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

2014 MID-YEAR REPORT

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Part I: 2014 Mid-Year Report

1) Overview and Summary of the BPHWT

During the first six-month term of 2014, the Back Pack Health Worker Team (BPHWT) continued to provide healthcare in **20** field areas, with **98 permanent** teams and **2** pilots in Naga assigned to a target population of over **211,010** people. There are currently more than **1,292** health workers living and working in the BPHWT target areas inside Burma; comprised of **354** medics, **711** Traditional Birth Attendants (TBAs)/Trained Traditional Birth Attendants (TTBAs) and **227** Village Health Volunteers (VHVs)/Village Health Workers (VHWs). 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 six-month period of 2014.

During this period, the BPHWT field areas treated **42,767** cases including gunshot and landmine injuries. There were **3** gunshot injuries treated. The BPHWT also responded to poisoning in Pa An District and civil war in Palaung area (Shan Stat).

Summary of BPHWT Fields Areas, Health Workers, Target Population and Cases Treated

No.	Areas	# of Teams	# of HWs		Total	# of VHVs/VHWs		Total	# of TBAs/TTBAs		Total	Total Villages	Total Households	Total Population	Total Caseload
			M	W		M	W		M	W					
1	Kayah	7	10	14	24	4	11	17	0	65	65	53	2937	18687	3734
2	Kayan	5	7	10	17	7	12	19	3	42	45	37	1633	9047	4834
3	Special	3	8	2	10	0	0	0	1	17	18	23	1373	6896	929
4	Taungoo	5	12	6	18	7	18	25	0	50	50	47	1865	9599	1004
5	Kler Lwee Htoo	7	14	10	24	18	29	47	5	51	56	55	2114	13275	1827
6	Thaton	7	12	13	25	2	10	12	0	75	75	34	2847	18442	3928
7	Papun	9	24	7	31	9	19	28	18	66	84	96	4000	24477	1609
8	Pa An	6	9	12	21	5	14	19	9	56	65	30	2827	16111	2016
9	Dooplaya	7	13	10	23	6	15	21	11	47	58	45	3381	17559	2666
10	Kawkareik	3	6	7	13	1	6	7	3	20	23	11	784	4464	599
11	Win Yee	4	9	6	15	0	0	0	3	27	30	29	1691	9872	1068
12	Mergue/Tavoy	5	9	9	18	4	17	21	10	37	47	11	1187	6281	3503
13	Yee	6	5	17	22	0	0	0	0	15	15	18	2118	10808	3053
14	Moulamein	6	3	18	21	0	0	0	0	0	0	17	2521	12236	2658
15	Shan	6	11	9	20	0	0	0	0	10	10	54	2201	11710	2984
16	Pa O	2	4	4	8	0	0	0	0	0	0	11	496	2221	356
17	Palaung	3	5	8	13	0	0	0	0	30	30	19	1203	8990	1520
18	Kachin	4	2	12	14	0	0	0	0	10	10	2	204	1100	2802
19	Arakan	3	11	1	12	5	6	11	0	30	30	9	917	4644	763
20	Naga	2	5	0	5	0	0	0	0	0	0	19	1119	4591	914
	Total	**100**	**179**	**175**	**354**	**68**	**157**	**227**	**63**	**648**	**711**	**620**	**37,418**	**211,010**	**42,767**

2) Map of BPHWT Operational Target Areas

3) The Security Situation in BPHWT's Target Areas

According to reports from the BPHWT field workers, the security situation for the first six months of 2014 is generally unchanged from that at the end of 2013. Fighting between the Tatmadaw (Myanmar armed forces) and various Ethnic Armed Resistance Organizations (EAROs) is sporadic in Kachin State, but continuous in North Shan State, especially in the Palaung areas. Furthermore in North Shan State, there are numerous offensive operations being conducted by the Tatmadaw which are in direct violation of the terms of the preliminary ceasefire agreements which it had signed with the EAROs.

Shan State is the home to many ethnic groups and has its own ethnic issues between the dominant Shan and the minority ethnic nationalities, some of which are armed groups. Also, Shan State has a large number of Peoples Militia Forces (PMFs) established over the past twenty years or so by the Myanmar Government to serve as a buffer between the Tatmadaw and the EAROs, and assist the Tatmadaw in its military operations against the EAROs. Many of these PMFs are engage in the drug business and other criminal activities, and perpetrate human rights abuses against the ethnic people in their areas of control. Thus, the security situation remains dangerous in certain areas of Shan State for both the civilian population and health workers.

There were also ceasefire violations during June of this year in Karen State. Between 13 -14 June, the Tatmadaw attacked a camp of the Karen National Liberation Army (KNLA) in the Megui/Tavoy District. The KNLA is the military wing of the Karen National Union (KNU) which signed a preliminary ceasefire agreement with the Myanmar Government in 2012. During this attack, one KNLA soldier was killed and another wounded. Later in the month on 26 June, an armed clash occurred when a Tatmadaw patrol entered into KNU-controlled territory in Papun District and was met by soldiers from the KNLA soldiers. This was not the first time that a Tatmadaw unit has entered into this KNU-controlled territory in violation of the ceasefire agreement.

The Tatmadaw continues to expand its presence in the ceasefire areas and has established more checkpoints. People stopped at the checkpoints, including BPHWT health workers, have been subject to questioning and searches. Few human right violations by the Tatmadaw have been reported by the BPHWT health workers in these areas. Among these were reports of a beating and attempted rape of a woman in Chin State and land confiscations.

Ceasefire talks continue between the EAROs and the Myanmar Government with progress made on a single text Nationwide Ceasefire Agreement (NCA). However, there is still no agreement by the Myanmar Government upon the key demand of the EAROs for a federal union. The EAROs want a federal union for Myanmar to a part of the NCA while the Myanmar Government would only agree that it should be a topic for discussion at a political dialogue to be held after the signing of the NCA. Also, the EAROs want a Military Code of Conduct to be incorporated into the NCA or signed separately at the same time as the NCA. The Myanmar Government wants any Military Code of Conduct discussions held after the signing of the NCA. A Military Code of Conduct would address the dispositions, demarcations, areas of operations, armaments, monitoring, and other aspects designed to protect the terms of the NCA during the political dialogue up through the creation and implementation of a National Accord and subsequent integration of the ethnic armed

forces into state/region militias or reintegration into civilian pursuits. A Military Code of Conduct would also provide additional security and safety to the BPHWT health workers.

BPHWT health workers report the growing presence of international nongovernment organizations (INGOs) and Myanmar Government health workers in the ceasefire areas. Unfortunately, some of these INGOs and Myanmar Government health workers have not reached out to local and border-based managed organizations for cooperative activities or registered with the EAROs administering their areas of operation. This lack of cooperation causes these INGOs to be viewed by many as soft power administration extensions of the Myanmar Government. It leads many to question the validity of the conflict analyses done by these organizations as well as whether their "Doing No Harm" is instead "Doing Harm".

Humanitarian assistance principles encourage INGOs to utilize local resources where available. Such local resources are available in many of these areas, especially in Karen, Karenni, and Mon States. INGOs in these areas should enthusiastically support local service providers with funding, supplies, technical assistance, and capacity building. In this way, local people are served by their local ethnic service providers in collaboration with INGOs to foster trust, confidence building, and true "Bridges for Peace".

4) Obstacles and Threats to Delivering Health Care in the Field

Fighting in Kachin State and North Shan State remain of concern because of the presence in these areas of BPHWT health workers and their served populations, especially those people who have become internally displaced due to military activities. The situation is especially crucial in the Palaung areas of North Shan State with almost daily fighting between the Tatmadaw and EAROs. Back Pack teams in these areas are especially active in addressing the additional health situations resulting from the displacements and fighting.

