



နယ်လှည့်ကျေးဇူးအိတ်ကျန်းမာရေးလုပ်သားအဖွဲ့
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
Internally displaced people and vulnerable
population of Burma



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**Annual Report
2007**

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1. Executive Summary

Over fifty years of civil war in Burma has displaced hundreds of thousands of people. They have fled their homes, hidden for safety and faced forced relocation. Compounding their loss of homes and security is their lack of the basic human right to health. Those people who are living along the border and in the interior of the ethnic nationalities' area of Burma are severely affected.



Temporary shelter in Jungle (Taungoo) 2007

The Back Pack Health Worker Team (BPHWT) has been providing primary health care in ethnic armed conflict areas and rural areas, where access to healthcare is otherwise unavailable. The BPHWT provides a range of medical care, community health education and prevention, and maternal and child healthcare services to internally displaced persons and vulnerable population of Burma. Doctors and health workers from the Karen, Karenni, and Mon States established the BPHWT in 1998. At

the beginning of establishing BPHWT, there were 32 backpack teams with 120 health workers.

The number of Back Pack Teams has gradually increased. There are currently 76 teams with between 3 to 5 health workers in each team, who deliver a range of health care programs to a target population of 160,000 displaced people. The BPHWT aims to equip people with the skills and knowledge necessary to manage and address their own health problems, while working towards long-term sustainable development.

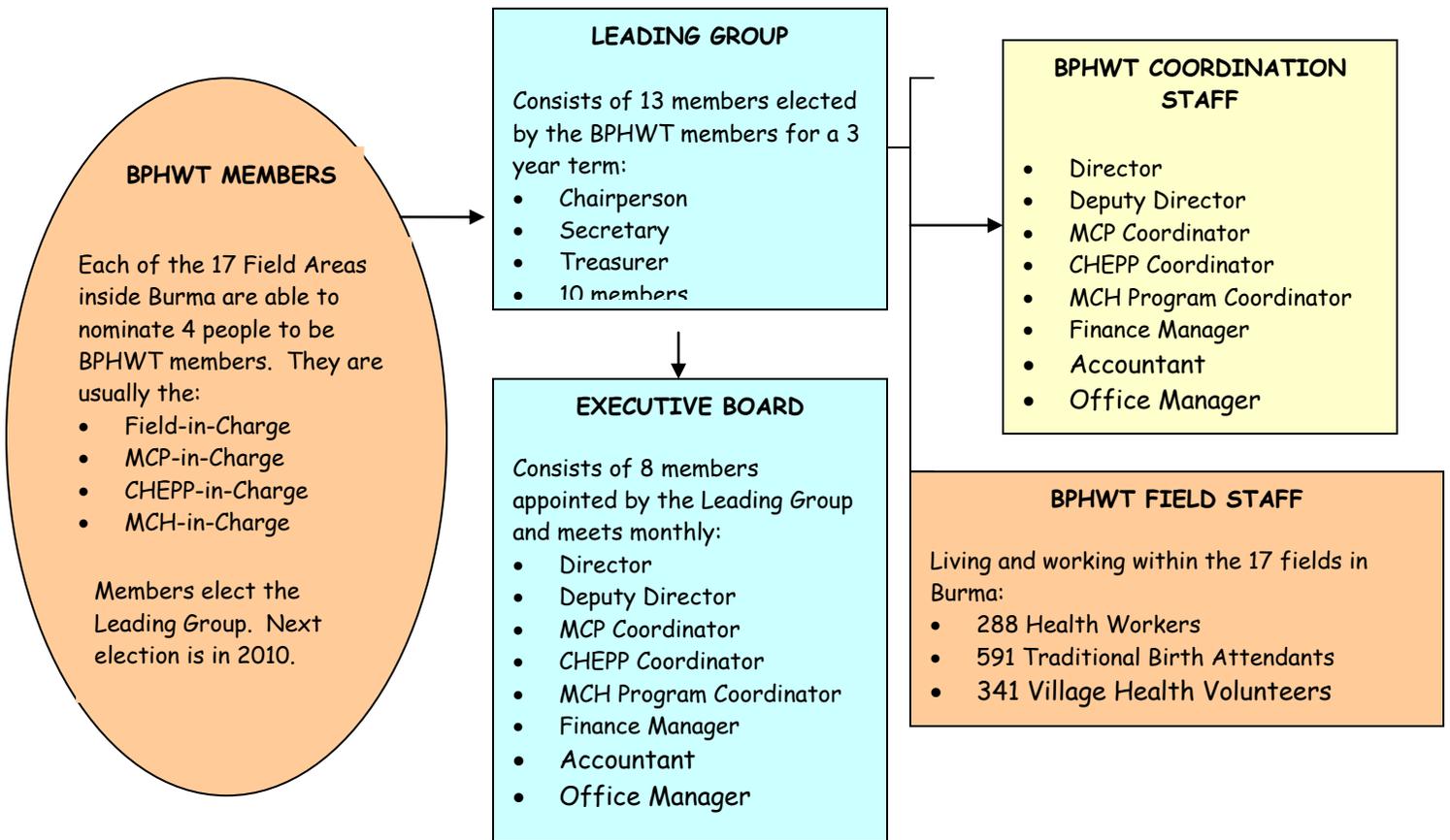


Fled in Jungle (Klerlweetu) 2007

2. Organizational Structure and Governance of the BPHWT

The Back Pack Health Worker Team is led by a managing committee that consists of one chairperson, one secretary, one treasurer and another ten members. The committee controls the

principle and policy of the Back Pack Health Worker Team. The BPHWT committee appoints program directors and program coordinators known as the executive board.



As depicted in the Organizational Structure, the BPHWT is governed by the Leading Group which is elected by BPHWT members. The 13 member Leading Group appoints an 8 member Executive Board, which meets monthly to make operational decisions for the implementation and coordination of the BPHWT programs. The BPHWT has a range of policies that guide the leadership; management; health care delivery; human resources; health information systems; capacity building; and monitoring and evaluation within the organization.

FINANCIAL MANAGEMENT AND ACCOUNTABILITY

The BPHWT has written finance policies and procedures guiding the Leading Group, Executive Board, Coordination and Field Staff about financial management and accountability; the production of annual financial reports; and the requirement for an annual, independent audit. These documents establish the financial records to be kept; the management of bank accounts; the procedures for cash withdrawals, deposits, transfers, receipts, disbursements and general administration funds; and liquidation of cash assets. There are also regulations for payments for board, lodging, travel and honorariums for services rendered.

V I S I O N	For a healthy society in Burma, through the primary health care approach to the various ethnic nationalities and those communities in the remote interior areas of Burma.	M I S S I O N	To equip people with the skills and abilities necessary to manage and address their own health problems, while working towards long-term sustainable	G O A L	To reduce morbidity and mortality, and minimize disability by enabling and empowering the community through primary health care.
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(iii) Gender Policy and Analysis

The BPHWT has a gender policy which aims to improve equity for women across all levels of the organization. Table 1, depicts the current targets and actual percentage of women across organizational tiers. To date, the BPHWT meet only the targets set for Field Management and Health Workers, though these targets do not reflect equality of access for women. Field Workers are required to travel the field to deliver health care. Many mothers are unwilling to leave their children at home or take their children with them, due to risks of armed attack at village or in the field. Unlike TBAs and VHV who work within their own villages and can access their children



Facilitated by women during program
Workshop 2007

quickly when an armed attack occurs. At the same time, the BPHWT also have 80 men as TBAs, which traditionally was a female occupation.

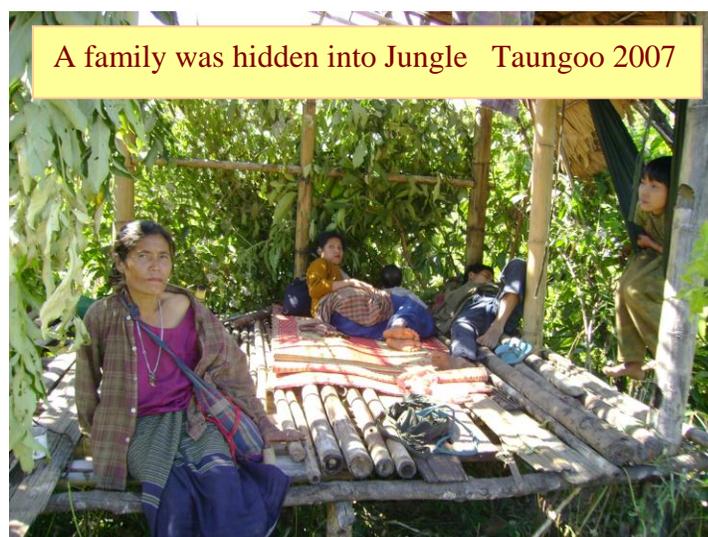
Table 1: Gender Analysis of the People Working within the BPHWT

CATEGORY	TOTAL NO OF PEOPLE	TOTAL NO FEMALES	FEMALE ACTUAL %	FEMALE TARGET %
Leading Group	13	3	23%	30%
Executive Board	8	2	25%	40%
Office staffs	9	3	38%	40%
Field Management	49	15	31%	25%
Field Health Workers	239	92	38%	30%
Traditional Birth Attendants	591	530	90%	Target not set
Village Health Volunteers	341	217	63%	50%
Total Organisation	1250	862	70%	Target not set
Total organization targeted female ratio			50%	

3. Current Situation in BPHWT field Areas

the In 2007, the BPHWT continued to provide health care in 17 field areas, with 76 teams to a target population of over 160,000 people. At the request of local communities they also conducted pilot programs in Arakan and Pa O areas. There are currently over 1220 Health Care Workers living and working in Burma: 288 Medics, 591 Traditional Birth Attendants (TBAs) and 341 Village Health Volunteers (VHVs). Table 1 provides an overview of the BPHWT fields, the

number of Medics, target population and total cases treated within the last six months. During 2007 four additional Back Pack teams were implemented in the newly established Shan and Lahu fields. The Lahu field is in the north of the area located that under the direct control of the SPDC, which has a cease-fire agreement with the Shan State Army-Northern (SSA-N); whilst the Shan field is in the south of



the area and the Shan State Army-Southern (SSA-S) is involved in active resistance with the SPDC. In 2007, the BPHWT also implemented a pilot program and conducted a needs assessment in the two potential fields of Arakan and Pa O. In 2007, Field-in-Charges continued to report on the deteriorating conditions within their fields. Increased military activity and armed conflict;

higher demands for forced labour; greater confiscation and destruction of property; increased forced relocation; and higher SPDC taxes and prices of essential goods were reported. As a result of these conditions, more people have fled from their villages. In Papun, 500 families have left



their villages and remain hiding in the jungle. More villagers have fled from Toungoo where armed conflict has been intense and trekked to the Thai-Burma border, where a second IDP camp providing shelter to around 400 people has been established on the Burmese side of the Salween River. The first IDP camp now provides shelter to nearly 4,000 people.

Field-in-Charges once again reported they had insufficient medical supplies to treat the high number of sick people. In Kawkareik's area, three backpacks of medicine and TBA kits were stolen by the SPDC in the first term and also one back supplies and TBA supplies were stolen during the second term. Field reports continue to detail the stresses and dangers BPHWT Health Workers face whilst delivering health care in the fields. In 2007, three Health Workers have been arrested, two in Mergue/Tavoy and one in Thaton. The current situation within the BPHWT fields contributes significantly to mental health stresses reported by many BPHWT Health Workers, Traditional Birth Attendants (TBAs) and Village Health Volunteers (VHVs).

**Table 2: Summary of BPHWT Fields, Medics, Target Population and Cases Treated,
Jan - Dec; 07.**

N O	Area's Name	# of Teams	#of Medics			# of VHVs			# of TBAs			Total Families	Total Population	Total Case load
			M	F	Total	M	F	Total	M	F	Total			
1	Kayah	6	10	12	22	15	13	28	0	51	51	2929	14993	7494
2	Kayan	3	14	7	21	12	8	20	4	24	28	968	5172	2689
3	Special Area	3	12	2	14	6	8	14	1	9	10	788	4900	5267
4	Taungoo	5	14	6	20	4	32	36	0	34	34	1257	7898	4262
5	Kler Lwee Htoo	5	13	2	15	25	14	39	3	36	39	1421	8210	2469
6	Thaton	7	19	3	22	2	45	47	2	74	76	3395	19461	4602
7	Papun	7	20	5	25	25	37	62	14	51	65	3401	18276	5064
8	Pa'an	6	15	12	27	6	12	18	5	35	40	2736	15799	5714
9	Dooplaya	5	18	4	22	4	12	16	5	45	50	2237	10767	3849
10	Kawkareik	3	10	0	10	6	9	15	0	30	30	714	4182	354
11	Win Yee	3	6	5	11	14	4	18	3	27	30	1388	8065	3470
12	Mergue / Tavoy	5	11	7	18	5	23	28	12	37	49	1372	7123	5955
13	Yee W-N	3	7	2	9	0	0	0	0	0	0	1022	5152	3716
14	YeeChaungpya	3	7	2	9	0	0	0	0	0	0	1204	5772	3892
15	Moulamein- Thaton	6	4	17	21	0	0	0	0	20	20	2452	11494	6229
16	Shan	4	9	4	13	0	0	0	6	23	29	1456	8037	8013
17	Lahu	2	7	2	9	0	0	0	4	16	20	641	4763	933
18	Chin	0	0	0	0	0	0	0	2	18	20	0	0	0
	Total	76	196	92	288	124	217	341	61	530	591	29381	160063	73972

Table 3: Health Access Targets for a Community Based Primary Health Care System

TARGET POPULATION	HEALTH SERVICE TYPE	HEALTH WORKER TYPES	RATIO (workers/pop)	TARGET NUMBER
2,000	1 x BPHWT Team (Community Based Primary Health Care Unit)	Field Management and Field Health Workers	1/400	5
		Traditional Birth Attendant (TBA)	1/200	10
		Village Health Volunteer (VHV)	1/200	10
		TOTAL HEALTH WORKERS PER TEAM BPHWT		25

In 2007, the BPHWT provided health care to an estimated target population of 160,000 people. As can be seen from Table 4, overall the BPHWT has achieved 65 percent of the target to provide an accessible community based primary health care system. However, the achievement is not consistent across all health worker types. The BPHWT uses the targets to plan for training or supporting the training of additional workers in the field.

