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



2015 Mid-year Report

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Part I: 2015 Mid-Year Report

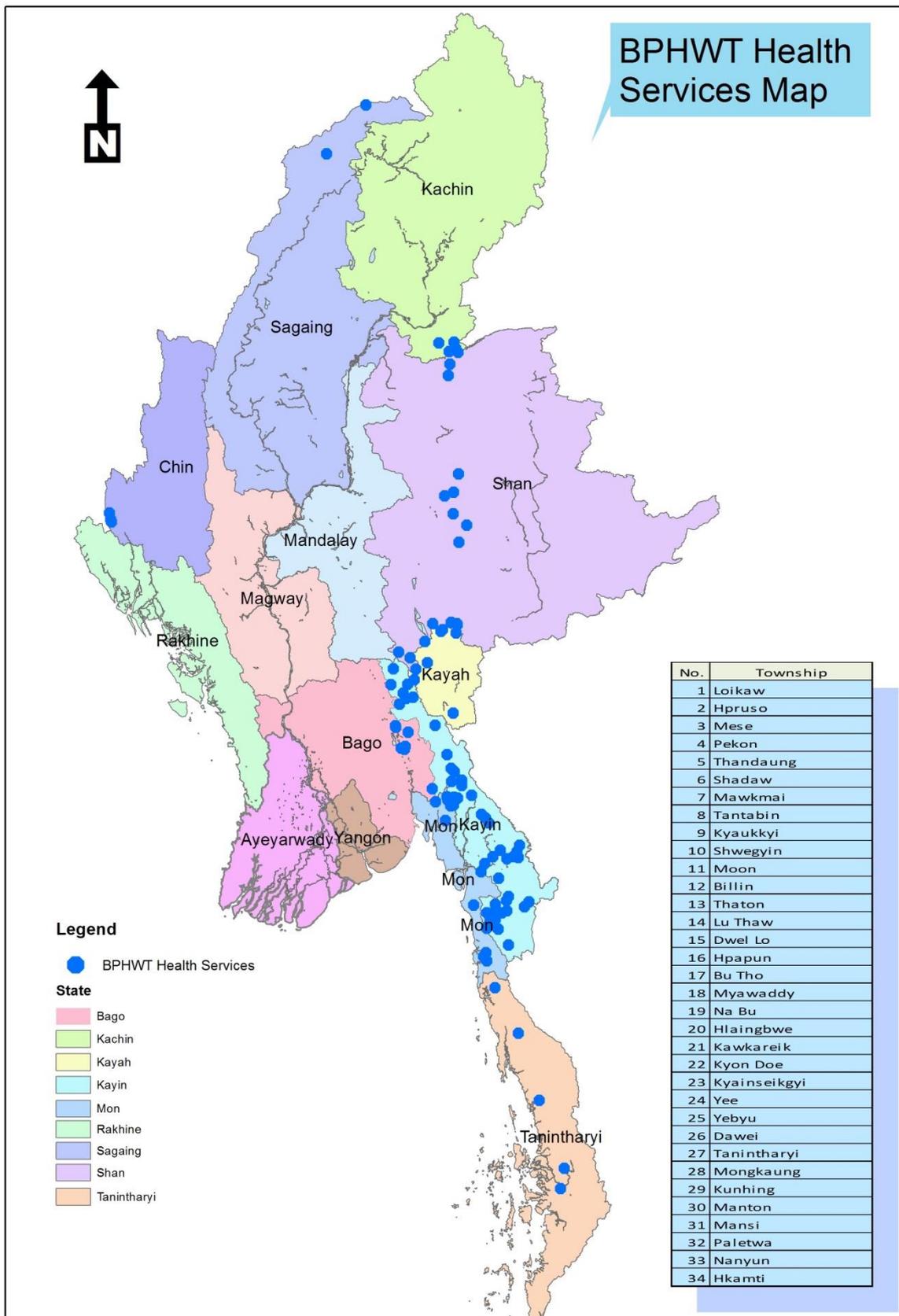
1. Overview and Summary of the BPHWT

During the first six-month term of 2015, the Back Pack Health Worker Team (BPHWT) continued to provide healthcare in 20 field areas, with 100 teams assigned to a target population of over 213,000 people. There are currently 1,321 health workers living and working in the BPHWT target areas inside Burma; comprised of 360 (M-182, W-178) medics, 494 (M-51, W-443) Traditional Birth Attendants (TBAs), 127 (M-8, W-119) Trained Traditional Birth Attendants (TTBAs) and 130 (M-47, W-83) Village Health Volunteers (VHVs), 210 (M-53, W-157) 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 2015. The BP health workers treated 41,744 cases including gunshot and landmine injuries.

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

No.	Areas	# of Teams	# of HWS	# of VHWs	# of VHVs	Total (VHVs&VHWs)	# of TBAs	# of TTBAs	Total (TBAs&TTBAs)	Total Villages	Total Households	Total Population	Total Caseloads
1	Kayah	7	24	19	7	26	22	18	40	39	2239	11478	2529
2	Kayan	5	18	18	0	18	9	22	31	47	1928	10271	4815
3	Special	3	10	0	0	0	10	0	10	19	1524	8789	864
4	Taungoo	5	20	25	5	30	19	11	30	50	1974	9946	1401
5	Kler Lwee Htoo	7	24	17	47	64	40	15	55	53	2036	13094	1531
6	Thaton	7	24	36	13	49	54	25	79	24	2310	13769	2918
7	Papun	9	31	33	15	48	68	36	104	96	4113	26113	2086
8	Pa An	6	27	19	7	26	63	0	63	29	3090	17047	2125
9	Dooplaya	7	23	23	17	40	59	0	59	55	3966	21019	2224
10	Kawkareik	3	12	0	15	15	30	0	30	11	784	4464	920
11	Win Yee	4	15	0	0	0	29	0	29	29	2025	11043	1583
12	Mergue/Tavoy	5	19	20	4	24	35	0	35	21	2204	10979	3246
13	Yee	6	21	0	0	0	26	0	26	19	2203	10411	3201
14	Moulamein	6	21	0	0	0	0	0	0	16	2332	11504	2467
15	Shan	6	21	0	0	0	9	0	9	54	2285	13936	3925
16	Pa O	2	8	0	0	0	0	0	0	19	876	3823	515
17	Palaung	3	12	0	0	0	21	0	21	15	848	5320	2588
18	Kachin	4	15	0	0	0	0	0	0	2	204	1100	1395
19	Naga	2	4	0	0	0	0	0	0	19	1119	4591	657
20	Arakan	3	11	0	0	0	0	0	0	9	917	4644	754
	Total	100	360	210	130	340	494	127	621	626	38,977	213,341	41,744

2. Map of BPHWT Operational Target Areas



3. The Security Situation in BPHWT's Target Areas

Active conflicts continue in Kachin and Shan States with the Burma Army mounting offensive military operations against two ethnic armed organizations (EAOs) - Kachin Independence Army (KIA) and Ta'ang (Palaung) National Liberation Army (TNLA). Later in the first half of 2015, clashes occurred in Arakan State between the Burma Army and the Arakan Army (AA). The Burma Government broke its ceasefire agreement with the KIA and has no ceasefire agreements with either the TNLA or AA. In other areas of Shan State, the Burma Army has engaged in sporadic attacks against the Shan State Army (North) and Shan State Army (South) despite signed temporary ceasefire agreements between both EAOs and the Burma Government. These continuing offensive operations by the Burma Army have increased the number of internally displaced persons (IDPs) in Arakan, Kachin, and Shan States.

As a consequence of the temporary ceasefire agreements concluded over the past three years with various EAOs, the security situation has generally improved over the first half of 2015 elsewhere in the BPHWT target areas.

During this period, the Burma Government and EAOs have been engaged in talks about a Nationwide Ceasefire Agreement (NCA). There is speculation that a NCA would be signed by the key EAOs and the Burma Government before the end of 2015. However for the security situation to be tangibly enhanced, both a Military Code of Conduct and an effective ceasefire monitoring mechanism must be created and successfully implemented. Also, all EAOs must be parties to a NCA for there to be a true nationwide ceasefire.

