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



2017 ANNUAL REPORT
BACK PACK HEALTH WORKER TEAM

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Glossary of Terms

ACT	Artemisinin-based Combination Therapy
AMW	Auxiliary Midwife (under the Burma government structure)
ARI	Acute Respiratory-tract Infection
BBG	Burma Border Guidelines, the standard guidelines for diagnosis and treatment on the Thailand/Myanmar border
BPHWT	Back Pack Health Worker Team
CBO	Community-Based Organization
CSO	Civil Society Organization
CHEPP	Community Health Education and Prevention Program
CHEB	Community Health Eastern Burma Project
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
IAS	Impact Assessment Survey
IDP	Internally Displaced Person
ITN	Insecticide-Treated Net
Joint funding	Funding of border-managed and Yangon-managed organizations
KIA	Kachin Independence Army
KIO	Kachin Independence Organization
KNLA	Karen National Liberation Army
KNU	Karen National Union
EAROs	Ethnic Armed Resistance Organizations
M & E	Monitoring and Evaluation
MCP	Medical Care Program
MCHP	Maternal and Child Healthcare Program
MDA	Mass Drug Administration
<i>Pf</i>	Plasmodium falciparum, the most deadly type of malaria parasite
PLA	Participatory Learning and Action
<i>Pv</i>	Plasmodium vivax, another type of malaria parasite
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

Part I: 2017 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 almost twenty years in the conflict and rural areas of Burma, where access to quality free/affordable primary healthcare is otherwise unattainable. The BPHWT provides a range of medical care, community health education and prevention, and maternal and child healthcare services to internally displaced persons (IDPs) and other vulnerable community members in Burma.

Doctors and health workers from Karen, Karenni, and Mon States established the BPHWT in 1998. The organization initially included 32 teams, consisting of 120 health workers. Over the years and in response to increasing demand, the number of teams has gradually increased.

In 2017, the BPHWT consisted of 113 teams, with each team being comprised of three to five trained health workers who train and collaborate with five to ten village health workers/volunteers and five to ten trained traditional birth attendants; this network of mobile health workers with advanced skills and stationary health workers with basic skills ensures that community members have consistent access to essential primary



Providing health care to the communities in Kachin Field Area

healthcare services. Within the 113 Back Pack teams, there are now 48 stationary teams. These teams, formerly mobile Back Pack teams, were established during 2013 in areas within Shan, Karenni, Karen, and Mon States and Tenasserim Region 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.

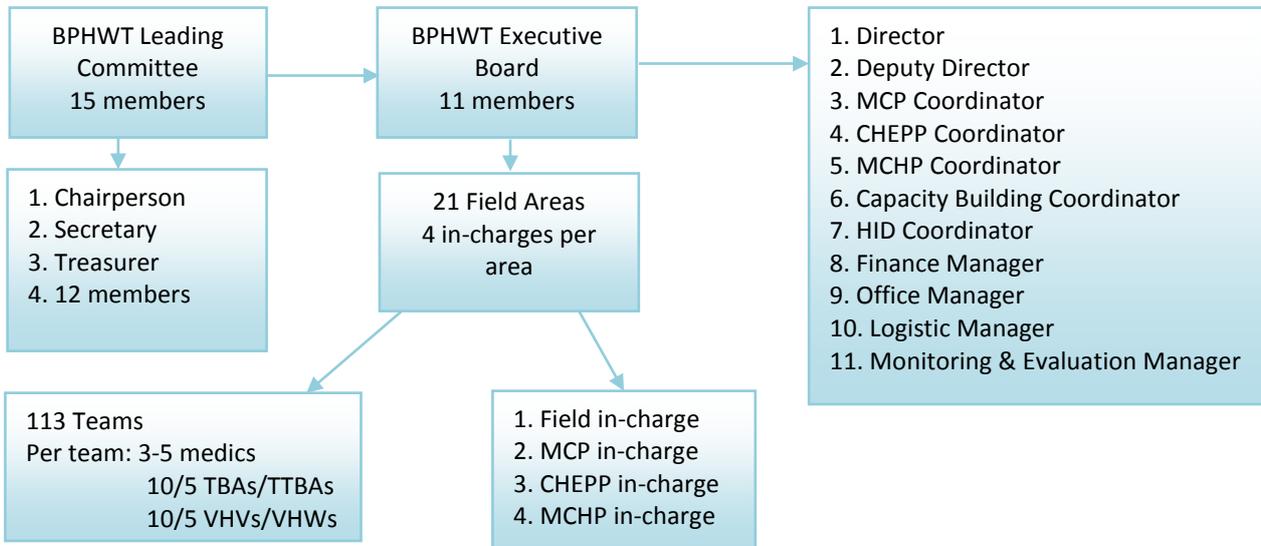
The BPHWT teams target displaced and vulnerable communities with no other access to healthcare in Karen, Karenni, Mon, Arakan, Chin, Kachin and Shan States, and Pegu, Sagaing and Tenasserim Regions. The teams deliver a wide range of healthcare programs to a target population of almost 292,741 (141,978 men and 150,763 women) 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 2017, 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). 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.

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 thirteen 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, Program Coordinators, and Managers 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 15 members who are elected for a three-year term. The Leading Committee appoints all 11 members of the Executive Board, which is required to meet monthly and make decisions on current issues faced by the BPHWT. The BPHWT has a range of organizational documents that guide the leadership, management, healthcare delivery, health information systems and human resources of the organization. Full copies of any of these organizational documents are available upon request.

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

2.2) Financial Management and Accountability: The BPHWT has developed policies and procedures guiding the Leading Committee, Executive Board, Program Coordinators, Office Staff, and Field Staff in terms of financial management and accountability, the production of annual financial reports, and the requirement for an annual independent audit. These documents establish the financial records to be kept; the management of bank accounts; the procedures for cash withdrawals, deposits, transfers, receipts, disbursements and general administration funds; and the liquidation of cash assets. The BPHWT has also developed policies covering payments for lodging, travel and honoraria for services rendered.

2.3) Vision: The vision of the Back Pack Health Worker Team is that of a healthy society in which accessible and quality primary health care is provided to all ethnic people in a Federal Union of Burma.

2.4) Mission: The Back Pack Health Worker Team is a community-based organization established by health workers from their respective ethnic areas. The BPHWT equips ethnic people, living in rural and remote areas, with the knowledge and skills necessary to manage and address their own health care 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 promote the emergence of quality and accessible health care for all ethnic people so as to reduce morbidity and mortality, and minimize disability by enabling and empowering communities through primary health care.

3) Gender Policy and Analysis

In 2017, the participation of women in the Back Pack Health Worker was 59 % excluding Traditional Birth Attendants/ Trained Traditional Birth Attendants (TBAs/TTBAs). The organization has a gender policy which aims to improve equity for women across all levels of the organization. The table below depicts the current targets and actual percentage of women across organizational tiers. To date, the BPHWT meets or exceeds all gender equity targets for the various organizational tiers.

Table 1 : Gender Policy and Analysis			
Category	Total Workers	Total Women	Actual Women %
Leading Committee/Executive Board	16	5	31%
Office Staff	12	3	25%
Field Management Workers	57	25	44%
Field Health Workers	400	230	58%
VHVs/VHWs	281	189	67%
TBAs/TTBAs	799	728	91%
Organizational Total	1,565	1,180	75%
Total Organisation excluding TBAs/TTBAs			59%

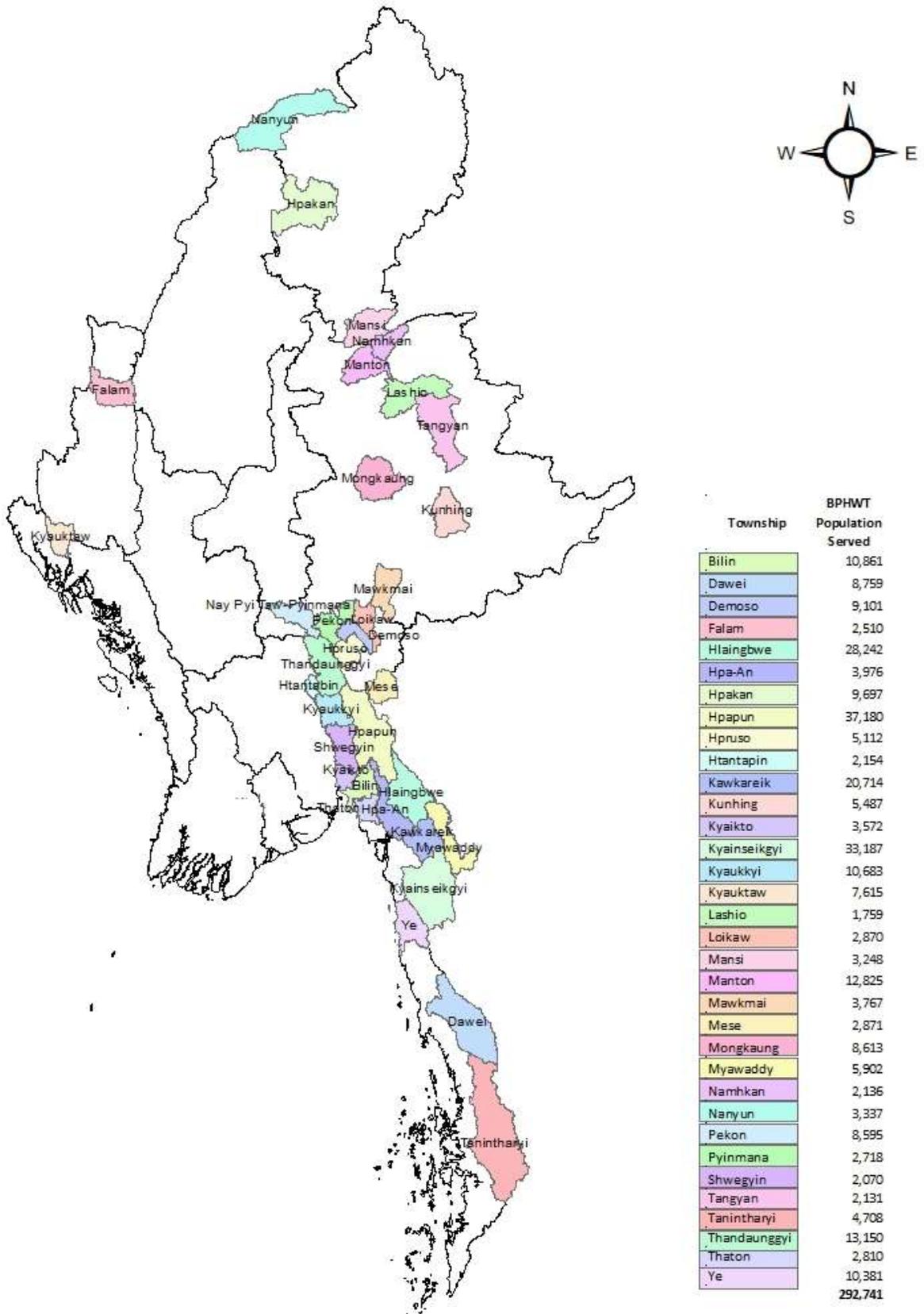
Service System: Since 1998, the Back Pack Health Worker Team has been working towards developing an accessible, community-based, primary healthcare service system within the BPHWT field areas, based on the health access indicators.

Table 2: 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)	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

4) Map of Operational Areas

BPHWT Services Areas



5) General Health Situation in Burma

There continues to be, a shortage of qualified physicians, nurses, midwives, community health workers, and reliable electricity as well as inadequate medicine, medical equipment, hospital/clinic beds, and physical infrastructure. Furthermore, people, living in the armed conflict and remote areas, have little or no reasonable access to health care within a few days' walk. Many areas lack clean water and proper sanitation.

Patients also have very high out-of-pocket healthcare expenditures of around 80% of total health expenditures and must pay for medicine, food, blankets, and bribes to medical personnel. Serious conditions require transportation to major cities to obtain specialist care and add to the medical expense burden. While increasing during the recent years of democratic transition, the Burma Government still allocates less than 4% of its total budget to health care which is much less than spent by other ASEAN countries. Yet, much of this spending directed toward the urban areas.

