နယ်လှည့်ကျောင်းဆရာဝန်ကျန်းမာရေးလုပ်သားအဖွဲ့
Back Pack Health Worker Team
P.O Box 57, Mae Sot, Tak 63110,Thailand
ph/fax(66)55 545421, email:bphwt@loxinfo.co.th
www.backpackteam.org

Provision of Primary Health Care among Internally Displaced Persons and Vulnerable Populations of Burma

BPHWT Annual Report
2009

Table of Contents

Part I: 2009 Annual Report

1) Executive Summary

Over fifty years of civil war in Burma have resulted in the displacement of hundreds of thousands of people. These people have fled their homes, been obliged to go into hiding for their own safety and have faced forced relocation. Compounding the loss of homes and security is a lack of basic human rights, including the right to health. People living along the country's borders as well as inside ethnic nationalities' areas have been severely affected.

Temporary shelter in Jungle in Lwer Lwee Htoo-2009

The Back Pack Health Worker Team (BPHWT) has been providing primary health care for over ten years in the conflict and rural areas of Burma, where access to healthcare is otherwise unavailable. The BPHWT provides a range of medical care, community health education and prevention, and maternal and child health care services to internally displaced persons (IDPs) and other vulnerable community members in Burma.

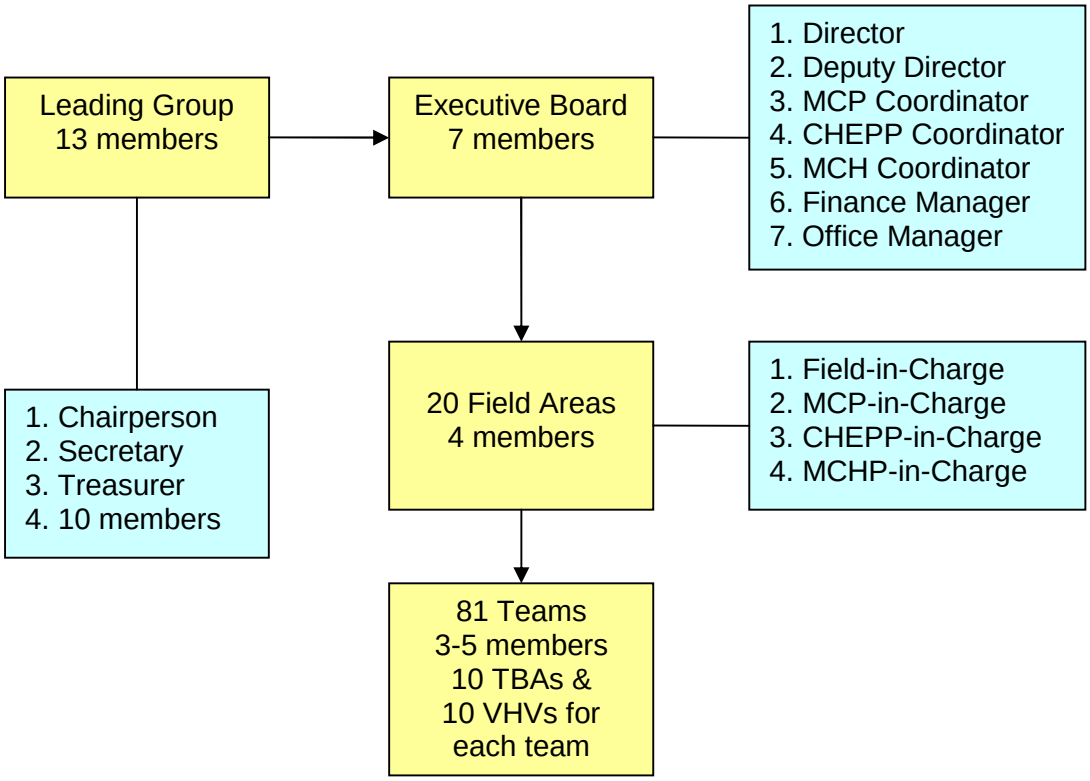
Doctors and health workers from Karen, Karenni, and Mon States established the BPHWT in 1998. The organization initially included 32 teams, comprising 120 health workers. Over the years and in response to increasing demand, the number of teams has gradually increased. In 2009, the BPHWT included 81 teams, with each team being comprised of 3 to 5 health workers. The teams deliver a range of health care programs to a target population of 180,000 IDPs and other vulnerable people. The BPHWT aims to equip people with the skills and knowledge necessary to manage and address their own health problems, while working towards long-term sustainable development with respect to community health care.

Temporary shelter in jungle Kler Lwee Htoo-2009

2) Organizational Structure and Governance of the BPHWT

The Back Pack Health Worker Team is led by a managing committee, known as the Leading Group, and consisting of a Chairperson, Secretary, Treasurer and ten other members. This committee provides overall guidance and determines the principles and policies of the BPHWT. The Leading Group appoints the Executive Board which is composed of the Program Directors and Program Coordinators of the BPHWT.

a) Organizational Structure of the BPHWT



As depicted in the organizational chart above, the BPHWT is governed by the Leading Group. BPHWT members elect the Leading Group members every three years. The 13 members of the Leading Group appoint the 7 members of the Executive Board. The Executive Board meets once a month to make operational decisions for the implementation and coordination of the BPHWT's programs. The BPHWT has developed organizational policies that guide leadership, management, health care delivery, human resources, health information systems, capacity building, and monitoring and evaluation within the organization.

b) Financial Management and Accountability

The BPHWT has developed policies and procedures guiding the Leading Group, Executive Board, Coordinators, and Field Staff in terms of financial management and accountability, the production of annual financial reports, and the requirement for an annual independent audit. These documents establish the financial records to be kept; the management of bank accounts; the procedures for cash withdrawals, deposits, transfers, receipts, disbursements and general administration funds; and the liquidation of cash assets. The BPHWT has also developed policies covering payments for lodging, travel and honoraria for services rendered.

c) Vision

The vision of the BPHWT is for a healthy society in Burma through the primary health care approach, targeting the various ethnic nationalities and communities in the remote interior areas of Burma.

d) Mission

The mission of the BPHWT is to equip people with the skills and abilities necessary to manage and address their own health problems, while working towards long-term sustainable development.

e) Goal

The goal of the BPHWT is to reduce morbidity and mortality and minimize disability by enabling and empowering the community through primary health care.

3) Gender Policy and Analysis

In 2009, fifty-five percent of the people working in the BPHWT are women, excluding Traditional Birth Attendants (TBAs). However, the organization has a gender policy which aims to improve equity for women across all levels of the organization. The table below depicts the current targets and actual percentage of women across organizational tiers. To date, the BPHWT meets or exceeds all gender equity targets for organizational tiers, except for the target set for Leading Group which is an elected, not selected, group.

CATEGORY	TOTAL NO OF PEOPLE	TOTAL NO FEMALES	FEMALE ACTUAL %	FEMALE TARGET Minimum %
Leading Group	13	3	23%	30%
Executive Board	7	3	37%	30%
Office Staffs	13	5	39%	30%
Field Management	56	19	34%	30%
Field Health Workers	233	111	48%	30%
Traditional Birth Attendants	630	546	87%	Target not set
Village Health Volunteers	388	237	61%	50%
Total Organization	1340	924	69%	
Total organization female ratio (excluding TBAs)			53%	30%

4) Health Access Targets for a Community Based Primary Health Care System

TARGET POPULATION	HEALTH SERVICE TYPE	HEALTH WORKER TYPES	RATIO (workers/pop)	TARGET NUMBER
2,000	1 x BPHWT Team (Community Based Primary Health Care Unit)	Field Management and Field Health Workers	1/400	5
		Traditional Birth Attendants (TBAs)	1/200	10
		Village Health Volunteers (VHVs)	1/200	10
		TOTAL HEALTH WORKERS PER BPHWT TEAM		**25**

5) Obstacles and Threats to Delivering Health Care in the Field Areas

Delivering health care in Burma is a dangerous occupation for the BPHWT due to the hostility of the State Peace and Development Council (SPDC) and their allied armies as well as the presence of landmines in the areas in which the medics work. The BPHWT health workers cannot move openly through many of their field areas since they risk being captured and imprisoned, or shot. In 2009, the villagers in conflict-affected and rural areas of Burma faced security problems and widespread human rights violations. These human rights violations negatively affect community members' health outcomes and increase the need for health services, while at the same time making it more difficult for people to access such services. In addition, 2009 saw increased military operations by the SPDC and allied groups such as the Democratic Karen Buddhist Army (DKBA) in many of the BPHWT's target

Displaced people in Kler Lwe Htoo -2009

areas, particularly those in Karen State. This increased militarization is linked to the planned 2010 elections and the attempt by the SPDC to transform armed ethnic organizations into Border Guard Forces under their control. For communities on the ground, this has led to further forced displacements, increases in human rights abuses and more difficult working conditions for the medics trying to help them.

The BPHWT reports from the field in 2009 continue to detail human rights abuses suffered by local communities as well as the dangers, and physical and psychological stresses that the BPHWT health workers face while delivering health care in their target areas. The information below provides examples of the human rights violations regularly faced by villagers and health workers in the different BPHWT target areas.

1. Kayah

Although this is a ceasefire area, it is difficult to implement the BPHWT activities here. In the run up to the 2010 elections, the SPDC has pressured ceasefire groups to be transformed into Border Guard Forces under SPDC military command. If the Karenni National People Liberation Front (KNPLF) agrees to become a Border Guard Force, it will make conditions more difficult for the BPHWT teams traveling and working in this area. Health supplies are carried into the field by the workers and villagers as the area is very mountainous and security conditions make carrying the supplies more hazardous. During the rainy season, it is difficult for health workers to carry medicines and supplies into the *Ho Yar and Gay Kaw* areas. On 24th June 2009, medicine supplies were confiscated and 5 villagers, who were asked to take responsibility for taking care of the medicine supplies, were arrested by the SPDC in *Leh Du Kaw* village, Shan Kayah Area.

Building community latrines in Kayah- 2009

2. Kayan

Health workers and villagers carry health supplies into the field because this area is close to the new Burmese capital of *Nay Pyi Daw* and many SPDC troops operate in the region. Although this is formally a ceasefire area, the BPHWT health workers still cannot operate freely, especially in *BP Area No 3*. This area is very far from the Thai-Burma border and there are ongoing obstacles to communication; the BPHWT activities are therefore often

delayed. Moreover, communities in this area suffer food shortages and struggle for their daily survival; they therefore often do not have time to participate in the health education workshops run by the BPHWT health workers.

3. Taungoo Area

The Taungoo area is unstable due to the high level of SPDC military activity, which impacts upon the timeliness of the transportation of supplies into the field and limits the delivery of health care programs**.** Throughout 2009, there was an increase in forced labour in the area. Villagers are regularly forced to work without compensation for the SPDC instead of working on their farms to provide food for their families. Communities in the Taungoo area have been facing these forced labour problems for many years.

- On 15 October 2009 in *Maw Koe De* village, west *Ga Lay Wah* track in Taungoo, a betel nut garden worker, *Naw Hsar Kee Kar,* and her three year-old son were injured because the SPDC Light Infantry Battalion 5 was shooting at their gardens with an rocket-propelled grenade (RPG).
- During the period of 9 - 14 November 2009, in the *Yae Tho Ka Lay* group, *Gaw The De* track in Taungoo, soldiers from the SPDC Light Infantry Battalion 5 were shooting in a betel nut garden. *Naw Khin Win Pyu* and her four year-old son together with *Saw Mg Hla* and his three year-old son were shot as they passed this garden.
- On 10 December 2009 in *Kaw Law Car* village, west *Day Lo* track in Taungoo, *Saw Ka Da* (20 years old) took an unexploded RPG projectile to his house. The projectile exploded and *Saw Ka Da* lost both his hands. His four year-old sister and his brother were also injured in the explosion**.**

4. Kler Lwee Htoo

This area is unstable due to hostile military activity resulting in many villagers being forced to hide in the jungle. High levels of SPDC military activity caused delays in the transporting of medical supplies. Some villages in the *Thay Kaw Deh* area were forced to relocate by the SPDC. Health supplies must be carried by hand and during the rainy season, there are often delays in medicines reaching the field. There was insufficient medication to treat the patients and for some diseases, no medication was available. Because of food shortages in the areas, villagers often could not afford to participate in the workshops conducted by the BPHWT. In addition, some TBAs have reported that they have poor eyesight and are unable to work as

effectively as would otherwise be possible**.** Specific instances of human rights violations recorded in this area by the BPHWT field workers included:

- On the 8th October 2009 in the *Na Hta* area, houses were burned down by the SPDC.
- On 9 October 2009 in *Ka Hse Kee* village, villagers' crops were destroyed by the SPDC.
- From the beginning of the year through October 2009, the SPDC used villagers as forced labour to build a military camp at Htike Htu, Pa Yar Lay, and Baw Ka Hta.

Organized community meeting in 2009

- On 17 October 2009 in *Ke De* village, SPDC Light Infantry Battalions 369 and 367 and the SPDC Light Infantry Division 10 killed one villager and burned down eleven houses.
- On 9 January 2010 in *Koe Kay Pa* village, SPDC Light Infantry Battalions 367 and 369 killed one villager and forcibly appropriated materials and food from the villagers.

5. Thaton

Transporting health supplies in the Thaton area has been more difficult during this period because of an increase in SPDC and Democratic Karen Buddhist Army (DKBA) military operations, especially in the *Pei The Kee and Kyat Kha* BP areas. There has also been an increase in instances of forced labour, demands for goods and supplies, and forced recruitments in the area. Specific human rights abuses recorded by the BPHWT field workers include:

- On 30 June 2009, DKBA Battalion No 333, led by *Bo Saw Than Mya Oo* forcibly recruited villagers in *Kwee Kalay and Noung K'Toe* villages.
- On 10 November 2009, villagers' crops in *Pa Da Baw, Pi Ti, Bin Ban* and *Zee Gone* villages were destroyed by DKBA Battalions 333, 777 and 999. This crop destruction was linked to the building of a new road.
- On 13 November 2009, one house in *Pa Da Taw* village was forced to move because the DKBA commander *Saw Hpa Bi* was building a new road.

- On 13 November 2009, Captain *Hpa Bi*, from DKBA Battalion 333, forced villagers from *Hti Gone*, *Pa Da Baw* and *Nya Su Wa* villages to clear the bushes around the building of a new road.
- On 17 December 2009, DKBA troops, led by *Kyaw Min*, requisitioned two rice tins and one goat in *Kya Taung* village. On 5 December 2009, they also requisitioned three rice tins and three goats in *Lay Kaw Htay* and *Htee Pa Doh Hta* villages.

6. Papun

In Papun, villagers and medics must carry health supplies by hand and the transportation of these supplies has generally been more hazardous due to an increase in military operations by the SPDC and the DKBA. Increased militarization has also led to increases in forced labour. These DKBA and SPDC military operations make it difficult for health workers to get into villages in time to provide necessary care to patients. Specific examples of human rights abuses recorded by the BPHWT field workers during this period include:

Providing treatment in Papun - 2009

- In April 2009, a monk and a villager were beaten by the SPDC. The monk's left wrist bone was broken and the villager sustained injuries to his left cheek.
- On 28 May 2009 in the *Mae Mwe* area, one medic was arrested by the DKBA and sent to *Myain Kyi Ngu.*
- On 2 October 2009 at 5 pm, *Saw Nya Pe* (50 years old) from *Htee Ba Ka Hta* village was injured by a landmine. Beginning at 8 pm his daughter *Naw Wee New,* attempted to get him to a hospital. On their way, they were injured by another landmine, resulting in the death of the daughter and the loss of a leg by father.
- On 5 October 2009, forty-four households (comprising a population of 288 villagers) from the four villages of *K'Ler Hse Koe, Ler Ka Law, Yaw Thu Pue* and *Pa Ler Lay Koe* were forced to move to other locations because of the frequency of landmine injuries and forced labour.
- On 11 October 2009, *Saw Char Say* (56 years old) from *K'ler Hse Koe* was tortured to death by DKBA soldiers.

- On 12 October 2009, *Saw Hto Ki* (45 years old) from *Htee Doh Hta* village was killed by DKBA soldiers, led by Htain Win, early in the morning when he was on his way to his durian garden.
- On 13 October 2009, *Naw Day Wah* (18 years old) from *Yaw Thu Pu* village was killed by a landmine while engaged in forced labour for the DKBA.
- On 14 October 2009, *Saw Kyaw Soe* from *Hto Mu* village was killed during a crossfire of fighting near where the DKBA had set up their camp.
- On 17 October 2009, *Saw Hta Kwe* (38 years old) from *K'Ler Hse Koe* village was forced by DKBA soldiers to walk in front of them through landmined areas as a human mine sweeper. He stepped on a landmine and lost one of his legs.
- On 18 October 2009, *Saw Char Ka Baw* (19 years old) from *Mae Ku Hta* village was shot dead by DKBA and SPDC soldiers from Light Infantry Battalion 219.
- On 19 October 2009, *Saw Law Ter* (48 years old) was injured in the crossfire of fighting while he was forced to work as a guide for DKBA troops.
- On 5 November 2009 in *East Day Lo* track, *Saw Ler Kho* was shot dead by SPDC troops for no reason.

7. Pa An

In 2009, Pa An was very unstable due to the widespread joint military activities of the SPDC and the DKBA. The BPHWT health workers operating in these areas therefore faced increased security problems. This has made transporting of health supplies very difficult, sometimes delaying BPHWT teams' activities. Moreover, the security situation made it difficult for health workers to get together and conduct field and community meetings. Overall, BPHWT health workers recorded more instances of forced labour, forced requisitions, and forced recruitment in the villages included in the BPHWT target areas. Details of human rights abuses recorded by BPHWT health workers include:

Providing water supplies in 2009

- On 3 April 2009, DKBA Battalion 999, led by *Bo Lar Kwe*, beat the village leader in *Pa Thu K'law P'law* village

- On 29 April 2009, DKBA Battalion 999, led by *Myint Tun Oo,* killed the former village leader of *Nar Lel Kaw* village*, Saw Poe,* after having accused him of communicating with the Karen National Union (KNU)
- On 5 May 2009, the DKBA forcibly recruited 50 villagers and appropriated two walkie talkies from villages in the *K'law Kyaw* BPHWT area
- On 26 June 2009, medicines and some BPHWT documents were confiscated in *Htee Par Yet village,* Pa An area.
- On 18 November 2009 in the Pa An Special Area, the BPWHT workers were attacked by seven soldiers from DKBA Battalion 999 after they had come back from treating villagers.

8. Dooplaya

In this area and due to the current situation and geography, health supplies must be carried by hand into the BPHWT's target communities. During 2009, SPDC and DKBA military operations increased in this area, affecting the transportation of health supplies and the implementation of health activities. Many mothers and children do not have access to adequate nutrition and lack knowledge about personnel hygiene.

9. Kawkareik

Throughout 2009, Kawkareik became unstable due to the level of joint military operations by SPDC and DKBA troops. Some villagers have fled across the Thai-Burma border and others are still hiding in the jungle as a result of attacks on villages. There is also an increase in forced labour in the area. Because of the military operations of the DKBA and SPDC troops, the BPHWT health workers often faced delays in the implementation of their activities. Details of human rights abuses recorded by the BPHWT health workers include:

TBA eye testing in Kawkariek-2009

- On 2 May 2009, villagers in *Kaw Lar Me* village were forced to leave their village.
- On 6 March 2009, four houses in *Htar Oo Kee* village were burnt down by DKBA troops led by *Bo Nel Lel Hein*.
- On 29 June 2009, twenty villagers were arrested by DKBA.

- On 21 November 2009 at 9 pm, DKBA troops came into *Wa Ba Lay Hta* village and killed one villager from *Hsaw Ka Pu* village.
- On 21 January 2010, SPDC troops from Light Infantry Division 410 ordered 40 villagers from *Yaw Thit* village to carry the soldiers' rations.
- On 21 January 2010, the leader of DKBA Battalion 907, *Naut Kan Mwe,* ordered villagers to work without remuneration to rebuild a road and a bridge near *Min Thaw* bridge.

10. Win Yee

In this period, there were increased SPDC military operations within this field area which affected the transportation of health supplies and the implementation of health activities. Many mothers and children do not have access to adequate nutrition and lack knowledge about personal hygiene.

11. Mergue/Tavoy

There was a high level of SPDC military operations in this field area which delayed the transportation of health supplies. There was an increase in instances of forced labour, forced requisitions, and forced relocation of villagers. Villagers are facing food shortages and seeking food near SPDC-controlled areas which is very dangerous as villagers risk being killed. Details of human rights abuses recorded by the BPHWT health workers include:

Field Workshop in Mergue/Tavoy - 2009

- O3 March 2009, the SPDC asked for a contribution of 70,000 kyat per village in *Htee Nyar Kee, Kyaunn Su, Khe Chaunn* villages
- On 2 May 2009 in the aftermath of SPDC and KNLA fighting, villagers were not allowed to go to their fields and work.
- On 5 May 2009, IDPs were forced by the SPDC to leave their IDP camp and some houses were burnt down.
- On 6 December 2009, SPDC Light Infantry Battalion 561 ordered the village chief of *Ta Ket* village to collect 5000 kyat from each house for labour fees. If villagers could not give money, they were told they would have to work as porters.

12. Yee West-North / Mon (1)

There is a high demand for forced labour from the SPDC, which affects villagers' ability to produce enough food on their farms for their families. Health supplies had to be hand-carried through many SPDC checkpoints, which delayed the delivery of activities in the field.

13. Yee Chaungpya / Mon (2)

In this area, it is difficult for health workers to carry health supplies to the field because they have to go through SPDC and DKBA checkpoints; it therefore takes longer for the health workers to access communities in the area.

14. Moulmein-Thaton / Mon (3)

There has been an increase in SPDC operations in this area because of the upcoming 2010 elections. Consequently, health workers on the ground often faced delays in being able to implement their activities.

15. Shan

In 2009, there were many instances of forced labour, forced requisitions, and torture in the BPHWT target areas within the Shan State. Villagers were often forced to work every day without remuneration for the SPDC. Because of SPDC military operations, health workers often could not stay in the villages within which they were working, resulting in instances where they were unable to complete the treatments given to patients. There have also been serious food shortages in the area and as a result, villagers struggle to survive on a daily basis. These conditions all impact upon the ability of health workers to provide treatment to patients. Specific human rights abuses recorded by the BPHWT field workers include:

- On 28 September 2009, thirty-seven soldiers from SPDC Light Infantry Division 525/99 shot and killed *Sai Kyunn* while he was tending his crops, and beat six other villagers.
- During July-December 2009, Captain *Kyaw Win* together with 75 soldiers from SPDC Light Infantry Division 99 ordered villagers from *Laung Yaung*, *Hway Nean* and *Nant Maint Khaing* villages to carry the soldiers' rations. Villagers were divided into groups of six people each and made to work in shifts. Families were also forced to provide 24 horses. If the household could not provide a horse, they had to pay 10,000 kyat.

16. Lahu

Some villages in this area are very remote and health workers must take a long time to walk to the areas where they can provide treatment to patients. The health workers were also questioned at every SPDC checkpoint when they carried health supplies from Thailand to their field area, which resulted in further delays and complications.

17. Arakan area

There is still active fighting between the SPDC and Arakan Liberation Army (ALA) in the Arakan area. In western Burma, there is also fighting between the SPDC and the Chin National Army (CNA).

- In September 2009, each village had to give three kilos of chicken and provide two people to collect the chickens and take them to the SPDC troops.
- In September and December 2009, villagers from *Pi Chang* and *Kun Chang* track had to pay 1000 kyat for each goat, 2000 kyat for each pig and 4000 kyat for each cow whenever they bought or moved animals.
- For over a week during the second half of 2009, SPDC restricted villagers' travel because their commander was coming to the area. At the same time in *Aung Pyin Wa* village, SPDC troops took *Tun Tain's* cow.

Vitamin A and de-worming medication distribution in the Arakan Area-2009

18. Palaung

The Palaung area is located in the Northern Shan State and presents a complicated situation. This area is split between two armed groups – the Shan State Army-North (SSA-N) and the Shan State Army-South (SSA-S). The SSA-N has had a ceasefire agreement with the SPDC, while the SSA-S is still fighting against the SPDC. Consequently, this area is very difficult for the BPHWT workers to carry out their activities. In December 2009, while BPHWT workers conducted a training session in the *Taw Nay* track, SPDC troops came into the village and the health workers forced to leave before they were able to complete their training..

