



နယ်လှည့်ကျော့မှီးအိတ်ကျန်းမာရေးလုပ်သားအဖွဲ့ Back Pack Health Worker Team

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Provision of Primary Health Care among Internally displaced people Of Burma



Mid Year Report 2009

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I. OVERVIEW AND SUMMARY OF THE BPHWT

In 2009, the BPHWT continued to provide health care in 20 field areas, with 81 teams to a target population of over 180, 000 people. Unfortunately, Pa'O area is not allowed to continue implementing their BP activity because the SPDC accused the BP health workers of carrying out activities without getting permission from them. At the request of local communities, a pilot program was conducted in the Palaung area. There are currently over 1,248 Health Care Workers living and working in Burma; comprised of 287 Medics, 607 Traditional Birth Attendants (TBAs) and 356 Village Health Volunteers (VHVs). The table below provides an overview of the BPHWT fields, the number of Medics, target population and the total cases treated within the last six months.

Summary of BPHWT Fields, Medics, Target Population and Cases Treated, Jan - Jun 09.

No	Area	# of Team	# 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	8	21	33	20	53	0	40	40	2,978	16,939	4,074
2	Kayann	3	6	6	12	6	10	16	8	22	30	959	5,699	1,474
3	Taungoo	5	12	6	18	16	18	34	0	37	37	1,654	9,350	1,477
4	Kler Lwee Htu	5	15	3	18	23	22	45	8	37	45	1,721	9,887	1,670
5	Tha Ton	7	15	9	24	3	42	45	1	69	70	3,067	18,360	2,238
6	Pa Pun	7	19	6	25	27	27	54	13	49	62	3,452	19,569	2,286
7	Pa An	6	9	12	21	3	10	13	9	51	60	2,762	15,417	3,357
8	Dooplaya	5	9	9	18	4	12	16	4	30	34	2,231	11,083	4,567
9	Kaw Karite	3	9	4	13	10	9	19	2	28	30	1,344	7,330	833
10	Win Yee	3	6	9	15	0	0	0	3	27	30	1,067	6,908	1,910
11	Mergue/Tavoy	5	9	9	18	12	24	36	16	27	43	1,401	7,246	4,448
12	Mon 1	3	4	7	11	0	0	0	0	17	17	1,033	4,714	1,879
13	Mon 2	3	5	5	10	0	0	0	0	16	16	1,238	6,455	2,303
14	Mon 3	6	2	19	21	0	0	0	0	20	20	2,521	12,364	3,746
15	Shan	4	11	2	13	0	0	0	10	30	40	1,442	8,081	2,191
16	La Hu	2	5	3	8	0	0	0	2	15	17	717	4,582	1,313
17	Special	3	10	1	11	11	10	21	1	15	16	1,846	9,418	2,654
18	Pa'O	2	2	1	3	2	2	4	0	0	0	928	2,106	246
19	Arakan	2	4	0	4	0	0	0	0	0	0	619	3,636	591
20	Palaung	1	0	3	3	0	0	0	0	0	0	493	2,465	648
Total		81	165	122	287	150	206	356	77	530	607	33,473	181,609	43,905

II. NARRATIVE REPORT

In 2009, Field-in-Charges continued to report on the deteriorating conditions within most fields. Increased military operations by SPDC and DKBA; higher demands for forced labour; forced demands, forced recruitments, greater confiscation and destruction of property; increased forced relocation; and higher SPDC taxes in the areas. Many villagers are facing food shortages. As a result, more people have fled from their villages to Thailand. Furthermore, some houses were burnt by the DKBA/SPDC in *Thar Oo Kee* village in Kawkarite area. On April 29, 2009, a village head leader from Pa An area was killed by DKBA/SPDC and in the same month, a monk and a villager were shot by SPDC and got injured in Pa Pun area. Additionally, in May 2009, over 5,000 people fled to Thailand from Pa An district and are still staying in temporary camps. Those people are provided healthcare by mobile health clinics and water and sanitation by Back Pack Health Worker Team.

In the first half of 2009, there were **43,905** cases treated, compared with **32,362** reported in the same time period of 2008. BPHWT fields were reported treating **19** gunshot injuries, including **2** children less than five years of age; and **11** landmine injuries.

Field reports continue to detail the stresses and dangers BPHWT Health Workers face whilst delivering health care in the fields. In these six months, more than **25** villagers have been arrested. The current situation within the BPHWT fields contributes significantly to mental health stresses reported by many Health Workers because there were more military operations by DKBA and SPDC in the areas.

III. Obstacles and Threats to Delivering Health Care in the Field Areas

1. Kayah

Health supplies are carried into the field by workers and villagers as the area is very mountainous. In the rainy season, it is difficult for health workers to carry medicines and supplies in *Ho Yar and Gay Kaw* areas. Because of increased military operations in the areas, the health workers can not implement their activities effectively.