The NCA is only the first step of the *Seven Step Roadmap*:

1. Signing of the NCA
2. Drafting and reaching agreement on the framework for a Political Dialogue, Military Code of Conduct, and Joint Ceasefire Monitoring Mechanism
3. Launching of the Political Dialogue with key stakeholders
4. Holding of a Union Peace Convention
5. Signing of a Union Peace Accord
6. Ratification of the Union Peace Accord by the Union Parliament
7. Implementation of the Union Peace Accord

Overarching issues to this *Seven Step Roadmap* are Disarmament, Demobilization and Reintegration (DDR) and Security Sector Reform (SSR) – that is, when and under what conditions, will the EAOs give up their arms and be integrated back into Burmese society. The EAOs consider DDR to be an aspect of SSR and would be carried out only after a successful implementation of the Union Peace Accord and related SSR. While the Burma Government, especially the Burma Army, sees no necessity for SSR and wants DDR before the completion of the *Seven Step Roadmap*.

As seen above, there is still a very long road until the security situation is one of a country at peace where health workers and villagers can freely enjoy the right to health.

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

The fighting in Arakan, Kachin, and Shan States remain of concern to the BPHWT because of the presence in these areas of our health workers and served populations, especially those people who have become IDPs due to military activities. The obstacles and threats to the delivery of essential medical treatment and health workshops by our teams in the Palaung areas of Northern Shan State are of special concern with almost daily fighting between the Burma Army and EAOs as well as the encroaching presence of the Burma Army. Further, Back Pack teams in the conflict areas of Kachin and Shan States are especially active in addressing the additional health situations resulting from the ongoing internal displacements of people and fighting.

Back Pack health workers in the **Arakan Field Area** traveled on 26-27 March 2015 to Pyi Chaung Village for medical care and food delivery to villagers affected by fighting between the Burma Army and the Arakan Army. The Back Pack team was stopped from processing to the village by the Burma Army with “fighting” as the reason given.

The **BPHWT Kachin Field Area** reports that one of its target areas had been under the administration of the KIA, but the Burma Army now controls this area. Consequently, it has become more difficult for our Back Pack teams to travel and deliver health services to their target populations. Back Pack teams have been stopped at new Burma Army checkpoints, questioned and searched. Also at times, the Back Pack teams must negotiate with both the KIA and local Burma Ministry of Health officials in order to deliver health services.

In the Man Win Village Track, Ba Maw District, Man Si Township of the **BPHWT Kachin Field Area**, the Back Pack team was required to have permission to enter the area to deliver health services. Previously, permission was not need for the Back Pack team. Unlike in the past, the area now has a number of INGOs, UN agencies, health Community based organizations (CBOs), and health workers from the Ministry of Health.

At the end of June 2015, a Back Pack team in the **BPHWT Special Pa An Field Area** went to Mae Sa Mate Village to provide Vitamin A and de-worming medicine. In the village, they were confronted by a midwife from the Ministry of Health (MoH) in the village clinic. The midwife said that the Back Pack health workers could not give Vitamin A and de-worming medicine in the village as this was a project of the MoH. The Back Pack health workers tried to negotiate with her, but to no avail. The Back Pack team even offered her the Vitamin A and de-worming medicine; but she refused to receive them. Also, the Back Pack team spoke to her about the issuance of birth records by traditional birth attendants (TBAs). The midwife said that birth records were not necessary and moreover, were illegal. Thus, no birth records were issued by the Back Pack team for new births delivered by TBAs in this village over the period.

These four incidents could be construed as violations of medical neutrality under international law which forbids obstructions to the delivery of health care.

In the **BPHWT Pa An Field Area**, an INGO came to Naung Kine to construct water and sanitation systems for a local school. When asked if they had permission to do so from ethnic authorities, they did not respond with specific information. The local ethnic health organization and the BPHWT were unaware of their activities.

The above incident reflects the lack of collaboration of INGOs and UN agencies with ethnic health organizations. These uncoordinated activities produce overlaps in services and ignore existing ethnic health delivery systems. Also they undermine the authority of EAOs which, solely or jointly with the Burma Government, administer these areas.

Elsewhere in Karen State, sporadic fighting between some EAOs on one hand, and the Burma Army and its allied Border Guard Forces on the other hand, has posed obstacles to healthcare delivery and displaced some of our target populations. Land confiscation and flooding have also contributed to IDPs in Karen State and required the redirection of Back Pack teams to address related healthcare and other humanitarian concerns.

Moreover Back Pack health workers must continue to contend with the environment of landmines, weather, and difficult terrain. In this latter respect, road construction in the **BPHWT Pa An Field Area** has made it difficult in recent months to transport patients by either car or motorcycle in critical referral situations

The BPHWT is continuing to monitor the situation to ensure that the civilian populations in its target areas have access to primary health care to reduce both morbidity and mortality, and that its health workers can safely provide its standard of care, especially to the large numbers of IDPs living in unsafe conditions.

5. Human Rights Abuses in the BPHWT's Target Areas

The Back Pack Field in-Charge of the **BPHWT Palaung Thaw Nay Field Area** traveled in July of this year to Man Set Village, Man Ton Township, Northern Shan State to liaise with and provide medicines for a local ethnic-run clinic there. The area, which is very remote and lacks general transportation and communication infrastructure, was affected by ongoing conflict between the Burma Army and Ta'ang National Liberation Army (TNLA). On the afternoon of 18 July, while the Field in-Charge and one other BPHWT health worker were in Man Set Village, the Burma Army, suspecting the presence of TNLA soldiers, attacked the village with machine gun fire. They also attempted to launch a rocket-propelled grenade, which malfunctioned and failed to explode.

The attackers ordered villagers to gather outside their homes and soldiers searched every house and stole various possessions as well as cash worth over 1,000 US dollars. The roof of one wood-and-bamboo house was destroyed by the gunfire. The Burma Army then interrogated the villagers, accusing them of being TNLA members, and demanding where they were hiding TNLA soldiers. Villagers denied harboring anyone and said that the TNLA troops lived in the forest, not in their village.

The Burma Army released the women, children and elderly, but detained 16 able-bodied men including the BPHWT Field-in-Charge and a health worker in the village school building. The prisoners were ordered to keep quiet and sleep. One prisoner collapsed from the trauma, but the guards denied the other prisoners' request that he should be taken out of confinement for appropriate treatment. None of them were allowed to go to the toilet or given food. If prisoners had relatives in the village, the guards allowed them to bring food and water to prisoners, who shared this food with the BPHWT staff (also caught up in the sweep) and other prisoners who did not have any relatives in the village.

After about eight hours at 11 pm that night, the Burma Army soldiers ordered all the prisoners outside and gave them large packs of military equipment and food to carry as porters. Suspecting TNLA hiding near the village, the Burma Army soldiers forced the rest of the villagers ahead of them to serve as human shields should there be an ambush. The soldiers then opened fire into the forest. Once the area was “cleared”, they sent the villagers back to Man Set Village and continued on with the forced porters, including the BPHWT Field-in-Charge and a health worker. The former said:

“I feared for my life and had no idea how long I would be detained and forced to porter for the Burma Army. I worried about tripping on the path in the dark with my heavy pack destabilizing me, or, worse, stepping on a landmine. Then I wondered how my community members would keep getting health care if I died or became disabled.”

In the early morning hours, the soldiers and forced porters arrived at Pan Young Village and the soldiers forced a local villager to serve as a guide to Lway Mon Village, which they reached at 9:30 am. The forced porters had been carrying the loads for ten hours without a break. The Burma Army then ordered their prisoners to inform them if any TNLA soldiers come to Lway Mon Village. The forced porters were finally released at 10:30 and made their way back to Man Set Village.

This incident is both a report of a human rights violation and a violation of medical neutrality as previously noted which prohibits obstructions to the delivery of health care and harm to health workers

There has been fighting in Kyaut Taw Township within the **BPHWT Arakan Field Area** between the Burma Army and the Arakan Army (AA). During March 2015, the Burma Army forced local villagers to be porters and guides. Later some were released; however others were detained further as they were suspected as being in communications with the AA. The Burma Army also burned down Aung Lan Chaung Village on the border between Plat Wot and Kyaut Taw Townships. Thirty houses were destroyed and as a result, the people were displaced. Later, the Burma Army arrested 17 villagers from Kyaut Taw, Ya Thi Toung, and Min Pyar Villages; most were from Kyaut Taw Village. The Burma Army charged that they were in contact with the AA. Some were subsequently released, but suffered serious injuries from torture at the hands of the Burma Army. Other villagers were still detained.

