



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



**BPHWT Mid Year Report
2012**

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Part I

2012 Mid Year Report



1) Overview and Summary of the BPHWT

During the first six-month term of 2012, the Back Pack Health Worker Team (BPHWT) continued to provide healthcare in **20** field areas, with **95** teams assigned to a target population of over **206,000** people. There are only **19** targeted field areas showed in the table below because the Yee West-North and YeeChaungpya field areas have been combined and became the Yee field area. There are currently more **1,500** health workers living and working in the BPHWT target areas inside Burma; comprised of **331** medics, **780** Traditional Birth Attendants (TBAs) and **403** Village Health Volunteers (VHVs). The table below gives an overview of the BPHWT field areas, the number of health workers, target populations, and the total number of cases treated within the first term of 2011. During this period, BPHWT field areas treated **47,867** cases including gunshot and landmine injuries. There were **59** gunshot injuries, including **12** under five children treated and **3** males landmine injuries treated.

**Summary of BPHWT Fields Areas, Health Workers, Target Population and Cases Treated,
January – June 2012**

No	Field Area	# of Teams	#of Medics			# of VHVs			# of TBAs			Total Villages	Total Households	Total Populations	Total Case Load
			M	W	Total	M	W	Total	M	W	Total				
1	Kayah	7	13	11	24	23	21	44	0	55	55	49	2,721	16,816	4,184
2	Kayan	4	10	5	15	6	21	27	3	37	40	20	965	3,981	844
3	Taungoo	5	12	6	18	12	11	23	0	30	30	45	1,702	9,530	1,921
4	Kler Lwee Htoo	6	16	6	22	26	24	50	3	49	52	42	1,892	11,345	1,777
5	Thaton	7	11	13	24	8	37	45	1	74	75	33	2,760	16,805	4,206
6	Papun	8	22	4	26	21	26	47	18	63	81	91	3,828	22,746	3,514
7	Pa An	6	9	12	21	3	22	25	9	56	65	42	2,101	12,322	3,302
8	Dooplaya	7	13	10	23	13	26	39	5	45	50	55	3,857	19,993	3,432
9	Kawkareik	3	9	5	14	5	11	16	3	26	29	10	727	4,373	646
10	Win Yee	4	10	7	17	0	0	0	4	26	30	29	1,763	10,081	1,994
11	Mergue / Tavoy	5	8	12	20	10	27	37	15	38	53	21	1,805	9,459	4,345
12	Yee (Mon)	6	4	19	23	0	0	0	0	32	32	19	2,153	10,874	4,986
13	Moulmein (Mon)	6	3	18	21	0	0	0	0	17	17	17	2,572	12,924	3,313
14	Shan	6	13	5	18	11	9	20	1	43	44	47	2,110	11,983	3,481
15	Palaung	3	3	6	9	0	0	0	25	56	81	24	1,475	10,578	1,246
16	Kachin	4	4	12	16	2	18	20	0	20	20	15	1,742	8,074	2,086
17	Arakan	3	8	1	9	0	0	0	0	20	20	9	841	4,581	516
18	Special	3	9	2	11	6	4	10	0	6	6	20	1,835	9,664	2,074
19	Pa O	2	0	0	0	0	0	0	0	0	0	0	0	0	0
Total		95	177	154	331	146	257	403	87	693	780	588	36,849	206,129	47,867

2) Map of BPHWT Operational Target Areas



3) The Security Situation in BPHWT's Target Areas: January – June 2012

The first half of 2012 was marked by internationally heralded “reforms” undertaken by President Thein Sein's government that have not yet manifested into substantial sustainable change on the ground. Preliminary ceasefire agreements between the Burma government and a number of armed ethnic groups have, for the present, resulted in our health workers generally being able to travel more freely to provide health services, and transport medicines and medical supplies. However, the Burma Army and their allied armed groups have not reduced their troop levels; actually, they sent more soldiers and military supplies into ceasefire areas and continued to obstruct the delivery of BPHWT health services.

In Kachin State, where a 17-year old ceasefire agreement was broken in June 2011, intense fighting has continued throughout this reporting period and driven about 70,000 internally displaced persons (IDPs) and refugees to the China-Burma border. Elsewhere, fighting continues in Karen and Shan States despite the signing of preliminary ceasefire agreements. The BPHWT recognizes the fragile nature of the peace process and how previous peace agreements have broken down; consequently, our health workers will continue to take security precautions while traveling and providing health services until a genuine political dialogue and change occur.

Karen State

A preliminary ceasefire agreement was signed on 12 January 2012 between representatives of the Burma government and the Karen National Union (KNU). During the first week of April, the KNU Peace Delegation held a second round of ceasefire talks with the State-Level Peace Delegation and later met with the Union-Level Peace Delegation and President Thein Sein. For the third round of peace talks, both sides have agreed to further discuss details related to the ceasefire, including establishing a Code of Conduct for their respective military forces, implementing ceasefire monitoring and evaluation mechanisms, and opening unarmed liaison offices in areas approved by both sides. The KNU has held numerous consultations with members of the Karen community and raised their concerns during the peace talks, which the Burma government agreed to discuss in future talks. These issues include: achieving a nationwide ceasefire; establishing reintegration programs to ensure that life, food and livelihood security is guaranteed for IDPs and refugees to return; de-mining; granting citizenship; releasing political prisoners; revising the labor law; resolving land ownership and land confiscation issues; and addressing the rule of law and responsible sustainable development over the long-term.

Although the Burma government has agreed in principle to discuss these important issues, it has not shown any indication of actually addressing them; instead its efforts seem to be largely focused upon attaining a ceasefire which thus provides the safety for companies to advance and start resource extractive development projects (i.e., hydropower dams, logging, mining, etc.) in this resource-rich region. These projects are proceeding often without the consultation of local community members and without valid environmental and social impact assessments, which is causing legitimate concern among community members that these projects will negatively affect them over the long-term.



Moreover, the Burma Army and their allied armed groups have been forcibly displacing civilians from their homes and confiscating land from villagers at a rapid rate for development projects and/or military camps, while providing the villagers with little or no compensation. The ongoing ceasefire negotiations have prompted more companies to commence projects in Karen State, causing incidences of land confiscation to increase exponentially. Villagers in an area of Papun District recently complained that Border Guard Force (BGF) soldiers, who are controlled by the Union-Level government, desecrated their local cemetery when the soldiers confiscated the land and began excavating and bulldozing the deceased for an unnamed development project. Eventually soldiers from the KNU's armed wing, the Karen National Liberation Army (KNLA), intervened on behalf of the villagers to halt the project by destroying the bulldozer and a backhoe tractor.

In addition to land confiscation, Burma government troops have continued to breach the preliminary ceasefire agreement and commit human rights violations against civilians. Fighting erupted sporadically during this reporting period when Burma government forces ignored the ceasefire agreement and entered designated KNLA territory in the Papun and Taungoo field areas. On at least three occasions between March and June 2012 in the same areas, Burma Army soldiers deliberately shot civilians who were merely carrying rice or gathering food. Although incidences of fighting have decreased significantly compared to this same period last year, our health workers reported that forced labor, minesweeping and extortion by Burma government forces and their allied armed groups are still occurring in Karen State.