Table 4: Analysis of the Current Accessibility of the BPHWT

HEALTH WORKER TYPES	TARGET NUMBER OF HEALTH WORKERS FOR 160,000 PEOPLE	ACTUAL NUMBER OF HEALTH WORKERS	ACCESS ACHIEVED TO DATE AS %
Field Management and Field Health Workers	400	288	72%
Traditional Birth Attendant (TBA)	760	622	82%
Village Health Volunteer (VHV)	760	341	45%
TOTAL HEALTH WORKERS	1920	1251	65%

(vii) Obstacles and Threats to Delivering Health Care in the Field Areas

Delivering health care in Burma is a dangerous occupation for the BPHWT, due to the hostility of the SPDC and their allied armies and the prevalence of landmines. BPHWT Health Workers cannot move openly through many of their field areas, as they risk being captured and imprisoned, or shot by hostile soldiers. Since its inception, seven BPHWT Health Workers have been killed whilst delivering health care. One Health Worker, imprisoned in Toungoo in 2005 and three Village Health Volunteers in 2006, remain in prison. In 2007, two Health Workers from Mergue/Tavoy were arrested and one in Thaton. Their releases have been negotiated on the payment of fines of 15,000 baht per Health Worker. Supplies have regularly been stolen by the SPDC or left behind when a surprise attack takes place. To date in 2007, three backpacks of

medicine and TBA kits have been stolen by the SPDC in Kawkareik. BPHWT data quality is affected by the need for many Teams and TBAs to keep their data forms hidden from SPDC authorities, as being caught with BPHWT documentation can place their lives at risk. This can lead to data sheets being lost or destroyed. Hostile military activity can also prevent data being returned to the office in a timely manner.

A village was burned-down by SPDC - Taungoo 2007



Delivered medical supplies across the river - Papun 2007

VI. BPHWT PROGRAMS

The BPHWT delivers three programs: medical care, community health education promotion, and maternal and child health. Integrated within these three programs are capacity building, health information and documentation and, monitoring and evaluation.

(i) Medical Care Program (MCP)

The Back Pack Health Worker Team has provided 76 backpack teams to work among internally displaced people in the Karen, Karenni, Kayah, Kayan Mon, Shan and Lahu areas in Burma. Two hundred and eighty eight health workers serve a population of 160,000. Under the medical care program there are six major conditions treated, including Malaria, Diarrhea, ARI, Anemia, Worm infestation and war injury. The most commonly seen disease in BPHWT areas is malaria, followed by ARI, worm infestation, anemia, diarrhea and dysentery.

All Back Pack Cases Load 2007

Condition	Jan-June 07		July-Dec 07		Jan-Dec 07		Total
	<5	>5	<5	>5	<5	>5	
Aneamia	844	3288	642	2898	1486	6186	7672
ARI, Not severe	1757	3592	2027	3142	3784	6734	10518
ARI, Severe (Pneumonia)	582	1234	655	989	1237	2223	3460
Beri Beri	338	1114	320	1107	658	2221	2879
Water Diarrhea	801	1664	608	1049	1409	2713	4122
Diarrhoea with blood (Dysentery)	442	1308	425	1159	867	2467	3334
Injury, Acute - Gunshot	3	75	6	52	9	127	136
Injury, Acute - Landmine	1	13	2	36	3	49	52
Injury, Acute - Other	119	474	80	311	199	785	984
Injury, Old	29	233	11	326	40	559	599
Malaria (Presumptive)	1339	3209	1003	2614	2342	5823	8165
Malaria (with Paracheck)	251	529	794	2462	1045	2991	4036
Measles	289	165	121	170	410	335	745
Meningitis	7	62	17	74	24	136	160
Suspected AIDS	6	22	0	10	6	32	38
Suspected TB	14	205	38	173	52	378	430
Worms/Infestation	1452	2420	1180	1735	2632	4155	6787
Other	1713	9862	1420	6861	3133	16723	19856
Total	9987	29468	9349	25168	19336	54637	73972
	39455		34517		73972		

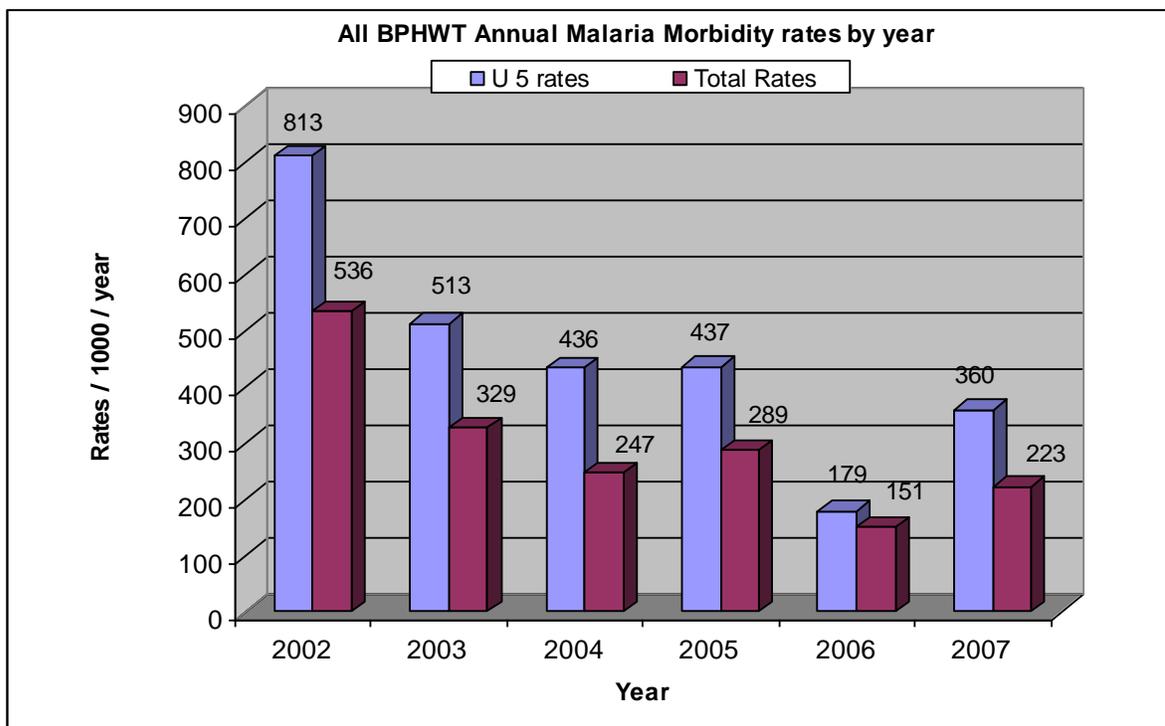
a. General Overview of Morbidity Rates

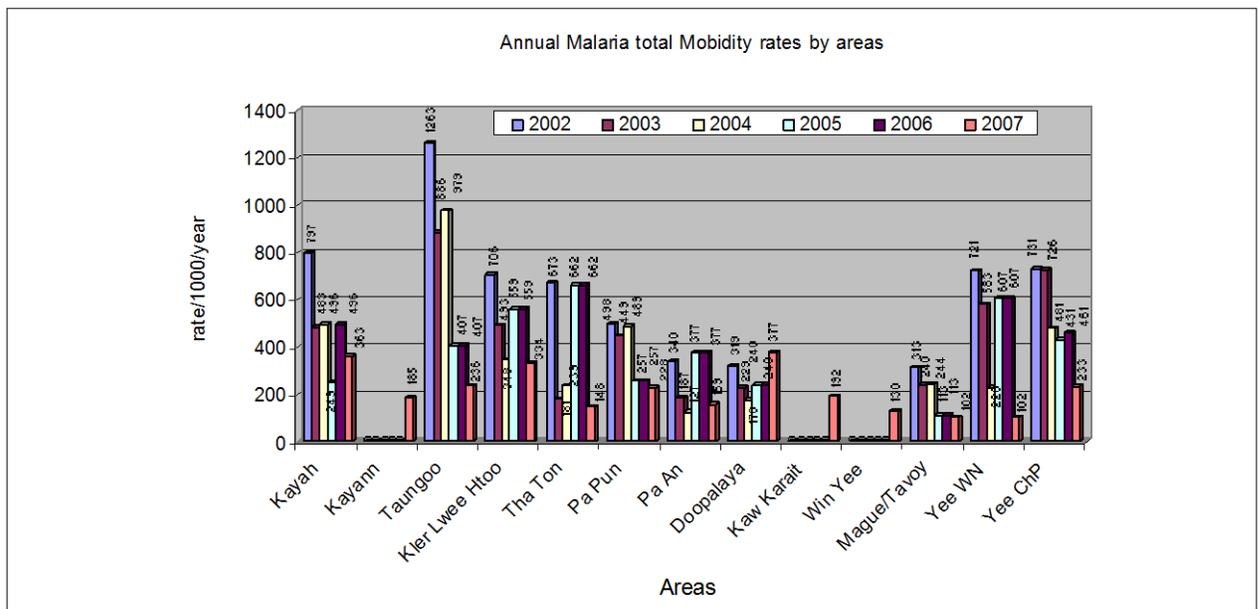
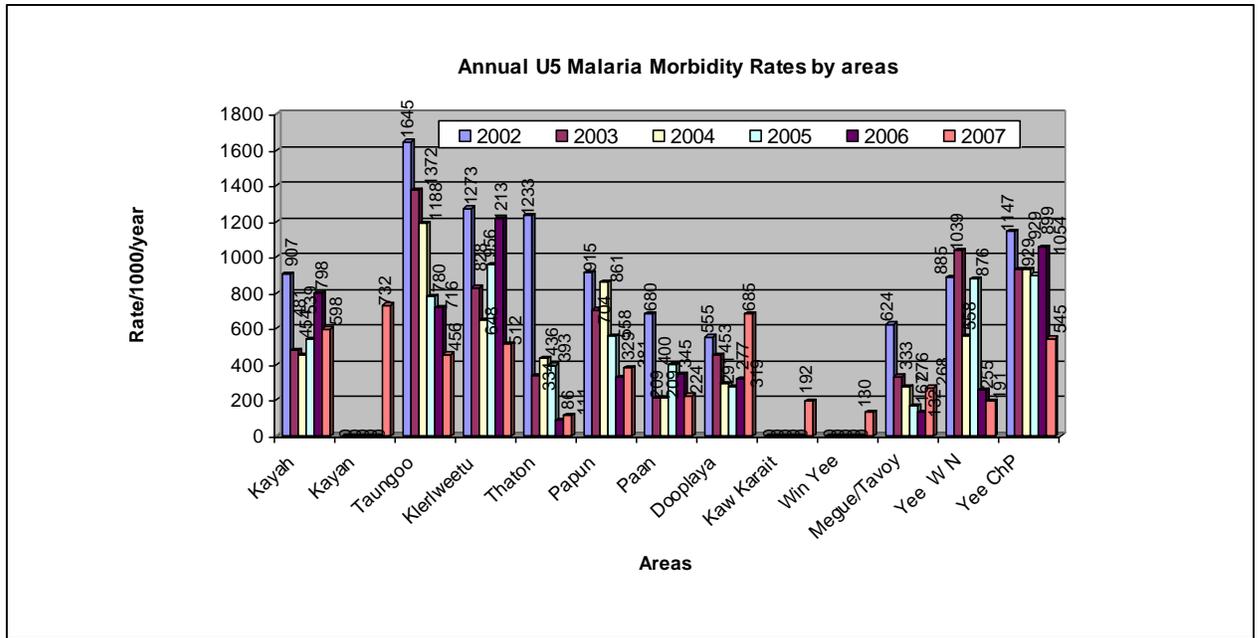
In general, all morbidity rates have decreased each year. However, in 2007, all condition of morbidity rates was not decreased, when comparing from last year. Because of most the areas are increasing SPDC attacks and the people are facing with forced relocation, food destroying and their village was burn-down by SPDC's troops, there is directly related with heath outcomes.

