နယ်လှည့်ကျောပိုးအိတ်ကျန်းမာရေးလုပ်သားအဖွဲ့
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Provision of Primary Health Care among Internally displaced people and vulnerable population of Burma

Annual Report

2008

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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.

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.

Temporary shelter in Jungle (Kaw Karite) 2008)

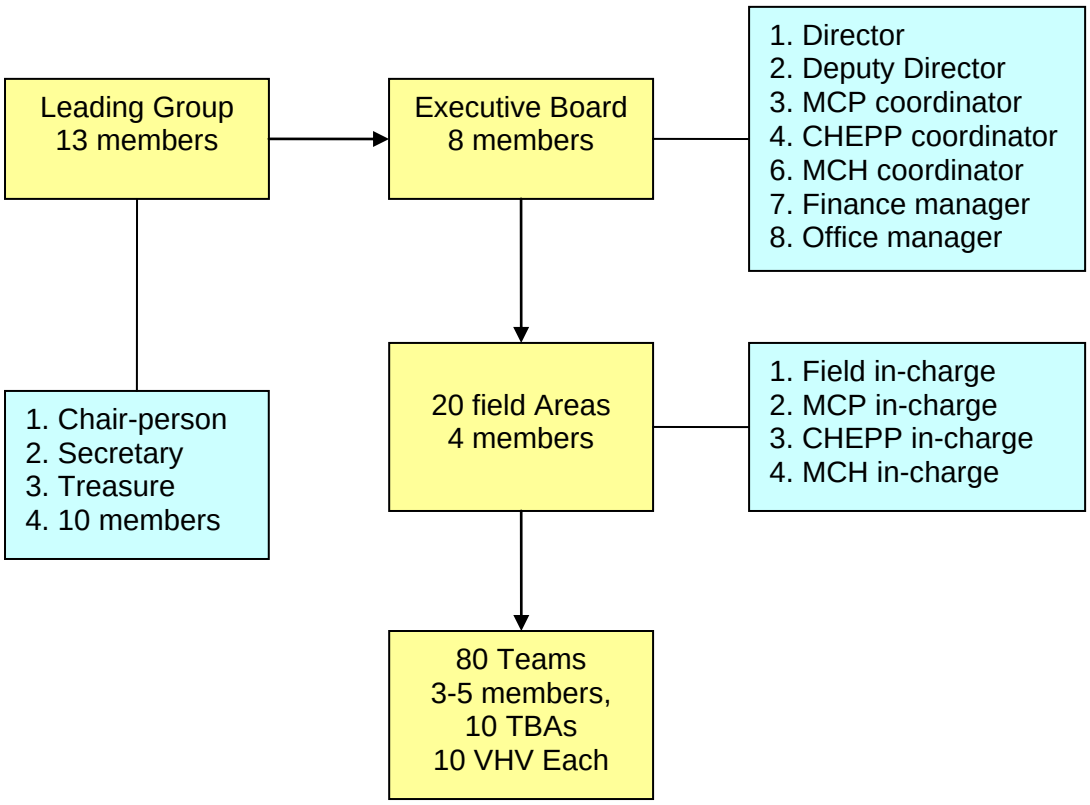
The BPHWT provides a range of medical care, community health education and prevention, and maternal and child healthcare services to internally displaced persons and other vulnerable people in Burma. Doctors and health workers from the Karen, Karenni, and Mon States established the BPHWT in 1998. At the beginning, there were 32 backpack teams with 120 health workers. The number of Back Pack Teams has gradually increased. In 2008, there are 80 teams with between 3 to 5 health workers on 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.

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.

Temporary shelter in Jungle Kler Lwee Htu - 2008

a. Organizational Structure of the BPHWT



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.

b. 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.

c. Vision

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.

d. Mission

To equip people with the skills and abilities necessary to manage and address their own health problems, while working towards long-term sustainable development.

e. Goal

To reduce morbidity and mortality, and minimize disability by enabling and empowering the community through primary health care.

3. Gender Policy and Analysis

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	290	99	34%	30%
Traditional Birth Attendants	570	515	90%	Target not set
Village Health Volunteers	413	253	61%	50%
Total Organisation	1250	862	70%	Target not set
Total organization targeted female ratio			50%	

4. 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**

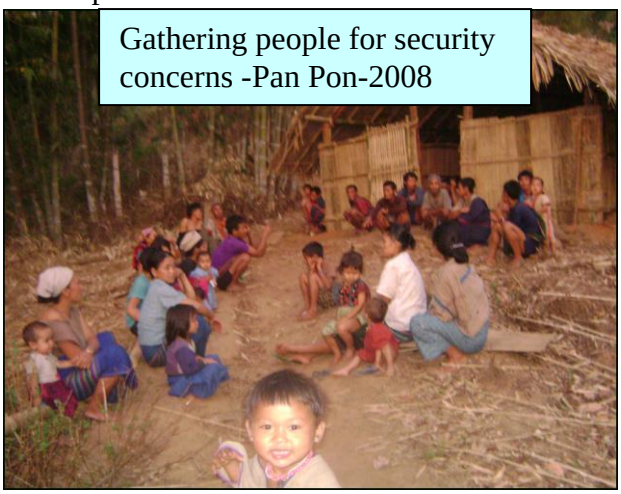
In 2008, the BPHWT provided health care to an estimated target population of 160,000 people. As can be seen from Table 4, overall the BPHWT has achieved 66 percent of the target to provide an accessible community based primary health care system. However, the achievement is not consistent across all health worker types. The BPHWT uses the targets to plan for training or supporting the training of additional workers in the field.

5. 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	390	290	74%
Traditional Birth Attendant (TBA)	760	570	75%
Village Health Volunteer (VHV)	760	413	54%
TOTAL HEALTH WORKERS	**1910**	**1273**	**66%**

6. 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 2008, many people faced security problems and wide spread human rights violations in the target areas. These violations negatively impact their health outcomes, and increase their need for health care, even while making it more difficult to access care.



Gathering people for security concerns -Pan Pon-2008

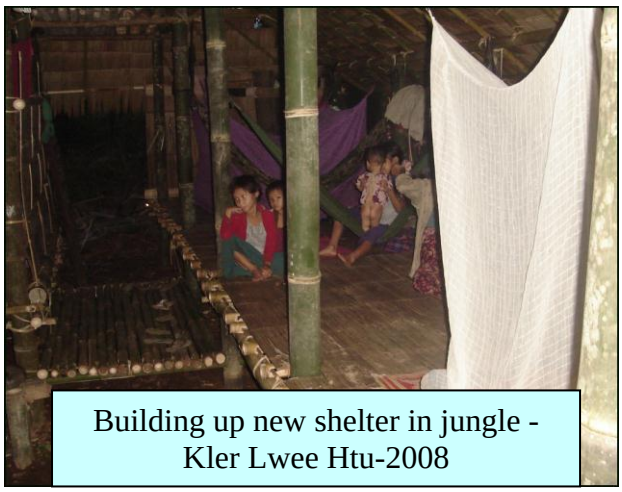
Below are some examples of the human rights violations regularly faced by villagers and 10health workers, which make it difficult for them to access and provide medical care.

Dooplaya area

- SPDC military Battalion No. (409) arrested BP health worker Saw A Kyaw in Htee Ler Wah Kee. They claimed he was a rebel that was released only because his family paid a lot of money. It happened on 31/03/2008 in Doo Pla Ya district, Ngwe Pyaw Taw village.
- In the second half of 2008, in Dooplaya area, SPDC and DKBA tried to block and arrest the health workers when they went to treat patients in their target areas.
- The SPDC troops forced the villagers in Htee Mel Baw and Mae Ka Htee villages to move to Kyaw Kee or Kyaw Hta village because on 16/12/08, there was fighting between SPDC and KNU in Htee Yo Kee Back Pack area in Dooplaya District.

Pa An area

- Medicine and medical supplies for Htee Wa Blaw and Noe Kay Back Pack team in Pa An district, was confiscated by Thai authorities in Mae Pa, when transporting the supplies on (25/03/08).



Building up new shelter in jungle - Kler Lwee Htu-2008

- On 20/10/08, DKBA Battalion No (555) arrested one villager in Saw Pa Day Kee in Pa An area, Back Pack No (2) and tortured and killed him because they accused him of communicating with KNU.
- On 22/10/08, in Pa An area, the SPDC and DKBA used two villagers in Kaw Thu Kee Hta in Back Pack No (2) as guides. When they arrived in one place, the two villagers stepped on a landmine. One villager died immediately and the other lost his legs.
- On 27/10/08, in Pa An area, when the Mother and Child Health Care supervisor was coming back from a trip the DKBA was informed about blocked the way and arrested her.
- On 17/10/08, in Pa An area, four women stepped on landmines, two died and two lost their legs, when DKBA Battalion No (999) forced the villagers in Plaw Nya Thee village to carry food for the SPDC troops.

Kler Lwee Htoo area

- In Kler Lwee Htoo area, between 5/10/08 and 17/10/08, SPDC troops operated in Saw Ka Del, Ler Kla, Ler Htaw Del in Kler Lwee Htoo, Moo Kaw Hsa villages. The villagers from those villages had to flee to the Jungle and faced problems with food, health and security. The same incident occurred between 27/10/08 and 30/10/08 in Kyaunt Pya, Thel Baw Del, Kel Del Poe, Play Kee, Play Pa and Yaw Kee in Kler Lwee Htoo District.

A village was burned-down by SPDC & DKBA – Kawkaraik 2008

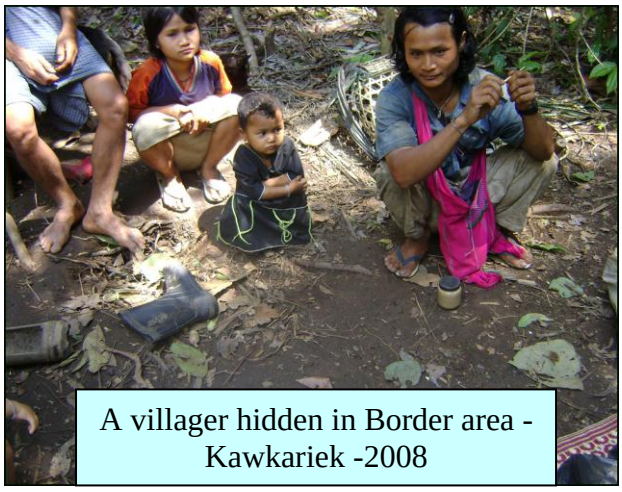
- On 30/10/08, SPDC troops came in Play Pa village in Kler Lwee Htoo District and shot Saw Ko Traw, 30 years old. The SPDC forced the villagers in They Gaw Del area to do sentry duty for them, fencing, send letters, serve as guides, sentry the road, clean the main road, cut down the bamboo tree, carry bamboos to build the camp, give money for their funds, cook, and carry things for them.

Arakan area

- In May 2008, in the Arakan ethnic area, one soldier in Battalion No 550 raped a woman in Kon Chaung village.
- In June 2008, in the Arakan ethnic area, the SPDC forced the villagers in Pyaing Shwe village to collect money and labour because a soldier in Battalion No 550 was drunk and fell down in a villager's house and broke his one leg.
- The villagers in Ka Wel and Oo Pet village in Pyin Ngu area have to work monthly for the SPDC and have to pay 3.2 Kilos of Chicken monthly.

Kaw Ka Rite area

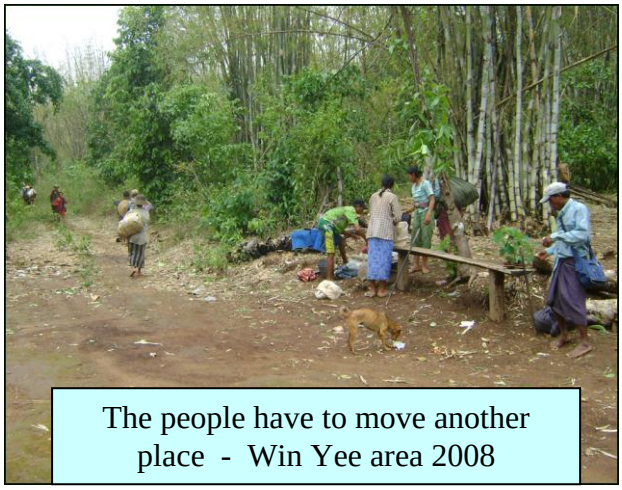
- On 30/4/08, the DKBA battalion No. (907) came back from the front line and burnt down one house in Bar Hta village tract in Mae Ka Nel village.
- On 28/4/08, the DKBA battalion No. (907) attacked Taw Au Hta area, Yi Kel Chaung village, and burnt down (5) households destroying villagers' food and properties. They forced the villagers to relocate and forced them to participate in mandatory labor.



A villager hidden in Border area - Kawkariek -2008

- On 10/4/08, the DKBA battalion No (907) and SPDC troops cooperated together and forced 10 people in each village, for a total of 50 people in all villages, in Back Pack Tract No (3) to carry food and other things for their operation.
- On 30/4/08, the DKBA battalion No (907) and SPDC troops cooperated together and burnt down three households in Car Hta village tract (Ka Nel Poe Hta village). At the same time they burnt down two machines and forced people in Ka Nel Poe Hta village to relocate.
- On 25/07/08, DKBA Battalion No (907) tortured the villagers in Taw Au Kee village and arrested Saw Pa Kyaw Thu, Sa Pwel Say, Kyaw Hla Moo and Pa Kel in Htaw Au Kee village.

- On 25/11/08, The DKBA Battalion No (907), lead by General Has Moo Say, killed the two villagers Mu Lay Day and Pa Gaw Wah, and they accused the two villagers of communicating with KNU.
- DKBA soldiers led by General Nunt Kan Mway forced the villagers in Taw Oo Hta and Ju Ka Lee villages to build the buildings for Karen New Year and asked the villagers to bring them own food. They threatened the people who did not obey his orders.
- On 02/1/09, fighting by SPDC Battalion No (545) and DKBA Battalion No. (333), (907), (906) and (999) caused the people living in Klaw Gaw village to flee to Thailand for temporary shelter.
- On 28/09/08, SPDC Battalion No (407) and DKBA Battalion No (907), (999), (333) jointly occupied Klaw Kaw village and some villages in Back Pack No (1) in Kaw Ka Rite area. The soldiers tortured the villagers and forced the villagers to show them KNU camps. Because of that the villagers were afraid of the conditions and fled. As a result they faced health problems. Including inadequate medicine and medical supplies. Health workers got emergency medicine from the central Back Pack office. The health workers treated the patients who were hidden in the jungle. Most of people suffered from Malaria, Respiratory Tract Infection, Diarrhoea and Dysentery.



The people have to move another place - Win Yee area 2008

Win Yee area

- On 15/09/08, in Win Yee area, the SPDC forced the villagers in Tha Ya Kown village to cut down 150 pieces of bamboo and forced them to bring the bamboo to their camp. Similarly, on 19/09/08, the SPDC forced the villagers in Hto Ler Wah Kee village to cut down 150 pieces of bamboo and forced them to bring the bamboo to their camp.

Shan Area

- On 25/3/08, the military forced villagers in Naung Lon village to build a military camp and fence.
- On 26/4/08, the military forced all people to plant castor oil in Won Na village

A villagers stop on the way during they're fleeing to the jungle - Shan area -2008

- On 11/5/08, the military forced people in Pa Kon village to build a fence around Mie Pount Military camp. Villages must send one person from each household. In addition, they took 4.8 kgs of chicken from the villagers without paying.
- On 28/11/08, the SPDC forced the people in Nant Ho KO village in Shan State to build fences and forced the villagers to cut down 150 pieces of bamboo per family.
- On 17/11/08, the SPDC forced the people Nang Lon village in Shan State to collect 250 pieces of roof leaves per family.
- On 25/10/08, SPDC Battalion No (99) forced one person per household in Naung Lon village in Shan State to build buildings in their camp. If people could not go, they fined them 3000 Kyats per person.

- On 27/11/08, SPDC Battalion No 99 forcibly took two oxes in Pount Kyaw village in Shan State. The total meat of the two oxes was (264) Kilos.
- On 16/10/08, SPDC forcibly took 8 Kilos of chicken per village in Loat Maw area in Shan State. Villagers in Ta Gay Laung and Min Zaw villages in Tha Ton area were facing food insecurity because of the SPDC offensive in July to December 2008.

Tha Ton area

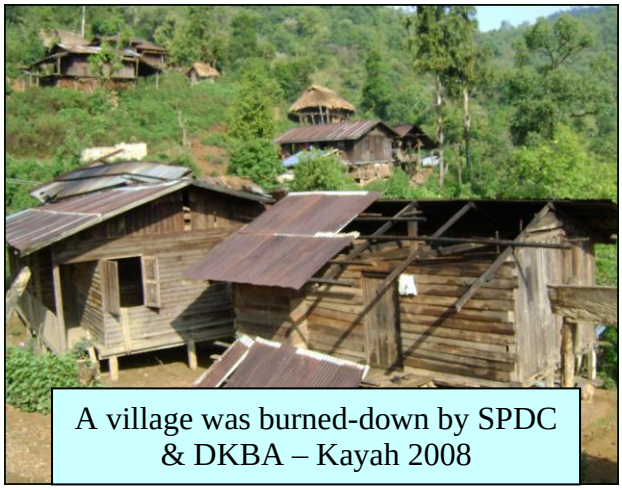
- On the 3rd of May 2008, Nargis cyclone hit in Tha Ton area, Mel Na Thon village tract. Most of the gardens, households and farms were destroyed.
- On 15/5/08, more than 50 households were destroyed by Nargis cyclone. The Ministry of Education ordered every student to pay (300) kyats for Nargis cyclone victims in Ta Gay Loung village tract.
- In February 2008, the Military forced the villagers in Ta Gay Loung village to construct the Lay Kay highway to improve transportation.
- In February 2008, the DKBA forced villagers in Tha Ton district to construct a road in Ka Ma Moung and the Mee Saing highway to improve transportation.
- On 3/6/08, the SPDC forced students in Min Zaw amd Ta Gay Loung schools to pay money for Nargis Cyclone victims.

Providing health care out-side of the village -Tha Ton-2008

- On 03/12/08, the DKBA forced the people in Ta Gay Loung and Min Zaw village to collect 100,000 Kyats per village for the Karen New Year.
- On 03/12/08, the DKBA forcibly collected 100,000 Kyats in Mel Na Than village in Back Pack No (6).

Myeik/Tovay area

- On 17/5/08, the SPDC forcibly collected money for cyclone victims in Ta Kat and Ka La Eit village in the Myeik/Tovoy area.



A village was burned-down by SPDC & DKBA – Kayah 2008

- On 26/4/08 and 5/5/08, because of fighting between SPDC and KNU in Wah Lon Toe and Kount Paw village, medicines and medical supply shipments were delayed. The supplies did not arrive in the target area until after June 2008.
- On 21/9/08, The SPDC Battalion No (25) forced the villager to rebuild the school every Saturday in Kel Chaung village and they will give punishment if villager refused. They also prohibited villagers from leaving the villages.15/10/08, under threat of death.
- On12/11/08, fighting between SPDC Battalion No (273) and KNLA in Ywa Pu village.
- On 25/8/08, fighting between SPDC Battalion (104) and KNLA in Kel Chaung village.
- On 5/12/08, The SPDC forcibly collected money (300000) Kyats in Paw Klo area to build the road.
- On 13/10/08, the SPDC Battalion No (25) leaded by General Than Naing, arrested villager name Saw Tha Mee in Chaung Su village without reason.

Toungoo area

- SPDC forced (10) households to relocate in Taungoo area, Kaw They Del village tract, Ballagli village in March 2008. SPDC replaced the residences with military families instead.
- SPDC forced villagers to carry military food supplies. Villagers rotated, doing forced labor at least twice a month in Taungoo area, Kaw They Del village tract.
  In Taungoo area, Ballagli and Kaw They Del village tract in April 2008.
- SPDC instated a lights-out policy starting in the evening time, as well as a placing a curfew effective from 5:00pm to 5:00am the next day. Soldiers have orders to shoot anyone who breaks the curfew. One member of Yi Thoo Lay village has been shoot and was buried along with his family.

Temporary shelter in Jungle
Pan Pon -2008

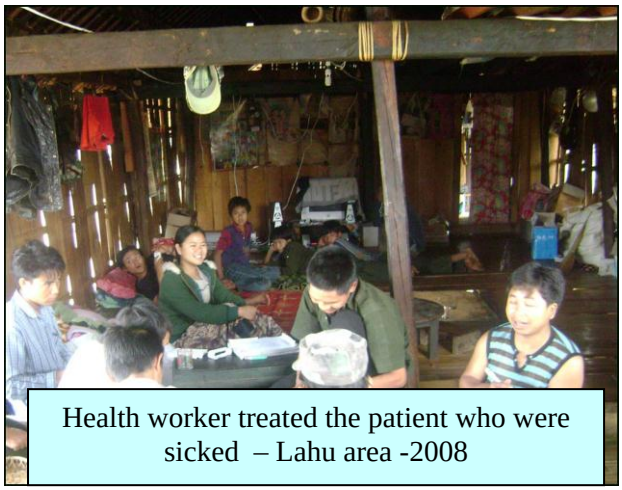
- In Taungoo area, Soe Ko village tract, East Day Thoo village was burnt down in May 2008. Additionally, one of the villager stepped on a landmine laid by SPDC.
- A vegetable and bitternut garden was set on fire in Taungoo area Ballgali, Yi Thoo Ka Lay and Doe Doe village on Apirl 15, 2008 destroying most of the garden.
- SPDC killed a villager who was out shopping in Yi Thoo Ka Lay with no reason. It happened in Taungoo area on 10.3.2008.
- In May 2008, SPDC set fire to and destroyed gardens (vegetable garden, Pa La garden) in Taungoo area, East Blay Wah (Shee Ko village).
- SPDC troops killed a villager without reason in March 2008. It happened in the village between Yi Thoo Ka Lay and Ballgali.
- SPDC forced villagers to carry military food supplies to every village in Taungoo area, Kaw They Del village tract in April 2008.
- SPDC forced the relocation of 50 households in Taungoo area Ballgali village tract in March, 2008.

