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Back Pack Health Worker Team

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# 2010 Proposal
# Back Pack Health Worker Team

# Provision of Primary Health Care among Internally displaced persons and vulnerable population of Burma

# 2010 Proposal

| | |
|---|---|
| **Project title:** | The Provision of Primary Health Care Among Internally Displaced Persons and Vulnerable Population of Burma |
| **Project Programs:** | A. Medical Care Program<br>B. Community Health Promotion and Prevention Program<br>C. Maternal and Child Health Program<br>D. Health information and documentation, and capacity building are Integrated within these programs |
| **Target Population:**<br>: | 180,000 people living within the Mon, Karenni, Kayah, Kayan, Karen, Shan, Lahu and Arakan areas |
| **Project Duration:** | January to December 2010 |
| **Budget requested:** | **31,967,400** Thai Baht ( 960,000 USD ) |
| **Organisation:** | Back Pack Health Worker Team (BPHWT)<br>PO Box 57, Mae Sot, Tak, 63110 ,Thailand |
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## Table of Content

I. Overview .......... 4
(i) Background of Burma .......... 4
(ii) Internally Displaced Persons within Burma .......... 4
(iii) The General Health Situation in Burma .......... 5
(iv) The Health of Internally Displaced Persons .......... 5
II. The Back Pack Health Worker Team .......... 6
(i) Organizational Structure of the BPHWT .......... 7
(ii) Governance .......... 7
(iii) Service System .......... 8
(iv) Gender Policy and Analysis .......... 9
III. BPHWT PROGRAMS .......... 9
(i) Medical Care Program (MCP) .......... 9
(ii) Community Health Education and Prevention Program (CHEPP) .......... 10
(iii) Maternal and Child Health Care Program (MCHP) .......... 11
(iv) Integrated Capacity Building program .......... 12
(v) Health Information and Documentation .......... 12
IV. Coordination and cooperation .......... 15
V. Map of Operation areas .......... 16
VI. LOGICAL FRAMEWORK FOR BPHWT PROGRAMS IN 2010 .......... 17
VII. Program Activity Time Lines .......... 22
VIII. MANAGEMENT, MONITORING & EVALUATION .......... 24
(i) Organisational Management and Development .......... 24
(ii) Program Monitoring and Evaluation .......... 25
IX. BUDGETNING (JANUARY TO DECEMBER 2010) .......... 26

# I. Overview

## (i) Background of Burma

Burma has experienced three military coups since independence in 1948. The last coup in 1988 led to the establishment of the State Peace and Development Council (SPDC), the current military government. The SPDC is considered one of the world's most oppressive governments, due to its widespread perpetration of human rights abuses against its own people, particularly its ethnic minorities. (US State Department 2006; Wallechinsky 2006)

The population of Burma is estimated to be 48 million, of which 21 million are under18 years of age. Over 70 per cent of the population resides in rural areas. Burma is one of the most ethnically diverse countries in the world.

In 1987, though rich in natural resources, mismanagement by the military government forced Burma to request United Nations Least Developed Country status for debt relief.

## (ii) Internally Displaced Persons within Burma

By the year 2003, it was estimated there was between 600,000 to one million people, Internally Displaced Persons (IDPs) in Burma. In 1974, the Burmese military government implemented the four-cut policy that aimed to cut supplies, funds, recruits and information to the ethnic opposition groups. Under this strategy, 'brown zones' are areas in which the SPDC and ethnic opposition groups operate. Within brown zones, the SPDC has systematically enforced village relocations. Usually, villagers are given one weeks notice to vacate their village and forced to relocate to another site without any compensation for houses, personal belongings, livestock and crops left behind. Then the SPDC confiscates anything of value, destroys any infrastructure and crops and lays landmines to ensure villagers do not return. Within areas under the control of ethnic opposition groups, known as 'black zones', the policy is more brutal. In black zones the Burmese military raids villages, shooting people on sight, burning the villages and rice barns.

Villagers fled from their villages in 2009

Regularly, the SPDC also demands that villagers, including women and children, provide unpaid labour quotas to build government and military projects. Forced labour as a military porter, involves walking through landmine areas ahead of military personnel. Human landmine sweeping is a dangerous occupation! This continuous demand for forced labours, impacts heavily on villagers' ability to work to provide for their own precarious livelihoods.

Ethnic minority women also live with the risk of rape, an effective tool used by the SPDC to promote fear. Many villagers are forced to flee into the jungle in fear for their lives, to hide from the oppressive military tactics.

## (iii) The General Health Situation in Burma

Health has not been a high priority for the SPDC. The 2000 World Health Report ranked Burma's overall health system performance as the second worst in the world. Many preventable diseases are rampant in the general population. Thirty six percent of children younger than 5 are estimated to be malnourished and Vitamin A deficiency is reported in up to 44 percent of primary school age children. Babies and children die from vaccine preventable diseases such as tuberculosis, tetanus and measles. Immunization programs have not been successfully implemented in rural Burma due to military restrictions in border areas, lack of electricity to maintain the cold chain and difficulties with transportation. Twenty-four percent of infant and child deaths are caused by acute respiratory infections and 18 percent by diarrhea. Malaria and dengue fever are also major causes of illness and death in Burma.

## (iv) The Health of Internally Displaced Persons

While the health of the population of Burma is poor, the health of Internally Displaced Persons (IDPs) within Burma is a national tragedy. People who are internally displaced not only face harsh living conditions in which they struggle to survive and feed themselves; they usually have no access to existing limited health programs in Burma. In this harsh political environment, some humanitarian health assistance is being provided to internally displaced people in eastern Burma, by Non Government Organizations and Community Based Organizations, coordinated or located in Thailand. These organizations in partnership with international donors, international humanitarian organizations, and ethnic health and social organizations, deliver healthcare to internally displaced persons. Without assistance from organizations such as the BPHWT, many internally displaced people would have no access to health care.

In September 2006, the BPHWT published the report *Chronic Emergency: Health and Human Rights in Eastern Burma.* This report summarizes the health and human rights catastrophe affecting people who are internally displaced within the BPHWT operational field and the close relationship between health and human rights.

Infectious diseases are overwhelmingly the main cause of death of children and adults. Malaria accounted for almost half the deaths followed by diarrhoea and acute respiratory

infections. Moderate to severe malnutrition is prevalent within IDP populations, consistent with the level of malnutrition found in Africa. A water and sanitation survey conducted by the BPHWT indicated that more than 30 percent rarely or never boil their water and that access to and use of latrines are low.

The estimated Maternal Morbidity Rate (MMR) within the IDP population ranks amongst the highest in the world. As most causes of maternal death are preventable within a functioning health system, this indicator is often used as a proxy for the availability of reproductive health-related care and services. According to BPHWT conducting survey, the majority of deliveries occurred at home, usually only with the assistance of a Traditional Birth Assistant (TBA), and IDP women had low levels of knowledge of the dangers of pregnancy. In unstable environments, located deep inside Burma, IDP women are more likely to deliver their baby in the jungle while hiding from the Burmese army patrols. Overall, only 4 per cent of IDP women had access to emergency obstetric care. Overall, both contraceptive use and access to iron supplements were low. Approximately 80% of respondents had never used contraceptives, while only 40% received any iron supplements during their previous pregnancy. According to the 2002 Reproductive Health survey, there is 60% of women unmet needs contraceptives.

