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Provision of Primary Healthcare among the Internally Displaced Persons and Vulnerable Populations of Burma



BPHWT Mid Year Report
2010

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Part I
2010 Mid Year Report



1) Overview and Summary of the BPHWT

During the first term of 2010, the Back Pack Health Worker Team (BPHWT) continued to provide healthcare in **20** field areas, with **80** teams assigned to a target population of about **190,000** people. There are currently over **1,259** Health Workers living and working in the BPHWT target areas inside Burma; comprised of **254** medics, **645** Traditional Birth Attendants (TBAs) and **360** Village Health Volunteers (VHVs). The table below provides an overview of the BPHWT field areas, the number of medics, target populations, and the total cases treated within the first term of 2010.

During this period, there were **46,153** cases treated compared with **43,905** reported in the same period of 2009. The BPHWT field areas also reported treating **53** gunshot injuries, including **5** children less than five years of age; and **26** landmine injuries. Compared with data in the BPHWT Mid Year Report 2009, the total cases treated were about the same, but there was an increase in gunshot and landmine injuries due to more intensive SPDC and DKBA military operations.

BPHWT Field Areas, Medics, Target Populations and Cases Treated: January - June 2010

No	Field Area	# of Teams	#of Medics			# of VHVs			# of TBAs			Total Villages	Total Households	Total Population	Total Case Load
			M	F	Total	M	F	Total	M	F	Total				
1	Kayah	6	11	7	18	29	18	47	0	60	60	54	3031	17935	4729
2	Kayan	3	7	6	13	19	11	30	7	23	30	24	905	5567	1433
3	Taungoo	5	10	5	15	15	22	37	4	34	38	44	1678	9508	2219
4	Kler Lwee Htoo	5	11	1	12	21	16	37	3	37	40	37	1736	10087	1284
5	Thaton	7	9	12	21	3	38	41	1	69	70	22	1967	12056	2598
6	Papun	7	17	4	21	26	20	46	17	65	82	71	3181	18312	2616
7	Pa An	6	6	12	18	3	12	15	10	50	60	35	3316	17953	3450
8	Dooplaya	6	10	9	19	9	22	31	5	56	61	43	2551	13988	3772
9	Kawkareik	3	6	3	9	9	9	18	1	29	30	13	1357	6317	814
10	Win Yee	3	14	6	20	0	0	0	2	28	30	20	1150	7061	1890
11	Mergue / Tavoy	5	6	7	13	16	32	48	15	35	50	20	1686	9102	4980
12	Yee West-North	3	3	5	8	0	0	0	0	17	17	9	1033	5304	1464
13	Yee Chaungpya	3	2	7	9	0	0	0	0	16	16	10	1229	5538	1616
14	Moulmein-Thaton	6	0	18	18	0	0	0	0	20	20	17	2558	12724	4438
15	Shan	4	12	0	12	0	0	0	0	0	0	27	1299	7620	2012
16	Lahu	2	5	3	8	0	0	0	2	18	20	16	640	4493	2745
17	Arakan	2	4	0	4	0	0	0	0	0	0	17	713	3898	382
18	Special	2	5	1	6	5	5	10	3	6	9	17	940	4593	2008
19	Palaung	1	0	5	5	0	0	0	3	9	12	12	547	2766	852
20	Kachin	1	1	4	5	0	0	0	0	0	0	15	867	3715	851
Total		80	139	115	254	155	205	360	73	572	645	523	33303	183599	46153

2) Map of BPHWT Operational Target Areas



3) Security Situation in the BPHWT Targeted Areas

During the first term of 2010, Field-in-Charges continued to report on the deteriorating conditions within most field areas. The persistent high level of hostile operations by the State Peace and Development Council (SPDC) military forces and Democratic Karen Buddhist Army (DKBA) resulted in higher demands for forced labour, forced demands for food, forced recruitments, more confiscation and destruction of property, increased forced relocations, and higher SPDC taxes in the field areas. Food shortages have caused many villagers to flee to Thailand.



Mother killed by the SPDC - 2010

An example of the above occurred on 22 March 2010, when a 35 year-old woman from Ko Lu Village in the Kler Lwee Htoo field area was shot in the abdomen, and her five year old son and a five month old boy were killed by the SPDC soldiers. They also burnt down Ko Ta Village, and laid landmines in the fields and along the paths used by people to tend their crops.

Also on 23-24 July 2010, the SPDC soldiers attacked and burnt down Thada Dae Village in Papun, destroying over **70** houses, the high school, and the food supplies and belongings of community members. The attack began with SPDC soldiers firing artillery



Internally displaced persons in BPHWT area

rounds into the village, forcing approximately **1,000** villagers from Thada Dae and the four surrounding villages to flee into the jungle where they hid from the soldiers. One BPHWT medic was shot and killed in the attack. On the next day - 25 July, the SPDC soldiers withdrew after laying landmines around the villages. Hiding in the jungle during the monsoon

season made the villagers particularly vulnerable to illness. During 23-28 July 2010, local medics, who were part of an Emergency Response Team, provided healthcare to **165** of these villagers suffering from illnesses such as acute respiratory infection, seasonal flu, and malaria.

4) Obstacles and Threats to Delivering Healthcare in the Field Areas

Delivering health care in Burma is a dangerous occupation for the BPHWT due to the hostility of the State Peace and Development Council (SPDC) and their allied armies as well as the presence of landmines in the areas in which the medics work. The BPHWT health workers cannot move openly through many of their field areas since they risk being captured and imprisoned, or shot. In July 2010, one medic was killed in an attack by the SPDC in Thada Dae village in Karen State. Since the creation of BPHWT, nine medics and one Traditional Birth Attendant have been killed by the SPDC or their landmines.

In the first half of 2010, the villagers in conflict-affected and rural areas of Burma faced continued security problems and widespread human rights violations. These human rights violations negatively affect community members' health outcomes and increase the need for health services, while at the same

time making it more difficult for people to access such services. In addition, the first six months of 2010 saw increases in military operations by the SPDC and allied groups such as the Democratic Karen Buddhist Army (DKBA) in some of the BPHWT's target areas, mainly in Karen State. Tensions have been rising along border areas



Internally Displaced Persons in KLT Area

controlled by armed ethnic ceasefire groups that refuse to join the SPDC's Border Guard Force plan, leading to fears of increased violence and associated displacement of populations. For communities on the ground, the increased militarization linked to the planned 2010 elections has already led to further forced displacements, increases in human rights abuses and more difficult working conditions for the health workers trying to help them.

The BPHWT reports from the field in 2010 continue to detail human rights abuses suffered by local communities as well as the dangers, and physical and psychological stresses that the BPHWT health workers face while delivering health care in their target areas. The following information provides examples of the security and human rights violations regularly faced by villagers and health workers in their different BPHWT target areas.

1. Kayah: Since this field area is very mountainous, especially in village tracts such as Ho Yar, Kay Kaw, and Pan Thein, health supplies are typically carried into the field by health workers and villagers. In these village tracts, communications and transportation are more difficult compared to other village tracts.

2. Kayan: Health supplies are carried into the field by health workers and villagers since the field area is close to the new Burmese capital of Nay Pyi Daw. Although this field area is a formal ceasefire area, the Back Pack health workers still can not move freely to provide healthcare to their target communities. During this period, health supplies faced frequent delays in reaching their intended villages due to many obstacles posed by the SPDC military along the roads.

3. Taungoo: This field area is unstable due to the high level of SPDC military activity. There was also often fighting in the K'lay Wai - West and Kaw Htay Del village tracts during this period. The field area is also mountainous. As a result of these factors, health supplies are often delayed in reaching their targeted communities.

4. Kler Lwee Htoo: Because of hostile military activity, the Kler Lwee Htoo field area is unstable with many villagers being forced to hide in the jungle. Increased SPDC military operations caused delays in the transportation of health supplies into this field area. SPDC military activity prevented the BPHWT health workers from reaching the Mae K'Tee village tract during this six month period. There was an increase of human rights abuses in this field area. Specific instances of human rights violations, recorded in this field area by the BPHWT health workers, included:

- On 17 January 2010 in Ke De Village - Kler Lwee Htoo field area, SPDC soldiers entered into the village, burned down twelve houses, and killed Saw Moo Kaw Htoo, forty-eight years old.
- On 22 March 2010 in Kaw Taw Village - Kler Lwee Htoo field area, the SPDC burned down the whole village. As a result, Naw Ler Pa Sa, Naw Na Paw Po, and Saw Tee Pa Ler Moo lost their properties and houses.
- On 28 March 2010 in May Lee Kee Village - Kler Lwee Htoo field area, SPDC soldiers entered into the village and burned down thirteen houses.