As a result, the country has some of the worst health indicators in the world. The main causes of morbidity and mortality in the country are overwhelmingly preventable from disease entities such as malaria, malnutrition, diarrhea, acute respiratory illnesses, tuberculosis, and HIV/AIDS.

However, the state of health in the country has been slowly improving since the democratic transition in 2011. The Burma Government is in the process of approving a National Health Plan to strengthen and expand healthcare services and infrastructure, reduce the level of out-of-pocket expenditures, increase the size of the professional health workforce, and implement Universal Health Coverage. Foreign governments, multilateral organizations, and INGOs have been assisting the Burma Government toward these ends.

6) General Health Situation of Internally Displaced Persons

The Internal Displacement Monitoring Centre (IDMC) estimates that there were up to 644,000 in conflict and violence-related IDPs in Burma as of 31 December 2016. The IDMC has subsequently reported that 3,600 new conflict and violence-related displacements occurred during the first half of 2017. These IDPs face harsh living conditions in displacement and must deal with the burden of protracted conflict, the high frequency with which they are forcibly displaced and critical health challenges.

As would be expected from this situation, the health outcomes for IDPs are worse than Burma's national rates and characterized by high morbidity and mortality rates which are generally attributable to largely preventable diseases. Adding to these challenges, a number of INGOs are reducing or halting the funding for rations and social services to many IDP settlements. These reductions and stoppages in funding may eventually contribute to future adverse health outcomes if substitute funding is not forthcoming.

Until there is a successful conclusion and implementation of a Peace Accord, the EAOs will retain their weapons and administrative control over, and access to, their respective ethnic areas and populations including IDPs. These displaced persons will require ongoing primary health care. Thus, there will be the continuing need for the delivery of primary health care to IDPs by the ethnic health organizations (EHOs) and community-based health organizations (CBHOs), such as the BPHWT, which have access to these vulnerable IDPs.

7) Current Political Situation in Burma

The most recent bilateral ceasefire agreements were signed by the Burma Government with a number of ethnic armed organizations (EAOs) during 2012. Later in 2015, eight EAOs signed the Nationwide Ceasefire Agreement (NCA) with the Burma Government. Another twelve EAOs have yet to sign the NCA. Among these, four EAOs remain engaged in active fighting with the Burma military. They, along with two other EAOs, have also joined the Federal Political Negotiating and Consultative Committee which is yet another ethnic alliance sponsored by the powerful EAO - United Wa State Army. This new alliance rejects the NCA since they feel it fails to address their key matters of strategic concern. Despite signing the NCA and bilateral ceasefire agreements with the EAOs, the Burma military violates these agreements on numerous occasions for strategic, tactical, and political advantages,

Despite a series of 21st Century Panglong Union Peace Conferences over recent years to address the ongoing conflict, little progress had been made on the key underlying issues of power and resource sharing between the Union and the states and regions, and security sector reform of the Burma military. Moreover, the EAO-signers of the NCA were promised the ability to conduct public consultations with their respect ethnic people. However, the Burma Government has not permitted three of these EAOs to fully conduct such meetings to gather feedback for the next Panglong Conference.

While the EAOs have been very clear about their political aims for peace in respect to federalism, resource sharing, and security sector reform, the Aung San Suu Kyi-led Government remains silent on their position on these important issues. However, their silence implicitly indicates that they are content with the present power and resource sharing arrangements with the states and regions with the bulk of power remaining at the Union level and unwilling, at this time, to address security sector reform with the Burma military.

The Burma military does not see the need for the security sector reform of itself and considers such reform solely as the demobilization, disarmament, and reintegration of the EAOs. This is consistent with their decades-long refrain of “give up your arms and return to the legal fold”. They also feel that Burma already has a federal system under the 2008 Constitution with states and regions given certain powers. Consequently, there is no need for any further power sharing with the states and regions.

Despite the ceasefires and peace negotiations, the Burma military continues to use force to try to bring about a military solution to the ethnic issue. Their continuing offensives have increased the number of refugees in Bangladesh and internally displaced persons (IDPs) in Arakan, Chin, Shan, and Kachin States, discouraged refugees from considering returning to Burma, and not contributed to confidence building among the EAOs. Contrary to the belief of a number of foreign governments and international nongovernmental organizations (INGOs) that Burma is in a post-conflict period, the ongoing fighting in the ethnic areas indicates otherwise, that is, the ethnic areas are in a conflict period.

Unfortunately, the stalemate in peace negotiations and the aggressive posture of the Burma military indicate that there will be little or no progress toward ending the fighting in the ethnic areas during 2018. Consequently, Back Pack health workers and their served ethnic populations will remain at risk.

8) Security Situation in the BPHWT Target Areas

The Burma military continues to pose real personal risks to both our health workers and served population with its offensive attacks against the EAOs in Arakan, Chin, Shan, and Kachin States. Within this challenging and dangerous environment, Back Pack teams and their network of traditional birth attendants and volunteer health workers struggle to provide primary health care to their communities. Many of these Back Pack health workers themselves come from these communities under attack by the Burma military.

Elsewhere in the Back Pack target areas where the Burma Government and certain EAOs have signed the NCA or bilateral ceasefire agreements, there is some freedom of travel. However, the security situation even in these areas is fluid as the Burma military frequently violates its ceasefire agreements to achieve tactical or strategic objectives to expand its control and strengthen its military capabilities. Unfortunately, the NCA and the bilateral ceasefire agreements have no provisions for international monitors which would tend to reduce such violations by the virtue of their presence on the ground. Additionally, there are a number of Burma military and Burma military-controlled Border Guard Force and Peoples Militia Force checkpoints which function to extort fees and otherwise obstruct Back Pack health workers from delivering timely healthcare services, conducting health education, and transporting medicine and medical supplies.

Obstacles and Threats to Delivering Health Care in the BPHWT's Target Areas

Back Pack health workers in its field areas continue to contend with an environment of conflict, landmines, checkpoints, weather, and difficult terrain in providing health services, especially to those in conflict, remote, and internally displaced areas. The following specific obstacles and threats to delivering health care were reported by Back Pack teams:

Taungoo Field Area

The Burma military is fortifying their compound. When health workers work in this area they are questioned by the military. The Burma military restrict proximity to their compound; all persons must stay at least 100 yards distant. The local community is concerned about this. In this situation, gambling is present but is occurring less often than before. Four people in this area committed suicide when withdrawing from alcohol.

Thaton Field Area

The Burma military fortified their camp. Over the last six months of 2017 there have been multiple drug cases (yaba) in this area with users mostly between 15-25 years of age.

Papun Field Area

The Burma army is fortifying its camp. It is not possible for BPHWT to deliver healthcare services in the area where Burma military is present.

Pa An Field Area

In May Pro BPHWT area, fighting among Ethnic Armed Organizations (EAOs) and the Burma Army has been ongoing from December 2017 until the time of this report (February 2018). In previous BPHWT area of Naung Khin many soldiers have occupied the area. Burmese military are maintaining their presence in Hpan An area. BGF has established checkpoints in the area.

In November 2017 in Mi Pha Leo village an anonymous armed group shot a family that was on its way to the Naung Kaung clinic; the family was attacked because they were suspected to be witches. The father was killed and the daughter was seriously injured. She was referred to the Mae Tao Clinic and then sent to the Mae Sot Hospital.

In this area there is selling and of using yaba. Generally, use is by men and youth 15 years old and older (although occasionally those younger as well). 2017 and the beginning of 2018 saw yaba use extend to women and the elderly due to belief that yaba can treat joint and gastric pain. In December 2017 the ethnic local

authorities PC and BGF arrested drug sellers and users in Na Boo Township, Pan An district. In a village meeting the Village Head Master cautioned people to not use yaba. Older village members asked children to not begin drug use. People were reminded that yaba can cause psychosis.

In January 2017 a 12-year-old girl was agitated. Her father asked her to purchase alcohol and at that time she met a criminal who took her to gambling places in Kawarau. The ethnic authority arrested the criminal and took the girl to the Village Leader. She was very afraid; she had been raped and was threatened with harm if she told anyone. She was returned to her parents. The person accused of the rape is also an alcohol and yaba user who currently is under arrest in Thailand.

Moreover, there are many kinds of gambling in this area. In November 2017 a 12-year-old committed suicide due to yaba use. Women are committing suicide due to worsening situations with their husbands' yaba use. Another suicide was reported as a result of gambling loss.

Doopalaya Field Area

The Burma military was reported in the area brandishing their weapons and repairing their compound. Burma military constructed a landing zone for their helicopter. Intermittently Burma military erected a checkpoint and interrogated villagers. In Three Pagodas area the military forbid the local community from posting an image of Saw Ba Oo, esteemed EAO leader.

Kawkareik Field Area

Burma military and DKBA checkpoints were reported in this area. Yaba users as young as 13 have been noted. Two suicides due to drug use occurred. In another case, a husband, age 30, killed his wife with a knife and then cut his own neck. In still another case, a man, age 36, committed suicide by gunshot.

Shan Field Area

Even though signatory to the NCA, sporadic fighting took place in northern Shan State. Burma military made inquiries as to when and where ethnic organizations were conducting NCA workshops. Mining in northern Shan State was reported and, due to this, air pollution is increasing. Drug use was noted in both southern and northern Shan State.

Palaung Field Area

Sporadic fighting occurred in the Sai Line BPHWT area making it necessary for health workers to avoid the area. Burmese military interrogated people from Pan Ka Nine village. In November the TNLA and Burma military were engaged in fighting. A thirteen-year-old female was killed by Burma military gunfire. At a Burma military checkpoint, BPHWT was interrogated to see if there was a local clinic; BPHWT were also asked about the general situation in the village and TNLA activity in Man Sat. Due to Burma military checkpoint and TNLA soldiers in Min Wee and Sai Line, it was not possible for BPHWT members to carry food and equipment into the area. Also, for a period of 20 days the Burma military was actively shooting RPGs. In January 2018, the Burma military increased their presence in Man Sat, Taw Nay, Pan Ka Nine, Sai Line. Shooting was reported in Taw Nay area. Drug use in this area has been increasing.

Kachin Field Area

Fighting erupted between the Burma military and KIA (battalion 14, 6, 11) Hu Kaung area (battalion 27, 12) and in May Way area. The BPHWT area Hukaung in Kachin State experienced fighting between Burma military and KIA. On 25 December 2017, Burma military and KIA Brigade 14, 6 and 11 were fighting in La Pu Kha and Way Law villages. The Burma military launched an aerial assault via jet plane. On 6:00am on 28 December 2017 Burma military (battalion 11) initiated fighting with the KIA. Also, on 28 December Brigade 101 joined with soldiers from Kar Mile's strategic hill in fighting KIA Brigade 11. Due to the fighting, 200 villagers were blocked in the Kachin-controlled area of Nan Khan village. In Ingaga village 20 households were subsequently faced with food, clothing and health problems.

On 10 January 2018, the Burma military established a checkpoint between Shattuzup and Durm Bang villages. After this time, all villagers were forced to stop at the checkpoint. Travel by motorcycle was difficult and the Kachin BPHWT had challenges visiting their communities due to the checkpoint.

Due to the fighting between the Burma military and KIA battalion 14 and 6, the local community was concerned about their security. The unstable political situation made people internal migrants. At the same time, the Burma military established a checkpoint on Ledo Road, making travel difficult.

Another concern was the Burma army arming the Shan Ni and Lisa who then restricted travel in the area. Locals were unable to have freedom of livelihood with farming and agricultural work.

As a result of that fighting, the local community fled to a refugee camp. In a nearby area the fighting was not as extreme but locals were still unable to perform agricultural and farm work and needed support from the international community to meet their basic needs.

Also, the Field-in-charge had difficulty traveling to and supervising all field areas. Instead the Field-in-charge maintained contact via phone and Facebook messenger. When fighting subsided, field supervision resumed.

On 26 January 2018 the Burma military used jets to shoot at the Brigade 2, Battalion 14 area (Pa Yin Maw). A miscalculation of target led to a hit in the local community that killed BPHWT's Village Health Worker Daw Man Yan Sai Yar, 30 years old. As a result of fighting between Burma army and KIA there are IDPs

Yazuna Company confiscated land in the Hukaung area. In Hukaung area mega plantation project of the Yuzuna company leached waste materials causing the death of livestock. Mining in the area polluted the river killing fish.