19. Special Area

Health supplies are carried into the field by health workers and villagers as there are many SPDC and DKBA troops active in the region. Also health workers experienced delays their activities because of the SPDC and DKBA military operations. In addition, the following human rights abuses were recorded by the BPHWT health workers:

6) Activities of the Back Pack Health Worker Team

The BPHWT delivers three programs: Medical Care Program (MCP), Community Health Education and Prevention Program (CHEPP), and Maternal and Child Health Care Program (MCHP). Integrated within and bridging across these three health programs are projects and activities for capacity building, health information systems and documentation, and monitoring and evaluation.

In 2009, the BPHWT provided health care in 20 field areas, through 81 BPHWT teams, to a target population of over 180,000 people. At the request of local communities, the BPHWT also conducted pilot programs in the Arakan and Pa O areas. There are currently over 1319 BPHWT health workers living and working in Burma: 289 Medics, 630 Traditional Birth Attendants (TBAs) and 388 Village Health Volunteers (VHVs).

The table below provides an overview of the BPHWT field areas, the number of BPHWT health workers in each field area, the target populations, and a breakdown of the 88,786 total cases treated in 2009.

Summary of the BPHWT Field Areas, Health Workers, Target Populations and Cases Treated

January – December 2009

NO	Area's Name	# of Teams	#of Medics			# of VHVs			# of TBAs			Total Families	Total Population	Total Case load
			M	F	Total	M	F	Total	M	F	Total			
1	Kayah	6	13	9	22	33	20	53	0	40	40	3031	17919	9128
2	Kayan	3	10	8	18	12	9	21	7	23	30	1033	5973	2458
3	Taungoo	5	10	5	15	14	21	35	2	30	32	1614	10084	3012
4	Kler Lwee Htoo	5	17	1	18	25	20	45	6	37	43	1846	10723	2817
5	Thaton	7	12	14	26	3	42	45	0	70	70	3003	18685	5435
6	Papun	7	20	6	26	18	25	43	12	47	59	3271	18794	5637
7	Pa An	6	9	12	21	4	19	23	9	51	60	3162	17087	7286
8	Dooplaya	5	9	9	18	9	34	43	6	42	48	2317	11603	6713
9	Kawkareik	3	8	4	12	8	7	15	2	27	29	1380	6504	1538
10	Win Yee	3	5	8	13	0	0	0	3	27	30	1155	7124	3889
11	Mergue / Tavoy	5	8	10	18	12	31	43	18	30	48	1592	8280	8863
12	Yee West-North	3	3	5	8	0	0	0	0	17	17	1033	5304	4163
13	Yee Chaungpya	3	2	7	9	0	0	0	0	16	16	1229	5538	4356
14	Moulmein-Thaton	6	0	18	18	0	0	0	0	20	20	2558	12724	7763
15	Shan	4	13	2	15	0	0	0	10	30	40	1417	7805	5096
16	Lahu	2	5	3	8	0	0	0	1	16	17	654	4667	3121
17	Arakan	2	4	0	4	0	0	0	0	0	0	697	3814	1363
18	Special	3	9	2	11	11	7	18	5	14	19	1793	9774	5056
19	Palaung	1	0	6	6	0	0	0	3	9	12	547	2766	1092
20	Pa O	2	2	1	3	2	2	4	0	0	0	928	2,106	0
	Total	81	159	130	289	151	237	388	84	546	630	34260	187274	88786

A. Medical Care Program

The Back Pack Health Worker Team currently comprises 81 teams working among Internally Displaced Persons and vulnerable communities in the Karen, Karenni, Kayah, Kayan Mon, Shan, Lahu, Arakan and Chin areas of Burma. There were 289 health workers serving a target population of 180,000. Under the Medical Care Program, the BPHWT health workers address six health problems identified as contributing most significantly to morbidity and mortality in the target areas: malaria, diarrhea, acute respiratory infection (ARI), anemia, worm infestation and war injuries. The most common disease in the BPHWT areas is malaria, followed by ARI, worm infestation, anemia, diarrhea and dysentery.

Back Pack Health Worker Team Case Loads January to December 2009

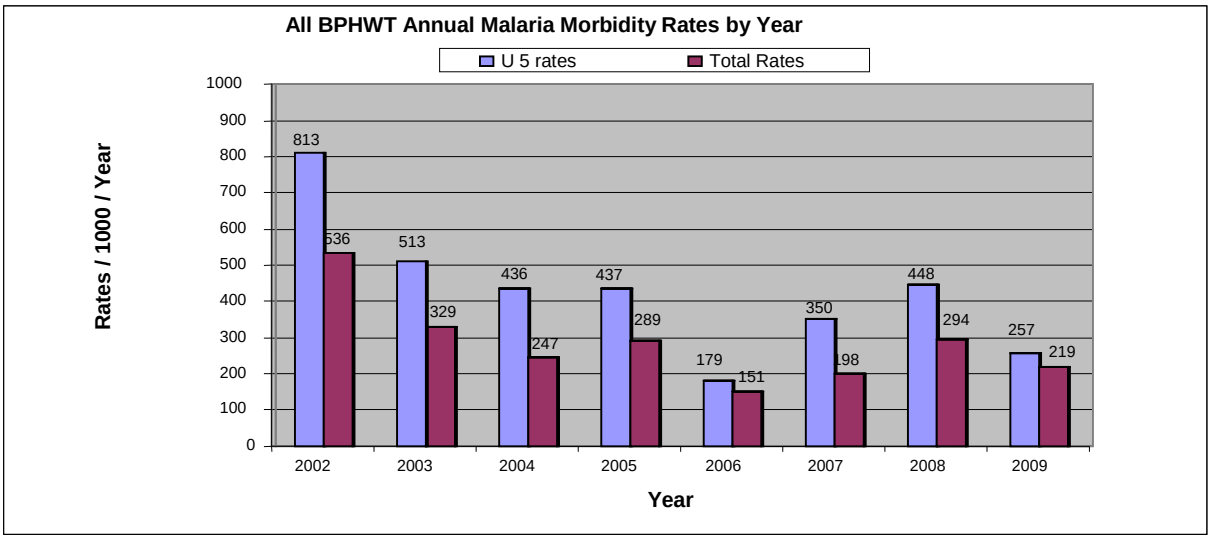
Condition	January to December 2009		Total
	<5	>5	
Anemia	1615	7108	8723
ARI, Mild	4585	9430	14015
ARI, Severe	1390	3018	4408
Beri Beri	553	2912	3465
Water Diarrhea	2043	4009	6052
Diarrhea with Blood (Dysentery)	1230	3258	4488
Injury, Acute – Gunshot	9	46	55
Injury, Acute – Landmine	0	17	17
Injury, Acute – Other	205	974	1179
Injury, Old	101	764	865
Malaria (Presumptive)	1182	4546	5728
Malaria (With Para-check)	2090	6879	8969
Measles	147	150	297
Meningitis	36	136	172
Suspected AIDS	0	21	21
Suspected TB	109	407	516
Worm Infestation	2258	3752	6010
Abortion	0	61	61
Pre-eclampsia	0	33	33
PPH	0	17	17
Sepsis	0	21	21
Reproductive Tract Infection	0	151	151
Other	4437	19086	23523
Total	**21990**	**66796**	**88786**

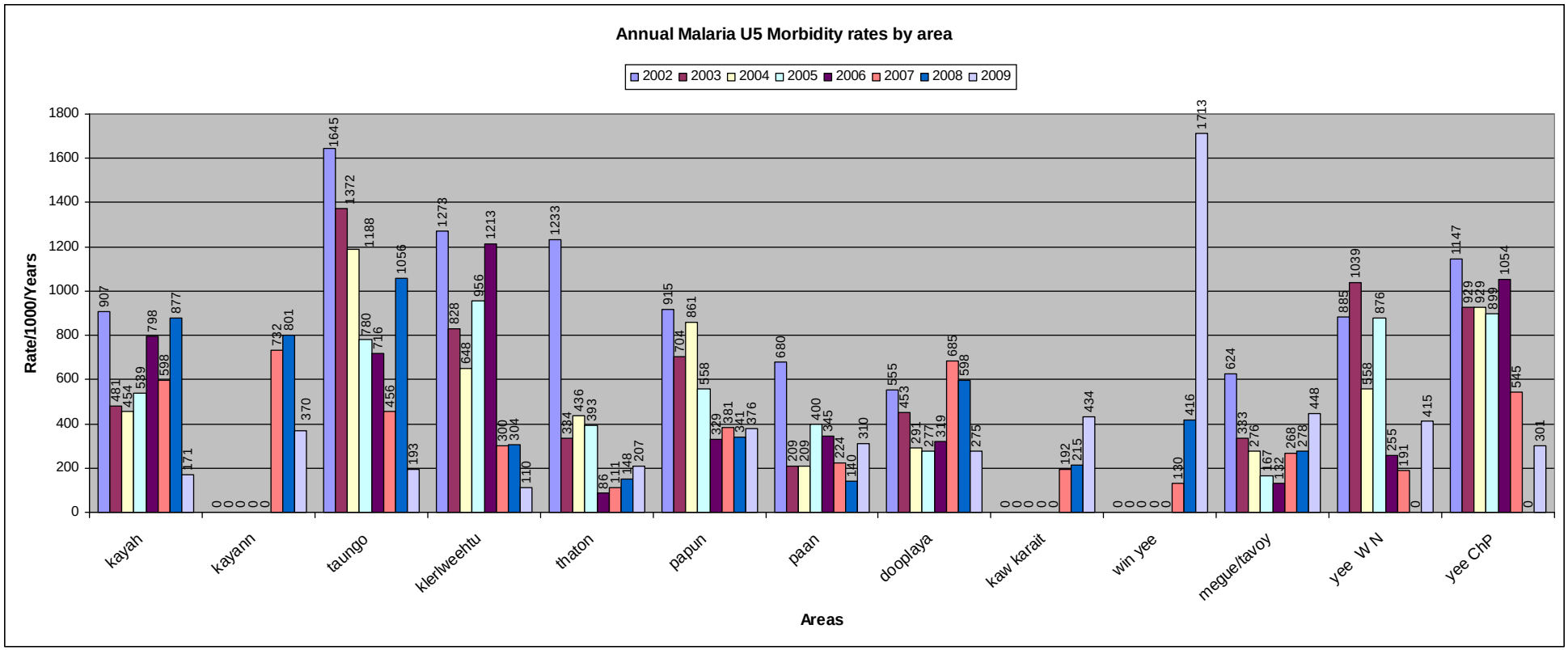
General Overview of Morbidity Rates

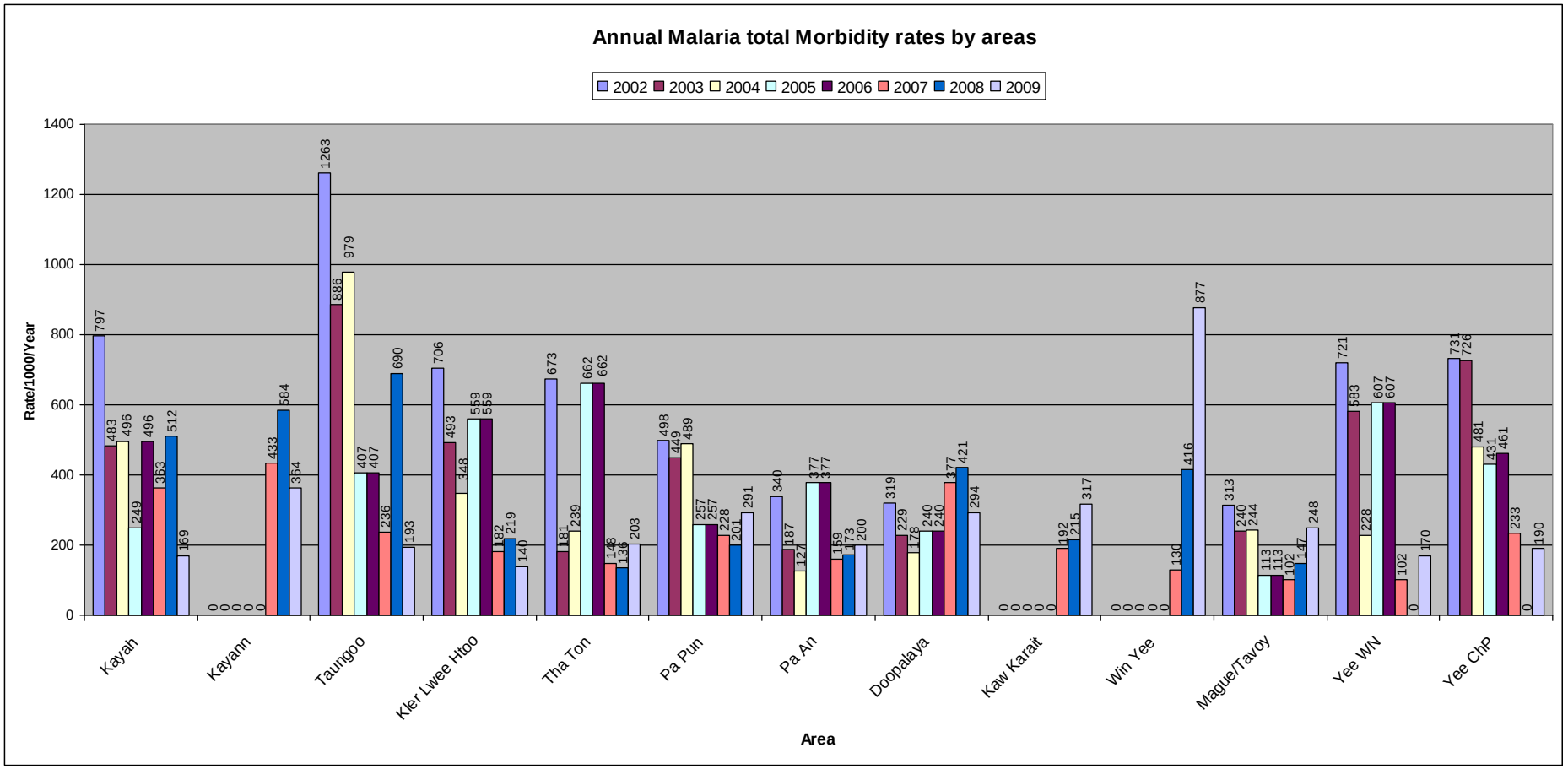
Standardization of data collection
BPHWT is currently in the process of standardizing its data collection procedures to ensure consistent collection of reliable data that can serve as the basis for in-depth monitoring and evaluation. Data from past years has been of varying consistency, since it is subject to challenges in the field including security, geography, and inconsistencies in data collection tools and procedures. The BPHWT has worked to come up with strategies for data collection that can accommodate the realities of the field; as a result, some data collection practices have recently changed, which has in some cases affected data trends. BPHWT has tried to identify and explain those cases below. Increased consistency and reliability will improve the comparability of future data, even if comparability with past data is more difficult.

Malaria

Since 2007, the BPHWT started using Para-check, a malaria rapid diagnosis test, in order to confirm malaria diagnosis in the field and ensure treatment that is more effective. In 2009, the under-five malaria morbidity rate decreased by 43%, and the total rate decreased by 25%, as compared to data from 2008. Although using Para-check for malaria diagnosis, the BPHWT teams still used second-line drugs for malaria treatment – namely, a combination therapy of artesunate and doxyclyline – because of financial limitations. However, during the 23rd General Meeting in February-March 2010, the BPHWT decided that first-line drugs would be used in the future, with malaria being treated through a combination therapy of artesunate and mefloquine. In 2009, the plasmodium falciparum (PF) malaria morbidity rate was 135 per 1000 people. In the future, the BPHWT will analyze only PF malaria prevalence rates since PF malaria is the most deadly and most common form of malaria in this region.

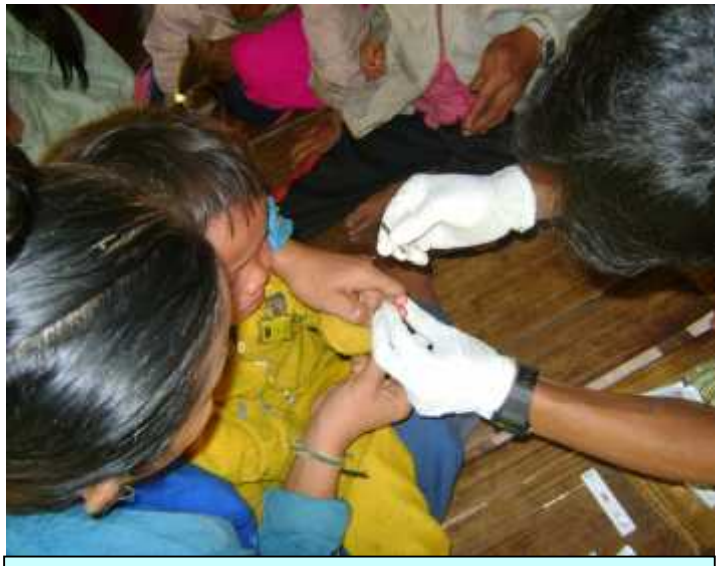



Annual Malaria U5 Morbidity rates by area
2002 2003 2004 2005 2006 2007 2008 2009
Rate/1000/Years
1800
1600
1400
1200
1000
800
600
400
200
0
907 481 454 589 798 598 877 171
0 0 0 0 0 732 801 370
1645 1372 1188 780 716 456 1056 193
1273 828 648 956 1213 300 304 110
1233 384 436 393 86 111 148 207
915 704 861 558 329 381 341 376
680 209 209 400 345 224 140 310
555 453 291 277 319 685 598 275
0 0 0 0 0 192 215 434
0 0 0 0 130 416 1713
624 383 276 167 82 268 278 448
885 1039 558 876 255 191 0 415
1147 929 929 899 1054 545 0 301
kayah
kayann
taungo
klerlweehtu
thaton
papun
paan
dooplaya
kaw karait
win yee
megue/tavoy
yee W N
yee ChP
Areas

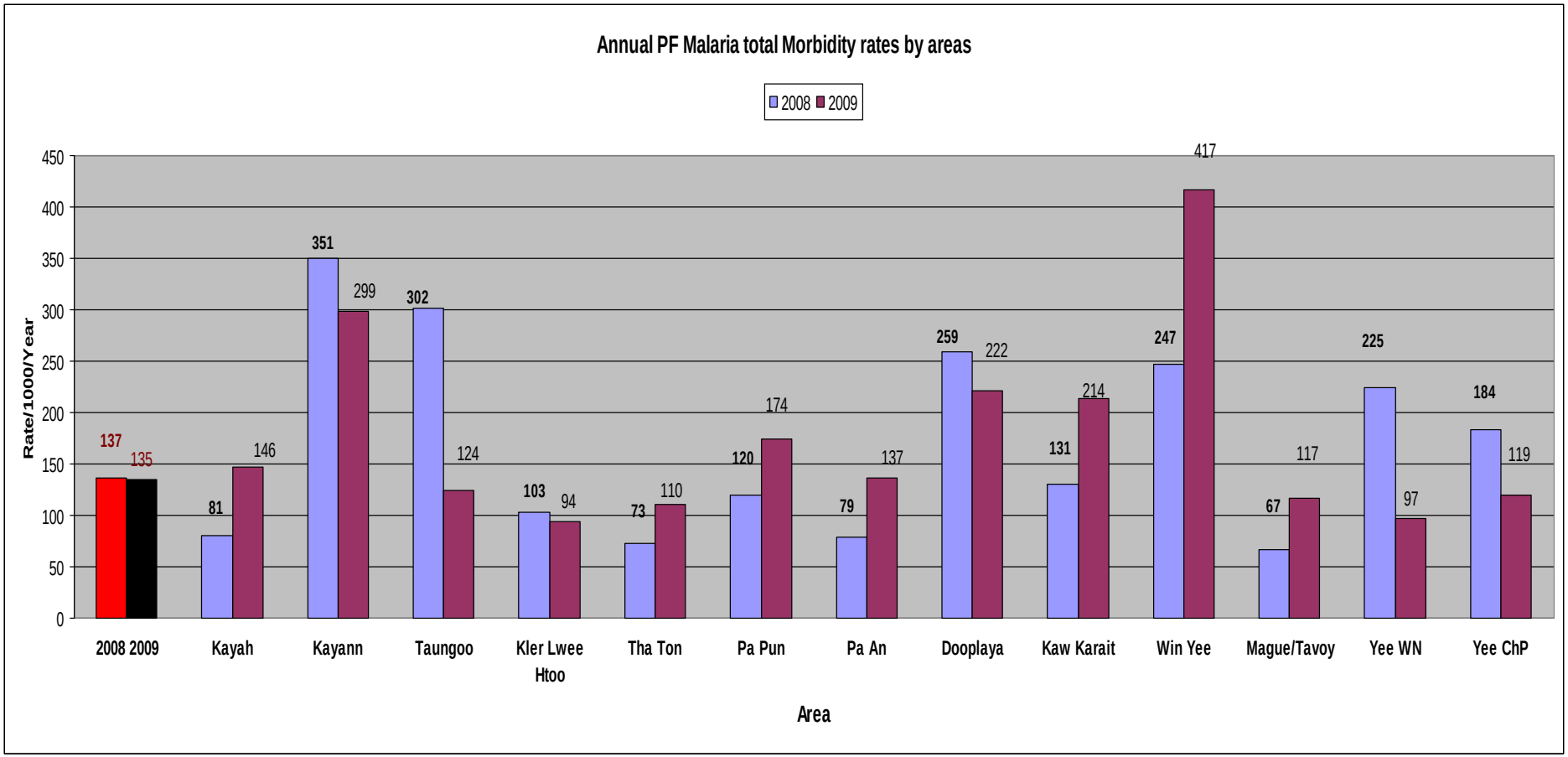

Annual Malaria total Morbidity rates by areas
2002 2003 2004 2005 2006 2007 2008 2009
Rate/1000/Year
1400
1200
1000
800
600
400
200
0
Kayah 797 483 496 249 496 363 512 169
Kayann 0 0 0 0 0 433 584 364
Taungoo 1263 886 979 407 407 236 690 193
Kler Lwee Htoo 706 493 348 559 559 182 219 140
Tha Ton 673 181 239 662 662 148 136 203
Pa Pun 498 449 489 257 257 228 207 291
Pa An 340 187 127 377 377 159 173 200
Doopalaya 319 229 178 240 240 377 421 294
Kaw Karait 0 0 0 0 192 215 317
Win Yee 0 0 0 0 130 416 877
Mague/Tavoy 313 240 244 113 113 102 147 248
Yee WN 721 583 228 607 607 102 0 170
Yee ChP 731 728 481 431 461 233 0 190
Area

Malaria PF Cases by Area

No	Area	Years	
		2008	2009
1	Kayah	256	939
2	Kayan	819	307
3	Taungoo	295	351
4	Kler Lwee Htoo	320	552
5	Thaton	380	448
6	Papun	609	792
7	Pa An	474	955
8	Dooplaya	815	793
9	Kawkareik	180	345
10	Win Yee	308	401
11	Mergue / Tavoy	415	730
12	Yee West-North	538	432
13	Yee Chaungpya	517	569
14	Moulmein-Thaton	65	385
15	Shan	232	289
15	Lahu	0	303
16	Arakan	92	249
17	Palaung	0	129
18	Pa O	44	0
	Total	**6359**	**8969**