Providing ANC care in Taungoo



TBA training in Kler Lwee Htoo

5. Thaton: Transporting the health supplies and communication in the Thaton field area was more difficult during this period than in the previous period due to increased SPDC and DKBA military operations. These hostile actions presented obstacles for the health workers trying to reach their patients in targeted communities in a timely manner. Human rights violations reported by the BPHWT health workers in this field area during this period were:

- On 1 January 2010 in the Thaton field area, a group lead by Kyaw Min, DKBA Battalion 333, demanded 2,500 roof leaves. The villagers were forced to send those leaves to Ohn Taw on 5 January 2010.
- On 29 May 2010 in Kya Kat Chaung Village - Thaton field area, SPDC Lieutenant Oo Min Koe and Saw Pi Kain, DKBA Brigade 333, entered into the village, searched the houses, and took 15,000 kyats from Saw Tun Naing and 250,000 kyats from Saw Ngyat.
- On 29 May 2010 in Kya Ket Village - Thaton field area, Lieutenant Oo Min Koe and Saw Pi Kain, DKBA Brigade 333, entered into the village, accused Saw Ngyat, Saw Ta Ka Paw, and Saw Pa Naing of being members of the Karen National Union and beat them.

6. Papun: In the Papun field area, villagers and medics had to carry health supplies by hand, with the transportation of these supplies generally being more risky because of military operations by the SPDC and the DKBA. During this six month period, health workers were unable to reach every one of their targeted village tracts, especially the Mae Mwe and Mae Wai village tracts.

- On 14 March 2010 in the Papun field area, Saw Ka Paray, forty-five years old, was shot by SPDC soldiers as he was carrying his food and passed them on the road between Pa Lar Koe and Maw Pu.

- On 7 April 2010 in Law Tee Koe Village - Papun field area, Commander Aung Naing Soe from Light Infantry 708 forced Naw Pa Yaw, thirty-six years old, to be a guide for them. She was killed during the fighting on their patrol and the SPDC soldiers took everything from her.



Distributing latrine supplies in the Papun



Providing birth records in the Thaton Area

7. Pa An: In the Pa An field area, villagers in the targeted village tracts faced more human rights abuses by the SPDC and DKBA, especially in Mae Tha Moo, Kaw Thu Kee and K'law Kyaw Back Pack tracts. Therefore, it is very risky for the health workers to provide healthcare to the community members who are in these three village tracts. Specific examples of human rights abuses recorded by the BPHWT field workers during this period include:

1. On 5 May 2010 in Ta Ye Poe Kwee Village - Hlaing Bwe District - Pa An Province, there was fighting between twenty members of the DKBA Light Infantry 3 - Battalion 538, led by Captain Soe Min Tun and SPDC soldiers. After the fighting, the tents of Saw Htoo Ye, Naw Hot Gay, Naw Mu Lwe, and Pa Nwet Lu were burned down.
2. On 3 June 2010 in Htee Moe Kee Village - Lain Bwe District - Pa An Province, thirty soldiers, led by Lieutenant Saw Ta Kee from the DKBA Brigade 999, together with Major Mg Aung Win from SPDC Lain Bwe-based No (1), demanded one pig from villagers. The villagers were forced to give a pig to the soldiers and had to compensate the owner of the pig with 125,000 kyats.
3. On 7 June 2010 in Htee Mu Kee Village - Lain Bwe Township - Pa An Province, there were five soldiers from DKBA Brigade 999, led by Captain Bay Bwe, who were drunk and shot 9mm bullets into the village. As a result, Naw Mu Hsi, twelve years old, was wounded and also Naw Kaw Paw was wounded in her upper right thigh.

4. On 13 June 2010 in Htee Mu Kee Village - Lain Bwe District – Pa An Province, nine soldiers led by Captain Kwe, DKBA Brigade 999 from Htee Pa Camp, killed five chickens from the village without permission.
5. On 26 June 2010 in Kaw Thu Kee Village - Lain Bwe District – Pa An Province, Captain Ah San, DKBA Brigade 999 from Kaw Thu Kee Camp, ordered villagers to clean up and construct a fence for their camp without payment. On 16 May 2010 in Pi Tu Village - Lain Bwe District - Pa An Province, seven soldiers led by Lieutenant Saw Pa Lay Koe, DKBA Brigade 999, ordered the village head - U Myit Thain - to buy a pig without payment. The villagers were forced to give a pig to the soldiers, and had to compensate the owner of the pig with 250,000 kyats.
6. In Pa Tu Pa Law Village - Lain Bwe District - Pa An Province, thirty soldiers, led by a Lieutenant from DKBA Brigade 999, ordered the village head - U Chaw Thoo - to give them a pig. As a result, the villagers had to compensate the owner of the pig with 75,000 kyats.
7. On 10 May 2010 in Pi Tu Village - Lain Bwe District - Pa An Province, five soldiers, led by Captain Kee, DKBA Brigade 999, ordered the village head - U Myit Thain - to give them a pig. Villager had to compensate the owner of the pig with 250,000 kyats.
8. In Kaing Ka Lar Village - Na Bu District - Pa An Province, Battalion 3 Commander Mya Khaing, DKBA Brigade 999, forcibly recruited one villager from each of eight villages in the village track. Also they demanded 150,000 kyats from each villager. As a result, the soldiers collected 12,000,000 kyats from the villagers.

8. Dooplaya: In this field area, the health supplies are carried by villagers and medics into the BPHWT’s targeted communities. During this period, the SPDC and DKBA military operations did not increase in comparison to the last period. As a result, villagers in the field area were better able to participate in the BPHWT’s activities.



Health supplies transportation in Dooplaya



PLA workshop in the Pa An

9. Kawkareik: In the Kawkareik field area, health supplies were carried by car due to the summer conditions. However, the SPDC continues to make demands in the field area for forced labour and forced requisitions. There were also frequent clashes between the SPDC and DKBA soldiers. These armed clashes presented obstacles for the health workers in moving around their village tracts and providing healthcare to villagers.

- From May 2010 up through the present, the DKBA forced villagers from the villages of East Daw Na Mountain to build, without compensation, the Lay Gaw Pagoda.
- On 7 July 2010, the DKBA held a meeting in TaNi Hta Village - Kawkareik field area and ordered each household to contribute 100 baht toward the building of a pagoda and a school.

10. Win Yee: In the Win Yee field area, health supplies were carried by hand from village-to-village in the targeted village tracts. This field area is close to SPDC military units, so the health workers could not move around freely without getting prior security information from the village heads of the targeted villages. From 15 June - 19 July 2010, the SPDC and DKBA troops entered Ma Au Pin and Par Pya village tracts. Therefore, the health workers from those villages were unable to submit their reports to the field-in-charge on time and the field-in-charge was also not able to send their field report to the head office according to the BPHWT schedule.



Providing a PLA workshop in Kawkareik Area

Travelling to target population in Kawkareik

11. Mergue / Tavoy: In the Mergue / Tavoy field area, most of BPHWT's targeted communities are camps of internally displaced persons (IDPs) and remote villages. During this period, there were SPDC military operations in some of the IDP areas and the people, who live in these areas, were forced to flee and hide elsewhere. On 1 May 2010 in Tee Gu Thaw Village - Mergue/ Tavoy field area, the SPDC Light Infantry 561 entered into the Tee Gu Thaw IDP area and burned down one house, and also destroyed sixty paddy tins, one Honda, and all items that were in the house.

12. Yee West-North / Mon (1): In this field area, the security situation is getting worse because of the planned 2010 elections. During the first half of 2010, the Back Pack health workers had to stop implementing their activities for a short period. Additionally, the health committees in the area had to take responsibility for the health supplies in order to keep them safely. Due to these difficulties, the report of the field in-charge of this area to the BPHWT office was delayed.

13. YeeChungpya / Mon (2): During this six month period, the health workers from this area continuously faced security problems and the health committees in the area had to take responsibility for the health supplies in order to keep them safely. Although the security situation is getting worse, the Back Pack health workers tried to provide healthcare services the communities. Because of obstacles in the area, the report of the field in-charge of this area to the BPHWT office was delayed.

14. Moulmein-Thaton / Mon (3): In this field area, there were conflicts during this period between the New Mon State Party and the SPDC military because of the upcoming 2010 elections and the Border Guard Force issue.. Consequently, health workers from this field area often faced delays in sending their reports to the BPHWT's center office due to transportation difficulties.

15. Shan: In the Shan field area, health workers were unable to remain in the villages and provide healthcare for required minimum number of days as stated in the BPHWT's guideline due to SPDC military operations. During this six months period, the SPDC military entered into many of the BPHWT's targeted communities; thus, some of the health workers were forced to hide in other places.



TBA training in YeeChaungpya

Providing Vitamin A in the Shan Field Area

16. Lahu: In the Lahu field area, the security situation worsened because of the frequent fighting between the Lahu militias and the Shan State Army (SSA). The SPDC military also entered into the communities and questioned the health workers. Therefore, there was no safety for them. Additionally, the health workers were questioned at every SPDC checkpoint when they carried the health supplies from Thailand to their field area.