In this area two individuals (a farm worker and an agricultural worker) over 30 years old were engaging in IV drug use of heroin and black heroin. The community sent them to a religious center to stop using drugs.

Arakan Field Area

Near BPHWT areas of Pyi Chaung in Upper Kyauk Daw, AA and Burma military were fighting. Burma military extended fighting to entire Arakan State, establishing both road and river checkpoints. Large amounts of food were not permitted to pass the checkpoints, leading to BPHWT health workers' food and supplies being confiscated and not reaching villagers in need. The political situation amongst the Arakenese is very complicated.

Increased use and easily available purchase of yaba was reported. In this area, a community organization made a play presentation about the history of the area. The local government authority did not permit the play to take place so the community protested their right to have the play. During the protest shooting took place, 7 died and 12 required hospitalization in Mruk U Hospital.

Many villagers were displaced due to terrorist activities of the Burma military. Fighting occurred between the AA and Burma military Shan Let Wa, Tan Ran Ari. Burma military conducting patrols around the Pi Chong and Kyaut Taw Township near the Back Pack-targeted area. Terrorist activities reported in Maung Taw and Bu Thi Ta'ang, causing most villagers to abandon their homes and become IDPs, especially in En Din, Kyaut Pa Du and Thin Baw Kwel villages.

Current numbers of internal IDP are as follows:

Village names	Households	<5year		≥5 year		Total population
		M	F	M	F	
En Din	97	43	35	179	182	439
Kyaut Pan Du	60	31	43	143	114	331
Thin Baw Kwel	48	26	37	140	153	356
Total	205	100	115	462	449	1,126

Pa O Field Area

One rape case was documented in His Seing Township.

Chin Field Area

The Burma military is extending its reach into this area. On 30-31 October 2017, fighting occurred between the AA and the Burma military in the border area of India and Arakan State, in Plat Waa. Due to the fighting, travel in this area is very difficult; danger of landmines and other war wounds are concerns to villagers.

Due to the fighting between AA and Burma military, the local community from Koon Pyin village was forced to move to Chin Let Waa village (and became IDPs). Sixty households, a total population of 300, were displaced and forced to live in a temporary camp. A local CSO provided some food, although it was not sufficient for the need.

Special Field area

Increased EAO activity was reported. Forced labor as well as food and building equipment confiscation (without reimbursement) occurred. An EAO established a checkpoint and was questioning villagers. A BGF uniform given to 20-year-old male who was then forced to do patrols. Health workers required to report to police prior to giving health care to villagers.

Mon Field area

The Burma military built up their forces in 3 pagoda Taung Pouk village, Kyain Seikyi township. Villagers were allowed to celebrate the Mon National day but a parade was prohibited.

Winyee Field area

Burma military extended their camp to two additional locations. Burma military has erected a checkpoint but are not stopping villagers for questioning.

Area has seen an increase in both yaba use and those selling the drug. Currently there are many users of yaba, some starting as young as 14 years old.

Naga Field area

A roadblock has been erected due to fighting between the Burma military and the KIA. Travel in this area is very difficult.

Heroin manufacture is a main business in this area. Many villagers are also using heroin themselves. The youngest users are 10 years of age; most begin drug use at around 14 years of age.

Kayan Field area

From 2016 to 2018 the Kayan area has experienced a major mouse infestation. Mice have destroyed rice, cardamom, coffee and chili crops — the primary income sources for the local community. Due to the loss of income, the local community has experienced difficulty paying for provision of food, healthcare and education. The field-in-charge has spoken with the BPHWT on possible solutions.

Special Situations in the BPHWT’s Target Areas

The BPHWT participated in an emergency assistance operation during this period as a member of Emergency Assistance and Relief Team (EART). The EART is the emergency response unit of the Forum for Community-based Organizations of Burma (FCOB), a collective of Burmese civil society organizations operating along the Thai-Burma border. It aims to assist Burmese people who are in need due to natural or manmade disasters through the provision of food, water, shelter, clothing, health services, and rehabilitation. This is provided by working directly with the affected communities who are not receiving aid or not receiving sufficient aid from the Burma Government or INGOs.

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

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

9) Activities of 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. The BPHWT provided healthcare in 21 field areas, through 113 BPHWT teams, to a target population of 292,741 (141,978 men and 150,763 women) people. There were 48 stationary Back Pack teams during this year. There are currently 1,765 (1,317 women and 448 men) members of the BPHWT primary healthcare system living and working in Burma: 456 (252 women and 204 men) health workers, 799 (728 women and 71 men) Traditional Birth Attendants / Trained Traditional Birth Attendants (TBAs/TTBAs) and 281 (189 women and 92 men) village health volunteers/village health workers (VHVs/VHWs).

Table 3: BPHWT’s Coverage Population

Ages	Gender		Total
	Men	Women	
Under five years of age	24,494	26,971	51,465
Five years of age and over	117,484	123,792	241,276
Total	141,978	150,763	292,741

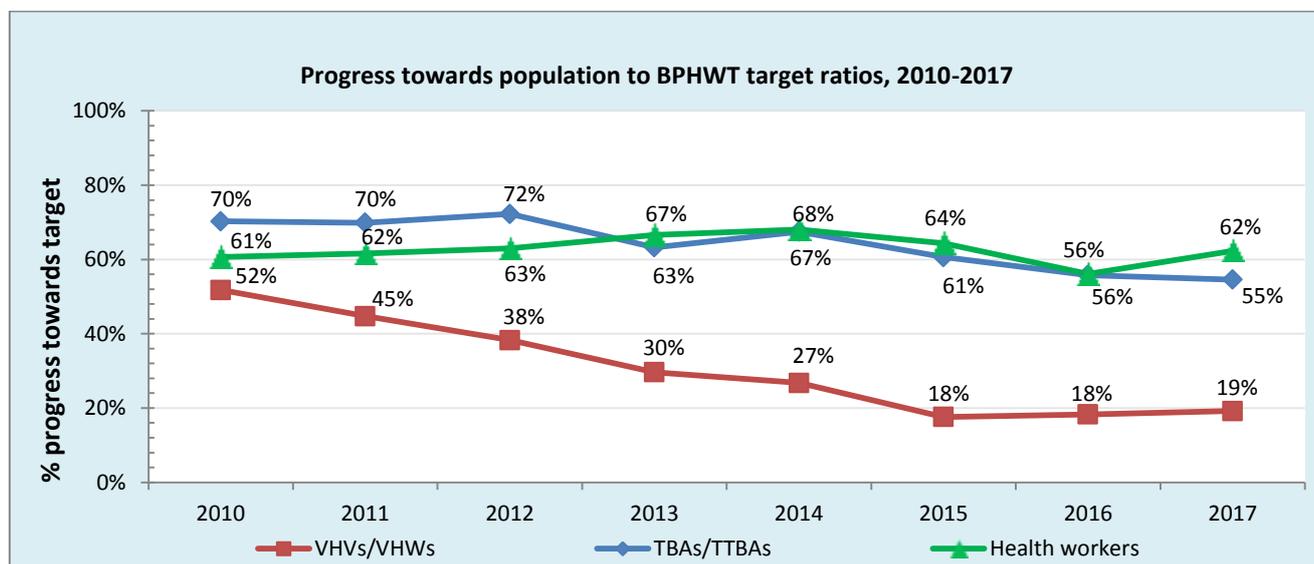
Table 4: Summary of the BPHWT Field Areas, HWs, VHV/VHWs, TBA/TTBAs, Target Populations and Cases Treated

No.	Areas	# of Teams	# of HWs	# of VHWs	# of VHV	VHVs & VHWs	# of TBAs	# of TTBAs	TBAs & T TTBAs	Villages	Households	Population	Caseloads
1	Kayah	7	25	13	0	13	22	22	44	53	3,741	20,665	8,012
2	Kayan	7	24	26	0	26	6	44	50	64	2,393	12,641	6,617
3	Special	3	10	0	0	0	10	3	13	15	1,570	9,626	2,761
4	Taungoo	5	24	16	0	16	31	15	46	52	2,361	12,315	1,279
5	Kler Lwee Htoo	7	23	22	24	46	46	7	53	50	1,822	12,753	2,696
6	Thaton	7	24	22	10	32	49	26	75	36	3,737	21,208	5,332
7	Papun	12	58	34	0	34	67	31	98	140	6,274	37,180	12,642
8	Pa An	8	38	29	0	29	61	37	98	45	4,037	24,234	9,593
9	Dooplaya	7	24	9	0	9	44	42	86	55	4,757	26,092	3,160
10	Kawkareik	3	12	0	14	14	30	13	43	10	878	4,144	2,040
11	Win Yee	4	18	0	1	1	32	17	49	30	2,242	12,947	4,291
12	Mergue/Tavoy	7	34	4	0	4	28	0	28	29	2,323	13,467	13,832
13	Yee	6	21	0	0	0	9	20	29	19	2,185	10,381	7,455
14	Moulamein	6	20	0	0	0	0	0	0	17	2,543	12,363	5,567
15	Shan	6	21	0	0	0	10	0	10	54	2,285	14,100	4,341
16	Pa Oh	2	8	0	0	0	0	20	20	17	555	3,767	883
17	Palaung	6	23	17	0	17	0	40	40	36	2,844	18,551	9,838
18	Kachin	4	20	22	3	25	0	0	0	7	3,062	12,845	4,451
19	Naga	2	14	0	0	0	0	0	0	7	740	3,337	907
20	Arakan	3	11	15	0	15	6	11	17	10	1,265	7,615	1,139
21	Chin (WLC)	1	4	0	0	0	0	0	0	7	840	2,510	326
Total		113	456	229	52	281	451	348	799	753	52,454	292,741	107,162

Table 5: Number of Health Workers, TBAs/TTBAs, VHV/VHWs, and Target Population by Year

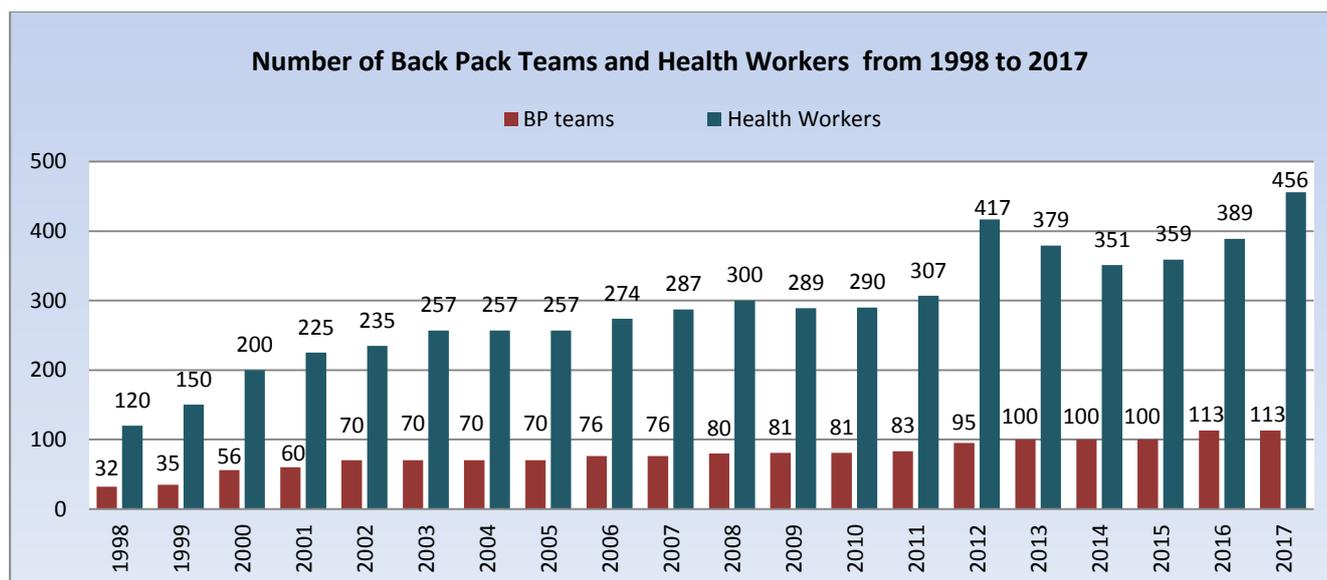
Year	# of HWs	# of TBAs/TTBAs	# of VHV/VHWs	Target Population
2004	232	202	332	176,200
2005	287	260	625	162,060
2006	284	507	700	185,176
2007	288	591	341	160,063
2008	291	525	413	176,214
2009	289	630	388	187,274
2010	290	672	495	191,237
2011	318	722	462	206,620
2012	343	787	417	217,899
2013	379	711	333	224,796
2014	351	696	276	206,361
2015	359	741	215	244,410
2016	389	781	256	280,103
2017	456	799	281	292,741

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



9.1) Medical Care Program

The Back Pack Health Worker Team currently consists of 113 teams working among Internally Displaced Persons and vulnerable communities in Karen, Karenni, Mon, Arakan, Chin, Kachin, and Shan States, and the Pegu and Tenasserim Regions 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. As the back pack teams were increased, the numbers of cases treated were increased. The complex operating environment and wider social determinants of health (e.g. food security) were other reasons increasing the numbers of cases.



