



နယ်လှည့်ကျော့မိုးအိတ်ကျန်းမာရေးလုပ်သားအဖွဲ့
Back Pack Health Worker Team

P.O Box 57, Mae Sot, Tak 63110, Thailand
ph/fax:055545421, email:bphwt@loxinfo.co.th

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



2017

BPHWT Mid-Year Report

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Part I: 2017 Mid-Year Report

1. Overview and Summary of the BPHWT

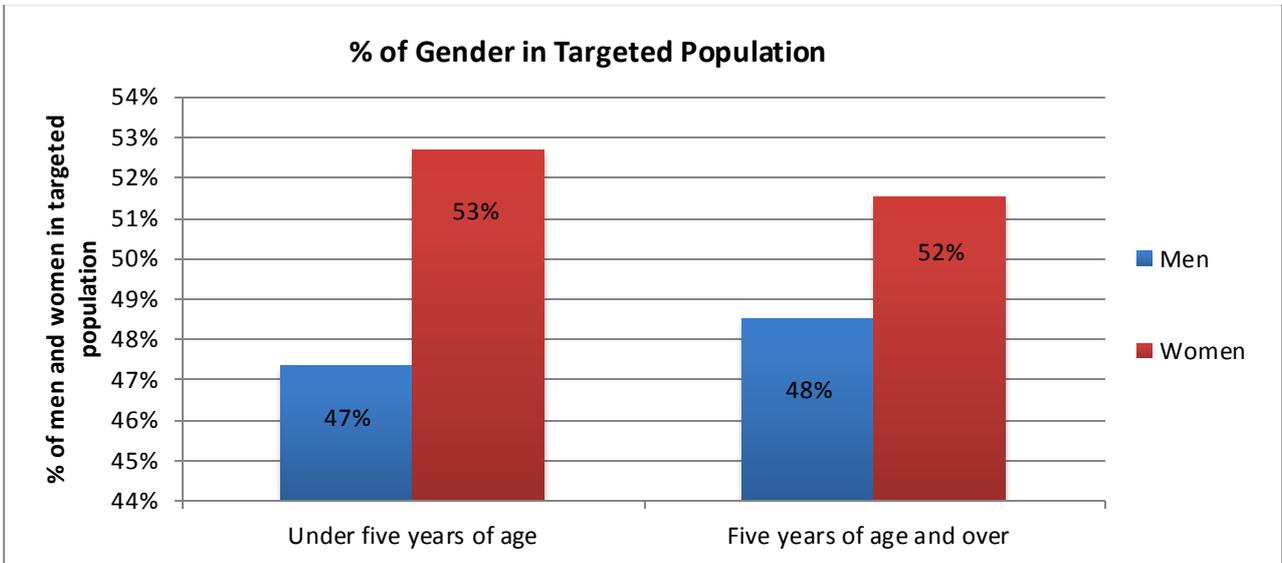
During the first six-month term of 2017, the Back Pack Health Worker Team (BPHWT) continued to provide healthcare in 21 field areas, with 113 teams assigned to a target population of over 280,103 people. There are currently 1,426 health workers living and working in the BPHWT target areas inside Burma; comprised of 333 men and 1,093 women including TBAs/TTBAs: 389 (women – 198 and men – 191) health workers, 781 (women – 723 and men – 58) Traditional Birth Attendants / Trained Traditional Birth Attendants (TBAs/TTBAs) and 256 (women – 172 and men – 84) village health volunteers/village health workers (VHVs/VHWs).

Table 1: BPHWT's Target Population Summary:

Ages	Gender		Total
	Men	Women	
Under five years of age	24,888	27,692	52,580
Five years of age and over	110,317	117,206	227,523
Total	135,205	144,898	280,103

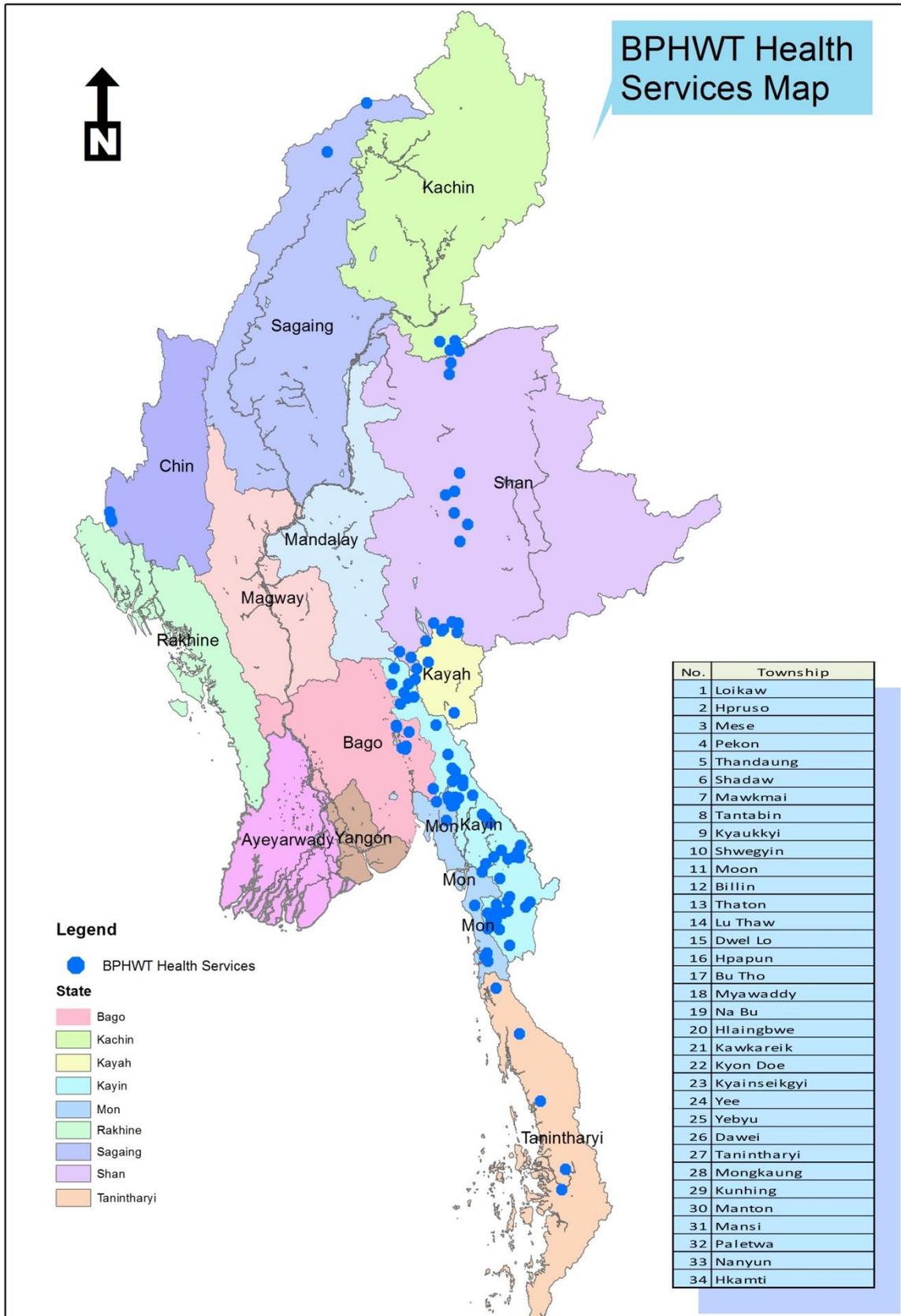
Table 2: Summary of BPHWT Field, Health Workers, Target Population & Cases Treated

No.	Areas	# of Teams	# of HWs	# of VHWs	# of VHVs	VHVs & VHWs	# of TBAs	# of TTBAs	TBAs & T TTBAs	Villages	Households	Population	Caseloads
1	Kayah	7	24	16	0	16	21	19	40	51	3,603	19,873	4010
2	Kayan	7	24	8	0	8	1	44	45	67	2,504	13,767	2703
3	Special	3	12	15	11	26	6	0	6	12	1,329	7,291	1585
4	Taungoo	5	19	19	0	19	30	15	45	51	2,098	11,205	601
5	Kler Lwee Htoo	7	24	23	3	26	48	2	50	42	1,444	10,845	1188
6	Thaton	7	24	24	4	28	47	28	75	38	4,065	24,310	2425
7	Papun	12	39	26	29	55	64	45	109	138	5,810	35,300	6020
8	Pa An	8	26	31	0	31	27	58	85	48	3,907	23,155	4686
9	Dooplaya	7	24	9	3	12	40	44	84	54	4,474	24,495	1430
10	Kawkareik	3	12	11	7	18	14	31	45	11	926	4,221	955
11	Win Yee	4	15	0	0	0	32	18	50	30	2,247	12,198	1437
12	Mergue/Tavoy	7	24	5	0	5	38	0	38	29	2,267	13,130	6154
13	Yee	6	21	0	0	0	9	20	29	19	2,185	10,357	3825
14	Moulamein	6	20	0	0	0	0	0	0	17	2,543	12,599	2720
15	Shan	6	21	0	0	0	10	0	10	54	2,285	14,164	1531
16	Palaung	6	18	0	0	0	35	0	35	38	3,005	18,994	3286
17	Kachin	4	16	0	0	0	0	0	0	11	2,029	6,972	2602
18	Arakan	3	12	0	2	2	15	0	15	10	1,256	7,429	583
19	Pa O	2	4	10	0	10	0	20	20	14	555	3,171	273
20	Naga	2	7	0	0	0	0	0	0	6	730	3,227	480
21	Chin (WLC)	1	3	0	0	0	0	0	0	7	494	3,400	146
Total		113	389	197	59	256	437	344	781	747	49,756	280,103	48,640



Pa Oh Field In-charge is providing treatment to a child

2. Map of BPHWT Operational Target Areas



3. The Security Situation in BPHWT's Target Areas

1. Chin Field Area

In Southern Chin State near the Ka Lar River in Paletwa Township, fighting has occurred between the Arakan Army and the Burma Army during February – March 2017. There has been no media coverage of this fighting. When the fighting between the Arakan Army and Burma Army becomes fierce, the villagers flee. Presently, the villagers have returned back to their homes.

Both the Arakan Army and the Burma Army are running military operations in the Kara Mite Back Pack area; however, these operations do not presently threaten the villagers.

2. Kawkareik Field Area

When Back Pack health workers transport medicine to the Chu Ka Lee Back Pack clinic, they must pay 100 Baht at a Democratic Karen Benevolent Army checkpoint. Then they must also pay 500 Kyat at a Burma Army checkpoint. Moreover, they also must have a permit from Karen National Union liaison office.

3. Taungoo Field Area

The Burma Army has come and set up more military camps near the Kaw That Del Back Pack clinic. The Burma Army is frequently changing the location of their camps and causing concern among villagers. Many villagers don't want to go out anymore.

4. Kachin Field Area

On 14 May 2017, there was fighting between the Kachin Independence Army Battalion 14 and Burma Army in the Ta Nine Back Pack area. Because this area has diamond deposits, the Burma Army wants to control this area to cut off funding to the Kachin Independence Army. Moreover, the Burma Army does not dare to bring food to their camp because of the Kachin Independence Army activity. Thus, the Burma Army orders local villagers to bring food to them at their camp.