As mentioned above in ***The Security Situation in BPHWT's Target Areas,*** the BPHWT health workers in the temporary ceasefire areas, while freer to travel, do report more Tatmadaw checkpoints on the roads and more extensive questioning and searches by Tatmadaw soldiers at these checkpoints. Some of the health workers report that Tatmadaw soldiers have taken photographs of them at the checkpoints. Also Back Pack teams have made changes to scheduled community activities due to Tatmadaw movements and presence.

There remains the possibility of renewed fighting in the temporary ceasefire areas from the encroachment of the Tatmadaw in these areas and sporadic ceasefire violations. Landmines representing a constant threat to both the BPHWT served populations and its health workers. This is of special concern during the rainy season when landmines shift their known locations in travel areas and fields. The rainy season poses additional logistical and travel obstacles in crossing rivers and streams, and traveling over rough terrain. The BPHWT monitors these situations and conditions to ensure that its served populations continue to have access to primary health care while, at the same time, its health workers can safely travel and provide health care, especially to the large numbers of displaced people still living in remote areas and under unsafe conditions.

The BPHWT and other ethnic health organizations are the only providers of primary health care to thousands of displaced people and others in remote and isolated areas not under Myanmar Government control. Their healthcare services give the "right to health" to these populations who otherwise lack access to health care. Shifting funding away from them by the international community to the Myanmar health system can take away the "right to health" of these people if it impairs the ability of the ethnic health providers to continue to serve these populations with accessible and quality primary health care and may lead to increased morbidity and mortality among these vulnerable populations. Thoughtful conflict analyses by INGOs should readily reflect this situation and provide the basis for the continued INGO support of the "right to health" of these vulnerable populations through their ethnic healthcare providers.

5) Activities of Back Pack Health Worker Team

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 targeting the various ethnic nationalities and communities in Burma to be happy and healthy society.

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:

1. Provide essential drugs for common diseases
2. Strengthen patient referral systems
3. Respond to disease outbreaks and emergency situations
4. Improve health workers' skills and knowledge

During this six month period of 2014, the BPHWT delivered medical care in 20 field areas and treated 42,767 cases, of which 8,260 cases were of children under the age of five. The total cases on a gender basis included 19,873 cases involving males and 22,894 cases involving females. The six major diseases being treated by the BPHWT continue to be acute respiratory infections (mild and severe) – 8,424 cases; malaria (presumptive and confirmed) – 2,426 cases; anaemia – 2,812 cases; worm infestation – 2,205 cases; diarrhoea – 2,055 cases; and dysentery – 1,438 cases. In this period, the BPHWT also treated 1,160 injuries, including 3 patients with gunshot wounds.

Also during this reporting period, the BPHWT health workers referred 40 cases which included 7 cases of serious obstetric emergency (EmOC).

Number of Cases Treated by Condition and Age

No	Condition	Age				Total		Grand Total
		<5		>=5				
		M	F	M	F	M	F	
1	Anemia	150	141	810	1711	960	1852	2812
2	ARI, Mild	829	874	2058	2255	2887	3129	6016
3	ARI, Severe	464	513	654	777	1118	1290	2408
4	Beri Beri	69	75	807	1495	876	1570	2446
5	Water Diarrhea	381	402	635	637	1016	1039	2055
6	Diarrhea with Blood (Dysentery)	191	183	524	540	715	723	1438
7	Injury, Acute – Gunshot	0	0	3	0	3	0	3
8	Injury, Acute – Landmine	0	0	0	0	0	0	0
9	Injury, Acute – Other	69	53	433	271	502	324	826
10	Injury, Old	6	4	207	114	213	118	331
11	Malaria (PV)	87	93	491	377	578	470	1048
12	Malaria (With Para-check)	85	115	658	520	743	635	1378
13	Measles	55	54	65	58	120	112	232
14	Meningitis	7	1	12	12	19	13	32
15	Suspected AIDS	0	0	8	9	8	9	17
16	Suspected TB	12	15	84	73	96	88	184
17	Worm Infestation	347	365	728	765	1075	1130	2205
18	Abortion	0	0	0	63	0	63	63
19	Post-Partum Hemorrhage	0	0	0	22	0	22	22
20	Sepsis	0	0	0	14	0	14	14
21	Reproductive Tract Infection	0	0	13	116	13	116	129
22	UTI	13	10	529	845	542	855	1397
23	Skin Infection	251	233	567	517	818	750	1568
24	Hepatitis	8	9	87	51	95	60	155
25	Typhoid Fever	78	64	181	152	259	216	475
26	Arthritis	7	5	521	448	528	453	981
27	GUDU	24	11	1272	1430	1296	1441	2737
28	Dental Problem	111	153	434	460	545	613	1158
29	Eye Problem	157	171	485	525	642	696	1338
30	Hypertention	1	0	849	1078	850	1078	1928
31	Abscess	113	111	442	331	555	442	997
32	Others	532	558	2269	3015	2801	3573	6374
Total		4,047	**4,213**	**15,826**	**18,681**	**19,873**	**22,894**	**42,767**
Grand Total		**8,260**		**34,507**				

Malaria diagnosis and treatment are 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, there were **7,522** used and **1,378** were RDT positive which treated with artemisinin-combination therapies (ACT). Since July to December 2013, Back Pack Health Team has used SD Biolines to test for both P.f and P.v malaria. In addition, the BPHWT distributed **17,800** ITNs to the targeted field areas during this period.

Malaria Rapid Diagnostic Tests

No	Area	# of RDT Used	# of RDT (-)	# of RDT(+)/ Confirmed Malaria	Total Malaria
1	Kayah	277	98	173	271
2	Kayan	800	55	68	123
3	Special	157	31	26	57
4	Taungoo	304	102	96	198
5	Kler Lwee Htoo	380	103	88	191
6	Thaton	920	9	6	15
7	Papun	395	25	122	147
8	Pa An	431	3	28	31
9	Dooplaya	953	125	84	209
10	Kawkareik	309	49	23	72
11	Win Yee	237	67	36	103
12	Mergue/Tavoy	461	104	220	324
13	Yee	342	108	133	241
14	Moulmein	800	86	47	133
15	Shan	406	36	33	69
16	Pa Oh	0	0	0	0
17	Palaung	90	0	36	36
18	Kachin	0	0	0	0
19	Arakan	150	47	159	206
20	Naga	110	0	0	0
Total		**7,522**	**1,048**	**1,378**	**2,426**

Providing treatment to communities

Patient refer in the field areas

Malaria P.f and P.v Cases

No	Area	<5		>=5			Total
		M	F	M	F	Pregnancy	
1	Kayah	6	2	95	70	0	173
2	Kayan	5	9	25	25	4	68
3	Special	2	2	11	8	3	26
4	Taungoo	4	5	44	27	16	96
5	Kler Lwee Htoo	2	3	49	20	14	88
6	Thaton	1	0	4	1	0	6
7	Papun	17	14	41	47	3	122
8	Pa An	2	2	12	10	2	28
9	Dooplaya	1	3	36	41	3	84
10	Kawkareik	2	3	15	3	0	23
11	Win Yee	2	4	24	6	0	36
12	Mergue/Tavoy	23	35	96	64	2	220
13	Yee	5	2	72	53	1	133
14	Moulmein	7	9	17	14	0	47
15	Shan	1	0	15	17	0	33
16	Pa Oh	0	0	0	0	0	0
17	Palaung	0	0	28	8	0	36
18	Kachin	0	0	0	0	0	0
19	Naga	0	0	0	0	0	0
20	Arakan	5	22	74	27	31	159
Total		**85**	**115**	**658**	**441**	**79**	**1,378**

