provide emergency response to disease outbreaks and disasters.

Common Diseases Treated In January to June 2003 (%)



BPHWT Health Workers providing medical care

MEDICAL CARE PROGRAM

The Medical Care Program provides primary health care to people living within the 15 BPHWT operational field areas. This program continues to provide between 80,000 and 100,000 treatments per year. Data is sometimes unavailable for inclusion in the six-monthly reports, as all data is transported by hand and timeliness is affected by the security situation within Burma.



BPHWT Health Workers providing medical care

MATERNAL & CHILD HEALTH PROGRAM

In 2001, the data collected, collated and analyzed by the BPHWT demonstrated an urgent need for a Maternal Child Health (MCH) program for internally displaced people.

- 87% of all deliveries were attended by Traditional Birth Attendants (TBAs);
- The number of maternal deaths was 1,200 per 100,000 live births;
- The Under Five Mortality Rate was 298 per 1000 live births;
- Only 4% of women accessed emergency obstetric care.

Traditional Birth Attendant Training

With the aim of reducing maternal morbidity and mortality, the BPHWT implemented a TBA training program. The program aims to:

- Improve TBA knowledge and skills;
- Strengthen referral system for emergency obstetric care;
- Raise community awareness of safe family planning practice;
- Improve knowledge and practice of safe maternal and child health care;
- Provide essential equipment and supplies for safe delivery.



40 TBA training sessions are held each year

PUBLIC HEALTH PROMOTION PROGRAM

Village Health Workshops

Over 2,000 students, representatives of religious, women's and youth organizations, shop keepers, village leaders, TBAs and community health workers attended village health workshops in the first six months of 2003.



People attend BPHWT village health workshops



Villagers attend a Village Health Workshop

The Public Health Promotion Program (PHPP) is delivered in three sub-programs:

- School Health Education Program;
- Water and Sanitation Program;
- Nutrition Program.

School Health Education Program (SHEP)

In 2002, the BPHWT implemented SHEP to improve the ability of the BPHWT to access, treat and monitor the health of children. SHEP has been implemented in forty-five schools (three in each of the fifteen BPHWT field areas). The SHEP program aims to:

- Install filtered water system in all schools and ensure that safe water is maintained through monitoring;
- Educate teachers to build and use covered latrines and dustbins in schools to minimize health issues;
- Monitor students' health through medical check-ups and distribute Vitamin A and iodine supplements;
- Provide education for strategies to reduce mosquito populations;
- Improve students' personal hygiene practices.
- Promoting health education and communication between the children and the BPHWT through Key Health Day activities.

During the first six months of 2003, 37 primary schools, 2 middle schools and 2 high schools participated in SHEP, a total of 3,575 students and 132 teachers.



70 SHEP sessions are held every 6 months



Water and Sanitation Program

During workshops, the BPHWT provide education to villagers about water and sanitation programs.



The village well



After BPHWT workshop villagers repair the well

The Water and Sanitation Program was designed in response to a survey conducted in 2001 that provided the following information:

- 72% of families obtained their water from a river or open well;
- 68% of families never or rarely boiled their drinking water;
- 90% of families never or rarely washed their hands with soap before handling food;
- Only 17% of adults used a covered latrine;
- 58.2% of adults had an episode of malaria in the past twelve months.



After BPHWT workshop villagers build their own gravitational water system

The Nutrition Program

In 2000, the BPHWT conducted a Nutrition Survey to have a greater understanding of the nutritional status of the children in their operating areas. Of the children surveyed:

- 14 % were malnourished (measurement of the circumference of the upper arm);
- 40 % of children under 5 had an episode of diarrhea in the previous two weeks;
- 62.4% of children under 5 had an episode of malaria in the past year.
- Only 17% of mothers gave oral re-hydration salts to their children during an episode of diarrhea.

The Nutrition Program assists in the provision of Vitamin A and Iodine supplements. **15,128 doses of Vitamin A were given in the first six months of 2003.**

Village Health Volunteers **A New Initiative in the PHPP for 2004**

As BPHWT Health Workers are not permanently stationed in villages in Burma, the BPHWT plans to implement a Village Health Volunteers (VHVs) Project. BPHWT will commence training 10 VHVs to work with each of the 70 BP Teams, with the aim of training 700 VHVs by the end of this proposal year.