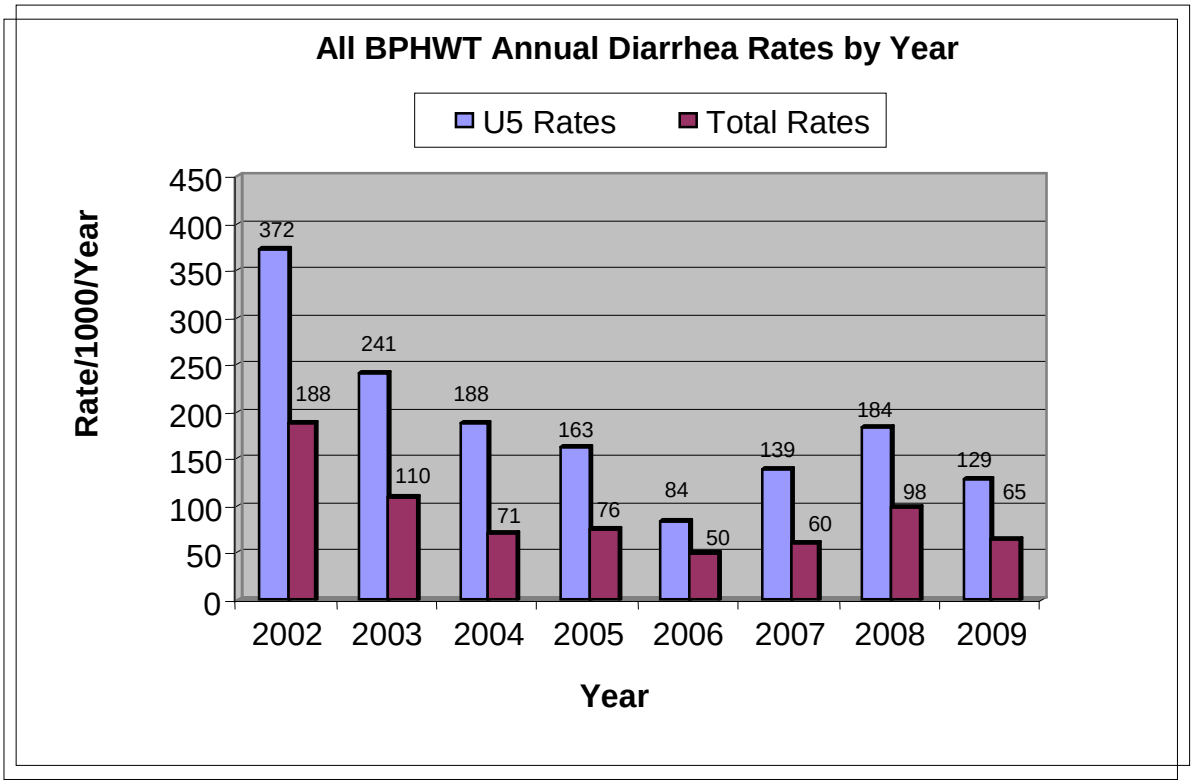
Malaria testing with Para-check

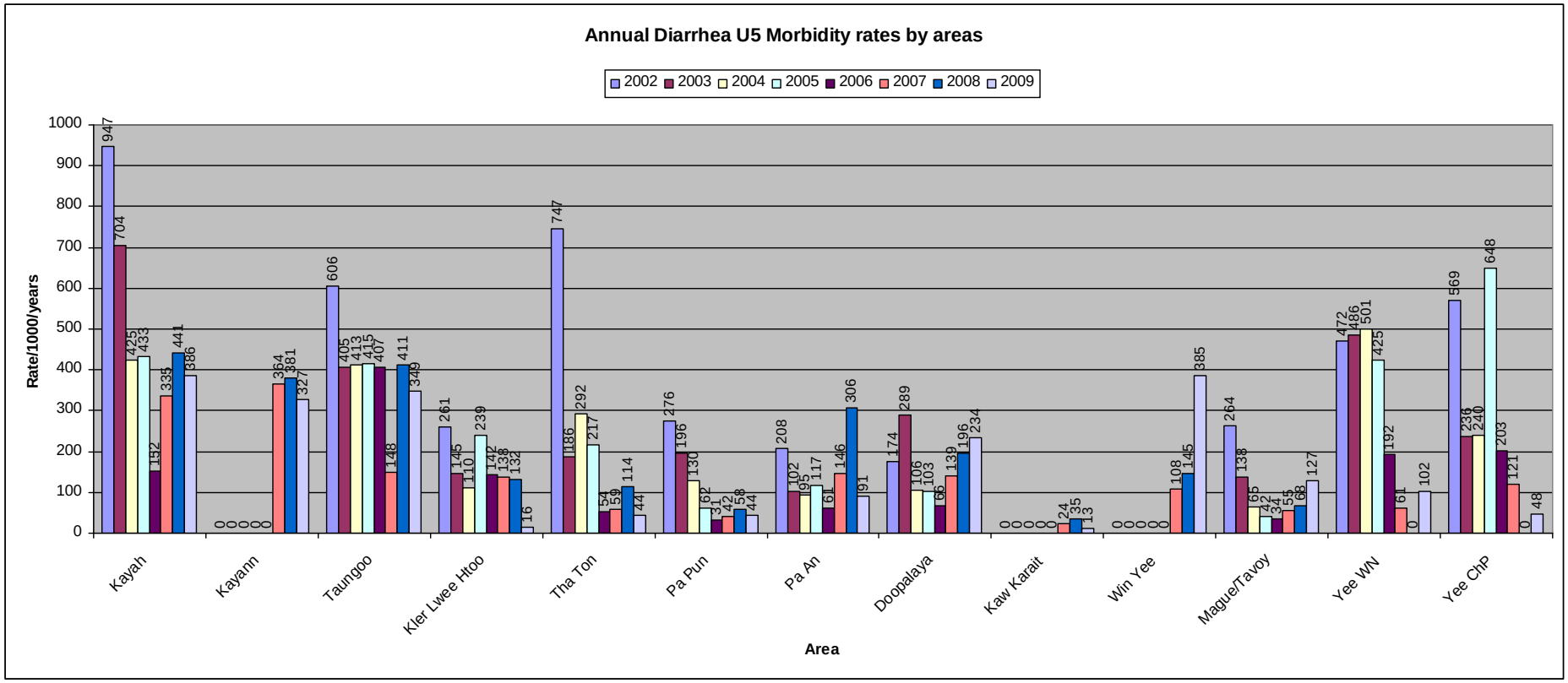

Annual PF Malaria total Morbidity rates by areas
2008
2009
Rate/1000/Year
450
400
350
300
250
200
150
100
50
0
137
135
81
146
351
299
302
124
103
94
73
110
120
174
79
137
259
222
131
214
247
417
67
117
225
97
184
119
2008 2009
Kayah
Kayann
Taungoo
Kler Lwee Htoo
Tha Ton
Pa Pun
Pa An
Dooplaya
Kaw Karait
Win Yee
Mague/Tavoy
Yee WN
Yee ChP
Area

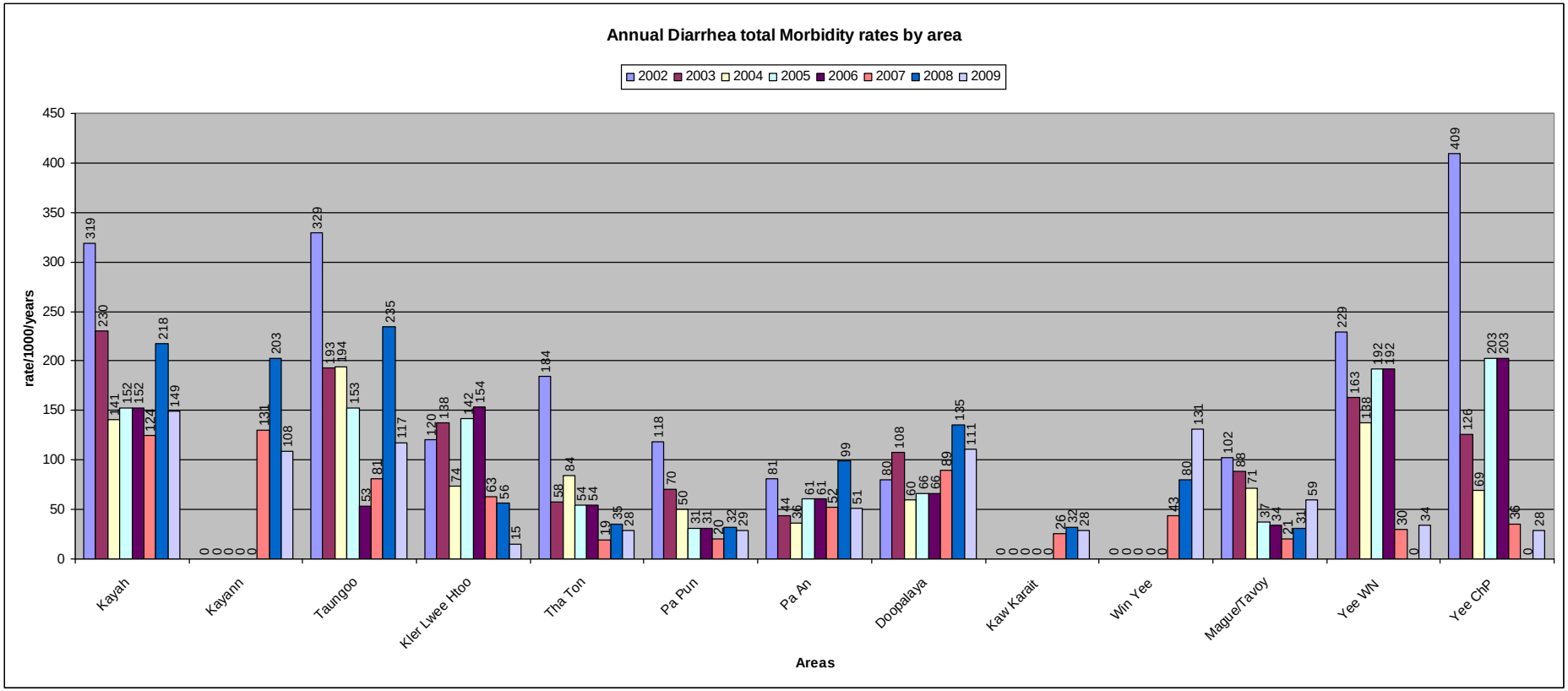
Diarrhea and Dysentery

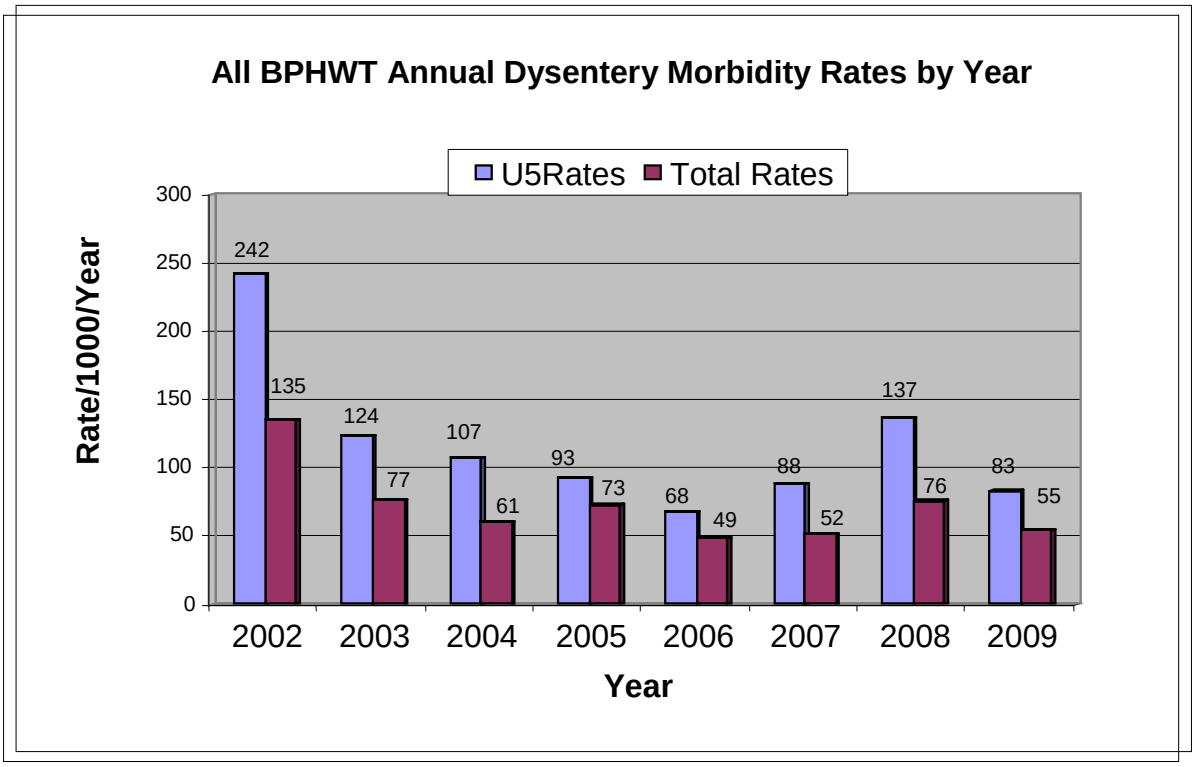
In general terms, morbidity rates for diarrhea and dysentery both decreased in 2009, as compared with data from 2008. The under-5 diarrhea morbidity rate decreased by 30% and the total prevalence rate also decreased by 34%. The under-5 dysentery morbidity rate decreased by 39% and the morbidity rate for the total population decreased by 28%. These decreases in diarrhea and dysentery prevalence rates demonstrate the effectiveness of the water and sanitation activities carried out by BPHWT field workers in their target areas.

Providing prevention medicine in Thaton Area -2009

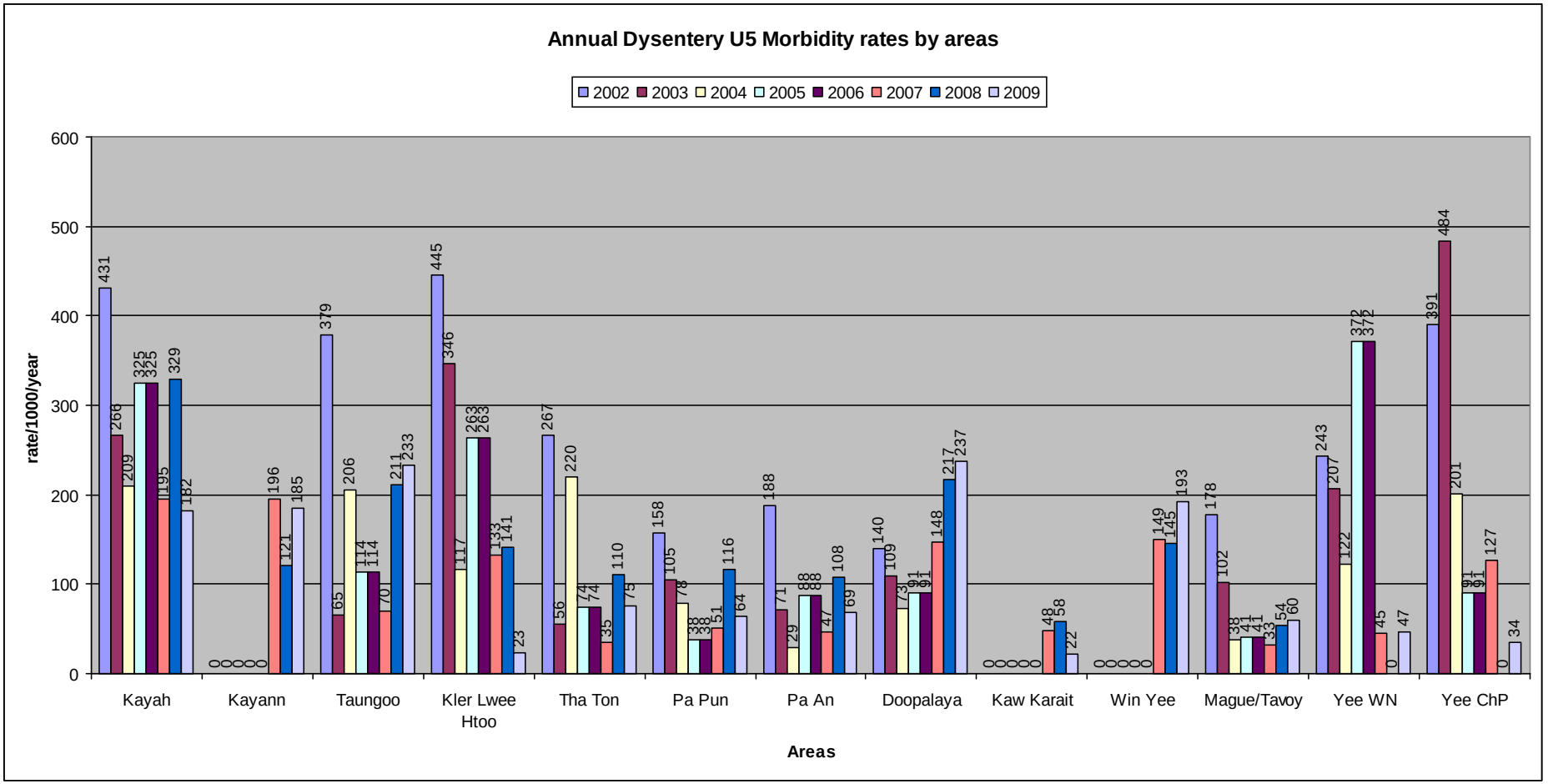


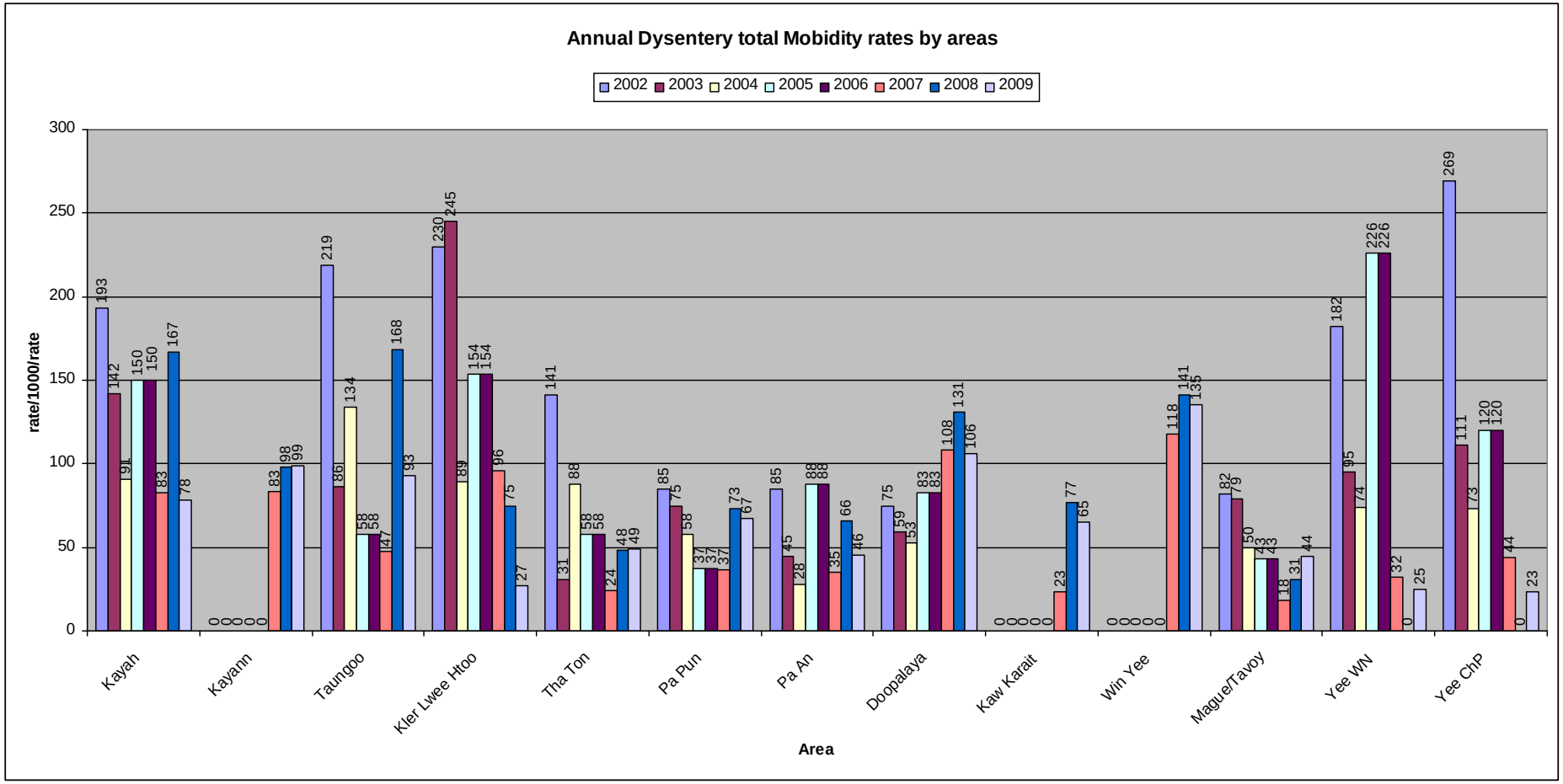

Annual Diarrhea U5 Morbidity rates by areas
2002 2003 2004 2005 2006 2007 2008 2009
Rate/1000/years
Area
Kayah
Kayann
Taungoo
Kler Lwee Htoo
Tha Ton
Pa Pun
Pa An
Doopalaya
Kaw Karait
Win Yee
Mague/Tavoy
Yee WN
Yee ChP


Annual Diarrhea total Morbidity rates by area
2002 2003 2004 2005 2006 2007 2008 2009
rate/1000/years
Areas
Kayah
Kayann
Taungoo
Kler Lwee Htoo
Tha Ton
Pa Pun
Pa An
Doopalaya
Kaw Karait
Win Yee
Mague/Tavoy
Yee WN
Yee ChP