During the first week of May 2015 in the **BPHWT Special Pa An Field Area** at Ywar Kaing Kounng Village (Back Pack Area Mae Sa Mate), Hlaingbwei Township, Karen State, two youths on a motorcycle encountered a member of the Border Guard Force (BGF). The youths, 17 years old, joked with the BGF soldier who, as a result, became angry and beat the youths. Both received injuries on their face, back, hands, and legs. They ran away after the incident to hide for two days and nights, afraid of the return of the BGF soldier. The BGF soldier went with a carbine rifle and 9mm pistol to the youth’s parents and told them that he would shoot the youths once he sees them again. The parents spoke with the local school headmistress who, in turn, sought the advice of the local Field in-Charge. The BPHWT Field in-Charge recommended to the headmistress that she bring up the matter with the village committee, but not to have the youths return to village until the issue was resolved. The headmistress went and spoke with the BGF soldier about the

incident. The BGF soldier asked for two goats to resolve the issue. Later, the BGF soldier met with the headmistress and the issue was successfully resolved without having to give compensation. That night, the two youths were able to return to their homes; one of them was very traumatized from the incident.

6. Special Situations in the BPHWT's Target Areas

The BPHWT participated in a number of emergency assistance operations during this period as a member of Emergency Assistance and Relief Team (EART). The EART is the emergency response unit of the Forum for Community-based Organizations of Burma (FCOB), a collective of Burmese civil society organizations operating along the Thai-Burma border. It aims to assist Burmese people who are in need due to natural or manmade disasters through the provision of food, water, shelter, clothing, health services, and rehabilitation. This is provided by working directly with the affected communities who are not receiving aid or not receiving sufficient aid from the Burma Government or INGOs.

On 22 June 2015, the EART provide immediate assistance to persons internally displaced due to land confiscation in Upper Kop Yin, eighteen miles from Myi Ka Lay Village in Pa An Township, Karen State, Burma/Myanmar. As a result of the land confiscation, the houses of the villagers were destroyed, leaving them with only some personal items. In response, the EART delivered the emergency rations and supplies including rice, cooking oil, mats, blankets, and mosquito nets. The beneficiaries of the EART emergency assistance were eight-three households consisting of three hundred ninety-three persons. In this emergency relief operation, the EART collaborated with the 88 Karen Generation and local villagers as they were quite familiar with the local geographic and security situation.



Fighting on 2 July 2015 between the Burma Army and Democratic Karen Benevolent Army (DKBA) on Asia Highway in Kaung Mhu Village, Kawkareik Township, Karen State, Burma/Myanmar led to the displacement of sixty-one households consisting of three hundred fifty-nine persons. The affected area was within a BPHWT field Area. Consequently, the BPHWT Field in-Charge and the BPHWT's Logistics Officer led a team there to deliver

emergency rations and medicine.

Heavy rains continued to historic flooding in Burma/Myanmar in late July 2015. The EART responded immediately, directly and through local partner organizations, with emergency rations, clothing, chlorine, personal hygiene items, protective sheeting, mosquito netting, water containers, medicine and other supplies top the hardest affected areas, especially in the Ayeyarwaddy Region.

7. 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. In addition, the BPHWT has conducted this Auxiliary Midwife training since 2013 and there were five trainings completed and 107 AMWs were trained. Afterwards, the AMWs will be supervised by the midwives and implement MCH programs in their respective areas. One AMW will serve a target population of about 400 people. The kits are provided for them.

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)

During this six month period of 2015, the BPHWT delivered medical care in 20 field areas and treated 41,744 cases, of which 8,005 cases were of children under the age of five. The total cases on a gender basis included 19,297 cases involving males and 22,447 cases involving females. The six major diseases being treated by the BPHWT continue to be acute respiratory infections (mild and severe) – 8,808 cases; malaria (confirmed Pv and confirmed Pf) – 1,027 cases; anaemia – 3,037 cases; worm infestation – 2,557 cases; diarrhoea – 2,122 cases; and dysentery – 1,499 cases. In this period, the BPHWT also treated 1,275 injuries, including 16 patients with gunshot wounds and 8 patients with landmine injuries. There were more gunshot and landmine patients even compared with 2014 annual cases.

Also during this reporting period, the BPHWT health workers referred 47 cases which included 7 cases of serious obstetric emergency (EmOC).

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

Number of Cases Treated by Condition and Age

No	Condition	Age				Total		Grand Total
		<5		≥5		M	F	
		M	F	M	F			
1	Anemia	164	163	944	1766	1108	1929	3037
2	ARI, Mild	945	888	2241	2511	3186	3399	6585
3	ARI, Severe	456	469	609	689	1065	1158	2223
4	Beri Beri	162	65	859	1509	1021	1574	2595
5	Water Diarrhea	369	346	694	713	1063	1059	2122
6	Diarrhea with Blood (Dysentery)	162	192	568	577	730	769	1499
7	Injury, Acute – Gunshot	0	0	9	7	9	7	16
8	Injury, Acute – Landmine	0	0	0	8	0	8	8
9	Injury, Acute – Other	69	60	402	269	471	329	800
10	Injury, Old	18	19	262	152	280	171	451
11	Malaria (Pv)	24	40	189	135	213	175	388
12	Malaria (Pf)	18	40	334	247	352	287	639
13	Measles	38	48	57	51	95	99	194
14	Meningitis	4	8	34	25	38	33	71
15	Suspected AIDS	0	0	4	1	4	1	5
16	Suspected TB	2	10	96	89	98	99	197
17	Worm Infestation	383	445	782	947	1165	1392	2557
18	Abortion	0	0	0	60	0	60	60
19	Post-Partum Hemorrhage	0	0	0	14	0	14	14
20	Sepsis	0	0	0	8	0	8	8
21	Reproductive Tract Infection	0	0	12	80	12	80	92
22	UTI	12	27	440	791	452	818	1270
23	Skin Infection	290	233	519	521	809	754	1563
24	Hepatitis	6	10	87	62	93	72	165
25	Typhoid Fever	31	36	185	189	216	225	441
26	Arthritis	3	3	476	475	479	478	957
27	GUDU	10	8	1266	1474	1276	1482	2758
28	Dental Problem	98	110	467	508	565	618	1183
29	Eye Problem	124	139	352	425	476	564	1040
30	Hypertention	0	0	880	1269	880	1269	2149
31	Abscess	73	69	475	366	548	435	983
32	Others	565	551	2028	2530	2593	3081	5674
Total		4,026	3,979	15,271	18,468	19,297	22,447	41,744
Grand Total		8,005		33,739				

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 both Pf and Pv malaria. During this reporting period, there were 7,317 RDT tests used and only 639 confirmed Pv and 388 confirmed Pf which treated with artemisinin-combination therapies (ACT). In addition, the BPHWT distributed 4,200 ITNs to 2,424 households, 41 villages, 14,199 populations in Pa An, Taungoo, Palaung and Mergue/Tavoy field areas during this period.

