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Back Pack Health Worker Team

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



**2012 Annual Report
Back Pack Health Worker Team**

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Glossary of Terms

ACT	Artemisinin-based Combination Therapy
AMW	Auxiliary Midwife (under the Burma government structure)
ARI	Acute Respiratory-tract Infection
BBG	Burma Border Guidelines, the standard guidelines for diagnosis and treatment on the Thailand/Myanmar border
BPHWT	Back Pack Health Worker Team
CBO	Community-Based Organization
CSO	Civil Society Organization
CHEPP	Community Health Education and Prevention Program
Confirmed malaria	Malaria diagnosis confirmed with a Rapid Diagnostic Test
CHW	Community Health Worker
EHO	Ethnic Health Organization
EmOC	Emergency Obstetric Care
FIC	Field in-Charge
FPIC	Free, Prior and Informed Consent
HCCG	Health Convergence Core Group
HID	Health Information Documentation
HIS	Health Information Systems
HPCS	Health Program Convergence Seminar
HRV	Human Rights Violation
IDP	Internally Displaced Person
ITN	Insecticide-Treated Net
Joint funding	funding of border-managed and Yangon-managed organizations
KIA	Kachin Independence Army
KIO	Kachin Independence Organization
KNLA	Karen National Liberation Army
KNU	Karen National Union
LF	Lymphatic Filariasis
M & E	Monitoring and Evaluation
MCP	Medical Care Program
MCHP	Maternal and Child Healthcare Program
MDA	Mass Drug Administration
<i>Pf</i>	Plasmodium falciparum, the most deadly type of malaria parasite
PLA	Participatory Learning and Action
<i>Pv</i>	Plasmodium vivax, another type of malaria parasite
Presumptive malaria	Malaria diagnosed using clinical criteria, not a Rapid Diagnostic Test
RDT	Rapid Diagnostic Test, used for diagnosis of plasmodium falciparum malaria
Tatmadaw	Burma Army
TBA	Traditional Birth Attendant
TMO	Township Medical Office (under the Burma government structure)
TNLA	Ta'ang National Liberation Army
TTBA	Trained Traditional Birth Attendant
TOT	Training-of-Trainers
VHV	Village Health Volunteer
VHW	Village Health Worker
WHO	World Health Organization

Part I: 2012 Annual Report

1) Executive Summary

The Back Pack Health Worker Team (BPHWT) is a community-based organization that has been providing primary health care for fifteen years in the conflict and rural areas of Burma, where access to quality free/affordable primary healthcare is otherwise unattainable. The BPHWT provides a range of medical care, community health education and prevention, and maternal and child healthcare services to internally displaced persons (IDPs) and other vulnerable community members in Burma.

Doctors and health workers from Karen, Karenni, and Mon States established the BPHWT in 1998. The organization initially included 32 teams, consisting of 120 health workers. Over the years and in response to increasing demand, the number of teams has gradually increased. In 2012, the BPHWT consisted of **95 mobile teams**, with each team being comprised of three to five trained health workers who train and collaborate with five to ten village health workers/volunteers and five to ten trained traditional birth attendants; this network of mobile health workers with advanced skills and stationary health workers with basic skills ensures that community members have consistent access to essential primary healthcare services. BPHWT teams now target displaced and vulnerable communities with no other access to healthcare in Karen, Karenni, Mon, Arakan, Chin, Kachin and Shan States, and Bago and Tenasserim Divisions. The teams deliver a wide range of healthcare programs to a target population of over **200,000 IDPs** and other vulnerable people. The BPHWT aims to empower and equip people with the skills and knowledge necessary to manage and address their own health problems, while working towards the long-term sustainable development of a primary healthcare infrastructure in Burma.

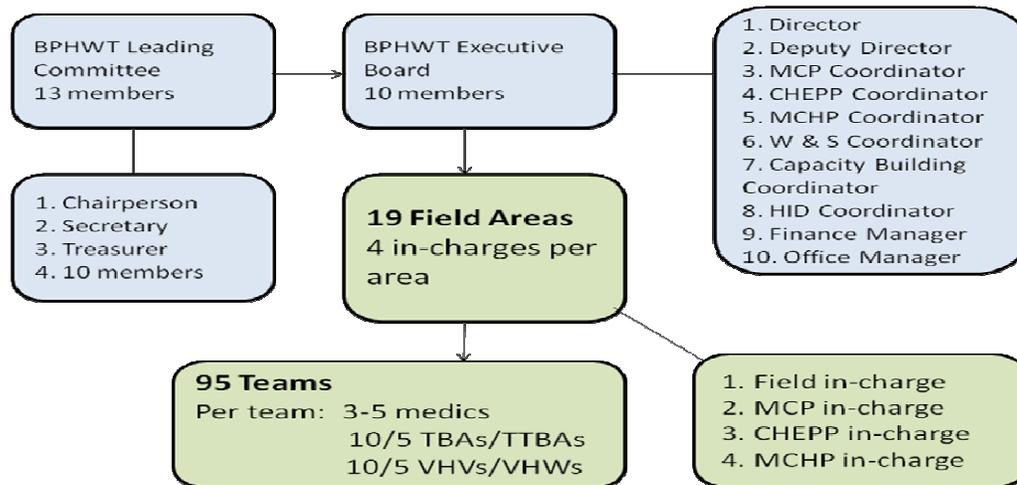
In 2012, the BPHWT continued to work with communities in its target areas to implement its three health programs, namely the Medical Care Program (MCP), Maternal and Child Healthcare Program (MCHP), and Community Health Education and Prevention Program (CHEPP). Twelve new Back Pack teams were created in Palaung, Kachin, Pa O, Shan, Karenni and Karen areas to serve communities with no other access to healthcare; and two Back Pack teams in the Lahu area were discontinued. In addition, the Yee West-North and Yee Chaungpya field areas were combined into the Yee field area to improve the management of the Back Pack teams there. The BPHWT encourages and employs a community-managed and community-based approach where health services are requested by communities and the health workers are chosen by, live in, and work for their respective communities.

Despite nominal reforms in Burma throughout 2012 and ongoing ceasefire discussions with various ethnic armed groups, meaningful political negotiations to address the underlying political and socioeconomic issues driving conflict have not yet occurred while protracted conflict has intensified in Kachin and Shan States. Since achieving durable sustainable peace and working towards a democratic Federal Union of Burma is a slow process and trust-building is in its infancy stage, the BPHWT must continue the provision of health services while simultaneously leading and working with health actors such as the government, INGOs, local NGOs, ethnic health organizations (EHOs) and border-based health CBOs to *converge* the government healthcare system with the extensive border-based primary healthcare system.

2) Organizational Structure and Governance of the BPHWT

The Back Pack Health Worker Team is led by a Leading Committee, consisting of a Chairperson, Secretary, Treasurer, and ten other members. This committee provides overall guidance, and determines the principles and policies of the BPHWT. The Leading Committee appoints the Executive Board, which is composed of the Program Directors and Program Coordinators of the BPHWT.

2.1) Organizational Structure of the BPHWT



Governance: As depicted in the Organizational Structure, the BPHWT is governed by the Leading Committee elected by the BPHWT members. The Leading Committee is comprised of 13 members who are elected for a three-year term. The Leading Committee appoints all 10 members of the Executive Board, which is required to meet monthly and make decisions on current issues faced by the BPHWT. The BPHWT has a range of organizational documents that guide the leadership, management, healthcare delivery, health information systems and human resources of the organization. Full copies of any of these organizational documents are available upon request.

The BPHWT Constitution: The Constitution provides the framework for the operation of the BPHWT through thirteen articles that define the organization's name, vision, mission statement, organizational identification, symbol, goals, objectives, policies and principles, actions and implementation, monitoring and evaluation, membership, election of the Leading Committee, amendments to the Constitution and organizational restructuring, employment of consultants and job descriptions for positions.

2.2) Financial Management and Accountability: The BPHWT has developed policies and procedures guiding the Leading Committee, Executive Board, Program Coordinators, Office Staff, and Field Staff in terms of 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 the liquidation of cash assets. The BPHWT has also developed policies covering payments for lodging, travel and honoraria for services rendered.

2.3) Vision: The vision of the Back Pack Health Worker Team is that of a healthy society in Burma through a primary healthcare approach, targeting the various ethnic nationalities and communities in the border areas and remote interior regions of Burma.

2.4) Mission: The Back Pack Health Worker Team is organized to equip people with the skills and abilities necessary to manage and address their own healthcare problems, while working towards the long-term sustainable development of a primary healthcare infrastructure in Burma.

2.5) Goal: The goal of the Back Pack Health Worker Team is to reduce morbidity and mortality, and minimize disability by enabling and empowering the community through primary healthcare.

3) Gender Policy and Analysis

In 2012, 59 % of the BPHWT staff was women, excluding Traditional Birth Attendants/ Trained Traditional Birth Attendants (TBAs/TTBAs). However, the organization has a gender policy which aims to improve equity for women across all levels of the organization. The table below depicts the current targets and actual percentage of women across organizational tiers. To date, the BPHWT meets or exceeds all gender equity targets for the various organizational tiers. Compared to 2011, there are 4% more women,, excluding TBAs/TTBAs, participating in the BPHWT activities.

Gender Policy and Analysis Table – 2012

Category	Total # of Workers	Total # of Women	Women Actual %	Women Target at Least %
Leading Committee/Executive Board	14	6	43%	30%
Office Staff	11	4	36%	30%
Field Management Workers	50	25	50%	30%
Field Health Workers	293	137	47%	30%
Traditional Birth Attendants/Trained Traditional Birth Attendants	787	693	88%	Target not set
Village Health Volunteers/Village Health Workers	417	290	70%	30%
Organizational Total	1,572	1,155	70%	Target not set
Total Organization excluding TBAs/TTBAs			59%	30%

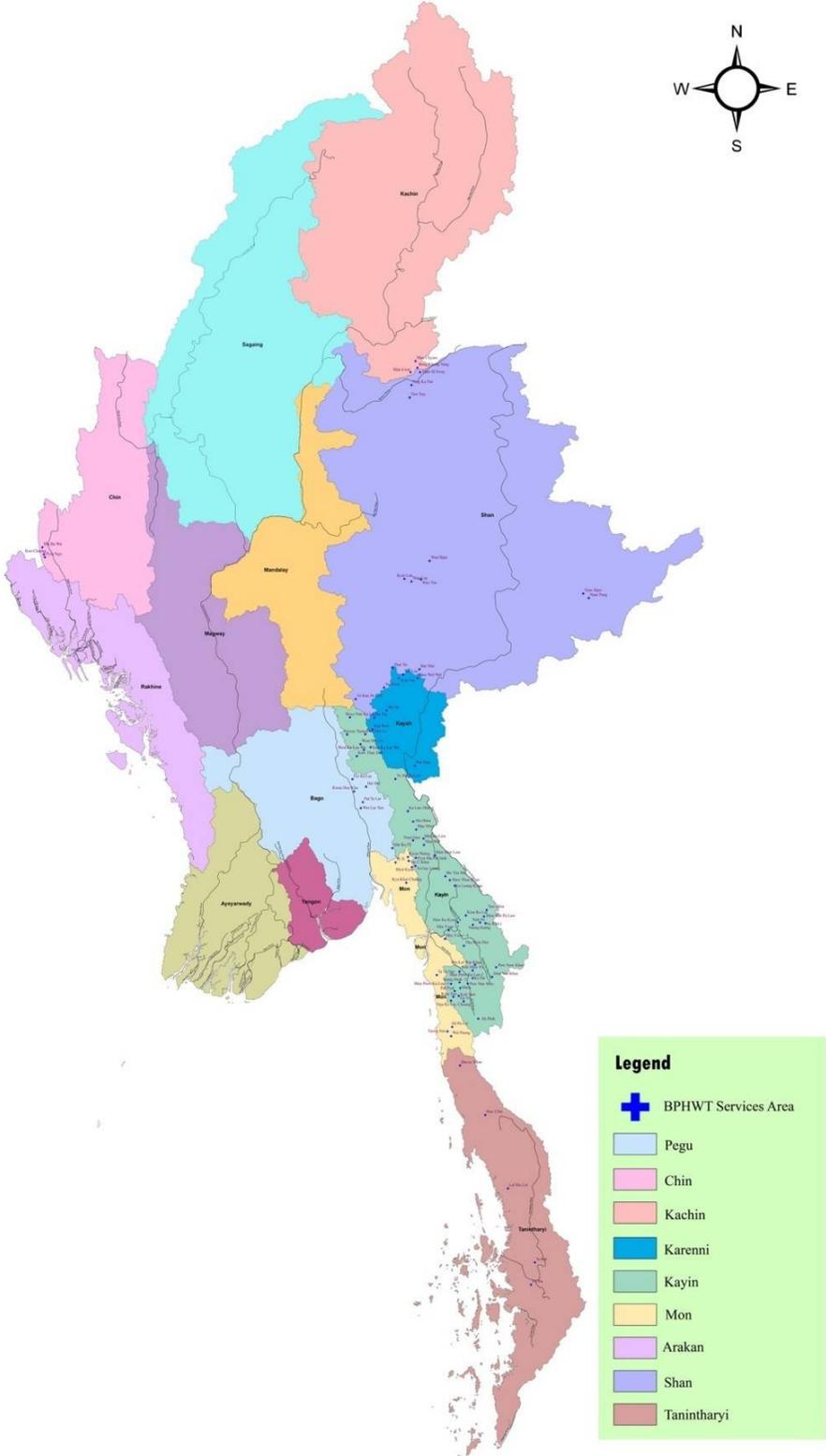
Service System: Since 1998, the Back Pack Health Worker Team has been working towards developing an accessible, community-based, primary healthcare service system within the BPHWT field areas, based on the health access indicators.

4) Health Access Targets for a Community-Based Primary Healthcare System - 2012

Population	Health Service Type	Health Workers	Ratio (Workers/Pop)	Ideal Number of Workers
2000	BPHWT (Community-based primary healthcare unit)	BPHWT Health Worker	1:500	4
		Traditional Birth Attendant/Trained Traditional Birth Attendant	1:200/400	10/5
		Village Health Volunteer/Village Health Worker	1:200/400	10/5
Total Members Per Team				24/14

5) Map of Operational Areas

BPHWT Health Services Area Map



6) Security Situation in the BPHWT Targeted Areas

The year 2012 was marked by internationally heralded ‘reforms’ undertaken by President Thein Sein's government that have not yet manifested into substantial sustainable change on the ground. The Burma Army (Tatmadaw) launched new offensives in Northern Shan State and Kachin State which have driven the displacement of over 100,000 internally displaced persons (IDPs) and refugees to the China-Burma border. The signing of preliminary ceasefire agreements between the Burma government and a number of ethnic armed groups resulted in Back Pack health workers generally being able to travel more freely over the last year to provide health services, and transport medicines and medical supplies in those areas. While incidences of fighting have decreased significantly since the initial ceasefire agreements, skirmishes have continued in some ceasefire areas, particularly in Shan State. Moreover, the Tatmadaw has not reduced its troop levels; health workers reported that the Burma Army and their allied armed groups actually have been sending more soldiers and military supplies into ceasefire areas, building more military camps, and fortifying current posts. Additionally, in the conflict and current ceasefire areas, the Burma Army and its allied armed forces continue to routinely commit widespread human rights violations (HRVs) against ethnic civilians. These widely documented abuses include forced labor, confiscation and destruction of food supplies, arbitrary taxation, torture, land confiscation, rape, and extrajudicial execution.

Impact of Rapid Development

The most significant result from Thein Sein's reforms is the lifting and suspension of economic sanctions by the international community, which have opened the doors to a surge of foreign investors. The government of Burma has prioritized business and development over meaningful political



Gold mining by Mya Pu (Burmese company) in Papun

dialogue and inclusion, with the lull in fighting prompting incidences of land confiscation to increase exponentially in the ethnic resource-rich regions. In support of foreign and state-sanctioned companies, the Burma Army and their allied armed groups have been forcibly displacing community members from their homes and confiscating land at a rapid rate for development projects and military camps, while providing the villagers with little or no compensation. The lack of transparency and accountability surrounding mega development projects has made it difficult

to document who exactly is receiving the billions of dollars in revenue, but Back Pack health workers can testify that the local people are clearly not benefitting. In addition, they reported that the Tatmadaw have also been enforcers in providing security for many of these projects, and sometimes subjecting villagers to forced labor. The bulk of these projects are natural resource extractive projects (i.e. hydropower dams, logging, mining, etc) which are proceeding often without the *free, prior and informed consent* (FPIC) of local community members and without valid environmental, health and social impact assessments being conducted beforehand. In some areas, Back Pack health workers have

been witnessing adverse health outcomes that they suspect are a result of development projects. For example, medics in the Toe Lay Wah Kee village tract, Doo Playa District, Karen State have been treating villagers for skin rashes contracted from water they believe that has been contaminated by a Chinese company that started mining antimony in that area in January 2012. For the aforementioned reasons, community members are gravely concerned that these rapid development projects without FPIC and proper assessments will negatively affect them over the long-term. Many civil society organizations are calling for such projects to halt immediately and be reconsidered only after a genuine political settlement of the conflict is reached and proper safeguard policies for local communities are in place.

Active Conflict in Kachin State and Shan State

In the Ta'ang/Palaung ethnic area of Northern Shan State, the community has been devastated by the effects of the Shwe Gas and Oil Pipeline joint-venture by the China National Petroleum Company (CNPC) and the Myanmar Oil and Gas Enterprise (MOGE) that will bring crude oil and natural gas from Arakan State through central Burma and Northern Shan State to China's Yunnan Province. As a result of this large-scale energy project, the section of the pipeline running through the Ta'ang/Palaung area has led to the increased deployment of Burma Army troops throughout 2012 in every village along the route to fight in the ongoing civil war, confiscate land, guard the pipeline sites, and provide security for the Chinese workers. Back Pack health workers reported that the increased militarization of this area has led to near daily fighting between the Burma Army and the Ta'ang National Liberation Army (TNLA)/Shan State Army – South (SSA-S)/Shan State Army – North (SSA-N)/Kachin Independence Army (KIA), displacement of villagers, escalation of human rights abuses, increased drug trade and abuse, increased prostitution and violence against women, restricted access to healthcare, land confiscation, and environmental degradation. The Burma Army soldiers are not the only perpetrators of HRVs – Chinese men working on the pipeline have also been guilty of crimes against the local population. In October 2012, a thirteen year-old girl walking home from school in Namkham Township died after being abducted and gang-raped by ten Chinese workers from the CNPC.

Meanwhile, in neighboring Kachin State, the conflict alarmingly intensified throughout 2012 while the humanitarian situation deteriorated. Burma government forces launched heavy offensives against the armed wing of the Kachin Independence Organization (KIO), the KIA, throughout 2012, with the Burma Army resorting to the use of attack helicopters and jet aircraft to mortar and bomb Kachin positions that also injured and killed many civilians. Other HRVs committed by Burma Army soldiers include: threatening and torturing civilians, raping and sexually assaulting women, conscripting forced laborers (including young children) as porters and minesweepers, extortion, and extrajudicial killings. In late August 2012, the Chinese government forcibly returned over 4,000 Kachin refugees, sheltering in camps along the China-Burma border, back



Medics distributing emergency humanitarian assistance items to Kachin IDPs

to the conflict zone, which was an abhorrent violation of international law. One Back Pack team moved to an IDP camp inside the KIO-controlled area with the other refugees who were forcibly repatriated. Back Pack health workers reported that the humanitarian situation of the over 100,000 IDPs has severely worsened because of the increase in fighting and displacement, and the continued restriction of humanitarian assistance by the governments of both Burma and China.

In spite of the ongoing peace talks with various armed ethnic groups, the Burma Army and their allied armed groups repeatedly violate the initial ceasefire agreements, continue to send more troops and military supplies, commit human rights abuses, obstruct the delivery of healthcare, shoot at civilians and use them as minesweepers, and forcibly confiscate land for development projects and military camps. This demonstrates that the peace talks have not significantly improved the situation on the ground and that in order to achieve a durable peace, the Burma government must be committed to resolving the underlying political and socio-economic issues driving conflict in the ethnic border regions.

7) Obstacles and Threats to Delivering Healthcare in the Field

While both violent conflict and human rights violations only increase the need for health services, the BPWHT faces many barriers to delivering healthcare in Burma. Firstly, there is significant danger involved in working in conflict areas, creating problems of access. Secondly, the frequent displacement of communities from violence and development projects disrupts the continuity of our programs and worsens community members' ability to access healthcare and medicines. Thirdly, even in ceasefire areas, there are still obstructions to healthcare delivery such as increased checkpoints with forced taxation and bribery. Lastly, all areas have challenging natural physical barriers, particularly during rainy season; movement from one village to the next ranges anywhere between a twenty minute trek to a three-day trek.

The ongoing conflicts between the Tatmadaw and armed ethnic groups restrict the mobility and access of health workers. In conflict areas, access is restricted by the armed forces controlling those territories. Thus, the BPHWT's health workers cannot move freely and openly through many of their field areas since they are at risk of being captured and imprisoned, or shot by soldiers. Furthermore, since little attempt is made to distinguish between civilian and military targets, the risk of being hit by stray mortar shells is serious. Landmines also present a serious challenge to the operations and mobility of the BPHWT's medics, making it difficult to reach certain areas. Since the creation of the BPHWT in 1998, nine medics and one Traditional Birth Attendant have been killed by the regime's forces or landmine-related injuries.

Violations of medical neutrality occurred on several occasions in 2012; four examples are highlighted below:

- 1) The BPHWT Kachin Field in-Charge suffered a great personal loss when she was forced to flee from the attacking Burma Army troops in January 2012. Eight-months pregnant with her first child, she ran with the other villagers through the mountains to safety in China, but fell along the way causing her water to prematurely break. Unfortunately, she could not induce labor so the villagers carried her to a hospital in China. Upon arrival, she had an emergency caesarean section but the

baby died after two hours. Shortly afterwards, she resumed her duties as a health worker and the field in-charge of all Kachin Back Pack teams because she felt committed to helping her people during this time of conflict.