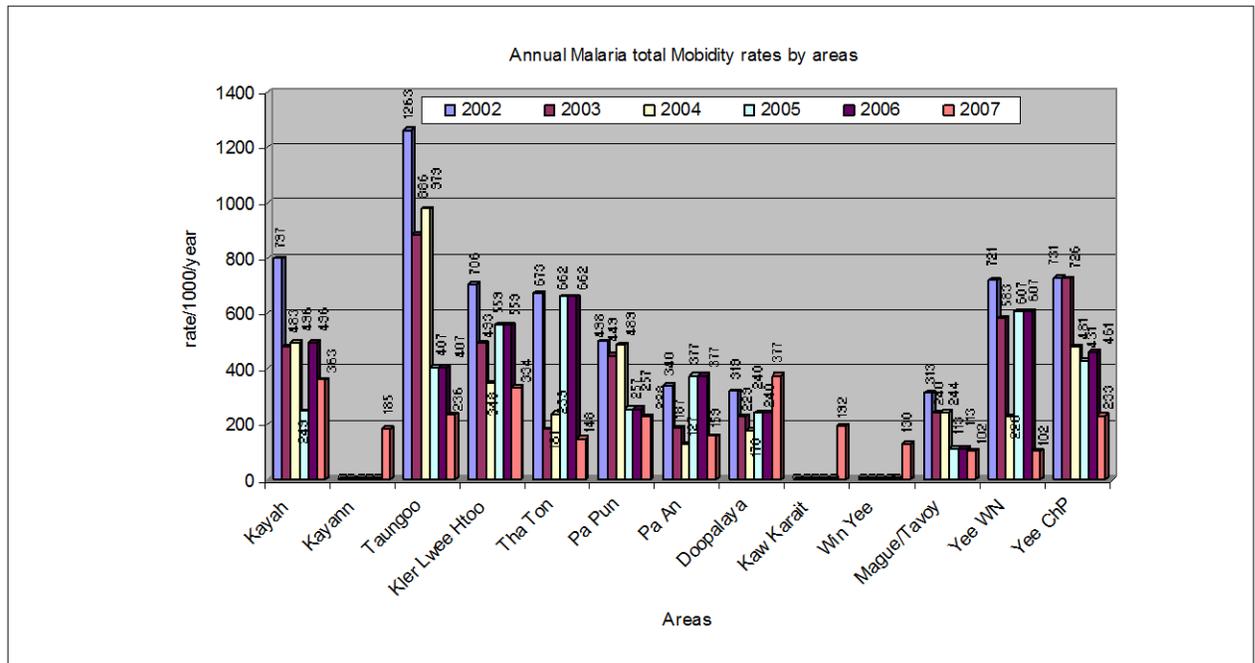


i. Malaria

In 2007, the BPHWT started using para-check rapid test to confirm malaria diagnosis and effective treatment.. From 2002 to 2007, the under five malaria morbidity rate decreased by 56% and total rate was decreased by 59%. But, there was almost double increased whilst comparing with last year. Because, most of all areas were increasing SPDC attacks and the people facing with forced displacement, food insecurity and lack of sanitation. In those reasons directly related public health outcomes. However, in Yee Chaungpya area that can be seem decreasing of malaria morbidity rate. In Dooplaya area, the rate of malaria morbidity was double increased.



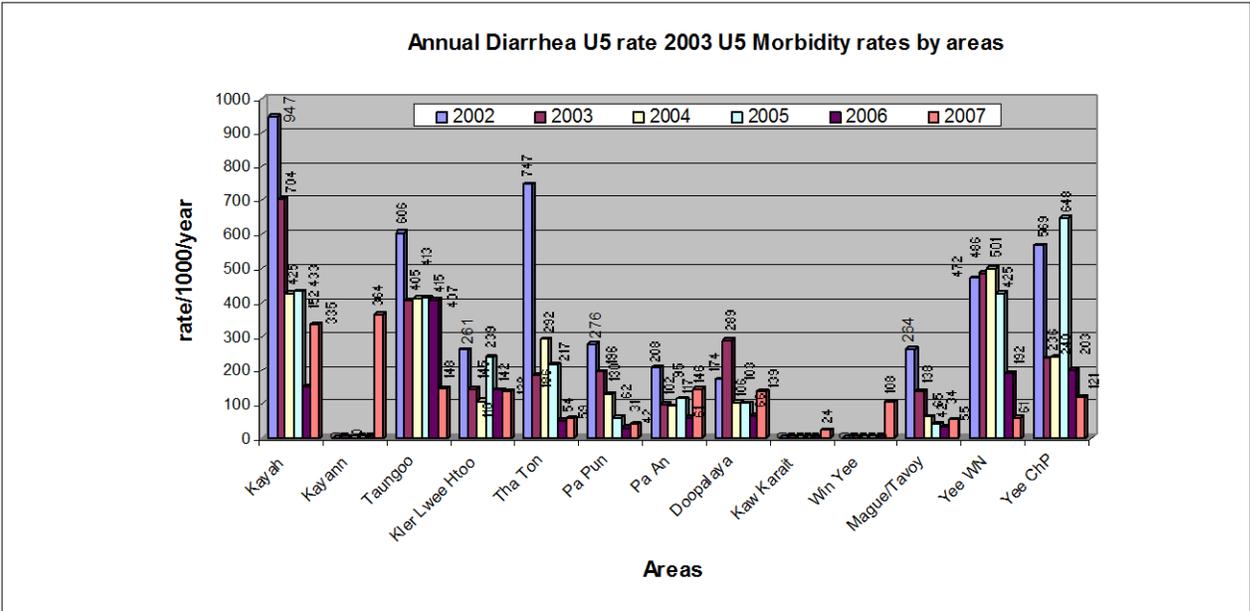
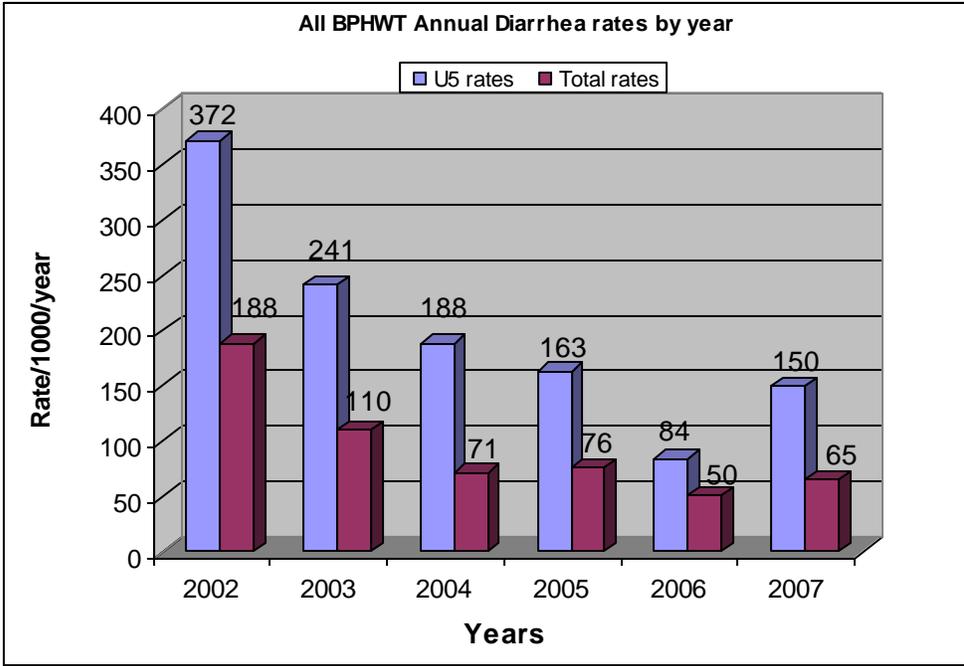


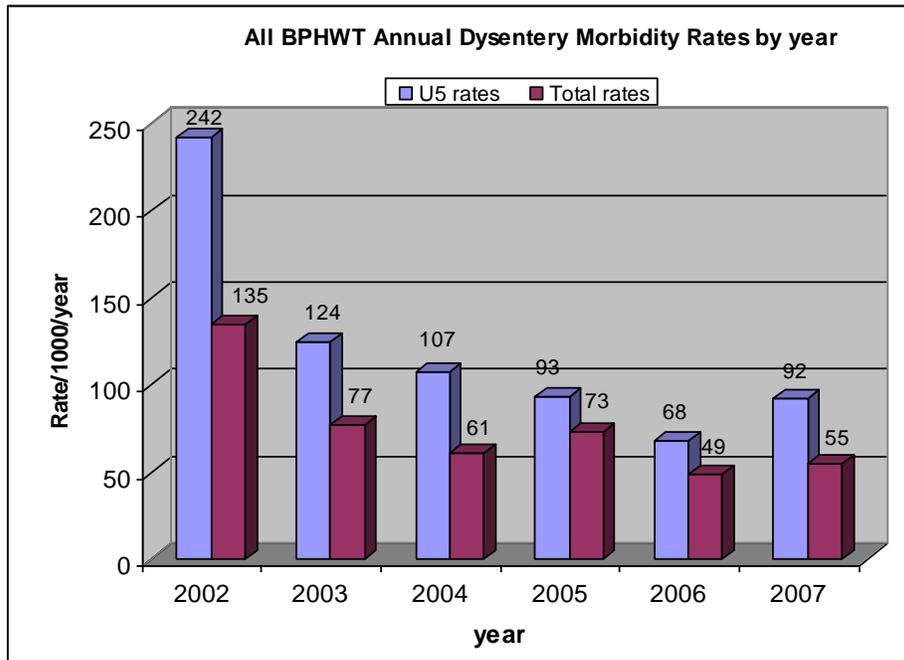
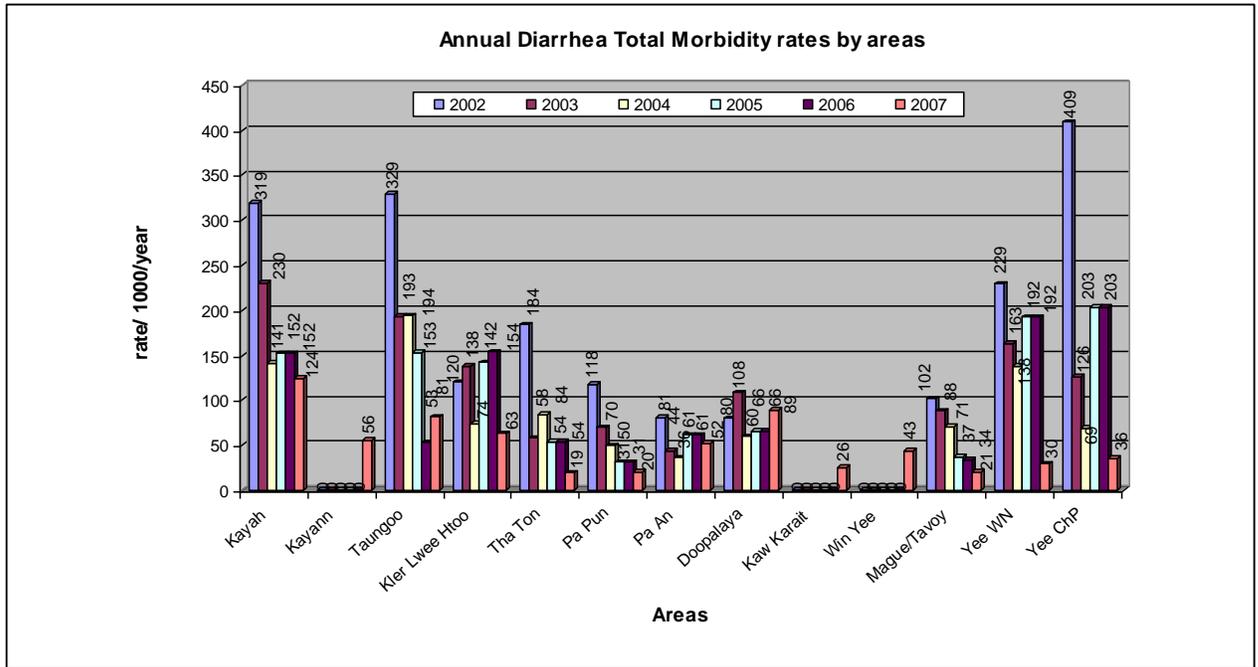