Malaria Rapid Diagnostic Tests

No	Area	# of RDT Used	Confirmed Malaria (Pv)	Confirmed Malaria (Pf)	Total Malaria
1	Kayah	344	27	16	43
2	Kayan	200	0	0	0
3	Special	600	17	1	18
4	Taungoo	371	73	45	118
5	Kler Lwee Htoo	768	49	39	88
6	Thaton	84	0	4	4
7	Papun	297	15	5	20
8	Pa An	867	0	0	0
9	Dooplaya	505	48	29	77
10	Kawkareik	219	10	37	47
11	Win Yee	623	76	49	125
12	Mergue/Tavoy	193	81	56	137
13	Yee	638	18	55	73
14	Moulmein	727	9	29	38
15	Shan	0	0	0	0
16	Pa Oh	50	0	0	0
17	Palaung	214	37	5	42
18	Kachin	39	0	0	0
19	Arakan	65	22	18	40
20	Naga	513	157	0	157
Total		7,317	639	388	1,027



Providing Health Care to communities

Referral Cases:

No	Area	Gender		EmOC Cases	Total Referral Cases
		M	W		
1.	Kayah	3	1	0	4
2.	Taungoo	2	0	0	2
3.	Thaton	3	0	2	5
4.	Papun	2	0	2	4
5.	Pa An	12	7	2	21
6.	Dooplaya	1	0	0	1
7.	Kawkareik	0	1	0	1
8.	Win Yee	1	0	0	1
9.	Mergue/Tavoy	1	0	0	1
10.	Palaung	5	1	1	7
Total		30	10	7	47

Referral causes lists:

- 6 Motorbike Accident
- 4 Obstetric labor
- 4 Hypertension
- 3 Suspected TB
- 3 Suspected Cancer
- 3 Rheumatic Fever
- 2 Acute Injury
- 2 Bear bites
- 2 Gunshots
- 1 Snake bite
- 1 Hepatitis and
- 1 Gall bladder stone
- 1 Threatened abortion
- 1 Urinary stone
- 1 Acute Injury
- 1 Appendicitis
- 1 Prolong labor
- 1 Post-Partum Hemorrhage
- 1 Suicide
- 1 Abortion
- 1 stroke
- 1 Acute asthma
- 1 Hepatitis
- 1 Severe Dehydration
- 1 GI Bleeding
- 1 Anemia
- 1 Colitis

Testimonials from the Field

Gaining Trust

One day, I encountered a man who had body edema in the Dooplaya BPHWT Field Area. This patient had diabetes. Initially, he looked down on our health workers and did not want to get the treatment from us. Instead, he went to get treatment at the government hospital; but did not get better.

He then returned back to the village for treatment by Back Pack health workers. His body edema was a chronic disease from which he had suffered for over seven years. The patient was treated by the Dooplaya Back Pack health workers and became better. Consequently, our health workers gained the trust from both the patient and his family members. This story is in honor of our Back Pack health workers in the Dooplaya Field Area.

*Back Pack Health Worker
Dooplaya BPHWT Field Area*

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 2015, the BPHWT installed shallow wells and gravity flows to eleven field areas. There were 7 shallow wells installed for 197 households and 960 populations, and 15 gravity flows installed for 1,758 households, 9,836 populations. There was no community latrines built 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 2015.

Water and Sanitation Systems									
No	Area Name	Shallow Well				Gravity Flow			
		No	HH	Population		No	HH	Population	
				M	F			M	F
1	Kler Lwee Htoo	0	0	0	0	1	120	310	342
2	Win Yee	2	63	166	158	1	93	198	197
3	Mon Yee	1	21	40	65	0	0	0	0
4	Kayan	4	113	266	265	2	60	152	171
5	Kayah	0	0	0	0	1	52	196	200
6	Pa Pun	0	0	0	0	1	51	168	135
7	Tha Ton	0	0	0	0	1	209	761	922
8	Pa'O	0	0	0	0	1	130	236	272
9	Dooplaya	0	0	0	0	2	529	980	1070
10	Special	0	0	0	0	2	256	770	1056
11	Pa An	0	0	0	0	3	258	862	838
Total		7	197	472	488	15	1,758	4,633	5,203
				960				9,836	

(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).

No	Areas	# of schools	Students		Teachers		Total
			Boy	Girl	M	W	
1	Special	15	648	801	6	70	1525
2	Taungoo	9	302	285	2	14	603
3	Kler Lwee Htoo	26	950	971	46	82	2049
4	Thaton	9	663	589	16	33	1301
5	Papun	68	1953	1850	83	194	4080
6	Pa An	29	1224	1480	22	108	2834
7	Dooplaya	36	2137	2344	38	134	4653
8	Kawkareik	11	320	390	15	38	763
9	Win Yee	29	1197	1436	36	116	2785
10	Mergue/Tavoy	17	1210	1183	5	119	2517
11	Yee	18	479	603	0	55	1137
12	Moulamein	17	1123	1224	2	73	2422
Total		284	12,206	13,156	271	1,036	26,669
			25,362		1,307		



Providing Health Education in Schools

(3) Nutrition Sub-Program:

Under the Nutrition Sub-Program of the CHEPP, the BPHWT distributed Vitamin A and de-worming medication to children from the age of six months to twelve year old. This is essential to preventing malnutrition. During the first-six month period of 2015, 30,693 children between the ages of six months and 12 years of age received preventative doses of Vitamin A. Also 28,623 children between the ages of one year and 12 years of age received de-worming medicine.



Gravity flow water system



Providing Vitamin A and De-worming medicines

Number of Children Receiving Vitamin A

No	Area	CHILDREN'S AGES							
		6-12 months		1-6 years		6-12 years		Total	
		M	F	M	F	M	F	M	F
1	Kayah	102	107	507	468	365	363	974	938
2	Kayan	111	112	262	254	447	441	820	807
3	Special	105	101	313	293	347	352	765	746
4	Taungoo	175	207	405	458	816	780	1396	1445
5	Kler Lwee Htoo	295	197	330	366	361	372	986	935
6	Thaton	52	45	813	867	707	712	1572	1624
7	Papun	172	175	627	664	1377	1296	2176	2135
8	Pa An	43	33	422	451	881	895	1346	1379
9	Dooplaya	184	159	401	372	608	558	1193	1089
10	Kawkareik	0	1	194	203	171	150	365	354
11	Win Yee	0	0	179	237	662	716	841	953
12	Mergue/Tavoy	100	96	275	274	319	342	694	712
13	Yee	0	0	111	141	298	379	409	520
14	Moulamein	267	266	469	623	703	774	1439	1663
15	Palaung	18	21	65	57	125	131	208	209
Total		1,624	1,520	5,373	5,728	8,187	8,261	15,184	15,509
		3,144		11,101		16,448		30,693	

Number of Children Receiving De-Worming Medicine

No	Field Area	Age (1 to 12 Years)		Total
		M	F	
1	Kayah	966	932	1898
2	Kayan	575	644	1219
3	Special	475	509	984
4	Taungoo	1311	1413	2724
5	Kler Lwee Htoo	729	633	1362
6	Thaton	1974	2106	4080
7	Papun	1886	2024	3910
8	Pa An	1283	1328	2611
9	Dooplaya	995	1082	2077
10	Kawkareik	364	361	725
11	Win Yee	841	953	1794
12	Mergue/Tavoy	633	592	1225
13	Yee	409	520	929
14	Moulamein Thaton	1010	1275	2285
15	Palaung	389	411	800
Total		13,840	14,783	28,623

(4) Village Health Workshops:

During the first-six month period of 2014, the BPHWT organized 42 Village Health Workshops in 10 field areas. Through these workshops, a total of 3,021 people, 1,356 men and 1,665 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	Special	4	183	208	391
2	Kler Lwee Htoo	6	282	366	648
3	Thaton	3	55	79	134
4	Papun	1	14	10	24
5	Pa An	7	92	198	290
6	Kawkareik	6	254	224	478
7	Win Yee	4	79	106	185
8	Mergue/Tavoy	4	153	186	339
9	Yee	1	32	33	65
10	Moulamein	6	212	255	467
Total		42	1,356	1,665	3,021

C. Maternal and Child Healthcare Program (MCHP)

During this period, the MCHP was carried out across 17 field areas. The teams in Kachin and Arakan field areas have moved to new targeted areas which required from the communities. Therefore, there was no MCH activity in those field areas during this period. There were two integrated program in the Chin area and with the Karen Baptist Convention (KBC) in the Pan Ta



Providing Postnatal Care to a mother

Naw area. While **1,808** babies were delivered, an unfortunate four still-births or abortions were recorded, and an additional nine babies died during the neo-natal period. There were also one maternal deaths recorded across all field areas because of post-partum hemorrhage. There were **1,324** birth records received from the targeted field areas. 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. **1,635** (90% from the total deliveries) pregnant women received albandozole and **1,743** (96% from the total deliveries) pregnant women and women received ferrous fulphate and folic acid during this six month period.