2. Kayan

Health supplies are carried into the field by health workers and villagers as the area is closely located to the new Burmese capital of *Nay Pyi Daw* and there are many operations of SPDC troops in the area. Though the area is a formal ceasefire area, the BPHWT can not operate freely, especially in *BP Area No 3*. This area is very far and difficult for communicating; therefore, it makes to delay the BPHWT activities. There are food shortages in the area; the people have to struggle for their survival and they do not have time to participate in health education workshop.

3. 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. During this six month, health workers have delayed their activity because of the SPDC and DKBA operations. Additionally, on June 24, 2009, medicine supplies were confiscated and five villagers,

who were asked to take responsibility for taking care of the medicine supplies, were arrested by SPDC in *Leh Du Kaw* village, Shan Kayah Area. Furthermore, on June 26, 2009, medicines and some BP documents were confiscated in *Htee Par Yet* village, *Pa An* area.

4. Toungoo

Toungoo area is unstable due to the high level of SPDC military activity, which impacts on the timeliness of the transportation of supplies into the field and limits the delivery of health care programs. There is an increase in forced labour in the area. Villagers were forced to labour for the SPDC instead of working on their farms to provide food for their families. They have been facing these problems for many years; therefore, some health workers and villagers are having problems about mental health.



Medical care in Taungoo in 2009

5. Kler Lwee Htu

A high level of SPDC military activity caused delays in the transporting of medical supplies during these six months. This area is unstable due to the hostile military activity and many villagers have been forced to hide in the jungle. Some villages in *Thay Kaw Deh* Back Pack area were forced to relocate by the SPDC. There was insufficient medication to treat the patients and no medication for some diseases. Because of food shortage in the areas, the villagers can not afford to participate in BP's workshops. Health supplies are carried into the field by human resources; therefore, in the rainy season, it delays medicines to reach the field. In addition, some TBAs face eye problems and they can not work effectively.



Transporting a patient - Kler Lwee Htu 2009

6. Tha Ton

Transporting the health supplies has been more difficult this period because of the increasing in SPDC and DKBA operations, especially in *Pei The Kee* and *Kyat Kha* BP areas. There is an increase in forced labour, forced demands and forced recruitments in the area. On June 30, 2009, DKBA No



Providing medical care in Thaton - 2009

(333), which leads by *Bo Saw Than Mya Oo*, forced recruitments in *Kwee Kalay and NOUNG K'Toe* villages.

7. Pa Pun

The health supplies were carried by human resources and transport health supplies has been more difficult due to military operations by the SPDC and the DKBA. In April, 2009, a monk and a villager were beaten by the SPDC. The monk broke his left wrist bone and the villager got injury at the left side of his cheek. On May 28, 2009, a *Mae Mwe* BPHWT worker who name *Saw Than Oo* was arrested by DKBA and was sent to *Myain Kyi Ngu*.



Health supplies transporting in Pa Pun - 2009

Additionally, there has been an increase in forced labour and military operations. These DKBA and SPDC operations prevent Health Workers from getting in the villages to care for patients on time.

8. Pa'an

In this six month period, the Back Pack health workers have faced more problems of security and Pa'an area has been very unstable due to the wide-spread joint military activities of the SPDC and the DKBA, in BP Areas No 1, No 2 and No 3. This has made transporting of health supplies very difficult and delaying BPHWT teams' activities. Moreover, it is difficult for health workers to get together and have meeting. There has been more forced labours,



Providing Health care in Pa An area -2009

demands, and forced recruitments in the villages in BP areas. On April 3, 2009, the DKBA (999), which is led by *Bo Lar Kwe*, beat the village head leader's ear in *Pa Thu K'law P'law* village and on April 29, the former village head leader of *Nar Lel Kaw, Saw Poe*, was killed by DKBA (999), which is led by *Myint Tun Oo* because he was accused that he has communication with KNU. On May 5, 2009, the DKBA ordered 50 recruits and 2 walki talkis from the villages in *K'law Kyaw* BP area. These operations are huge obstacles for the BP health workers to implement their activities effectively.

9. Dooplaya

In this area, the health supplies are carried by human resources and in this period, the SPDC and DKBA military operations are increased. These operations impact on the transportation of health supplies and the implementation of health activities. Many mothers and children do not have access to adequate nutrition and they lack knowledge about personnel hygiene.

10. Kawkareik

In these six months, Kawkareik has been unstable due to the level of joint military operations by the 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 are more forced labours in the area. On May 2, 2009, the villagers in *Kaw Lar Me* village were forced to leave from their village. On March 6, 2009, four houses in *Htar Oo Kee* village were burnt by DKBA troops which are led by *Bo Nel Lei Hein* and on June 29, 2009, 20 villagers were arrested. Because of the operations of DKBA and SPDC, the BP health workers delay to implement their activities.



IDPs fled from their village in Kawkareik - 2009

11. Win Yee

In this period, there has been increased SPDC military operation within the field, which has impacted on the transportation of health supplies and the implementation of health activities. Many mothers and children do not have access to adequate nutrition and they lack knowledge about personal hygiene.

