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

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

BPHWT Annual Report
2011

Table of Contents

Part I: 2011 Annual Report

1) Executive Summary

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

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

Displaced family in Taungoo

Doctors and health workers from Karen, Karenni, and Mon States established the BPHWT in 1998. The organization initially included 32 teams, consisting of 120 health workers. Over the years and in response to increasing demand, the number of teams has gradually increased. In 2011, the BPHWT included 85 teams, with each team being comprised of 3 to 5 health workers. BPHWT teams now target displaced and vulnerable communities with no other access to healthcare in Karen, Karenni, Mon, Arakan, Chin, Kachin and Shan States, and the Tenasserim Division. The teams deliver a wide range of healthcare programs to a target population of over 200,000 IDPs and other vulnerable people. The BPHWT aims to equip people with the skills and knowledge necessary to manage and address their own health problems, while working towards the long-term sustainable development of a primary healthcare infrastructure in Burma.

In 2011, the BPHWT continued to work with communities in its target areas to implement its three health programs, namely the Medical Care Program, Maternal and Child Healthcare Program, and Community Health Education and Prevention Program. Four new Back Pack teams were created in Palaung, Arakan, Kayan and Shan-Kayan areas to serve

communities with no other access to healthcare and two Back Pack teams in the Lahu area were discontinued.

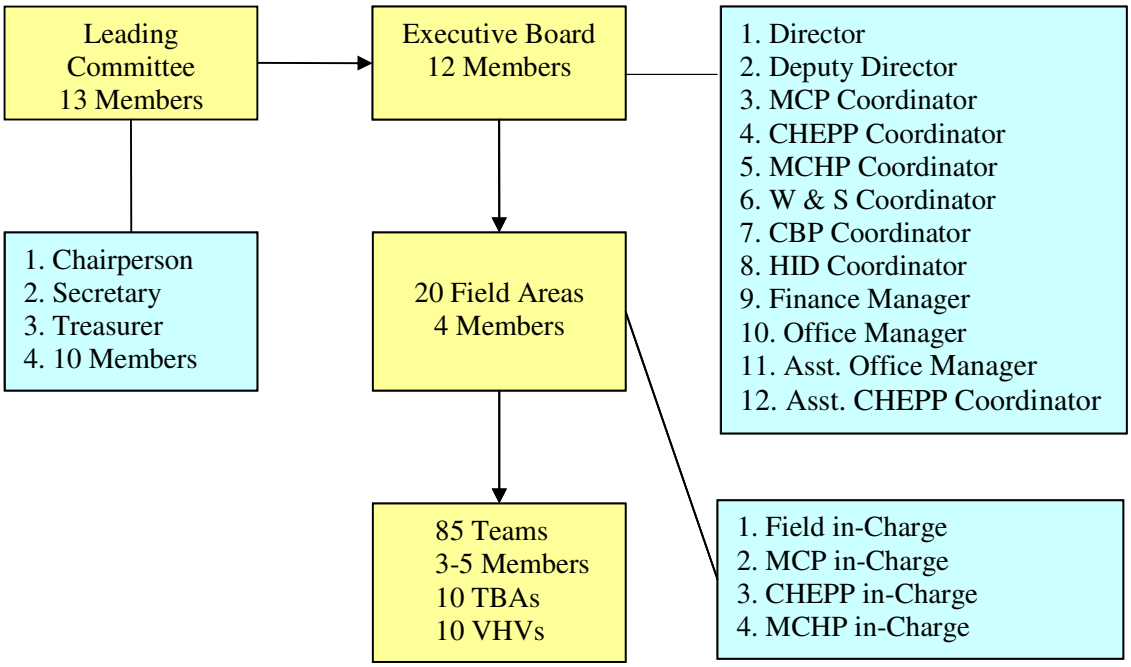
The BPHWT continued to conduct its regular internal monitoring and evaluation activities throughout 2011. In April, several donors carried out a monitoring visit to BPHWT target areas inside Burma. The consultants found that the monitoring systems and practices in Eastern Burma are remarkably strong and among the most reliable in conflict zones in the world.

Delivery in Chin State

2) Organizational Structure and Governance of the BPHWT

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

a) Organizational Structure of the BPHWT



Governance: As depicted in the Organizational Structure, the BPHWT is governed by the Leading Committee elected by the BPHWT members. The Leading Committee is comprised of 13 members who are elected for a three-year term. The Leading Committee appoints all 12 members of the Executive Board, which is required to meet monthly and make decisions on current issues faced by the BPHWT. The BPHWT has a range of organizational documents that guide the leadership, management, healthcare delivery, health information systems and human resources of the organization. Full copies of any of these organizational 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 Committee, amendments to the Constitution and organizational restructuring, employment of consultants and job descriptions for positions.

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

c) Vision: The vision of the 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.

d) 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 towards the long-term sustainable development of a primary healthcare infrastructure in Burma.

e) Goal: The goal of the Back Pack Health Worker Team is to reduce morbidity and mortality, and minimize disability by enabling and empowering the community through primary healthcare.

3) Gender Policy and Analysis

In 2011, fifty-five percent of the BPHWT staff was women, excluding Traditional Birth Attendants (TBAs). However, the organization has a gender policy which aims to improve equity for women across all levels of the organization. The table below depicts the current targets and actual percentage of women across organizational tiers. To date, the BPHWT meets or exceeds all gender equity targets for the various organizational tiers.

Gender Policy and Analysis Table - 2011

Category	Total # of Workers	Total # of Women	Women Actual %	Women Target at Least %
Leading Committee/Executive Board	14	6	43%	**30%**
Office Staff	11	4	36%	**30%**
Field Management Workers	54	28	52%	**30%**
Field Health Workers	264	113	43%	**30%**
Traditional Birth Attendants	722	626	87%	**Target not set**
Village Health Volunteers	462	289	63%	**30%**
Total Organization	**1527**	**1066**	70%	**Target not set**
Total Organization excluding TBAs			**55%**	**30%**

Service System: Since 1998, the Back Pack Health Worker Team has been working towards developing an accessible, community-based, primary healthcare service system within the BPHWT field areas, based on the health access indicators.

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

Population	Health Service Type	Health Workers	Ratio (workers/pop)	Ideal Number
2000	BPHWT (Community- based primary healthcare unit)	BPHWT Health Workers	1/400	**5**
		Traditional Birth Attendants	1/200	**10**
		Village Health Volunteers	1/200	**10**
Total Members of a Back Pack Health Worker Team				**25**

5) Map of Operational Areas

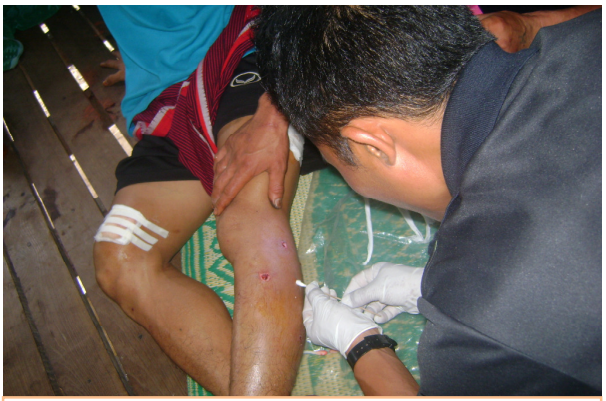
6) Security Situation in the BPHWT Targeted Areas

In 2011, armed conflict fueled the displacement of hundreds of thousands civilians both internally and into neighboring countries, particularly in Kachin, Karen and Shan States. Despite ongoing ceasefire negotiations initiated in the latter half of 2011 between Burma's regime and the armed ethnic groups, the civilians 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 health workers to access these communities.

Displaced children in Mergue/Tavoy

In **Karen State**, where the majority of Back Pack Health Worker Teams operate, civilians have continued to experience and coexist with regular incidences of armed conflict, and be subject to human rights violations, mostly committed by the regime's forces. Throughout January and February, outbreaks of armed conflict between the regime's military forces (Tatmadaw) and Karen armed groups occurred almost every day, particularly along the border with Thailand and also further inside Burma in the areas of Manerplaw. From February onwards, the Tatmadaw tightened their control over the border areas, attempting to suppress ongoing guerrilla attacks by the Karen National Liberation Army (KNLA) and factions of the Democratic Karen Buddhist Army (DKBA). In May, there was heavy fighting between the Tatmadaw and KNLA's Brigade 6 troops in the Kawkareik area as well as further battles between Burmese forces, and the allied KNLA and DKBA forces in Kyar Inn Seik Gyi Township. The latter was sufficiently severe to cause hundreds of Karen civilians to flee across the border into Thailand. During the months of June and July, there were several episodes of intense fighting between KNLA soldiers and Tatmadaw troops in the Papun, Pa An and Thaton Districts of Karen State. On 21 July, allied DKBA and KNLA forces clashed with the Tatmadaw and its allied Border Guard Force (BGF) in Myawaddy Township, about 5-6km from the Thai-Burma border.

In addition, tensions between the regime's military forces and their centrally-controlled BGF have resulted in the formation of a break-away splinter group, BGF Battalion 1012. From June through August, this renegade BGF faction, estimated to be around 1,000 soldiers strong, regularly engaged in battles with the Tatmadaw in Pa An and Papun Districts and threatened villages and villagers with their stray mortar shells. Also, more than 80 soldiers defected from the BGF and joined the ranks of the KNLA, while thirty more soldiers defected in September to rejoin the DKBA.



Providing medical care to a gunshot patient

In October, the political wing of the KNLA, the Karen National Union (KNU), engaged in preliminary dialogue with representatives of Burma's government. The following month, the KNU Committee for the Emergence of Peace was formed in order to prepare for ceasefire and peace negotiations with the regime in early 2012. In spite of ongoing peace talks, fighting continued between the Tatmadaw and the KNLA throughout the rest of 2011 with the Tatmadaw continuing to send additional troops and supplies to its battalions in Karen State.

In **Kachin State**, the Tatmadaw broke a 17 year-old ceasefire on 9 June 2011 with the Kachin Independence Organization (KIO) and its armed wing, the Kachin Independence Army (KIA),. Heavy fighting has continued since then, leading to the displacement of approximately 36,000 people internally and across the border into China by the end of 2011. In addition to its own forces, the regime has deployed several hundred Kachin soldiers from their state BGFs and allied state militia groups to fight against KIA troops. Observers believe this is a strategic measure to create intra-ethnic clashes within Kachin State and therefore attempt to divide its opposition[1]. There have also been reports of grave human rights abuses in the conflict areas committed by the Tatmadaw, including rape, forced portering, intentional firing of mortar rounds at villages, forced labor and other conflict-related abuses.

The displaced communities can be categorized into four groups according to their locations: those who are staying with relatives; those seeking refuge in temporary IDP camps; those who have crossed the border into China; and those residing in make-shift shelters in jungle areas and along the Irrawaddy River. The lack of access to a clean water supply, adequate shelter materials and health assistance for the latter groups in these isolated locations leaves

[1] Kachin News Group, 'Burmese Army applies intra-tribal clash tactics in war on Kachin', 11th July 2011

them extremely vulnerable to diarrhea, influenza, dengue, malaria and other diseases[2]. The BPHWT has sent emergency teams to Kachin State and plans to send more in 2012, but the assistance is still insufficient to mitigate the severe healthcare needs of the displaced populations.

The unmet humanitarian needs of these communities are of serious concern. The Burmese regime continues to restrict the United Nations and international aid organizations' access to IDPs, allegedly due to concerns regarding the security of aid workers. The displaced civilians are predominantly reliant upon church-based relief efforts, local groups of community members who have responded and the Emergency Assistance Response Team (EART). However, these supplies are simply insufficient to meet people's needs, particularly regarding food security. Many IDPs express a desire to return to their villages in order to harvest their crops and sell them; however the danger of traveling through volatile areas and the money extorted from them at check-points discourages them.

Displaced Kachin family in temporary camp - Laiza

Although Burmese President Thein Sein publicly ordered his Defense Minister, General Min Aung Hlaing, to stop the fighting in Kachin State on 10 December 2011, the conflict between the Tatmadaw and the KIA has only intensified. No ceasefire agreement has been reached despite representatives from the KIO and the Burmese government meeting several times for negotiations.

In **Shan State**, where the BPHWT has 4 teams working, the 22 year-old ceasefire between the Shan State Army-North (SSA-N) and the Tatmadaw broke down in March 2011. It is estimated that 65 battles took place between 13 March and 6 April alone in Northern Shan State[3]. Almost 50 separate incidences of fighting have taken place between the Tatmadaw and the SSA-N forces between 2 July and 5 August. Over 30,000 people have been displaced in Shan State since the Tatmadaw began renewed offensives in March[4]. Also, Tatmadaw troops commonly harass the residents of villages who are suspected of supporting another ethnic armed

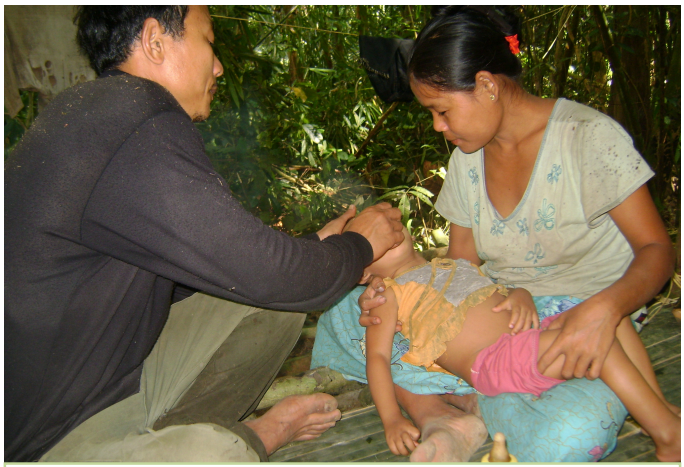
[2] Kachin News Group, 'China supplies medicine to Kachin refugees for the first time, 21 July 2011.
[3] Free Burma Rangers press release, 18 April 2011.
[4] Shan Human Rights Foundation and Shan Women's Action Network, Joint Press Release: 'Update of Fighting Incidences in Northern Shan State July 2011', 10th August 2011.

group - the SSA-South, including taking such severe measures as setting fire to their homes[5]. There have been numerous other reports of human rights abuses, including forced portering, torture, forced conscription, gang-rapes and widespread looting by armed forces[6].

In addition to armed conflict, landmines and human rights abuses in both conflict and ceasefire target areas are a serious threat to the security of villagers and BPWHT medics in the targeted areas. The regime's army regularly utilizes any civilians it captures as porters, forcing them to carry rations and munitions to their troops on the frontline. They often oblige these captives to walk in front of advancing troops to clear the roads of landmines. Reports suggest that over 700 such porters were used in January and February[7]. Furthermore, landmines are laid by all parties to the conflict, particularly in conflict-affected areas of Karen State. This major security risk encourages more incidences of displacement and more protracted periods of displacement among BPHWT's target population, making access to healthcare even more problematic.

7) Obstacles and Threats to Delivering Healthcare in the Field

While both violent conflict and human rights violations only increase the need for health services, BPWHT face many barriers to delivering healthcare in Burma. Firstly, there is significant danger involved in working in conflict areas, creating problems of access, secondly the frequent displacement of communities disrupts the continuity of our programs and worsens community members' ability to access healthcare and medicines. Finally, even in ceasefire areas, human rights violations affect our ability to operate freely (see violations in the succeeding section).



Providing healthcare to a child in the jungle

The ongoing conflicts between the Tatmadaw and armed ethnic groups restrict the mobility and access of health workers. In conflict areas, access is restricted by the armed forces

[5] SHAN, '*7 villages in Shan East burnt down by Burma Army soldiers',* 27 April 2011.
[6] Press release by Shan community based organizations, 12 April 2011, [http://www.shanhumanrights.org/images/stories/Action_Update/Files/press%20release%20northern%20shan%20state%20atrocities.pdf]
[7] Direct communication with Human Rights Watch.

controlling those territories. Thus, BPHWT's health workers cannot move freely and openly through many of their field areas since they are at risk of being captured and imprisoned, or shot by soldiers. In October, two BPHWT medics were arbitrarily arrested and detained for nearly three months by Tatmadaw soldiers while they were en route to treat a patient; as a result of this violation of medical neutrality, the patient never received medical care and eventually died.

Furthermore, since little attempt is made to distinguish between civilian and military targets, the risk of being hit by stray mortar shells is serious. Landmines also present a serious challenge to the operations and mobility of BPHWT's medics, making it difficult to reach certain areas. Since the creation of BPHWT in 1998, nine medics and one Traditional Birth Attendant have been killed by the regime's forces or landmine-related injuries.

Conflict has disrupted BPHWT's medical programs on several occasions in 2011. For example, BPHWT medics stationed at a stationary clinic in a village in Karen State were forced to flee along with their patients and other villagers when the area was shelled by the Tatmadaw in January. As a result, those medics are now operating a mobile clinic instead, providing medical assistance and humanitarian support to displaced civilians along the border close to Thailand's Phop Phra District. Similarly as a result of intense fighting in Kachin State in May, BPHWT's mobile medical teams were forced to move to safer areas in Laiza along with the displaced civilians.

8) Human Rights Violations Report

Throughout 2011, BPHWT's field workers have continued to document human rights abuses in their target areas. However, some health workers did not dare to record them because it would have placed them in great danger if questioned by the regime's troops and found with the information. The following are violations that were documented:

Papun Field Area

On 28 October 2011 in the Ma Taw area - Ler Ghee Htah village, two health workers were en route to treat Naw Mu, 23 years of age, who had recently given birth and was suffering from postpartum hemorrhaging when they, along with Naw Mu's husband, were arbitrarily arrested and detained for nearly three months by soldiers from Light Infantry Battalions (LIB) 212 and 434. The commanders of LIBs 212 and 434 falsely accused them of being members of the KNLA and KNU, but never filed official charges. As a result of this gross violation of medical neutrality, Naw Mu never received medical care and subsequently died. People from her village

buried her body just outside of Ler Ghee Htah. On their way home, soldiers from LIB 212 arrested seven men from the burial group. One escaped, one was beaten to death, one was tortured for three days before managing to escape, and the rest were released on 16 November.

On 24 November 2011 in Tee Kaw Lo village, Tatmadaw soldiers coerced the village leader into leading them to Put Hel Hta village. After they arrived in Put Hel Hta village, they forced three villagers to guide them back.