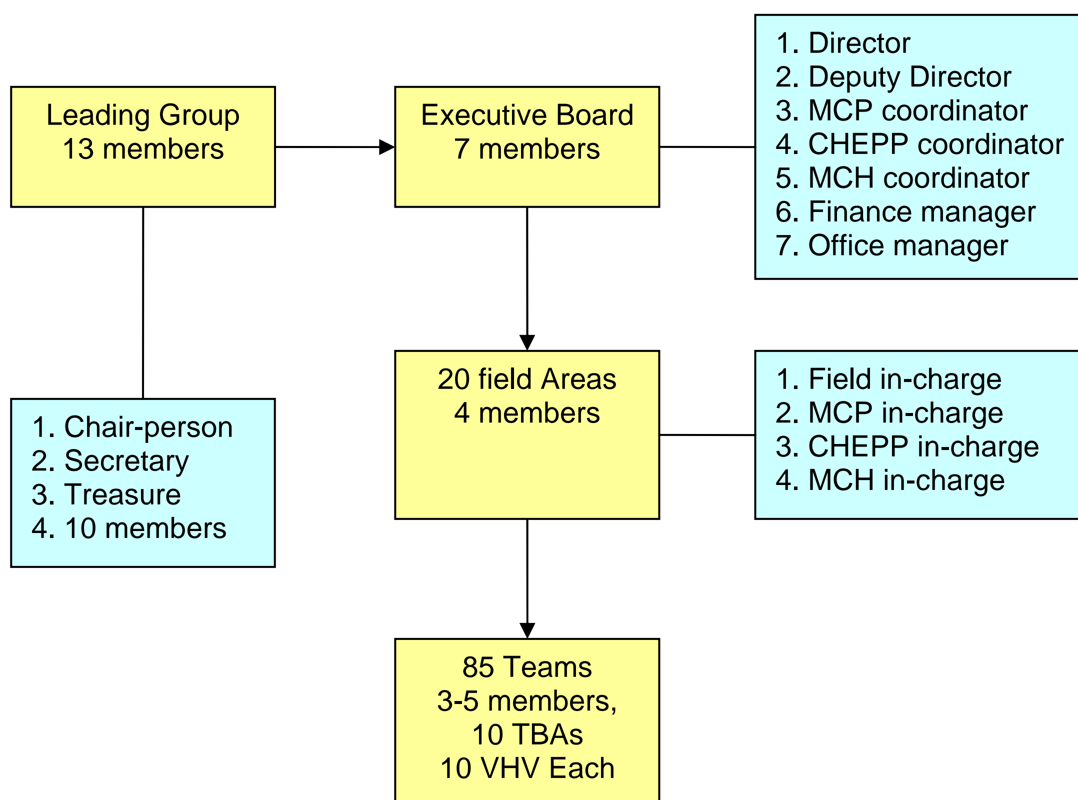
## II. The Back Pack Health Worker Team

The BPHWT was established in 1998 by Karenni, Mon and Karen health workers to provide health care to Internally Displaced Persons living along the eastern border of Burma, affected by over 60 years of civil war. In 2009, the BPHWT has so far provided health care in 20 field areas with 81 teams, to a target population of over 180,000 people. There are currently 1,248 health care workers connected to BPHWT living and working in Burma, comprised of 287 medics, 607 traditional birth attendants (TBAs) and 356 village health volunteers (VHVs).

In 2010, the BPHWT plans to implement a further 3 teams to meet the increasing need for health care. These 3 teams will be enhanced in Arakan and Palaung areas; a pilot program will be conducted in Kachin. Additionally, the BPHWT consider to increase the activity of integrated program, especially, Reproductive Health program in Kareanni, Western – Border and delta region as well.

Hiding in the Jungle in Pa Pun - 2009

## (i) Organizational Structure of the BPHWT




## (ii) Governance

As depicted in the Organizational Structure, the BPHWT is governed by the Leading Group which is elected by BPHWT members. The Leading Group is comprised of 13 members, who are elected for a three years term. The Leading Group appoints an Executive Board of 7 members, which is required to meet monthly and make decisions on current issues faced by the BPHWT. The BPHWT has a range of documents that guide the leadership, management, health care delivery, health information systems and human resources of the organization. Full copies of any of these documents are available upon request.

**The BPHWT Constitution**

The Constitution provides the framework for the operation of the BPHWT through thirteen Articles that define the organization's name, vision, mission statement, organizational identification, symbol, goals, objectives, policies and principles, actions and implementation, monitoring and evaluation, membership, election of the leading group, amendments to constitution and organizational restructuring, employment of consultants and job descriptions for positions.

**Vision**

A healthy society in Burma, through the primary health care approach, to the various ethnic nationalities and those communities in the remote interior areas of Burma.

**Mission**

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

**Goal**

To reduce morbidity, mortality and minimize disability by enabling and empowering the community through primary health care.

**Financial Management and Accountability**

The BPHWT has written finance policies and procedures guiding the Leading Committee, Executive Board, Coordinators and Field Staff about financial management and accountability; the production of annual finance 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 liquidation of cash assets. There are also regulations for payments for board, lodging, travel and honorariums for services rendered.

## (iii) Service System

Since 1998, the Back Pack Health Worker Team has been working towards developing an accessible, community based, primary health care service system within the BPHWT Field Areas, based on the health access indicators

**Health Access Indicators for a Community Based Primary Health Care System**

| POPULATION | HEALTH SERVICE TYPE | HEALTH WORKERS | RATIO (workers/pop) | IDEAL NUMBER |
|---|---|---|---|---|
| 2000 | BPHWT (Community based primary health care unit ) | BPHWT Health Worker | 1/400 | **5** |
| | | Traditional Birth Attendant | 1/200 | **10** |
| | | Village Health Volunteer | 1/500 | **10** |
| **Total Health Worker per Team** | | | | **25** |

### (iv)Gender Policy and Analysis

In 2009, forty-nine percent of the people working within the BPHWT are women but it does not count on Traditional Birth Attendant. 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 meet only the targets set for Field Management and Health Workers, though these targets do not reflect equality of access for women in Leading Group and Executive Board.

***Gender Analysis of the People Working within the BPHWT of 2009***

| CATEGORY | TOTAL NO OF PEOPLE | TOTAL NO FEMALES | FEMALE ACTUAL % | FEMALE TARGET at least % |
|---|---|---|---|---|
| **Leading Group** | 13 | 3 | 23% | 30% |
| **Executive Board** | 9 | 3 | 33% | 30% |
| **Office staff** | 12 | 5 | 42% | 30% |
| **Field Management** | 56 | 19 | 34% | 30% |
| **Field Health Workers** | 287 | 122 | 42% | 30% |
| **Traditional Birth Attendants** | 607 | 530 | 87% | **Target not set** |
| **Village Health Volunteers** | 356 | 206 | 58% | 30% |
| **Total Organization** | **1340** | **888** | 66% | **Target not set** |
| **Total Organization without TBAs** | | | 49% | 30% |

## III. BPHWT Programs

The Back Pack Health Worker Team aims to improve health through the delivery of primary health care and public health promotion. The BPHWT provides Medical Care, Community Health Education and Prevention and Maternal and Child Health Care Programs in their target area. Integrated through these primary health care programs, are the Health Information and Documentation and the Capacity Building Programs. Each year, the BPHWT endeavours to increase their target area and the population they assist, whilst providing comprehensive activities in existing programs.

### (i) Medical Care Program (MCP)

Over the last 10 years the most common diseases treated by the BPHWT have been malaria, acute respiratory infections (ARI), worm infestation, anaemia and diarrhoea. In 2008 the BPHWT treated 79035 cases, and by mid year 2009, they had treated 43905 cases. All data from the field is carried back to the office by the health workers, as they come to attend the six monthly meetings of

**Providing medical care, in Dooplaya, 2009**

the BPHWT. The BPHWT teams follow the treatment protocols outlined in the Burmese Border Guide Lines. The Health Information and Documentation Program, collects and analyses the health data and short courses for health workers, delivered by international consultants forms the main content of the capacity building in the Medical Care Program.

**Objectives (Medical Care Program)**

1. To increase coverage population and treated case-load
2. To respond to disease outbreaks and emergency situations
3. To improve Health Workers skills and knowledge
4. To strengthen patient referral systems

**Gravity flow water system Pa An - 2009**

**Activities**

1. Providing medicine and Medical supplies and Treating common diseases and minor injuries
2. Purchasing emergency medical supplies and immediately take action
3. Organize field workshops and short course trainings
4. To refer patients to the near hospitals or clinics

## (ii) Community Health Education and Prevention Program (CHEPP)

The CHEPP aims to enable and empower the internally displaced and vulnerable communities, with skills and knowledge related to basic primary health care concepts to improve hygiene, water supplies, sanitation systems, nutrition and other health related issues. Capacity building through peer education training in schools, Village Health Workshops and the Village Health Volunteers sub-program provides the community with the health knowledge to be able take independent measures to improve hygiene conditions, develop water and sanitation systems, improve nutrition, and manage basic health care.

The program also distributes Vitamin A and de-worming medication; builds safe water supplies and constructs latrines.