In May 2017, the Kachin Back Pack tried to organize First Aid training in Wa Ra Zup, Pa Kart Township. However, it was not implemented because of fighting which took place in that area. So, the Back Pack health workers will need to reschedule and maybe relocate the training.

Because of the fighting between Kachin Independence Army and Burma Army, the Lee Du Road is sometimes closed in the Mai Wine Back Pack area.

Back Pack health workers must worry about Shanni (Red Shan) soldiers, allied with the Burma Army, whenever they try to organize reproductive health awareness field meetings or field workshops.

4. Health Situation in the BPHWT Target Areas

1. Chin Field Area

Back Pack workers in the Chin Field Area provide delivery services to villagers. However, there are also private medical facilities in Pa Leh Wah that provides free birth records to the villagers. The Burma Government does not pay for these services.

Additionally, the Burma Government has a 3MDG malaria program in the Kara Mite area. The program staff members are volunteers, but the Burma Government pays for their travel expenses.

2. Win Yee Field Area

The Back Pack team provides delivery services in the Par Pyar Back Pack area. The Burma Government health workers provide birth records to villagers for a fee of 3,000 Kyat.

There is also a malaria program in this area that is operated by the Burma Government. The Burma Government provides one malaria worker for each village. The workers are not paid a regular stipend. Instead, they receive 3,000 Kyat for each test they conduct.

3. Mon Field Area

In the Mon Field Area, Back Pack Health Worker Team delivers babies, while the Burma Government midwife provides birth records for a fee of 1,500 - 3,000 Kyat.

There are two INGO's in the Mon Field Area - American Refugee Committee (ARC) and Community Partners International (CPI). They provide malaria testing in each village. The ARC and CPI cover transportation and travel expenses for their volunteer workers. Malaria positive and serious cases are referred by them to the hospital. For other cases, the Mon Back Pack health workers and the ARC and CPI volunteers all work together to treat patients.

4. Kayan Field Area

Volunteer workers from the Karen Baptist Church operate a malaria program in the Kayan Field Area.

Burma Government midwives in the Kayan Back Pack Field Area provide free immunizations for women and children as well as free birth records. The Kayan Back Pack team does birth deliveries.

5. Pa An Field Area

In the Noh Kwee Back Pack clinic area, a local monk has set up a sub-township health center in Pa Khoh village. To help fund the health center, each house in the village must pay 6,000 Kyat.

6. Kawkareik Field Area

In the Ta Naw Hta Back Pack area, the Democratic Karen Benevolent Army has set up a clinic with five health workers. One staff member is a community health worker, while the other four have yet to finish the basic medical training.

Save the Children has been providing birth records since 2016, free of charge, in the Back Pack Kawkareik Field Area. The delivery of babies is provided by the Back Pack health workers.

7. Dooplaya Field Area

The Burma Government health workers provide birth records in the Dooplaya Field Area at a fee of 3,000 – 5,000 Kyat.

The Burma Government has set up a clinic at Klain close to the Kway Ka Lay Back Pack clinic. The clinic provides immunizations as well as maternal and child health care and treatment. They pay 100,000 to 200,000 Kyat per month to their workers.

8. Papun Field Area

There were no other organizations providing health services in the Papun Field Area. Back Pack health workers are the only ones providing birth records, deliveries, and patient referrals.

9. Taungoo Field Area

In the Field Area, most deliveries are done by Back Pack health workers.

The Karen Baptist Church provided a three year malaria project in the Back Pack area, but this project ended during the first six months of 2017. Now they have started new two-year tuberculosis' project and pay their workers around 100,000 Kyat per month.

The Burma Government provides birth records in the West Day Lo, East Ka Lay Wah and Kaw Thay Del Back Pack targeted areas for a fee of 5,000 Kyat. But they do not cover all villages. However, there are some difficulties between Back Pack health workers and the Burma Government site since the Back Pack health workers provide free birth records.

10. Thaton Field Area

The Burma Government provides birth records in Back Pack targeted areas for a fee of 3,000 Kyat. However, the health workers from the Burma Government do not cooperate with Back Pack health workers. When they come to villages, they do not meet with the Back Pack health workers, they just only talk to the head of the village.

Back Pack health workers provide birth records, but they are not recognized by the Burma Government. Thus, some villagers have two birth records. But deliveries are only done by the Back Pack health workers.

UNICEF has set up a clinic close to the Kyat Kart Chaung Back Pack clinic. They provide maternal and child health care, an extended program on immunizations, and general treatment. However, there is no cooperation by them with the Burma Government health workers and Back Pack health workers.

The Burma Government provides latrine bowls to the villagers in the Ta Kay Law Back Pack clinic area at a cost of 500 kyat for each bowl.

11. Arakan Field Area

The Burma Government provides birth records in some Back Pack targeted areas, such as Salai Dot and Sapain Zite, for a fee of 2,000 – 3,000 Kyat. However, the deliveries are done only by Back Pack health workers, TBAs, and village health workers.

During the raining season, it is very difficult to bring medical supplies to the targeted areas.

Due to the fighting in the Arakan Field Area, villagers have not allowed Back Pack health workers to organize field workshops or field meetings. During the first period of 2017, the Arakan Back Pack Field in-Charge said that he went twice to meet the head of a village to try to organize a field meeting. Finally after a meeting with the village head, Back Pack health workers were allowed to organize a field workshop. Whenever Back Pack health workers want to organize a field meeting or workshop, the village head must first inform the local Burma Army soldiers.

12. Kachin Field Area

In Za Pyat (Ta Nine), the Burma Government has set up a health sub-center. However, the health sub-center was closed because of fighting between the Kachin Independence Army Battalion 14 and Burma Army.

The Burma Government also set up a clinic in the Wa Ra Zup Back Pack area. They provide maternal and child health care, immunizations for children and pregnant, women and birth records. They organize the activities three months at a time. However, they have only one health worker, but she is not respectful to the villagers.

The Burma Government has a clinic in Noh Min Moh Kar Township. But whenever villagers go to get medicine, they must pay money.

To organize field meetings and field workshops, Back Pack health workers must talk with village heads and religious leaders to provide security for the health workers.

In the Mai Wine Back Pack area, the International Rescue Committee - Myanmar has set up a stationary clinic with a doctor. The clinic provide maternal and child health care and a malaria project. The workers are from the Burma Government and paid a monthly stipend of an unknown amount. *Save the Children* also has a maternal and child healthcare project in that area.

13. Shan Field Area

In the War Toe Back Pack area, Back Pack health workers, midwives, and TBAs collect the number of newborns and provide this information to the Myanmar Health Department which will then issue free birth records. Without these birth records, it is very difficult for children to attend school.

In the War Yar Lwel and Maung Htwe Back Pack areas, the Burma Government provides immunizations to children less than one year of age and pregnant women. However, they only come once a year.

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

1. Thaton Field Area

To transport medicine and medical supplies by road to this field areas, official documents are required. Additionally, fees of 2,000 kyat must be paid at each checkpoint along the road - there are four checkpoints. This is adds to the costs and delays in deliveries to this field area.

2. Pa An Field Area

At the Myawaddy Trade Zone, Burma Government customs officials take at least 1,000 kyats to bring Back Pack medicine and medical supplies into Burma from Mae Sot. The actual prices depend upon the situation at the customs' office at the time.

3. Doopalaya Field Area

Burma Government officials at the Myawaddy Trade Zone are checking documents and charging fees for medicine and medical supplies being delivered to this field area.

4. Kawkareik Field Area

The local Back Pack team has been required to pay a 1,000 kyat fee to transport medicine and medical supplies through each of the three gates along the road around Tin Gan Ntyi.

5. Shan Field Area

The Burma Government's National Malaria Control Programme (NMCP) has implemented malaria control training in the area without involving the BPHWT. The duration of the training is one month and participants receive a salary and medicine. The BPHWT field in-charge is worried that Back Pack health workers may resign and go to work for the NMCP.

6. Arakan Field Area

The transportation of medicine is difficult because the main means of transportation is by boat. Consequently during rainy season with storms and heavily raining, there are many transportation delays.

7. Pa O Field Area

The Pa O Back Pack team has had to pay fees to transport medicine at the Tin Gan Nyi Naung and Tha Ton checkpoints: the fee was 1,000 kyats at each checkpoint.

Whenever the BPHWT wants to implement a workshop or training in Si Sine Township, they must get permission from immigration, police, and township General Administration Department.

8. Chin Field Area

When the Burma Army hears about treatments or workshops from Back Pack health workers, they always investigate about them with the chairperson of the local village.

6. Human Rights Issues in the BPHWT's Target Areas

1. Kayan Field Area

In April 2017, a village close to Nay Pyi Daw was ordered to relocate by the Burma Army. They were forced out of their homes because the Burma Army decided to expand their military camp grounds for the purpose of military training. The Burma Army paid 100,000 Kyat for each house and demanded that the villagers move out by the end of April 2017.

2. Pa An Field Area

In March 2017, the Border Guard Force and Burma Army arrested villagers and held them in detention for one night. The villagers had gone to the Htee Wah Plaw Back Pack area for a festival celebration and came back at 11pm. The Border Guard Force and Burma Army said they had not listened and followed the rules for night time travel. In the morning, the village head came to the detention office, saw that they came from his village, and was able to get the villagers released.

In April 2017, Back Pack health workers organized a field workshop at the Noh Kay Back Pack clinic and came back late around 10pm to the Htee Wah Plaw Back Pack area. On the way back, they were stopped at a Border Guard Force/Burma Army checkpoint and asked many questions for an extended period of time. They soldiers also inspected their motor bikes before allowing them to leave.

Moreover in June 2017, the Naung Kaing Back Pack clinic referral car was stopped in Kawkareik by the Burma police on the way to bring medicines to the Back pack Lu Pleh clinic. The health workers had to pay a 35,000 Kyat fine because their car license was issued by the Karen National Union and not recognized by the Burma Government. The car is used to also transport referral patients.

3. Kachin Field Area

The Burma Army killed two villagers in Wa Ra Zup, Pa Kart Township when they brought food for Kachin Independence Army Battalion 14.

In the Shan Pyat, Wa Ra Zeup and Noh Myit Back Pack areas, Shanni (Red Shan) militia soldiers, allied with the Burma Army, did not allow the villagers to work in their fields.

Shanni soldiers have conducted offensive military operation in these areas. Moreover, the Shanni soldiers do whatever they want such as killing villagers' animals for food without permission or compensation.

In May 2017 there was fighting between Shanni soldiers and the Kachin Independence Army. Consequently, villagers could not work and do cultivation in their fields.

7. Environment Situation Issues in the BPHWT's Target Areas

1. Win Yee Field Area

In the Par Pyar and Mae Klue Back Pack areas, there is a gravel factory. Many people in that area now suffer from upper respiratory infection which may be related to the gravel factory.

2. Kawkareik Field Area

In the Ta Eu Hta Back Pack area, a company has set up a mining project. But the villagers and Back Pack health workers have little knowledge about the project or its possible local environmental impact. It is said that the Democratic Karen Benevolent Army participated with a mining company to set up the project which started in April 2017.