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 TTBA 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 2015, the BPHWT could not provide any training of TTBA due to funds shortage.

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 68 TBA/TTBA workshops conducted with the participation of 656 trained TBAs/TTBAs, including 57 men and 599 women. During the workshops, 500 TBAs'/TTBAs' Kits and 2,000 Maternity Kits were distributed in order to restock field areas.

TBA/TTBA workshop

NO	Area	# TBA workshops	TBAs		TTBAs		Total
			Male	Female	Male	Female	
1	Kayah	4	0	22	0	18	40
2	Kayan	3	0	12	0	18	30
3	Taungoo	5	0	19	0	8	27
4	Klew Lwee Htoo	5	3	35	0	10	48
5	Thaton	7	0	50	0	18	68
6	Papun	8	16	45	7	28	96
7	Pa An	6	4	58	0	0	62
8	Dooplaya	6	11	47	0	0	58
9	Kawkareik	2	2	18	0	0	20
10	Win Yee	3	2	27	0	0	29
11	Mergue/Tavoy	5	7	28	0	0	35
12	Yee	2	0	24	0	0	24
13	Arakan	2	0	20	0	0	20
14	Palaung	2	0	20	0	0	20
15	Chin	6	0	59	0	0	59
16	Special	1	2	8	0	0	10
17	KBC	1	3	7	0	0	10
Total		68	50	499	7	100	656

Birth and Death Records

No	Area	Deliveries	Live Births	Still Births/ Abortions	Deaths		<2.5 Kg	=>2.5 Kg
					Neonatal	Maternal		
1	Kayah	104	104	0	0	0	0	104
2	Kayan	63	62	1	0	0	2	52
3	Taungoo	65	65	0	2	0	0	0
4	Klew Lwee Htoo	57	56	1	0	0	3	45
5	Thaton	210	209	1	1	0	24	209
6	Papun	318	318	0	3	1	19	282
7	Pa An	188	188	0	2	0	11	169
8	Dooplaya	238	237	1	0	0	18	237
9	Kawkareik	24	24	0	1	0	3	24
10	Win Yee	106	106	0	0	0	11	106
11	Mergue /Tavoy	65	65	0	0	0	2	65
12	Yee	85	85	0	0	0	0	85
13	Shan	16	16	0	0	0	0	16
14	Palaung	61	61	0	0	0	1	61
15	Chin	154	154	0	0	0	2	154
16	Special	15	15	0	0	0	0	15
17	KBC	39	39	0	0	0	0	39
Total		1,808	1,804	4	9	1	96	1,663

TBA/TTBA and Maternity Kit Distributed:

Maternity Kit Contents:	TBA/TTBA 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 clippers• Scissors

Testimonials from the Field

Overcoming Many Challenges

I am a Back Pack health worker in the Win Yee Field Area. Recently, I traveled to a local village to give health education and TBA training. At the TBA training, there was a 47 year old TTBA who felt that she knew everything, disagreed with many topics which I taught, and had a generally negative attitude. She commented, "I am an expert about the methods of delivering babies more so than the other TTBA workers".

Somewhat later, this TTBA made a delivery which took over 30 minutes. Then the mother began to postpartum hemorrhage: she could not feel anything when her feet and hands were touched. The TTBA referred the woman to me for help.

When I arrived, the woman was unconscious and bleeding. My assistant and I gave essential emergency treatment and looked after her overnight. Then, thank God, the woman survived. All of us - the TTBA, woman's family, and I - then started to smile and became filled with happiness. I became a hero to the local people and showed the truth of my previous teaching to the TTBA, correcting her misunderstandings and prejudgments. This was the happiest time ever during my work experience because I saved a life, gained the trust of the local community, and convinced the TTBA that my teachings about safe deliveries worked in practice.

*Naw Aye Aye Pwint
MCH Supervisor
Win Yee BPHWT Field Area*

3) Family Planning Activities: January – June 2015: 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 **2,182** participants during this period, including **78** women less than 19 years of age and **99** are men. There were **466** new clients from the total of the clients. There were **2,630** depo-provera injections, **3,635** packets of pills, and **3,704** 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	42008	>4	New	Follow/ Up	Depo	Pill	Condon	Depo (Inj)	Pill (Pack)	Condon (Pieces)
1	Kayah	132	8	124	0	59	73	41	91	92	30	10	184	180	150
2	Kayan	144	8	136	0	76	68	66	78	91	42	11	184	252	255
3	Taungoo	55	0	55	1	40	14	28	27	30	18	7	60	108	252
4	Klew Lwee Htoo	34	1	33	0	19	15	12	22	27	6	1	54	36	45
5	Thaton	365	4	361	10	142	213	57	308	247	105	13	496	630	658
6	Papun	198	1	197	1	86	111	14	184	70	123	5	140	734	198
7	Pa An	232	6	226	2	168	62	60	172	114	110	8	209	495	285
8	Dooplaya	188	14	174	2	114	72	49	139	103	62	23	196	358	847
9	Kawkareik	74	4	70	1	51	22	13	61	23	51	0	43	254	0
10	Win Yee	67	0	67	8	32	27	10	57	14	45	8	30	257	432
11	Mergue/Tavoy	109	0	109	0	74	35	28	81	74	32	3	155	192	432
12	Yee	293	30	263	29	244	20	30	263	244	39	10	305	117	150
13	Palaung	146	2	144	0	88	58	54	92	145	1	0	290	6	0
14	KBC	145	0	145	0	97	48	4	141	142	3	0	284	16	0
Total		2,182	78	2,104	54	1,290	838	466	1,716	1,416	667	99	2,630	3,635	3,704

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

No	Area	De-Worming	Ferrous sulphate & Folic Acid
1	Kayah	90	104
2	Kayan	42	62
3	Taungoo	65	65
4	Kler Lwee Htoo	54	57
5	Thaton	192	208
6	Papun	223	278
7	Pa An	188	188
8	Dooplaya	216	216
9	Kawkareik	24	24
10	Win Yee	106	106
11	Mergue/Tavoy	65	65
12	Yee	85	85
13	Shan	16	16
14	Palaung	61	61
15	Chin	154	154
16	Special	15	15
17	KBC	39	39
	Total	1,635	1,743

8. Field Meetings and Workshops

The BPHWT conducts field workshops and field meetings twice a year. During the first six-month period of 2015, there were **18** field workshops and **14** field meetings conducted in the targeted field areas; there were **315** participants who attended field meetings and **364** participants who attended field workshops.

Field Workshops and Meetings				
Description	# of Field Workshops/Meetings	Men	Women	Total
Field Workshops	18	176	188	364
Field Meetings	14	185	130	315

9. 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, the BPHWT organized two Community Health Worker trainings in the Thay Bay Hta and Thaton field areas, the 3rd batch of certificate in public health Training in Mae Sot, the 5th batch of Auxiliary Midwife training in Pa An, and one trauma management training in

Papun field area. In addition, the BPHWT has sent eight participants to EmOC training and fourteen to Maternal and Child Healthcare training which is organized by MTC as well. The EmOC training is nice months and it has started on 3 May 2015. The MCH training is four months long and it has started on 3 June 2015.

A) Community Health Worker Trainings

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

The CHW training in Thay Bay Hta in Karen State has started on 30 April 2015 and will be completed in November 2015. There are 90 trainees comprise of 33 men, 57 women from different field areas and 12 trainers comprise of 7 men and 5 women) from BPHWT and IRC/PLE. The purpose of the training is to enhance the knowledge of the health workers about anatomy and physiology, basics of medical theory and diseases. Afterwards, they will have undergone four-month internship at their respective clinics to apply the knowledge and skill from it.



CHW Training in Thay Bay Hta

The Community Health Worker training in Thaton field area has been started on 8 May 2015 and will be completed in November 2015. The total number of trainees are 28,

comprise of 4 men and 24 women. There are 8 trainers comprise of 6 men and 2 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 misuse 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) Certificate in Public Health 3rd Batch Training

During this six month period, the Back Pack Health Worker Team (BPHWT) organized the 3rd batch of certificate in public health Training. This is six months training including field trip to schools and community. This certificate in public health Training started on 4 April and completed on 28 August 2015 at the BPHWT head quarter office in Mae Sot. There were 38 participants, comprised of 14 women and 24 men from different areas and ethnicities. This training was conducted by the trainers from IRC/PLE and MTC.