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 VHWs in 2004.

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

Table 6: Back Pack Health Worker Team Caseloads

No	Condition	Age				Total
		<5		>=5		
		M	F	M	F	
1	Anemia	375	484	2381	4821	8061
2	ARI (mild)	2962	3003	5917	6728	18610
3	ARI (severe)	1440	1439	1685	1808	6372
4	Beriberi	177	235	1852	3136	5400
5	Worms	890	926	1649	1812	5277
6	Post Abortion Care	0	0	0	96	96
7	Diarrhea	957	1011	1595	1804	5367
8	Dysentery	388	389	1114	1137	3028
9	Injury (gunshot)	0	0	25	0	25
10	Injury (landmine)	0	0	22	2	24
11	Injury Acute Other	255	225	1664	992	3136
12	Injury (old)	77	55	724	417	1273
13	Malaria (PV)	193	203	497	399	1292
14	Malaria (PF)	118	126	608	472	1324
15	Malaria (Mix)	2	2	3	5	12
16	Measles	70	79	76	66	291
17	Meningitis	13	8	41	35	97
18	Suspected AIDS	0	2	21	11	34
19	Suspected TB	17	18	134	139	308
20	Post-Partum Hemorrhage	0	0	3	35	38
21	Sepsis	1	1	15	42	59
22	Respiratory Tract Infection (RTI)	0	1	4	346	351
23	Urenary Tract Infection (UTI)	35	54	1086	2049	3224
24	Skin Infection	743	771	1688	1691	4893
25	Hepatitis	25	29	161	146	361
26	Typhoid Fever	170	169	463	476	1278
27	Arthritis	35	43	1118	1261	2457
28	Gastric Ulcer Deudinum Ulcer (GUDU)	42	43	3397	4133	7615
29	Dental Problem	175	236	1087	1177	2675
30	Eye Problem	224	248	957	1051	2480
31	Hypertension	0	0	2355	2943	5298
32	Abscess	222	241	1022	825	2310
33	Scrub typhus	23	25	188	110	346
34	Leptospirosis	7	5	180	145	337
35	Insect bite	76	64	370	253	763
36	Dengue fever	338	348	832	916	2434
37	Poisoning	59	58	227	199	543
38	Mental illness	0	0	38	43	81
39	Others	852	923	3442	4375	9592
Total		10961	11464	38641	46096	107,162
Grand Total		22,425		84,737		

Table 7: Gender Disaggregation of Case Loads Treated

Category	Men	Women	Total
Patients <5	10,961	11,465	22,425
Patients >=5	38,641	46,096	84,737
Total	49,602	57,561	107,162

1. Malaria

The BPHWT has used Para-check, a rapid diagnosis test (RDT), to effectively confirm Plasmodium falciparum (*P.f.*) malaria diagnosis since 2007, and follows World Health Organization (WHO) guidelines to give Artemisinin-based Combination Therapy (ACT) treatment. 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.



Providing malaria test in Kler Lwee Htoo Field Area

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

Since the early of 2014, the BPHWT has used the SD Bioline which can test for both *P.f* and *P.v* malaria. Due to malaria intervention from other

partner such as Shoklo Malaria Research Unit (SMRU) AND University Research Co., LLC (URC), the malaria prevalence has been decreased year by year. The URC supports the BPHWT for the two major in kind donations: malaria medicines and supplies delivery and workshop, malaria medicines and commodities – U.S President’s Malaria Initiative/USAID/University Research Co. LLC (URC)/DEFEAT MALARIA-Myanmar. During 2017, there were 2,628 (1282 *P.v* and 1346 *P.f*) malaria cases treated by the field health workers. According to the graph showing below, malaria has sharply decreased. In addition, “The Long Road to Recovery” survey report also showed that the prevalence rate for *P. falciparum* malaria decreased dramatically from 7.3% in 2008 to 2.3% in 2013. However, there are still malaria cases that the field health workers will have to continue providing treatment.

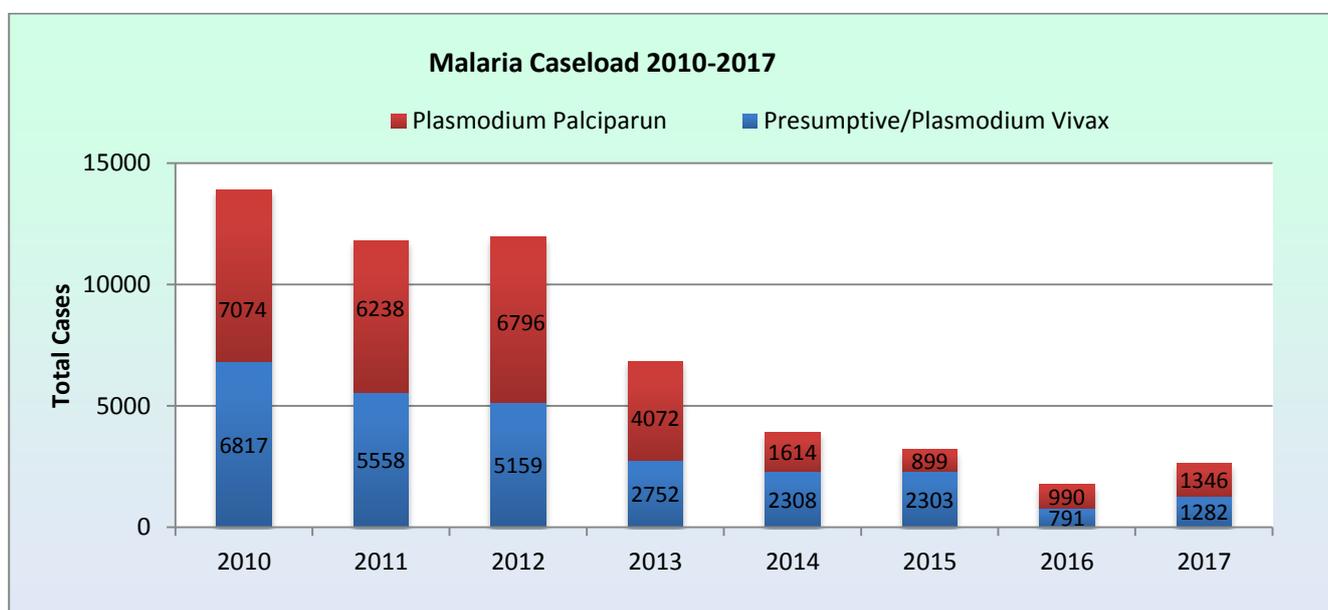
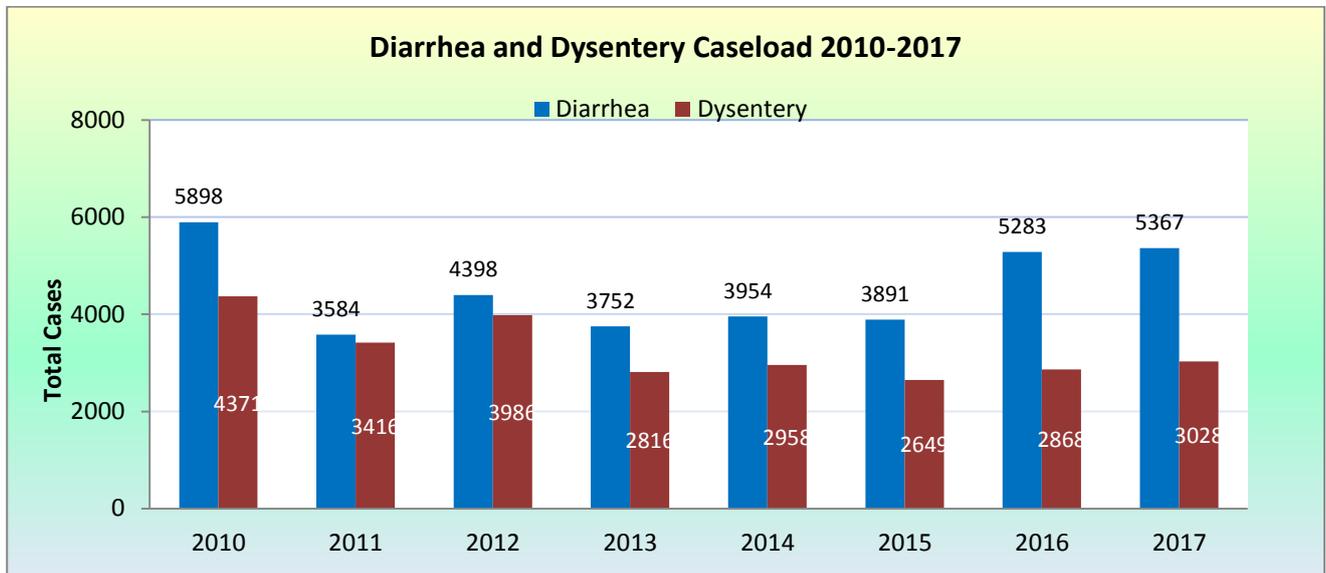


Table 8: The list of ITNs and RDTs Distributed and Malaria Caseloads Treated during 2017

No	Area Names	# of BP Teams	# of ITNs Distributed	# of RDT Distributed	Caseloads				Total Malaria cases
					< 5 ages		> = 5 ages		
					M	F	M	F	
1	Kayah	7	2800	1050	1	0	0	0	1
2	Kayan	7	2800	1050	1	0	0	1	2
3	Special	3	1200	750	0	0	0	0	-
4	Taungoo	5	1500	1250	6	4	14	9	33
5	Kler Lwee Htoo	7	2800	1050	2	0	0	0	2
6	Thaton	7	2100	1050	3	1	5	1	10
7	Papum	12	3600	0	451	387	605	510	1,953
8	Pa An	8	3500	2000	14	6	9	6	35
9	Dooplaya	7	2100	1100	1	1	1	1	4
10	Kawkariak	3	1200	600	1	0	26	30	57
11	Win Yee	4	1200	1000	10	3	8	9	30
12	Mergue/Tavoy	7	2800	2100	20	21	61	41	143
13	Yee	6	2400	1000	10	6	39	23	78
14	Moulamein	6	2400	1000	0	0	10	11	21
15	Palaung	6	2400	1250	3	5	32	21	61
16	Kachin	4	1600	1200	12	8	7	8	35
17	Shan	6	2400	1000	0	0	0	0	-
18	Arakan	3	1200	1200	33	36	18	37	124
19	Pa Oh	2	800	600	0	0	0	0	-
20	Naga	2	800	600	4	6	21	5	36
21	Chin WLC	1	400	400	0	0	2	1	3
		113	42,000	21,250	572	484	858	714	2,628