Implementation Plan for the VHV Project:

1. To conduct Training of Trainer (TOT) courses at Mae Tao Clinic, Mae Sot, Thailand, for 20 trainers who will become Public Health Promotion Field Supervisors, located in the 15 BPHWT operational field areas.
2. These 20 trainers will train 700 VHVs inside Burma.

Sustainable Outcomes of the VHV Project

1. Increased community knowledge of primary health care through the empowerment and training of VHVs, who reside in their communities.
2. The presence of trained VHVs in the communities will provide increased community access to primary health care.
3. VHVs will assist the BPHWT in the collection of health data to better understand health needs at the community level.

CAPACITY BUILDING PROGRAM

The Capacity Building Program is responsible for conducting workshops at the following levels:

- Field Workshops
- Six-Monthly Workshops

Field Workshops

The BPHWT conduct regular field workshops in Burma to:

- Improve co-operation between BPHWT and target communities;
- Improve Health Workers skills, knowledge and practice;

- Promote community understanding, ownership and participation in health care;
- Promote awareness and knowledge of health issues in communities;
- Identify community needs and solutions to health care issues;

Six-Monthly Meeting/Workshop/Seminar

BPHWT also conducts a biannual meeting/workshops/seminar, which provides a regular opportunity for:

- Sharing of experiences to improve knowledge and understanding;
- Presenting and discussing reports from Program Coordinators.
- Data collection, validation and collation prior to analysis;
- Identification of program needs and possible solutions;
- Exchanging up-to-date health information;
- Discussion of the health needs of people within the operational areas in Burma.
- Provision of management and clinical skills workshops to BP Health Workers;
- Planning activities of each program (such as health survey, new methods, and the current demand for services.)
- Evaluation of BPHWT structure and program implementation strategies.



BARRIERS TO EFFECTIVE SERVICE DELIVERY

The BPHWT encounters many barriers to the delivery of its programs within its operational areas.

1. BPHWT members upon re-entering Burma face the risks of being injured, captured, tortured or killed. In the last five years, five BPHWT members have lost their lives.
2. All supplies for BPHWT programs are purchased outside Burma and have to be transported into Burma, often through difficult terrain.



All supplies are transported into Burma



3. Some villages are located in very remote areas of Burma, far from the Thai-Burmese border and other towns or cities. When transport infrastructure is minimal or non-existent then health supplies must be carried by people.



Transporting medical supplies inside Burma



4. Programs are difficult to implement and maintain in areas of increased military activity. Displacement of villagers during crop cultivation programs can lead to crop destruction and place at further risk the nutritional and health status of villagers.



SPDC destroy village infrastructure

5. Training sessions may be postponed on short notice due to increased military activity.

BRIEF SUMMARY OF ACTIVITES PLANNED FOR 2004

1. To continue to provide equipment and medical supplies for seventy Back Pack Health Worker Teams, to assist in the delivery of medical care to a target population of 140,000 people.

2. To continue to provide emergency back pack supplies.
3. To continue to provide bi-annual workshops and training courses to Health Workers.
4. To continue to provide safe water and sanitation systems, education to improve personal hygiene and mosquito and fly control in 45 schools. At the same time assess the need for the expansion of the program into other schools.
5. To continue to provide 70 Village Health Workshops each six months, to improve community knowledge about the six most common illness in their area and how to treat these illnesses effectively. Also to assist villagers to implement safe water and sanitation systems.
6. To implement a pilot project to train 10 Village Health Volunteers (VHVs) in each of the 70 BPHWT areas, a total of 700 VHVs in this proposal year.
7. To continue to provide education to villagers about daily nutritional needs of adults and children, the effects of poor nutrition and cultivation of food with high nutritional content. Also encourage the breeding of domestic animals for protein source, provide tools and seed for the cultivation of vegetables and distribute Vitamin A supplements.
8. To continue to provide support to the 15 resource centers located in the 15 BPHWT field areas through the provision of capacity building training and health care resources in Burmese, Karen and English.
9. To train an additional 50-60 TBAs in the year, to provide 250 TBAs with medical equipment, supplies and workshops to increase knowledge of medical care, strengthen emergency obstetric referral system and family planning practice.
10. To continue to facilitate capacity building field workshops, village health workshops, bi-annual BPHWT meetings.
11. To continue to develop the health information system, to improve knowledge of the health needs of the target population.
12. To continue to improve the quality of all programs delivered by the BPHWT.