Certificate in Public Health training in Mae Sot

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:

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

C) Auxiliary Midwife training

The BPHWT continuous supporting of the Auxiliary Midwife (AMW) training that has been running since 2013 funded by SV award. The BPHWT with Phlon Education Development Unit (PEDU) and State Health Department (SHD) have organized five trainings for 107 AMWs. AMW training will be three months long, followed by a three month practical which take place in Mae Tao clinic at Reproductive Health (RH) department. The 5th batch of AMW was organized during this six month period and there were 27 participants who are from Hlaing Bwe & Kawkareik and Kyar In Seik Kyi townships. This training was organized from 18 May to 21 August 2015.

The trainers of this AMW training are from Back Pack Health Worker Team (BPHWT), Karen



The 5th Batch AMW training in Pa An

State Department of Health (KSDoH), IRC/PLE and retired Burma Government medical personnel. This training is focus on maternal child healthcare asto know how to deliver baby systemically include practical and theory. Upon completion of this training, AMWs commit to working and living in their communities in order to implement a MCH program in their respective areas, while working under the

supervision of state-appointed midwives. The key course topics of the AMW Training Course are:

- 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.

D) Trauma Management Training:

This Training management training began on 13rd April 2015. This training included one month. Both of theory and practical at mutraw district. There were 28 participants, comprised of 20 men and 8 women. The trainees were trained by BPHWT senior trainer. The key course topics are:

- Chain of survival
- Triage and referral system
- Shock and shock trauma action plan
- Check injuries management
- Limbs injuries and landmine injuries management

- Universal precaution
- Local anesthesia and ketamine general anesthesia

10. Convergence, Coordination and Collaboration

The BPHWT and other ethnic health organizations (EHOs)/health community-based organizations (HCBOs) have continued to work together to converge various aspects of their extensive border-based health as well as that of other ethnic health systems inside Burma and the Burma Government's health system to provide better health care, access more of the population, improve health system and policy, and gain Burma Government recognition of border-based health organizations, programs, and workers. This is a slow process as convergence needs to occur at the system, policy, structural, and program levels, and be aligned with progress in the ongoing ceasefire and peace negotiations between the Burma Government and the ethnic political and armed resistance organizations.

The aim of the HCCG is to prepare existing ethnic community-based health networks, both inside Burma and those managed from the Burma border areas, for future possibilities to work together with Union and state/region government health agencies, ethnic authorities, international donors, international non-governmental organizations (INGOs), and civil society organizations. The purpose of the HCCG is to explore policy options for achieving the convergence of ethnic health networks with the health system of the Burma Government through political dialogue.

Potential outcomes of convergence:

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

At the end of June 2015, the HCCG consisted of nine EHOs/HCBOs:

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

The BPHWT has been moving forward with convergence activities at the program level: convergence at the policy, system and structural level will develop in conjunction with the ceasefire/peace process and as a durable, meaningful political change occurs in Burma.

These ongoing initiatives with both Union and state/region health officials in Burma include:

- Expanding immunization programs
- Addressing the emergence of drug-resistant malaria
- Expanding the 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 health convergence

During the first half of 2015, the BPHWT has hosted and participated in a number of HCCG activities:

1. HCCG Convergence Presentation at the Ethnic Nationalities Affairs Center (ENAC) Conference *Humanitarian Aid Policy*: 20 January 2015, Chiang Mai, Thailand.
2. HCCG Convergence Presentation to the United Nationalities Alliance: February 2015, Rangoon, Burma.
3. HCCG Convergence Presentations in the United States of America: February 2015, selected US cities – Boston, New York City, Washington DC, Seattle, and Los Angeles.
4. HCCG Convergence Presentation to the *Consulting Meeting on Sustainable Development and Peace between Border Based & Inside CSOs, and Ethnic Armed Organizations*: 2 -4 April 2015, Chiang Mai, Thailand.
5. HCCG Convergence Presentation at the ENAC Conference *Consulting with Civil Society on Health and Education Policies*: 24 – 25 April 2015, Chiang Mai, Thailand.
6. *Federal Devolved Health System for Burma/Myanmar* Presentation at the Karen Unity Seminar: 7 May 2015, Lay Wah, Karen State, Burma.
7. HCCG Consultation Meeting: 14 - 15 May 2015, Mae Sot, Thailand.

The HCCG Consultation Meeting with 64 participants addressed HCCG activities and planning; review of convergence principles, convergence model, concept note, and national health policy; information sharing – HSS, HISWG, IRC/PLE, CPI, SMRU, and ENAC; health option paper update; SWOTs analysis; HCCG action planning; and recommendations for future potential actions points.

The BPHWT has continuously supported the Auxiliary Midwife (AMW) training that began in 2013. The BPHWT with Phlon Education Development Unit (PEDU) and the Karen State Department of Health (KSDoH) have, to date, organized five trainings for 107 AMWs. The 5th Batch of AMW training was organized during this six month period from 18 May to 21 August 2015. There were 27 participants who are from Hlaingbwe, Kawkareik, and KyarIn Seik Kyi Townships.

The AWM training consisted of three months of classroom theory and three months of clinical internships/training in the Reproductive Health Department at the Mae Tao Clinic in Mae Sot, Thailand. Following the clinical internships/training, the new AMWs are sent back to their respective communities to implement a Maternal and Child Healthcare Pilot Program planned by

the BPHWT. The AMW trainers were from the BPHWT, KSDoH, and IRC/PLE as well as retired Burma Government medical personnel. At the end of the training, the AMWs typically receive AMW kits and medical supplies. Also they were given accreditation certificates signed by the Directors of the KSDoH, PEDU, and BPHWT.

The BPHWT, with the IRC/PLE, organized an AMW Training Follow-up Workshop on 21-23 July 2015 in Pa An with facilitators from the BPHWT, KSDoH, and the IRC/PLE. There were forty-eight AMWs who participated in this Workshop. The BPHWT had planned to distribute AMW kits to them; but due to a funding shortfall, there were insufficient kits for them. Unfortunately, such a situation restricts the AMWs from working effectively in their respective service areas.

As mentioned earlier, the health convergence initiative works in concert and supports the ceasefire and peace negotiations between the Burma Government and the ethnic people. However, while supporting these negotiations, the movement and timing of health convergence entails certain real risks to ethnic health workers and infrastructures should the negotiations breakdown and fighting resume. Hopefully, these negotiations will move to a next stage of a Nationwide Ceasefire Agreement whereas the parties have agreed that there are genuine common grounds for negotiations and that there should be framework implemented for political dialogue. At this stage, the risks to the ethnic health workers and infrastructures maybe somewhat lessen and more comprehensive health convergence activities can be delivered safely to targeted populations. Also at this stage, a Military Code of Code is to be formulated and implemented. Within this a Military Code of Code, there will demarcation of territories to separate the armed forces and identify authorized travel routes. Hopefully, any demarcation of territory will not hinder the movement of ethnic health workers.

11. 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 this period of 2015, the Back Pack Health Worker Team organized a Monitoring and Evaluation (M&E) trip by the BPHWT Director and M&E staff to four different field areas - Yee, Pa An, Taungoo, and Kler Lee Htoo. During February 2015, the BPHWT Director with the USAID visited stationary teams in Yee, and then continued their M&E trip to the Naung Kain stationary team in Pa An. In addition during April 2015, the BPHWT Director with the M&E staff visited Ler Wah village tract in the Kler Lwee Htoo Field Area. The BPHWT Director and the Assistant Capacity

Building Coordinator also took a trip to the Ah Naw Day Lo stationary team in the Taungoo Field Area in April 2015. During these trips, the Director and M&E staff spoke with the BPHWT field health workers and members of local communities to identify their health needs. The purpose for these trips was to evaluate the program effectiveness, gather feedback from the communities, and plan for future development of the BPHWT programs.