- 2) In February 2012, Burma Army soldiers denied Back Pack health workers in the Arakan field area (ceasefire area) access to Yow Thike village in Palet Wot Township. The health workers waited in vain for the soldiers to leave and find a way into the village, and had to leave after two days. As a result, that village never received treatment.
- 3) In March 2012, two Back Pack health workers in northern Shan State (Ta'ang/Palaung area) were arbitrarily detained by Burma Army soldiers at a road checkpoint when the soldiers found health worker and HRVs documents in their possession. After enduring intense questioning and denying that they were health workers, they were threatened with being taken to prison where they would be beaten. In order to avoid prison, the two health workers paid a bribe and were subsequently released. To this day, they are still in fear for their lives if they are caught again.
- 4) On 28 September 2012, Arakan Back Pack health workers were conducting a village health workshop in Myeik Wot village, Palet Wot Township when the government Border Minister and the 2nd Senior General of the 55th Battalion (Tatmadaw) arrived by helicopter to discuss a development project and ordered the village leader to stop the workshop. Two days later, the General called the health workers to meet with him and threatened action if the medics ever continued this workshop.

8) Human Rights Violations Report

Throughout 2012, the BPHWT's field workers continued to document human rights abuses in their target areas. However, some health workers did not dare to record them because it would have placed them in great danger if questioned by the regime's troops and found with the information. There were less HRVs in the ceasefire areas than in previous times; but there was a significant increase in violations related to the proliferation of development projects. The following are violations that were recorded:

Kachin Field Area

In December 2012, a young boy in the Gai Htau area died from wounds sustained from a landmine.

Throughout 2012, the Burma Army confiscated food supplies on innumerable occasions.

At the end of November 2012, the Burma Army forced four 80 year-old women from Hka Shang village to guide them to another village and serve as minesweepers.

In December 2012, Burma Army soldiers shot and killed a man they believed was a KIA soldier in Ban Gaw village.

In December 2012, Burma Army soldiers arbitrarily kidnapped and detained two men from Ban Gaw village they suspected of being KIA soldiers. They are still missing as of March 2013.

In violation of non-refoulement, the government of China (China is a party to the 1951 Refugee Convention and its 1967 Protocol) forcibly repatriated over 4,000 refugees back to Kachin State. One Back Pack team was forced along with about 1,000 refugees to an IDP camp in Man Win.

Chin Field Area

In early 2012, an Indian company and the Chin State government began building a road from India through Dlungram Township (a Back Pack area) to the Thanelang Area; there were many cases of land confiscation in Chawngtir village and Kuhchah village because they built the road through the villages and forcibly displaced families to other parts of the village.

Shan Field Area

In 2012, there were many cases of land confiscation in the towns of Kunheing and Karli by the Burma Army, who then forced villagers to build military camps on the confiscated land.

Throughout 2012, there were more than ten cases of forced portering by the Burma Army and numerous incidents where they confiscated food supplies and extorted money.

Palaung Field Area

Due to fear of the Burma Army seeing their documentation of HRVs, health workers did not record any medical neutrality or HRVs; the following are noted from memory:

In March 2012, two health workers were arbitrarily detained at a Burma Army checkpoint (see previous section for further details).

In November 2012, Burma Army soldiers from Light Infantry Battalion (LIB) 305 forced villagers – both men and women - to guide them to another area and serve as human shields during the middle of a battle against the TNLA and KIA.

On 15 December 2012, LIB 305 entered into Lway Kwah village; the health workers quickly hid their medicine and supplies and ran into the forest.

Throughout 2012, there were numerous cases of the Burma Army threatening villagers, confiscating food supplies, forcing labor, extorting money, and confiscating land for military camps and the pipeline.

Taungoo Field Area

In 2002, a joint venture between the Burma government and a Chinese company (Shwe Swah Eh) tried to dam the Toe Bo Gyi River for a gold mining project, but were forced to stop because of fighting between the Burma Army and the Karen National Liberation Army (KNLA). Due to the preliminary ceasefire in January 2012, dam construction was resumed in January and the dam began reserving water in November 2012. As a result of this project, two villages have been forcibly displaced by the company and one Burma Army battalion; many betel nut farms and over 100 acres of land have been flooded. Land owners were promised compensation, but still have not received anything yet.

Arakan Field Area

In February and September 2012, there were two violations of medical neutrality in Palet Wot Township (see previous section for more details).

Throughout 2012, there were four cases where villagers were forced to porter food rations to Burma

Army soldiers; numerous cases of Tatmadaw soldiers stealing chickens and other food supplies; and reports of agricultural land being confiscated for new Burma Army camps.

Kayan Field Area

In 2012, about 3,000 villagers from the southeast side of the joint Swiss-British-Burmese Paunglaung Dam Project, which will power Naypyitaw, were forcibly displaced into a BPHWT area.

Thaton Field Area

Villagers from Htee Pa Thote village were forced to porter food rations for the Burma Army twice in 2012.

In December 2012, Burma Army soldiers forced villagers from May Zaw to fortify their camp.

Doo Playa Field Area

In December 2012, villagers from That Mat Toe were forced to carry bamboo and wood to a mixed Burma Army and Border Guard Force (BGF) camp, and then forced to do construction repair.

In January 2012, a Chinese company confiscated land from villagers in the Toe Kay Wah Kee area for an antimony mining project (see security section for health-related details).

Kler Lwee Htoo Field Area

In November 2012, Burma Army soldiers forced each household in Baw Ka Hta village to provide bamboo to repair their military camp.

Pa An Field Area

During the first week of January 2012, the BGF forcibly recruited five villagers from Htee Wah Blaw village tract and five villagers from No Kay village tract. The BGF threatened that if the villages did not send the soldiers to the BGF, then they would have to pay 30,000 Thai baht per person. If they could not pay, the village leaders would be arrested.

In January 2013, a 31 year-old villager from the No Kay village tract stepped on a landmine laid by the BGF while collecting firewood and lost his right leg.

9) Activities of the Back Pack Health Worker Team

The BPHWT delivers three programs: Medical Care Program (MCP), Community Health Education and Prevention Program (CHEPP), and Maternal and Child Healthcare Program (MCHP). Integrated within and bridging across these three health programs are projects and activities for capacity building, health information systems and documentation, and



monitoring and evaluation.

In 2012, the BPHWT provided healthcare in **19** field areas, through **95** BPHWT teams, to a target population of over **200,000** people. There are currently **1,547** members of the BPHWT primary healthcare system living and working in Burma: **343** health workers, **787** Traditional Birth Attendants / Trained Traditional Birth Attendants (TBAs/TTBAs) and **417** village health volunteers/village health workers (VHVs/VHWs).

The following table provides an overview of the BPHWT field areas, the number of BPHWT health workers, VHV/VHWs, and TBA/TTBAs in each field area, the target populations, villages, households and a breakdown of the **96,937** total cases treated in 2012. Compared with 2011, the BPHWT treated **16,307** more cases because of increasing Back Pack teams and targeted population; more accessible for the community to get the treatment. During 2012, there were **95** cases referred, including **12** obstetric cases.

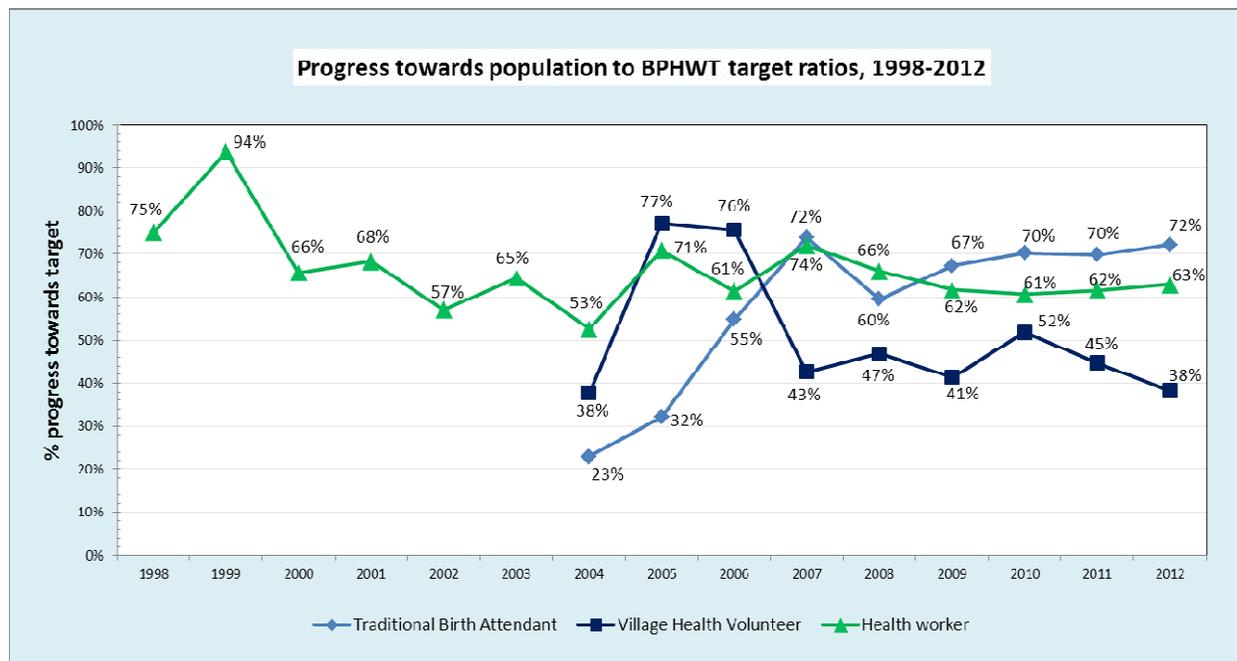
Summary of the BPHWT Field Areas, Health Workers, VHV/VHWs, TBA/TTBAs, Target Populations and Cases Treated (January – December 2012)

No.	Areas	# of Teams	# of HWs			# of VHWs			# of TBAs			Total Villages	Total Households	Total Population	Total Case load
			M	F	Total	M	F	Total	M	F	Total				
1	Kayah	7	14	13	27	15	34	49	0	55	55	50	2803	17769	8731
2	Kayan	4	11	9	20	9	23	32	4	37	41	41	1508	7076	2426
3	Special	3	9	2	11	0	0	0	1	13	14	19	1560	8167	3495
4	Taungoo	5	14	9	23	16	34	50	0	50	50	44	1661	9863	3850
5	Kler Lwee Htoo	6	14	8	22	25	25	50	3	45	48	49	1894	11270	3559
6	Thaton	7	9	15	24	4	27	31	1	73	74	34	2910	18366	7633
7	Papun	8	20	5	25	18	30	48	14	63	77	95	3886	23657	6952
8	Pa An	6	8	13	21	5	14	19	9	56	61	30	2784	20361	6080
9	Doo playa	7	14	9	23	13	30	43	13	47	60	56	3788	22074	7319
10	Kawkareik	3	9	3	12	3	12	15	2	19	21	11	773	4616	1181
11	Win Yee	4	10	6	16	0	0	0	4	26	30	28	1617	9737	3945
12	Mergue/Tavoy	5	8	10	18	6	34	40	16	37	53	21	1776	9687	10538
13	Yee	6	7	15	22	0	0	0	0	28	28	19	2192	10756	9585
14	Moulamein	6	3	18	21	0	0	0	0	17	17	17	2966	12219	6099
15	Shan	6	14	5	19	11	9	20	1	43	44	45	2037	11908	6699
16	Palaung	3	3	7	10	0	0	0	30	24	54	24	1580	11308	3105
17	Kachin	4	5	14	19	2	18	20	0	30	30	38	926	4642	4356
18	Arakan	3	9	1	10	0	0	0	0	30	30	9	856	4423	1384
19	Pa O	2	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	95	181	162	343	127	290	417	98	693	787	630	37517	217899	96937

Number of Health Workers, TBAs/TTBAs, VHV/VHWs, and Target Population by Year

Year	# of HWs	# of TBAs/TTBAs	# of VHV/VHWs	Target Population
1998	120	0	0	64,000
1999	150	0	0	64,000
2000	200	0	0	121,692
2001	208	0	0	121,896
2002	224	0	0	156,986
2003	238	0	0	147,537
2004	232	202	332	176,200
2005	287	260	625	162,060
2006	284	507	700	185,176
2007	288	591	341	160,063
2008	291	525	413	176,214
2009	289	630	388	187,274
2010	290	672	495	191,237
2011	318	722	462	206,620
2012	343	787	417	217,899

TBA/TTBAs, VHV/VHWs, and Health Workers-to-Population Ratios as a Percent of Target Ratios over Time^{1, 2}



¹ While BPHWT began training TBAs in 2000, the MCHP only began systematically training TBAs in the BPHWT target areas in 2004. Therefore, only 2004-2010 TBA/population ratios are included. The BPHWT also began training VHV/VHWs in 2004.

² Targets are as follow: 1 BPHWT Health Worker: 400 people; 1 TBA: 200 people; 1 VHV: 200 people.

9.1) Medical Care Program

The Back Pack Health Worker Team currently consists of **95** teams working among Internally Displaced Persons and vulnerable communities in Karen, Karenni, Mon, Arakan, Chin, Kachin, and Shan States, and the Bago and Tenasserim Divisions of Burma. There are **1,547** members of the BPHWT primary healthcare system serving a target population of over **200,000**. Under the Medical Care Program (MCP), the BPHWT health workers address six health problems identified as contributing most significantly to morbidity and mortality in the target areas: malaria, diarrhea, acute respiratory-tract infection (ARI), anemia, worm infestation, and war trauma injuries. The most common disease in the BPHWT areas is malaria, followed by ARI, worm infestation, anemia, diarrhea, and dysentery.

Back Pack Health Worker Team Caseloads January - December 2012

No	Condition	Age				Total
		<5		≥5		
		M	F	M	F	
1	Anemia	291	403	2321	4553	7568
2	ARI(mild)	1893	2132	5393	5894	15312
3	ARI(severe)	919	938	1868	1929	5654
4	Beriberi	79	66	1465	2759	4369
5	Diarrhea	612	606	1595	1585	4398
6	Dysentery	387	457	1550	1592	3986
7	Injury(gunshot)	2	2	33	7	44
8	Injury(landmine)	0	0	4	0	4
9	Injury Acute Other	172	118	1078	564	1932
10	Injury(old)	25	57	538	236	856
11	Malaria (presumptive)	465	471	2233	1990	5159
12	Malaria (with Paracheck)	527	468	3097	2704	6796
13	Measles	172	156	379	299	1006
14	Meningitis	5	5	189	43	242
15	SuspectedAIDS	0	2	6	2	10
16	SuspectedTB	63	57	185	151	456
17	Worms	706	667	1546	1772	4691
18	Abortion	0	0	0	135	135
19	PPH	0	0	5	33	38
20	Sepsis	0	11	1	49	61
21	RTI	0	4	5	199	208
22	UTI	46	36	1129	1874	3085
23	Skin Infection	466	423	1150	1209	3248
24	Hepatitis	15	14	189	249	467
25	Typoid Fever	75	89	352	348	864
26	Arthritis	13	27	858	845	1743
27	GUDU	35	26	2205	2783	5049
28	DentalProblem	101	162	756	770	1789
29	Eye Problem	140	222	616	743	1721
30	Hypertention	0	1	1354	1823	3178
31	Abscess	136	157	970	739	2002
32	Others	960	1093	3863	4950	10866
Total		8305	8870	36933	42829	96937
Grand Total		17,175		79,762		

Back Pack Health Worker Team Caseloads January - December 2012 by Area

Condition	Kayah	Kayan	Special	Taungoo	Kler Lwee Htoo	Thaton	Pa Pun	Pa An	Dooplaya	Kawkareik	Win Yee	Mergue/Tavoy	Yee	Moulamein	Shan	Paalung	Kachin	Rakhine	Total
Anemia	803	167	219	265	268	661	597	475	714	62	356	1147	564	389	616	91	122	52	7568
ARI(mild)	2910	142	648	322	848	1153	1186	985	1225	199	469	1133	1038	423	621	498	1367	145	15312
ARI(severe)	80	100	158	405	263	842	616	670	594	196	184	306	458	332	27	188	135	100	5654
Beriberi	25	53	367	92	111	841	258	546	435	12	114	501	95	99	498	50	194	78	4369
Diarrhea	644	153	284	301	103	141	217	234	208	58	78	405	381	301	330	161	335	64	4398
Dysentery	311	109	197	220	107	523	261	213	327	44	154	334	418	312	128	115	133	80	3986
Injury(gunshot)	0	0	0	1	1	8	17	7	0	0	0	4	0	0	2	0	0	4	76
Injury(landmine)	0	0	0	0	1	0	0	1	0	0	1	0	0	0	0	0	0	1	4
Injury Acute Other	200	132	20	21	39	49	22	32	4	0	25	127	755	358	51	52	43	2	1932
Injury(old)	9	112	17	35	23	94	75	59	183	0	13	173	0	0	45	9	9	0	856
Malaria (presumptive)	231	108	165	331	211	288	414	357	652	205	298	450	778	303	218	11	25	114	5159
Malaria (with para-check)	513	223	240	396	289	212	786	249	671	239	394	692	920	369	229	95	65	214	6796
Measles	0	0	0	117	172	8	29	92	39	0	12	50	67	183	75	24	38	100	1006
Meningitis	3	74	0	22	5	1	103	1	0	0	0	17	4	0	3	2	0	7	242
SuspectedAIDS	1	0	0	0	0	0	2	2	0	0	0	3	0	0	0	2	0	0	10
SuspectedTB	33	89	0	5	0	155	0	6	1	0	12	103	20	0	5	21	6	0	456
Worms	440	172	182	218	74	193	144	168	375	10	399	709	458	412	289	136	92	220	4691
Abortion	11	5	2	11	11	4	14	1	0	2	1	12	18	8	16	18	0	1	135
PPH	12	5	0	6	5	2	2	0	1	0	0	3	0	0	1	0	1	0	38
Sepsis	20	4	0	16	2	0	3	0	0	0	0	2	0	0	11	0	0	3	61
RTI	43	12	0	9	0	11	17	5	13	0	6	71	13	0	0	0	0	8	208
UTI	384	77	156	150	168	364	369	187	214	28	92	215	84	22	277	166	118	14	3085
Skin Infection	353	87	289	158	45	107	159	185	142	22	83	498	220	273	292	101	209	25	3248
Hepatitis	21	24	0	42	23	45	63	3	0	1	3	140	19	34	20	14	14	1	467
Typoid Fever	11	56	0	90	64	4	80	0	33	0	1	8	159	206	52	36	61	3	864
Arthritis	47	54	2	69	47	21	106	82	93	17	245	244	149	127	368	31	41	0	1743
GUDU	572	69	207	112	250	479	347	393	419	38	275	496	539	284	79	155	293	42	5049
DentalProblem	100	21	21	121	28	47	27	95	42	7	123	296	245	148	326	83	53	6	1789
EyeProblem	111	30	40	99	15	74	69	75	95	0	52	261	204	256	167	85	83	5	1721
Hypertention	367	83	78	76	26	92	109	105	88	0	115	246	601	358	503	158	171	2	3178
Abscess	152	61	84	103	110	85	98	160	206	31	139	295	164	118	127	51	11	7	2002
Others	324	204	119	37	250	1129	762	692	545	10	301	1597	1214	784	1323	752	737	86	10866
Total	8731	2426	3495	3850	3559	7633	6952	6080	7319	1181	3945	10538	9585	6099	6699	3105	4356	1384	96937

i. Malaria

The BPHWT has used Paracheck, a rapid diagnosis test (RDT), to effectively confirm *Plasmodium falciparum* (*P.f.*) malaria diagnosis since 2007, and follows World Health Organization (WHO) guidelines to give Artemisinin-based Combination Therapy (ACT) treatment. In 2012, total malaria morbidity has increased by **0.8%** from 2011 while the under-five malaria morbidity rate has decreased by **5.9%**. The BPHWT aims to distribute insecticide-treated mosquito nets (ITNs) and engage in preventive health awareness-raising activities in order to decrease the prevalence of malaria. However, no ITNs were distributed in 2012 due to procurement barriers.

From 2003-2004, the BPHWT did not have small, portable diagnosis kits called Rapid Diagnosis Tests (RDT) to confirm cases of *Plasmodium falciparum* (*P.f.*) malaria. RDT usage began in 2005, but there were not enough RDTs available to cover all field areas; but by 2008 and 2009, there were enough

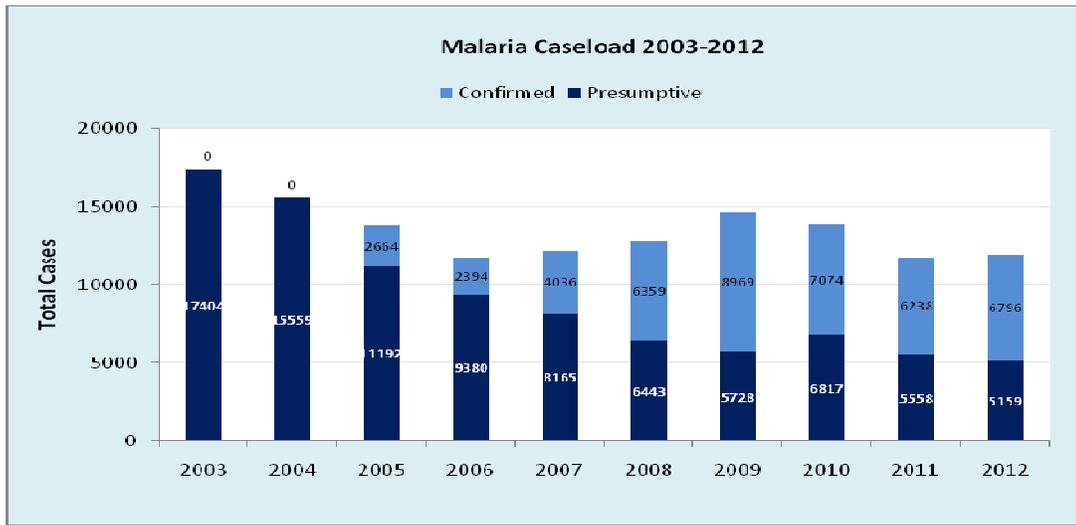


Providing RDT testing for malaria

RDTs to distribute to all field areas. Thus, the Back Pack Health Worker Team updated its protocol for treating malaria to test all patients who have a fever with a Paracheck RDT, and if the results are positive then *P.f.* malaria treatment must be provided using ACT treatment, which is in-line with the Burma Border Guidelines (BBG) protocol. However, the graphs below show that there are still cases of presumptive *Plasmodium vivax* (*P.v.*) malaria treatment because the Paracheck RDTs only check for *P.f.* malaria.