Kachin State

The conflict and humanitarian crisis in Kachin State contrasts with the Burma government's ongoing reforms and peace building efforts in other ethnic areas. Heavy fighting continues between



IDPs in Kachin Back Pack Field Area

Burma government forces and the armed wing of the Kachin Independence Organization (KIO), the Kachin Independence Army (KIA). As a result of the conflict, about 70,000 IDPs and refugees have fled to the China-Burma border, where their humanitarian needs have been largely unmet due to the restricted access imposed by the governments of both Burma and China. Since the 17-year old ceasefire broke

down last June, the Burma government has only permitted three United Nations (UN) aid convoys into KIA-controlled territory. Meanwhile, China has allowed over seven thousand refugees to stay in makeshift camps along the border, but has not provided protection or humanitarian assistance, and has barred humanitarian groups from visiting the refugees. The Kachin refugees and IDPs have been relying upon aid from religious groups; this has proven insufficient as evidenced by UN estimates that more than one-third of the IDPs and refugees are not receiving regular humanitarian assistance and are confronting severe food insecurity. In addition, Chinese government officials have repeatedly threatened to shut down the refugee camps on their side of the border and force the refugees to return to the combat zone. The BPHWT has three Back Pack teams and one emergency Back Pack team in the Kachin field area; but they have been operating in the refugee camps in China since they were forced to flee from the fighting with the other refugees.

Our Kachin field-in-charge suffered a great personal loss when she was forced to flee from the attacking Burma Army troops. Eight-months pregnant with her first child, she ran with the other villagers through the mountains to safety in China, but fell along the way causing her water to prematurely break. Unfortunately, she could not induce labor so the villagers carried her to a hospital in China. Upon arrival, she had an emergency caesarean section but the baby died after two hours. Shortly afterwards, she resumed her duties as a health worker and the field in-charge of all four Kachin Back Pack teams because she is committed to helping her people.

Shan

Preliminary ceasefire agreements between the Burma government and various armed groups in Shan State were signed earlier this year, but since then, there have been over 35 incidences of fighting between the Burma government forces and the Shan State Army-North (SSA-N) and the Shan State Army-South (SSA-S) alone. The Burma Army has been sending more troop reinforcements and military supplies to Shan State, where their current force stands at over 180 battalions spread out all across the state. Like in Karen State, the people of Shan State are confronting land confiscation for resource extractive development projects. Shan civil society is calling for such projects to halt immediately and be reconsidered only after a genuine political settlement of the conflict is reached and proper safeguard policies for local communities are in place.

At the same time, Burma Army troops continue to commit human rights violations with impunity and obstruct the delivery of BPHWT health services. In March, two of our health workers in Shan State were arbitrarily detained by Burma Army soldiers at a road checkpoint when the soldiers found health worker and human rights violations documents. After enduring intense questioning and denying that they were health workers, they were threatened with being taken to prison where they would be beaten. In order to avoid jail time, the two health workers paid a bribe and were subsequently released.

In spite of the ongoing peace talks with various armed ethnic groups, the Burma Army and their allied armed groups repeatedly violate the initial ceasefire agreements, continue to send more troops and military supplies, commit human rights abuses, obstruct the delivery of healthcare, shoot at civilians and use them as minesweepers, and forcibly confiscate land for development projects and military camps. This demonstrates that the peace talks have not significantly improved the situation on the ground and that in order to achieve a durable peace; the Burma government must be committed to resolving the underlying political and socio-economic issues driving conflict in the ethnic border regions.



Landmine Victim in Taungoo Field Area

4) Obstacles and Threats to Delivering Healthcare in the Field

While both violent conflict and human rights violations only increase the need for health services, the BPHWT 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.

The ongoing conflicts between the Burma regime's army and ethnic armed opposition groups restrict the mobility and access of health workers. In conflict areas, access is restricted by the armed forces controlling those territories, and the 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. 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 the BPHWT's medics, making it difficult to reach certain areas. Since the creation of the BPHWT in 1998, nine medics and one TBA have been killed by the Burma Army or landmine-related injuries.

5) BPHWT's Program Activities

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

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

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

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

A. Medical Care Program (MCP)

MCP Objectives:

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

During this six month period, the BPHWT delivered medical care in **19** field areas and treated **47,867** cases, of which **8,337** cases were of children under the age of five. The total cases on a



Providing Healthcare in Dooplaya Field Area

gender basis included **22,221** cases involving men and **25,646** cases involving women. The six major diseases being treated by the BPHWT continue to be acute respiratory infections (mild and severe) – **10,352** cases; malaria (presumptive and confirmed) - **5,786** cases; anaemia - **4,080** cases; worm infestation - **2,272** cases; diarrhoea – **2,302** cases; and dysentery – **2,128** cases.

In this period, BPHWT also treated **1,523** injuries, including **59** patients with gunshot wounds and **3** patients with injuries caused by landmines. This is consistent with the high level of hostile military activity reported in the field reports of the individual field areas.

Number of Cases Treated by Condition and Age: January - June 2012

No	Condition	Age				Total		Grand Total
		<5		>=5		M	W	
		M	W	M	W			
1	Anemia	141	181	1262	2496	1403	2677	4080
2	ARI, Mild	947	1024	2745	3029	3692	4053	7745
3	ARI, Severe	393	390	885	939	1278	1329	2607
4	Beri Beri	40	37	746	1414	786	1451	2237
5	Water Diarrhea	325	349	846	782	1171	1131	2302
6	Diarrhea with Blood (Dysentery)	229	215	828	856	1057	1071	2128
7	Injury, Acute – Gunshot	6	6	35	12	41	18	59
8	Injury, Acute – Landmine	0	0	3	0	3	0	3
9	Injury, Acute – Other	105	66	530	295	635	361	996
10	Injury, Old	14	12	300	139	314	151	465
11	Malaria (Presumptive)	220	245	1049	948	1269	1193	2462
12	Malaria (With Para-check)	262	248	1514	1300	1776	1548	3324
13	Measles	116	94	249	144	365	238	603
14	Meningitis	0	2	19	12	19	14	33
15	Suspected AIDS	0	0	1	0	1	0	1
16	Suspected TB	6	7	63	56	69	63	132
17	Worm Infestation	296	342	768	866	1064	1208	2272
17	Abortion	0	0	0	64	0	64	64
18	Post-Partum Hemorrhage	0	0	5	18	5	18	23
19	Sepsis	0	0	0	26	0	26	26
20	Reproductive Tract Infection	0	0	5	79	5	79	84
21	UTI	33	27	557	952	590	979	1569
22	Skin Infection	234	222	549	583	783	805	1588
23	Hepatitis	5	3	89	97	94	100	194
24	Typhoid Fever	39	47	193	164	232	211	443
25	Arthritis	4	16	348	407	352	423	775
26	GUDU	11	10	1062	1388	1073	1398	2471
27	Dental Problem	59	85	368	369	427	454	881
28	Eye Problem	73	117	295	350	368	467	835
29	Hypertension	0	1	630	810	630	811	1441
30	Abscess	75	98	460	342	535	440	975
31	Others	405	455	1779	2410	2184	2865	5049
Total		4038	4299	18183	21347	22,221	25,646	47,867
Grand Total		8,337		39,530				