A villagers stop on the way during they're fleeing to the jungle – Special area - 2008

Nyung Lay Bin

- Starting in April 2008, SPDC forced villagers to work on the construction a road leading to a military camp. They also forced villagers to carry food in Nyung Lay Bin area, Kyant Kyi Township, Patala, Wela Taw and Kyel Ta Lin village tract.
- Four children died of treatable illnesses because villagers were forced to hide in the jungle when SPDC troops arrived. It happened in Nyung Lay Bin area Ler Klar village tract, They Nwel Kee village on 20.5.08.
- On 10.5.08 Nyung Lay Bin area, Hel Del village tract, Mu Lay Kee village, Battalion No (16) (241) came into the village, burnt down 11 houses, and took away 4 pigs and 200 chickens.
- Villages lacked shelter and faced food shortages because the SPDC Battalion No.'s (101), (2), (257), (235), and (252) extended their military camp thereby displacing villagers who had to leave behind farming materials.

- On the 5th of April 2008, SPDC Battalion No. (276) extended their military camp causing the people from Ta Kaw Del village, Kel Del village tract, Ler Doh township in Klwe Lwee Htoo area to flee; they could not farm in the fields until recently.



Health worker treated the patient who were sicked – Lahu area -2008

Lahu area

- On 06/02/08, the military Battalion No. (571) led by General Ngue Hlaing shot at the villagers, took away community animals (such as pig, buffalo), forced the villagers to porter items for them, and forced each household to pay 15000 Kyats as a rice tax in Nunt Him and Toung Day village.
- On 6/2/08, the military Battalion No.(221) led by General Ngue Hlaing with his 27 soldiers killed one villager and Nga Hin village.
- On 18/1/2008, the military Battalion No.(221) led by General Ngue Hlaing shot a 360 kilogram pig in Htaw Day village.

Special area

- On 16/4/08, villagers were forced to relocate from Shan area to Kayah area (Lwel Mu Soe village) because of fighting between SPDC, cease fire groups, and other arms groups.
- On 19/4/08 and 17/5/08, villagers were forced to relocate from Shan area to Kayah area (Na loung and Htee Lon Kyant village) because of fighting between SPDC, cease fire groups, and other arms groups.
- On 12/5/08 and 20/5/08, villagers were forced to relocate from Shan area to Kayah area (Htee Pay village and Pa Mam village) because of fighting between SPDC, cease fire groups, and other arms groups.
- On 21/5/08, villagers were forced to relocate from Shan area to Kayah area (Daw Hta Oo village) because of fighting between SPDC, cease fire groups, and other arms groups.
- On 16/4/08, villagers were forced to relocate from Shan area to Kayah area (Lwel Mu Soe village) because of fighting between SPDC, cease fire groups, and other arms groups.
- On 16/4/08, villagers were forced to relocate from Shan area to Kayah area (Lwel Mu Soe village) because of fighting between SPDC, cease fire groups, and other arms groups.
- On 30/5/08, the military troops of battalion No (336), led by Colonel Kyaw Aung, shot at villagers injuring one and killing two health workers.
- On 6/3/08, health worker had to move their target population to Laing Bwel township, Naung Tai village tract in Pa An district because of SPDC and DKBA interruptions.

Situation at Special area (2008)

- On 16/04/08, the SSA interrupted and shot at the health workers delivering health care in Shan State in Lwel Mu Soe village. The health workers could not provide health care any longer. The SSA forced the village to move. There was fighting very often and the villages in Shan State had to move to Kayah State.
- On 19/04/08, the SSA interrupted and shot at the health workers delivering health care in Shan State in Lwel Mu Soe village. The health workers could not provide health care any longer. The

SSA forced the village to move. There was fighting very often and the villages in Shan State had to move to Kayah State.

- On 12/05/08, the SSA interrupted and shot at the health workers delivering health care in Shan State in Na Laung village. The health workers could not provide health care any longer. The SSA forced the village to move. There was fighting very often and the villages in Shan State had to move to Kayah State.

Situation at Special area (2008)

- On 17/05/08, the SSA interrupted and shot at the health workers delivering health care in Shan State in Htee Kyaunt Lon village. The health workers could not provide health care any longer. The SSA forced the village to move. There was fighting very often and the villages in Shan State had to move to Kayah State.
- On 12/05/08, the SSA interrupted and shot at the health workers delivering health care in Shan State in Htee Pay village. The health workers could not provide health care any longer. The SSA forced the village to move. There was fighting very often and the villages in Shan State had to move to Kayah State.
- On 20/05/08, the SSA interrupted and shot at the health workers delivering health care in Shan State in Pa Mum village. The health workers could not provide health care any longer. The SSA forced the village to move. There was fighting very often and the villages in Shan State had to move to Kayah State.
- On 21/05/08, the SSA interrupted and shot at the health workers delivering health care in Shan State in Daw Hta Oo village. The health workers could not provide health care any longer. The SSA forced the village to move. There was fighting very often and the villages in Shan State had to move to Kayah State.

7. Activity of Back Pack Health Worker Team

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.

In 2008, the BPHWT had provided health care in 20 field areas, with 78 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 1274 Health Care Workers living and working in Burma: 291 Medics, 570 Traditional Birth Attendants (TBAs) and 413 Village Health Volunteers (VHVs). Table 2 provides an overview of the BPHWT field areas, the number of Medics, target population and 79035 total cases treated.

In 2008, the two pilot teams in Arakan and Pa Oh area become regular Back Pack teams.

Summary of BPHWT Fields, Medics, Target Population and Cases Treated,

Jan – Dec; 08

NO	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	12	11	23	27	21	48	0	45	45	2925	15727	7425
2	Kayan	3	13	7	20	16	9	25	7	18	25	1015	7528	3895
3	Special Area	3	12	2	14	8	22	30	1	12	13	1919	10117	6877
4	Taungoo	5	13	4	17	14	24	38	0	0	0	1714	10084	2532
5	Kler Lwee Htoo	5	14	3	17	34	17	51	3	31	34	1455	8540	2943
6	Thaton	7	16	7	23	4	55	59	1	56	57	2985	18257	4617
7	Papun	7	19	6	25	25	34	59	15	73	88	3434	19310	5523
8	Pa'an	6	13	11	24	3	16	19	9	43	52	2757	15635	4812
9	Dooplaya	5	14	6	20	9	24	33	5	45	50	2259	11077	5795
10	Kawkareik	3	8	2	10	11	11	22	1	29	30	1131	6176	1242
11	Win Yee	3	7	4	11	0	0	0	3	25	28	1286	7622	3227
12	Mergue / Tavoy	5	11	7	18	9	20	29	15	32	47	1338	7105	6730
13	Yee W-N	3	7	2	9	0	0	0	0	17	17	1056	5084	3375
14	YeeChaungpya	3	7	2	9	0	0	0	0	17	17	1254	5800	4009
15	Moulamein-Thaton	6	4	18	22	0	0	0	0	20	20	2338	11268	8358
16	Shan	4	11	3	14	0	0	0	1	18	19	1449	8026	5406
17	Lahu	2	6	3	9	0	0	0	2	16	18	671	4343	1395
18	Chin	0	0	0	0	0	0	0	2	18	20	0	0	0
19	Rakhine	**1**	**2**	**0**	**2**	**0**	**0**	**0**	**0**	**0**	**0**	**244**	**1798**	**467**
20	Pa O	**1**	**3**	**1**	**4**	**0**	**0**	**0**	**0**	**0**	**0**	**517**	**2717**	**407**
	Total	**78**	**192**	**99**	**291**	**160**	**253**	**413**	**65**	**515**	**580**	**31747**	**176214**	**79035**

A. Medical Care Program (MCP)

The Back Pack Health Worker Team has 78 backpack teams working among internally displaced people in the Karen, Karenni, Kayah, Kayan Mon, Shan, Lahu, Arakan and including Chin areas in Burma. Two hundred and ninety one 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.

Back Pack Cases Load January to December 2008

Condition	January to December 2008		Total
	<5	>5	
Aneamia	1815	6665	8480
ARI,Not severe	4360	7939	12299
ARI, Severe (Pneumonia)	1425	2724	4149
Beri Beri	525	2255	2780
Water Diarrhea	1813	3303	5116
Diarrhoea with blood (Dysentery)	1211	2971	4182
Injury,Acut – Gunshot	3	36	39
Injury, Acut – Landmine	1	21	22
Injury, Acute – Other	160	789	949
Injury, Old	108	684	792
Malaria (Presumptive)	1794	4649	6443
Malaria (with Paracheck)	1735	4624	6359
Measles	134	286	420
Meningitis	28	114	142
Suspected AIDS	2	39	41
Suspected TB	42	320	362
Worms/Infestation	1923	3897	5820
Other	3731	16909	20640
Total	**20810**	**58225**	**79035**

- General Overview of Morbidity Rates

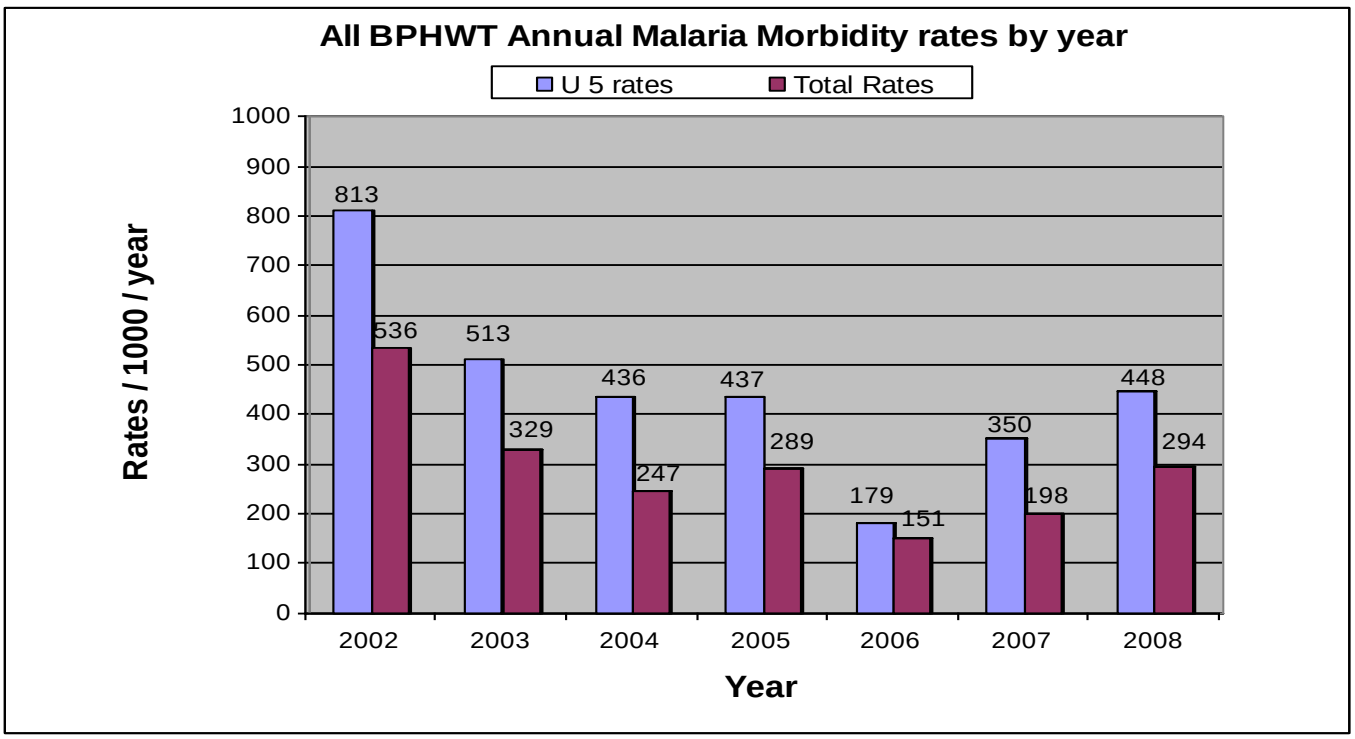
Standardization of data collection

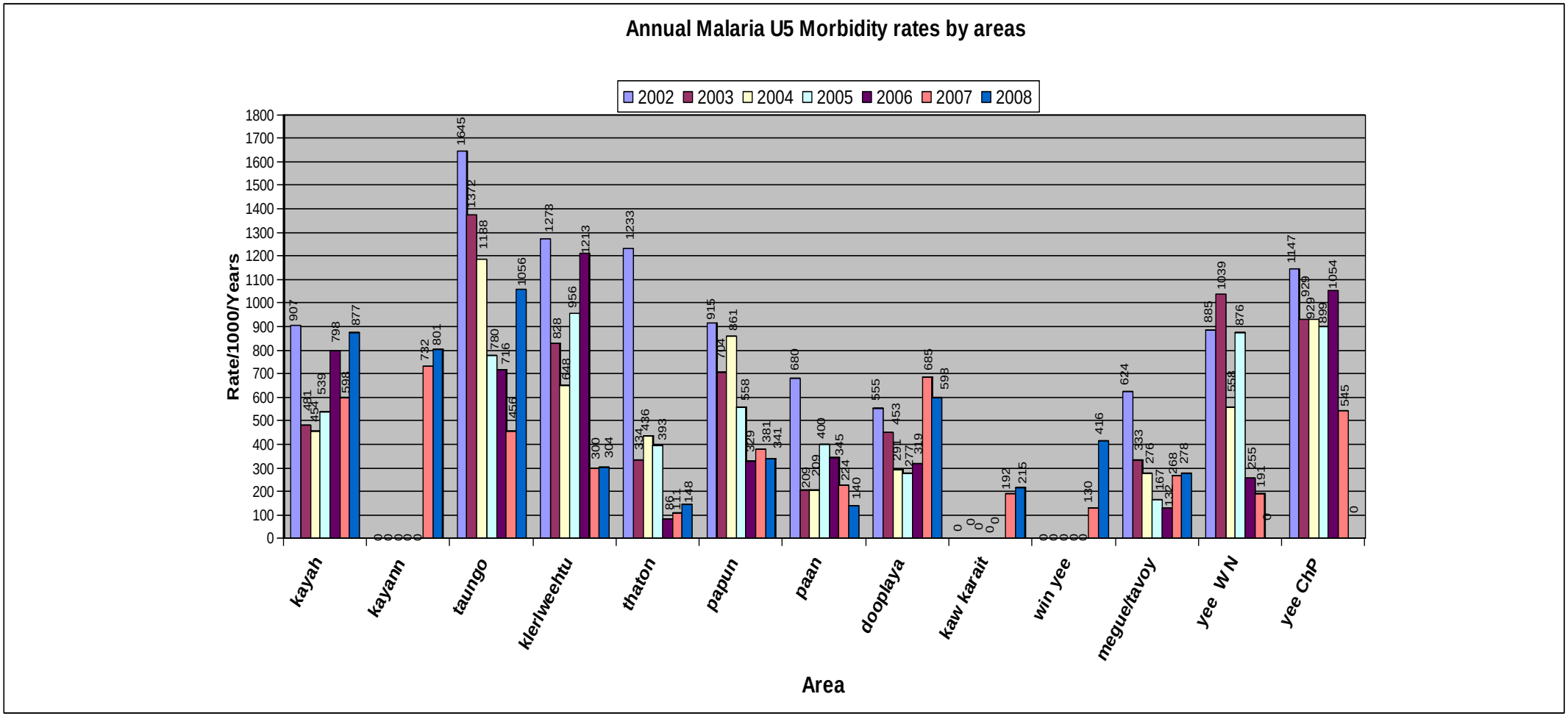
BPHWT is currently in the process of standardizing its data collection procedures to ensure consistent collection of reliable data that can serve as the basis for in depth monitoring and evaluation. Data from past years has been of varying consistency, subject to challenges in the field including security, geography, and inconsistencies in data collection tools and procedures. BPHWT has worked to come up with strategies for data collection that can accommodate the realities of the field, but as a result, some data collection practices have recently changed, which has in some cases affected data trends. BPHWT has tried to identify and explain those cases below. Increased consistency and reliability will improve the comparability of future data, even if it cannot be fully compared with data from the past.

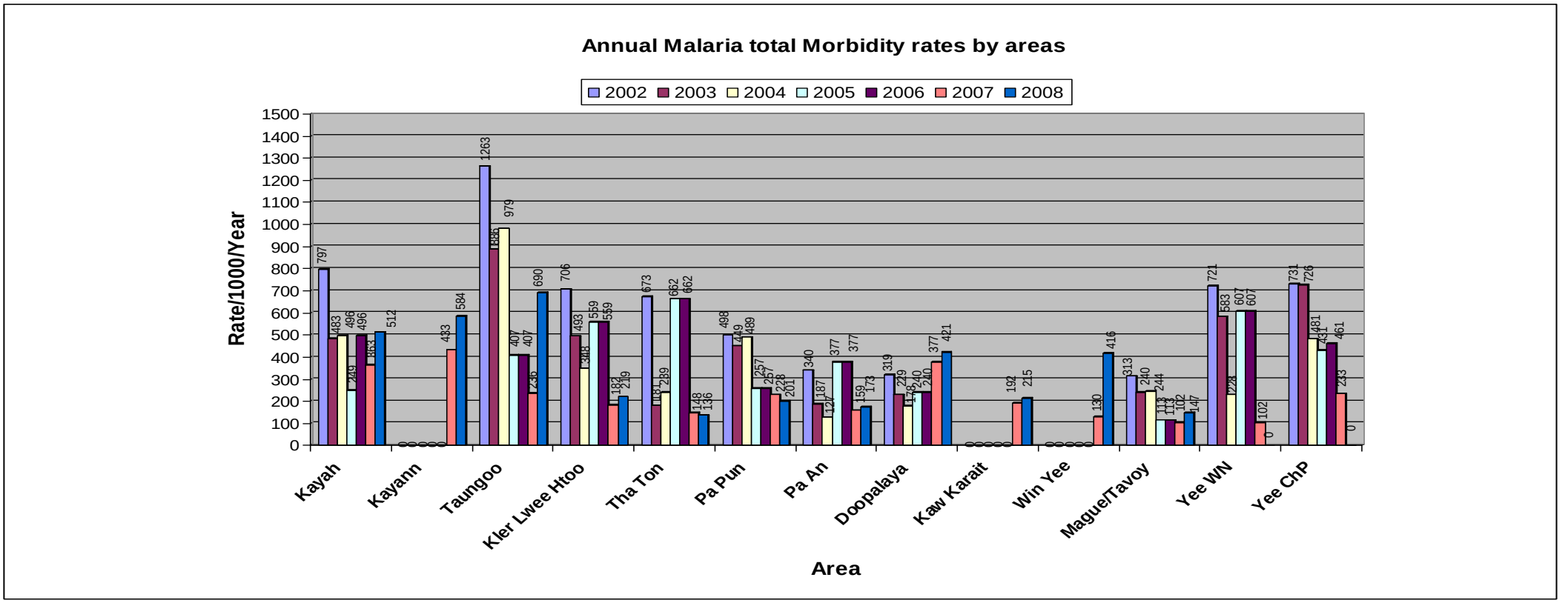
In general, all morbidity rates have decreased each year. However, in 2008, all cause morbidity did not decrease, when compared with last year. Most areas have seen increasing SPDC attacks and people are facing forced relocation, food destruction and their villages being burned down by SPDC troops, and a correlation is visible between this increase and the increased morbidity.

Malaria

Since 2007, the BPHWT started using para-check rapid test to confirm malaria diagnosis. From 2002 to 2008, the under five malaria morbidity and the total rate both decreased by 45%. But, there was slight increased when compared with last year. Again, most areas saw increased SPDC attacks over the past year, causing communities to face forced displacement, food insecurity and lack of sanitation, which directly correlates with public health outcomes, such as increased malaria morbidity.