The BPHWT is currently in the process of creating new educational malaria posters for the communities to encourage them to seek RDT testing within 24 hours of an onset of a fever. The number of pregnant women in 2012 with *P.f.* malaria increased by **16%** from the previous year and made up **5.4 %** of total *P.f.* malaria cases in 2012.

Malaria Caseload over Time



Malaria Rapid Diagnostic Tests: January - December 2012

No	Area	# of RDT Used	# of RDT (-)	# of RDT(+)/ Confirmed Malaria	Total Malaria
1	Kayah	744	231	513	1488
2	Kayan	331	108	223	662
3	Special	405	165	240	810
4	Taungoo	727	331	396	1454
5	Kler Lwee Htoo	500	211	289	1000
6	Thaton	500	288	212	1000
7	Papun	1141	355	786	2282
8	Pa An	606	357	249	1212
9	Doo Playa	1323	652	671	2646
10	Kaw Kareik	444	205	239	888
11	Win Yee	692	298	394	1384
12	Mergue/Tavoy	1142	450	692	2284
13	Yee	1698	778	920	3396
14	Moulmein	672	303	369	1344
15	Shan	447	218	229	894
16	Palaung	106	11	95	212
17	Kachin	90	25	65	180
18	Arakan	327	113	214	654
Total		11895	5099	6796	23790

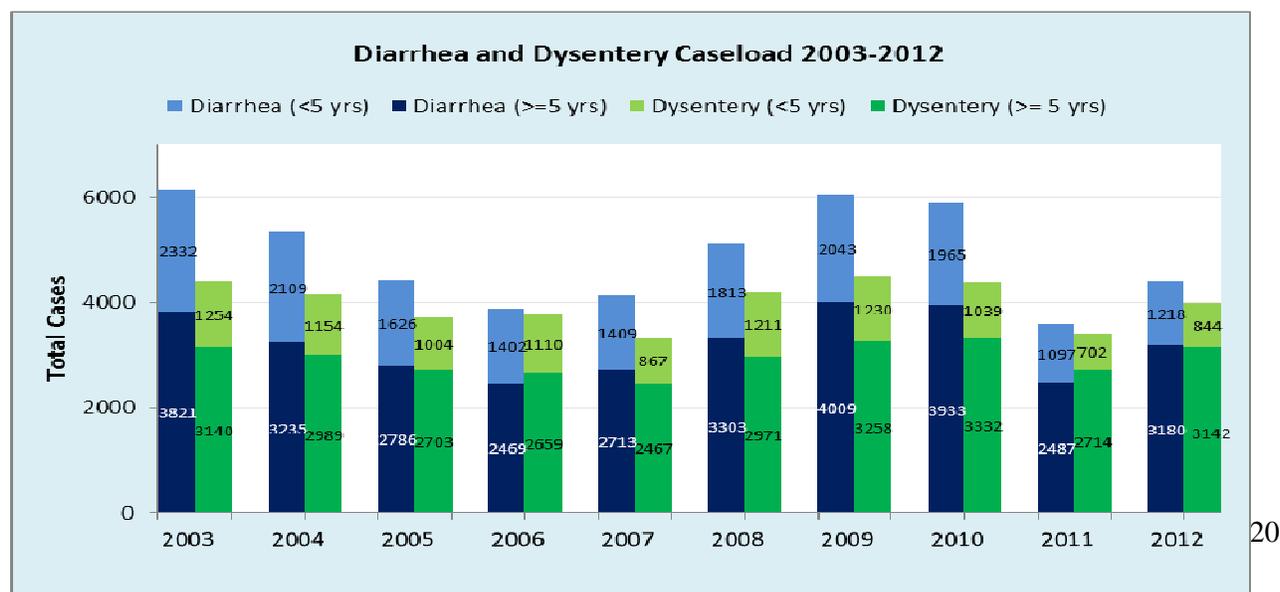
Malaria P.f. Cases January - December 2012 by Area

No	Area	<5		≥5			Total
		M	F	M	F	Pregnancy	
1	Kayah	35	21	277	145	35	513
2	Kayan	25	23	91	59	25	223
3	Special	4	5	109	87	35	240
4	Taungoo	22	31	148	165	30	396
5	Kler Lwee Htoo	24	26	143	87	9	289
6	Thaton	6	6	130	65	5	212
7	Papun	82	62	330	284	28	786
8	Pa An	18	15	116	97	3	249
9	Doo Playa	62	47	297	245	20	671
10	Kaw Kareik	12	7	121	98	1	239
11	Win Yee	34	25	182	141	12	394
12	Mergue/Tavoy	40	55	321	232	44	692
13	Yee	115	95	350	299	61	920
14	Moulmein	36	32	171	114	16	369
15	Shan	3	4	112	94	16	229
16	Palaung	1	0	51	40	3	95
17	Kachin	2	3	24	36	0	65
18	Arakan	6	11	124	50	23	214
Total		527	468	3097	2338	366	6796

ii. Diarrhea and Dysentery

In general, diarrhea and dysentery cases increased slightly in 2012, as compared to those recorded in 2011. The annual cases of diarrhea for children under the age of five years increased by **9.9%** and the total number of cases increased by **18.5%**. The under five years of age dysentery cases increased by **16.8%**, while the total number of cases increased by **14%**. The increase in cases was a result of the addition of 10 new Back Pack teams in 2012.

Diarrhea and Dysentery Caseload over Time



BPHWT Annual Dysentery Cases January - December 2012 by Area

No	Area	Ages				Total
		< 5		> = 5		
		M	F	M	F	
1	Kayah	7	5	163	136	311
2	Kayan	9	7	39	54	109
3	Special	22	19	86	70	197
4	Taungoo	30	28	78	84	220
5	Kler Lwee Htoo	3	3	59	42	107
6	Thaton	57	120	139	207	523
7	Papun	27	24	101	109	261
8	Pa An	32	23	92	66	213
9	Doo Playa	42	39	135	111	327
10	Kaw Kareik	5	3	17	19	44
11	Win Yee	13	11	59	71	154
12	Mergue/Tavoy	33	32	133	136	334
13	Yee	33	59	168	158	418
14	Moulmein	29	45	103	135	312
15	Shan	2	0	73	53	128
16	Palaung	21	22	34	38	115
17	Kachin	18	15	46	54	133
18	Arakan	4	2	25	49	80
Total		387	457	1550	1592	3986

BPHWT Annual Diarrhea Cases January - December 2012 by Area

No	Area	Ages				Total
		< 5		> = 5		
		M	F	M	F	
1	Kayah	52	52	296	244	644
2	Kayan	33	24	53	43	153
3	Special	30	44	103	107	284
4	Taungoo	59	65	79	98	301
5	Kler Lwee Htoo	6	9	57	31	103
6	Thaton	36	20	38	47	141
7	Papun	31	20	90	76	217
8	Pa An	58	48	67	61	234
9	Doo Playa	42	29	62	75	208
10	Kaw Kareik	6	3	32	17	58
11	Win Yee	12	17	23	26	78
12	Mergue/Tavoy	65	71	125	144	405
13	Yee	33	54	156	138	381
14	Moulmein	33	37	117	114	301
15	Shan	12	16	153	149	330
16	Palaung	41	38	35	47	161
17	Kachin	60	56	78	141	335
18	Arakan	3	3	31	27	64
Total		612	606	1595	1585	4398

iii. Acute Respiratory Infection (Mild)

In 2012, the annual cases of acute respiratory infection (mild) for children under the age of five years slightly decreased. However, the total caseload increased as compared to those recorded during 2011. The number of cases for children under the age of five decreased by **0.74%**, while the caseload for the total population increased by **6 %**. The increase in cases was a result of the addition of 10 new Back Pack teams in 2012.

BPHWT Annual ARI (Mild) Cases January - December 2012 by Area

No	Area	Ages				Total
		< 5		> = 5		
		M	F	M	F	
1	Kayah	299	263	1189	1159	2910
2	Kayan	16	12	51	63	142
3	Special	131	128	187	202	648
4	Taungoo	58	66	89	109	322
5	Kler Lwee Htoo	59	40	455	294	848
6	Thaton	154	168	348	483	1153
7	Papun	131	197	421	437	1186
8	Pa An	160	209	287	329	985
9	Doo Playa	172	168	418	467	1225
10	Kaw Kareik	26	27	71	75	199
11	Win Yee	40	49	207	173	469
12	Mergue/Tavoy	175	198	392	368	1133
13	Yee	134	149	337	418	1038
14	Moulmein	47	55	131	190	423
15	Shan	80	126	205	210	621
16	Palaung	57	47	170	224	498
17	Kachin	139	187	395	646	1367
18	Arakan	15	43	40	47	145
Total		1893	2132	5393	5894	15312

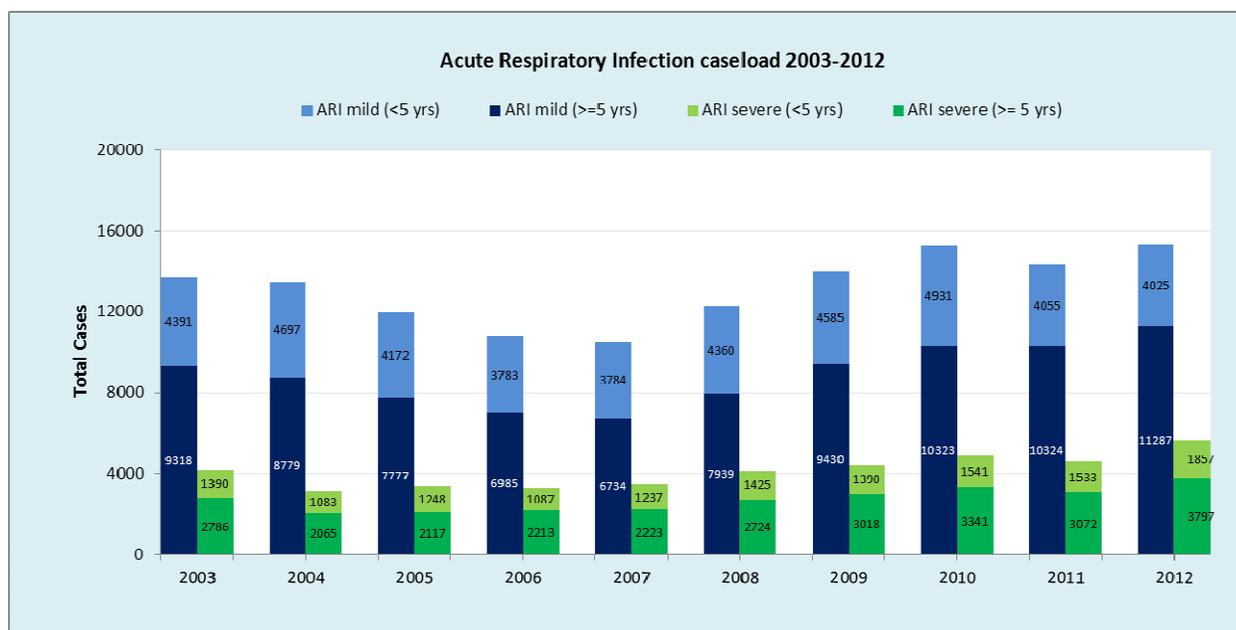
iv. Acute Respiratory Infection (Severe)

In 2012, the acute respiratory infection (severe) cases increased by **17%** for children under the age of five and by **18.6%** for the total number of cases as compared to those recorded during 2011. The increase in cases was a result of the addition of 10 new Back Pack teams in 2012.

BPHWT Annual ARI (Severe) Cases January – December 2012 by Areas

No	Area	Ages				Total
		< 5		> = 5		
		M	F	M	F	
1	Kayah	4	3	41	32	80
2	Kayan	6	7	49	38	100
3	Special	20	15	72	51	158
4	Taungoo	79	88	124	114	405
5	Kler Lwee Htoo	23	20	129	91	263
6	Thaton	158	167	235	282	842
7	Papun	116	105	196	199	616
8	Pa An	150	126	174	220	670
9	Doo Playa	94	99	181	220	594
10	Kaw Kareik	23	28	69	76	196
11	Win Yee	34	41	47	62	184
12	Mergue/Tavoy	57	45	109	95	306
13	Yee	51	63	172	172	458
14	Moulmein	51	44	115	122	332
15	Shan	0	1	13	13	27
16	Palaung	17	23	73	75	188
17	Kachin	27	26	40	42	135
18	Arakan	9	37	29	25	100
Total		919	938	1868	1929	5654

Acute Respiratory Infection Caseload over Time



v. Measles

In 2012, the measles cases increased by **5.4 %** for children under the age of five years and **39.9%** for the total cases as compared to the previous year. The increase in cases was a result of the addition of 10 new Back Pack teams in 2012 and a measles outbreak in Pa An (see Emergency Response section for more details).

BPHWT Annual Measles Cases January - December 2012 by Area

No	Area	Ages				Total
		< 5		> = 5		
		M	F	M	F	
1	Kayah	0	0	0	0	0
2	Kayan	0	0	0	0	0
3	Special	0	0	0	0	0
4	Taungoo	31	30	30	26	117
5	Kler Lwee Htoo	19	19	83	51	172
6	Thaton	0	0	5	3	8
7	Pa Pun	3	3	3	20	29
8	Pa An	33	6	26	27	92
9	Doo Playa	7	9	14	9	39
10	Kaw Kareik	0	0	0	0	0
11	Win Yee	0	0	0	12	12
12	Mergue/Tavoy	17	15	10	8	50
13	Yee	8	14	22	23	67
14	Moulmein	23	20	57	83	183
15	Shan	17	24	14	20	75
16	Palaung	3	4	8	9	24
17	Kachin	11	12	7	8	38
18	Arakan	0	0	100	0	100
Total		172	156	379	299	1006

vi. Worm Infestation

The BPHWT established a de-worming program in 2003 in order to reduce malnutrition among children. As part of the Community Health Education and Prevention Program, the BPHWT also provides health education, focusing on hygiene, clean water, and sanitation activities among the villages. Because of the wide distribution of the BPHWT's de-worming program in all the BPHWT target areas, cases for worm infestation decreased rapidly from year to year. However, compared to the previous year, worm infestation cases increased by **3.4%** for children under the age of five years and by **7 %** for the total number of cases. The increase in cases was a result of the addition of 10 new Back Pack teams in 2012.

BPHWT Annual Worm Infestation Cases January - December 2012 by Area

No	Area	Ages				Total
		< 5		> = 5		
		M	F	M	F	
1	Kayah	27	25	207	181	440
2	Kayan	51	60	31	30	172
3	Special	45	21	72	44	182
4	Taungoo	47	53	51	67	218
5	Kler Lwee Htoo	11	7	30	26	74
6	Thaton	33	6	49	105	193
7	Papun	24	25	63	32	144
8	Pa An	25	33	46	64	168
9	Doo Playa	42	54	126	153	375
10	Kaw Kareik	1	1	0	8	10
11	Win Yee	67	66	112	154	399
12	Mergue/Tavoy	51	47	252	359	709
13	Yee	43	87	172	156	458
14	Moulmein	60	66	128	158	412
15	Shan	28	26	116	119	289
16	Palaung	13	43	32	48	136
17	Kachin	6	8	35	43	92
18	Arakan	132	39	24	25	220
Total		706	667	1546	1772	4691

vii. Suspected Pulmonary Tuberculosis and AIDS Cases

The total number of suspected cases of tuberculosis (TB) in 2012 increased by **75%** for children under five years of age and **16%** for the total number of cases as compared to those recorded during the previous year. The increase in cases was a result of the addition of 10 new Back Pack teams in 2012. Health workers could not treat the suspected TB patients because the BPHWT is not equipped to oversee a TB treatment program in the target areas, and the health workers are not prepared to manage a TB program or TB patients. TB patients need long-term treatment and should receive appropriate care and oversight. The Back Pack Health Worker Team is not able to provide this level of sustained care since its activities are in target areas that are unstable. The BPHWT is only able to provide health education and advise patients where to access appropriate treatment and care. TB is considered one of the main health problems experienced by internally displaced persons. The table below also shows suspected TB and AIDS cases seen in the IDP areas. The BPHWT is considering expanding its activities in order to better address TB and HIV/AIDS.

BPHWT Annual Suspected TB Cases January – December 2012 by Area

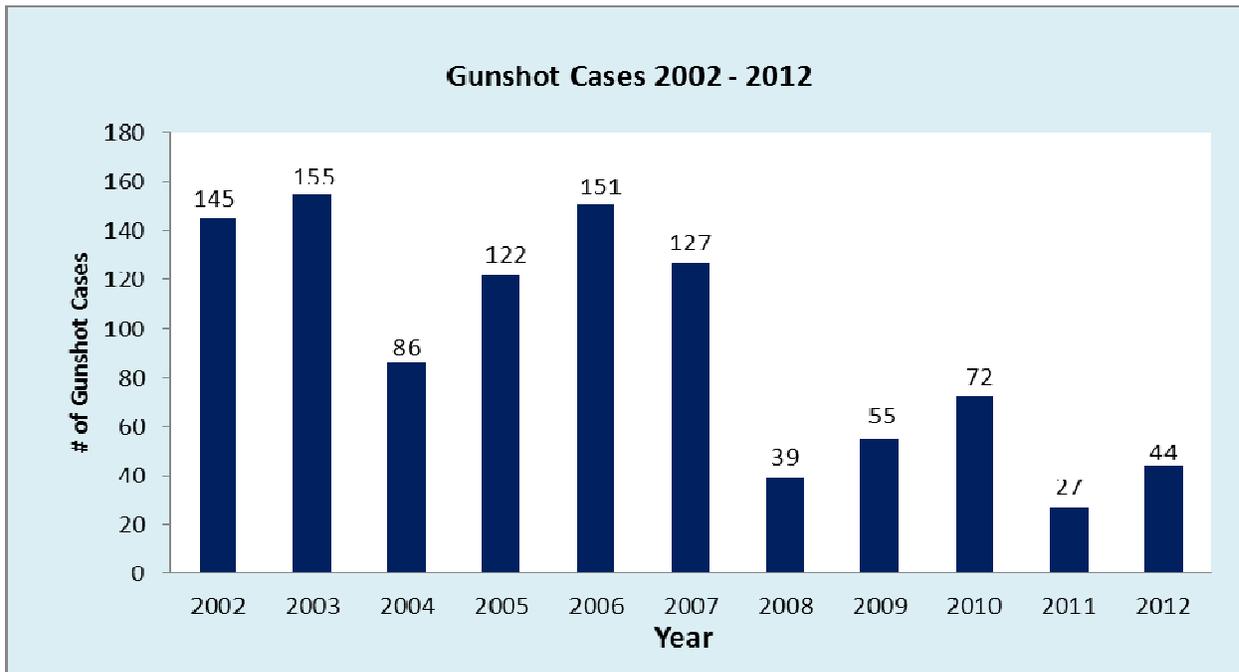
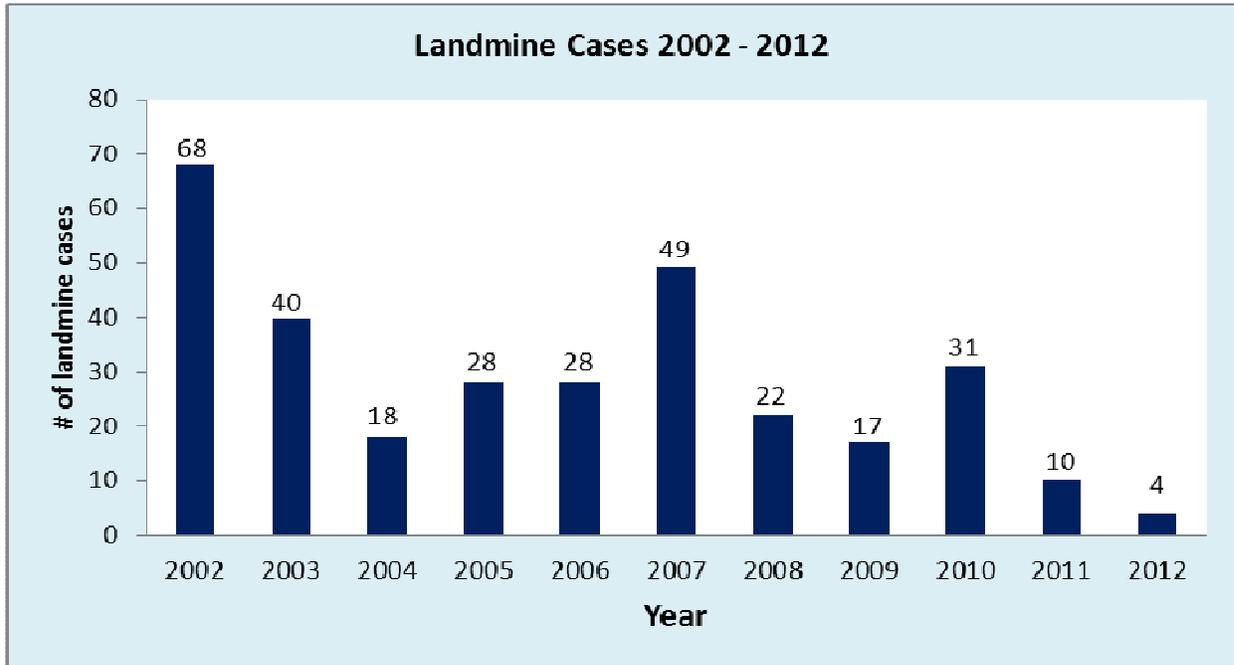
No	Area	Ages				Total
		< 5		> = 5		
		M	F	M	F	
1	Kayah	1	2	20	10	33
2	Kayan	0	6	56	27	89
3	Special	0	0	0	0	0
4	Taungoo	0	0	2	3	5
5	Kler Lwee Htoo	0	0	0	0	0
6	Thaton	24	39	41	51	155
7	Papun	0	0	0	0	0
8	Pa An	0	0	5	1	6
9	Doo Playa	0	0	0	1	1
10	Kaw Kareik	0	0	0	0	0
11	Win Yee	0	0	6	6	12
12	Mergue/Tavoy	7	10	44	42	103
13	Yee	13	0	2	5	20
14	Moulmein	0	0	0	0	0
15	Shan	0	0	4	1	5
16	Palaung	18	0	2	1	21
17	Kachin	0	0	3	3	6
18	Arakan	0	0	0	0	0
Total		63	57	185	151	456

BPHWT Annual Suspected HIV/AIDS Cases January - December 2012 by Area

No	Area	Ages				Total
		< 5		> = 5		
		M	F	M	F	
1	Kayah	0	0	1	0	1
2	Kayan	0	0	0	0	0
3	Special	0	0	0	0	0
4	Taungoo	0	0	0	0	0
5	Kler Lwee Htoo	0	0	0	0	0
6	Thaton	0	0	0	0	0
7	Pa Pun	0	0	2	0	2
8	Pa An	0	0	2	0	2
9	Doo Playa	0	0	0	0	0
10	Kaw Kareik	0	0	0	0	0
11	Win Yee	0	0	0	0	0
12	Mergue/Tavoy	0	2	0	1	3
13	Yee	0	0	0	0	0
14	Moulmein	0	0	0	0	0
15	Shan	0	0	0	0	0
16	Palaung	0	0	1	1	2
17	Kachin	0	0	0	0	0
18	Arakan	0	0	0	0	0
Total		0	2	6	2	10

viii. Acute Landmine and Gunshot Injuries

In 2012, 4 new landmine and 44 new gunshot injuries cases were recorded by the BPHWT field workers. However, some cases were not recorded and some data was lost due to security problems. According to the chart, the landmine injuries decreased, while the gunshot injury cases increased. The 4 landmine injury cases were: 1 from Kler Lwee Htoo, 1 from Pa An, 1 from Win Yee, and 1 from Arakan . The gunshot injury cases were mostly from the Papun and the Thaton aresa.