Conditions	Kayah	Kayan	Special	Taungoo	Kler Lwee Htoo	Thaton	Papun	Pa An	Dooplaya	Kawkareik	Win Yee	Mergue/Tavoy	Yee (Mon)	Moulmein (Mon)	Shan	Palaung	Kachin	Arakan	Total
Anemia	371	59	140	165	158	388	343	242	391	37	173	577	310	200	386	56	71	13	4,080
ARI(mild)	1416	32	424	208	456	758	674	439	463	81	220	488	590	204	377	242	653	20	7,745
ARI(severe)	38	8	104	135	143	285	342	346	262	106	75	121	266	191	9	63	75	38	2,607
Beriberi	9	20	185	57	37	445	128	258	246	4	56	292	56	48	297	15	62	22	2,237
Diarrhea	308	70	201	141	57	64	143	137	131	30	37	174	207	155	128	56	228	35	2,302
Dysentery	157	53	116	99	71	305	128	155	201	34	82	134	236	167	48	19	87	36	2,128
Injury(gunshot)	0	0	0	1	1	5	6	7	0	0	0	3	0	32	0	0	0	4	59
Injury(landmine)	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	1	3
Injury Acute Other	113	22	10	12	5	31	17	7	1	0	20	47	453	194	16	18	30	0	996
Injury(old)	6	40	11	27	9	60	38	37	91	0	3	112	0	0	22	0	9	0	465
Malaria (Presumptive)	108	62	89	99	125	174	262	216	210	125	154	262	197	221	91	3	12	52	2,462
Malaria (Para-check)	217	110	137	107	191	131	395	160	208	133	202	278	522	259	108	42	55	69	3,324
Measles	0	0	0	83	27	8	6	92	34	0	0	50	31	93	45	7	27	100	603
Meningitis	2	0	0	15	2	0	2	1	0	0	0	1	3	0	0	0	0	7	33
Suspected AIDS	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Suspected TB	16	10	0	1	0	26	0	5	1	0	11	47	7	0	2	1	5	0	132
Worms	200	54	102	104	37	63	55	114	193	5	281	325	236	208	152	69	45	29	2,272
Abortion	5	3	1	9	8	2	0	1	0	2	0	6	7	4	1	15	0	0	64
PPH	5	3	0	4	5	2	0	0	1	0	0	2	0	0	0	0	1	0	23
Sepsis	7	4	0	10	2	0	0	0	0	0	0	1	0	0	0	0	0	2	26
RTI	18	12	0	9	0	5	3	3	7	0	4	12	8	0	0	0	0	3	84
UTI	163	71	90	103	90	216	190	118	110	14	51	76	46	13	132	24	51	11	1,569
Skin Infection	171	30	186	95	20	55	71	102	94	16	28	178	127	130	152	38	95	0	1,588
Hepatitis	14	9	0	26	4	23	1	1	0	1	3	43	10	20	11	13	14	1	194
Typhoid Fever	8	28	0	54	36	4	28	0	22	0	0	3	78	108	28	5	38	3	443
Arthritis	20	34	2	37	15	8	43	45	54	7	76	103	93	60	171	5	2	0	775
GUDU	286	0	111	71	108	240	216	228	205	12	132	216	283	152	0	60	139	12	2,471
Dental Problem	61	1	7	82	6	19	8	51	15	7	66	136	125	82	181	14	19	1	881
Eye Problem	63	1	29	70	1	42	46	31	70	0	30	104	97	135	66	27	23	0	835
Hypertension	168	11	38	34	9	33	56	64	48	0	61	71	326	196	218	53	53	2	1,441
Abscess	86	23	63	61	42	39	55	95	98	26	51	136	78	64	33	12	10	3	975
Other	148	74	28	2	111	775	258	346	276	6	177	347	594	377	807	389	282	52	5,049
Total	4,184	844	2,074	1,921	1,777	4,206	3,514	3,302	3,432	646	1,994	4,345	4,986	3,313	3,481	1,246	2,086	516	47,867

Malaria diagnosis and treatment is an important part of our Medical Care Program. We continue to use Rapid Diagnostic Tests (RDTs) to confirm cases of PF malaria. During this reporting period, 57.5% of the PF RDTs, which included 4.7% pregnant women, showed positive and were treated with artemisinin-combination therapies (ACT) during the first six – months' period of 2012.

Rapid Diagnostic Tests: January-June, 2012

No	Area	# of RDT Used	# of RDT (-)	# of RDT (+) Confirmed Malaria	Presumptive Malaria	Total Malaria
1	Kayah	360	108	217	108	325
2	Kayan	172	62	110	62	172
3	Special	226	89	137	89	226
4	Taungoo	206	99	107	99	206
5	Kler Lwee Htoo	422	125	191	125	316
6	Thaton	432	174	131	174	305
7	Papun	637	242	395	262	657
8	Pa An	494	216	160	216	376
9	Dooplaya	418	210	208	210	418
10	Kawkareik	258	125	133	125	258
11	Win Yee	356	154	202	154	356
12	Mergue/Tavoy	540	262	278	262	540
13	Yee (Mon)	1102	197	522	197	719
14	Moulmein (Mon)	851	221	259	221	480
15	Shan	199	91	108	91	199
16	Palaung	45	3	42	3	45
17	Kachin	84	12	55	12	67
18	Arakan	120	51	69	52	121
Total		6,922	2,441	3,324	2,462	5,786



Using RDT to Test for Malaria



Providing Treatment to an Injured Patient

Pregnancy Malaria Screening: January - June 2012

No	Field Area	1st Time				2nd Time				Total (+)	Total (-)	Grand Total	Total (+) %
		+	-	Total	(+) %	+	-	Total	(+) %				
1	Kayah	0	36	36	0%	0	36	36	0%	0	72	72	0%
2	Kayan	0	22	22	0%	0	22	22	0%	0	44	44	0%
3	Special	6	2	8	75%	0	0	0	0%	6	2	8	75%
4	Taungoo	18	86	104	17%	0	0	0	0%	18	86	104	17%
5	Kler Lwee Htoo	1	53	54	2%	0	7	7	0%	1	60	61	2%
6	Thaton	4	107	111	4%	0	19	19	0%	4	126	130	3%
7	Papun	7	52	59	12%	5	34	39	13%	12	86	98	12%
8	Pa An	0	121	121	0%	0	36	36	0%	0	157	157	0%
9	Dooplaya	2	45	47	4%	2	19	21	10%	4	64	68	6%
10	Kawkareik	0	18	18	0%	0	0	0	0%	0	18	18	0%
11	Win Yee	0	42	42	0%	0	8	8	0%	0	50	50	0%
12	Mergue/Tavoy	4	31	35	11%	0	7	7	0%	4	38	42	10%
13	Yee	41	31	72	57%	0	0	0	0%	41	31	72	57%
14	Moulmein	17	50	67	25%	0	0	0	0%	17	50	67	25%
15	Shan	0	61	61	0%	0	0	0	0%	0	61	61	0%
16	Palaung	0	33	33	0%	0	0	0	0%	0	33	33	0%
17	Kachin	0	33	33	0%	0	17	17	0%	0	50	50	0%
Total		100	823	923	11%	7	205	212	3%	107	1028	1135	9%

