BACK PACK HEALTH WORKER TEAM

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BPHWT Annual Report

2013








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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 by both border-managed and Yangon-managed organizations
KIA	Kachin Independence Army
KIO	Kachin Independence Organization
KNLA	Karen National Liberation Army
KNU	Karen National Union
EAROs	Ethnic Armed Resistance Organizations
LF	Lymphatic Filariasis
M & E	Monitoring and Evaluation
MCP	Medical Care Program
MCHP	Maternal and Child Healthcare Program
MDA	Mass Drug Administration
Pf	Plasmodium falciparum, the most deadly type of malaria parasite
PLA	Participatory Learning and Action
Pv	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: 2013 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 communities 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 2013, the BPHWT consisted of **100 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/regular 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. Within the 100 Back Pack teams, there are now 24 stationary teams, called Public Health Centers (PHCs). These PHCs, formerly mobile Back Pack teams, were established during 2013 in areas within Shan, Karenni, Karen, and Mon States and Tenasserim Division which are experiencing more stability and security. The PHCs provide both treatment and preventative health care, and a secure facility to store medicine and medical supplies/equipment.

Providing Health Service to Displaced Populations

BPHWT teams target displaced and vulnerable communities with no other access to health care in Karen, Karenni, Mon, Arakan, Kachin and Shan States, and portions of Pegu, Sagaing and Tenasserim Divisions. The teams deliver a wide range of healthcare programs to a target population of almost **225,000** 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 2013, 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). Five new Back Pack teams were created in Papun (1), Pa' O (2), Kayan (1), and Kler Lwee Htoo (1) to serve communities with no other access to health care. 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.

In addition, the BPHWT has been implemented Lymphatic Filariasis (LF) Pilot Sub-Program since 2008 in the Kler Lwee Htoo, Thaton, and Papun Field Areas in response to reports of significant lymphedema and hydrocele. This is a five year pilot sub-program and it has been completed in the

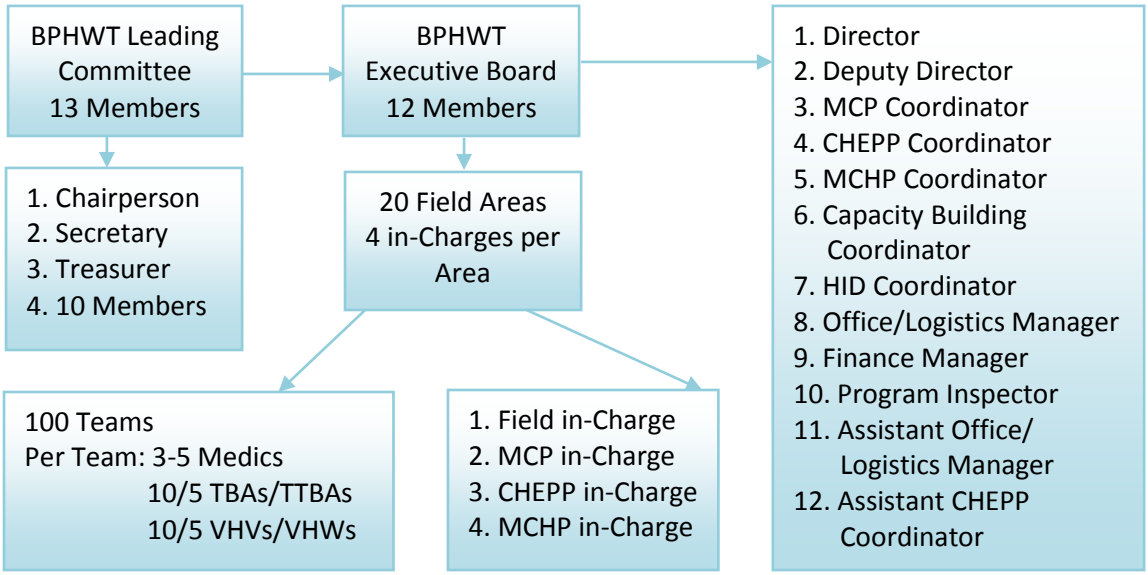
first six-month period of 2013. There is a program evaluation to assess the sub-program's effectiveness. The report will be shared after the results are analyzed.

Despite nominal reforms in Burma since 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 12 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 targeting the various ethnic nationalities and communities in Burma to be happy and healthy society.

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 health care.

3) Gender Policy and Analysis

In 2013, 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.

Gender Policy and Analysis Table – 2013

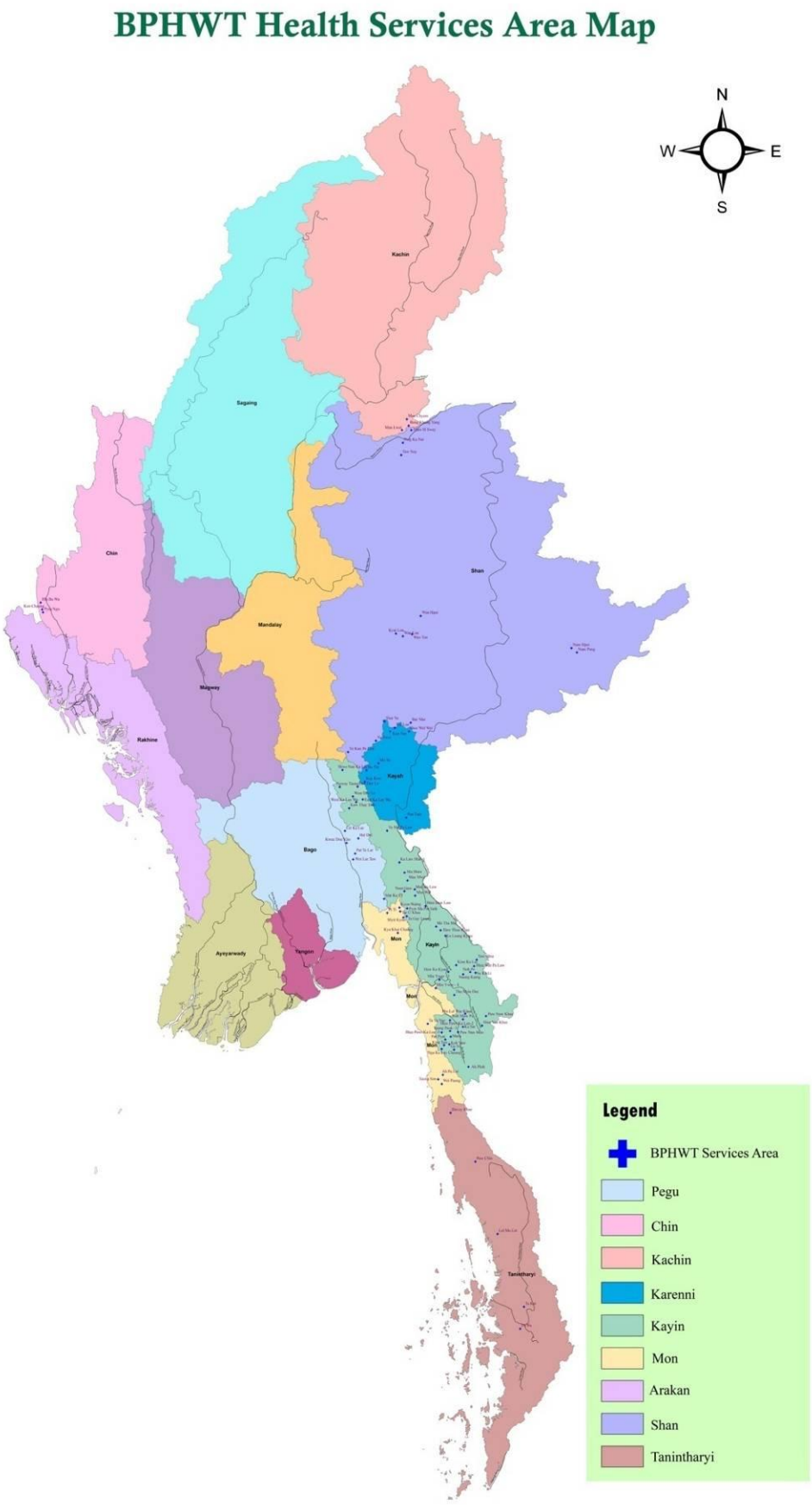
Category	Total # of Workers	Total # of Women	Women Actual %	Women Target at Least %
Leading Committee/Executive Board	15	6	40%	**30%**
Office Staff	11	2	18%	**30%**
Field Management Workers	63	28	44%	**30%**
Field Health Workers	316	170	54%	**30%**
Traditional Birth Attendants/Trained Traditional Birth Attendants	713	635	89%	**Target not set**
Village Health Volunteers/Village Health Workers	333	230	69%	**30%**
Organizational Total	**1,451**	**1,071**	74%	**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

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



6) Security Situation in the BPHWT Targeted Areas

Throughout 2013, there has been continuing fighting between the Burma Army and various ethnic armed resistance organizations (EAROs). The most intense fighting has been in Kachin State and Northern Shan State between the Burma Army and EAROs who have no ceasefire agreements with the Burma Government. This fighting has resulted in much civilian suffering - villages destroyed, people displaced, sicknesses, injuries and deaths. Elsewhere in Shan State, the Burma Army has engaged in sporadic military attacks against two EAROs who both have signed ceasefire agreements with the Burma Government. These ceasefire violations by the Burma Army have also contributed to displacements of people with related adverse effects. Thus, the security situation in these areas of Kachin and Shan States remains dangerous for the civilian population and health workers.

In other areas, the security situation has generally been calm with some incidents caused by the Burma Army resulting in displacements, and some injuries and deaths. In Karen State, the Burma Army continues to strengthen its military presence with soldiers and materials, violating the word, if not the spirit, of signed ceasefire terms. The worry is whether this buildup of Burma Army capabilities as well as the enhancements of infrastructure, such as road and bridges, will result in future offensive military activity by the Burma Army. But for most of 2013, movement of both civilian and health workers in these other ceasefire areas has been relatively unimpeded compared to past years. However, both civilians and mobile health workers must still worry about the constant threat of injuries and deaths from landmines.

There have been ongoing negotiations between the Burma Government and the EAROs during 2013 about a Nationwide Ceasefire Agreement (NCA). Such an Agreement would acknowledge that there are principles and others areas of common interest between the parties such that the temporary ceasefires already signed by the parties can be converted to more permanent and internationally-monitored breaks in offensive military activities. This would allow them the space to have a political dialogue to solve the outstanding issues between them in a peaceful manner. Such a broad NCA should make the security situation in the BPHWT's targets areas more peaceful and stable. As the situation moves in such a direction, then an environment for the return of internally displaced persons (IDPs) becomes more positive

7) Obstacles and Threats to Delivering Health Care in the Field

The major obstacles and threats in this respect are fighting in the BPHWT's targeted areas which endanger the health situation of civilians and the safety of BPHWT health workers. This is a major concern now of the BPHWT in its targeted areas in Kachin State and Shan State. Also of concern to the BPHWT are the possibilities of renewed fighting in Karen and Mon States from the enhanced military capabilities of the Burma Army. The BPHWT is continuing to monitor the situation to ensure that the civilian populations in its targeted areas have access to primary health care to reduce both morbidity and mortality, and that its health workers can safely provide its standard of care, especially to the large numbers of IDPs living in unsafe conditions.

Also, the health workers must continue to contend with the environment of landmines and weather. This latter situation was especially evident in mid-2013 with the floods in both Burma Government and EARO-controlled areas of Karen State which made the delivery of health care especially difficult.

The BPHWT overcame many of the issues in this regard through good logistics and cooperation with local civil society organizations as well as with government officials in flood-affected areas in both controlled areas. It is hoped that this cooperation with local government officials will continue in the future to minimize morbidity and mortality in those areas controlled by the Burma Government and the EAROs. Such working relationships should also be established in other States in concert with progress in political negotiations for the benefit of the people.

However until a National Accord between the Burma Government and the EAROs is successfully negotiated and implemented, the people in the BPHWT's targeted areas cannot feel confident that their right to health is ensured. Without such a National Accord or at least a sustainable and internationally-monitored NCA, it is difficult to build necessary sanitation and clean water systems or establish stationary clinics in areas where fighting can easily erupt and such systems and structures be potentially destroyed, and the movement and safety of health workers be under threat. The right to health care is universal, should be respected by all parties to the conflict, and supported by the international community. To this latter point, the BPHWT and the ethnic health organizations have staffing, structures, systems, policies, and programs which support and provide access to health care to ethnic populations who cannot receive such services from the Burma Government because of their locations, such as IDP camps or areas controlled by EAROs, or their present distrust of the Burma Government. Until there is a sustainable National Accord in Burma, these ethnic health organizations should also be supported by international community. To do otherwise, impairs these ethnic peoples' right to health

8) 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 2013, the BPHWT provided healthcare in **20** field areas, through **100** BPHWT teams, to a target population of almost **225,000** people. There are currently **1,423** members of the BPHWT primary healthcare system living and working in Burma: **379** health workers, **711** Traditional Birth Attendants / Trained Traditional Birth Attendants (TBAs/TTBAs) and **333** 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 **76,466** total cases treated in 2013. Compared with 2012, the BPHWT treated fewer cases even though the Back Pack teams and targeted population are increasing. It was because of cash flows and some of the targeted field areas delay received the medicines for the second six–month period of 2013.

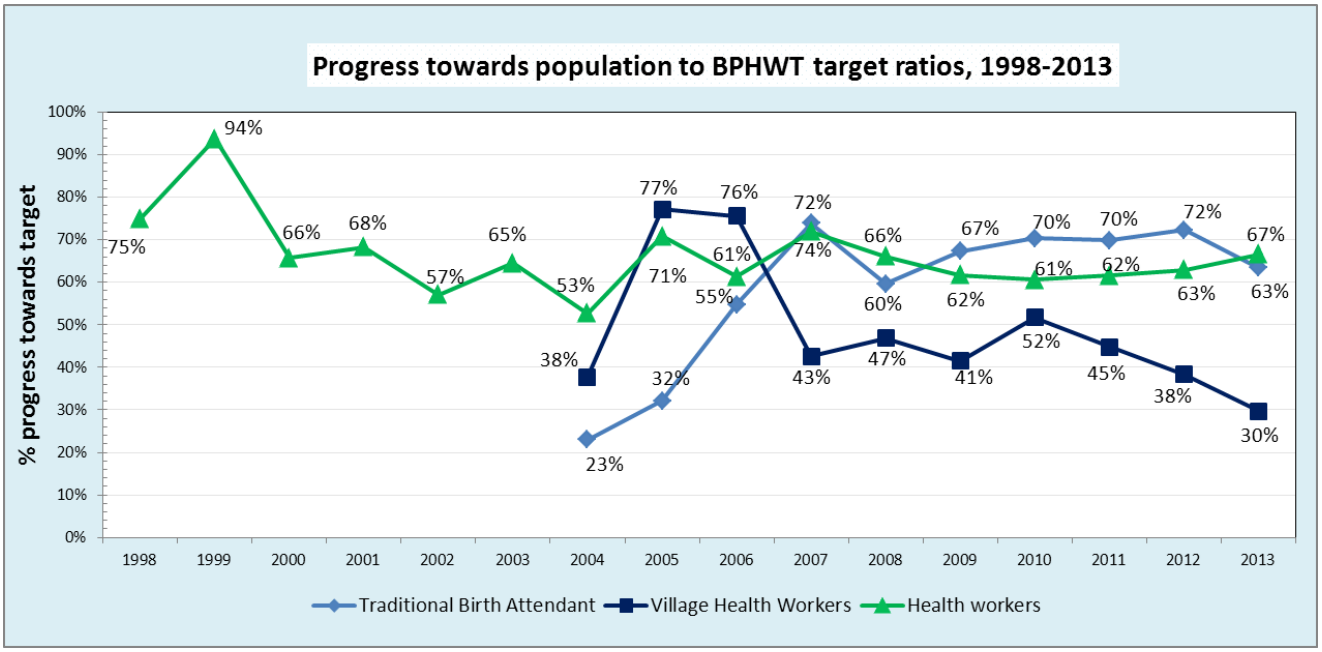
Summary of the BPHWT Field Areas, Health Workers, VHV/VHWs, TBA/TTBAs, Target Populations and Cases Treated