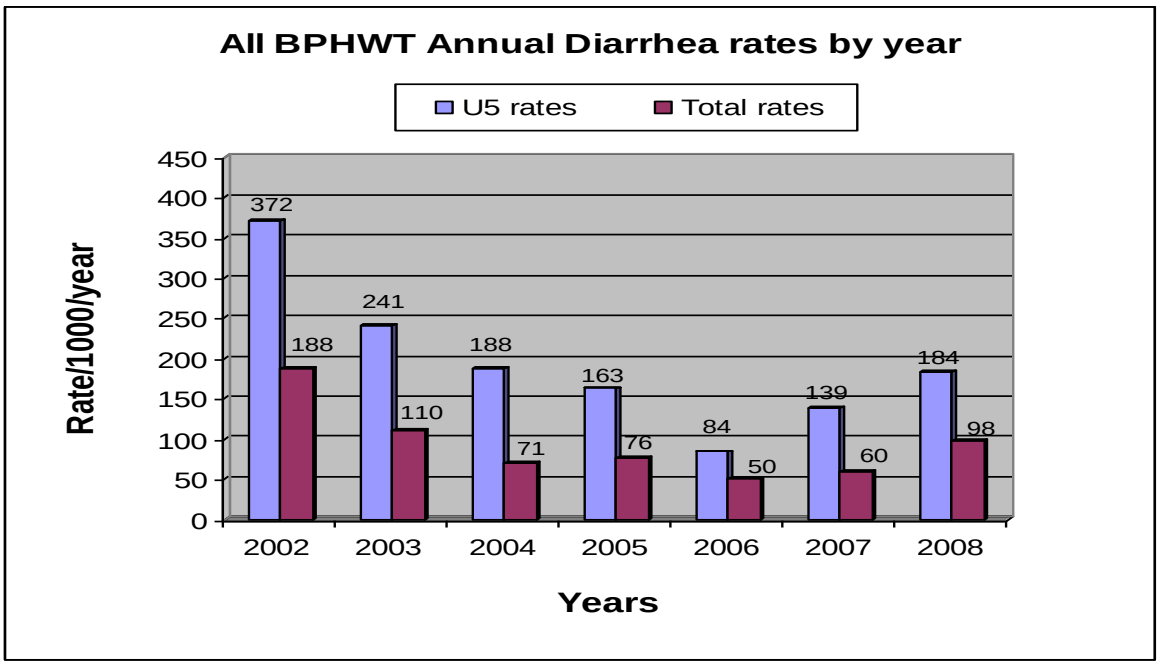

Annual Malaria U5 Morbidity rates by areas
2002
2003
2004
2005
2006
2007
2008
Rate/1000/Years
Area
kayah
kayann
taungo
klerlweehtu
thaton
papun
paan
dooplaya
kaw karait
win yee
megue/tavoy
yee WN
yee ChP

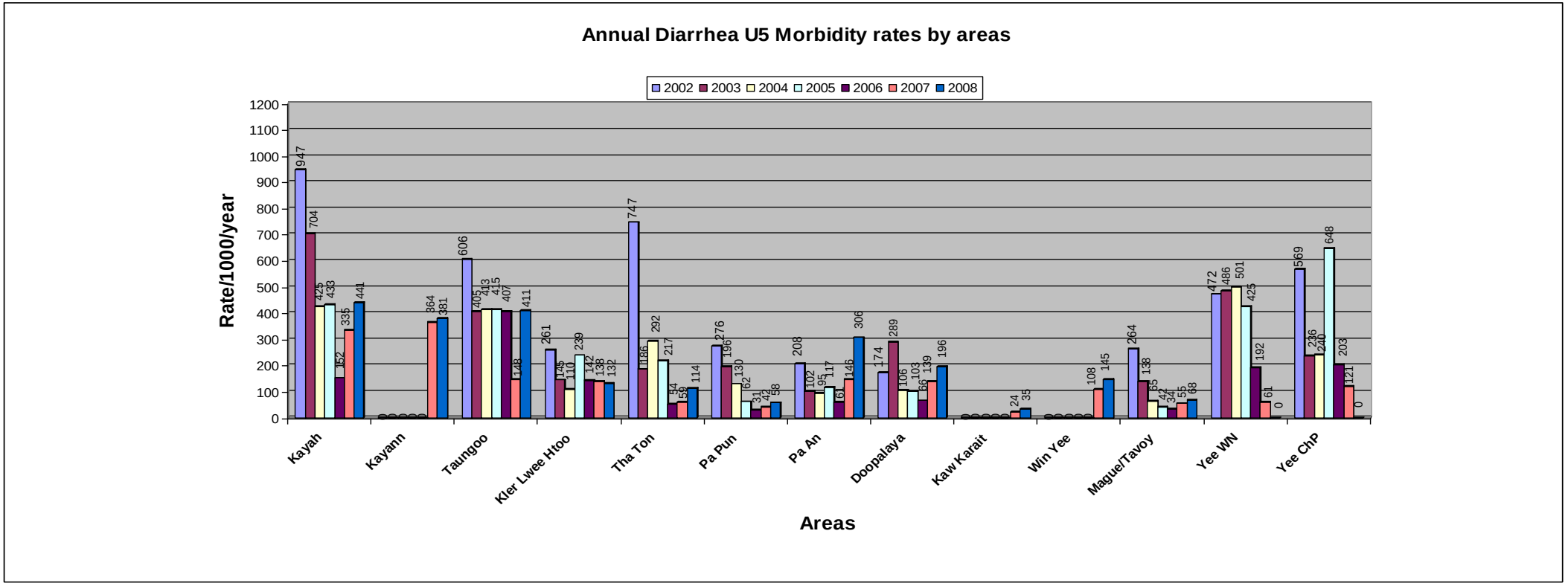

Annual Malaria total Morbidity rates by areas
2002
2003
2004
2005
2006
2007
2008
Rate/1000/Year
Area
Kayah
Kayann
Taungoo
Kler Lwee Htoo
Tha Ton
Pa Pun
Pa An
Doopalaya
Kaw Karait
Win Yee
Mague/Tavoy
Yee WN
Yee ChP

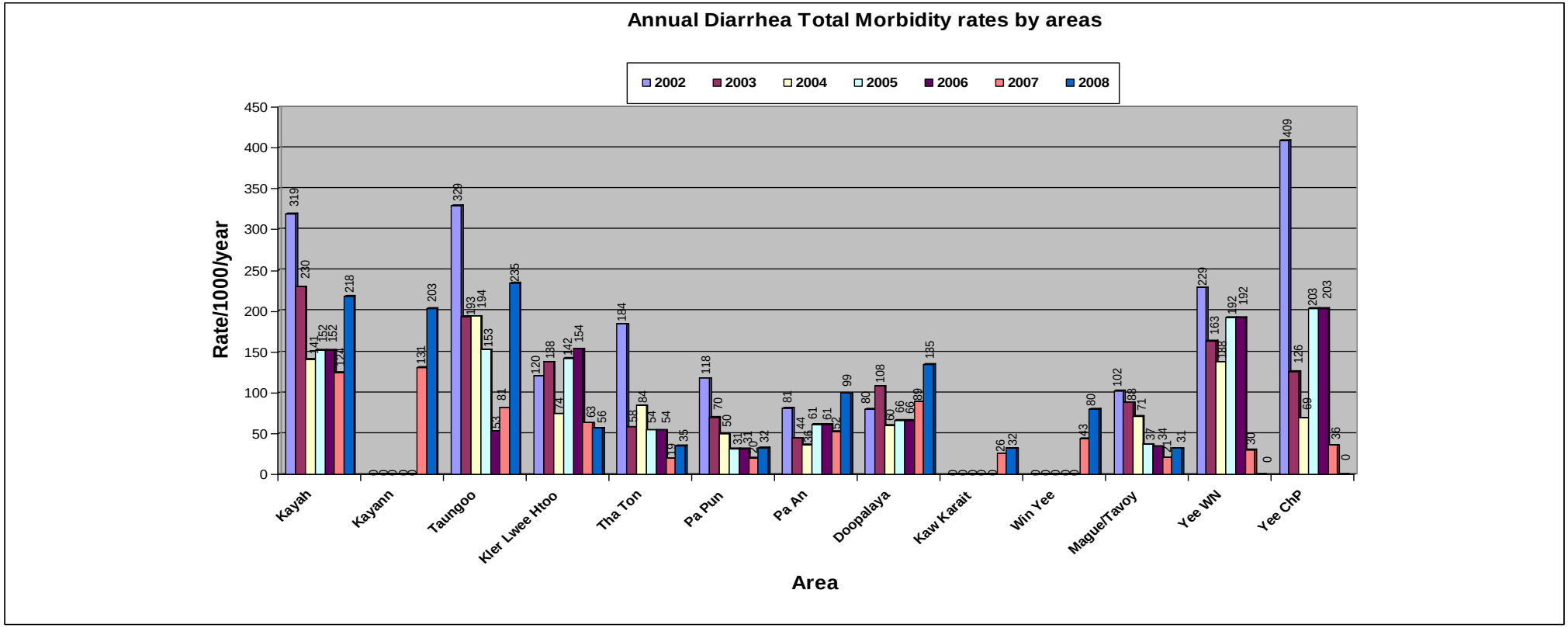
Diarrhea and Dysentery

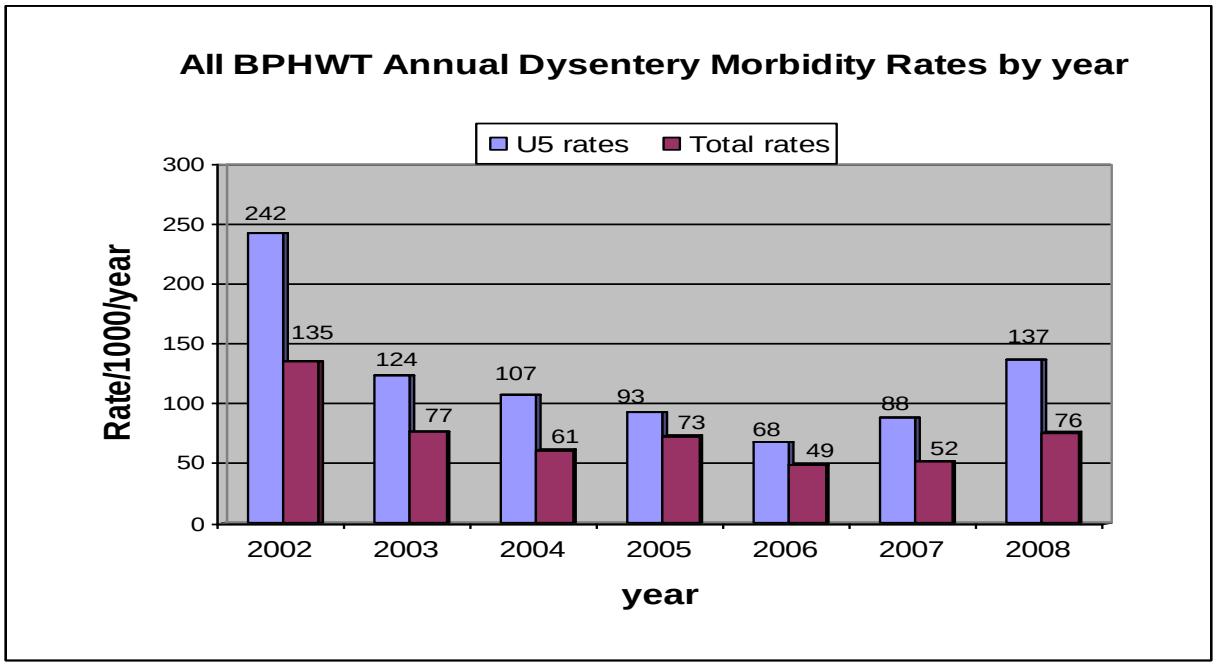
In general, diarrhea and dysentery morbidity rates slightly increased in 2008, when compared with last year. However, with past year from 2002 to 2008 the Diarrhoea morbidity rate was decreased by 51% and total morbidity decreased by 48%. The under 5 dysentery morbidity rate decreased by 43% and total rate was decreased by 44%.The diarrhea and dysentery morbidity rates were slightly increased in 2008, because in this period there are Diarrhoea outbreak in Mon, Pa Pon and Kler Lwee Htoo areas and dysentery outbreak in Pa Pon area.

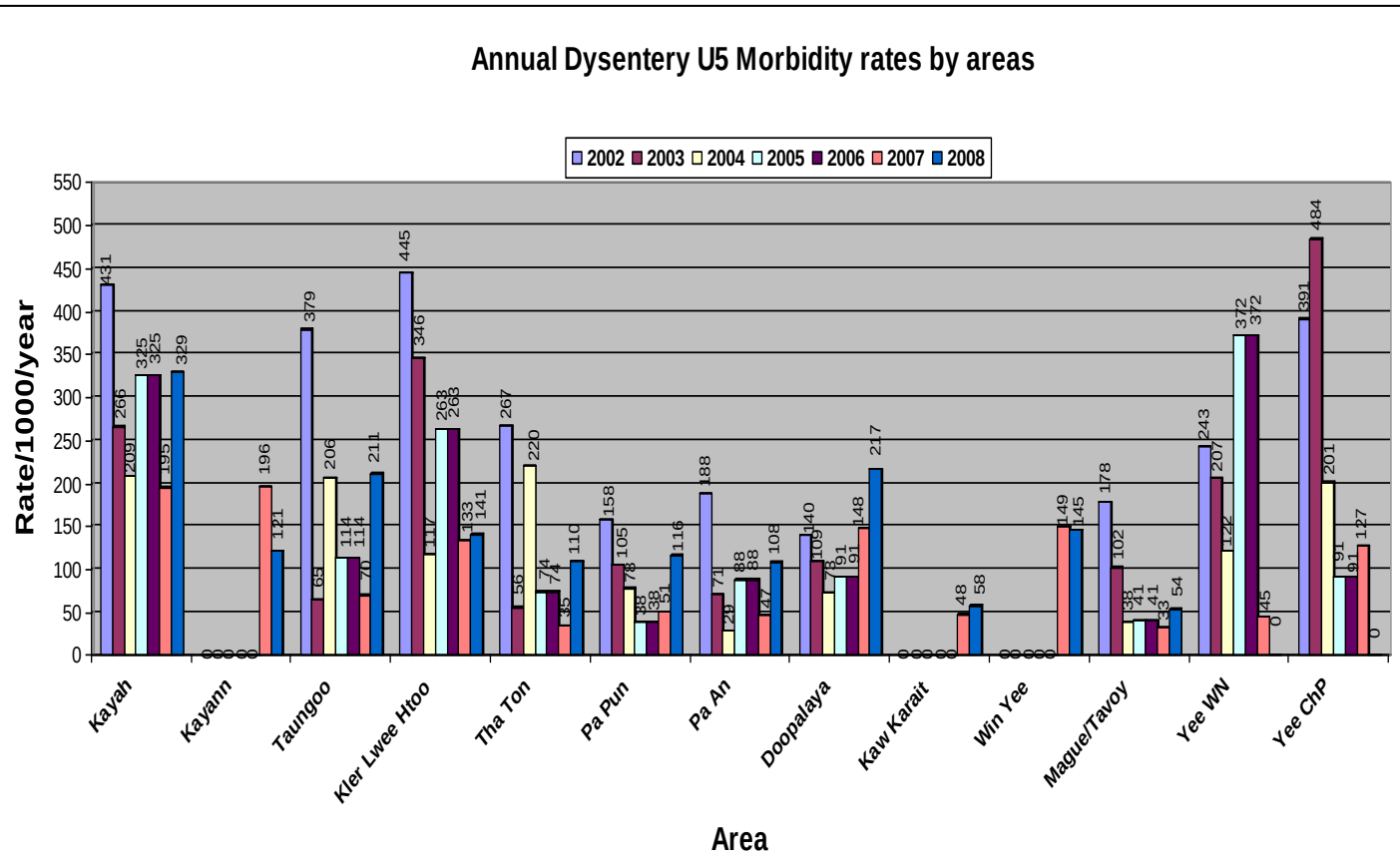
Giving treatment in Tha Ton Area -2008

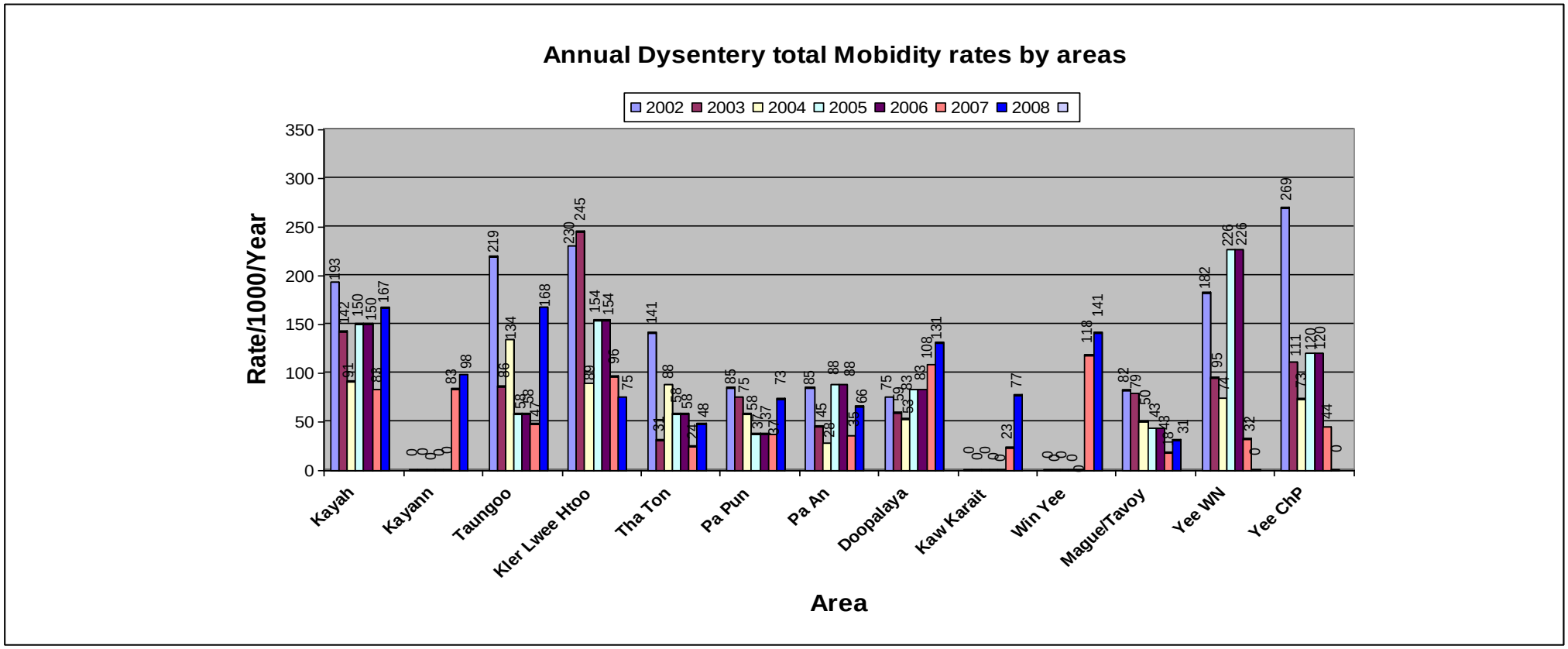



Annual Diarrhea U5 Morbidity rates by areas
2002 2003 2004 2005 2006 2007 2008
Rate/1000/year
Areas
Kayah
Kayann
Taungoo
Kler Lwee Htoo
Tha Ton
Pa Pun
Pa An
Doopalaya
Kaw Karait
Win Yee
Mague/Tavoy
Yee WN
Yee ChP


Annual Diarrhea Total Morbidity rates by areas
2002
2003
2004
2005
2006
2007
2008
Rate/1000/year
Area
Kayah
Kayann
Taungoo
Kler Lwee Htoo
Tha Ton
Pa Pun
Pa An
Doopalaya
Kaw Karait
Win Yee
Mague/Tavoy
Yee WN
Yee ChP


All BPHWT Annual Dysentery Morbidity Rates by year
U5 rates
Total rates
Rate/1000/year
300
250
200
150
100
50
0
242
135
124
77
107
61
93
73
68
49
88
52
137
76
2002
2003
2004
2005
2006
2007
2008
year

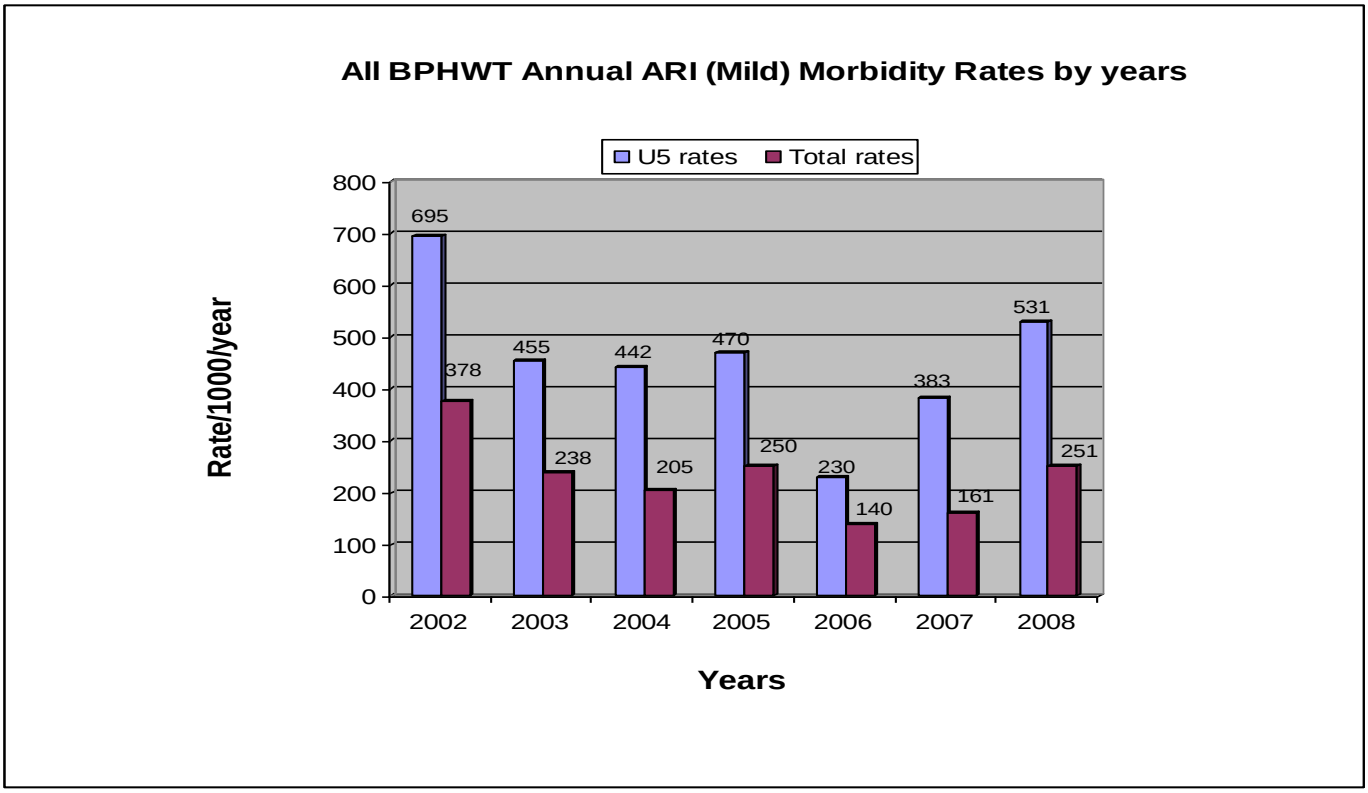

Annual Dysentery U5 Morbidity rates by areas
2002
2003
2004
2005
2006
2007
2008
Rate/1000/year
Area
Kayah
Kayann
Taungoo
Kler Lwee Htoo
Tha Ton
Pa Pun
Pa An
Doopalaya
Kaw Karait
Win Yee
Mague/Tavoy
Yee WN
Yee ChP