17. Arakan: The Arakan field area is a ceasefire area; however, SPDC military operations continued to increase in this field area during this six month period. There was also an increase in instances of forced labour and demands for goods and supplies in this field area.



Distributing ITNs in Lahu Area



Delivering healthcare in Arakan Area

18. Special Area: In the Special field area, the security situations in most of the villages were unstable due to increased SPDC and DKBA military operations during this period. Health supplies were carried into the field by health workers and villagers on foot, in boats, and on tractors. Because of SPDC military operations, health workers experienced delays getting their health supplies into the field.

19. Palaung: The Palaung field area is located in the Northern Shan State and the terrain presents logistical complications. There are many valleys which add to the difficulties for the health workers carrying health supplies into the area. Also it takes about one hour to travel among villages in this field area. Health supplies were carried by health workers, and sometimes by horses, to the targeted communities.

20. Kachin: This field area was a pilot field area of the BPHWT during period. The Kachin field area is a ceasefire area. However to avoid threats from the SPDC, the Back Pack health workers in this area must pretend that they are from a religious group and are providing health services to the local communities.

5) BPHWT's Activities

BPHWT continues to operate its three major programs: Medical Care Program (MCP), Community Health Education and Promotion Program (CHEPP), and Maternal and Child Healthcare Program (MCHP). Capacity building, health information and documentation, and program management and evaluation remain integrated within these programs.

Vision: The vision of the Back Pack Health Worker team is that of a healthy society in Burma through a primary healthcare approach, targeting the various ethnic nationalities and communities in the border areas and remote interior regions of Burma.

Mission: The Back Pack Health Worker Team is organized to equip people with the skills and abilities necessary to manage and address their own healthcare problems, while working toward the long-term sustainable development of a primary healthcare infrastructure in Burma.

Goal: The goal of the BPHWT is to reduce morbidity and mortality, and minimize disability by enabling and empowering the community through primary healthcare.

A. Medical Care Program (MCP)

Objectives:

- Provide essential drugs for the common diseases
- Strengthen patient referral systems
- Respond to disease outbreaks and emergency situations
- Improve health workers' skills and knowledge

During this six month period, the BPHWT delivered medical care in **20** field areas and treated **46,153** cases, of which **10,703** cases were children under five years of age. The six major diseases being treated by the BPHWT continue to be acute respiratory infections (mild and severe) - **9,043** cases; malaria (presumptive and confirmed) - **5,945** cases; anaemia - **4,339** cases; worm infestation - **2,718** cases; diarrhea – **3,195** cases; and dysentery – **2,484** cases. BPHWT also treated war injuries and in this period, treated **53** people for gunshot wounds - **5** of them were children under five years of age. This is consistent with the high level of hostile



Distributing medicines & supplies in the field

military activity reported in the individual field reports. Back Pack medics also treated 26 people for landmine injuries.

Number of Cases Treated by Condition and Age: January - June 2010

No	Condition	Age		Total
		<5	>=5	
1	Anemia	719	3620	4339
2	Acute Respiratory tract Infection (Mild)	2157	4648	6805
3	Acute Respiratory tract Infection (Severe)	660	1578	2238
4	Beri Beri	299	1754	2053
5	Water Diarrhea	1089	2106	3195
6	Dysentery (Diarrhea with Blood)	648	1836	2484
7	Injury, Acute – Gunshot	5	48	53
8	Injury, Acute – Landmine	0	26	26
9	Injury, Acute – Other	101	425	526
10	Injury, Old	30	323	353
11	Malaria (Presumptive)	476	2306	2782
12	Malaria (With Para-check) PF	671	2492	3163
13	Measles	104	93	197
14	Meningitis	5	51	56
15	Suspected AIDS	0	6	6
16	Suspected TB	13	188	201
17	Worm Infestation	1038	1680	2718
17	Abortion	0	63	63
18	Pre-Eclampsia	0	28	28
19	Post-Partum Hemorrhage	0	21	21
20	Sepsis	0	44	44
21	Reproductive Tract Infection	0	62	62
22	Urinary Tract Infection (UTI)	82	1447	1529
23	Skin Infection	765	1469	2234
24	Hepatitis	40	164	204
25	Typhoid Fever	39	150	189
26	Arthritis	44	386	430
27	Gastric Ulcer Duodenal Ulcer (GUDU)	89	2060	2149
28	Dental Problem	86	735	821
29	Eye Problem	248	694	942
30	Others	1295	4947	6242
Total		10703	35450	46153

According to the results from malaria Rapid Diagnostic Tests (RDTs), there were instances of almost 53% of PF RDT (+) that were diagnosed and treated with AS7D7; however, most of the rest of all Para-check (-) were treated as presumptive treatment or PV malaria. During the first six months of 2010, the BPHWT treated 290 cases of malaria in pregnant women. This was 4.9% out of all treated cases for malaria.

Rapid Diagnostic Tests: January-June, 2010

No	Area	# of RDT used	# of RDT (-)	# of RDT(+) or Confirmed Malaria	Presumptive Malaria	Total Malaria
1	Kayah	433	120	313	119	432
2	Kayan	184	21	163	19	182
3	Taungoo	378	116	262	116	378
4	Kler Lwee Htoo	433	175	258	94	352
5	Thaton	214	161	53	132	185
6	Papun	376	152	224	152	376
7	Pa An	709	481	228	481	709
8	Dooplaya	422	254	168	224	392
9	Kawkareik	265	92	173	92	265
10	Win Yee	253	127	126	123	249
11	Mergue/Tavoy	602	258	344	298	642
12	Yee West-North	404	293	83	214	297
13	YeeChaungpya	446	272	127	181	308
14	Moulmein-Thaton	454	207	246	208	454
15	Shan	0	0	0	0	0
16	Lahu	224	127	97	127	224
17	Arakan	122	15	27	14	41
18	Special	318	128	190	169	359
19	Palaung	34	2	32	2	34
20	Kachin	70	21	49	17	66
Total		6341	3022	3163	2782	5945

B. Community Health Education and Prevention Program (CHEPP)

There are five sub-programs in CHEPP: Water and Sanitation, Community Health Education, School Health, Nutrition, and Lymphatic Filariasis.

Objectives:

- Improve water and sanitation systems in the community to reduce water-borne diseases
- Educate students and communities about health
- Reduce the incidence of malnutrition and worm infestation
- Improve networking among community health organizations

(1) Water and Sanitation Sub-Program: During the first term of 2010, there were thirteen field areas which had access to water and sanitation systems: Kayah, Kayan, Kler Lwee Htoo, Papun, Thaton, Pa An, Dooplaya, Kawkareik, Mergue/Tavoy, Yee West-North, YeeChaungpya, Lahu, and Special. There were **2,328** latrines, **19** shallow wells, and **15** gravity flow water systems delivered and installed during this period.

Delivered and Installed Water and Sanitation Systems: January-June 2010

No	Area	Gravity Flow			Shallow Wells			Latrines		
		No	HH	POP	No	HH	POP	No	HH	POP
1	Kayah	0	0	0	0	0	0	200	200	1078
2	Kayan	2	71	368	0	0	0	310	297	1574
3	Kler Lwee Htoo	0	0	0	10	294	1618	0	0	0
4	Thaton	1	61	414	2	20	108	0	0	0
5	Papun	5	246	1401	4	60	294	436	436	2631
6	Pa An	1	76	492	0	0	0	30	30	150
7	Dooplaya	3	115	539	0	0	0	800	800	3657
8	Kawkareik	0	0	0	0	0	0	250	250	1205
9	Mergue/Tavoy	0	0	0	1	16	88	0	0	0
10	Yee West-North	1	165	769	0	0	0	50	50	250
11	YeeChaungpya	1	177	449	2	70	350	50	50	260
12	Lahu	1	34	186	0	0	0	100	130	801
13	Special	0	0	0	0	0	0	102	102	434
Total		15	945	4618	19	460	2458	2328	2345	12040

(2) Community Health Education Sub-Program: This sub-program, 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, and HIV/AIDS
- Malnutrition, breastfeeding benefits, and local foods high in essential nutrients
- Landmine risks
- Hygiene and sanitation

**6,310 people attended
Community Health Education
Sessions during the first six
months of 2010.**

(3) School Health Sub-Program: School children receive hygiene education and training, and basic health supplies. Since the BPHWT programs are integrated, access to safe drinking water and latrines; nutritional supplements and de-worming medication; and, medical screening and treatment are also provided to schools and their students.