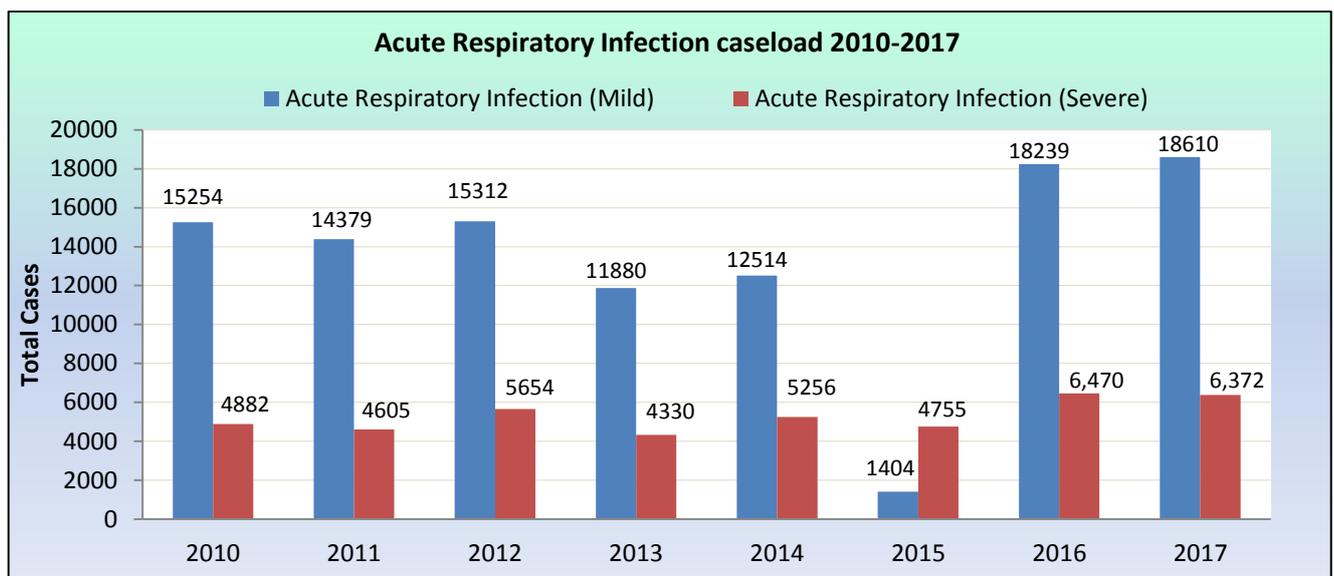
2. Diarrhea and Dysentery

In general, diarrhea and dysentery cases were still steadily from those recorded since 2013 to 2015 year. However, the cases were slightly increased during 2016 and 2017 compared to the past years. Although, the BPHWT activities have had a clear impact in the healthy behavior of communities, diarrhea and dysentery were still high in the communities due to the complex operating environment, and wider social determinants of health (e.g. food security).



3. Acute Respiratory Infection (Mild/Severe)

The annual cases of acute respiratory infection was 24,982 – 18,610 mild and 6,372 severe. The totals of 8,844 were under five children. It seems a lot more comparing to the previous year. However, it cannot be interpreted that there was more ARI case during this year because it depends on the process of the medicine for this case. There are also some other reasons such as due to the complex operating environment, and wider social determinants of health and increase numbers of back pack teams. This graph can only indicate the numbers ARI cases treated by the field health workers by yearly.



4. 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. There were 5,277 worm infestation cases, 1,816 were under five children treated in 2017.

5. Suspected Pulmonary Tuberculosis and AIDS Cases

The total number of suspected cases of tuberculosis (TB) was 308 cases (157 women and 151 men) that recorded by the health workers. The highest figure founded in Kayan areas which was 110 cases and follow by Kachin – 67 cases. 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. In the early of 2014, the BPHWT coordinates with Mae Tao clinic to refer TB positive patients to Shoklo Malaria Research Unit (SMRU). TB is considered one of the main health problems experienced by internally displaced persons. There were also 34 suspected AIDS cases – 13 women (30 cases in Kachine, 2 cases in Palaung, 1 Kayan and 1 case in Special) that recorded by the health workers.

6. Acute Landmine and Gunshot Injuries

In 2017, there 24 landmine cases (2 women and 22 men) and 25 gunshot cases (25 men) recorded and treated by the health workers. The highest figure founded in Kachin areas in both gunshot and landmine cases. The reason is that there was still active fighting in Kachin area during this reporting period. However, some cases in the field areas were not recorded because the field health workers recorded the cases that they evidenced.

Table 9: Injury (Gunshot) cases

No.	Field Areas	> = 5 ages		Total
		Men	Women	
1	Kayah	2	0	2
2	Kayan	4	0	4
3	Thaton	5	0	5
4	Papun	1	0	1
5	Pa An	1	0	1
6	Kachin	7	0	7
7	Pa Oh	1	0	1
8	Palaung	4	0	4
Total		25	0	25

Table 10: Injury (Landmine) cases

No.	Field Areas	> = 5 ages		Total
		Men	Women	
1	Kayah	3	2	5
2	Pa An	2	0	2
3	Papun	1	0	1
4	Kachin	11	0	11
5	Palaung	5	0	5
Total		22	2	24

Table 11: Mental illness

No.	Field Areas	> = 5 ages		Total
		Men	Women	
1	Kayah	6	3	9
2	Kayan	5	6	11
3	Kler Lwee Htoo	1	2	3
4	Special	1	2	3
5	Mergue/Tavoy	18	22	40
6	Palaung	2	3	5
7	Kachin	6	4	10
Total		39	42	81

7. Patient referral

Table 12: Referral sites

See Bu clinic	Hlaing Bwe hospital	Kacharma Bori
Mone Nyine Del	Na Bu station hospital	Kwar Dar Law
Than Daung hospital	Thaung Kyar Inn station hospital	Lah Show hospital
Thaton hospital	Maw Ka Thai	Tan Yan
MTC clinic	Ah Nan Kway Hospital	Mine Dee
Day Poe Noh clinic	Pa Law hospital	Maddalay hospital
Papun hospital	Mergue/Tavoy	Nah Khane hospital
Joe Done hospital	Myeik hospital	Nan Ma Tue hospital
Kawkareik hospital	Si Seng hospital	Ta Oh Der clinic
Wah Kar Del clinic	Malady hospital	Shwee Koh Ko clinic
Dawei hospital	Loin Kaw hospital	Mai Ton hospital
Man Win	Shwee Lee	Moneymen
Pruso hospital	Paha Though	Dee Maw Zone hospital

Table 13: Referral cases

Description	Case No.	Description	Case No.	Description	Case No.
Prolong Labor	28	GI bleeding	4	Leptospirosis	2
Diarrhea with dehydration	18	Heart Problem	4	Peritonitis	2
Accident Injury	18	Kidney Problem	4	Urinary tract infections	2
Suspected TB	17	Glomerulonephritis	4	Caesarian Section(C/S)	1
Neonatal Jaundice	17	Typhoid Fever	4	Congenital Disease	1
Post abortion care	14	Leprosy	4	Eclampsia	1
Emergency obstetric care	13	Scabies	4	Ear Problem	1
Pre-Eclampsia	12	Asthma	3	HIV Cancer	1
GU/DU	11	Burn	3	Injury	1
Hypertension	10	Cancer	3	Intrauterine fetal death	1
Severe Pneumonia	10	Eye Problem	3	Japanese encephalitis (JE)	1
Dengue	10	Nerve Problem	3	Prostatitis	1
Anemia	6	Severe Malaria	3	Postpartum hemorrhage	1
Appendicitis	6	Abscess	2	Severe Tonsillitis	1
Breast Problem	6	APH	2	Thalassemia	1
Malnutrition	6	Coma	2	USG Mass in Uterine	1
Gunshot	5	Diabetes	2	USD Liver Cirrhosis	1
Hepatitis	5	Epilepsy	2	Unknown	1
Meningitis	5	Landmine injuries	2	All Total	296

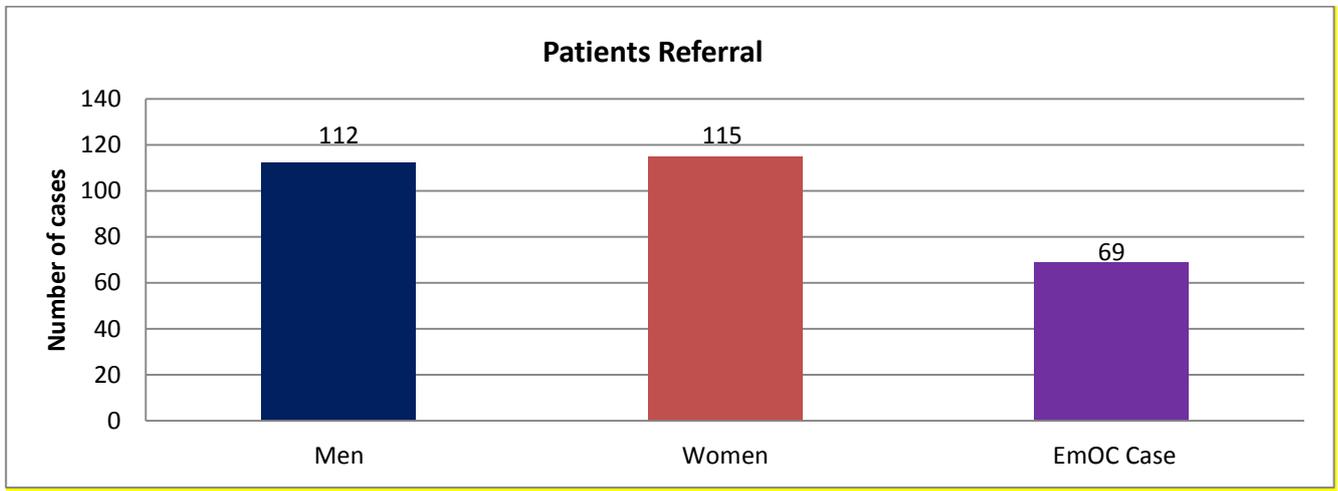


Table 14: Death records

No	Areas	# of Teams	< 5 ages		> = 5 ages		Total	Deaths	
			Men	Women	Men	Women		RH	General
1	Kayan	7	0	0	0	1	1	0	1
2	Taungoo	5	1	2	6	4	13	1	12
3	Kler Lwee Htoo	7	0	0	6	7	13	0	13
4	Thaton	7	1	1	17	17	36	0	36
5	Papun	12	0	1	14	16	31	0	31
6	Pa An	8	6	4	63	45	118	0	118
7	Doopalaya	7	0	0	1	2	3	0	3
8	Kawkareik	3	1	0	3	3	7	0	7
9	Win Yee	4	2	0	5	8	15	0	15
10	Mergue/Tavoy	7	0	1	15	7	23	0	23
11	Palaung	6	0	5	16	14	35	1	34
Total		73	11	14	146	124	295	2	293

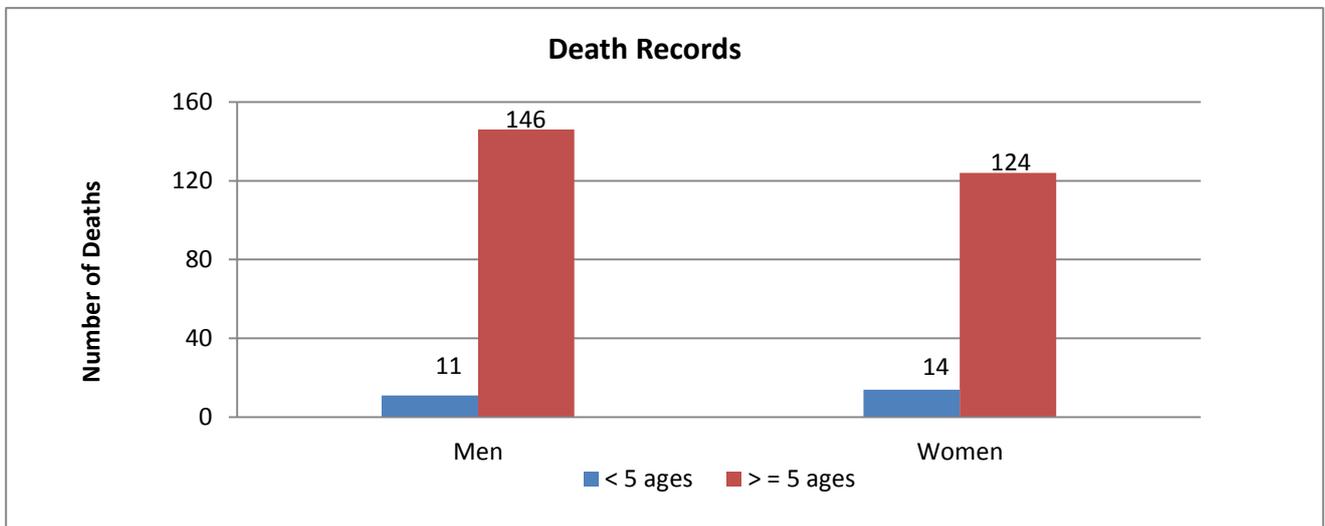


Table 15: Causes of Deaths

Case name	case no	Case name	case no	Case name	case no
Old Death	44	Malnutrition	3	Nephritic	1
Hypertension	28	Epilepsy	3	Nose Problem	1
Accident	20	Jaundice	3	Pyelonephritis	1
Suicide	19	Appendicitis	2	Pile CA	1
Stroke	18	Syndrome Disease	2	Fit/Drowsy	1
TB	17	Dysentery	2	Foot Poisoning	1
Asthma	11	Gunshot	2	Hyperthermia Shock	1
Cancer	11	Insect bite	2	Hypoglycemia	1
Heart Disease	10	JE	2	Typhoid Fever	1
Kidney Problem	10	Poisoning	2	PPH	1
GU/DU	9	Death by Drown	2	Cirrhosis	1
Edema	7	B1 Deficiency	1	Coma	1
Pneumonia	5	Bone CA	1	Congenital Problem	1
Diarrhea	5	Bone marrow	1	Convulsion	1
High Fever	5	Breast CA	1	Acute Abdominal pain	1
Drown	4	Polio	1	H1N1	1
Hepatitis	4	Prematurity	1	Snake bite	1
Anemia	3	Peritonitis	1	Urine Treat Infection	1
Chronic Disease	3	Sepsis Shock	1	Dengue	1
Unknown case	3	Sever ARI	1	Diabetes	1
Liver Problem	3	Shock	1	Cervix Cancer	1
Total Deaths					295