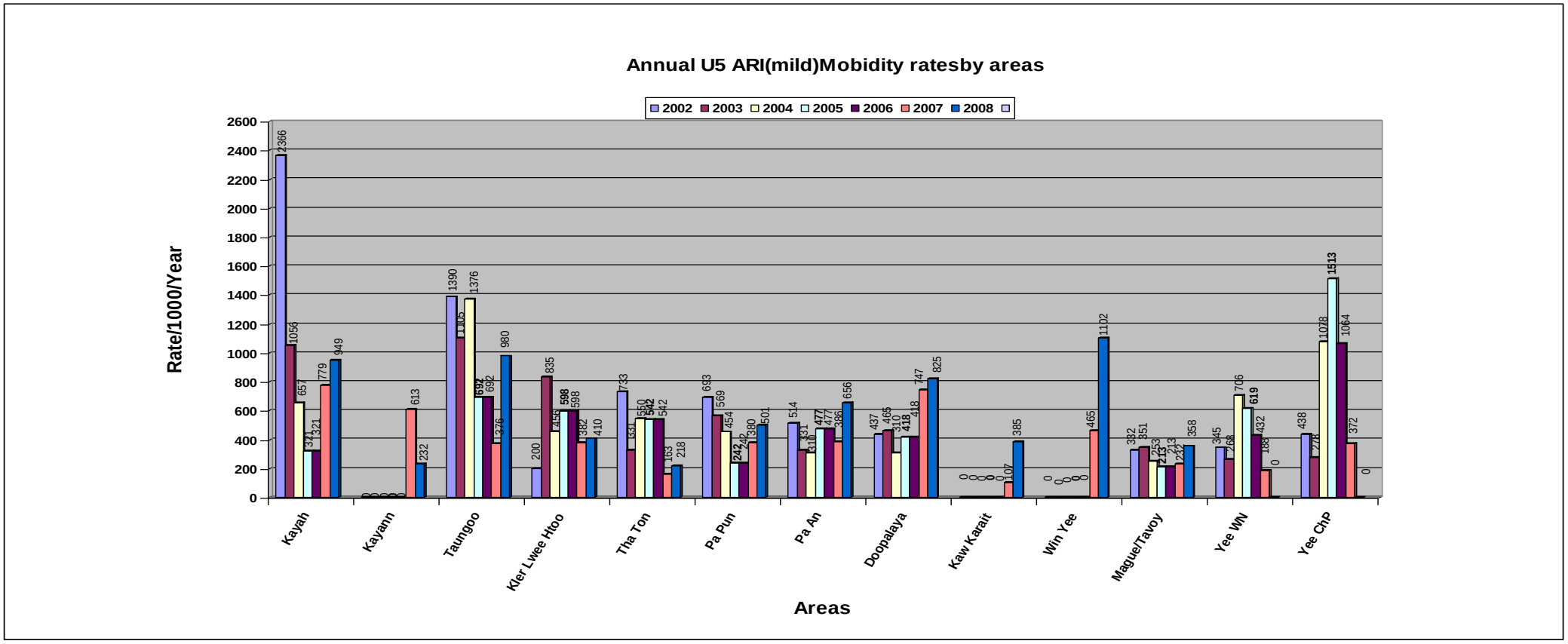

Annual Dysentery total Mobidity rates by areas
2002
2003
2004
2005
2006
2007
2008
Rate/1000/Year
350
300
250
200
150
100
50
0
Kayah
Kayann
Taungoo
Kler Lwee Htoo
Tha Ton
Pa Pun
Pa An
Doopalaya
Kaw Karait
Win Yee
Mague/Tavoy
Yee WN
Yee ChP
Area

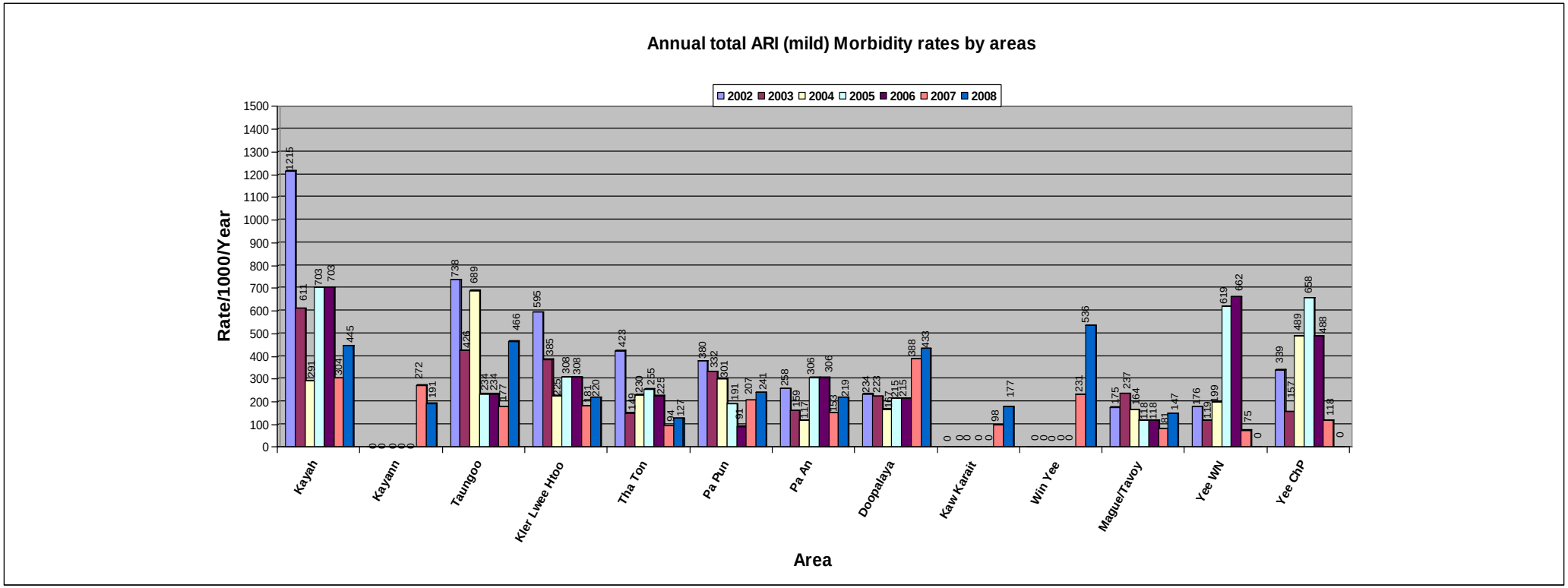
ARI Mild

In 2008, the annual rates of ARI (mild) under five morbidity increased when compared with last year. However, from 2002 to 2008, ARI (mild) under 5 morbidity rate was decreased by 24% and 34% of total rate. In 2008, the rate of ARI (mild) increased in Kayah, Toungoo, Winyee and Doo Pla Ya areas and the rest areas were decreased. The BPHWT is not convinced that the ARI (mild) morbidity rate hugely decreased in Yee west-north and Yee Chaungpya area, because, difference methods of data collection was compounded with mobile health and center based health care information. There are also some areas operating activity as center-based.

Providing treatment - Kayah Area-2008

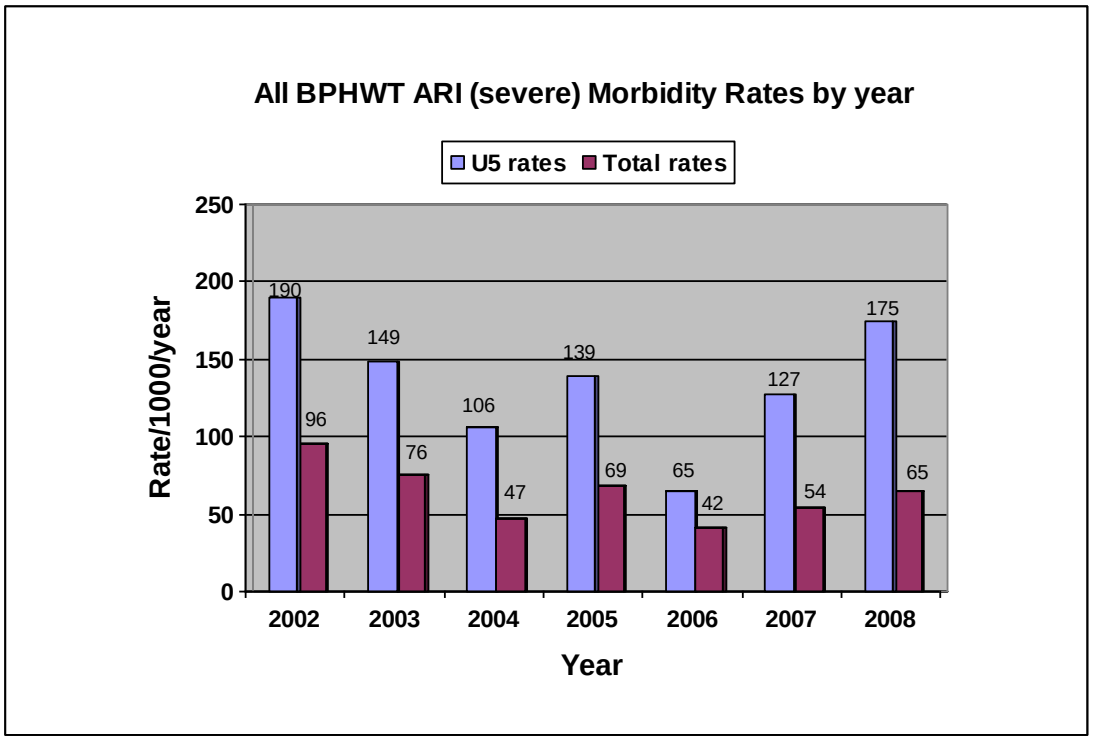


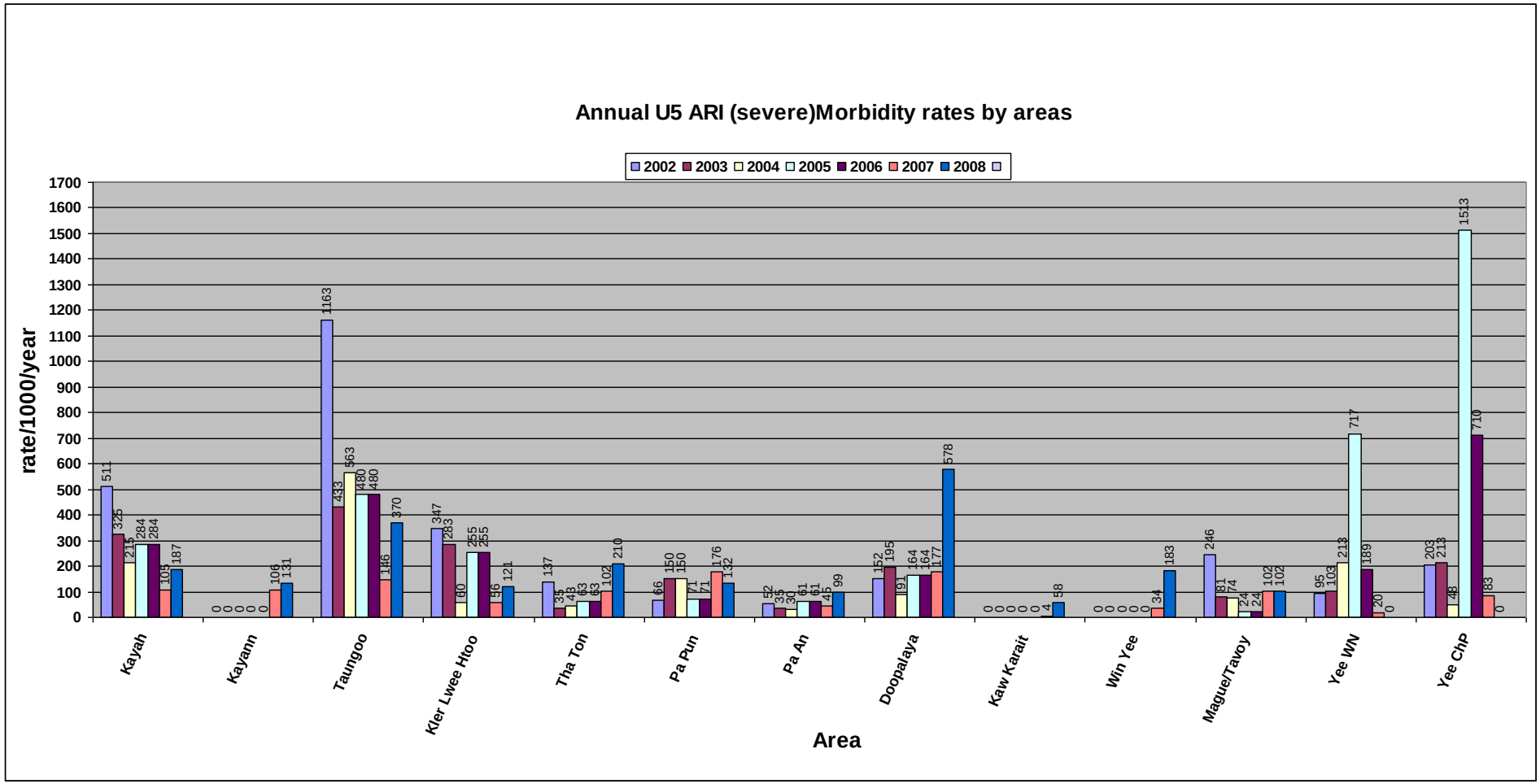

Annual U5 ARI(mild)Mobidity ratesby areas
2002
2003
2004
2005
2006
2007
2008
Rate/1000/Year
Areas
Kayah
Kayann
Taungoo
Kler Lwee Htoo
Tha Ton
Pa Pun
Pa An
Doopalaya
Kaw Karait
Win Yee
MagueTavoy
Yee WN
Yee ChP

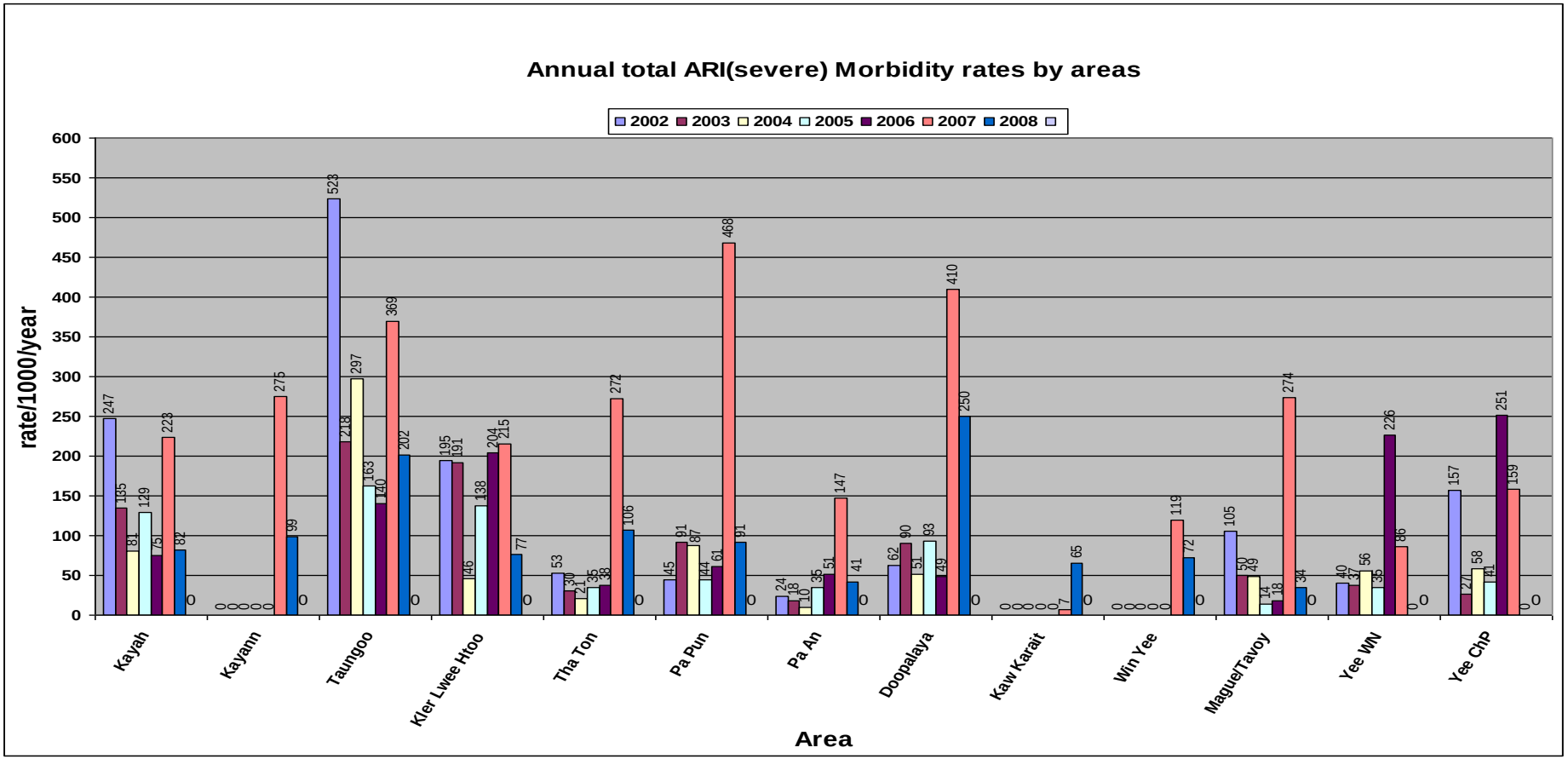

Annual total ARI (mild) Morbidity rates by areas
2002 2003 2004 2005 2006 2007 2008
Rate/1000/Year
Area
Kayah
Kayann
Taungoo
Kler Lwee Htoo
Tha Ton
Pa Pun
Pa An
Doopalaya
Kaw Karait
Win Yee
Mague/Tavoy
Yee WN
Yee ChP

ARI Severe

In 2008, ARI (severe) under five morbidity rates increased by 35% over last year. There was a hugely increase in Doo Pla Ya and Toungoo areas. All possible contributing factors for the increase are being considered; the BPHWT will discuss more about the cases 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.