Malaria PF Cases: January - June 2012 by Field Area

No	Field Area	<5		≥5			Total
		M	W	M	W	Pregnancy	
1	Kayah	12	6	123	61	15	217
2	Kayan	19	15	40	23	13	110
3	Special	3	4	63	51	16	137
4	Taungoo	5	11	44	37	10	107
5	Kler Lwee Htoo	16	16	100	52	7	191
6	Thaton	5	4	80	40	2	131
7	Papun	33	30	166	152	14	395
8	Pa An	15	12	81	52	0	160
9	Dooplaya	17	15	88	80	8	208
10	Kawkareik	8	4	64	57	0	133
11	Win Yee	16	16	83	78	9	202
12	Mergue/Tavoy	21	28	138	82	9	278
13	Yee	64	55	183	190	30	522
14	Moulmein	19	22	125	86	7	259
15	Shan	3	3	50	39	13	108
16	Palaung	1	0	25	16	0	42
17	Kachin	2	3	21	29	0	55
18	Arakan	3	4	40	19	3	69
Total		262	248	1514	1144	156	3324

B. Community Health Education and Prevention Program (CHEPP)

There five sub-programs exist within CHEPP: Water and Sanitation, Community Health Education, School Health, Nutrition, and Lymphatic Filariasis Pilot.

CHEPP Objectives:

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

(1) Water and Sanitation Sub-Program:

During the first term of 2012, **12** field areas were provided with increased access to water and sanitation systems. There were **1773** community latrines, **14** shallow wells, and **10** gravity flow water systems delivered and installed during this period. The table below shows the field areas, households, and populations who now have access to water and sanitation systems in the first six-month of 2012.

Installed Water System and Latrines: January - June 2012

No	Field Area	Gravity Flow			Shallow Wells			Community Latrines		
		No.	HH	Pop.	No.	HH	Pop.	No.	HH	Pop.
1	Kayah	0	0	0	2	76	544	200	200	1173
2	Kayan	2	49	186	0	0	0	200	200	1146
3	Special	0	0	0	0	0	0	100	117	462
4	Taungoo	0	0	0	5	165	930	250	250	1415
5	Thaton	0	0	0	3	96	323	200	200	931
6	Papun	2	79	425	2	56	271	250	250	1182
7	Pa An	2	111	637	0	0	0	50	50	300
8	Dooplaya	2	73	358	0	0	0	230	230	1162
9	Mergue/Tavoy	1	51	346	2	26	147	43	43	164
10	Shan	0	0	0	0	0	0	200	234	1159
11	Kachin	0	0	0	0	0	0	50	712	3168
12	Chin	1	70	350	0	0	0	0	0	0
Total		10	433	2302	14	419	2215	1773	2486	12262

(2) Community Health Education Sub-Program:

This sub-program utilizes a wide variety of methods to raise awareness of various health issues. Village meetings, workshops, events, songs, and documentaries are all employed to inform people about topics such as:

- The prevention of malaria, water-borne diseases, and HIV/AIDS;
- The effects of malnutrition, the benefits of breastfeeding, and the nutritional value of certain local foods
- Landmine risks
- Personal hygiene and sanitation
- Family planning
- Participatory Learning and Action tools
- Worm infestation
- Waste disposal
- Environment

7,967 people attended Community Health Education Workshops between January and June 2012

(3) School Health Sub-Program:

Through this sub-program, school children and their teachers received health education from health workers. Since the BPHWT programs are integrated, in some cases a school's sanitation system has been improved, and nutritional supplements and de-worming medication were given to a school's students (for details, see the Nutrition Sub-Program section below).

<p>Between January and June 2012, 273 schools were visited as part of the School Health Sub-Program.</p>	<p>18,999 students and 887 teachers received health education from the BPHWT's health workers.</p>	<p>56 school latrines and 2 pure water systems were installed in schools.</p>
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(4) Nutrition Sub-Program:

Under the Nutrition Sub-Program of the CHEPP and the Maternal and Child Healthcare Program, the BPHWT distributed Vitamin A and de-worming medication to children and prenatal/postpartum women. This is essential to preventing malnutrition. During the first half of 2012, **34,893** children between the ages of six months and 12 years of age received preventative doses of Vitamin A and **26,537** received de-worming medicine.

Number of Children Receiving Vitamin A: January – June 2012

No	Field Area	CHILDREN'S AGES			Total
		6-12 months	1-6 years	6-12 years	
1	Kayah	717	813	1136	2666
2	Kayan	415	552	516	1483
3	Special	203	358	492	1053
4	Taungoo	336	776	1503	2615
5	Kler Lwee Htoo	355	786	1159	2300
6	Thaton	468	1646	1601	3715
7	Papun	469	1905	2087	4461
8	Pa An	122	994	1674	2790
9	Dooplaya	438	1508	1824	3770
10	Kawkareik	0	137	193	330
11	Win Yee	10	530	1283	1823
12	Mergue/Tavoy	261	889	1344	2494
13	Shan	438	720	1061	2219
14	Palaung	20	200	310	530
15	Kachin	86	944	926	1956
16	Arakan	98	399	191	688
Total		4436	13157	17300	34893

Number of Children Receiving De-Worming Medicine: January - June 2012

No	Field Area	Age	Total
		1 – 12 Years	
1	Kayah	1901	1901
2	Kayan	1549	1549
3	Special	473	473
4	Taungoo	2615	2615
5	Kler Lwee Htoo	1974	1974
6	Thaton	3470	3470
7	Papun	4174	4174
8	Pa An	2107	2107
9	Dooplaya	0	0
10	Kawkareik	0	0
11	Win Yee	1813	1813
12	Mergue/Tavoy	1879	1879
13	Shan	1600	1600
14	Palaung	530	530
15	Kachin	1956	1956
16	Arakan	496	496
Total		26537	26537

(5) Lymphatic Filariasis Pilot Sub-Program:

This five-year Lymphatic Filariasis (LF) Pilot Sub-Program has been operational since 2008 in the Kler Lwee Htoo, Papun and Thaton field areas in response to reports of significant lymphadema and



Lymphatic Filariasis Workshop in Papun

hydrocele. The purpose for the implementation of this pilot sub-program was to prevent the further transmission of LF by treating those people currently infected with the disease. During the first six-month period of 2012, **3825** people, included **2108** men and **1717** women, from the targeted areas received Mass Drug Administration (MDA). Workshops are conducted in every six months to raise the community awareness of on LF.