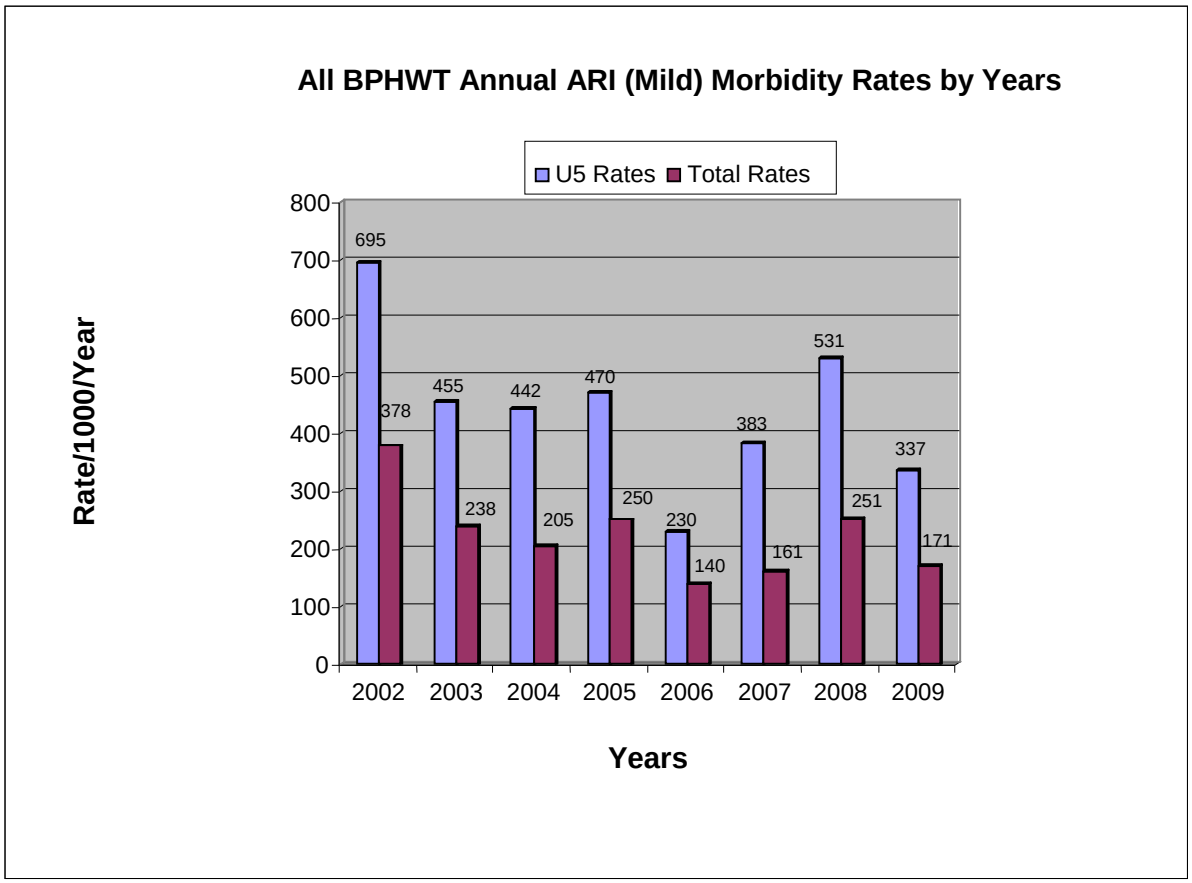
Referring patient to the clinic - 2009

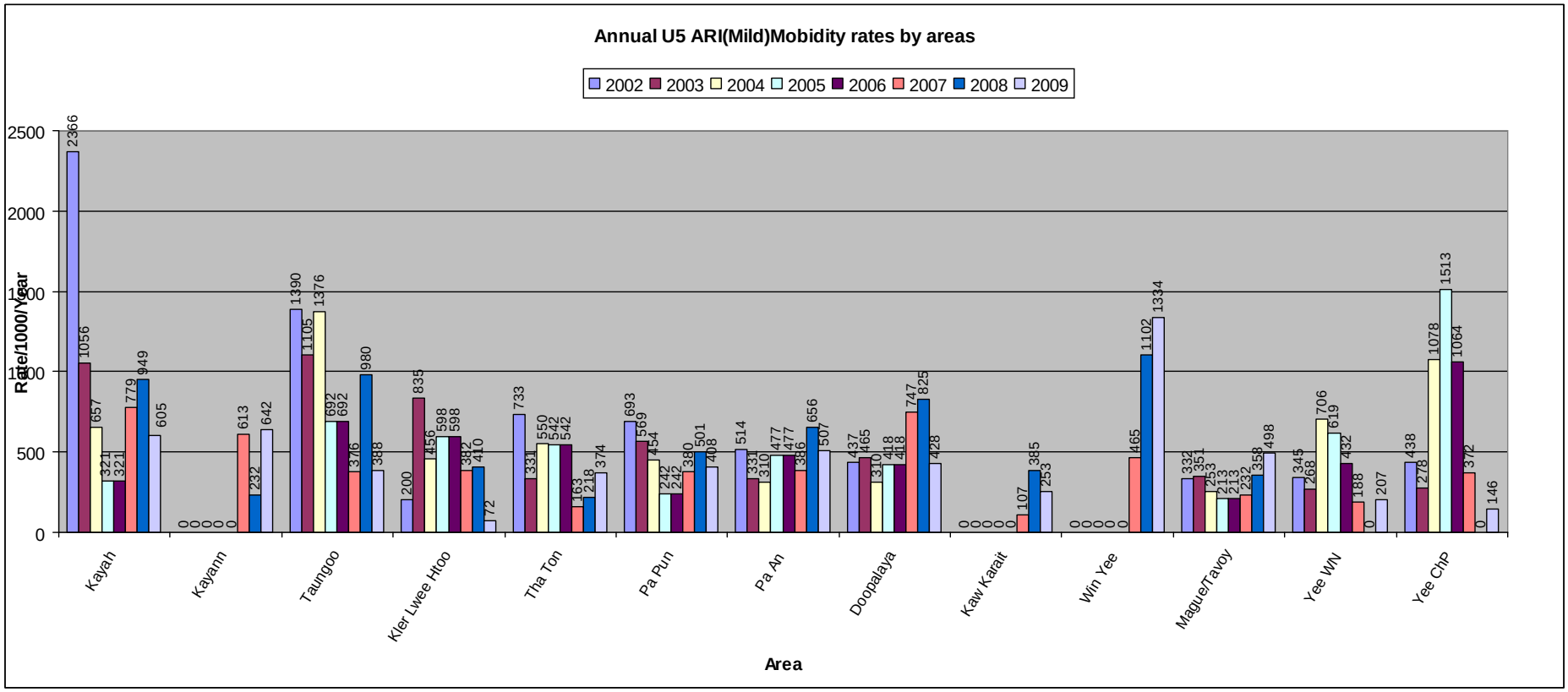

Annual Dysentery U5 Morbidity rates by areas
2002
2003
2004
2005
2006
2007
2008
2009
rate/1000/year
600
500
400
300
200
100
0
Kayah
Kayann
Taungoo
Kler Lwee Htoo
Tha Ton
Pa Pun
Pa An
Doopalaya
Kaw Karait
Win Yee
Mague/Tavoy
Yee WN
Yee ChP
Areas

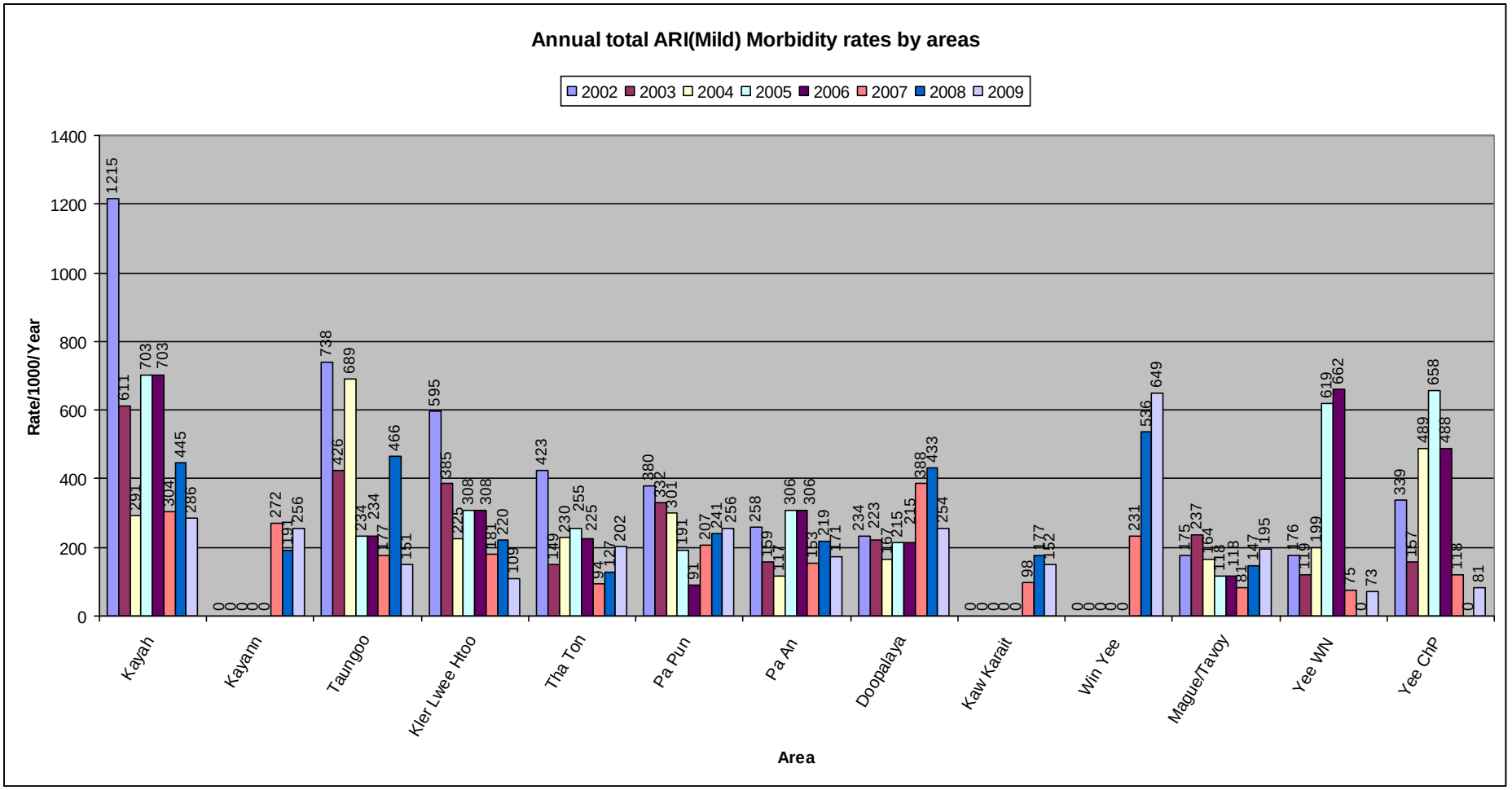

Annual Dysentery total Mobidity rates by areas
2002 2003 2004 2005 2006 2007 2008 2009
rate/1000/rate
300
250
200
150
100
50
0
Kayah 193 142 91 150 150 83 167 78
Kayann 0 0 0 0 83 98 99
Taungoo 219 86 134 58 58 47 168 93
Kler Lwee Htoo 230 245 89 154 154 96 75 27
Tha Ton 141 31 88 58 58 24 48 49
Pa Pun 85 75 58 37 37 37 73 67
Pa An 85 45 28 88 88 35 66 46
Doopalaya 75 59 53 83 83 108 131 106
Kaw Karait 0 0 0 0 23 77 65
Win Yee 0 0 0 0 118 141 135
Mague/Tavoy 82 79 50 43 43 18 31 44
Yee WN 182 95 74 226 226 32 0 25
Yee ChP 269 111 73 120 120 44 0 23
Area

Acute Respiratory Infection (Mild)

In 2009, the annual rates of acute respiratory infection (mild) morbidity for children under the age of five decreased as compared to those recorded during the previous year – the rate for children under the age of 5 decreased by 37% while the rate for the total population decreased by 32%.

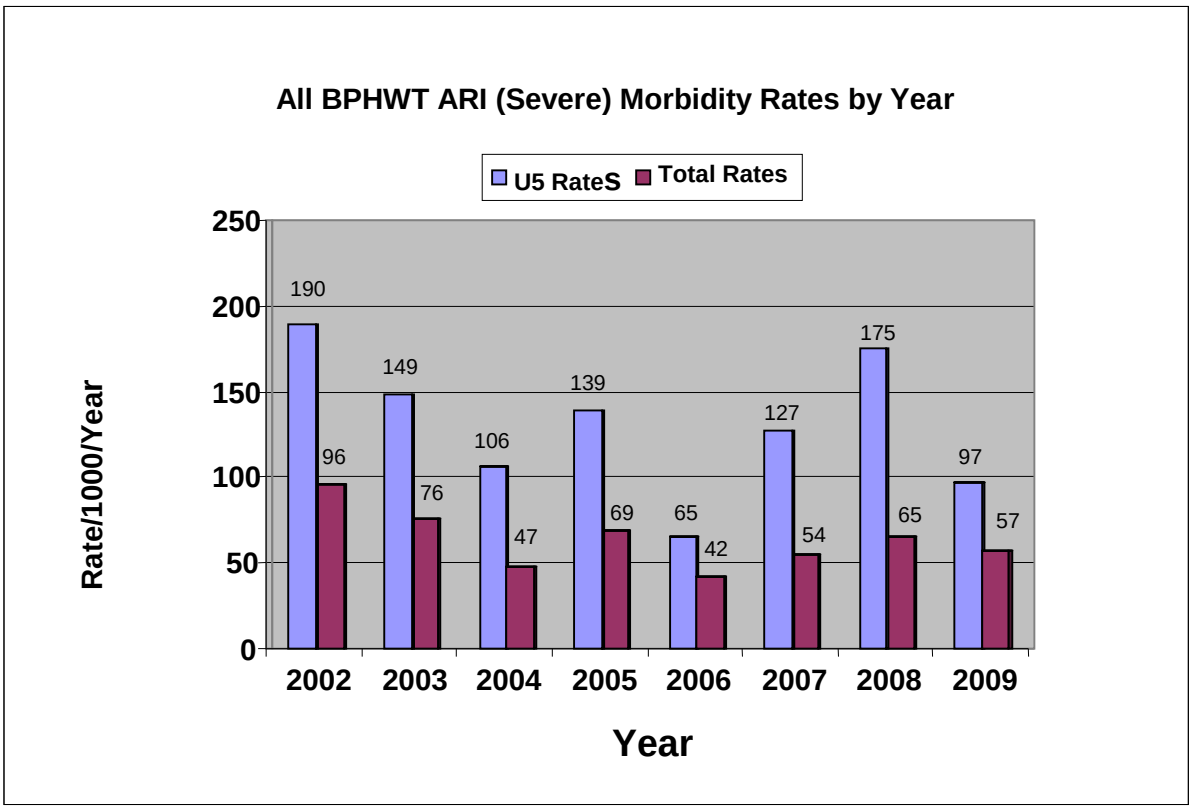


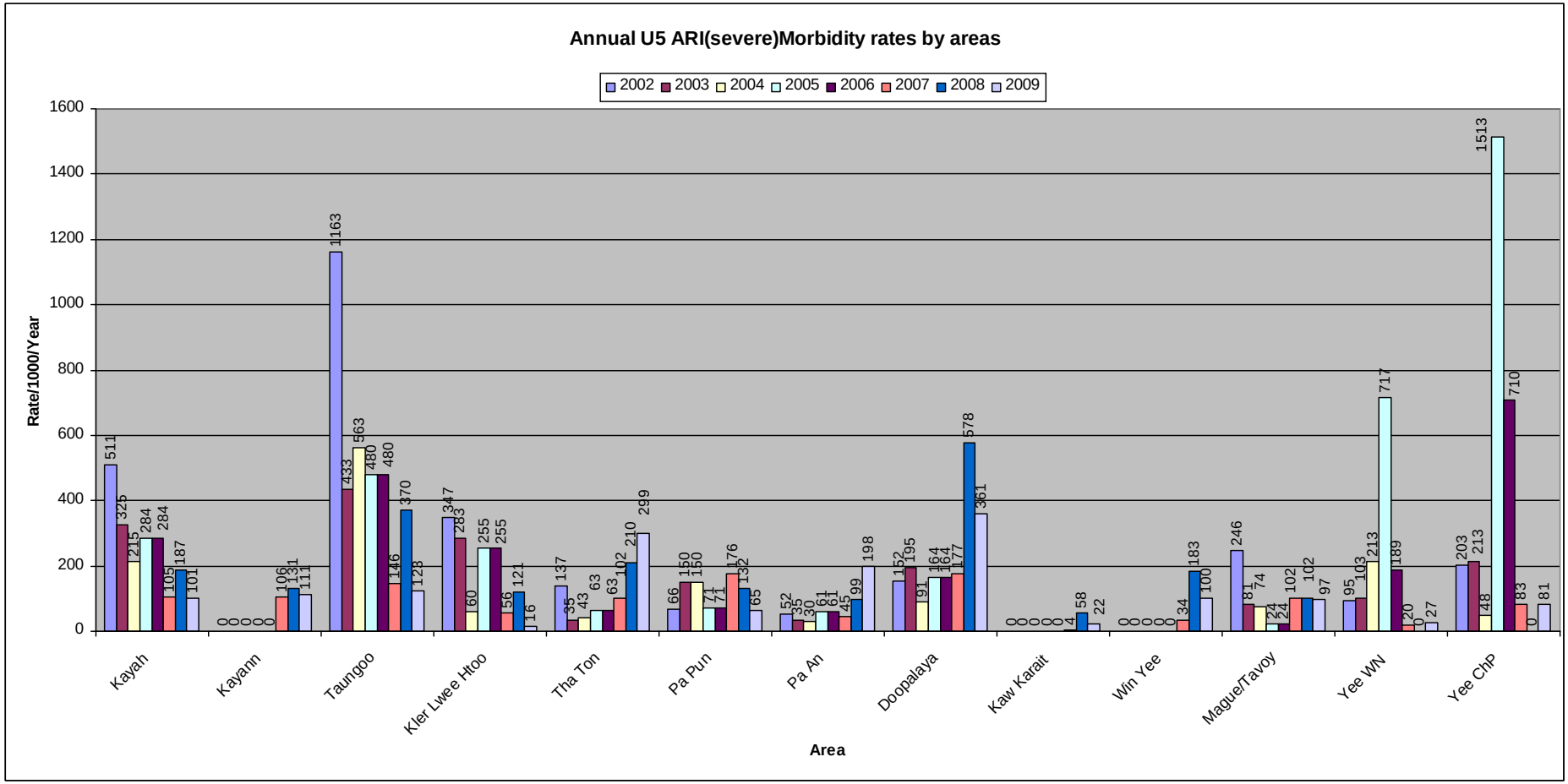

Annual U5 ARI(Mild)Mobidity rates by areas
2002 2003 2004 2005 2006 2007 2008 2009
Rate/1000/Year
Area
Kayah
Kayann
Taungoo
Kler Lwee Htoo
Tha Ton
Pa Pun
Pa An
Doopalaya
Kaw Karait
Win Yee
MagueTavoy
Yee WN
Yee ChP

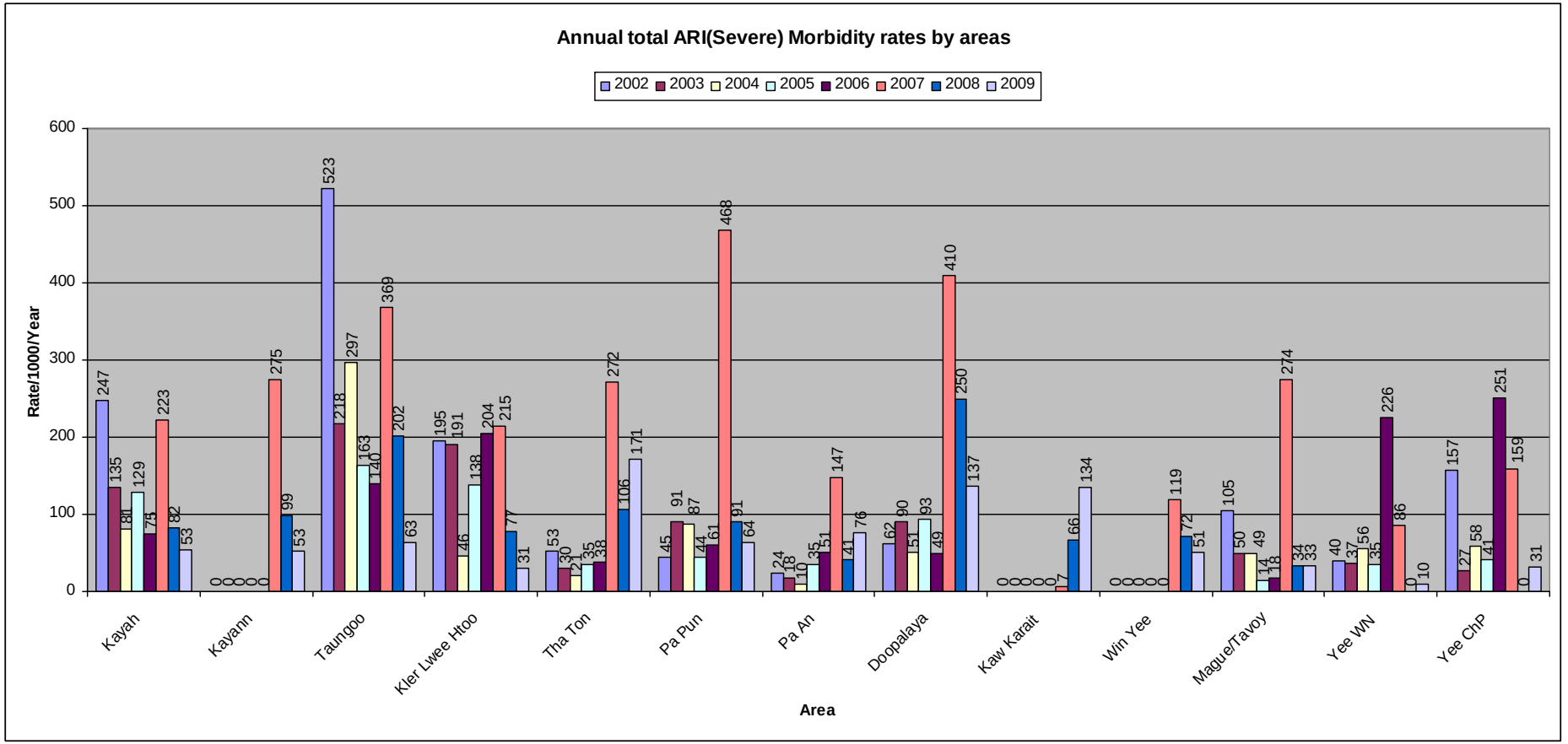

Annual total ARI(Mild) Morbidity rates by areas
2002 2003 2004 2005 2006 2007 2008 2009
Rate/1000/Year
Area
Kayah
Kayanm
Taungoo
Kler Lwee Htoo
Tha Ton
Pa Pun
Pa An
Doopalaya
Kaw Karait
Win Yee
Mague/Tavoy
Yee WN
Yee ChP

Acute Respiratory Infection (Severe)

In 2009, the acute respiratory infection (severe) morbidity rates decreased by 45% for children under the age of 5 and by 45% for the total population.




Annual U5 ARI(severe)Morbidity rates by areas
2002 2003 2004 2005 2006 2007 2008 2009
Rate/1000/Year
Area
Kayah
Kayann
Taungoo
Kler Lwee Htoo
Tha Ton
Pa Pun
Pa An
Doopalaya
Kaw Karait
Win Yee
Mague/Tavoy
Yee WN
Yee ChP

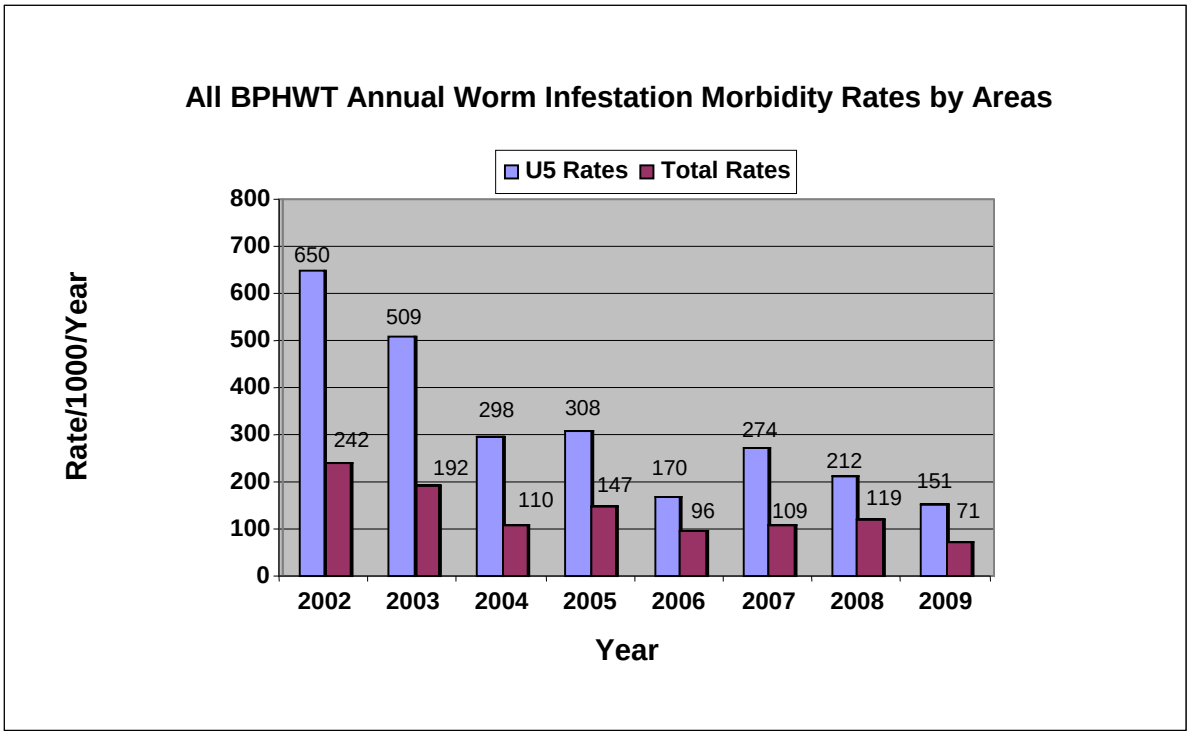

Annual total ARI(Severe) Morbidity rates by areas
2002 2003 2004 2005 2006 2007 2008 2009
Rate/1000/Year
600
500
400
300
200
100
0
Kayah 247 135 81 129 75 223 82 53
Kayann 0 0 0 0 275 99 53
Taungoo 523 218 297 163 140 369 202 63
Kler Lwee Htoo 195 191 46 138 204 215 77 31
Tha Ton 53 30 21 35 38 272 106 171
Pa Pun 45 91 87 44 61 468 91 64
Pa An 24 18 10 35 51 147 41 76
Doopalaya 62 90 51 93 49 410 250 137
Kaw Karait 0 0 0 0 7 66 134
Win Yee 0 0 0 0 119 72 51
Mague/Tavoy 105 50 49 14 18 274 34 33
Yee WN 40 37 56 35 226 86 0 10
Yee ChP 157 27 58 41 251 159 0 31
Area

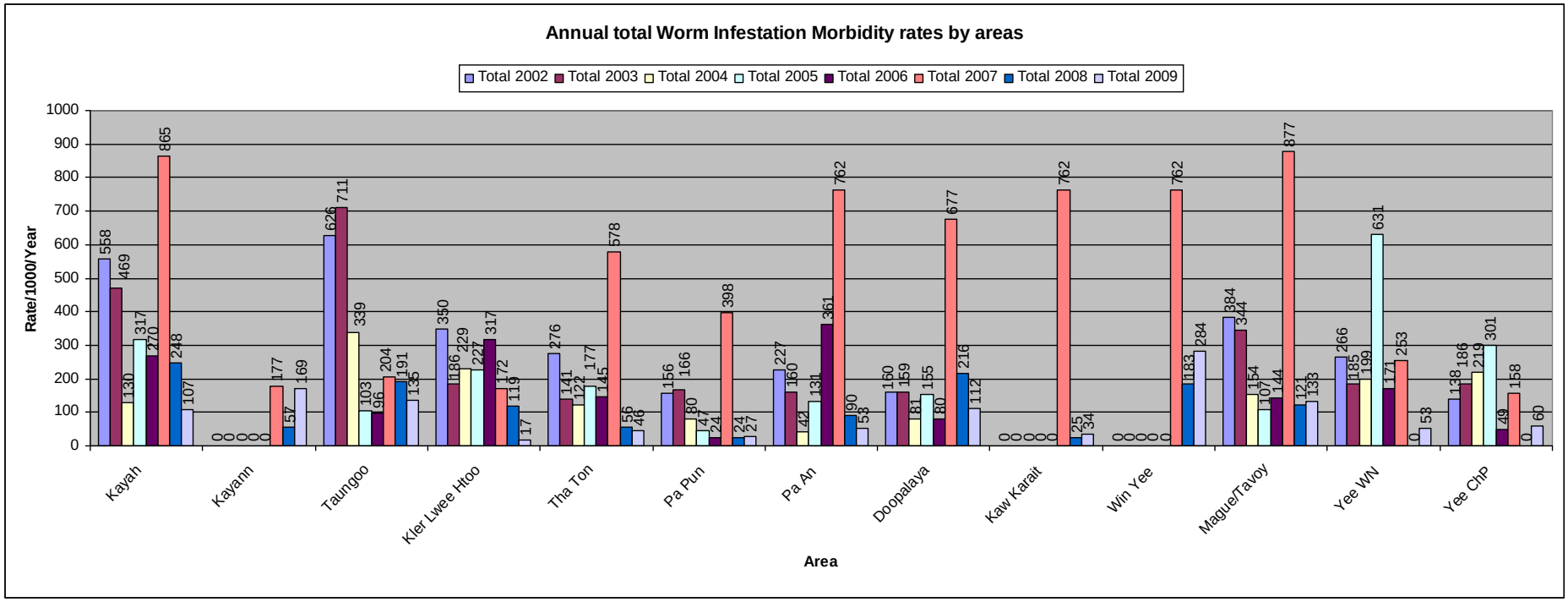
Worm Infestation

The BPHWT established a de-worming program in 2003 in order to reduce malnutrition among children. The graph provided below only takes into account cases of worm infestation, but does not include the preventative de-worming also undertaken by the BPHWT field workers. As part of the Community Health Education and Prevention Program, the BPHWT also provides health education, focusing on hygiene, clean water, and sanitation activities among the villages.