Annual U5 ARI (severe)Morbidity rates by areas
2002 2003 2004 2005 2006 2007 2008
rate/1000/year
Area
Kayah
Kayann
Taungoo
Kler Lwee Htoo
Tha Ton
Pa Pun
Pa An
Doopalaya
Kaw Karait
Win Yee
Mague/Tavoy
Yee WN
Yee ChP

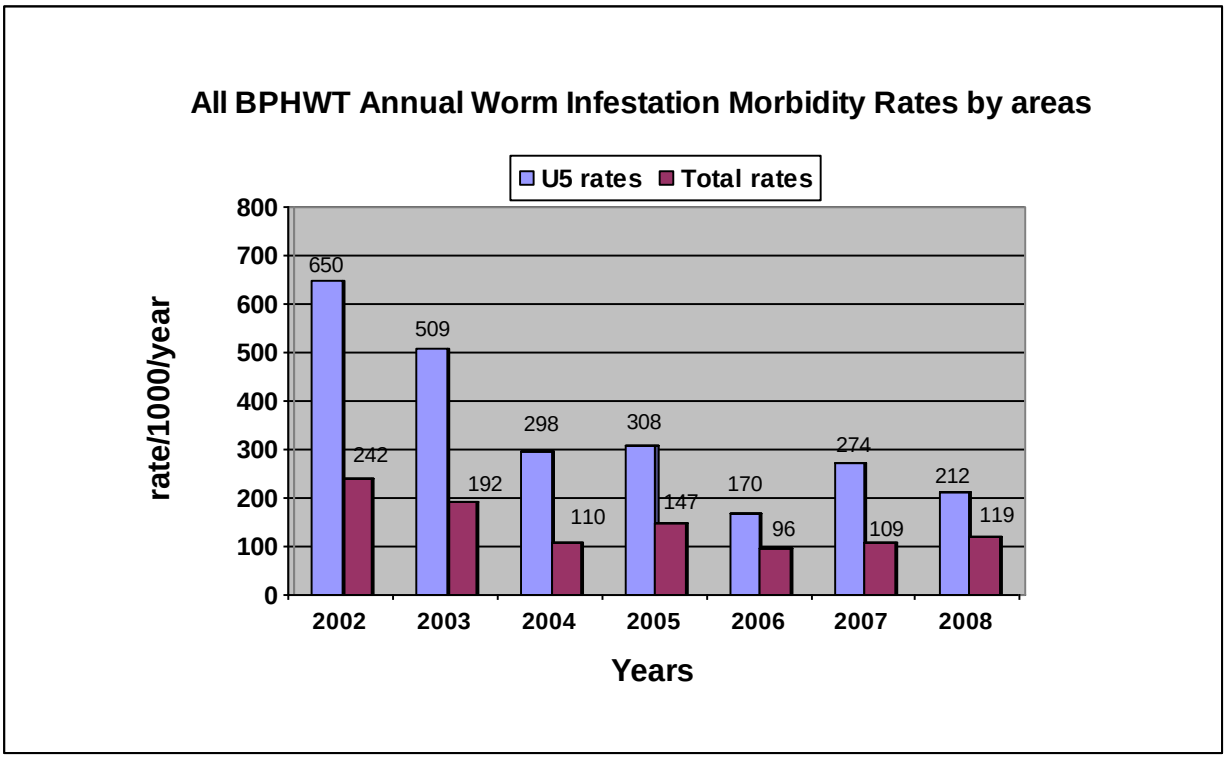

Annual total ARI(severe) Morbidity rates by areas
2002 2003 2004 2005 2006 2007 2008
rate/1000/year
Area
Kayah
Kayann
Taungoo
Kler Lwee Htoo
Tha Ton
Pa Pun
Pa An
Doopalaya
Kaw Karait
Win Yee
MaguelTavoy
Yee WN
Yee ChP

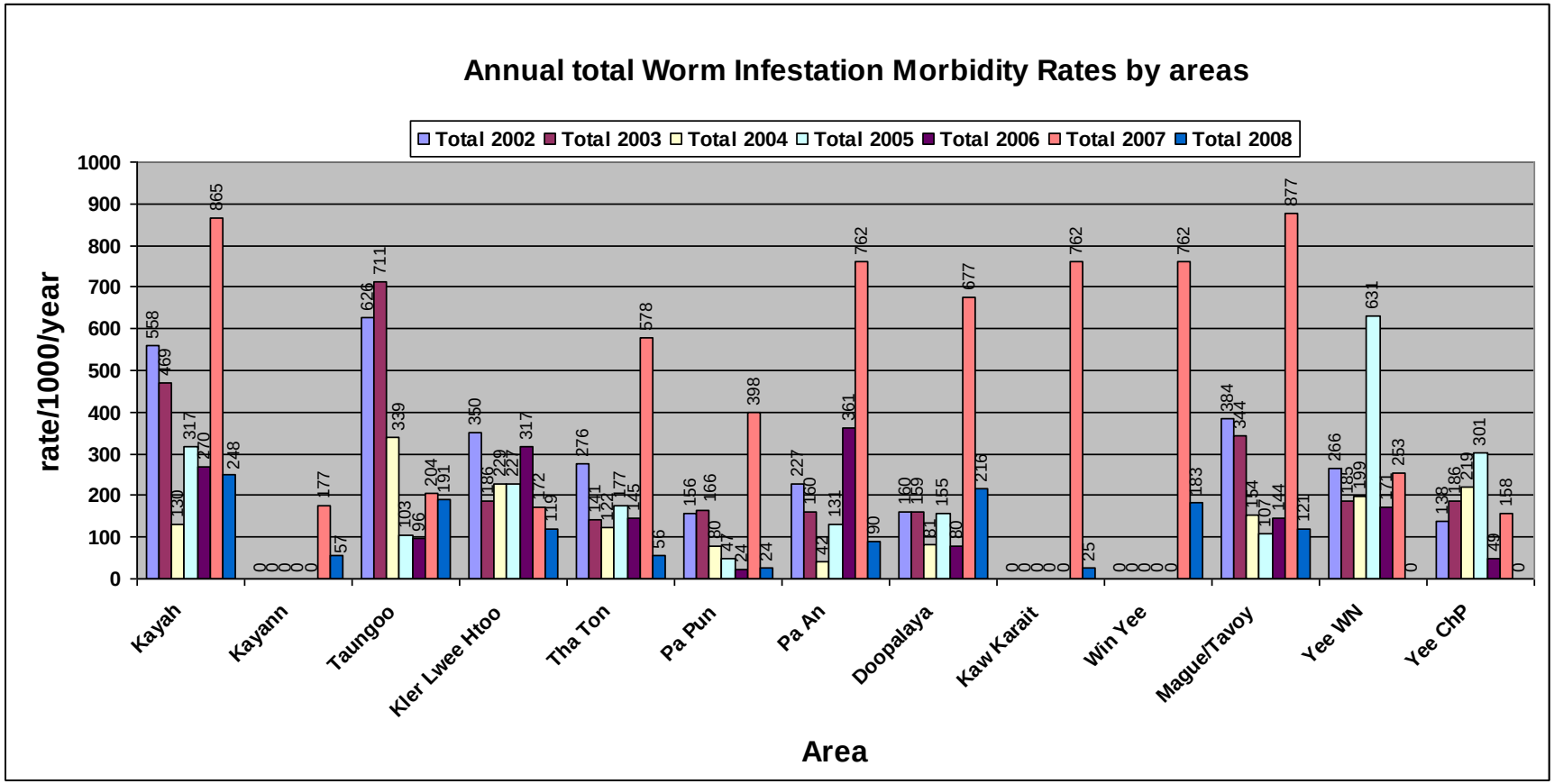
Worm

The BPHWT established a deworming program since 2003. 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.

Because of the distribution of deworming program, it can be seem morbidity rate of worm infestation was decreased.

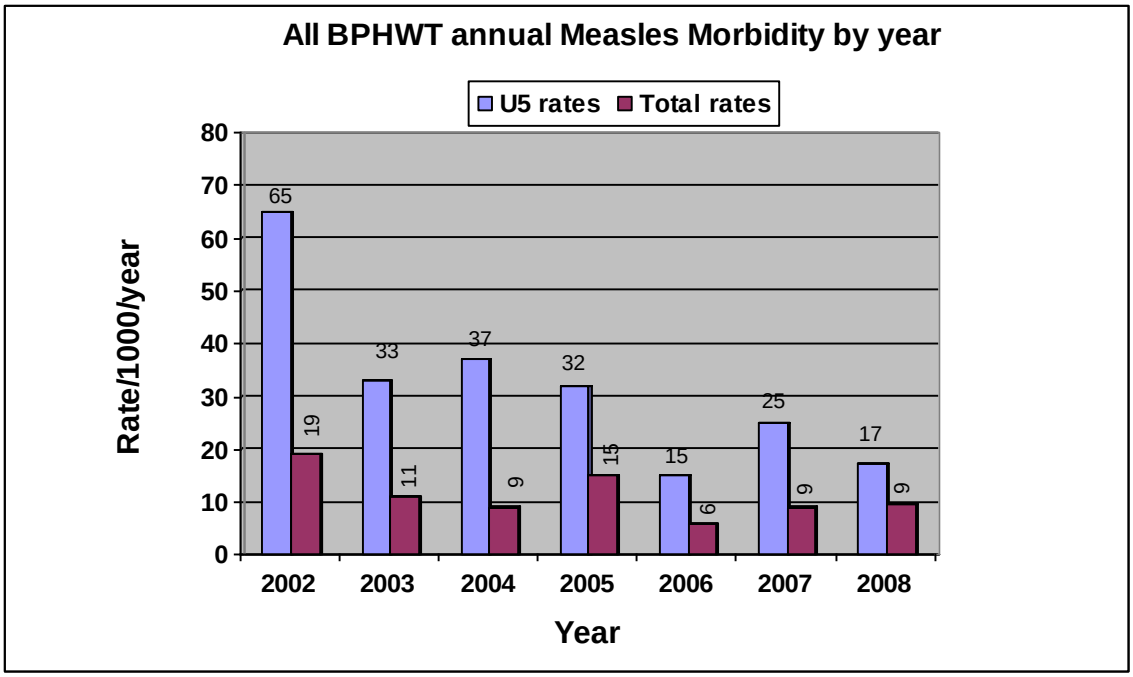
Worm infestation at Pa An area-2008




Annual total Worm Infestation Morbidity Rates by areas
Total 2002
Total 2003
Total 2004
Total 2005
Total 2006
Total 2007
Total 2008
rate/1000/year
1000
900
800
700
600
500
400
300
200
100
0
558 469 130 317 270 865 248
0 0 0 177 57
626 711 339 103 96 204 191
350 186 229 229 317 172 119
276 141 122 177 145 578 56
156 166 80 47 24 398 24
227 160 42 131 361 762 90
160 159 81 155 80 677 216
0 0 0 0 762 25
0 0 0 0 762 183
384 344 154 107 144 877 121
266 185 199 631 171 253 0
138 186 219 301 49 158 0
Kayah
Kayann
Taungoo
Kler Lwee Htoo
Tha Ton
Pa Pun
Pa An
Doopalaya
Kaw Karait
Win Yee
Mague/Tavoy
Yee WN
Yee ChP
Area

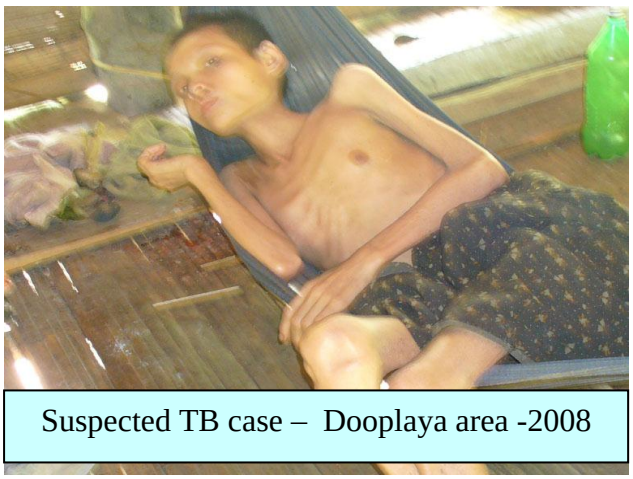
Measles

In 2008, the under five rate of measles morbidity decreased compared to last year. From 2002 to 2008 the under 5 Measles morbidity rate decreased by 74% and the total rate was decrease by 53%. Though the rates have declined, the BPHWT is attempting to address this continuing problem by either establishing their own vaccination programme or by coordinating with other groups to administer vaccinations.



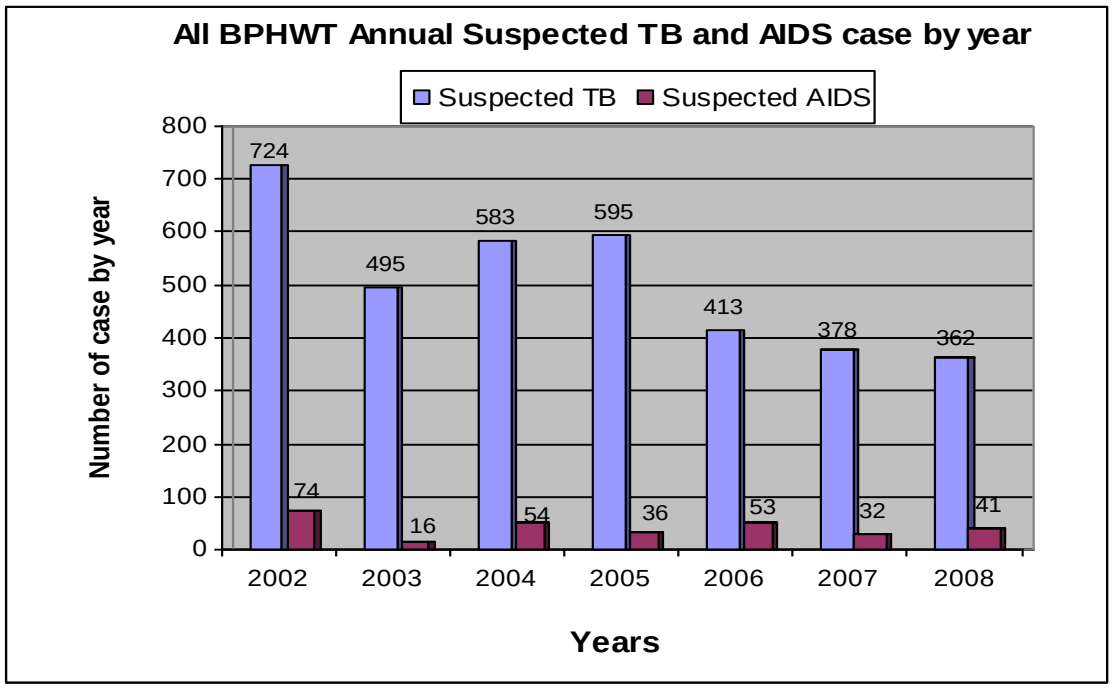
Suspected Cases AIDS and Pulmonary TB

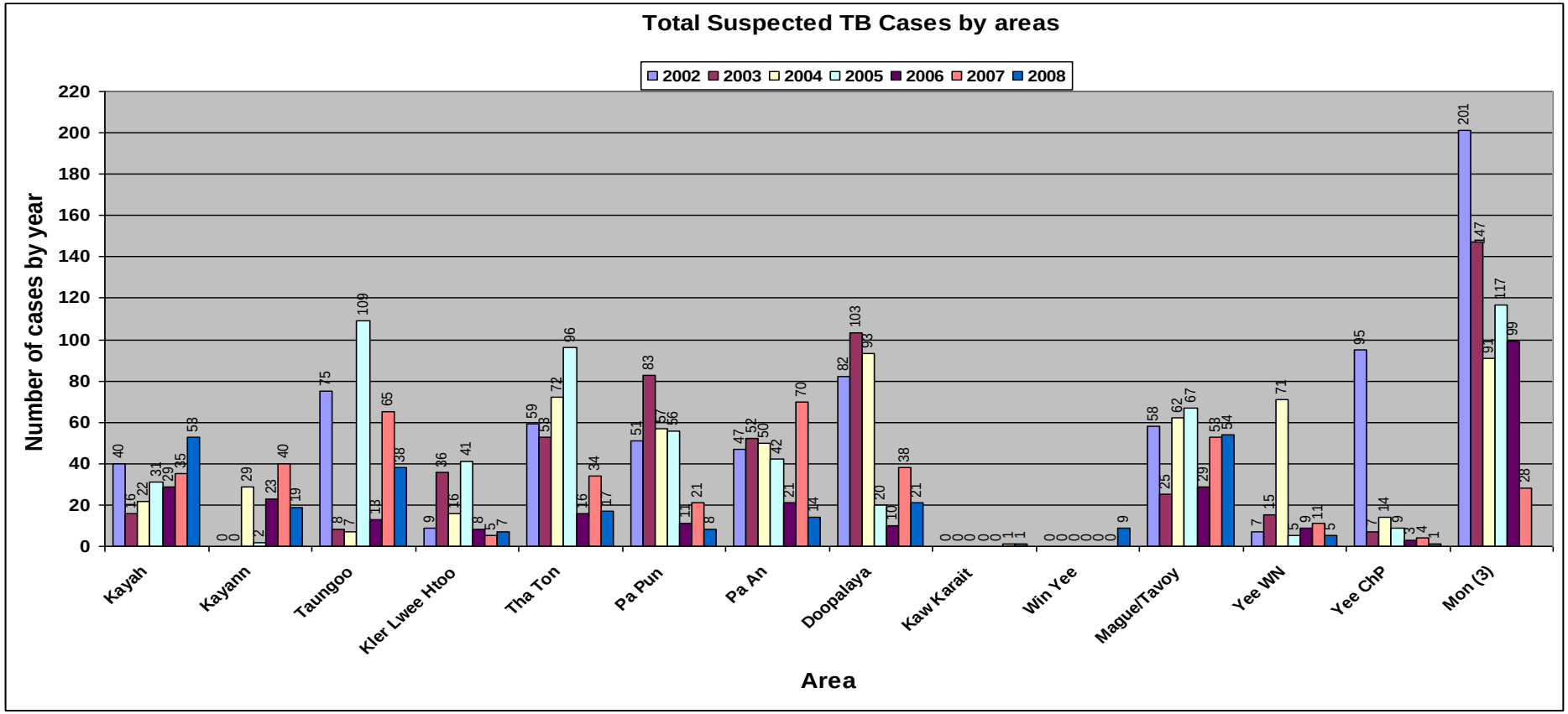
The total number of TB suspected cases seen in 2008 was 362. Health workers could not treat the suspected TB patients because Back Pack is not equipped to oversee a TB treatment program in Target, and the health workers are not prepared to manage a TB program or TB patients. TB patients need long treatment and should be receive appropriate care and oversight. Back Pack is not able to provide this level of sustained care as its activities are targeted in unstable areas.

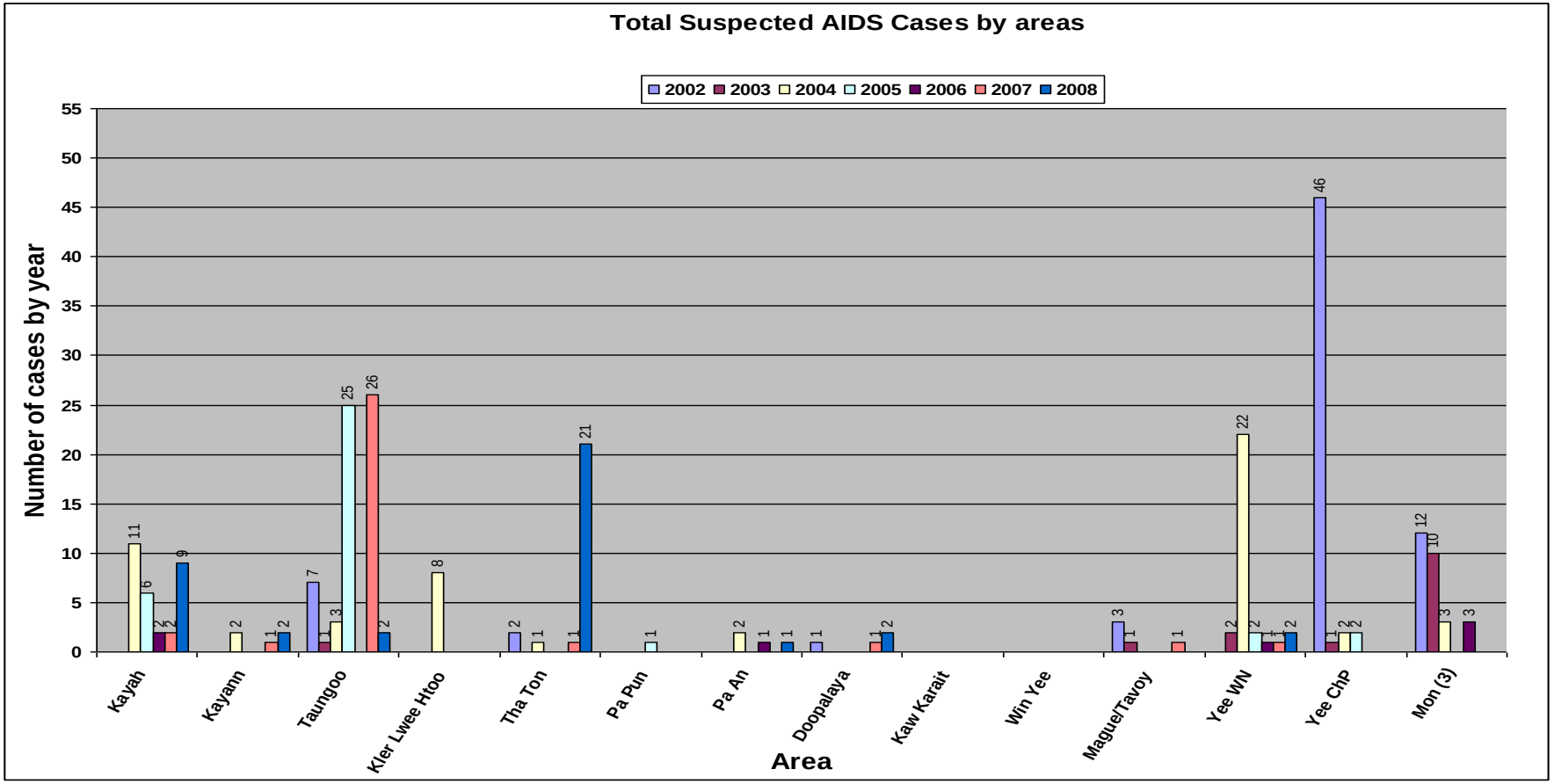


Suspected TB case – Dooplaya area -2008

Compared with 2007, the number of 2008 suspected TB cases have not decreased, but when compared with 2002, the number of suspected TB cases has decreased by 50%. And Suspected AIDS cases decreased by 45%. We suspect that one possibly reason for this decline is that TB and AIDS patients are dying because they cannot access treatment. 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.