**Objectives (CHEPP)**

1. To reduce worm infestation, and to prevent vit-A deficiency among the children between 1 to 12 years
2. To improve health education among the students
3. To improve community participation in health program
4. To recruit Village Health Volunteers among the community (one Village Health Volunteer for every 200 people)

5. To Improve water and sanitation systems in the community in order to reduce water-borne diseases
6. To prevent and control communicable disease of Lymphatic filariasis

**Activities**

1. Distribute Vitamin A to children between the ages of 6 months to 12 years and anti-helminthes to children between ages 1 to 12 years
2. Provide school health education
3. Conduct Village Health Workshops and health campaigns
4. Organise Village Health Volunteer training and workshop
5. Provide Water and Sanitation system
6. Providing Mass-drugs administration among the community

Building community latrines in Lahu area, 09

## (iii) Maternal and Child Health Care Program (MCHP)

In Maternal and Child Health Care Program, capacity building is delivered through the 48 hours TBAs Training Course and 3 days TBAs Field Workshops, every six months in field areas. TBA follow-up workshops are held throughout the fields in every six months as well. The BPHWT has the criteria to recruit new TBAs; the TBAs who will work in this program need to have experience of delivering at least 5 babies. Additionally, they have to be recommended by the communities. As a result, the TBAs who are working in MCH program already have experience of delivering 5 babies ore more.

Also through the 6 monthly Reproductive Health Workshop which is attended by Maternal and Child Health (MCH) Supervisors. The MCH Program also provides family planning advice and contraceptive supplies to people within the field areas, to assist in promoting the improved health of women and children.

**Objectives: (MCH)**

1. To increase the number of deliveries attended by trained TBAs
2. To reduce worm infestation, and to prevent vit-A deficiency among pregnant women
3. To prevent anemia in pregnant women
4. Promote family planning methods
5. Improve knowledge and skills of TBAs and MCH Supervisors
6. To recognize for birth certifications

**Activities**

1. Train TBAs and provide safe birthing kits
2. Distribute Vitamin A and Albandazole to Pregnant women
3. Distribute iron tablet prenatally and postnatally
4. Provide family planning supplies
5. Conduct TBA training, TBA Field and Reproductive Health workshop
6. Document Delivery record

## (iv) Integrated Capacity Building program

The Back Pack Health Worker Team (BPHWT) has organized short training courses in order to upgrade health worker's skills and knowledge; the BP field in-charges, field MCH supervisors, TBAs trainers, other BP health workers and inviting the technical consultants from international NGOs. The BPHWT also community health worker and refresher training courses, which collaborates with local health organizations.

**Objectives (Capacity Building)**

1. To improve knowledge and skills of the health workers.
2. To promote management skills of the Back Pack health workers.
3. To improve clinical skills, knowledge and concept of primary health care for the health workers.
4. To exchange current and updates on health information to the Back Pack Health workers.
5. To recruit new health workers
6. To promote gender equality in leading positions

**Activities**

1. Conducting shot training courses and training of trainer that related with program's activities.
2. Conducting the shot training courses of management skills and capacity for health workers of office staff.
3. Organizing Community Health Worker training and collaborate with local health organizations.
4. Participating in other local health seminars and international health conferences.
5. Organize health trainings with local health organizations
6. Provide management skill trainings to women

## (v) Health Information and Documentation

The BPHWT collects health information and documents evidence of the health situation in eastern Burma. This integrated program also plays a role in monitoring and evaluation of the programs. The BPHWT conducts health needs and impact assessment surveys each year, to compare and evaluate the annual program outcomes. Documentation includes photos, videos and written reports.

**Objectives: (HID)**

1. To assess community health needs
2. To document evidence of the health situation
3. To standardize health data collection processes
4. To make evidenced based health status comparisons among the target community
5. To raise awareness of the community health problem
6. To advocate local and international organizations about the health situation in Burma

**Activities**

1. Conduct community needs assessment surveys
2. Produce video documentary once a year
3. Analyse data collected by BPHWT Health Workers
4. Organize training or workshops aimed at standardizing case definition data collections
5. Produce health information, education and communication materials for sharing in the Village Health Workshop
7. Organize Health Program coordination and Development seminar and prepare abstract papers and presentations on the health information, for presenting at local or international seminars.

## Key health Indicators

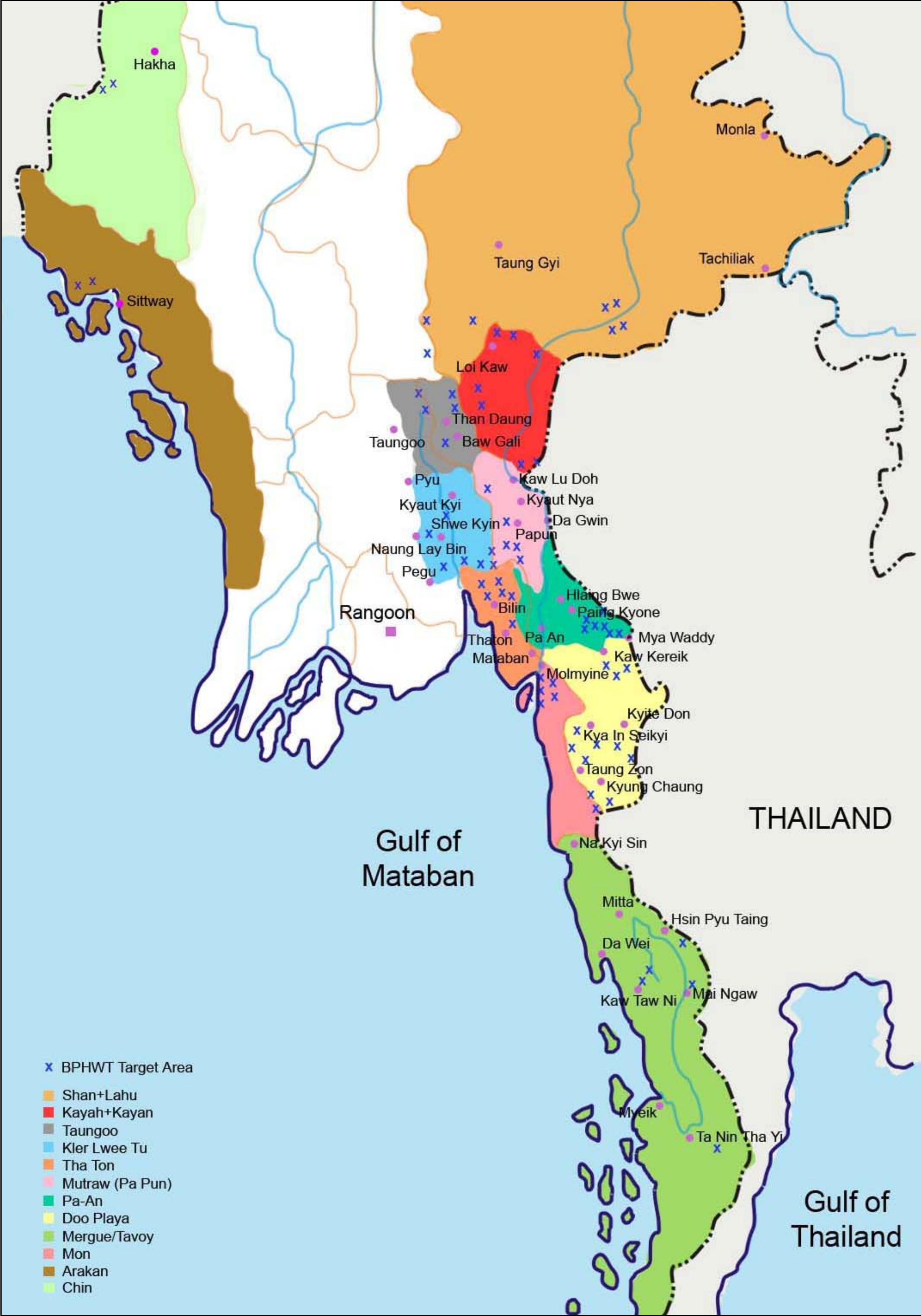
| HEALTH INDICATOR | TARGET GROUP | MEASUREMENT TOOL |
|---|---|---|
| 1. Malaria Morbidity Rate | Entire population | Annual data analysis and Program Impact Assessment Survey within 2 years ( 2010) |
| 2. ARI Morbidity Rate | Entire population | Annual data analysis |
| 3. Dysentery and Diarrhoea Morbidity Rates | Entire population | Annual data analysis and Program Impact Assessment Survey within 2 year s ( 2010) |
| 4. Child Mortality Rate | Children under 5 years and infant | Program Impact Assessment Survey within 2 years ( 2010) |
| 5. Crude Death Rate | Entire population | Program Impact Assessment Survey within 2 years ( 2010) |
| 6. Number of pregnant women receiving Iron supplements | Pregnant women | Annual Analysis of Iron supplement Data |
| 7. Number of TBAs practicing clean birthing methods | Traditional Birth Attendants | TBA Assessment Survey |
| 8. Coverage of Anti-helminthes Distribution | Children 1 to 12 years | Annual Analysis of De-worming Data |
| 9. Coverage of Vitamin A Distribution | Children under 12 years | Annual Analysis of Vitamin A Data and Program Impact Assessment Survey within 2 years ( 2010) |
| | Pregnant women | Annual Analysis of Vitamin A Data |
| 10. Percentage of people who have and use latrines | Entire population | Program Impact Assessment Survey within 2 years ( 2010) |
| 11. Number of Community Participation in workshop | Entire Population | Annual Analysis of participants in Workshop |
| 12. Number of students Participation in school health | Students | Annual Analysis of Number students data |
| 13. Percentage of mothers who give ORS to children who have diarrhoea | Women with children who have diarrhoea | Program Impact Assessment Survey within 2 years ( 2010) |
| 14. Maternal Mortality Ratio | Women during pregnancy and up to 42 days post delivery | Annual analysis of TBA Data and Program Impact Assessment Survey within 2 years ( 2010) |