12. Mergue / Tavoy

A high level of SPDC military operations in the field during the six months delayed the transportation of health supplies. There is an increase in forced labour, forced demands, and forced relocation. On March 3, 2009, the SPDC asked for 70,000 kyat per village, especially in *Htee Nyar Kee*, *Kyaunn Su*, *Khe Chaunn* villages. Villagers in the five BP Areas are facing shortages of food, and to seek food near SPDC controlled areas is very dangerous as they risk being killed. On May 2, 2009, or after the SPDC and KNLA fighting, the villagers were not allowed to go to their field and work. Additionally, on May 5, 2009, Internally Displaced People were forced to move from IDP camp and some houses were burnt by the SPDC.



Villagers fled from their village in Tavov- 2009

13. Mon (1)

There is a high demand for forced labour from the SPDC which affects villagers' ability to farm for food. Health supplies were carried through many check-points of SPDC; it delayed the health workers to deliver the activities. It is also difficult for the health workers to carry the health supplies to the field in the rainy season.

14. Mon (2)

In this area, it is difficult for health workers to carry the health supplies to the field in the rainy season. Additionally, they have to go through the check-points of SPDC, DKBA, and KNU; therefore, it takes a little longer time to get to the people. There were not enough medicines and medical supplies to treat all the patients.

15. Mon (3)

In some places of this area, there is sometimes flood and some areas are very far; therefore, it is a little difficult for transportation and communication in those villages.

16. Shan

In this period, there are high forced labours, forced demands, and tortures in the area. The villagers are forced to labours for the SPDC for everyday. Because of the military operation of the SPDC, health workers could not stay in the village and complete the days to give treatment to patients. There have been food shortages in the area; as a result, the villagers have to struggle for their daily lives. These all impact on the ability of health workers to provide treatment to every patients. Many villagers were tortured by the SPDC in this six month period.



Field Workshop - Shan area - 2009

17. Lahu

Some villages are very far and the health workers need to take time to walk to the villages for providing treatment to patients. The health workers were questioned at every check-point of SPDC when they carried the health supplies from Thailand to their field.

Because of the increasing in the military operations of SPDC and DKBA, Shan and Mergue/Tavoy areas could not attend this six monthly meeting and their reports were delayed to return to the centre office. Additionally, this six month meeting could not start on schedule because some areas were delayed to arrive at the BPHWT office and started meeting.

IV. BPHWT's ACTIVITIES

BPHWT continues to deliver three main programs: Medical Care Program (MCP), Community Health Education Promotion Program (CHEPP), and Maternal and Child Health Program (MCHP). Capacity building, health information and documentation and program management and evaluation continue to be integrated within these programs.

A. Medical Care Program (MCP)

The BPHWT continues to deliver medical care in the 20 field areas and in this period treated at least 43,905 cases. In these six months, the BPHWT also commenced a pilot program to conduct needs assessments in Palaung areas in cooperation with local authorities. The six main diseases being treated by the BPHWT continue to be acute respiratory infections (mild and severe) 8,309 cases; malaria (presumptive and confirmed) 6,872 cases; anaemia 4,518 cases; worm infestation 3,401 cases; diarrhoea 3,166 cases and dysentery 2,371 cases. BPHWT also continues to treat war injuries and in this period treated 19 people for gun-shot wounds; two of them are under five years of age children. This is consistent with the high level of hostile military activity reported in the individual field reports. Teams also treated 11 people with Landmine injuries.

According to the using of RDT tests, there is almost 60% of PF RDT (+) that can be found and treated with A7D7; however, most of the rest of all Para-check (-) were treated as presumptive treatment or PV malaria. After the 22nd , meeting of BPHWT, the BPHWT decided to use the first line drugs of Mefloquine and Artesunate (MAS3) and all presumptive treatment or PV suspected will be treated with Chloroquine doses. During the first six months of 2009, BPHWT treated 184 cases of malaria with pregnancy. It can be seen 4.5% out of all treated cases.



Providing medical care in



Testing for malaria with Para- check



Providing treatment to a landmine-victim

Number of Cases Treated by Condition and Age, Jan - Jun 09

No	Month	Jan-June 2009		
	Condition	Under 5 Years	Over 5 Years	Total Of Cases Treated
1	Anemia	812	3706	4518
2	ARI, Not severe	1968	4269	6237
3	ARI, Severe (Pneumonia)	705	1367	2072
4	Beri Beri	291	1401	1692
5	Water Diarrhea	1081	2085	3166
6	Diarrhoea with blood (Dysentery)	700	1671	2371
7	Injury, Acute – Gunshot	2	17	19
8	Injury, Acute - Landmine	0	11	11
9	Injury, Acute – Other	119	469	588
10	Injury, Old	54	337	391
11	Malaria (Presumptive)	594	2245	2839
12	Malaria (with Paracheck)	917	3116	4033
13	Measles	106	104	210
14	Meningitis	24	129	153
15	Suspected AIDS	0	3	3
16	Suspected TB	33	212	245
17	Worms/Infestation	1258	2143	3401
18	Other	1977	9979	11956
	Total	10792	33427	43905