Referral Cases:

No	Area	Gender		EmOC Cases	Total Referral Cases
		M	W		
1.	Kayah	1	3	1	5
2.	Kler Lwee Htoo	1	0	0	1
3.	Pa An	6	9	3	18
4.	Dooplaya	8	0	0	8
5.	Kawkareik	1	2	2	5
6.	Win Yee	2	0	0	2
7.	Palaung	0	0	1	1
Total		**19**	**14**	**7**	**40**

Emergency Response to Disease Outbreaks and Emergency Situations

Emergency Response: Pa An District

Emergency Situation: Food Poisoning

- Location: Paw Baw Kho, Tee War Blaung (Na Bu Township)
- Date: 9 April 2014
- Total Villages: 2
- Total Households: 181
- Total Population: 777
- Total Cases Treated: 72 persons (M -26 /F- 46) including 8 under 5 y.o. children (M-2/F-6)

Remarks: Collaboration with the BPHWT and local health organizations with the BPHWT supplying necessary medicine & medical supplies.

Emergency Response: Palaung Area (Shan State)
Emergency Situation: Civil War

- Location: Mae Kaung and Lwei Kwan (Ma Ton & Nan Khan Township)
- Dates: 5 May – 25 July 2014
- Total Villages: 11
- Total Households: 608
- Total Population: 4498
- Total Cases Treated: 739 persons (M -254 /F-485) 99 under 5y.o. children (M-49/F-50)

Remarks: Collaboration with the BPHWT and local health organizations with the BPHWT supplying necessary medicine & medical supplies.

B. Community Health Education and Prevention Program (CHEPP)

The Community Health Education and Prevention Program focuses on disease prevention and health education. There are five activities existing within CHEPP: Water and Sanitation Sub-Program, School Health Sub-Program, Nutrition Sub-Program, and Community Health Education-Village Health Workshops.

CHEPP Objectives:

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

(1) Water and Sanitation Sub-Program:

During July to December 2014, only **7** field areas were provided with increased access to water and sanitation systems. There were **10** shallow wells, and **7** gravity flow water systems and no community latrines 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 from the first six-month period of 2014.**Installed Water System and Latrines**

No	Field Area	Gravity Flow				Shallow Wells			
		No.	HH	Pop.		No.	HH	Pop.	
				M	F			M	F
1	Kayah	0	0	0	0	2	60	143	157
2	Kler Lwee Htoo	0	0	0	0	8	126	333	330
3	Thaton	1	60	150	218	0	0	0	0
4	Pa An	2	148	403	549	0	0	0	0
5	Dooplaya	1	55	141	203	0	0	0	0
6	Kawkareik	2	168	413	476	0	0	0	0
7	Mergue/Tavoy	1	62	161	191	0	0	0	0
Total		**7**	**493**	**1,268**	**1,637**	**10**	**186**	**476**	**487**
				2,905				**963**	

(2) 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).

Between January-June 2014, **201** schools were visited as part of the School Health Sub-Program.	**18,125** students (8,877 boys & 9,248 girls) and **750** teachers (158 men and 592 women) received health education from the BPHWT's health workers.

(3) 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 from the age of one to twelve year old. This is essential to preventing malnutrition. During the first-six month period of 2014, **23,578** children between the ages of six months and 12 years of age received preventative doses of Vitamin A. Also **20,202** children between the ages of one year and 12 years of age received de-worming medicine. However, the BPHWT did stop providing Vitamin A supplementation to prenatal/postpartum women according to the WHO recommendation.

Number of Children Receiving Vitamin A

		CHILDREN'S AGES							
No	Area	6-12 months		1-6 years		6-12 years		Total	
		M	F	M	F	M	F	M	F
1	Kayah	51	63	1013	1021	750	754	1814	1838
2	Kayan	192	199	275	385	503	430	970	1014
3	Special	18	42	22	26	0	0	40	68
4	Taungoo	347	414	649	728	894	844	1890	1986
5	Kler Lwee Htoo	345	356	445	421	481	447	1271	1224
6	Thaton	105	107	951	976	737	729	1793	1812
7	Papun	57	46	153	137	142	159	352	342
8	Pa An	0	0	120	113	175	152	295	265
9	Kawkareik	70	79	123	90	107	83	300	252
10	Mergue/Tavoy	157	172	347	367	528	549	1032	1088
11	Palaung	326	379	533	604	420	508	1279	1491
12	Arakan	260	285	196	176	127	118	583	579
Total		**1,928**	**2,142**	**4,827**	**5,044**	**4,864**	**4,773**	**11,619**	**11,959**
		4,070		**9,871**		**9,637**		**23,578**	

Number of Children Receiving De-Worming Medicine

No	Field Area	Age (1 to 12 Years)		Total
		M	F	
1	Kayah	1340	1355	2695
2	Kayan	632	667	1299
3	Special	40	68	108
4	Taungoo	1890	2086	3976
5	Kler Lwee Htoo	951	857	1808
6	Thaton	1857	1956	3813
7	Papun	306	307	613
8	Pa An	292	259	551
9	Kawkareik	204	242	446
10	Mergue/Tavoy	728	788	1516
11	Palaung	1279	1491	2770
12	Arakan	323	284	607
Total		**9,842**	**10,360**	**20,202**

(6) Village Health Worker Workshops:

During this reporting period, the BPHWT could organize only 2 Village Health Worker (VHW) workshops in Pa An and Kler Lwee Htoo field areas. There were **47** village health workers who attended the workshops.

Workshop Topics:

- Reviewing case definition of ARI mild , Malaria, Pneumonia, Diarrhea, Dysentery and Anemia
- Discussing of VHW kits
- Reviewing Log Book Report and data form
- Reviewing VHW Workshop Objective and VHW responsibility
- Discussing on Health Education for three diseases in community (Malaria , Diarrhea , ARI)
- Discussing on prevention of malnutrition and personal hygiene.

No	Area Name	# of BP Cover Teams	# of Workshop	Village Health Workers		Total
				M	W	
1.	Pa An	6	1	3	11	14
2.	Kler Lwee Htoo	7	1	11	22	33
Total		**13**	**2**	**14**	**33**	**47**

(7) Village Health Workshops:

During the first-six month period of 2014, the BPHWT organized **44** Village Health Workshops in **10** field areas. Through these workshops, a total of **3,941** people, **1,719** men and **2,222** 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, teachers, students, TBAs/TTBAs, VHWs, health workers, youth organization, authorities, villagers and village heads. This wide and varied participation increases

the likelihood of knowledge spreading and reaching all levels of the community. Every six months, there are more women participating in this workshop from the community level.