## II. 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. The executive committee of BPHWT coordinates with other health organizations which work in areas related to the programs or issues, such as: Mae Tao Clinic, Burma Medical Association (BMA), local ethnic health departments, National Health and Education Committee (NHEC). The technical assistance of BPHWT supported by Global Health Access Program (GHAP) , in terms of designing of public health, data instrument, preparation and monitoring of health indicators.

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

## III. Map of Operation areas



## IV. Logical Framework of BPHWT program in 2010

The BPHWT programs and describes the activities, indicators of achievements, verification sources, expected outcomes and the risks involved in the delivery of the programs.

| OVERALL GOAL | To reduce morbidity & mortality & minimize disability by enabling & empowering the community through primary health care | | | | | | |
|---|---|---|---|---|---|---|---|
| OBJECTIVES | ACTIVITIES | INDICATORS OF ACHIEVEMENT | VERIFICATION SOURCES | 2010 EXPECTED Results | 2010 Actual Results | Variances or differences | RISKS |
| **Medical Care Program** | | | | | | | |
| 1. To increase coverage population and treated case-load | - Provide medicine and Medical supplies<br>- Treat common diseases and minor injuries | - # of target population and total case-load (M/F, under/over 5)<br>- # villages covered | - Procurement delivery documents Log books<br>- Analysis of data collected | Targeted population – 170,000<br>- 85,000 cases being treated<br>- # of families & households<br>- # of f/m and under/over 5<br>- # of villages covered | | | - Insufficient funding<br>- Medical supplies stolen by SPDC<br>- Data lost, stolen or incomplete |
| 2. To respond to disease outbreaks and emergency situations | - To purchase emergency medical supplies and immediately take action | - Prompt reporting<br>- Population affected<br>- # of cases treated (f/m, under & over 5) | - Delivery documents<br>- Field photos<br>- Exceptional reports<br>- Mid year & Annual Reports | - Effective response and treatment for disease outbreaks or emergency situations (f/m & under/over 5) | | | - Delay in field reporting outbreak or emergency<br>- Hostile military activity delays or prevents mobilization |
| 3.To improve Health Workers skills and knowledge | - Field workshops<br>- 6 month workshops<br>- short course training | - # of Health Workers participated<br>-% of Improving diagnosis & treatment | - Field reports<br>- Workshop reports<br>- Log book review & analysis<br>- Mid year & Annual Reports | - 170 attend Field Workshops<br>- 80 health workers attend 6 month workshops<br>- #of male and female | | | - High risk travel due to security issues |

|  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|
|  |  | - percent of health worker who receive a score of at least 95 % in post-test ( M/f) |  |  |  |  |  |
| 4. To strengthen patient referral systems | - To refer patients to the near hospitals or clinics. | - # of referrals<br>- list of refer site<br>- # of f/m referral patients | - Mid year & Annual Reports<br>-Patient's referral form | - 150 patients referred to clinics or hospitals<br>- # of f/m patients are referred to clinics or hospitals |  |  | - High cost of transporting patients<br>- High cost of medical care at referral sites |
| **Community Health Education and Prevention Program** |  |  |  |  |  |  |  |
| 5. To reduce worm infestation, and to prevent vit-A deficiency among the children between 1 to 12 years | -Distribute de-worming medicine to children between 1 to 12 years<br>- Distribute Vitamin A to children between the ages of 6 months to 12 years | - # of children receiving Vitamin A<br>- # of children receiving de-worming Medicine | - Worker Data form and Six monthly report | - 34,000 children will receive de-worming medicine<br>- 34,000 children will receive Vit - A |  |  |  |
| 6. To improve health education and personal hygiene among the students | - Providing school health activities | -# of school sessions<br>- # of students participating ( Male and female) | - Field reports<br>- Mid year & Annual Reports | - 160 school sessions attended by 16,000 students (M/F) |  |  | - Time limitations of community members |
| 7. To improve community participation in heath program | - Conduct Village Health workshops and health campaign | - # & category of people who participate in village workshops<br>(male and female) | - VH workshop reports<br>- Field reports<br>- Mid year & annual reports | - 25,500 people participate in 170 sessions Village Health Workshops<br>- Breakdown of participants by category (women, youth, TBA, VHV, |  |  | - Time limitations of community members |

|  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|
|  |  |  |  | shopkeepers. leaders, teachers etc) |  |  |  |
| 8. To recruit Village Health Volunteers among the community (one Village Health Volunteer for every 200 people) | - To organize village health volunteer trainings and workshops | - # training sessions and VHV attended (F/M)<br>- # workshop sessions and VHV participated<br>- ratio of VHV to target population | - VHV training and workshop report | - 15 trainings for 300 new VHVs<br>- 170 sessions for 850 village health volunteers (F/M) |  |  | - Participant Turnover attending the workshop |
| 9. To improve water and sanitation systems in the community to reduce water-borne diseases | - To build school & community latrines<br>- To build gravity flow & shallow well water systems | - # & type of latrines built<br>- # & type of water systems installed<br>- Percentage of household that get water from improved water sources. | - Field reports<br>- Mid year & Annual Reports | - 800 school latrines will be benefited 17000 students<br>- 20 gravity flow water systems 1200 house-holds (6000 Pop)<br>- 100 shallow well systems 1000 house-holds (5000 pop)<br>- 5000 community latrines or will be benefited 50000 pop; |  |  | - Insufficient funding<br>- Hostile military activity prevents transportation and installation |
| 10. To prevent and control communicable disease of Lymphatic filariasis | - Providing Mass-drugs administration for among the community | - # of people receive drug ( Male/Female & under/over 5 ) | - field report<br>- mid-term report | - 12,000 people will receive Albandazone and DEC. (Female/Male and under/over 5) |  |  | - Community complain on side-effect<br>- security concern |

| Mother and Child Health Care Program | | | | | | | |
|---|---|---|---|---|---|---|---|
| 11. To increase the number of deliveries attended by trained TBAs | - To train TBAs and safe delivery<br>- TBA Kits provided to all TBAs<br>- Maternity Kits provided to all TBAs | - # of delivery that attended by trained TBAs<br>- No of TBA kits provided<br>- No of Maternity Kits provided | - TBAs' form<br>- mid-term and annual report | - % of deliveries attended by TBAs<br>- 4000 pregnant women delivery by TBAs<br>- 1,600 TBA Kits<br>- 6,400 Maternity Kit s | | | |
| 12. To reduce worm infestation, and to prevent vit-A deficiency among pregnant women. | - Distribute Vitamin A and Albandazole to Pregnant women | - # of pregnant women receiving Vitamin A and Albandazole | - TBA's form | - 4,000 pregnant women will receive Vit-A and Albandozole | | | - Security issues can affect data level returned |
| 13. To prevent anemia in pregnant women | - Distribute iron prenatally and postnatall | - # of pregnant women receiving iron | - TBA's form | - 4,000 pregnant women will receive iron | | | - Security issues can affect data level returned |
| 14. To promote family planning methods | - Provide family planning supplies | -# of clients receive the family planning supplies (Male/female) | - Mid year & Annual Reports | - 3000 people will participate in family planning ( Female/Male ) | | | - Traditional cultural barriers |
| 15. To improve knowledge & skills of TBAs & MCH Supervisors | - Reproductive Health Workshops held<br>- TBA Follow-up Workshops held<br>- New TBAs trained | - # of new TBAs<br>- # of TBA Follow-up Workshops held & no of TBAs attending (F/M)<br>- # of Reproductive Health Workshops held & # of MCH Supervisors attending (M/F)<br>- Percent of TBA who receive a score of at least 85% on the post-test | - Workshop reports<br>- Field reports<br>- Field photos<br>- Mid year & Annual Report | - 80 Follow-up TBA Workshops for 800 TBAs (F/M)<br>- 2 RH Workshops<br>- 800 TBAs with training at 80 Training sessions | | | - Security issues affect travel<br>- Traditional cultural barriers |