8. Testimonials from the Field Health Workers

NAME: Mr. Z
 ETHNICITY: Kachin
 POSITION: Field in-charge
 AREA NAME: Kachin

In 2017 a villager in the Wa Ra Zap village, Hpa Kant district, suffered for more than one month from hand pain caused by infection of an insect bite. He treated his hand pain with traditional medicine at his home. However, he experienced extreme hand pain so he went to the government’s clinic at Wa Ra Zup village. There the clinic staff told him he needed surgery for his hand and to go to Myint Kyi Nar Hospital. Upon hearing this the patient experienced stress and became depressed that he would lose his hand; he also did not have enough money to get the suggested treatment. It was at this time that he came to the BPHWT clinic. The BPHWT’s medic consulted with the patient; the patient trusted the BPHWT medic. Through this process the patient understood and accepted the medic’s treatment. The medic performed the hand surgery and the patient’s hand healed. Currently his hand function is normal and he is happy to be back to his life as before. The community accepts and relies on the BPHWT because BPHWT health care services are efficient and achieve the desired results.



Kachin Field In-charge is providing surgical treatment to a patient in Kachin Field Area

9.2) Community Health Education and Prevention Program

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

- Malaria prevention
- Hygiene and sanitation
- Diarrhea prevention
- Malnutrition
- High-risk pregnancy
- Breast feeding practices
- HIV/AIDS education
- Nutrition awareness
- WASH awareness
- Prevention and awareness of communicable diseases



Distributing latrine supplies in Kachin Field Area

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.

9.2.1) School Health Sub-Program:

In 2017, the BPHWT implemented its school health program in 428 schools with 2,059 teachers: 1,613 women and 446 men. There were 36,466 students – comprised 17,613 boys and 18,853 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. However, due to the funds shortage; there were 30,897 (15,047 boys & 15,850 girls) received personal hygiene supplies.

9.2.2) 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 month to twelve year old. This is essential to preventing malnutrition. During this reporting period, 39,068 children received De-worming medicine (Albandozole) and 44,615 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, BPHWT field health workers also provide health education regarding on this topic in village health workshop in every six month to improve the health knowledge of the communities.

Table 16: Numbers of Children Receiving Vitamin A

No.	Area Name	CHILDREN'S AGES							
		6-12 Months		1-6 years		6-12 years		Total	
		M	F	M	F	M	F	M	F
1	Kayah	66	71	340	352	397	402	803	825
2	Kayan	227	212	587	572	858	816	1,672	1,600
3	Special	43	49	106	109	169	172	318	330
4	Taungoo	111	117	373	387	566	591	1,050	1,095
5	Kler Lwee Htoo	92	77	153	166	218	220	463	463
6	Thaton	136	140	830	843	745	752	1,711	1,735
7	Papun	431	383	930	962	1,704	1,725	3,065	3,070
8	Pa An	49	51	505	518	1,381	1,565	1,935	2,134
9	Dooplaya	157	159	644	697	1,033	1,074	1,834	1,930
10	Kawkareik	0	0	124	126	206	231	330	357
11	Win Yee	0	0	350	388	712	709	1,062	1,097
12	Mergue/Tavoy	53	63	409	449	743	768	1,205	1,280
13	Yee	89	59	368	414	502	548	959	1,021
14	Moulamein	260	239	374	482	603	610	1,237	1,331
15	Shan	151	161	803	945	716	749	1,670	1,855
16	Palaung	307	375	485	595	795	967	1,587	1,937
17	Kachin	17	24	134	145	38	45	189	214
18	Arakan	220	228	216	218	188	181	624	627
Total		2,409	2,408	7,731	8,368	11,574	12,125	21,714	22,901
		4,817		16,099		23,699		44,615	

Table 17: Numbers of Children Received De-worming Medicine

No.	Field Area	Age (1-12 Years)		
		M	F	Total
1	Kayah	916	929	1,845
2	Kayan	1,242	1,155	2,397
3	Special	288	299	587
4	Taungoo	923	886	1,809
5	Kler Lwee Htoo	241	246	487
6	Thaton	1,922	2,054	3,976
7	Papun	2,792	2,779	5,571
8	Pa An	1,806	1,998	3,804
9	Dooplaya	1,852	1,975	3,827
10	Kawkareik	338	361	699
11	Win Yee	1,066	1,093	2,159
12	Mergue/Tavoy	1,137	1,218	2,355
13	Yee	761	996	1,757
14	Moulamein	924	1,119	2,043
15	Shan	1,086	1,273	2,359
16	Palaung	1,026	1,285	2,311
17	Kachin	132	147	279
	Arakan	403	400	803
Total		18,855	20,213	39,068

9.2.3) Water and Sanitation Sub-Program:

The BPHWT aims to provide one gravity flow for 60 household and 300 population; one shallow well for 10 households and 50 population, and one community latrine for one household in all its target areas. The Back Pack Health Worker Team has established water and sanitation projects since 2005. During 2017, the BPHWT teams built 17 gravity flow water systems and the beneficiary population that has received gravity flow water system includes 1,060 households composed of 5,780 people. The BPHWT also built 20 shallow well water systems which have been received by 356 households and 1,594 beneficiaries. The BPHWT also provided 2,360 community latrines to 2,360 households and 35 water filters in 33 schools for 2,339 students.

Table 18: Numbers of Gravity Flows, Shallow Wells, and Latrines Installed

No.	Area Name	No. Gravity Flows	HHs	Population		
				M	W	Total
1	Kayah	1	84	240	224	464
2	Kayan	5	257	798	729	1,527
3	Papun	1	36	94	111	205
4	Pa An	4	223	623	785	1,408
5	Kawkareik	3	228	477	567	1,044
6	Mergue/Tavoy	1	65	168	176	344
7	Shan	2	167	362	426	788
Total		17	1,060	2,762	3,018	5,780
No.	Area Name	No. Shallow Wells	HHs	Population		
				M	W	Total
1	Special	2	24	67	77	144
2	Kler Lwee Htoo	1	11	35	24	59
3	Thaton	8	207	370	347	717
4	Papun	4	64	185	236	421
5	kachin	5	50	117	136	253
Total		20	356	774	820	1,594
No.	Area Name	No. Latrines	HHs	population		
				M	W	Total
1	Kayah	100	100	310	233	543
2	Kayan	280	280	760	693	1,453
3	Special	100	100	265	331	596
4	Taungoo	120	120	298	333	631
5	Thaton	290	290	454	521	975
6	Papun	50	50	183	176	359
7	Pa An	410	410	1,018	1,339	2,357
8	Doooplaya	40	40	151	250	401
9	kawkariak	100	100	517	567	1,084
10	Win Yee	150	150	120	134	254
11	Moulamein	50	50	101	150	251
12	Shan	300	300	617	724	1,341
13	Palaung	200	200	528	685	1,213
14	Kachin	100	100	241	216	457
15	Arakan	70	70	160	170	330
Total		2,360	2,360	5,723	6,522	12,245
No.	Area Name	No. Water filter	# of Schools	Population		
				M	W	Total
1	Kayan	5	5	72	43	115
2	Taungoo	2	2	23	31	54
3	Kler Lwee Htoo	2	2	60	50	110
4	Thaton	3	3	277	291	568
5	Pa An	2	2	150	181	331
6	Papun	10	10	154	139	293
7	Doooplaya	1	1	18	20	38
8	Palaung	10	8	373	457	830
Total		35	33	1,127	1,212	2,339

9.2.4) 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, WASH awareness 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 2017, the BPHWT organized 174 village health workshops in 16 targeted field areas, attended by 11,915 people – 5,318 men and 6,597 women. Communities were invited to send representatives from different sectors such as religious leaders, authorizes, villagers, women organization, youth organization, health workers, TBAs/TTBAs, VHV/VHWs, shop keepers 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.

Table 19: Number of Village Health Workshop and Participants

No	Areas	# of VH workshops	Participants		Total
			M	W	
1	Kayah	8	129	93	222
2	Kayan	14	498	435	933
3	Special	4	212	269	481
4	Taungoo	8	489	561	1,050
5	Kler Lwee Htoo	12	334	493	827
6	Thaton	10	141	336	477
7	Papun	18	603	512	1,115
8	Pa An	16	282	473	755
9	Kawkareik	4	186	215	401
10	Win Yee	8	169	335	504
11	Mergue/Tavoy	21	520	697	1,217
12	Yee	17	513	519	1,032
13	Moulamein	12	415	447	862
14	Palaung	19	741	1,096	1,837
15	Kachin	2	102	66	168
16	Arakan	1	14	20	34
	Total	174	5,318	6,597	11,915

9.2.5) Village Health Worker Workshop

To sustain the role of VHWs, BPHWT continue to provide three-month trainings to strengthen the skills and performance of VHWs, necessary to carry out the treatment of common diseases, provide follow-up care, and ensure that an individual with high fever can be tested for malaria within 24 hours. There will be VHW workshops for trained VHWs every six month in the Field Areas. The three-day-refresher workshop aims to reassess the roles and responsibilities of VHWs, and enhance their necessary skills and knowledge. During this reporting period, 14 VHW workshops were organized with 333 (139 M & 194 W) VHWs in Kayah, Kayan, Taungoo, Kler Lwee Htoo, Thaton, Papun, and Kachin.

Table 20: Number of Village Health Worker Workshop and Participants

No.	Area Name	# of VHW Workshops	Participants		
			M	W	Total
1	Kayah	1	8	4	12
2	Kayan	2	29	58	87
3	Taungoo	3	42	35	77
4	Kler Lwee Htoo	3	31	38	69
5	Thaton	2	4	18	22
6	Papun	2	18	20	38
7	Kachin	1	7	21	28
Total		14	139	194	333

9.2.6) Establishing Village Health Committee

During the period of 2017, the BPHWT started to establish Village Health Committee (VHC) in 12 field areas as showed in the below table 18. There were 44 VHCs established with 455 participants (295 men and 160 women). The purpose of establishing VHC is to improve community participation and to sustain development of a primary healthcare. The target goal was to have at least 30% participation from women in the VHCs. The VHCs surpassed that goal with 35% of VHC members being women. Each VHC targets to have 7-9 members. These representatives are from village administration committee, local health workers, teachers, religious leaders, women and youth groups.

The VHCs are responsible for patient referral, community empowerment and participation, providing health education and environment cleaning, over sight of clinic management, and coordination with other CBOs and NGOs activities. These VHCs organize quarterly regional meeting among themselves in their villages.