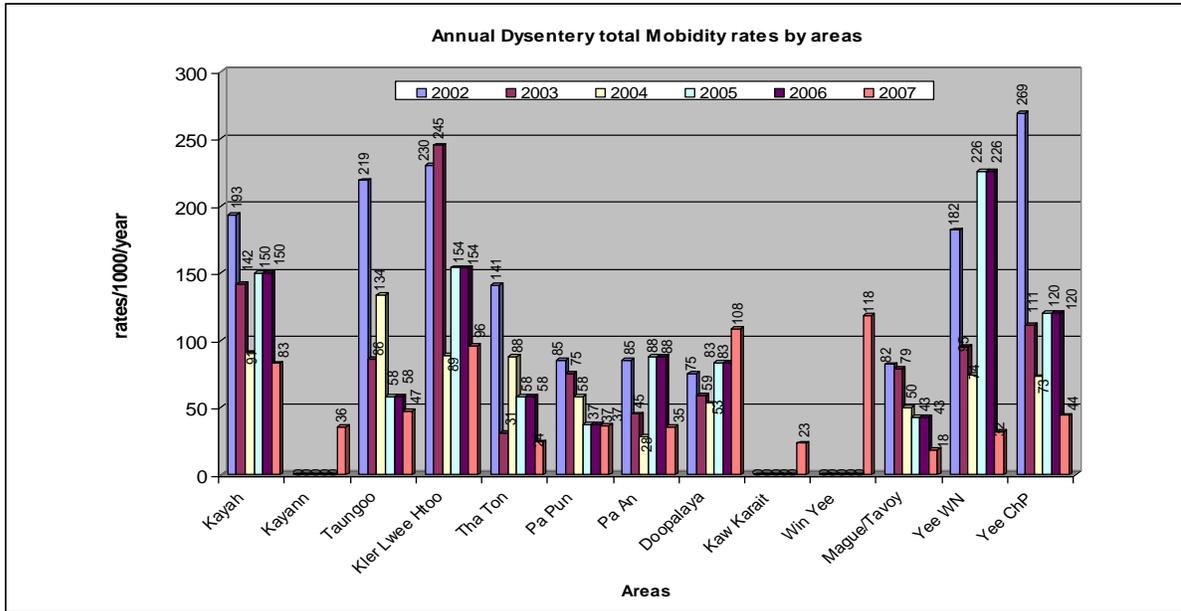
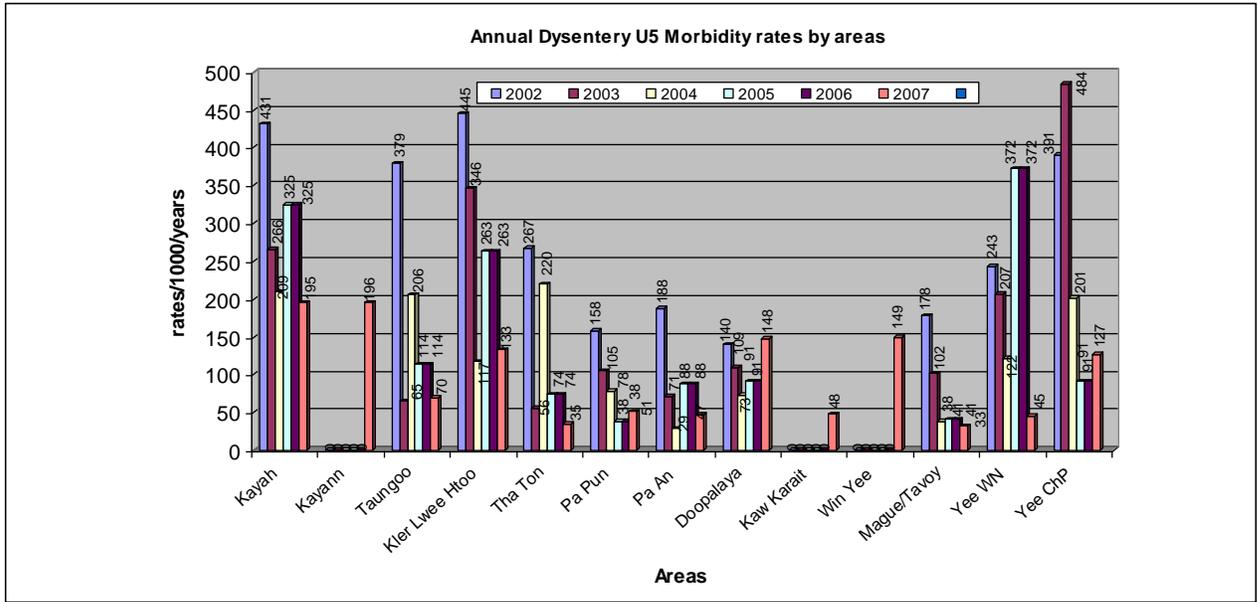
ii. Diarrhea and Dysentery

In general, both U5 and total diarrhea morbidity rates slightly increased in 2007, but the comparison with others years, did not showed increases. The diarrhea morbidity rates were huge increased in Kayah and Kler Kayan areas in 2007. The rate of dysentery morbidity was increased in Dooplaya area and was still high in Kayah, Kayan, Win Yee and Yee Chaungpya areas.



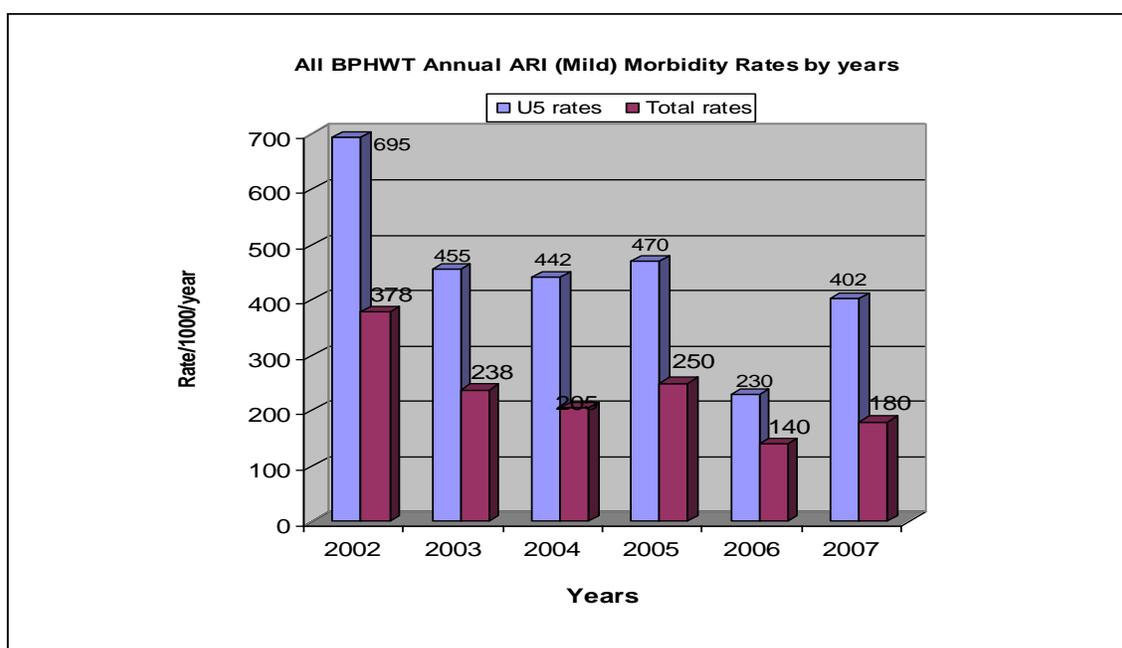


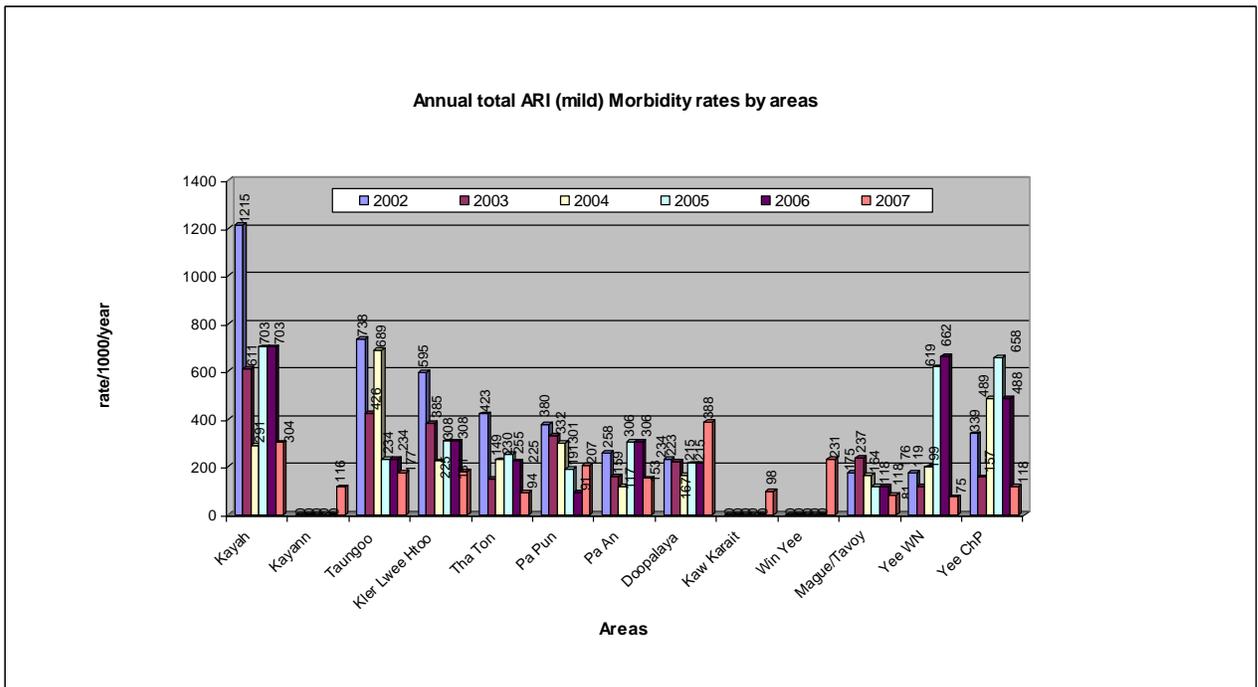
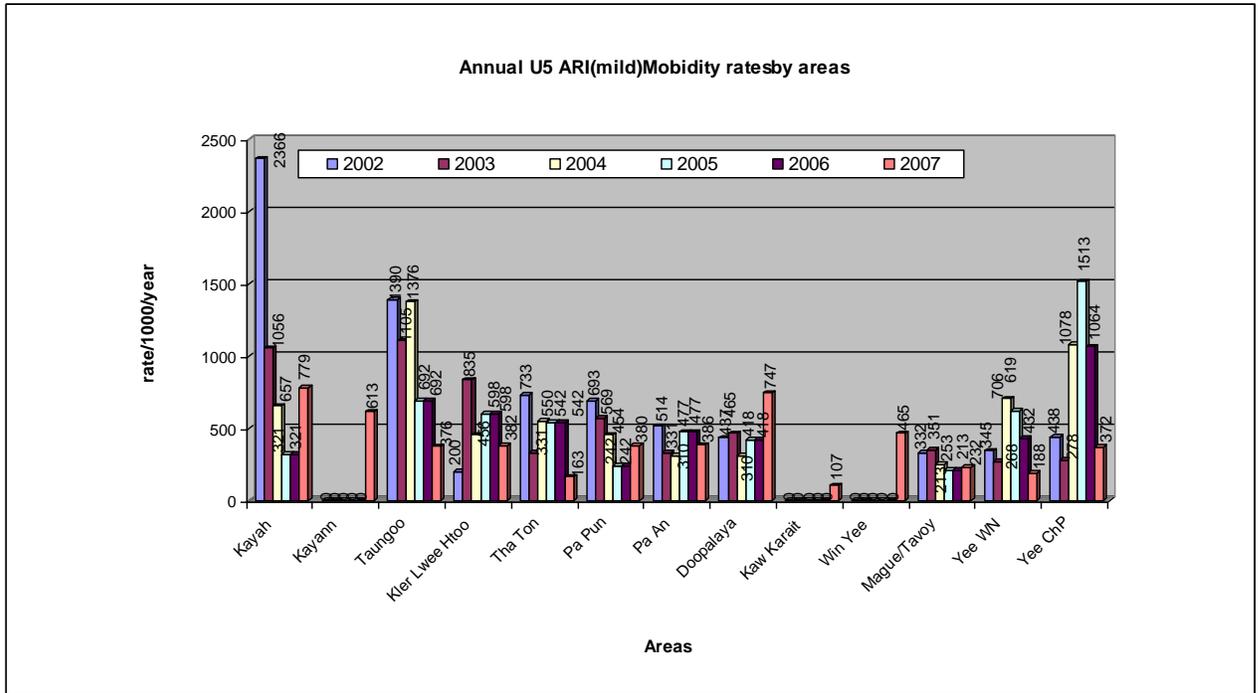




ii. ARI Mild

Generally, the annual rates of ARI (mild) under five morbidity was increased in 2007. Overall under five ARI (mild) morbidity rates were increased to 65% from last year. However, in Yee west-north, Yee Chaungpya, Taungoo, Klerlweetu and Thaton areas, the rates of ARI (mild) decreased and the rest areas were increased and still higher. The BPHWT is not convinced that the ARI (mild) morbidity rate hugely decreased in Yee west-north and Yee Chaungpya area, because the collection and calculation of data was compounded with mobile health and center based health care information. There is also some areas operating activity as center-based. The BPHWT will identify and discuss the next 20th meeting, to be done separately between mobile health care areas and center based health care areas.