RDT tested Jan - Jun 09

No	Area	# of RDT used	# of RDT (-)	# of RDT(+) or Confirmed Malaria	Presumptive Malaria	Total Malaria
1	Kayah	535	74	461	74	535
2	Kayann	215	44	171	42	213
3	Tha Ton	223	94	129	182	311
4	Toung Goo	278	107	171	108	279
5	Kler Lwee Htoo	578	263	312	177	489
6	Pa an	555	250	305	250	555
7	Shan	419	192	227	193	420
8	Lahu	201	80	121	79	200
9	Magay/Tavoy	611	295	316	351	667
10	Mon 3	24	0	24	71	95
11	Pa Pun	591	207	383	217	600
12	Win Yee	301	130	171	218	389
13	Kaw Ka Rite	263	87	176	87	263
14	Doo Pla Ya	596	251	345	300	645
15	Arrakan	96	22	74	21	95
16	Mon (1)	405	237	168	157	325
17	Mon (2)	531	253	278	146	424
18	Special	330	157	173	160	333
19	Palaung	34	6	28	6	34
	Total	6786	2749	4033	2839	6872

B. Community Health Education and Prevention Program (CHEPP)

There are four components in CHEPP program: Water and Sanitation; Community Health Education; School Health; and Nutrition.

(1) Water and Sanitation:

In the half year of 2009, there are just some areas that can be able to provide water and sanitation systems; unfortunately, many areas could not build any water sanitation systems because of not enough budget. There are 1,300 latrines, 16 shallow wells, and 7 gravity flows that been done in this six months.



Gravity flow in Pa An area - 2009



Gravity flow in Lahu area - 2009

Water and Sanitation systems

No	Area	Gravity Flow			Shallow Well			Latrine		
		First term 2009			First term 2009			First term 2009		
		No	House hold	Access	No	House Hold	Access	No	House Hold	Access
1	Kaw Karite	1	68	349						
2	Kayah	2	147	745	5	80	361	200	203	1163
3	Kayann	1	32	187				100	114	670
4	Kler Lwee Htu				10	104	521	100	100	526
5	La Hu	1	65	381				100	147	964
6	Shan	2	311	1631				200	1022	5553
7	Tha Ton							600	600	2563
8	Win Yee				1	10	50			
Total		7	623	3293	16	194	932	1300	2186	11439

(2) Community Health Education:

This component, through a variety of meetings, workshops, events, songs and documentaries provides people with knowledge about a range of health issues such as:

- Prevention of malaria, water-borne diseases, HIV/AIDS
- Malnutrition, breastfeeding benefits and local foods high in essential nutrients
- Landmine risks education
- Hygiene and sanitation

**4,713 people attended
Community Health
Education Sessions during
the first six months of
2009.**

(3) School Health Activity:

Children receive hygiene education, training and basic supplies. As BPHWT programs are integrated, access to safe drinking water and latrines; nutritional supplements and de-worming medication; medical screening and treatment is also provided to schools and their pupils.



Implementing school health program - 2009

- 51 schools were visited
- 134 teachers helped
- 2,605 students participated

**36,742 children between the
ages of 1-12 years received
anti-helminthes**

(4) Nutritional program:

The BPHWT distributes Vitamin A and de-worming medication to children and, prenatal and postpartum women under the Nutrition component of CHEPP and in the Maternal and Child Health Program, to assist in preventing malnutrition. In the first half of 2009, at least **47,263** people have received preventative doses of Vitamin A, of whom at least **1,743** were post natal mothers and at least **45,520** were children, 12 years of age or younger.

Preventative Vitamin A for Mothers and Children

No	Area	CHILDREN'S AGES			Total
		6-12 months	1-6 years	6-12 years	
1	Doo Pla Ya	686	1363	1549	3598
2	Kaw Karite	364	551	592	1507
3	Kayah	506	1742	1237	3485
4	Kayann	371	474	520	1365
5	Kler Lwee Htu	306	692	1257	2255
6	La Hu	144	218	194	556
7	Mergue/Tavoy	584	1082	1823	3489
8	Mon (1)	138	669	747	1554
9	Mon (2)	159	840	1009	2008
10	Mon (3)	118	1370	1910	3398
11	Pa An	129	666	1628	2423
12	Pa Pun	419	1506	1924	3849
13	Rakhine	143	622	114	879
14	Shan	262	407	803	1472
15	Special	183	737	662	1582
16	Taungoo	1136	2414	2220	5770
17	Tha Ton	356	1752	2300	4408
18	Win Yee	97	690	1135	1922
Total		6101	17795	21624	45,520

C. Mother and Child Health Care Program (MCHP)

The Maternal and Child Health Program is not currently delivered in Karenni, Toungoo, and Rakhain areas. During these six months, 54 TBA Follow-up Workshops were held throughout the fields and 582 TBAs attended these Follow-up Workshops. During the first six months of 2009, 1,951 babies were delivered, though sadly 48 were still-births or abortions and 48 of these babies died during the neo-natal period. There were also 6 maternal deaths including 4 PPH, 1 fever, and 1 with other case during this period. Only 462 TBA's kit forms out of 580 forms which were sent to the field are returned, as many TBAs have low literacy levels and some are afraid to keep documentation in case they are caught by the SPDC.