FUNDING REQUIRED FOR THE CONTINUED OPERATION OF THE BPHWT

January to December 2004

Item	Jan-Jun 04	Jul-Dec 04	Total	% of Total Budget	% by Program
I. Medical Care Program (MCP)					
A) MCP Activities and supplies					
1. Medicines (25,000 B x 70 BP)	1,750,000	1,750,000	3,500,000	27.7%	68.3%
2. Worker's food and stipend (800 B/month/Worker x 140 Workers)	672,000	672,000	1,344,000	10.7%	26.2%
3. Back Pack medicine transportation (2000 B/BP/6 month x 70 BP)	140,000	140,000	280,000	2.2%	5.5%
MCP Sub Total	2,562,000	2,562,000	5,124,000	40.6%	100.0%
II. Public Health Promotion Program (PHPP)					
A. Village Health Volunteer (VHV) Training 70 sessions					
1. Food (40 B x 22 P x 16 day x 15 + 15 sessions)	211,200	211,200	422,400	3.3%	21.8%
2. Stationary and Teaching Aid (2000 B x 15 + 15 sessions)	30,000	30,000	60,000	0.5%	3.1%
3. Basic need supplies (300 B x 20 P x 15 + 15 sessions)	90,000	90,000	180,000	1.4%	9.3%
4. Communication & documentation (1500 B x 15 + 15 sessions)	22,500	22,500	45,000	0.4%	2.3%
5. Trainer Honorarium for (1500 B x 2 Trainers x 15 + 15 sessions)	45,000	45,000	90,000	0.7%	4.6%
VHV Training Sub Total	398,700	398,700	797,400	6.3%	41.2%
B. School Health Education Program (SHEP) (one session = about 50 students)					
1. Pure drinking water system (1000 B/session x 70 + 70 sessions)	70,000	70,000	140,000	1.1%	7.2%
2. Latrine (500 B/ session x 70 + 70 sessions)	35,000	35,000	70,000	0.6%	3.6%
3. Supplies for 50 students (1000 B/session x 70 + 70 sessions)	70,000	70,000	140,000	1.1%	7.2%
4. Key health day-price for competition (1500 B/ session x 70 + 70 ss)	140,000	140,000	280,000	2.2%	14.5%
5. Vegetable seed (1000 B/sessions x 70 + 70 sessions)	105,000	105,000	210,000	1.7%	10.8%
SHEP Sub Total	420,000	420,000	840,000	6.7%	43.4%
C. Resources center					
1. Book / Magazine 3000 B/field x 15 fields	45,000	45,000	90,000	0.7%	4.6%
D. Village Health Workshop					
1. VHW 500 B/session x 210 sessions (1 BP = 3 sessions)	105,000	105,000	210,000	1.7%	10.8%
PHPP Sub Total	968,700	968,700	1,937,400	15.4%	100.0%
III. Maternal and Child Health Program (MCHP)					
A. TBA Training: 5 Sessions a Year For New Areas					
1. Food (40 B x 12 P x 6 day x 5 sessions)	14,400		14,400	0.1%	0.8%
2. TBA Kits (2500 B for one kit-10 mothers x 10 TBA's x 5 areas)	125,000		125,000	1.0%	6.8%
3. Maternity Kit (10 TBA's x 10 mothers x 5 areas x 200 B/Kit)	100,000		100,000	0.8%	5.4%
4. Stationary and documentation (3000 B x 5 sessions)	15,000		15,000	0.1%	0.8%
5. TBA Kit transport (2,500 B x 5 sessions)	12,500		12,500	0.1%	0.7%
6. TBA Trainees transport (5,000 B x 5 sessions)	25,000		25,000	0.2%	1.4%
7. Trainer Honorarium for 5 Days (1500 B x 2 Trainers x 5 Areas)	15,000		15,000	0.1%	0.8%
TBA Training Sub Total	306,900	0	306,900	2.4%	16.6%
B. TBA Workshops: 45 Sessions this year					
1. Food (40 B x 12 P x 4 day x 20 + 25 sessions)	38,400	48,000	86,400	0.7%	4.7%
2. Stationary and documentation (2,000 B x 20 + 25 sessions)	40,000	50,000	90,000	0.7%	4.9%
3. TBA Kits (2500 for one kit x 10 people x 20 sessions)	500,000		500,000	4.0%	27.0%
4. Maternity Kit (10 TBA's x 10 Mothers x 20 areas x 200 B/Kit)	400,000		400,000	3.2%	21.6%
5. TBA Kit transport (2500 B x 15 area)	37,500		37,500	0.3%	2.0%
6. TBA trainees transport (3000 B x 20 + 25)	60,000	75,000	135,000	1.1%	7.3%