Emergency Response to Disease Outbreaks and Emergency Situations

1) Flooding in Kyauk Kyi Township in the Kler Lwee Htoo Field Area

This flooding happened in August 2012 in Ma Hu Pin, Let Kout Wa, and Key Pin Su villages in Kyauk Kyi Township. There were **190** households and a total population of **1,021** people in these villages. Because of the flooding, the houses, agricultural fields, and farms were destroyed. People from these villages faced a severe food shortage and poor water, sanitation, and hygiene conditions. Therefore, the BPHWT provided rice, chlorine for water purification, and soap for personal hygiene. Meanwhile, a village health workshop was conducted to provide health education on proper personal hygiene, sanitation, clean water, and how to prevent contracting and spreading communicable diseases and common sicknesses. This village health workshop was attended by **371** (**135** men, **236** women) participants from **7** villages: Ma Hu Pin, Let Kout Wa, Key Pin Su, Wellar Taw, Sweddy, Htite Too, and Sor Mu Thei.



Providing Assistance to Flood Victims

2) Measles Outbreak in Pa An District

From March - April 2012, there was a measles outbreak in 3 villages in the Kaw Thu Kee village tract, in Hlaing Bwe Township of Pa An District in Karen State. There are 242 households and 1,345 people in the villages. About 500 people contracted measles; 6 BPHWT medics from the Pa An field area responded and treated over 100 patients. Eight under 10 year-old children died from this outbreak. The BPHWT coordinated and collaborated with the Karen Department of Health and Welfare (KDHW) and the Karen National Union (KNU) Pa An Township Office to respond to this outbreak.

3) Influenza (flu) Outbreak in Papun District

In September 2012, there was a flu outbreak in Tae Bo Hta village and 10 nearby villages in the Papun field area. Out of the **4,577** people who live in those villages, **4,107** people (2,075 women and 2,032 men) contracted flu and there were 3 deaths. In response to the outbreak, 7 medics and 1 village health volunteer from the BPHWT provided treatment to these patients.

9.2) Community Health Education and Prevention Program

The Community Health Education and Prevention Program (CHEPP) aims to empower the internally displaced persons and vulnerable populations of Burma with skills and knowledge related to basic healthcare and primary healthcare concepts. CHEPP focuses on the improvement of hygiene, water and sanitation systems, nutrition, and other health promotion-related issues. The main health issues addressed under the Community Health Education and Prevention Program are:

- Malaria prevention
- Hygiene and sanitation
- Diarrhea prevention
- Malnutrition

- High-risk pregnancy
- Breast feeding practices
- Landmine risk education
- HIV/AIDS education
- Prevention and awareness of bird flu and swine flu

The Community Health Education and Prevention Program is also integrated into school health programs and village health workshops. In terms of preventative activity, the BPHWT field workers distribute Vitamin A and de-worming tablets. They also provide latrines to schools and communities. On 1 December 2012, the BPHWT field workers organized **77** sessions of World AIDS Day awareness-raising activities in each Back Pack team's target area with **7,743** people participating in these activities.

1). School Health Activities

In 2012, the BPHWT implemented its school health program in **320** schools with **990** teachers and **22,418** students receiving health education from BPHWT's health workers. The program also distributes de-worming medicine and Vitamin A, personal hygiene supplies, and materials for the construction of latrines. The BPHWT built **4** water filters which benefited **29** teachers and **557** students in **4** schools, and **112** school latrines which benefited **423** teachers and **8,139** students in **70** schools.



2). Nutritional Program

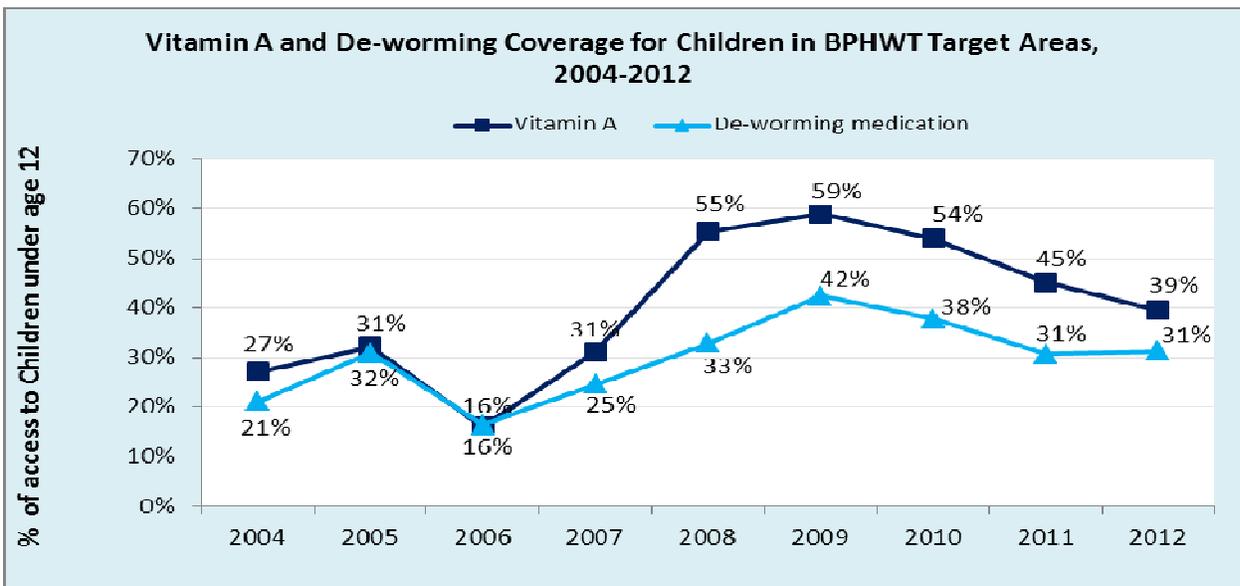
The BPHWT distributes Vitamin A and de-worming medicine in order to prevent malnutrition. In 2012, **27,271** children received Albandozole and **32,586** children received Vitamin A. BPHWT field health workers also provide health education regarding on this topic in village health workshop in every six month. In the graph below shows decreasing of distributing Vitamin A to children in 2012 because there was no activity reports from the Mon and Shan Kayah (Special) field area, and only first six-month activity from Arakan targeted field areas. These areas delayed their reports for the CHEPP program workshop. Consequently, the BPHWT decided not to provide Vitamin A and de-worming medicine to those targeted areas.

Number of Children Receiving Vitamin A: January-December 2012

No	Area	Vitamin A						Average
		6-<12 Months		1-<6 Years		6 - < 12 Years		
		1 st	2 nd	1 st	2 nd	1 st	2 nd	
1	Kayah	717	108	813	1879	1136	1207	2930
2	Kayan	415	423	552	563	516	926	1698
3	Special	203	12	358	143	492	182	695
4	Taungoo	336	770	776	1142	1503	1710	3119
5	Thaton	355	595	786	940	1159	1192	2514
6	Kler Lwee Htoo	468	178	1646	1010	1601	887	2895
7	Papun	469	694	1905	1976	2087	2094	4613
8	Pa An	122	90	994	851	1674	1044	2388
9	Dooplaya	438	477	1508	1464	1824	1834	3773
10	Kawkareik	0	87	137	350	193	617	692
11	Win Yee	10	10	530	151	1283	182	1083
12	Mergue/Tavoy	261	593	889	1276	1344	1627	2995
13	Yee	0	0	0	0	0	0	0
14	Moulmein	0	0	0	0	0	0	0
15	Shan	438	5	720	24	1061	49	1149
16	Palaung	20	0	200	0	310	0	265
17	Kachin	86	42	944	325	926	550	1437
18	Arakan	98	0	399	0	191	0	344
Total		4436	4084	13157	12094	17300	14101	32586

Number of Children Receiving De-worming Medicine: January-December 2012

No	Area	First Term	Second Term	Average Total
1	Kayah	1901	2514	2208
2	Kayan	1549	1270	1410
3	Special	473	325	399
4	Taungoo	2615	2804	2710
5	Kler Lwee Htoo	1974	1976	1975
6	Thaton	3470	3574	3522
7	Papun	4174	4113	4144
8	Pa An	2107	1844	1976
9	Dooplaya	0	3313	1657
10	Kawkareik	0	946	473
11	Win Yee	1813	1992	1903
12	Mergue/Tavoy	1879	2369	2124
13	Yee	0	0	0
14	Moulmein	0	0	0
15	Shan	1600	89	845
16	Palaung	530	0	265
17	Kachin	1956	875	1416
18	Arakan	496	0	248
Total		26537	28004	27271



Vitamin A and De-Worming Supplementation Coverage Represented as a Percentage of the Total Number of Times Children under 12 Years of Age Should Receive Each Medication Each Year

3). Water and Sanitation Project

The BPHWT aims to provide one gravity flow for **60** household and **300** population; one shallow well for **10** households and **50** population, and one community latrine for every **5 to 10** people in all its target areas. The Back Pack Health Worker Team has established water and sanitation projects since 2005. During 2012, the BPHWT teams built **15** gravity flow water systems and the beneficiary population that has received gravity flow water system includes **707** households composed of **4,253** people. The BPHWT also built **36** shallow well water systems which have been received by **690** households and **3,827** beneficiaries. The BPHWT also provided **3,273** community latrines, and **112** school latrines. There were **4** water filters constructed in school benefited for **154** students.

No	Area	Water and Sanitation Systems – 2012								
		Gravity Flow			Shallow Well			Community Latrines		
		No	HHs	Pop	No	HHs	Pop	No	HHs	Pop
1	Kayah	0	0	0	2	76	544	350	350	2094
2	Kayan	2	49	186	0	0	0	350	358	1842
3	Special	0	0	0	2	24	168	200	217	997
4	Taungoo	1	35	209	5	165	930	250	250	1415
5	Kler Lwee Htoo	0	0	0	14	168	1032	115	115	703
6	Thaton	0	0	0	3	96	323	350	350	1751
7	Papun	3	114	619	4	56	271	350	350	1793
8	Pa An	2	111	637	0	0	0	320	320	1907
9	Dooplaya	3	109	535	0	0	0	250	250	1302
10	Kawkareik	0	0	0	2	54	274	0	0	0
11	Mergue/Tavoy	1	51	346	2	26	147	163	163	887
12	Shan	0	0	0	0	0	0	200	234	1159
13	Palaung	0	0	0	0	0	0	45	46	286
14	Kachin	0	0	0	0	0	0	150	858	4001
15	Chin	2	164	877	2	25	138	0	0	0
16	Arakan	1	74	844	0	0	0	180	180	1081
Total		15	707	4253	36	690	3827	3273	4041	21218

4). Village Health Worker Training and Village Health Workshop

An external evaluation facilitated by the Burma Relief Centre (BRC) from 2010-2011 found that the BPHWT's mobile health workers cannot stay in the villages for extended periods of time. Even though they are from the community, they have to provide healthcare service to more than one village in their tract and generally cannot stay in each village for more than three days. Therefore, the evaluation recommended that in order for the communities to have more continuous accessible healthcare, the stationary Village Health Volunteers (VHVs) that work with each Back Pack team should receive training to upgrade their skills to become Village Health Workers (VHWs). The longer VHW training (three months long compared to the one-month VHV training) will increase their skill level and enable them to immediately treat common diseases, provide follow-up care, and ensure that anyone with a fever is tested with Paracheck within 24 hours; thus, the BPHWT's programs will be more sustainable. Since the external evaluation, the BPHWT has taken an active approach to address the recommendations and started training VHVs to become VHWs during the first six-month period of 2012. The objective of the BPHWT is to train and provide 10 VHVs/5 VHWs for each Back Pack team, with each VHV/VHW targeting a population of 200/400 community members. During 2012, **417** VHVs/VHWs were working with the BPHWT.

Village Health Worker (VHW) Training: In 2012, the BPHWT organized **13** village health worker training sessions which were attended by **238** participants, comprised of **66** men and **172** women. During the six month meeting period, Arakan health workers were still conducting VHW training; as a result, no VHW data from the Arakan field area was reported. VHW kits were distributed in the first six-month period of 2013 to VHWs in order to provide more accessible healthcare to the communities and have a more sustainable health system in BPHWT target areas. These kits were distributed to the VHWs who were trained and had been working with health workers closely for six months as interns. In addition, **349** handbooks were provided to the VHWs.

Village Health Worker Training - 2012

No	Area	# of BP Teams	# of Trainings	Village Health Workers		Total
				M	W	
1	Toungoo	5	2	15	30	45
2	Kler Lwee Htoo	3	1	7	12	19
3	Shan	3	1	0	20	20
4	Kayah	7	2	10	34	44
5	Kayan	3	1	4	19	23
6	Thaton	4	1	1	19	20
7	Pa An	3	1	3	15	18
8	Chin	3	1	11	5	16
9	Doooplaya	4	1	8	15	23
10	Mergue/ Tavoy	3	1	7	3	10
11	Arakan	0	1	0	0	0
Total		38	13	66	172	238

Village Health Workshop: The BPHWT organizes village health workshops every six months. These workshops cover topics such as water, sanitation, and disease prevention. Village health workshops typically focused on discussions of water-borne diseases. Strategies for preventing the spread of infection of malaria, diarrhea, respiratory infections, worm infestations, measles and typhoid are also addressed. Other topics discussed included malnutrition, waste disposal, Vitamin A, de-worming medicine, Lymphatic Filariasis, high-risk pregnancies, and how to make oral rehydration solution (ORS). The occurrence of workshops depended on the security situation in the community and the available time. Workshops usually involved small group discussions with the topics from these discussion groups then brought back to the main group for general discussion.

In 2012, the BPHWT organized **130** village health workshops in **18** targeted field areas, attended by **9,097** people – **4,366** men and **4,732** women. Communities were invited to send representatives from



Providing Village Health Workshop in Shan Area

different sectors such as religious leaders, traditional birth attendants, and school teachers to attend discussions. These representatives then go back to their respective communities and further transmit their knowledge about these health practices. The focus of the sessions is on primary healthcare concepts, such as prioritizing preventing the spread of infection as opposed to the curative treatments that villagers currently rely upon. These sessions also include a discussion period in which community members can raise further issues

affecting their health. During these sessions, the health priorities of the community are identified and the community members participate in discussions about how the BPHWT can help to address these issues.

Village Health Workshops 2012

No	Area	Teachers		Students		TBAs/TTBA		HWs		VHVs/ VHWs		Shop Keepers		Religion Leaders		Women Org		Youth Org		Village Leaders		Villagers		Authorities		Total
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1	Kayah	3	19	4	5	0	28	6	8	20	21	1	12	31	4	0	63	85	40	66	1	278	239	47	1	978
2	Kayan	6	11	62	71	3	16	8	10	7	10	11	8	15	5	2	14	36	40	23	0	64	59	32	0	508
3	Special	3	10	0	0	2	6	9	6	2	3	0	0	4	4	0	0	9	11	15	2	90	80	20	2	275
4	Taungoo	6	7	26	29	1	12	5	5	6	9	0	1	7	1	1	14	14	12	14	2	55	63	12	0	298
5	Kler Lwee Htoo	7	19	118	133	4	12	8	8	4	13	3	7	5	2	0	46	43	42	19	14	66	104	6	4	683
6	Thaton	13	23	158	235	3	39	7	20	7	19	7	18	19	7	15	43	22	23	28	12	177	281	17	4	1,190
7	Papun	14	16	70	87	6	18	17	4	9	8	17	22	7	2	0	19	15	9	35	7	174	219	22	0	794
8	Pa An	5	14	20	29	4	21	5	7	6	13	3	16	14	5	0	16	27	34	24	5	106	142	7	1	516
9	Dooplaya	8	25	141	163	3	20	4	3	5	10	14	19	20	1	0	14	11	11	30	3	220	233	11	0	963
10	Kawkareik	5	7	53	47	1	9	5	6	1	6	0	5	4	0	0	0	1	0	11	0	78	71	4	1	311
11	Win Yee	3	7	22	27	2	6	3	4	1	0	2	6	5	1	0	8	6	6	10	1	56	62	1	0	235
12	Mergue/Tavoy	9	20	43	57	12	21	10	27	6	19	12	26	21	13	0	49	41	20	29	9	149	148	28	9	773
13	Yee	2	6	10	16	0	3	1	3	0	0	0	0	7	0	0	6	17	25	9	0	73	61	7	0	242
14	Moulmein	1	7	0	0	0	0	1	6	0	0	0	0	7	0	0	12	14	16	8	0	44	36	8	2	159
15	Shan	3	1	33	21	0	8	3	2	2	3	2	2	4	0	0	0	0	1	12	0	272	271	5	0	640
16	Palaung	0	2	2	3	2	4	1	1	0	0	0	1	0	0	0	2	5	4	5	0	42	48	0	0	120
17	Kachin	2	3	13	10	0	3	0	0	1	3	1	2	2	0	0	4	0	2	3	0	29	41	0	0	115
18	Arakan	5	2	18	19	0	7	0	3	0	0	10	6	0	0	0	0	0	0	24	0	126	85	0	0	301
Total		91	196	788	947	39	229	89	119	72	136	81	146	169	43	18	307	342	295	361	54	2096	2239	223	23	9097

5). Lymphatic Filariasis Pilot Sub-Program

This five year Lymphatic Filariasis (LF) Pilot Sub-Program has been operational since 2008 in the Kler Lwee Htoo, Thaton, and Papun Field Areas in response to reports of significant lymphadema and hydrocele. The purpose of implementing this pilot sub-program is to prevent the further transmission of LF by treating people currently infected with the disease. From January to July 2008, the BPHWT health workers screened 100 people in each area using ICT card tests - the screening confirmed high levels of infection in these three areas. In July 2008, the BPHWT began Mass Drug Administration (MDA) in communities in Papun. In January 2009, the BPHWT extended MDA into Thaton and Kler Lwee Htoo.

The table below provides details of the MDA of diethylcarbamazine (DEC) that was continued in Kler Lwee Htoo, Thaton and Papun throughout 2012. In 2012, **10,757** people – **4,775** women and **5,982** men received DEC. The table below provides details of the MDA of DEC that was distributed in the three field areas and population reached during 2012.

The health workers also provide a Lymphatic Filariasis Awareness Workshop every six months. In 2012, there were 5 sessions of Lymphatic Filariasis Awareness Workshops conducted attended by **1,235** people. At the Lymphatic Filariasis Awareness Workshop, LF program workers identified the following reasons why people often do not want to take DEC: illness and other side effects of the drugs; fear of the medicine; and lack of understanding about LF (which is often asymptomatic and can be very easily transmitted from person to person). Other difficulties that prevented field workers from reaching a greater proportion of the population included security conditions and community members often having to work very far from their village and being difficult to reach.



Lymphatic Filariasis Patient in Papun

The BPHWT was continuing MDA focusing on further raising awareness of the risks of LF, how the disease is transmitted, and the importance of taking DEC to prevent transmission. The LF Pilot Sub-Program will continue MDA for a minimum of 5 years. During the first six-month period of 2011, ICT testing was conducted in order to evaluate the prevalence MDA and assess the updated impact of the sub-program. The BPHWT decided to do LF program screening during the second six-month period of 2013 to see the sub-program's effectiveness.