Summary of Maternal and Child Births and Deaths, Jan - Jun 09

No	Area	Total DELIVERIES	LIVE BIRTHS	STILLBIRTHS OR ABORTIONS	DEATHS		< 2.5 Kg	> 2.5 Kg
					NEONATAL	MATERNAL		
1	Kayah	120	117	3	2	1	2	115
2	Kayann	118	116	2	5	0	7	109
3	Taungoo	0	0	0	0	0	0	0
4	Kler Lwee Htoo	138	131	7	9	1	5	110
5	Tha Ton	235	227	8	6	1	21	198
6	Pa Pon	233	228	5	6	1	34	188
7	Pa An	199	195	4	5	0	27	168
8	Du Pla Ya	175	173	2	7	1	28	145
9	Kaw Karite	22	22	0	0	0	4	18
10	Win Yee	134	133	1	2	1	22	105
11	Mergue/Tavoy	103	99	4	0	0	16	67
12	Mon 1	59	58	1	0	0	0	0
13	Mon 2	49	46	3	1	0	0	0
14	Mon 3	134	129	5	0	0	0	0
15	Shan	29	29	0	0	0	1	28
16	La Hu	85	82	3	4	0	5	77
17	Special	10	10	0	0	0	0	10
18	Chin	108	108	0	3	0	2	106
19	Ar Khine	0	0	0	0	0	0	0
20	P'O	0	0	0	0	0	0	0
Total		1951	1903	48	50	6	174	1,444

Family Planning Activities, January to June 2009

Family planning activity data was not returned from Mon (1), Mon (2) and Mon (3) areas. Of the 1,200 women who received family planning assistance, 1,279 are over 19 years of age and 54 are under 19 years of age. The most popular family planning method is intramuscular Depo-Provera.

No	Area	TOTAL No CLIENTS	Age		G/P			VISIT			CLIENTS FAMILY PLANNING METHOD			FAMILY PLANNING SUPPLIES		
			<19	>19	0	1 to 4	>4	NEW	FOLLOW UP	DEPO	PILL	CONDOM	DEPO(M)	PILL(Pack)	CONDOM (Piece)	
1	Kayah	120	13	107	0	67	53	56	64	31	75	14	59	480	420	
2	Kayann	70	0	70	2	47	21	36	34	17	38	15	34	234	400	
3	Kler Lwee Htu	16	0	16	0	6	10	6	10	7	7	2	11	21	135	
4	Tha Ton	271	0	271	0	100	171	94	177	193	71	7	357	423	1044	
5	Pa Pun	107	1	106	0	40	67	36	71	48	30	29	156	170	144	
6	Pa An	142	1	141	0	111	31	46	96	88	39	15	112	158	399	
7	Du Pla Ya	164	3	161	1	104	59	74	90	94	61	9	184	356	612	
8	Kaw Karite	66	1	65	0	51	15	19	47	42	22	2	80	89	288	
9	Win Yee	67	0	67	0	54	13	21	46	25	26	16	31	99	526	
10	Mergue/Tavoy	164	12	152	0	93	71	76	88	97	66	1	194	386	144	
11	Mon 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
12	Mon 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13	Mon 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14	Shan	47	12	35	12	15	20	22	25	20	15	12	31	85	288	
15	La Hu	55	11	44	1	42	12	20	35	26	18	11	62	66	141	
16	Special	44	0	44	0	24	20	8	36	25	19	0	50	140	0	
Total		1,333	54	1,279	16	754	563	514	819	713	487	133	1,361	2,707	4,541	

Post Natal Distribution of Ferrous Sulphate

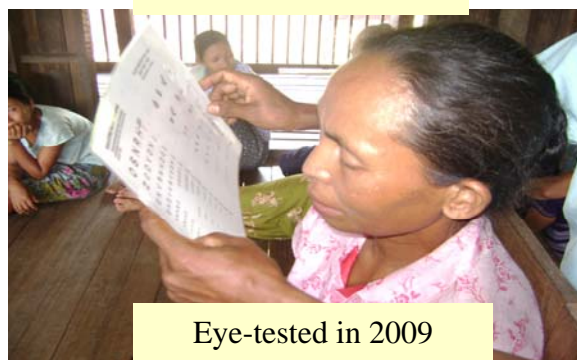
NO	AREA	NO OF PATIENTS
1	Kayah	113
2	Kayan	118
3	Special Area	10
4	Toungoo	0
5	Kler Lwe Htoo	132
6	Thaton	203
7	Papun	179
8	Pa'an	187
9	Dooplaya	100
10	Kawkareik	22
11	Win Yee	89
12	Megue/Tavoy	102
13	Mon (1)	59
14	Mon (2)	49
15	Mon(3)	134
16	Shan	29
17	Lahu	85
18	Karenni	0
19	Chin	108
TOTAL		1,719