Taungoo Field Area

On 6 January 2011 in the East Day Lo area - Lel Kho Doe village, soldiers, from LIB 440 - Military Operations Command (MOC) 9 under Battalion Commander Kyaw Oo and Lieutenant Nay Myo Oo, shot dead two villagers - Saw Phaw Shell, 46 years of age, and Saw Shell Del Htoo, 22 years of age, without any reason.

On 13 January 2011 in Kaw They Doe village, soldiers, from LIB 336 - MOC 7 under Battalion Commander Kyaw Htay, shot dead one villager - Saw Oo Nay Mya, 41 years of age, without any reason.

Patient transportation in Taungoo area

On 22 January 2011 in Kalay Soe Khee village, soldiers, from LIB 336 – MOC 7 under Battalion Commander Kyaw Htay, shot dead one villager - Saw El Paw, 32 years of age, without any reason.

On 27 February 2011 in the Tan Taung area - Khoe Doe Kar village, soldiers, from LIB 400 (Tan Taung Ba Yint Naung Tat Moo Troops), arrested and killed Saw Maung Htwe without any reason.

On 4 March 2011 in Htee Htar Saw village, soldiers, from Infantry Battalion (IB) 48 - Southern Command Headquarters, came into the village and forcibly took five bags of rice and 700,000 kyats in money from villagers.

On 15 March 2011 in the Kaw They Doe area - Maw They Doe village, soldiers, from LIB 336 (Aung Win Battalion) and LIB 541 - MOC 9/ Strategic Operation Command (SOC) 2, came to

Maw They Doe village and burnt down the rice fields and 3200 kgs. of rice, and forcibly took 25 chickens.

In the Baung Gali township area west of Lay Wall and Kaw They Doe villages, soldiers, from LIB 336 – MOC 9/SOC 2 from the Aung Win Battalion under Battalion Commander Kyaw Htay, forced 400 men and 200 women from around the Baung Gali township area to carry their military equipment and supplies for their bases at Baung Gali township - Ta Inn Htar and Bu Sar Khee - from the beginning of January through the end of March 2011. They also used the 80 of the villagers' motorbikes to carry their military equipment and supplies, and to clear for landmines during that period.

In the Htan Ta Pin township area, Pay Hsa Lo-based, soldiers, from IB 102 under Battalion Commander Myint Than, forced 325 men, 200 women and 150 bullock carts to carry their military equipment and supplies from the Tapyay Nyunt base to the Pay Hsa Lo base during the period of January to March 2011 without paying any compensation for their labor.

On 10 May 2011, fighting occurred in the West Day Lo area near Ka Thaw Bwel village. During this fighting, LIB 347 lost some of their weapons. As a result, the Battalion Commander Nyunt Hein forcibly collected and took 3 million kyats from Ka Thaw Bwel villagers to pay for the weapons lost in the battle.

On 10 July 2011 in the West Day Lo area - Sa Bar Khee village, soldiers, under Lieutenant Soe San Mon of LIB 374 - MOC 9/SOC 2, shot and killed two villagers - Saw El Htoo, 48 years of age, and Saw Kalel Phaw, 37 years of age, without any reason.

On 24 December 2011 in Kaw Thay Doh village, soldiers from MOC 9 and LIB 540 shot and killed Saw Ko Mya , 33 years of age, without any reason.

Kler Lwee Htoo Field Area

On 22 June 2011, the commander of the Htet Htoo Tatmadaw base ordered Noh Gaw and Thu Kabee villagers to deliver firewood to his base. Also Pat Talar and Wet Let Taw villagers were forced to deliver 1,500 empty rice bags to his base.

On 27 June 2011 in the Pat Talar area, villagers were forced to pay 104,000 kyats to Captain Thet Zaw Win, LIB (7) 345, for his personal usage of telephone cards.

Mergue/Tavoy Field Area

On 6 June 2011 in the Palaw Pahtaw areas, fighting broke out between LIB 557 and the KNLA. One of the villagers Ko Naing Oo died and another, Naw Kaw Lar, was injured during this fighting.

On 21 August 2011 near Paw Moo Tha village, soldiers from LIB 555, led by Battalion Commander Kyaw Min Oo, were traveling to an IDP area and arrested Saw Kaw Lar, 30 years of age, and Saw Kya Pay, 37 years of age. The soldiers shot Saw Kaw Lar as he tried to escape and killed Saw Kya Pay on 22 August 2011.

On 4 December 2011 in Mee Laung Kwin village, soldiers from LIB 558, led by Major Htay Aung, destroyed Saw Wah's house and stole his rice mill machine and two buffaloes. The soldiers also arrested U Saw Tin, 50 years of age, U Nga Bu, 50 years of age, and Saw Nga Say, 25 years of age, and forcibly took their land.

Arakan Field Area

On 11 June 2011 in Pyin Ngu village, a sergeant, from IB 34 led by Battalion Commander Min Thein, was told to order the village head to deliver chickens to their base no later than 15 June 2011.

On 19 June 2011 in Yaung Wa and Bahan villages, two soldiers, from the Tatmadaw unit 289 led by Battalion Deputy Commander Sithu Lin Maung, ran away from their base and asked Yaung Wa villager, Aung Lin Htun, to guide them in their escape. Shortly afterwards and nine miles from Yaung Wa village, they stabbed and killed him with a knife. Also two soldiers, Min Oo and Htun Htun from the same Tatmadaw unit, kidnapped Ms. Hla and Ms. Nu from Bahan village, and brought them to the forest and raped them.

On 3 October 2011 in the Kwone Chaung village tract, Tatmadaw soldiers demanded fifteen kilos of chicken from the village. On 15 October 2011, they demanded an additional ten kilos of chicken.

On 5 October 2011 in the Pe Chaung village tract, villagers were forced to labor for two days by Tatmadaw soldiers.

On 16 November 2011 in the Pi Chaung Pyaing Ngu village tract - Sa Chaung village, Aung Kone visited and stayed in Ma Hla Saein's daughter's house for three days without informing

the village leader of his visit. As a result of being in a Tatmadaw-controlled area, the village leader charged him 200 baht per day for his uninformed visit.

Elsewhere In Arakan State, a Tatmadaw unit heard that a villager named Taung Htin was sharing and eating a cow with his friends. Because he was unable to share the cow with them, they arrested and told him to choose between getting a jail term and paying a 50,000 kyats penalty. Taung Htin did not want to get a jail term, so he had his wife bring the money to pay the Burmese military unit. This kind of situation also happens to other villagers in this region.

Pa An Field Area

During November 2010 in Myawaddy township - Htee Wa Blaw village tract - Buu Gaw Klo area, BGF 1018, led by commander Lieutenant Maung Win, forced villagers to built barracks and also housing for the soldiers' families. These buildings were constructed in a military camp located on eight fields of Htee Law Tay and Saw Kho villages which had been used by the villagers for rice cultivation. No compensation was paid to the owners of the rice fields.

On 2 February 2011 at 8:00am in Hlaing Bwe township - Htee Moe Khee village, Section Leaders Mu Naw Dwe and Pa-Nwe Htoo, under the orders of BGF 1015 commander Maung Hla Win, cut the throat and killed the head of Htee Moe Khee village. The village head was accused of being connected to KNU.

In Hlaing Bwe township - Khaw Thu Khee village tract, soldiers, from BGF 1015 led by Maung Hla War and Pa-Nwel Htoo, arrested Naw Mu Soot and accused her of being associated with the KNU. So they set fire to Naw Mu Soot's house, and destroyed ten tons of her rice fertilizers on 2 February 2011.

On 2 February 2011 in Hlaing Bwe township - Khaw/Thu Khee village tract, soldiers, from BGF 1015 led by Maung Hla War and Pa-Nwel Htoo, burnt down and destroyed the hut and ten tons of rice fertilizers of Khaw Thu Khee villager Ma Hla Paw, the pan and 3200 kgs of rice fertilizers of Htee Mu Khee villager Saw Khar Khar, and also the hut, ten tons of rice fertilizers, two knives, one hoe, and four large pans of Naw Pal Dah. On 2 February 2011 in Hlaing Bwe township - Khaw Thu Khee village tract soldiers, from BGF 1015 led by Maung Hla Win, took a pig from Khaw Thu Khee villagers without paying compensation. The cost of a pig is 105,000 kyats. On 3 March 2011 in Na-Buu township - Htee Kalay Khee No Kay village tract, Naung Kai's villager, Phar Panar, stepped on a landmine laid by a BGF commanded by Major Ga Done on a durian farm. He lost both his legs and was sent to Kaw Ka Rate hospital; but later died

from hemorrhaging.

On 23 March 2011 in Na-Buu township - Mel Ball Hta village tract, a pregnant woman, Ma Nyo, stepped on a landmine while she was picking some vegetables. The landmines were laid by a BGF commanded by Major Ga Done. Villagers carried her to Kaw Ka Rate hospital for treatment, but she lost her right leg.

On 17 May 2011 in Myawatti township - Zayat Phyu hill area- Htee Wa Blaw village tract, Lieutenant Di Di, Battalion Commander of BGF 1017, ordered the head of Htee Wa Blaw village to come and see him. Lieutenant Di Di ordered him to send some former soldiers from his village, who had served DKBA for a year during 2009 – 2010, to him. But those former soldiers from his village did not want to serve in the BGF and ran away. As a consequence, Lieutenant Di Di became angry and put the village head in jail for one night.

Providing healthcare in a field in the Pa An area

On 27 May 2011 in Hlaing Bwe township - Htee Pal area - Tay Paw Baw Luu village, a group of twenty soldiers, from Infantry Unit 3 of BGF 1015, led by Corporal Pha Chu Nu, laid landmines in the area. Unfortunately two Khaw Thu Khee villagers - a father and a son named Pha Pu Ko and Pha Tar Nay - stepped on landmines. As a result, Pha Tar Nay lost one of his legs. Also Corporal Pha Chu Nu punished Pha Pu Ko and Pha Tar Nay for detonating their unit's landmines by forcing them to pay for a pig. The cost of a pig is 100,000 kyats.

On 15 June 2011 in Na Bu township - Noh Kaw village tract - Noh Saw Mi village, fighting broke out between the KNLA and LIBs 547 and 548. After the fighting, soldiers from these Burmese military units entered Noh Saw Mi village. They took goods and destroyed a shop owned by Naw Si Pal. They paid 20,000 kyats in compensation to Naw Si Pal, but this amount was far less than what she had lost.

On 15 June 2011 in Myawatti township - Zayat Phyu hill area - Htee Wa Blaw village tract, Lieutenant Di Di, Battalion Commander of BGF 1017, ordered the village heads of Htee Wa

Blaw village, Pa Naw Klel Khee and Paw Baw Kho, to collect three men from each village to join the Tatmadaw or BGF. As a result, the village heads were forced to send twelve men to the BGF.

On 24 October 2011 in Na Bu Township - Mae Pleh area - Htee Wa Blaw village, BGF soldiers from BGF 1017, led by Battalion Commander Saw De De, forced 123 villagers to harvest their bean crops without compensation.

On 30 October 2011 in Na Bu Township - Naung Kine village tract - Tha Wow Thaw village, Saw Ka Tain Wah, 19 years of age, from Noh Kyaw Mee village stepped on a landmine on his way to harvest his rice crop. He lost his left leg and was taken to Kawkareik hospital. The landmine was laid by soldiers from BGF Battalion 1017 who were ordered by Battalion Commander Saw De De and Deputy Battalion Commander De Kyaw Naw.

On 13 November 2011 in Kwee Kyal near Tha Wow Thaw village, three Tha Wow Thaw villagers (Saw Naw Po Lay, Saw Pa Yu Kyay and Saw Naw Bleh) who were forced porters of BGF 1017, stepped on a landmine laid by the same battalion. Saw Naw Po Lay lost one eye and Saw Pa Yu Kyay broke one leg; they were taken to Kawkareik hospital.

On 30 November 2011 in Lain Bwel Township - along the road of Mae Tha Moo and Htee Nya Ah Klo villages, soldiers from Light Infantry Division (LID) 22, led by Major Pyi Hein, arrested a village leader and villagers and forced them to clear landmines in the area. The soldiers threatened the villagers that if they refused to clear all of the landmines and a landmine detonates when the soldiers move through, then the soldiers will harm the villagers and force the village to pay 200,000 kyats.

On the morning of 1 December 2011 in Ta Ray Poe Kwee village in the Mae Tha Moo area, soldiers from LID 22 stole a goat worth 30,000 kyats. Later that evening, the soldiers accused the village leader and villagers of cooperating with the KNU and subsequently shelled their village with four mortars.

At noon on 3 December 2011, soldiers from LID 22 forced the Ta Ray Poe Kwee village leader to give them a pig, which was worth 80,000 kyats.

On 12 December 2011 in Na Bu Township - Kaw Pway Ko village, Deputy Battalion Commander De Kyaw Naw of BGF 1017 and thirty of his soldiers accused Saw Tway Khaing,

35 years of age, of being affiliated with the KNU and proceeded to burn down his house, kitchen materials, food and bull-cart, which were worth 450,000 kyats.

On 16 December 2011 in Kwee Pa Htaw in Naung Kine village tract, Saw Pa Kyi Hel from Naung Kine village, who was forced to porter for BGF 1017, stepped on a landmine laid by the same battalion. He was referred to Kawkareik hospital.

Win Yee Field Area

On 4 September 2011 in Mae Tali village tract - Kyaunt Gu village, Tatmadaw soldiers forcibly entered Sein Myint's, 43 years of age, house, then ransacked it and set it on fire. Additionally, the soldiers set 60 year old Kyaw Hlaing's house on fire and killed Saw Htee Paw's, 40 years of age, two cows and one ox. The soldiers also stole 1,000 baht from Saw Kyaw N'pay, 32 years of age, and a watch from Saw Nel De Poe, 17 years of age.

On 6 September 2011 in Kyaunt Gu village, Tatmadaw soldiers killed 45 year old Naw Pa Doh's cow. On the same day, Tatmadaw soldiers also stole 3000 baht, 3000 kyats, two ducks, one mobile phone, one mp4 player, eight packs of cigarettes, three gallons of diesel, and some medicine from Ma Boat Sone, 60 years of age, who lives in Aplone village.

On 4 December 2011 in Kyaunt Gu village, Tatmadaw soldiers fired 13 mortars into the village and then raided the village and killed all of the livestock.

Palaung Field Area

On 24-26 October 2011 in Ho Ta village, Tatmadaw soldiers stole chickens and rice from the village.

Kachin Field Area

On 15 November 2011 in Hun Htat village, soldiers from IB 105 shot at Da Shee Lu, 50 years of age, and her two grandchildren. Da Shee Lu and one of her grandchildren died from their gunshot wounds.

On 25 November 2011 in Nan Ka Chaing, soldiers from LID 99 shot and killed Dabong Gam from Ka Nu Yan village.

On 26 November 2011 in Nan Ka village, soldiers from LID 99 shot and killed La Ban Ga Young.

On 6 December 2011 in Hin Buk Pra, soldiers from LID 99 stabbed Swong Ka Gyi Taung, 37 years of age, in a rice field.

On 6 December 2011 in Hin Bu Pay Kra village, Tatmadaw soldiers shot Swine Ka Kort in his buttocks.

On 6 December 2011 in Hin Boat Ka Pa Ra, soldiers from LID 99 arrested and detained La Byart Taung Yar, 25 years of age.

On 16 December 2011 in Maunt Mwam village, LID 99 shot and killed La Mon Kawt Sai, 40 years of age.

On 20 December 2011 in Hka Shang village, soldiers from LID 99 shot and killed Kan Shaung Naw, 60 years of age.

Elsewhere In Kachin State, soldiers from IB 105 shot a married couple that was riding their motorbike near Za Ba Dee village; the wife died while the husband survived his injuries. Also, soldiers from LID 99 arrested and detained Inn Kwan Too Aung.

9) Activities of Back Pack Health Worker Team

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

In 2011, the BPHWT provided healthcare in **20** field areas, through **85** BPHWT teams, to a target population of over 200,000 people. At the request of local communities, BPHWT has made the decision to provide support for 12 new BP teams in the following areas: 2 in Kachin, 2 in Shan, 2 in Pa O, 1 in Palaung, 1 in Win Yee, 1 in Papun, 1 in Kler Lwee Htoo, 1 in Kayah, and 1 in Dooplaya during the first six-month period of 2012. There are currently over **1,502** members of the BPHWT primary healthcare system living and working in Burma: **318** health workers, **722** traditional birth attendants (TBAs) and **462** village health volunteers (VHVs).

Providing healthcare in the Pa An area

The following table provides an overview of the BPHWT field areas, the number of BPHWT health workers, VHVs, and TBAs in each field area, the target populations, villages, households and a breakdown of the **80,630** total cases treated in 2011.