Lymphatic Filariasis MDA Ingest Coverage: January – June 2012

No	Area	Targeted Population	Ingest MDA		Total Ingest MDA
			M	W	
1	Kler Lwee Htoo	3740	106	178	284
2	Thaton	1759	401	317	718
3	Papun	5826	1601	1222	2823
Total		11325	2108	1717	3825

Village Health Worker (VHW) Training:

During the first six – month period of 2012, BPHWT organized **8** VHW trainings in Thaton, Kler Lwee Htoo, Taungoo, Pa An, Shan, Chin, Kayah, and Kayan field areas. The total participants were 199, comprised of 60 men and 139 women. The training’s objectives and topics are showed at the below:



Village Health Worker Training in Kayan Area

Training objective:

- Build the knowledge and skills of the community health worker so that they can provide effective primary healthcare service and health education to their community

Key Course Topics:

- Basic anatomy and physiology
- Basic nursing care
- First aid
- Common communicable diseases
- Universal precaution
- Primary healthcare concepts and principles
- Health education and promotion
- Participatory Learning Action (PLA)

Village Health Workshops:

During the first term of 2012, the BPHWT organized **124** Village Health Workshops in **14** field areas. Through these workshops, a total of **7967** people, **3808** men and **4159** women, gained improved knowledge of primary healthcare issues. The participants came from a wide variety of backgrounds and community groups, including shopkeepers, religious leaders, members of women organizations, and village heads. This wide and varied participation increases the likelihood of knowledge spreading and reaching all levels of the community.



Village Health Workshop in the Field Area: January - June 2012

Village Health Workshops: January - June 2012

No	Area	Teachers		Students		TBAs		CHWs		VHVs		Shop Keepers		Religion Leaders		Women Org		Youth Org		Village Heads		Villagers		Authorities		Total
		M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	
1	Kayah	2	12	0	0	0	22	6	5	24	16	2	20	30	1	0	60	69	31	59	2	338	366	46	2	1113
2	Kayan	4	11	61	60	3	22	9	12	8	10	14	10	15	8	0	18	38	45	30	0	74	73	54	0	579
3	Special	3	8	0	0	4	3	12	10	3	6	0	0	8	7	0	0	7	14	17	4	101	85	24	0	316
4	Taungoo	6	5	26	28	0	12	5	6	3	8	0	0	6	0	0	12	9	5	10	0	27	36	10	0	214
5	Kler Lwee Htoo	5	17	105	109	5	12	6	10	3	11	1	4	4	2	0	34	35	18	12	0	61	122	9	4	589
6	Thaton	9	22	19	43	1	40	10	18	3	17	8	19	20	2	0	34	21	17	38	10	156	242	18	4	771
7	Papun	17	16	60	78	8	22	18	6	9	9	5	14	11	1	0	18	20	14	27	1	202	240	27	0	823
8	Pa An	7	17	27	33	3	30	7	8	3	12	5	22	21	5	0	25	43	48	34	5	149	188	11	1	704
9	Dooplaya	10	22	149	175	3	20	4	3	8	10	14	16	26	1	0	12	13	15	34	5	196	200	13	0	949
10	Kawkareik	2	9	13	8	1	12	4	8	0	6	0	4	1	0	0	0	1	0	12	0	85	84	0	1	251
11	Win Yee	3	7	11	16	0	5	3	4	0	0	2	4	3	0	0	7	4	9	6	1	51	58	2	0	196
12	Mergue/Tavoy	7	15	45	58	6	18	10	26	4	14	13	22	19	10	0	52	42	26	25	2	166	140	28	6	754
13	Shan	0	0	0	0	0	6	1	1	0	0	2	2	7	0	0	0	0	0	16	0	268	310	1	0	614
14	Palaung	0	4	0	0	3	3	0	0	0	0	0	0	0	0	0	0	0	0	6	0	35	43	0	0	94
Total		75	165	516	608	37	227	95	117	68	119	66	137	171	37	0	272	302	242	326	30	1909	2187	243	18	7967

C. Maternal and Child Healthcare Program (MCHP)

During this period, the MCHP was implemented across **17** field areas. While **1,926** babies were delivered, an unfortunate **22** still-births or abortions were recorded, and an additional **16** babies died during the neo-natal period. There were also **5** maternal deaths recorded across all field areas: abortion - **1**, post-partum hemorrhage - **2**, obstructed labor - **1**, and other - **1**.

Objectives:

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

TBA Training: During the first six-month period of 2012, the BPHWT provided **7** training sessions for newly-recruited TBAs in Chin, Arakan, Kachin and Shan field areas. However, the data from the Shan field area was not received in the BPHWT office because of difficult communications. There were **56** participants attending the **5** sessions of TBA trainings. All the participants were women.

TBA Workshops: In addition, to training TBAs, BPHWT organizes TBA workshops every six months to refresh and improve the knowledge and skills of TBAs, allow them to share their experiences, and participate in ongoing learning opportunities. There were **65** TBA workshops conducted with the participation of **574** trained TBAs, including **51** men and **523** women. There were **780** TBAs who participated in the BPHWT's program activities during this period; but only **574** TBAs were able to participate in the workshops. Because of security and time limitations, some of the



TBA Workshop in Thaton Area

TBAs could not participate in the workshops. During the workshops, **700** TBAs' Kits and **2,800** Maternity Kits were distributed in order to restock field areas.

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

Birth and Death Records: January – June 2012

No	Field Area	Deliveries	Live Births	Still Births/ Abortions	Deaths		<2.5Kg	=>2.5Kg Total
					Neonatal	Maternal		
1	Kayah	155	155	3	0	1	0	152
2	Kayan	104	104	0	1	0	1	103
3	Taungoo	97	96	1	0	0	3	97
4	Kler Lwee Htoo	98	97	1	0	1	6	95
5	Thaton	244	242	2	8	1	32	242
6	Papun	294	292	2	3	0	45	291
7	Pa An	158	156	2	1	0	3	135
8	Dooplaya	213	211	2	1	1	25	195
9	Kawkareik	16	16	0	0	0	0	16
10	Win Yee	71	70	1	0	0	6	64
11	Mergue /Tavoy	101	98	3	0	0	6	98
12	Yee West-North	89	87	2	0	0	0	78
13	Shan	57	56	1	0	0	2	49
14	Palaung	36	34	1	0	1	0	25
15	Kachin	49	47	0	0	0	0	10
16	Chin	144	143	1	2	0	8	144
17	Arakan	0	0	0	0	0	0	0
Total		1926	1904	22	16	5	137	1794

Family Planning Activities: January – June 2012: The BPHWT distributes and promotes the use of three family planning methods, namely the contraceptive pill, depo-provera, and condoms. Family planning assistance was given to **2,077** participants during this period, including **39** women less than 19 years of age. There were **2,322** depo-provera injections, **4,324** packets of pills, and **3,624** condoms provided during these six months. The most popular family planning method was transmuscular depo-provera.