Distributing de-worming medicine, Arakan-2009

Because of the wide distribution of the BPHWT's de-worming program in all BPHWT target areas, morbidity rates for worm infestation can be seen to have decreased very rapidly from year to year. From 2008 to 2009, worm infestation morbidity rates decreased by 40 %.

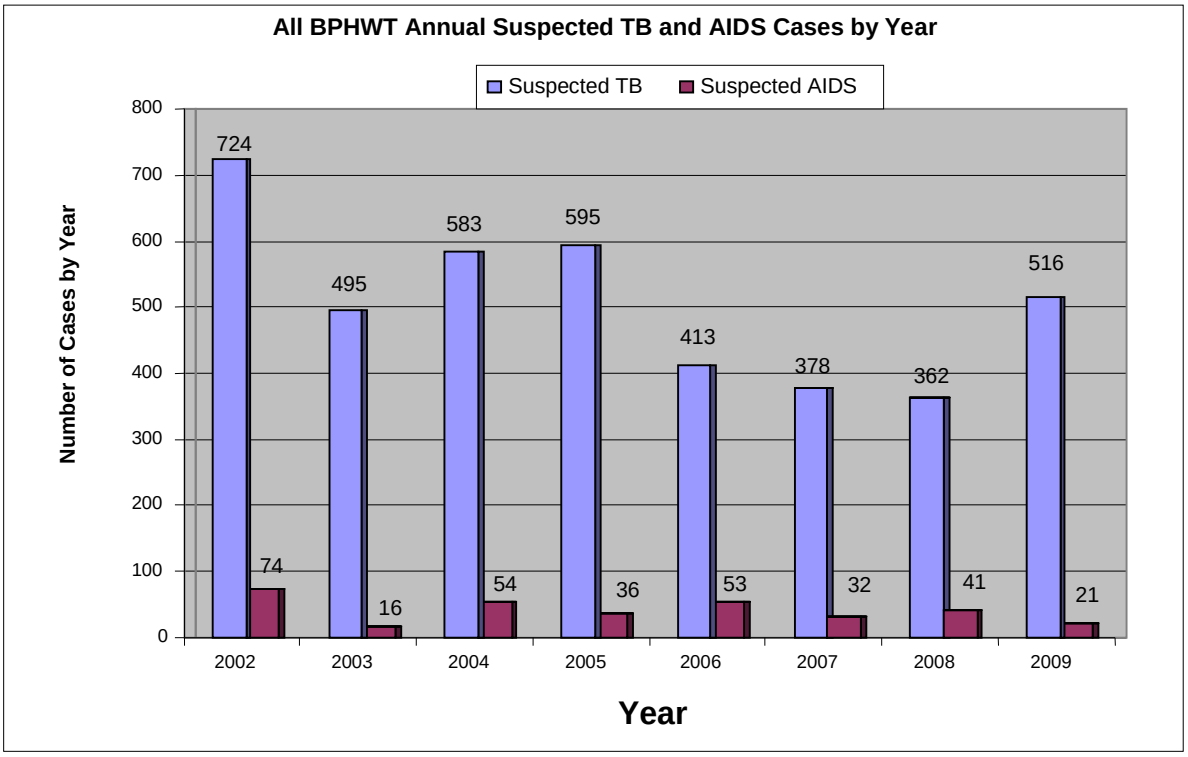


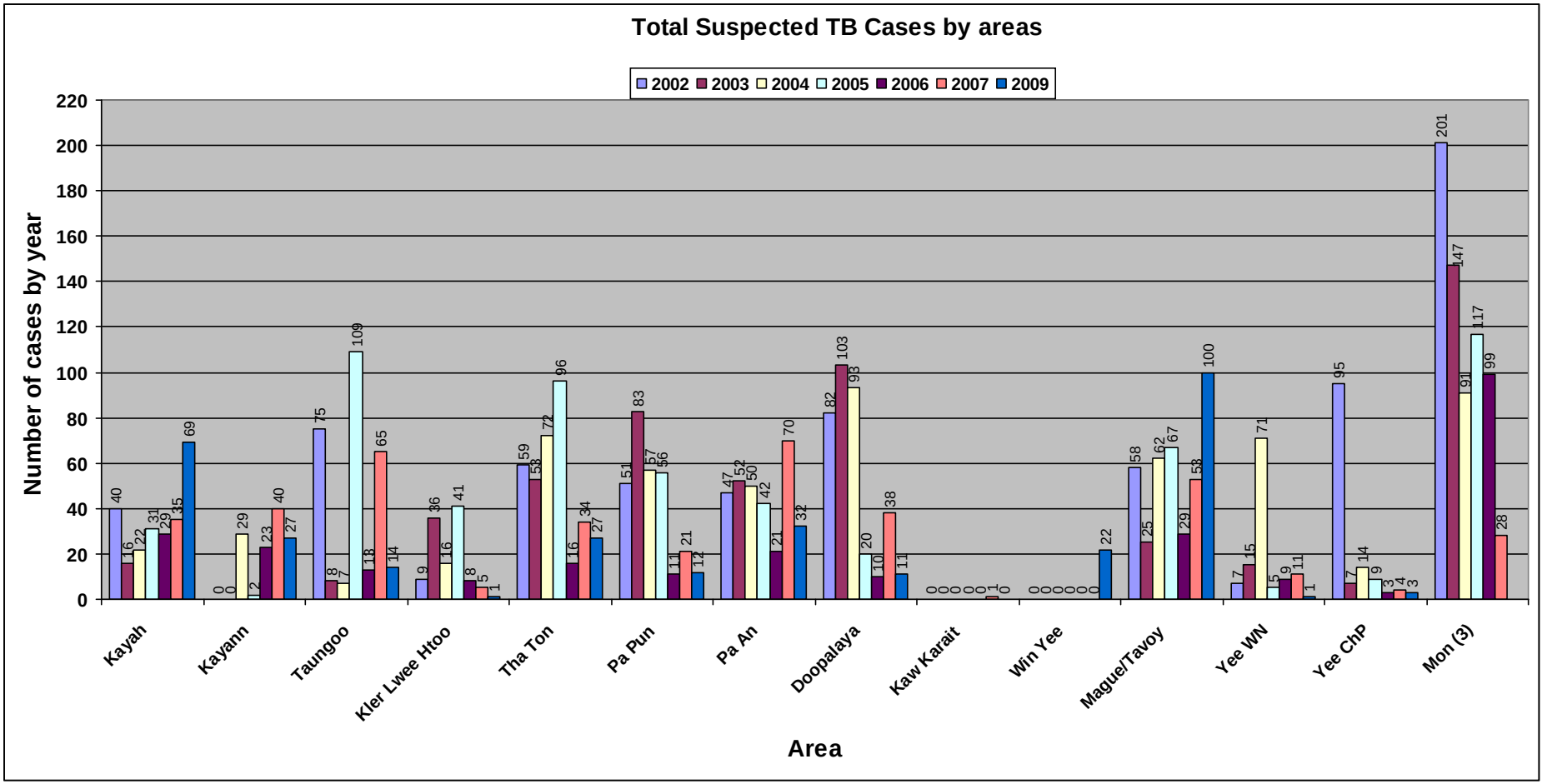

Annual total Worm Infestation Morbidity rates by areas
Total 2002
Total 2003
Total 2004
Total 2005
Total 2006
Total 2007
Total 2008
Total 2009
Rate/1000/Year
1000
900
800
700
600
500
400
300
200
100
0
Kayah
558 469 130 317 270 865 248 107
Kayann
0 0 0 0 177 57 169
Taungoo
626 711 339 103 96 204 191 135
Kler Lwee Htoo
350 186 229 227 317 172 119 117
Tha Ton
276 141 122 177 145 578 56 46
Pa Pun
156 166 80 47 24 398 24 27
Pa An
227 160 42 131 361 762 90 53
Doopalaya
160 159 81 155 80 677 216 112
Kaw Karait
0 0 0 0 762 25 34
Win Yee
0 0 0 0 762 183 284
Mague/Tavoy
384 344 154 107 144 877 121 133
Yee WN
266 185 199 631 171 253 0 53
Yee ChP
138 186 219 301 49 158 0 60
Area

Suspected Pulmonary Tuberculosis and AIDS Cases

The total number of suspected cases of tuberculosis (TB) in 2009 was 516. Health workers could not treat the suspected TB patients because the BPHWT is not equipped to oversee a TB treatment program in the target areas, and the health workers are not prepared to manage a TB program or TB patients. TB patients need long-term treatment and should receive appropriate care and oversight. Back Pack is not able to provide this level of sustained care since its activities target areas that are unstable.

As compared with 2008, the total number of suspected TB cases increased in 2009. The BPHWT is only able to provide health education and advise patients where to access appropriate treatment and care. TB is considered one of the main health problems experienced by internally displaced persons. In the future, BPHWT aims to expand the TB program to include treatment for patients in coordination with other health organizations. The graph below also shows suspected AIDS cases seen in the IDP areas. The BPHWT is considering expanding its activities in order to better address TB and HIV/AIDS.

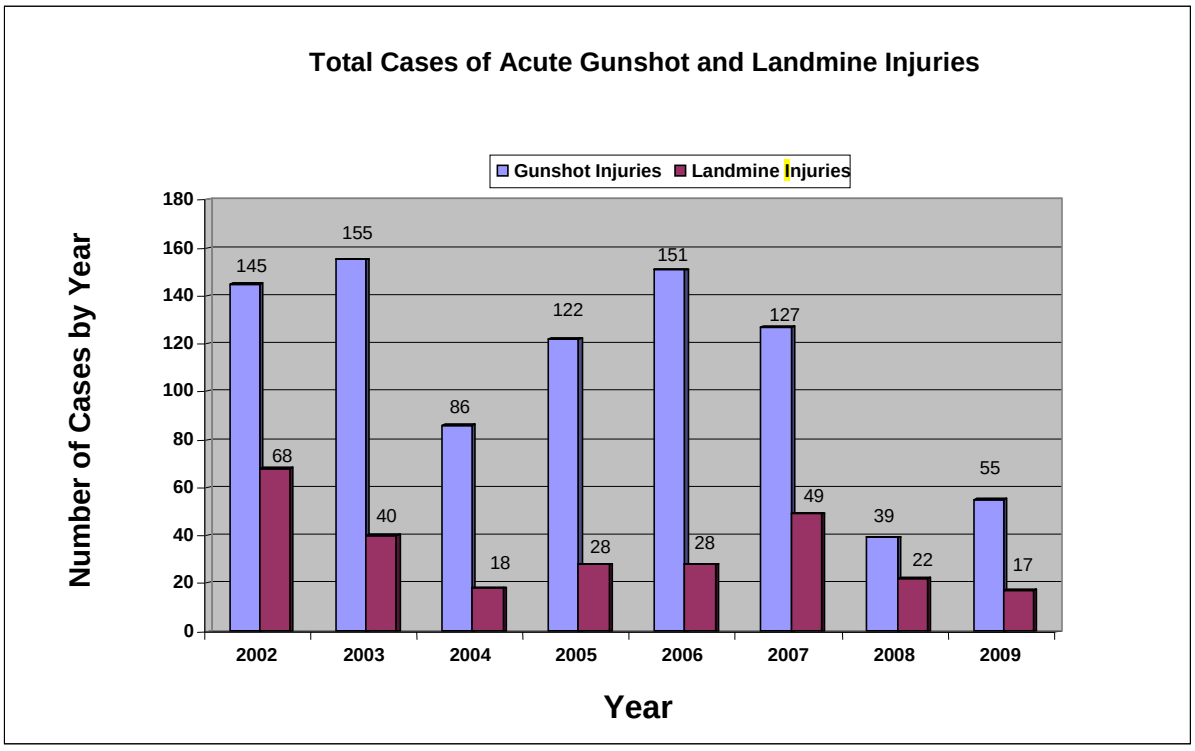


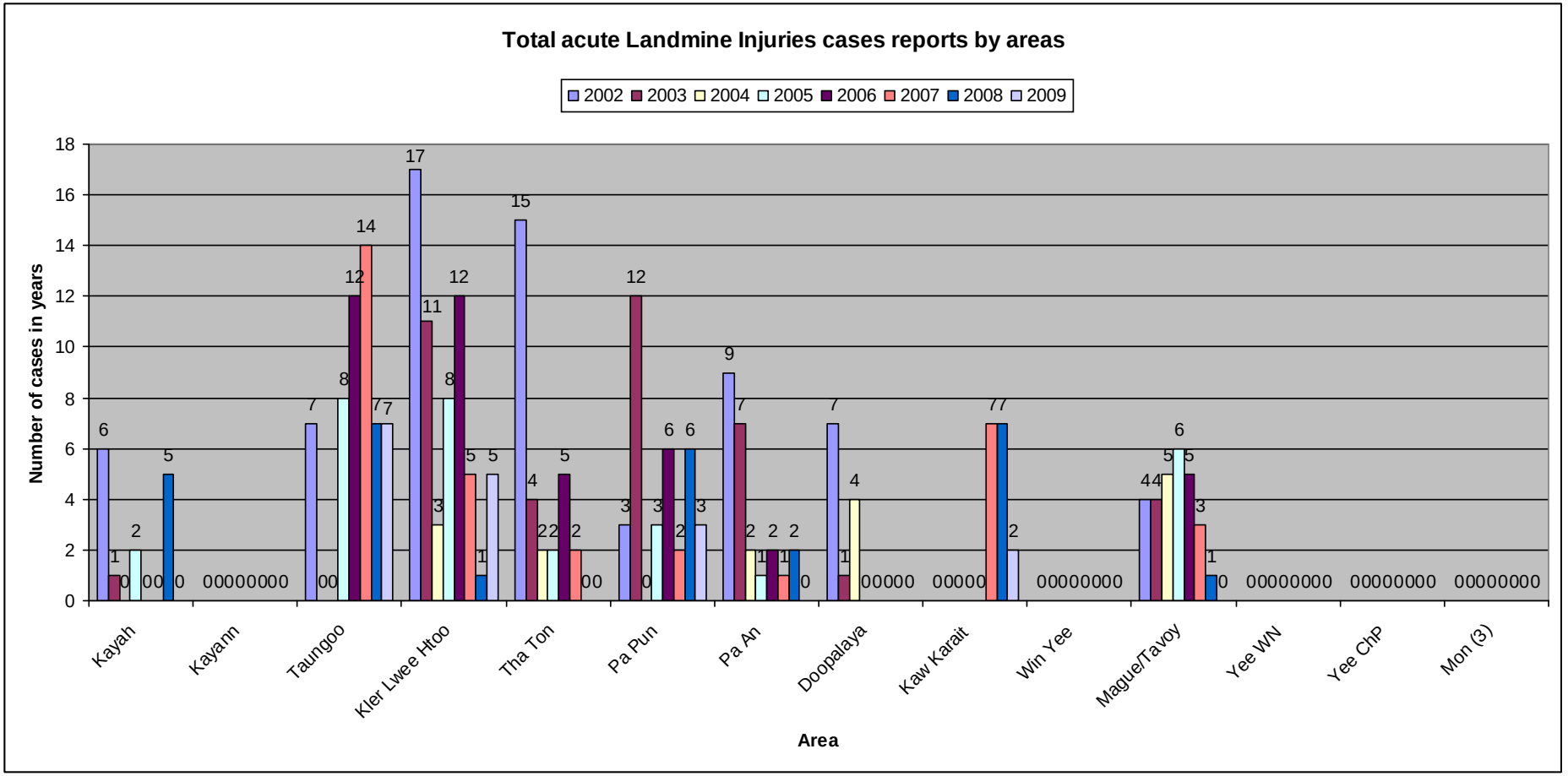

Total Suspected TB Cases by areas
2002 2003 2004 2005 2006 2007 2009
Number of cases by year
Area
Kayah
Kayann
Taungoo
Kler Lwee Htoo
Tha Ton
Pa Pun
Pa An
Doopalaya
Kaw Karait
Win Yee
Mague/Tavoy
Yee WN
Yee ChP
Mon (3)

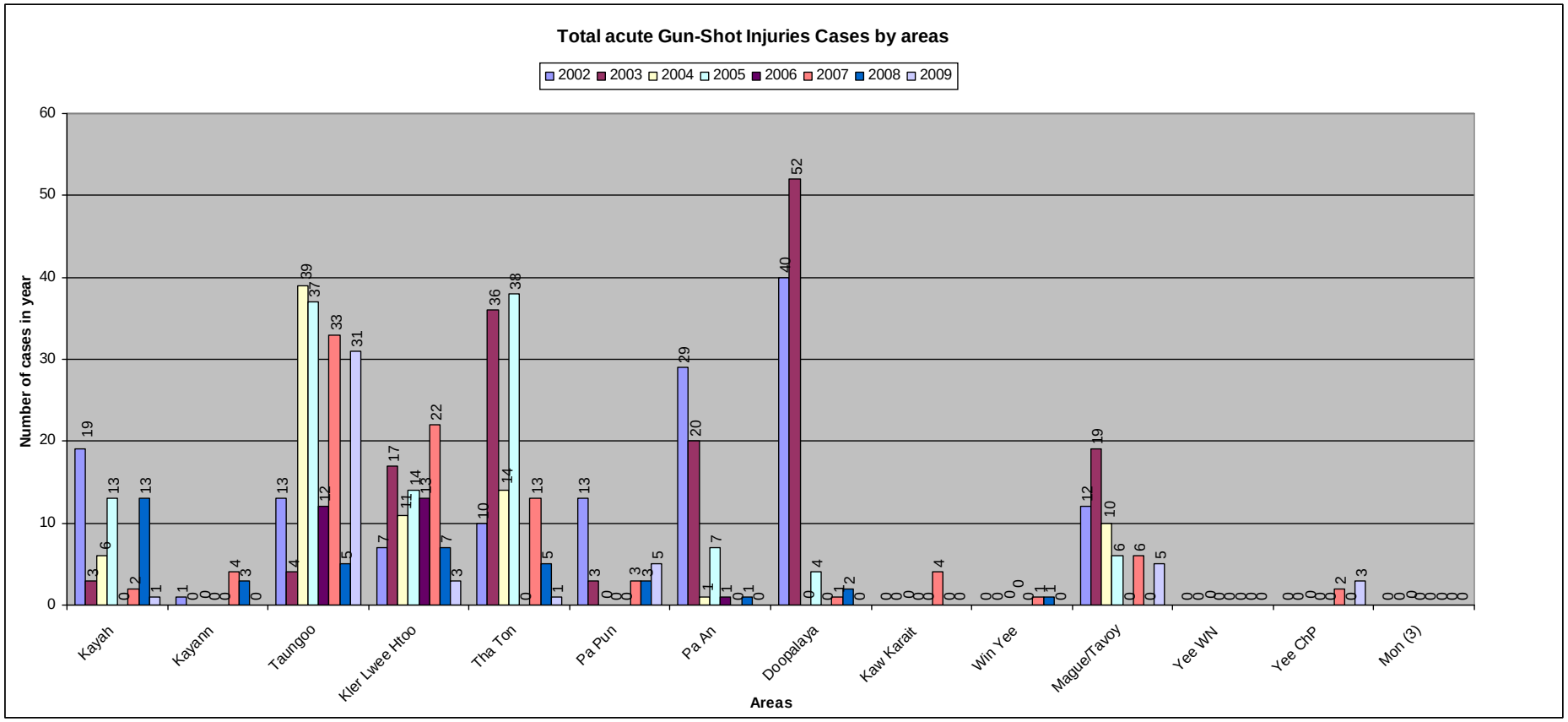
Acute Landmine and Gunshot Injuries

In 2009, the number of landmine injury cases recorded by the BPHWT field workers decreased in comparison to the previous year. However, this cannot be taken to mean that communities experienced fewer instances of landmine injuries, because some cases were not recorded and some data was lost due to security problems. In 2009, the situation was more unstable in the BPHWT's target areas, and especially in the Kawkareik, Kler Lwee Htoo and Toungoo areas. Increases in insecurity were due to attacks by the SPDC and allied forces, which drove local communities to flee into the jungle or other places of safety. In line with this increase in insecurity, gunshot injury cases recorded by the BPHWT field workers increased in comparison to data from the previous year.