Maternal health care - 2009



TBA Training – 2009



Eye-tested in 2009

Eye-tested Jan - Jun 09

No	Areas	Positive						Negative						Total
		\$3.50	\$3.00	\$2.50	\$2.00	\$1.50	\$1.00	-3.50	-3.00	-2.50	-2.00	-1.50	-1.00	
1	Tha Ton	13	13	2	13	2	2	-	-	-	-	-	-	51
2	Pa Pun	6	7	11	12	7	4	-	-	-	-	-	-	47
3	Kayann	0	3	3	1	0	2	-	-	-	-	-	-	9
4	Kler Lwee Htu	2	2	3	6	10	9	-	-	-	-	1	-	33
5	Kawkareik	3	3	0	2	4	3	3	-	-	-	-	-	15
6	Win Yee	9	2	0	3	1	0	-	-	-	-	-	-	15
7	Megue/Tavoy	0	6	6	4	2	2	-	-	-	-	-	-	21
Total		33	36	25	41	26	22	-	-	-	-	-	-	191

Summary Findings of BPHWT Patient Record book review by area

Area	Kayah	Kayann	Taungoo	Kler Lwee Htu	Tha Ton	Pa Pun	Pa An	Doo Pla Ya	Kaw Karite	Win Yee	MergueTavoy	Mon (1)	Mon (2)	Mon (3)	Shan	La Hu	Pa O	Pa Laung	Rakhine	Total
Malaria In Adult	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
S/S -> Dx	100	100	100	100	94	85	100	100	93	100	100	-	-	-	-	100	-	100	-	97
Dx -> Rx	100	100	100	96	100	91	100	100	100	100	100	-	-	-	-	100	-	100	-	99
Rx: CORRECT DRUG	100	100	100	96	94	88	100	100	80	100	100	-	-	-	-	100	-	100	-	97
CORRECT DOSE	98	73	100	80	89	71	100	100	93	100	100	-	-	-	-	100	-	100	-	92
DOSE RECORDED	98	40	96	91	97	94	100	100	100	100	100	-	-	-	-	100	-	100	-	95
ANAEMIA TREATMENT GIVEN	98	100	88	100	97	63	100	87	80	87	100	-	-	-	-	100	-	100	-	91
VITAL SIGNS RECORDED	93	93	88	84	97	91	100	100	93	100	100	-	-	-	-	100	-	100	-	94
Malaria In Children (< 8Yrs)																				
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
S/S -> Dx	100	100	100	100	94	97	100	100	100	100	100	-	-	-	-	83	-	100	-	99
Dx -> Rx	100	100	100	96	100	100	100	100	93	100	100	-	-	-	-	83	-	100	-	99
Rx: CORRECT DRUG	100	100	100	88	100	100	100	87	86	100	100	-	-	-	-	100	-	100	-	98
CORRECT DOSE	94	90	100	78	97	74	100	87	93	100	100	-	-	-	-	83	-	100	-	92
DOSE RECORDED	97	50	100	79	100	100	100	87	87	100	100	-	-	-	-	100	-	100	-	95
ANAEMIA TREATMENT GIVEN	95	80	75	78	84	77	100	73	87	100	100	-	-	-	-	100	-	-	-	86
VITAL SIGNS RECORDED	94	90	71	91	97	97	100	100	93	100	100	-	-	-	-	100	-	100	-	92

In general, all of the malaria log book review or entitle BPHWT areas was over 90%; however, some areas still need to improve, particularly, Mon, Lahu, Pa'O areas. There is no outcome result of log book review by field-in-charges because of lack of communication and skills for reviewing log books; therefore, the BPHWT leading groups wonder that will be done by centre office for the future.

V. 22nd, SIX MONTHLY MEETING OF BACK PACK HEALTH WORKER TEAM

Back Pack Health Worker Team held its regular six monthly meeting, which was the 22nd Back Pack Meeting of its kind. The meeting started from July 26, 2009 to August 7, 2009 in Mae Sot at the BPHWT office. There were 60 participants, comprised of 39 male, and 21 female health workers. Before the meeting started, the data was entered, checked quality, and analysed the data in preparation of the event. During the meeting, the leading group committees especially focused on the monitoring and evaluation session. The leading group



22nd the first six months meeting in 2009

committees discussed the data within a programmatic perspective to monitor events taking place in the field. After the analysis, they discussed how to improve data collection methods. They also more focused on confirmed malaria diagnosis and effective treatment. Furthermore, the definition of maternal mortality cases was discussed in the meeting. As a result, the leading groups also offered advice on health issues which the health workers could not solve by themselves, and gave suggestions for future plans. The purpose of this workshop was to discuss the health worker experiences in field, to share knowledge, to discuss not only which activities were or were not implemented, but also why activities were not able to be implemented, to compare the outcomes to the last six monthly meeting's overall plans, and to share difficulties encountered in field. After the meeting, the committees discussed possible ways to handle the problems encountered and made decisions on how to take action. The meeting agenda are shown in the table below.