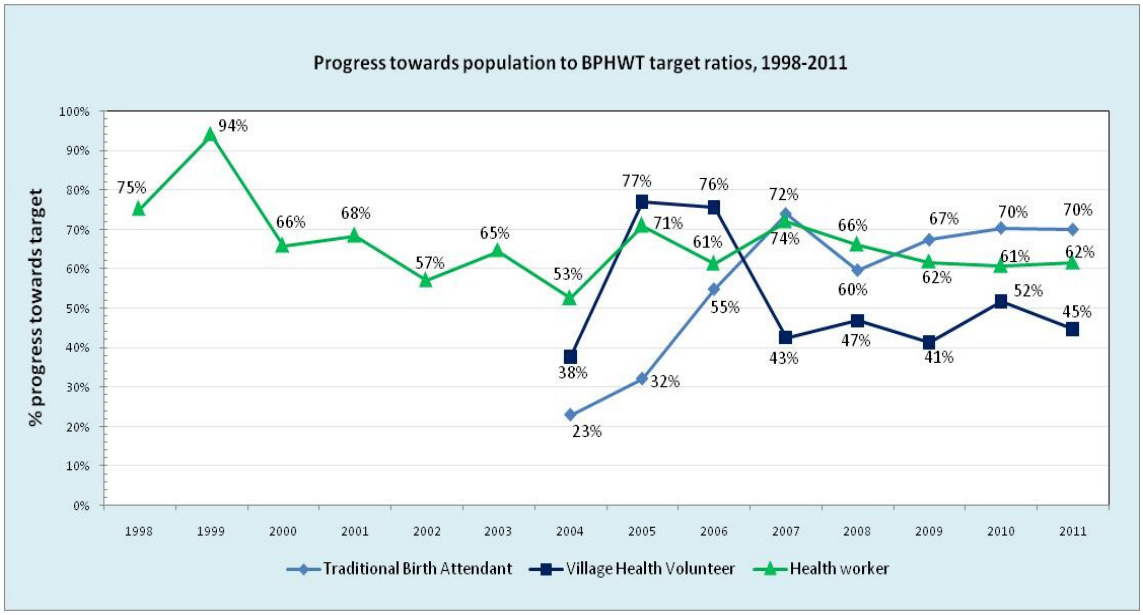
Summary of the BPHWT Field Areas, Health Workers, VHVs, TBAs, Target Populations and Cases Treated

January – December 2011

No	Areas	# of Teams	# of HWs		Total	# of VHVs		Total	# of TBAs		Total	Total Villages	Total Households	Total Population	Total Case load
			M	F		M	F		M	F					
1	Kayah	6	12	9	21	31	23	54	0	59	59	54	3051	18533	8472
2	Kayan	4	11	7	18	21	9	30	7	23	30	38	1530	7110	2052
3	Special	3	9	5	14	2	4	6	2	5	7	27	1559	8715	3054
4	Taungoo	5	12	10	22	14	35	49	1	29	30	46	1873	11268	4391
5	Kler Lwee Htoo	5	13	5	18	28	20	48	2	45	47	39	1589	9724	2909
6	Thaton	7	10	11	21	4	44	48	1	74	75	33	2687	17146	6909
7	Papun	7	21	3	24	21	30	51	16	68	84	73	3271	19446	5215
8	Pa An	6	8	13	21	6	24	30	14	56	70	31	2839	16103	6875
9	Dooplaya	6	13	8	21	19	33	52	6	58	64	45	3293	16917	8258
10	Kawkareik	3	9	3	12	6	9	15	1	25	26	11	1289	8208	1630
11	Win Yee	3	9	4	13	0	0	0	4	26	30	22	1521	8675	3947
12	Mergue/Tavoy	5	11	6	17	8	31	39	18	35	53	21	1795	9585	7024
13	Yee	6	2	18	20	0	0	0	0	32	32	19	2250	11133	2808
14	Moulmein	6	0	21	21	0	0	0	0	20	20	17	2522	12944	4146
15	Shan	4	11	4	15	11	9	20	1	23	24	29	1444	8144	5948
16	Lahu	2	7	4	11	0	0	0	2	18	20	16	662	4587	0
17	Palaung	2	3	7	10	0	0	0	21	20	41	20	1110	6524	1736
18	Kachin	2	3	6	9	2	18	20	0	10	10	20	834	5513	3771
19	Arakan	3	10	0	10	0	0	0	0	0	0	25	1149	6345	1485
	Total	**85**	**174**	**144**	**318**	**173**	**289**	**462**	**96**	**626**	**722**	**586**	**36,268**	**206,620**	**80,630**

Table 1. Number of Health Workers, TBAs, VHVs, and Target Population by Year

Year	# of HWs	# of TBAs	# of VHVs	Target Population
1998	120	0	0	64,000
1999	150	0	0	64,000
2000	200	0	0	121,692
2001	208	0	0	121,896
2002	224	0	0	156,986
2003	238	0	0	147,537
2004	232	202	332	176,200
2005	287	260	625	162,060
2006	284	507	700	185,176
2007	288	591	341	160,063
2008	291	525	413	176,214
2009	289	630	388	187,274
2010	290	672	495	191,237
2011	318	722	462	206,620



TBAs, VHVs, and Health Workers-to-Population Ratios as a Percent of Target Ratios over Time[8],[9]

[8] *While BPHWT began training TBAs in 2000, the MCHP only began systematically training TBAs in the BPHWT target areas in 2004. Therefore, only 2004-2010 TBA/population ratios are included. BPHWT also began training VHVs in 2004.*

[9] *Targets are as follow: 1 BPHWT Health Worker: 400 people; 1 TBA: 200 people; 1 VHV: 200 people.*

a) Medical Care Program

The Back Pack Health Worker Team currently consists of **85** teams working among Internally Displaced Persons and vulnerable communities in Karen, Karenni, Mon, Arakan, Kachin, and Shan States, and the Tenasserim Division of Burma. There are **1,502** members of the BPHWT primary healthcare system serving a target population of over **200,000.** Under the Medical Care Program (MCP), the BPHWT health workers address six health problems identified as contributing most significantly to morbidity and mortality in the target areas: malaria, diarrhea, acute respiratory infection (ARI), anemia, worm infestation and war trauma injuries. The most common disease in the BPHWT areas is malaria, followed by ARI, worm infestation, anemia, diarrhea and dysentery.

MCP Objectives:

- Provide essential drugs and treat the common diseases
- Respond to disease outbreaks and emergency situations
- Improve patient referral systems
- Provide target communities with access to malaria prevention, testing and treatment
- Improve health workers' skills and knowledge

MCP Activities

- Provide medicines and medical supplies, and treat common diseases and minor injuries
- Provide immediate response to disease outbreaks or large-scale emergency situations
- Referral of serious medical cases (e.g. malaria, severe malnutrition, difficult pregnancies)
- Provide insecticide-treated nets (ITNs) to households
- Diagnose and treat malaria cases with the Arteminisin Combination Therapy (ACT) treatment in the target communities
- Organize field workshops, 6-month workshop, and short training courses

Back Pack Health Worker Team Case Loads January - December 2011

NO	Condition	Ages				Total
		<5		>=5		
		M	F	M	F	
1	Anemia	364	424	2174	3989	6951
2	ARI, Mild	1976	2079	5006	5318	14379
3	ARI, Severe	703	830	1525	1547	4605
4	Beri Beri	96	105	1260	2014	3475
5	Diarrhea	525	572	1212	1275	3584
6	Dysentery	345	357	1308	1406	3416
7	Injury, Acute – Gunshot	0	0	25	2	27
8	Injury, Acute – Landmine	0	0	10	0	10
9	Injury, Acute – Other	87	70	621	365	1143
10	Injury, Old	24	26	329	179	558
11	Malaria (Presumptive)	446	451	2485	2176	5558
12	Malaria (With Para-check)	476	445	2976	2341	6238
13	Measles	133	119	181	172	605
14	Meningitis	10	9	51	37	107
15	Suspected AIDS	3	0	30	42	75
16	Suspected TB	15	15	167	185	382
17	Worm Infestation	594	732	1469	1567	4362
18	Abortion	0	0	0	98	98
19	Pre-eclampsia	0	0	0	3	3
20	Hemorrhage	0	0	0	35	35
21	Sepsis	0	0	0	33	33
22	Reproductive Tract Infection	0	0	25	251	276
23	UTI	27	54	852	1440	2373
24	Skin Infections	446	485	956	997	2884
25	Hepatitis	5	3	129	129	266
26	Typhoid fever	42	48	157	167	414
27	Arthritis	4	2	513	539	1058
28	GUDU	14	18	1714	1763	3509
29	Dental problems	116	126	576	636	1454
30	Eye problems	162	188	446	532	1328
31	Hypertension	0	0	860	1273	2133
32	Abscess	146	146	762	567	1621
33	Others	613	728	2624	3705	7670
	Total	**7,372**	**8,032**	**30,443**	**34,783**	**80,630**

Back Pack Health Worker Team Case Loads January - December 2011 by Area

Condition	Kayah	Kayan	Special	Taungoo	Kler Lwee Htoo	Thaton	Papun	Pa An	Dooplaya	Kawkareik	Win Yee	Mergue/ Tavoy	Yee	Moulmein-Thaton	Shan	Palaung	Kachin	Arakan	Total
Anemia	819	181	270	542	281	568	524	369	671	133	297	969	86	124	819	95	119	84	**6951**
ARI, Mild	2903	225	587	684	606	851	999	1146	1077	297	545	1032	362	866	919	391	507	382	**14379**
ARI, Severe	183	68	56	203	244	1025	535	696	663	179	120	254	62	158	19	52	24	64	**4605**
Beri Beri	17	57	262	41	85	540	161	341	489	20	117	208	21	16	849	13	182	56	**3475**
Diarrhea	621	114	212	342	96	147	150	275	334	80	68	184	114	171	345	57	171	103	**3584**
Dysentery	254	114	232	327	182	379	223	254	470	95	119	207	68	137	131	31	28	165	**3416**
Injury, Acute – Gunshot	0	4	2	13	1	2	1	0	0	0	1	1	0	0	2	0	0	0	**27**
Injury, Acute – Landmine	0	0	0	5	1	0	0	0	0	1	0	0	0	0	0	0	3	0	**10**
Injury, Acute – Other	209	83	37	41	13	34	48	60	17	0	17	100	112	204	42	42	78	6	**1143**
Injury, Old	9	13	29	44	20	63	57	21	121	2	21	120	14	0	8	0	16	0	**558**
Malaria (Presumptive P.v.)	213	79	138	241	199	378	408	853	829	199	480	361	364	344	174	1	235	62	**5558**
Malaria P.f. (With Paracheck)	422	247	286	190	394	428	475	535	802	163	517	568	305	282	197	88	115	224	**6238**
Measles	0	0	70	0	0	8	1	32	200	100	0	0	0	40	141	1	12	0	**605**
Meningitis	3	16	0	30	5	8	5	11	3	0	0	14	0	0	7	2	0	3	**107**
Suspected AIDS	0	0	0	7	0	2	0	0	0	0	0	0	0	0	0	0	63	3	**75**
Suspected TB	40	27	8	35	0	74	7	5	6	0	7	76	0	7	26	0	62	2	**382**
Worm Infestation	492	83	287	206	104	303	136	196	310	59	334	600	100	281	509	22	217	123	**4362**
Abortion	7	0	2	16	16	9	11	3	1	0	1	7	1	7	5	8	2	2	**98**
Pre-eclampsia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	**3**
Hemorrhage	6	0	0	8	2	0	11	1	1	0	1	2	0	0	1	0	2	0	**35**
Sepsis	6	1	0	15	0	4	1	0	0	0	0	1	0	0	0	0	0	5	**33**
Reproductive Tract Infection	31	0	1	39	0	8	11	42	13	0	1	62	0	2	18	0	0	48	**276**
UTI	368	52	91	164	142	171	276	302	193	36	109	192	9	35	112	39	75	7	**2373**
Skin Infections	426	118	122	254	18	157	100	257	311	51	85	281	78	151	200	133	141	1	**2884**
Hepatitis	38	9	0	67	13	28	12	6	26	4	13	35	0	0	15	0	0	0	**266**
Typhoid fever	8	23	8	27	27	7	87	7	89	2	0	4	1	74	38	4	8	0	**414**
Arthritis	55	32	4	81	34	76	103	60	145	28	150	147	0	39	89	5	8	2	**1058**
GUDU	533	68	100	79	187	240	279	324	421	47	217	387	172	129	0	94	208	24	**3509**
Dental problems	105	63	7	191	4	76	12	108	86	22	89	105	11	98	332	34	111	0	**1454**
Eye problems	99	61	69	119	8	56	33	89	90	14	37	112	93	113	180	35	115	5	**1328**
Hypertension	172	101	39	93	6	114	98	129	70	0	59	58	243	95	556	77	223	0	**2133**
Abscess	145	57	92	162	79	64	72	138	211	55	105	136	0	0	211	4	67	23	**1621**
Others	288	156	43	125	142	1089	379	615	609	43	437	801	592	773	0	508	979	91	**7670**
Total	**8472**	**2052**	**3054**	**4391**	**2909**	**6909**	**5215**	**6875**	**8258**	**1630**	**3947**	**7024**	**2808**	**4146**	**5948**	**1736**	**3771**	**1485**	**80630**

Malaria

BPHWT has used Paracheck, a rapid diagnosis test (RDT), to effectively confirm malaria diagnosis since 2007. By switching to first-line drugs - Arteminisin Combination Therapy (ACT) treatment - in 2011, total malaria morbidity has decreased by 18% from 2010 while the under-five malaria morbidity rate has decreased by 35%. Protective measures such as ITN distribution and preventive health awareness raising activities also contributed to the decline in malaria cases.

Beginning in 2008, the Back Pack Health Worker Team's protocol for treating malaria has been to test all patients who have a fever with Paracheck (RDT), and if the results are positive then *Plasmodium falciparum* (P.f.) malaria treatment must be provided with ACT treatment. However, the following chart shows that in 2011, there were a few cases of presumptive P.f. malaria treatment in some areas. This was due to the lack of RDT kits available in those areas. Some other cases of inappropriate treatment include P.f. malaria treatment after negative RDT results. Also, there were some cases of monotherapy treatment after positive RDT results. The Back Pack Health Worker Team is working towards 100% testing for all fevers encountered, and methods to achieve this will be discussed during the next six monthly meeting, in addition to discussions on inappropriate treatment and presumptive malaria treatment.

Malaria Rapid Diagnostic Tests: January - December 2011

No	Area	# of RDT Used	# of RDT (-)	# of RDT(+)/ Confirmed Malaria	Presumptive Malaria	Total Malaria
1	Kayah	694	213	422	0	635
2	Kayan	332	79	247	0	326
3	Special	424	132	286	6	424
4	Taungoo	428	170	190	71	431
5	Kler Lwee Htoo	842	198	394	1	593
6	Thaton	1097	377	428	1	806
7	Papun	880	396	475	12	883
8	Pa An	1388	849	535	4	1388
9	Dooplaya	1572	685	802	144	1631
10	Kawkareik	363	199	163	0	362
11	Win Yee	1021	312	517	168	997
12	Mergue/Tavoy	941	361	568	0	929
13	Yee	738	302	305	62	669
14	Moulmein	641	174	282	170	626
15	Shan	371	174	197	0	371
16	Palaung	180	1	88	0	89
17	Kachin	322	229	115	6	350
18	Arakan	129	62	224	0	286
Total		**12363**	**4913**	**6238**	**645**	**11796**

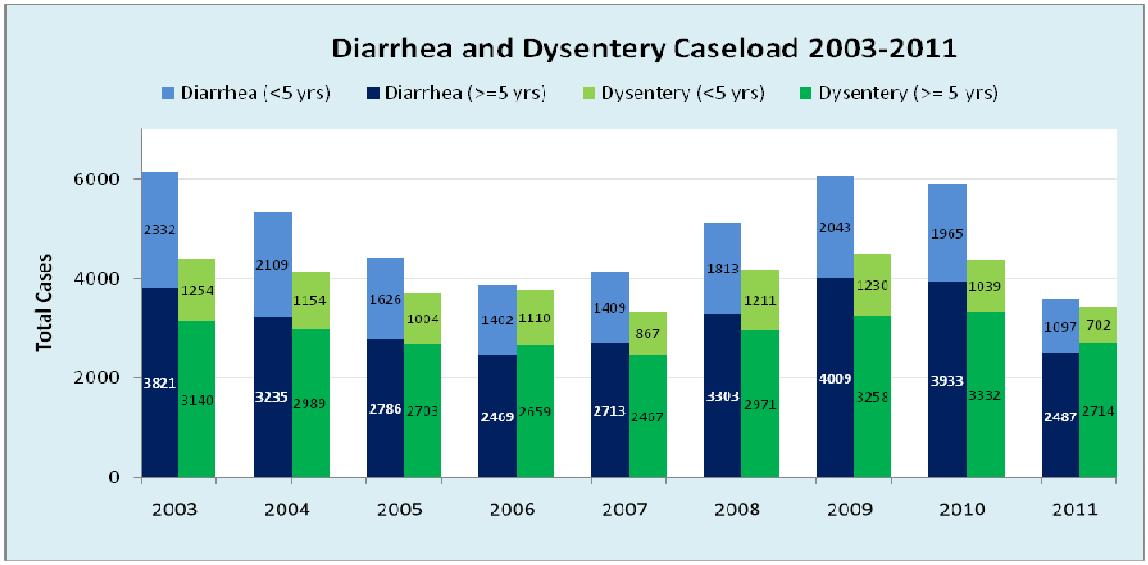
Malaria P.f. Cases January - December 2011 by Area

No	Area	<5		>=5			Total
		M	F	M	F	Pregnancy	
1	Kayah	231	20	216	144	19	422
2	Kayann	22	19	79	73	54	247
3	Special	10	18	142	100	16	286
4	Taungoo	22	25	79	43	21	190
5	Kler Lwee Htoo	18	20	223	118	15	394
6	Thaton	13	9	269	129	8	428
7	Papun	43	44	208	166	14	475
8	Pa An	25	22	292	175	21	535
9	Dooplaya	76	56	349	305	16	802
10	Kawkareik	17	10	70	61	5	163
11	Win Yee	48	27	243	185	14	517
12	Mergue/Tavoy	45	60	274	175	14	568
13	Yee	47	39	128	68	23	305
14	Moulmein	46	47	83	91	15	282
15	Shan	5	8	89	71	24	197
16	Palaung	2	2	50	33	1	88
17	Kachin	14	18	36	27	20	115
18	Arakan	0	0	146	70	8	224
Total		**476**	**444**	**2976**	**2034**	**308**	**6238**

Diarrhea and Dysentery

In general, diarrhea and dysentery cases decreased significantly in 2011, as compared to those recorded both in 2009 and 2010. The under-5 years of age diarrhea decreased by **44%** and total number of cases decreased by **39.2%**. The under-5 years of age dysentery cases decreased by **32.4%**, while the total number of cases decreased by **21.8%**.