LF Pilot Sub-Program Mass Drug Administration: 2012

Area	January – June		July - December	
	Adjusted Population (Reached)	Total Population Ingested Medicine	Adjusted Population (Reached)	Total Population Ingested Medicine
Kler Lwee Htoo	3,740	284	3,568	2,914
Thaton	1,759	718	1,894	436
Papun	5,826	2,823	5,906	3,582
Total	11,325	3,825	11,368	6,932

9.3) Maternal and Child Healthcare Program:

The Back Pack Health Worker Team began the Maternal and Child Healthcare Program (MCHP) in 2000. The BPHWT has trained Traditional Birth Attendants (TBAs) every year in order to reach their goal of ten TBAs for every 2,000 people. During 2012, the BPHWT started to train Trained Traditional Birth Attendants (TTBAs) with higher skills to provide safe deliveries in order to reduce maternal and child deaths.

During 2012, !The Formula Not In Table women, who had just given birth, received Vitamin A; !The Formula Not In Table pregnant women received Albandozole, and !The Formula Not In Table women and pregnant women received iron supplements. In total, !The Formula Not In Table newborn babies received Vitamin A.

In 2012, **787** TBAs/TTBAs were working with the Back Pack Health Worker Team. They assisted in **3,961** births; of these, **3,927** were live births, **35** were stillbirths or abortions, and there were **37** cases of neo-natal deaths. The TBAs also recorded **9** maternal deaths.

1) Traditional Birth Attendant Training: In 2012, the BPHWT organized **13** TBA trainings in **7** areas: Kayan, Arakan, Kachin, Palaung, Shan, Pa An, and Dooplaya areas. There were **140** participants, comprised of **12** men and **128** women. The purpose of this training was to train TBAs to provide safe deliveries and reduce maternal and child deaths in the targeted field areas. This TBA training is provided for **7** days.

2) Trained Traditional Birth Attendant Training: In 2010-2011, an external evaluation facilitated by BRC recommended that TBAs in the targeted villages must have more knowledge and skills in order to be more effective. As a result, in 2012, the BPHWT decided to train TBAs to become Trained Traditional Birth Attendants (TTBAs) who will have greater skills and knowledge to provide safe deliveries, related health education and an effective referral system. TTBA training is **20** days long. During 2012, the BPHWT organized **11** TTBA trainings in 3 field areas: Kayan, Kayah, and Thaton. There were **57** participants – all of whom were women.

3) Traditional Birth Attendant/Trained Traditional Birth Attendant Workshops: The BPHWT organizes TBA/TTBA workshops every six months in order to improve and upgrade TBAs/TTBAs' knowledge and skills, and to enable them to share their experiences and participate in ongoing learning opportunities. Delivery kit and maternity kit supplies were also restocked. These workshops provided a supportive environment for the discussion of issues faced in the field, which were then documented and reported at the reproductive health workshop and the BPHWT Six-Monthly General Meeting.

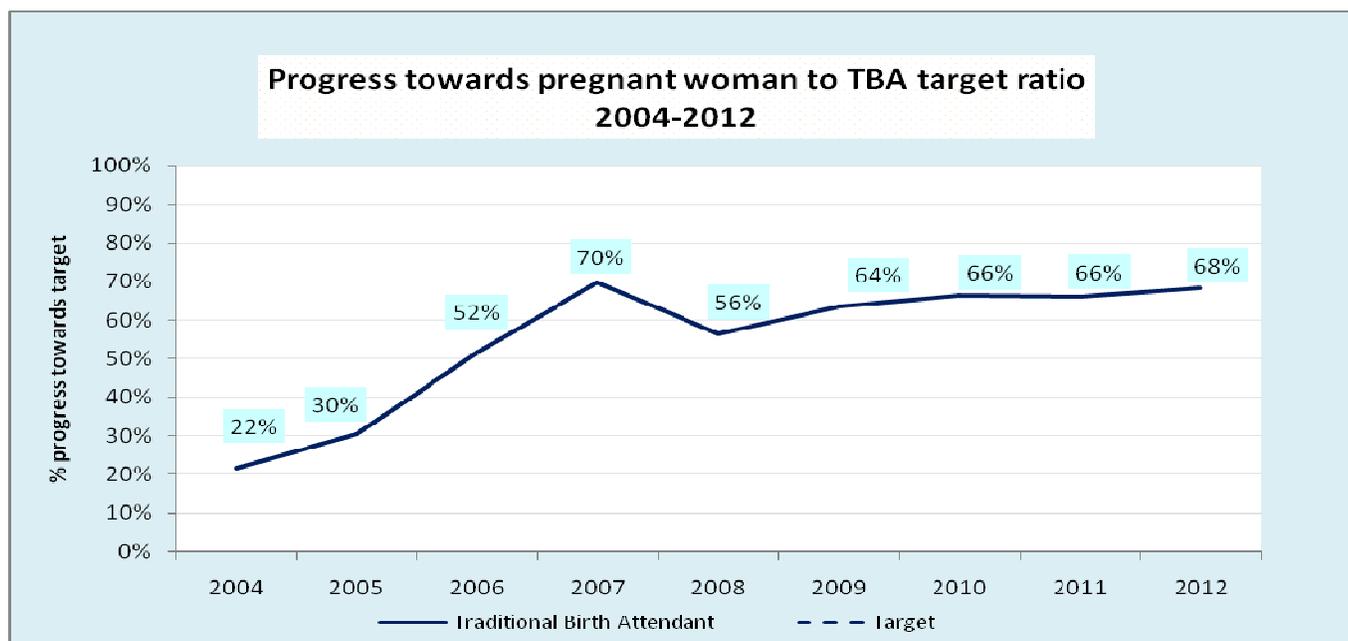
In 2012, **133** TBA/TTBA follow-up workshops were organized in **17** field areas which included **610** TBAs/TTBAs, comprised of **57** men and **553** women. However, some TBAs/TTBAs, who currently work with the BPHWT, could not participate in the workshop because of time limitations and workshop locations. During the workshops, **1,390** TBA kits and **5,560** maternity kits were distributed in order to restock in field areas.



Progress toward TBA to Pregnant Women Target Ratio 2004-2012

Year	TBAs	Pregnant	TBA/Pregnant Ratio	Target TBA/Pregnant Ratio	% Progress to TBA/Pregnant Target
2004	202	7453	37	8	22%
2005	260	6855	26	8	30%
2006	507	7833	15	8	52%
2007	591	6771	11	8	70%
2008	525	7454	14	8	56%
2009	630	7922	13	8	64%
2010	672	8089	12	8	66%
2011	722	8740	12	8	66%
2012	787	9217	12	8	68%

Traditional Birth Attendant-to-Pregnant Ratio as a % of the Target Ratio in BPHWT Target Areas over Time



Birth and Death Records – 2012

No	Area	Deliveries	Live Births	Still Births/ Abortions	Deaths		<2.5 Kg	>2.5 kg
					Neonatal	Maternal		
1	Kayah	305	305	3	0	1	0	302
2	Kayan	184	184	0	3	0	2	182
3	Taungoo	148	147	1	0	0	8	148
4	Klew Lwee Htoo	192	191	2	2	1	12	187
5	Thaton	537	535	2	11	1	64	535
6	Papun	510	506	4	4	0	53	506
7	Pa An	371	368	3	2	1	22	346
8	Dooplaya	398	390	8	3	2	45	373
9	Kawkareik	55	55	0	0	1	3	54
10	Win Yee	178	176	2	2	0	14	166
11	Mergue /Tavoy	194	191	3	1	1	17	190
12	Yee	150	148	2	0	0	1	139
13	Moulmein	0	0	0	0	0	0	0
14	Shan	164	162	2	0	0	3	105
15	Arakan	65	65	0	7	0	0	0
16	Palaung	126	124	1	0	1	19	115
17	Chin	280	279	1	2	0	0	0
18	Kachin	104	101	1	0	0	0	10
19	Shan Kayah	0	0	0	0	0	0	0
	Total	3961	3927	35	37	9	263	3358

*Low Birth-weight Rate = 7.3 %

Pre and Post Natal Distribution of De-worming, Ferrous Sulphate, Folic Acid and Vitamin A

No	Area	De-Worming	F/S & F/A	Vitamin A	
				Mothers	0-6 M Children
1	Kayah	304	304	303	302
2	Kayan	177	175	175	173
3	Taungoo	123	146	147	146
4	Kler Lwee Htoo	181	192	190	190
5	Thaton	531	532	522	519
6	Papun	426	449	445	442
7	Pa An	357	365	456	303
8	Dooplaya	382	381	377	370
9	Kawkareik	55	44	53	54
10	Win Yee	160	159	159	158
11	Mergue/Tavoy	194	194	191	188
12	Yee	143	142	150	149
13	Moulmein	0	0	0	0
14	Shan	157	164	163	160
15	Palaung	123	123	116	119
16	Kachin	55	55	55	55
17	Arakan	4	65	65	65
18	Chin	280	280	280	279
19	Shan Kayah	0	0	0	0
	Total	3652	3770	3847	3672

3) Family Planning Activities

The BPHWT introduced family planning activities in 2003 in order to improve maternal and child health status among internally displaced persons. The BPHWT provides family planning education and supplies to those 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. BPHWT distributes and promotes the use of three family planning methods, namely the contraceptive pill, Depo-Provera, and condoms.

In 2012, the BPHWT provided family planning services to **18** targeted field areas to **4,533** people, of whom **4,294** were women and only **239** were men. This statistic reflects that only a small number of men participate in family planning. In the future, the BPHWT aims to encourage greater male participation in family planning since methods targeting men are simple and involve fewer complications.



Family Planning Supplies Distributed



Providing Health Education on Family Planning

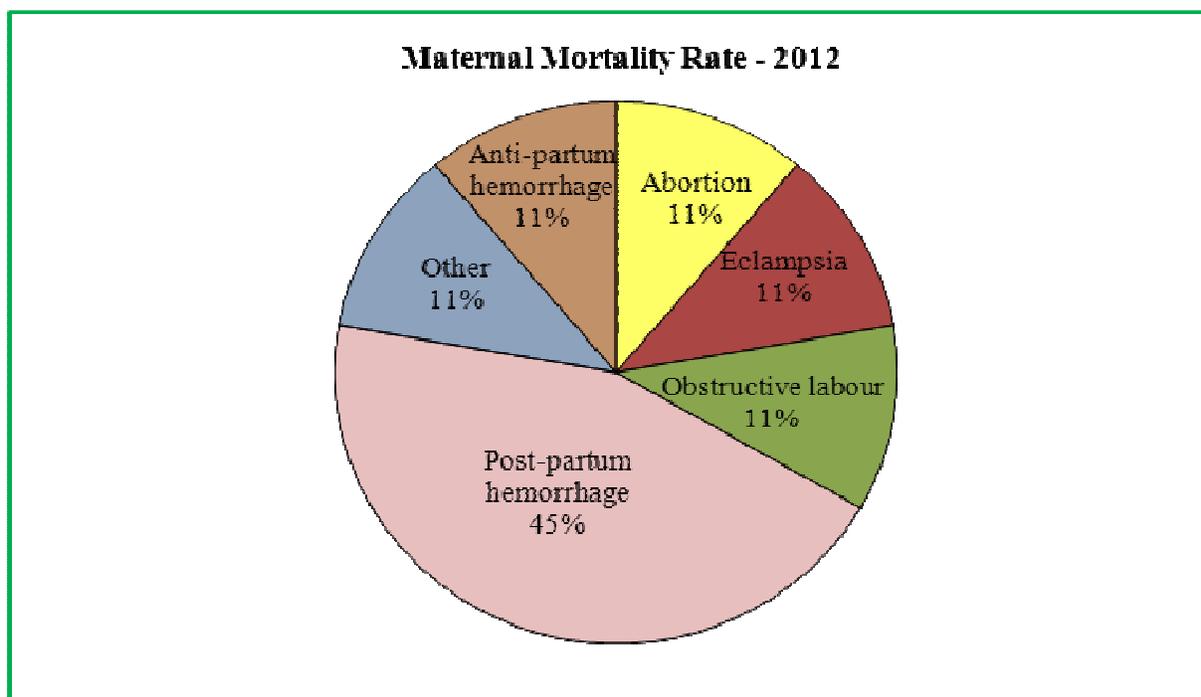
Family Planning Activities – 2012

No	Area	Total Clients	Age		Gravida Parity (G/P)			Visits		Clients			Quantity		
			< 19	>= 19	0	1-4	>4	New	Follow/ Up	Depo	Pill	Condon	Depo (Inj)	Pill (Pack)	Condon (Pieces)
1	Kayah	226	2	224	2	99	125	45	181	142	71	13	203	399	672
2	Kayan	205	0	205	0	123	82	116	89	66	101	38	169	640	873
3	Taungoo	109	0	109	0	63	46	41	68	51	43	15	104	174	270
4	Klew Lwee Htoo	151	0	151	0	90	61	71	80	118	31	2	263	168	90
5	Thaton	852	9	843	8	398	446	271	581	539	272	41	1132	1599	2688
6	Papun	443	1	442	0	127	316	70	373	167	272	4	334	1656	576
7	Pa An	601	9	592	0	393	208	159	442	323	253	25	591	1191	735
8	Doooplaya	521	2	519	2	287	232	258	263	317	153	51	602	803	1311
9	Kawkareik	199	9	190	0	137	62	46	153	138	60	1	248	218	165
10	Win Yee	208	0	208	1	153	54	78	130	83	101	24	158	596	1152
11	Mergue/Tavoy	305	2	303	0	159	146	108	197	167	133	5	341	788	720
12	Yee	60	16	44	19	37	4	9	51	60	0	0	0	0	0
13	Moulmein	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Shan	321	47	274	52	235	34	133	188	185	132	4	328	661	39
15	Palaung	266	7	259	12	205	49	95	171	210	50	6	392	255	460
16	Arakan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Kachin	66	8	58	0	57	9	53	13	49	7	10	0	0	0
18	Chin	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total		4533	112	4421	96	2563	1874	1553	2980	2615	1679	239	4865	9148	9751

4) Summary Fact Sheet of the MCHP's Activities 2000 - 2012

Years	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total Deliveries	115	324	2201	1517	1432	2297	2693	3463	3156	3708	3770	3412	3961
Live Births	101	296	2066	1457	1347	2222	2594	3337	3095	3621	3704	3356	3927
Still Births/ Abortions	14	28	135	60	84	81	103	134	63	90	67	50	35
Neonatal Deaths	N/A	N/A	52	32	47	73	94	117	69	96	77	53	37
Maternal Deaths	N/A	N/A	21	12	8	15	15	27	13	16	9	13	9
Low Birth Weight	N/A	237	9540	279	254	263							

In 2012, the main causes of maternal deaths were post-partum hemorrhage **45%**, obstructed labor **11%**, eclampsia **11%**, APH **11%**, and other **11%**. Neonatal mortality rates during deliveries, attended by the BPHWT, have decreased in comparison with the previous year. However, the BPHWT is still trying to provide higher skills and knowledge of TBAs such as providing TTBA trainings to increase safe delivery, including health education, referral system. Additionally, the BPHWT conducts TBA workshops to update those TBA skills and knowledge that will increase the implementation of safe birthing practices and improve maternal and child health in every six months.



Pregnancy Malaria Screening

In 2012, the BPHWT began screening pregnant women in **17** target areas for malaria. Maternal health is a primary concern for the BPHWT, and since pregnant women are more vulnerable to disease and sickness during pregnancy, this malaria screening was introduced to combat maternal and neonatal mortality. The women were screened at least once and about half were screened twice during their pregnancy. In total, **1,406** pregnant women were screened for malaria. **9%** out of 1,132 women who were screened only once had a positive result and **2%** out of 269 women who were screened twice had a positive result.

Pregnancy Malaria Screening January - December 2012

No	Area Name	-	1 time				2 times				Total (+)	Total (-)	Grand Total	Total (+) %
			+	-	Total	(+) %	+	-	Total	(+) %				
1	Kayah	2	0	36	36	0%	0	36	36	0%	0	72	72	0%
2	Kayan	1	0	22	22	0%	0	22	22	0%	0	44	44	0%
3	Special	2	6	2	8	75%	0	0	0	0%	6	2	8	75%
4	Taungoo	3	18	86	104	17%	0	0	0	0%	18	86	104	17%
5	Kler Lwee Htoo	4	1	67	68	1%	0	7	7	0%	1	74	75	1%
6	Thaton	5	5	206	211	2%	0	31	31	0%	5	237	242	2%
7	Papun	5	9	76	85	11%	5	44	49	10%	14	120	134	10%
8	Pa An	6	0	190	190	0%	0	71	71	0%	0	261	261	0%
9	Doo Playa	3	2	45	47	4%	1	20	21	5%	3	65	68	4%
10	Kaw Kareik	1	0	18	18	0%	0	0	0	0%	0	18	18	0%
11	Win Yee	2	0	42	42	0%	0	8	8	0%	0	50	50	0%
12	Mergue/Tavoy	3	4	31	35	11%	0	7	7	0%	4	38	42	10%
13	Yee	6	41	31	72	57%	0	0	0	0%	41	31	72	57%
14	Moulmein	6	17	50	67	25%	0	0	0	0%	17	50	67	25%
15	Shan	2	0	61	61	0%	0	0	0	0%	0	61	61	0%
16	Palaung	3	0	33	33	0%	0	0	0	0%	0	33	33	0%
17	Kachin	3	0	33	33	0%	0	17	17	0%	0	50	50	0%
Total		57	103	1029	1132	9%	6	263	269	2%	109	1292	1401	8%

5) Eyeglasses Project for Traditional Birth Attendants

This activity, beginning with eye testing, was implemented in the second term of 2008. **128** eyeglasses were distributed to TBAs during 2012. The table below shows the numbers of eyeglasses distributed by areas and refraction.

No	Area	+1.00	+1.50	+2.00	+2.50	+3.00	+3.50	+4.00	Total
1	Thaton	3	6	8	3	5	1	0	26
2	Papun	1	4	4	4	3	1	0	17
3	Klew Lwee Htoo	4	4	6	0	3	0	0	17
4	Dooplaya	2	5	3	2	6	2	0	20
5	Taungoo	4	0	0	3	0	3	0	10
6	Kayan	0	7	4	0	1	0	0	12
7	Mergue/Tavoy	0	2	4	1	1	0	0	8
8	Shan	0	6	3	0	0	0	0	9
9	Other	1	5	2	1	0	0	0	9
Total			39	34	14	19	7	0	128

10) Field Meetings and Workshops

The BPHWT conducts field meetings and field workshops twice a year in the targeted field areas. In 2012, there were **40** field workshops and **36** field meetings conducted in the targeted field areas; there were **293** (178 men, 115 women) participants who attended field meetings and **351** (165 men, 186 women) participants who attended field workshops.

Field Meeting Objectives:

The objectives of the field meetings are to meet with local community leaders to:

- Discuss the current healthcare situation and concerns in the community
- Review the various BPHWT programs – Medical Care Program, Community Health Education and Prevention Program, and Maternal and Child Healthcare Program
- Identify the healthcare and health education needs of the community and related issues; assign priorities according to these needs, and identify those needs that can be addressed by the BPHWT
- Collaborate to develop a plan for the BPHWT to meet the identified healthcare and health education needs of the community
- Obtain the approval, support, and active participation of community leaders in implementing the community healthcare and health education plan

Field Workshop Objectives:

The objectives of the field workshops are to:

- Improve the skill sets, knowledge, and clinical confidence of the health workers, especially concerning effective treatment and proper primary healthcare approaches
- Share skills, knowledge, and case experiences
- Talk about the importance of collecting health information in order to better understand and serve the current community healthcare needs as well as to evaluate the effectiveness of the BPHWT programs
- Discuss the current health care situation in the field and related issues

- Insure that the necessary medicines and medical supplies are delivered to the health workers
- Instill a strong sense of confidence in the health workers so that they will be highly motivated to successfully implement their BPHWT responsibilities in the field

Field Workshops and Meetings – 2012				
Description	# of Field Workshops/Meetings	Men	Women	Total
Field Workshops	40	165	186	351
Field Meetings	36	178	115	293

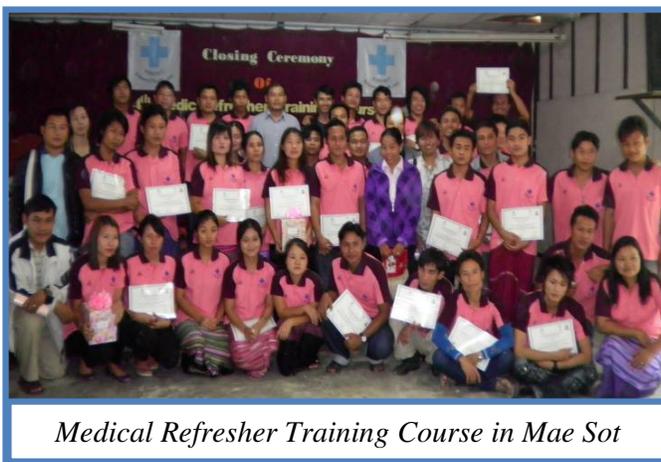
11) Capacity Building Program

In 2012, the Back Pack Health Worker Team organized one community health worker training and two refresher training courses: Medical Refresher Training Course and Maternal and Child Healthcare Refresher Training Course. These courses aim to improve the health workers' knowledge and skills as well as to provide updated health information to health workers to be better able to serve their communities. Additionally, trainings and workshops are also conducted for the health workers every six months in the Back Pack targeted field areas.

During this reporting period, Community Health Worker trainings were conducted in the Hokay area in Karen State, Mon area, and Pegu Division to train more health workers, and a Medical Refresher Training Course and Maternal and Child Healthcare Training Course were conducted in Mae Sot to upgrade the health workers' skills and knowledge to serve their communities. In addition, the BPHWT organized a Training of Trainers (ToT) Course for TTBA's, VHWS, and CHWs after the BPHWT's 29th Six Month Meeting in Mae Sot. The health workers, who finished this ToT Course, will train health workers in the targeted field areas.