- 28,585 children between the ages of 1-12 years received anti-helminthes
- 8 water filters installed

- 386 schools were visited
- 1,085 teachers helped
- 24,396 students participated

- 10,141 latrines were installed in 53 schools
- 10,141 students and 156 teachers participated

(4) Nutrition Sub-Program: The BPHWT distributed Vitamin A and de-worming medication to children and prenatal/postpartum women, under the Nutrition Sub-Program of CHEPP and the Maternal and Child Healthcare Program, to assist in preventing malnutrition. During the first term of 2010, **39,800** children from six months to less than 12 years of age received preventative doses of Vitamin A and **28,585** children 12 years of age and younger received de-worming medicines.

Number of Children Receiving Vitamin A: January – June 2010

No	Area	CHILDREN'S AGES			Total
		6-12 months	1-6 years	6-12 years	
1	Kayah	364	2107	1392	3863
2	Kayan	420	539	569	1528
3	Taungoo	513	796	1026	2335
4	Kler Lwee Htoo	339	598	761	1698
5	Thaton	158	1378	1990	3526
6	Papun	526	2016	2335	4877
7	Pa An	46	479	1533	2058
8	Dooplaya	468	938	1086	2492
9	Kawkareik	156	633	609	1398
10	Win Yee	27	400	1025	1452
11	Mergue/Tavoy	562	1525	2154	4241
12	Yee West-North	149	240	415	804
13	YeeChaungpya	123	247	355	725
14	Moulmein-Thaton	169	1217	2278	3664
15	Shan	379	621	1010	2010
16	Lahu	94	216	406	716
17	Arakan	66	338	310	714
18	Special	210	632	677	1519
19	Palaung	30	58	92	180
Total		4799	14978	20023	39800



A malnourished child



Providing Vitamin A & de-worming medicine

Number of Children Receiving De-Worming Medicine: January - June 2010

No	Area	Age	Total
		1 – 12 Years	
1	Kayah	3628	3628
2	Kayan	605	605
3	Taungoo	756	756
4	Kler Lwee Htoo	1276	1276
5	Thaton	2909	2909
6	Papun	3417	3417
7	Pa An	2034	2034
8	Dooplaya	1590	1590
9	Kawkariiek	970	970
10	Win Yee	1044	1044
11	Mergue/Tavoy	2245	2245
12	Yee West-North	415	415
13	YeeChaungpya	411	411
14	Moulmein-Thaton	3495	3495
15	Shan	1322	1322
16	Lahu	604	604
17	Arakan	616	616
18	Special	1248	1248
Total		28585	28585

(5) Lymphatic Filariasis Pilot Sub-Program: This five-year Lymphatic Filariasis (LF) Pilot Sub-Program has been operational since 2008 in the Kler Lwee Htoo, Papun and Thaton field areas in response to reports of significant lymphadema and hydrocele. The purpose for the implementation of this pilot sub-program was to prevent the further transmission of LF by treating those people currently infected with the disease. During the first term of 2010, diethylcarbamazine (DEC) was ingested by an average 40% of the targeted total population. The table below provides details of the Mass Drug Administration (MDA) of DEC that was distributed in the three field areas during this period.

LF Pilot Sub-Program Mass Drug Administration: January - June 2010

Area	Total Population	Total Population Ingested Medicine	Ingest Medicine per Age Group			Percent by Area
			(2-5)	(6-14)	Over 14	
Kler Lwee Htoo	4034	2106	352	552	1202	52%
Thaton	489	466	79	126	261	95%
Papun	2315	142	31	39	72	6%
Total	6838	2714	462	717	1535	
MDA Coverage			40%			

Village Health Volunteer (VHV) Workshops: During the first term of 2010, the BPHWT organized **54** Village Health Volunteer workshops in eleven field areas as reflected in the following table. There were **731** participants comprised of **278** males and **453** females. The participants included trained and untrained VHVs, and community health workers (CHWs).

Village Health Volunteer Workshops: January – June 2010

No	Area	Facilitators	Trained VHVs		Untrained VHVs		CHWs		Total
			M	F	M	F	M	F	
1	Kayah	14	24	18	14	9	8	7	94
2	Kayan	8	11	3	8	2	6	0	38
3	Taungoo	11	12	7	16	16	12	10	84
4	Kler Lwee Htoo	7	18	11	1	7	9	5	58
5	Thaton	20	3	42	0	0	8	16	89
6	Papun	9	15	16	23	14	5	2	84
7	Pa An	15	2	9	7	18	0	7	58
8	Dooplaya	14	2	4	9	27	3	8	67
9	Kawkareik	8	8	3	3	5	4	4	35
10	Mergue/Tavoy	12	10	18	10	11	3	2	66
11	Special	6	6	8	8	11	10	9	58
Total		124	111	139	99	120	68	70	731

Village Health Workshops: During the first term of 2010, the BPHWT organized **76** Village Health workshops in nineteen field areas as shown in the following table. There were **6,310** participants, comprised of **3,323** males and **2,987** females, who attended these workshops. The participants came from various community groups such as: teachers, students, traditional birth attendants, community health workers, village health volunteers, shopkeepers, religious leaders, women and youth organizations, village heads, villagers, and local authorities.



Village Health Workshop in Pa An Area in the first half of 2010

Village Health Workshops: January - June 2010

No	Area	Teachers		Students		TBAs		CHWs		VHVs		Shop Keepers		Religion Leaders		Women Org		Youth Org		Village Heads		Villagers		Authorities		Total
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1	Kayah	5	22	71	76	0	24	3	8	22	6	2	13	28	4	0	46	53	19	41	0	161	97	36	0	737
2	Kayan	6	10	113	93	5	8	5	6	6	1	8	1	9	0	0	43	26	16	22	0	70	47	11	0	506
3	Taungoo	3	6	22	20	1	18	9	13	5	11	0	1	6	1	0	11	10	12	13	1	35	44	12	0	254
4	Kler Lwee Htoo	2	4	54	58	1	6	6	1	2	3	1	1	0	0	0	16	22	0	6	0	42	16	4		245
5	Thaton	7	9	67	70	7	26	6	11	5	14	3	6	6	2	0	12	6	7	13	2	111	113	12	2	517
6	Papun	3	4	16	21	2	9	5	3	5	4	0	3	4	0	0	2	2	0	12	0	89	61	8	1	254
7	Pa An	2	6	0	0	1	11	0	13	1	10	3	6	6	0	0	13	7	15	14	2	68	112	7	0	297
8	Dooplaya	5	14	67	54	4	38	11	7	9	26	5	33	14	2	0	4	3	6	22	4	210	143	19	4	704
9	Kawkareik	7	8	27	36	1	12	4	9	6	7	1	2	3	0	0	3	4	0	12	4	82	71	6	1	306
10	Win Yee	5	9	4	4	0	9	1	2	0	0	2	6	1	2	0	11	6	0	17	8	44	40	8	0	179
11	Mergue/Tavoy	11	8	46	21	21	7	12	4	25	3	7	4	14	2	0	35	22	7	32	0	201	31	37	0	550
12	Yee West-North	4	2	12	13	0	6	3	0	0	0	6	0	7	0	0	0	22	13	7	0	19	10	0	0	124
13	YeeChaungpya	1	2	10	6	1	3	3	0	0	0	6	2	9	0	0	0	22	15	6	0	22	12	0	0	120
14	Moulmein-Thaton	3	14	62	85	0	15	0	16	0	0	0	0	0	0	0	0	16	14	23	0	104	296	8	0	656
15	Shan	0	7	28	31	0	3	3	4	0	0	4	6	5	0	0	22	13	26	9	1	59	66	7	0	294
16	Lahu	3	3	22	23	0	6	6	0	0	0	0	0	3	3	0	16	17	2	8	0	25	21	10	0	168
17	Arakan	2	0	27	7	2	2	5	0	1	0	2	0	3	0	0	11	17	0	2	0	4	2	2	0	89
18	Special	5	6	4	18	10	5	9	3	9	6	2	0	7	6	0	0	0	3	11	4	34	38	6	0	186
19	Palaung	3	2	6	7	3	9	0	0	0	0	0	0	0	0	0	0	20	18	14	0	20	22	0	0	124
Total		77	136	658	643	59	217	91	100	96	91	52	84	125	22	0	245	288	173	284	26	1400	1242	193	8	6310

C. Maternal and Child Healthcare Program (MCHP)

Objectives:

- Increase maternal and child healthcare
- Improve the knowledge and skills of TBAs and MCHP Supervisors
- Encourage positive community attitudes towards, and utilization of, family planning
- Provide delivery records

The Maternal and Child Healthcare Program was delivered during this period in **18** field areas, including an integrated area in the Chin State. During the first six months of 2010, **1,813** babies were delivered; sadly **31** were still-births or abortions, and **33** of these babies died during the neo-natal period. There were also **5** maternal deaths including **1** obstructive labour death, **1** death from multiple complications, **2** deaths resulting from fever, and **1** death from an unknown cause during this period. Of the **630** TBA



TBA training in Kler Lwee Htoo

kit forms which were sent to TBAs in the field, only **493** TBA's kit forms were returned. This situation was a result of the low literacy levels of many TBAs and that some TBAs were afraid to keep the documentation should they be detained by the SPDC.