Diarrhea and Dysentery Case Load over Time



All BPHWT Annual Dysentery Cases January - December 2011 by Area

No	Area	Ages				Total
		< 5		> = 5		
		M	F	M	F	
1	Kayah	11	13	121	109	254
2	Kayan	6	7	45	56	114
3	Special	26	32	85	89	232
4	Taungoo	43	48	112	124	327
5	Kler Lwee Htoo	7	6	94	75	182
6	Thaton	41	40	107	191	379
7	Papun	43	24	82	74	223
8	Pa An	13	18	125	98	254
9	Dooplaya	72	59	167	172	470
10	Kawkareik	7	11	40	37	95
11	Win Yee	15	17	39	48	119
12	Mergue /Tavoy	17	12	80	98	207
13	Yee	12	14	17	25	68
14	Moulmein	20	31	36	50	137
15	Shan	0	0	71	60	131
16	Palaung	3	5	9	14	31
17	Kachin	2	4	9	13	28
18	Arakan	7	16	69	73	165
Total		**345**	**357**	**1308**	**1406**	**3416**

All BPHWT Annual Diarrhea Cases January - December 2011 by Area

No	Area	Ages				Total
		< 5		> = 5		
		M	F	M	F	
1	Kayah	58	50	278	235	621
2	Kayan	17	19	33	45	114
3	Special	34	50	72	56	212
4	Taungoo	52	67	97	126	342
5	Kler Lwee Htoo	1	5	48	42	96
6	Thaton	29	27	46	45	147
7	Papun	28	34	39	49	150
8	Pa An	43	36	95	101	275
9	Dooplaya	52	61	112	109	334
10	Kawkareik	16	8	33	23	80
11	Win Yee	12	15	17	24	68
12	Mergue /Tavoy	38	33	48	65	184
13	Yee	20	28	26	40	114
14	Moulmein	28	33	47	63	171
15	Shan	41	41	119	144	345
16	Palaung	13	21	12	11	57
17	Kachin	32	39	41	59	171
18	Arakan	11	5	49	38	103
Total		**525**	**572**	**1212**	**1275**	**3584**

Acute Respiratory Infection (Mild)

In 2011, the annual cases of acute respiratory infection (mild) both for children under the age of five and the total caseload decreased as compared to those recorded during 2010 – the number of cases for children under the age of five decreased by **17.8%** while the case load for the total population increased by **5.7%.**

All BPHWT Annual ARI (Mild) Cases January - December 2011 by Area

No	Area	Ages				Total
		< 5		> = 5		
		M	F	M	F	
1	Kayah	263	267	1204	1169	2903
2	Kayan	17	16	80	112	225
3	Special	99	115	160	213	587
4	Taungoo	117	132	207	228	684
5	Kler Lwee Htoo	43	41	294	228	606
6	Thaton	95	111	309	336	851
7	Papun	168	130	324	377	999
8	Pa An	172	194	378	402	1146
9	Dooplaya	185	174	340	378	1077
10	Kawkareik	50	48	84	115	297
11	Win Yee	87	67	181	210	545
12	Mergue /Tavoy	140	134	379	379	1032
13	Yee	54	82	96	130	362
14	Moulmein	143	189	252	282	866
15	Shan	114	136	326	343	919
16	Palaung	32	29	148	182	391
17	Kachin	102	122	127	156	507
18	Arakan	95	92	117	78	382
Total		**1976**	**2079**	**5006**	**5318**	**14379**

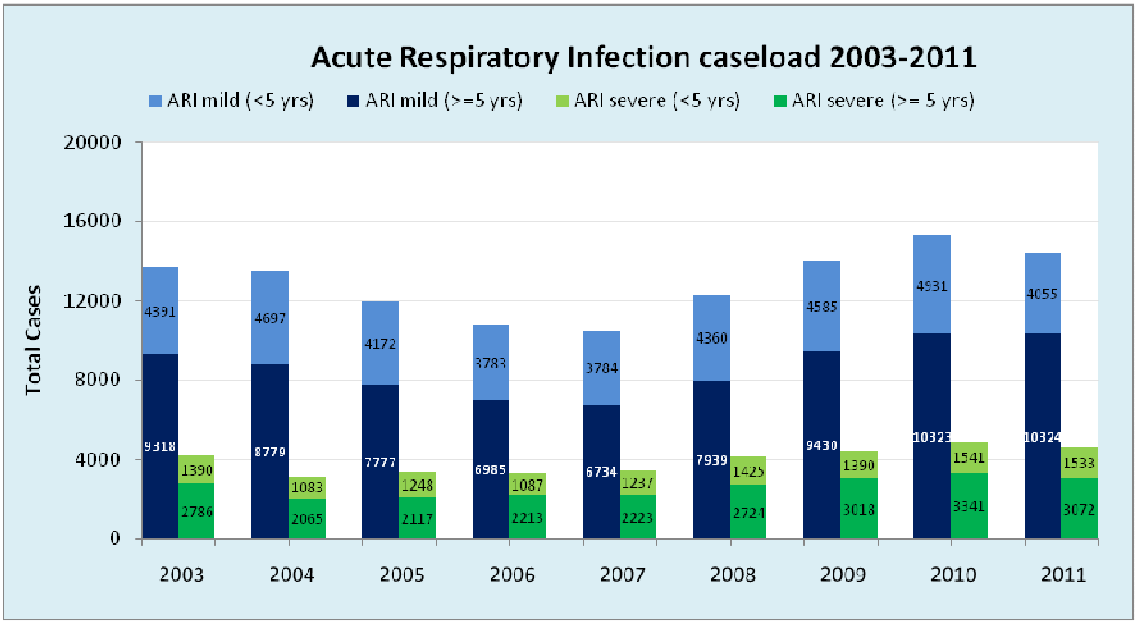
Acute Respiratory Infection (Severe)

In 2011, the acute respiratory infection (severe) cases decreased slightly by **0.5%** for children under the age of five and by **5.7%** for the total number of cases as compared to those recorded during 2010.

All BPHWT Annual ARI (Severe) Cases January – December 2011 by Areas

No	Area	Ages				Total
		< 5		> = 5		
		M	F	M	F	
1	Kayah	14	16	81	72	183
2	Kayan	15	4	30	19	68
3	Special	13	14	16	13	56
4	Taungoo	21	31	71	80	203
5	Kler Lwee Htoo	25	28	124	67	244
6	Thaton	196	217	293	319	1025
7	Papun	74	101	188	172	535
8	Pa An	119	151	205	221	696
9	Dooplaya	99	117	191	256	663
10	Kawkareik	17	17	78	67	179
11	Win Yee	19	23	43	35	120
12	Mergue /Tavoy	36	36	85	97	254
13	Yee	9	14	16	23	62
14	Moulmein	23	39	43	53	158
15	Shan	0	0	9	10	19
16	Palaung	2	3	29	18	52
17	Kachin	1	1	10	12	24
18	Arakan	20	18	13	13	64
Total		**703**	**830**	**1525**	**1547**	**4605**

Acute Respiratory Infection Caseload over Time



Measles

In 2011, the measles cases increased by **36.9 %** for children under the age of five and **49.5%** for the total cases as compared to the previous year.

All BPHWT Annual Measles Cases January - December 2011 by Area

No	Area	Ages				Total
		< 5		> = 5		
		M	F	M	F	
1	Kayah	0	0	0	0	0
2	Kayan	0	0	0	0	0
3	Special	0	0	0	70	70
4	Taungoo	0	0	0	0	0
5	Kler Lwee Htoo	0	0	0	0	0
6	Thaton	0	2	0	6	8
7	Papun	0	0	0	1	1
8	Pa An	8	8	8	8	32
9	Dooplaya	55	35	50	60	200
10	Kawkareik	0	0	100	0	100
11	Win Yee	0	0	0	0	0
12	Mergue /Tavoy	0	0	0	0	0
13	Yee	0	0	0	0	0
14	Moulmein	15	21	1	3	40
15	Shan	50	46	21	24	141
16	Palaung	0	0	1	0	1
17	Kachin	5	7	0	0	12
18	Arakan	0	0	0	0	0
Total		**133**	**119**	**181**	**172**	**605**

Worm Infestation

The BPHWT established a de-worming program in 2003 in order to reduce malnutrition among children. As part of the Community Health Education and Prevention Program, the BPHWT also provides health education, focusing on hygiene, clean water, and sanitation activities among the villages.

Because of the wide distribution of the BPHWT's de-worming program in all BPHWT target areas, cases for worm infestation decreased rapidly from year to year. Compared to the previous year, worm infestation cases decreased by **38%** for children under the age of five and by **20.3 %** for the total number of cases.

All BPHWT Annual Worm Infestation Cases January - December 2011 by Area

No	Area	Ages				Total
		< 5		> = 5		
		M	F	M	F	
1	Kayah	38	38	223	193	492
2	Kayan	26	22	13	22	83
3	Special	33	38	98	118	287
4	Taungoo	26	41	66	73	206
5	Kler Lwee Htoo	21	19	31	33	104
6	Thaton	54	74	84	91	303
7	Papun	16	42	40	38	136
8	Pa An	21	26	75	74	196
9	Dooplaya	67	56	84	103	310
10	Kawkareik	14	19	15	11	59
11	Win Yee	48	55	112	119	334
12	Mergue /Tavoy	29	23	265	283	600
13	Yee	17	22	26	35	100
14	Moulmein	73	84	52	72	281
15	Shan	51	67	188	203	509
16	Palaung	5	4	5	8	22
17	Kachin	29	77	51	60	217
18	Arakan	26	25	41	31	123
Total		**594**	**732**	**1469**	**1567**	**4362**

Suspected Pulmonary Tuberculosis and AIDS Cases

The total number of suspected cases of tuberculosis (TB) in 2011 decreased by **26.8%** for children under five years of age and **23.5%** for the total number of cases as compared to those recorded during the previous year. Health workers could not treat the suspected TB patients because the BPHWT is not equipped to oversee a TB treatment program in the target areas, and the health workers are not prepared to manage a TB program or TB patients. TB patients need long-term treatment and should receive appropriate care and oversight. The Back Pack Health Worker Team is not able to provide this level of sustained care since its activities are in target areas that are unstable. The BPHWT is only able to provide health education and advise patients where to access appropriate treatment and care. TB is

considered one of the main health problems experienced by internally displaced persons. In the future, BPHWT aims to expand the TB program to include treatment for patients in coordination with other health organizations. The table below also shows suspected TB and AIDS cases seen in the IDP areas. The BPHWT is considering expanding its activities in order to better address TB and HIV/AIDS.

All BPHWT Annual Suspected TB Cases January – December 2011 by Area

No	Area	Ages				Total
		< 5		> = 5		
		M	F	M	F	
1	Kayah	5	3	18	14	40
2	Kayan	0	0	12	15	27
3	Special	0	0	7	1	8
4	Taungoo	0	2	19	14	35
5	Kler Lwee Htoo	0	0	0	0	0
6	Thaton	0	0	19	55	74
7	Papun	0	0	3	4	7
8	Pa An	0	0	1	4	5
9	Dooplaya	0	0	3	3	6
10	Kawkareik	0	0	0	0	0
11	Win Yee	0	0	1	6	7
12	Mergue /Tavoy	0	1	38	37	76
13	Yee	0	0	0	0	0
14	Moulmein	1	0	3	3	7
15	Shan	0	0	15	11	26
16	Palaung	0	0	0	0	0
17	Kachin	9	9	26	18	62
18	Arakan	0	0	2	0	2
Total		**15**	**15**	**167**	**185**	**382**

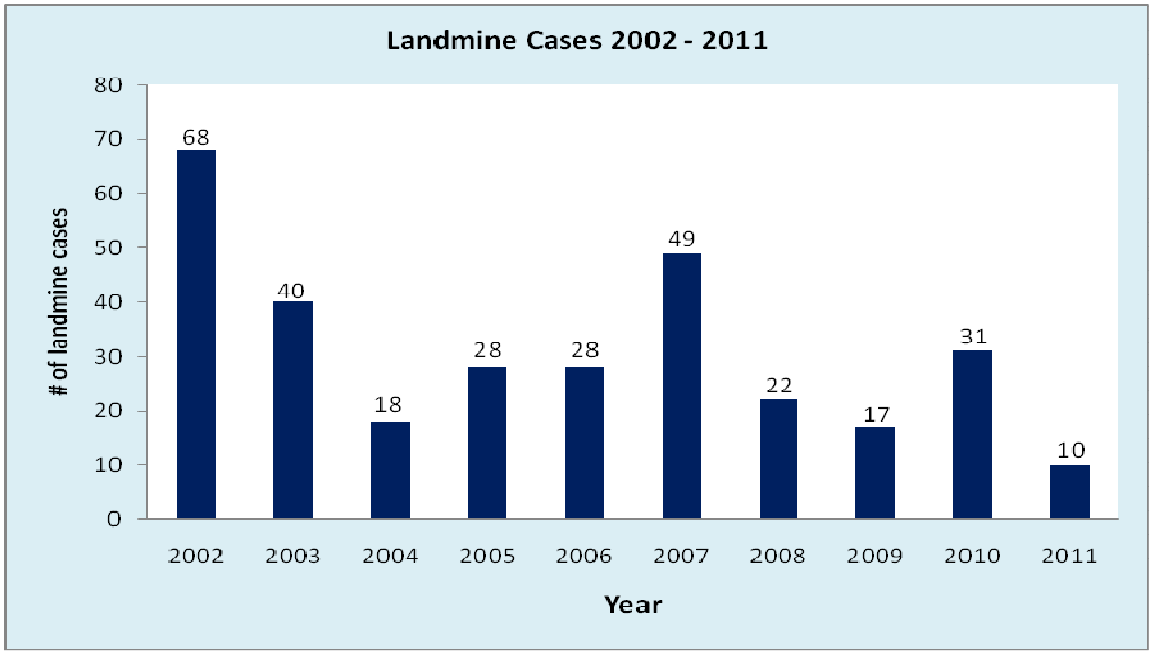
All BPHWT Annual Suspected HIV/AIDS Cases January - December 2011 by Area

No	Area	Ages				Total
		< 5		> = 5		
		M	F	M	F	
1	Kayah	0	0	0	0	0
2	Kayan	0	0	0	0	0
3	Special	0	0	0	0	0
4	Taungoo	0	0	5	2	7
5	Kler Lwee Htoo	0	0	0	0	0
6	Thaton	0	0	0	2	2
7	Papun	0	0	0	0	0
8	Pa An	0	0	0	0	0
9	Dooplaya	0	0	0	0	0
10	Kawkareik	0	0	0	0	0
11	Win Yee	0	0	0	0	0
12	Mergue /Tavoy	0	0	0	0	0
13	Yee	0	0	0	0	0
14	Moulmein	0	0	0	0	0
15	Shan	0	0	0	0	0
16	Palaung	0	0	0	0	0
17	Kachin	3	0	24	36	63
18	Arakan	0	0	1	2	3
Total		**3**	**0**	**30**	**42**	**75**

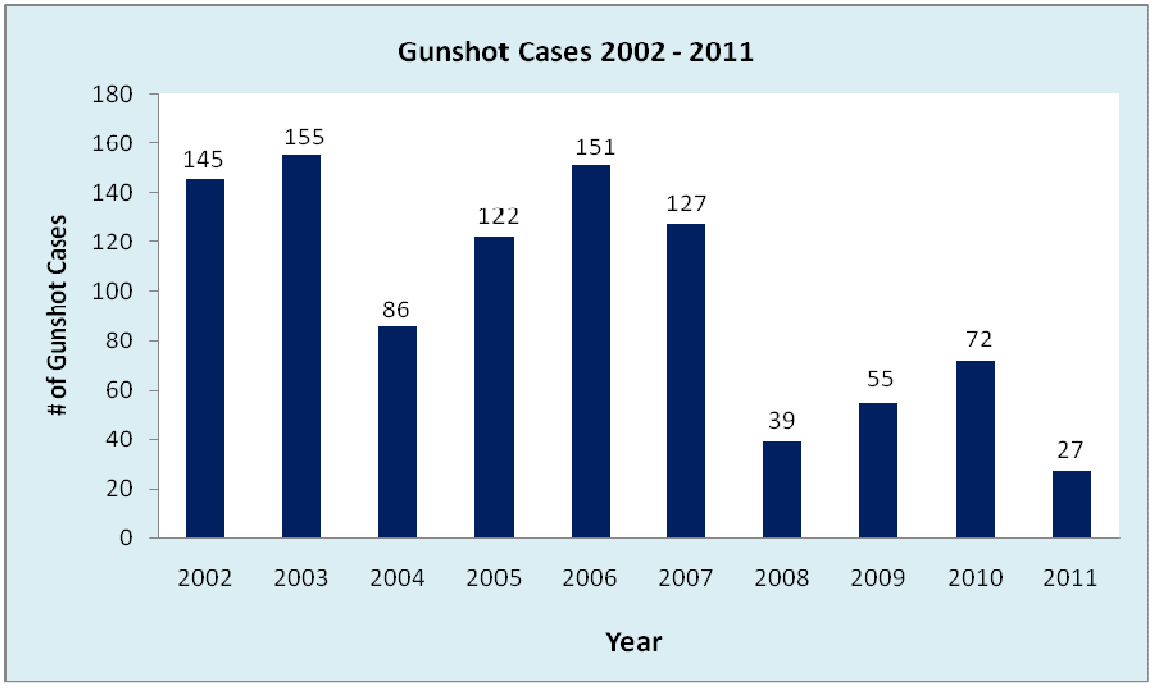
Acute Landmine and Gunshot Injuries

In 2011, ten landmine and 27 gunshot injuries cases were recorded by the BPHWT field workers. However, some cases were not recorded and some data was lost due to security problems. In 2011, there was increasing insecurity due to attacks by the Tatmadaw and allied forces, which drove local communities to flee into the jungle or other places of safety.

Landmine Cases from 2002 to 2011



Gunshot Cases from 2002 to 2011



b) Community Health Education and Prevention Program

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

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

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

Providing Vitamin A & De-worming Medications

The Community Health Education and Prevention Program is also integrated into school health programs and village health workshops. In terms of preventative activity, the BPHWT field workers distribute Vitamin A and de-worming tablets. They also provide latrines to schools and communities. On 1 December 2011, the BPHWT field workers organized **61** sessions of World AIDS Day awareness-raising activities in each BP team's target area with **6,228** people participating in these activities.

CHEPP Objectives

- Reduce the incidence of malnutrition and worm infestation
- Educate students and communities about health
- Improve community-level knowledge and participation in health
- Improve water and sanitation systems in the community to reduce water-borne diseases
- Prevent and control the communicable disease of Lymphatic Filariasis

CHEPP Activities

- Distribute Vitamin A to children between the ages of 6 months to 12 years old and anti-helminthes to children between the ages of 2 to 12
- Provide school health education, village health workshops and health campaigns
- Organize village health volunteer trainings and workshops
- Train VHVs on health education and first aid
- Provide water and sanitation systems
- Provide Mass Drug Administration (MDA) among the community and educate community members about Lymphatic Filariasis
- Awareness raising about basic health education, nutrition education training for mothers (particularly those with malnourished children), and First Aid through village health education and workshops
- Organize Participatory Learning and Action (PLA) skills training for partner staff
- Provide high density plastic pans (HDPP) for constructing toilets

1). School Health Activities

In 2011, the BPHWT implemented its school health program in **357** schools, which included **1,096** teachers and **24,040** students. The program distributes de-worming medicine and Vitamin A, personal hygiene supplies, and materials for the construction of latrines. BPHWT built **23** latrines in seven schools in Taungoo, Dooplaya and Win Yee areas. The students are also given information about water and sanitation.