| 16. To recognize for birth certifications | - To provide Delivery record | - # of new born baby received Delivery record | - Delivery record issues copies | - 3,000 Delivery records | | | - Security concern<br>- Traditional cultural barriers |
|---|---|---|---|---|---|---|---|
| **Capacity Building** | | | | | | | |
| 17. To improve health Worker and staff knowledge and skills | 1. CHW training<br>2. Refresher course for senior medics<br>3. attendant international conference and training<br>4. First Aid training | - # of trainees completed the training (M/F)<br>- # of training participants (M/F)<br>- # of times participation<br>- # of participants in First Aid training (M/F)<br>- # of first aid kits provided | -Training report<br>- Attendant list | - 90 health worker will complete and work in field (M/F)<br>- 30 people will receive training and improve management skills (M/F)<br>- 2 international and 6 local conferences or trainings<br>- 850 people will receive first aid training (F/M) | | | - Security concern affected in training location<br>- Resettlement<br>- traveling document |
| 18. To recruit new health workers | - To organize health trainings with local health organizations | -# of health workers completed training (Male/Female)<br>- the ratio of health worker to target population | -Training report form | - 90 new health workers (Female/Male) | | | Funding limitation |
| 19. To promote gender equality in leading positions | Women are given management skills trainings | % of women leading health programs<br><br>% of women field-in charge<br><br>% of women in leading committee | Staff lists | - At least 30% of women leading health programs<br>- At least 30% of women field-in charge<br>- At least 30% of women in leading committee | | | |

## V. Program Activity Time Lines

Though many BPHWT activities can be disrupted by the military activity of the SPDC and their allied armies, the table below provides the planned implantation timelines for activities.

**Program Activity Time Lines**

| ACTIVITIES | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Medical Care Program** | | | | | | | | | | | | |
| 1. providing medicine and Medical supplies | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ |
| 2. Treat common diseases and minor injuries | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ |
| 3. Collect caseload information, pop information | √ | | | | | | √ | | | | | |
| 4. Conduct population-based surveys | | | | √ | √ | | | | | | | |
| 5. Purchase emergency Medical supplies | | √ | | | | | √ | | | | | |
| 6. Field Meetings | √ | | | | | | √ | | | | | |
| 7. Village Health Workshop | | | √ | √ | | | | | √ | √ | | |
| 8. 6 monthly meetings/workshop | | √ | | | | | | √ | | | | |
| 9. field workshop | | | √ | | | | | | √ | | | |
| 10. Shot courses training | | | √ | | | | | | | √ | | |
| 11.Refer patients to the near hospitals or clinics | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ |
| **Community Health Education and Prevention Program** | | | | | | | | | | | | |
| 12. Distribute de-worming medicine and Vitamin A to children | | | √ | √ | | | | | √ | √ | | |
| 13. student personal hygiene sessions | | | | | | √ | | | | | √ | |
| 14. Health campaign | | | | √ | √ | | | | | √ | √ | |
| 15. Village Health Workshops | | | | √ | √ | | | | | √ | √ | |
| 16. VHV Training Sessions | | | | √ | √ | | | | | | | |
| 17. VHV Workshops | | | | √ | | | | | | √ | | |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18. Build school & community latrines | | | √ | √ | | | | | √ | √ | | |
| 19. Build gravity flow & shallow well water systems | | | √ | √ | | | | | √ | √ | | |
| 20. Mass-drugs administration provided | | | √ | √ | | | | | √ | √ | | |
| **Maternal and Child Health Care Program** | | | | | | | | | | | | |
| 21. TBA training | | | √ | √ | | | | | | | | |
| TBA workshop | | | | | | | | | √ | √ | | |
| 22. providing TBA Kits and Maternity Kits | | | √ | √ | | | | | √ | √ | | |
| 23.Vit-A and Albandazole distributed to pregnant women | | | | | | | | | | | | |
| 24. Iron distributed prenatally and postnally | | | | | | | | | | | | |
| 25. Family planning supplies provided | | | | | | | | | | | | |
| 26. Reproductive Health Workshops held | | √ | | | | | | √ | | | | |
| 27. Document and issue delivery record | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ |
| 28. Organize community health worker training | | | | | | √ | | | | | | |
| 29. Organize refresher course for senior medics | | | √ | √ | √ | √ | √ | √ | √ | √ | | |
| 30. attendant local and international conference and training | | | | | √ | √ | | | √ | √ | | |

## VI. Management, Monitoring and Evaluation

### (i) Organisational Management and Development

There are a range of documents that guide the management of the BPHWT and the table below gives a summary of the internal reporting framework. BPHWT receives technical assistance from external consultants and organisations to develop and improve programs. Some examples of the technical assistance BPHWT have received in 2007 include: reviewing field log books; reviewing and rationalising drug treatment; improving data management and analysis; improving reporting documentation; and the development of presentations in the international arena.

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. In 2007, the BPHWT carried out the process of Internal Programming Improvement Project (IPIP) in order to evaluate the improvement of the activities and particularly focused on Quality Control (Drug and Health workers' skills), Logistic Management, Office/Program Administration and improvement of women participation; this IPIP have changed to Internal Program Monitoring Team (IPMT) in the 19th, six month and 2nd term of leading Group meeting in 2008.

**Internal Reporting Framework**

| HUMAN RESOURCES | GUIDING DOCUMENTS | AVENUE | FREQUENCY | EVIDENCE |
|---|---|---|---|---|
| Field Workers report to Fields-in-Charges | - Duty statements<br>- Treatment handbook | Field Meeting | Monthly | - Team Activity Reports |
| Fields-in-Charge report to Program Coordinators | - Duty statements<br>- Policies & procedures | Program Meeting | 6 Monthly | - Field Activity Reports |
| Coordination staff report to Director | - Duty statements<br>- Policies & procedures | Coordination Staff Meeting | Monthly | - Coordination Staff Meeting Reports |
| Program Coordinators report to Director | - Duty statements<br>- Policies & procedures | Executive Board Meeting | Monthly | - Program Reports<br>- Executive Board Meeting Reports |
| Director reports to Leading Group | - Duty statement<br>- Policies & procedures<br>- Constitution<br>- Funding contracts | Leading Group Meeting | Twice Yearly | - Combined Program Reports<br>- Leading Group Meeting Reports |
| Chairperson & Director report to BPHWT members | - Constitution<br>- Funding contracts | Annual General Meeting | Annually | - Annual General Meeting Report<br>- Annual Report & Audited Financial Statements |

## (ii) Program Monitoring and Evaluation

The BPHWT undertakes a range of monitoring and evaluation activities, some of which are conducted by external consultants or organisations. The table below summarises the current Monitoring and Evaluation framework.