No.	Areas	# of Teams	# of HWs		Total	# of VHWs		Total	# of TTBAs		Total	Total Villages	Total Households	Total Population	Total Caseload
			M	F		M	F		M	F					
1	Kayah	7	14	13	27	15	34	49	0	55	55	52	2827	19877	8712
2	Kayan	5	11	12	23	8	10	18	17	21	38	42	2075	8290	3262
3	Special	3	10	2	12	0	0	0	4	19	23	20	1645	8552	1862
4	Taungoo	5	12	8	20	7	18	25	0	30	30	48	1905	9905	2413
5	Kler Lwee Htoo	7	15	8	23	23	36	59	7	49	56	51	1938	11496	2611
6	Thaton	7	9	15	24	2	22	24	0	75	75	34	2915	19621	6490
7	Papun	9	23	8	31	3	17	20	11	63	74	93	3876	23223	4140
8	Pa An	6	8	13	21	5	15	20	9	56	65	30	2786	16935	3154
9	Dooplaya	7	14	9	23	8	15	23	11	47	58	55	3791	19641	2939
10	Kawkareik	3	9	3	12	4	14	28	3	27	30	11	824	4941	1165
11	Win Yee	4	10	6	16	0	0	0	4	26	30	28	1653	10486	3367
12	Mergue/Tavoy	5	9	9	18	5	22	27	10	37	47	21	1883	10328	9359
13	Yee	6	6	15	21	0	0	0	0	30	30	19	2086	10450	3309
14	Moulamein	6	2	18	20	0	0	0	0	0	0	17	2560	11665	6230
15	Shan	6	12	7	19	0	0	0	0	10	10	47	2110	11973	6996
16	Palaung	3	3	3	6	9	0	0	0	30	30	24	1580	11308	3873
17	Kachin	4	2	6	8	2	18	20	0	30	30	15	1028	5048	3597
18	Arakan	3	9	1	10	11	9	20	0	30	30	9	856	4432	1765
19	Pa O	2	17	23	40	0	0	0	0	0	0	21	710	3308	738
20	Naga	2	5	0	5	0	0	0	0	0	0	7	828	3317	484
	Total	**100**	**200**	**179**	**379**	**102**	**230**	**333**	**76**	**635**	**711**	**644**	**39,876**	**224,796**	**76,466**

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

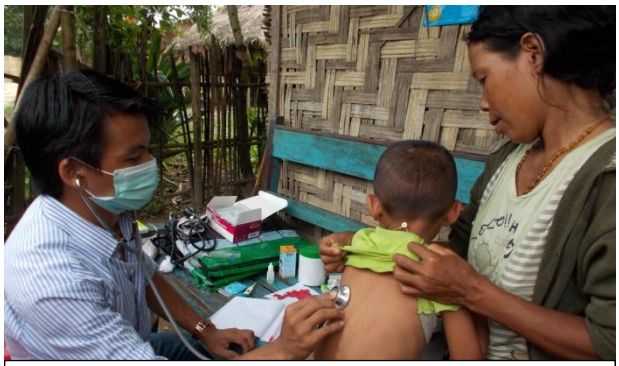
Year	# of HWs	# of TBAs/TTBAs	# of VHVs/VHWs	Target Population
1998	120	0	0	64,000
1999	150	0	0	64,000
2000	200	0	0	121,692
2001	208	0	0	121,896
2002	224	0	0	156,986
2003	238	0	0	147,537
2004	232	202	332	176,200
2005	287	260	625	162,060
2006	284	507	700	185,176
2007	288	591	341	160,063
2008	291	525	413	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
2013	379	711	333	224,796

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



8.1) Medical Care Program

The Back Pack Health Worker Team currently consists of **100** teams working among Internally Displaced Persons and vulnerable communities in Karen, Karenni, Mon, Arakan, Kachin, and Shan States, and portions of the Pegu, Sagaing, and Tenasserim Divisions of Burma. 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.



Providing Healthcare in the Naga Field Area

[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 VHVs in 2004.

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

Back Pack Health Worker Team Caseloads

No	Condition	Age				Total
		<5		>=5		
		M	F	M	F	
1	Anemia	298	323	1742	3390	**5753**
2	ARI(mild)	1576	1542	4172	4590	**11880**
3	ARI(severe)	730	777	1347	1476	**4330**
4	Beriberi	110	120	1278	2341	**3849**
5	Diarrhea	589	580	1281	1302	**3752**
6	Dysentery	282	370	1085	1079	**2816**
7	Injury (gunshot)	0	0	9	0	**9**
8	Injury (landmine)	0	0	3	0	**3**
9	Injury (acute – other)	137	100	866	496	**1599**
10	Injury(old)	25	18	322	157	**522**
11	Malaria (presumptive)	190	195	1250	1117	**2752**
12	Malaria (with para-check)	289	284	1896	1603	**4072**
13	Measles	111	114	140	138	**503**
14	Meningitis	13	10	25	12	**60**
15	Suspected AIDS	0	6	2	3	**11**
16	Suspected TB	31	48	132	122	**333**
17	Worms	657	599	1391	1517	**4164**
18	Abortion	0	0	0	121	**121**
19	Post-Partum Hemorrhage	0	0	0	38	**38**
20	Sepsis	0	0	0	47	**47**
21	Respiratory Tract Infection (RTI)	0	0	0	246	**246**
22	Urenary Tract Infection (UTI)	34	42	1002	1644	**2722**
23	Skin Infection	503	454	917	926	**2800**
24	Hepatitis	16	16	167	145	**344**
25	Typhoid Fever	65	80	283	258	**686**
26	Arthritis	17	14	869	875	**1775**
27	Gastric Ulcer Deudinum Ulcer (GUDU)	18	21	2219	2527	**4785**
28	Dental Problems	137	169	687	753	**1746**
29	Eye Problems	173	185	554	651	**1563**
30	Hypertention	0	0	1330	1832	**3162**
31	Abscess	166	134	839	679	**1818**
32	Others	529	526	2931	4219	**8205**
Total		6,697	6,727	28,738	34,304	**76,466**
Grand Total		**13,424**		**63,042**		

Back Pack Health Worker Team Caseloads

Condition	Kayah	Kayan	Special	Taungoo	Kler Lwee Htoo	Thaton	Papun	Pa An	Dooplaya	Kawkareik	Win Yee	Mergue/ Tavoy	Yee	Moulamein	Shan	Pa' O	Palaung	Kachin	Arakan	Naga	Total
Anemia	865	161	144	197	172	590	354	252	261	102	233	1013	154	313	608	53	81	116	68	16	5753
ARI (mild)	2962	299	218	273	544	647	529	603	468	222	426	1045	339	644	617	74	710	885	370	5	11880
ARI (severe)	74	135	35	179	173	979	326	411	294	130	288	388	161	259	16	22	164	174	88	34	4330
Beriberi	30	156	253	60	92	800	172	265	159	23	91	449	39	124	492	222	75	257	69	21	3849
Diarrhea	607	177	101	133	112	206	205	147	100	74	63	454	119	307	411	20	148	272	82	14	3752
Dysentery	308	101	114	112	50	389	217	67	135	21	120	350	109	222	166	13	137	59	118	8	2816
Injury (gunshot)	0	0	0	4	0	0	2	0	0	0	0	1	0	0	1	0	0	0	1	0	9
Injury (landmine)	0	0	1	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Injury (acute – other)	175	45	21	21	33	39	74	32	15	0	29	223	234	395	91	0	76	67	19	10	1599
Injury(old)	7	6	23	11	44	87	71	24	47	0	9	96	8	6	57	0	14	11	0	1	522
Malaria (presumptive)	177	113	101	206	153	63	174	91	256	79	276	338	161	130	279	45	2	0	108	0	2752
Malaria (with para-check)	360	176	73	284	228	101	507	55	251	66	338	527	429	138	140	34	83	21	261	0	4072
Measles	0	3	0	37	1	0	7	1	2	0	0	90	110	168	60	0	19	1	0	4	503
Meningitis	2	1	0	11	2	1	1	0	0	0	0	26	1	3	5	0	3	0	4	0	60
Suspected AIDS	1	0	0	1	0	0	0	0	0	0	0	3	0	1	2	0	2	1	0	0	11
Suspected TB	37	17	3	8	4	102	9	4	6	3	6	68	3	10	24	2	13	5	5	4	333
Worms	429	178	40	131	78	404	169	133	157	50	290	592	212	389	296	22	202	219	168	5	4164
Abortion	10	1	2	18	2	3	5	1	2	0	4	6	7	9	11	1	35	0	4	0	121
PPH	12	1	0	12	0	1	1	0	0	0	0	7	0	0	3	0	1	0	0	0	38
Sepsis	22	1	0	16	1	0	1	0	0	0	1	2	0	0	0	0	0	0	3	0	47
RTI	58	2	0	12	2	2	11	1	5	0	4	120	3	2	3	0	0	19	2	0	246
UTI	397	39	120	85	167	283	213	107	135	49	58	331	37	70	370	32	92	89	34	14	2722
Skin Infection	354	126	105	86	53	122	98	121	36	51	43	504	121	322	326	7	131	138	48	8	2800
Hepatitis	25	14	0	32	15	26	6	1	0	0	3	90	33	23	73	0	2	1	0	0	344
Typhoid Fever	7	28	0	41	37	1	42	0	3	0	0	1	113	258	71	0	60	2	8	14	686
Arthritis	60	90	9	58	57	35	168	65	41	32	176	234	43	160	415	11	26	88	2	5	1775
GUDU	566	156	182	93	215	430	218	194	174	85	259	483	216	389	521	16	260	252	76	0	4785
Dental Problems	99	81	16	99	45	77	34	38	27	28	107	292	77	196	367	1	77	55	25	5	1746
Eye Problems	166	121	21	71	24	97	24	33	50	25	43	294	79	161	178	9	54	95	15	3	1563
Hypertention	415	134	83	67	24	102	113	33	37	44	63	255	204	505	609	19	191	231	4	29	3162
Abscess	135	72	69	55	60	103	72	83	102	75	140	323	72	113	178	5	68	55	25	13	1818
Others	352	828	128	0	222	800	316	392	176	6	297	754	225	913	606	130	1147	484	158	271	8205
Total	***8712***	***3262***	***1862***	***2413***	***2611***	***6490***	***4140***	***3154***	***2939***	***1165***	***3367***	***9359***	***3309***	***6230***	***6996***	***738***	***3873***	***3597***	***1765***	***484***	76466

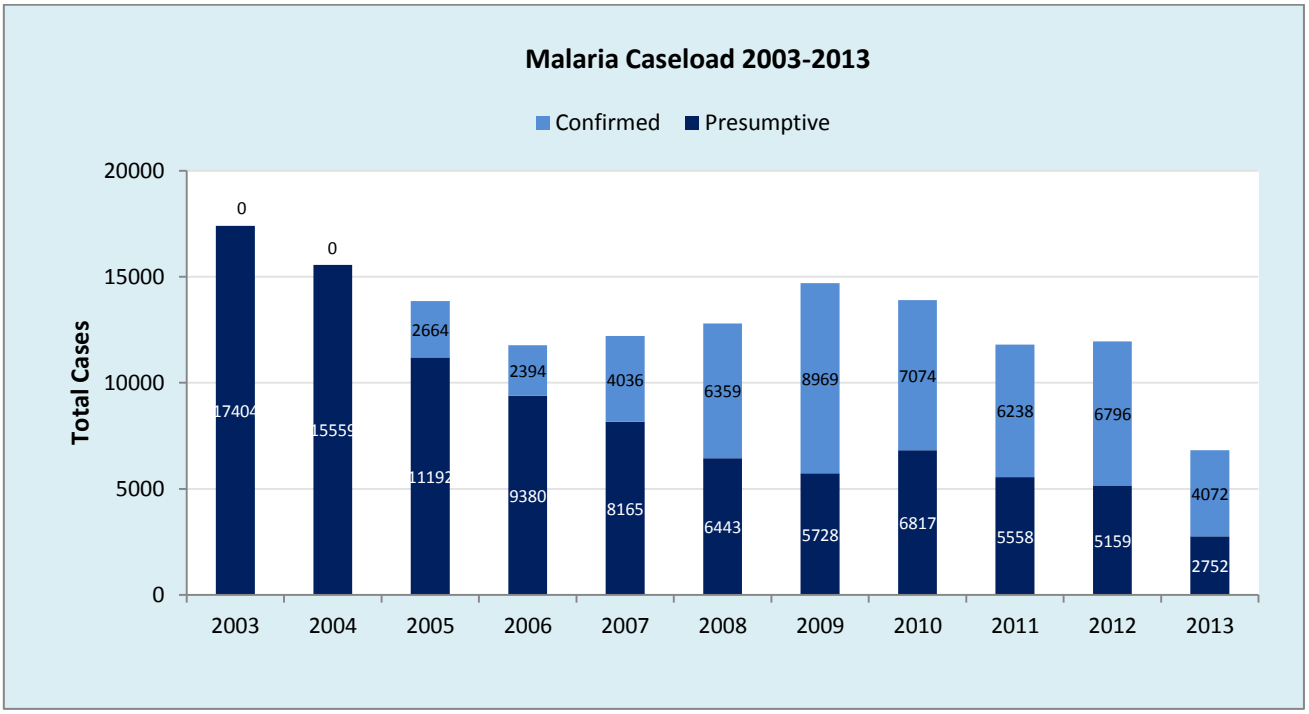
i. Malaria

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 Arteminisin-based Combination Therapy (ACT) treatment. In 2013, total malaria morbidity seems very less because the field health workers delayed receiving the medicines and they could treat less cases**.** 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. There were 4,200 ITNs distributed during 2013.

From 2003-2004, the BPHWT did not have the small, portable RDTs to confirm cases of *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 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 Para-check 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 Para-check RDTs only check for *P.f.* malaria. The numbers of pregnant women with P.f malaria were 244 of the 4,072 total *P.f.* malaria cases in 2013. In addition, the BPHWT also distributed educational malaria posters for the communities to encourage them to seek RDT testing within 24 hours of an onset of a fever.