3. Thaton Field Area

In the Ta Kay Law Back Pack clinic area, the Burma Government has built a road through village and destroyed some property. However, they did pay appropriate compensation for the destroyed property.

4. Pa An Field Area

During this period of 2017, a Vietnam company started a mega project involving an Internet facility and a related construction of an underground hole for an Internet fiber line. They did not inform the villagers. The hole, two meters deep and one meter wide, is uncovered and has destroyed some villagers' property. The villagers are worried about that the project will take over their land.

The Burma Government has installed a Telenor cell tower in Noh Kay village, but its machinery is very noisy. In reaction, the villagers wrote a letter to the Burma Government to stop the machinery noise. But neither the Burma Government nor Telenor has yet to respond. Before they set up the tower, they said it would not make noise.

5. Kachin Field Area

A Yuzana Company project, started in 2006 to produce different kinds of fruit, has taken over 300,000 acres of land. This project's ownership was transferred to the Chinese Government in 2017. The project produces industrial waste discharges which have caused both water and air pollution. Moreover, many of the villagers' cows and buffalo have died, and continue to die, after they drink water from the local river. The local villagers have written letters twice to the Burma Government to stop the industrial pollution. The Burma Government has yet to respond. Also there is a deep irrigation ditch from the project in which farm animals fall through, cannot get out, and then die.

8. Current Political Context

The second 21st Century Panglong Union Peace Conference was held in May 2017. While there was some agreement in principle on 37 of the 45 discussed points, nothing is expected to change as these points are subject to further discussion and thus, not incorporated into legislative changes. There still was no ceasefire declared by the NLD government and the Burma military to facilitate trust building and good will for the Conference.

The situation in ten of the fifteen administrative states, regions, and territory of Burma is not post-conflict despite the flawed conflict analyses of some international actors. It is only post-conflict in the Burma-dominated areas of central Burma. In the other areas, there are either active fighting or ceasefire agreements. Areas with ceasefire agreements see the Burma Army strengthening and

expanding their military capabilities and reach. The Burma Army also breaks these ceasefire agreements when it is to their strategic or tactical advantage. Even those who have signed the National Ceasefire Agreement have seen the Burma military mount offensive operations against them.

The peace process continues to drag on with little or no progress, despite Aung San Suu Kyi commitment to make peace the primary focus on her administration. Frustration has set in with a number of the ethnic armed organizations in Northern Burma resulting in the formation of a new ethnic negotiating bloc led by the United Wa State Party/Army. This group sees major flaws in the Nationwide Ceasefire Agreement and wants to renegotiate this agreement.

A major issue is the reform of the security sector (SSR) concerning the Burma Army, police force, intelligence services, and the General Administration Department (the Burma government Union/sub-Union bureaucracy) – all controlled by the Burma Army. The Burma Army refuses to discuss this issue. It only wished to discuss the demobilization, disarmament, and reintegration (DDR) of the ethnic armed organizations. However, the ethnic armed organizations consider DDR to be accomplished as a component of, and not separate from, SSR and carried out only after the successful building of a democratic federal union in accordance with the implementation of a federal union constitution. The Burma Government and Burma Army see no necessity for SSR and wants DDR accomplished separately before the completion of the Government's *Seven Step Roadmap*.

9. Special Situations in the BPHWT's Target Areas

The BPHWT participated in an emergency assistance operation 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.

From 27 May - 30 June 2017, the EART provide immediate assistance to persons internally displaced due to a dengue hemorrhage fever outbreak in the Thar Yu Back Pack team area within the Kayah Field Area of Karenni State. Three villages with 849 people (76 boys and 73 girls below five years of age, 365 males and 355 females five years of age and older) in the Thar Yu Back Pack team area were affected.

During the outbreak, the field health workers did outbreak control - demographic analysis and case confirmation and diagnosis), health education (contact transmission and hand washing), and daily caseload and information sharing (case detection and documentation). They treated 231 villagers (41 below five years of age and 190 five years of age and older). Also, emergency medicines and medical supplies were delivered to the patients by the EART with the Kayah Field Area health workers.

10. 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.

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 2017, the BPHWT delivered medical care in 21 field areas and treated 48,640 cases, of which 10,022 cases were of children under the age of five. The total cases on a gender basis included 22,359 cases involving men and 26,281 cases involving women. The six major diseases being treated by the BPHWT continue to be acute respiratory infections, malaria, anaemia, worm infestation, diarrhoea and dysentery.

Also during this reporting period, the BPHWT health workers referred 151 cases which included 27 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

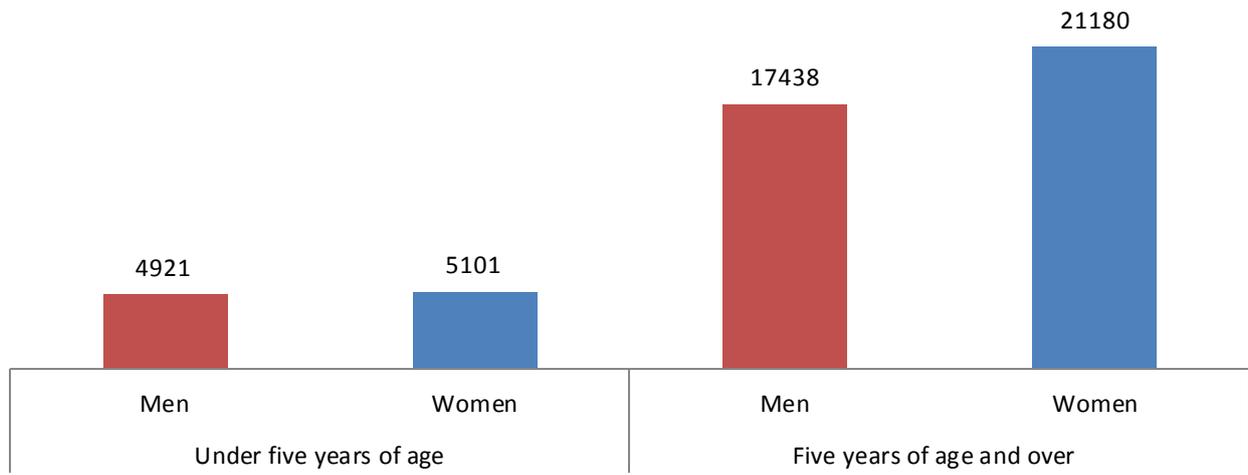
Table 3: Gender Disaggregation of Case Loads Treated

Ages	Gender		Total
	Men	Women	
Under five years of age	4,921	5,101	10,022
Five years of age and over	17,438	21,180	38,618
Total	22,359	26,281	48,640

Table 4: Number of Cases Treated by Condition and Age

No	Condition	Age				Total		Grand Total
		<5		≥5		M	W	
		M	W	M	W			
1	Anemia	174	226	1268	2586	1442	2812	4254
2	ARI, Mild	1365	1391	2659	2960	4024	4351	8375
3	ARI, Severe	620	621	723	795	1343	1416	2759
4	Beriberi	75	124	897	1464	972	1588	2560
5	Water Diarrhea	542	545	834	923	1376	1468	2844
6	Diarrhea with Blood (Dysentery)	194	173	560	550	754	723	1477
7	Injury, Acute – Gunshot	0	0	17	0	17	0	17
8	Injury, Acute – Landmine	0	0	15	2	15	2	17
9	Injury, Acute – Other	105	88	782	501	887	589	1476
10	Injury, Old	24	11	343	181	367	192	559
11	Malaria (PF)	99	103	223	179	322	282	604
12	Malaria (PV)	78	84	278	214	356	298	654
13	Measles	20	30	24	28	44	58	102
14	Meningitis	9	5	11	14	20	19	39
15	Suspected AIDS	0	2	17	7	17	9	26
16	Suspected TB	4	2	56	76	60	78	138
17	Worm Infestation	461	469	838	932	1299	1401	2700
18	Abortion	0	0	0	51	0	51	51
19	Post-Partum Hemorrhage	0	0	0	18	0	18	18
20	Sepsis	0	0	2	11	2	11	13
21	Reproductive Tract Infection	0	1	1	178	1	179	180
22	UTI	16	32	559	996	575	1028	1603
23	Skin Infection	328	352	705	784	1033	1136	2169
24	Hepatitis	3	3	76	62	79	65	144
25	Typhoid Fever	59	54	180	196	239	250	489
26	Arthritis	8	15	504	580	512	595	1107
27	GUDU	10	9	1617	1954	1627	1963	3590
28	Dental Problem	87	109	505	564	592	673	1265
29	Eye Problem	108	117	426	497	534	614	1148
30	Hypertension	0	0	1107	1410	1107	1410	2517
31	Abscess	111	101	477	397	588	498	1086
32	Others	421	434	1734	2070	2155	2504	4659
Total		4921	5101	17438	21180	22,359	26,281	48,640
Grand Total		10,022		38,618		22,359	26,281	48,640

Gender Disaggregation of Case Loads Treated



Five Top Treated Diseases During January to June 2017

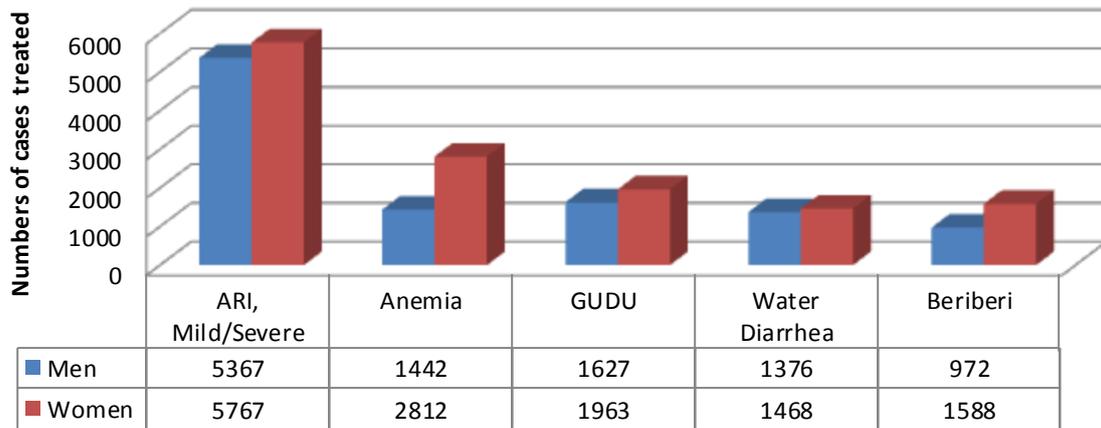


Table 5: Patient Referral

No	Area Name	Gender		Age		EmOC	Total
		M	F	<5 years	>=5 years		
1	Papun	1	1	0	2	1	3
2	Kayah	14	9	15	8	5	28
3	Pa An	24	18	16	26	9	51
4	Thaton	2	3	1	4	1	6
5	Dooplaya	0	1	1	0	0	1
6	Kawkareik	0	0	0	0	2	2
7	Win Yee	2	7	1	8	3	12
8	Mergue /Tavoy	2	8	0	10	1	11
9	Palaung	14	16	1	29	4	34
10	Pa O	1	1	0	2	1	3
Total		60	64	35	89	27	151