School health activity in Mergue/Tavoy

2). Nutritional Program

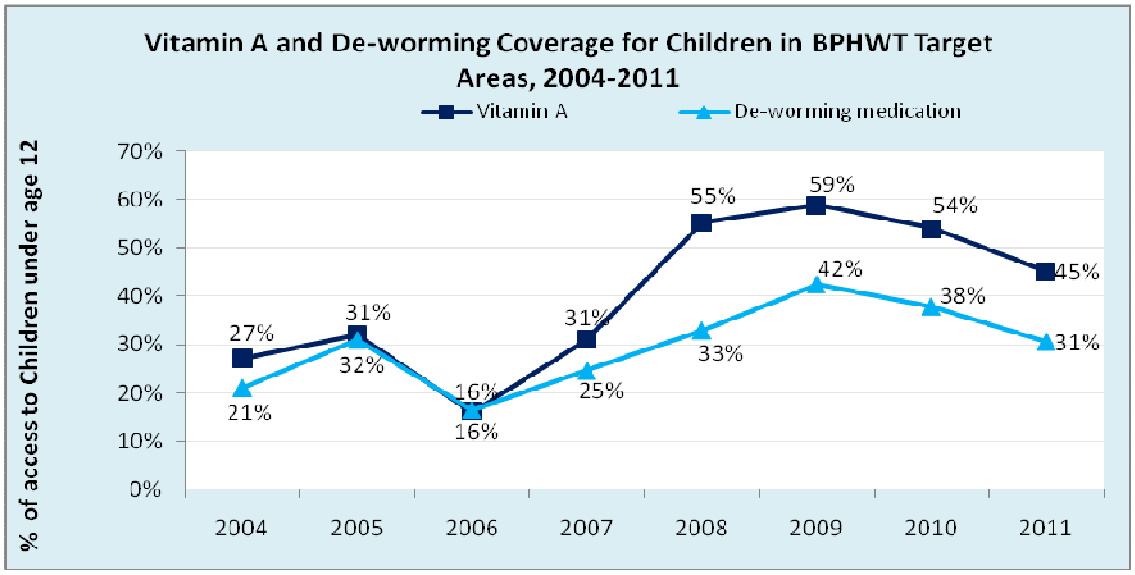
The BPHWT distributes Vitamin A and de-worming medicine in order to prevent malnutrition. In 2011, **24,753** children received Albandozole and **34,900** children received Vitamin A. Also during 2011, **3,134** women, who had just given birth, received Vitamin A, **3,145** pregnant women received Albandozole and **3,174** pregnant women and women received iron supplements. In total, **3,108** newborn babies received Vitamin A.

Number of Children Receiving Vitamin A: January-December 2011

No	Area	Vitamin A						Average
		6-<12 Months		*1-<6 Years*		*6 - < 12 Years*		
		1st	2nd	1st	2nd	1st	2nd	
1	Kayah	206	187	2607	1844	1739	1642	**4113**
2	Kayan	390	590	507	731	503	717	**1719**
3	Special	33	299	381	699	443	1054	**1455**
4	Taungoo	589	567	1132	1416	1993	1534	**3616**
5	Thaton	332	558	604	2368	533	3258	**3827**
6	Kler Lwee Htoo	262	615	1398	1562	1955	1703	**3748**
7	Papun	281	401	403	1431	267	1643	**2213**
8	Pa An	131	144	724	229	1866	1862	**2478**
9	Dooplaya	197	364	535	1482	745	2077	**2700**
10	Kawkareik	59	69	331	308	290	456	**757**
11	Win Yee	47	122	704	470	946	1110	**1700**
12	Mergue/Tavoy	229	244	1148	1028	1512	1080	**2621**
13	Yee	0	0	0	0	0	0	**0**
14	Moulmein	0	0	0	0	0	0	**0**
15	Shan	280	512	518	1047	515	1174	**2023**
16	Palaung	0	235	0	396	0	379	**505**
17	Kachin	0	61	0	352	0	444	**429**
18	Arakan	45	89	401	705	264	488	**996**
Total		**3081**	**5057**	**11393**	**16068**	**13571**	**20621**	**34900**

Number of Children Receiving De-worming Medicine: January-December 2011

No	Area	First Term	Second Term	Average Total
1	Kayah	4346	2521	3434
2	Kayan	903	1272	1088
3	Special	332	998	665
4	Taungoo	3127	2934	3031
5	Kler Lwee Htoo	1063	2560	1812
6	Thaton	2556	2988	2772
7	Papun	413	2647	1530
8	Pa An	2007	2177	2092
9	Dooplaya	326	2400	1363
10	Kawkariek	468	774	621
11	Win Yee	1186	1173	1180
12	Mergue/Tavoy	2322	1571	1947
13	Yee	0	0	0
14	Moulmein	0	0	0
15	Shan	1031	1650	1341
16	Palaung	0	1010	505
17	Kachin	0	857	429
18	Arakan	637	1249	943
Total		**20717**	**28781**	**24753**



Vitamin A and De-Worming Supplementation Coverage Represented as a Percentage or the Total Number of Times Children under 12 Years of Age Should Receive Each Medication Each Year

3). Water and Sanitation Project

The Back Pack Health Worker Team established water and sanitation projects in 2005. During 2011, the BPHWT teams built **15** gravity flow water systems and the beneficiary population that has received gravity flow water system includes **907** households composed of **5,232** people. The BPHWT also built **23** shallow well water systems which have been received by **678** households and **3,311** beneficiaries. The BPHWT also provided **2,390** community latrines, and **26** school latrines. The BPHWT aims to provide one latrine for every five people in all its target areas.

No	Area	Water and Sanitation Systems – 2011								
		Gravity Flow			Shallow Well			Community Latrines		
		No	HHs	Pop	No	HHs	Pop	No	HHs	Pop
1	Kayah	0	0	0	0	0	0	400	403	2322
2	Kayan	1	50	203	1	26	157	200	200	1151
3	Taungoo	0	0	0	0	0	0	190	190	1553
4	Kler Lwee Htoo	1	22	144	3	170	925	0	0	0
5	Thaton	0	0	0	3	145	376	150	150	1293
6	Pa Pun	7	418	2466	4	40	110	100	100	545
7	Pa An	1	125	755	5	90	515	0	0	0
8	Dooplaya	2	123	710	0	0	0	450	450	2189
9	Mergue/Tavoy	0	0	0	2	30	170	300	300	1540
10	Shan	2	98	583	5	177	1058	400	400	2220
11	Chin	1	71	371	0	0	0	200	200	1126
Total		**15**	**907**	**5232**	**23**	**678**	**3311**	**2390**	**2393**	**13939**

Installing a gravity flow water system

Building a latrine

4). Village Health Volunteer Training and Workshop

The objective of the BPHWT is to train and provide ten village health volunteers (VHVs) for each Back Pack team, with each VHV targeting a population of 200 community members. During 2011, **462** VHVs were still working with the BPHWT. The BPHWT organizes village health workshops every six months. These workshops cover topics such as water, sanitation, and disease prevention. Village health workshops typically focused on discussions of water-borne diseases. Strategies for preventing the spread of infection of malaria, diarrhea, respiratory infections, worm infestations, measles and typhoid were also addressed. Other topics discussed included high-risk pregnancies.

The occurrence of workshops depended on the security situation in the community and on the available time. Workshops usually involved small group discussions with the topics from these discussion groups then bought back to the main group for general discussion. In 2011, **13,123** people attended village health workshops. Communities are invited to send representatives from different sectors such as religious leaders, traditional birth attendants and school teachers to attend discussions. These representatives then go back to their respective communities and further transmit their knowledge about these health practices. The focus of the sessions is on primary healthcare concepts. Villagers currently rely on curative treatments, instead of preventing the spread of infection. These sessions also include a discussion period in which community members can raise further issues affecting their health. During these sessions, the health priorities of the

Village Health Volunteer training in Dooplaya

community are identified, and the community members contribute to discussions about how the BPHWT can help to address these issues.

Village Health Volunteer (VHV) Training Sessions: In 2011, the BPHWT organized **3** village health volunteer training sessions which included **59** new VHVs, comprised of **30** men and **29** women. During the first six-month period of 2011, BPHWT decided to provide VHV kits to village health volunteers in order to improve health system in BPHWT target areas.

No	Area	Village Health Volunteers		Total
		M	W	
1	Pa An	17	2	**19**
2	Shan	11	9	**20**
3	Kachin	2	18	**20**
Total		**30**	**29**	**59**

Village Health Volunteer Workshops: In 2011, the BPHWT organized **91** village health volunteer workshops which included **377** VHVs, comprised of **144** men and **233** women.

No	Area	Village Health Volunteers		Total
		M	W	
1	Kayah	29	17	46
2	Kayan	11	10	21
3	Taungoo	16	31	47
4	Kler Lwee Htoo	30	17	47
5	Thaton	4	42	46
6	Pa Pun	14	27	41
7	Pa An	10	24	34
8	Dooplaya	16	24	40
9	Kawkareik	4	11	15
10	Mergue/Tavoy	10	30	40
Total		**144**	**233**	**377**

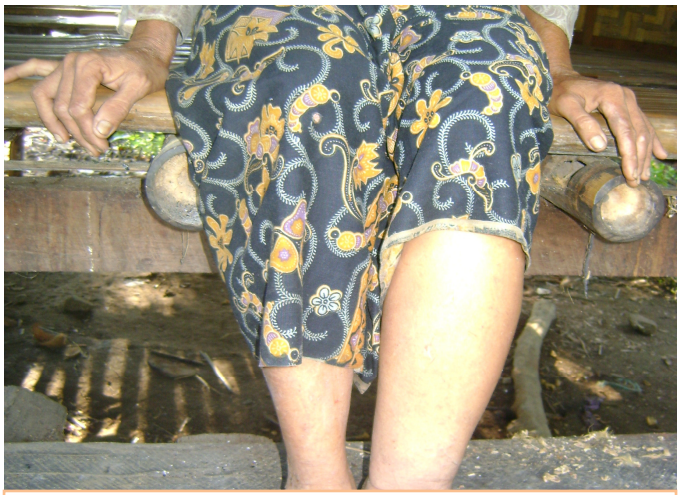
Village Health Workshop: During 2011, the BPHWT organized **83** sessions of village health workshops in eighteen field areas as shown in the following table. There were **13,123** participants - **6,559** men and **6,564** women. They came from various community groups such as: teachers, students, traditional birth attendants, community health workers, village health volunteers, shopkeepers, religious leaders, women, youth organizations, village heads, villagers, and local authorities.

Village Health Workshops 2011

No	Area	Teachers		Students		TBAs		HWs		VHVs		Shop Keepers		Religion Leaders		Women Org		Youth Org		Village Leaders		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	31	28	40	0	46	15	15	39	20	1	28	39	1	0	76	102	15	99	0	204	200	56	0	1060
2	Kayan	7	15	78	94	5	35	10	11	16	13	17	17	21	13	0	28	57	50	46	0	94	96	66	0	789
3	Special	1	6	20	16	0	6	3	3	3	5	0	0	4	7	0	0	41	42	6	0	51	56	0	0	270
4	Taungoo	7	20	36	50	0	13	5	7	10	15	0	0	11	4	0	23	23	15	21	12	55	75	15	1	418
5	Kler Lwee Htoo	26	50	335	372	2	35	19	10	23	25	7	6	13	1	0	73	68	54	25	2	265	219	25	3	1658
6	Thaton	11	25	111	99	1	31	9	30	2	31	1	12	12	7	0	41	14	11	29	15	261	348	28	5	1134
7	Papun	25	33	184	211	22	41	11	14	21	22	14	9	18	2	0	22	18	2	56	4	336	328	36	0	1429
8	Pa An	13	23	27	40	11	31	3	18	10	25	4	13	15	3	0	30	25	22	38	5	104	132	14	1	607
9	Dooplaya	13	42	176	170	8	51	13	14	18	41	13	44	33	15	0	33	33	13	52	14	443	471	25	1	1736
10	Kawkareik	7	9	43	48	1	13	3	5	3	8	2	11	2	0	0	0	0	0	24	0	85	82	4	0	350
11	Win Yee	9	18	47	68	2	11	8	5	0	0	4	7	12	6	0	18	16	4	20	2	121	120	8	2	508
12	Mergue/Tavoy	6	27	33	31	18	43	19	30	19	39	18	26	41	24	0	105	86	45	46	14	245	170	51	19	1155
13	Shan	0	2	0	0	0	9	1	1	0	0	0	13	6	0	0	0	5	18	17	0	478	378	9	0	937
14	Palaung	2	0	0	0	2	4	0	0	0	0	0	0	0	0	0	0	20	15	7	0	188	216	0	0	454
15	Arakan	8	11	83	53	3	18	26	1	0	0	0	0	9	0	0	93	117	12	30	6	82	39	27	0	618
Total		140	312	1201	1292	75	387	145	164	164	244	81	186	236	83	0	542	625	318	516	74	3012	2930	364	32	13123
Grand Total																										**13123**

5). Lymphatic Filariasis Pilot Program

This five-year Lymphatic Filariasis (LF) Pilot Sub-Program has been operational since 2008 in the Kler Lwee Htoo, Thaton, and Papun Field Areas in response to reports of significant lymphadema and hydrocele. The purpose of implementing this pilot sub-program is to prevent the further transmission of LF by treating people currently infected with the disease. From January to July 2008, the BPHWT health workers screened 100 people in each area using ICT card tests - the screening confirmed high levels of infection in these three areas. In July 2008, the BPHWT began Mass Drug Administration (MDA) in communities in Papun. In January 2009, the BPHWT extended MDA into Thaton and Kler Lwee Htoo.



Lymphatic Filariasis in the Papun area

The table below provides details of the MDA of diethylcarbamazine (DEC) that was continued in Kler Lwee Htoo, Thaton and Papun throughout 2011. During the first term of 2011, **491** people received DEC and **4815** people received DEC in the second six month period of 2011. The table below provides details of the MDA of DEC that was distributed in the three field areas and population reached during 2011.

The health workers also provide a LF awareness workshop every six months. In 2011, there were 51 workshops provided. At the LF Workshop, LF program workers identified the following reasons why people often do not want to take DEC: illness and other side effects of the drugs; fear of the medicine; and lack of understanding about LF (which is often asymptomatic and can be very easily transmitted from person to person). Other difficulties that prevented field workers from reaching a greater proportion of the population included security conditions and community members often having to work very far from their village and being difficult to reach. The BPHWT was continuing MDA focusing on further raising awareness of the risks of LF, how the disease is transmitted, and the importance of taking DEC to prevent transmission. The LF pilot project will continue MDA for a minimum of 5 years.

LF Pilot Sub-Program Mass Drug Administration: 2011

Area	January – June		July - December	
	Adjusted Population (Reached)	Total Population Ingested Medicine	Adjusted Population (Reached)	Total Population Ingested Medicine
Kler Lwee Htoo	2347	126	2716	2131
Thaton	800	365	1308	585
Papun	N/A	N/A	5429	2099
Total	**3147**	**491**	**9453**	**4815**

c) Maternal and Child Healthcare Program:

The Back Pack Health Worker Team began the Maternal and Child Healthcare Program (MCHP) in 2000. The BPHWT has trained traditional birth attendants (TBAs) every year in order to reach their goal that for every 2000 people, there will be ten TBAs. In 2011, **702** were working with the Back Pack Health Worker Team. The BPHWT TBAs assisted in **3412** births; of these, **3356** were live births, **50** were stillbirths or abortions, and there were **53** cases of neo-natal death. The TBAs also recorded **13** maternal deaths.

Providing prenatal care in Mergue/Tavoy Area

MCHP Objectives

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

MCHP Activities

- Distribute Vitamin A and iron tablet pre- and post-natally, and Albandazole prenatally to pregnant women
- Raise awareness among villagers on family planning and provide them with family planning supplies

- Train TBAs in safe and aseptic delivery practices, detecting high risk pregnancies, and providing reproductive health (RH) education.
- Conduct workshops for upgrading reproductive health skills of reproductive health and MCHP supervisors
- Conduct TBA follow-up workshops
- Document delivery records of newborn

1) Traditional Birth Attendant Training: In 2011, the BPHWT organized **5** TBA training sessions in **4** areas: Taungoo, Kachin, Palaung, and Chin areas. There were **55** participants, comprised of **10** men and **45** women.