A) 4th Medical Refresher Training Course

In this period, the BPHWT organized a three months' Medical Refresher Training Course in Mae Sot which began on 4 September 2012 and was completed on 13 January 2013. The purpose of this refresher training course was to improve the health workers' knowledge and skills as well as to provide updated health information to the health workers so that they will be better able to serve their communities. There were 36 participants - 27 men and 9 women - from different field areas and ethnic groups. The trainees are being trained by Mae Tao Clinic (MTC) staff, the International Rescue Committee (IRC) Trainer Team, and BPHWT staff. The BPHWT has a training team to monitor and organize the training.



Medical Refresher Training Course in Mae Sot

After the medical theory studies, the trainees go to MTC for their practical training every Friday. The trainees must receive a score of 60% to pass the final examination. In order to see their improvement from the training, they take a pre and post test. All of the participants successfully passed

the final examination except for one who scored only 54% because of language barriers. The following are the key course topics of the Medical Refresher Training Course.

Key Course Topics:

- Anatomy and physiology
- Reproductive health
- Medicine
- Trauma care
- Dental problems
- Public health
- Initial Environmental Examination
- Health and human rights
- Medical ethnics

Medical Refresher Training Course Criteria for Participants:

- 1) Completed community health worker training
- 2) At least 3 years working experience as a health worker
- 3) Recommended by their community or the mother organization
- 4) At least one woman from each area.
- 5) Must be a health worker who is currently responsible for a Back Pack team.
- 6) At least 3 years working experience as a Back Pack health worker.
- 7) Be interested in primary healthcare.

B) 2nd Maternal and Child Healthcare Refresher Training Course

During this period, the BPHWT organized a Maternal and Child Healthcare Refresher Training Course in Mae Sot which was conducted from 2 April – 6 July 2012. The purpose of this Maternal and Child Healthcare Refresher Training Course was to improve the MCHP workers' knowledge and skills as well as to provide updated health information to the MCHP workers so that they will be better able to serve their communities. There were 23 participants, comprised of 3 men and 20 women from different field areas and ethnic groups. The trainees were trained by Mae Tao Clinic (MTC), International Rescue Committee (IRC) - Trainer Team, and the BPHWT. This course involved one month of theory and two months of practical training at the MTC.

Key Course Topics:

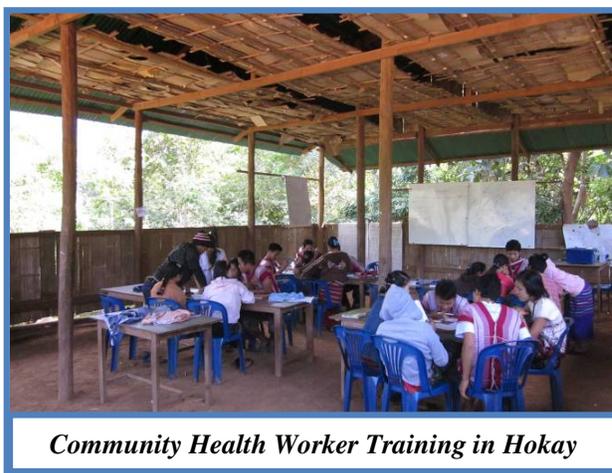
- Anatomy and physiology of the reproductive system
- Antenatal care
- Normal labor
- Neonatal care
- Ante partum hemorrhage
- Post partum hemorrhage
- Hypertension in pregnancy
- Malaria in pregnancy
- Family planning methods

C) Community Health Worker (CHW) Training

During this period, the BPHWT organized two sessions of community health worker training in Hokay area of Karen State, Mon area, and Pegu Division. This basic medical training was for six months. The purpose of the training was to recruit more health workers to provide healthcare services in their communities. The training objectives are:

- Provide health workers' knowledge and skills, and recruit more community health workers in local communities
- Provide healthcare services to the communities
- Improve the health situation, both preventive and curative, in communities
- Reduce the misuse of treatment within communities

A) CHW training in the Hokay area: This CHW training began on 16 May 2012. The training involved six months of theory and four months of practical training at the MTC. There were **76** participants, comprised of **39** men and **37** women. The trainees from the Hokay area were trained by the BPHWT and the Karen Department of Health and Welfare (KDHW), senior medics who received ToT training, and a doctor from the Papun District. The participants were from different field areas and ethnic groups. The key course topics are:



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

B) CHW training in the Mon area: This CHW training began on 20 April 2012. This training included six months of theory and four months of practical training in their field area. There were **44** participants, comprised of **22** men and **22** women. The trainees were trained by the Mon National Health Committee. The key course topics are:

- Basic nursing skills (120 hrs.)
- Correct use of essential drugs (60 hrs.)
- Treatments of common diseases (330 hrs.)
- Care of mother and baby (120 hrs.)
- Care of delivery (60 hrs.)

- Data collection (30 hrs.)

C) CHW training in Bago Division: The BPHWT supported the Karen Development Social Group (KDSG), a CBO based in Yangon, for a CHW training in Bago Division. The two-month training course was held from 27 April - 27 June 2012. There were **37** participants, comprised of **8** men and **29** women. The key course topics were:

- | | |
|---|---------------------------|
| • Community health and midwifery | • Leprosy |
| • Immunization | • Child care |
| • Nutrition | • Antenatal care |
| • Diseases control | • Food poison |
| • TB-HIV | • Mother and child care |
| • Malaria | • Diarrhea |
| • Water and sanitation | • Herbal medicine |
| • First aid | • Cancer |
| • Township and community-based Red Cross training | • Health and human rights |
| • Anatomy | • Health education |

Training Objectives:

- Provide health workers with knowledge and skills, and recruit more community health workers in the communities
- Provide healthcare services to the communities
- Improve the health situation in the communities, with prevention and treatment
- Reduce the misuse of treatment among communities.

Key Course Topics:

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

D) Trauma Management Training

In 2012, the BPHWT organized one trauma management training in Papun. This trauma management training was held from 5 - 28 April 2012. There were 24 participants, comprised of 21 men and 3 women. The purpose of this trauma management training is to train the health workers how to provide care to emergency cases such as landmine and gunshot injuries.

Key Course Topics:

- Review of anatomy and physiology
- Chain of survival
- ABC action plan
- Shock and shock trauma action plan
- Shock and estimate blood loss
- War causality, weapon theory and type of injuries, and physiology theory
- Fluid therapy
- Burn injuries
- Universal precaution
- Suture/suturing and type of suture
- Anesthesia
- Pre-, per- ,and post-anesthesia
- Extremities injuries management, control bleeding, and compartment syndrome
- Emergency airway procedure
- How to prepare surgical and material list
- Pig-lap (practice)
- Airway and chest injuries management
- Head, face, spine and abdominal injuries management
- Landmine injuries and amputation
- Dislocation joint and fracture management
- Facilitation session plan
- Nutrition for trauma patient
- Patient record and referral
- Mass injuries management
- Blood transfusion

12) Convergence, Coordination and Collaboration

Spurred by ongoing peace negotiations in many ethnic areas of Burma, the BPHWT, other health CBOs and ethnic health organizations (EHOs) have been working together to converge the extensive community-based/border-managed (administrative offices in Thailand) health system with the Burma government's health system in order to provide better healthcare, access more of the population, improve health system and policy, and gain government recognition of community-based/border-managed health programs and workers. Over the past decade, the government of Burma has spent less than 3% of its national budget annually on healthcare and as a result, the healthcare system is rather inadequate, particularly in rural areas. In contrast, over the last twenty years, international aid agencies and donors have invested heavily and successfully in building the capacity and network of the community-based/border-managed health system, which includes **114** clinics, **105** mobile and Back Pack teams, **51** specialized service centers, and over **4,000** trained local health workers inside eastern Burma. This network provides critical health services to a target population of over **380,000** vulnerable people who have been affected by decades of protracted conflict and live in rural remote areas of Burma.

Throughout 2012, numerous BPHWT donors/partners (i.e. DfID/Christian Aid, BRC, GHAP, USAID/IRC and Stichting Vluchteling) initiated and supported ongoing efforts to build upon the existing border-managed health network and support convergence initiatives by the BPHWT and the Health Convergence Core Group (HCCG), a committee comprised of four local EHOs and four community-based/border-managed health CBOs (including BPHWT). Formed in May 2012, the



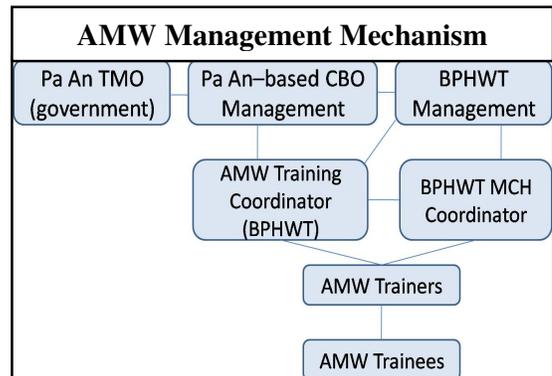
2012 Health Program Convergence Seminar

HCCG aims to prepare and facilitate existing community-based health networks inside Burma for future possibilities to collaborate with State and National government health agencies, ethnic authorities, international donors, INGOs, local NGOs and CBOs. The HCCG has developed and released a statement of principles related to health convergence (*Building Trust and Peace by Working through Ethnic Health Networks towards a Federal Union*) and organized a Health Program Convergence Seminar (HPCS) in July 2012, which had over 80 representatives of

health organizations from Yangon and the ethnic areas. During that seminar, it was agreed upon that convergence at the system level (management and healthcare delivery systems) and at the program level (curriculum/training standardization and program activity coordination/cooperation) is the most viable at the moment and has already been initiated; while convergence at the policy and structural levels is dependent on the peace and political dialogue process. Future HPCS will be held throughout 2013 and focused on malaria and reproductive health and will include more participants, particularly from the government sector.

Specific convergence activities conducted by the BPHWT in 2012 include a DfID/Christian Aid-funded convergence project that supports *joint funding* (funding border-managed and Yangon-managed organizations) of implementing partners (BPHWT and two Yangon-based CBOs) and encourages collaboration, information sharing and curriculum/training standardization. In addition, the BPHWT began collaboration with a Pa An-based CBO

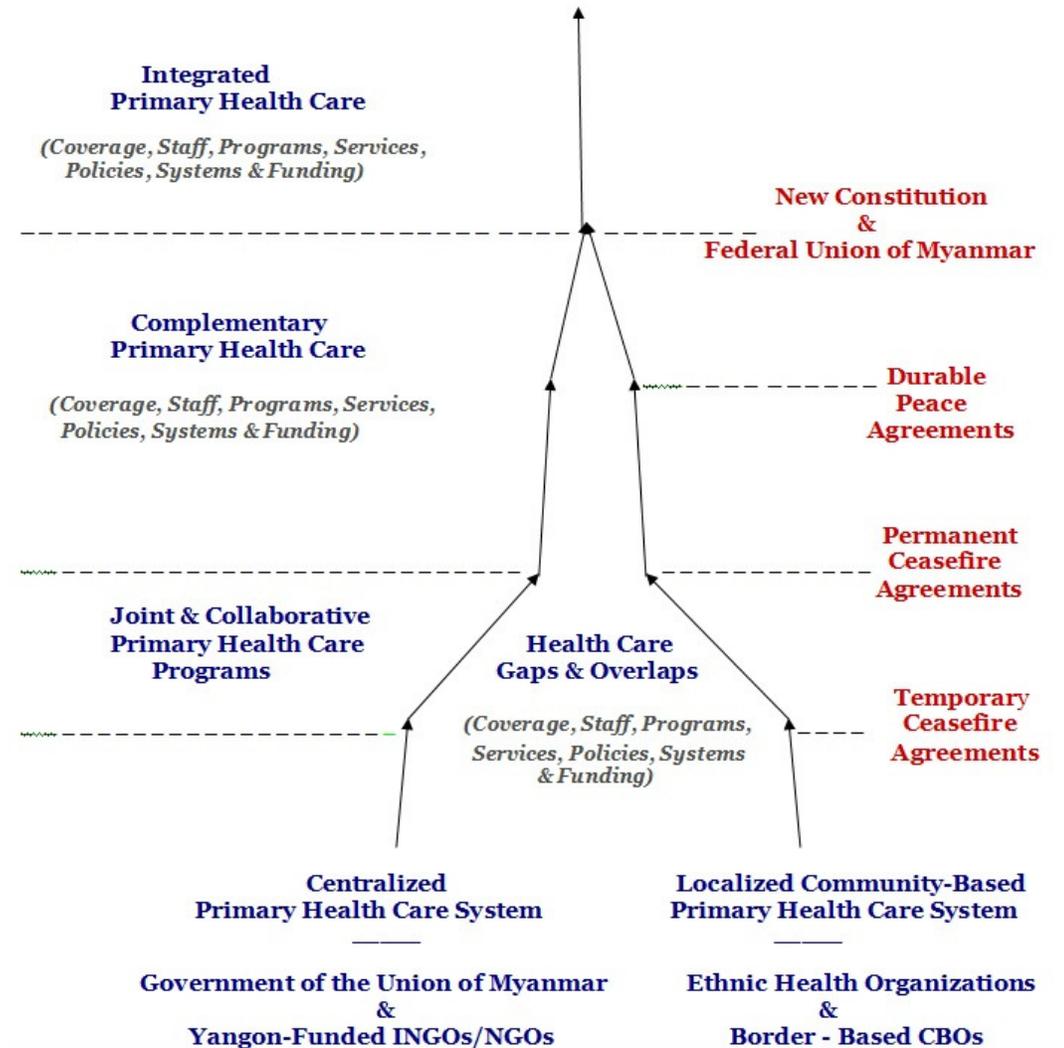
and retired government Township Medical Office (TMO) Nursing Matrons to support and plan for the provision of two Auxiliary Midwife (AMW) trainings for trainees from three government-controlled townships in Karen State: Hlaingbwe, Kawkareik and Pa An. Under the current government Rural Health Center structure, AMWs are not allowed to perform deliveries on their own – they must work with a midwife. Since there is only one government midwife for about 20,000 people, this structure is not practical and in reality, AMWs actually perform deliveries on their own. For this reason, the BPHWT would like to increase the AMW workforce to provide more accessible reproductive healthcare for these populations and is therefore planning and financing two AMW trainings in Pa An in 2013 (including AMW curriculum standardization with a focus on deliveries) with Stichting Vluchteling’s Van Heuven Goedhart Award money; upon completion of the training, the AMWs will provide MCH services in their respective areas with the support of BPHWT. The AMW trainings are being managed by the



For this reason, the BPHWT would like to increase the AMW workforce to provide more accessible reproductive healthcare for these populations and is therefore planning and financing two AMW trainings in Pa An in 2013 (including AMW curriculum standardization with a focus on deliveries) with Stichting Vluchteling’s Van Heuven Goedhart Award money; upon completion of the training, the AMWs will provide MCH services in their respective areas with the support of BPHWT. The AMW trainings are being managed by the

BPHWT and the Pa An-based partner CBO, with coordination and approval from the Pa An TMO and Karen State Health Director.

HCCG Primary Healthcare Convergence Timeline



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

The BPHWT Executive Board coordinates with other health organizations who work in areas related to its programs or issues, such as: Mae Tao Clinic (MTC), 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 the nineteen field areas organize field meetings every six months and include coordinated activities with local health organizations. The BPHWT cooperates primarily with

local ethnic health departments, local community based organizations, school teachers, and village leaders.

13) 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 discussions of monitoring and evaluation. In 2007-2008, the BPHWT conducted an Internal Programming Improvement Project (IPIP) in order to evaluate the improvement of its activities, focusing in particular on communications, appropriate drug use, and performance reviews of the clinical logbooks. In 2008, the BPHWT continued the IPIP process and the evaluation of program implementation to improve the quality of drugs administered, health workers' skills and knowledge, and logistics management.

During 2012, the Leading Committee made three monitoring trips to BPHWT targeted field areas to assess the situation in the field and program effectiveness.

In addition, the BPHWT conducts a Program Impact Assessment Survey in every two year. During the second six-months of 2013, the BPHWT will implement an Impact Assessment Survey (IAS), TBA Assessment Survey, and Health Worker Assessment Survey in order to monitor and evaluate the effectiveness of the programs implemented in the target areas and the Leading Committees will go for monitoring trip to Kawkareik, Pa An, Mon, Kayan and Kayah targeted field areas in April 2013.

a. Framework of Monitoring and Evaluation

Key Indicators	Methods	Period
Health Worker Performance	Logbook reviews	Every six months
Program Development	Annual report comparing planning and actual activities	Once a year
Program Management	Leading Committee elections and Executive Board appointments	Every 3 years
Outcome and Impact Assessment	Conducting surveys	Every 2 years
Training Effectiveness	Pre- and post-test examinations	Every year
Financial Management	Comparisons of planned and actual budgets	Every six months
	External audits	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 organization's activities. The BPHWT reviews patient record books to assess the quality of care as well as the field workers' adherence to treatment protocols and case definitions during these periods.

Monitoring of Malaria Treatment in the Field Based on Logbook Reviews						
No	BP Area	# of PF Malaria	Total Correct Tx	Total Incorrect Tx	Percentage Correct Tx	Percentage Incorrect Tx
1	Kayah	513	509	4	99%	1%
2	Kayan	223	203	20	91%	9%
3	Special	240	213	27	89%	11%
4	Taungoo	396	339	57	86%	14%
5	Kler Lwee Htoo	289	270	19	93%	7%
6	Thaton	212	206	6	97%	3%
7	Papun	786	660	120	84%	15%
8	Pa An	249	243	14	98%	6%
9	Dooplaya	671	634	37	94%	6%
10	Kawkareik	239	223	16	93%	7%
11	Win Yee	394	358	36	91%	9%
12	Mergue/Tavoy	692	677	15	98%	2%
13	Yee	920	883	36	96%	4%
14	Moulmein	369	358	11	97%	3%
15	Shan	229	213	16	93%	7%
16	Palaung	95	92	3	97%	3%
17	Kachin	65	62	3	95%	5%
18	Arakan	214	168	45	79%	21%
Total		6796	6311	485	93%	7%

Back Pack Health Worker Team - Log Book Review for Three Diseases (Diarrhea, Malaria, and Pneumonia)

The BPHWT and IRC PLE staff reviewed the medical logbooks from 14 different areas/clinics in Eastern Burma regarding the medical management of three common communicable diseases; diarrhea, malaria, and pneumonia. The reviewed logbooks were recorded during January to June 2012. The IRC PLE team performed this review from 24 - 26 October 2012 at the BPHWT office in Mae Sot.

Sampling method

Using systematic random sampling: from the sampling frame, a starting point is chosen at random, and thereafter at regular intervals according to caseloads.

Sample size estimation

$$n = \frac{Z^2 \alpha / 2 P (1 - p)}{d^2}$$

$$n = \frac{1.962 \times 0.5 \times 0.5}{0.072}$$

Where n = Sample size

z = the reliability coefficient (confidence level) at 95% CI = 1.96

p = proportion of population which yield the largest sample size
= 0.5

d = absolute precision of study = 0.085 (acceptable error)

n = 196 (200)

In total, 200 samples were reviewed for each disease. Therefore, a total of 600 cases were reviewed from 14 different areas/clinics (Thaton, Papun, Pa An, Doo Playa, Kaw Kareik, Win Yee, Mergue/Tavoy, Yee, Palaung, Shan, Arakan, Shan Kayah, Taungoo, and Kler Lwee Htoo).

Review of each disease covered 4 areas:

1. Proper recording of signs and symptoms of the patients
2. Proper recording of vital signs
3. Correct diagnosis
4. Correct treatment according to guidelines

Pneumonia (Total 1,587 Cases)

- Duration of symptoms
- No temperature, RR but diagnosis as ARI or pneumonia
- Some cases not recorded RR, vital signs but diagnosed as pneumonia
- BP measurements? Especially in children?
- Adult and childhood pneumonia classification/differentiation of severity?
- Still recorded as ARI, mild pneumonia, simple pneumonia – in Thaton area, not severe pneumonia – in Pa An area, normal pneumonia – in Papun area
- Vitamin-A? (not in Papun/ Pa An/ Doo Playa)
- Antibiotic treatment? (sometimes, no antibiotic in pneumonia cases – Doo Playa)
- RDT in fever cases?

Pneumonia / ARI			
Description	Yes (%)	No (%)	Total
Signs and symptoms recognized	54 - 27.0%	146 - 73.0%	200
Vital signs recognized	153 - 76.5%	47 - 23.5%	200
Correct diagnosis given	37 - 18.5%	163 - 81.5%	200
Correct drug administered	6 - 3.0%	194 - 97.0%	200
Correct dose given	7 - 3.5%	193 - 96.5%	200

Malaria (Total 3,168 Cases)

- Duration of symptoms
- No weighing machine for some areas?
- BP measurement in children?
- Need to clarify the result of RDT positive or negative, sometimes, mentioned as "-
" "No" means not done or negative?
- In some areas, RDT was not done in all cases,;RDT supplies ran out?
- RDT done, diagnosis is suspected malaria PV, treatment – CQ? (can diagnosis PV?)
- No RDT; some cases were given anti-malaria treatment?
- RDT + ---- diagnosis as presumptive in the Doo Playa area
- No checking of severe signs and symptoms of malaria in most of the cases
- Diagnosis --- severe malaria, but treated with MAS 3 in the Pa An area
- Mono-therapy (Quinine only in the Papun area)
- CQ and Quinine same time in the Pa An area
- Treatment did not include drug doses
- Anemia treatment (missing in some areas – Kler Lwee Htoo)
- Supportive treatment

Malaria			
Description	Yes (%)	No (%)	Total
Signs and symptoms recognized	55 - 27.5%	145 - 72.5%	200
Vital signs recognized	121 - 60.5%	79 - 39.5%	200
Correct diagnosis made	90 - 45.0%	110 - 55.0%	200
Correct drug given	17 - 8.5%	183 - 91.5%	200
Correct dose administered	24 - 12.0%	176 - 88.0%	200
Anemia treatment given	59 - 29.5%	141 - 70.5%	200

Diarrhea (Total 1,525 Cases)

- Frequency/ duration of symptoms
- There is no body weight in vital signs columns in some books --- gave zero score
- BP measurements, both adult and children?
- Severity of dehydration
- Diagnosis of diarrhea
- Some areas (Taungoo), ORS was not used. Stock out? No supply?
- Antibiotics treatment
 - Given antibiotic (cipro – Thaton area) (metro – Doo Playa/ Shan Kayah) without indication,
 - Only metro in dysentery with fever case – Palaung
 - Only cipro in dysentery with fever case – Taungoo
- Differentiation of amoebic and bacillary dysentery? How?
- Some cases were given IV fluid without examination of dehydration and no record of blood pressure and pulse rate
- No zinc treatment was given, except only one case, so treatment is "0" (No zinc supply yet?)
- Vitamin A treatment?