Referral causes list:		Referral Locations:
1. 2 Hypertension	20. 2 Suspected Cancer	1. Ta Oh Der Clinic
2. 3 Meningitis	21. 2 GI Problem	2. Wahl Kar Del Clinic
3. 4 Severe Pneumonia	22. 5 Severe Anemia	3. Haling Be Hospital
4. 5 Gastritis (PU)	23. 2 Land mine injury	4. Kakariki Hospital
5. 14 Accident Injury	24. 4 Gunshot injury	5. Malady Hospital
6. 5 Breast glands operation	25. 1 Chronic Asthma	6. Mae Toa Clinic
7. 2 Coma	26. 10 Post Abortion Care	7. She Koh Koi Clinic
8. 1 Severe Tonsillitis	27. 1 Thalassemia	8. Met Tar Mon Hospital
9. 4 Dengue hemorrhage fever	28. 3 Burn	9. A Nan KY Clinic
10. 11 Severe Pre-Eclampsia	29. 11 Neonatal jaundice	10. Paha Though Soo Hospital
11. 1 Leptospirosis	30. 1 Epilepsy	11. Moneymen Hospital
12. 3 Typhoid Fever	31. 2 Glomerulonephritis	12. Diwali Hospital
13. 3 Severe Malaria	32. 2 Heart failure	13. Tachyon Hospital
14. 4 Hepatitis	33. 2 Appendicitis	14. Glashow Hospital
15. 2 Nerve Problem	34. 2 Urinary tract infections	15. Nan Mum Tu Hospital
16. 3 Malnutrition	35. 1 Ear problem	16. Mae Win Hospital
17. 2 Nephritis Syndrome	36. 4 Scabies	17. Shewa Lee Hospital
18. 11 Diarrhea with severe dehydration	37. 13 Emergency Obstetric Care	18. Mai Ton Hospital
19. 4 Suspected TB		19. Thaton Hospital
		20. Prison Hospital
		21. Loin Kaw Hospital
		22. Dee Maw Zone Hospital
		23. Hap Seung Hospital

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, Village Health Committee and 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 January to June 2017, the BPHWT installed 9 shallow wells and 5 gravity flows and 1,000 community latrines to the targeted communities in field areas. There were 1,725 people who gained access to gravity flow water system, 791 people who now access to shallow wells and 1,000 populations who have access to latrines during this reporting period. The table below shows the field areas, households, and people who now have access to water and sanitation systems.

Table 6: Numbers of Gravity Flows, Shallow Wells, and Latrines Installed

No.	Area Name	No. Gravity Flows	HH	Population		
				Men	Women	Total
1	Kayan	2	101	303	289	592
2	Pa An	2	121	242	436	678
3	Kawkareik	1	87	222	233	455
Total		5	309	767	958	1,725

No.	Area Name	No. Shallow Wells	HH	Population		
				Men	Women	Total
1	Special	2	24	67	77	144
2	Kler Lwee Htoo	1	11	35	24	59
3	Thaton	5	129	272	244	516
4	Papun	1	14	35	37	72
Total		9	178	409	382	791

No.	Area Name	No. Latrines	HH	Population		
				Men	Women	Total
1	Kayan	150	150	455	425	880
2	Thaton	90	90	154	195	349
3	Pa An	170	170	354	515	869
4	Kawkareik	100	100	151	250	401
5	Win Yee	150	150	517	567	1,084
6	Shan	200	200	436	502	938
7	Palaung	70	70	182	243	425
8	Arakan	70	70	160	170	330
Total		1,000	1,000	2,409	2867	5,276



Distributing community latrines' supplies to the households in Thaton Field Area

(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).

Table 7: Number of participants in school health sub-program

No	Field Areas	# of Schools	Students		Teachers		Total
			Boys	Girls	M	W	
1	Kayan	22	523	545	18	68	1,154
2	Special	6	543	617	15	43	1,218
3	Taungoo	11	293	283	7	52	635
4	Kler Lwee Htoo	10	327	277	22	25	651
5	Thaton	15	1,527	1,598	50	108	3,283
6	Papun	99	3,161	3,188	118	270	6,737
7	Pa An	35	1,612	1,854	29	164	3,659
8	Dooplaya	47	2091	2,344	31	166	4,632
9	Kawkareik	10	428	443	18	39	928
10	Win Yee	29	1,385	1,519	30	120	3,054
11	Mergue/Tavoy	23	1,283	1,199	11	122	2,615
12	Yee	18	612	908	3	59	1,582
13	Moulamein	14	915	957	2	61	1,935
14	Palaung	17	573	791	10	74	1,448
15	Arakan	4	207	218	16	15	456
Total			15,480	16,741	380	1,386	33,987
			32,221		1,766		



Health workers are providing school health campaign in Palaung Field Area

(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 2017, 32, 44,145 children between the ages of six months and 12 years of age received preventative doses of Vitamin A. Also 37,665 children between the ages of one year and 12 years of age received de-worming medicine.

No	Field Area	Age (1 - 12 Years)		Total
		M	F	
1	Kayah	683	714	1,397
2	Kayan	1,497	1,401	2,898
3	Special	84	117	201
4	Taungoo	891	825	1,716
5	Kler Lwee Htoo	342	378	720
6	Thaton	1,698	1,802	3,500
7	Papun	2,755	2,779	5,534
8	Pa An	1,810	1,965	3,775
9	Doooplaya	1,938	2,084	4,022
10	Kawkareik	365	379	744
11	Win Yee	973	1,012	1,985
12	Mergue/Tavoy	1,018	1,149	2,167
13	Yee	815	1,076	1,891
14	Moulamein	831	1,016	1,847
15	Shan	1,151	1,236	2,387
16	Palaung	829	1,052	1,881
17	Arakan	504	496	1,000
Total		18,184	19,481	37,665

No	Area Name	CHILDREN'S AGES						Total	
		6-12 months		1-6 years		6-12 years			
1	Kayah	28	29	147	159	321	347	496	535
2	Kayan	235	252	645	657	1,071	1,061	1,951	1,970
3	Special	22	38	35	35	31	40	88	113
4	Taungoo	134	122	396	409	497	561	1,027	1,092
5	Kler Lwee Htoo	150	129	204	245	311	334	665	708
6	Thaton	100	108	884	895	807	810	1,791	1,813
7	Papun	434	399	1,049	1,138	1,552	1,589	3,035	3,126
8	Pa An	39	37	484	481	1,429	1,597	1,952	2,115
9	Doooplaya	147	163	658	680	1,147	1,148	1,952	1,991
10	Kawkareik	0	0	135	131	214	239	349	370
11	Win Yee	0	0	342	371	631	641	973	1,012
12	Mergue/Tavoy	46	59	379	434	639	683	1,064	1,176
13	Yee	148	91	279	428	584	580	1,011	1,099
14	Moulamein	249	220	339	446	530	524	1,118	1,190
15	Shan	151	140	904	927	869	963	1,924	2,030
16	Palaung	288	346	417	488	612	749	1,317	1,583
17	Arakan	248	262	265	264	239	231	752	757
Total		2419	2395	7,562	8,188	11,484	12,097	21,465	22,680
		4,814		15,750		23,581		44,145	

Table 10: Number of Schools and students received personal Hygiene Kits						
NO	Field Areas	# of BP	# of School	Students		Total
				Boys	Girls	
1	Special	1	3	160	148	308
2	Pa An	7	24	1,557	1,034	2,591
3	Win Yee	4	29	1,189	1,205	2,394
4	Palaung	2	5	185	240	425
5	Dooplaya	7	30	1,100	1,028	2,128
Total		21	91	4,191	3,655	7,846

(4) Village Health Workshops:

During the first-six month period of 2017, the BPHWT organized 84 Village Health Workshops in 16 Field Areas. Through these workshops, there were 6,113 participants who 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. Women participation is high in every workshop.

Table 11: Number of Village Health Workshop and Participants					
No	Areas	# of VH workshops	Participants		Total
			M	W	
1	Kayah	2	68	69	137
2	Kayan	7	194	166	360
3	Special	4	212	269	481
4	Taungoo	5	327	380	707
5	Kler Lwee Htoo	7	173	281	454
6	Thaton	6	43	199	242
7	Papun	7	263	193	456
8	Pa An	8	133	242	375
9	Kawkareik	2	104	127	231
10	Win Yee	4	79	200	279
11	Mergue/Tavoy	7	198	291	489
12	Yee	8	233	264	497
13	Moulamein	6	218	243	461
14	Palaung	9	317	485	802
15	Kachin	1	43	65	108
16	Arakan	1	20	14	34
Total		84	2,625	3,488	6,113

(5) Village Health Worker (VHW) Training and Workshop

To sustain the role of VHWs, BPHWT continue to provide three-month trainings to strengthen the skills and performance of VHWs, necessary to carry out the treatment of common diseases, provide follow-up care, and ensure that an individual with high fever can be tested for malaria within 24 hours. During this period, BPHWT trained 44 VHWs (18 men and 26 women). There will be VHW workshops for trained VHWs every six month in the Field Areas. During this reporting period, 7 VHW workshops were organized with 135 (62M & 26W) VHWs.

Table 12: Number of Village Health Worker Training and Participants

No	Areas	# of VHW Trainings	Participants		Total
			M	W	
1	Papun	1	4	7	11
2	Pa An	1	10	7	17
3	Thaton	1	4	12	16
Total		3	18	26	44

Table 13: Number of Village Health Worker Workshops and Participants

No	Areas	# of VHW Workshops	Participants		Total
			M	W	
1	Kayan	1	3	10	13
2	Taungoo	3	42	35	77
3	Kler Lwee Htoo	1	13	10	23
10	Thaton	2	4	18	22
Total		7	62	73	135

(6) Village Health Committee (VHC):

The BPHWT has established village health committees since the second period of 2015. The purpose of establishing VHC is to improve community participation and to sustain development of a primary healthcare in the field areas. The target goal is to have at least 30% participation from women in the VHCs. The VHCs surpassed that goal with 38% of VHC members being women. Each VHC targets to have 7-9 members. These representatives are from village administration committee, local health workers, teachers, religious leaders, women and youth groups.

The VHCs are responsible for patient referral, community empowerment and participation, providing health education and environmental cleaning, oversight of clinic management, and coordination with other CBOs and NGOs activities. These VHCs organize quarterly regional meeting among themselves in their respective villages. During this reporting period, 12 VHCs were established with 130 (83M & 47F) members and 40 VHC meetings with 634 (379M & 255F) members.

NO	Area	# of VHCs	Men	Women	Total
1	Special	1	13	6	19
2	Kler Lwee Htoo	4	21	17	38
3	Thaton	2	11	9	20
4	Papun	2	16	6	22
5	Pa An	1	6	3	9
6	Palaung	2	16	6	22
Total		12	83	47	130

NO	Areas	# of VHCs meetings	Men	Women	Total
1	Pa An	12	137	88	225
2	Kawkareik	6	54	23	77
3	Win Yee	8	49	54	103
4	Dooplaya	14	139	90	229
Total		40	379	255	634

C. Maternal and Child Healthcare Program (MCHP)



MCH health worker is delivering a baby in Pa An

During this period, the MCHP was carried out across 19 field areas. There were one integrated program in the Chin area and one with the Karen Baptist Convention (KBC) in the Pan Ta Naw area. While 2,076 babies were delivered, 17 still-births were recorded, and three babies died during the neo-natal period. There was also one maternal death recorded across all field areas because of eclampsia. There were 1,225 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. There were 1,846 (89% from the total delivery) pregnant women

received albandozole and 1,826 (88% from the total delivery) pregnant women and mothers received ferrous sulphate, and folic acid.