Village Health Workshop

No	Areas	# of VH workshops	Participants		Total
			M	W	
1	Taungoo	5	185	203	388
2	Kler Lwee Htoo	6	318	515	833
3	Thaton	2	23	74	97
4	Pa An	8	157	192	349
5	Kawkareik	2	89	57	146
6	Win Yee	5	179	211	390
7	Mergue/Tavoy	3	74	95	169
8	Yee	4	132	167	299
9	Shan	6	294	398	692
10	Palaung	3	268	310	578
Total		**44**	**1,719**	**2,222**	**3,941**

Providing Vit A & De-worming medicines in A school

Installing water system in field areas

C. Maternal and Child Healthcare Program (MCHP)

During this period, the MCHP was carried out across **19** field areas. There were two integrated program in the Chin area and with the Karen Baptist Convention (KBC) in the Pan Ta Naw area. While **2,134** babies were delivered, an unfortunate **14** still-births or abortions were recorded, and an additional **10** babies died during the neo-natal period. There were also **1** maternal deaths recorded across all field areas because of Eclampsis. It decreased compared to first six-month period of 2013. There were **992** birth records received from the targeted field areas even though there were **2,134** deliveries. Some of deliveries received birth records from the government health providers as a number of people are still afraid of having the birth records from the BPHWT. Since the first-month period of 2013, the BPHWT stopped providing Vitamin A to mothers and newborn babies according to the recommendation from World Health Organization. However, the BPHWT still provides albandozole, ferrous sulphate, and folic acid to mothers and pregnant women. **1,879** pregnant women received albandozole and **1,926** pregnant women and women received ferrous fulphate and folic acid during this six month period.

Providing ANC care to a pregnant woman

Objectives:

1. Increase maternal and child health care
2. Improve the knowledge and skills of TBAs/TTBAs and MCHP Supervisors
3. Encourage positive community attitudes towards, and utilization of, family planning methods
4. Provide records of deliveries

1) Trained Traditional Birth Attendant (TTBA) Training: In 2010-2011, an external evaluation facilitated by Burma Relief Center (BRC) recommended that TBAs in the targeted villages must have more knowledge and skills in order to be more effective. Therefore, since 2012, the BPHWT has decided to train TBAs to become TTBAs who will have greater knowledge and skills to provide safe deliveries, related health education, and an effective referral system. It is a twenty-day training. During the first six-month period of 2014, the BPHWT provided four Trained Traditional Birth Attendant trainings for newly-recruited TBAs in the Kayah, Taungoo, Kler Lwee Htoo, and Papun field areas. There were **75** participants with 69 women and 6 men.

NO	Area	# of TTBA Training	Participants		
			Men	Women	Total
1	Kayah	1	0	20	20
2	Taungoo	1	0	15	15
3	Kler Lwee Htoo	1	2	18	20
4	Papun	1	4	16	20
Total		**4**	**6**	**69**	**75**

2) TBA/TTBA Workshops: In addition, to training TBAs/TTBAs, the BPHWT organizes workshops every six months to refresh and improve the knowledge and skills of TBAs/TTBAs, allow them to share their experiences, and participate in ongoing learning opportunities. There were **31** TBA/TTBA workshops conducted with the participation of **297** trained TBAs/TTBAs, including **30** men. During the workshops, **430** TBAs'/TTBAs' Kits and **1,720** Maternity Kits were distributed in order to restock field areas.

NO	Area	# of TBA workshops	Participants		
			Male	Female	Total
1	Kayan	4	3	24	45
2	Taungoo	3	0	30	30
3	Pa An	2	4	16	20
4	Kawkareik	2	3	12	15
5	Win Yee	3	3	27	30
6	Mergue /Tavoy	5	10	35	45
7	Shan	1	0	10	10
8	Arakan	3	0	30	30
9	Palaung	3	0	30	30
10	Kachin	2	0	11	11
11	KBC	3	7	24	31
Total		**31**	**30**	**249**	**297**

Birth and Death Records

No	Area	Deliveries	Live Births	Still Births/ Abortions	Deaths		<2.5 Kg	=>2.5 kg
					Neonatal	Maternal		
1	Kayah	109	109	0	0	0	0	109
2	Kayan	62	61	1	0	1	0	62
3	Taungoo	52	51	1	0	0	0	0
4	Klew Lwee Htoo	66	64	2	0	0	0	64
5	Thaton	316	310	6	1	0	41	316
6	Papun	295	294	1	4	0	21	294
7	Pa An	177	177	0	0	0	4	177
8	Dooplaya	177	175	2	2	0	38	175
9	Kawkareik	33	32	1	2	0	5	33
10	Win Yee	91	91	0	1	0	1	91
11	Mergue /Tavoy	46	46	0	0	0	4	46
12	Yee	81	81	0	0	0	0	81
13	Shan	26	26	0	0	0	0	26
14	Arakan	41	41	0	0	0	1	41
15	Palaung	65	65	0	0	0	6	65
16	Chin	164	164	0	0	0	2	147
17	Kachin	6	6	0	0	0	0	0
18	Special Pa An	9	9	0	0	0	0	9
19	KBC	318	318	0	0	0	0	81
	Total	**2,134**	**2,120**	**14**	**10**	**1**	**123**	**1,817**

TBA/TTBA and Maternity Kit Distributed:

Maternity Kit Contents:	TBA/TTBA Kit Contents:	
• Providone • Cotton • Vitamin A • Albendazole • Folic C	• Syringe ball • Non-sterilized gloves • Sterilized gloves • Plastic bags for medicine • Providone • Terramycin eye ointment • Thread • Ink	• Compress • Multicolor bag for kit (smallest size) • Plastic sheet • Package of plastic bags for kit • Towels • Nail clippers • Scissors

Ma Say La's Story

Ma Say La (50 years old) in the Kawkawreik District has worked as a traditional birth attendant (TBA) for over 13 years. She doesn't want to work anymore, but since there is no one else in her village to deliver babies, the people always call her. Over the past six months, she has given birth to four babies. She doesn't remember exactly how the total number of babies she has delivered as a TBA.

Asked about her work with Back Pack health workers, she said,

"I have participated with Back Pack health workers for over 10 years now. In the past, I didn't have any kits to deliver babies. But when the Back Pack health workers participated with us, we got the proper kits for safe deliveries. In the past six months, we have made deliveries alongside Back Pack health workers. They gave us many supplies - female longyis, torch lights, and hats. They also gave us the knowledge about pregnancy and safe deliveries so that we will improve our deliveries of babies. We now know more about proper personal hygiene, safety when delivering babies, and also about the cleaning of the baby's placenta. We have more confidence when we cooperated in deliveries with Back Pack health workers.

At the same time, Back Pack health workers give us good information about referring difficult deliveries to clinics. But with some of our referrals, the women refuse to go to the clinic because they say that they have no money. Also some of them do not have medicine or blanket/cloth for the baby after the delivery of the baby. Some other organizations would like now to come and do activities in our village, but we haven't accepted them. We don't have any problems in working with Back Pack health workers. So we only want to see and work with Back Pack health workers.

3) Family Planning Activities: January – June 2014: 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 **2,462** participants during this period, including **91** women less than 19 years of age and **109** are men. There were **3,200** depo-provera injections, **3,166** packets of pills, and **3,604** condoms provided during these six months. Transmuscular depo-provera was the most popular family planning method.