Providing Malaria Treatment

Malaria Caseload over Time



Malaria Rapid Diagnostic Tests

No	Area	# of RDTs Used	# of RDTs (-)	# of RDT(+)/ Confirmed Malaria	Total Malaria
1	Kayah	601	177	360	537
2	Kayan	865	113	176	289
3	Special	360	101	73	174
4	Taungoo	1184	206	284	490
5	Kler Lwee Htoo	915	153	228	381
6	Thaton	629	63	101	164
7	Papun	1232	174	507	681
8	Pa An	603	91	55	146
9	Dooplaya	820	256	251	507
10	Kawkareik	507	79	66	145
11	Win Yee	729	276	338	614
12	Mergue/Tavoy	1149	338	527	865
13	Yee	1312	161	429	590
14	Moulamein	1081	130	138	268
15	Shan	319	279	140	419
16	Pa'O	326	45	34	79
17	Palaung	675	2	83	85
18	Kachin	249	0	21	21
19	Naga	0	0	0	0
20	Arakan	443	108	261	369
Total		**13999**	**2752**	**4072**	**6824**

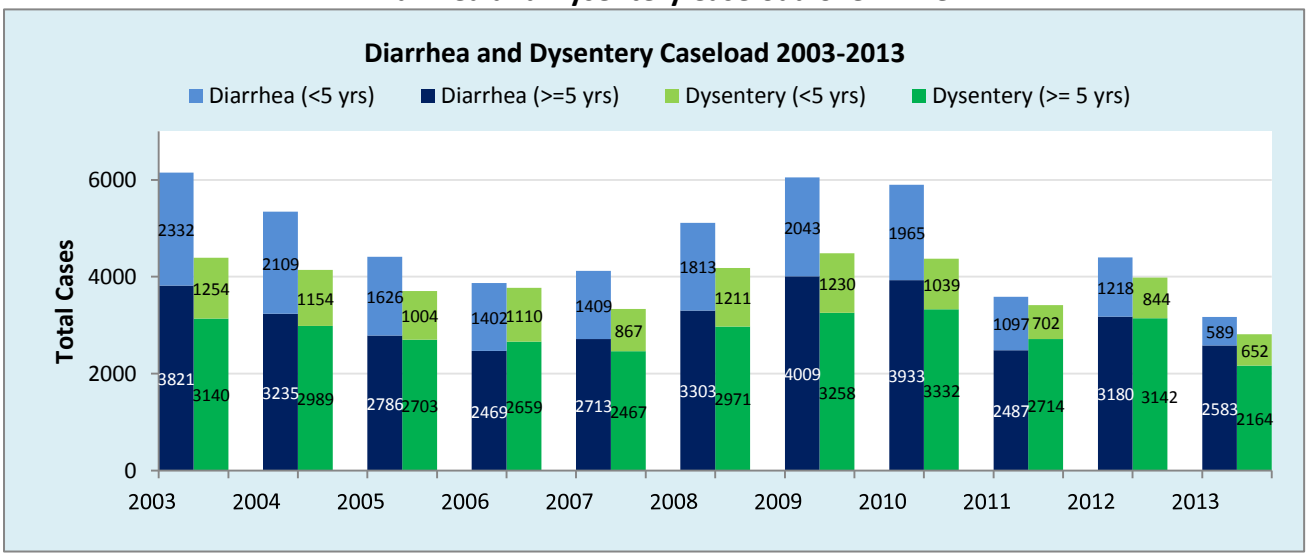
Malaria *P.f.* Cases by Area

No	Area	<5		>=5			Total
		M	F	M	F	Pregnancy	
1	Kayah	21	14	190	124	11	360
2	Kayan	20	19	68	51	18	176
3	Special	4	3	33	33	0	73
4	Taungoo	6	8	133	100	37	284
5	Kler Lwee Htoo	15	10	105	83	15	228
6	Thaton	11	3	54	29	4	101
7	Papun	49	62	201	154	41	507
8	Pa An	0	0	35	18	2	55
9	Dooplaya	15	18	97	108	13	251
10	Kawkareik	0	1	32	31	2	66
11	Win Yee	24	20	170	101	23	338
12	Mergue/Tavoy	37	47	242	169	32	527
13	Yee	48	38	194	138	11	429
14	Moulamein	18	19	61	37	3	138
15	Shan	8	6	67	57	2	140
16	Pa'O	3	4	10	17	0	34
17	Palaung	0	1	47	32	3	83
18	Kachin	0	0	13	7	1	21
19	Naga	0	0	0	0	0	0
20	Arakan	10	11	144	70	26	261
Total		**289**	**284**	**1,896**	**1,359**	**244**	**4,072**

ii. Diarrhea and Dysentery

In general, diarrhea and dysentery cases for both under five children and adult decreased as seen in the graph below as compared to those recorded in previous years. The lower number of cases was because the field health workers were delayed in receiving the medicines. As a result, they could treat fewer cases of diarrhea and dysentery.

Diarrhea and Dysentery Caseload over Time



BPHWT Annual Dysentery Cases by Area

No	Area	Ages				Total
		< 5		> = 5		
		M	F	M	F	
1	Kayah	8	6	158	136	308
2	Kayan	11	14	46	30	101
3	Special	5	8	47	54	114
4	Taungoo	22	12	37	41	112
5	Kler Lwee Htoo	5	1	31	13	50
6	Thaton	34	108	106	141	389
7	Papun	29	48	74	66	217
8	Pa An	11	5	26	25	67
9	Dooplaya	8	7	65	55	135
10	Kawkareik	1	0	12	8	21
11	Win Yee	14	9	39	58	120
12	Mergue/Tavoy	60	61	121	108	350
13	Yee	13	19	35	42	109
14	Moulamein	20	42	71	89	222
15	Shan	2	1	83	80	166
16	Pa'O	1	1	3	8	13
17	Palaung	28	18	37	54	137
18	Kachin	8	3	21	27	59
19	Naga	0	0	3	5	8
20	Arakan	2	7	70	39	118
Total		**282**	**370**	**1,085**	**1,079**	**2,816**

BPHWT Annual Diarrhea Cases by Area

No	Area	Ages				Total
		< 5		> = 5		
		M	F	M	F	
1	Kayah	41	33	285	248	607
2	Kayan	46	51	37	43	177
3	Special	16	11	36	38	101
4	Taungoo	26	25	44	38	133
5	Kler Lwee Htoo	15	5	50	42	112
6	Thaton	38	28	61	79	206
7	Papun	46	37	75	47	205
8	Pa An	37	25	39	46	147
9	Dooplaya	16	9	35	40	100
10	Kawkareik	19	16	18	21	74
11	Win Yee	14	12	16	21	63
12	Mergue/Tavoy	91	88	130	145	454
13	Yee	13	24	36	46	119
14	Moulamein	34	49	114	110	307
15	Shan	46	48	132	185	411
16	Pa'O	3	6	5	6	20
17	Palaung	30	33	41	44	148
18	Kachin	48	68	77	79	272
19	Naga	2	1	5	6	14
20	Arakan	8	11	45	18	82
Total		**589**	**580**	**1,281**	**1,302**	**3,752**

iii. Acute Respiratory Infection (Mild)

In 2013, the annual cases of acute respiratory infection (mild) for both children under the age of five years and adults seem less than the prior year because the field health workers were delayed in receiving the medicines. As a result, they could treat fewer ARI cases.

BPHWT Annual ARI (Mild) Cases by Area

No	Area	Ages				Total
		< 5		> = 5		
		M	F	M	F	
1	Kayah	316	266	1202	1178	2962
2	Kayan	77	65	82	75	299
3	Special	33	37	73	75	218
4	Taungoo	61	62	74	76	273
5	Kler Lwee Htoo	12	27	267	238	544
6	Thaton	64	77	226	280	647
7	Papun	106	80	156	187	529
8	Pa An	102	92	187	222	603
9	Dooplaya	58	63	164	183	468
10	Kawkareik	42	40	70	70	222
11	Win Yee	36	26	174	190	426
12	Mergue/Tavoy	165	170	356	354	1045
13	Yee	49	54	99	137	339
14	Moulamein	92	91	199	262	644
15	Shan	136	150	152	179	617
16	Pa'O	13	5	20	36	74
17	Palaung	77	54	261	318	710
18	Kachin	97	119	262	407	885
19	Naga	0	1	1	3	5
20	Arakan	40	63	147	120	370
Total		**1,576**	**1,542**	**4,172**	**4,590**	**11,880**

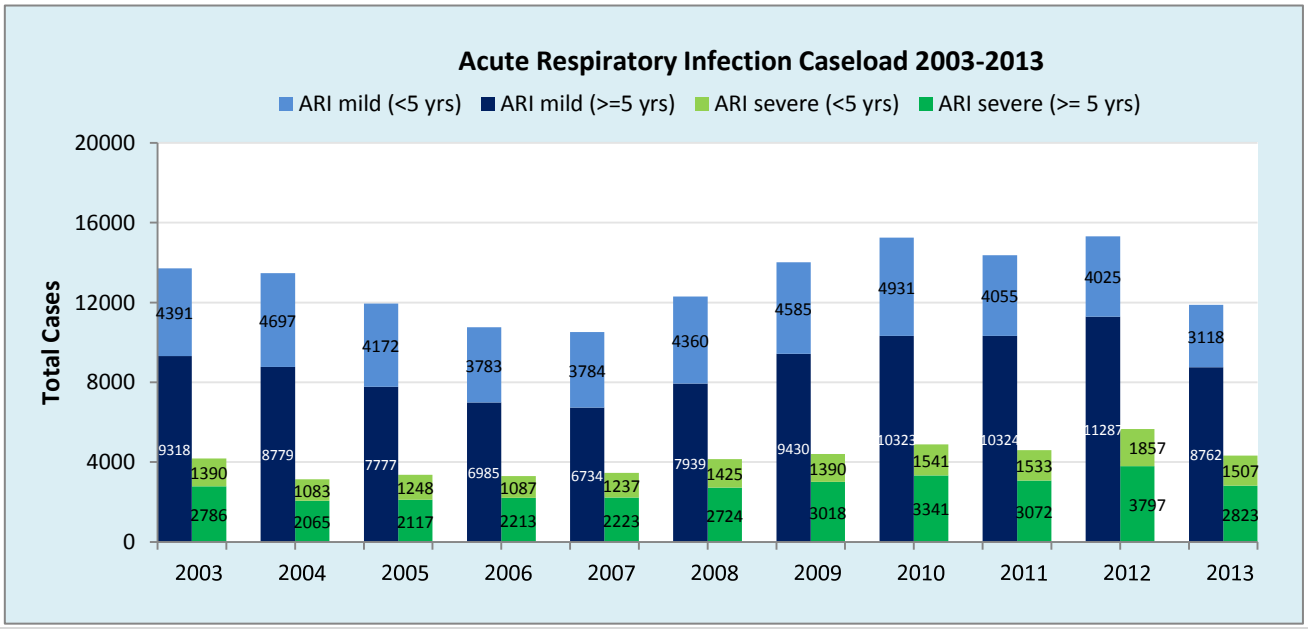
iv. Acute Respiratory Infection (Severe)

In 2013, the acute respiratory infection (severe) cases decreased compared to those recorded during 2012. The less cases were a result of less activities in the targeted field areas in 2013 even the Back Pack teams are increasing. The medicines were delayed in being received by the field areas due to the cash flow of BPHWT.

BPHWT Annual ARI (Severe) Cases by Areas

No	Area	Ages				Total
		< 5		> = 5		
		M	F	M	F	
1	Kayah	5	1	40	28	74
2	Kayan	24	37	36	38	135
3	Special	2	3	17	13	35
4	Taungoo	40	37	45	57	179
5	Kler Lwee Htoo	13	9	89	62	173
6	Thaton	166	192	273	348	979
7	Papun	71	61	90	104	326
8	Pa An	102	90	106	113	411
9	Dooplaya	32	40	90	132	294
10	Kawkareik	23	21	47	39	130
11	Win Yee	50	62	73	103	288
12	Mergue/Tavoy	69	65	121	133	388
13	Yee	28	36	38	59	161
14	Moulamein	25	39	96	99	259
15	Shan	3	5	4	4	16
16	Pa'O	3	3	5	11	22
17	Palaung	17	20	86	41	164
18	Kachin	28	24	60	62	174
19	Naga	11	12	8	3	34
20	Arakan	18	20	23	27	88
Total		**730**	**777**	**1,347**	**1,476**	**4,330**

Acute Respiratory Infection Caseload over Time



BPHWT Annual Measles Cases by Areas

No	Area	Ages				Total
		< 5		> = 5		
		M	F	M	F	
1	Kayan	2	1	0	0	3
2	Taungoo	17	10	7	3	37
3	Kler Lwee Htoo	0	0	1	0	1
4	Papun	0	3	1	3	7
5	Pa An	0	0	0	1	1
6	Dooplaya	0	0	0	2	2
7	Mergue/Tavoy	21	30	17	22	90
8	Yee	17	28	29	36	110
9	Moulamein	35	25	56	52	168
10	Shan	16	15	19	10	60
11	Palaung	2	2	7	8	19
12	Kachin	0	0	1	0	1
13	Naga	1	0	2	1	4
Total		**111**	**114**	**140**	**138**	**503**

i. 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. The table below also shows worm infestation cases seen in the targeted field areas.

BPHWT Annual Worm Infestation Cases by Area

No	Area	Ages				Total
		< 5		> = 5		
		M	F	M	F	
1	Kayah	23	13	205	188	429
2	Kayan	53	53	33	39	178
3	Special	13	11	10	6	40
4	Taungoo	38	34	30	29	131
5	Kler Lwee Htoo	13	15	25	25	78
6	Thaton	24	6	139	235	404
7	Papun	41	33	50	45	169
8	Pa An	4	3	55	71	133
9	Dooplaya	34	29	43	51	157
10	Kawkareik	11	12	15	12	50
11	Win Yee	64	53	84	89	290
12	Mergue/Tavoy	85	70	237	200	592
13	Yee	31	39	66	76	212
14	Moulamein	78	67	111	133	389
15	Shan	41	40	101	114	296
16	Pa'O	3	6	9	4	22
17	Palaung	31	37	64	70	202
18	Kachin	34	43	55	87	219
19	Naga	1	0	2	2	5
20	Arakan	35	35	57	41	168
Total		**657**	**599**	**1,391**	**1,517**	**4,164**

ii. Suspected Pulmonary Tuberculosis and AIDS Cases

The total number of suspected cases of tuberculosis (TB) and AIDS that recorded by the health workers in 2013 seems lower as compared to those recorded during the previous year. The less cases were a result of less activities in the targeted field areas in 2013. 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 targeted field areas.

BPHWT Annual Suspected HIV/AIDS Cases by Area

No	Area	Ages				Total
		<5		>=5		
		M	F	M	F	
1	Kayah	0	0	1	0	1
2	Taungoo	0	1	0	0	1
3	Mergue/Tavoy	0	0	0	3	3
4	Moulamein	0	1	0	0	1
5	Shan	2	0	0	0	2
6	Palaung	2	0	0	0	2
7	Kachin	1	0	0	0	1
Total		**5**	**2**	**1**	**3**	**11**

BPHWT Annual Suspected TB by Area

No	Area	Ages				Total
		< 5		> = 5		
		M	F	M	F	
1	Kayah	2	5	19	11	37
2	Kayan	3	1	7	6	17
3	Special	3	0	0	0	3
4	Taungoo	2	3	2	1	8
5	Kler Lwee Htoo	3	0	1	0	4
6	Thaton	4	6	38	54	102
7	Papun	3	4	0	2	9
8	Pa An	0	2	1	1	4
9	Dooplaya	2	4	0	0	6
10	Kawkareik	0	3	0	0	3
11	Win Yee	0	0	2	4	6
12	Mergue/Tavoy	4	5	34	25	68
13	Yee	0	0	0	3	3
14	Moulamein	3	5	0	2	10
15	Shan	2	3	15	4	24
16	Pa'O	0	0	2	0	2
17	Palaung	0	3	3	7	13
18	Kachin	0	0	3	2	5
19	Naga	0	0	4	0	4
20	Arakan	0	4	1	0	5
Total		**31**	**48**	**132**	**122**	**333**

iii. Acute Landmine and Gunshot Injuries

In 2013, only three new landmine injuries in Special, Kler Lwee Htoo and Papun areas and nine new gunshot injuries cases in Taungoo, Papun, Mergue/Tavoy, Shan, and Arakan areas were recorded by the BPHWT field workers. However, some cases in the field areas were not recorded because the field health workers only recorded the cases that they evidenced.

All BPHWT Annual Landmine Injuries Cases by Area

No	Area	Ages				Total
		<5		>=5		
		M	F	M	F	
3	Special	0	0	1	0	1
5	Kler Lwee Htoo	0	0	1	0	1
7	Papun	0	0	1	0	1
Total		**0**	**0**	**2**	**0**	**3**

All BPHWT Annual Gunshot Cases by Area

No	Area	Ages				Total
		<5		>=5		
		M	F	M	F	
1	Taungoo	0	0	4	0	4
2	Papun	0	0	2	0	2
3	Mergue/Tavoy	0	0	1	0	1
4	Shan	0	0	1	0	1
5	Arakan	0	0	1	0	1
Total		**0**	**0**	**9**	**0**	**9**

8.2) Community Health Education and Prevention Program

The Community Health Education and Prevention Program (CHEPP) aims to empower the internally displaced persons and the vulnerable populations of Burma with skills and knowledge related to basic health care 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.

1). School Health Sub-Program:

In 2013, the BPHWT implemented its school health program in **387** schools with **1,333** teachers and **32,460** students - comprised of 15,116 boys and 17,345 girls 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. There were 11 school latrines installed and benefited for 479 students - 232 boys and 247 girls.

2). Nutritional Sub-Program:

Under the Nutritional Sub-Program of the CHEPP, the BPHWT distributes de-worming medicine to children from the age of one to twelve year old and Vitamin A to the children from the age of six months to twelve year old. This is essential to preventing malnutrition. During 2013, **32,009** children received de-worming medicine (Albandozole) and **40,327** children received Vitamin A. The BPHWT did stop providing Vitamin A supplementation to prenatal and postpartum women according to the WHO recommendations since the beginning of 2013. In addition, the BPHWT field health workers also provide health education every six months regarding this topic in village health workshop to improve the knowledge of the local communities.