Landmine injured in Pa An - 2009




Total acute Landmine Injuries cases reports by areas
2002
2003
2004
2005
2006
2007
2008
2009
Number of cases in years
Area
Kayah
Kayann
Taungoo
Kler Lwee Htoo
Tha Ton
Pa Pun
Pa An
Doopalaya
Kaw Karait
Win Yee
Mague/Tavoy
Yee WN
Yee ChP
Mon (3)


Total acute Gun-Shot Injuries Cases by areas
2002 2003 2004 2005 2006 2007 2008 2009
Number of cases in year
Areas
Kayah
Kayann
Taungoo
Kler Lwee Htoo
Tha Ton
Pa Pun
Pa An
Doopalaya
Kaw Karait
Win Yee
Mague/Tavoy
Yee WN
Yee ChP
Mon (3)

Emergency Response to Disease Out-break

Flu Outbreak in Papun District

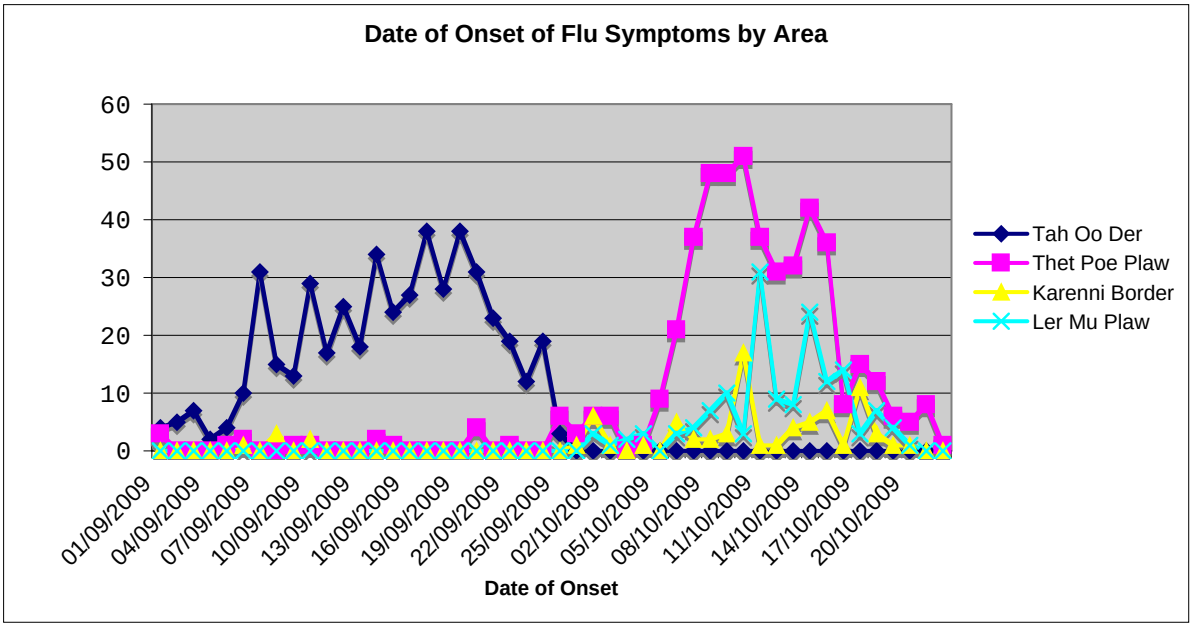
Since September 2009, there has been a flu outbreak in Lu Thaw township of Papun District in northeastern Karen State. In this township, the State Peace and Development Council (SPDC) has a shoot-on-sight policy and actively obstructs villagers' access to health care. Human rights violations resulting in displacement of Karen villagers have increased as the SPDC prepares for the 2010 election. In addition to the flu outbreak, villagers in Lu Thaw township have suffered from an ongoing food crisis resulting from displacement and burning of crops by the SPDC.

Providing treatment for a flu patient-2009

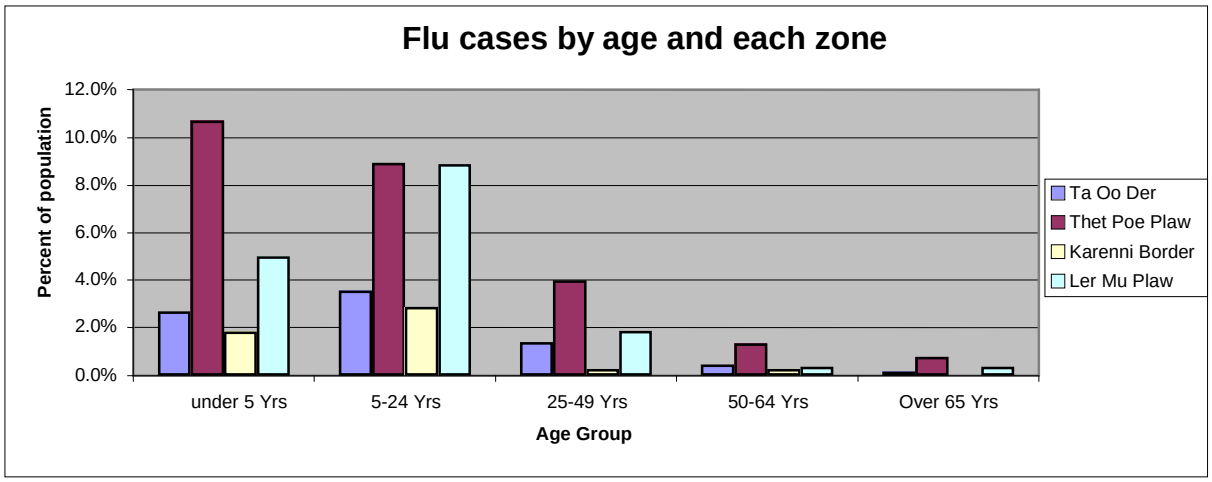
On September 11, 2009, villagers in Tah Oo Der village in Papun District in Karen state were identified with influenza-like symptoms, and within a week, seven other villages reported villagers with similar symptoms. Reported symptoms include cough, high fever, body aches and pain, sore throat, running nose, headache, chest pain and diarrhea.

The flu has now spread to at least 35 villages in Papun District. Influenza is common in Karen State during the rainy season (June-September), but the spread of infection was unusually rapid this year. The increased spread of the flu this year is likely a direct result SPDC offensives in the Pa Pun area. In mid-October, in the areas surrounding Thet Poe Plaw, the SPDC burned 15-20 acres of crops and attacked the villagers in that area. All of the villagers from the nearby villages moved into Thet Poe Plaw; the overcrowding in this village facilitated the rapid spread of the flu. Two children in this area have died from the flu.

As of late November, at least 490 cases have been recorded. In Tah Oo Der, the majority of patients experienced their first symptoms in mid-September; in all other areas, the majority of patients experienced their first symptoms in mid-October.



The graph below shows the breakdown of patients with influenza-like illness by area and age group. Influenza-like illness was defined as having a fever and a cough or a fever and a sore throat. While 1,167 patients exhibited symptoms that could be related to the flu, only 490 met the case definition for influenza-like illness. The estimated population of the affected area is 3,630. Most of the cases are young people under age 24 and school age children. Thirteen percent of the entire population, 37% of children under five, and 41% of youth ages 5-24 years old suffered from influenza-like illness. Five schools in the area were closed from 22nd September to October 6th, 2009. The student population of these schools is around 350 students.



In response to the outbreak, the Back Pack Health Worker Team, Karen Department of Health and Welfare mobile health clinics in Papun area, and Pha Hite Clinic have organized a task force to respond effectively and immediately to this outbreak. The strategies undertaken include:

- Surveillance System
- Health Campaign
- Treatment and care

To assess whether villagers were infected with novel influenza A H1N1 and avian influenza H5N1, influenza test kits provided by a local Thai hospital were sent to the affected area and 5 sample swabs were collected on the 24th September and sent to the Thai local hospital on the 25th September. On September 29th, we received the test results of the 5 specimens and all showed that the causative agents were seasonal human influenza viruses.

In order to prevent further spread, BPHWT and KDHW organizations and villagers need more support for campaign materials and the surveillance system.

B. Community Health Education and Prevention Program

The Community Health Education and Prevention Program (CHEPP) aims to empower the internally displaced persons and vulnerable populations of Burma with skills and knowledge related to basic health care and primary health care concepts. CHEPP focuses on the improvement of hygiene, water and sanitation systems, nutrition and other health promotion-related issues.

Village Health Workshop Kler Lwee Htoo-2009

The main health issues addressed under the Community Health Education and Prevention Program are:

- Malaria prevention
- Hygiene and sanitation
- Diarrhea prevention
- Malnutrition
- High-risk pregnancy
- Breast feeding practices
- Landmine risk education
- HIV/AIDS education
- Prevention and awareness of bird flu and swine flu

The Community Health Education and Prevention Program is also integrated into school health programs and village health workshops. In terms of preventative activity, the BPHWT field workers distribute Vitamin A and de-worming tablets. They also provide latrines to schools and communities. On December 1st 2009, the BPHWT field workers organized World AIDS Day awareness raising activities in each BPHWT team's target area with 1,627 people participating in these activities.

1). School Health Activities

In 2009, the BPHWT implemented its school health program in 133 schools, which had 386 teachers and 8578 students. The program distributes de-worming medicine and Vitamin A, personal hygiene supplies, and materials for the construction of latrines. The students are also given information about water and sanitation.

2). Nutritional Program

The BPHWT distributes Vitamin A and de-worming medicine in order to prevent malnutrition. In 2009, 31,768 children received de-worming medicine and 42,473 children received Vitamin A. Also during the year, 3708 pregnant women and women, who had just given birth, received Vitamin A and iron supplements. Finally, 3621 newborn babies received Vitamin A.

School health activities in Mergue/Tavoy-2009

Number of Children Receiving Vitamin A – 2009

No	Area	6 - <12 Months		1 - <6 Years		6-<12 Years		Average Total / Term
		Jan-June 1st Term	July-Dec 2nd Term	Jan-June 1st Term	July-Dec 2nd Term	Jan-June 1st Term	July-Dec 2nd Term	
1	Kayah	506	570	1742	2103	1237	1097	3628
	Special	47	39	224	229	159	256	477
2	Kayan	371	371	474	461	520	461	1329
3	Taungoo	1136	335	2414	815	2220	1370	4145
4	Thaton	356	267	1752	1398	2300	1354	3714
5	Kler Lwee Htoo	306	428	692	1120	1257	1382	2593
6	Papun	419	586	1506	1917	1924	2067	4210
7	Pa An	129	0	666	472	1628	1642	2269
	Special	18	72	199	126	193	397	503
8	Dooplaya	686	464	1363	1065	1549	1342	3235
	Special	118	118	314	318	310	260	719
9	Kawkareik	364	46	551	465	592	435	1227
10	Win Yee	97	47	690	409	1135	1053	1716
11	Mergue/Tavoy	584	641	1082	1444	1823	2207	3891
12	Yee West - North	138	221	669	298	747	444	1259
13	Yee Chaungpya	159	172	840	312	1009	444	1468
14	Moulmein-Thaton	118	344	1370	1228	1910	1245	3108
15	Shan	262	389	407	528	803	707	1548
16	Lahu	144	81	218	334	194	467	719
17	Arakan	143	70	622	428	114	64	721
Total		**6101**	**5261**	**17795**	**15470**	**21624**	**18694**	**42473**

Number of Children Under 12 Years Old Receiving De-worming Medicine 2009

No	Area	First Term	Second Term	Average Total
1	Kayah	3246	3488	3367
	Special	184	217	201
2	Kayan	891	865	878
3	Taungoo	4828	1245	3037
4	Kler Lwee Htoo	1885	1996	1941
5	Thaton	3377	1623	2500
6	Papun	3190	1679	2435
7	Pa An	2481	2332	2407
	Special	400	513	457
8	Dooplaya	3267	1625	2446
	Special	756	760	758
9	Kawkariek	1257	957	1107
10	Win Yee	1809	761	1285
11	Mergue/Tavoy	2341	2792	2567
12	Yee West-North	768	600	684
13	Yee Chaungpya	717	614	666
14	Moulmein-Thaton	3280	3268	3274
15	Shan	1035	243	639
16	Lahu	408	831	620
17	Arakan	622	385	504
18	Special	1340	1490	1415
Total		**36742**	**26794**	**31768**

3). Water and Sanitation Project

The Back Pack Health Worker Team established water and sanitation projects in 2005. During 2009, the BPHWT teams built nine gravity flow water systems and sixteen shallow well water systems. The beneficiary population that has received water from these projects includes 973 households composed of 4813 people. The BPHWT also provided 1900 village latrines, but no school latrines during the year. The BPHWT aims to provide one latrine for every five people in all its target areas.

Building a gravity flow water system in Dooplaya -2009

Water and Sanitation Systems -2009

No	Area	Gravity Flow Water Systems Installed			Shallow Well Water Systems Installed			Latrines Installed		
		Jan - Dec 2009			Jan - Dec 2009			Jan – Dec 2009		
		No	HH	Pop	No	HH	Pop	No	HH	Pop
1	Kayah	***2***	147	745	***5***	80	361	***200***	203	1163
2	Kayan	***1***	32	187	***0***	0	0	***100***	114	670
3	Kler Lwee Htoo	***0***	0	0	***10***	104	521	***100***	100	526
4	Thaton	***0***	0	0	***0***	0	0	***600***	600	2563
5	Dooplaya	***2***	120	588	***0***	0	0	***600***	600	2884
6	Kawkareik	***1***	68	349	***0***	0	0	***0***	0	0
7	Win Yee	***0***	0	0	***1***	10	50	***0***	0	0
8	Shan	***2***	311	1631	***0***	0	0	***200***	1022	5553
9	Lahu	***1***	65	381	***0***	0	0	***100***	147	964
Total		***9***	**743**	**3881**	***16***	**194**	**932**	***1900***	**2786**	**14323**

4). Village Health Volunteer Training and Workshop

The objective of the BPHWT is to train and provide ten Village Health Volunteers (VHVs) for each team, with each VHV targeting a population of 2,000 community members. The BPHWT has already trained 700 VHVs in total, but only 388 VHVs are still working with the BPHWT. The BPHWT organizes village health workshops every six months. These workshops cover topics such as water, sanitation, and disease prevention. Village health workshops typically focused on discussions of water-borne diseases. Strategies for preventing the spread of infection of malaria, diarrhea, respiratory infections, worm infestations, measles and typhoid were also addressed. Other topics discussed included high-risk pregnancies.

VHV workshop in the Papun area - 2009

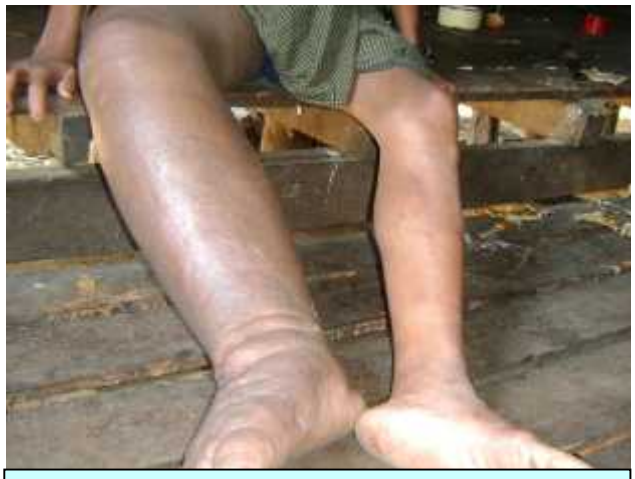
The occurrence of workshops depended on the security situation in the community and on the time available, but they generally three sessions are conducted by each Back Pack team. Workshops usually involved small group discussions with the topics from these discussion groups then bought back to the main group for general discussion. In 2009, 13,588 people attended village health workshops. Communities are invited to send representatives from different sectors such as religious leaders, traditional birth attendants and schoolteachers to attend discussions. These representatives then go back to their respective communities and further transmit their knowledge about these health practices. The focus of the sessions is on primary health care concepts. Villagers currently rely on curative treatments, instead of preventing the spread of infection. These sessions also include a discussion period in which community members can raise further issues affecting their health. During these sessions, the health priorities of the community are identified, and the community members contribute to discussions about how the BPHWT can help to address these issues.

Village Health Workshops - 2009

No	Area	Teachers		Students		TBAs		CHWs		VHVs		Shop Keepers		Religion Leaders		Women Org		Youth Org		Village Leaders		Villagers		Authorities		Total
		Jan-June 09	July-Dec 09	Jan-June 09	July-Dec 09	Jan-June 09	July-Dec 09	Jan-June 09	July-Dec 09	Jan-June 09	July-Dec 09	Jan-June 09	July-Dec 09	Jan-June 09	July-Dec 09	Jan-June 09	July-Dec 09	Jan-June 09	July-Dec 09	Jan-June 09	July-Dec 09	Jan-June 09	July-Dec 09	Jan-June 09	July-Dec 09	
1	Kayah	30	30	98	154	26	24	31	27	27	32	24	24	25	31	33	59	84	89	49	42	225	259	23	33	**1479**
2	Kayan	57	7	97	142	21	19	13	13	18	9	15	10	39	25	65	57	56	55	78	46	156	104	27	13	**1142**
3	Taungoo	1	24	0	66	1	23	1	20	0	16	0	3	1	13	3	25	3	29	4	27	10	64	1	18	**353**
4	Kler Lwee Htoo	18	33	93	184	10	11	13	14	12	14	5	5	6	5	19	18	23	16	58	16	220	343	17	10	**1163**
5	Thaton	9	27	41	439	20	36	4	23	21	23	29	15	1	10	2	24	5	35	7	53	366	348	4	16	**1558**
6	Papun	3	25	10	297	9	22	7	18	11	22	9	7	6	13	1	23	2	20	15	33	81	264	10	25	**933**
7	Pa An	5	34	9	748	4	59	6	34	2	34	2	29	3	7	2	2	0	81	6	37	35	841	4	18	**2002**
8	Dooplaya	13	21	209	201	23	26	28	22	24	23	13	19	12	6	1	10	19	19	25	24	235	189	37	27	**1226**
9	Kawkareik	17	15	45	81	15	15	9	10	15	15	6	4	7	4	1	4	5	4	17	s18	77	64	6	6	**460**
10	Win Yee	5	1	0	0	3	2	5	3	0	0	2	1	5	1	5	0	6	0	7	3	17	13	0	0	**79**
11	Mergue/Tavoy	14	13	44	11	22	21	26	21	18	18	53	19	24	21	35	35	39	38	31	29	183	123	42	43	**923**
12	Yee West-North	6	6	0	58	6	6	4	7	0	0	8	4	13	5	2	0	57	30	10	9	97	118	6	1	**453**
13	YeeChaungpya	9	9	0	80	5	5	7	7	0	0	3	5	6	10	2	5	43	55	10	11	106	155	6	4	**543**
14	Moulmein-Thaton	0	14	0	97	0	16	0	16	0	0	0	0	0	27	0	0	0	9	0	15	0	275	0	9	**478**
15	Shan	0	2	0	15	0	0	0	1	0	8	0	44	0	78	0	10	0	87	0	2	0	0	0	0	**247**
16	Lahu	4	7	9	57	3	6	6	4	0	0	0	3	4	3	0	0	0	37	4	6	19	79	4	7	**262**
17	Arakan	4	3	19	0	13	6	8	2	0	0	0	0	7	2	53	15	47	21	27	0	39	11	5	5	**287**
	Total	**195**	**257**	**674**	**2533**	**181**	**281**	**168**	**226**	**148**	**214**	**169**	**192**	**159**	**234**	**224**	**287**	**389**	**616**	**348**	**356**	**1866**	**2975**	**192**	**226**	**13588**

5). Lymphatic Filariasis Pilot Program

Since 2008, the BPHWT began the implementation of a lymphatic filariasis (LF) pilot program in the Kler Lwee Htoo, Papun and Thaton areas. The purpose of implementing this pilot program is to prevent the further transmission of LF by treating people currently infected with the disease. The BPHWT started the LF pilot program in these three areas in response to reports of significant cases of patients with symptoms such as lymphadema and hydrocele. From January to July 2008, the BPHWT health workers screened 100 people in each area using ICT card tests - the screening confirmed high levels of infection in these three areas. In July 2008, the BPHWT began Mass Drug Administration (MDA) in communities in Papun. In January 2009, the BPHWT extended MDA into Thaton and Kler Lwee Htoo.



LF case in Papun area-2009

The table below provides details of the MDA of diethylcarbamazine (DEC) that was continued in Kler Lwee Htoo, Thaton and Papun throughout 2009. In 2009, DEC was injested by an average of 59% of the targeted total population. At the LF Workshop during the BPHWT six-month meeting in March 2010, LF program workers identified the following reasons why people often do not want to take DEC: illness and other side effects of the drugs; fear of the medicine; and lack of understanding about LF (which is often asymptomatic and can be very easily transmitted from person to person). Other difficulties that prevented field workers from reaching a greater proportion of the population included security conditions and community members often having to work very far from their village and being difficult to reach. The BPHWT will continue MDA throughout 2010 and focus on further raising awareness of the risks of LF, how the disease is transmitted, and the importance of taking DEC to prevent transmission. The field workers will conduct small focus group discussions (FGDs) with community members (targeting equal numbers of men and women, and individuals at different social levels). These trained members of the FGDs will then lead bigger community meetings with support from the BPHWT field workers to communicate their knowledge about LF with the wider community. The LF pilot project will continue MDA for a minimum of 5 years. In 2010, a second round of ICT testing will be conducted in order to evaluate LF prevalence after 2 years of MDA and assess the impact of the program to date.

LF Program Mass Drug Administration in 2009

Area	Total Population	Total Population Ingested Medicine	Ingest Medicine per Age Group			Percent by Area
			(2-5)	(6-14)	Over 14	
Kler Lwee Htoo	3408	3148	534	927	1687	**92%**
Thaton	1124	679	95	217	367	**60%**
Papun	5204	3051	459	775	1817	**59%**
Total	**9736**	**6878**	**1088**	**1919**	**3871**	
MDA Coverage			**71%**			

C. Maternal and Child Health Care Program`

The Back Pack Health Worker Team began the Maternal Child Health Care Program (MCHP) in 2000. The BPHWT has trained Traditional Birth Attendants (TBAs) every year in order to reach their goal that for every 2000 people there will be ten TBAs. Already, 742 TBAs have been trained and 630 were still working with the Back Pack Health Worker Team in 2009. The BPHWT TBAs have assisted in 3708 births; of these, 3621 were live births, 90 were stillbirths or abortions, and there were 96 cases of neo-natal death. The TBAs also recorded 16 maternal deaths.

Delivery certificate for a new born baby in Pa An -2009

1) Traditional Birth Attendant Training

In 2009, the BPHWT organized one TBA training session for 12 TBAs related to the MCH program in the Palaung area, which was included as a pilot area in the previous year.

2) Traditional Birth Attendant Workshops

The BPHWT organizes TBA workshops every six months in order to improve TBAs' knowledge and skills, and to enable them to share their experiences and participate in ongoing learning opportunities. Delivery kit and maternity kit supplies were also restocked. These workshops provided a supportive environment for the discussion of issues faced in the field, which were then documented and reported at the Reproductive Health Workshop and the BPHWT six-month General Meeting. In 2009, 111 TBA workshop sessions were organized and included 630 TBAs, of which 142 were untrained TBAs.

ANC care by a TBA in the Lahu Area - 2009

Birth and Death Records - 2009

No	Area	Deliveries	Live Births	Still Births/ Abortions	Deaths		<2.5Kg	=>2.5kg Total
					Neonatal	Maternal		
1	Kayah	253	248	5	4	1	6	244
2	Kayan	226	220	6	7	3	13	208
3	Taungoo	0	0	0	0	0	0	0
4	Klew Lwee Htoo	280	273	8	13	1	13	245
5	Thaton	481	464	17	21	4	51	411
6	Papun	417	408	10	6	2	46	358
7	Pa An	404	394	10	17	1	59	341
8	Dooplaya	286	284	3	9	2	49	234
	Special	22	22	0	0	0	0	22
9	Kawkareik	71	71	0	0	0	6	65
10	Win Yee	237	236	1	7	1	36	182
11	Mergue /Tavoy	169	165	5	1	0	26	123
12	Yee West-North	101	99	1	0	0	0	42
13	Yee Chaungpya	93	85	8	1	0	0	44
14	Moulmein-Thaton	231	224	7	1	0	0	0
15	Shan	29	29	0	0	0	1	28
16	Lahu	162	157	5	5	0	7	151
17	Chin	246	242	4	4	1	3	246
	Total	**3708**	**3621**	**90**	**96**	**16**	**316**	**2944**

Pre and Post Natal Distribution of De-worming, Ferrous sulphate, Folic Acid and Vitamin A

No	Area	De-worming	F/S & F/A	Vitamin A	
				Mother	0-6 M Child
1	Kayah	242	245	245	238
2	Kayan	223	170	218	215
3	Taungoo	0	0	0	0
4	Kler Lwee Htoo	257	273	266	252
5	Thaton	424	412	449	448
6	Papun	343	346	327	312
7	Pa An	363	388	383	385
8	Dooplaya	229	192	227	225
	Special	22	22	12	22
9	Kawkareik	71	72	71	72
10	Win Yee	171	171	173	172
11	Merque/Tovay	166	166	164	161
12	Yee West-North	79	98	100	102
13	YeeChaungpya	85	93	93	84
14	Moulmein-Thaton	229	229	229	223
15	Shan	29	29	29	29
16	Lahu	158	162	160	157
17	Chin	190	220	202	208
	Total	**3281**	**3288**	**3348**	**3305**

3) Family Planning Activities

The BPHWT introduced family planning activities in 2003 in order to improve maternal and child health status among internally displaced persons. The BPHWT provides family planning education and supplies to those communities who would like to access these services. The aim of the BPHWT family planning activities is to address urgent health concerns among the displaced communities.