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	56	0	56	0	34	22	2	54	51	2	3	78	12	270
2	Kayan	90	1	89	1	44	45	44	46	44	28	18	88	119	408
3	Taungoo	38	0	38	0	37	1	17	21	24	10	4	48	60	60
4	Klew Lwee Htoo	47	2	45	0	27	20	13	34	38	9	0	76	54	0
5	Thaton	364	1	363	0	138	226	107	257	289	56	20	571	316	660
6	Papun	225	0	225	0	66	159	67	158	75	145	5	150	870	216
7	Pa An	203	2	201	0	147	56	46	157	104	87	12	200	357	354
8	Dooplaya	26	0	26	0	15	11	11	15	23	3	0	46	16	0
9	Kawkareik	115	3	112	0	94	21	32	83	81	34	0	162	145	0
10	Win Yee	145	0	145	0	95	50	41	104	54	77	14	103	400	456
11	Mergue/Tavoy	56	1	55	2	31	23	30	26	31	22	3	64	138	432
12	Yee	315	51	264	66	232	17	74	241	254	46	15	275	138	430
13	Shan	74	8	66	13	55	6	22	52	47	24	3	93	95	78
14	Arakan	91	18	73	3	70	18	38	53	29	50	12	58	300	240
15	Palaung	219	4	215	1	175	43	40	179	196	23	0	392	146	0
16	Chin	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Kachin	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Special Pa An	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	KBC	398	0	398	0	281	117	144	254	398	0	0	796	0	0
Total		**2,462**	**91**	**2,371**	**86**	**1,541**	**835**	**728**	**1,734**	**1,738**	**616**	**109**	**3,200**	**3,166**	**3,604**

Pre-and Postnatal Distribution of De-Worming, Ferrous Sulphate, & Folic Acid:

No	Area	De-Worming	F/S & F/A
1	Kayah	109	109
2	Kayan	62	62
3	Taungoo	52	52
4	Kler Lwee Htoo	63	66
5	Thaton	208	233
6	Papun	271	277
7	Pa An	163	176
8	Dooplaya	75	75
9	Kawkareik	32	32
10	Win Yee	91	91
11	Mergue/Tavoy	46	46
12	Yee	81	81
13	Shan	26	26
14	Palaung	65	65
15	Kachin	6	6
16	Arakan	38	38
17	Chin (WLC)	164	164
18	Special Pa An	9	9
19	KBC	318	318
	Total	**1,879**	**1,926**

6) Field Meetings and Workshops

The BPHWT conducts field workshops and field meetings twice a year. During the first six-month period of 2014, there were **16** field workshops and **17** field meetings conducted in the targeted field areas; there were **383** participants who attended field meetings and **379** participants who attended field workshops.

Field Workshops and Meetings				
Description	**# of Field Workshops/Meetings**	**Men**	**Women**	**Total**
Field Workshops	16	202	177	**379**
Field Meetings	17	234	149	**383**

7) Capacity Building Program

The Back Pack Health Worker Team organizes community health worker training once a year and refresher training courses such as Medic Refresher Training Course and Maternal and Child Healthcare Refresher Training Course and twice a year to improve the health workers' knowledge and skills as well as to provide updated health information to health workers to be better able to serve their communities. Additionally, trainings and workshops are also conducted for the health workers every six months in the Back Pack targeted field areas.

During this reporting period, Community Health Worker training was conducted in the Thay Bay Hta area in Karen State and Kayan area. The Community Health Worker trainings are still in

progress. Refresher Training Courses are held in Mae Sot to upgrade the health workers' skills and knowledge to serve their communities. However, during this six-month period, Public Health Supervisor Training was conducted instead of medic refresher training.

A) Community Health Worker Training

In this six month period, BPHWT organized community health worker (CHW) training in two different areas: Thay Bay Hta in Karen State and Kayah area.

The CHW training in Thay Bay Hta in Karen State has started on 5 May 2014 and will be completed on 30 December 2014. There are 85 trainees comprise of 41 men, 44 women from different areas and 13 trainers comprise of 9 men and 4 women) from BPHWT and IRC. The purpose of the training is to enhance the knowledge of the health workers about anatomy and physiology, basics of medical theory and diseases. After the training, they will have undergone four-month internship at their respective clinics to apply the knowledge and skill from it.

CHW training in Htay Bay Hta

The Community Health Worker training in See Bu in Kayan State has been started on 8 May 2014 and will be completed on 5 October 2014. The total number of trainees are 34, comprise of 6 men and 28 women. There are 9 trainers comprise of 5 men and 4 women. After the training, they also do have practical in their area as to adapt and apply these concepts in their work.

Training Objectives:

1. Provide health workers with knowledge and skills, and recruit more community health workers in the communities
2. Provide healthcare services to the communities
3. Improve the health situation in the communities through prevention and treatment
4. Reduce the misusage of treatment among communities.

Key Course Topics:

- 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, non-communicable diseases)
- Environmental health
- Family health and reproductive health
- Rehabilitation

- Community health promotion

B) Public Health Supervisor Training

During this quarter, the Back Pack Health Worker Team (BPHWT) organized the Public Health Supervisor Training. PHS II is conducted as Three-month training. PHS II started on May 3, 2014 at the BPHWT head quarter office in Mae Sod and it will be complete in July. This is the first training ever. There are 24 trainees, comprised of 9 women and 15 men from different areas and ethnicities. This training is conducted by the trainers from IRC/PLE. The BPHWT also has training team to be involved in the training as trainers' assistant. This training is an advance level and focuses on prevention program. The purpose of the training is to qualify and improve health workers knowledge as to supervise other workers in their field areas. Moreover, they have to organize health education training to educate workers both prevention and treatment program. All the trainees must to complete CHW and Medic refresher before attend this training. Since they have to know the detail of the clinical diagnosis and technical method of prevention, the IRC/PLE training team has organized the training and divided the topics as below:

Public Health Supervisor Training

- First Aid
- Management on Minor Ailments
- Safe Water Supply
- Sanitary Excreta Disposal
- Garbage and Refuse Disposal
- Disposal of Sullage Water
- Rodent Control
- Vital and Health Statastics
- Epidemiological Surveillance and Control of Communicable Diseases
- Specific Communicable Diseases Control
- Malaria Control
- Filariasis Control
- Tuberculosis Control
- Leprosy Control
- STI Control
- Trachoma Control
- Health Education
- School Health
- Family Health Care
- Community Health Care
- Nutrition Promotion
- Health Management and Supervision
- Expanded Program on Immunization (EPI)

C) <u>Auxiliary Midwife training</u>

The BPHWT continuous supporting of the Auxiliary Midwife (AMW) training that has been running since 2013 funded by SV award. During this six month period, the BPHWT with Phlon Education Development Unit (PEDU) and State Health Department (SHD) organized one Auxiliary Midwife training. This is batch 3 of AMW trainings and it has started on 21 April 2014 and completed on 20 July 2014. There were 23 trainees who are from Kawkareik, Kyarr Inn Seik Kyi, Hlaing Bwe and Kyaik Ma Yaw Township. In addition, there are seven trainers: one from

BPHWT, 3 from State Health Department (SHD) and 3 are retirees from the government. This training is focus on maternal child healthcare as to know how to deliver baby systemically include practical and theory. After the training, the trainees have to do three month internship at Mae Tao Clinic at Reproductive Health (RH) department. Currently, the batch 4 has started since 27 July 2014. The key course topics of the AMW Training Course:

- Basic anatomy and physiology
- Basic nursing care
- Basic first aid
- Universal precaution
- Basic history taking and physical examination
- Common diseases (Diarrhea, ARI, Malaria, worm infestation, Measles, anemia, Vitamin deficiency)
- Anatomy and physiology of reproductive
- ANC, Delivery, PNC, abortion, < 5 year Care, IMCI, PHC concept and approach.