TBA Training: During the first term of 2010, the BPHWT organized **51** TBAs' training sessions in eighteen locations including the integrated area in the Chin State. There were **543** participants, comprised of **61** male and **482** female TBAs, for the training sessions. Since there was no MCHP in the Arakan field area; no TBA training was conducted in this field area.

TBA Workshops: The BPHWT organizes TBA workshop every six months to refresh and improve TBA knowledge and skills, share experience, and participate in ongoing learning opportunities in the Kler Lwee Htoo, Papun, Dooplaya, Kawkareik, Mergue/Tavoy, and Palaung field areas. There were **11** TBAs' workshops conducted with the participation of **87** TBAs, comprised of **18** males and **69** females. During the workshops, **630** TBAs' Kits and **2,530** Maternity Kits were restocked.

Contents of TBA and Maternity Kits

TBA Kits	Maternity Kits
<ul style="list-style-type: none"> • Syringe ball • Non-sterilized gloves • Sterilized gloves • Plastic bags for medicine • Providone • Terramycin eye ointment • Thread • Ink • Compress • Multicolor bag for kit (smallest size) • Plastic sheet • Package of plastic bags for kit • Towels • Nail clip • Scissors 	<ul style="list-style-type: none"> • Providone • Cotton • Vitamin A • Albendazole • Folic.C

Birth and Death Records: January – June 2010

No	Area	Deliveries	Live Births	Still Births/ Abortions	Deaths		<2.5Kg	=>2.5kg Total
					Neonatal	Maternal		
1	Kayah	162	158	4	3	0	8	158
2	Kayan	109	105	4	1	1	9	105
3	Taungoo	12	11	1	2	0	1	11
4	Kler Lwee Htoo	112	111	1	1	0	7	111
5	Thaton	234	233	1	4	1	23	233
6	Papun	203	198	5	4	0	14	198
7	Pa An	200	199	1	5	2	30	199
8	Dooplaya	111	110	1	1	0	10	110
9	Kawkareik	46	46	0	1	0	2	46
10	Win Yee	153	150	3	5	0	15	115
11	Mergue /Tavoy	106	106	0	0	0	9	73
12	Yee West-North	40	38	2	0	0	1	38
13	Yee Chaungpya	48	45	2	1	0	0	48
14	Moulmein-Thaton	66	66	0	0	0	0	66
15	Shan	0	0	0	0	0	0	0
16	Lahu	65	61	4	2	0	4	59
17	Palaung	60	60	0	0	1	3	60
18	Chin	86	84	2	3	0	4	85
Total		1813	1781	31	33	5	140	1715

Family Planning Activities: BPHWT provides three methods of family planning activities: pill, depo-provera, and condom. Family planning assistance was given to **1,942** women, with **246** of them under 20 years of age and **1696** women 20 years of age and older. There were **598** pills, **1,046** depo-provera injections, and **123** condoms distributed during these six months. The most popular family planning method was transdermal depo-provera.

Family Planning Activities: January – June 2010

No	Area	Total Clients	Age		Gravida Parity (G/P)			Visits		Clients			Quantity		
			<20	≥20	0	1-4	>4	New	Follow-Up	Depo	Pill	Cond	Depo (Inj)	Pill (Packs)	Condom (Pieces)
1	Kayah	55	2	53	0	26	29	20	35	27	16	12	36	75	450
2	Kayan	82	5	77	0	67	15	43	39	24	34	24	30	210	690
3	Taungoo	31	11	20	7	14	10	31	0	11	16	4	22	48	144
4	Kler Lwee Htoo	11	0	11	0	5	6	9	2	6	2	3	13	11	120
5	Thaton	294	4	290	1	132	161	87	207	175	113	6	351	642	192
6	Papun	153	0	153	0	57	96	50	103	95	55	4	190	330	102
7	Pa An	170	5	165	3	95	72	53	117	105	60	5	188	291	228
8	Dooplaya	172	0	172	1	92	79	104	68	80	78	14	147	466	309
9	Kawkareik	49	0	49	0	28	21	13	36	27	22	0	53	100	0
10	Win Yee	63	1	62	1	46	16	33	30	29	28	6	47	124	288
11	Mergue/ Tavoy	120	5	115	2	56	62	53	67	57	60	3	112	347	432
12	Yee West-North	231	91	140	43	75	22	53	87	116	16	8	116	55	90
13	YeeChaungpya	217	86	131	43	63	25	55	76	102	18	11	102	47	75
14	Moulmein-Thaton	174	27	147	11	144	19	37	137	97	62	15	103	101	300
15	Lahu	62	9	53	2	36	24	29	33	37	18	8	74	77	46
16	Palaung	58	0	58	0	40	18	44	14	58	0	0	58	0	0
Total		1942	246	1696	114	976	675	714	1051	1046	598	123	1642	2924	3466

**Pre-and Postnatal Distribution of De-Worming, Ferrous Sulphate, Folic Acid & Vitamin A:
January – June 2010**

No	Area	De-Worming	F/S & F/A	Vitamin A	
				Mother	0-6 Mths. Child
1	Kayah	136	154	135	129
2	Kayan	99	99	93	96
3	Taungoo	9	12	12	12
4	Kler Lwee Htoo	95	111	105	105
5	Thaton	233	233	233	233
6	Papun	170	192	180	180
7	Pa An	170	170	170	170
8	Dooplaya	95	94	93	94
9	Kawkareik	34	43	32	39
10	Win Yee	101	101	101	101
11	Mergue/Tavoy	106	106	106	106
12	Yee West-North	32	40	40	38
13	YeeChaungpya	48	48	48	46
14	Moulmein-Thaton	60	64	66	66
15	Shan	0	0	0	0
16	Lahu	61	64	64	61
17	Chin	86	86	85	85
18	Palaung	40	40	40	40
Total		1575	1657	1603	1601

Distribution of Eyeglasses, by Refraction, to TBAs: January – June 2010

No	Area	+1.00	+1.50	+2.00	+2.50	+3.00	+3.50	+4.00	Total
1	Kayah	7	0	0	0	3	4	0	14
2	Kayan	7	2	0	0	1	0	4	14
3	Thaton	7	1	1	2	3	0	0	14
4	Taungoo	10	0	3	5	1	1	0	20
5	Kler Lwee Htoo	11	0	1	1	5	1	3	22
6	Dooplaya	16	0	2	3	2	3	6	32
7	Mergue/Tavoy	4	0	0	1	2	1	0	8
Total		62	3	7	12	17	10	13	124

6) Monitoring and Evaluation

The Back Pack Health Worker Team organizes program activities meetings twice a year and a general meeting once a year, which include a monitoring and evaluation session. The BPHWT also utilizes an Internal Program Monitoring Team in its field areas to evaluate the performance of its programs and other activities with a particular focus upon the quality control of drugs, health worker skills, logistics management, and office administration.

Internal Program Monitoring Team's Objectives:

- Assess the health needs in the community
- Improve health worker's skills and knowledge
- Promote the skills, knowledge and participation of community TBAs and VHVs
- Improve the program management skills of field-in-charges
- Improve program effectiveness

Monitoring and Evaluation Framework

Key Indicators	Methods	Period
Health worker performance	Logbooks reviews	Every six months
Program development	Annual report comparing planned with actual activities	Once a year
Program management	Leading Group election and Executive Board appointment	Every three years
Outcome and impact assessment	Conducting survey	Every two years
Training effectiveness	Pre-tests, post-tests, and examinations	Every six months
Financial management	Comparing planned with actual budget	Every six months
	External audit	Once a year

During the first term of 2010, the Internal Program Monitoring Team conducted:

- Logbook reviews
- RDT results and malaria treatment protocol reviews
- RDT quality control evaluation
- Field-in-charges and health workers assessment
- TBA assessment

Logbook Record Reviews: During this period, many of the field areas were unable to send their logbook records to the BPHWT head office because of their security situations. Consequently, logbook record reviews were conducted for only eight field areas as indicated in the table below. The results from the review of the received logbook records indicated an average score of 95%.