Diarrhea			
Description	Yes (%)	No (%)	Total
Signs and symptoms recognized	96 - 48.0%	104 - 52.0%	200
Severity of dehydration assessed	119 - 59.5%	81 - 40.5%	200
Oral Rehydration Solution (ORS) given	76 - 38.0%	124 - 62.0%	200
Correct diagnosis made	154 - 77.0%	46 - 23.0%	200
Correct antibiotics treatment given	113 - 56.5%	87 - 43.5%	200

14) Program Development and Activity Reviews in 2012

Comparison of Planned and Actual Activities (Logistical Framework Activities)

Overall Goal	To reduce morbidity & mortality & minimize disability by enabling & empowering the community through primary healthcare						
OBJECTIVES	ACTIVITIES	INDICATORS OF ACHIEVEMENT	VERIFICATION SOURCES	2012 EXPECTED RESULTS	2012 ACTUAL RESULTS	VARIANCES or DIFFERENCES	RISKS
Medical Care Program							
1. Provide essential drugs and treat the common diseases	1.1) Provide medicine and medical supplies	- No. of BP target teams, population and total case-load (f/m), under/over 5) - No. of villages covered	- Procurement delivery documents; Log books - Analysis of data collected	- 95 BP teams - 190,000 Targeted population - 95,000 cases being treated (no. of families & HH, no. of f/m and under/over 5, no. of villages covered)	- 95 BP teams with 217,899(105,312m, 112,587f) & (<5= 40,620, 18,748m, 21,872f), (>= 5=177,279, 86,564m, 90715f) covered population, 2012 HHs and 630 villages.		
	1.2) Treat common diseases and minor injuries				Total - 96,937 >=5 = 79,762, (36,933m, 42,829f) <5=17,175, (8,305m,8,870f) cases treated	- 1,937 (2%) more cases treated	
	1.3) Provide Insecticide-Treated Nets (ITNs)	- No. of ITNs provided - No. of HHs and people receiving ITNs	- ITNs distributing list - Annual report	- 7,000 ITNs will benefit 7,000 HHs or 35,000 people	- No ITNs distributed		- Insufficient funding - Difficulties with procurement
		- Percentage of Households sleeping under ITNs (baseline – 71% in 2010)	- Impact Assessment Survey 2013	- 80% of HHs sleeping under ITNs	N/A		
	1.5) Provide malaria rapid diagnostic tests	- No. of malaria RDTs provided	- Field in-charge reports	- 28,500 RDTs will be provided	- 27,425 RDTs provided	- 1,075(4%) less RDTs provided	
	1.6) Provide ACT to patients with malaria	- No. of ACT provided	- Malaria data form	- 7,000 malaria cases will be treated with ACT	- 6,796 malaria cases treated with ACT	- 204 (3%) less malaria cases treated with ACT	
- Percentage /Number of children			- 95% of children under 5 treated	- 97 % of children under 5 treated who			

	(cases) under 5 treated by BP health workers who receive appropriate anti-malarial treatment (baseline-93% in 2010)		who receive appropriate anti-malarial treatment.	received appropriate anti-malarial treatment.		
	- Number and percentage of (cases) women and men diagnosed with PF malaria by BPHWT who are treated with ACT in BPHWT target population(baseline – F-3,103,M - 3606 Total: 6,709 individuals in 2010)		Female - 3,500 Male - 4,000 Total - 7,500 individuals	Female - 3,172 Male - 3,624 Total - 6,796 individuals	Female - 328 (9%) less Male - 376 (9%) less Total - 704 (9%) individuals less	
	- Malaria mortality rates per 1,000 population (baseline-3.5 malaria case deaths per 1000 population)		- 2.5 malaria case deaths per 1000 population	N/A		
	- Mortality rates among children under 5 years old per 1,000 live births in target population (baseline-138)	- Impact Assessment Survey 2013	- 130 children under 5 years old per 1,000 live births in target population	N/A		
	- Percentage of under 5 children with malnutrition (according to accepted guidelines for MUAC cutoffs) (Baseline – 16.5%)		- 14% of under 5 children with malnutrition	N/A		
1.7) Provide treatment handbooks	- No. of treatment hand-books provided	- Annual Report	- 500 treatment handbooks will be provided	- 400 treatment handbooks (BBG) provided	- 100 (20 %) less treatment handbooks provided	

2. Respond to disease outbreaks and emergency situations	2.1) Purchase emergency medical supplies and immediately take action	<ul style="list-style-type: none"> - Prompt reporting - Population affected - No of cases treated (f/m, under & over 5) 	<ul style="list-style-type: none"> - Delivery documents - Field photos - Exception reports - Mid -Year & Annual Reports 	<ul style="list-style-type: none"> - Effective response and treatment for disease outbreaks or emergency situations (f/m & under/over 5) 	<ul style="list-style-type: none"> - Responded to flooding in Kyauk Kyi, measles outbreak in Pa An and flu outbreak in Papun area. <p>1) Flooding in Kyauk Kyi Township - Provided 300 bags for 3 villages, 190 HHs, 1,021 pop. - Provided chlorine 274 bottles and 20 cutes of tests, 7200 bars of soaps, 126 education posters to 7 villages, 705 HHs, 4,353 Pop. 2) 4,107 (2,075 f, 2,032 m) flu cases were treated 3) Provided treatment for over 100 patients in measles outbreak in 3 villages</p>		<ul style="list-style-type: none"> - Time limitation to collect data on all cases in the outbreak areas.
3. Improve health workers skills and knowledge	3.1) Provide field workshops	<ul style="list-style-type: none"> - No. of health workers participated 	<ul style="list-style-type: none"> - Field in-charge reports - Workshop reports - Log book review & analysis 	<ul style="list-style-type: none"> - 180 will attend field workshops 	<ul style="list-style-type: none"> - 351 health workers attended the field workshop 	<ul style="list-style-type: none"> - 171 (49%) more health workers attend the field workshop 	<ul style="list-style-type: none"> - Because of external evaluation recommendation, BP decided to have 2 field workshops in some bigger areas
	3.2) 6 month workshops		<ul style="list-style-type: none"> - Mid -Year & Annual Reports 	<ul style="list-style-type: none"> - 100 health workers will attend six month workshops(f/m) 	<ul style="list-style-type: none"> - 80 (46m,34f) health workers attended six month workshops 	<ul style="list-style-type: none"> - 20 (20%) less health workers attended the six month workshop 	
	3.3) Short course Training		<ul style="list-style-type: none"> - % of Improving diagnosis & treatment 	<ul style="list-style-type: none"> - Health Worker Assessment - 2013 	<ul style="list-style-type: none"> - % of Improving diagnosis & treatment 	<p>N/A</p>	

		- Percentage of health workers who achieved a defined passing score, including knowledge on identifying standardized health protocols, based on common /harmonized guidelines (Baseline-75% in 2010)		- 95% of health workers who achieved a defined passing score, including knowledge on identifying standardized health protocols, based on common /harmonized guidelines	N/A		
4. Improve patient referral systems	4.1) Refer patients to the nearest hospitals or clinics.	- No. of referrals - list of referral sites - No. of f/m referral patients	- Mid -Year & Annual Reports - Patient's referral forms	- 85 patients referred to clinics or hospitals (f/m)	- 83 patients referred to clinics or hospitals (34f,49m)	- 2 (2%) less patients referred to clinics or hospitals	- High cost of transporting patients - High cost of medical care at referral sites
Community Health Education and Prevention Program							
1. Reduce the incidences of malnutrition and worm infestation	1.1) Distribute Vitamin A to children between the ages of 6 months to 12 years	- No. of children receiving Vitamin A	- Health Worker Data Forms and field in-charge reports	- 40,000 children will receive Vitamin A	- 32,586 children received Vitamin A	- 7,414 (18.5%) less children received Vitamin A	
	1.2) Distribute de-worming medicine to children between 1 to 12 years	- No. of children receiving de-worming medicine	- Annual Report	- 35,000 children will receive de-worming medicine	- 27,271 children received de-worming medicine	- 7,729 (22%) less children received de-worming medicine	
2. Educate students and communities about health	2.1) Provide school health education	- No. of school sessions and no. of students (f/m)	- Field reports - Mid -Year & Annual Reports	- 95 school sessions attended by 9,500 students	- 95 school sessions attended by 22,418 students	- 12,918 (58%) more students attended	- More students in schools than expected.
	2.2) Provide village health workshops	- No. & category of people in village workshops (f/m)	- VH Workshop reports - Mid -Year & Annual Reports	- 11,900 people participate in 85 sessions Village Health Workshops - Breakdown of participants by category (women, youth, TBAs, VHVs, shopkeepers, leaders, teachers etc) (f/m)	- 9,097 people participate in 85 sessions Village Health Workshops (47,32 f, 43,66 m) Women org - 325 Youth org-637 TBAs/TTBAs-268 VHWs-208 Shopkeepers-227 Village Leaders -	- 2,803 (24%) less people attended VH Workshop	

					415 Religious leaders - 212 Teachers -287 Students -1735 Villagers – 4,335 Authorities - 246		
	2.3) Provide health campaign	- No. of participants in event (f/m) (World AIDS day)		- 95 World AIDS events for 14,250 people	- 77 World AIDS events attended by 7743 people	- 18 (19%) less World AIDS events attended by 6507 (46%) less people	- Time limitations of community members
3. Improve community level knowledge and participation in health	3.1) Organize village health worker trainings	- No training sessions and VHWs attended (f/m)	- Field reports - Mid -Year & Annual Reports - VHW training reports -VHW Workshop Report	- 20 VHW trainings for 400 new VHWS (f/m)	- 13 VHW trainings attended by 238 VHWS (172f,66m)	- 7 (35%) less VHW trainings attended by 162 (40.5%) less VHWS	Health workers have lack of skills and knowledge to provide VHW training - Included other health workers from field area attended. - Arakan area was conducting the training during reporting period
	3.2) Organize village health worker workshops	- No. workshop sessions and VHWS participated		- 155 sessions of VHW Workshops for 3,100 VHWS (f/m)	- No VHW Workshops conducted		- New VHWS started to train and they are not responsible for providing healthcare by themselves yet.
	3.3) Provide VHW kits	- No. of VHW kits provided		- 400 VHW kits will be provided	- No VHW kits provided		- BPHWT started to train VHWS in the first six-month and they have to do intern in the second six-month of 2012. BP decided to provide them kits after doing

							internship.
	3.4) Provide VHW handbooks	- No. of VHW handbooks provided		- 1000 VHW handbooks will be provided	- 349 VHW handbooks provided	- 651 (66%) less VHW handbooks provided	- Less VHW training conducted
4. Improve water and sanitation systems in the community to reduce water-borne diseases	4.1) Provide water and sanitation systems	- No. & type of latrines built and No. of HHs and people benefiting from latrines	- Field reports - Mid -Year & Annual Reports	- 800 school latrines will benefit 16,000 students - 5,000 community latrines or will be benefited 50,000 pop;	- 112 school latrines benefited 423 teachers and 8139 students - 3,273 community latrines benefited for 4041 house-holds, - 76,764.97 pop	- 688 (86%) less school latrines benefited 7438 (46%) less students - 1727 (36%) less community latrines benefited for 28782 (58%) less pop	- Insufficient funding
		- No. & type of water systems installed -No. of HHs and people benefiting from water systems (f/m)		- 20 gravity flow water systems 1200 house-holds (6000 Pop)	- 15 gravity flow water systems 707 house-holds (4253 Pop)	- 5 (25%) less gravity flow water systems 493(41%) less house-holds (1,747 (29%) less Pop)	- Less house-holds and population because the house-holds are separate one from another.
				- 60 shallow well systems 600 house-holds (3000 pop)	- 36 shallow well systems 690 households (3827 pop)	- 24 (40%) less shallow well systems 90 (13%) more house-holds (827 (22%) more pop)	- Insufficient funding
		- % of people using latrines (always and sometimes) (Baseline -98%)	- Impact Assessment Survey 2013	- 99% of people using latrines	N/A		
5. Prevent and control the communicable disease of Lymphatic Filariasis	5.1) Provide Mass Drugs Administration to the community	- No. of people receiving drug (f/m & under/over 5)	- Field reports - Mid-term reports	- 13,000 people will receive Albendazone and DEC. (f/m and under/over 5)	- 10,757 people received Albendazone and DEC. (4775f,5982m)	- 2,243(17%) less people received Albendazone and DEC.	- Community complaints of side-effects - Security concerns

	5.2) Provide awareness workshops	- No. of participants		- 5 sessions of awareness workshops to 1,500 (f/m) people	- 5 sessions of awareness workshops attended by 1,235 people	- Attended by less 265 (18%) participants	
Maternal and Child Healthcare Program							
1. Increase maternal and child healthcare	1.1) Distribute Vitamin A	- No. of postpartum women receiving Vitamin A	- Field reports - TBA Form	- 4,000 postpartum women will receive Vitamin A	- 3,847 postpartum women received Vitamin A	- 153 (3.8%) less postpartum women received Vitamin A	- Security issues can affect data level returned
	1.2) Distribute Albendazole to pregnant women	- No. of pregnant women receiving Albendazole		- 4,000 pregnant women will receive Albendazole	- 3,652 pregnant women received Albendazole	- 348 (8.7%) less pregnant women received Albendazole	
	1.3) Provide iron prenatally and postnatally to women	- No. of pregnant women and women receiving iron		- 4,000 pregnant women and women will receive iron	- 3,770 pregnant women and women received iron	- 230 (5.8%) less pregnant women and women received iron	
	1.4) Referral of serious obstetric cases	- No. of serious obstetric cases		- 25 obstetric cases referrals	- 12 obstetric cases referred	- 13 (52%) less obstetric cases referred	- High cost of transporting patients - High cost of medical care at referral sites
	1.5) provide ANC to pregnant women	- No. and % of pregnant women in target population with at least four ANC (Baseline – 44.7% in 2010) - % of children 0-5 months who are fed exclusively with breast milk in target population (baseline -23%)	- TTBA Assessment 2013	- 50% of pregnant women in target population with at least four ANC	N/A		
		- 30% of children 0-5 months who are fed exclusively with breast milk in target population		N/A			

		- No. and % of Trained Traditional Birth Attendants who can identify at least 3 signs of pregnancy complications, according to agreed standardized and harmonized health guidelines(Baseline-45% -2010)		- 50% of TTBA's who can identify at least 3 signs of pregnancy complications	N/A		
	1.6) Provide OG instruments	- No. of OG instruments provided	- OG distributed list	- 60 sets of OG instruments will be provided	- No OG instrument be provided		- Insufficient funding
2. Raise awareness among villagers on family planning and Tprovide them with family planning supplies	2.1) Provide family planning supplies	- No. of clients receiving the family planning supplies (f/m)	- Mid - Year & Annual Reports	- 4,000 people using family planning methods (8% of 44,941 reproductive age)	- 4,533 people using family planning methods (8.9% of 51,206 reproductive age)	- 533 (12%) more people using family planning methods	
	2.2) Provide family planning education	- % of people using family planning methods (Baseline-22.9%)	- Impact Assessment Survey 2013	- 35% people using family planning methods	N/A		- Traditional cultural barriers
3. Improve knowledge & skills of TBAs & MCHP Supervisors	3.1) Conduct TBA training	- No. of new TBAs	- Workshop reports - Field reports - Field photos - Mid - Year & Annual Reports - TBA/TTBA forms	- 5 sessions of TBA training attended by 50 new TBAs (f/m)	- 13 TBA training sessions attended by 140 new TBAs (128f, 12m)	- 8 (61.5%) more TBA training sessions attended by 90 new TBAs	- Less TTBA training provided so more TBA trainings have to be provided
	3.2) Conduct TTBA training	- No. of new TTBA's who complete the training		- 20 sessions of TTBA training for 400 people (f/m)	- 11 sessions of TTBA training attended by 57f	- 9 (45%) less sessions of TTBA training attended by 343(85.8%) less	Health workers have the lack of skill and knowledge to provide TTBA training
	3.3) Provide handbooks for TTBA's	- No. of handbooks provided		- 500 TTBA handbooks will be provided	- 70 TTBA handbooks will be provided	- 470 (94%) less TTBA handbooks be provided	- Less TTBA training provided
	3.4) Conduct TBA/TTBA workshops	- No. of TBA/TTBA Follow-up Workshops held & no. of TBAs/TTBA's attending (f/m)		- 70 Follow-up TBA/TTBA Workshops for 700 (f/m) TBAs/TTBA's	- 67 Follow-up TBA/TTBA Workshops attended by 610 (553 f, 57m) TBAs/TTBA's	- 3 (4.3%) less Follow-up TBA/TTBA Workshops attended by 90 (13%) less	

						TBAs/TTBAs	
		- % of TBAs/TTBAs who receive a score of at least 85% on the post-test		- % of TBAs/TTBAs who receive a score of at least 85% on the post-test	N/A		
		- No. of births attended by trained TBAs/TTBAs and health workers, among total target population (Baseline – TBAs/TTBAs -67%, health worker – 27%)	- TBA/TTBA assessment 2013	- 4,000 babies delivered by trained TBAs/TTBAs and health workers (60% by TBAs/TTBAs and 30% by health workers of 4,000 pregnant women)	N/A	II.	
3.5) Provide safe birthing kits		- No. of births attended by trained TBAs/TTBAs and health workers, among total targeted population	- Field photos - Mid - year & annual reports - TBA/TTBA forms	- 4,000 babies will delivery by trained TBAs/TTBAs and health workers	- 3,961 babies delivered by trained TBAs/TTBAs and health workers	- 39 (1%) less babies delivered by trained TBAs/TTBAs and health workers	
		- No. of TBA/TTBA kits provided	- TBA/TTBA workshop report - Mid - Year & Annual Reports	- 1,850 TBA/TTBA kits	-1,390 TBA/TTBA kits provided	- 460 (24.9%) less TBA/TTBA kits provided	- This depends on numbers delivery, less delivery, less kit provided
		- No. of Maternity Kits provided		- 5,800 maternity kits	- 5,560 maternity kits provided	- 240 (4.1%) less maternity kits provided	
		- Appropriate sterile instruments (new razor blades, sterile scissors, etc) = 326 (79%)-2010 - Povidine/ Iodine or other antiseptics = 354 (85%)-2010	- TBA/TTBA assessment 2013	- Appropriate sterile instruments (new razor blades, sterile scissors, etc) 87% Povidine/ Iodine or other antiseptics 92%	N/A		

		- Provide at least 3 health information topics to women they deliver = 353 (85%) -2010		-Provide at least 3 health information topics to women they delivered 92%	N/A		
4. Provide delivery records	4.1) Document deliveries	- No. of newborns received delivery records	- Delivery records issued copies	- 2,100 delivery records	- 2151 delivery records provided	- 51 (2.4%) more delivery records provided	
Capacity Building Program							
1. Improve health worker and staff knowledge and skills	1.1) CHW ToT training	- No. of CHWs who attend the ToT training (f/m)	- Training report - Attendance list - Mid - Year and Annual Reports	- 1 CHW ToT for 20 CHW (f/m)	- 1 CHW ToT attended by 6 CHW (1f, 5m)	- 14 (70%) less people attended CHW ToT	- Lack of human resources
	1.2) MCH ToT training	- No. of MCHP supervisors who attend the ToT training (f/m)		- 1 MCH ToT for 20 MCHP supervisors (f/m)	- 1 MCH ToT attended by 23 (1m, 22f)	- 3 more MCHP supervisors attended ToT	
	1.3) CHW training	- No. of trainees who complete CHW training (f/m)		- 4 CHW trainings for 120 CHWs (f/m)	- 4 CHW trainings attended by 157 (69m, 88 f)	- 37 (24%) more attended the CHW training	- More health workers needed in their ethnic areas
	1.4) VHW ToT training	- No. of VHW trainers who attend VHW ToT		- 1 VHW ToT for 30 VHW trainers (f/m)	- 1 VHW ToT attended by 15 (12m, 3f)	- 15 (50%) less trainers attended VHW ToT	- Security concerns affected in training location - Travel documents
	1.5) MCH Refresher Training Course	- No. of MCHP workers who complete MCH Refresher Training Course		- 1 MCH Refresher Training Course for 30 MCHP Supervisors (f/m)	- 1 MCH Refresher Training Course attended by 23 (3m, 20f)	- 7 (23%) less MCHP Supervisors attended the MCH Refresher Training Course	
	1.6) Medical Refresher Training Course	- No. of trainees who complete Medical Refresher Training Course (f/m)		- 1 Medical Refresher Training Course for 30 medics (f/m)	- 1 Medical Refresher Training Course attended by 36 (27m, 11f)	- 6 (20%) more medics attended the Medical Refresher Training Course	
	1.7) Trauma Care Workshops	- No. of people who participate in Trauma Care Workshops		- 2 Trauma Care Workshops for 40 people	- 1 Trauma Care Workshop attended by 24 (21m, 3f)	- 1 (50%) less Trauma Care Workshop provided	- Time and budget limitations