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 VHV/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

12. Financial Report:

BPHWT Income and Expenditures: 1st January- 31st June 2015			
ITEMS	Income (Thai Baht)	Expenditure (Thai Baht)	%
OPENING BALANCE -1 JANUARY 2015	4,314,788		...
PERIOD INCOME			
Burma Relief Centre (IP/CIDA)	1,461,778		11%
International Rescue Committee (IRC)	4,089,323		32%
Stichting Vluchteling (SV)- Netherlands	3,329,500		26%
Thai Border Consortium (TBC)	2,000,000		15%
Mae Toe Clinic	1,000,000		8%
Swiss Agency for Development and Cooperation (SDC)	904,052		7%
Shoklo Malaria Research Unit (SMRU)	120,000		1%
Other Donation	63,353		0%
Bank Interest	6,900		0%
TOTAL PERIOD INCOME	12,974,906		100%
TOTAL INCOME	17,289,694		
PERIOD EXPENDITURES			
Back Pack Medicine and Equipment(MCP)		2,473,959	21%
Back Pack Field Operation Supplies and Services		1,496,756	13%
Community Health Education and Prevention Program(CHEPP)		2,121,394	18%
Maternal and Child Health Care Program(MCHP)		1,584,483	14%
Capacity Building Program(CBP)		1,329,784	11%
Health information and Documentation (HID)		110,981	1%
Program Management and Evaluation(PME)		1,111,534	10%
General Administration		1,430,020	12%
TOTAL PERIOD EXPENDITURES		11,658,911	100%
CLOSING BALANCE - 31st June 2015		5,630,783	

Gender Policy and Analysis Table

Category	Total # of Workers	Total # of Women	Actual Women %
Leading Committee/Executive Board	15	6	40%
Office Staff	12	3	25%
Field Management Workers	57	33	58%
Field Health Workers	303	145	48%
Trained Traditional Birth Attendants	621	562	90%
Village Health Workers	340	240	71%
Organizational Total	1,319	989	73%
Total Organization excluding TTBA's			59%

Part II: Program Workshops and 34th Semi-Annual Meeting Report

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

During the first six-months meeting period of 2015, there were three program workshops and other eleven workshops held.

1. Medical Care Program Workshop
2. Community Health Education and Prevention Program Workshop
3. Maternal and Child Healthcare Program Workshop
4. Lymphatic filariasis workshop
5. Initial Environmental Examination (IEE) workshop
6. Monitoring and Evaluation workshop
7. Logistic and procurement workshop
8. Mental Health workshop
9. Malaria workshop
10. Health Information and System workshop
11. Health Service Mapping and Case Definition workshop
12. Dengue Disease workshop
13. BP Logical framework workshop
14. Nutrition workshop

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 refresher workshop

Facilitator - Naw Thaw Thi Paw, Rosylin, Naw Htoo (BPHWT) AND Christina (MTC)

Duration - 14th July to 1st August 2015

Participants - 30 (5 men and 25 women)

Discussion Topics:

- Introduction of SDC Project
- MCH Supervisor report presentation
- ANC & Normal Pregnancy
- Bleeding in Early & late pregnancy
- Normal Labor & Delivery
- PPH Prevention and Treatment
- New born care/PNC
- Review of MCH forms
- Future plans

4. Lymphatic filariasis workshop

Facilitator - Conrad & Dr. Khine Wai Wai Oo (CPI)

Duration - 20-22 August 2015

Participants - 50 (30 men & 20 women)

Discussion Topics:

- 5 Year LF Activity Review presentation (2008-2012)
- Filariasis presentation
- Myanmar MOH LF campaign
- Lymphatic Filariasis Program
- Community Engagement presentation
- Future plan discussion

5. Initial Environmental Examination (IEE) workshop

Facilitator - Dr. Thant Zin (PLE)

Duration - 24 August 2015

Participants - 52 (23 men & 29 women)

Discussion Topics:

- IEE checklists
- How important of IEE
- Video show on IEE
- Disposal of medical waste

6. Monitoring and Evaluation workshop

Facilitator - Snow (Deputy-director) & Kler Shi (M & E staff)

Duration - 25 August 2015

Participants - 53 (25 men & 28 women)

Discussion Topics:

- Health Worker and TBA/TTBA assessment result presentation
- BPHWT monitoring and evaluation presentation
- Monitoring and evaluation steps
- Data quality
- Why monitoring and evaluation is important?

7. Logistic and procurement workshop

Facilitator - S' Moe Naing (Logistic and office Manager) & Naw Leh Nay Say (Finance Manager)

Duration - 26 August 2015

Participants - 49 (23 men & 26 women)

Discussion Topics:

- Logistic policy
- Procurement (quality of receipts)
- Donor requirement (receipts with evidence – driver ID, driver card, etc)
- Update address from each field areas
- Distance transportation

8. Mental Health workshop

Facilitator - Dr. Catherine Lee & Kyaw Saw Win (AAPP)

Duration - 27 August 2015

Participants - 28 (19 men & 9 women)

Discussion Topics:

- Brief about the Mental Health program
- Field in-charges share their experience
- Discuss which field areas are interest in conducting this mental health program

9. Malaria workshop

Facilitator - URC (Dr. Thein Thein Chit & SMRU (Dr. Aung Phyi Phyo & Wann)

Duration - 01 September 2015

Participants - 73 (41 men & 32 women)

Discussion Topics:

URC

- Malaria life cycle
- Sign and symptom of malaria
- Patient management
- Differential diagnosis
- Malaria treatment doses
- Public education

SMRU

- Introduction to drug resistance and consequences
- Introduction of malaria elimination task force

10. Health Information and System workshop

Facilitator - S' Aung Than Oo (HID coordinator)

Duration - 03 September 2015

Participants - 45 (24 men & 21 women)

Discussion Topics:

- Review FICs and HWs report forms
- Health Workers records
- Data quality
- Update of village name
- Collected population form
- Review the Caseload data (mistake)

11. Health Service Mapping and Case Definition workshop

Facilitator - Dr. Aung Kay Tu & Dr.Thant Zin (IRC/PLE)

Duration - 23 August 2015

Participants - 51 (25 men & 26 women)

Discussion Topics:

- Common diseases in the targeted field areas
- Health service delivery mapping
- The gap of health service delivery

12. Dengue Disease workshop

Facilitator - Hsa Myint Htun (MTC)
Duration - 28 August 2015
Participants - 50 (23 men & 27 women)

Discussion Topics:

- What is dengue
- Causes / Transmission of dengue
- Signs and symptom of dengue
- Management of dengue
- Complication of dengue
- Prevention of dengue
- Surveillance process structure

13. BPHWT Logical Framework workshop

Facilitator - Nang Snow (BPHWT-DD)
Duration - 10 September 2015
Participants - 44 (20 men & 24 women)

Discussion Topics:

- What is “Logical Framework”?
- What are the components of LF?
- Why is “Logical Framework” important?
- What are the program goal, objectives, and activities?
- What are “indicators”?
- Explain the BPHWT’s Logical Framework.

14. Nutrition workshop

Facilitator - Naw Hsa Mu Nar Htoo and Nai Aye Lwin (BPHWT)
Duration - 10 September 2015
Participants - 50 (23 men & 27 women)

Discussion Topics:

- Introduction TBC Standardized Nutrition Curriculum 12 Module
- Public Health Nutrition - UNICEF framework
- Food Group
- Food Sanitation
- Cause of Malnutrition
- Infant and Young Child Feeding (IYCF) Nutrition

Workshop photos:



Monitoring and Evaluation workshop



MCH refresher workshop



MCP workshop



MCH refresher workshop



Initial Environmental Examination workshop



Lymphatic filariasis workshop

2) 34th BPHWT Semi-Annual General Meeting

The 34th Semi-Annual Back Pack Health Worker Team General Meeting was conducted on 7th and 8th September 2015 at the BPHWT Mae Sot Office. There were 85 participants; comprised of 34 women and 51 men. 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.