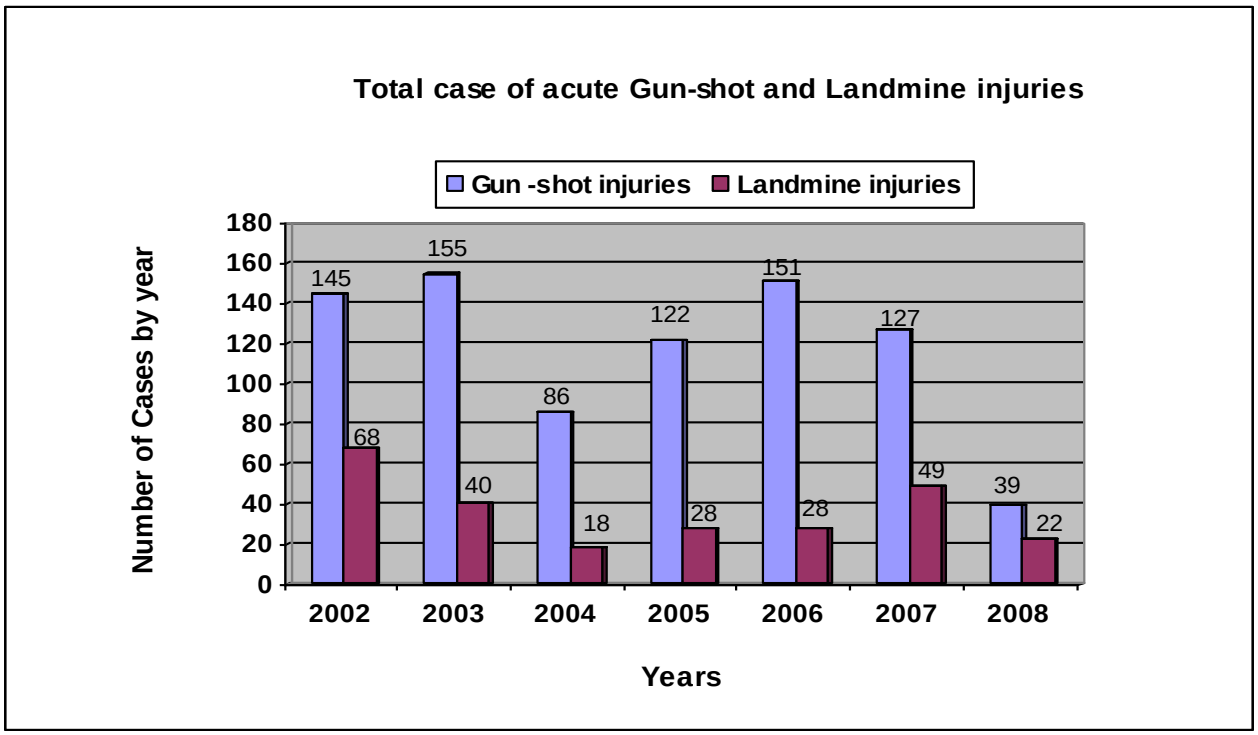

All BPHWT Annual Suspected TB and AIDS case by year
Suspected TB
Suspected AIDS
Number of case by year
800
700
600
500
400
300
200
100
0
724
74
495
16
583
54
595
36
413
53
378
32
362
41
2002
2003
2004
2005
2006
2007
2008
Years


Total Suspected TB Cases by areas
2002 2003 2004 2005 2006 2007 2008
Number of cases by year
Area
Kayah
Kayann
Taungoo
Kler Lwee Htoo
Tha Ton
Pa Pun
Pa An
Doopalaya
Kaw Karait
Win Yee
Mague/Tavoy
Yee WN
Yee ChP
Mon (3)

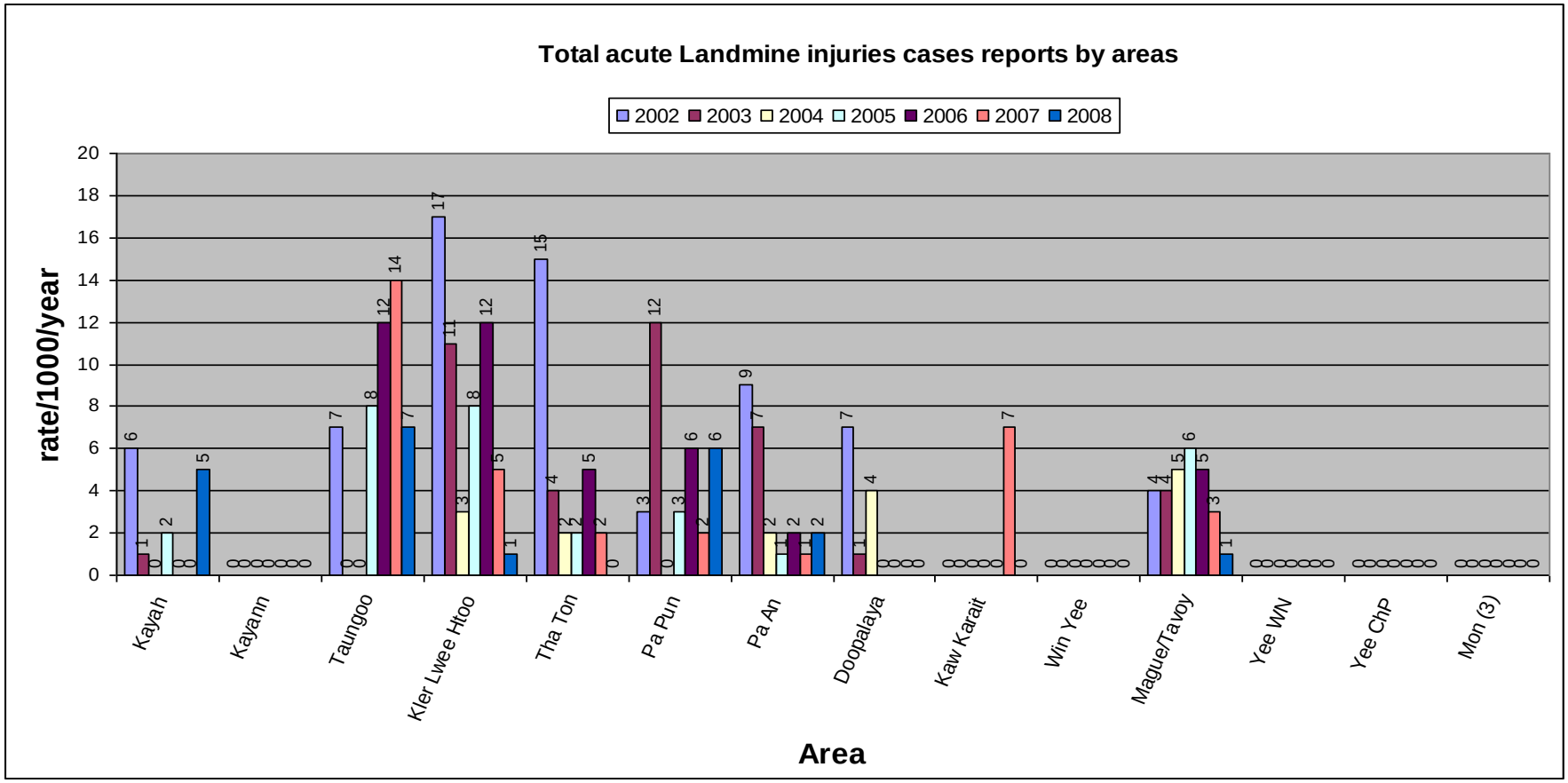

Total Suspected AIDS Cases by areas
2002 2003 2004 2005 2006 2007 2008
Number of cases by year
55
50
45
40
35
30
25
20
15
10
5
0
Kayah
Kayann
Taungoo
Kler Lwee Htoo
Tha Ton
Pa Pun
Pa An
Doopalaya
Kaw Karait
Win Yee
Mague/Tavoy
Yee WN
Yee ChP
Mon (3)
Area

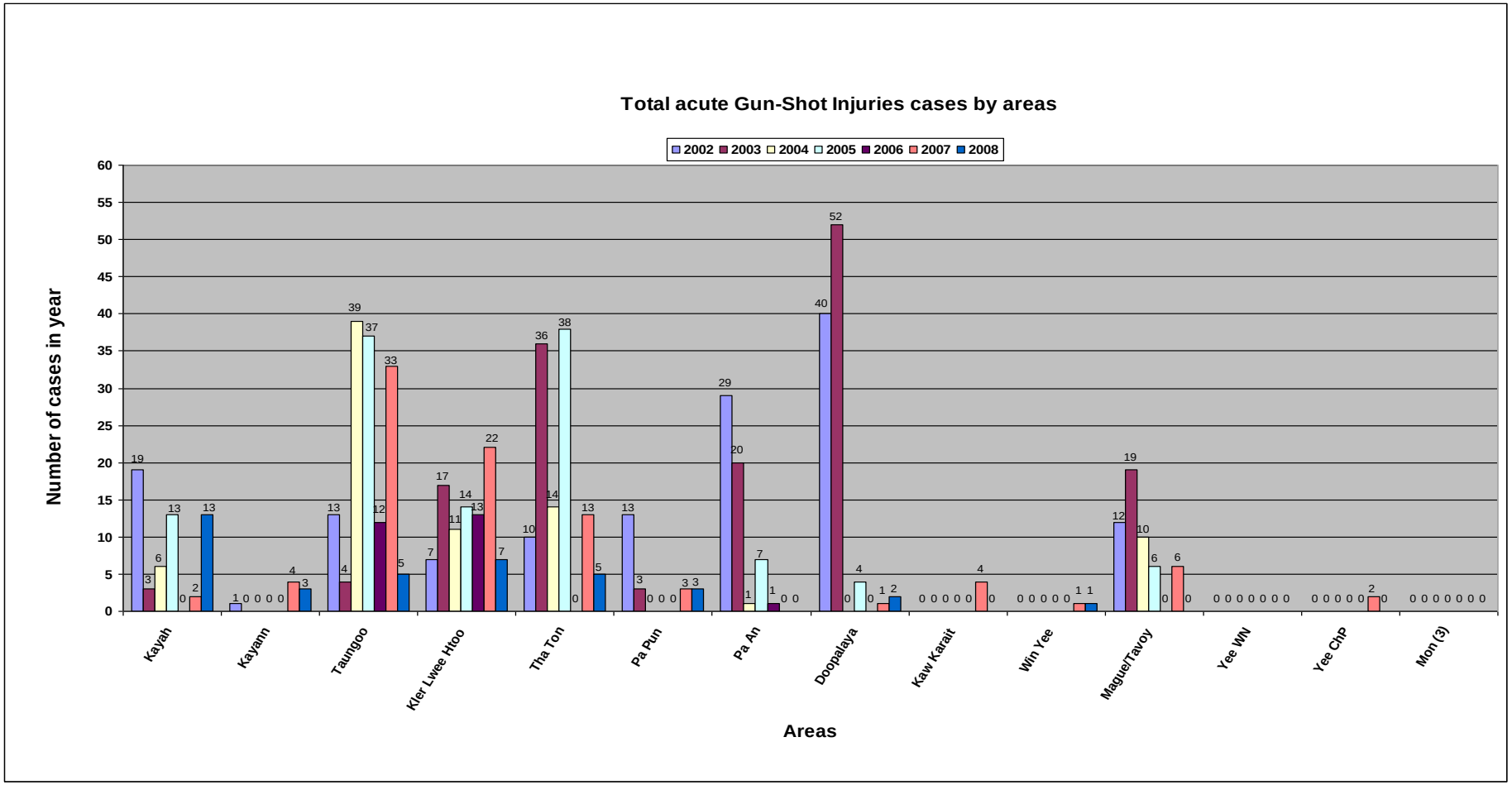
Acute Gun-shot and Landmine injuries

In 2008, the number of cases decreased because some cases were under recorded and some data was lost due to security problems although the situation was more unstable, especially in Kaw Ka Rite, Klwe Lwee Htoo and Toungoo areas. The SPDC attacked and the people fled to the jungle or other places of safety.



Landmine injured at Thaton - 2008


Total acute Landmine injuries cases reports by areas
2002
2003
2004
2005
2006
2007
2008
rate/1000/year
0
2
4
6
8
10
12
14
16
18
20
Kayah
Kayanm
Taungoo
Kler Lwee Htoo
Tha Ton
Pa Pun
Pa An
Doopalaya
Kaw Karait
Win Yee
Mague/Tavoy
Yee WN
Yee ChP
Mon (3)
Area


Total acute Gun-Shot Injuries cases by areas
2002 2003 2004 2005 2006 2007 2008
Number of cases in year
Areas
Kayah
Kayann
Taungoo
Kler Lwee Htoo
Tha Ton
Pa Pun
Pa An
Doopalaya
Kaw Karait
Win Yee
Mague/Tavoy
Yee WN
Yee ChP
Mon (3)

B. 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 populations 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;

Village Health Workshop in Special Area-08

- 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 1st 2008, the BPHWT organized World AIDS Day awareness raising activities for each back pack team and 6,789 people participated in the activities.

1). **School health activities**

In 2008, the BPHWT provided school health program for 254 schools including 708 teachers and 15823 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.


School health activities at Tha Ton Area-08

2). **Nutritional program**

The BPHWT distribute Vitamin A and in order to prevent malnutrition. In 2008, 23,197 children received de-worming medicine and 37,470 children received Vitamin A.

Number of children receiving Vitamin A 2008

Age	0-6 month		6-12 month		1-6 year		6-12 year		average Total
Term	Jan-June 1st term	July-Dec 2nd term	Jan-June 1st term	July-Dec 2nd term	Jan-June 1st term	July-Dec 2nd term	Jan-June 1st term	July-Dec 2nd term	
Kayah	141	160	616	612	1277	1294	1343	1235	3339
Kayan	231	42	257	87	338	125	275	151	753
Taungoo	164	373	164	489	369	676	596	936	1883
Klerlwitu	87	22	307	227	768	585	885	873	1877
Tha Ton	123	176	504	372	1432	1561	1908	2417	4246
Mutraw	400	301	674	477	1295	1391	1594	1836	3984
Pa An	75	286	317	517	487	587	660	1534	2232
Du Pla Ya	269	304	388	556	1108	1401	1828	1251	3553
KawKarake	41	93	75	132	211	232	179	292	627
Win Yee	51	40	174	126	477	557	1087	1250	1881
M/Tavoy	150	207	282	353	504	698	642	1166	2001
Mon (1)	91	161	114	154	271	368	406	545	1055
Mon (2)	69	83	133	115	252	216	407	237	756
Mon (3)	73	92	237	118	1853	1370	2409	1910	4031
Lah Hu	93	91	109	84	427	199	506	193	851
Shan	67	181	92	222	275	391	715	827	1385
Pa,O	5	0	14	0	24	0	43	0	86
Arakan	0	29	0	31	0	252	0	178	490
Special	206	162	402	218	918	935	1201	837	2440
Total	**2336**	**2803**	**4859**	**4890**	**12286**	**12836**	**16684**	**17668**	**37470**

De-worming (January to December 2008)

Area	First Term	Second Term	average Total
Kayah	1507	1503	1505
Kayan	593	290	442
Taungoo	1051	2366	1709
Kler Lwee Tu	1781	1684	1733
Tha Ton	2003	1845	1924
Pa Pun	2345	2912	2628
Pa An	1461	2144	1803
Duplaya	1656	1483	1569
KawKaKeik	339	583	461
Win Yee	651	765	708
Mergue/Tavoy	850	1640	1245
Mon (1)	858	713	786
Mon (2)	800	457	629
Mon (3)	3000	3280	3140
La Hu	977	326	652
Shan	373	922	647
Pa,O	86	0	86
Arakan	73	489	281
Special	1468	1034	1251
Total	**21872**	**24436**	**23197**

3). Water and Sanitation project

The Back Pack Health Worker Team established water and sanitation projects in 2005. In 2008, there is comprising are now 18 gravity flow_Water systems and 16 shallow well systems. The beneficiary population that has received water from these projects includes 1,375 house-holds composed of 7,421 people. BPHWT provided 12 school latrines and 1,770 village latrines in the year 2008. The BPHWT aims to provide 1 latrine to every 5 people in all areas.

Gravity flow water system in Pa Pun-2008

No	Area	Gravity			Shallow Well			Latrine			School Larine		
		No	hh	pop	No	hh	pop	No	hh	pop	No	School	Student
1	Chin							120	133	892			
2	Doo Pla Ya	1	48	288				100	100	647			
3	Kaw Karite	2	96	468				100	100	470			
4	Kayah							100	100	498			
5	Kayann							50	64	298			
6	Kler Lwee Htu							50	50	265			
7	La Hu							50	95	539			
8	Mergue/Tavoy				1	17	92	150	150	752	12	5	518
9	Mon (1)				1	15	68	50	50	255			
10	Mon (2)							50	50	245			
11	Pa An	7	631	3093	6	115	839	300	300	1571			
12	Pa Pun	7	286	1675	1	16	84	300	300	1528			
13	Shan							100	210	1148			
14	Special 6				2	39	219						
15	Special 7	1	30	158	3	30	186	100	100	634			
16	Tha Ton				2	52	251	100	100	551			
17	Win Yee							50	45	229			
	Total	**18**	**1091**	**5682**	**16**	**284**	**1739**	**1770**	**1947**	**10522**	**12**	**5**	**518**

4). Village Health Volunteer Training and Workshop

The objective of BPHWT is to train and provide 10 village health volunteers for each back pack team, targeting a population of 2,000. The BPHWT has 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 cover topics such as water sanitation and disease prevention.

The focus is typically on 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.

Village Health workshop - Pa An area -08

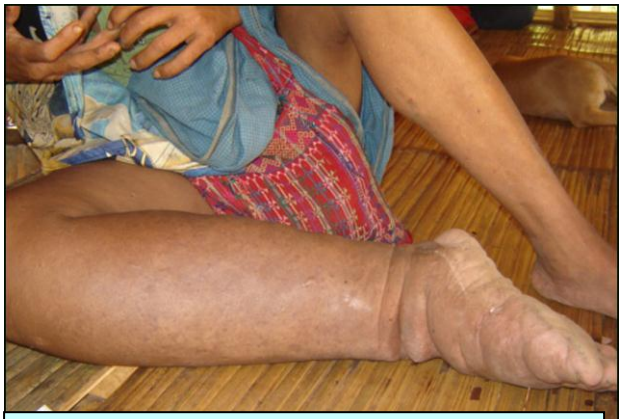
The occurrence of workshops depend on community security and available time, but generally last about three sessions for each backpack team. Workshops usually involve small group discussions then topics are bought back to the main group for general discussion. In 2007, 11,875 people attended village health workshops. 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 others 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 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 2008

Area	Teachers		Students		TBAs		CHWs		VHV		Shop Kepers		Religion leaders		WomenOrg		Youth Org		Village leaders		Villagers		Authorities		
	Jan-June08	July-Dec 08	Jan-June08	July-Dec 08	Jan-June08	July-Dec 08	Jan-June08	July-Dec 08	Jan-June08	July-Dec 08	Jan-June08	July-Dec 08	Jan-June08	July-Dec 08	Jan-June08	July-Dec 08	Jan-June08	July-Dec 08	Jan-June08	July-Dec 08	Jan-June08	July-Dec 08	Jan-June08	July-Dec 08	Total
Kayah	23	24	64	65	32	27	36	22	32	38	19	20	17	16	22	15	65	60	37	43	96	117	13	18	**921**
Kayan	14	18	326	317	31	27	18	7	28	18	13	10	23	26	190	53	416	53	157	20	247	352	6	28	**2398**
Taungoo	8	7	150	32	9	6	5	5	18	4	1	0	5	3	17	9	40	13	9	16	40	48	16	4	**465**
Kler Lwee Tu	13	17	74	196	12	14	12	11	12	16	5	5	8	8	11	14	13	16	15	11	132	125	9	8	**757**
Tha Ton	31	24	169	122	50	40	24	16	37	45	28	23	19	7	15	14	16	8	28	24	525	361	21	9	**1656**
Pa Pun	17	6	71	26	29	9	21	9	40	6	11	1	11	4	11	2	16	1	28	11	464	90	39	5	**928**
Pa An	19	0	7	0	26	0	18	0	12	0	11	0	8	0	22	0	24	0	28	0	260	0	11	0	**446**
Du Pla Ya	19	15	26	76	38	25	24	23	29	17	14	15	8	11	9	7	16	13	26	23	186	160	23	18	**821**
Kaw Karate	11	11	19	85	15	24	9	8	12	19	3	2	5	8	0	0	0	2	17	21	64	39	3	7	**384**
Win Yee	25	11	40	24	18	10	11	8	1	0	10	11	6	7	8	10	6	7	17	23	59	119	2	9	**442**
Mergye/Tavoy	11	17	96	69	22	41	14	53	20	13	11	23	17	30	20	26	18	29	29	55	227	240	20	34	**1135**
Mon(1)	6	13	0	94	10	11	9	16	0	0	2	6	10	11	10	0	37	107	12	20	85	274	7	5	**745**
Mon(2)	4	16	0	52	4	11	6	12	0	0	1	4	6	12	0	6	20	131	7	20	100	208	4	8	**632**
Mon(3)	17	0	0	0	21	0	21	0	0	0	0	0	0	0	0	0	31	0	32	0	715	0	0	0	**837**
Lahu	4	3	0	12	10	4	4	4	0	0	4	6	7	2	10	0	18	0	16	4	79	37	3	4	**231**
Shan	10	0	40	0	0	0	0	0	0	0	16	0	9	0	39	0	45	0	18	0	101	0	9	0	**287**
Pa,O	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**
Arakan	0	2	0	26	0	0	0	1	0	0	0	0	0	3	0	14	0	0	0	6	0	20	0	3	**75**
Special	10	13	4	8	20	12	9	11	20	7	5	3	19	11	6	2	30	22	20	22	76	76	9	4	**419**
	242	**197**	**1086**	**1204**	**347**	**261**	**241**	**206**	**261**	**183**	**154**	**129**	**178**	**159**	**390**	**172**	**811**	**462**	**496**	**319**	**3456**	**2266**	**195**	**164**	**13579**

5). Lymphatic filariasis pilot Program

BPHWT implemented a Lymphatic Filariasis pilot Porgram in Kler Lwee Htoo, Mutraw and Tja Ton area. The purpose of implemented this pilot is to prevent infections by treating people with the disease to prevent transmission. The Back Pack Team started the LF pilot in these three areas because more symptoms such as lymphadema and hydrocele have been found in those three areas. In January to July 2008, health worker screened 100 people in each area using ICT card tests, and the numbers of positive results were high in those three areas. The percentage or positives are recorded in the table below.