Providing Vitamin A, De-worming Medicine, & Hygiene

The BPHWT did not meet its target for 2013 because during the second six-month period of 2013, Vitamin A and de-worming medicine were provided just in a few targeted field areas. As a result of the cash flow, the medicines are delayed to be received by the field health workers and fewer activities were implemented in the targeted field areas.

Number of Children Receiving Vitamin A

No	Area	CHILDREN'S AGES							
		6-12 months		1-6 years		6-12 years		Total	
		M	F	M	F	M	F	M	F
1	Kayah	18	24	981	989	631	650	1630	1663
2	Kayan	666	446	734	727	438	402	1838	1575
3	Special	151	170	358	299	364	359	873	828
4	Taungoo	430	512	808	911	1097	1157	2335	2580
5	Kler Lwee Htoo	444	430	585	626	386	578	1414	1634
6	Thaton	141	106	1047	1110	789	611	1977	1827
7	Papun	174	235	414	384	447	468	1034	1087
8	Pa An	23	16	424.5	451	550	633.5	998	1101
9	Dooplaya	269	276	831	795	833	851	1933	1922
10	Kawkareik	103	112	244	247	307	292	654	651
11	Win Yee	23	16	308	348	665	783	996	1147
12	Mergue/Tavoy	145	141	332	336	507	531	984	1007
13	Yee	0	0	156	213	357	566	513	779
14	Moulamein	0	0	180	242	413	587	593	829
15	Shan	401	514	553	642	930	889	1884	2045
Total		**2,987**	**2,998**	**7,955**	**8,320**	**8,713**	**9,356**	**19,654**	**20,673**
		5,985		**16,274**		**18,069**		**40,327**	

Number of Children Receiving De-worming Medicine

No	Area Name	Ages (**1 – 12 Years**)		Total
		M	F	
1	Kayah	1359	1370	2729
2	Kayan	1231	974	2205
3	Special	534	507	1041
4	Taungoo	1882	2050	3932
5	Kler Lwee Htoo	709	739	1448
6	Thaton	1984	1664	3648
7	Papun	960.5	954	1915
8	Pa An	996	1049	2045
9	Dooplaya	1641	1619	3260
10	Kawkareik	547	492	1039
11	Win Yee	802	959	1761
12	Mergue/Tavoy	822	885	1707
13	Yee	656	790	1446
14	Moulamein	593	842	1435
15	Shan	1077	1323	2400
Total		**15,793**	**16,216**	**32,009**
		32,009		

3). Water and Sanitation Sub-Program:

The BPHWT aims to provide one gravity flow water systems 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 BPHWT has established water and sanitation projects since 2005. During 2013, the BPHWT teams built **9** gravity flow water systems and the beneficiary population that has received gravity flow water system includes **634** households composed of **3,490** people. The BPHWT built **21** shallow well water systems which have been received by **417** households and **2,273** beneficiaries. The BPHWT also provided **1,373** community latrines and **11** school latrines. There were **3** water filters constructed in schools. Because of the funds shortage, the BPHWT could not implement these activities during the second six-month period of 2013.

No	Field Area	Gravity Flow				Shallow Wells				Community Latrines			
		No.	HH	Pop.		No.	HH	Pop.		No.	HH	Pop.	
				M	F			M	F			M	F
1	Kayah	0	0	0	0	0	0	0	0	165	169	592	612
2	Kayan	1	38	87	94	0	0	7	19	216	244	442	466
3	Special	2	324	889	901	0	0	0	0	0	0	0	0
4	Taungoo	0	0	0	0	0	0	0	0	150	225	660	690
5	Kler Lwee Htoo	0	0	0	0	6	32	74	96	150	150	474	485
6	Thaton	1	28	165	158	7	281	735	839	0	28	80	60
7	Papun	0	0	0	0	0	0	0	0	100	100	208	220
8	Pa An	0	0	0	0	3	20	37	63	50	50	114	139
9	Dooplaya	1	64	153	147	0	0	0	0	110	150	379	367
10	Kawkareik	1	38	31	0	0	0	0	0	100	100	308	251
11	Win Yee	0	0	0	0	3	15	36	41	0	0	0	0
12	Mergue/Tavoy	1	63	197	196	0	0	0	0	120	120	326	351
13	Shan	1	45	130	165	0	0	0	0	109	109	326	400
14	Arakan	1	34	78	99	2	69	152	174	103	103	230	268
Total		**9**	**634**	**1730**	**1760**	**21**	**417**	**1041**	**1232**	**1,373**	**1548**	**4139**	**4309**
				3,490				**2,273**				**8,448**	

4) Village Health Worker Training: 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 village 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 health care, 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 Para-check within 24 hours; thus, the BPHWT's programs will be more locally 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.

An objective of the BPHWT is to train and provide 5 VHWs for each Back Pack team, with each VHW targeting a population of 400 community members.

In 2013, the BPHWT organized **5** VHW trainings in Thaton, Papun, Mergue/Tavoy, Kayan, and Arakan targeted field areas. The trainings covered 17 Back Pack teams in those areas. The total participants were **154 -** 35 men and **119** women. Kits were distributed to the VHWs who were trained and had been working with health workers closely for six months as interns. During 2013, there were **86** kits distributed to VHWs. The training's objectives and topics are showed at the below:

Training Objective:

- Build the knowledge and skills of the community health worker so that they can provide effective primary healthcare service and health education to their community

Key Course Topics:

- Basic anatomy and physiology
- Basic nursing care
- First aid
- Common communicable diseases
- Universal precautions
- Primary healthcare concepts and principles
- Health education and promotion
- Participatory Learning Action (PLA)

No	Area Name	# of BP Teams	# of Trainings	Village Health Workers		Total
				M	W	
1.	Thaton	3	1	4	19	23
2.	Papun	4	1	3	17	20
3.	Mergue/Tavoy	3	1	10	58	68
4.	Kayan	4	1	7	16	23
5.	Arakan	3	1	11	9	20
Total		**17**	**5**	**35**	**119**	**154**

5) Village Health Worker Workshops:

During this reporting period, the BPHWT organized 7 Village Health Worker (VHW) workshops in 8 targeted field areas: Thaton, Pa An, Kler Lwee Htoo, Shan, Kayan, Taungoo, Mergue/Tavoy, and Kayah. There were **150** village health workers - **43** women and **107** men - who attended the workshops.

No	Area Name	# of BP Teams	# of VHW Workshops	Village Health Workers		Total
				M	W	
1.	Thaton	7	1	2	13	15
2.	Pa An	6	1	2	8	10
3.	Kler Lwee Htoo	6	2	10	20	30
4.	Shan	6	1	1	11	12
5.	Kayan	4	1	5	14	19
6.	Taungoo	5	1	3	7	10
7.	Kayah	7	1	3	7	10
8.	Mergue/Tavoy	5	2	17	27	44
Total		**41**	**10**	**43**	**107**	**150**

6) 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, 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.

During 2013, the BPHWT organized **160** village health workshops in **19** targeted field areas, attended by **10,124** people – **4,378** men and **5,746** women. Communities were invited to send representatives from different sectors such as religious leaders, traditional birth attendants, and school teachers to attend discussions. These representatives then go back to their respective 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 2013

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	4	31	0	0	0	28	2	11	7	22	0	6	19	9	0	74	86	41	63	0	208	218	64	0	**858**
2	Kayan	2	11	35	38	0	9	4	7	5	8	0	2	5	4	0	9	18	19	6	0	43	26	7	0	**245**
3	Special	4	12	20	10	3	11	24	12	0	0	2	3	4	2	0	3	37	26	18	3	67	44	8	0	**297**
4	Taungoo	1	7	27	30	0	6	5	5	6	14	0	0	6	1	1	12	9	7	11	3	86	108	5	0	**342**
5	Kler Lwee Htoo	18	59	252	315	5	20	14	6	9	13	3	3	7	11	3	42	52	49	40	7	132	110	10	0	**1103**
6	Thaton	8	15	95	124	0	25	5	11	2	20	0	13	13	4	0	12	4	4	15	5	88	115	9	4	**568**
7	Papun	6	14	46	56	9	24	18	10	2	6	3	9	8	3	4	25	30	19	35	3	128	175	18	4	**635**
8	Pa An	11	20	13	24	4	33	7	18	3	15	5	19	8	5	0	15	25	16	28	2	53	108	0	0	**401**
9	Dooplaya	9	24	106	116	3	29	5	8	17	21	12	33	24	0	0	35	46	75	34	4	392	402	14	0	**1376**
10	Kawkareik	0	9	104	122	3	12	8	8	2	8	0	11	3	0	0	0	3	0	20	2	128	137	9	0	**580**
11	Win Yee	3	15	24	31	1	11	9	4	0	3	4	5	7	4	1	11	14	5	23	1	59	63	4	1	**285**
12	Mergue/Tavoy	14	39	107	124	10	44	16	33	14	36	18	45	25	17	1	74	75	37	38	16	230	233	33	12	**1238**
13	Yee	1	25	0	0	0	12	3	7	0	0	0	0	27	0	0	0	105	138	27	0	184	225	23	0	**751**
14	Moulamein	5	10	0	0	0	0	0	6	0	0	0	0	13	0	0	0	70	91	13	0	130	96	12	0	**431**
15	Shan	0	6	0	0	0	21	8	12	2	21	4	9	8	0	0	40	13	21	12	0	125	246	12	0	**554**
16	Pa'O	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
17	Palaung	0	0	0	4	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	8	34	122	0	0	**174**
18	Kachin	2	8	11	14	0	9	3	6	0	0	2	6	4	2	0	28	7	10	9	0	18	58	4	0	**191**
19	Arakan	3	5	6	4	0	12	5	0	3	9	3	3	1	0	0	7	5	5	7	0	9	12	4	0	**95**
Total		91	310	846	1012	38	312	136	164	72	196	56	167	182	62	10	387	599	563	399	54	2114	2498	236	21	**10124**

8.3) 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. Since 2012, the BPHWT has started to train Trained Traditional Birth Attendants (TTBAs) with higher skills to provide safe deliveries in order to reduce maternal and child deaths.

During 2013, **3,385** pregnant women received de-worming medicine (Albandozole) and **3,356** women and pregnant women received iron supplements. The BPHWT did stop providing Vitamin A to the women who had just given birth and newborn babies according to the WHO's recommendation. In addition, **713** TBAs/TTBAs were working with the Back Pack Health Worker Team. They assisted in **3,508** births; of these, **3,486** were live births, **24** were stillbirths or abortions, and there were **14** cases of neo-natal deaths. The TBAs/TTBAs also recorded **7** maternal deaths. There were 6 obstetric cases referred during 2013.

8.3.1) Trained Traditional Birth Attendant (TTBA) Training: In 2010-2011, an external evaluation facilitated by Burma Relief Centre (BRC) recommended that TBAs in the targeted villages must have more knowledge and skills in order to be more effective. Therefore, since 2012, the BPHWT has decided to train TBAs to become TTBAs who will have greater knowledge and skills to provide safe deliveries, related health education, and an effective referral system. It is a twenty-day training. In 2013, the BPHWT provided three Trained Traditional Birth Attendant trainings for newly-recruited TBAs in the Papun, Thaton, and Kachin Field Areas. There were **61** participants - **58** women and **3** men.

TTBA Training in Kachin Area

NO	Area	# TTBA Training	Participants		
			Men	Women	Total
1	Papun	1	3	17	20
2	Thaton	1	0	22	22
3	Kachin	1	0	19	19
Total		**3**	**3**	**58**	**61**

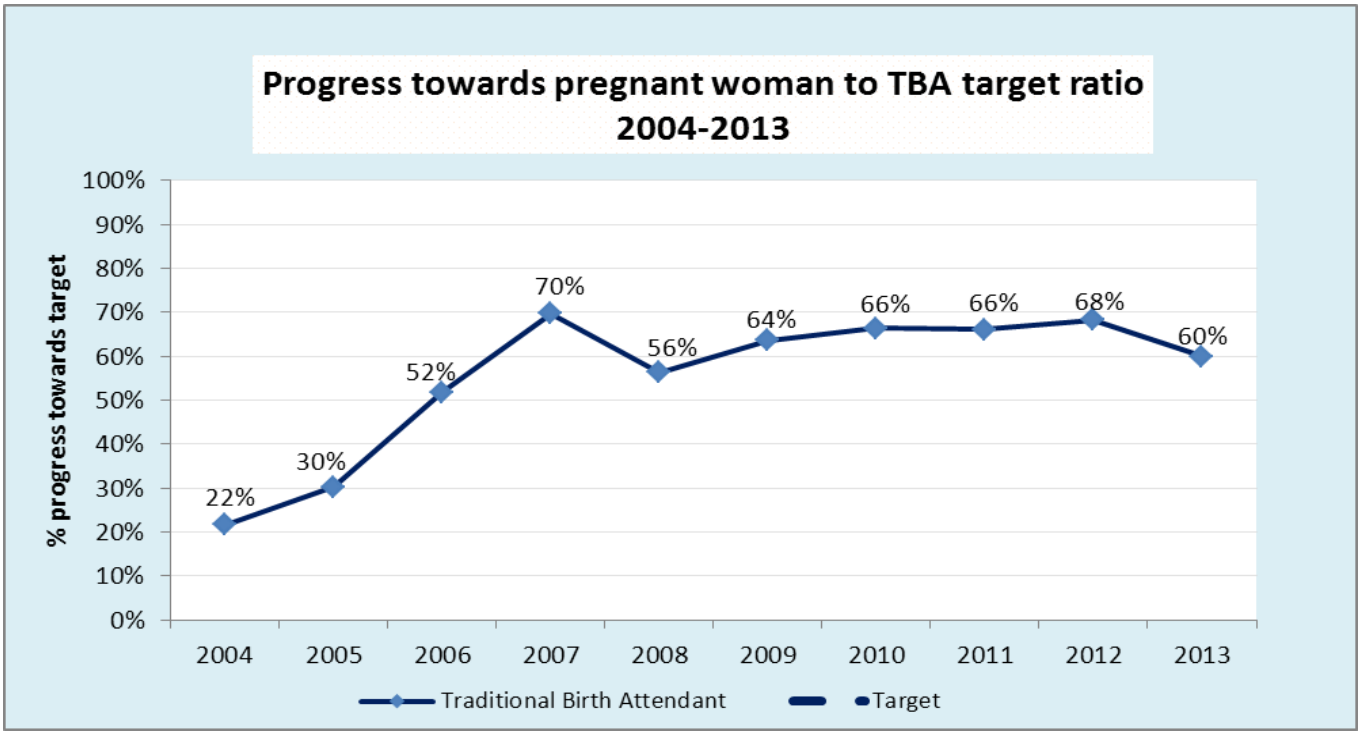
8.3.2) Traditional Birth Attendant/Trained Traditional Birth Attendant Workshops: The BPHWT organizes TBA/TTBA workshops every six months in order to improve and upgrade TBAs/TTBAs' knowledge and skills, and to enable them to share their experiences and participate in ongoing learning opportunities. 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 2013, **95** TBA/TTBA follow-up workshops were organized in **20** field areas which included **537** TBAs/TTBAs, comprised of **49** men and **488** 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, **1,480** TBA/TTBA kits and **5,220** maternity kits were distributed in order to restock in field areas.