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

Table 16: Summary Facts of the MCHP's Activities	
Description	Totals
1. Total deliveries	2,076
2. Live births	2,059
3. Still births	17
4. Neonatal deaths	3
5. Maternal deaths	1
6. Low birth weight	64
7. Pregnant women receiving de-worming medicine	1,846
8. Pregnant women and women receiving iron	1,826
9. Newborn babies receiving birth records	1,225
10. TBA/TTBA kits distributed	620
11. Maternity kits distributed	2,170
12. Family planning clients	3,021

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 2017, the BPHWT could not train any TTBA due to the time constraints and the skills of the trainers. Therefore, there will be TTBA ToT during the next six-month meeting period in January 2018.

The key topics are:

- Anatomy and physiology
- Antenatal care and post-natal care
- Delivery
- Danger signs of pregnancy
- Risk factors
- Family planning
- Maternal and neonatal deaths
- Health education

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 71 TBA/TTBA workshops conducted with the participation of 744 trained TBAs/TTBAs. During the workshops, 620 TBAs'/TTBAs' Kits and 2,170 Maternity Kits were distributed in order to restock field areas.

NO	Area	# Workshops	Men	Women	Total
1	Kayah	4	0	40	40
2	Kayan	5	0	50	50
3	Special	1	1	9	10
4	Taungoo	3	1	41	42
5	Klew Lwee Htoo	5	2	49	51
6	Thaton	6	0	66	66
7	Papun	9	19	69	88
8	Pa An	6	7	64	71
9	Dooplaya	7	13	56	69
10	Kawkareik	3	3	29	32
11	Win Yee	4	1	49	50
12	Mergue /Tavoy	5	11	30	41
13	Yee	2	0	20	20
14	Shan	1	0	10	10
15	Palaung	3	0	37	37
16	Chin	2	0	20	20
17	Arakan	2	0	15	15
18	Kachin	2	0	22	22
19	KBC	1	3	7	10
Total		71	61	683	744

Table 18: TBA/TTBA and Maternity Kit Distributed:

<i>Maternity Kit Contents:</i>	<i>TBA/TTBA Kit Contents:</i>	
<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

3) Reproductive Health Awareness

The BPHWT has started to conduct Reproductive Health (RH) awareness workshop in the field areas since the late of 2015 to improve the reproductive health the age of 15 to 49 participants. During this reporting period, 73 RH awareness workshops were organized. There were 4,853 (1,718 M & 3,135 F). The purpose is to increase reproductive health awareness in the communities and to increase community participation in MCH program.

The discussion topics:

- Immunization
- Nutrition
- Antenatal care
- Post-natal care
- Danger signs of pregnancy
- Abortion
- Family planning
- Breastfeeding
- Referral

NO	Area	# of RH Awareness	<15		> = 15		Total
			Men	Women	Men	Women	
1	Kayah	4	16	21	59	72	168
2	Kayan	5	45	63	122	94	324
3	Special	1	0	0	18	36	54
4	Taungoo	3	33	63	38	82	216
5	Klew Lwee Htoo	5	60	63	114	122	359
6	Thaton	7	27	43	110	259	439
7	Papun	2	11	23	19	87	140
8	Pa An	6	9	12	70	217	308
9	Dooplaya	7	67	72	211	248	598
10	Kawkareik	3	15	27	44	114	200
11	Win Yee	4	27	36	35	120	218
12	Mergue /Tavoy	3	6	16	72	132	226
13	Yee	6	4	8	89	295	396
14	Shan	3	16	22	48	86	172
15	Palaung	5	16	27	73	280	396
16	Chin	4	5	7	82	145	239
17	Arakan	2	49	47	40	48	184
18	Kachin	2	31	32	21	56	140
19	KBC	1	2	8	14	52	76
Total		73	439	590	1,279	2,545	4,853

4) Nutrition for pregnancy

The BPHWT has started to distribute nutrition foods to pregnant women in the field areas since the late of 2015. Due to the limitation, this activity was only conducted in Pa An, Dooplaya, Kawkareik, and Win Yee field areas. The nutrition foods are yellow bean, eggs, oil, sugar, iodine salt and dry fish. The table below shows the number of pregnant women received nutrition foods by months.

Table 20: Number of pregnant women receiving nutrition foods

NO	Area	Feb	March	April	May	June
1	Pa An	52	259	300	301	308
2	Kawkareik	0	64	94	105	107
3	Win Yee	0	208	235	235	236
4	Dooplaya	0	241	259	259	259
Total		52	772	888	900	910

5) Family Planning Activities

BPHWT provided three-month contraceptive injections and distribute condoms and contraceptive pills (Depo-Provera) to 3,031 people (2,930 F, 101 M). There were 1,021 new clients from the total of the clients. The purpose of this activity is to improve maternal and child health conditions among IDPs. Family planning allows people to attain their desired number of children and determine the spacing of pregnancies. By providing family planning methods, BPHWT will help to reduce infant mortality rates and prevent pregnancy-related health risks among women.

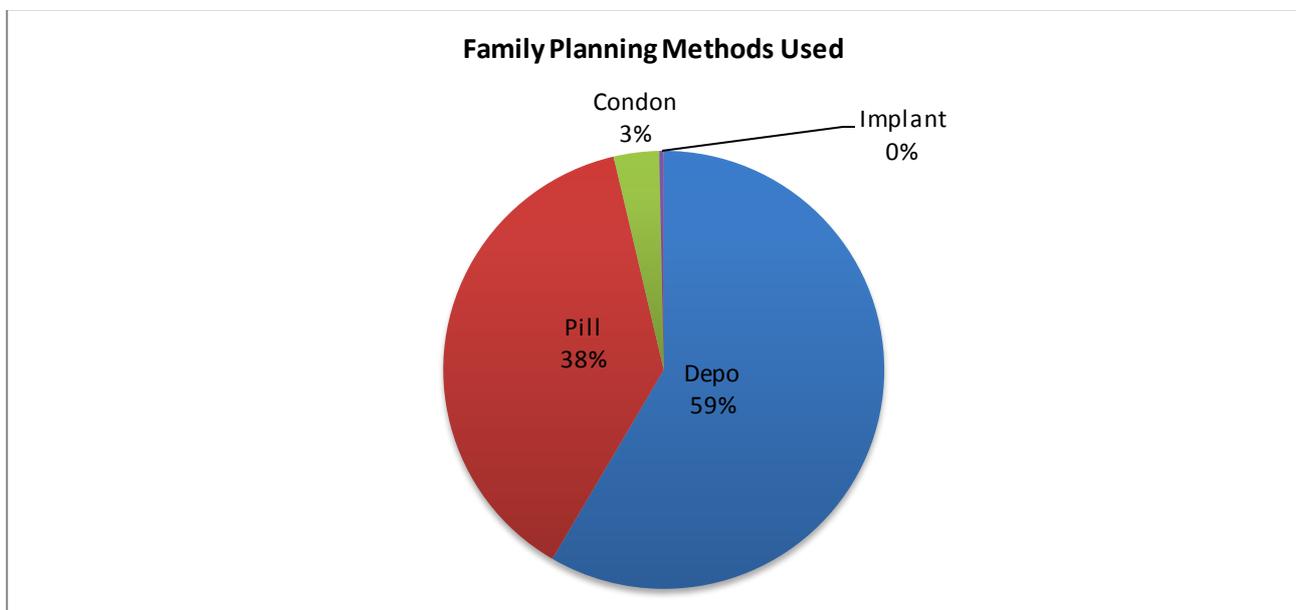


Table 21: Family Planning methods used in January to June 2017

No	Area	Age		Visits		Clients				
		< 19	> = 19	New	F/ U	Depo	Pill	Condon	Implant	Total
1	Kayah	2	119	56	65	71	46	4	0	121
2	Kayan	0	90	63	27	48	36	6	0	90
3	Special	0	20	16	4	4	16	0	0	20
4	Taungoo	0	79	46	33	45	24	10	0	79
5	Klew Lwee Htoo	0	50	9	41	40	9	1	0	50
6	Thaton	3	343	57	289	190	143	13	0	346
7	Papun	0	216	51	165	81	135	0	0	216
8	Pa An	5	339	83	261	177	165	2	0	344
9	Dooplaya	2	202	104	100	40	160	4	0	204
10	Kawkareik	5	132	44	93	53	79	5	0	137
11	Win Yee	6	113	39	80	46	56	7	10	119
12	Mergue /Tavoy	0	69	58	11	34	33	2	0	69
13	Yee	73	277	157	193	323	27	0	0	350
14	Shan	0	0	0	0	0	0	0	0	0
15	Palaung	5	332	75	262	287	50	0	0	337
16	Chin	0	13	13	0	0	13	0	0	13
17	Arakan	83	104	88	99	77	65	45	0	187
18	Kachin	0	19	19	0	8	9	2	0	19
19	KBC	0	330	43	287	247	83	0	0	330
Total		184	2,847	1,021	2,010	1,771	1,149	101	10	3,031

Direct Feedbacks from beneficiaries/Most Significant Change stories

NAME: Mi Pa Koa Son
 ETHNICITY: Mon
 JOINED BPHWT IN: 2012
 POSITION: MCP Medic and
 Mon Field in-charge

Some patients are lucky enough to get help from Mi Pa Koa Son who has sutured many victims of car



and bike accidents. Once when Mi Pa Koa Son was traveling, she witnessed a serious bike accident. The patient needed suturing immediately in order to refrain from losing an unhealthy amount of blood. Without gloves and with little materials, Mi Pa Koa Son fearlessly sutured the patient and while doing so, the patients' blood sprayed in her face! Nevertheless she continued suturing without the help of others, and Mi Pa Koa Son saved the patients' life.

11. Field Meetings and Workshops

The BPHWT conducts field workshops and field meetings twice a year. During the first six-month period of 2017, there were 19 field workshops and 15 field meetings conducted in the targeted field areas; there were 319 participants who attended field meetings and 414 participants who attended field workshops.

Table 22: Numbers of Field Workshops and Meetings and Participants

Description	# of Field Workshops/Meetings	Men	Women	Total
Field Workshops	19	199	215	414
Field Meetings	15	192	127	319

12. Capacity Building Program

During this reporting period, the Back Pack Health Worker Team organized the following trainings courses: Community Health Worker trainings, medic refresher training, trauma management ToT, Village Health Worker training 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. Detail information of the trainings are shown at the table below.

Two staff (1 men and 1 woman) joined Certificate in Public Health, seven senior staff and leading committee member (2 women & 5 men) joined Health Facility Management training in part time course and ten staff (6 women & 4 men) joined Health facility management training in full time course.