In 2009, the BPHWT provided family planning services to 2,771 people, of whom 2,482 were women and only 289 were men. This statistic reflects that only a small number of men participate in family planning. However, compared with data from 2008, male participation has increased over the last year. In the future, the BPHWT aims to encourage greater male participation in family planning since methods targeting men are simple and involve fewer complications.

Family Planning Activities – 2009

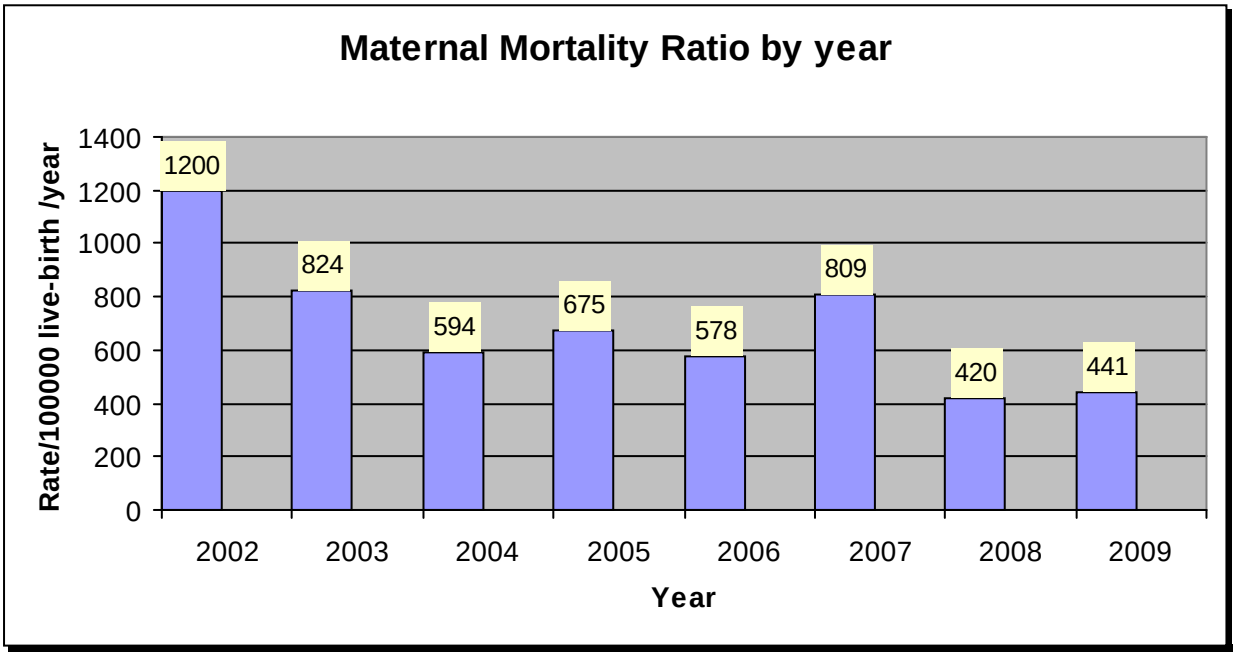
No	Area	Total	Age		G/P			Visits		Clients			Quantity		
			<20	>20	0	1-4	>4	New	F/U	Depo	Pill	Cond	Depo (Inj)	Pill -Pack	Condon (Pieces)
1	Kayah	253	15	238	0	155	98	95	158	94	125	34	203	744	1145
2	Kayan	143	0	143	2	95	43	46	97	33	79	31	80	480	880
3	Taungoo	30	0	30	0	19	11	30	0	25	5	5	50	30	105
4	Klew Lwee Htoo	32	0	32	0	17	15	16	16	11	17	4	22	53	231
5	Thaton	498	0	497	0	200	292	177	321	347	134	17	665	801	1401
6	Papun	239	1	238	1	98	140	87	152	138	71	47	339	416	576
7	Pa An	257	2	255	3	191	63	82	175	151	90	16	235	458	410
8	Dooplaya	365	5	360	1	215	149	154	211	207	140	18	387	836	798
9	Kawkareik	124	1	123	0	73	51	56	68	79	43	2	140	149	288
10	Win Yee	118	0	118	2	84	31	47	71	45	35	40	51	135	1114
11	Merque/ Tovay	308	19	289	0	184	124	150	158	178	125	7	360	740	720
12	Yee West-North	110	47	63	44	50	16	42	68	81	17	12	100	44	108
13	YeeChaungpya	130	52	78	55	61	14	58	72	90	21	22	98	37	99
14	Moulmein-Thaton	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Shan	47	12	35	12	15	20	22	25	20	15	12	31	85	288
16	Lahu	117	26	91	1	84	31	44	73	58	39	22	120	137	306
Total		**2771**	**180**	**2590**	**121**	**1541**	**1098**	**1106**	**1665**	**1557**	**956**	**289**	**2881**	**5145**	**8949**

4) Summary Fact Sheet of the MCH Program's Activities (2000-2009)

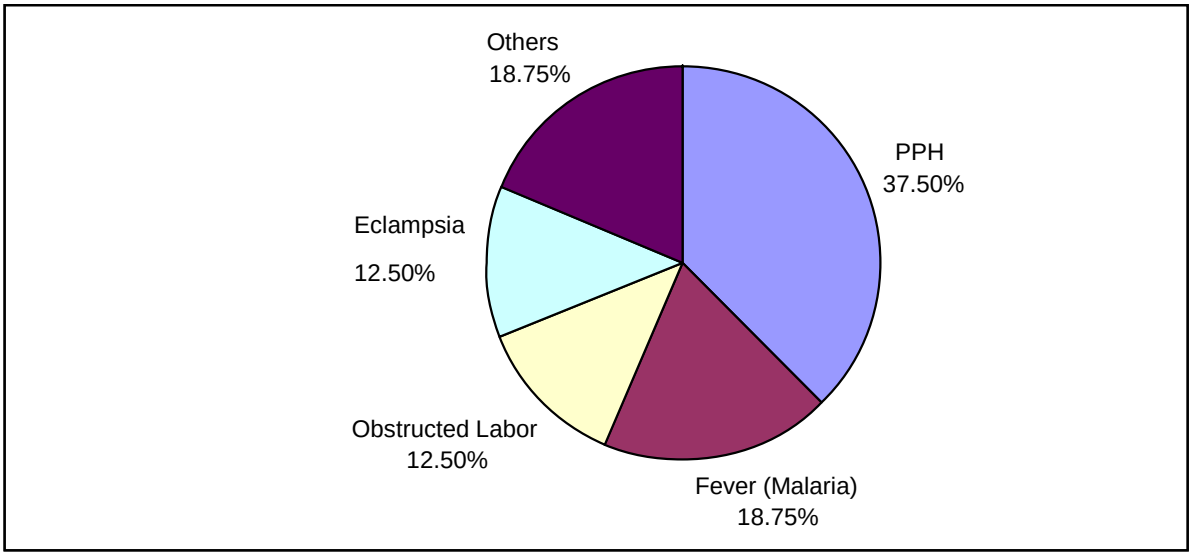
Years	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Total Deliveries	115	324	2201	1517	1432	2297	2693	3463	3156	3708
Live Births	101	296	2066	1457	1347	2222	2594	3337	3095	3621
Still Births/ Abortions	14	28	135	60	84	81	103	134	63	90
Neonatal Deaths	N/A	N/A	52	32	47	73	94	117	69	96
Mother Deaths	N/A	N/A	21	12	8	15	15	27	13	16
Low Birth Weight	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	237	316

The Maternal Mortality Ratio (MMR) in the BPHWT target areas increased slightly in 2009, as compared with the previous year. There were 441 per 100,000 live births in 2009 versus 420 per 100,000 live births in 2008. This ratio remains very high in comparison to figures reported through official or UN sources for Myanmar as a whole. The latest survey by the UN Children's Fund (UNICEF) and the Myanmar Department of Health in 2005 showed the MMR in Myanmar to be around 316 per 100,000 live births. UNICEF figures underestimate the health problems in Burma by not including data from the country's more remote and disputed areas.

The main causes of maternal death are post-partum hemorrhage (37.5%), obstructed labor (12.5%), eclampsia (12.5%), fever (18.75%) and other (18.75%). Neonatal mortality rates during deliveries attended by the BPHWT have increased in comparison with the previous year. The BPHWT still needs to conduct TBA trainings to recruit new TBAs and increase the coverage of the MCH Program. Additionally, the BPHWT needs to conduct TBA workshops to update those TBA skills and knowledge, which will increase the implementation of safe birthing practices and improve maternal and child health.



Cause of Maternal Deaths - 2009



5) Eyeglasses Project for Traditional Birth Attendants

This activity, beginning with eye testing, was implemented in the second term of 2008. The numbers of eyeglasses distributed to TBAs during the 1st and 2nd terms of 2009 were 174 and 100 glasses, respectively. The table below shows the numbers of eyeglasses distributed by areas and refraction.

No	Area	+1.00	+1.50	+2.00	+2.50	+3.00	+3.50	+4.00	Total
1	Kayan	2	0	1	3	3	0	0	9
2	Klew Lwee Htoo	9	10	6	3	2	2	0	32
3	Thaton	2	2	15	3	19	13	0	54
4	Papun	4	8	12	11	8	8	0	51
5	Pa An	0	7	17	19	7	0	0	50
6	Dooplaya	3	2	3	4	7	3	0	22
7	Kawkareik	3	4	2	0	3	3	0	15
8	Win Yee	0	1	3	0	2	9	0	15
9	Mergue/Tavoy	2	2	5	6	6	0	0	21
10	Lahu	0	1	1	3	0	0	0	5
	Total	**25**	**37**	**65**	**52**	**57**	**38**	**0**	**274**

7) Field Meetings and Workshops

The BPHWT conducts Field Meetings and Field Workshops twice a year. In 2009, there were 322 participants - 203 male and 119 female participants – who attended Field Meetings and 352 participants - 176 men and 176 women – who attended Field Workshops.

Field Meeting Objectives:

The objectives of the Field Meetings are to meet with local community leaders to:

- Discuss the current health care situation and concerns in the community
- Review the various BPHWT programs – Medical Care, Community Health Education and Prevention, and Maternal and Child Health Care
- Identify the health care and education needs of the community and related issues; assign priorities according to these needs and identify those needs that can be addressed by the BPHWT

- Collaborate to develop a plan for the BPHWT to meet the identified health care and education needs of the community
- Obtain the approval, support, and active participation of community leaders in implementing the community health care and education plan

Field Workshop Objectives:

The objectives of the Field Workshops are to:

- Improve the skill sets, knowledge, and clinical confidence of the health workers, especially concerning effective treatment and proper primary health care approaches
- Share skills, knowledge, and case experiences
- Talk about the importance of collecting health information in order to better understand and serve the current community health care needs as well as to evaluate the effectiveness of the BPHWT programs
- Discuss the current health care situation in the field and related issues
- Insure that the necessary medicines and medical supplies are delivered to the health workers
- Instill a strong sense of confidence in the health workers so that they will be highly motivated to successfully implement their BPHWT responsibilities in the field

Field Meeting and Field Workshop Participants

Participants			
Description	**Male**	**Female**	**Total**
Field Workshop	176	176	**352**
Field Meeting	203	119	**322**

8) Capacity Building Program

The BPWHT members attended and organized a number of conferences, seminars and training workshops in 2009. These are listed below.

Workshops and Trainings Sessions Implemented by the BPHWT Teams in the Field in 2009

- Field Meeting /Workshop
- Village Health Workshop
- Six-month meetings /workshops

- Short course training sessions
- VHV training sessions / workshops
- TBA follow-up workshops
- Reproductive Health Workshop
- Community Health Training
- Program Management Training
- Public Health Workshop
- Lymphatic Filariasis Workshop
- Organizational Development Workshop
- Participatory Learning and Action (PLA) Workshop

Other Training Sessions and Workshops Attended by the BPHWT Office Staff - 2009

No	Start Date	End Date	Participants	Organized by	Topics
1	9/8/2009	9/8/2009	2 staff	IRC	CBC
2	10/8/2009	11/8/2009	3 staff	IRC	Quick Book Training
3	11/08/2009	3 months	5 staff	MTC	Community Health Volunteer
4	17/08/2009	29/08/2009	3 staff	BMA	Access Training
5	18/08/2009	19/08/2009	2 staff	IRC	Organization Leadership & Management Training
6	27/08/2009	27/08/2009	1 staff	ARC	RH Coordination Meeting
7	05/09/2009	05/09/2009	1 staff	GHAP	Malaria Data Collection
8	21/10/09	21/10/09	2 staff	IRC	CBC Meeting
9	14/10/09	23/10/09	2 staff	EAT	Community Development
10	26/10/09 29/10/09	26/10/09 29/10/09	2 staff	HREIB	Gender Sensitivity and Child Friendly Interview Guidelines
11	21/12/09	24/12/09	2 staff	USAID, SHIELD,IRC	Team Building & Conflict Resolution
12	06/12/09	06/12/09	1 staff	MTC	Excel Training

9) Coordination and Cooperation

The Back Pack Health Worker Team coordinates with other health organizations, health professionals and health institutions that have the same community health vision. To review the effectiveness of the program, the BPHWT organized coordination meetings every six months in conjunction with the regular BPHWT general meetings, field workshops, field operational meetings and village workshops.

BPHWT Coordination Meeting in 2009

The BPHWT Executive Committee coordinates with other health organizations, which work in areas related to the programs or its issues, such as: Mae Tao Clinic (MTC), Burma Medical Association (BMA), local ethnic health departments, National Health and Education Committee (NHEC), and Global Health Access Program (GHAP).

The Field-in-Charges from twenty field areas organized field meetings every six months, which included coordinated activities with local health organizations. The BPHWT mainly cooperates with local ethnic health departments, local community based organizations, school teachers, and village leaders.

10) Monitoring and Evaluation

The Back Pack Health Worker Team organizes program activity meetings twice a year and a general meeting once a year. The meetings include discussions of monitoring and evaluation. In 2007-2008, the BPHWT conducted an Internal Programming Improvement Project (IPIP) in order to evaluate the improvement of activities, focusing in particular on communication, appropriate drug use, and performance reviews of the clinical logbooks. In 2008, the BPHWT continued the IPIP process and the evaluation of program implementation to improve the quality of drugs administered, health workers' skills and knowledge and logistics management. During 2010, the BPHWT will implement an Impact Assessment Survey in order to monitor and evaluate the effectiveness of the programs implemented in the target areas.

a. Framework of Monitoring and Evaluation

Key Indicators	Methods	Period
Health Worker Performance	Logbook reviews	Every six months
Program Development	Annual report comparing of planning and actual activities	Once a year
Program Management	Leading Group election and Executive Board appointments	Every 3 years
Outcome and Impact Assessment	Conducting surveys	Every 2 year
Training Effectiveness	Pre- and post-test examinations	Every year
Financial Management	Comparisons of planned and actual budgets	Every six months
	External audits	Once a year

b. Monitoring and Evaluation Processes

The BPHWT organizes program meetings every six months and annual meetings once a year in order to review the organization's activities. During these periods, the BPHWT reviewed patient record books to assess the quality of care as well as the field workers' adherence to treatment protocols and case definitions.

Monitoring of Malaria Treatment in the Field Based on Logbook Reviews						
No	**BP Area**	**#of PF Malaria**	**Total Correct Tx**	**Total Incorrect Tx**	**Percentage Correct Tx**	**Percentage Incorrect Tx**
1	Kayah	863	850	13	98%	2%
2	Kayan	307	295	12	96%	4%
3	Taungoo	353	340	13	96%	4%
4	Kler Lwee Htoo	552	539	13	98%	2%
5	Thaton	448	431	17	96%	4%
6	Papun	796	717	79	90%	10%
7	Pa An	835	783	52	94%	6%
8	Dooplaya	616	600	16	97%	3%
9	Kawkareik	345	335	10	97%	3%
10	Win Yee	401	398	3	99%	1%
11	Mergue/Tavoy	730	688	42	94%	6%
12	Yee West-North	432	428	4	99%	1%
13	Yee Chaungpya	569	555	14	98%	2%
14	Moulmein-Thaton	385	260	125	68%	32%
15	Shan	303	284	19	94%	6%
16	Lahu	319	283	36	89%	11%
17	Arakan	249	249	0	100%	0%
18	Special 1	76	71	5	93%	7%
19	Special 6	121	108	13	89%	11%
20	Special 7	190	173	17	91%	9%
21	Palaung	130	123	7	95%	5%
Total		**9020**	**8510**	**510**	**94%**	**6%**

c. Assessment of the Medical Knowledge of Program-in-Charges

Two levels of assessments were conducted in March 2010 to evaluate the medical knowledge of the BPHWT Program-in-Charges and Field Workers. The aim of these assessments was to identify possible gaps in knowledge and capacity, which can then be addressed in capacity development programs by the BPHWT. The medical assessment was based on the diagnosis and treatment protocols of the Burma Border Guidelines. The results of the assessments are provided in the table below.

Assessment of the Medical Knowledge of Program-in-Charges

No	Assessment Summary: Percentages of Correct Answers by Participants	
1	**Malaria Case**	**Overall Percentages**
	(1) Initial Diagnosis	96%
	(2) Confirmed Diagnosis	55%
	(3) Treatment	97%
	(4) Contraindications	91%
	(5) Diagnosis with Para-check (Rapid Diagnosis Test)	89%
2	**PF Positive Treatment**	
	(1) < 8 Year Old Child	60%
	(3) Pregnant Women	38%
	(5) > 8 Year Old and Adult	65%
3	**Diarrhea Case**	
	(1) Diagnosis	84%
	(2) Questions Asked Patients in Examination	80%
	(3)Treatment	94%
	(4) Health Education Given to Patients	93%
4	**ARI Case**	
	(1) Diagnosis	88%
	(2) Treatment	90%

11) Program Development and Activity Reviews in 2009

Comparing of Planned and Actual Activities (Logistical Framework Activities)

OVERALL GOAL	To reduce morbidity & mortality & minimize disability by enabling & empowering the community through primary health care						
OBJECTIVES	ACTIVITIES	INDICATORS OF ACHIEVEMENT	VERIFICATION SOURCES	2009 EXPECTED RESULTS	2009 ACTUAL RESULTS	VARIANCES/ DIFFERENCES	NOTATIONS
Medical Care Program							
1. To decrease the morbidity & mortality rates from common diseases	1. Providing medicine and medical supplies 2. Treat common diseases and minor injuries	- Supplies transported to the field - No of cases treated - Rate of morbidity	- Procurement delivery documents - Log books - Analysis of data collected - Mid year & annual reports -Impact Assessment Survey	100,000 cases being treated Reducing morbidity rates by 15% throughout the year Reducing mortality rates 25% within 2 years	88,786 cases were treated From 294 t0 219 (25 %) reduction in malaria morbidity rates xx % of mortality rates reduced within 2 years	11,214 (11%) less cases were treated There is 10 % greater reduction in morbidity rates Not available in 2009	- There were only 81 BP teams implemented, but our expectation was for 85 teams. - In the second term, two BP teams could not implemented because of security reasons - This will be seen in the 2010 impact assessment results
2. To strengthen patient referral systems	- Field Meetings - Village Health Workshops - 6 monthly meetings	- No of participants in workshops & meetings - No of referrals	- Meeting reports - Workshop reports - Mid year & annual reports -Patient's referral	20,000 people attended meetings & workshops	14,262 people attended field meetings and workshops	5,738 (28%) people failed to attend meetings and workshops in respect our expected results	- There were only 81 BP teams implemented, but our expectation was for 85 teams. In second the

			form	180 patients referred to clinics or hospitals	79 patients referred to clinics or hospitals	101 (56%) less patients referred to clinics or hospitals	term, two BP teams could not be implemented because of security reasons
3. To respond to disease outbreaks and emergency situations	- Purchase emergency medical supplies - Improve communications within the field and from field to office	- Prompt reporting - Population affected - No of cases treated	- Delivery documents - Field photos - Exception reports - Mid year & annual reports	- Effective response and treatment for disease outbreaks or emergency situations	Consultations with Thai authorities about the 5,000 people who were forced to flee from Burma into Thailand Provided treatment to 1,167 patients of an effective 5,000 IDP population in Burma during a flu outbreak	`	
4. To improve health workers' skills and knowledge	- Field workshops - 6 month workshops - Short courses training	- No of participating health workers - Improved diagnosis & treatment	- Field reports - Workshop reports - Log book review & analysis - Mid year & annual reports	270 workers attend field workshops 90 workers attend 6 month workshops	352 workers (176 men and 176 women) attended field workshops 63 worker (37 men and 26 women) attend 6 month workshops	82 (30%) more people attended field workshops 27 (30%) less workers attended the 6 month workshops	- Transportation obstacles in the border region
Community Health Education and Prevention Program							
5. To improve networking among community health organizations	- Village Health Workshops	- No & category of people who participate in workshops and meetings	- Field Meeting reports - Village Health Workshop reports - Field reports - Field photos - Mid year &	15,000 people participate in 170 Village Health Workshops Breakdown of	13,588 people participated in 156 Village Health Workshops Teachers 452	1,412 (9%) less people participated in Village Health Workshops Teachers 4%	-

			annual reports	participants by category (women, youth, TBAs, VHVs, shopkeepers. regional & village leaders, teachers etc)	Students 3,207 TBAs 462 HWs 394 VHVs 362 Shopkeepers 361 Reg. leaders 393 Women org. 511 Youth org. 1,005 Villagers 4,841 Vill leaders 1,122	Students 24% TBAs 4% HWs 3% VHVs 3% Shopkeepers 3% Reg. leaders 3% Women org. 4% Youth org. 8% Villagers 36% Vill leaders 8%	
6. To educate students & the community about health	- Student personal hygiene sessions - Key Health Day events	- No of personal hygiene sessions held & no of students participating - No of Key Health Day events held & no of participants	- Field reports - Field photos - Mid year & annual reports	170 personal hygiene sessions attended by 27,000 students 85 Key Health Day events attended by 13500 people	54 personal hygiene sessions attended by 8578 students 1,627 people attended Key Health Day events	116 (32 %) less personal hygiene sessions	- No implement in the first term because the schools closed - Under reported
7. To equip the people with the skills and abilities to manage their own health	- VHV training sessions - VHV workshops - Village health workshops	- No of VHV training sessions & No of new VHVs trained - No of VHV workshops & No of VHVs attending	- Training and workshop reports - Photos - Mid year & annual reports	450 new VHVs trained in 20 VHV training sessions 170 VHV workshops attended by 900 VHVs	No new VHV training 104 VHV workshops attended 474 VHVs	No new VHVs trained 66 less VHV workshops held	- Budget limitations
8. To improve water and sanitation systems in the community to reduce water-borne diseases	1. Install pure drinking water systems in schools - Build school & community latrines	- No & type of water systems installed - No & type of latrines built	- Field reports - Photos - Mid year & annual reports	180 school pure drinking water systems and 900 school latrines to benefit 27000 students 10 gravity flow water systems	No school pure drinking water systems or school latrines installed 9 gravity flow water systems and 16	No school pure drinking water systems or school latrines installed One (10%) less gravity flow water	- Time and budget limitations

	- Build gravity flow & shallow well water systems	- Reduced morbidity from water-borne diseases		and 100 shallow well water systems or 600 households (3,000 population) and 1,000 households (5,000 population) 6,000 community latrines	shallow well water systems installed 1,900 community latrines installed Water-borne diseases reduced	system installed and 84 (84%) less shallow well water systems installed 4,100 (68%) less latrines installed 34% decline in the diarrhea morbidity rate	- Budget limitations
9. To reduce the incidence of malnutrition. worm infestation,	Distribute de-worming medicine and Vitamin A to children	No of children receiving Vitamin A and de-worming medicine	Worker Data form and six-month report	40,000 children will receive de-worming medicine 40,000 children will receive Vitamin A	42,473 children received Vitamin A 31,768 children received de-worming medicine	2,473 (6%) more children received Vitamin A 8,232 (20%) less children received de-worming medicine	
Mother and Child Health Care Program							
10. To reduce maternal & neonatal mortality rates	- New TBAs trained - TBA kits provided to all TBAs - Maternity kits provided to all mothers	- No of new TBAs - No of TBA kits provided - No of maternity kits provided - No of live-births, maternal and neonatal deaths	- Workshop reports - TBA data form - Mid year & annual reports	200 new TBAs trained at 20 TBA training sessions 200 TBA kits 800 maternity kits	12 new TBAs trained at one TBA training session 10 TBAs kits provided 40 maternity kits provided	188 (94%) less new TBAs trained 190 less TBA kits provided 760 less maternity kits provided	- Adopting a new TBA training curriculum