Progress toward TBA to Pregnant Women Target Ratio 2004-2013

Year	TBAs	Pregnant	TBA/Pregnant Ratio	Target TBA/Pregnant Ratio	% Progress to TBA/Pregnant Target
2004	202	7,453	37	8	22%
2005	260	6,855	26	8	30%
2006	507	7,833	15	8	52%
2007	591	6,771	11	8	70%
2008	525	7,454	14	8	56%
2009	630	7,922	13	8	64%
2010	672	8,089	12	8	66%
2011	722	8,740	12	8	66%
2012	787	9,217	12	8	68%
2013	711	9,509	13	8	60%

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



Birth and Death Records – 2013

No	Area	Deliveries	Live Births	Still Births/ Abortions	Deaths		<2.5 Kg	=>2.5 kg
					Neonatal	Maternal		
1	Kayah	239	239	0	0	1	1	238
2	Kayan	164	161	3	1	0	1	163
3	Taungoo	97	97	0	0	0	0	79
4	Kler Lwee Htoo	166	165	1	2	0	6	161
5	Thaton	271	268	4	5	2	17	252
6	Papun	377	374	3	0	1	22	359
7	Pa An	352	350	2	0	3	3	346
8	Dooplaya	263	260	4	1	0	3	205
9	Kawkareik	47	47	0	0	0	3	40
10	Win Yee	163	163	0	4	0	10	156
11	Mergue /Tavoy	170	170	0	0	0	19	160
12	Yee	145	144	1	0	0	1	145
13	Shan	147	147	0	0	0	1	147
14	Palaung	201	199	2	0	0	13	196
15	Kachin	146	143	3	0	0	0	9
16	Chin	293	292	1	1	0	2	150
17	Arakan	77	77	0	0	0	1	76
18	Special	18	18	0	0	0	0	0
19	KBC	172	172	0	0	0	0	94
		3,508	**3,486**	**24**	**14**	**7**	**103**	**2,976**

***Low Birth-weight Rate = 3.4 %**

Pre and Post Natal Distribution of De-worming Medicine, Ferrous Sulphate, and Folic Acid - 2013

No	Area	De-Worming	F/S & F/A
1	Kayah	224	227
2	Kayan	164	164
3	Taungoo	97	97
4	Kler Lwee Htoo	166	158
5	Thaton	271	271
6	Papun	290	293
7	Pa An	343	343
8	Dooplaya	263	263
9	Kawkareik	43	43
10	Win Yee	163	163
11	Mergue/Tavoy	169	170
12	Yee	145	145
13	Shan	142	142
14	Palaung	201	201
15	Kachin	145	145
16	Chin	292	264
17	Arakan	77	77
18	Special Pa An	18	18
19	KBC	172	172
	Total	**3,385**	**3,356**

8.3.3) 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. The BPHWT distributes and promotes the use of three family planning methods, namely the contraceptive pill, Depo-Provera, and condoms.

In 2013, the BPHWT provided family planning services to **18** targeted field areas to **5,317** people, of whom **5,137** were women and only **180** were men. This statistic reflects that only a small number of men participate in family planning.

To improve the knowledge of family planning, the BPHWT has included the family planning education session in the VHW's curriculum since 2012. In addition, the program coordinator will update the form to collect MCHP targeted population such as women age from 15 to 45 years. The BPHWT has learned from the external evaluating that it will help to analyze the program effectiveness and coverage.

Family Planning Activities – 2013

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	201	4	197	0	93	108	60	141	141	53	7	220	312	360
2	Kayan	313	0	313	0	176	137	139	174	153	128	32	318	780	596
3	Taungoo	104	22	82	5	62	37	37	67	59	34	11	118	204	267
4	Kler Lwee Htoo	161	0	161	1	117	43	83	78	129	24	8	248	144	81
5	Thaton	358	5	353	0	164	194	91	267	229	102	27	460	604	1170
6	Papun	462	5	457	2	152	308	67	395	201	256	5	384	1584	432
7	Pa An	482	7	475	2	330	150	128	354	239	229	14	422	1073	465
8	Dooplaya	351	5	346	2	194	155	163	188	208	113	30	411	636	585
9	Kawkareik	137	10	127	1	97	39	20	117	56	80	1	111	383	30
10	Win Yee	234	3	231	0	158	76	70	164	114	114	6	188	659	144
11	Mergue/Tavoy	377	2	375	2	182	193	112	265	217	158	2	446	957	288
12	Yee	546	169	377	201	325	20	195	351	381	154	11	381	475	261
13	Shan	186	38	148	30	138	18	63	123	105	76	5	149	304	66
14	Palaung	479	8	471	17	331	131	59	420	431	48	0	716	308	0
15	Kachin	123	9	114	1	106	16	47	76	99	16	8	198	196	255
16	Chin	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Arakan	117	41	76	0	76	41	56	61	55	50	12	108	302	90
18	KBC	589	12	577	13	470	106	129	460	551	37	1	1096	246	4232
19	Special	97	2	95	0	64	33	67	30	61	36	0	120	176	153
Total		**5,317**	**342**	**4,975**	**277**	**3,235**	**1,805**	**1,586**	**3,731**	**3,429**	**1,708**	**180**	**6,094**	**9,343**	**9,475**

8.3.4) Summary Fact Sheet of the MCHP's Activities 2000 - 2013

Years	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total Deliveries	1432	2297	2693	3463	3156	3708	3770	3412	3961	3,508
Live Births	1347	2222	2594	3337	3095	3621	3704	3356	3927	3,486
Still Births/ Abortions	84	81	103	134	63	90	67	50	35	24
Neonatal Deaths	47	73	94	117	69	96	77	53	37	14
Maternal Deaths	8	15	15	27	13	16	9	13	9	7
Low Birth Weight	N/A	N/A	N/A	N/A	237	9540	279	254	263	103

In 2013, the main causes of maternal deaths were post-partum hemorrhage - **4** mothers, abortion - **1** mother, and eclampsia - **2** mothers**.** There were **7** maternal deaths out of **3,508** total deliveries. 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 and referral systems. Additionally, the BPHWT conducts TBA/TTBA workshops to update those TBA skills and knowledge that will increase the implementation of safe birthing practices and improve maternal and child health every six months.

Trained Traditional Birth Attendant Training in 2013

8.3.5) Pregnancy Malaria Screening

In 2013, the BPHWT began screening pregnant women in **18** 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, **567** pregnant women were screened for malaria. **3%** out of 480 women who were screened only once had a positive result and **1%** out of 87 women who were screened twice had a positive result. This result is for January to June 2013. There was no pregnancy malaria screening in the second six-months of 2013.

Pregnancy Malaria Screening January - June 2013

No	Area Name	# of BP Teams	1 time				2 times				Total (+)	Total (-)	Grand Total	Total (+) %
			-	+	Total	(+) %	-	+	Total	(+) %				
1	Kayah	0	0	0	0	0	0	0	0	0	0	0	0	0
2	Kayan	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Special	0	0	0	0	0	0	0	0	0	0	0	0	0
4	Taungoo	2	5	12	17	71%	0	0	0	0%	12	5	17	71%
5	Kler Lwee Htoo	4	34	2	36	6%	6	1	7	14%	3	40	43	7%
6	Thaton	5	81	1	82	1%	33	0	33	0%	1	114	115	1%
7	Papun	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Pa An	6	125	0	125	0%	13	0	13	0%	0	138	138	0%
9	Dooplaya	2	35	0	35	0%	10	0	10	0%	0	45	45	0%
10	Kawkareik	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Win Yee	2	47	0	47	0%	24	0	24	0%	0	71	71	0%
12	Mergue/Tavoy	2	51	1	52	2%	0	0	0	0%	1	51	52	2%
13	Yee	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Moulamein	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Shan	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Palaung	3	82	0	82	0%	0	0	0	0%	0	82	82	0%
17	Kachin	1	4	0	4	0%	0	0	0	0%	0	4	4	0%
18	Arakan	2	0	0	0	0%	0	0	0	0%	0	0	0	0%
Total		29	464	16	480	3%	86	1	87	1%	17	550	567	3%

9) Field Meetings and Workshops

The BPHWT conducts field meetings and field workshops twice a year in the targeted field areas. In 2013, there were **27** field workshops and **33** field meetings conducted in the targeted field areas; there were **474** participants - 217 men and 257 women - who attended field meetings and **297** participants - 138 men and 159 women - who attended field workshops.

Field Workshops and Meetings – 2013				
Description	**# of Field Workshops/Meetings**	**Men**	**Women**	**Total**
Field Workshops	27	138	159	**297**
Field Meetings	33	217	257	**474**

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 healthcare 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

10) Capacity Building Program

In 2013, the Back Pack Health Worker Team organized one community health worker training and two refresher training courses which 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 Thay Bay Ta in Karen State, and in the Mon and Pa'O areas to train more health workers, and Medical Refresher Training Courses 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 VHWs and CHWs after the BPHWT's 31st Six Month Meeting in Mae Sot. The health workers, who finished this ToT Course, will train health workers in the targeted field areas.

10.1) Medical Refresher Training Courses

In this period, the BPHWT organized two Medical Refresher Training Courses. The 5th Medical Refresher Training Course was held from 1 April to 27 July 2013 which participated by 37 medics – 26 men and 11 women. The 6th Medical Refresher Training Course was organized from 2 October to 31 January 2014 which was participated by 34 medics – 19 men and 15 women. 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. The Medical Refresher Training Course is a four month training. The participants are from different field areas and ethnic groups. The trainers were being trained by Mae Tao Clinic (MTC) staff, the International Rescue Committee (IRC) Trainer Team, Community Partners International (CPI) Trainer Team, Burma Medical Association (BMA) Trainer Team, and BPHWT staff. The BPHWT has a training team to monitor and organize the training.

6th Medical Refresher Training Course

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 (IEE)
- Health and human rights
- Medical ethics

- IMCI
- Pharmacology

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 health care

10.2) Community Health Worker (CHW) Training

During this period, the BPHWT organized three sessions of community health worker training in Thay Bay Ta of Karen State, and in the Mon and Pa'O areas. The training is Basic Medical Training and lasted 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 misusage of treatment within communities

10.2.1) CHW training in the Thay Bay Ta: This CHW training began on 30 April 2013. The training involved six months of theory and four months of practical training at the MTC. There were 96 participants, comprised of 36 men and 60 women. The trainees from Thay Bay Ta were trained by the BPHWT staff 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

10.2.2) CHW training in the Mon area: This CHW training began on 2 July 2013. This training included six months of theory and four months of practical training in their field area. There were 47 participants, comprised of 17 men and 30 women. The trainees were trained by the Mon National Health Committee. The key course topics are:

- Basic nursing skills (120 Hours)
- Correct use of essential drugs (60 Hours)

- Treatments of common diseases (330 Hours)
- Care of mother and baby (120 Hours)
- Care of delivery (60 Hours)
- Data collection (30 Hours)
- Total for training (720 Hours)

10.2.3) CHW training in the Pa'O area: This CHW training began on 1 May 2013. This training included six months of theory and four months of practical training in their field area. There were 45 participants, comprised of 23 men and 22 women. The trainees were trained by the Pa'O National Health Committee. The key course topics are:

- Anatomy and physiology
- Basic medicine
- Pharmacology
- Prevention disease and control
- Animal bone disease
- Unclean foot and water borne disease
- Sexually transmitted disease
- Skin disease
- Respiratory tract infection
- Immunization
- Preventable disease
- Eye disease and trachoma
- Non-communicable disease
- Family health
- Health information system
- Environmental health

10.3) AMW training in Pa An (Taung Ka Lay)

In 2013, the BPHWT organized two Auxiliary Midwife trainings in Pa An, Karen State. It was a three month's theory training and three months practical. The 1st batch of AMW training was organized from 31 March – 30 June 2013. The 2nd batch of AMWs was held from 27 July – 5 October 2013. After the training, the trainees came to Mae Sot for the practical at the MTC from 1 October – 30 December 2013. There were totally 35 participants – all are women.

Auxiliary Midwife Training in Pa An

AMW training is a pilot activity for convergence. The BPHWT collaborated with a Pa An-based CBO and retired government Township Medical Office Nursing Matrons to support and plan for the provision of two AMW trainings for trainees from three government-controlled townships in Karen State: Hlaingbwe, Kawkareik, and Pa An. Currently, the 35 AMWs are in their respective townships and implementing a Maternal and Child Healthcare Pilot Program as planned.

The key course topics of the AMW Training Course:

- Basic anatomy and physiology
- Basic nursing care
- Basic first aid
- Universal precaution
- Basic history taking and physical examination
- Common diseases (diarrhea, ARI, malaria, worm infestation, measles, anemia, and vitamin deficiency)
- Anatomy and physiology of reproductive
- ANC, Delivery, PNC, abortion, < 5 year Care, IMCI, and the PHC concept and approach.

11) Convergence, Coordination and Collaboration

In concert with the ongoing ceasefire and peace negotiations between the Burma Government and the Ethnic Armed Resistance Organizations (EAROs), various ethnic health community-based organizations (CBOs), including the BPHWT, and ethnic health organizations (EHOs) have been working together to converge the extensive community-based/border-managed health system with the Burma Government's health system in order to provide better health care, access more of the population, improve health systems and policy, and gain government recognition of community-based border-managed health programs and workers. To coordinate this process from the EHOs'/health CBOs' perspective, the Health Convergence Core Group (HCCG) was formed in May 2012. The HCCG has eight EHO and health CBO member organizations:

1. *Back Pack Health Worker Team (BPHWT)*
2. *Burma Medical Association (BMA)*
3. *Karen Department of Health and Welfare (KDHW)*
4. *Karenni Mobile Health Committee (KnMHC)*
5. *Mae Tao Clinic (MTC)*
6. *Mon National Health Committee (MNHC)*
7. *National Health and Education Committee (NHEC)*
8. *Shan Health Committee (SHC)*

The HCCG aims to prepare existing community based health networks inside Burma/Myanmar for future possibilities to work together with Union and state/region government health agencies, ethnic authorities, international donors, international non-governmental organizations (INGOs), civil society organizations, and EHO/health CBOs. To guide its work, the HCCG has adopted the following principles related to health convergence:

1. *Current health services, which are based on the primary health care approach, must be maintained and expanded.*
2. *The role and structure of the EHOs must be maintained.*
3. *Communities and community-based health organizations must be involved in the decision-making process and the implementation of health care services in the Ethnic States.*
4. *INGOs must cooperate with local CBOs and EHOs by promoting their roles and capacity.*
5. *Health care programming should not create conflict among the community and between the health care providers.*
6. *Development of a national health policy and system should be according to the framework of a Federal Union.*
7. *Health programming and policy should complement and support the federal aspirations of the ethnic peoples throughout the peace process.*

8. *Any acceptance of health-related humanitarian and development aid must be in line with the existing health infrastructure that has been established by EHOs and CBOs.*
9. *The implementation of any health activities in ethnic areas should have approval from the local ethnic health organizations.*

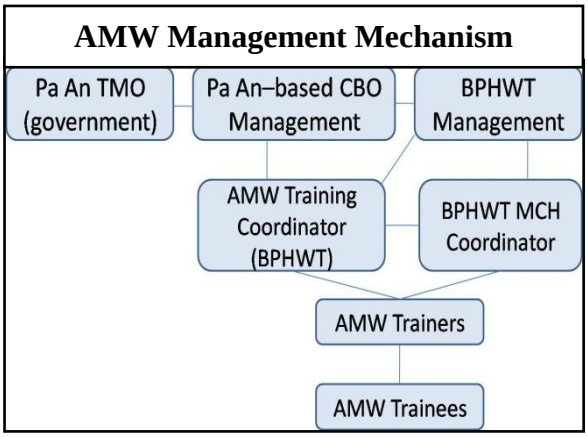
Within this context, the BPHWT has hosted and participated in a number of HCCG activities during 2013 in Mae Sot including two Health HCCG Strategy Meetings with its members, one held on 25 – 26 February 2013 and the other on 23 - 24 September 2013, and a Health Program Convergence Seminar, held on 15 – 16 March 2013.

The Health HCCG Strategy Meetings addressed issues in relationship to various forms of health decentralization of political, administrative, and financial authority and responsibilities – deconcentration, devolution, and delegation - with their respective implications; the need for health convergence to be better understood by the various parties to the ceasefire/political negotiations, local communities, INGOS, and donor organizations; Burma Government's recognition of community-based border-managed health programs and workers; health data collection to support health convergence; and related topics. The Health Program Convergence Seminar focused upon malaria and maternal and child health, and included representatives from health organizations from Yangon and the ethnic areas.

Additionally, some HCCG members, including the BPHWT, met separately with officials from the Union and Karen State Ministries of Health. At these meetings, the HCCG members spoke to the concept of convergence, recognition of ethnic health workers and infrastructures, procurement strategies, health data sharing, possible health collaborative activities, and national health protocols. Also, the Union Ministry of Health also provided the BPHWT with two shipments of malaria medicine.