Overall Results of Logbook Reviews: January - June 2010

Description	Yes	No	(Yes) %	(No) %
S/S -> Dx	1113	28	98%	2%
Dx -> Rx	1120	21	98%	2%
Rx: Correct Drug	1097	66	94%	6%
Correct Dose	976	160	86%	14%
Dose Recorded	1092	62	95%	5%
Mebendazol Given	1048	96	92%	8%
Vitamin A Given	677	89	88%	12%
Vital Signs Recorded	1058	75	93%	7%

Field Area Results of Logbook Reviews: January - June 2010

Area	Taungoo	Kler Lwee Htoo	Thaton	Papun	Dooplaya	Kawkareik	Mergue/Tavoy	Palauing	Total
Malaria In Adults	%	%	%	%	%	%	%	%	%
S/S -> Dx	100%	100%	92%	100%	100%	100%	100%	100%	99%
Dx -> Rx	100%	100%	100%	100%	100%	100%	100%	100%	100%
Rx: Correct Drug	100%	100%	100%	100%	88%	100%	100%	100%	98%
Correct Dose	98%	100%	100%	93%	88%	100%	100%	100%	97%
Dose Recorded	96%	100%	100%	87%	100%	100%	100%	100%	96%
Anaemia Treatment Given	92%	100%	100%	74%	80%	100%	100%	100%	91%
Vital Signs Recorded	86%	100%	100%	97%	80%	100%	100%	100%	93%
Malaria In Children (<8 Yrs)	%	%	%	%	%	%	%	%	%
S/S -> Dx	100%	100%	89%	100%	100%	100%	100%	100%	99%
Dx -> Rx	100%	100%	100%	100%	100%	100%	100%	100%	100%
Rx: Correct Drug	100%	100%	100%	100%	46%	100%	100%	100%	88%
Correct Dose	94%	100%	100%	95%	100%	100%	100%	100%	98%
Dose Recorded	94%	100%	100%	95%	100%	100%	100%	100%	98%
Anaemia Treatment Given	86%	100%	100%	95%	41%	100%	100%	100%	86%
Vital Signs Recorded	82%	100%	100%	100%	76%	100%	100%	100%	92%

Review of RDT Results and Malaria Treatment Protocol: January - June 2010

Description	MAS3	MAS7	AS7D7	Q7D7	CQ3	AS7	Q7	AS3	No Treatment	Total
# of RDT (+) >8 child treated	729	2	903	365	6	81	152	51	-	2289
Percentage	32%	0%	39%	16%	0%	4%	7%	2%	-	
# of RDT (+) <8 yrs old	721	65	29	2	2	72	34	31	-	956
Percentage	75%	7%	3%	0.2%	0.2%	8%	4%	3%	-	
# of RDT (+) Pregnancy treated	30	-	3	1	1	63	103	4	-	205
Percentage	15%	-	1%	0.5%	0.5%	31%	50%	2%	-	
# of RDT (-) treated	8	-	3	72	2524	2	15	2	396	3022
Percentage	0%	-	0.1%	2%	84%	0.1%	0.5%	0.1%	13%	
Total	1488	67	938	440	2533	218	304	88	396	6472
* Red - incorrect treatment * Green - if necessary, can be treated										

Results of the RDT Quality Control Evaluation: January – June 2010

Area Name	Negative	Pf(+)	Negative confirmed		Pf(+) Confirmed		Can't Confirmed		Total
Duplaya	76	32	62%	47	66%	21	33%	36	108
Kler Lwee Htu	73	47	49%	36	62%	59	20%	24	120
Papun	67	58	50%	56	50%	56	10%	13	125
Taungoo	27	-	100%	14	-	-	-	-	27
Thaton	128	26	72%	92	21%	25	21%	33	154
Kayah	6	24	19%	5	81%	21	7%	2	30
Pa An	149	30	78%	119	22%	33	13%	23	179
Kakarite	19	31	25%	10	75%	30	6%	3	50

Program Field-in-Charges and Health Workers Assessment Results: January - June 2010

1	Malaria Cases	Overall Percentages
	(1) Diagnosis	88%
	(2) Asking Questions	58%
	(3) Treatment	86%
	(4) Contraindications	84%
2	Diarrhea Cases	
	(1) Diagnosis	51%
	(2) Asking Questions	30%
	(3) Treatment	80%
	(4) Education	85%
3	ARI Cases	
	(1) Diagnosis	77%
	(2) Treatment	83%
4	PF Positive Treatments	
	(1) < 8 Year Old Children	77%
	(2) > 8 Year Old Children and Adults	67%
	(3) Pregnant Women	62%

TBA Assessment Results: During this six month period, the BPHWT also conducted a TBA assessment in the field areas. This assessment focused on the TBAs' ages, literacy, experience in providing deliveries, and antenatal and postnatal care. According to the assessment results, **414** TBAs, who are from the Mon, Karen, Kayah, Kayan and Lahu field areas, collaborated in the assessment to examine the feasibility of community-based providers to make maternal and child health interventions in the complex emergency setting of eastern Burma.

Of the **414** TBAs, **44%** were literate, with most of them between the ages of 40 and 60 years old. Additionally, **55%** of TBAs made visitations for antenatal care (ANC) and **59%** for postnatal care (PNC) for three or more times. Also, **91%** of TBAs practiced hand washing before giving birth, **79%** of them used sterile material when cutting cords, and **86%** of the TBAs used providone for umbilical cord care during deliveries. During ANC and PNC, the TBAs provided health education about such topics as child spacing, personal hygiene, early breastfeeding, safe cord care, family planning, nutrition, making home-ORS and danger signs and pregnancy. In the assessment discussions, eighty-seven percent of TBAs indicated that nutrition was the major topic which they spoke with members of the community, followed by personal hygiene as the second major topic.



Traditional Birth Attendant in Pa An Area

Traditional Birth Attendant training

4) Financial Report: January - June 2010

BPHWT Income and Expenditures: January - June 2010

ITEMS	Thai Baht	Percentage
OPENING BALANCE -1 JANUARY 2010	801,809	...
PERIOD INCOME		
International Rescue Committee	3,573,088	22%
Burma Relief Centre	8,150,000	50%
Stichting Vauchteling - Netherlands	1,225,030	7%
Open Society Institute	643,900	4%
People In Need	322,400	2%
Not On Our Watch	2,468,500	15%
Bank Interest	5,894	0%
TOTAL PERIOD INCOME	16,388,812	100%
TOTAL INCOME	17,190,621	
PERIOD EXPENDITURES		
Back Pack Medicine and Equipment	3,577,676	29%
Back Pack Field Operation Supplies and Services	1,387,700	11%
Community Health Education and Prevention Program	2,674,523	22%
Maternal and Child Health Care Program	1,095,962	9%
Capacity Building Program	962,013	8%
Health information and Documentation	120,475	1%
Program Management and Evaluation	1,491,646	12%
General Administration	986,574	8%
TOTAL PERIOD EXPENDITURES	12,296,569	100%
CLOSING BALANCE - 30 JUNE 2010	4,894,052	

Part II
Program Workshops, 24th Semiannual Meeting, & Fifth Conference
Report



1) Program Workshops at BPHWT's Mae Sot Office

No	Workshops / TOT workshops	Topics Discussed
1	<p>Medical Care Program Workshop</p> <p>Facilitators - Dr. Aung Kay Tu (IRC), Saw Win Kyaw (BPHWT), Dr. Khain Mg Lwin (SMRU), & Naw Sophia (MTC)</p> <p>Duration - 2-4 August 2010</p> <p>Participants - 26 (20 Males/ 6 Females)</p>	<ul style="list-style-type: none"> • Health Workers and Field-in-Charges Assessment • Logbook Reviews, Using Malaria Medicine, and Report Form Review • Para-Check Quality Control • Universal Precautions and Infection Prevention
2	<p>Community Health Education and Prevention Program Workshop</p> <p>Facilitator - Naw Wah May Say (BPHWT)</p> <p>Duration - 2-4 August 2010</p> <p>Participants - 15 (14 Males / 1 Female)</p>	<ul style="list-style-type: none"> • Number of VHVs and Their Specific Roles and Responsibilities • Village Health Workshops • School Health • Key Health Day • Nutrition Promotion • Water and Sanitation • Data Review
3	<p>Maternal and Child Healthcare Program Workshop</p> <p>Facilitators - Thaw Thi Paw & Hser Mu Nar Htoo (BPHWT), Dr. Shin Aung (GHAP)</p> <p>Duration - 2-4 August 2010</p> <p>Participants - 21 (4 Males / 17 Females)</p>	<ul style="list-style-type: none"> • Review Field MCHP Supervisors' Responsibilities • Review TBA Training/Workshops • Neonatal Care • Introduction of EmOC • Uterine Atony and Oxytocine • Review of EmOC Lecture • Malaria Screening in Pregnant Women • Program Management Review • TBA Assessment Results • TBA Pre-/Post- Tests • Population and Birth Rates
4	<p>Lymphatic Filariasis Workshop</p> <p>Facilitator - Naw Lar Shee Htoo (BPHWT)</p> <p>Duration - 28-30 August 2010</p> <p>Participants - 5 BPHWT Medics & 2 KDHW's Medics</p>	<ul style="list-style-type: none"> • What is LF? • What are the Causes of LF • Why Don't People Take MDA? • Side-Effects of MDA • New Hope Manual