| TOPIC | METHOD | PARTICPANTS | FREQUENCY | EVIDENCE & REPORTING |
|---|---|---|---|---|
| Quality of Field Health Worker's medical skills | Logbook reviews | - External Physician<br>- Fields-in-Charge<br>- Program Coordinator | 6 monthly | Logbook review and analysis included in the Annual Report |
| Program implementation | Comparison of planned and actual activities | - Leading Group<br>- Fields-in-Charge | Annually | Comparison and reasons for variance included in the Annual Report |
| Effectiveness of VHV & TBA Training | Pre and post testing of participants | - Executive Board<br>- Program Coordinators | Annually | Results of training evaluation included in the Annual Report |
| Effectiveness of Programs | Calculating morbidity rates of common diseases | - Executive Director<br>- HIS staff<br>- Program Coordinators | Annually | Morbidity rates over time included in the Annual Report |
| improving health outcomes | Impact Assessment | - Survey team | Two yearly | Impact assessment included in the corresponding Annual Report |
| Financial management | Comparison of budget & actual income & expenditure<br>Financial Audit | - Leading Group<br>- Fields-in-Charge | 6 monthly | Comparison and explanation of variances included in the 6 monthly and Annual Reports |
| Satisfaction with Organizational Management | Election of Leading Group | - External Auditing Firm<br>- Director<br>- Finance Manager<br>- Accountant<br>- All BPHWT members | Annually<br>Three yearly | Audited Financial Report included in the Annual Report<br>Outcome of elections included in corresponding Annual Report |

## VII. Budgeting (January to December 2010 )

| BPHWT January to December 2010 Budget | | | | | |
|---|---|---|---|---|---|
| **Items** | **Jan-Jun 10** | **Jul-Dec 10** | **Total** | **% total budget** | **% by program** |
| **I. Medical Care Program (MCP)** | | | | | |
| **A) MCP program operation cost** | | | | | |
| 1. Program coordinator operation cost (7000 B x 6 mths x 1 person) | 42,000 | 42,000 | 84,000 | 0.3% | 1% |
| 2. Program staff operation cost (4,000 B x 6 mths x 1 person) | 24,000 | 24,000 | 48,000 | 0.1% | 0% |
| ***MCP program operation cost sub total*** | **66,000** | **66,000** | **132,000** | 0.4% | 1% |
| **B) MCP Activities and supplies** | | | | | |
| 1. General Medicine & Medical supplies (23,000B x 85 BPs) | 1,955,000 | 1,955,000 | 3,910,000 | 12.0% | 39% |
| 2. Malaria Medicine supplies (13,000B x 85 BPs) | 1,105,000 | 1,105,000 | 2,210,000 | 6.8% | 22% |
| 3. Malaria rapid test (40 B x 150 x 85 BPs) | 510,000 | 510,000 | 1,020,000 | 3.1% | 10% |
| 4. Medicine transportation (3,000 B x 85 BPs) | 255,000 | 255,000 | 510,000 | 1.6% | 5% |
| 5. BP worker's operation cost (1,000 B x 6 mths x 85 persons) | 510,000 | 510,000 | 1,020,000 | 3.1% | 10% |
| 6. Field-coordinator operation cost (1200 B x 6 mths x 20 persons) | 144,000 | 144,000 | 288,000 | 0.9% | 3% |
| 7. Emergency medical supplies | 400,000 | 400,000 | 800,000 | 2.5% | 8% |
| 8.Treatment Hand Book (100 B x 500 Books) | 50,000 | 0 | 50,000 | 0.2% | 1% |
| 9. Report form | 10,000 | 10,000 | 20,000 | 0.1% | 0% |
| 10. Log book | 15,000 | 15,000 | 30,000 | 0.1% | 0% |
| ***MCP Activities and supplies cost sub total*** | **4,954,000** | **4,904,000** | **9,858,000** | 30.4% | 99% |
| **MCP Sub Total** | **5,020,000** | **4,970,000** | **9,990,000** | **30.8%** | ***100%*** |
| **II. Community Health Education and Prevention Program (CHEPP)** | | | | | |
| **A) Program operation cost** | | | | | |
| 1. Program coordinator operation cost (7,000 B x 6 mthsx 2 persons) | 84,000 | 84,000 | 168,000 | 0.5% | 2% |
| 2. Program staff operation cost (4,000 B x 6 mths x 1 person) | 24,000 | 24,000 | 48,000 | 0.1% | 1% |
| 3. Worker operation cost (1000 B x 6 mths x 85 person) | 510,000 | 510,000 | 1,020,000 | 3.1% | 13% |
| 4. Field coordinator operation cost (1200 B x 6 moths x 20 fields) | 144,000 | 144,000 | 288,000 | 0.9% | 4% |
| ***Program operation cost sub total*** | ***762,000*** | ***762,000*** | ***1,524,000*** | 4.7% | **19%** |
| **B) 1. Village Health Volunteer Training/Workshop** | | | | | |
| 1.Village Health Volunteer Training (25,000 B x 15 training) | 375,000 | | 375,000 | 1.2% | 5% |
| 2. Village Health Volunteer workshop (2000 B x 55 + 70 sessions) | 110,000 | 140,000 | 250,000 | 0.8% | 3% |
| ***VHV Training/workshop sub total*** | ***485,000*** | ***140,000*** | ***625,000*** | 1.9% | **8%** |
| **C) School Health Promotion** | | | | | |
| 1. Pure drinking water system (2,000 B x 85 BPs) | 170,000 | | 170,000 | 0.5% | 2% |
| 2. Personal hygiene (20 B x 100 students) x 80+80 BPs | 160,000 | 160,000 | 320,000 | 1.0% | 4% |
| 3. Latrine (500B x 10 x 80 sessions) | 400,000 | 0 | 400,000 | 1.2% | 5% |
| 4. Health Camping event (2,000 B x 85 BPs) | 170,000 | | 170,000 | 0.5% | 2% |
| ***School Health Promotion sub total*** | **900,000** | **160,000** | ***1,060,000*** | 3.3% | 13% |
| **D) Village Health Workshop (3000 B x 85session)** | **255,000** | **255,000** | ***510,000*** | 1.6% | 6% |

| | | | | | |
|---|---|---|---|---|---|
| **E) Water & Sanitation** | | | | | |
| 1. Gravity flow water system (35,000 B x (10+10) sessions | 350,000 | 350,000 | 700,000 | 2.2% | 9% |
| 2. Shallow well water system (5,000 B x (50 +50 ) sessions | 250,000 | 250,000 | 500,000 | 1.5% | 6% |
| 3. Community Latrine (500B x 2500 +2500 latrines) | 1,250,000 | 1,250,000 | 2,500,000 | 7.7% | 31% |
| ***Water & Sanitation sub total*** | ***1,850,000*** | ***1,850,000*** | ***3,700,000*** | 11.4% | 46% |
| **F) Nutrition Promotion** | | | | | |
| 1. Vitamin A distribution (3 B x 34,000 + 34,000) | 102,000 | 102,000 | 204,000 | 0.6% | 3% |
| 2. De-worming for mebendazole (1.5 B x 34,000 + 34,000) | 51,000 | 51,000 | 102,000 | 0.3% | 1% |
| ***Nutrition promotion sub total*** | **153,000** | **153,000** | ***306,000*** | 0.9% | 4% |
| **G)Communicable disease Control (Filiariasis)** | | | | | |
| 1. DEC (42,000 tabs + 30,000 tabs)x 2.4B | 100,800 | 72,000 | 172,800 | 0.5% | 2% |
| 2. Albendozole (28,000 tabs x 10,000 tabs)2.0B | 56,000 | 20,000 | 76,000 | 0.2% | 1% |
| 3. Awareness workshop 2000 B x 5sessons) | 10,000 | | 10,000 | 0.0% | 0% |
| 4. Personnel/Stipend (1000 B x 6 mthsx 5 staffs) | 30,000 | 30,000 | 60,000 | 0.2% | 1% |
| **Communicable disease Control (Filiariasis Pilot Program)sub total** | **196,800** | **122,000** | **318,800** | 1.0% | 4% |
| **H) IEC materials** | | | | | |
| 1. Poster and Pamphlet | 15,000 | 15,000 | 30,000 | 0.1% | 0% |
| 2. VCD/DVD | 15,000 | 15,000 | 30000 | 0.1% | 0% |
| **IEC materials sub total** | **30,000** | **30,000** | **60,000** | 0.2% | 1% |
| **CHEPP Sub total** | ***4,631,800*** | ***3,472,000*** | ***8,103,800*** | **25.0%** | ***100%*** |
| **III. Maternal and Child Health Program(MCHP)** | | | | | |
| **A) Program operation cost** | | | | | |
| 1. Program coordinator operation cost (7,000 Bx 6 mths x 2 person) | 84,000 | 84,000 | 168,000 | 0.5% | 3% |
| 2. program staff operation cost (4,000 B x 6 mths x 1 person) | 24,000 | 24,000 | 48,000 | 0.1% | 1% |
| 3. BP worker's operation cost (1,000 B x 6 mths x 85 persons) | 510,000 | 510,000 | 1,020,000 | 3.1% | 19% |
| 4. Field coordinator operation cost (1,200B x 6 mths x 19 person) | 136,800 | 136,800 | 273,600 | 0.8% | 5% |
| 5. Special Trained TBA curriculum development | 10,000 | 0 | 10,000 | 0.0% | 0% |
| ***MCHP program operation cost sub total*** | ***764,800*** | ***754,800*** | ***1,519,600*** | 4.7% | 29% |
| **B) TBA Training short course (3 days)** | | | | | |
| 1. Food (50B x 12persons x 3days x 80sessions) | 144,000 | 0 | 144,000 | 0.4% | 3% |
| 2. TBA Kit (400B x 10 TBAs x 80 sessions) | 320,000 | 0 | 320,000 | 1.0% | 6% |
| 3. Maternity Kit (150 B x 4 mothers x 10 TBAs x 80 sessions) | 480,000 | 0 | 480,000 | 1.5% | 9% |
| 4. Stationery and documentation (1,000B x 80 sessions) | 80,000 | 0 | 80,000 | 0.2% | 2% |
| 5. TBA and Maternity kit transportation (1,500 B x 80 sessions) | 120,000 | 0 | 120,000 | 0.4% | 2% |
| 6. TBA Compensation (500B x 10 TBAs x 80 sessions) | 400,000 | 0 | 400,000 | 1.2% | 8% |
| ***MCHP TBA training sub total*** | ***1,544,000*** | ***0*** | ***1,544,000*** | 4.8% | 29% |
| **C) TBA Workshop** | | | | | |
| 1. Food (50 B x12 persons x 3 days x 80 sessions) | 0 | 144,000 | 144,000 | 0.4% | 3% |
| 2. TBA Kit (400 B x 10 TBAs x 80 sessions) | 0 | 320,000 | 320,000 | 1.0% | 6% |
| 3. Maternity Kit (150 B x 4 mothers x 10 TBAs x 80sessions) | 0 | 480,000 | 480,000 | 1.5% | 9% |
| 4. TBA and Maternity kit transportation (1500 B x 80sessions) | 0 | 120,000 | 120,000 | 0.4% | 2% |
| 5. Stationary and documentation (500B x 80 sessions) | 0 | 40,000 | 40,000 | 0.1% | 1% |