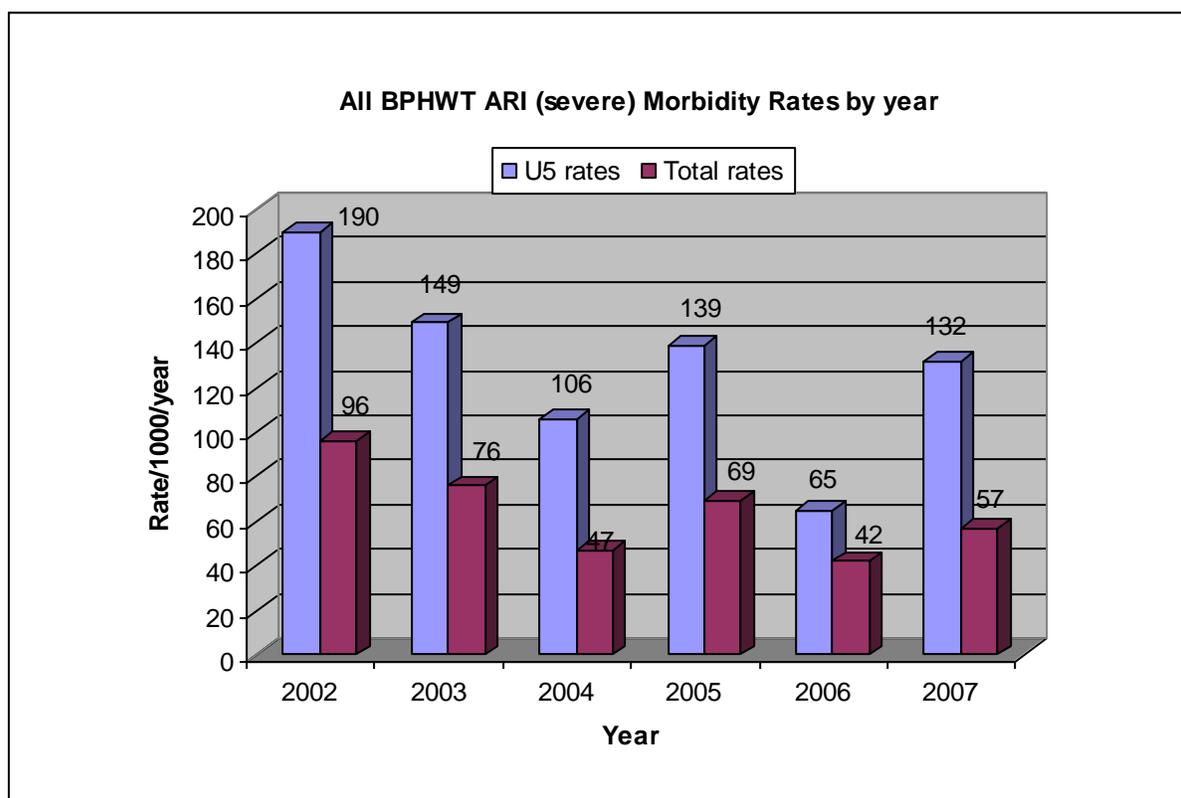


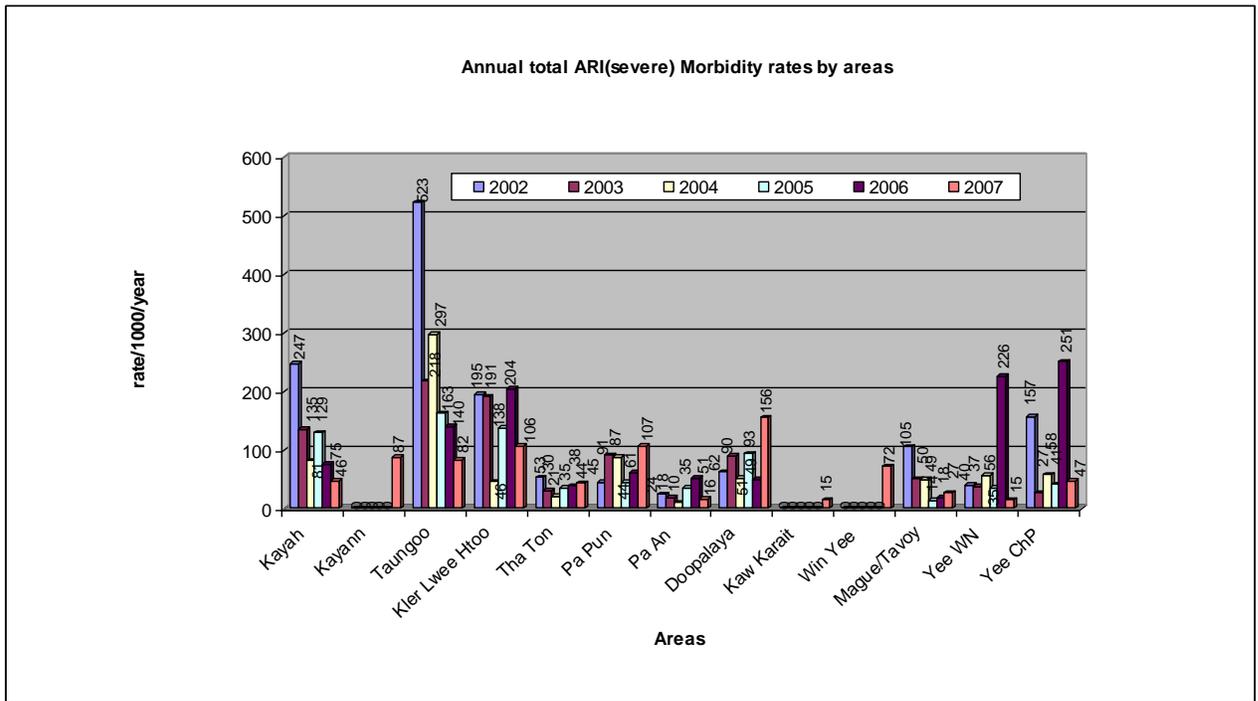
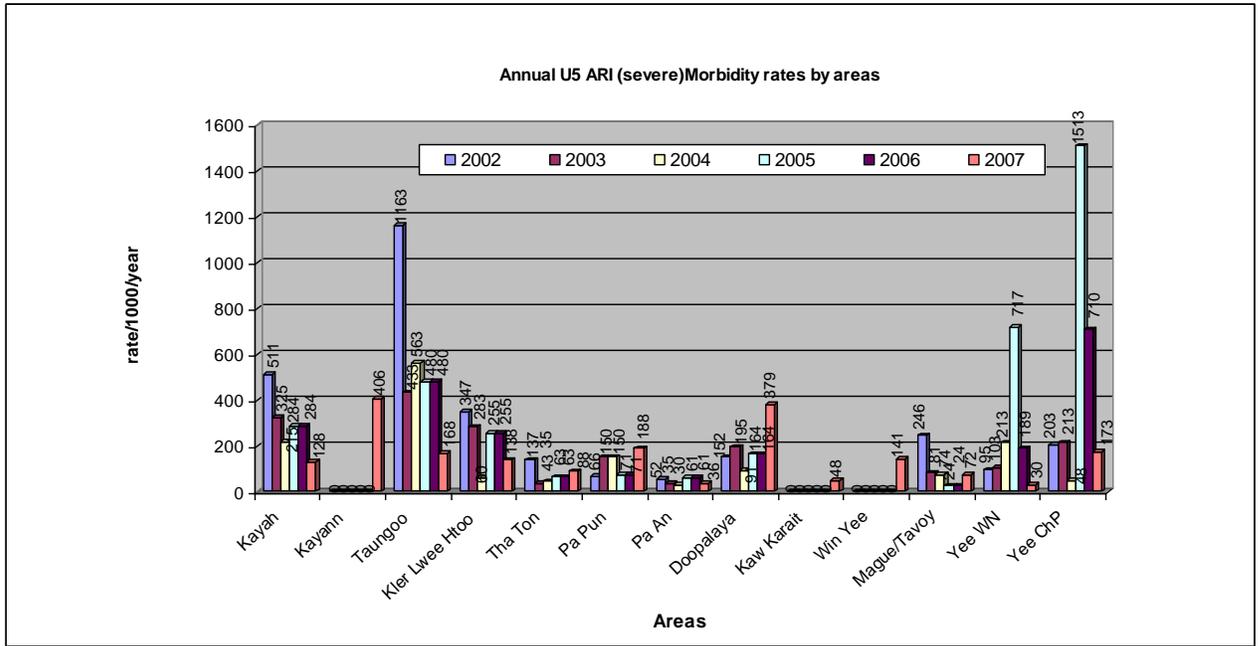


iii. ARI Severe

In 2007, generally ARI (severe) under five morbidity rates increased to 50% when compared with last year. There was a slight decreased in Kayah, Klerlweetu and Pa-areas. In particular there was a significant increase in under five morbidity rates in Dooplaya and Papun areas.

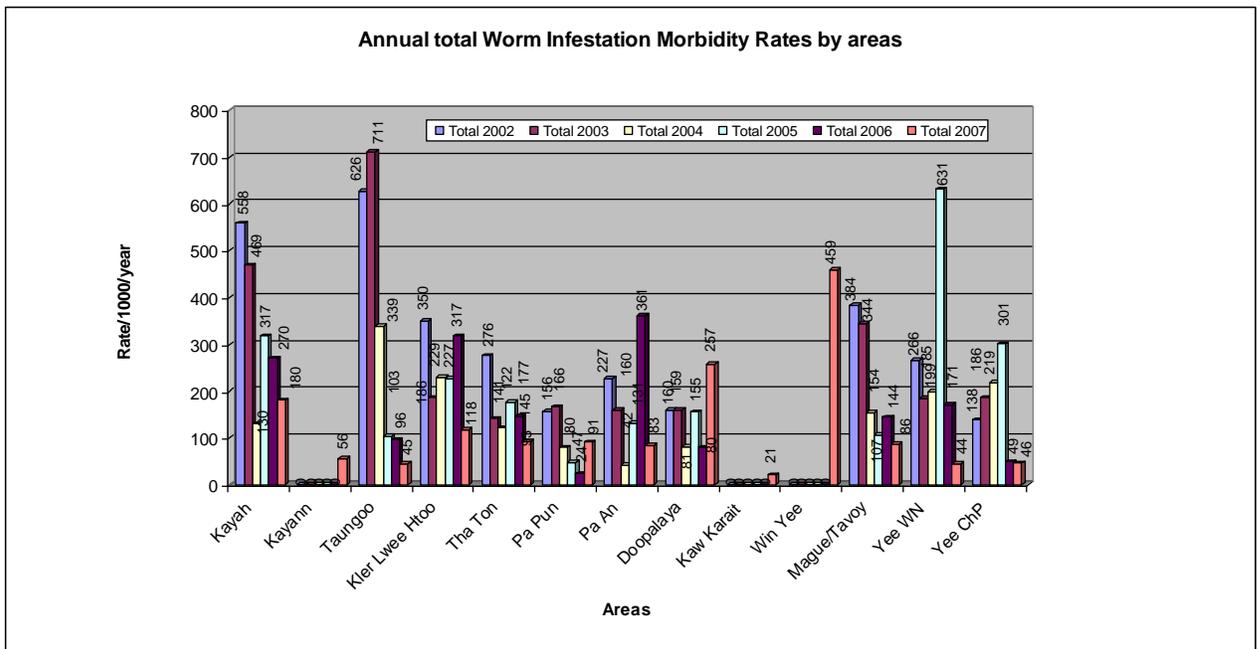
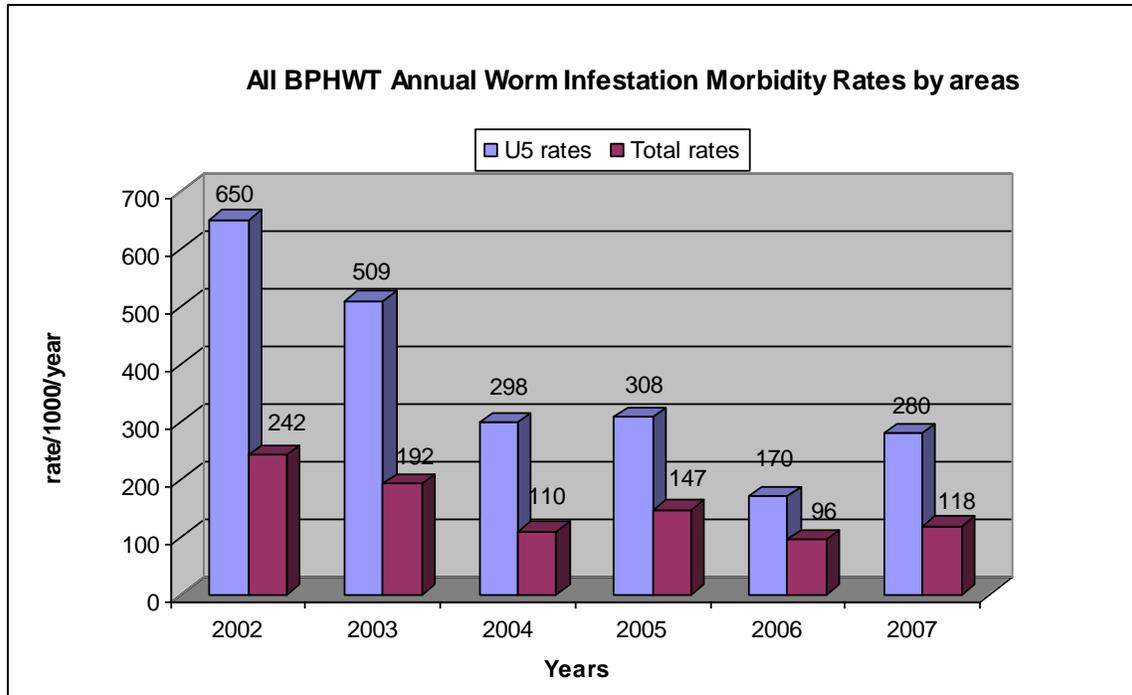
All contributing factors to the increase are being considered; the BPHWT will discuss more about the case of ARI severe or pneumonia, bronchitis and others related respiratory tract infection of case definition in order to improve accuracy of data collection and analysis.





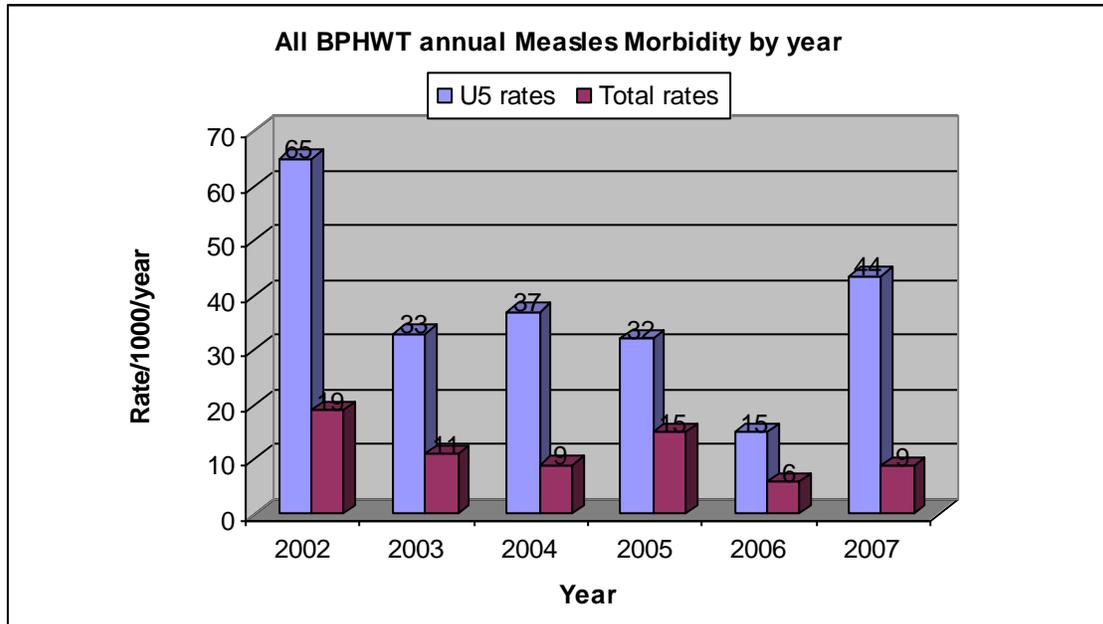
Worm

In 2003, the BPHWT established a deworming program and distributed mebendazole among children's age 2 to 12 and 1 to 12 old since 2006, using albendazole. The aim of the program is to reduce malnutrition among children. The graph provided below only takes into account cases of worm infestation morbidity, not preventative deworming. The BPHWT also provides health education, focusing on hygiene, sanitation and water and sanitation activities among the villages. In 2007, the morbidity rate has increased in Dooplaya and Win Yee areas; perhaps the data of the preventive program has been included.