Table 23: Trainings Implemented during January to June 2017

Training Courses	Periods	sites
1..Community Health Worker Training	10 mths	Thay Bay Hta and Papun
2.Medic refresher training course	6 mths	Mae Sot
3. 5th Batch CHFM Training	5 wks	Mae Sot
4. Trauma management ToT	4 wks	Mae Sot
5. Basic Computer & Office Management training	6 wks	Mae Sot
6. Village Health Worker Training	3 mths	Papun, Pa An & Thaton
Workshops	Periods	sites
1. Mental health Workshop	2 days	Mae Sot
2. Village health committee workshop	1 days	Mae Sot
3. Gender based violence workshop	2 days	Mae Sot
4. Referral form review workshop	1 days	Mae Sot
5. Organizational development workshop	2 days	Mae Sot

A) Community Health Worker Training Course

In this six month period of 2017, BPHWT organized two Community Health Worker (CHW) training sessions in two different areas: Thay Bay Hta, Mon and Papun. This training lasted for ten-months; six-month in theory and four-month internship in their respective clinics to apply the knowledge and skill that they have learn from theory. There were 91 health workers trained (43 women and 48 men).

No	Areas	# of CHW Trainings	Participants		Total
			M	W	
1	Thay Bay Hta	1	20	23	43
2	Papun	1	25	23	48
	Total	2	45	46	91

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 are:

- Health information
- Pharmacology
- Anatomy
- Epidemiology
- First aid
- Basic Medical Care II with history taking and physical examination
- Diseases prevention and control (water borne, vector borne, air borne, non-communicable diseases)
- Environmental health
- Family health and reproductive health
- Rehabilitation
- Community health promotion

B) Medic Refresher Training Course

The BPHWT organized a Medic Training Course in Papun area. This six months training includes four-months theory and two-months practical at Mae Tao Clinic (MTC) in Mae Sot. The training conducted from 6 March 2017 and will be completed on 31 August 2017. The purpose of this training course is to improve the health workers' knowledge and skills as well as to provide updated health information to the health workers so that they will be better able to serve their communities. There were 32 participants, comprised of 19 men and 13 women.

The Medic Refresher Training Course topics include:

1. Anatomy and physiology
2. Medical terminology
3. First aid and trauma management
4. Medicine
 - communicable diseases
 - Non communicable diseases
 - Infection diseases
 - History taking and Physical examinations
5. Reproductive health
6. Eye care
7. Public health
8. Dental health
9. Medical ethic
10. Integrated Management of Childhood Illness

No	Areas	# of Training	Participants		Total
			M	W	
1	Mae Sot	1	19	13	32
Total					

C) Auxiliary Midwife Follow-up Workshop

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 BPHWT has planned to organize regular follow-up workshop. According to the field trip assessment, some of the AMWs are working with Sub-Rural Health Centers. Therefore, instead of organizing follow up workshop, the Director with Doctors from IRC/PLE visited some Sub-RHC during January 2016. The detail visited locations are showed at the below table:

D) Trauma Management (ToT) Course:

This Trauma Management Training Course was conducted from 2-21 May 2017 in Papun Field Area. This is one month training included both of theory and practical. There were 29 participants, comprised of 27 men and 2 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

E) Village Health Worker Training Course:

During reporting period, the BPHWT conducted three Village Health Worker Training Courses in the Papun, Pa An, and Thaton Field Areas. There were 44 (18M & 26F) trained during this period. This is three-months training and practical in their respective field areas.

The key topics are:

- Basic anatomy and physiology
- Basic first aid
- Basic nursing care
- Basic history and physical exam
- medicine (malaria, diarrhea, Pneumonia, malnutrition, measles, worm infection,
- family planning
- Basic public health

No	Training	# of VHW Trainings	Participants		Total
			M	W	
1	Papun	1	4	7	11
2	Pa An	1	10	7	17
3	Thaton	1	4	12	16
	Total	3	18	26	44

No	Areas	# of VHC	Participants		Total
			M	W	
1	Special	1	13	6	19
2	Kler Lwee Htoo	4	30	47	77
3	Thaton	2	12	98	110
4	Papun	2	24	10	34
5	Pa An	1	22	19	41
6	Palaung	2	16	6	22
	Total	12	117	186	303

F) Basic Computer and Office Management Training Course:

This training course was conducted from 4 April – 19 May 2017. This training is lasted for six weeks. There were 15 participants, comprised of 8 men and 7 women. The trainees were trained by the BPHWT Office Manager and Website/Layout Designer.

The key course topics are:

- Typing tutor
- Basic Microsoft Word and Excel
- Basic office management
- Photoshop
- PageMaker
- Maintenance of Computer

G) Certificate in Health Facility Management Training

BPHWT organized CHFMT training on 24 April – 7 June 2017 in Mae Sot by coordinating with MTC and Khon Kan University, Thailand. There were 29 participants (14 women and 15 men). The trainers are from IRC/PLE. There were three modules taught: Health Concept and Application, Health Organizational Development, and Health Service System Management.

Table 28: 5th Batch CHFMT Trainings and Participants

No	Areas	# of CHFMT Trainings	Participants		Total
			M	W	
1	Mae Sot	1	15	14	29
	Total	1	15	14	29



The BPHWT organized a Certificate In Health Facility Management Training Course in Mae Sot

13. Convergence, Coordination and Collaboration

The health convergence initiative began in May 2012 with the establishment of the Health Convergence Core Group (HCCG), consisting now of nine ethnic health organizations (EHOs) and health community based organizations (HCBOs):

- Back Pack 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)

HCCG Aims

- Prepare existing border-/Burma-based EHOs/CBHOs, for future possibilities to work together with Union and state/region government health agencies, ethnic authorities, international donors, INGOs and CSOs.
- Explore policy options for achieving the convergence of ethnic health networks with the health system of the Burma government through political dialogue. The HCCG defines “health convergence” as the systematic, long term alignment of government, ethnic, and community-based health services.

During the first six-month period of 2017, the BPHWT participated in the following convergence activities:

1. Joint Donor Meeting: 13-14 March 2017, Mae Sot, Thailand.
2. Participation at the *National Health Plan: Formation of the First Year’s Annual Operation Plan*: 15-16 March 2017, Nay Pyi Taw, Burma.
3. Health convergence awareness/advocacy meeting with the Kayan National Health Committee: 6 April 2017, See Buu Village, Hpe Khone Township, Karenni State, Burma.
4. HSS/HCCG Meeting: 17 May 2017, Mon State, Burma.
5. Ethnic Health Forum: 20-22 May 2017, Ngwe Saung, Irrawaddy Division, Burma.
6. Health and Development Consultation Meeting: 25-27 May 2017, Mutraw District, Karen State, Burma.(see below)
7. Health System Strengthening Steering Committee Meeting: 21-23 June 2017, Mae Sot, Thailand.
8. Health convergence awareness/advocacy meeting with government representatives from Sweden, Switzerland, Canada, and US, and the *Japan International Cooperation Agency (JICA)*: 29-30 March 2017, Rangoon, Burma.



BPHWT's Leading Committee joined Ethnic Health Forum in Ngwe Saung Hotel, Irrawaddy Division

The BPHWT, with Mutraw (Papun) Coordination and Development Committee, organized a Health and Development Consultation Meeting to improve coordination and cooperation among the various groups - LNGOs, CBOs, and local authorities - which are providing humanitarian assistance in this District. The Back Pack Director and Back Pack Leading Committee Chairperson and Secretary led this meeting which had sixty-eight participants. The BPHWT, Burma Medical Association, Mae Tao Clinic, and Karen Department of Health & Welfare all made presentations which addressed coordination with the Mutraw District health authorities. It is important that overlaps and gaps in healthcare coverage be identified and addressed so as ensure the availability of primary health care to all persons in the District as well as scarce human and financial resources are efficiently and effectively utilized. Health system strengthening and convergence were also discussed during the meeting.

Two key partners with the HCCG in convergence are the Health Information System Working Group (HISWG) and the Health System Strengthening (HSS) Project. The HISWG was established in 2002 and complements convergence coordination, cooperation, and alignment through the provision of key data, analysis, and reports about the ethnic health system to support planning and decision making.

HISWG Member EHOs/CBHOs

- Back Pack Health Worker Team
- Burma Medical Association
- Chin Public Affairs Committee
- Karen Department of Health and Welfare
- Karenni Mobile Health Committee
- Mae Tao Clinic
- Mon National Health Committee
- Shan State Development Foundation

HISWG Objectives

- *Coordinate* the health information systems of the partner health organizations.
- *Collect and analyze* health information data from the partner organizations to improve healthcare services.
- *Improve* the HIS skills among partner organizations
- *Improve* the understanding of healthcare workers about the importance of health information systems.
- *Raise* the awareness about the health situation of the people in the ethnic regions of Burma.

The HSS Project emerged in 2015 and its activities also complement convergence coordination, cooperation, and alignment through the enhancement of the key building blocks of the ethnic health system:

- Leadership and Governance
- Health Information System
- Health Workforce
- Health Financing
- Access to Essential Medicine, Medical Supplies and Medical Technology
- Service Delivery

HSS Project Member EHOs/CBHOs

- Back Pack Health Worker Team
- Burma Medical Association
- Karen Department of Health and Welfare
- Karenni Mobile Health Committee
- Mae Tao Clinic
- Pa-O Health Working Committee
- Mon National Health Committee
- Shan State Development Foundation

HSS Project Aims

- *Improved health outcomes* through expanding access of villagers to community health workers and services.
- *Responsiveness* through evidence based programming and planning.
- *Financial and social risk protection* through prioritizing context-appropriate low-cost interventions and improved referral systems.
- *Improved efficiency* through the identification of best and underperforming facilities, programming, and health workforce.

All three of these organizations support the ethnic health system which has been providing healthcare services to the ethnic people in Burma and migrants/refugees in Thailand for thirty years. This system is vast in its scope and size:

- 675,000 served population
- 10 of 14 states/regions of Burma (46/330 townships)
- Thai border provinces
- 4,400 health workers (Burma)
- Mobile health teams and fixed health clinics
- Curative, preventative, promotive, rehabilitative, and palliative health services

Furthermore in understanding convergence, it is important to note that while health is not political, health convergence is political because:

- The EHOs/CBHOs provide primary health care in the EAO-controlled areas.
- The EAOs are engaged in negotiations for “political convergence”.
- The health convergence progress is dependent upon the political convergence progress.
- A new devolved federal health system requires an amendment to add devolved health political, administrative, and fiscal authorities and responsibility to Schedule 2 – Region/State Legislative List of the 2008 Constitution.
- The health system of the NLD government, envisioned in the National Health Plan, is a deconcentration/delegation model, not a devolved model sought by the EHOs/CBHOs and in line with the federalism political aspirations of the ethnic people.