Also during 2013, the BPHWT collaborated with a Pa An-based CBO for a health needs assessment in both Burma Government and ethnic-controlled areas of three townships - Hlaingbwe, Kawkareik, and Pa An - in Karen State. The primary focus of the assessment was maternal health (use of family planning and risk factors and delivery outcomes) and malaria (malaria treatment compliance and access to malaria testing and treatment).

There was further collaboration with the Pa An-based CBO and retired government Township Medical Office Nursing Matrons to provide two Auxiliary Midwife (AMW) trainings for trainees from the same three Burma Government-controlled townships in Karen State - Hlaingbwe, Kawkareik, and Pa An – as the health needs assessment survey. The AWM training consisted of four months of classroom theory and three months of clinical internships/training at the Mae Tao Clinic in Mae Sot, Thailand. Following the clinical internships/training, the new AMWs are sent back to their respective communities in Burma Government-controlled townships to implement a Maternal and Child Healthcare Pilot Program planned by the BPHWT. There are 35 participants who have been trained and are currently working in their respective communities.



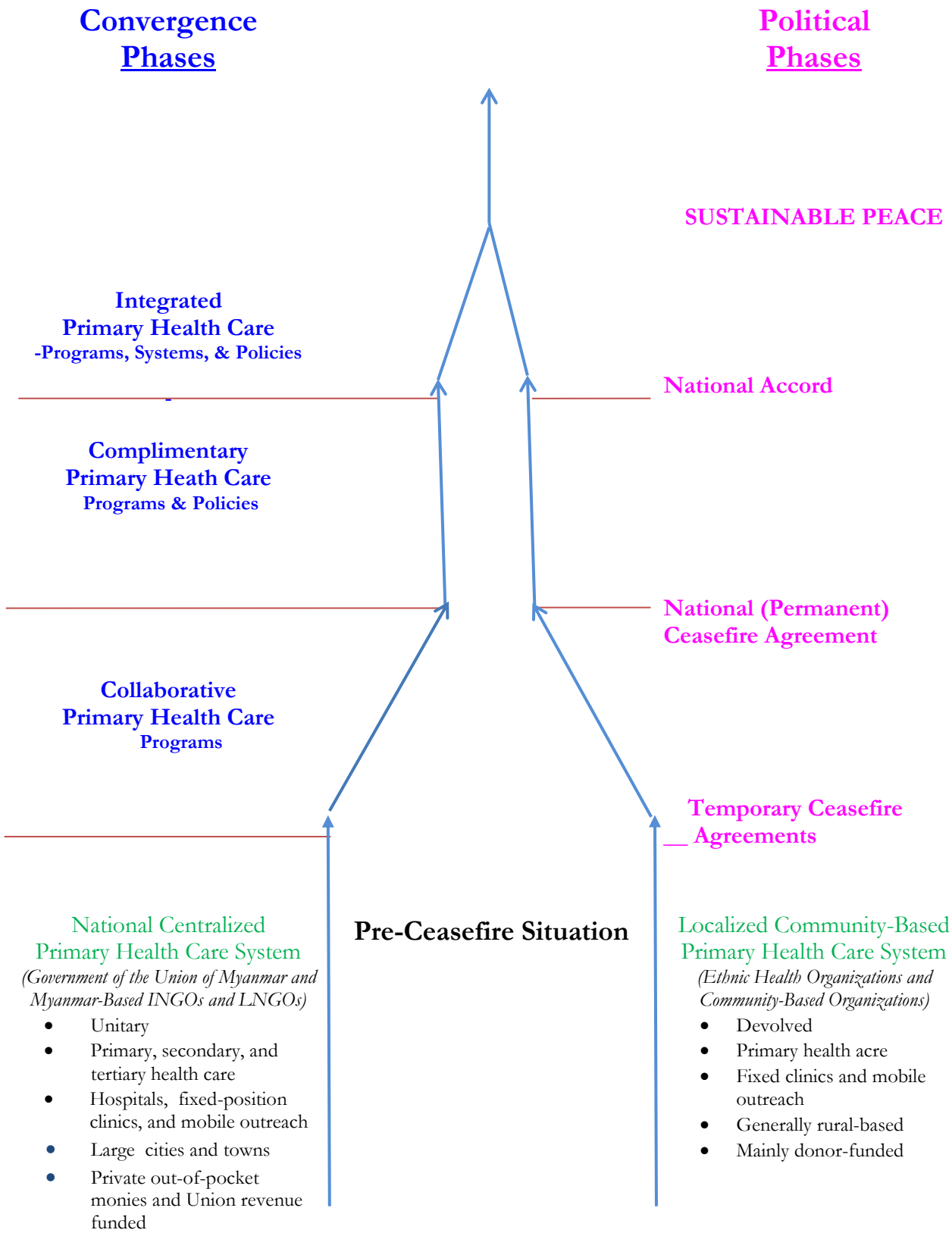
As mentioned earlier, the health convergence initiative works in concert and supports the ceasefire and peace negotiations between the Burma Government and the EAROs. They also serve as a "Bridge for Peace" and a confidence building measure. However, while supporting these negotiations, the movement and timing of health convergence entails certain real risks to ethnic health workers and infrastructures should the negotiations breakdown and fighting resume. The temporary ceasefire

agreements are breaks in the offensive military fighting to see if there are common grounds for negotiations among the parties. Hopefully, these negotiations will move to a next stage of a more nationwide ceasefire whereas the parties have agreed that there are genuine common grounds for negotiations and that there should be framework implemented for political dialogue, military code of conduct, and international monitoring of the terms of such a ceasefire agreement. At this stage, the risks to the ethnic health workers and infrastructures will be somewhat lessen and more comprehensive health convergence activities can be undertaken.

The following draft diagram, being discussed by the HCCG members as a possible formal HCCG convergence model, attempts to depict a parallel process where the timing and direction of primary healthcare convergence is dependent upon the timing and direction of the power-sharing political negotiations between the Burma Government, EAROs, and domestic political parties. Within this **IF>Then** structure, primary health care convergence would expect to follow the following path:

> ***IF*** *there are Temporary Ceasefire Agreements* > ***THEN*** *Joint and Collaborative Primary Health Care;* ***IF*** *there is a National (Permanent) Ceasefire Agreement* > ***THEN*** *Complimentary Primary Health Care; and* ***IF*** *there is National Accord* > ***ONLY THEN*** *will there be Integrated Primary Health Care*

Health Convergence Core Group
Primary Health Care Convergence Model for Burma/Myanmar (Draft)



The diagram's slopes reflect positive changes in the direction of primary healthcare convergence which are dependent upon similar positive changes in the ceasefire/peace negotiations. A key component of any positive movement toward primary health care convergence is that the slope of the Burma Government moves toward the changed slope of the ethnic health groups with an appropriate decentralization of political decision-making and responsibilities, and administrative and financial authority and responsibilities. INGOs can assist with this hoped-for-change in the primary healthcare convergence activities of the Burma Government by encouraging and otherwise supporting the further movement of health authority and responsibilities down to lower levels of government. Thus, INGOs can be partners with the Burma Government and the ethnic health groups in building this "Health as Bridge for Peace". Primary healthcare convergence can only be successful if it is mutual.

12) 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 2013, the Director of Executive Board made two monitoring trips to Pa An and Papun 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 2013, TBA Assessment Survey and Health Worker Assessment Surveys were conducted in order to monitor and evaluate the effectiveness of the programs implemented in the target areas. An Eastern Burma Retrospective Mortality Survey (EBRMS) was conducted instead of the Impact Assessment Survey (IAS). The report of the EBRMS will be published within a few months. The BPHWT also 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.

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

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

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

$$n = \frac{Z2\alpha/2\ P\ (1 - p)}{d2}$$

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

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 16 different areas/ clinics (Kayan, Taungoo, Kler Lwee Htoo, Thaton, Papun, Pa An, Dooplaya, Kawkareik, Win Yee, Mergue/ Tavoy, Kachin, Arakan, Special, Palaung, Pa'O and Yee).

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

2012/2013 Result (Scoring - Fair and above)

	Malaria (%)		Pneumonia (%)		Diarrhea (%)	
BPHWT	2012	2013	2012	2013	2012	2013
	77 (154/200)	85 (170/200)	93 (186/200)	89(178/200)	26.5 (53/200)	58 (116/200)

Logbook Review Results for Three Diseases:

Pneumonia / ARI			
Description	**Yes (%)**	**No (%)**	**Total**
Signs and symptoms recognized	78.5%	21.5%	200
Vital signs recognized	92.0%	8.0%	200
Correct diagnosis given	90.0%	10.0%	200
Correct drug administered	88.0%	12.0%	200
Correct dose given	80.5%	19%	200
Malaria			
Signs and symptoms recognized	63.0%	37.0%	200
Vital signs recognized	91.0%	9.0%	200
Correct drug given	87.0%	13.0%	200
Correct dose administered	86.0%	14.0%	200
Anemia treatment given	75.0%	25.0%	200
Diarrhea			
Signs and symptoms recognized	65.5%	34.5%	200
Vital signs recognized	74.5%	25.5%	200
Severity of dehydration assessed	61.5%	38.5%	200
Oral Rehydration Solution (ORS) given	86.0%	14.0%	200
Correct diagnosis made	43.0%	57.0%	200
Correct antibiotics treatment given	50.5%	49.5%	200

General Recommendations on Logbook Review By IRC Doctors

In October 2013, BPHWT M&E team with IRC-PLE Health M&E team conducted logbook review on three common diseases like diarrhea, malaria and pneumonia for technical monitoring. Logbooks from sixteen different areas/primary healthcare units, mainly from Eastern Burma, were reviewed. Although the reviewed results showed an improvement of skills among the BPHWT health workers in general, there were some general recommendations that provided to the BPHWT supervisors at their six monthly meeting at Mae Sot on 3 March 2014. They are:

1. Proper recording of signs and symptoms of the patients:
   - Proper history taking is required to identify more relevant symptoms
   - Relevant physical examination should be carried out to confirm the above symptoms
   - Signs and symptoms should be relevant with the provisional diagnosis

2. Proper recording of vital signs:
   - Vital signs needed to be recorded as much as possible

3. Correct diagnosis:
   - Better to consider differential diagnosis first and then select the most possible provisional diagnosis
4. Treatment according to guidelines:
   - So far, the BBG is our guideline; but other standard protocols (guidelines) will be considered in the future
   - Encouraged to check the correct drug and dose before providing treatment

5. Consideration for future M&E:
   - Transform as a primary healthcare unit in some BPHWT areas
   - Possible on site M&E visits in the future

13) Program Development and Activity Reviews in 2013

Comparison of Planned and Actual Activities (Logistical Framework Activities)

Overall goal	To reduce morbidity and mortality, and minimize disability by enabling and empowering the community through primary healthcare						
OBJECTIVES	**ACTIVITIES**	**INDICATORS OF ACHIEVEMENT**	**VERIFICATION SOURCES**	**2013 EXPECTED RESULTS**	**2013 ACTUAL RESULTS**	**VARIANCES OR DIFFERENCES**	**ASSUMPTION OR RISKS**
Medical Care Program							
1. Provide essential drugs and treat the common diseases	Increase number of BP teams	No. of teams increased	Procurement delivery documents; logbooks; analysis of data collected; and field reports	BP teams will be increased from 95 to 100	100 BP teams		
	Provide medicine and medical supplies	No. of target population and total case-load (w/m), under/over 5)		200,000 targeted population	224,796 covered population (<5 = 42,195 M=20,105 F = 22,090), (>=5 - 182,601 M=88,743 F = 93,858)		
	Treat common diseases and minor injuries	No. of cases treated (w/m, under/over 5)		108,000 cases being treated (no. of families & HH, no. of w/m and under/over 5)	76,466 cases treated (39,876 HHs, no. of W - 41,031 M-35,435) & (<5-13,424, >= 5-63,042)	31,534 (29%) less cases treated	
	Provide ITNs	No. of ITNs provided and no. of HHs and people receiving ITNs	ITNs distributing lists	7,000 ITNs will benefit 7,000 HHs or 35,000 people	4,200 ITNs benefited for 14,803		

		Percentage of people in households sleeping under ITNs (Baseline-53%)	2013 Impact Assessment Survey	60% of people in households sleeping under ITNs	63.9 % of people in households sleeping under ITNs		
	Provide malaria rapid tests	No. of malaria rapid tests provided	Rapid tests distributing lists	32,700 rapid tests will be provided	22,175 rapid tests were provided	10,521 less rapid tests were provided	
	Provide ACT to patients with malaria	Number of (cases) women and men diagnosed with PF malaria by the BPHWT who are treated with ACT in the BPHWT target population (baseline – W-3103,M - 3606 Total: 6709 individuals in 2010)	Health worker logbooks; field in-charge reports; midyear and annual reports	Women – 4,000 Men - 4530 Total: 8,530 individuals	Women – 1,887 Men - 2,185 Total: 4,072 individuals		The malaria medicines are delayed received by the field health workers.
		Percentage/Number of children (CASES) under 5 treated by BP health workers who receive appropriate anti-malarial treatment	Health worker logbooks; field in-charge reports; (malaria data analysis)	95% of children under 5 treated who receive appropriate anti-malarial treatment.	95% of children under 5 treated who receive appropriate anti-malarial treatment.		
		Malaria mortality rates per 1,000 population	2013 Impact Assessment Survey	2.5 malaria mortality rates per 1,000 population	2.4 malaria mortality rates per 1,000		

		(baseline-3.5 malaria case deaths per 1000 population)			population		
		Mortality rates among children under 5 years old per 1,000 live births in target population (baseline-138)	2013 Impact Assessment Survey	130 mortality rates among children under 5 year old per 1,000 live births in target population	195.3 mortality rates among children under 5 year old per 1,000 live births in target population		120.7 (overall excluding SSDF)
		Percentage of under 5 children with malnutrition (according to accepted guidelines for MUAC cutoffs) (Baseline – 16.5%)	2013 Impact Assessment Survey	14% of under 5 children with malnutrition	4.0% severe (MUAC< 11.0) (BP specific) 12.2% moderate (MUAC<12.5) (BP specific)		2.5% severe (MUAC< 11.0) (overall excluding SSDF) 10.4% moderate (MUAC<12.5) (overall excluding SSDF)
2. Respond to disease outbreaks and emergency situations	- Purchase emergency medical supplies and immediately take action	Prompt reporting Population affected No of cases treated (w/m, under & over 5)	Delivery document; field reports; exception reports; annual report	Effective response and treatment for disease outbreaks or emergency situations (w/m & under/over 5)	There are emergency teams in some targeted field areas. But there was no emergency situation for responding		
3. Improve health workers skills and knowledge	Organize Field meetings and workshops	No. of health workers participated	Field meeting and workshop report	Twice a year for 20 areas	33 field meetings and 27 field workshops		

					were organized		
		No. of participants		200 people participate in field workshop and 200 in meeting	474 (M-217, W-257) HWs attended field meeting and 297 (M-138, W-159) HWs participated in field workshops		Underestimated the attendees
	6 month workshops	No of health workers participated	Workshop report; mid-year and annual reports; workshop attendance list	120 health workers attend 6 month workshops(w/m)	83 health workers attended 6 month workshops(W-38, M-45)	37 less health workers attended 6 month workshop	Only two field representative from each area were invited to attend the 31th six month meeting.
4. Improve patient referral systems	Refer patients to the nearest hospitals or clinics.	No of referrals patients(w/m) List of referral sites	Mid-year and annual reports; patient's referral for	90 patients referred to clinics or hospitals (w/m)	65 patients referred to clinics or hospitals (W-37, M-28)	25 less cases referred	
Community Health Education and Prevention Program							
1. Reduce the incidence of malnutrition and worm infestation	Distribute de-worming medicine to children between 1 to 12 years	No of children receiving de-worming medicine	Worker data form; mid-year & annual reports	40,000 children will receive de-worming medicine	32,009 (M-15,793, F-16,216) children received de-worming medicine	7,991 (20%) less children received de-worming medicine	

	Distribute Vitamin A to children between the ages of 6 months to 12 years	No. of children receiving Vitamin A		42,000 children will receive Vitamin A	40,327 (M-19,654, F-20,673) children received Vitamin A	1,673 (4%) less children received Vitamin A	
2. Educate students and communities about health	Provide school health education	No. of school sessions and no. of students (w/m)	Field reports; mid-year & annual reports	95 school sessions attended by 9,500 students (w/m)	95 school sessions attended by 32,460 (15,116 boys and 17345 girls)		
	Provide Village Health Workshops	No. & category of people in Village Health Workshops (w/m)		13,300 people participate in 95 sessions Village Health Workshops (w/m)	10,124 people (W-5,746 & M-4,378) participated in 160 Village Health Workshops		It is counted as # of VH workshops, not as sessions.
	Provide health campaign	No. of people participate in event (w/m), (World AIDS Day)	Village Health Workshop reports	95 World AIDS events for 14,250 people	No World AIDS events organized		Because of the funds shortage.
3. Improve community level knowledge and participation in health	Organize village health worker trainings and workshops	No. training and VHW attended (w/m)	Field report; mid-year & annual report; VHW training and workshop reports	20 VHW trainings for 400 new VHWs (w/m)	5 VHW trainings attended by 157 (W-119, M-35) participants	15 (75%) less VHW training provided	Because of the funds shortage.
		No. workshop and VHW participate (w/m)		160 VHW workshop for 500 VHWs (w/m)	8 VHW workshops attended by	152(95%) less VHW workshops conducted	Because of the funds shortage.