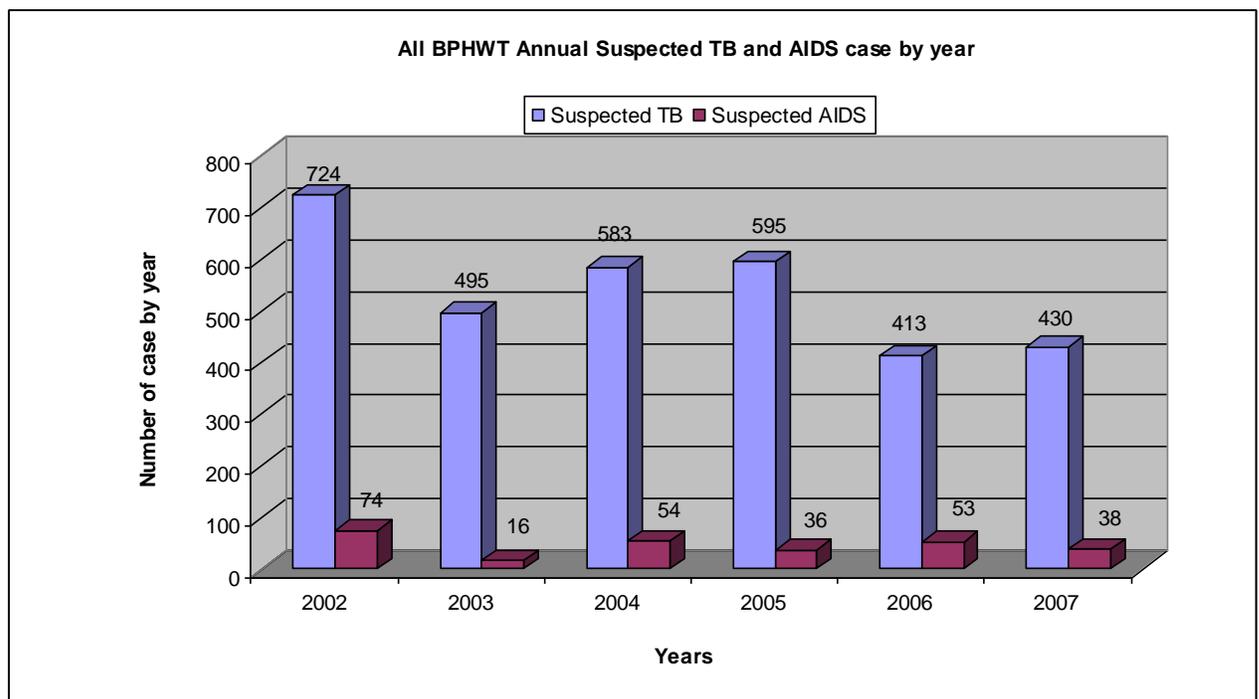
Measles

In 2007, the under five rate of measles morbidity increased when compared to the last year. The BPHWT is attempting to address this problem by either establishing their own vaccination programme or by coordinating with other groups to administer vaccinations.

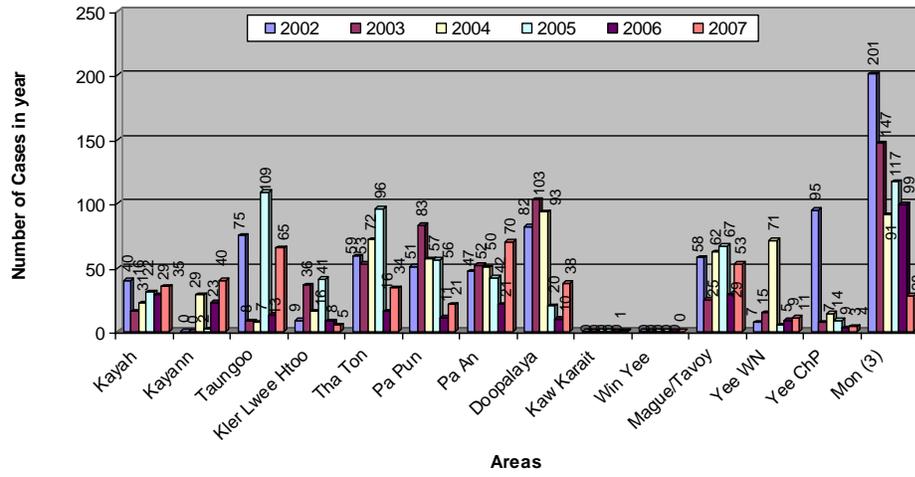


Suspected Cases AIDS and Pulmonary TB

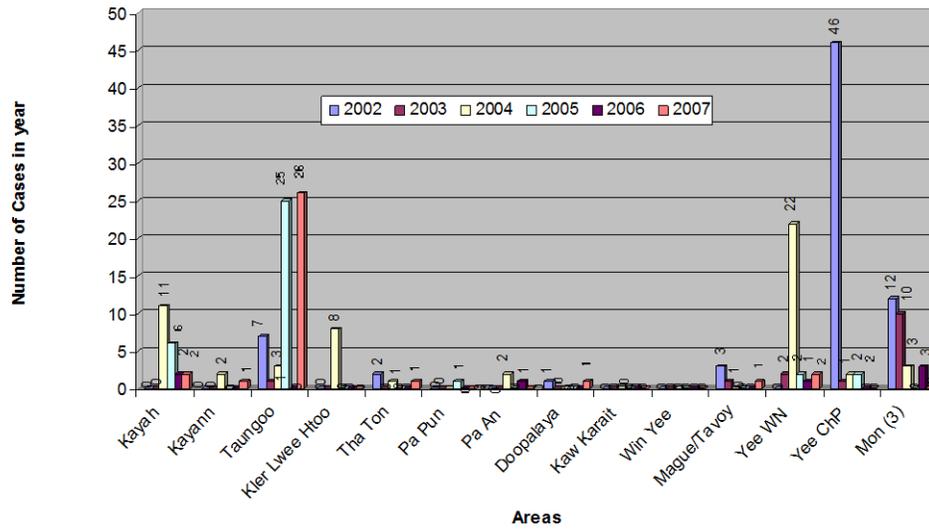
The total number of TB suspected cases seen in 2007 were 430 patients. However the back packs health workers could not give treatment for TB cases. BPHWT is only able to provide health education and advice for referrals, to get appropriated treatment and services. It should be noted that TB is also considered a main health problem among the IDP community. In the future BPHWT aims to expand the TB program to include treatment by coordinating with other health organizations. Secondly, the graph shows the suspected AIDS cases that have been seen in the IDP areas. The BPHWT is considering expanding activities regarding TB and HIV/ AIDS issues.



Total Suspected TB Cases by areas

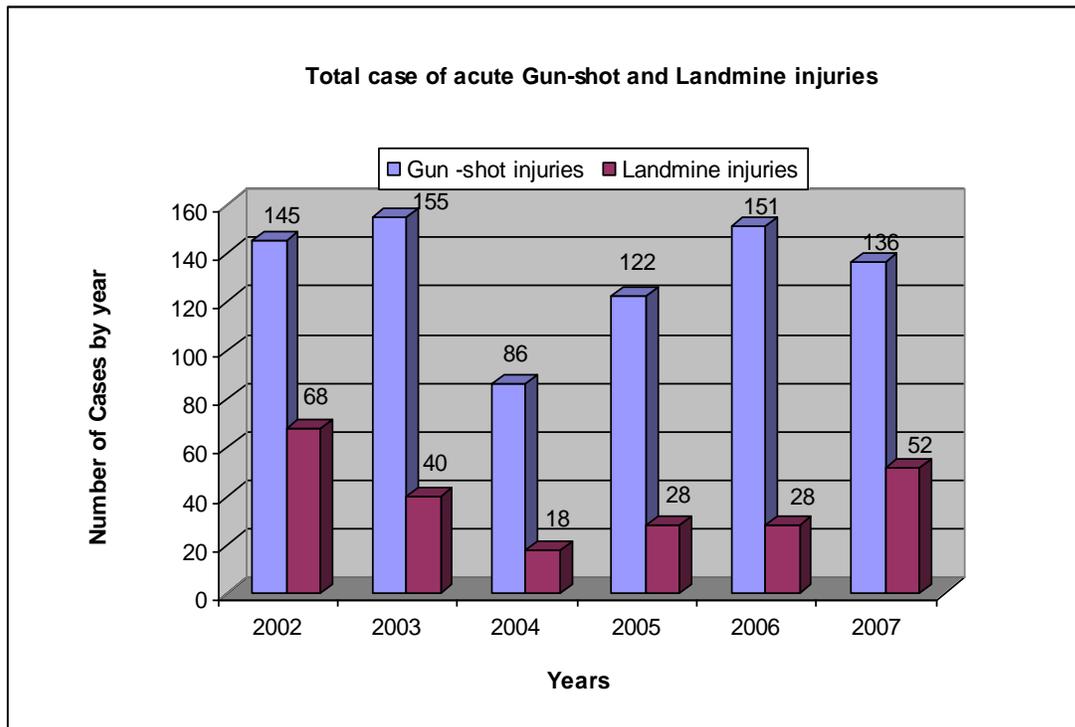


Total Suspected AIDS Cases by areas

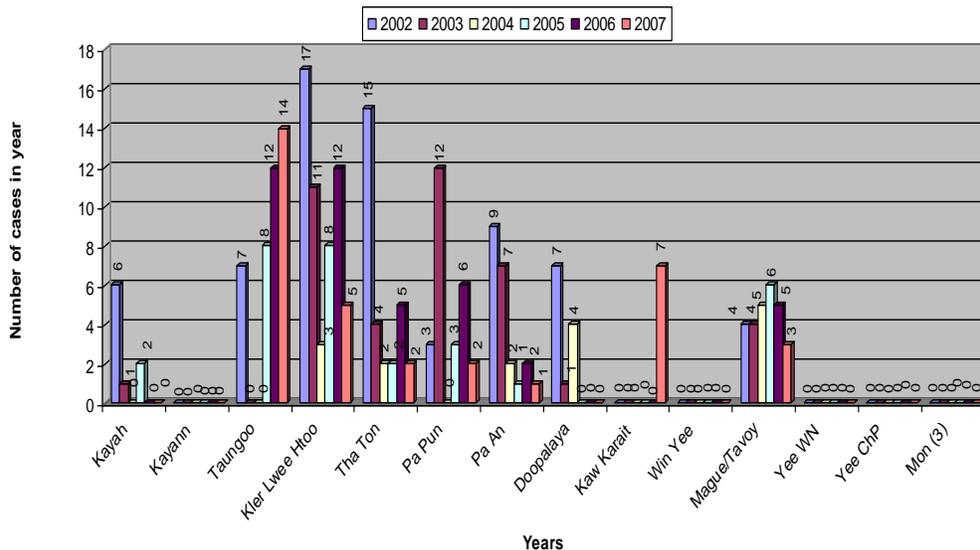


iv. Acute Gun-shot and Landmine injuries

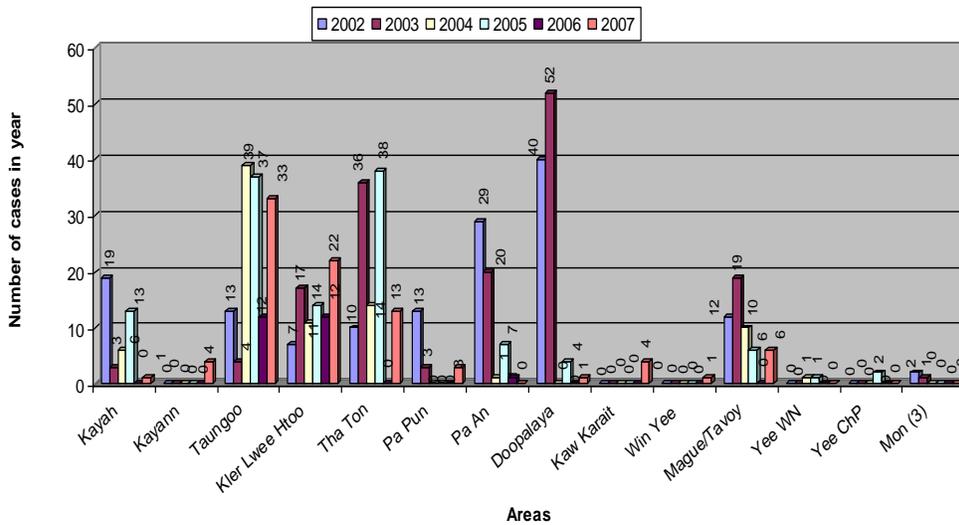
From the years 2002/2003 to 2004 the number of gun-shot injuries decreased by about one fourth, however in 2005 the number almost doubled and also increased in 2006. This is because; the cease-fire agreement between State Peace and Development Council (SPDC) and Karen National Union (KNU) on January 2004 decreased fighting during the first six months of the year. However, since the mid-year of 2004, SPDC increased attacks against the KNU. During this time many villagers were forced to move by SPDC troops and lost their homes. Therefore, in 2005, 2006 and 2007, there was an increase in the number of reported cases of gun-shot and landmine injuries when compared with the year before. In particularly landmine injury was double increased in 2007 when comparing to last year.