The Burma Government views the EHOs/CBHOs, in a reformed Burma health sector, as integrated into the deconcentrated Union health system of the Burma Government or a separate healthcare service provider with delegated services provision responsibilities. In stark contrast, the EHOs/CBHOs do not agree that health convergence is integration into a Burma Government centralized, deconcentrated, or delegated health system, but is the creation of a new devolved health system of a Federal Union of Myanmar. In this latter respect, the following chart matrix presents a possible devolved health system authority/responsibility model, for illustration purposes, toward which the health systems of the Burma Government and the EHOs/CBHOs could converge under a Federal Union of Burma:

Draft Devolved Health System of a Federal Union of Burma/Myanmar

Health System Authority & Responsibilities	Level of Government		
	Union	State/Region	Township
Setting norms, standards, & regulations	X		
Policy formulation	X	X	
Revenue generation/resource allocation	X	X	
Data collection, processing, & analysis	X	X	X
Program/project design		X	
Budgeting/expenditure authority		X	X
Purchasing/warehousing drugs/supplies		X	X
Monitoring/oversight of hospital/health facilities		X	
Hospitals & health facilities management		X	X
Facilities & infrastructures		X	
Training & staffing (planning, hiring, & firing)		X	X
Salaries & benefits		X	
Contracting hospitals		X	

Moreover with Universal Health Coverage (UHC), the EHOs/CBHOs **agree** on the UHC concept, a basic essential package of health services (EPHS), importance of data sharing to inform health planning, and the inability of the Burma Government to implement UHC by itself, especially in the ethnic service areas. Yet, the EHOs/CBHOs do **not agree** that political decision making, administrative control, and pooling/purchasing for UHC and the health sector in general should be at the Union level; only overall UHC/health sector policy making may be at the Union level in consultation with the state/region governments. Otherwise, primary health authority and responsibility should be at the state/region level. Thus as with the two parallel health systems, there are two different roads to the same destination of UHC.

Key current health convergence issues are:

- Political Convergence:
 - The two 21st Century Panglong Union Peace Conferences, *Step Three* of the Burma Government's *Seven Step Roadmap*, has yet to produce meaningful results toward peace and national reconciliation.
 - The Burma Army continues use force to bring about peace with the ethnic people with active fighting in Kachin, Shan, Arakan, and Chin States.
- Funding of the EHOs/CBHOs:

Some major international donors have withdrawn/reduced financial support from the EHOs/CBHOs to work with the Burma Government by funding and implementing Burma Government-approved health programs.
- Registration of the EHOs/CBHOs:
 - EHOs/CBHOs are not officially registered in Burma.
 - Imprisonment for those who meet or aid such illegal organizations and an impediment to collaborations between official bodies in Burma and the EHOs/CBHOs.
 - Restricts funding opportunities for many EHOs/CBHOs.
 - But, registration reporting requirements may endanger ethnic health workers.
- Recognition and Accreditation:
 - EHOs/CBHOs are not recognized as health organizations by the Burma government and subject to violations of the medical regulations/ laws of Burma.
 - Health workers of the EHOs/CBHOs are not accredited as health workers by the Burma government and subject to arrest/detention.

In conclusion, the following about health convergence are important:

- Health convergence is political and directed associated with, and dependent upon, the peace process.
- As mentioned in the *Current Political Context* in this Report, the situation in ten of the fifteen administrative states/regions/territories is not post-conflict, but ceasefire/conflict.
- Peace and national reconciliation in Burma is not seen as happening in the near term. Thus, the convergence of the health system of the Burma Government and that of the EHOs/CBHOs into a new health system will not realistically occur until that time.
- The ethnic people want a devolved health system in a Federal Union of Burma.
- Universal Health Coverage is also the goal of the EHOs/CBHOs through their community-based health system and ultimately through a devolved federal health system with primary health authority and responsibility at the state/region level.
- The ethnic health system is vast.
- Continued funding of the EHOs/CBHOs, EHO/ CBHO registration and recognition, accreditation of EHO/CBHO health workers, and political convergence (i.e., sustainable peace in Burma) are critical issues in the health convergence process.

14. 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.

During this period of 2017, the Back Pack Health Worker Team organized a Monitoring and Evaluation (M&E) trip by the BPHWT Director and MCHP coordinator and M&E staff to different field areas. 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. The BPHWT also participates with Health System Strengthening project for field Continuous Medical Education (CME) and Service Availability and Readiness Assessment (SARA). SARA is a health facility assessment tool designed to assess and monitor the service availability and readiness of the health sector and to generate evidence to support the planning and managing of a health system. There will be assessment result report of SARA to be shared.

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

Table 29: Summary Facts of Monitoring and Evaluation (M & E) trips

Date	Area names /BP's name	Attendants
27 March 2017	Kkaw Thu Khee (Pa An)	MCHP coordinator & MCHP staff
24 March 2017	Mae Tha Moo (Pa An)	MCHP coordinator & MCHP staff
27 May 2017	Toh Ler Wah Kee (Dooplaya)	MCHP coordinator
11 June 2017	Paw Now Kee (Dooplaya)	MCHP coordinator
28 June 2017	Tha Min Dwant (Dooplaya)	MCHP coordinator & MCHP staff
25-27 May 2017	Papun field area	Chairperson, Secretary, Director

Table 30: 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

Table 31: Gender Analysis of the People Working within the BPHWT

Category	Total Workers	Total Women	Actual Women %
Leading Committee/Executive Board	16	5	31%
Office Staff	12	3	25%
Field Management Workers/FICs	60	25	42%
Field Health Workers	333	180	54%
Trained Traditional Birth Attendants	839	776	92%
Village Health Workers	256	161	63%
Organizational Total	1,516	1,150	76%
Total Organization excluding TBAs			55%

15. Financial Report:

BPHWT Income and Expenditures: 1 January- 31 June 2017

ITEMS	Income (Thai Baht)	Expenditure (Thai Baht)	%
OPENING BALANCE -1 JANUARY 2017	1,973,700		
PERIOD INCOME			
International Rescue Committee (IRC/DFID)	6,677,667		35%
Stichting Vluchteling (SV)- Netherlands	3,329,500		17%
Burma Relief Centre /CIDA/ (Inter Pares)	2,500,000		13%
CPI/Swiss Agency for Development and Cooperation (SDC)	2,062,346		11%
International Rescue Committee (IRC/PLE)/USAID	2,557,068		13%
Burma Humanitarian Mission (BHM)	1,155,660		6%
Burma Relief Center/TDH	704,662		4%
Burma Relief Center/HCCG	146,000		1%
Other Donations	30,000		0%
Bank Interest	6,558		0%
Marie Stopes International Myanmar (MSI- Myanmar)			0%
TOTAL PERIOD INCOME	19,169,461		100%
TOTAL INCOME	21,143,161		
PERIOD EXPENDITURES			
Back Pack Medicine and Equipment (MCP)		3,600,989	31%
Back Pack Field Operation Supplies and Services		1,332,000	31%
Community Health Education and Prevention Program (CHEPP)		2,898,452	18%
Maternal and Child Healthcare Program (MCHP)		2,787,620	18%
Capacity Building Program (CBP)		1,371,630	9%
Health information and Documentation (HID)		242,140	2%
Program Management and Evaluation (PME)		2,065,061	13%
General Administration		1,530,829	10%
TOTAL PERIOD EXPENDITURES		15,828,721	100%
CLOSING BALANCE – 31 June 2017		5,314,440	

Part II: Program Workshops and 38th Semi-Annual Meeting Report

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

1. Medical Care Program Workshop
2. Community Health Education and Prevention Program Workshop
3. Maternal and Child Healthcare Program Workshop
4. Gender-Based Violence workshop
5. Data Collection Workshop
6. Malaria workshop
7. Flu Workshop
8. Water filter Workshop
9. Organizational Development (Leadership skill) Workshop
10. Financial reporting workshop
11. BBG guideline workshop

1. **Medical Care Program Workshop**

Facilitators - Naw Hser Mu Nar Htoo, Nan Pa Pa Win and S' Aung Than Oo

Duration - 20-22 July 2017

Participants - 27 (15men and 12women)

Discussion Topics:

- Field activities report presentation
- Discuss with field missing reporting
- Discuss MCP data collection
- Review of essential drug list & next order units
- Review of distributed medicine and supplies list
- Discuss on mental health pilot activities
- Update stationary Back Pack teams & health worker names
- MCP future plans

2. **Community Health Education and Prevention Program Workshop**

Facilitators - Saw Eh Mwee and Pway Wah Poe

Duration - 17-18, 22 July 2017

Participants - 21 (15 men and 6 women)

Discussion Topics:

- Review of the field activities
- Field report form
- Discussion of health education on school health
- Discussion of village health workshop
- Water and sanitation
- Vitamin-A and De-worming medicine
- Future plans

3. Maternal and Child Healthcare Workshop

Facilitator - Naw Thaw Thi Paw, Naw Htoo, Moe Moe Win & Dr- Okka Aung (CPI)
Duration - 20-22 July 2017
Participants - 38 (3M & 35F)

Discussion Topics:

- MCH Supervisor report presentation (15 field areas)
- Reproductive health awareness
- Maternal Death Review Form
- Birth Record Form
- Review MCHP data form and maternal death form
- Review MCHP Program activities
- Tuberculosis (TB)
- General discussion on Misoprostol, Birth record ,CBV workshop , and Implant
- MCHP Future plans

4. Gender-Based Violence workshop

Facilitator - Moo Moo Htoo, Eh Gay Wah and Diana Htoo (MTC)
Duration - 13-14 July 2017
Participants - 43 (11 men & 32 women)

Discussion Topics:

- Definition of GBV, Gender, Sex and Gender equality
- Types of power
- Five main categories of GBV
- Four main services that survivor might need
- GBV guideline and principles

5. Data Collecting Workshop

Facilitator - Community Partners International (CPI)
Duration - 15 -16 July 2017
Participants - 43(11 men & 32 women)

Discussion Topics:

- Definition of project
- Discuss on indicators
- Discuss on data collection tools
- Discuss monitoring and evaluation
- Referral
- Future plans

6. Malaria Workshop

Facilitator - Dr. Aung Pyi Pyo (SMRU), & Dr. Thein Thein Chit (URC)

Duration - 18-19 July 2017

Participants - 71 (29 men & 42 women)

Discussion Topics:

- Health worker skills assessment (Pre-Test)
- Case management & diagnosis
- Treatment protocol upgrade form URC
- Program design & reporting form review
- Health worker knowledge skills assessment (Post - test)
- Feedback & workshop recommendation
- Malaria treatment guideline protocol update information sharing
- Tuberculosis knowledge and information sharing

7. Flu Workshop

Facilitator - Aung Phyi Phyo (SMRU)

Duration - 2 August 2017

Participants - 64 (21 men & 43 women)

Discussion Topics:

- Seasonal Influenza A (H1 N1)
- Caused by influenza viruses
- Four types of influenza viruses: A, B, C and D.
- Categorize the patient A, B, C
- How flu spreads
- Management of influenza outbreak
- Diagnosis for influenza
- Rapid Diagnostic Test
- Influenza vaccine
- Influenza Vaccine Effectiveness, 2016-17
- Epidemiological definitions by CDC
- Other protective measures
- Yango Management guide line for HINI pandemics infection

8. Water filter Workshop

Facilitator - Alex (TBC)
Duration - 20-21 July 2017
Participants - 27 (19 men & 8 women)

Discussion Topics:

- Charcoal/Bio-char water treatment system
- Water related diseases and their causes
- Options for home water treatment
- Water treatment for rural communities
- Biological layers
- Filter management
- How does the filter remove contaminant

9. Organizational Development Workshop

Facilitator - Nang Snow
Duration - 25-26 July 2017
Participants - 79 (35 men & 44 women)

Discussion Topics:

- Leadership definition
- Roles of leaders
- Leadership skills
- Important of leadership in the workplace
- Different between leader and manager
- Leadership styles (Autocratic, Democratic, & Laissez – Faire)

10. Financial Reporting Workshop

Facilitator - Finance teams
Duration - 3 August 2017
Participants - 45 (20 men & 25 women)

Discussion Topics:

- Health workers stipend
- Traveling cost
- Field workshops
- Medicine purchasing
- Meetings and workshops
- Reporting timeline
- Program activities
- Weakness
- Future plans

11. BBG Review Workshop

Facilitator	- Dr Htay Min Oo (IRC/PLE Myanmar)
Duration	- 4-9 August 2017
Participants	- 71 (29 men & 42 women)

Discussion Topics:

- Diseases
 - Respiratory Diseases
 - Gastro Intestinal Disease
 - Urinary Tract infection
- Each disease in particular Categorize of acute & chronic
- Definitions
- Sign and symptom
- Management
- Diagnosis
- Treatment guide and medicine
- and prevention

2. [38th BPHWT Semi-Annual General Meeting](#)

The 38th Semi-Annual Back Pack Health Worker Team General Meeting was conducted on 28-29 and 31 July 2017 at the BPHWT Mae Sot Office. There were 105 participants - 57 women and 48 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.