					150 (W-107, M-43) VHWs		
	Provide VHW kits	No. of VHW kits provided	VHW kits distributing list; field, mid-year & annual reports	160 VHW kits will be provided for 500 VHWs	86 VHW kits provided for 430 VHWs	74 (47%) less kits provided	Because of less VHW trainings.
4. Improve water and sanitation systems in the community to reduce water-borne diseases	Provide water and sanitation systems	No. & type of latrines built and No. of HHs and people benefit from latrines	Field reports; mid-year & annual reports	100 school latrines will be benefited 2,000 students	11 school latrines benefited for 479 (M-232, F-247) students	- 89 less school latrines were installed	Because of the funds shortage.
				3,000 community latrines or will be benefited 30,000 populations	1,373 community latrines benefited for 8,448 populations (W-4,309, M-4,139)	1,627 (54%) less latrines installed	Because of the funds shortage.
		No. & type of water systems installed		20 gravity flow water systems 1,200 house-holds (6,000 pop)	9 gravity flow water systems for 634 house-holds (3,490 pop) (W-1,760, M-1,730)	11 (55%) less gravity flow water systems installed	Because of the funds shortage.
		No. of HHs and people benefit from water systems (w/m)		60 shallow well systems 600 house-holds (3,000 pop)	21 shallow well systems for 417 house-holds (2,273 pop),		

					(W-1,232, M-1,041)		
		% of people who own a latrine using latrines (always and sometimes) (Baseline -98%)		99% of people who own a latrine using latrines (always and sometimes)	99.2% of people who own a latrine using latrines (always and sometimes)		
		% of people who own a latrine (Baseline - 70% in 2010)	2013 Impact Assessment Survey	80% of people who will own a latrine	55.8% of people who own a latrine		The survey might not take place in the areas where BP implements Water & Sanitation projects. Shan & Mon clusters were assigned to EHOs. 61.4% (overall excluding SSDF)
5. Prevent and control communicable disease of Lymphatic Filariasis	Provide Mass Drugs Administration for among the community	No. of people receive drug (w/m & under/over 5)	Field reports; midyear & annual reports	13,100 people will receive Albandazone and DEC. (w/m & under/over 5)	No Mass Drugs Administration provided		There was no activity for Lymphatic Filariasis during 2013. It is in process for LF 5 yrs. assessment.
	Provide awareness workshop	No. of participants	LF workshop attendance list	5 awareness workshop to 1,500 (w/m) population	No awareness workshop organized		
Maternal and Child Healthcare Program							
1. Increase maternal and	Distribute Vitamin A and Albandazole	No. of pregnant women receiving	TBA's form	4,000 pregnant women will	3,385 pregnant	615 (15%) less pregnant	It has changed according to the

child healthcare		Albandazole and no. of postpartum women receiving Vitamin A		receive Albandozole and 4,000 postpartum women will receive Vitamin A	women received Albandozole, No Vitamin A distributed to postpartum women	women received Albandozole	revise of the protocol and guideline of Vitamin A distributing by the WHO
	Provide iron prenatally and postnatally to pregnant women	No. of pregnant women and women receiving iron		4,000 pregnant women and women will receive iron	3,356 pregnant women and women received iron	644 (16%) less pregnant women and women received iron	
	Referral of serious obstetric cases	No. of serious obstetric cases	Patient's referral form; mid-year & annual reports	20 obstetric cases referred	6 obstetric cases referred		
	Provide ANC to pregnant women	No. and % of pregnant women in target population with at least four ANC (Baseline – 44.7% in 2010)	2013 Impact Assessment Survey	50% of pregnant women in target population with at least four ANC	15.7% of pregnant women in target population with at least four ANC.		The protocol of ANC was changed in 2012. 19.4% (in last 2 years) (overall excluding SSDF)
		% of children 0-5 months who are fed exclusively with breastfeeding in target population (Baseline -23%)	2013 Impact Assessment Survey	30% of children 0-5 months who are fed exclusively with breast milk in target population	35.1% of children 0-5 months who are fed exclusively with breast milk in target population		22.9% (in last 2 years) (overall excluding SSDF)

		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)	2013 Impact Assessment Survey	50% of TBAs/TTBAs who can Identify at least 3 signs of pregnancy complications, according to agreed standardized and harmonized health guidelines	69% of TBAs/TTBAs who can Identify at least 3 signs of pregnancy complications, according to agreed standardized and harmonized health guidelines		
2. Raise awareness among villagers on family planning and provide them with family planning supplies	Provide family planning supplies	No. of clients receive the family planning supplies (w/m)	Mid-year and annual reports	4,000 people using family planning methods (w/m)	5,317 people using FP methods (W-5,107, M-180)	1,317 (32%) more people using FP methods	BPHWT has done more FP education.
	Provide family planning education	No. of people using family planning methods (Baseline-22.9%)	Annual report	8% of 44,941 people of reproductive age	10 % of 52,827 people of reproductive age		
	Conduct TTBA training	No. of new TTBAs complete the training		18 TTBA training for 360 people (w/m)	3 TTBA training for 61 people (W-58, M-3)	15 (83%) less TTBA trainings attended 299 (83%) less people	Because of the cash flow.
	Conduct TBA/TTBA workshops	No. of TBA/TTBA Follow-up Workshops held & no. of TTBAs attending (w/m)		160 follow-up TBA/TTBA Workshops for 800 TBAs/TTBAs (w/m)	95 follow-up TBA/TTBA workshops attended by 452 (W-412,	65 (40%) less follow-up workshop attended by 348 less TBAs/TTBAs	Because of the cash flow.

					M-40)		
	Provide safe birthing kits	No. of births attended by trained TBAs/TTBAs and health workers, among total target population % of births attended by trained TBAs/TTBAS % of births attended by health workers (Baseline – TBA - 67%, health worker – 27%)	TBA's/TTBA's form; mid-year & annual reports Impact Assessment survey	4,000 babies delivered by trained TBAs/TTBAs and health workers - 60% of births will be attended by TBAs/TTBAs 35% of birth will be attended by health workers	3,508 babies delivered by trained TBAs/TTBAs and health workers 78.6% of births were attended by TBAs/TTBAs 15.7% of birth will be attended by health workers (HA/MW/AMW/HW/Medic)	492 (12%) less babies delivered by trained TBAs/TTBAs and health workers	TBA – 72.2% (overall excluding SSDF) HW (HA/MW/AMW/HW/Medic)- 20.9% (overall excluding SSDF)
		No. of TBA/TTBA kits provided	Kits distributing list; midyear & annual reports	1,900 TBAs/TTBAs kits	1,480 TBAs/TTBAs kits	420 (22%) less kits provided	
		No. of maternity kits provided		7,600 maternity kits	5,220 maternity kits	2,380 (71%) less maternity kits	
		Appropriate sterile instrument (new razor blade, sterile scissors, etc.) = 326 (79%)-2010, povidine/Iodine or other antiseptic = 354 (85%) -2010	TBA assessment survey - 2013	- 80% of new razor blade, sterile scissors, and etc. were used - 88% of povidine/iodine or other antiseptic were used	- 96% of new razor blade, sterile scissors, and etc. were used - 91% of povidine/ iodine or other antiseptic were used		

		At the last pregnancy that you delivered provide at least 3 information = 353 (85%) -2010	TBA Assessment Survey	- 88% of postpartum women were given at least 3 information	- 99 % of postpartum women were given at least 3 information		
4. Provide delivery records	Document deliveries	No. of newborn baby received delivery records	Delivery record issued copies, midyear and annual reports	2,200 delivery records	1,628 delivery records	572 (26%) less delivery records	
5. Converge and coordinate with the Burma government's state administered reproductive healthcare program in Karen State.	Organize Auxiliary Midwife Training	No. of AMW trainings provided	AMW training report & attendance list	2 Auxiliary midwife training will be provided	2 Auxiliary midwife trainings organized		
		No. of AMWs participating in the training		20 AMWs will participate in each AMW training	35 AMWs participated in 2 AMW trainings	5 (12 %) less AMWs attended AMW training	
Capacity Building							
1. Improve health worker and staff knowledge and skills	CHW ToT Training	No. of CHW attending the ToT training (w/m)	CHW ToT training report & attendance list	1 CHW ToT for 20 CHW	1 CHW ToT attended by 8 (M-4, w-4) participants	12 (60%) less participants	
	VHW ToT Training	No. of health workers attending the ToT training (w/m)	VHW ToT training report & attendance list	1 VHW ToT for 20 health workers	1 VHW ToT attended by 27 (M-15, W-12) participants	7 (35%) more participants	

MCH/TTBA ToT Training	No. of MCH supervisors attending the ToT training (w/m)	MCH ToT training report & attendance list	1 MCH ToT for 20 MCH supervisors	1 TTBA ToT attended by 22 (W-19, M-3) participants		
CHW Training	No. of trainees completing the CHW training (w/m)	CHW training report & attendance list	4 CHW trainings for 120 CHW (w/m)	4 CHW trainings attended by 188 (W-112, M-76) participants		
MCH Refresher Training Course	No. of trainees completing the MCH Refresher Training Course(w/m)	MCH training report & attendance list	1 MCH Refresher Training Course for 30 MCH	No MCH Refresher Training Coursed conducted		Medical Refresher Training Course was conducted instead.
Medical Refresher Training Course	No. of trainees completing the Medical Training Course (w/m)	Medic refresher training report & attendance list	1 refresher course training for 30 medics (w/m)	2 Medical Refresher Training Courses attended by 71 (W-26, M-45) participants	1 (50%) more Medical Refresher Training Course attended by 41 more participants	1 Medical Refresher Training Course was conducted instead of the MCH Refresher Training Course.
Attend international conferences and meetings	No. of times and participants in international conferences & meetings	Mid-year & annual reports	Attend 2 international conferences or meetings attended by 2 staff members	Attended 1 international conferences by 2 staff members		

	Attend local conferences and meeting	No. of times and participants in local conferences & meetings	Mid-year & annual reports	6 local conferences or meeting will be attended by 8 staff members	3 local meetings attended by 5 staff members		
	Attend international and local short training courses	No. of participants attending short training courses	Mid-year & annual reports Attendance list	4 staff members will attend short training courses	4 staff members attended Payap course		
	Organize organization development training	No. of participants attending OD training		15 staff members will attend OD training	4 staff members attended the Payap course		Payap University course includes this project.
	Organize project management training	No. of participants attending project management training		15 staff members will attend project management training	4 staff members attended the Payap course		Payap University course includes this project.
	Organize internship program	No. of participants	Attendance list	60 staff members will attend the internship program	39 CHWs attended the internship program	21 (35%) less CHWs attended the internship	There were other staff members from other health partner org join the internship program.
2. Promote gender equality in leading positions	Review adopting polies	% of women leading health programs	Field report & staff list	At least 30% of women leading health programs	At least 54% of women leading health programs		
		% of women field in-charges	Field report & staff list	At least 30% of women field-in charge	At least 44% of women field in charges		

		% of women in the Leading Committee	Annual report & staff list	At least 30% of women in the Leading Committee	At least 40% of women in the Leading Committee		
	Hold the BPHWT general selection tri-annually	% of women elected	Annual report & staff list	At least 30% of women in the Leading Committee	At least 40% of women in the Leading Committee		
Health Information and Documentation							
1. Assess and document community health situation and needs	Produce HID materials	No. of calendars produced	HID staff report	1,000 calendars provided	No calendars provided		Because of funds shortage.
		No. of digital cameras and no. of video cameras provided		20 digital cameras and 2 video cameras will be provided	10 digital cameras were provided	10 (50%) fewer cameras were provided	Because of funds shortage.
2. Standardize health data collection processes	Analyze data collected by health workers	Frequency of analysis	Six months workshop report	Twice a year	Once in every six month		
		No. of participants		10 participants each time.	6 participants		
3. Make evidenced based health status comparisons with the target community	Organize field meetings and workshops	No. of field meetings or workshops provided	Field meeting and workshop report	Twice a year for 20 areas	33 field meetings and 27 field workshops were organized		
		No. of participants		200 people participate in field workshops and 200 in meetings	474 (M-217, W-257) HWs attended field meetings and 297 (M-138, W-159) HWs participated in field workshops		

4. Raise awareness of the community health problem	Produce health information, education and communication materials	No. of health information and communication (IEC) materials provided	IEC distributing list; village health workshop report form	No. of posters provided	86 health education CDs		
5. Advocate local and international organizations about the health situation in Burma	Organize health program coordination and development seminars	No. of seminars	Annual report	At least once a year	No health program coordinator and development seminar organized		
		No. of participants	Annual report	30 people will participate in the seminar	No participants		
Program Management and Evaluation							
1. Monitor and evaluate the programs' improvement	Conduct impact assessment survey	Frequency of impact assessment survey conducted	Midyear & annual reports	Once every two year	- Health worker assessment & TBA assessment were conducted		
	Conduct monitoring trip	No. monitoring trips and no of staff		3 monitoring trips in a year	1 monitoring trip by the Director		
	Conduct six months meeting	No. of health workers attend the six months meeting		120 health workers attend the six months meeting	83 health workers attended six months meeting (W-38, M-45)		

	Provide Leading Committee meetings	No. of Leading Committee meetings provided	Office records	2 Leading Committee meetings per year	2 Leading Committee meeting was organized		
	Provide Executive Board meetings once in a month	No. of Executive Board meetings provided		12 Executive Board meetings per year	9 Executive Board meetings conducted		
	Provide staff meetings	No. of staff meetings provided		24 staff-meetings per year	20 staff meetings were organized		
Health Convergence							
1. Converge the extensive border-based health system with the Burma government's health system	Standardize curriculum between border-based health CBOs and Burma government	No. of seminars and meetings No. of participants	Attendance list	Twice in a year	2 field trips to Pa An and Papun areas by the Director		
	Health program convergence between border-based health CBOs and the Burma government	No. of seminars and meetings No. of participants No. of field visits	Attendance list	Twice in a year	1 health program convergence seminar attended by 73 (M-46, W-27) participants		
	Health system convergence between the border-based health system and Burma government	No. of seminar and meetings No. of participants	Attendance list	Twice in a year	1 Health Convergence Core Group meeting attended by 35 (W-13, M-22) participants		

	Health program coordination and development seminar	No. of seminar and meetings No. of participants	Attendance list	Once in a year	No health program coordination and development seminar		
	Organize Auxiliary Midwife Training	No. of AMW training provided No. of AMWs participate in the training	AMW training report & attendance list	2 Auxiliary midwife training will be provided 20 AMWs will participate in each AMW training	2 Auxiliary midwife trainings attended by 35 AMWs		

15) Back Pack Health Worker Team Financial Report – 2013

BPHWT Income and Expenditures: January – December 2013*			
ITEMS	**Income (Thai Baht)**	**Expenditure (Thai Baht)**	**%**
Opening Balance from 2012	3,651,526		
Period Income:			
Burma Relief Centre (IP/CIDA)	6,818,500		25%
Stitching Vluchteling (SV)- Netherlands	6,298,475		23%
Open Society Institute (OSI)	3,081,000		11%
Burma Relief Centre (CA/DFID)	3,019,342		11%
International Rescue Committee (IRC)	2,978,059		11%
Burma Relief Centre (DCA)	2,548,066		9%
Burma Relief Centre (NCA)	1,184,563		4%
Stitching Vluchteling (SV)- Award funds	809,100		3%
Burma Relief Centre /Just Aid Foundation	457,216		2%
Other Individual Donations	26,000		0%
Bank Interest	12,426		0%
TOTAL PERIOD INCOME	**27,232,747**		**100%**
TOTAL INCOME	**30,884,273**		
Period Expenditures			
Back Pack Medicine and Equipment(MCP)		10,667,528	35%
Community Health Education and Prevention Program(CHEPP)		3,864,002	13%
Maternal and Child Healthcare Program(MCHP)		3,320,470	11%
Capacity Building Program(CBP)		3,546,662	12%
Health information and Documentation (HID)		357,577	1%
Program Management and Evaluation(PME)		3,915,837	13%
General Administration		3,693,564	12%
SV Award Projects		1,385,234	5%
TOTAL PERIOD EXPENDITURES		**30,750,874**	**100%**
CLOSING BALANCE -31 DECEMBER 2013		**133,399**	

*** Note: Period Income and Expenditures according to the BPHWT auditor's statement**

Part II
Program Workshops & 31st Semi-Annual Meeting Report – 2014

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) Review Participatory Learning and Action Tool Workshop
1.5) HCCG Workshop
1.6) Field In-Charge Monitoring Guideline workshop
1.7) Village Health Worker ToT Workshop
1.8) Malaria workshop

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 six other workshops held - **Participatory Learning and Action Tool Workshop, Health Convergence Core Group Workshop, Field In-Charge Monitoring Guideline Workshop, Village Health Worker ToT Workshop, Malaria Workshop, and Initial Environmental Examination (IEE) Workshop**. All workshops 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 Solidarities International, Community Partners International (CPI), Karen Department of Health and Welfare (KDHW), Mae Tao Clinic (MTC), and International Rescue Committee (IRC).