No	Area	Total Clients	Age		Gravida Parity (G/P)			Visits		Clients			Quantity		
			<19	>=19	0	1-4	>4	New	Follow-Up	Depo	Pill	Cond	Depo (Inj)	Pill (Packs)	Condon (Pieces)
1	Kayah	110	1	109	1	46	63	23	87	71	33	6	100	198	234
2	Kayan	106	0	106	0	74	32	64	42	28	58	20	77	348	438
3	Taungoo	44	0	44	0	28	16	2	42	28	15	1	58	90	144
4	Kler Lwee Htoo	60	0	60	0	38	22	29	31	43	17	0	101	90	0
5	Thaton	413	3	410	6	206	201	155	258	290	114	9	598	660	576
6	Papun	196	1	195	0	61	135	48	148	69	125	2	138	774	288
7	Pa An	300	2	298	0	202	98	76	224	175	114	11	323	544	333
8	Dooplaya	250	1	249	1	134	115	139	111	151	74	25	269	404	543
9	Kawkareik	94	5	89	0	60	34	22	72	68	26	0	108	75	0
10	Win Yee	83	0	83	0	55	28	34	49	39	35	9	70	200	597
11	Mergue/ Tavoy	138	1	137	0	66	72	68	70	63	72	3	129	432	432
12	Shan	198	23	175	30	147	21	89	109	115	79	4	224	425	39
13	Palaung	85	2	83	1	57	27	29	56	71	14	0	127	84	0
Total		2,077	39	2,038	39	1,174	864	778	1,299	1,211	776	90	2,322	4,324	3,624

**Pre-and Postnatal Distribution of De-Worming, Ferrous Sulphate, Folic Acid & Vitamin A:
January – June 2012**

No	Area	De-Worming	F/S & F/A	Vitamin A	
				Mother	0-6 Mths. Child
1	Kayah	154	154	153	152
2	Kayan	97	95	95	95
3	Taungoo	97	97	97	96
4	Kler Lwee Htoo	89	98	96	96
5	Thaton	244	244	243	240
6	Papun	227	247	242	237
7	Pa An	144	152	144	143
8	Dooplaya	197	197	193	192
9	Kawkareik	16	16	16	16
10	Win Yee	71	71	71	70
11	Mergue/Tavoy	101	101	99	96
12	Yee (Mon)	82	82	89	88
13	Moulmein (Mon)	0	0	0	0
14	Shan	57	57	56	54
15	Palaung	33	33	35	34
16	Kachin	0	0	0	0
17	Chin	144	144	144	143
Total		1,753	1,788	1,773	1,752

Distribution of Eyeglasses, by Refraction, to TBAs: January – June 2012

No	Area	+1.00	+1.50	+2.00	+2.50	+3.00	+3.50	+4.00	Total
1	Dooplaya	2	5	2	2	3	2	0	16
2	Thaton	2	2	0	3	1	0	0	8
3	Kler Lwee Htoo	1	1	2	0	0	0	0	4
4	Papun	1	3	1	4	3	1	0	13
5	Taungoo	4	0	0	3	0	3	0	10
6	Shan	0	6	3	0	0	0	0	9
7	Mergue/Tavoy	0	2	2	1	0	0	0	5
8	Office	0	4	1	0	0	0	0	5
Total		10	23	11	13	7	6	0	70

6) Field Meetings and Workshops

The BPHWT conducts field meetings and field workshops twice a year. During the first six-month period of 2012, there were **20** field workshops and **17** field meetings conducted in eighteen areas; there were **225** participants who attended field meetings and **315** participants who attended field workshops.

Field Workshops and Meetings – January – June 2012			
Description	Men	Women	Total
Field Workshops	160	155	315
Field Meetings	131	94	225

7) Capacity Building Program

During the first six-months of 2012, the BPHWT organized a Maternal and Child Healthcare Refresher Training Course and three community health worker training courses in Mon, Hokay area and Pegu Division in order to improve health workers' knowledge and skills as well as to provide update health information to health workers to be better able to serve their communities.

A) Maternal and Child Healthcare Refresher Training Course

In this period, the BPHWT organized a Maternal and Child Healthcare Refresher Training Course in Mae Sot which began on 2 April – 6 July 2012. The purpose of this Maternal and Child Healthcare Refresher Training Course was to improve the MCHP workers' knowledge and skills as well as to provide update health information to the MCHP workers so that they will be better able to serve their communities. There were **23** participants, comprised of **3** men and **20** women from different field areas and ethnic groups. The trainees were trained by Mae Tao Clinic (MTC), International Rescue Committee (IRC) - Trainer Team, and the BPHWT. This course involved one month of theory and two months of practical training at the MTC. The following are the key course topics of the Maternal and Child Healthcare Refresher Training Course.



MCH Refresher Training Course

- Anatomy and physiology of the reproductive system
- Antenatal care
- Normal labor
- Neonatal care
- Ante partum hemorrhage
- Post partum hemorrhage
- Hypertension in pregnancy
- Malaria in pregnancy
- Family planning methods

B) Community Health Worker (CHW) Training

During this period, the BPHWT organized three sessions of community health worker training in Hokay, Mon, and Pegu Division. These training sessions were about basic medical training which lasts for six months. The purpose of the training is to recruit more health workers to provide healthcare services in their communities. The training objectives are:

- Provide health workers' knowledge and skills, and recruit more community health workers in local communities
- Provide healthcare services to the communities
- Improve the health situation, both preventive and curative, in communities
- Reduce the misuse of treatment within communities

1) CHW training in the Hokay area: This CHW training began on 16 May 2012. The training involves six months of theory and four months of practical training at the MTC. There were **76** participants, comprised of **39** men and **37** women. The trainees from the Hokay area are trained by the BPHWT and the Karen Department of Health and Welfare (KDHW), senior medics who received ToT training, and a doctor from the Papun District. The participants were from different field areas and ethnic groups. The key course topics are:

- Health information
- Pharmacology
- Anatomy
- Epidemiology
- First aid
- Basic Medical Care II with history taking and physical examination

- Diseases prevention and control (water borne, vector borne, air borne, and non communicable)
- Environmental health
- Family health and reproductive health
- Rehabilitation
- Community health promotion

2) **CHW training in the Mon area:** This CHW training began on 20 April 2012. This training also includes six months of theory and four months of practical training in their field area. There were **44** participants, comprised of **22** men and **22** women. The trainees were trained by the Mon National Health Committee. The key course topics are:

- Basic nursing skills (120 hrs.)
- Correct use of essential drugs (60 hrs.)
- Treatments of common diseases (330 hrs.)
- Care of mother and baby (120 hrs.)
- Care of delivery (60 hrs.)
- Data collection (30 hrs.)