	1.8) Attend international conferences and trainings	- No. of times people participate in conferences and trainings		- 2 international conferences or trainings	- 2 international conferences attended by 4 staff		
		- No. of times people participate in conferences and trainings		- 6 local conferences or trainings	- 7 local conferences or trainings/workshops	- 1 (17%) more conference or training/workshop	
	1.9) Local and international health institutional training	- No. of people who attend local and international health institutional training		- 10 staff will attend local and international health institutional training	- 2 staff attended international health institutional training	- 8 (80%) less staff attended international health institutional training	- Time and budget limitations - Lack skill to attend international health institutional training
2. Promote gender equality in leading positions	2.1) Provide management skills trainings to women	- % of women working in health programs in field level	Staff lists	- At least 30% of women working in health programs in field level	- 47% of women working in health programs in field level	- 17% of women working in health programs in field level	
		- % of women in positions as program in-charge in field-level		- At least 30% of women program in- charges in field level	- 50% of women in program in- charges in field level	- 20% of women more in program in- charges in field level	
		- % of women on Leading Committee		- At least 30% of women on Leading Committee	- 43% of women on Leading Committee	- 13% of women more on Leading Committee	
Health Information and Documentation							
1. Assess and document community health situation and needs	1.1) Produce HID materials	- No. of calendars and no. of article reports provided	- Field in-charge Report	- 1,000 calendars, and 5 article reports provided in a year	- No calendars, and article reports provided		- Insufficient funding - No emergency situation to write article report
	1.2) Provide digital cameras and video cameras	- No. of digital cameras and no. of video cameras provided	- HID Staff Report	- 20 digital cameras and 2 video cameras will be provided	- 14 digital cameras and no video cameras provided	- 6 (30%) digital cameras	- Insufficient funding
2. Standardize health data collection processes	2.1) Analyze data collected by health workers	- Times of workshop - No. of participants	- Six Months Workshop Report Form	- Twice a year - 10 participants each time	- Twice a year - 7 participants each time	- 3 (30%) less participants	- Less of data staff in the office

3. Make evidenced based health status comparisons among the target community	3.1) Organize field meetings	- No. of field meetings provided - No. of participants	- Field meetings reports	- Twice a year for 20 field areas - 80 people participate in field meetings	- 36 field meetings attended by 293(178m, 115f)	- 213 more health workers attended the meetings	- BP under estimated the number of per meeting participants
	3.2) Organize field workshops	No. of field workshops provided - No. of participants	- Field workshop reports	- Twice a year for 20 field areas - 80 people participate in field workshops	- 40 field workshops attended by 351 (165m, 186f)	- 40 field workshops attended by more 271 participants	
4. Raise awareness of the community health problem	4.1) Produce health information, education and communication materials	- No. of posters and pamphlets provided	- IEC distributing list	- No. Posters will be provided	- 30 family planning posters were provided - 70 CDs of normal delivery and 70 CDs of "Children Healthy, Families Happy" - 95 sets of posters (malaria & diarrhea)		
5. Advocate local and international organizations about the health situation in Burma	5.1) Organize health program coordination and development seminar and prepare abstract papers	- No. of seminars - No. of abstract papers produced	- Annual Report	- At least once a year - 4 abstract papers related to health issues produced	- 2 seminars organized - No abstract papers related to health issues produced		
Program Management and Evaluation							
1. Monitor and evaluate the programs' improvement	- Conduct monitoring trips	- No. of monitoring trips and no. of staff	- Mid-Year & Annual Reports	- 6 monitoring trips in a year	- 3 monitoring trips in a year	- 3 (50%) less monitoring trips in a year	- Time limitations
	- Conduct Six Months Meeting	- No. of health workers who attend the Six Months Meeting		- 100 health workers attend the Six Months Meeting	- 97 (55m,43f) health workers attended the Six Months Meeting	- 3 (3%) less health workers attended the Six Months Meeting	
	- Conduct Leading Committee meetings	- No. of Leading Committee meetings		- 4 Leading Committee meetings per year	- 3 Leading Committee meetings	- 1 (25%) less Leading Committee meetings	
	- Conduct weekly staff meetings	- No. of staff meetings		- 48 staff meetings per year	- 40 staff meetings	- 8 (17%) less staff meeting organized	

15) Back Pack Health Worker Team Financial Report – 2012

BPHWT Income and Expenditures: January – December 2012			
ITEMS	Income (Thai Baht)	Expenditure (Thai Baht)	%
Opening Balance 2012	3,041,369		
Period Income			
International Rescue Committee (IRC)	3,953,161		12%
Burma Relief Centre (IP/CIDA)	6,886,000		21%
Stitching Vluchteling (SV)- Netherlands	6,160,356		18%
Stitching Vluchteling (SV)- Award funds	1,192,150		4%
People In Need (PIN)	1,179,960		4%
BRC (CA/DFID)	6,153,972		18%
BRC (NCA)	2,654,168		8%
BRC (DCA)	3,414,642		10%
BRC /IP/Just Aid Foundation	1,700,000		5%
Johns Hopkins University CPHHR	61,889		0%
Other Individual Donations	75,017		0%
Bank Interest	15,254		0%
TOTAL PERIOD INCOME	33,446,569		100%
TOTAL INCOME	36,487,938		
Note: Expenditure according to auditor statement			
Period Expenditures			
Back Pack Medicine and Equipment(MCP)		7,419,168	23%
Back Pack Field Operation Supplies and Services		3,874,153	12%
Community Health Education and Prevention Program(CHEPP)		5,950,565	18%
Maternal and Child Healthcare Program(MCHP)		4,059,951	12%
Capacity Building Program(CBP)		4,006,663	12%
Health information and Documentation (HID)		327,454	1%
Program Management and Evaluation(PME)		3,146,150	10%
General Administration		3,441,107	10%
General Fund		1,264	0%
SV Award Projects		609,937	2%
TOTAL PERIOD EXPENDITURES		32,836,412	100%
CLOSING BALANCE -31 DECEMBER 2012		3,651,526	

Part II

Program Workshops & 29th Semi-Annual Meeting Report – 2013



1. Program Workshops:

- 1.1) Medical Care Program Workshop
- 1.2) Community Health Education and Prevention Program Workshop
- 1.3) Maternal and Child Healthcare Program Workshop
- 1.4) Lymphatic Filariasis Workshop
- 1.5) Water and Sanitation Workshop
- 1.6) Participatory Learning and Action Tool Workshop
- 1.7 Village Health Worker ToT Workshop
- 1.8) Trained Traditional Birth Attendant ToT Workshop
- 1.9) Report Writing Workshop
- 1.10) Public Health Workshop
- 1.11) Healthcare in Conflict Rights Workshop
- 1.12) Malaria Treatment Protocol Workshop
- 1.13) Reproductive Health Case Definition Workshop
- 1.14) Facilitator Skills Workshop

2. 29th General Meeting of the Back Pack Health Worker Team

1) Program Workshops

During the second six-months meeting period of 2013, there were three main program workshops - Medical Care Program Workshop, Community Health Education and Prevention Program Workshop, and Maternal and Child Healthcare Program Workshop - and eleven other workshops held - Lymphatic Filariasis Workshop, Water and Sanitation Workshop, Village Health Worker ToT Workshop, Trained Traditional Birth Attendant ToT Workshop, Participatory Learning and Action Tool Workshop, Reporting Writing Workshop, Public Health Workshop, Healthcare in Conflict Rights Workshop, Malaria Treatment Protocol Workshop, Reproductive Health Case Definition Workshop, and Facilitator Skills Workshop. All were held at the BPHWT head office in Mae Sot and conducted by the BPHWT Program Coordinators, BPHWT Director, Capacity Building Program staff, and trainers/facilitators from SOLIDARITES INTERNATIONAL, GHAP, KDHW, MTC, and IRC.

1.1) Medical Care Program Workshop

Facilitator - Naw Hsa Mu Na Htoo and Saw Deh Deh (BPHWT), Dr. Soe Soe (IRC)
Duration - 15-21 February 2013
Participants - 33 (22 men and 11 women)

Discussion Topics:

- MCP in-charge presentation
- Logbook review feedback
- Logbook review for three diseases (Feedback from IRC)
- Review data from reports (Field In-Charge Report, Worker Report, VHW Report /Medicine Inventory, & Other Reports)

1.2) Community Health Education and Prevention Program Workshop

Facilitator - Saw Eh Mwee (Water and Sanitation Coordinator)
Duration - 20-21 February & 25 February 2013
Participants - 24 (19 men and 5 women)

Discussion Topics:

- Review village health workshop
- Review village health worker training
- Review data
- Financial report
- School health
- Vitamin A and De-worming medication
- Future plans

1.3) Maternal and Child Healthcare Program Workshop

Facilitator - Thaw Thi Paw (MCHP Coordinator) and Chit Oo (MCHP Data Staff)
Duration - 16-20-21-23 February 2013
Participants - 32 (2 men and 30 women)

Discussion Topics:

- TTBA Training

- ANC
- Data form review
- Kits review
- General review (Malaria test/Oxytocin)
- Future plans

1.4) Lymphatic Filariasis Workshop

Facilitator - Dr. Aung Naing Cho (GHAP) and Eh Poe (KDHW)

Duration - 18-19 February 2013

Participants - 6 (5 men and 1 woman)

Discussion Topics:

- Awareness of Lymphatic Filariasis
- Lymphatic Filariasis transmission
- Signs and symptoms
- Treatment
- Data review

1.5) Water and Sanitation Workshop

Facilitator - SOLIDARITES INTERNATIONAL

Duration - 7 - 13 February 2013

Participants - 36 (23 men and 13 women)

Discussion Topics:

- Communicable diseases
- Sanitation
- Indicators for distributing sanitation and using water
- Latrines constructions (including practical)
- Effective microorganisms strategies

1.6) Participatory Learning and Action Tool Workshop

Facilitator - Saw Win Kyaw (BPHWT Director)

Duration - 23 February 2013

Participants - 66 (45 men and 21 women)

Discussion Topics:

- PLA Guide
- Community resources
- Community empowerment
- Identifying community problems and solutions

1.7) Village Health Worker ToT Workshop

Facilitator - Saw Win Kyaw, Hsa Mu Na Htoo, Ko Kyi Kyaw, and Saw Relo (BPHWT)

Duration - 8-13 March 2013
Participants - 15 (12 men and 3 women)

Discussion Topics:

- VHW ToT aims
- Facilitator skills
- Training session plans
- VHW ToT learning objectives
- Review VHW training curriculum
- Question types

1.8) Trained Traditional Birth Attendant (TTBA) ToT Workshop

Facilitator - Thaw Thi Paw (MCHP Coordinator) and Ko Gyi Kyaw (BPHWT Capacity Building Program Team)

Duration - 11-13 March 2013

Participants - 23 (1 man and 22 women)

Discussion Topics:

- Anatomy and physiology
- Antenatal care
- Steps of normal delivery
- Immediate newborn care
- Post natal care
- Common problems in pregnancy and during delivery
- Family planning
- Health education
- Maternal and neonatal death
- Introduction of emergency obstetric care (EmOC)

1.9) Report Writing Workshop

Facilitator - Ko Kyi Kyaw (BPHWT Capacity Building Program Team)

Duration - 4-7 March 2013

Participants - 46 (25 men and 21 women)

Discussion Topics:

- The effective things for the report writing
- Analyze for the information
- Arrange for the report
- Draft writing
- Editing

1.10) Public Health Workshop

Facilitator - Tara (GHAP)

Duration - 4-7 March 2013

Participants - 50 (20 men and 30 women)

Discussion Topics:

- Introduction to public health
- Public health and medical approaches
- Population and individual perspectives
- Core principles of public health
- Health needs
- Social determinants of health
- Health care workers
- Health and human rights
- Medical ethics

1.11) Healthcare in Conflict Rights Workshop

Facilitator - Katherine Footer (Johns Hopkins University Center for Public Health and Human Rights)

Duration - 9 February 2013

Participants - 40 (19 men and 21 women)

Discussion Topics:

- International Humanitarian Law
- Customary International Humanitarian Law
- International Human Rights Law

1.12) Malaria Treatment Protocol Workshop

Facilitator - Dr. Aung Naing Cho (GHAP)

Duration - 22 February 2013

Participants - 91 (40 men and 51 women)

Discussion Topics:

- Malaria parasite (4) + Knowlesi and malaria life cycle
- Rapid Diagnosis Test. (Only Pf , PF/PV , PF/pan)
- Malaria treatment protocol guidelines 2013
- Presumptive malaria and treatment failure

1.13) Reproductive Health Case Definition Workshop

Facilitator - Thaw Thi Paw (MCHP Coordinator) and Sophia (MTC)

Duration - 14 March 2013

Participants - 63 (23 men and 40 women)

Discussion Topics:

- Reproductive tract infection (RTI)
- Ante-partum hemorrhage (APH)

- Post-partum hemorrhage (PPH)
- Eclampsia
- Pre-eclampsia
- Obstructive/prolong labor
- Abortion
- Sepsis

1.14) Facilitator Skills Workshop

Facilitator - Ko Gyi Kyaw (Capacity Building Team)

Duration - 8-9 March 2013

Participants - 49 (17 men and 32 women)

Discussion Topics:

- Adult learning method
- Training cycle
- Training design
- Questioning
- Observation
- How to draw lesson plans and begin the training

2) 29th General Meeting of the Back Pack Health Worker Team

The 29th Back Pack Health Worker Team Semiannual Meeting was conducted from 27 February - 1 March 2013 in Mae Sot at the BPHWT head office. Attending this meeting were **97** staff members – 55 men and 42 women; including 3 staff members from the BRC and 80 field health workers – 46 men and 34 women. A week before the beginning of the meeting, the BPHWT's data team entered, checked the quality of, and analyzed the data obtained from the field. The data were discussed in program meetings before being discussed in the general meeting. During the general meeting, the Leading Committee discussed the data within a programmatic perspective in order to monitor events taking place in the field. After this analysis, they discussed how to improve data collection methods.



29th Six Monthly General Meeting

During the meeting, the Leading Committee also offered advice for any issues that health workers could not solve by themselves, and provided input and suggestions to plans for the next period of implementation. The purpose of the meeting was to discuss health workers' experiences in the field, share knowledge, review which activities were and which were not implemented as well as why some activities could not be implemented, compare outcomes in relation to plans made at the previous six-months meeting, and share difficulties encountered in field. After the meeting, the Leading Committee discussed possible ways to handle the problems identified during the workshop and came to decisions about how to take action to solve these problems.

2.1) Schedule of BPHWT's 29th Semiannual General Meeting

Day (I) { 27/02/2013 } Presidents – Saya Mahn Mahn Facilitators – Saya Win Kyaw and Sayama Jar Sai Khaung	
Description of Presentation	Responsibility
Opening Speech	Saya Mahn Mahn
Introduction	Facilitators
Review and Discussion about the 28 th Six Monthly Meeting and the Last Executive Board Meeting Decisions	All members of the BPHWT
MCP Coordinator's Report MCP Workshop Report	Naw Hser Moo Nar Htoo
MCHP Coordinator's Report MCHP Workshop Report	Naw Thaw Thi Paw
Day (II) { 28, 02, 2013 } Presidents – Saya Mahn Mahn Facilitators – Sayama Thaw Thi Paw and Saya Win Kyaw	
CHEPP Coordinator's Report CHEPP Workshop Report (Wa & San, L.F, VHW, PLA)	Saw Eh Mwee, Jar Sai Khaung and S' Aung Than Oo
Report of Six Clinics Support and Emergency Trip	Saw Soe Hla Oo and Saw Eh Mwee, Saw Thar De
Chin, Kachin, Arakan, Pa'O, and Palaung Reports and Discussions	Salai Dawt Mang, Nu Zan and Khaing San Lin, Khun Myint Aung
Capacity Building Program Report	Saya Chit Win
Discussion on the Capacity Building Program Report	All members of the BPHWT
Day (III) { 01, 03, 2013 } Presidents – Dr. Cynthia Maung and Saya Mahn Mahn – Saya Aye Lwin and Saya Win Kyaw	
Human Right Violations Report	Ko Gyi Kyaw
Office Administration Report	S' Moe Naing
Financial Report	Saya Chit Win
Conclusion of Meeting Decisions	Facilitators
All Other Business	All members of the BPHWT
Closing Speech	Dr. Cynthia Maung

2.2) 29th General Meeting Decisions

1. After the BPHWT's 29th Six Month Meeting, a workshop on Rapid Diagnosis Tests (RDTs) for both *Pf* and *Pv* malaria will be conducted with the guidelines for using RDTs to be added to the health workers' logbook.

2. In regard to the Malaria Treatment Protocol, there will be more analysis about which type of malaria medicine is most appropriate for malaria treatment.
3. There will be a discussion in the Leading Committee Meeting with Leading Committee members and field in-charges about the distribution of posters and video to education youth about the harm caused by the use of illegal drugs.
4. There will be a discussion in the Leading Committee Meeting with Leading Committee members and field in-charges about supporting pharmacist training inside Burma for two health workers from the Kachin Field Area.
5. There will be a discussion in the Leading Committee Meeting about field monitoring trips to targeted field areas.
6. There will be a discussion in the Leading Committee Meeting with Leading Committee members and field in-charges about requests made for new Back Pack teams and emergency medicines.
7. Pregnancy malaria screening will be conducted by 58 Back Pack teams in 18 targeted field areas.
8. During the first six-month period of 2013, Village Health Worker (VHW) training will be conducted in 4 targeted field areas.
9. There will be a discussion in the Leading Committee Meeting with Leading Committee members and field in-charges about requests made for walkie-talkies, cameras, and adult weight scales.
10. During the first-six month period of 2013, Trained Traditional Birth Attendant (TTBA) training will be conducted in the Thaton, Papun, and Kachin Field Areas and 78 Traditional Birth Attendant (TBA) workshops will also be conducted during this same period.
11. There will be a discussion in the Leading Committee Meeting with Leading Committee members and field in-charges about providing antenatal care cards during the first six-month period of 2013.
12. The Kayan field in-charge will have to further discussions with the BPHWT Director about the increased cost of transporting medicine in the Kayan Field Area.
13. Antenatal care will be discussed in village health workshops conducted within the Community Health Education & Prevention Program (CHEPP).
14. Any services implemented in the Back Pack targeted areas by outside organizations must be reported to the Back Pack Mae Sot office.
15. There will be a lymphatic filariasis (LF) program screening conducted during the second six-month period of 2013.
16. The BPHWT has made the decision to supply 50 Parachecks to each VHW training session.
17. The MCP Coordinator and BPHWT Director will have further discussions about the distribution of VHW kits.
18. The BPHWT has made the decision to provide VHW kits and social support to those VHWs who have been already been trained.
19. There will be a discussion in the Leading Committee Meeting with Leading Committee members and field in-charges about the request for Community Health Worker (CHW) training from the Pa O Field Area.
20. The BPHWT has made decision to conduct a Medic Refresher Training Course during the first six-month period of 2013, beginning on 1 April 2013. The participants must arrive at the Mae Sot office training site by the end of March 2013.
21. A Community Health Worker Training Course will be conducted in the Pa An Field Area during the first-six-month period of 2013, beginning on 1 May 2013. The participants must arrive at the training site by the first week of April 2013.

22. There will be a discussion in the Leading Committee Meeting with Leading Committee members and field in-charges about the participants who will attend the CHW Training of Trainers (ToT) Course.
23. There will be a discussion in the Leading Committee Meeting with Leading Committee members and field in-charges about the CHW training which will be conducted in ethnic field areas during the first six-month period of 2013.
24. All 2012 financial reports from the field areas must be submitted to the Finance Manager prior to 15 May 2013.

Recording:

1. Naw Say Moo Paw replaces Naw Than Than Kyi in the Tha Mai Dwant village tract in the *Dooplaya* Field Area.
2. Naw Paw Htee Doh replaces Naw Lue who was responsible for CHEPP in the Ta Nay Phar village tract in the *Dooplaya* Field Area.
3. Saw Myo Myo replaces Naw Leh Leh who was responsible for MCP in the Ta Nay Phar village tract in the *Dooplaya* Field Area.
4. The mobile services provided by the Ka Law Hta Back Pack team in the *Papun* Field Area will be now be provided through a fixed clinic in 2013.
5. Naw Htee Wah is appointed as a MCHP Worker on the Ma Taw Back Pack team in the *Papun* Field Area.
6. U Yeh Myint is appointed as a MCP in-charge and Naw Paw Wah is appointed as a CHEPP in-charge on the Wet Lar Daw Back Pack team in the *Kler Lwee Htoo* Field Area.
7. Saw Kaw Wah is appointed as a MCP in-charge; Naw Sa Nay is appointed as a CHEPP in-charge; and Naw P'Leh Wah is appointed as a MCH in-charge on the Lel K'lar Back Pack team in the *Kler Lwee Htoo* Field Area.
8. Naw Eh Thar Soe replaces Naw Eh Dah Sue who was a MCHP Supervisor in the *Mergui/Tavoy* Field Area.
9. Naw Eh Shall Kaw replaces Naw Kyi Nan Lay on the Tavoy Kee Back Pack team in the *Mergui/Tavoy* Field Area.
10. Naw Thu Zar Lin replaces Naw Sar See on the Pow K'Loe Back Pack team in the *Mergui/Tavoy* Field Area.
11. Saw Tar Su Su replaces Saw Sa Nay Thar on the P'law Back Pack team in the *Mergui/Tavoy* Field Area.
12. Naw Nwe Nay replaces Saw Than Zin who was the Pi Hti Back Pack team in-charge in the *Thaton* Field Area.
13. Naw Paw Say Wah replaces Saw Thar Nye who was the Tar U Kee Back Pack team in-charge in the *Thaton* Field Area.
14. On 3 August 2012, Naw Met, a Traditional Birth Attendant in the Ta Kay Law village tract in the *Thaton* Field Area, died as a result of diarrhea.