8) Convergence, Coordination and Collaboration

In May 2012, the Health Convergence Core Group (HCCG) was established with the aim to prepare existing ethnic community-based health networks inside Myanmar and managed from the Thai-Myanmar border for future possibilities to work together with Union and state/region government health agencies, ethnic authorities, international donors, international non-governmental organizations (INGOs), civil society organizations, and ethnic health organizations (EHO)/health community-based organizations (HCBOs). The purpose of the HCCG is to explore policy options for achieving the convergence of ethnic, community-based, state, and national health systems through political dialogue. The HCCG had nine EHOs/HCBOs at the end of June 2014:

HCCG Meeting

- Karen Department of Health and Welfare (KDHW)
- Backpack Health Worker Team (BPHWT)
- Burma Medical Association (BMA)
- Mon National Health Committee (MNHC)
- Karenni Mobile Health Committee (KnMHC)
- Shan State Development Foundation (SSDF)
- Mae Tao Clinic (MTC)
- Chin Public Affairs Committee (CPAC) - joined in 2014
- National Health and Education Committee (NHEC)

The convergence process can be viewed as consisting of three levels:

- Convergence of the border-based managed ethnic health organizations

- Convergence of the border-based managed ethnic health organizations with ethnic health organizations inside Myanmar
- Convergence of the border-based managed ethnic health organizations/ethnic health organizations inside Myanmar with the Government of the Union of Myanmar (GoUM) health system

Potential outcomes of convergence:

1. Increased access to health care for populations in need
2. Positive impact on peace-building
3. Basic needs and human rights are addressed
4. International partnerships and networking are promoted
5. Recognition and accreditation of ethnic health workers
6. Ethnic and community-based health programs are supported and strengthened
7. Increased decision-making and power sharing at the state and local level

In looking at both the GoUM health system and that of the border-based managed ethnic health organizations, it is seen that the GoUM health system is highly centralized while that of the border-based managed ethnic health organizations are decentralized. Within this context, the HCCG has been looking at various global health system models:

- Centralized/deconcentrated health systems – The government is responsible for the health care of the people - curative, promotitive, preventative, and rehabilitative.
- Devolved health systems – The government and the people are both responsible, to varying degrees depending on structure, for the health care of the people – curative, promotitive, preventative, and rehabilitative.

From these health system studies, devolved health systems, especially primary health care, seem most compatible with the situation in Myanmar as they are more community-based, more responsive, and more in line with the aspirations of the ethnic people.

Within this context, the BPHWT has hosted and participated in a number of HCCG activities during the January – June period of 2014:

1. HCCG Policy Meeting: 1-2 February 2014, Mae Sot, Thailand

- Exploring policy options for a federal decentralized health system
- Attendance by 57 participants from 21 organizations

2. Health System Development Seminar: 31 March – 1 April 2014, Mae Sot, Thailand

- Health as a bridge for peace
- Health equity during transformation period
- ***Health Policy Option*** paper
- Development of the health system and policy in future Myanmar

Attendance by 97 participants from:

- Ethnic and community-based health organizations
- National League for Democracy (NLD)
- Karen State Department of Health
- Myanmar Health Assistant Association

- Myanmar Medical Association
- INGOs
- Academicians

3. Convergence Presentation by the HCCG in Kachin and Karenni States – early June 2014

4. Myanmar Peace Support Group (MPSI) Meeting: 21 May 2014, Mae Sot, Thailand

- Presentation and discussions about convergence

5. Canadian Health System Study Tour: 24 May – 8 June 2014

- Study the structure, programs, funding, and other aspects of the Canadian health system
- Tour members from the BPHWT, BMA, MNHC, MTC, and partner Burma Relief Centre

6. UNHCR "*Convergence of Service Consultations in SE Burma*": 20 June 2014, Yangon, Myanmar

- Presentation about convergence to INGOs, foreign embassies, and GoUM officials

7. HCCG Convergence Presentation in a SWAN Workshop: 6 July 2014, Chiang Mai, Thailand

Also there has been ongoing meetings and collaborative activities with both Union and State health officials in Myanmar. Discussion topics include:

- Expanding immunization programs
- Addressing the emergence of drug-resistant Malaria
- Expanding reproductive and child health workforce
- Information sharing on health indicators
- Health worker recognition and accreditation
- Procurement strategies
- Overlaps and gaps in programs, protocols, and target areas
- Pilot convergence activities (e.g., Auxiliary Midwife program)
- Mutual recognition of health infrastructures
- Meetings and workshops
- Concept of convergence

In this similar respect during the period of January – June 2014, the BPHWT collaborated with the Phlon Education Development Unit (PEDU) and the Karen State Department of Health (KSDoH) to conduct Auxiliary Midwife (AMW) training. This is a continuation of the training collaboration began in 2013. There was one AMW training during this period with 23 participants.

The AWM training consisted of four months of classroom theory and three months of clinical internships/training at the Mae Tao Clinic in Mae Sot, Thailand. Following the clinical internships/training, the new AMWs are sent back to their respective communities in Burma Government-controlled townships to implement a Maternal and Child Healthcare Pilot Program planned by the BPHWT. The AMW trainers were from the BPHWT, KSDoH, and International Rescue Committee as well as retired GoUM staff. At the end of the training, the AMWs received AMW kits from the KSDoH and medical supplies from the BPHWT. Also they received accreditation certificates signed by the Directors of the KSDoH, PEDU, and BPHWT.

As noted, this period has seen extensive health convergence activities. These activities can be supported by INGOs and donors through:

- Recognizing and supporting ethnic groups as key service providers in ethnic areas.
- Encouraging the involvement of ethnic leaders in the participation of coordination meetings, workshops, and related activities.
- Considering how planned projects may support program, system, or policy convergence.
- Strengthening and/or developing community participation networks.
- Promoting and directly supporting ethnic and community-based health programs through financial support, capacity building, technical assistance, and supplies.
- Exploring funding opportunities that support convergence and the peace process (e.g., joint funding for programs in government- and ethnic- controlled areas, cross-border funding, etc.).
- Ensuring that health care services and development aid are delivered in alignment with ethnic groups' needs and in a way that supports the peace process.

It is very important that international donors, INGOs, and GoUM health officials recognize the ethnic health organizations, and their knowledge, experience, skill sets, workers, and capacity – finance, reporting, etc. built up over past 25 years with the funding and technical support of INGOs and international development agencies. Such recognition would greatly enhance the successful convergence of ethnic and GoUM health systems for the benefit of all the Myanmar people and serve as another "Bridge for Peace" in the ongoing peace negotiations. Unfortunately, the ethnic health organizations have had to "fight" for invitations to meetings and discussions about the future health system for Myanmar. Such a situation is not conducive to health convergence or trust building. The ethnic health organizations deserve a "seat-at-the-table" to speak to the future healthcare system for Myanmar, and health-related NGOs and international development agencies should proactively support such participation. If not, they should revisit their conflict analysis.

10) 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. During these meetings, the Leading Committee specifically focuses on monitoring and evaluation. The Leading Committee monitors and analyzes data brought back from the field (e.g., caseload data and field in-charge reports) by looking at the presentations provided by the Program Coordinators. This allows for discussion on improvements which need to be made to the programs. During these meetings, Program Coordinators also offer advice on some health issues which the health workers could not solve by themselves, and then provide some suggestions for future planning.

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 2014, Director of BPHWT went to Kachin, Kayan, Thaton, and Pa An field areas for monitoring trips. Each of this monitoring trip report is available. In addition, the traditional birth attendant assessment was conducted during this six-month period and the health worker assessment is conducting during the second six-month period of 2014. The data will be analyzed and published. The BPHWT's coordinates with other health partners to conduct Eastern Burma Retrospective Mortality Survey (EBRMS) every four years and the fourth survey result report will be published at the end of September 2014. There will be also monitoring trips by the Leading Committee members to targeted field areas during the second six-month period of 2014.