| | | | | | |
|---|---|---|---|---|---|
| 6. TBA compensation (500B x 10TBAs x 80sessions) | 0 | 400,000 | 400,000 | 1.2% | 8% |
| ***MCHP Follow-up workshop sub total*** | ***0*** | ***1,504,000*** | ***1,504,000*** | 4.6% | 28% |
| ***D) Delivery record*** | ***30,000*** | ***0*** | ***30,000*** | **0.1%** | **1%** |
| ***E) Family Planning*** | ***80,000*** | ***80,000*** | ***160,000*** | **0.5%** | **3%** |
| ***F) Integrated TBA's activity*** | | | | | |
| **a) TBA training (Chin , Kareni and special regions)** | | | | | |
| 1. Food (50B x 12persons x 3days x 15sessions) | 27,000 | 0 | 27,000 | 0.1% | 1% |
| 2. TBA Kit (400B x 10 TBAs x15 sessions) | 60,000 | 0 | 60,000 | 0.2% | 1% |
| 3. Maternity Kit (150 B x 4 mothers x 10 TBAs x 15 sessions) | 90,000 | 0 | 90,000 | 0.3% | 2% |
| 4. Stationery and documentation (1,000B x 15 sessions) | 15,000 | 0 | 15,000 | 0.0% | 0% |
| 5. TBA and Maternity kit transportation (1,500 B x 15 sessions) | 22,500 | 0 | 22,500 | 0.1% | 0% |
| 6. TBA compensation ( 500B x 10 TBAs x 15 sessions) | 75,000 | 0 | 75,000 | 0.2% | 1% |
| ***MCHP TBA training sub total*** | ***289,500*** | ***0*** | ***289,500*** | 0.9% | 5% |
| **b)TBA Field Workshop** | | | | | |
| 1. Food (50 B x12 persons x 3 days x 15 sessions) | 0 | 27,000 | 27,000 | 0.1% | 1% |
| 2.TBA Kit (400 B x 10 TBAs x 15 sessions) | 0 | 60,000 | 60,000 | 0.2% | 1% |
| 3. Maternity Kit (150 B x 4 mothers x 10 TBAs x 15 sessions) | 0 | 90,000 | 90,000 | 0.3% | 2% |
| 4. TBA and Maternity kit transportation (1500 B x 15 sessions) | 0 | 22,500 | 22,500 | 0.1% | 0% |
| 5. Stationery and documentation (500B x 15 sessions) | 0 | 7,500 | 7,500 | 0.0% | 0% |
| 6. TBA compensation (500 B x 150 TBAs) | | 75,000 | 75,000 | 0.2% | 1% |
| ***MCHP Follow-up workshop sub total*** | ***0*** | ***282,000*** | ***282,000*** | 0.9% | **5%** |
| **MCHP Sub Total** | ***2,708,300*** | ***2,620,800*** | ***5,329,100*** | **16.4%** | ***100%*** |
| **IV. Capacity Building Program (CBP)** | | | | | |
| 1. Health information training (30,000 B x 1 training) | 30,000 | 0 | 30,000 | 0.1% | 1% |
| 2. CHW training (300,000 B x 3 training) | 900,000 | 0 | 900,000 | 2.8% | 38% |
| 3. Refresher course for senior medic | 300,000 | 0 | 300,000 | 0.9% | 13% |
| 4. International Conference and Training | 250,000 | 250,000 | 500,000 | 1.5% | 21% |
| **CBP Sub total** | 1,480,000 | 250,000 | 1,730,000 | 5.3% | 74% |
| **C) Trauma Care** | | | | | |
| 1. First Aid Training (2,500 B x 40 +45 BPs) | 100,000 | 112,500 | 212,500 | 0.7% | 9% |
| 2. First Aid Kit (300 B x 850 trainees) | 255,000 | | 255,000 | 0.8% | 11% |
| 3. Fist Aid training hand-book | 30,000 | | 30,000 | 0.1% | 1% |
| **Trauma care sub total** | 385,000 | 112,500 | 497,500 | 1.5% | 21% |
| **B. Health Program Coordination and Development Seminar** | | | | | |
| 1. Food (100 B x 70 x 3 days) | | 21,000 | 21,000 | 0.1% | 3% |
| 2. Stationary & Documentation | | 6,000 | 6,000 | 0.0% | 1% |
| 3. Local transport & Security expends | | 10,000 | 10,000 | 0.0% | 1% |
| 4. Distance transportation | | 50,000 | 50,000 | 0.2% | 7% |
| 5. Data management and Documentation training | | 25,000 | 25,000 | 0.1% | 3% |
| **Health Program Coordination and Development Seminar Sub total** | | 112,000 | 112,000 | 0.3% | 15% |
| **Capacity Building Program sub total** | ***1,865,000*** | ***474,500*** | ***2,339,500*** | **7.2%** | ***148%*** |
| **V. Health Information and Documentation(HID)** | | | | | |
| **A. Health Information & Documentation** | | | | | |
| 1. Still digital camera (6000B x 10+10 digitals camera) | 60,000 | 60,000 | 120,000 | 0.4% | 18% |
| 2. Photo Development | 10,000 | 10,000 | 20,000 | 0.1% | 3% |
| 3. Video Camera ( 30,000 x 1 + 1 camera ) | 30,000 | 30,000 | 60,000 | 0.2% | 9% |