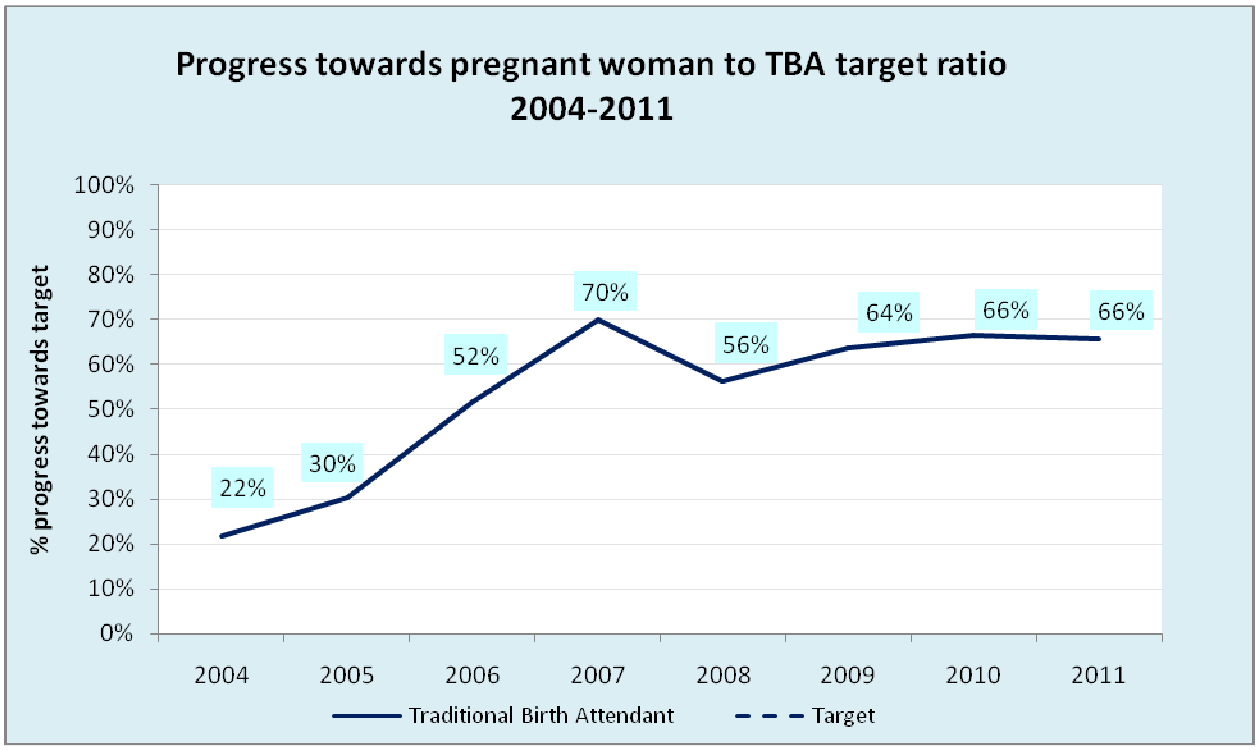
2) Traditional Birth Attendant Workshops: The BPHWT organizes TBA workshops every six months in order to improve TBAs' knowledge and skills, and to enable them to share their experiences and participate in ongoing learning opportunities. Delivery kit and maternity kit supplies were also restocked. These workshops provided a supportive environment for the discussion of issues faced in the field, which were then documented and reported at the reproductive health workshop and the BPHWT Six-Month General Meeting. In 2011, **60** TBA follow-up workshop sessions were organized in 14 areas which included **680** TBAs, comprised of **139** men and **542** women, but some TBAs who currently work with BPHWT could not participate in the workshop because of security and time limitation. During the workshop, **1,230** TBAs' kits and **4,920** maternity kits were distributed in order to restock in field areas.

TBA workshop in Taungoo area - 2011

Progress toward TBA to Pregnant Women Target Ratio 2004-2011

Year	TBAs	Pregnant	TBA/Pregnant Ratio	Target TBA/Pregnant Ratio	% Progress to TBA/Pregnant Target
2004	202	7453	37	8	22%
2005	260	6855	26	8	30%
2006	507	7833	15	8	52%
2007	591	6771	11	8	70%
2008	525	7454	14	8	56%
2009	630	7922	13	8	64%
2010	672	8089	12	8	66%
2011	722	8740	12	8	66%

Traditional Birth Attendant-to-Pregnant Ratio as a Percent of the Target Ratio in BPHWT Target Areas over Time



Birth and Death Records – 2011

No	Area	Deliveries	Live Births	Still Births/ Abortions	Deaths		<2.5 Kg	# of Babies Weighed
					Neonatal	Maternal		
1	Kayah	396	396	1	4	0	5	396
2	Kayan	220	219	2	2	0	2	219
3	Taungoo	110	109	1	0	2	7	105
4	Klew Lwee Htoo	136	135	1	9	1	21	131
5	Thaton	452	448	4	5	1	21	447
6	Papun	383	372	11	13	2	44	369
7	Pa An	368	360	8	5	1	29	360
8	Dooplaya	310	307	4	4	0	39	284
9	Kawkareik	70	70	0	0	1	6	69
10	Win Yee	207	203	4	0	0	18	195
11	Mergue /Tavoy	264	263	1	1	2	22	239
12	Yee	0	0	0	0	0	0	0
13	Moulmein	0	0	0	0	0	0	0
14	Shan	111	102	9	7	2	7	100
15	Palaung	110	110	0	0	0	3	110
16	Chin	247	243	4	3	1	30	243
17	Kachin	19	19	0	0	0	0	0
18	Shan Kayah	9	0	0	0	0	0	0
	Total	**3412**	**3356**	**50**	**53**	**13**	**254**	**3267**

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

No	Area	De-Worming	F/S & F/A	Vitamin A	
				Mother	0-6 M Child
1	Kayah	394	394	390	388
2	Kayan	199	199	200	198
3	Taungoo	107	106	93	94
4	Kler Lwee Htoo	127	135	136	132
5	Thaton	444	444	445	442
6	Papun	302	318	307	307
7	Pa An	362	364	364	357
8	Dooplaya	242	243	240	238
9	Kawkareik	66	66	55	54
10	Win Yee	166	163	164	164
11	Mergue/Tavoy	264	264	263	263
12	Yee	0	0	0	0
13	Moulmein	0	0	0	0
14	Shan	104	102	101	98
15	Palaung	102	101	102	102
16	Chin	247	247	246	243
17	Kachin	10	19	19	19
18	Special	9	9	9	9
	Total	**3145**	**3174**	**3134**	**3108**

3) Family Planning Activities

The BPHWT introduced family planning activities in 2003 in order to improve maternal and child health status among internally displaced persons. The BPHWT provides family planning education and supplies to those communities who would like to access these services. The aim of the BPHWT family planning activities is to address urgent health concerns among the displaced communities. BPHWT distributes and promotes the use of three family planning methods, namely the contraceptive pill, Depo-Provera, and condoms.

Having discussion on family planning in Dooplaya

In 2011, the BPHWT provided family planning services to **3,725** people, of whom **3,547** were women and only **178** were men. This statistic reflects that only a small number of men participate in family planning. In the future, the BPHWT aims to encourage greater male participation in family planning since methods targeting men are simple and involve fewer complications.

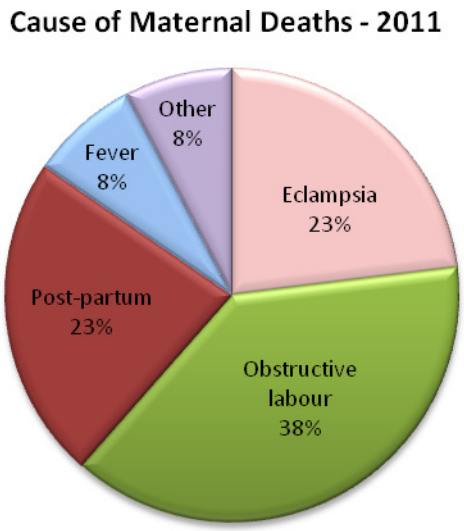
Family Planning Activities – 2011

No	Area	Total Clients	Age		Gravida Parity (G/P)			Visits		Clients			Quantity		
			< 19	> = 19	0	1-4	>4	New	Follow/ Up	Depo	Pill	Condon	Depo (Inj)	Pill (Pack)	Condon (Pieces)
1	Kayah	217	3	214	0	114	103	43	174	112	72	33	149	321	840
2	Kayan	163	0	163	0	125	38	89	74	58	67	38	119	381	706
3	Taungoo	85	1	84	0	50	35	31	54	61	23	1	82	141	144
4	Klew Lwee Htoo	38	0	38	0	17	21	20	18	38	0	0	71	0	0
5	Thaton	790	3	787	0	373	417	207	583	592	193	5	1161	1149	726
6	Papun	456	0	456	1	177	278	96	360	209	239	8	435	1534	1152
7	Pa An	536	23	513	9	363	164	163	373	295	214	27	505	1040	1008
8	Dooplaya	381	2	379	0	192	189	175	206	228	126	27	441	700	704
9	Kawkareik	70	1	69	0	43	27	21	49	59	9	2	111	38	87
10	Win Yee	157	7	150	5	97	55	61	96	60	69	28	120	398	1232
11	Mergue/Tavoy	342	17	325	0	213	129	127	215	165	171	6	334	977	864
12	Yee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Moulmein	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Shan	256	54	202	58	161	37	186	70	138	115	3	249	535	90
15	Palaung	170	0	170	2	121	47	29	141	170	0	0	93	0	70
16	Chin	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Kachin	36	5	31	0	22	14	36	0	36	0	0	36	0	0
18	Special	28	0	28	0	10	18	25	3	17	11	0	34	66	0
Total		**3725**	**116**	**3609**	**75**	**2078**	**1572**	**1309**	**2416**	**2238**	**1309**	**178**	**3940**	**7280**	**7623**

4) Summary Fact Sheet of the MCHP's Activities 2000 - 2011

Years	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total Deliveries	115	324	2201	1517	1432	2297	2693	3463	3156	3708	**3770**	**3412**
Live Births	101	296	2066	1457	1347	2222	2594	3337	3095	3621	**3704**	**3356**
Still Births/ Abortions	14	28	135	60	84	81	103	134	63	90	**67**	**50**
Neonatal Deaths	N/A	N/A	52	32	47	73	94	117	69	96	**77**	**53**
Mother Deaths	N/A	N/A	21	12	8	15	15	27	13	16	**9**	**13**
Low Birth Weight	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**237**	**316**	**279**	**254**

The main causes of maternal death are post-partum hemorrhage 23%, obstructed labor 38%, eclampsia 23%, fever 8% and other 8%. Neonatal mortality rates during deliveries, attended by the BPHWT, have increased in comparison with the previous year. The BPHWT still needs to conduct TBA trainings to recruit new TBAs and increase the coverage of the MCHP. Additionally, the BPHWT needs to conduct TBA workshops to update those TBA skills and knowledge that will increase the implementation of safe birthing practices and improve maternal and child health.



Pregnancy Malaria Screening

In 2011, the BPHWT began screening all pregnant women in the target areas for malaria. Maternal health is a primary concern for the BPHWT, and since pregnant women are more vulnerable to disease and sickness during pregnancy, this malaria screening was introduced to combat maternal and neonatal mortality. The women were screened at least once and about half were screened twice during their pregnancy. In total, **3,019** pregnant women were screened for malaria. **7%** of women who were screened only once had a positive result and **3%** of women who were screened twice had a positive result.

Pregnancy Malaria Screening January - December 2011

No	Area Name	1 Time				2 Times				Total (+)	Total (-)	Grand Total	Total (+) %
		+	-	Total	(+) %	+	-	Total	(+) %				
1	Kayah	17	312	329	5%	0	301	301	0%	17	613	630	3%
2	Kayan	18	82	100	18%	7	85	92	8%	25	167	192	13%
3	Taungoo	7	36	43	16%	5	24	29	17%	12	60	72	17%
4	Kler Lwee Htoo	8	63	71	11%	1	25	26	4%	9	88	97	9%
5	Thaton	33	224	257	13%	8	220	228	4%	41	444	485	8%
6	Papun	10	96	106	9%	9	44	53	17%	19	140	159	12%
7	Pa An	7	322	329	2%	0	255	255	0%	7	577	584	1%
8	Dooplaya	13	176	189	7%	5	117	122	4%	18	293	311	6%
9	Kawkariek	5	1	6	83%	0	0	0	0%	5	1	6	83%
10	Win Yee	2	88	90	2%	1	79	80	1%	3	167	170	2%
11	Mergue/Tavoy	2	126	128	2%	0	116	116	0%	2	242	244	1%
12	Palaung	1	44	45	2%	0	0	0	0%	1	44	45	2%
13	Kachin	0	15	15	0%	0	9	9	0%	0	24	24	0%
Total		123	1585	1708	7%	36	1275	1311	3%	159	2860	3019	5%

5) Eyeglasses Project for Traditional Birth Attendants

This activity, beginning with eye testing, was implemented in the second term of 2008. The numbers of eyeglasses distributed to TBAs during this 2011 were **107** glasses, respectively. The table below shows the numbers of eyeglasses distributed by areas and refraction.

No	Area	+1.00	+1.50	+2.00	+2.50	+3.00	+3.50	+4.00	Total
1	Thaton	2	2	1	2	0	2	0	**9**
2	Papun	0	4	3	7	1	1	0	**16**
3	Klew Lwee Htoo	0	0	1	2	3	0	0	**6**
4	Dooplaya	2	3	2	5	4	3	0	**19**
5	Pa An	0	1	0	2	4	3	0	**10**
6	Taungoo	3	2	4	3	2	0	0	**14**
7	Kayah	0	2	0	0	0	0	0	**2**
8	Kayan	2	4	2	1	0	0	0	**9**
9	Mergue/Tavoy	3	3	2	1	2	1	1	**13**
10	Other	1	1	4	1	2	0	0	**9**
Total		**13**	**22**	**19**	**24**	**18**	**10**	**1**	**107**

10) Field Meetings and Workshops

The BPHWT conducts field meetings and field workshops twice a year. In 2011, there were 36 field workshops and 36 field meetings conducted in eighteen areas; there were 579 participants who attended field meetings and 759 participants who attended field workshops.

Field workshop in Dooplaya in 2011

Field Meeting Objectives:

The objectives of the field meetings are to meet with local community leaders to:

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

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

Field Workshop Objectives:

The objectives of the field workshops are to:

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

Field Workshops and Meetings - 2011			
Description	**Men**	**Women**	**Total**
Field Workshops	160	122	**282**
Field Meetings	125	75	**200**

11) Capacity Building Program

During 2011, BPWHT organized two refresher training courses and two community health worker training courses in order to improve health workers' knowledge and skill as well as to provide update health information to health workers to be better able to serve their communities.

1. Third Medical Refresher Training Course

The BPHWT conducted a Medical Refresher Training Course from 4 April-13 July 2011. Twenty-nine senior medics, 25 men and 4 women, from different field areas attended the Medical Refresher Training Course. The purpose of the training course is to improve health workers' knowledge and skill as well as to provide update health information to health workers to be better able to serve their communities. The BPHWT collaborates with the International Rescue Committee (IRC) and the Mae Tao Clinic (MTC) to develop the training curriculum. The trainees are trained by IRC - Trainer Team and the MTC as well as the BPHWT staff.

Medical Refresher Training Course in 2011

Key Course Topics:

- Anatomy and physiology
- Medicines
- Reproductive health
- Dental problems
- Trauma care
- Eye problems
- Medical ethics

Medical Refresher Training Course Criteria for Participants:

1) Completed community health worker (CHW) training
2) At least 3 years working experience as a health worker
3) Recommended by their community or the mother organization
4) At least one woman from each area.
5) Must be a health worker who is currently responsible for a Back Pack team.
6) At least 3 years working experience as a Back Pack health worker.
7) Be interested in primary healthcare.

2. First Maternal and Child Healthcare Refresher Training Course

In 2011, the BPHWT organized a Maternal and Child Healthcare Refresher Training course in Mae Sot which began in October to December. The purpose of this Maternal and Child Healthcare Refresher Training Course is to improve MCHP workers' knowledge and skill as well as to provide update health information to MCHP workers to be better able to serve their communities. There were 30 participants, comprise of 5 men and 25 women from different field areas and ethnic groups. The trainees were trained by IRC - Trainer Team for two months and one month practical in Mae Tao Clinic. The following are the key course topics of the Maternal and Child Healthcare Refresher Training Course.

MCH Refresher Training Course in 2011

Key Course Topics:

- Anatomy and physiology of reproductive system (IRC)
- Menstrual cycle, ovulation, fertilization
- Antenatal and postnatal care
- Normal labor
- Immediate new born care
- Common neonatal problems
- Emergency Obstetric Care (EmOC) Introduction
- Bleeding in pregnancy
- Bleeding in pregnancy
- Abortion
- Bleeding after pregnancy (PPH)
- Common problems in pregnancy fever
- Malaria in pregnancy and SD bioline
- Family planning
- Hypertension in pregnancy
- Drugs used in pregnancy

- RH case definition
- Universal precaution and Initial Environmental Examination (IEE)

3. Community Health Worker (CHW) Training

In 2011, the BPHWT organized two community health worker training sessions: one in Hokay area and one in Loi Tan Lan. CHW training was conducted in Hokay from 10 May to 10 December 2011. There were 71 participants, comprised of 34 men and 37 women. The CHW training in Loi Tan Lan was conducted from March to June 2011 with 27 participants. The participants were from different areas and ethnic groups. The purpose of the training is to recruit more health workers to provide healthcare services in their communities.

Training Objectives:

- Provide health workers' knowledge and skills, and recruit more community health workers in the communities
- Provide healthcare services to the communities
- Improve the health situation in the communities, such as prevention and treatment
- Reduce the misusage of treatment among communities.

Key Course Topics and Trainers:

- Physical training: Saw Leh Hay, Saw That Kyaw, and Saw Kwe Ta Ma
- Nursing care and universal precaution: Saw Hel Lay Say
- Basic anatomy and physiology: Saw Hel Lay Say
- Medicines: Saw Christen, Saw Klo Paw Wah
- First aid, trauma management and minor surgery: Saw Soe Hla Oo and Saw Soe Myint
- Obstetrics and gynecology: Naw Pa Lah Paw
- Public health: Naw Wah May Say
- Office management: Saw Eh See Yo

4. Trauma Management Training

In 2011, BPHWT organized two trauma management trainings: one in Dooplaya and another in Kler Lwee Htoo. The trauma management training in Dooplaya was held from 11 November to 28 December 2011. There were 27 participants, comprised of 25 men and 2 women, who are from the Dooplaya, Kakariek and Win Yee areas. The training in Kler Lwee Htoo was conducted from 8 April to 6 May 2011 and had 27 participants, comprised of 23 men

and 4 women. The purpose of this trauma management training is to train the health workers how to provide care to emergency cases such as landmine and gunshot injuries.

Key Course Topics:

- Review of anatomy and physiology
- Chain of survival
- ABC action plan
- Shock and shock trauma action plan
- Shock and estimate blood loss
- War causality, weapon theory and type of injuries, and physiology theory
- Fluid therapy
- Burn injuries
- Universal precaution
- Suture/suturing and type of suture
- Aneasthesia
- Pre-, per- and post-aneasthesia
- Extremities injuries management, control bleeding, and compartment syndrome
- Emergency airway procedure
- How to prepare surgical and material list
- Pig-lap (practice)
- Airway and chest injuries management
- Head, face, spine and abdominal injuries, and sereral management
- Landmine injuries and amputation
- Dislocation joint and fracture management
- Facilitation session plan
- Nutrition for trauma patient
- Patient record and referral
- Mass injuries management
- Blood transfusion

12) Coordination and Collaboration

The Back Pack Health Worker Team coordinates and collaborates 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 organizes coordination meetings every six months in conjunction with the regular BPHWT general meetings, field workshops, field operational meetings and village workshops.