3) **CHW training in the Pegu Division:** The CHW training in the Pegu Division was held from 27 April to 27 June 2012. It was a two month training course. There were **37** participants, comprised of **8** men and **29** women. The key course topics were:

- | | |
|---|---------------------------|
| • Community health and midwifery | • Leprosy |
| • Immunization | • Child care |
| • Nutrition | • Antenatal care |
| • Diseases control | • Food poison |
| • TB-HIV | • Mother and child care |
| • Malaria | • Diarrhea |
| • Water and sanitation | • Herbal medicine |
| • First aid | • Cancer |
| • Township and community-based Red Cross training | • Health and human rights |
| • Anatomy | • Health education |

8) Monitoring and Evaluation

The Back Pack Health Worker Team organizes program activities meetings twice a year and a general meeting once a year, which include a monitoring and evaluation session. The BPHWT also utilizes an Internal Program Monitoring Team in its field areas to evaluate the performance of its programs and other activities with a particular focus upon the quality control of drugs, health worker skills, logistics management, and office administration. During the first six-month period of 2012, the BPHWT conducted reviews of logbooks, RDT results, and malaria treatment protocol.

Internal Program Monitoring Team's Objectives:

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

Monitoring and Evaluation Framework

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

Part II

Program Workshops and 28th Semi-Annual Meeting Report



1) Program Workshops at the BPHWT's Mae Sot Office

During the first 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. In addition to that, BPHWT also organized a Lymphatic Filariasis Workshop, Trained Traditional Birth Attendant ToT Workshop, Village Health Worker ToT Workshop, and Personal Hygiene Workshop to upgrade the health worker's skills and knowledge.

Medical Care Program Workshop

Facilitators - Dr. Soe Soe Win and Saya Aung Min Win (IRC), and Win Kyaw, Deh Deh, Hsa Mu Nar Htoo, and Dr. Khin Saw Ko (BPHWT)

Duration - 18-22 July 2012

Participants - 33 (22 men and 11 women)

Discussion Topics:

- Field MCP report presentation
- Communicable disease control and zinc
- SD Bio line PF Antigen Test Result feedback
- Logbook review feedback on diarrhea and malaria
- Village Health Worker Training Report review
- Data report review (field in-charge, worker report, medicine inventory, and others)

Community Health Education and Prevention Program Workshop

Facilitators - Saw Eh Mwee, Kler Shee Say, and Jar Sai Kaw

Duration - 19-21 July 2012

Participants - 20 (15 men and 5 women)

Discussion Topics:

- Field CHEPP report presentation
- Review last workshop minutes
- How to organize village health workshops
- Evaluate the health situation in the BPHWT's targeted area.
- Nutrition promotion
- School health
- Water and sanitation
- Village Health Worker training
- Waste disposal
- How to prevent from malaria, diarrhea, and acute respiratory infection

Maternal and Child Healthcare Program Workshop

Facilitator - Naw Thaw Thi Paw

Duration - 17-20 July 2012

Participants - 29 (6 men and 23 women)

Discussion Topics:

- Field MCHP report presentation
- Report problem
- Trained Traditional Birth Attendant training

- Birth record data collection problem
- Malaria screening problem
- Review all the supplies
- Competency check list for MCHP workers
- Future plans

Lymphatic Filariasis Workshop

Facilitators - Dr. Aung Naing Cho (GHAP), Eh Poh (KDHW), and S'Aung Than Oo (BPHWT)

Duration - 26-28 July 2012

Participants - 7 (5 men and 2 women)

Discussion Topics:

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

Trained Traditional Birth Attendant ToT Workshop

Facilitators - Naw Thaw Thi Paw, Chit Oo, and Dr. Khin Chaw Ko

Duration - 6-11 August 2012

Participants - 22 (2 men and 20 women)

Discussion Topics:

- Anatomy and physiology
- Antenatal care
- Step of normal delivery
- Initiated newborn care
- Postnatal care
- Common problems in pregnancy
- Family planning
- Maternal and neonatal death
- Introduction of EmOC
- Health education

Village Health Worker ToT Workshop

Facilitators - Hsa Mu Nar Htoo, Win Kyaw, Deh Deh, Ko Kyi Kyaw and Dr. Khin Chaw Ko

Duration - 9-14 August 2012

Participants - 25 (15 men and 10 women)

Discussion Topics:

- VHW ToT aims
- Methodology
- Facilitators skills
- Adult learning
- Training session plan
- VHW ToT learning objectives
- Task session plan
- VHW training curriculum review
- Question types

Personal Hygiene Workshop

Facilitator - Solidarites International

Duration - 17-19 July 2012

Participants - 26 (20 men and 6 women)

Discussion Topics:

- **1. Problem Identification**
 - (a) Community story
 - (b) Health problems in our community
- **2. Problem Analysis**
 - (a) Mapping
 - (b) Good and bad hygiene behavior
 - (c) Investigation communications' practices
 - (d) How disease spreads?
- **3. Problem Solving**
 - (a) Blocking the disease
 - (b) Selecting the barrier
- **4. Selecting Options**
 - (a) Choosing sanitation improvement
 - (b) Choosing improved hygiene
- **(c) Tasks of men and women in the community**

2) 28th BPHWT Semi-Annual General Meeting

The 28th Semi-Annual Back Pack Health Worker Team General Meeting was conducted from 23-25 July 2012 in Mae Sot at the BPHWT head office. Attending this meeting were **107** BPHWT health workers - **52** men, and **55** women: **80** participants from BPHWT, **2** from Burma Relief Centre (BRC), **2** from Christian Aid (CA), **11** from Karen Baptist Convention (KBC), **7** from the Knowledge and Dedication for the Nation (KDN), **3** from Karen Womens Empowerment Group (KWEG), **1** from Kachin Women's Association Thailand (KWAT), and **1** from Mon National Health Committee (MNHC). 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 areas. During the meeting, the Leading Committee discussed the data, from a programmatic perspective, in order to monitor the events taking place in the field areas. After this analysis, they discussed how to improve data collection methods.

Also during the meeting, the Leading Committee offered advice for those issues that health workers were unable to solve by themselves, and provided suggestions for the planning of the next



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implementation period. The purpose of this session was to discuss the health worker experiences in the field, share knowledge, review which activities were and were not implemented as well as why some activities could not be implemented, compare outcomes in relation to plans made at the previous six-month meeting, and share difficulties encountered in the field. After the meeting, the Leading Committee

discussed possible ways to handle the problems identified during the session and came to decisions about how to take actions to solve these problems.

Schedule of BPHWT's 28th Semi-Annual General Meeting

Description of Presentation	Responsibility
Review and Discussion on the Last Executive Board and Field in-Charge Meeting Decisions	All members of the BPHWT
MCHP Coordinator Report MCHP Workshop Report	Naw Thaw Thi Paw
CHEPP Coordinator Report a. CHEPP Workshop b. Personal Hygiene Workshop c. VHW Training	Saw Eh Mwee and Jar Sai Kaung
MCP Coordinator Report MCP Workshop Report	Naw Hsar Moo Nar Htoo and Saw Deh Deh
Report of Support for Six Clinics	Saw Nyunt Win
Chin, Kachin and Arakan Reports and Discussions	Salai Dawt Mang, Nu Zan, and Khaing Thein Win
Capacity Building Program Report	Saw Chit Win
Human Rights Violation Report	S' Moe Naing
Office Administration Report	S' Moe Naing
Financial Report	Saw Chit Win

Decisions made during the BPHWT's 28th Semi-Annual General Meeting

1. During the second six month period of 2012, Trained Traditional Birth Attendant (TTBA) training will be conducted in the Kayah, Kayan, Thaton, and Mergue/Tavoy field areas.
2. The selection criteria for TTBA's are as follow:
 - Old TBA criteria:
 - a. Candidates must be 25-45 years old.
 - b. Candidates must be able to read and write.
 - c. Candidates must have a strong interest in maternal and child healthcare.
 - d. Candidates must have attended a TBA training or workshop.
 - New TTBA criteria:
 - a. Candidates must be 25-40 years old.
 - b. Candidates must have at least a 5th Standard education.
 - c. Candidates must have a strong interest in maternal and child healthcare.
 - d. Candidates must be recommended by their local communities.
 - e. Candidates must commit to at least five years of TTBA service after completing the TTBA training.
3. TTBA ToT training will be conducted after the BPHWT's 28th General Meeting.