Monitoring Trip to Pa An field area

Monitoring and Evaluation Objectives:

- Assess the health needs in the community
- Improve health worker's skills and knowledge
- Promote the skills, knowledge and participation of community TBAs/TTBAs and VHVs/VHWs
- 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

11) Financial Report: January - June 2014

BPHWT Income and Expenditures: January – June 2014			
ITEMS	**Income (Thai Baht)**	**Expenditure (Thai Baht)**	**%**
Opening Balance 2014	120,803		
Period Income			
Burma Relief Centre (CA/DFID)	5,284,319		34%
International Rescue Committee (IRC)	3,011,794		19%
Stitching Vluchteling (SV)- Netherlands	2,636,500		17%
Thai Border Consortium (TBC) No.1	1,500,000		10%
Burma Relief Centre /Just Aid Foundation	1,090,919		7%
Burma Relief Centre/ TdH Germany	828,147		5%
Mae Tao Clinic (Monitoring & Evaluation)	580,000		4%
KDHW (TBC fund) No.2	513,000		3%
Burma Relief Centre (Crossroads Charity)	22,059		0%
Other Individual Donations	5,000		0%
Bank Interest	5,726		0%
TOTAL PERIOD INCOME	**15,477,464**		**100%**
TOTAL INCOME	**15,598,267**		
Period Expenditures			
Back Pack Medicine and Equipment(MCP)		2,040,224	18%
Back Pack Field Operation Supplies and Services		1,267,015	11%
Community Health Education and Prevention Program(CHEPP)		1,917,105	17%
Maternal and Child Healthcare Program(MCHP)		1,733,696	15%
Capacity Building Program(CBP)		1,546,002	14%
Health information and Documentation (HID)		152,583	1%
Program Management and Evaluation(PME)		1,285,122	11%
General Administration		1,479,163	13%
TOTAL PERIOD EXPENDITURES		**11,420,910**	**100%**
CLOSING BALANCE -30 June 2014		**4,177,357**	

Part II: Program Workshops and 32th Semi-Annual Meeting Report

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

During the first six-months meeting period of 2014, there were three program workshops and other five workshops held: Medical Care Program Workshop, Community Health Education and Prevention Program Workshop, and Maternal and Child Healthcare Program Workshop. In addition to these three program workshops the BPHWT also organized a Conflict Analysis Workshop and strategic planning workshop to plan for the BPHWT's future activities.

1. Medical Care Program Workshop

Facilitators - Naw Hsa Mu Na Htoo and Nan Pa Pa Win
Duration - 20, 22, 23 and 25 August 2014
Participants - 30 (23 men and 7 women)

Discussion Topics:

- Review of Six months field Activity Plan
- Field Workshop / Meeting
- Guideline
- Program Data Form

- Field MCP report presentation
- Malaria & General Medicine Order List
- Data report review
- Workshop & Meeting guideline
- Stationary BP essential Material
- Program Meeting / Workshop
- Recommendation and future Plan
- Power walking

2. Community Health Education and Prevention Program Workshop

Facilitators - Saw Eh Mwee and Jar Sai Khaung
Duration - 24 August 2014
Participants - 20 (14 men and 6 women)

Discussion Topics:

- Nutrition promotion (Vitamin A & de-worming medicine)
- School health
- Water and sanitation
- Future plans

***3.* Maternal and Child Healthcare Program Workshop**

Facilitator - Naw Thaw Thi Paw and Mai Aye Aye Myant
Duration - 19, 20, 24, and 25 August 2014
Participants - 37 (4 men and 33 women)

Discussion Topics:

- Field MCHP report presentation (6months report and TTBA Training report)
- Family planning supplies
- Case study
- New TBA data form
- RH Consultation form
- Family planning pamphlet
- Old TBA
- Review TBA/TTBA kits
- Future plans activities

4. Conflict Analysis Workshop

Facilitators - Norwegian Church Aid /BPHWT
Duration - 21 & 23 August 2014
Participants - 46 (20 men and 26 women)

Discussion Topics:

- Review the do no harm
- Introduction of the conflict assessment tools
- Conflict tree
- Conflict mapping

5. Strategic Planning Workshop

Facilitators - Nai Aye Lwin & Saw Win Kyaw
Duration - 26-28 August 2014
Participants - 85 (39 men and 46 women)

Discussion Topics:

- Reviewing the last strategic planning
- Discussing the current situation of Burma
- Creating strategic planning for the next three years
- Analyzing the strength and weakness of the programs' activities

Note: There are some details of BPHWT's strategic planning for the 6th Conference Period on Page 36.

2) 32th BPHWT Semi-Annual General Meeting

The 32th Semi-Annual Back Pack Health Worker Team General Meeting was conducted from 29 to 30 August 2014 at the BPHWT Mae Sot Office. Attending this meeting were **93** BPHWT health worker, **45** men, and **48** women. Additionally, the Burma Relief Centre, Karen Baptist Convention, and members of Women League of Chin participated in the meeting. 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 targeted field areas. After this analysis, they discussed how to improve data collection methods.

Semi-Annual General Meeting

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 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. The BPHWT

also organized a Strategic Planning workshop before the meeting to plan for the next three years activities.

Schedule of the BPHWT's 32th Semi-Annual General Meeting

Day (I) – 29 August 2014	
Description of Presentation	**Responsibility**
Opening speech	Dr. Cynthia Maung
Introduction	Facilitators
Review and Discussion on 301th Six Monthly Meeting Decisions and General	All members of BPHWT
1. MCH program coordinator report and workshop report	Naw Thaw Thi Paw
Discussion on MCH report	All members of BPHWT
CHEPP program coordinator report and workshop report	Saw Eh Mwee and Jar Sai Khaung
Discussion on CHEPP report	All members of BPHWT
MCP program coordinator report and workshop report	Naw Has Mu Na Htoo
Discussion on MCP report	All members of BPHWT
Capacity Building coordinator report and workshop report Discussion on CBP report	Saw Del Del All members of BPHWT
HID report presentation Discussion on HID report	Aung Than Oo All members of BPHWT
Office administration report presentation	S'moe Naing
Day (II) – 30 August 2014	
Financial report presentation	Saw Chit Win
AMW Training report presentation	Dr. Htet Ko Ko Lin
Emergency Medical Support report presentation	Saw Soe Hla Oo
Conflict analysis workshop report	Ko Gyi Kyaw
Strategic planning workshop result presentation	Nai Aye Lwin
Discussion on Strategic planning workshop result presentation and future plan	All members of BPHWT
Reviewing meeting decision making and confirming meeting decision	Facilitators and Chairpersons
Closing Speech	Chairperson

Decisions made during the BPHWT's 32th Semi-Annual General Meeting

1. There will be a discussion in the Leading Committee and Field In-Charges' Meeting about the supporting of medicines and medical supplies during the second six month period of 2014.
2. The BPHWT has made the decision to conduct a workshop about Health Information Systems.
3. The BPHWT has made the decision to distribute all the forms needed for the field areas by the office teams.
4. There will be a discussion in the Leading Committee and Field In-Charges' Meeting about two interns from Palaung area to do an internship in the Back Pack office in Mae Sot.