Schedule of 22nd, six monthly general meeting

Day (I) { 04/08/2009 }		
Time	Description of Presentation	Responsibility
09:00 - 09:15 AM	Opening speech	Dr. Cynthia Maung
09:15 - 10:15 AM	Review on Decisions of 21st Meeting and Discussion	All members of BPHWT
10:15 - 10:30 AM	Coffee Break	
10:30 - 10:50 AM	Kayan Area Field In charge Report	Kayan Field In-charge
10:50 - 11:10 AM	Kayah Area Field In charge Report	Kayah Field In-charge

11:10 – 11:30 AM	Lahu Area Field In charge Report	Lahu Field In-charge
11:30 – 11:50 AM	Palaung Area Field In charge Report	Palaung Field In-charge
11:50 – 12:30 PM	Discussion and question on four areas report	All participants
12:30 – 13:30 PM	Lunch Break	
13:30 – 13:50 PM	Tha Ton Area Field In charge Report	Tha Ton Field In-charge
13:50 – 14:10 PM	Taung Ngu Area Field In charge Report	Taung Ngu Field In-charge
14:10 – 14:30 PM	Nyaung Lay Bin Area Field In charge Report	Nyaung Lay Bin Field In-charge
14:30 – 14:50 PM	Pa Pun Area Field In charge Report	Pa Pun Field In-charge
14:50 – 16:00 PM	Discussion and question on four areas reports	All participants
Day (II) { 06, 08, 2009 }		
09:00 – 09:20 AM	Kawkareik Area Field In charge Report	Kawkareik Field In-charge
09:20 – 09:40 AM	Dooplaya Area Field In charge Report	Dooplaya Field In-charge
09:40 – 10:00 AM	Pa An Area Field In charge Report	Pa An Field In-charge
10:00 – 10:20 AM	Special Area Field In charge Report	Special Field In-charge
10:20 – 10:50 AM	Discussion and question on four areas reports	All participants
10:50 – 11:00 AM	Coffee break	
11:00 – 11:20 AM	Win Yee Area Field In charge Report	Win Yee Field In-charge
11:20 – 11:40 AM	Myeik- Tawel Area Field In charge Report	Myeik-Tawel Field In-charge
11:40 – 12:00 AM	Mon (3) Area Field In charge Report	Mon (3) Field In-charge
12:00 – 12:15 PM	Mon (1) Area Field In charge Report	Mon (1) Field In-charge
12:15 – 12:30 PM	Mon (2) Area Field In charge Report	Mon (2) Field In-charge
12:30 – 13:30 PM	Lunch	
13:30 – 14:00 PM	Discussion and question on five areas reports	All participants
14:00 – 14:15 PM	Arakan BP team report	Team in-charge
14:15 – 14:30 PM	Chin Area Report	Chin Field In-charge

14:30 – 14:45 PM	Office Administration Report	Office Manager
14:45 – 15:00 PM	Financial Reports	Finance Manager
15:00 – 16:00 PM	Discussion and question on four reports	All participants
16:00 – 16:30 PM	Closing speech	Dr. Cynthia Maung

Decisions making from the 22nd, six monthly meeting

1. According to 21st, 6th monthly meeting decision no (2), to develop policy of Program Coordination and Integration, there will be discussed on leading group meeting. Regarding on that the BPHWT will organize Health Program Coordination Seminar on September (1) to (3) 2009.
2. According to 21st , 6th monthly meeting decision no (3), intern of providing surgical and dental instruments there will be supported if they have skill person of health worker who can do for those. This decision must be added under the BPHWT rules and regulation.
3. According to 21st, 6th monthly meeting decision no (15), in BP policy to add more about the (5) responsibilities of village health volunteer. This decision must be added under the BPHWT rules and regulation.
4. According to 21st, 6th monthly meeting decision no (10), for settle back pack, within six months at least one time they have to round village, and they have to stay at least 2 Days in each village. For moving back pack at lest 2 round and they have to stay at least (3) days in each village. This decision must be added under the BPHWT rules and regulation.
5. For Palaung area, to discuss with mother and child health care program coordinator, in order to conduct traditional birth attendance training.
6. According to Doo Playa area report they requested for gravity flow, shallow well and latrine. For doing this leading group have to discuss on leading group meeting.
7. During the coming leading group meeting they will discuss regarding on insufficient of medicine transportation cost in inside Burma.
8. In order to conduct strategy planning workshop during the 23rd bi-annual meeting, to discuss on nearest leading group meeting.
9. Regarding Back Pack activity in Pa O BP area, leading group will contact with Pa O organization.
10. Sayama Thaw Thi Phaw has to lead discussion for Neonatal Care Check List 23rd bi-annual meeting.
11. Leading group has to discuss for in which area will be provided CHW training during this second 6 months.
12. Abolition decisions no (23) from 21st, 6th monthly meeting as it cannot to continue to implement.
13. To continue Mother and child health cares program in Taung Ngu area, discussed in field workshop and then to present in 23rd bi-annual meeting.