Total acute Landmine injuries cases reports by areas



Total acute Gun-shot injuries cases by areas



2. Community Health Education and Prevention Programs

The community health education and prevention program aims to enable and empower the communities of the internally displaced people and vulnerable population of Burma, with skills and knowledge related to basic health care and primary health care concepts to improve hygiene, water and sanitation systems, nutrition and other health promotion related issues. The main topics are;

- Prevention of malaria
- Hygiene and sanitation
- Prevention of diarrhea
- Malnutrition
- High risk pregnancy
- Breast feeding practice
- Landmine risk education
- HIV/AIDS education
- Prevention and Awareness of Bird Flu

This project is also integrated with school health program and organizing village health workshops. In terms of preventative activity, the BPHWT provides Vitamin A distribution and deworming and provides latrines to school and community. On December 31st 2007, the BPHWT organized World AIDS Day awareness raising activities for each back pack team and 9,410 people participated in the activities.



School health activity-Thaton 2007

a. School health activities

In 2007, the BPHWT provided school health program for 353 schools comprising 1009 teachers and 21962 students. The program distributes de-worming medicine and Vitamin A prevention and treatment, personal hygiene supplies and latrine construction. The students are given information about water and sanitation.

b. Nutritional program

The BPHWT distributed Vitamin A and in order to prevent malnutrition. In 2007, 20,266 children and 19,875 of children received de-worming medicine.

Number of children receiving Vitamin A 2007

Age	0-6 month		6-12 month		1-6 year		6-12 year		average Total
Term	Jan-June 1 st term	July-Dec 2 nd term	Jan-June 1 st term	July-Dec 2 nd term	Jan-June 1 st term	July-Dec 2 nd term	Jan-June 1 st term	July-Dec 2 nd term	
Kayah	127	44	43	67	198	586	1024	701	1396
Kayan	69	74	61	145	180	383	214	535	833
Taungoo	223	295	121	639	495	1040	495	1440	2375
Klerlritu	35	66	35	140	151	443	13	1040	963
Tha Ton	100	273	93	608	186	1159	731	1849	2501
Mutraw	125	284	66	367	206	1223	924	1953	2576
Pa An	0	55	0	170	0	503	62	1150	794
Du Pla Ya	76	137	86	169	217	822	413	1141	1532
KawKarake	0	89	0	122	0	236	0	239	686
Win Yee	12	32	11	97	40	263	216	771	722
M/Tavoy	138	83	51	191	246	303	337	401	876
Mon (1)	24	0	16	0	76	0	166	0	282
Mon (2)	32	0	26	0	121	0	233	0	412
Mon (3)	74	0	74	0	237	0	1913	0	2298
Lah Hu	31	21	18	30	37	86	45	90	180
Shan	30	116	42	333	60	255	87	770	848
Pa,O	0	28	0	19	0	11	0	28	86
Arakan	0	0	0	0	0	0	46	0	46
Special	165	16	0	147	525	305	215	199	860
Total	1261	1613	743	3244	2975	7618	7134	12307	20266

De-worming (January to December 2007)

Area	First Term	Second Term	average Total
Kayah	0	1118	1118
Kayan	325	635	480
Taungoo	1178	1420	1299
Kler Lwee Tu	70	1430	750
Tha Ton	795	2349	1572
Pa Pun	2250	3073	2662
Pa An	0	1775	1775
Duplaya	665	2640	1653
KawKaKeik	0	745	745
Win Yee	0	0	0
Mergue/Tavoy	1404	681	1043
Mon (1)	264	303	284
Mon (2)	590	505	548
Mon (3)	4390	0	4390
La Hu	155	315	235
Shan	118	305	212
Pa,O	0	42	42
Arakan	190	0	190
Special	300	1454	877
Total	12694	18790	19875

C. Water and Sanitation project

The Back Pack Health Worker Team established water and sanitation projects since 2005. In 2007, there is comprising of 9 sessions of gravity flow and 9 shallow well systems. The beneficiary population that has received water from this project is 611 house-holds comprising of 3271 people. BPHWT provides 450 school latrines and 820 village latrines in the year 2007. The BPHWT aims to provide 1 latrine to every 5 people in all areas.

d. Village Health Volunteer Training and Workshop

The objective of BPHWT is to train and provide for 10 village health volunteers for each back pack team, targeting a 2,000 population. The BPHWT had already trained 700 Village Health Volunteers (VHV) but only 341 VHVs are still working with Backpack Team. BPHWT organizes village health workshops every six months. These workshops covered topics such as water sanitation and disease prevention.



Village Health Workshop in-Mergue/Tavoy 2007

The focus was typically on the discussion of water borne diseases. Strategies for preventing the spread of infection of malaria, diarrhea, respiratory infections, worm infestations, measles and typhoid were also addressed. Also, discussions addressed other topics such as high risk pregnancies.

The occurrence of workshops depend on community security and available time, but generally last about three sessions for each backpack team. Workshops usually involve small group discussions then topics are brought back to the main group for general discussion. In 2007, 11875 people



attendant village health workshop and communities are invited to send representatives from different sectors such as religious leaders, traditional birth attendants and school teachers to attend discussions. These representatives then go back to their respective fields and teach other to further spread the knowledge on these health practices. The focus of the sessions is on primary health care concepts. Currently villagers rely on curative treatments, instead of preparing and preventing the spread of infection. Also a part of these sessions is a discussion period. Discussions are issues of relevance to the community. The health

priorities of the community are decided, and how the BPHWT can help with these projects.

Village Health Workshop (January to December 2007

Area	Teachers		Students		TBAs		CHWs		VHV		Shop Keepers		Religion leaders		WomenOrg		Youth Org		Villagers		Village leaders		Authorities		Total
	Jan-June07	July-Dec 07	Jan-June07	July-Dec 07	Jan-June07	July-Dec 07	Jan-June07	July-Dec 07	Jan-June07	July-Dec 07	Jan-June07	July-Dec 07	Jan-June07	July-Dec 07	Jan-June07	July-Dec 07									
Kayah	18	21	37	55	24	22	9	20	9	10	18	32	20	28	11	28	38	68	70	93	36	65	16	16	764
Kayan	4	22	3	243	5	17	6	11	13	13	2	13	3	27	1	61	3	100	4	457	2	53	0	23	1086
Taungoo	7	11	11	69	5	8	6	12	3	6	0	0	4	5	1	0	0	0	17	36	10	11	5	21	248
Kler Lwee Tu	16	14	113	64	19	17	13	17	14	21	6	2	8	9	15	18	16	21	151	126	12	14	18	8	732
Tha Ton	32	32	327	187	48	26	34	22	28	22	44	27	38	13	21	12	16	1	649	539	30	32	41	18	2239
Pa Pun	16	25	70	218	24	42	28	45	33	39	13	15	13	22	16	29	35	27	361	484	26	35	26	45	1687
Pa An	0	24	0	48	0	23	0	18	0	8	0	18	0	7	0	3	0	23	0	201	0	28	0	10	411
Du Pla Ya	13	20	15	201	37	38	27	28	20	22	13	8	9	27	8	7	9	16	90	368	24	27	15	28	1070
Kaw Karate	0	14	0	29	0	20	0	10	0	14	0	1	0	2	0	0	0	0	0	118	0	9	0	16	233
Win Yee	6	11	7	13	5	9	7	13	9	0	3	6	0	5	2	4	1	6	16	83	8	14	0	1	229
Mergye/Tavoy	10	11	9	62	19	23	23	21	14	16	9	16	30	14	21	20	28	39	117	165	39	26	14	18	764
Mon(1)	8	0	37	0	4	0	5	0	0	0	15	0	12	0	0	0	34	0	88	0	13	0	0	0	216
Mon(2)	6	0	0	0	7	0	10	0	0	0	0	0	12	0	0	0	118	0	204	0	20	0	8	0	385
Mon(3)	0	0	0	0	13	0	12	0	14	0	0	0	23	0	0	0	16	0	332	0	22	0	22	0	454
Lahu	0	9	0	170	0	32	0	9	0	0	0	4	0	12	0	23	0	27	0	424	0	25	0	6	741
Shan	0	7	0	50	0	12	0	13	0	0	0	10	0	15	0	40	0	48	0	78	0	17	0	6	296
Pa,O	0	0	0	0	0	2	0	6	0	3	0	0	0	7	0	1	0	6	0	2	0	0	0	0	27
Arakan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Special	7	7	13	3	10	7	6	8	13	3	7	3	8	5	13	2	35	2	53	14	14	41	8	11	293
	143	228	642	1412	220	298	186	253	170	177	130	155	180	198	109	248	349	384	2152	3188	256	397	173	227	11875

3. Maternal and Child Health Care Program

The Back Pack Health Worker Team began the Maternal Child Health Care Program in 2000. The BPHWT have trained Traditional Birth Attendants every year in order to reach their goals that for every 2000 people there will be 10 TBAs. There are 740 TBAs already trained and working with 591 Back Pack Health Worker Team in 2007, the BPHWT assisted with 3496 births by Traditional Birth Attendants, of these 3337 were live births, 135 still births or abortions, 117 were neo-natal death and there were 27 maternal deaths.



a. TBA training

In 2007, the BPHWT organized 2 TBA training session and comprised of 20 TBAs which is related to the MCH program.

b. TBA workshops

The BPHWT organized TBA workshops every six months in order to improve their knowledge and skills, to share their experiences and to participate in ongoing learning opportunities. Delivery kits and maternity kit supplies were also restocked. These workshops provided a supportive environment for the discussion of issues faced in the field, which are documented and reported at the Reproductive Health workshop or at BPHWT six months general meeting. In 2007, the TBA workshops were organized 114 sessions comprised of 591 TBAs.



Total Deliveries by TBA in 2007

No	Area	Delivery	Live Birth	Still Birth / abortion	Neonatal death	Maternal death
1	Kayah	379	369	10	8	1
2	Kayan	89	89	1	1	0
3	Special area	33	0	0	0	0
4	Tangoo	207	187	20	12	4
5	Klew Lwee Htu	128	126	4	4	1
6	Tha Ton	505	476	30	19	5
7	Pa Pun	408	392	19	27	4
8	Pa An	320	309	12	12	3
9	Doo Pla Ya	424	397	27	10	2
10	KKR	35	35	0	0	0
11	Win Yee	295	291	4	6	4
12	Merque Tovay	248	246	2	1	1
13	Mon (1)	0	0	0	0	0
14	Mon (2)	0	0	0	0	0
15	Mon (3)	79	79	0	0	0
16	Shan	229	226	4	6	1
17	La Hu	70	68	2	11	1
18	Karanni	47	47	0	0	0
Total		3496	3337	135	117	27

c. Family planning activities

The BPHWT introduced family planning activities in 2003 in order to improve maternal and child health status among internally displaced people. The BPHWT provides family planning education and supplies to communities who would like to access these services. The aim of the BPHWT Family Planning activities is to address urgent health concerns among the displaced communities. The BPHWT provided family planning services to 1262 people, of this 1160 were women and only 102 were men. This shows that only a small number of men participate in family planning. In the future BPHWT aims to encourage greater male participation in family planning, as methods are simple and have less complication.