5. The BPHWT has made the decision to coordinate with Mae Tao Clinic and SMRU about being able to provide treatment for TB patients.
6. The Medical Care Program Coordinator is responsible for a listing of all the essential drugs and medical supplies necessary for the stationary BP teams.
7. There will be a discussion in the Leading Committee and Field In-Charges' Meeting about the request made by Women's League of Chinland to become a permanent Back Pack team.
8. The BPHWT has made the decision to conduct the Health Worker Assessment during the second six month period of 2014.
9. The BPHWT has made the decision to purchase eight cameras.
10. The BPHWT has made the decision to distribute three sets of malaria posters, treatment protocols, and handbooks to each Back Pack team.
11. There will be a discussion in the Leading Committee and Field In-Charges' Meeting about the request to conduct four village health worker trainings and village health worker workshops, and the request of weight scales for adults.
12. The BPHWT has made the decision to implement water and sanitation activities in the Karen field areas during the second six month period of 2014 and will prioritize the rest of the ethnic field areas during the first six month period of 2015.
13. The BPHWT has made the decision to continue Auxiliary Midwife (AMW) training and send 16 health workers to the AMW training organized by the Mae Tao Clinic.
14. The BPHWT has made the decision to conduct 13 reproductive health consultations and 74 TBA/TTBA workshops; and distribute 56 eyeglasses, 1,750 birth records, 5 cameras, 64 TBA/TTBA kits, family planning medicines and supplies, and 10,000 family planning pamphlets.
15. The BPHWT has made the decision to conduct a Health Convergence Core Group Workshop at this Six Months' Meeting to help the health workers to be more aware of the HCCG and its activities.

Recording

1. Saw Say Patu replaces Saw Shwe Bue Hel as the Yel Mu Palaw Back Pack Team in-Charge in the Papun Field Area.
2. Saw Eh Soe Moo replaces Naw Paw Thwal Say as a health worker on the Htee Tha Lu Hta Back Pack Team in the Papun Field Area.
3. Naw Mue Htoo is appointed as a Field in-Charge and Ko Naw Bwae Wah Poe is appointed as a Second in-Charge in the Kler Lwee Htoo Field Area during the first six-month period of 2014.
4. Ko Saw Yel Yel is appointed as a MCP in-Charge and Ko Saw Ka Paw Lwal is appointed as a MCH in-Charge on the Mae Ka Tee Back Pack Team in the Kler Lwee Htoo Field Area.
5. Naw Gay Htoo replaces Saw Way Lu as the MCP in-Charge on the Tha Kay Law Back Pack Team in the Thaton Field Area.
6. Saw Poe Thein replaces Saw San Thein as a Field in-Charge in the Thaton Field Area.
7. Naw Yee Yee Win replaces Naw Shee Shee as a MCP in-Charge on the Kyo Wine Back Pack Team in the Thaton Field Area.
8. Naw Ta Kaw Paw replaces Saw Moo Gay as a health worker on the Htaw Own Hta Back Pack Team in the Kawkareik Field Area.

9. Naw Lay Lay Zaw replaces Saw Dwal as a CHEPP in-Charge on the Htaw Own Hta Back Pack Team in the Kawkareik Field Area.
10. Ah Naing replaces Kyaw Khain as a health worker on the Thar Yu Back Pack Team in the Kayah Field Area.
11. Ma Chan Aung replaces Bar Ba Blu as a CHEPP in-Charge on the Thar Yu Back Pack Team in the Kayah Field Area.
12. Ma Nar Tar Shar replaces Ma Gyo Wah Nar as a CHEPP in-Charge on the Hol Yar Back Pack Team in the Kayah Field Area.
13. Hla Shwe replaces Ma Nyae Mar as a CHEPP in-Charge on the Pan Pat Back Pack team in the Kayah Field Area.
14. Vitoria replaces Ma Cherry Paw as a MCH Supervisor on the Pan Pat Back Pack Team in the Kayah Field Area.
15. Maung Oo replaces Saw Say Nay Moo as a health worker on the Muso Back Pack Team in the Kayah Field Area.
16. Ma Byar Mar replaces Ko Yee as a CHEPP in-Charge on the Muso Back Pack Team in the Kayah Field Area.
17. Ma Kat Hta Yu replaces Ma Pa Yae Mar as a MCH Supervisor on the Muso Back Pack Team in the Kayah Field Area.
18. The Tee Loe Back Pack team will be moved to Sin Taung Village in Maw Sel Township in the Kayah Field Area.
19. The Kon Nar Back Pack team will be moved to Sound Do Lar Village in Dee Maw So Township in the Kayan Field Area.
20. Nan Kyawt Khaing replaces Khaing Thazin Nwae as a health worker in the Arakan Field Area.
21. Khaing Kyaw Kyaw replaces Main Naung Khein as a health worker in the Arakan Field Area.
22. Khaing Lin Htet replaces Khaing Hein as a health worker in the Arakan Field Area.
23. Saw Yee Kaw replaces Saw Wah Noh as the Dawei Kee Back Pack in-Charge in the Mergue/Tavoy Field Area.
24. Saw Paw Gaw Htoo replaces Paw Shee as a CHEPP in-Charge on the Dawei Kee Back Pack Team in the Mergue/Tavoy Field Area.
25. Naw Htoo Htoo Lar replaces Naw Ku Ku Paw as a Pa Loung Back Pack in-Charge in the Mergue/Tavoy Field Area.
26. Naw Paw Kee Lar, a Village Health Worker with the Pa Wa Back Pack Team in the Mergue/Tavoy Field Area, passed away on 6 May 2014 because of a stroke health problem.
27. Naw Dar Lay Po, a TBA with the Dawei Kee Back Pack Team in the Mergue/Tavoy Field Area, passed away on 12 April 2014 because of cancer.
28. Naw Htoo Bway Paw replaces Naw San San Htay as a MCH Supervisor on the Ma Oo Back Pack Team in the Win Yee Field Area.

Gender Policy Analysis Table (January – June, 2014)

Category	Total # of Workers	Total # of Women	Actual Women %	Women Target at Least %
Leading Committee/Executive Board	15	6	40%	**30%**
Office Staff	12	3	25%	**30%**
Field Management Workers	69	29	42%	**30%**
Field Health Workers	285	146	51%	**30%**
Traditional Birth Attendants/TTBAs	711	648	91%	**Target not set**
Village Health Volunteers/VHWs	227	157	69%	**30%**
Organizational Total	**1,319**	**9,89**	75%	**Target not set**
Total Organization excluding TBAs/TTBAs			**56%**	**30%**

Leading Committee and Field In-Charge Meeting Decisions

1. The decision was made to purchase (39) units of medicines for the second six-month period of 2014. [Kayah (4), Kayan (4), Shan (4), Palaung (3), Yee (4), Moulmein (4), Kachin (3), Mergue/Tavoy (3), Arakan (3), Naga (2), Palaung-pilot (2), Chin-WLC (1), and Pa An (2)].
2. The decision was made to accept the two Palaung workers to do internship at the BPHWT's office in Mae Sot.
3. Naw Hser Mu Nar Htoo – MCP Coordinator is responsible for negotiation with SMRU for the referral of TB patients to get treatment.
4. Dr. Cythian Maung - Chairperson of BPHWT is responsible for negation with Suwannimit foundation for the advocacy and fund raising.
5. The decision was made to interview three people for each field area according to the field monitoring guideline.
6. The decision was made all the representative health workers, who will attend the second six-month period of 2014 meeting and annual meeting have to be at the BPHWT's office due 25 January 2015.

Recordings:

1. The lists of activities below will be prioritized during the second six-month period of 2014.
   - General medicines
   - Health worker stipend
   - Water and Sanitation (TBC)
   - Monitoring and evaluation
   - Maternity kits and TBA/TTBA Kits
   - Field workshop
   - CHW training (processing)
   - Health Information and Documentation (Camera)
   - Midwife training (processing)
   - AMW training (processing)
   - Field staff transportation
   - Office running cost

2. Chit Win and Nang Snow will attend the USAID external evaluation meeting on September 6 2014.

Notations

1. According to current situation, it is impossible for BPHWT to purchase medicines inside Burma.
2. In working together with an INGO, the BPHWT wants the work to be a "partnership" between the two organization, no a situation where the INGO wants the BPHWT or its health workers to work solely as part of its own program/activities.