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. 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. 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 the BPHWT's 34th Semi-Annual General Meeting

Day (I) – 7 September 2015	
Description of Presentation	Responsibility
Opening speech	Mahn Mahn
Introduction	Facilitators
Review and Discussion on 33 th Six Monthly Meeting Decisions and General	All members of BPHWT
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
Day (II) – 8 September 2015	
HID report presentation	Aung Than Oo
Discussion on HID report	All members of BPHWT
Capacity Building coordinator report and workshop report	Saw Soe Hla Oo
Discussion on CBP report	All members of BPHWT
AMW Training report presentation	Dr. HtetKoKo Lin
Overall Workshop Report Presentation & Discussion	Saw Deh Deh
Situation Update report & Discussion	Ko Gyi Kyaw
Office administration report presentation	S'moe Naing
Financial report presentation	Saw Chit Win
Closing Speech	Chairperson

BPHWT's 34th Semi-Annual General Meeting Decisions:

1. The finance teams are responsible for providing standardized exchange rates from Thai Baht to Burmese Kyat.
2. The Program Coordinators must submit detail information about their respective program activities to the Director within one week after the General Meeting.
3. There will be a Log Frame Workshop on 10 September 2015 for Program Coordinators and Field in-Charges.
4. The BPHWT made the decision to conduct eight TTBA trainings and sixty-eight TBA/TTBA workshops, and distribute seventy units of TBA/TTBA kits and eighty-three units of birth records.
5. There will be a discussion in the Leading Committee and Field in-Charges' Meeting about requests made by the field areas for water and sanitation activities.
6. There will be a discussion in the Leading Committee and Field in-Charges' Meeting about requests made by the field areas for eight walkie-talkies, thirty-six cameras, thirty-eight weight scales, four VHW trainings, and sixteen VHW workshops.
7. The BPHWT made the decision to seek technical assistance to formulate new treatment guidelines for pneumonia.
8. The BPHWT made the decision to conduct a Pharmacy Management Workshop and a Report Writing Training Course during the second six month period of 2015.
9. The BPHWT made the decision to distribute treatment handbooks during the second six month period of 2015.
10. There will be a discussion in the Leading Committee and Field in-Charges' Meeting about the requests from Pa O, Kayan, Kayah, Kachin, Palaung, Shan, and Special Field Areas to buy the fluid inside Burma.
11. The BPHWT made a decision to seek technical assistance in respect to the treatment of diseases, such as hypertension, hepatitis, arthritis, meningitis, gastritis (DU/PU peptic ulcer), poisoning, heart problems, typhoid fever, renal problems, emclapsia, diabetes, insect bites, and neonatal jaundice, during the second six month period of 2015.
12. The BPHWT made a decision to seek technical assistance in respect to medicines such as atenolol, enalapril, steroids group, hydrochlorothiazide, lasix, oxytocin, and adrenaline during the second six month period of 2015.
13. The Program Coordinator is responsible for distributing the referral form to the field areas.
14. The MCP Coordinator is responsible for making and reporting the list of medicine requests to the BPHWT Head Office.
15. The BPHWT made the decision to continue conducting the Health Worker Quality Assessment every two years.
16. The BPHWT made the decision to publish a statement about the important human right violation in the Palaung Field Area.
17. There will a discussion in the Leading Committee and Field in-Charges Meeting about whether to hold Leading Committee Meetings once a week.
18. There will a discussion in the Leading Committee and Field in-Charges Meeting about the request from the field areas to send interns to the BPHWT Head Office.

19. The BPHWT made the decision to hold a Leading Committee and Field in-Charges' Meeting on 9 September 2015.
20. There will a discussion in the Leading Committee and Field in-Charges' Meeting about the request for CHW training from the Mon Field Area.
21. The BPHWT made the decision to organize a Strategic Planning Workshop during the second six month period of 2015.
22. The BPHWT made the decision to distribute the BPHWT Logistics Policy to the field area.
23. The BPHWT made the decision to organize a Case Definitions Workshop during the second six month period of 2015 to have more standardized case definitions.
24. There will a discussion in the Leading Committee and Field in-Charges' Meeting to continue the AMW training and workshop, and distribute AMW kits.
25. The BPHWT made the decision to conduct a Monitoring and Evaluation Workshop for field in-charges and health workers at every six monthly meeting.

Recording:

1. Naw Paw Eh Say was recruited as a MCH health worker in Kya Khat Chaung Village in the Thaton Field Area.
2. Saw Kyaw Lin replaces Naw Eh Say Paw as a CHEPP Worker in-Charge in Kyo Wine Village in The Thaton Field Area.
3. Saw Yeh Nay Htoo replaces Saw Eh Wah, and Saw Yon Leh Wah replaces Saw Zar Htoo on the Hel Del Back Pack team in the Kler Lwee Htoo Field Area.
4. Naw Wah Wah Poe replaces Saw Yeh Yeh on the Mae Ka Htee Back Pack team in the Kler Lwee Htoo Field Area.
5. Naw Wah Khu replaces Naw Shel Mu Lar Paw as a MCH Supervisor in the Kler Lwee Htoo Field Area.
6. Saw Myat Moo replaces Naw Dee Paw in Yel Mu Palaw as a health worker in the Papun Field Area.
7. Naw Gaw Htoo replaces Saw Thein Aung as a health worker on the Mae Mwel Back Pack team in the Papun Field Area.
8. Naw Hay Blue Shel replaces Saw Poe Eh as a health worker on the Mae Mwel Back Pack team in the Papun Field Area.
9. S' Naing Moe replaces Saw Kyi Htay as the Team in-Charge of the Haw Thue Khee Back Pack team in the Pa An Field Area.
10. Naw Mar Mar Aye replaces Naw Paw Nay Shel as a MCH worker on the Haw Thue Khee Back Pack team in the Pa An Field Area.
11. Saw Lar K'Paw Khu replaces Naw Shel Nay as a CHEPP worker on the Kalaw Kyaw Back Pack team in the Pa An Field Area.
12. Naw Myat Myat Win replaces Naw Hser Eh Paw as a MCH worker on the Htee Kalay Back Pack team in the Pa An Field Area.
13. The Burma Government Ministry of Health has built a clinic in the Ta Kel Village Tract in the Mergue/Tavoy Field Area; therefore, the Back Pack team in Tha Kel is moved to the Wah Khel Village Tract.

14. The Mahn Win Back Pack Team in the Kachin Field Area is moved to the Hou Khaung Kyar Wai Village Tract.
15. The Pa O Field Area reports there is an RI organization, in its field area, which is implementing referrals of EmOC cases.

Leading Committee and Field In-Charge Meeting Decisions

1. The BPHWT made the decision to conduct eight TTBA trainings: one in the Kayah Field Area, one in the Papun Field Area, two in the Pa An Field Area, one in the Palaung Field Area, one in the Kawkareik Field Area, one in the Win Yee Field Area, and one in the Arakan Field Area during the second six month period of 2015.
2. The BPHWT made the decision to distribute fifty-one adult weight scales, and conduct four Village Health Worker trainings and sixteen Village Health Worker Workshops during the second six month period of 2015.
3. S' Moe Naing - BPHWT Logistics Manager - is responsible handling the requests from the Kayah, Kayan, Shan, Special, and Pa O Field Areas to buy fluid inside Burma during the second six month period of 2015.
4. The BPHWT made the decision to include four Community Health Worker Trainings in the 2016 BPHWT Proposal.
5. The BPHWT made the decision to conduct an Auxiliary Midwife (AMW) Assessment in coordination with the IRC/PLE.
6. The BPHWT made the decision to send four health workers from the Naung Khaing Back Pack team to attend the Expanded Program on Immunization (EPI) Training which will be organized by the Karen Department of Health and Welfare (KDHW).
7. The BPHWT made the decision to distribute instrument sets: two sets to the Pa O Field Area, two sets to the Naga Field Area, three sets to the Kachin Field Area, two sets to the Palaung Field Area, three sets to the Arakan Field Area, three sets to the Shan Field Area, one set to the Special Field Area, one set to the Pa An Field Area, and three sets to the Mon Field Area.
8. The BPHWT made the decisions to implement the Malaria Control Program in two Field Areas - Kayan and Mergue/Tavoy - which do not have the Malaria Control Program; and, work in coordination with the University Research Co., LLC (URC) for this Program.