Table 21: Village Health Committee Participant list

NO	Area	# of VHCs	Men	Women	Total
1	Kayah	4	28	11	39
2	Kayan	2	14	5	19
3	Special	2	13	6	19
4	Taungoo	2	5	13	18
5	Kler Lwee Htoo	7	42	24	66
6	Thaton	4	19	21	40
7	Papun	10	93	30	123
8	Pa An	1	6	3	9
9	Moulamein	3	17	13	30
10	Palaung	6	41	20	61
11	Kachin	1	6	7	13
12	Pa Oh	2	11	7	18
Total		44	295	160	455

Table 22: Village Health Committee Meetings and Participant list

NO	Area	# of VHC meetings	Men	Women	Total
1	Pa An	24	74	47	121
2	Dooplaya	28	59	52	110
3	Kawkareik	12	24	16	40
4	Win Yee	16	24	29	52
Total		80	181	144	323

Table 23: Number of World AIDS Events and Participants

No	Areas	# of World AIDS Events	Participants		Total
			M	W	
1	Kayah	2	35	50	85
2	Kayan	2	25	23	48
3	Kler Lwee Htoo	1	23	28	51
4	Pa An	7	168	249	417
5	Win Yee	2	21	54	75
6	Palaung	2	60	82	142
7	Kachin	2	48	65	113
8	Pa Oh	2	34	34	68
Total		20	414	585	999



Installing water filter in a school in Pa An



Providing hygiene kits in a school in Kawkareik



Installing Gravity Flow water system in Kler Lwee Htoo Field Area



Providing WASH awareness workshop in Papun Field Area

9.2.7) Direct Feedbacks from beneficiaries/Most Significant Change stories

NAME: Saw Poe Lay

ETHNICITY: Karen

JOINED BPHWT IN:

POSITION: Field in-charge

AREA NAME: Kawkareik



In the past, most community members took water from the river, thus using contaminated drinking water. The community had no system of environmental sanitation. The Community Health Education and Prevention Program (CHEPP) provided health education, water and sanitation systems building instruction and materials for the construction of latrines. Now community members do not need to carry water from the river and they are using the new latrines. Because the community improved water and sanitation, severe diseases such as cholera have been avoided. In 1998, communities who lived in the Su K'lee area were getting sick and dying from cholera. At that time, communities did not have faith in healthcare that was different from traditional beliefs. Unfortunately, the health situation of the community was poor and disease was rampant. Now that the community has access to clean water, a sanitation system and latrines there is much improvement.

NAME: Lway Poe Khaung

ETHNICITY: Ta'ang (Palaung)

JOINED BPHWT IN: 2007

POSITION: Field in-charge

AREA NAME: Palaung Field Area



During 2017 we organized a Village Health Committee (VHC) in Mai Sa village, Mai Ton Township in the Palaung Field Area. Quarterly, the VHC members and the village health workers organize a meeting with the villagers. In one such meeting an agreement was made that households within the community would contribute money to a community fund. They collected 500 kyat per household for a total of 200,000 kyat. They decided to use this money for patient referral in their local communities. The patients can borrow money and pay it back when they become healthy. During 2017 it was possible to refer three patients with this money. The VHCs managed the funds by themselves with the Back Pack health workers only providing advice. This is a key lesson learned for Village Health Committees in helping to improve health status in

the local community and towards empowering VHCs as a part of the local self-governance structure.

9.3) Maternal and Child Healthcare Program:

The Back Pack Health Worker Team began the Maternal and Child Healthcare Program (MCHP) in 2000. The BPHWT has trained Traditional Birth Attendants (TBAs) every year in order to reach their goal of ten TBAs for every 2,000 people. 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.



A MCH worker is providing birth record to a new born baby in Mergue/Tavoy Field Area

During 2017, 3,797 pregnant women received de-worming medicine (Mebendazole) and 3,852 women and pregnant women received iron supplements (Ferrous Sulphate, and Folic Acid). In addition, 799 TBAs/TTBAs were working with the Back Pack Health Worker Team. They assisted in 4,144 births; of these, 4,123 were live births, 21 were stillbirths or abortions, and there were 8 cases of neo-natal deaths. The TBAs/TTBAs also recorded 2 maternal deaths according to eclampsia and Post-Partum Hemorrhage and sepsis. There were 69 obstetric cases referred during 2017. It seems increasing of obstetric cases; actually it is due to the financial support. The BPHWT did not

provide any financial support in the past and since the Community Health Eastern Burma (CHEB) Project with the health partners' coordination, there is some financial support for the patients' referral. Therefore, the field health workers can refer more patients to the nearest clinics and hospital.

9.3.1) Trained Traditional Birth Attendant (TTBA) Training

In 2010-2011, an external evaluation facilitated by Burma Relief Center (BRC) recommended that TBAs in the targeted villages must have more knowledge and skills in order to be more effective. Therefore, since 2012, the BPHWT has decided to train TBAs to become TTBA who will have greater knowledge and skills to provide safe deliveries, related health education, and an effective referral system. It is twenty-day training. The trainers are MCHP supervisor who have done TTBA ToT. During 2017, there was only one TTBA training for 17 TTBA (1 man and 16 women) in Pa An field area.

9.3.2) 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 2017, 143 TBA/TTBA follow-up workshops were organized in 19 field areas which included 733 TBAs/TTBAs (60 men and 673 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, 1,290 TBA/TTBA kits and 4,515 maternity kits were distributed in order to restock in field areas.

Table 24: Number of TBA/TTBA Workshop and Participants					
NO	Area	# Workshops	Men	Women	Total
1	Kayah	8	0	40	40
2	Kayan	10	0	50	50
3	Taungoo	6	1	35	36
4	Klew Lwee Htoo	10	3	48	51
5	Thaton	12	0	59	59
6	Papun	18	21	70	91
7	Pa An	13	7	74	81
8	Dooplaya	14	13	52	65
9	Kawkareik	6	4	29	33
10	Win Yee	8	1	49	50
11	Mergue /Tavoy	9	6	29	35
12	Yee	4	0	20	20
13	Shan	2	0	10	10
14	Palaung	6	0	34	34
15	Kachin	4	0	21	21
16	Chin	4	0	20	20
17	Arakan	5	0	16	16
18	Special	2	1	10	11
19	KBC	2	3	7	10
Total		143	60	673	733



Trained Traditional Birth Attendant Training and Workshop in the Field Areas

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

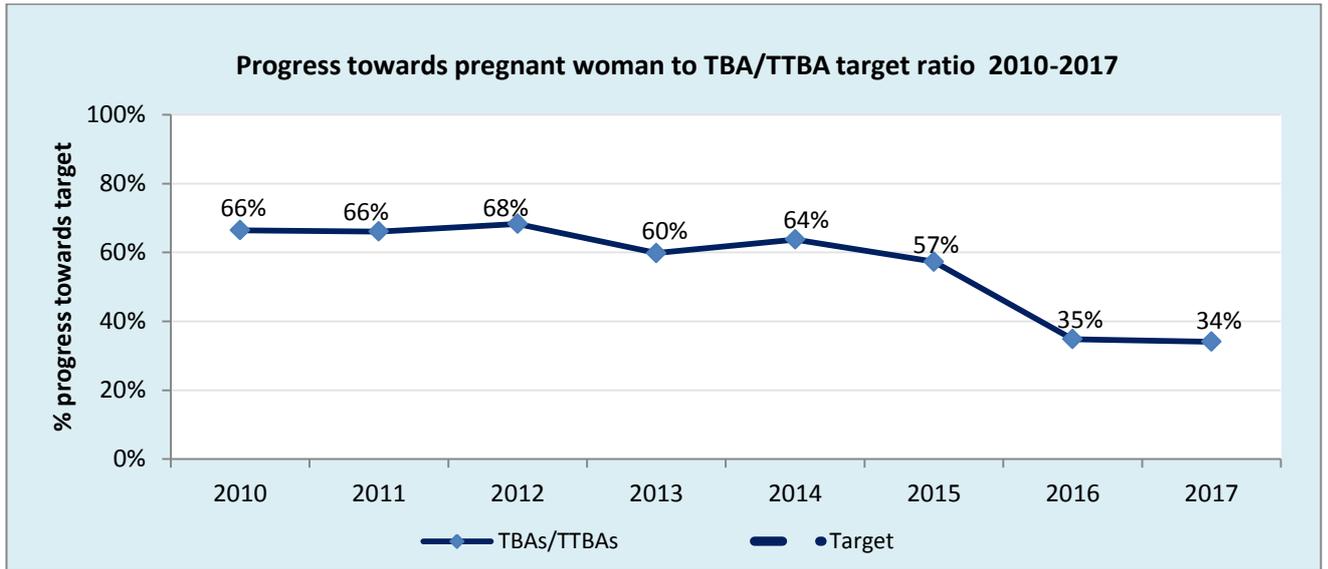


Table 25: Progress toward TBA to Pregnant Women Target Ratio 2004-2017

Year	TBAs/TTBAs	Pregnant women	TBAs/TTBAs/ Pregnant Ratio	Target TBA/TTBA/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%
2014	696	8,729	13	8	64%
2015	741	10,339	14	8	57%
2016	839	17,927	23	8	35%
2017	799	18,735	23	8	34%

Table 26: Birth and Death Records

No	Area	Deliveries	Live Births	Still Births/ Abortions	Deaths		<2.5 Kg	=>2.5 kg
					Neonatal	Maternal		
1	Kayah	184	184	0	0	0	1	184
2	Kayan	205	200	5	0	0	2	133
3	Taungoo	149	149	0	0	1	3	126
4	Klew Lwee Htoo	151	150	1	0	0	1	148
5	Thaton	447	447	0	0	0	5	413
6	Papun	590	590	0	0	1	37	455
7	Pa An	413	410	3	2	0	29	333
8	Dooplaya	234	234	0	1	0	15	208
9	Kawkareik	91	91	0	0	0	13	90
10	Win Yee	303	302	1	2	0	14	246
11	Mergue /Tavoy	175	175	0	0	0	10	118
12	Yee	166	166	0	0	0	0	166
13	Shan	52	52	0	0	0	0	22
14	Palaung	357	348	9	3	0	10	352
15	Kachin	81	81	0	0	0	0	0
16	Chin	121	119	2	0	0	0	18
17	Arakan	241	241	0	0	0	0	241
18	Special	53	53	0	0	0	1	40
19	KBC	131	131	0	0	0	0	78
Total		4,144	4,123	21	8	2	141	3,371

Table 27: Pre and Post Natal Distribution of De-worming, Ferrous Sulphate, and Folic Acid

No	Area	De-Worming	F/S & F/A (Folic C)
1	Kayah	184	184
2	Kayan	184	184
3	Taungoo	149	149
4	Kler Lwee Htoo	151	151
5	Thaton	447	447
6	Papun	523	520
7	Pa An	375	381
8	Dooplaya	170	152
9	Kawkareik	91	91
10	Win Yee	240	303
11	Mergue/Tavoy	175	177
12	Yee	145	145
13	Shan	52	52
14	Palaung	356	349
15	Kachin	73	81
16	Chin	71	73
17	Arakan	241	241
18	Special Pa An	39	41
19	KBC	131	131
Total		3,797	3,852

9.3.3) 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 2017, the BPHWT provided family planning services to 6,507 people, of whom 213 were men. This statistic reflects that only a small number of men participate in family planning. This is due to some barriers of tradition belief. To improve the knowledge of family planning, BPHWT has included the family planning education session in the VHW's curriculum since 2012 and provide reproductive health awareness.