| | | | | | |
|---|---|---|---|---|---|
| 4. Memory stick and video tape | 25,000 | 25,000 | 50,000 | 0.2% | 8% |
| 5. Publication ( Calendar ) | 70,000 | 0 | 70,000 | 0.2% | 11% |
| 6. Publication (T-Shirt 150 x 500 ) | 0 | 75,000 | 75,000 | 0.2% | 11% |
| 7. Communication Equipment ( 5,500 B x 40 ) | 220,000 | 0 | 220,000 | 0.7% | 34% |
| 8. Reprint for update Chronic Emergency report | 40,000 | 0 | 40,000 | 0.1% | 6% |
| **Health Information and Documentation Sub total** | **455,000** | **200,000** | **655,000** | 2.0% | 100% |
| **HID Sub total** | ***455,000*** | ***200,000*** | ***655,000*** | **2.0%** | ***100%*** |
| **VI. Program Management and Evaluation** | | | | | |
| **A) Program managing cost** | | | | | |
| 1. Leading members Compensation (7,000 B x 3persons x 6 mths) | 126,000 | 126,000 | 252,000 | 0.8% | 8% |
| 2. Director stipend (7,000 B x 1 person x 6 mths) | 42,000 | 42,000 | 84,000 | 0.3% | 3% |
| 3. Deputy director stipend ( 7,000 B x 1 person x 6 mths) | 42,000 | 42,000 | 84,000 | 0.3% | 3% |
| 4. Finance manager stipend (7,000 B x 1 person x 6 mths) | 42,000 | 42,000 | 84,000 | 0.3% | 3% |
| 5. Accountant stipend ( 4,000 B x 1 person x 6 mths) | 24,000 | 24,000 | 48,000 | 0.1% | 2% |
| 6.Coordination with local authority | 35,000 | 35,000 | 70,000 | 0.2% | 2% |
| ***Program managing cost sub total*** | ***311,000*** | ***311,000*** | ***622,000*** | 1.9% | 19% |
| **B. Six monthly meeting and 3 main programs workshop** | | | | | |
| 1. Food (80 B x 100 persons x 28 days) | 224,000 | 224,000 | 448,000 | 1.4% | 14% |
| 2. Stationery and documentation | 35,000 | 35,000 | 70,000 | 0.2% | 2% |
| 3. Local transportation | 30,000 | 30,000 | 60,000 | 0.2% | 2% |
| 4. Security cost | 20,000 | 20,000 | 40,000 | 0.1% | 1% |
| 5. Distance transportation (3,000 B x 100 persons) | 300,000 | 300,000 | 600,000 | 1.8% | 19% |
| 6. Personal effect while in Mae Sod ( 500 B x 100 persons) | 50,000 | 50,000 | 100,000 | 0.3% | 3% |
| 7. Decoration | 5,000 | 5,000 | 10,000 | 0.0% | 0% |
| ***Six monthly Meeting and 3 main programs workshop sub total*** | ***664,000*** | ***664,000*** | ***1,328,000*** | 4.1% | 42% |
| **F) Field Meeting and Workshop** | | | | | |
| **a. Field Meeting** | | | | | |
| 1. stationery and documentation (1,000 BX20 ) | 20,000 | 20,000 | 40,000 | 0.1% | 1% |
| 2. Food and supplies (6,000 B x 20 fields) | 120,000 | 120,000 | 240,000 | 0.7% | 8% |
| 3. Field Coordination & Communication fees (1500 x 20 fields) | 30,000 | 30,000 | 60,000 | 0.2% | 2% |
| 4.Transportation (3,000 B x 20 fields) | 60,000 | 60,000 | 120,000 | 0.4% | 4% |
| ***Field Meeting sub total*** | *230,000* | *230,000* | **460,000** | 1.4% | 14% |
| **b. Field Workshop** | | | | | |
| 1.stationery and documentation (1,000 B x 20 | 40,000 | 40,000 | 80,000 | 0.2% | 3% |
| 2.Food and supplies (5,000B x 20 fields) | 100,000 | 100,000 | 200,000 | 0.6% | 6% |
| 3.Transportation (2,000 B x 20 fields) | 40,000 | 40,000 | 80,000 | 0.2% | 3% |
| ***Field workshop sub total*** | 180,000 | 180,000 | **360,000** | 1.1% | 11% |
| **G) Program Monitoring and Evaluation** | | | | | |
| 1. Monitoring trip (30,000 B x 3 trips) | 90,000 | 90,000 | 180,000 | 0.6% | 6% |
| 2. Program Impact survey | 200000 | 0 | 200,000 | 0.6% | 6% |
| ***Program monitoring and evaluation sub total*** | ***290,000*** | ***90,000*** | ***380,000*** | 1.2% | 12% |
| **H) Management Meeting** | | | | | |
| 1. Leading group meeting (5,000 B x 1+1 time) | 5,000 | 5,000 | 10,000 | 0.0% | 0% |
| 2. Executive Board meeting (1,000Bx 6+6 times) | 6,000 | 6,000 | 12,000 | 0.0% | 0% |
| 3. Staffs meeting (500 B x 24+24 times) | 12,000 | 12,000 | 24,000 | 0.1% | 1% |
| ***Management Meeting sub total*** | ***23,000*** | ***23,000*** | ***46,000*** | 0.1% | 1% |
| **Program Management and Evaluation sub total** | ***1,698,000*** | ***1,498,000*** | ***3,196,000*** | **9.8%** | ***100%*** |
| **VII. General Administration** | | | | | |

| A. Office running cost | | | | | |
|---|---|---|---|---|---|
| **1. Office running cost (50000 B x 6mths)** | **300,000** | **300,000** | **600,000** | **1.8%** | **21%** |
| **B. Office supplies** | | | | | |
| 1. Office furniture | 20,000 | 20,000 | 40,000 | 0.1% | 1% |
| 2.Computer maintenance | 10,000 | 10000 | 20,000 | 0.1% | 1% |
| 3. Money Transfer Fees | 8,000 | 8,000 | 16,000 | 0.0% | 1% |
| 4.Care warranty and maintenance | 30,000 | 30,000 | 60,000 | 0.2% | 2% |
| 5.Cabinet 3,000 B x 20 sets) | 60,000 | 0 | 60,000 | 0.2% | 2% |
| 6. Motorcycle (60,000 B) | 60,000 | | 60,000 | 0.2% | 2% |
| **Office supplies total** | **188,000** | **68,000** | **256,000** | 0.8% | 9% |
| **C. staff stipend** | | | | | |
| 4. Office staff' stipend (4,000 B x 3 persons x 6 mths) | 72,000 | 72,000 | 144,000 | 0.4% | 5% |
| 5. Office manager stipend (7,000 x 1person x 6 mths) | 42,000 | 42,000 | 84,000 | 0.3% | 3% |
| 6. Social support and emergency health care | 100,000 | 100,000 | 200,000 | 0.6% | 7% |
| 7. Registration ( 5,000 B x 6 Persons) | 30,000 | 0 | 30,000 | 0.1% | 1% |
| 8. Intern stipend ( 1,500 B x 3 persons x 6month) | 27,000 | 27,000 | 54,000 | 0.2% | 2% |
| **staff stipend total** | **271,000** | **241,000** | **512,000** | 1.6% | 18% |
| **D. Other administration** | | | | | |
| 1. Auditor fee | 50,000 | | 50,000 | 0.2% | 2% |
| 2. Air Ticket Fees ( 20,000 B x 2 persons x 1+1 time ) | 40,000 | 40,000 | 80,000 | 0.2% | 3% |
| 3.Domestic traveling cost (5000 B x 2 x 2 times) | 20,000 | 20,000 | 40,000 | 0.1% | 1% |
| 4.Immigration ( 2000 B x 8 time x 2 person ) | 32,000 | 0 | 32,000 | 0.1% | 1% |
| 5. Attending local coordination meeting | 50,000 | 50,000 | 100,000 | 0.3% | 3% |
| 6.Computer ( Laptop ) 2 Sets (38,000 B x 2 Sets) | 76,000 | 0 | 76,000 | 0.2% | 3% |
| 7. Renew vehicle | 400,000 | 0 | 400,000 | 1.2% | 14% |
| 8. Recreation ground | 30,000 | 0 | 30,000 | 0.1% | 1% |
| 9. Meeting hall Renovation | 70,000 | 0 | 70,000 | 0.2% | 2% |
| 10. Dealing with border committee (3000B x 6+6 mths) | 18,000 | 18000 | 36,000 | 0.1% | 1% |
| 11.Distance transportation (6,000 B x 6 + 6 mths) | 36,000 | 36,000 | 72,000 | 0.2% | 3% |
| **Other administration cost total** | **822,000** | **164,000** | **986,000** | 3.0% | 34% |
| **Total Administration** | ***1,581,000*** | ***773,000*** | **2,354,000** | 8.8% | 79% |
| **Grand total for all program in year 2010** | **17,959,100** | **14,008,300** | **31,967,400** | **100.0%** | **100%** |