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

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

13) Monitoring and Evaluation

The Back Pack Health Worker Team organizes program activity meetings twice a year and a general meeting once a year. The meetings include discussions of monitoring and evaluation. In 2007-2008, the BPHWT conducted an Internal Programming Improvement Project (IPIP) in order to evaluate the improvement of its activities, focusing in particular on communications, appropriate drug use, and performance reviews of the clinical logbooks. In 2008, the BPHWT continued the IPIP process and the evaluation of program implementation to improve the quality of drugs administered, health workers' skills and knowledge, and logistics management. During 2013, the BPHWT will implement an Impact Assessment Survey (IAS), TBA assessment survey, and health worker assessment survey in order to monitor and evaluate the effectiveness of the programs implemented in the target areas.

a. Framework of Monitoring and Evaluation

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

b. Monitoring and Evaluation Processes

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

Monitoring of Malaria Treatment in the Field Based on Logbook Reviews						
No	BP Area	# of PF Malaria	Total Correct Tx	Total Incorrect Tx	Percentage Correct Tx	Percentage Incorrect Tx
1	Kayah	423	419	4	99%	1%
2	Kayan	247	228	19	92%	8%
3	Special	287	278	9	97%	3%
4	Taungoo	190	166	24	87%	13%
5	Kler Lwee Htoo	404	385	19	95%	5%
6	Thaton	429	412	17	96%	4%
7	Papun	483	415	68	86%	14%
8	Pa An	535	528	7	99%	1%
9	Dooplaya	802	770	32	96%	4%
10	Kawkareik	163	163	0	100%	0%
11	Win Yee	520	446	74	86%	14%
12	Mergue/Tavoy	568	558	10	98%	2%
13	Yee	305	194	111	64%	36%
14	Moulmein-Thaton	282	235	47	83%	17%
15	Shan	197	115	82	58%	42%
16	Palaung	88	85	3	97%	3%
17	Kachin	115	115	0	100%	0%
18	Arakan	381	221	160	58%	42%
Total		**6419**	**5733**	**686**	**89%**	**11%**

Logbook Record Reviews

During the first period of 2011, BPHWT and IRC SHIELD staffs reviewed the medical logbooks from 15 different areas in Eastern Burma regarding the medical management of three main diseases; diarrhea, malaria, and acute respiratory infections. The reviewed logbooks were recorded during January to June 2011. The documentation in the logbooks from most of the areas were at a satisfactory completion level in that the BPHWT medics correctly recorded age, sex, locations, symptoms, vital signs, results of rapid diagnostic tests, diagnosis and treatment for each patient. The results from the review of the received logbook records are indicated in the tables at the below.

Sampling Method

Using systematic random sampling: from the sampling frame, a starting point is chosen at random, and thereafter at regular intervals, according to case loads.

Sample size estimation

$$n = \frac{Z^2_{\alpha/2} P (1 - p)}{d^2}$$

$$n = \frac{1.96^2 \times 0.5 \times 0.5}{0.07^2}$$

Where n = Sample size

z = Reliability coefficient (confidence level) at 95% CI = 1.96

p = Proportion of the population which yield the largest sample size = 0.5

d = Absolute precision of study = 0.07 (acceptable error)

n = 196

A total of 200 samples were reviewed for each disease. Therefore, a total of 600 cases were reviewed from 15 different Back Pack Areas. A review of each disease includes four aspects:

1. Proper recording of the signs and symptoms of the patients
2. Proper recording of the vital signs
3. Correct diagnosis
4. Treatment according to guidelines

Field Area Results of Logbook Reviews: January - June 2011

Malaria (January – June 2011)				
Description	Yes (%)	No (%)	95% CI*	
Signs and symptoms recognised	100%	0%	0.98%	1.00%
Vital signs recognised	82.5%	17.5%	0.77%	0.88%
Correct diagnosis made	84%	16%	0.78%	0.89%
Correct drug given	95.5%	4.5%	0.92%	0.98%
Correct dose administered	95%	5%	0.91%	0.98%
Anaemia treatment given	86%	14%	0.80%	0.90%

Diarrhoea (January - June 2011)				
Description	Yes (%)	No (%)	95% CI*	
Signs and symptoms recognised	95.5%	4.5%	0.92%	0.98%
Vital signs recognised	94.5%	5.5%	0.90%	0.97%
Severity of dehydration assessed	49.5%	50.5%	0.42%	0.57%
ORS given	75%	25%	0.68%	0.81%
Correct diagnosis made	20.5%	79.5%	0.15%	0.27%
Correct treatment given	63%	37%	0.56%	0.70%

Pneumonia / ARI (January – June 2011)				
Description	Yes (%)	No (%)	95% CI*	
Signs and symptoms recognised	99%	1%	0.96%	0.99%
Vital signs recognised	94%	6%	0.90%	0.97%
Correct diagnosis given	63.5%	36.5%	0.56%	0.70%
Correct drug administered	54%	46%	0.47%	0.61%
Correct dose given	55.5%	44.5%	0.48%	0.63%

14) Program Development and Activity Reviews in 2011

Comparison of Planned and Actual Activities (Logistical Framework Activities)

Overall goal	To reduce morbidity & mortality & minimize disability by enabling & empowering the community through primary health care						
OBJECTIVES	**ACTIVITIES**	**INDICATORS OF ACHIEVEMENT**	**VERIFICATION SOURCES**	**2011 EXPECTED RESULTS**	**2011 ACTUAL RESULTS**	**VARIANCES OR DIFFERENCES**	**RISKS**
Medical Care Program							
1. Provide essential drugs and treat the common diseases	- Provide medicine and medical supplies	- No. of target population and total case-load (w/m), under/over 5)	- Procurement delivery documents logbooks	- 180,000 targeted population	- 206,620 covered targeted pop, < 5 = 38,581 M- 18,665 W – 19,916 ≥ 5 = 168,039 M – 81,456 W – 86,583)	- 26,620 (14.8%) more covered targeted population	
	- Treat common diseases and minor injuries	- No. villages covered	- Analysis of data collected	- 85,000 cases being treated (No. of HHs, No. of w/m and under/over 5 , No. of villages covered)	- 80,630 (< 5 = 15,404, M- 7,372 & W– 8032) ≥ 5 = 65,226, M – 30,443 W – 34,783) cases were treated - 570 villages - 35,606 HHs	- 4,370 (5.1%) less cases being treated	
	- Trauma Care Unit	- No. of treated trauma cases	- Form A	- 150 trauma cases treated	- 1,180 (M -743, W – 437) trauma cases treated	- 1,030 more trauma cases treated	
	- Provide ITNs	- No. of HHs receiving ITNs		- 5,000 ITNs will benefit to 25000 population	- No. of ITNs distributed		-Insufficient funding and cash flow limitations

		- Percentage of people sleeping under ITNs	- Impact assessment survey 2012 (71% in 2010)	- 80% people sleeping under ITNs (2012 impact assessment survey)	- N/A		- Impact assessment survey will be conducted in 2013
	- Provide ACT to patients with malaria	- No. of ACT provided	- Malaria data form	- 8,000 ACT will be provided	- 6,238 ACT were provided	- 1,762(20%) less ACT were provided	
2. Respond to disease outbreaks and emergency situations	- Purchase emergency medical supplies and immediately take action	- Prompt reporting - Population affected - No. of cases treated (w/m, under & over 5)	- Delivery documents - Field photos - Exception reports - Mid year & annual reports	- Effective response and treatment for disease outbreaks or emergency situations (w/m & under/over 5)	- Did not occur		
3. Improve health workers skills and knowledge	- Provide field workshops	- No. of health workers participated	- Field reports	- 170 health workers attend field workshops	- 282 (M-160, W-122) health workers attended 36 field workshops	- 112(65%) more health workers attended field workshop	
	- 6 month workshops	- No. of health workers participated	- Workshop reports - Logbook review & analysis - Mid year & annual reports	- 80 health workers attend 6 month workshops(w/m)	- 72 (M-40 & W-32) health workers attended six month workshop	- 8 (10%) less health workers attended six month meeting	
	- Short course training	-% of Improving diagnosis & treatment - percent of health worker who receive a score of at least 95 % in post-test (w/m)	- Logbook review & analysis - Training report	- % of improving diagnosis & treatment - % of health worker who receive a score of at least 95 % in post-test (w/m))	- 96% of improving diagnosis & treatment - 7.4% of health worker who attended short course training received a score of 95%		
4. Improve patient referral systems	- Refer patients to the near hospitals or clinics.	- No. of referrals - list of refer site - No. of w/m referral patients	- Mid year & annual reports -Patient's referral form	- 70 patients referred to clinics or hospitals (w/m)	- 52 (M-17,W-35) patients referred to clinics and hospitals	- 18 (25.7%) less patients referred	

Community Health Education and Prevention Program							
1. Reduce the incidence of malnutrition and worm infestation	-Distribute de-worming medicine to children between 1 to 12 years	- No. of children receiving Vitamin A	- Worker Data Form and mid-year report	- 40,000 children will receive de-worming medicine	- 24,753 children received de-worming medicine	- 15,247 (38.1%) less children received de-worming medicine	
	- Distribute Vitamin A to children between the ages of 6 months to 12 years	- No. of children receiving de-worming medicine	- Worker Data Form and mid-year report	- 35,000 children will receive Vitamin A	- 34,900 children received Vitamin A	- 100 (0.3%) less children received Vitamin A	
2. Educate students and communities about health	- Provide school health education	- No. of school sessions and No. of students (w/m)	- Field reports - Mid year & annual reports	- 85 school sessions attended by 8500 students (m/w)	- 83 school sessions attended by 357 school and 24,040 students	- 2 (2.3%) less school sessions provided	
	- Provide village health workshops	- No. & category of people in village workshops (w/m)	- Field reports - Mid year & annual reports	- 11,900 people participate in 85 sessions village health workshops - Breakdown of participants by category (women, youth, TBAs, VHVs, shopkeepers. leaders, teachers etc) (m/w)	- 13,123 people in 83 sessions village health workshops (M - 6,559 & W-6,564) Women Orgs - 542 Youth – 542, TBAs – 462, VHVs – 408, Shopkeepers – 267, Religion Leaders – 319 Village Leaders – 590, Teachers – 452, Students – 2493, HWs – 309 Youth Org – 943 Villagers – 5942 Authorities - 396	- 1,223 (9.3%) more people attended 2 (2.3%) less VH workshop	

	- Provide health campaign	- No. of people participate in event (w/m) (World AIDS day)	- VH workshop reports	- 85 World AIDS events for 12750 people	- 61 World AIDS events for 6,228 people	- 24 (28.2%) World AIDS events attended 6,522 (51.1%) less people	
3. Improve community level knowledge and participation in health	- Organize village health volunteer trainings and workshops	- No. training sessions and VHVs attended (w/m)	- Field reports - Mid year & annual reports	- 15 VHV trainings for 300 new VHVs (w/m)	- 3 VHV trainings attended by 59 new VHVs (M – 30 & W-29)	- 12 (80%) less VHV trainings attended by 241 (80.3%) less VHVs	- Plan to change strategy VHV to VHW
		- No. workshop sessions and VHVs participated - Ratio of VHVs to target population	- VHV training and workshop report	- 155 sessions of VHV workshop for 3,100 VHVs (w/m)	- 91 VHV workshops attended 377 VHVs (M-144 & W-233)	- 64 (41.3%) less VHV workshops attended by 2723 (87.8%) less VHVs	- Plan to change strategy VHV to VHW
	- Provide VHV kits	- No. of VHV kits provided	- field, mid and annual reports	- 500 VHV kits will be provided	- No. VHV kits provided		
4. Improve water and sanitation systems in the community to reduce water-borne diseases	- Provide water and sanitation systems	- # & type of latrines built and # of HHs and people benefit from latrines - # & type of water systems installed -# of HHs and people benefit from water systems (w/m)	- Field reports - Mid year & annual reports	- 800 school latrines will be benefited 17,000 students - 5,000 community latrines will be benefited 50,000 pop;	- 26 school latrines were benefited 9,051 students - 2,390 community latrines were benefited 13,393 pop	- 774 (97%) less school latrines were benefited 7,949 (46.7%) less students - 2610 (52.2%) less latrines were benefited 36,607 (73%) less people	- Insufficient funding and cash flow limitation

				- 20 gravity flow water systems 1,200 house-holds (6,000 Pop)	- 15 gravity flow water systems were benefited 907 HHs and 5,232 people.	- 5 (25%) less gravity flow systems were benefited 293 (24.4%) less HHs & 768 (12.8%) pop.	
				- 100 shallow well systems 1,000 households (5,000 pop)	- 23 shallow well systems were benefited 678 HHs & 3,311 people.	- 77 (77%) less shallow wells systems were benefited 322 (32.2%) less HHs & 1,689 (33.7%) people	
		- % of people using latrines (always and sometimes)	- Impact assessment survey 2012 (98%-2010)	- 98% of people using latrines	- N/A		- Impact assessment survey will be conducted in 2013
5. Prevent and control communicable disease of Lymphatic Filariasis	- Provide Mass Drugs Administration for among the community	- No. of people who receive drugs (w/m & under/over 5)	- field report - mid-term report	- 13,100 people will receive Albandazone and DEC. (w/m and under/over 5)	- 5,306 (< 5=675 M-338, W-337) (≥ 5 = 4,631, M-2512, W-2119) people received Albandazone		- Community complaints of side-effects - 5,306 is not including the adjusted population (Sick, refuse, not at home, pregnancy, and lactate) population
	- Educate community members about Lymphatic Filariasis	- Provide awareness workshop	- No. of participants	- 5 sessions of awareness workshop to 1500 (w/m) population	- 5 awareness workshop attended by 5,124 (M-2596, W-2528) population		
		- Provide ICT tests	- No. of ICT tests provided	- 900 ICT tests	- 900 ICT tests provided		

Maternal and Child Healthcare Program							
1. Increase maternal and child healthcare	- Distribute Vitamin A and Albandazole	- No. of pregnant women receiving Vitamin A and Albandazole	- TBA's form	- 4,000 pregnant women will receive Vitamin A and Albandozole	- 3,134 women received Vitamin A - 3,145 pregnant women received Albandozole - 3,108 newborn baby received Vitamin A	- 866 (22% less women received Vitamin A - 855 (21% less pregnant women received Albandozole	
	- Provide iron prenatally and postnatally pregnant women	- No. of pregnant women receiving iron		- 3,300 pregnant women will receive iron	- 3,174 pregnant women received iron	- 126 (3.8% less pregnant women received iron	
2. Raise awareness among villagers on family planning and provide them with family planning supplies	- Provide family planning supplies	- No. of clients who receive family planning supplies (w/m)	- Mid year & annual reports	- 3,500 people using family planning methods (w/m)	- 3,725 people used FP methods (W - 3547 & M - 178)	- 225 (6.4%) more people used family planning methods	
3. Improve knowledge & skills of TBAs & MCHP Supervisors	- Conduct TBA training	- No. of new TBAs	- Workshop reports	- 5 sessions of TBA training attended by 50 new TBAs (w/m)	- 5 TBA training sessions attended by 55 TBAs (W -45 & M – 10)	- 5 (10%) more TBAs attended TBA training	
	- Conduct Level 2 TBA training	- No. of new TBAs complete the training	- Field reports - Field photos - Mid year & annual reports	- 1 session of Level 2 TBA training for 30 people (w/m)	- No. Level 2 TBA training conducted	- No Level 2 TBA training conducted	- Health workers are lack of skill and knowledge to provide the Level 2 TBA training

	- Conduct TBA field and reproductive health workshops	- No. of TBA follow-up workshops held & No. of TBAs attending (w/m)	- TBAs' form - mid-term and annual reports	- 70 Follow-up TBA workshops for 700 (w/m) TBAs	- 60 Follow-up TBA workshops attended by 680 TBAs (W-542 & M-139)	- 10 (14.3%) less follow-up TBA workshops attended by 680 (2.8%) less TBAs	
	- Provide safe birthing kits	- No. of births attended by trained TBAs and health workers, among total target population	- TBAs' form - mid-term and annual reports	- 4000 pregnant women delivery by TBAs and health workers	- 3,412 pregnant women delivery by TBAs and health workers	- 588 (14.7%) less pregnant women delivery by TBAs and health workers	
		- No. of TBA kits provided	- TBA assessment	- 1,480 TBA kits	- 1,230 TBA kits provided	- 250 (16.9%) less TBA kits provided	
		- No. of maternity kits provided	- TBA assessment	- 5,800 maternity kits	- 4,920 maternity kits provided	- 880 (15%) less maternity kits provided	
4. Provide delivery records	- Document deliveries	- No. of new born babies who received a delivery record	- Delivery record issues copies	- 2,000 delivery records	-1,754 delivery records received	- 246 (12.3%) less delivery records received	- Security concerns - Traditional cultural barriers
Capacity Building							
1. Improve health worker and staff knowledge and skills	- CHW ToT training	- No. of CHWs who attend the ToT training (w/m)	- Training report - Attendance list	- 1 CHW ToT for 20 CHW	- 1 CHW ToT attended by 25 (M –15,W – 10)	- 1 CHW ToT attended by 5 more people	-
	- CHW training	- No. of trainees completed CHW training (w/m)	-Training report - Attendance list	- 3 CHW trainings for 90 CHWs (w/m)	- 2 CHW training attended by 98 (M- 51, W-47) health workers	- 1(33.3%) less CHW training attended by 8 (8.8%) more people	- Budget shift to

	- Medical Refresher Training Course	- No. of trainees completed Medical Training Refresher Course (w/m)	-Training report - Attendance list	- 2 Medical Refresher Training Course for 60 medics (w/m)	- 1 Medical Refresher Training Course attended by 29 (M-25, W-4) - 1 MCH Refresher Training Course attended by 30 (M-5, W-25)		provide additional trauma care training
	-First Aid training, First Aid kits & hand books	- No. of participants in First Aid training (w/m) - No. of First Aid kits provided	-Training report - Attendance list	- 85 First Aid training for 1700 people (w/m) - 850 First Aid kits & 600 hand book provided	- 51 First Aid training attended by 1,022 (M-569 W – 453) people. - 600 First Aid kits provided & 1,020 hand books provided	- 34 (40%) less First Aid training attended by 678 (39.8%) less people - 250 (29.4%) less First Aid kits provided & 420 (70%) more hand books provided	
	- Trauma care training	- No. of people participate in trauma care workshops	-Training report - Attendance list	- 1 trauma care workshop for 20 people	- 2 trauma care workshops attended by 54 (M-48, W-6) people	- 1 more trauma care training attended by 34 more people	
	- Attendance at international conferences and training	- No. of times participation in conferences and training	- Mid-year and annual reports	- 2 international and 6 local conferences or trainings	- 1 international conference (APHA) and 6 local conferences	- 1 (50%) less international conference	
2. Promote gender equality in leading positions	- Provide management skill trainings to women	- % of women leading health programs - % of women Field in-Charges	- Staff lists	- At least 30% of women leading health programs - At least 30% of women Field-in	- 43% of women in leading health programs - 52% of women Field in-Charge		