5	<p>Participatory Learning Action (PLA) TOT Workshop</p> <p>Facilitators - Naw Noon (BRC) & Naw Wah May Say (BPHWT)</p> <p>Duration - 11 August 2010</p> <p>Participants - 50</p>	<ul style="list-style-type: none"> • What is PLA? • What is Your Understanding of PLA? • What were the Problems Encountered When Applying PLA in Your Field Areas? • What is the Cause of These Problems?
6	<p>Participatory Learning & Action Workshop</p> <p>Facilitators - Naw Noon (BRC) & Naw Wah May Say (BPHWT)</p> <p>Duration - 24-26 August 2010</p> <p>Participants - 46 (28 Males / 18 Females)</p>	<ul style="list-style-type: none"> • BPHWT's Vision and Mission • Public Health Concepts in the Community & Community Development Concept • Community Participation & Women Participation • Facilitation Skills • Project Cycle Management • Village Health Workshop Guidelines • Action Plans
7	<p>Do No Harm Workshop</p> <p>Facilitators - Ms Pornthip (NCA), Htaw Lin (BRC), Chit Win (BPHWT)</p> <p>Duration - 5-6 August 2010</p> <p>Participants - 66 BPHWT Health Workers (43 Males / 23 Females)</p>	<ul style="list-style-type: none"> • Case Study • Sources of Tensions • Connector • Program Assistance • Analyze Case Study with DNH Framework • Resource Transfers • Group Presentation • Reflection on Day One • Recap Day One and the Introduction of Framework • Implicit Ethical Messages (IEM) • Panel Reflection • DNH History • Options Game • Group Work on Programming Alternatives • Group Presentations • DNH Wrap-Up with Questions & Answers • Training Evaluation

8	<p>First Aid Training TOT Workshop Facilitator - Saw Win Kyaw (BPHWT) Duration - 21-22 August 2010 Participants - 32 (20 Males / 12 Females)</p>	<ul style="list-style-type: none"> • Chain of Survival • ABC Action Plan (Cardio-Vascular Resuscitation) • Wound Management • Shock and Shock Trauma Action Plan • Fracture Management • Danger Signs for Emergency Care • Universal Precautions
9	<p>Strategic Planning Workshop Facilitator - Nai Aye Lwin (BPHWT) Duration - 7 August 2010 Participants - 53 (29 Males / 24 Females)</p>	<ul style="list-style-type: none"> • Strategic Planning Procedures • Vision and Mission • Analysis of Internal Factors • Analysis of External Factors • BPHWT Priorities for 2010-2011
10	<p>Malaria Control Workshop Facilitators - Dr Khain Mg Lwin & Dr Aung Pyit Pyoe (SMRU) Duration - 22 August 2010 Participants - 28 (18 Males / 10 Females)</p>	<ul style="list-style-type: none"> • Patient History • Treatment Categories • Uncomplicated and Complicated Falciparum Malaria Treatment
11	<p>Financial Management Workshop Facilitators - Saw Chit Win & Naw Leh Nay Say (BPHWT) Duration - 27 August 2010 Participants - 20 (12 Males / 8 Females)</p>	<ul style="list-style-type: none"> • Payment Form • Petty Cash Form • Program Expenditures • How to Correctly Complete the Forms

BPHWT's Program Workshops



CHEPP Workshop



MCHP Workshop



MCP Workshop



LF Workshop



Strategic Planning Workshop



Do No Harm Workshop

2) 24th Semiannual General Meeting of Back Pack Health Worker Team

The 24th Semiannual Back Pack Health Worker Team General Meeting was conducted from 16-18 August 2010 in Mae Sot at the BPHWT head office. Attending this meeting were **66** BPHWT health workers - **38** men, and **28** women. A week before the beginning of the meeting, the BPHWT's data team entered, checked the quality of, and analysed the data obtained from the field. During the meeting, the Leading Group discussed the data, from a programmatic perspective, in order to monitor the events taking place in the field areas. After this analysis, they discussed how to improve data collection methods.

Also during the meeting, the Leading Group offered advice for those issues that health workers were unable to solve by themselves, and provided suggestions for the plans of the next implementation period. The purpose of this workshop was to discuss the health worker experiences in the field, share knowledge, review which activities were and which were not implemented as well as why some activities could not be implemented, compare outcomes in relation to plans made at the previous six-month meeting, and share difficulties encountered in field. After the meeting, the Leading Group discussed possible ways to handle the problems identified during the workshop and came to decisions about how to take action to solve these problems.



The 24th Semiannual General Meeting of Back Pack Health Worker Team

Schedule of BPHWT's 24th Semiannual General Meeting and Fifth Conference

Description of Presentation	Responsibility
Opening Speech	Dr. Cynthia Maung & Mahn Mahn Mahn
Review of the Decisions Made at the 23 rd Meeting	All BPHWT members
MCP Program & Workshop Report with Q & A	Saw Win Kyaw
MCHP Program & Workshop Report with Q & A	Naw Thaw Thi Paw
CHEPP Program & Workshop Report with Q & A	Naw Wah May Say
Lymphatic Filariasis Pilot Project Report with Q & A	Naw Lar Shee Htoo
PLA Workshop Report	Naw Wah May Say
Capacity Building Program Report with Q & A	Saw Win Kyaw and Naw Hser Moo Nar Htoo
Do No Harm Workshop Report with Q & A	Saw Chit Win
Human Right Violation Report with Q & A	Naw Lar Shee Htoo
Results and Recommendations on Field Meetings	Nai Aye Lwin
Strategic Planning Workshop Report with Q & A	Nai Aye Lwin
IPMT Report with Q & A	Saw Win Kyaw, Nai Aye Lwin, Si Mon and Nang Snow
Financial Report Presentation with Q & A	Saw Chit Win
Office Administration Report with Q & A	S' Moe Naing
Ten Years Report of the Executive Board and Future Plans	BPHWT Director
Review of the BPHWT Constitution	All BPHWT members
Organization of the Election Committee	All BPHWT members
Election	All BPHWT members
Closing Speech	Dr. Cynthia Maung

24th Semiannual General Meeting Decisions:

1. A pilot project for the targeted screening for malaria is to be implemented by thirty-seven Back Pack teams, and health workers from those Back Pack team areas must attend the associated malaria screening workshop.
2. During first six months of 2010, a targeted screening for malaria in pregnant women will be conducted for twenty-nine Back Pack teams in the following target field areas:
Kayah (2 teams), Kayan (1 team), Kler Lwee Htoo (3 teams), Thaton (4 teams), Papun (5 teams), Pa An (3 teams), Kawkareik (1 team), Dooplaya (4 teams), Win Yee (1 team), Palaung (1 team), Yee West-North (2 teams), and Yee Chaungpya (2 teams).
3. One hundred malaria RDTs will be provided to each Back Pack team who will also give treatment to those pregnant mothers who have tested positive during screenings.
4. The following criteria are to be used for malaria screening.
 - Screen those women who are at least three months pregnant.
 - Give treatment to those pregnant women who tested positive during the RDT screening.
 - Screenings can only be performed by a health worker.
 - Screening can only be performed in those areas which have conducted Traditional Birth Attendant (TBA) workshops.
5. Two health workers from each area must attend the First Aid Training-of-Trainers (TOT) training.
6. Trauma care can be implemented in those areas which meet the following criteria:
 - Three health workers in the area must have experience in the treatment of at least five trauma patients.
 - Health workers must have successfully completed trauma care training.
7. During the first six months of 2010, provide clidamycine to children under the age of eight years old and pregnant women who cannot take melfloquine.
8. A short course training or workshop will be conducted for providing oxytocin medicine.
9. During the first six months of 2010, hold field discussions about supporting village health information units or community libraries in target areas, and report the results of these field meeting discussions at the first six months coordination meeting in 2011.
10. During the second six months of 2010, give awards to those VHVs who collaboration with Back Pack health workers.
11. Support those VHVs who are qualified to attend CHW training.
12. During the second six months of 2010, provide VHVs with kits containing the following items: Paracetamol (100 tablets), Thermometer (1), Alcohol (1), Cotton (1), Povidone (1), Plasters (1), Scissors (1), Forceps (1), Gloves (1), and Gauze (1).