7. Trainer Honorarium for 3 days (1000 B x 2 Trainers x 20/25 Areas)	40,000	50,000	90,000	0.7%	4.9%
TBA Workshop Sub Total	1,115,900	223,000	1,338,900	10.6%	72.4%
C. Reproductive Health (RH) Workshop					
1. Food (40 B per day x 31 people x 9 days)	11,160	11,160	22,320	0.2%	1.2%
2. Stationary	3,000	3,000	6,000	0.0%	0.3%
3. Local transportation & security	5,000	5,000	10,000	0.1%	0.5%
4. Local distance transportation (1000 B x 30 people)	30,000	30,000	60,000	0.5%	3.2%
5. Personal effects while in Mae Sot	15,000	15,000	30,000	0.2%	1.6%
RH workshop Sub Total	64,160	64,160	128,320	1.0%	6.9%
D. Administration Costs for MCHP					
6. Purchase of 1 new computer and maintenance	50,000	6,000	56,000	0.4%	3.0%
4. Impact assessment / Monitoring	10,000	10,000	20,000	0.2%	1.1%
MCHP Admin Sub Total	60,000	16,000	76,000	0.6%	4.1%
MCHP Sub Total	1,546,960	303,160	1,850,120	14.7%	100.0%
IV. Capacity Building Program (CBP)					
A. Meeting Seminar Workshop					
1. Personal needs (500 Baht x 70 persons)	35,000	35,000	70,000	0.6%	4.6%
2. Distant transport (2000 Baht x 70 persons)	140,000	140,000	280,000	2.2%	18.5%
3. Stationery (300 Baht x 70 persons)	21,000	21,000	42,000	0.3%	2.8%
4. Food (40 Baht x 80 persons x 30 days)	96,000	96,000	192,000	1.5%	12.7%
5. Local transport (1000 Baht x 18 days)	18,000	18,000	36,000	0.3%	2.4%
6. Security	20,000	20,000	40,000	0.3%	2.6%
7. Translator fees (2000 Baht x 3 persons)	6,000	6,000	12,000	0.1%	0.8%
6. Decoration	3,000	3,000	6,000	0.0%	0.4%
Meeting Seminar Workshop Sub Total	339,000	339,000	678,000	5.4%	44.7%
B. Field Workshop					
1. Decoration (500 B x 15 fields)	7,500	7,500	15,000	0.1%	1.0%
2. Stationary and documentation (1000 B x 15 fields)	15,000	15,000	30,000	0.2%	2.0%
3. Food and supplies (6000 B x 15 fields)	90,000	90,000	180,000	1.4%	11.9%
4. Transportation (2500 B x 15 fields)	37,500	37,500	75,000	0.6%	4.9%
Field Workshop Sub Total	150,000	150,000	300,000	2.4%	19.8%
C. Local / International Conference	125,000	125,000	250,000	2.0%	16.5%
D. Office Management Training		30,000	30,000	0.2%	2.0%
E. Health as Human Rights Training	100,000		100,000	0.8%	6.6%
F. Computer Training		30,000	30,000	0.2%	2.0%
G. Training Of Training (TOT) for VHV Training					
1. Transportation from field (30 P x 2500 B)	75,000		75,000	0.6%	4.9%
2. Food 40 B x 31 P x 12 days	14,880		14,880	0.1%	1.0%
3. Trainee's basic supplies (500 B x 30 Persons)	15,000		15,000	0.1%	1.0%
4. Stationery	7,500		7,500	0.1%	0.5%
5. Trainer Honorarium	15,000		15,000	0.1%	1.0%
TOT for VHV Sub Total	127,380	0	127,380	1.0%	8.4%
CBP Sub Total	841,380	674,000	1,515,380	12.0%	100.0%
V. Health Information and Documentation Program (HIDP)					
A. HIDP Activities					
1. Report / Survey Form and duplication	20,000	20,000	40,000	0.3%	11.1%