14. In Palaung, promoted Pilot BP (this was in last 2009, during first 6 month) to permanent BP.
15. To substitute the place of trained traditional birth attendance, traditional birth attendance who do not get training have to attend 2 times of TBA workshop in coming 2009, second 6 month and 2010 first 6 month and after that will be recognize as trained traditional birth attendance. For TBA workshop curriculum, have to prepare by mother and child Health care program coordinator , Saya Eh Mwe, Saya Salai Dwat Mang, Sayama Daisy and Sayama Hser Moo Nar Htoo.
16. In second term of 2009, will be providing (200) glasses for traditional birth attendants who are working in mother and child health cares program.
17. To report to the office, if walking talkie is lost or damage by any reasons it should be approved by local authority together with the process, and for camera should be approved by field incharge.
18. In second term of 2009, will be providing 2 walking talkies for Ye-Chaung Pya and 1 for Taung Ngu as it was requested.
19. In second term of 2009, 59 sections of TBA workshops for BP team and one section of TBA training in Pa Lung area will be conduct in mother and child health cares program.

Recommendation

1. According to 21st, bi-annual meeting decision, no (14) is concern with Emergency referral patient, and if in report it is really happen to take an action according to case by case in each local area.

Record

1. After two weeks of 22nd, 6 monthly meeting if it is failed to sent report, as previous decision BP support will be stop for 6 months.
2. In Pa Pun area last on(28-05-2009) at (9:00) am at Mae Nyu village (Lu Thaw township), when Mae Mwel BP worker Saw Than Oo, provided Vit- A and de-worming to villagers, Capt Ba Yo from DKBA company (5), arrested him. They lost him and medicine for Mae Mwel.
3. In June (24/06/2009) , at Ler Du Kaw Village medicine for Daw Wai Taw BP was captured and (5) persons who stored for those were arrested.
4. Medicine for Daw Wai Taw BP was captured by authority on (26/06/2009) at Htee Pa Ye village. It involved 2 baskets of medicine, BP documents, data form, report form and rice.
5. In Pa Pun area , for Mae Wai BP from 03/ 2009 to 06/ 2009 SPDC sending their ration in that area so that we had to do sentry and we could not did BP activities very well.
6. When on 5/ 4/09 - 22/4/09 chief villagers said Capt Pa Taw Sue will leads DKBA and SDPC and they will come to Baw Bo Hta and Bo Gay village, which are in Htee Tha Lu Ta BP area, Pa Pun. So we had to stop our work for awhile.

7. On 8/ 5/09 in Mae Ka Law BP, in Pa Pun when we did TBA and VHV workshop because of Capt Saw Pha Tu from DKBA and Aung Zaw Oo from battalion (103) arrived, we had to stop our workshop and we loose some of our documents.
8. On 9/5/09 at Lay Kaw Hti and De Hta village, in Pa Pun we had to stop BPactivities because it was the same time with SPDC and DKBA sending their ration.
9. Because of battalion (340) and DKBA came to Hto lwe Kyo, To Thay Pu ,Daw Baw Ke , Htew Kaw Kyo at Ka Law Hta BP area, in Pa Pun last (8/5/09 – 15/ 5/09) we had to stop our health activities often.

VI. MONITORING AND EVALUATION

The Back Pack Health Worker Team organizes program activities meetings twice a year and a general meeting once a year. The meetings include a section on monitoring and evaluation. There is the process of Internal Programming Improvement Project (IPIP) in the BPHWT's areas in order to evaluate the improvement of activities and particularly focused on *Quality Control (Drug and Health workers' skills), Logistic Management, and Office Administration*. The IPIP have changed to Internal Program Monitoring Team (IPMT) since the 19th, six month and 2nd term of leading Group meeting in 2008.

A. Framework of Monitoring and Evaluation

Key Indicators	Methods	Period
Health worker performance	Logbooks 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	Every 3 years
Out-come and Impact Assessment	Conducting Annual Survey	Every year
Training effectiveness	Pre-test, post-test and examination	Every year
Financial management	Comparing of Planning and Actual budget	Every six months
	External audit	Once a year

VII. MAP OF OPERATING AREAS



VIII. FINANCIAL REPORT from January to June -2009

ITEMS	Income	Expenditure
At Beginning of the year from opening balance	3,061,226	
Burma Relief Centre (NCA)	544,457	5%
International Rescue Committee (IRC)	5,019,420	42%
Burma Relief Centre (CIDA)	1,600,000	13%
Burma Relief Centre (CIDA/Just Aid foundation)	1,817,585	15%
Bruma Relief Centre (DCA)	3,031,975	25%
Bank Interest	4,343	0%
Total	12,017,780	100%
Back Pack Medicine and Equipment(MCP)		2,072,566
Back Pack Field Operation Supplies and Services		1,413,100
Community Health Education and Prevention Program(CHEPP)		1,236,025
Maternal and Child Health Program(MCHP)		1,002,979
Capacity Building Program(CBP)		405,884
Health information and Documation (HID)		33,634
Program Management and Evaluation(PME)		1,122,887
General Adminastration		782,263
General expenses		4,500
Total by program		8,073,838