		- % of women in the Leading Committee		Charge - At least 30% of women in the Leading Committee	N/A		-Next Leading Committee election will be in 2013
Health Information and Documentation							
1. Assess and document community health situation and needs	- Conduct community needs assessment	- No. of BP teams, No. of villages, No. of HHs provided assessment	- Field in-Charge report	- 85 BP teams, 600 villages and 35,000 HHs	- 85 BP teams, 586 villages, 36,268 HHs		
	- Produce HID materials	- No. of CDs produced - No. of calendars and no. of articles/ reports provided	- HID Staff Report	- 500 CDs provided - 1,000 calendars, and 5 articles/ reports provided in a year	- 70 education CDs on delivery provided - No. calendars and no. articles/ reports provided		
2. Standardize health data collection processes	- Analyze data collected by health workers	- Times of workshop - No. of participants	- Six Months Workshop Report Form	- Twice a year - 10 participants each time	- 2 times in a year		
3. Make evidenced based health status comparisons among the target community	- Organize meetings and workshops	- No. of meetings or workshops provided - No. of participants	- Field Workshop Report	- Twice a year - 70 people participate in workshops or meetings	- 2 times in a year - 72(M-40, W-32) health workers attended the workshops and meetings		
4. Raise awareness of the community health problem	- Produce health information, education and communication (IEC) materials	- No. of IEC materials provided - No. of participants	- IEC distributing list - VH Workshop Report Form	- 2,550 IEC materials will provide (at least 3 categories) - 15,000 participants	- 100 family planning posters - 100 Danger Signs in Pregnancy posters - 100 education posters on diarrhea		

5. Advocate local and international organizations about the health situation in Burma	- Organize health program coordination and development seminar and prepare abstract papers	- No. of seminars - No. of abstract papers produced	- Annual report	- At least once a year - 4 abstract papers on related health issues produced	- One seminar held - 1 abstract papers relate health issue produced	- 3(75%) less abstracts produced	
Program Management and Evaluation							
1. Monitor and evaluate the programs' improvement	- Conduct monitoring trip	- No. monitoring trips and No. of staff		- 3 monitoring trips in a year	- 3 monitoring trips in a year		
	- Conduct Six-Months Meeting	- No. of health workers attend the Six-Months Meeting	- Mid-year & annual reports	- 100 health workers attend the Six - Months Meeting	- 72(M-40, W-32) health workers attended the Six- Months Meeting in the second term of 2011	- 28 (28%) less health workers attended the Six-Months Meeting	
	- Provide Leading Committee meetings	- No. of Leading Committee meetings provided	- Office records	- 2 Leading Committee meetings per year	- 4 Leading Committee meetings held	- 2 more Leading Committee meetings held	
	- Provide an Executive Board meeting once in a month	- No. of Executive Board meetings provided	- Office records	- 12 Executive Board meetings per year	- 7 Executive Board meetings held	- 5 less Executive Board meetings held	
	- Provide a staff meeting weekly	- No. of staff meetings provided	- Office records	- 48 staff meetings per year	- 20 staff meetings held	- 28 less staff meetings held	

15) Back Pack Health Worker Team Financial Report – 2011

BPHWT Income and Expenditures: January – December 2011			
ITEMS	**Income (Thai Baht)**	**Expenditure (Thai Baht)**	**%**
Opening Balance 2010	3,357,316		
Period Income			
International Rescue Committee (IRC)	2,542,040		9%
Burma Relief Centre (IP/CIDA)	5,700,000		20%
Stitching Vauchteling (SV)- Netherlands	6,328,050		23%
Open Society Institute (OSI)	602,900		2%
People In Need (PIN)	2,758,477		10%
BRC (CA/DEFID)	2,982,695		11%
BRC (NCA)	2,575,568		9%
BRC (DCA)	3,234,485		12%
BRC /IP/Just Aid Foundation	1,150,000		4%
Other Individual Donation	4,381		0%
Bank Interest	13,243		0%
TOTAL PERIOD INCOME	**27,891,839**		**100%**
TOTAL INCOME	**31,249,155**		
Note: Expenditure according to auditor statement			
Period Expenditures			
Back Pack Medicine and Equipment(MCP)		8,409,151	30%
Back Pack Field Operation Supplies and Services		1,996,324	7%
Community Health Education and Prevention Program(CHEPP)		4,377,196	16%
Maternal and Child Healthcare Program(MCHP)		3,145,891	11%
Capacity Building Program(CBP)		2,923,081	10%
Health information and Documentation (HID)		437,854	2%
Program Management and Evaluation(PME)		2,941,652	10%
General Administration		3,976,637	14%
TOTAL PERIOD EXPENDITURES		**28,207,786**	**100%**
CLOSING BALANCE -31 DECEMBER 2011		**3,041,369**	

Part II

Program Workshops & 27th Semi-Annual Meeting Report – 2012

1. Program Workshops:

a) Medical Care Program Workshop

b) Community Health Education and Prevention Program Workshop

c) Maternal and Child Healthcare Program Workshop

d) Lymphatic Filariasis Workshop

e) Water and Sanitation Workshop

f) Strategic Planning Workshop

g) Village Health Worker TOT Workshop

2. 27th General Meeting of the Back Pack Health Worker Team

1) Program Workshops

During the second six-months meeting period of 2012, there were three program workshops and the other four workshops held: Medical Care Program Workshop, Community Health Education and Prevention Program Workshop, Maternal and Child Healthcare Program Workshop, Lymphatic Falariasis Workshop, Water and Sanitation Workshop, Strategic Planning Workshop and Village Health Worker ToT Workshop. These workshops were conducted by program coordinators and IRC members.

a. Medical Care Program Workshop

Facilitator - Saw Win Kyaw, Hsa Mu Na Htoo and Aung Than Oo (BPHWT), Dr. Hla Hla Cho Dr. Tharepe, and Sayama Dao (IRC)

Duration - 13-17 February 2012

Participants - 35 (25 men and 10 women)

Discussion Topics:

- Training of SD Bio line
- General Morbidity Logbook Form
- MCP in-Charge presentation
- Hypertension /gastritis /dengue fever/whooping cough /pneumonia and severe pneumonia
- Malaria treatment guide line protocol
- Diarrhea and dysentery
- Logbook review for three diseases (Feedback from IRC)
- Data Form Review
- Discuss result of external evaluation and action plan
- Trauma Care Training from Dooplaya area
- Future plans/ recommendations review final

b. Community Health Education and Prevention Program Workshop

Facilitator - Saw Eh Mwee (Water and Sanitation Coordinator)

Duration - 10-15 February 2012

Participants - 20 (19 M, 1 W)

Discussion Topics:

- Program meetings and workshop introduction
- Review last workshop minutes
- Field presentations
- How to organize village health workshops
- Evaluate the health situation in BPHWT's targeted areas.
- Nutrition promotion (the nutrition situation- how could we improve)
- School health (What could we do to improve, what activities should we do for school children)
- Water and sanitation (review the project)
- Village health worker training
- Waste disposal

VHV Responsibilities:

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

c. Maternal and Child Healthcare Program Workshop

Facilitator - Naw Thaw Thi Paw

Duration - 13 - 16 February 2012

Participants - 27 (3 men and 24 women)

Discussion Topics:

- Field MCHP supervisor presentations
- External evaluation results and recommendation
- Review data and report forms
- Discuss danger signs
- Level 2 TBA training
- Discuss future plans

d. Lymphatic Filariasis Workshop

Facilitator - Naw Wah May Say

Duration - 15-17 February 2012

Participants - 7 (5 men and 2 women)

Discussion Topics:

- Drawing the population map
- Debriefing
- Community meetings discussion
- Community response
- Data review
- Review of Lymphatic Filariasis and doing MDA
- Pre-and post-tests

e. Water and Sanitation Workshop

Facilitator - From Solidarity

Duration - 8 - 10 February 2012

Participants - 37 (27 men and 10 women)

Discussion Topics:

- Sanitation
  - Latrines standards
  - Latrines construction
  - Sludge management
  - Waste management
- Bio Sand filter
  - What can Bio-sand filter do?
  - Bio-sand filter component
  - How the bio-sand filter work?
  - Which water can we use?
  - Water speed

f. Strategic Planning Workshop

Facilitator - Mr.Gary and Mr.Htaw Lin (BRC)

Duration - 21 February 2012

Participants - 41(28 men and 13 women)

Discussion Topics:

- Review BPHWT mission, vision, and goals
- Future plan for next three years
- Positive and negative scenarios
- Conflict and government
- Health
- Development
- IDPs and refugees
- Donors
- Role of BPHWT in each scenario
- Health policies

g. Village Health Volunteer ToT Workshop

Facilitator - Saw Win Kyaw, Naw Wah May Say, Hsa Mu Na Htoo, and Saw Christ Ter

Duration - 5-15 March 2012

Participants - 25 (15 men and 10 women)

Discussion Topics:

- Adult learning principle
- Session plans
- Review VHW roles and responsibilities
- Review nursing care
- Review First Aid
- Review history taking and physical examination
- Review anatomy and physiology
- Review universal precaution
- Review five main diseases: Malaria, diarrhea, dysentery, ARI and pneumonia, measles, and malnutrition
- Review family planning
- Review primary health care (concept and principle)
- Participatory learning and action (Including with community mapping and need assessment)
- Review Back Pack forms

2) 27th General Meeting of the Back Pack Health Worker Team

The 27th Back Pack Health Worker Team Semiannual Meeting was conducted from the 23-25 March 2011 in Mae Sot at the BPHWT head office. Attending this meeting were 72 BPHWT health workers – 40 men and 32 women. A week before the beginning of the meeting, the BPHWT's data team entered, checked the quality of, and analyzed the data obtained from the field. During the meeting, the Leading Committee discussed the data within a programmatic perspective in order to monitor events taking place in the field. After this analysis, they discussed how to improve data collection methods.

27th Semiannual Meeting of BPHWT

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

Schedule of BPHWT's 27th Semiannual General Meeting

Description of Presentation	Responsibility
Opening speech	Saya Mahn Mahn
Review and discuss the last E.B & FiCs meeting decisions	All members of BPHWT
MCP Program Coordinator Report	Naw Hsa Moo Nar Htoo & IRC & Saw Soe Hla Oo
MCP Workshop Report	
Logbook Review Report	
Emergency Health Team Report	
Report of six clinics' support (Malaria Program)	
MCHP Program Coordinator Report	Naw Thaw Thi Paw
MCHP Workshop Report	
Family Planning Workshop Report	
Eyeglasses Workshop Report	
CHEPP Program Coordinator Report	Naw Wah May Say
CHEPP Workshop Report	
Lymphatic Falariasis Workshop Report	
Water and Sanitation Report	
Field Meeting Report	Naw Hsa Moo Nar Htoo
Strategic Planning Workshop Report	Saw Win Kyaw/ Nan Snow
Capacity Building Program Report	Saw Chit Win
Human Right Violations Report	S' Moe Naing
Office Administration Report	S' Moe Naing
Financial Report	Saw Chit Win
Closing Speech	Thara Mahn Mahn

27th General Meeting Decisions

1. Include family planning in the Maternal and Child Healthcare Refresher Training Course
2. During the first six-month period of 2012, there will be traditional birth attendant training in Kachin (1), Arakan (2), Shan (2) and Kayan (2) areas.
3. BPHWT has made the decision to designate a person who will be responsible for the malaria program at six Kayan clinics and present a report at the next six-months meeting. This person will have to attend every six-months meeting and a stipend will be provided.
4. Soe Hla Oo will be the malaria program coordinator of the six Kayan clinics.
5. BPHWT has made the decision to convert the emergency BP team in the Win Yee area into a normal BP team.
6. During the first six months period of 2012, eight village health worker (VHW) trainings will be conduct in Kayah, Kayan, Taungoo, Chin, Pa An, Kler Lwee Htoo, Thaton and

Shan areas. BPHWT has made the decision to conduct VHW TOT after the 27th General Meeting and at least two health workers from each of these eight areas must attend the VHW ToT.

7. Leading Committee members and field in-charges will discuss requests made for water and sanitation systems in the Leading Committee meeting.
8. BPHWT has made the decision to have different health workers for the Lymphatic Filariasis program: 2 health workers from Papun, 2 health workers from Kler Lwee Htoo and 1 health worker from Thaton. A stipend will be provided separately for each of them.
9. During the first week of April 2012, trauma care training will be conducted in Day Po Noh and will be attended by health workers from: Kayan (3), Thaton (2), Taungoo (3), Pa An (2) and Papun areas. The health workers have to arrive at Day Po Noh by the end of March.
10. BPHWT has made the decision to provide gloves for TBAs every six months.
11. During the first six-months period of 2012, community health worker training will be conducted in Mon (1) and Hol Kay (2) areas.
12. The community health worker training in Hol Kay during the first six-month period of 2012 will be attended by people from: Naga (4), Palaung (5), Pa O (3), the Delta Region (8), Chin (2), Kachin (5), Kayan (4), Shan (5), and Karen (26) areas. 60 health workers in total will attend the CHW training. The health workers must arrive at the training site by the last week of April.
13. During the first six-months period of 2012, BPHWT has made the decision to provide support for 12 new BP teams in the following areas: 2 in Kachin, 2 in Shan, 2 in Pa O, 1 in Palaung, 1 in Win Yee, 1 in Papun, 1 in Kler Lwee Htoo, 1 in Kayah, and 1 in Dooplaya.
14. The health workers who will attend the Maternal and Child Healthcare Refresher Training Course during the first six-months period of 2012 are: 2 from Kayah, 2 from Thaton, 2 from Taungoo, 2 from Kler Lwee Htoo, 3 from Papun, 3 from Pa An, 2 from Dooplaya, 1 from Kawkareik, 1 from Win Yee, 2 from Palaung, 2 from Shan, 1 from Mon Yee, 1 from Moulmein - Thaton, 3 from the delta region, 2 from Arakan, and 1 from Pahite clinic in the Papun area. 30 health workers in total will attend the MCH Refresher Training Course. The health workers must arrive at the office by the end of March.
15. BPHWT has made the decision to conduct a Medical Refresher Training Course in the second six-months period of 2012.
16. Leading Committee members and Field in-Charges will discuss requests for medicine transportation for Kayan in the Leading Committee meeting.

17. BPHWT has made the decision to grant the request of covering social costs for the Tha Kel BP team Field in-Charge in the Mergue/Tavoy area, who is suffering from a brain tumor.
18. Chit Win has been designated to select the seven health workers who will attend the CHW ToT, which will start the first week of May 2012 and will last two weeks. It will be organized by the IRC.
19. The list and photos of MCP Field Supervisors, CHEPP Field Supervisors, and MCHP Field Supervisors have to be brought to the next Six Months Meeting.
20. Two health workers from Kachin and one health worker from the delta region will attend EmOC training, which will start in April 2012. Thaw Thi Paw will be responsible for coordinating with BMA.

Notations:

1. One TBA from Thaton area died because she mistakenly ingested pesticide.
2. Saw Eh Htoo replaces Naw Hser Moo Hla Paw as the MCHP Supervisor in the Kler Lwee Htoo area.
3. Saw Soe Kyi replaces Naw Christ Hla Paw and Saw Hel Thaw replaces Naw Sa Nay in Htay Kaw Del, in the Kler Lwee Htoo area.
4. Saw Shi Poe replaces Naw Eh Lar Paw in Mat Ka Thi BP team in the Kler Lwee Htoo area.
5. Kine Ka Lar BP team moves to Htee Ka Lay village tract in the Pa An area.
6. Naw Paw Nay Shall replaces Naw Ma Aye as the MCHP Worker on Back Pack team # 2 in the Pa An area.
7. Saw Eh Htoo replaces Saw Eh Kalu Htoo as the CHEPP Worker in the Pa An area.
8. Saw Shall Kaw, the health worker from Htee Yoe Kee from the Dooplaya area, died on 17 December 2011.
9. Saya Htoo Baw replaces Saya Tun Lin as the Yel Moo Plaw BP Team in-Charge in the Papun area.
10. Saw Eh Day and Saw Chit Wai replace Naw Paw Paw and Saya Tin Tin on the Mae Wai Back Pack team in the Papun area.
11. Saw Poe Eh replaces Saw Kyaw Htoo on the Htee Tha Blu Hta BP team in the Papun area.
12. Naw Mu Kyi replaces Naw July Paw on the Lay Kaw Htee BP team in the Papun area.
13. Saw Eh Ka Nyoe replaces Naw Bway Shee Say on the Htee Tha Blu Hta BP team in the Papun area.

14. Saw Ka Lo Htoo from Ka Law Hta BP team in the Papun area is transferred to the Yel Mu Plaw Back Pack team, and Naw Mu Hla Paw replaces Saw Ka Lo Htoo.
15. Moo Hla Saw replaces Naw Mu Dah and Saw Than Maung replaces Saw Eh Tha Paw in the Kawkareik area.
16. Saw Say Nay Htoo replaces Christa Htoo as the Team in-Charge for the Moe Soe BP team in the Kayah area.
17. Ma A Swan Thar and Ma Joe Wah Nar replace Tun Tun Min and Ma Tee Sha on the Hol Yar BP team in the Kayah area.
18. Ma Pray Mar replaces Chue Sa Day as the MCH worker on the Moe Soe BP team in the Kayah area.
19. Saya Eh Thu Lay replaces Sayama Paw Bel as the Team in-Charge in the Mergue/ Tavoy area.
20. Saya Living Stone replaces Saya William as the Field in-Charge of Mergue/Tavoy and Saya Aye Chang replaces Saya Living Stone as the Second Field in-Charge.