4. During the first six month period of 2013, MCHP workers will be trained at a MCHP Workshop in Mae Sot on the six cases definitions: reproductive tract infection, abortion, ante-partum hemorrhage, post-partum hemorrhage, post-partum sepsis, and pre-eclampsia.
5. Village Health Worker (VHW) training will be conducted in Taungoo, Kayah, Dooplaya, Mergue/Tavoy, and Arakan field areas.
 - a. VHW ToT training will be conducted on 8-15 August, 2012. Two workers from the Karen Baptist Convention (KBC), two workers from the Knowledge and Dedication for the Nation (KDN) and at least two health workers from each of the above five field areas will attend the VHW ToT training and conduct the VHW training.
6. The Maternal and Child Healthcare Program to be implemented in Pantanaw Township will be conducted under KBC management.
7. The MCHP Coordinator must determine the kinds of delivery instruments needed by the field areas and the criteria for distributing these delivery instruments to the field areas, and report these at the Leading Committee meeting.
8. During the first-six month period of 2013, a Program Impact Assessment Survey will be conducted in coordination with GHAP. A health worker assessment and a TBA assessment will be both conducted in coordination with the IRC.
9. Ringer lactate will be used instead of Normal Saline Solution (NSS) for severe dehydration.
10. Leading Committee members and field in-charges will discuss requests made from the Medical Care Program in the Leading Committee meeting.
11. The BPHWT made the decision to support the request by the Palaung field area for two hundred thousand kyat in security expenses for two Palaung health workers.
12. The BPHWT made the decision to provide a laptop computer to both the Kachin and Palaung field areas in order to get more timely field reports.
13. The BPHWT made the decision to provide one hundred thousand kyat to a TBA, from Mae Way village tract in the Papun field area, who broke her leg, injured her stomach, and was referred to Thaton Hospital.
14. There is a Norway Peace Project (NPP) in the Kler Lwee Htoo field area covered by the Hel Del Back Pack team. If there is any NPP activity undertaken there, the field in-charge must report it immediately to the BPHWT office. Otherwise, the field in-charge must report at least once a month to the BPHWT office about NPP activities
15. Regarding on the requests for trauma management medicines and instruments from the Kachin and Palaung field areas, the field in-charges must make specific lists of the medicines and instruments and give them to the BPHWT Director.

16. During the second six-month period of 2012, the BPHWT made the decision to support a pilot emergency health team in the Arakan field area. The field in-charge must report to the BPHWT Director about the specific target area where the activities will be implemented and the health workers who will take responsible for the team.
17. The health workers who will attend the Medic Refresher Training Course beginning on 1 September 2012 are: 2 from the Kachin field area, 2 from the Palaung field area, 2 from the Kayah field area, 2 from the Kayan field area, 2 from the Mon field area, 4 from the Arakan (AASYC and ALP), 4 from the Shan field area (need to be confirmed by the CBP Coordinator), 1 from the Chin field area, 2 from the Pa O field area (need to be confirmed by the CBP Coordinator), 3 from the Mae Tao Clinic, and 1 from the Karen Women Action Group (KWAG). There will be some health workers from the Karen field areas if the targeted number of participants for the training is not reached.
18. The International Training Course will be discussed in the Leading Committee meeting.
19. The Chin Maternal and Child Healthcare Program will be discussed in the Leading Committee meeting.
20. Rapid diagnosis tests (RDTs) will be discussed in the Leading Committee meeting.

Notation:

1. During the second six-month period of 2012, there will be a delay in receiving para-check tests. As a result, the BPHWT plans to borrow para-check tests from the SMRU. If this is not possible, para-check tests will be purchased inside Burma.

Recording:

1. Saw Min Hla Oo replaces Saw Thaw Thel in the Thaton field area.
2. Naw Moe Moe Aye replaces Naw Tha Lue Htoo as a MCP in-charge on the Bayar Raw Back Pack team in the Thaton field area.
3. Saw Tin Soe replaces Saw Soe Thein as a Mae Mwel Back Pack worker in the Papun field area.
4. Saw Min Shwe is appointed as a MCP in-charge in the Papun field area.
5. The Kay Kaw Back Pack team is transferred in the Kayah field area to the Pan Pet village track.
6. Ma Nyin Mar and Naw Cherry Paw replace Ko Oo and Naw Khu Ku on the Pan Pet Back Pack team in the Kayah field area.
7. Ma Juu Saday and Ma Paw Linna replace Than Aung and Lan Naing Sa on the Tee Lo Back Pack team in the Kayah field area.

8. A camera that was provided to the Kawkareik field area was damaged.
9. Saw Tin Tun replaces Naw Lo Moo Htoo on the Sue Kali Back Pack team in the Kawkareik field area.
10. Naw Moo Ra Saw replaces Naw Moo Dah as a MCHP health worker on the Nue Poe Back Pack team in the Kawkareik field area.
11. Khaing Thein Win replaces Khaing Kyaw Lin as the field in-charge in the Arakan field area.
12. Khaing Hein replaces Khaing Hein Zaw as a Paka Wa Back Pack team in-charge in the Arakan field area.
13. Lway Plaung Chee replaces Lway Naw Khroue as the field in-charge in the Palaung field area.
14. Nant Aung replaces Jar Sai Kaw as the CHEPP in-charge in the Kachin field area.
15. The Noe Maw Pue Back Pack team is transferred to Tha Nay Pya in the Dooplaya field area because a clinic is built in former area of the Noe Maw Pue Back Pack team.
16. Naw Hsar Mu Lar Paw replaces Saw Eh Htoo as the MCHP supervisor in the Kler Lwee Htoo field area.
17. Saw Lin Bar Soe replaces Saw Thaw Huu Gay as the MCP worker on the Leh Kalar Back Pack team in the Kler Lwee Htoo field area.
18. Saw Say Poe is appointed as the MCHP worker on the Kwee Doh Kaw Back Pack team in the Kler Lwee Htoo field area.
19. On 30 June 2012, a meeting was held in the Kler Lwee Htoo field area and the following health workers were appointed to the new Back Pack team in the Kler Lwee Htoo field area:
 - a. Saw Taw Thar - MCP worker
 - b. Maung Yel Myint - CHEPP worker
 - c. Ma Khin Myint - MCHP worker