38th Six Month Meeting of Back Pack Health Worker Team at the office in Mae Sot

Schedule of the BPHWT's 38th Semi-Annual General Meeting

Day (I) – 28 July 2017	
Description of Presentation	Responsibility
Opening Speech	Mahn Mahn
Introduction	Facilitators
Review and discussion about on 37 th Six Month's Meeting decisions	All BPHWT members
MCHP Coordinator Report and Workshop Report	Naw Thaw Thi Paw
CHEPP Coordinator Report and Workshop Report	Saw Moo Thar
MCP Coordinator Report and Workshop Report	Naw Hsa Mu Nar Htoo
Day (II) – 29 July 2017	
Capacity Building Coordinator Report and Workshop Report	Saw Christen
HID Report Presentation and Office administration report presentation	Aung Than Oo S'moe Naing
Financial Report	Saw Chit Win
Closing Speech	Chairperson
Day (II) – 31 July 2017	
General: <ul style="list-style-type: none"> • Program overlapping in each area • Health worker registration • Medicine transportation • Health worker security • NHP/UHC • Health worker stipend (stable Back Pack teams) 	All BPHWT members
Review and approve meeting decisions	Facilitators and president
Closing speech	Dr. Cynthia Maung
Leading Committee and Field in-charge meeting	LC and FIC members

BPHWT's 38th Semi-Annual General Meeting Decisions:

1. Naw Thaw Thi Paw will get technical support for a Neonatal Jaundice Workshop and develop a form for data collection of neonatal jaundice cases during the second six-month period of 2017.
2. Naw Thaw Thi Paw, Saw Poe Aye, and Naw Htwaw Gyi are responsible for further negotiations to recruit more TTBA's for the Htee Tha Blu Hta Back Pack team area in the Papun Field Area.
3. Naw Thaw Thi Paw and Saw Poe Aye will discuss MCHP activities in the Thel Boe Hta and Baw Bel Back Pack team areas in the Papun Field Area with the Burma Medical Association.
4. Naw Thaw Thi Paw is responsible for collecting more information about Mesoprostol and supporting its use with 70 women in the Papun and Palaung Field Areas. She will then present the results and recommendations in the Leading Committee/Field in-Charges' Meeting.
5. Naw Thaw Thi Paw will discuss updating the birth record with relevant partner organizations.
6. The BPHWT has made the decision to collect the birth records issued by both the BPHWT and Burma Government in the BPHWT's targeted field areas.
7. The following MCHP activities/distributions will be implemented during the second six-month period of 2017:

Description	Units
1. TTBA Training Sessions	1 training
2. TBA/TTBA Workshops	71 workshops
3. TBA/TTBA Kits	66 units
4. Oxytocin	610 Injections
5. Three Months of Nutrition Food Provision for Pregnant Women	20 Pregnant women
6. Reproductive Health Awareness Raising Workshops	21 workshops
7. Baby Weight Scales	10 weight scales
8. Gender-Based Violence Awareness Workshops	67 workshops
9. Birth Records	90 Books
10. Depo-Provera Injections	3,580
11. Contraception Pill Packs	3,900
12. Condoms	35 packs

8. Former trainees of implant training will attend a two-day upgrade training session and receive supplies after the training.
9. A Gender-Based Violence Follow up Workshop will be conducted during the second six-month BPHWT meeting of 2017.
10. The BPHWT made the decision to establish Village Health Committees in all the Back Pack team areas during the second six-month period of 2017.
11. All detailed CHEPP requests will be presented and discussed at the Leading Committee/Field in-Charges' Meeting.
12. Information about dengue hemorrhage fever will be shared in the village health workshops during the second six-month period of 2017.

13. The CHEPP Coordinator will get technical support to organize a WASH Workshop during the second six-month BPHWT meeting of 2017.
14. The BPHWT made the decision to continue conducting water and sanitation assessments during the second six-month period of 2017.
15. The Leading Committee/Field in-Charges' Meeting will discuss the request from Field Areas for relocation of some Back Pack teams.
16. The Leading Committee/Field in-Charges' Meeting will continue discussions about the malaria project.
17. The BPHWT will discuss, with the Open Society Foundation, conducting mental health training in the Kayan Field Area.
18. Pharmacy management training will be conducted during November 2017 in the Kayan and Kler Lwee Htoo Field Areas, especially with the stationary Back Pack teams.
19. Two representatives from each field area will attend the Burma Border Guidelines' Review Workshop on 4-9 August 2017.
20. The Leading Committee/Field in-Charges' Meeting will discuss dental training organized by the Mae Tao Clinic and medic training organized by Karen Department of Health & Welfare, and select trainees for those training sessions during the second six-month period of 2017.
21. The Leading Committee/Field in-Charges' Meeting will discuss conducting auxiliary midwife training and an Auxiliary Midwife Follow-Up Workshop during the second six-month period of 2017.
22. The Leading Committee/Field in-Charges' Meeting will discuss organizing the four remaining VHW training sessions during the second six-month period of 2017.
23. The HID and CBP Coordinators are responsible for collecting health worker profiles.
24. Nine representatives from SDC-supported areas will attend a Monitoring and Evaluation Workshop on 9-11 August 2017.
25. The BPHWT made the decision to send four health workers - two from the Pa An Field Area, one from the Win Yee Field Area, and one from the Palaung Field Area - to attend a Basic Emergency Obstetric Care BEmOC Training of Trainers (ToT) on 16-25 August 2017. Naw Thaw Thi Paw, MCHP Coordinator, and Mi Naw Lar, MCHP Supervisor, will attend a BEmOC ToT in November 2017.
26. A representative from each Back Pack team, supported by Swiss Agency for Development and Cooperation (SDC) funds, will attend a Pharmacy Management Workshop on 24-26 August 2017.
27. The BPHWT made the decision to organize advanced Microsoft Office Word, Excel, and PowerPoint training.
28. During the second six-month' period of 2017, the HID Coordinator will develop forms to collect information for a BPHWT's served population and services profile.
29. The BPHWT made the decision to conduct a Financial Reporting Workshop on 3 August 2017.
30. The BPHWT made the decision to organize a workshop with the field in-charges for the 2018 Proposal and Work Plan.

31. The Leading Committee/Field in-Charges' Meeting will discuss service overlaps and medicine transportation.
32. The BPHWT made the decision to collect more information and develop criteria to upgrade the stationary Back Pack teams during 2018.
33. There will be Leading Committee/Field in-Charges' Meeting on 2 August 2017.
34. Naw Thaw Thi Paw will contact the Expanded Programme on Immunization (EPI) Coordinator for more information about the EPI project in the BPHWT's targeted field areas.
35. The BPHWT made the decision to include per diem and kits for VHWs in the 2018 proposal.
36. The BPHWT made the decision to implement MCHP activities in the Thel Boe Hta and Baw Bel Back Pack team areas in the Papun Field Area during the first six-month period of 2018.

Leading Committee/Field In-Charge Meeting Decisions (02/08/2017)

1. The following CHEPP activities/distributions will be implemented during the second six-month period of 2017.

Description	Units		Total
	Core Funds	LIFT Project	
1. Community latrines	1265	-	1265
2. Shallow wells	5	4	9
3. Gravity flows	13	3	16
4. Water filters	17	12	29
5. Village Health Workshops	37	-	37
6. Village Health Committees	28	-	28
7. Personal hygiene kits	79	-	79
8. Health campaigns	20	-	20

9. The information about the number of shallow wells, gravity flow systems, and community latrines, installed since 2015, will be collected during the second six-month period of 2017.
10. VHW training will be conducted in the Kayan, Arakan, and Kachin Field Areas during the second six-month period of 2017.
11. Due to the difficulties of transporting medicine and medical supplies from Thailand to the Arakan, Kachin, Naga and Chin (WLC) Field Areas, the BPHWT will purchase medicines and medical supplies for those field areas inside Burma/Myanmar.
12. The Logistic Manager will transport the medicines and medical supplies for the Palaung Field Area to Mandalay.
13. The BPHWT will increase the medicine transportation costs for the more distance field areas.
14. The Field in-Charges will discuss how the malaria project is implemented in the field areas with the local authorities and report the update information, in this regard, in the 2018 Proposal/Work Plan Workshop.
15. The Field in-Charges will be invited to join in the 2018 Proposal/Work Plan Workshop during the last week of October 2017.

16. The Pa An Field in-Charge will discuss the activities of implementing the Mel Tha Moo and Hall Thu Kee Back Pack teams with the local authorities and village leaders because there is a clinic established by Malteser International.
17. The BPHWT will implement a Special Shan Kayah Back Pack team in the Naung Tai village tract in the Pa An Field Area. This Back Pack team will operate as a pilot Back Pack team during the second six-month period of 2017.
18. The Pee Tee Back Pack team in Bilin township of the Thaton Field Area is relocated to the Kyawt Pyar village tract.
19. The BPHWT Director will speak with the PEDU about AMW training in Pa An during the second six-month period of 2017 with two participants from the Thaton Field Area, two participants from the Kler Lwee Htoo Field Area, four participants from the Yee and Moulamein Field Areas, two participants from the Kayan Field Area, and one participant from the Kawkareik Field Area.
20. An AMW follow up workshop will be organized during the second six-month period of 2017 for those AMWs who will have completed MCH training in August 2017.
21. The BPHWT will speak with the Namg Khom Parahita Foundation about organizing AMW training in the Shan Field Area during 2018.
22. The Leading Committee will have a later meeting to discuss the details for writing the 20 Year Report of the BPHWT.
23. The BPHWT will coordinate with the SMRU about influenza-like-illness (ILI) disease control in the Papun Field Area.
24. The BPHWT will send one health worker from the Taungoo Field Area, one health worker from the Pa An Field Area, and one health worker from the Palaung Field Area to dental training to be organized by MTC in October 2017.
25. The HID and CBP Coordinators will contact the Karen Department of Health & Welfare to get more information about the medic training which will be conducted during the second six-month period of 2017.
26. The BPHWT will recruit an additional MCHP assistant supervisor for the Papun Field Area.