2. Survey Team	30,000	30,000	60,000	0.5%	16.7%
3. Film 150 B x 100 roll	15,000	15,000	30,000	0.2%	8.3%
4. Film Development 250 B x 100 roll	25,000	25,000	50,000	0.4%	13.9%
5. Publication	20,000	20,000	40,000	0.3%	11.1%
2. Stationery (1,000 B/month)	6,000	6,000	12,000	0.1%	3.3%
6. Field In-Charge's camera 1500 B x 15 fields	22,500		22,500	0.2%	6.3%
7. BP Team's camera 1500 B x 70 BP	105,000		105,000	0.8%	29.2%
HIDP Sub Total	243,500	116,000	359,500	2.8%	100.0%
VI. Administration Costs					
1. Office running cost 20,000 B/month	120,000	120,000	240,000	1.9%	42.6%
2. Computer 4 set maintenance (500 B/set/month x 4 sets)	12,000	12,000	24,000	0.2%	4.3%
3. Motorcycle & maintenance (500 B/month)	50,000		50,000	0.4%	8.9%
4. Stationery (5,000 B/month)	30,000	30,000	60,000	0.5%	10.6%
5. Office furniture	10,000	10,000	20,000	0.2%	3.5%
6. Office maintenance	15,000	15,000	30,000	0.2%	5.3%
7. Monitoring trip (10,000/trip 3 + 3 trips)	30,000	30,000	60,000	0.5%	10.6%
8. Coordination with Local Authorities	40,000	40,000	80,000	0.6%	14.2%
Administration Costs Sub Total	307,000	257,000	564,000	4.5%	100.0%
VII. Stipends and others					
1. Office Staff stipend (2500/month x 6 Persons)	90,000	90,000	180,000	1.4%	14.2%
2. Office Staff stipend (3500/month x 1 Person)	21,000	21,000	42,000	0.3%	3.3%
3. Programs Coordinator stipend 2500/month x 2 Person)	30,000	30,000	60,000	0.5%	4.7%
4. Programs Coordinator stipend 3500/month x 5 Person)	105,000	105,000	210,000	1.7%	16.5%
5. Programs Administrator stipend 2500/month x 1 Person)	15,000	15,000	30,000	0.2%	2.4%
6. Office Manager stipend 3500/month x 1 Person)	21,000	21,000	42,000	0.3%	3.3%
7. Leading Group stipend 1000/month x 2 Persons)	12,000	12,000	24,000	0.2%	1.9%
8. Field In-Charges stipend (800/month/FI x 30 FI)	144,000	144,000	288,000	2.3%	22.7%
9. PHPP Field In-Charge (800/month) x 15 P	72,000	72,000	144,000	1.1%	11.3%
10. MCHP Field In-Charge (800/month x 15 Person)	72,000	72,000	144,000	1.1%	11.3%
11. Social support	15,000	15,000	30,000	0.2%	2.4%
12. Registration	0	45,000	45,000	0.4%	3.5%
13. Emergency health care	15,000	15,000	30,000	0.2%	2.4%
Stipends and others Sub Total	612,000	657,000	1,269,000	10.1%	100.0%
Grand Total For All Programs					
	7,081,540	5,537,860	12,619,400	100.0%	
Funding required from BRC	2,350,000	2,350,000	4,700,000	37.2%	
Funding required from SV	1,400,000	1,400,000	2,800,000	22.2%	
Funding required from DCA	1,500,000	1,500,000	3,000,000	23.8%	
Funding required from other donors	1,831,540	287,860	2,119,400	16.8%	
Total Required	7,081,540	5,537,860	12,619,400	100.0%	

The BPHWT is writing donor organizations to apply for a total funding of 12,619,400 Baht to assist the BPHWT in continuing to provide a range of primary health care services, health promotion activities, education, training and capacity building of communities to improve the health and well-being of people within the fifteen operational areas inside Burma.