Lymphatic filariasis case at Pa Pon area-08

According to screening results, high disease prevalence was identified in Pa Pon (Mu traw area). 71% of those tested were positive in that area. From July to December 2008, BPHWT conducted training for MDA (Mass Drug Administration) for Pa Pon area and after training, implemented MDA in Pa Pon area. The result of MDA is as the table below.

The table shows that half of the people targeted for MDA ingested Medicine and half did not. In 2009, health workers will try to cover the rest of people in Pa Pon (Mu traw), and Back Pack Health Worker Team will try to extend MDA to Kler Lwee Htoo and Tha Ton areas.

LF Data analysis for Screening with 100 ICT in Kler Lwee Htoo, Pa Pun and Tha Ton (Jan to Jun 08)			
Area	**ICT**	**No of +**	**%**
Klerlweetu	100	17	17%
Papun	96	68	71%
Thaton	101	43	43%
Total	297	128	43%

Area	**Total population**	**Total population ingested medicine**	**Ingest Medicine per age**		
			2-5	6-14	Over 14
Papun	7269	3239	502	769	1968
MDA coverage			45%		

C. 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 591 are working with Back Pack Health Worker Team in 2008. BPHWT assisted with 3,154 births by Traditional Birth Attendants, of these 3,095 were live births, 63 still births or abortions, 69 were neo-natal death and there were 13 maternal deaths.

MCH Program at Pan Pon (2008)

TBA Training

In 2008, the BPHWT organized 9 TBA training sessions including 79 TBAs related to the MCH program.

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 2008, the TBA workshops were organized 105 sessions comprised of 525 TBAs.

ANC care by TBA in Chin area (2008)

Total Deliveries by TBA in 2008

No.	Area	Delivery	Live Birth	Still Birth/ abortion	Neonatal death	Maternal death
1	Kayah	251	242	9	8	1
2	Kayan	137	129	8	3	0
3	Special area	123	121	4	2	0
4	Taungoo	0	0	0	0	0
5	Klew Lwee Htu	163	162	1	3	0
6	Tha Ton	275	268	7	6	2
7	Pa Pun	514	504	10	27	6
8	Pa An	288	284	4	2	0
9	Doo Pla Ya	282	276	6	5	1
10	Kaw K'Reik	66	66	0	0	0
11	Win Yee	202	198	4	6	2
12	Mergue Tavoy	313	312	1	1	1
13	Mon (1)	31	31	0	0	0
14	Mon (2)	47	44	3	0	0
15	Mon (3)	167	165	4	2	0
16	Shan	73	72	1	2	0
17	La Hu	115	114	1	2	0
18	Pa O	0	0	0	0	0
19	Chin	107	107	0	0	0
20	Arakan	0	0	0	0	0
	Total	3154	3095	63	69	13

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.

ANC care by TBA in Chin Area (2008)

The BPHWT provided family planning services to 2,527 people, of whom 2,325 were women and only 202 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.

Family planning activities January to December 2008

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	166	17	149	3	95	68	54	112	109	37	20	122	144	440
2	Kayan	87	0	87	1	62	24	55	32	22	41	23	40	279	880
3	Special area	67	2	65	1	40	26	25	42	49	16	2	89	58	60
4	Tangoo	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Klew Lwee Htu	37	0	37	0	17	20	9	28	15	18	4	36	79	104
6	Tha Ton	411	0	411	0	154	257	125	286	300	105	6	554	622	444
7	Pa Pun	163	1	162	0	59	104	67	96	110	51	11	209	308	153
8	Pa An	279	11	268	2	148	129	111	168	136	104	37	196	350	996
9	Doo Pla Ya	330	8	322	4	180	146	214	116	194	106	32	397	605	847
10	KKR	62	0	62	2	42	18	21	41	34	25	0	58	117	0
11	Win Yee	122	2	120	0	75	47	68	54	51	43	31	83	208	379
12	Merque Tovay	138	3	135	3	87	48	54	84	76	61	2	150	345	174
13	Mon (1)	72	20	52	39	24	9	41	31	44	24	4	78	98	72
14	Mon (2)	79	24	55	52	27	0	30	49	49	26	0	94	100	0
15	Mon (3)	297	18	279	40	188	69	158	139	156	141	0	201	251	0
16	Shan	109	17	92	27	72	10	33	76	55	55	15	104	291	450
17	La Hu	108	14	94	2	73	33	89	19	61	32	15	133	120	157
Total		**2527**	**137**	**2390**	**176**	**1343**	**1008**	**1154**	**1373**	**1461**	**885**	**202**	**2544**	**3975**	**5156**

Pre and Post natal distribution of De-worming, Ferrous sulphate, Folic Acid and Vit A

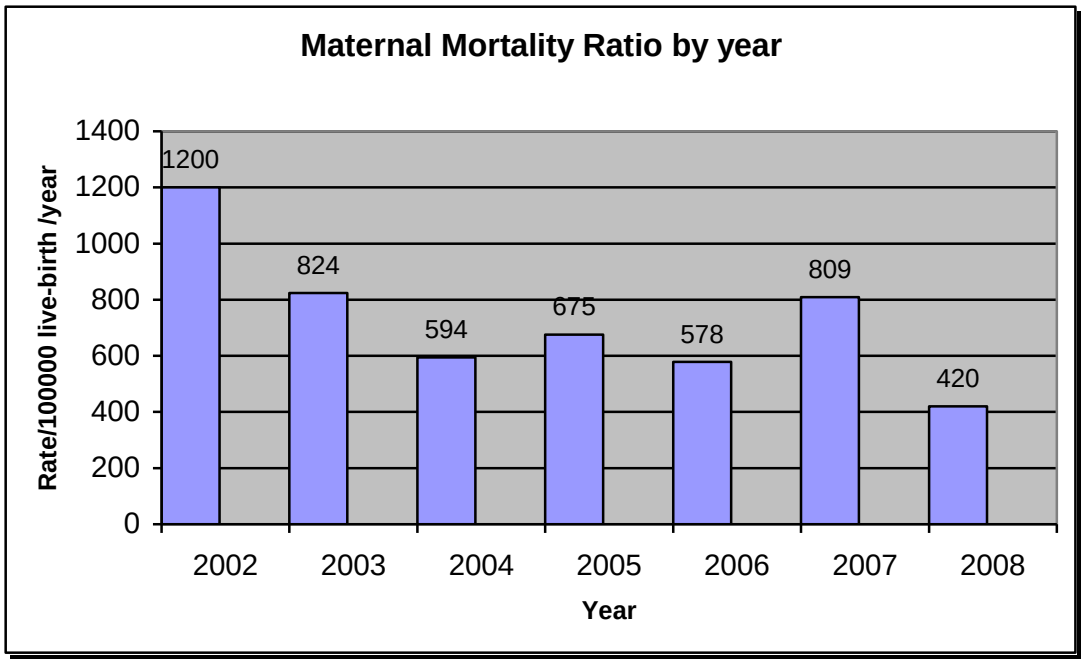
No	Area	De worm	Receipt F/S F/A	No of patients Receipt Vit A	
				Mother	0-6 m
1	Kayah	98	231	113	254
2	Kayan	70	121	70	295
3	Special area	86	125	80	231
4	Tangoo	0	0	0	164
5	Klew Lwee Htu	60	166	68	155
6	Tha Ton	157	264	168	288
7	Pa Pun	239	546	193	590
8	Pa An	142	285	140	216
9	Doo Pla Ya	107	225	117	385
10	KKR	54	66	53	95
11	Win Yee	62	128	62	114
12	Merque Tovay	251	410	154	304
13	Mon (1)	0	31	0	91
14	Mon (2)	0	47	0	69
15	Mon (3)	94	221	92	165
16	Shan	24	68	28	96
17	La Hu	53	115	52	145
18	Arakan	0	0	0	0
19	Chin	0	89	0	0
20	Pa O	0	0	0	5
Total		1497	3138	1390	3662

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

Generally the maternal mortality ratio amongst women treated by BPHWT 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 30.7% obstructed labor 15.4%, eclampsia 15.4% and others 38.5%. Neonatal mortality rates amongst deliveries attended by BPHWT have decreased when comprising with previous year.

BPHWT still needs to conduct TBA training to recruit old TBA and to increase coverage. And BPHWT still needs to conduct TBA workshop to update TBA skills and knowledge, which will increase the implementation of safe birthing practices and improve the maternal and child health.

	2000	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**
Total Deliveries	115	324	2201	1517	1432	2297	2693	3463	3156
Live- birth	101	296	2066	1457	1347	2222	2594	3337	3095
Still-birth/abortion	14	28	135	60	84	81	103	134	63
Neonatal Death	N/A	N/A	52	32	47	73	94	117	69
Mother Death	N/A	N/A	21	12	8	15	15	27	13
Low Birth Weight	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	237



D. Capacity Building Program

The BPWHT Members attended and organized conferences, seminars and training workshop in 2008. These include:

- Health In formation System organized by BPHWT, BMA,MTC and KDHW Mae Sod 16/5/08
- Community Health Worker training organized by BPHWT/MTC 18/5/08-18/11/08
- Monitoring visit by IRC 14/5/08
- Process of emergency relief training organized by EAT 20/5/08-21/5/08
- RC coordination meeting organized by MTC , ARC, BPHWT and BMA 23/5/08, 17/7/08, 19/9/08,24/9/08
- Capacity Building Coordination Meeting organized by IRC 28/5/08 and 26/11/08
- Transactional Justice workshop organized by HREIB 10/5/08
- Severe Malaria Workshop organized by SMRU 14/6/08 and 26/11/08
- HIS follow up workshop organized by GAPH 14/6/08 and 26/7/08
- Strategic planning training organized by IRC-ICB 15-17/7/08
- SPSS training organized by GAPH 4-9/8/08
- Training of Trainer of How to use Access organized by GAPH 13-20/10/08
- Cross Border organization quarterly Meeting organized by IRC 6/11/08

8. Seminar Workshop and Meeting

The BPHWT held its semiannual meeting and program workshop session from February 9th to February 12th, 2009. This term there were three kinds of program workshops. There was a Medical Care Program workshop, a Community Health Education and Prevention Program workshop, and a Mother and Child Health Care Program workshop. The BPHWT program coordinators conducted the program workshops. The program workshops were held from the 2nd of February to the 6th of February. The discussion topics and schedules for the workshops were as follows.

Seminar Workshop and Meeting - 2008

Date	**Events**	**Facilitator**
02-03/Feb/2009	MCP Workshop • Malaria • Log book review • Cash definition • RH Case • Review of Data Form MCH Workshop • Data Form • Report Form • Baby Weight • Kits • Case Study (PPH, APH) • Eye glass report form CHEPP Workshop • PHC concept • VHVs Responsibility • CHEPP monitoring form • Review of CHEPP Data Form • Universal Precaution • Village Health Committee	Program Coordinators
04/Feb/2009	LF workshop/ IPIP report review	CHEPP Coordinator
05/Feb/2009	Leading Group Meeting with all field in charge	All of Leading Group Members
06/Feb/2009	IPM Workshop	All BPHWT members

Workshop

(a) Medical Care Program Workshop

Duration : : 2/2/09 to 3/2/09
Facilitated : : Nai Aye Lwin and Saw Win Kyaw.
Participants : : 21 people

MCP Workshop - 2008

Topic discussion

1) Malaria
2) VHV Job description
3) RH case definition
4) Log book review
5) Report form review

Recommendation

1) To analyze 20 log books which have been submitted
2) To analyze the log book in-field and to submit it to the semiannual meeting
3) Discussed using Oxytocin to manage emergency obstetrics problems in the in-field workshop and to submit the results to the coming semiannual meeting
4) To use As7D7 for over 8 years old children and adult
5) To use MAs3 for under 8 children
6) To use Q7 for first trimester of pregnant women and use As7 for second and third trimester of pregnant women
7) To discuss malaria data forms and Para-check in the field workshop and to make sure that every health worker can understand and use it properly
8) To discuss and make sure about inventory of using Para-check and (+) and (-) of Para-Check
9) To discuss with KDHW about Malaria Control Program in Back Pack areas and to submit the results to next semiannual meeting.
10) To draw up VHV Malaria Follow-up form
11) When a VHV refers a patient directly to a Health Worker, the VHV has to be responsible for communication
12) When counting person day, include the first day the health worker arrived and the day the health worker left the village
13) To fill out White Discharge, Abortion, PPH, Pre-eclampsia, and Sepsis in form A.
14) To discuss whether the currently used treatment of Typhoid is still effective or not in the field workshop
15) To discuss the results of field meeting and field workshop at the next semiannual meeting
16) To write field meeting and field workshop reports at the same time as field in charge reports, and also collect the number of people who attended.
17) To discuss patient referral (Form F) at the next semiannual meeting
18) To change pregnancy column and HCG column in Malaria Data form
19) For Vitamin A, will discuss whether or not to continue giving Vitamin A to children under 6 months of age at the meeting.

(b) Mother and Child Health Care Program Workshop

Duration : : 2/2/09 to 3/2/09
Facilitated : : Thaw Thi Paw
Participants : : 17 people (6 Males & 11 Females)


MCH workshop - 2008

Topic discussion

1. Bleeding
   - Bleeding in early pregnancy (Abortion)
   - Bleeding in Late pregnancy (APH)
   - Bleeding after delivery (PPH)
2. MCH supervisor report
   - Data (different_)
   - Family planning (Less using)
   - Kit supplies (Change)
   - Delivery record (different_)
   - TBA workshop / TBA training

Recommendation

1) To discuss Bleeding in the field workshop
2) To discuss MCH danger signs (during pregnancy, post antenatal and infant) at the TBA workshop
3) TBAs have to visit and educate pregnant women who they are responsible for for 3 hours.
4) To weigh infants within 5 days after delivery
5) To coordinate increased collaboration between TBAs and VHVs in villages in order to get more birth record.
6) To discuss contraception in Village Health Workshops
7) To record the trainees who attend on behalf of their areas.
8) To use Folic C instead of using F/S / F/A in Maternity kit
9) To conduct (57) TBA workshops. (except Mon 1,2,3)
10) To conduct (3) TBA trainings.
11) To provide scales to replace those that were damaged. (4 weights for Ngaung Lay Pin area).

(c) Eye Glass Workshop

Duration : : 28/01/09
Facilitated : : Thaw Thi Paw, Dr-Jerry and Ko Myint Soe
Participants : : 24 people

Topic discussion

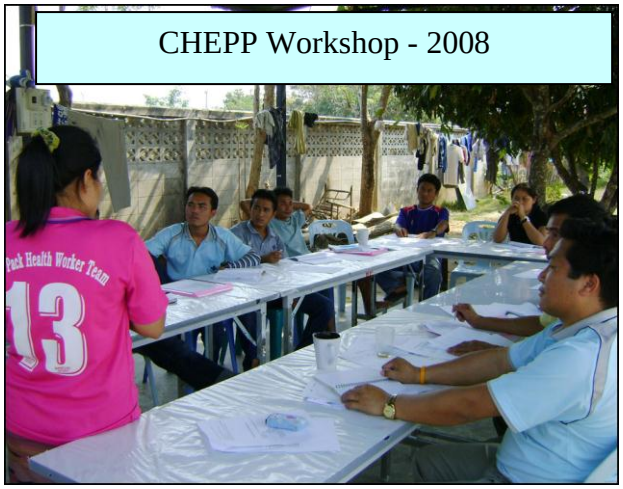
- Basic eye anatomy
- Checking vision
- Pinhole making
- Refraction(Distance and reading)

Recommendation

1) To implement eye glasses training in the areas which have TBAs.
2) Only the Health Worker who attended the Eye Glass Workshop can test the TBAs.

(d) CHEPP Workshop

Duration : : 2/2/09 to 3/2/09
Facilitated : : Wah May Say and Thara Hser Nay Moo
Participants : : 10 people



Topic discussion

- PHC concept
- VHV responsibilities
- School Health
- Village Health Committee
- Monitoring Form for VHV
- Review of CHEPP Data Form
- Water and Sanitation and General

Recommendation

1) According to the first term decision in 2008, health workers from Lahu and Shan areas have to meet with Hser Nay Moo in order to have VHV and TOT trainings.
2) Will use only the exiting number of VHV in the first term of 2009

The VHV Responsibilities are

1. To provide Vitamin A – Deforming
2. Malaria follow up treatment
3. To record school lists
4. To record the population
5. To conduct Home visits
6. To monitor water and sanitation systems

In this term, MCP Coordinators need to create a Malaria Follow-Up Treatment form and provide to the VHVs.

3) To provide first-time VHVs with the following

- Shoes
- Touch lights and battery
- Soaps
- Toothpaste
- Toothbrush
- Plastic Cover

- To create an attendant list in the VHV Workshops so that each of VHV have to take responsibility for 3 to 5 malaria follow-up treatments.
- To provide a Water/Sanitation Monitoring Form, and a Home Visit Form to the VHVs.

4) Village Health Volunteer Workshop topics were

- VHV responsibilities
- PHC Concept
- The form that concerns VHV
- The test for VHV

- Pre Test
- Malaria
- ARI
- Diarrhea
- Sign of Dehydration
- Hand washing
- How to make ORS
- To explain about Worm Infection
- Post Test
- Get agreement with Health worker who attended the semiannual meeting and create pre- and post-test

5) To provide (5) School Water filters to Kler Lwee Htoo area, (3) to Doo Pla Ya area and (2) to La Hu area.

(6) To collect School data once a year, and in the first term of 2009, to provide

a) two hair cutters

b) two hair clipper to every back

(7) To provide 8 school latrines to Shan area, 10 to Lahu area, 14 to Doo Pla Ya area, 10 to Kaw Ka Rite area, 50 to Toungoo area, 60 to Pa An area and 22 to Myeikk/Tovoy area

(8) To provide 200 hundred village latrines to Shan area, 200 to Kler Lwee Htoo area, 650 to Doo Pla Ya area, 100 to Kayann area, 500 to Tha Ton area, 100 to La Hu area, 200 to Kayah area and 20 to Pa An area

(9) To provide 17 shallow wells to Kler Lwee Htoo area, 4 to Doo Pla Ya area, 3 to Kayah area, 1 to Win Yee area and 5 to Pa Pon area

(10) To provide 2 Gravity Flow Water System to Shan area, 1 to Kaw Ka Rite, 3 to Doo Pla Ya area, 1 to La Hu area and 2 to Kayah area

(11) To encourage the villages that does not have village health committees to form a village health committee

(12) According to second term 2008 semiannual meeting decision, in 2009, Will conduct:

a) one VHV training in Kler Lwee Htoo area
b) one VHV training in Pa Pon area
c) one VHV training in Tha Ton area
d) one VHV training in Pa An area

(13) To implement LF Pilot Project in Kler Lwee Htoo area and Tha Ton area

(e) LF workshop

This workshop was held on 4/2/09 at the Back Pack office and was facilitated by Wah May Say. There were 8 health workers who attended the workshop. They were from Pa Pun, Kler Lwee Htoo, and Tha Ton areas. There were two sessions of the LF workshop, a morning and afternoon session. During the morning session, the facilitator gave a power point presentation that covered an LF introduction, Care for people with the disease, ICT card test, MDA and how to fill the forms. The discussion topics in the evening session were

a) The problems encountered in MDA and Screening with the ICT card test
b) Were the Medical supplies adequate?
c) How health workers managed side effects
d) Future Plans
e) Distributed LF supplies

After the workshop, the recommendation were

1) To conduct MDA (Mass Drug Administration) in Kler Lwee Htoo and Tha Ton area
2) To distribute more medicine to manage side effects
3) To provide health materials such as leaflets, a VCD and posters
4) To educate people for increased involvement in MDA

9. 21st Meeting of Back Pack Health Worker Team

Back Pack Health Worker Team held its regular semiannual meeting, which was the 21st Back Pack meeting of its kind. The meeting occurred from February 9, 2009 to February 12, 2009 in Mae Sod at the BPHWT office. There were 72 participants, comprised of 51 male and 21 female health workers. One week before the meeting started, the data team entered, quality checked, and analyzed the data in preparation of the event. During the meeting, the leading group committee especially focused on the monitoring and evaluation session. The leading group committees discussed the data within a programmatic perspective to monitor events taking place in the field. After the analysis, they discussed how to improve data collection methods. During the meeting, the leading groups also offered advice on health issues which the health workers could not solve by themselves, and gave suggestions for future plans. The purpose of this workshop was to discuss the health worker experiences in field, to share knowledge, to discuss not only which activities were or were not implemented, bur also why activities were not able to be implemented, to compare the outcomes to the last meeting's overall plans, and to share difficulties encountered in field. After the meeting, the committee discussed possible ways to handle the problems encountered and made decisions on how to take action.