1.1) Medical Care Program Workshop

Facilitator - Naw Hsa Mu Na Htoo and Saw Deh Deh (BPHWT)
Duration - 20-22 February 2014
Participants - 22 (15 men and 7 women)

Discussion Topics:

- MCP in-charge presentation
- Logbook review feedback
- 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 (CHEPP Coordinator)
Duration - 24 February 2014

Participants - 20 (13 men and 7 women)

Discussion Topics:

- Review village health workshop
- 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)
Duration - 20, 22, 24 February 2014
Participants - 19 (2 men and 17 women)

Discussion Topics:

- MCHP supervisor presentations
- Reviewing TTBA Training
- Reviewing TBA/TTBA assessment form
- Reviewing TBA/TTBA workshop topics
- Reviewing the TBS/TTBA kits
- Reviewing TBA assessment form
- Future plans

1.4) Review Participatory Learning and Action Tool Workshop

Facilitator - Naw Noon (BRC)
Duration - 5 February 2014
Participants - 46 (21 men and 25 women)

Discussion Topics:

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

1.5) HCCG Workshop

Facilitator - Htaw Lin (BRC)
Duration - 5 February 2014
Participants - 42 (20 men and 22 women)

Discussion Topics:

- Sharing nine principles of the HCCG

- Decentralized health systems

1.6) Field In-Charge (FiC) Monitoring Guideline Workshop

Facilitator - Conni (BRC)
Duration - 4 February 2014
Participants - 46 (21 men and 25 women)

Discussion Topics:

- Sharing 3MDGs
- Reviewing and discussing FiC monitoring guideline
- Discussing the important of monitoring and evaluation
- Discussing the important of community feedback

1.7) Village Health Worker ToT Workshop

Facilitator - Hsa Mu Na Htoo, Ko Kyi Kyaw, and Saw Deh Deh
Duration - 7-8 March 2014
Participants - 33 (14 men and 19 women)

Discussion Topics:

- Facilitator skills
- VHW Job Description
- VHW Selection Criteria
- VHW Workshop Guidelines
- VHW Training Curriculum review
- VHW Data Form

1.8) Malaria Treatment Protocol Workshop

Facilitator - Dr. Khaing Mg Lwin (SMRU)
Duration - 01 March 2014
Participants - 30 (9 men and 21 women)

Discussion Topics:

- Malaria treatment protocol update sharing
- Artesunate (Inj) Treated Malaria Guideline
    - 1^{st} Line Treated Malaria
    - 2^{nd} Line Treated Malaria

1.9) Initial Environmental Examination (IEE) Workshop

Facilitator - Dr. Min Thaw Htu (IRC)
Duration - 03 March 2014
Participants - 42 (17 men and 25 women)

Discussion Topics:

- Review Medical Waste Management Assessment Checklist
- Checklist for Environmental Mitigation Measures
- Initial Environmental Examination

2) 31st General Meeting of the Back Pack Health Worker Team

The 31st Back Pack Health Worker Team Semi-annual Meeting was conducted from 26 to 28 February 2014 in Mae Sot at the BPHWT head office. Attending this meeting were **73** staff members – 39 men and 34 women. Some staff members from Burma Relief Centre (BRC), Community Partners International (CPI), and International Rescue Committee (IRC) participated in the meeting. In addition, the Women's League of Chinland (WLC**)** attended and presented their activities. They approached the BPHWT about coordinating with BPHWT for their health program.

31st Six Month Meeting in Mae Sot

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.

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 31st Semiannual General Meeting:

Day (I) { 26/02/2014 }	
Description of Presentation	**Responsibility**
Opening Speech	Dr. Cynthia Maung
Introduction	Facilitators
Review and Discussion about the 30th Six Monthly Meeting and the Last Executive Board Meeting Decisions	All members of the BPHWT
MCHP Coordinator's Report & MCHP Workshop Report	Naw Thaw Thi Paw
CHEPP Coordinator's Report & CHEPP Workshop Report	Saw Eh Mwee
Day (II) { 27, 02, 2014 }	
MCP Coordinator's Report & MCP Workshop Report	Naw Hser Mu Nar Htoo
Chin, Naga, and Women League of Chin Reports and Discussions	Field in-Charges
Capacity Building Program Report	Saya Deh Deh
Health Need Assessment Draft Survey Report	Saw Win Kyaw
Day (III) { 28, 02, 2014 }	
Health Worker Assessment Report	Saya Deh Deh
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) 31st General Meeting Decisions:

1. The BPHWT has made the decision to distribute pamphlets for family planning education during the first six-month period of 2014.
2. The MCHP field supervisors must report the number of birth records for deliveries made by the BPHWT whether issued by BPHWT or by others in their areas during the first six-month period of 2014.
3. The BPHWT has made the decision to conduct a School Health Assessment during the second six-month period of 2014 and the assessment form will be created during the first six-month of 2014.
4. The BPHWT has made the decision to conduct a three-day VHW Workshop and ToT after the 31st Six Month Meeting.
5. The BPHWT has made the decision to conduct a workshop about the prevention of drug addiction.

6. The BPHWT has made the decision to conduct a workshop on the *HCCG Policy Option Paper* after the 31st Six Month Meeting.
7. The BPHWT has made the decision to conduct a workshop on the *Medical Waste & Environmental Management Assessment Checklist* after the 31st Six Month Meeting.
8. Naw Hsa Mu Nar Htoo, MCP Coordinator, is responsible for the collection all requests for the MCP and reporting them at the Leading Committee Meeting.
9. The BPHWT has made the decision to conduct a malaria workshop on 3 March 2014.
10. There will be a discussion in the Leading Committee Meeting about requests made for new BP teams.
11. The BPHWT has made the decision to conduct service mapping in the BPHWT's targeted field areas.
12. There will be a discussion in the Leading Committee Meeting about the request made by the Women League of Chin for coordination with BPHWT.
13. The BPHWT has made the decision to continue implementing two pilot BP teams in the Naga area.
14. There will be Public Health Training on the 23 April 2014. There will be 1 participant from Kachin, 2 participants from Palaung, 2 participants from Kayan, 2 participants from Kayah, 1 participant from Pa O, 2 participants from Moulmein, 2 participants from Yee, 1 participant from Naga, 1 participant from Chin, and the other participants will be selected from Karen areas.
15. A Community Health Worker training course will be conducted in the Karen area during the first six-month period of 2014. The participants will be 40 from the Karen field areas and 30 from the other ethnic field areas.
16. The BPHWT has made the decision to re-conduct the Health Worker Assessment during the second six-month period of 2014.
17. There will be a discussion in the Leading Committee Meeting about the requests made from the program coordinators and participants from the program workshops.
18. There will be a discussion in the Leading Committee Meeting about the selection criteria for CHW ToT. The ToT will be conducted on 10 – 21 March 2014.

Recording:

1. The Mae Mwel, Mae Wai, and Htee Tha Blu Hta BP teams in the Papun Field Area will be implemented as stationary BP teams.
2. The Naung Kine BP team in the Pa An Field Area will be implemented as a stationary BP team.
3. The Taw Nay BP team in the Palaung Field Area will be implemented as a stationary BP team.
4. The Paw Ka Lo, Pa Law, and Tha Kel BP teams in the Mergue/Tavoy Field Area will be implemented as a stationary BP team.
5. Saw Hser Moo is appointed as the MCP in-Charge and Saw Eh Tha Dah is appointed as the CHEPP in-Charge on the Ma Ma Yar BP team in the Kler Lwee Htoo Field Area.
6. Saw Cho Cho is appointed as the MCP in-Charge and Naw Paw Wah is appointed as the MCHP in-Charge in the Thay Gaw Del BP team in the Kler Lwee Htoo Field Area.
7. Saw Wah Blue Moo is appointed as the CHEPP in-Charge on the Wet Lar Taw BP team in the Kler Lwee Htoo Field Area.

8. Saw Kway Law replaces Saw Kaw Wah as the MCP in-Charge on the Leh Ka Ler BP team in the Kler Lwee Htoo Field Area.
9. Saw Khin Nay Soe replaces Saw Kaw Khu as the MCP in-Charge on the Kwee Doh Kaw BP team in the Kler Lwee Htoo Field Area.
10. Saw Par Boe and Naw Mu Shee replace Saw Jay Soe and Naw Htee Wah on the Ma Taw BP team in the Papun Field Area.
11. Naw Mu Day replaces Naw Eh Kalu Paw on the Mae Mwel BP team in the Papun Field Area.
12. Saw Mu Tha replaces Saw Eh Mwee as the Field in-Charge. Naw Wah Say Blue is appointed as the Second Field in-Charge, Saw Shel Lay Htoo is appointed as the CHEPP in-Charge, and Naw Leh P'leh Paw is appointed as the MCHP Supervisor in the Pa An Field Area.
13. Saw Say Leh Htoo replaces Saw Bue Doh Soe and Naw Shel Gay Paw replaces Naw Khin Aye on the Mae Tha Moo BP team in the Pa An Field Area.
14. Saw Gyi Ngay replaces Saw Bway Del and Naw Eh Paw Say replaces Saw Eh Htoo on the Kaw Htu Kee BP team in the Pa An Field Area.
15. Saw Michael replaces Saw Eh Noe and Naw Paw Nay Shel is appointed as the CHEPP in-Charge on the Ka Law Jaw BP team in the Pa An Field Area.
16. Saw Nyunt Win replaces Saw Myint Htwee, Saw Dah replaces Naw Htay Htay Naing, and Naw Hsa Eh Paw replaces Naw Paw Day Nyar on the Htee Ka Lay BP team in the Pa An Field Area.
17. Saw Myint Htwee replaces Naw B'leh Say and Naw Eh Tha Blay replaces Naw Mu Nar Doh on Naung Kine BP team in the Pa An Field Area.
18. Khun Aung Khan replaces Khun Myint Aung as Second in-Charge and Nan Aye is appointed as the MCHP Supervisor in the Pa O Field Area.
19. Naw Tha Kaw Paw is appointed as the MCHP Supervisor in the Thaton Field Area.
20. Mi Pway Gyi Seik is appointed as the Second in-Charge and Mi Nwory Lar is appointed as the MCHP Supervisor in the Yee Field Area.
21. Khaing Myo Sun is appointed as the Field in-Charge, Khaing Moe Z is appointed as the CHEPP in-Charge. and Khaing Hein Zaw is appointed as the MCHP Supervisor in the Arakan Field Area.
22. Nee Saung is appointed as the Field in-Charge and Moe Z Lant is appointed as the Second Field in-Charge in the Naga Field Area.
23. Nan Aung replaces L-Nu Saw as Field in-Charge and Lee Lee Shine replaces Lu Bout as the Second Field in-Charge in the Kachin Field Area.
24. Service mapping will be conducted with at least two Back Pack teams for each BPHWT's targeted area during the first six-month period of 2013.
25. There will be two participants from the Kayah Field Area and three participants from the Arakan Field Area to attend CHW ToT.

2.3) Leading Committee and Field In-Charges Meeting Decisions: (1 March 2014)

1. There will be a discussion among the Director, Treasurer, and MCP Coordinator about the requests from the Village Health Worker trainings in the Papun, Pa An, Dooplaya, Win Yee and Palaung Field Areas.

2. There will be Village Health Worker workshops conducted in the eighteen field areas which have finished training Village Health Workers. The decision was made to provide 3,000THB for each workshop.
3. The decision was made to conduct Community Health Worker (CHW) training during the first six-month period of 2014 with the funding for this training given in three installments, not at one time, because of cash flow issues.
4. There will be two pilot Back Pack teams in the Pa An Field Area during the first six-month period of 2014.
5. There will be a discussion among the Papun Field in-Charge – Hser Eh, Naw Hsa Mu Nar Htoo – MCP Coordinator, and Soe La Oo – Logistics about the request for continuing to support emergency medicine for the Papun Field area during the first six-month period of 2014.
6. The decision was made to distribute medical instruments to at least two MCP health workers in each Back Pack team during the first six-month period of 2014.
7. The decision was made to distribute 10 cameras during the first six-month period of 2014.
8. The decision was made to provide T-shirts for VHW social support during the first six-month period of 2014 with 250 T-shirts provided at a cost of 100 THB for each T-shirt.
9. The decision was made to conduct service mapping in two Back Pack teams in each BPHWT targeted area during the first six-month period of 2014.
10. There will be two persons each from the Kayah Field Area, Yee Field Area, and KNU Headquarters; one person from the Chin Field Area; and three persons from the Arakan Field Area to attend CHW ToT.
11. The decision was made to conduct 74 TBA/TTBA workshops and 5 TTBA training sessions in the Kler Lwee Htoo, Kayan, Papun, Dooplaya, and Taungoo Field Areas during the first six-month period of 2014.
12. The decision was made to conduct a Cross Border Monitoring & Evaluation Pilot Project in the Kayan, Kayah, Kler Lwee Htoo, Papun, Thaton, Pa An, Win Yee and Yee Field Areas during the first six-months period of 2014. There will be a meeting on the topic on 6 March 2014.
13. Saw Win Kyaw, Dr. Thet Ko Ko Lin, Mu Tha, Hser Eh, Living Stone, Lway Plaung Shee, Hel Kler, Naw Mwee Htoo, and Ma Jar Bout will attend the Health Orientation Meeting on 10 March 2014. An overall Back Pack presentation will be presented from the BPHWT.
14. The decision was made to conduct a Disaster Management Workshop during the first six-month period of 2014.
15. Saw Win Kyaw – Director of the BPHWT - is responsible for negotiating with the trainers for the Certificate of Public Health Training to include PHC Policy within their curriculum.
16. The medicine and medical supplies for the second six-month period of 2013 were delayed in being receiving by the targeted field areas; so these medicine and medical supplies will be used during the first six-months period of 2014. The medicine and medical supplies, which will be distributed for the first six-month period of 2014, will be used during the second six-month period of 2014. The medicine for the Palaung and Pa O Field Areas will be supported as usual.
17. Dr. Thet Ko Ko Lin is responsible for finding a professional to conduct a workshop on BPHWT Public Health Centers (PHCs).