11. To improve knowledge & skills of TBAs & MCH Supervisors	- TBA Follow-up Workshops held - Reproductive Health Workshops held	- No of TBA Follow-up Workshops held & no of TBAs attending - No of Reproductive Health Workshops held & no of MCH Supervisors attending	- Workshop reports - Field reports - Field photos - Mid year & annual report	140 TBA Follow-up Workshops for 700 TBAs 2 Reproductive Health Workshops 6,400 maternity kits	111 TBA Follow-up Workshops for 550 TBAs 2 Reproductive Health Workshops attended by 15 MCP Supervisors 4,720 maternity kits provided	29 (20%) less TBA Follow-up Workshops and 150 (21%) less TBA attendees Actual met expected results 1,680 (26%) less maternity kits provided	-
12. To encourage positive community attitudes towards and utilization of family planning	- Village Health Workshops - Reproductive Health Workshops	- No or participants at workshops - No & type of contraceptive supplies provided	- Data sheets & analysis of data - MCH Supervisor reports - Mid year & annual reports	2,000 people participate in family planning	2,771 people participated in family planning	771 (38%) more people participated in family planning	
13.To provide delivery records	- Document and issue delivery records	No of newborns receiving delivery records	- TBA reports and copies of issued delivery records	2,000 delivery records	1,740 delivery records issued	260 (+13 %) less delivery records issued	
Capacity building							
14. To improve health worker and staff knowledge and skills	1. Organize community health worker training 2. Office management training 3. Attendance at local and international conferences and training sessions	- No of trainees completing the training - No training participants - No of times participation	-Training report -Attendance list	35 of health worker will complete training and work in field 75 people will receive training and improve management skills 2 international and 6 local conference or training sessions	60 trainees completed the training No one received office management training. 2 international and 6 local conference or training attended		

12) Back Pack Health Worker Team Financial Report - 2009

Back Pack Health Worker Team 2009 Financial Report			
Account Currency: **Thai Baht**			
Program Income 2009	**31/12/2009**		
Opening Fund Balance from 2008	3,061,226		
Grants:			
1. BRC/IP/CIDA	2,600,000		16%
2. from BRC /IP/Just Aid Foundation	817,585		5%
3. From SV	1,460,050		9%
4. From NCA	3,296,073		20%
5. From DCA	3,031,975		18%
6. From IRC	5,144,624		31%
7. From GHAP	79,720		0%
8. Other Donations	83,060		1%
Bank Interest	9,280		0%
• Saving Account			0%
• BPHWT Account			0%
Sub-Total Income	16,522,367		**100%**
TOTAL INCOME	**19,583,593**		
Note: *Expenditure according to auditor statement*			
Program Expenditure 2009			
Back Pack Medicine and Medical Equipment		9,494,919	51%
Capacity Building Program		924,995	5%
Community Health Education and Prevention Program		2,112,872	11%
Maternal and Child Health Care Program		2,102,319	11%
Health Information and Documentation Program		167,551	1%
Program Management and Evaluation		2,164,843	12%
Administration		1,809,785	10%
General Expense		4,500	0%
TOTAL EXPENDITURES		**18,781,784**	**100%**
ENDING FUND BALANCE - 2009		**801,809**	

13) Map


Hakha
Monia
Taung Gyi
Tachiliak
Sittway
Loi Kaw
Than Daung
Taungoo
Baw Gali
Pyu
Kyaut Kyi
Kaw Lu Doh
Kyaut Nya
Da Gwin
Shwe Kyin
Papun
Naung Lay Bin
Pegu
Hlaing Bwe
Bilin
Rangoon
Thaton
Pa An
Mya Waddy
Mataban
Kaw Kereik
Molmyine
Kyaik Don
Kya In Seikyi
Taung Zon
Kyunn Chaung
THAILAND
Gulf of
Mataban
Na Kyi Sin
Mitta
Hsin Pyu Taing
Da Wei
Kaw Taw Ni
Mai Ngaw
Myeik
Ta Nin Tha Yi
Gulf of
Thailand
BPHWT Target Area
Shan+Lahu
Kayah+Kayan
Taungoo
Kler Lwee Tu
Tha Ton
Mutraw (Pa Pun)
Pa-An
Doo Playa
Mergue/Tavoy
Mon
Arakan
Chin

Part II: Program Workshops and Meetings Report

1. Program Workshops

a) Medical Care Program Workshop

b) Community Health Education and Prevention Program Workshop

c) Mother and Child Health Care Program Workshop

d) Participatory Learning & Action Workshop

e) Lymphatic Filariasis Workshop

f) Public Health Indicators Workshop

g) Organization Development Workshop

2. 23rd General Meeting of the Back Pack Health Worker Team

1) Program Workshops

During this year, there were three kinds of program workshops held: Medical Care Program Workshop, Community Health Education and Prevention Program Workshop, and Mother and Child Health Care Program Workshop. The BPHWT program coordinators conducted the program workshops. These program workshops were held from 17-19 February 2010. The discussion topics and schedules for the workshops were as follows.

Seminar Workshop and Meeting - 2009

a) Medical Care Program Workshop

Facilitator : : Saw Win Kyaw
Duration : : 17-19 February 2010
Participants : : 29 (22 men and 7 women)

Topic discussion

- Malaria logbook review
- Case definition
- Medicine inventory
- Reproductive health case
- Review of the Data Form

Recommendations

- Edited the *Malaria Data Form* (Take out the HCG test column).
- Have discussions with the MCP Coordinator about reproductive health, including pre-eclampsia, elampsia and antepartum haemorrhage in *Form A*.
- Have more discussions about medical transportation in the field areas.
- According to a 22nd meeting decision, BP workers need to be in a village for at least three days if the BP team goes around twice during a six-month period; or six-seven days if they only go around once during a six-month period. Then they should note these visits in *Worker Form C*.

- The BPHWT recommended a Para-check quality control to determine malaria treatment failures in the future.
- 6,500 ITNs will be provided to households where there are pregnant women and children under the age of five.
- The BPHWT will adjust drug supplies and reduce the amount of paracetamol, aspirin, hypertension medicine, cotri, amoxi and increase the amount of other needed drugs.
- The BPHWT should provide oxytocin for Emergency Obstetrics Care (EmOC) of postpartum haemorrhaging and conduct a workshop about this.
- At a minimum, the BPHWT should provide ceftriaxone to each BPHWT team for instances of sepsis. If possible, gentamycin should be replaced with ceftriaxone.

Malaria Workshop - 2009

b) Community Health Education and Prevention Program Workshop

Facilitator : : Saw Hser Nay Moo and Naw Lah Shee Htoo

Duration : : 18-20 February 2010

Participants : : 11(All participants are men)

Topics Discussed:

- Primary health care concepts
- VHVs responsibilities
- CHEPP monitoring form
- Review of the CHEPP Data Form
- Universal precautions
- Village health committees

VHV responsibilities are:

1. Providing Vitamin-A and de-worming medicine
2. Malaria follow-up treatments
3. Compiling and maintaining current lists of schools and number of students in each area
4. Compiling and maintaining current lists of villages and their populations
5. Conducting home health and health education visits
6. Monitoring local water and sanitation systems

Recommendations:

- Local transportation rates need to be standardized for each Back Pack area.
- The number of damaged latrines recorded during a six-month period should be added to the Monitoring Form.
- Training for new VHVs and refresher training for experienced VHVs should be conducted in the different field areas.
- The BPHWT should provide medicine kits for VHVs.
- The BPHWT should provide nail clippers and scissors for student personal hygiene to each Back Pack team.
- The BPHWT should increase the budget for gravity flow water systems from 35,000 to 45,000 THB.
- The BPHWT should implement a Water and Sanitation Program during the first six months of 2010.

c) Mother and Child Health Care Program Workshop

Facilitator : : Naw Thaw Thi Paw

Duration : : 17-19 February 2010

Participants : : 11 (3 men and 8 women)

Topics Discussed:

- Data and Report Forms
- Training-of-Trainers (TOT) criteria
- Trainee criteria
- Pre-testing and post-testing
- Eyeglass report form

Difficulties noted during the MCHP Workshop included:

- Not all MCHP supervisors were able to attend the workshop
- Data could not be obtained from two BPHWT teams working in Mergue/Tavoy
- At the time of the MCHP Workshop, the Moulmein-Thaton report had not yet arrived at the BPHWT head office; so data from Malamein-Thaton could not be discussed during the workshop

MCH workshop - 2009

Recommendations:

- 59 TBA trainings should be conducted
- 4 TBA workshops should be conducted
- 4 TBA meetings should be conducted in Shan State
- 45 scales (for babies) will be provided to TBAs
- 56 birth record books will be provided to health workers
- The MCH Coordinator will find out more information about the "once a month" (rather than daily) contraceptive pill.
- 99 eyeglasses will be provided to TBAs
- TBA eye testing will be done in areas where it could not be done during the previous six-month period.

d) Participatory Learning & Action Workshop

This Participatory Learning & Action (PLA) Workshop was held from 1-3 February 2010 at the BPHWT office and facilitated by staff members of the BPHWT and the Burma Relief Center (BRC). Twenty-two participants attended the workshop. The topics discussed at the workshop included:

- Relief versus development
- Defining "well-being"
- Participatory development, and top-down versus bottom-up development
- Primary health care and PLA experiences from the field
- Gender concepts, gender awareness, and the participation of women
- Community mapping, seasonal calendar, and body mapping
- Planning for the implementation of PLA methods in field areas

Recommendations:

- Implement PLA workshops in the 16 field areas (including .the Chin field area) that were requested by workshop participants
- Conduct PLA Training-of-Trainers (TOT) workshops in every field area with mandatory attendance of at least two people from each group.
- Integrate PLA concepts into Village Health Workshops and VHV Workshops

e) Lymphatic Filariasis Workshop

The Lymphatic Filariasis (LF) Workshop was held on 13-16 February 2010 at the BPHWT office and facilitated by the CHEPP Assistant Coordinator, Lar Shee Htoo, and two GHAP staff members. Three health workers, from the Thaton, Kler Lwee Htoo and Pa Pun field areas attended the workshop. The discussion topics were:

- Review of disease information with clinical/programmatic questions & answers
- Field area debriefing and discussion of problems
- Reviewing the Monitoring and Evaluation Form
- Distributing supplies
- Reviewing the security situation in each field area
- Planning for Mass Drug Administration (MDA) in 2010
- Presenting historic data and clarification of village names
- Reviewing focus group and community meeting results as well as community participation in the local LF program

Recommendations:

- Use only *Form D* for target population estimates
- Prepare education posters for distribution in the community
- Provide *New Hope* manuals for treating symptomatic patients
- Maintain clear records of areas visited to eliminate any coverage overlaps during a treatment year

f) Public Health Indicators Workshop

The Public Health Indicators workshop was held from 24-26 February 2010 at the BPHWT office and facilitated by the staff of the Global Health Access Program (GHAP) as well as of the BPHWT. The workshop was held during the six-month BPHWT meeting and therefore, fifty BPHWT field workers were able to attend this workshop. The aim of the workshop was to provide the field staff with an overview of concepts and methods in public health. The specific workshop goals included:

Public Health Workshop in 2009

- To increase health workers' knowledge of public health
- To increase health workers' understanding of goals, objectives, and indicators and how they relate to the programs they work on
- To increase health workers' awareness of how the BPHWT's Monitoring and Evaluation (M&E) efforts (through calculation of indicators) fits into international M&E practices for health programs
- To stimulate health workers' critical thinking skills related to program M&E
- To increase health workers' understanding of the strengths and weaknesses of the BPHWT's program data versus survey data

Specific topics discussed in the workshop included:

- What is health?
- What is public health?
- Different between prevention and treatment
- Why is the population perspective important?
- Public health process
- Program monitoring and evaluation
- Monitoring and Evaluation (M&E) steps
- Program goals & objectives
- Indicators
- Determine which indicators to use
- Incidence and prevalence

- Mortality rates & other international indicators
- BP's indicators, goals and objectives

g) Organization Development Workshop

The Organizational Development Workshop was conducted from 1-3 March 2010 and facilitated by staff of the International Rescue Committee (IRC) at the BPHWT's central office. Twenty-eight health workers - 17 men and 11 women - participated in the workshop. The aim of the workshop was to include field workers in identifying possible areas for improvement in the BPHWT as an organization. IRC staff helped the participants to work in groups and discuss the following topics:

- Past and present of the organization and changes over time
- Policies of the organization
- Gap analysis at the field, activity, and implementation levels as well as at the leadership and management level
- Force field analysis: 'forces for change' versus 'forces against change'
- Different reasons for gaps
- Planning session for changing

2) 23rd General Meeting of the Back Pack Health Worker Team

The 23rd Back Pack Health Worker Team Semiannual Meeting was conducted from the 4-8 March 2010 in Mae Sot at the BPHWT head office. Attending this meeting were 63 BPHWT health workers – 36 men and 27 women. A week before the beginning of the meeting, the BPHWT's data team entered, checked the quality of, and analyzed the data obtained from the field. During the meeting, the Leading Group discussed the data within a programmatic perspective in order to monitor events taking place in the field. After this analysis, they discussed how to improve data collection methods.

BPHWT General Meeting in 2010

During the meeting, the Leading Group also offered advice for any issues that health workers could not solve by themselves, and provided input and suggestions to plans for the next period of implementation. The purpose of the workshop was to discuss health workers' experiences in the field, share knowledge, review which activities were and which were not

implemented as well as why some activities could not be implemented, compare outcomes in relation to plans made at the previous six-month meeting, and share difficulties encountered in field. After the meeting, the Leading Group discussed possible ways to handle the problems identified during the workshop and came to decisions about how to take action to solve these problems.

Schedule of BPHWT's 23rd Semiannual General Meeting

Description of Presentation	Responsibility
Opening Speech	Dr. Cynthia Maung
Review on Decisions from the 22nd Meeting and Discussion	All Members of the BPHWT
Kayan Area Field-in-Charge Report	Kayan Field-in-Charge
Kayah Area Field-in-Charge Report	Kayah Field-in-Charge
Lahu Area Field-in-Charge Report	Lahu Field-in-Charge
Palaung Area Field-in-Charge Report	Palaung Field-in-Charge
Discussion and Questions on the Four Areas Reports	All Participants
Thaton Area Field-in-Charge Report	Thaton Field-in-Charge
Taungoo Area Field-in-Charge Report	Taungoo Field-in-Charge
Kler Lwee Htoo Area Field-in-Charge Report	Kler Lwee Htoo Field-in-Charge
Papun Area Field-in-Charge Report	Papun Field-in-Charge
Discussion and Questions on the Four Areas Reports	All Participants
Kawkareik Area Field-in-Charge Report	Kawkareik Field-in-Charge
Dooplaya Area Field-in-Charge Report	Dooplaya Field-in-Charge
Pa An Area Field-in-Charge Report	Pa An Field-in-Charge
Special Area Field-in-Charge Report	Special Field-in-Charge
Discussion and Questions on the Four Areas Reports	All Participants
Win Yee Area Field-in-Charge Report	Win Yee Field-in-Charge
Mergue / Tavoy Area Field-in-Charge Report	Mergue / Tavoy Field-in-Charge
Moulmein – Thaton Area Field-in-Charge Report	Moulmein – Thaton Field-in-Charge
Yee West - North Area Field-in-Charge Report	Yee West - North Field-in-Charge
Yee Chaungpya Area Field-in-Charge Report	Yee Chaungpya Field-in-Charge

Discussion and Questions on the Five Areas Reports	All Participants
Arakan BP Team Report	Team-in-Charge
Chin Area Report	Chin Field-in-Charge
Shan BP Team Area Report	Shan Field-in-Charge
Discussion and Questions on the Three Areas Reports	All Participants
MCP Workshop Report	MCP Coordinator
MCHP Workshop report	MCHP Coordinator
CHEPP Workshop report	CHEPP Coordinator
Public Health Workshop Report	Nang Snow
Discussion and Question on the Five Panel Reports	All Participants
Organization Development Workshop Report	Naw Thaw Thi Paw
PLA Workshop Report	Naw Lah Shee Htoo
Human Right Abuse Report	S' Moe Naing
Assessment Report	Nang Snow
Office Administration Report	S' Moe Naing
Discussion and Question on the Five Panel Reports	All Participants
Finance Report	Saya Chit Win
Closing Speech	Dr. Cynthia Maung

23rd General Meeting Decisions

1. During the first six-month period of 2010, the Mother and Child Health Care Program will be re-implemented in two BPHWT teams in the Taungoo area.
2. During the first six-month period of 2010, the BPHWT teams will collect records of the deaths in their target areas.
3. The BPHWT teams based in health centers should visit their target areas at least once during every six-month period and stay in the village for at least 6-7 days. Mobile BPHWT teams should visit their target areas at least twice during every six-month period and stay in each village at least three days.
4. The BPHWT teams, whether mobile or working out of a health center, should ***only*** be moved if one or more of the following reasons or criteria are met:
    i. Health workers cannot implement their work because of security concerns

ii. Other actors, such as local authorities or other organizations, have set up mobile clinics or health centers.

iii. The BPHWT team has already worked in the area and implemented its programs for at least 3 years

5. The BPHWT health workers must be committed to work for the organization for at least two years. They must also re-register with the BPHWT every 2 years.
6. If a BPHWT target area is moved, the Field-in-Charge should report this to the BPHWT management during the General Meeting.
7. The issue of increasing the number of TBAs for those communities where the population is over 2000 will be discussed at the Leading Group Meeting, following the General Meeting in March 2010.
8. The implementation of the Mother and Child Health Care Program in Special 2 Area will be discussed at the Leading Group Meeting, following the General Meeting in March 2010.
9. The coordination of the BPHWT teams in the Chin Area will be discussed at the Leading Group Meeting, following the General Meeting in March 2010.
10. The BPHWT will implement quantity control testing of Para-check and malaria drugs (artesunate).
11. During the first six months of 2010, each BPHWT team should bring back, from their field areas, the first 30 Para-checks that they used in order to conduct Para-check quality control.
12. A Trauma Care Workshop will be conducted during the second six-month period of 2010. Only medics from those areas that currently have the capacity to manage trauma care will be invited to attend this workshop.
13. An Emergency Obstetric Care (EmOC) workshop will be conducted at the next six-month meeting and seminar/workshop
14. A First Aid Training Workshop for community members will be conducted at the next six-month meeting and seminar/workshop.
15. Emergency kits will be a topic for discussion at the Leading Group Meeting, following the General Meeting in March 2010.
16. During the first six-month period of 2010, 52 TBA trainings and 11 TBA workshops will be conducted as part of the Mother and Child Health Care Program. Trainees will be selected according to the following criteria:

    i. Current TBAs working with the BPHWT

ii. TBAs who have already attended a BPHWT TBA workshop at least twice

iii. Individuals who have experience in assisting deliveries in their communities

17. The BPHWT will replace fifteen damaged scales and provide thirty new scales for children and two new scales for adults.
18. During the second six-month meeting of 2010, the BPHWT will conduct a workshop on "Do No Harm". Saya Chit Win will have responsibility to coordinate this workshop with NCA. Training on concepts related to human rights violations will be included in this workshop.
19. Field-in-Charges must implement the Health Worker Assessment in their Field Workshops during the first six months of 2010.
20. Saya Moe Naing will take responsibility for contacting trainers to be involved in an Office Management Training for office staff to be conducted in May 2010.
21. During the 24th BPHWT bi-annual meeting, the BPHWT will conduct Basic Computer Training for two people from each BPHWT target area.
22. The Finance Manager will prepare a Field-in-Charge Financial Report Form for recording financial receipts and disbursements.
23. During 2010, three community health worker training sessions will be implemented: one in the Arakan Area, one in Dooplaya/Kler Lwee Htoo Area, and one in northern Karen State.
24. Four people from the Palaung Area, two from the Kayan Area, two from the Kachin Area and two from the All Burma Students' Democratic Front (ABSDF) will be sent to the public health training that will be conducted in Karen State.
25. A three-month Refresher Course for Senior Medics will be conducted in Mae Sot in the first six-month period of 2010.
26. During the second six-month meeting of 2010, a Strategic Planning Workshop will be conducted. Saya Aye Lwin will coordinate with BRC and IRC to organize the workshop.
27. During the first six-month period of 2010, Saya Aye Lwin, Nang Snow and GHAP will develop a TBA Assessment Form.
28. The Malaria Control Program, implemented by the KDHW in Karen State, will be taken over by the BPHWT and follow the same treatment protocols as in other BPHWT areas.

29. During the first six-month period of 2010, a BPHWT pilot program will be implemented in Kachin State.
30. The BPHWT will conduct Impact Assessment Survey Training in May 2010.
31. Saya Win Kyaw will take responsibility for a GPS (Global Positioning System) Training to be conducted on 21-22 March 2010.
32. The BPHWT will provide Village Health Workshops in the Arakan and Palaung Areas during the first six-month period of 2010.
33. The BPHWT will conduct a two-day Participatory Learning and Action (PLA) Training of Trainers (TOT) Concept Workshop and will implement public health workshops in the field.

Recommendations

1. To collect information about human rights violations in the BPHWT areas
2. To include villages close to the BPHWT areas in the collection of this human rights violations information, provided that the BPHWT can get access to these areas and coordinate with human rights groups.

Notations

1. In the Thaton Area, the Mae Na Than Back Pack Team No (6) moved to Myit Kyo because KDHW established a clinic in Mae Na Than .
2. Because of security in the Pa An Area, the Naung Din Special Back Pack team was moved to the Daw Ta Kya track.
3. In the Mergue-Tavoy Area, the Ma Naw Back Pack team was moved to the Pa Wag track.
4. Because of security in the Mergue-Tavoy Area, the Ka Maw Thawe Back Pack team moved to the Pa Law track.
5. In the Mergue-Tavoy Area, Saw Htoo Khu replaces Naw Paw Wah as the Back Pack Worker-in-Charge
6. In the Thaton Area, Saya Soe Myint is recognized as the Field-in-Charge.
7. Saw Thaw Hu Gay, Saw Gaw Wah, and Saw Lar May Htoo are recognized as the Lar Kalar Back Pack health workers in Kler Lwee Htoo.
8. In the Papun Area, Saya Hser Eh is recognized as the Field-in-Charge and Poe Aye as the Second-in-Charge.

9. In the Pa An Area, Saya Eh Mwe is recognized as the Field-in-Charge and Saya Mu Tha as the Second-in-Charge.
10. Kyar Shel Yo is recognized as the acting Field-in-Charge in the Lahu Area.
11. On 18th October 2009 in the Mergue/Tavoy Area, a security group was confronted by SPDC soldiers and one camera was damaged near the Tanintharyi River.
12. On 16 December 2009 in the Mergue/Tavoy Area at 7:00 pm, a BPHWT health worker from Ta Ket , Ma Yo Noe, and some people from the security group had to flee from the village because the SPDC Light Infantry Division 561 entered the village.
13. Naw Bu Lar Htoo (49 years old) from the Nainglinbin Area passed away because of illness on 19 November 2009. Naw Bu Lar Htoo started working with the BPHWT after attending TBA training on 13- 17 November 2005.
14. On 22 December 2009 in the Kler Lwee Htoo Area, a TBA named Naw He Lar (63 years old) died suddenly while washing her hands after assisting a delivery.
15. In January 2009, a TBA named Naw Ta Ku La (75 years old) from Back Pack Team (3) at Noe Bo Doh village in Kawkareik died because of malaria.
16. On 11 November 2009, a robber killed three family members, including one child under the age of five, in Kaing Twa village, Yee Chaungpya Area.
17. A TBA, who started working with the BPHWT in 2010, died because of a stroke.
18. In 2009, two men in the Lahu Area, who sterilize horses, injected IV into a pregnant woman and she became unconscious. Field-in-Charge Kyar Daw Law arrived there to extend a new Back Pack team. He saw the event and tried to save her life by giving her an injection. But the pregnant woman suddenly died and he had to flee to the border because he was accused of the woman's death and threatened by the woman's husband.