The meeting and seminar agenda are shown in the table below.

Schedule of BPHWT's 21st Semiannual General Meeting

Day (I) { 09/02/2009 }		
Time	**Description of Presentation**	**Responsibility**
09:00 - 09:15 AM	Opening speech	Dr. Cynthia Maung
09:15 - 10:15 AM	Review on Decisions of 20th Meeting and Discussion	All members of BPHWT
10:15 - 10:30 AM	**Coffee Break**	
10:30 – 10:50 AM	Kayan Area Field In charge Report	Kayan Field In-charge
10:50 - 11:10 AM	Kayah Area Field In charge Report	Kayah Field In-charge
11:10 – 11: 30 AM	Shan Area Field In charge Report	Shan Area In-charge
11: 30 – 11:50 AM	Lahu Area Field In charge Report	Lahu Field In-charge
11:50 – 12:30 PM	Discussion and question on four areas report	All participants
12:30 – 13:30 PM	**Lunch Break**	
13:30 – 13:50 PM	Tha Ton Area Field In charge Report	Tha Ton Field In-charge

13:50 – 14:10	PM	Taung Ngu Area Field In charge Report	Taung Ngu Field In-charge
14:10 – 14:30	PM	Nyaung Lay Bin Area Field In charge Report	Nyaung Lay Bin Field In-charge
14:30 – 14:50	PM	Pa Pun Area Field In charge Report	Pa Pun Field In-charge
14:50 – 16:00	PM	Discussion and question on four areas reports	All participants
Day (II) { 10, 02, 2009 }			
09:00 – 09:20	AM	Kawkareik Area Field In charge Report	Kawkareik Field In-charge
09:20 – 09:40	AM	Dooplaya Area Field In charge Report	Dooplaya Field In-charge
09:40 – 10:00	AM	Pa An Area Field In charge Report	Pa An Field In-charge
10:00 – 10:20	AM	Special Area Field In charge Report	Special Field In-charge
10:20 – 10:50	AM	Discussion and question on four areas reports	All participants
10:50 – 11:00	AM	**Coffee break**	
11:00 – 11:20	AM	Win Yee Area Field In charge Report	Win Yee Field In-charge
11:20 – 11:40	AM	Myeik- Tawel Area Field In charge Report	Myeik-Tawel Field In-charge
11:40 – 12:00	AM	Mon (3) Area Field In charge Report	Mon (3) Field In-charge
12:00 – 12:15	PM	Mon (1) Area Field In charge Report	Mon (1) Field In-charge
12:15 – 12:30	PM	Mon (2) Area Field In charge Report	Mon (2) Field In-charge
12:30 – 13:30	PM	**Lunch**	
13:30 – 14:00	PM	Discussion and question on five areas reports	All participants
14:00 – 14:15	PM	Pa'O BP team Report	Team in-charge
14:15 – 14:30	PM	Shan area report (pilot area)	Team in-charge
14:30 – 14:45	PM	Araken BP team report	Team in-charge
14:45 – 15:00	PM	Chin Area Report	Chin Field In-charge
15:00 – 16:00	PM	Discussion and question on four reports	All participants
Day (III) { 11, 02, 2009 }			
09:00 – 09:30	AM	MCP Workshop Report	MCP Coordinator

09:30 – 10:00	AM	MCHP Workshop Report	MCHP Coordinator
10:00 – 10:30	AM	CHEPP Workshop Report	CHEPP Coordinator
10:30 – 11:00	AM	IPIP Report	IPIP Team
11:00 – 12:00	AM	Discussion and question on four reports	All participants
12:00 – 13:00	PM	Lunch	
13:00 – 13:30	PM	Office Administration Report	Office Manager
13:30 – 14:00	PM	Financial Reports	Finance Manager
14:00 – 15:00	PM	Discussion and question on two reports	All participants
15:00 – 16:00	PM	Closing speech	Dr. Cynthia Maung
Day (IV) 12/02/2009			
Closing Ceremony of 21st Six Monthly Meeting and Annual Meeting			

Decisions making from the 21st meeting

1) **2009 Activities Time line is as follows**

	1st Week	2nd Week	3rd Week	4th Week
January	**To conduct field meeting**	**Send workshop report to Center**		
February	**To conduct six monthly meeting**			
March	• **To conduct field workshop** • **To deliver Medical supplies to field**			
April	• **Start performing activities in field** • **To inform about sending report to center in the last week of June**			
May				
June				
July	**To conduct field meeting**	**Send field in charge report to center**		
August	**To conduct six monthly meeting**			
September	• **To conduct field workshop** • **To deliver Medical supplies to field**			
October	• **Start performing activities in field** • **To inform about sending report to center in the last week of June**			
November				
December				

2) To discuss Program Coordination and Program Integration policies in the Leading Group Meeting
3) To distribute dental and minor surgical instruments to the health workers who can use it properly in the needed field areas.
4) To pay back money to Kler Lwee Htoo area for the cost of the diarrhea outbreak
5) Agreed on contact persons in Mae Sot. For emergency situations contact: Wah May Say, Moe Naing, Thaw Thi Paw and Aye Lwin
6) All Health Workers in Back Pack areas should have the same guidelines and high quality of health service, Discussed refresher training workshops in the field, the results of which will be submitted for discussion at the next semiannual meeting.
7) Discussed organizing a School Health Worker in-field workshop and submitting the results to the upcoming semiannual meeting.
8) Discussed a new village health volunteer training in-field workshop and submitting the results to next semiannual meeting.
9) Discussed new Back Pack team selection criteria including logistic policies and human resource recruitment policies in the leading group meeting.
10) Back Pack Health Workers in Back Pack areas that have a clinic have to complete at least one round trip and have to stay at least two nights in a village. Health workers in Back Pack areas which do not have a clinic have to complete at least two round trips and have to stay at least four nights in a village.
11) To draw up five RH case definitions. (To be completed by the MCH Coordinator.)
12) Discussed using Oxytocin to manage emergency obstetrics problems and an in-field workshop and submit the results to the coming semiannual meeting
13) To use malaria medicine as per the previous decision
14) To discus emergency referral patients in the leading group meeting
15) The job descriptions of Village Health Volunteers are as follows
    a) Malaria follow-up treatment
    b) Malaria home visits
    c) Giving Vit-A and Deworming to under 12 children
    d) To observe A7D7 for follow up treatment
16) In the Mother and Child Health Care program to use folic C in stead of Ferrous
17) To conduct (63) Traditional Birth Attendant workshops in the coming first term of 2009
18) To accomplish the Eye Glass Program only for TBAs (Traditional Birth Attendants) in the coming term of 2009
19) To collect data about the number of maternity kits that have been distributed, the number of deliveries and the submission of data in the next semiannual meeting
20) To support per-diems to Village Health Volunteers who follow their job description
21) To discuss malaria follow up treatment guidelines after the semiannual meeting and to discuss this topic in field workshops, village health volunteer workshops and each Back Pack workshop
22) To conduct Mass Drug Administration for lymphatic filariasis in Kler Lwee Htoo and Tha Ton area
23) Discuss a neonatal death in-field workshop and each Back Pack workshop submitting their results to the upcoming semiannual meeting
24) To discuss requests for new Back Pack teams from Po Oh, Pa loung, Arakan and other back pack areas in leading group meeting
25) To conduct two Community Health Worker trainings in Karen area and one CHW training in another ethnic area in first term of 2009
26) To draw up a Neonatal Care Check List for Traditional Birth Attendants. (To be completed by the MCH Coordinator)
27) To conduct three days of facilitation training for Health Workers in the second term of 2009

28) To draw up guidelines for how to write case stories for case study. (To be completed by the MCH Coordinator)
29) Take out the decision No (19) and (24) from Last six monthly meeting because of unimplemented
30) To discuss budget revisions and Back Pack activities in the leading group meeting
31) To recruit an English teacher for staff capacity building
32) To conduct Program Impact Assessment Survey in the first term of 2009

Recommendations

1) To include Health Education sessions regarding pregnant women in Community Health Workshops.
2) To submit a report to next semiannual meeting about how health workers who also work with the Malaria Control Program in Back Pack areas manage Malaria Data.

Records

1) From 3/10/08 to 10/10/08, in the second term of 2008, one child under 6 died because of a diarrhea outbreak in Kler Lwee Htoo area.
2) In September 2008, diarrhea outbreaks occurred in Pa Pon area, Klaw Hta village tract, and Maw They Del village; over 80 people got diarrhea and were given emergency treatment
3) On 28/09/08, SPDC Battalion No. (407) and DKBA Battalion No.'s (907), (999), (333) cooperated together and operated in Maw Kee village track, Klaw Kaw, Paw Mu Lar Hta, Kaw Poe Kee, Kaw Lar Mee and Kaw Sel village. They burnt down villages in Back Pack No (1) in Kaw Ka Rite area, causing the people flee to the jungle where they faced many health problems. On 06/10.2008, emergency medical supplies were sent to the displaced villagers who were still living in the jungle
4) In November 2008, in Toungoo district, one health worker and three villagers accidentally met SPDC troops as they came back from Saw Wah Del village and were arrested by the soldiers. According to a message, the soldiers took them to the camp. Five days later, the health worker was released and the three villagers were killed.

Another health worker met accidentally with SPDC (Battalion No 580) led by General Htoo Aung Lwin with 37 soldiers who asked them questions and took one camera from the health worker on 23/12/2008, in Lah Hu area, Mine Pyat town ship, Nant Pel village tract, Nant Ya Loon village.

10. 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-charges 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.

11. Monitoring and Evaluation

The Back Pack Health Worker Team organizes program activity meetings twice a year and a general meeting once a year. The meetings include discussion of monitoring and evaluation. In 2007, the BPHWT conducted an Internal Programming Improvement Project (IPIP) in order to evaluate the improvement of activities, particularly focused on communication, appropriate drug use and performance reviews of the clinical log-books. In 2008, BPHWT will continue the IPIP process and evaluation of program implementation in order to improve the quality control of drug and health worker skills and knowledge and logistic management.

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 meetings every six months and annual meetings once a year in order to review the activities. During this term, the BPHWT reviewed the patient record books, in order to assess quality of care, as well as treatment protocols and case definitions.

Summary Findings of BPHWT Patient Record book review:

Malaria in adult	1st Term 06	2nd Term 06	1st Term 07	2nd Term 07	1st Term 08	2nd Term 08
S/S Vs Diagnosis	95%	97%	96%	100 %	96 %	96 %
Diagnosis Vs Treatment	93%	97%	96%	99 %	97 %	96 %
Rx: Correct drug	95%	96%	95%	97 %	97 %	91 %
Correct dose	N/A	N/A	N/A	69 %	95 %	79 %
Dose recorded	N/A	N/A	N/A	97 %	96 %	85 %
Aneamia Treatment given	N/A	N/A	N/A	84 %	82 %	78 %
Vital signs recorded	N/A	N/A	90%	97 %	97 %	86 %

Malaria in children	1st Term 06	2nd Term 06	1st Term 07	2nd Term 07	1st Term 08	2nd Term 08
S/S Vs Diagnonsis	98%	99%	96%	91%	94 %	97 %
Dx Vs Treatment	95%	100%	89%	91%	97 %	90 %
Rx: Correct drug	92%	100%	95%	91%	93 %	87 %
Correct dose	N/A	N/A	71%	52 %	86 %	81 %
Dose record	N/A	N/A	N/A	N/A	97 %	84 %
Aneamia Treatment Given	N/A	N/A	N/A	74%	74 %	58 %
Vital Signs Recorded	N/A	N/A	90%	85%	94 %	82 %

ARIs:	1st Term 06	2nd Term 06	1st Term 07	2ndTerm 07	1stTerm 08	2ndTerm 08
Specific Diagnonsis	N/A	N/A	68%	92 %	95 %	85 %
S/S Vs Treatment	75%	88%	69%	88%	92 %	87 %
Vital Signs Recorded	N/A	N/A	68%	90 %	95 %	83 %
Correct Drug	74%	82%	69%	88 %	91 %	90 %
Correct Dose	67%	75%	66%	88 %	90 %	85 %
Dose Recorded	83%	99%	93%	88 %	95 %	89 %

Diarrhoea	1st Term 06	2nd Term 06	1st Term 07	2nd Term 07	1st Term 08	2nd Term 08
S/S Vs Diagnonsis	88%	100%	75%	95 %	79 %	96 %
Diagnonsis Vs Treatment	70%	88%	61%	95 %	92 %	94 %
Rx : ORS Recorded	17%	82%	57%	72 %	91 %	93 %
Anti Biotic Given	92%	15%	41%	13 %	32 %	63 %
Vitamin A Given	N/A	N/A	N/A	76 %	80 %	73 %
Vital Signs Recorded	N/A	N/A	76%	81 %	90 %	82 %

Dysentery	1st Term 06	2nd Term 06	1st Term 07	2nd Term 07	1st Term 08	2nd Term 08
S/S Vs Diagnonsis	60%	58%	83%	84 %	90 %	95 %
Diagnonsis Vs Treatment	97%	93%	90%	97 %	96 %	86 %
Metronidazole Given	60%	58%	83%	97 %	96 %	90 %
Correct Dose	43%	35%	38%	58 %	87 %	79 %
Dose Record	N/A	N/A	N/A	N/A	96 %	88 %
Vital Signs Recorded	N/A	N/A	94%	98 %	94 %	86 %

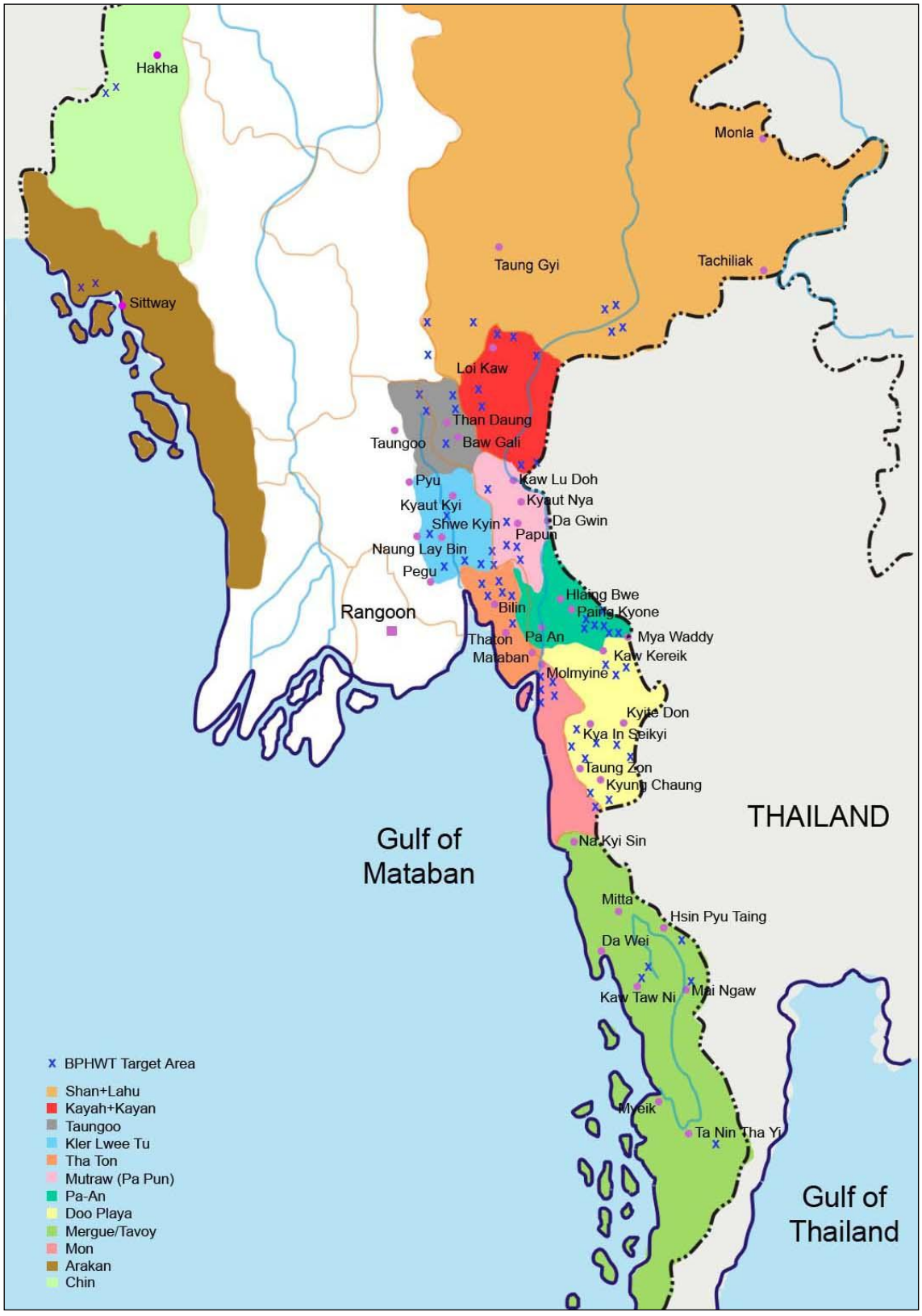
12. Program development and program's activity reviews in 2008

Comparing of planned activities and actual activities

Planned Activities	Actual Activities	Out-comes / results
A. Medical Care Program		
1. providing medical supplies for 80-BP teams 2. 38-sessions of field workshop 3. 38-sessions field meeting	Provided medical supplies for 78 BP teams	79035 - case-treated
	38-sessions of field workshop	276-health workers and community leaders
	38-sessions of field meeting	
B. Community Health Education and Prevention Program		
1. 80-sessions of school health	76-sessions of school health	254-schools, 15823 students and 708 teachers have received school health program
(a) 270-latrines for schools	12-latrines in schools	518-school children using latrine
(b) 2,000-community latrines	1770-community latrines	beneficiary 1947-household, 10522-populations
2.(a) 20-sessions of Gravity flow water system	18-sessions of gravity flow water system	1091 household, 5682 population
(b) 20-sessions of shallow well	18-sessions of shallow well	284-household, 1739-population
3. 80-sessions of World AIDS Day	78-sessions of World AIDS Day	6789-peoples involving in the events
4. Village Health Workshop80-sessions	Village Health Workshop 205-sessions	13579-peoples participated
5. 70-sessions of VHV workshop	51-sessions of VHV workshop	656-VHV and CHW attended the workshop
Planned Activities	**Actual Activities**	**Out-comes / results**
6. Vitamin A for 80-BP teams	Vitamin A for 76-BP teams	37470-children and 1390-mothers received Vit- A
7. De-worming for 80-BP teams	76-De-worming for 76-BP teams	23197-children and 1497-mothers received De-worming
C. Mother and Child Health Care Program		
1. 10 – sessions of TBA Trainings	9 – sessions of TBA trainings	79 – TBA have been trained
2. 140-sessions of TBA workshop	105-sessions of TBA workshop	525-TBA participated
3. 1600-TBA kits	1240-TBA kits	1240-TBA received the kits
4. 6400- maternity kits	5960-maternity kits	3154-delivery
5. Family Planning (Birth Spacing) according to the request	16-areas	2527-client using F/P
6. 3000-Delivery Record	3500- Delivery Record	1611-children had been record
D. Capacity Building Program		
1. Health Information Training	5-sessions	15-peoples attended training (Average 1-time)
2.CHW Training	2-sessions	77-New Health Worker were trained
3.Local and International Conference and Training	2-trips	2-peoples attended International Conference
4.Photo and Video Documentation Training	No	No
5.Building for Meeting and Training Hall	3-Building	3-Building have been built
6. Accounting Training and Accounting Software	2-times	2-BPHWT Staff attended

Update Training		
E. Health Information and Documentation		
1. Photo Document	Photo Document	
2. Still Digital Camera	Purchase 40-digital camera	Distributed 40-digital camera to field
3. Mobile solar	Not available	Not available
4. Video Tape	Purchase 30-video tape	
5. Production Documentary	1000-VCD copies	
6. Report Form	200-copies	Distributed 200-copies to Health Worker
7. Log Book	200-copies	Distributed 200-copies to Health Worker
8. Communication Equipment	Purchase 40-Walking Talking	Distributed 40-Walking Talking to field
9. Health Worker Assessment(Annual Survey)	No	No
F. Program Management		
1. Meeting and Seminar(2-times)	Meeting and Seminar(2-times)	72-peoples attended (Average one time)
2. Leading Group Meeting (2-times)	Leading Group Meeting (2-times)	10-peoples attended (Average one time)
3. Executive Board Meeting (6-times)	Executive Board Meeting (6-times)	10-peoples attended (Average one time)
4. Office Staff Meeting (24-times)	Office Staff Meeting (24-times)	16-peoples attended (Average one time

13. Map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Thailand
BPHWT Target Area
Shan+Lahu
Kayah+Kayan
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Kler Lwee Tu
Tha Ton
Mutraw (Pa Pun)
Pa-An
Doo Playa
Mergue/Tavoy
Mon
Arakan
Chin