No	Area	total	Age		G/P			Visit		Clients			Quantity		
			<20	>20	0	1-4	>4	New	F/U	Depo	Pill	Cond	Depo (Inj)	Pill -Pack	Condon (Piece)
1	Kayah	291	11	280	0	184	107	201	90	180	90	26	278	280	306
2	Kayan	54	1	53	4	31	19	43	11	14	30	11	55	258	609
3	Special area	39	1	46	0	29	10	18	21	30	8	1	60	40	20
4	Tangoon	8	0	8	0	7	1	8	0	7	1	1	14	6	30
5	Klew Lwee Htu	23	0	23	0	17	6	20	3	6	8	7	12	48	412
6	Tha Ton	379	1	378	1	152	226	190	189	260	109	10	492	555	494
7	Pa Pun	36	0	36	0	15	21	24	12	15	16	5	30	94	66
8	Pa An	209	3	206	0	112	97	79	130	120	85	34	199	272	432
9	Doo Pla Ya	171	1	170	0	100	71	127	44	106	58	7	204	313	195
10	KKR	64	2	62	3	51	10	11	53	30	34	0	40	144	0
11	Win Yee	99	0	99	1	73	25	52	47	45	32	20	80	155	265
12	Merque	163	3	160	2	91	70	91	72	83	75	5	186	430	620

	Tovay														
13	Mon (1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Mon (2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Mon (3)	190	18	172	20	151	21	168	24	132	60	0	136	132	0
16	Shan	217	12	205	37	170	10	90	127	117	98	45	204	483	671
17	La Hu	127	24	103	1	51	75	88	39	70	43	35	142	124	303
18	Karanni	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total		2070	77	2001	69	1234	769	1210	862	1215	747	207	2132	3334	4423

Family planning activities January to December 2007

Pre and Post natal distribution of Deworming , Ferrous sulphate ,Folic Acid and Vit A

No	Area	De worm	Receipt F/S F/A	No of patients Receipt Vit A	
				Mother	0-6 m
1	Kayah	322	352	307	304
2	Kayan	165	148	89	87
3	Special area	78	0	68	68
4	Tangoo	235	241	207	186
5	Klew Lwee Htu	87	152	111	113
6	Tha Ton	539	594	463	437
7	Pa Pun	344	444	302	295
8	Pa An	305	313	296	297
9	Doo Pla Ya	257	411	281	274
10	KKR	46	46	35	35
11	Win Yee	177	177	202	202
12	Merque Tovay	273	289	187	187

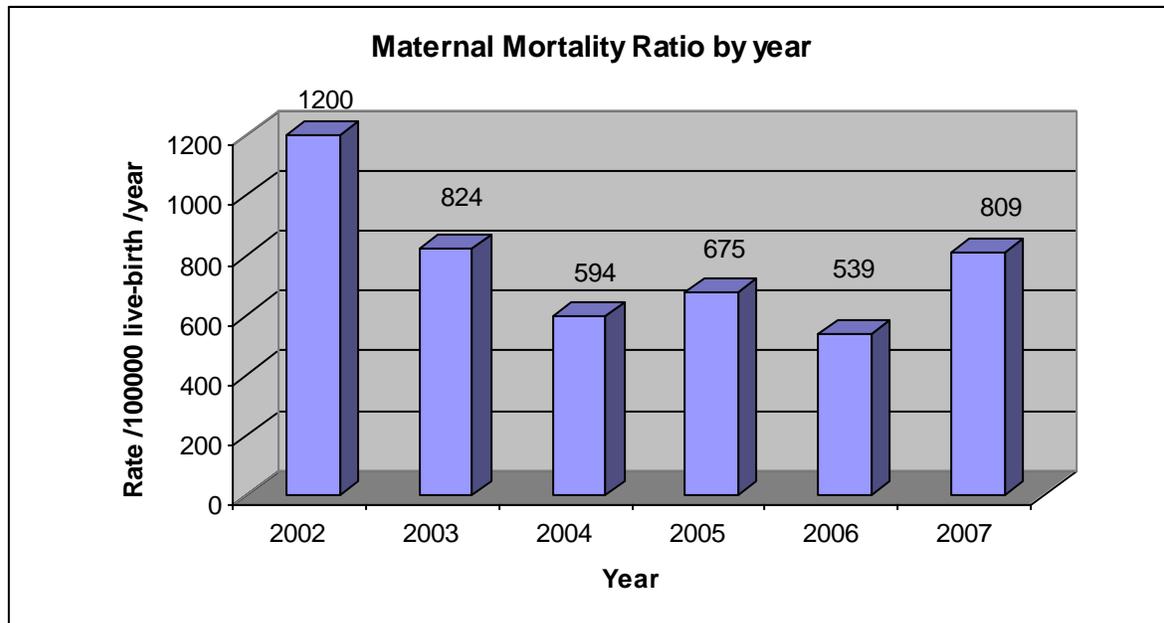
13	Mon (1)	0	0	0	0
14	Mon (2)	0	0	0	0
15	Mon (3)	130	140	79	79
16	Shan	226	228	224	226
17	La Hu	47	62	52	54
18	Karanni	47	47	45	45
Total		3278	3644	2948	2889

d. Summary Fact Sheet of MCH Program's Activities (2000-2006)

Generally the maternal mortality ratio has decreased from 2002, but the ratio remains very high when compared to international standards being similar to Afghanistan and Angola. The ratio is also twice as high as the official maternal mortality ratio released by SPDC for Burma. The main cause of maternal death is post-partum hemorrhage 29.5%, and followed by Malaria 18.5%, obstructive labor 18.5%, ante-partum hemorrhage 3.7%, eclampsia 3.7% and others 25.9%. Neonatal mortality rates have not decreased; therefore, the BPHWT need to increase TBA training and provision of birthing kits to increase coverage, so that there will be one TBA for every 200 people. This will enable the implementation of safe birthing practices and improve the maternal and child health.



	2000	2001	2002	2003	2004	2005	2006	2007
Total Deliveries	115	324	2201	1517	1432	2297	2693	3496
Live- birth	101	296	2066	1457	1347	2222	2594	3337
Still-birth/abortion	14	28	135	60	84	81	103	135
Neonatal Death	N/A	N/A	52	32	47	73	94	117
Mother Death	N/A	N/A	21	12	8	15	15	27



9. Capacity Building Program

The BPWHT Members attended and organized conferences, seminars and training workshop in 2007. These include:

- Health Information System organized by BPHWT, BMA, MTC and KDHW Mae Sod
4/9/07 to 15/11/07
- Computer training organized by MTC (Mae Sod) 10-15 / 11 /07
- Child rights based approach organized by HREIB (Mae Sod) 27-30/12/07
- Community Health Worker Training (Kayah area) - 50 trainees 8/11/ /07 ongoing
- Proposal writing organized by IRC (Mae Sod) 21-26/09/07
- Global Health Conference organized by Global Health Council (Washinton D.C) 28-31/5/07
- Human rights documentation training organized by HREID (Mae Sod) 12-19/12/07
- Web-site training by BPHWT 15-22/12/07

Coordination and Cooperation

The Back Pack Health Worker Team coordinates with other health organizations, health professionals and health institutions that have the same community health vision. To review the effectiveness of the program, the BPHWT organized coordination meetings every six months, in conjunction with the regular BPHWT general meetings, field workshops, field operational meetings and village workshops.

The executive committee of BPHWT coordinates with other health organizations which work in areas related to the programs or is issues, such as:



Mae Tao Clinic, Burma Medical Association (BMA), local ethnic health departments, National Health and Education Committee (NHEC), and Global Health Access Program (GHAP).

The field in-charge from fifteen field areas organized field meetings every six months, which included coordinated activities with local health organizations. The BPHWT mainly cooperates with ethnic local health departments, local community based organizations, school teachers and village leaders.

10. Monitoring and Evaluation

The Back Pack Health Worker Team organizes program's activities meetings twice a year and a general meeting once a year. The meetings include a section on monitoring and evaluation. In 200, the BPHWT carry on the process of Internal Programming Improvement Project (IPIP) in order to evaluate the improvement of activities and particularly focused on communication, rational drug use and performance review of clinical log-book.

a. Framework of Monitoring and Evaluation

Key Indicators	Methods	Period
Health worker performance	Logbooks reviews	Every six months
Program development	Annual report comparing of planning and actual activities	Once a year
Program management	Leading group election and Executive Board	Every 3 years
Out-come and Impact Assessment	Conducting Annual Survey	Every year
Training effectiveness	Pre-test, post-test and examination	Every year
Financial management	Comparing of Planning and Actual budget	Every six months
	External audit	Once a year

b. Monitoring and Evaluation Processes

The BPHWT organizes program meeting every six months and annual meeting once a year in order to review the activities. During this term, the BPHWT have reviewed the patient record book, in terms of quality of care, treatment protocol and case definition.

Summary Findings of BPHWT Patient Record book review:

MALARIA IN ADULT	1st Term 06	2nd Term 06	1st Term 07	2nd Term 07
S/S Vs Diagnosis	95%	97%	96%	100 %
Diagnosis Vs Treatment	93%	97%	96%	99 %
Rx: CORRECT DRUG	95%	96%	95%	97 %
CORRECT DOSE Quinine	N/A	N/A	N/A	86 %
CORRECT DOSE Chloroquine	N/A	N/A	N/A	78 %
CORRECT DOSE Artesunate	N/A	N/A	N/A	66 %
CORRECT DOSE Doxycycline	N/A	N/A	N/A	78 %
CORRECT DOSE Mefloquine	N/A	N/A	N/A	39 %
DOSE RECORDED	N/A	N/A	N/A	97 %
ANEAMIA Treatment Given	N/A	N/A	N/A	84 %
VITAL SIGNS RECORDED	N/A	N/A	90%	97 %

MALARIA IN CHILDREN	1st Term 06	2nd Term 06	1st Term 07	2nd Term 07
S/S Vs DIAGNOSIS	98%	99%	96%	91%
Dx Vs TREATMENT	95%	100%	89%	91%
Rx: CORRECT DRUG	92%	100%	95%	91%
CORRECT DOSE	N/A	N/A	71%	45%
CORRECT DOSE Quinine	N/A	N/A	N/A	47%
CORRECT DOSE Chloroquine	N/A	N/A	N/A	46%
CORRECT DOSE Artesunate	N/A	N/A	N/A	31%
CORRECT DOSE Mefloquine	N/A	N/A	N/A	90%
ANEAMIA Treatment Given	N/A	N/A	N/A	74%
VITAL SIGNS RECORDED	N/A	N/A	90%	85%

- The most Needs to improve
- Needs to improve

ARIs:	1st Term 06	2nd Term 06	1st Term 07	2nd Term 07
SPECIFIC DIAGNOSIS	N/A	N/A	68%	92 %
S/S Vs TREATMENT	75%	88%	69%	88%
VITAL SIGNS RECORDED	N/A	N/A	68%	90 %
COMMON COLD No antibiotics	N/A	N/A	N/A	98 %
TONSILLITIS : pus: 10 d antibiotics	N/A	N/A	N/A	24 %
OTITIS MEDIA/SINUSITIS/PHARYNGITIS	N/A	N/A	N/A	0 %
GOOD HISTORY	N/A	N/A	N/A	64 %
CORRECT DRUG & DOSE	70 %	78 %	67 %	64 %
<i>PNEUMONIA</i>				
CORRECT DRUG	74%	82%	69%	88 %
CORRECT DOSE	67%	75%	66%	88 %
DOSE RECORDED	83%	99%	93%	88 %

DIARRHOEA	1st Term 06	2nd Term 06	1st Term 07	2nd Term 07
S/S Vs DIAGNOSIS	88%	100%	75%	95 %
DIAGNOSIS Vs TREATMENT	70%	88%	61%	95 %
Rx : ORS RECORDED	17%	82%	57%	72 %
ANTI BIOTIC GIVEN	92%	15%	41%	13 %
VITAMIN A GIVEN	N/A	N/A	N/A	76 %
VITAL SIGNS RECORDED	N/A	N/A	76%	81 %

DYSENTERY	1st Term 06	2nd Term 06	1st Term 07	2nd Term 07
S/S Vs DIAGNOSIS	60%	58%	83%	84 %
DIAGNOSIS Vs TREATMENT	97%	93%	90%	97 %
METRONIDAZOLE GIVEN	60%	58%	83%	97 %
CORRECT DOSE	43%	35%	38%	58 %
VITAL SIGNS RECORDED	N/A	N/A	94%	98 %

b. Program development and program's activity reviews in 2007

Comparing of planned activities and actual activities

Planned Activities	Actual Activities	Out-comes/ Results
A. Medical Care program		
1. providing medical supplies for 85 BP teams	provided medical supplies for 76 BP teams	71789 case- treated
2. 36 sessions of field workshop	36 sessions of field workshop	~ 20 health workers each sessions
3. 36 sessions field meeting	36 sessions field meeting	~ 20 health workers each sessions
4.Reviewing treatment protocol and case definition twice a year	Reviewed treatment protocol and case definition twice a year	90 health workers each time
B. Community Health Education and Prevention program		
1. 85 sessions of School health	76 sessions of school health	441 schools, 22880 students have received
a. 850 latrines for schools	380 latrines in schools	380 latrines in schools
b. 2,000 community latrines	2,000 community latrines	2000 house-holds, beneficiary population of approximately 12,600
2. a. 20 sessions of Gravity flow water system	20 sessions of Gravity flow water system	Beneficiary for 735 house-holds comprising of 4454 population
b. 20 sessions of shallow well	20 sessions of shallow well	Beneficiary of 3,800 population
3. 85 sessions for world AIDS day	74 sessions for world AIDS day	22177 people involving in the events
4. Village workshop (280 sessions)	Village workshop (280 sessions)	9686 people participated
5. VHV training (23 sessions)	VHV training (21 sessions)	293 VHV's were trained

Planned Activities	Actual Activities	Out-comes
6. Vitamin A 76 Back pack teams	Vitamin A 70 Back pack teams	41354 Children and 1228 mothers received Vit A
7. Deworming 85 Back pack teams	76 Back Pack Teams	24373 children received mebendazole
C. Mother and Child Health Care Program		
1. 28 sessions of TBA training	28 sessions of TBA training	318 TBAs had been trained
2. 97 sessions of TBAs workshop	93 sessions of TBAs workshop	480 TBAs participated
3. 1300 TBAs kits	1180 TBAs kits	590 TBAs received kits
4. 6500 maternity kits	5900 maternity kits	2693 deliveries
5. family planning (birth spacing) according to the requests	11 areas	1670 clients (11560 women + 110 men)
6. 3000 delivery records	3000 delivery records	677 child received delivery record
D. Capacity building		
1. Office management training	2 Times	8 staffs
2. Accounting training	N/A	
4. 2 sessions of CHW training	One sessions	30 trainees (CHWs)
E. Health information and Documentation		
1. Photo document	Photo document	76 back pack teams
2. Publication (calendar)	Publication (calendar)	100 copies
4. Annual survey	25000 copies –questionnaires	2109 returned
E. Program management		
1. Meeting and seminar (2 times)	Meeting and seminar (2times)	90 workers participated
2. Leading group meeting (2 times)	Leading group meeting (2 times)	11 people participated each time
3. Executive Board meeting (6times)	Executive Board meeting (2 times)	7 people participated each time
4. Office staffs meeting (24 times)	Office staffs meeting (6 times)	9 people participated