13. During the second six months of 2010, every Back Pack team will utilize Participatory Learning & Action (PLA) concepts in village health workshops.
14. The Facilitators' Group will prepare a "Do No Harm" concept paper, discuss this concept paper in their field meetings, and present the concept paper and the field discussions at the first six months coordination meeting in 2011.
15. The Leading Group will discuss how to record and report human rights abuses from the field areas.
16. Coordinate our basic medical training with local health organizations.
17. Conduct the Senior Medic Refresher Training Course regularly - Saya Chit Win and Saya Win Kyaw will establish the appropriate selection criteria for participants.
18. Evaluate health worker abilities regularly during every workshop.
19. After the 24th Semiannual General Meeting, conduct discussions about establishing procedures for financial management in the BPHWT office.
20. The Executive Board will discuss how to improve office work.
21. Expand the pilot projects with those local ethnic groups who are willing to collaborate with Back Pack health workers and already have health worker resources.
22. Support the increased budget that is required for Community Health Worker (CHW) training to be implemented in the Ho Kay area.
23. Continue the discussions about the extent of further collaboration of the Chin area Back Pack teams with the BPHWT.

Recommendations:

1. Write procedures for the timely arrival of reports from the field.
2. Make accurate records whenever using medicine.
3. Systematically promote the use of handouts in workshops.
4. Assign a staff person to be the medicine and materials manager-in-charge.
5. Follow the previously-mentioned guidelines established for RDTs and discuss them in field meetings.
6. The field meetings in the Shan, Kawkareik, Dooplaya and Kayan field areas must be supervised by the Leading Group or Executive Board.

Notations:

1. In the Taungoo field area, Naw Mu Lar is temporarily assigned to act as TBA Supervisor since TBA Supervisor Naw Ka Nyaw Mu has not yet returned from her leave.
2. As of 12 July 2010 in the Mae Mwe area of Papun, Saya Soe Thein is assigned as the Back Pack-in-Charge.

3. As of 12 July 2010 in Papun, Saya Hser Htoo is assigned as the LF program second in-charge as required.
4. On 24 July 2010 in Tha Dah De Village - Papun, Back Pack health worker Saw Haer Moo, thirty years old, was shot by the SPDC when he was on the way to treat villagers who were hiding in the village because of the SPDC activities.
5. Beginning in the first six months of 2010, the following persons are assigned to the indicated positions to carry out Back Pack activities in the Kler Lwee Htoo field area:
 - Saw Lis Bon - Field-in-Charge / CHEPP-in-Charge
 - Saw Eh Htoo - Second Field-in-Charge / MCHP-in-Charge
 - Naw Mwee Htoo - MCP-in-Charge
6. In the Kler Lwee Htoo field area, Saw He Thaw and Saw ChoCho replace Saw Ha Wah and Naw Aye Mu as health workers on the Thay Gaw De Back Pack Team.
7. In the Kler Lwee Htoo field area, SPDC health workers distributed Vitamin A and de worming medicine in some villages in the Thay Gaw De Pack Back Pack track.
8. In the Kawkareik field area, Saw Hsan Win Lin replaces Saw Win Shwe as Second-in-Charge.
9. On 14 April 2010 in the Kawkareik field area, Naw Ka Dee, forty-five years old
10. and a TBA with the BPHWT, fell from the tractor and died.
11. In the Thaton field area, Ta Gay Lung Back Pack 3 Leader-in-Charge - Naw Bellar - was killed in a car accident on 21 May 2010.
12. In the Win Yee field area, Ma Au BP, Maternal & Child Healthcare Program worker Naw Sa Na Ma, twenty-five years old, killed herself on 4 July 2010.

3) Fifth BPHWT Conference

The Fifth BPHWT Conference was held on 18 August 2010 at the BPHWT office in Mae Sot, Thailand and attended by eighty official delegates representing both field and headquarters leadership. The BPHWT Conference represents the highest leadership structure of the BPHWT and is held every three years. The Conference reviews the key operations and financials of the BPHWT, elects a thirteen member Leading Group to oversee the BPHWT for the next three years, and otherwise addresses selected key matters pertaining to the BPHWT.



Leading Group Members of BPHWT

As a body of delegates, the Conference functions in a democratic manner, while also promoting the participation of women in leadership positions within the BPHWT.

During the Fifth BPHWT Conference, the official delegates elected the members of the Leading Group, who will oversee the governance of the BPHWT for the next three years. While Leading Group members are elected and not appointed, the election procedures assure



The participants of the conference

that at least eight, or 30%, of the twenty-six nominees will be women. The other eighteen nominees can be of either gender. The official delegates are free to vote for any thirteen of the candidates, regardless of gender, to be members of the Leading Group. Six women were elected at the Conference to the new Leading Group, up

from three women members of the previous Leading Group. Thus women members of the Leading Group now constitute 46% of the Leading Group membership.

Also at the Conference, the new Leading Group appointed twelve members of the BPHWT Executive Board to oversee the finances and day-to-day operations of the BPHWT over the next three years. The Executive Board was expanded from seven to twelve members to include the new position of the Water and Sanitation Program Coordinator. This position was created to provide increased importance to the provision of clean water and proper sanitation to the BPHWT target areas. The twelve member Executive Board now consist of six women, up from two women on the previous seven member Executive Board.

The Election Rules of Leading Group Members:

1. The procedures for the election of the members of the Leading Group are governed by provisions within the Constitution of the BPHWT.
2. The election of members of the Leading Group coincides with the BPHWT Conference which is held every three years. The official delegates to the Conference represent the field leadership and members of the then current Leading Group.
3. The election process begins with the vocal nomination of twenty-six people by the official delegates and seconding vocal recommendations for each nominee by at least two other official delegates. An official delegate can only nominate one person and offer only two recommendations for nominees other than any made by them. All

persons nominated as members to the Leading Group must be present at the Conference at the time of their nomination.

4. To promote the participation of women in leadership positions with the BPHWT, at least 30% of the twenty-six nominees, that is eight, must be women. To insure that at least eight women are nominated, the first nominations accepted are of women only. Once there are eight women nominees, then the remaining eighteen nominations are accepted regardless of gender.
5. Ballots are then prepared with the twenty-six candidates and distributed to the official delegates for voting. Each official delegates votes for only thirteen candidates from the election slate of twenty-six candidates.
6. Official delegates are free to vote for their preferred candidates without any pressure to vote for any one candidate.
7. Votes are tabulated and the results are announced to the full conference.
8. The new members of the Leading Group then meet to appoint a Chairperson, Secretary, and Treasurer from among themselves. The preferred method for appointments is through consensus; however if there is no consensus, a vote will be taken for these three appointed positions. These appointments will be presented to the official delegates of the Conference for confirmation.

Elected Members of the Leading Group:

- | | |
|--------------------------|---------------|
| 1. Dr. Cynthia Maung | - Chairperson |
| 2. Mahn Mahn | - Secretary |
| 3. Saw Chit Win | - Treasurer |
| 4. Saw Win Kyaw | - Member |
| 5. Saw Eh Mwee | - Member |
| 6. Nai Aye Lwin | - Member |
| 7. S' Moe Naing | - Member |
| 8. Saw Eh Gay | - Member |
| 9. Naw Thaw Thi Paw | - Member |
| 10. Naw Wah May Say | - Member |
| 11. Naw Hser Mu Nar Htoo | - Member |
| 12. Nang Snow | - Member |
| 13. Naw Leh Nay Say | - Member |

Appointed Members of the Executive Board:

1. Saw Win Kyaw - Director
2. Nang Snow - Deputy Director
3. Naw Hser Moo Nar Htoo - Coordinator - Medical Care Program
4. Naw Thaw Thi Paw - Coordinator - Maternal and Child Healthcare Program
5. Naw Wah May Say - Coordinator - Community Health Education and Prevention Program
6. Saw Eh Mwee - Coordinator - Water and Sanitation Program
7. Saw Chit Win - Coordinator - Capacity Building Program
8. S' Aung Than Oo - Coordinator - Health Information and Documentation
9. Naw Lar Shee Htoo - Asst. Coordinator - Community Health Education and Prevention Program
10. Naw Leh Nay Say - Finance Manager
11. S' Moe Naing - Office Manager
12. Saw Eh Gay - Asst. Office Manager

Executive Board Meeting Decisions:

1. Saw Chit Win is appointed as the Coordinator - Capacity Building Program
2. Nai Aye Lwin is appointed as Program Inspector.
3. Saw Hser Nay Moo and Saw Eh Kalu are appointed as advisors to the BPHWT.
4. Assistant coordinators should be appointed to further support the Medical Care and Maternal and Child Healthcare Programs.
5. Saw Win Kyaw will be responsible for writing the job description for the Manager - Communicable Disease Control Program.

BPHWT's Office Staff:

1. Naw Moon Shine - Layout Design, Photo Documentation, Webmaster, and HID Support Staff
2. Saw Tha Boe - HID Staff (MCP)
3. Nan Paw K'lain Awar - Programs Accountant
4. Naw Paw Hser Mu Lar - Office Accountant
5. S' Skell - Data Staff (MCP)
6. Simon - Data Staff (Malaria)
7. Saw Tha Noh - Data Staff (MCHP)
8. Saw Ler Pway Moo - Transportation Support
9. Saw Poe Tha Gyan - Post and Utilities Support