Table 28: Family Planning Activities

No	Area	Age		Visits		Clients				Total
		< 19	> = 19	New	F/ U	Depo	Pill	Condon	Implant	
1	Kayah	7	291	143	155	161	99	8	30	298
2	Kayan	5	218	116	107	113	98	12	0	223
3	Taungoo	0	158	86	72	81	40	27	10	158
4	Klew Lwee Htoo	0	167	53	114	113	23	1	30	167
5	Thaton	8	735	151	592	471	241	31	0	743
6	Papun	2	460	111	351	186	276	0	0	462
7	Pa An	11	723	234	500	398	281	10	45	734
8	Dooplaya	7	373	191	189	153	211	16	0	380
9	Kawkareik	7	242	91	158	110	132	7	0	249
10	Win Yee	12	244	120	136	119	108	13	26	256
11	Mergue/Tavoy	1	171	102	70	97	71	4	0	172
12	Yee	109	544	205	448	575	78	0	0	653
13	Shan	4	72	22	54	49	25	2	0	76
14	Palaung	10	721	139	592	605	121	5	0	731
15	Kachin	1	102	90	13	38	60	5	0	103
16	Chin	0	23	21	2	0	23	0	0	23
17	Arakan	114	249	130	233	165	126	72	0	363
18	Special	0	53	37	16	24	29	0	0	53
19	KBC	0	663	58	605	497	166	0	0	663
Total		298	6,209	2,100	4,407	3,955	2,208	213	141	6,507

9.3.4) Summary Fact Sheet of the MCHP's Activities

Years	2011	2012	2013	2014	2015	2016	2017
1. Total Deliveries	3412	3961	3,508	3,779	3,341	3,513	4,144
2. Live Births	3356	3927	3,486	3,760	3,329	3,502	4,123
3. Still Births	50	35	24	19	12	12	21
4. Neonatal Deaths	53	37	14	18	19	9	8
5. Maternal Deaths	13	9	7	2	3	9	2
6. Low Birth Weight	254	263	103	212	168	106	141

In 2017, there were 2 maternal deaths out of 4,144 total deliveries and the main causes of maternal deaths were eclampsia, and post-partum hemorrhage and sepsis. Neonatal mortality rates during deliveries, attended by the BPHWT, have decreased in comparison with the previous year. However, the BPHWT is still trying to provide higher skills and knowledge of TBAs such as providing TTBA trainings to increase safe delivery, including health education, referral system. Additionally, the BPHWT conducts TBA/TTBA workshops to update those TBA skills and knowledge, organizing MCH training, and train EmOC workers that will increase the implementation of safe birthing practices and improve maternal and child health in every six months.

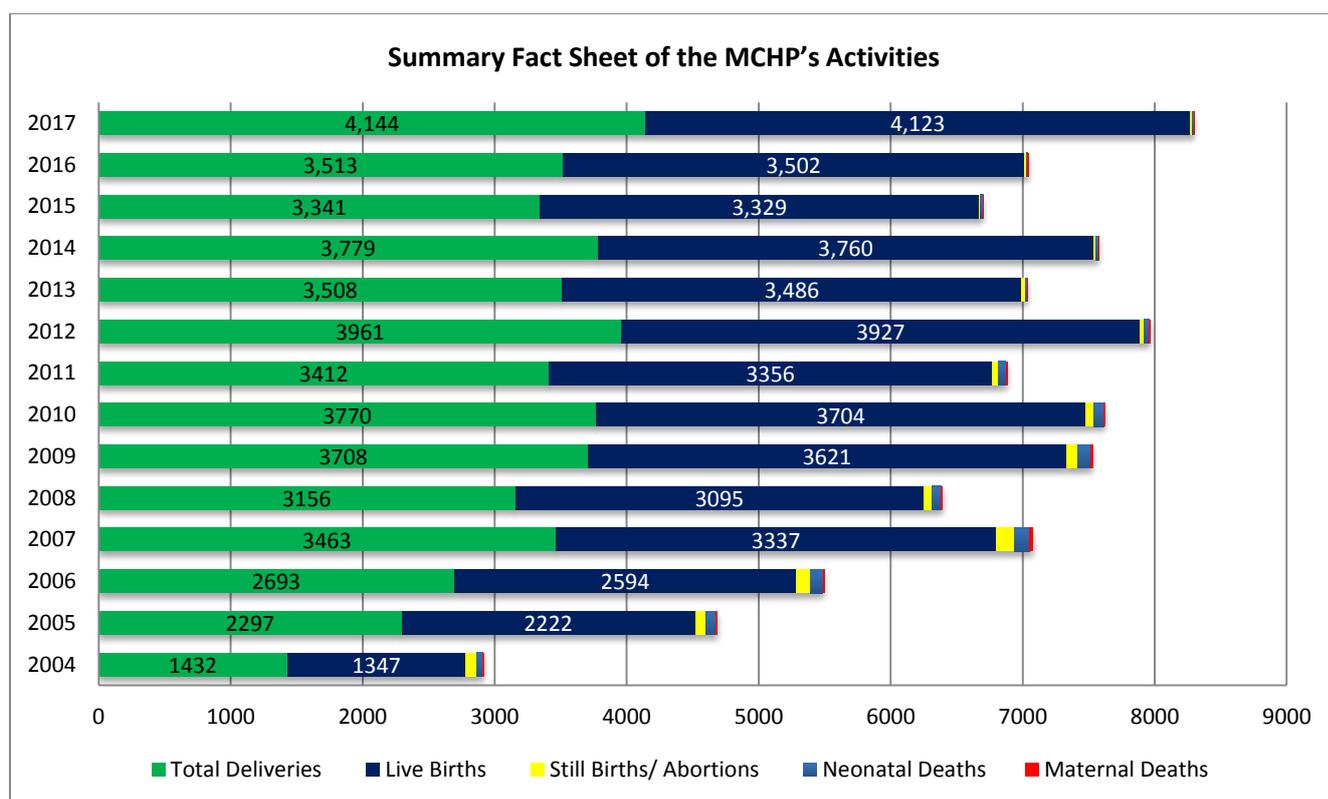


Table 29: TBA/TTBA and Maternity Kit Distributed:

Maternity Kit Contents:	TBA/TTBA Kit Contents:	
<ul style="list-style-type: none"> • Providone • Cotton • Albendazole • Folic C 	<ul style="list-style-type: none"> • Syringe ball • Non-sterilized gloves • Sterilized gloves • Plastic bags for medicine • Providone • Terramycin eye ointment • Thread • Ink 	<ul style="list-style-type: none"> • Compress • Multicolor bag for kit (smallest size) • Plastic sheet • Package of plastic bags for kit • Towels • Nail clippers • Scissors

9.3.5) Reproductive Health Awareness

During the period of 2017, the MCHP supervisors started conducting RH awareness workshop in 19 field areas as showed in the below table. Each workshop takes about three hours. The key topics discussed in this workshop are ANC, PNC, post-abortion care, high risk pregnancy, danger signs in pregnancy, referral, family planning, breast feeding, nutrition, and anemia. This RH workshop is conducted six monthly in the communities. There were 94 workshops with 6,331 participants, comprised of 4,032 women and 2,299 men and 1,304 were under 15 age groups. The BPHWT plans to continue this RH awareness to improve the knowledge and awareness of reproductive ages.

Table 30: Reproductive Health Awareness participant list

NO	Area	# of RH Awareness	<15		>= 15		Total
			Men	Women	Men	Women	
1	Kayah	4	16	21	59	72	168
2	Kayan	5	45	63	122	94	324
3	Taungoo	3	33	63	38	82	216
4	Klew Lwee Htoo	5	60	63	114	122	359
5	Thaton	7	27	43	110	259	439
6	Papun	11	51	82	221	384	738
7	Pa An	6	9	12	70	217	308
8	Dooplaya	7	67	72	211	248	598
9	Kawkareik	3	15	27	44	114	200
10	Win Yee	4	27	36	35	120	218
11	Mergue/Tavoy	3	6	16	72	132	226
12	Yee	6	4	8	89	295	396
13	Shan	7	38	53	98	181	370
14	Palaung	5	16	27	73	280	396
15	Kachin	5	72	85	67	146	370
16	Chin	8	13	17	239	360	629
17	Arakan	2	49	47	40	48	184
18	Special	1	0	0	18	36	54
19	KBC	2	7	14	24	93	138
Total		94	555	749	1,744	3,283	6,331

9.3.6) Gender-Based Violation Awareness Workshops

The BPHWT has started this awareness of gender-based violation (GBV) in the communities since the early of 2016 in order to provide the awareness of GBV. It is important for the communities to aware that GBV has



GBV Awareness Workshop in Win Yee Field Area

many facets. Apart from physical and sexual violence that cause injuries and might therefore be easier to detect, women’s experiences of psychological and economic violence should not be overlooked as they may also have significant negative consequences on women’s health. Furthermore, women and girls experience harmful practices such as child/early marriage, forced marriages or gender-biased sex-selection. Therefore, it is important for the health workers and communities to understand and recognize the full range of acts that may constitute GBV.

During the period of 2017, the MCHP supervisors and workers organized 67 GBV awareness workshops in 14 field areas as showed in the below table. Each workshop takes at least about three hours. The key topics discussed in this workshop are definition of GBV,

categories of GBV, services that survivors might needs and guiding principles. This GBV workshop is conducted six monthly in the communities.

Table 31: Number of Gender-Based Violation Awareness Workshops and Participants							
NO	Area	# of GBV Awareness	<15		> = 15		Total
			Men	Women	Men	Women	
1	Kayah	4	42	54	41	76	213
2	Kayan	5	62	52	160	81	355
3	Taungoo	3	60	70	29	39	207
4	Klew Lwee Htoo	5	22	50	65	149	286
5	Thaton	6	6	20	118	247	391
6	Pa An	6	30	30	88	209	357
7	Dooplaya	7	38	45	155	206	456
8	Kawkareik	3	2	11	59	129	201
9	Win Yee	4	10	19	94	173	296
10	Mergue/Tavoy	4	44	55	89	92	280
11	Yee	10	58	170	105	335	668
12	Special	1	3	5	20	38	66
13	Palaung	6	72	71	116	245	503
14	Arakan	3	7	12	35	35	89
Total		67	456	664	1,174	2,054	4,368

9.3.7) Nutrition for Pregnant Women

Maternal nutrition is a great concern in the areas that BP teams serve. MCH workers often provide information about nutrition for pregnant women, however; pregnant women cannot afford the necessary



Providing nutrition food to a pregnant woman in Pa An Field Area

nutrition for a healthy pregnancy. According to the Impact Assessment Survey result, 14.1% of women of reproductive age were moderately/severely malnourished in 2016. Malnutrition during pregnancy is linked to poor birth outcomes such as intrauterine growth retardation and low birth weight infants.

Therefore, since the second six month period of 2015, the MCH program has started nutrition project for pregnant women in four field areas – Pa An, Kawkareik, Win Yee and Dooplaya and 20 BP teams in those areas. The MCH workers provide oil, yellow bean, eggs, canned fish, dried fish, iodized salt, and sugar. The table below shows the numbers of pregnant women receiving nutrition food during 2017. In average, there were 892 pregnant women

received nutrition food monthly. Because of the nutrition program, it is easier for pregnant women to participate in Back Pack’s ANC program.

Table 32: Distribution Nutrition Food to Pregnant Women

Areas	# of BP teams	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Pa An	6	52	259	300	301	308	319	340	344	318	306	315
2. Kawkareik	3	0	64	94	105	107	112	108	107	0	106	105
3. Win Yee	4	0	208	235	235	236	218	218	218	225	225	225
4. Dooplaya	7	0	241	259	259	259	289	289	289	120	307	307
5. Taungoo	1	0	0	0	0	0	0	30	30	30	30	35
6. Thaton	3	0	0	0	0	0	0	41	23	30	30	30
7. Papun	2	0	0	0	0	0	0	118	120	95	120	119
Total	26	52	772	888	900	910	938	1,144	1,131	818	1,124	1,136

Table 33: Referred patients

Areas	Mothers	< = 5 children	Total
1. Kayah	13	22	35
2. Kayan	0	1	1
3. Thaton	2	2	4
4. Papun	2	0	2
5. Pa An	27	28	55
6. Dooplaya	3	1	4
7. Kawkareik	2	0	2
8. Win Yee	8	3	11
9. Mergue /Tavoy	3	0	3
10. Palaung	8	2	10
11. Pa Oh	1	0	1
Total	69	59	128

9.3.8) Testimonials from the Field Area

NAME: Lway Pyaw Khroue

ETHNICITY: Ta'ang (Palaung)

JOINED BPHWT IN: 2007

POSITION: MCH Supervisor

AREA NAME: Palaung Field Area

In the past there was no connected with the Back Pack so the pregnant women and baby mothers have being dead. There were still facing the problem when Palaung area was first joined with the Back Pack. Because of the community less of participated with the Back Pack Team. So, the health workers provided the health care services in that area so the community believes more the health workers. The villager name Lway Ah La, age 28 pregnant woman, the health worker went to her house to deliver the baby. It was take time too long before the baby deliver and then sometime the pregnant women was unconscious. The time is for refer the patient but fortunately the health worker satisfy and the pregnant women successfully deliver. Then, it is difficult to refer the patient it will take time because they stay in the mountainside. There was no road and no car access in that area. The health worker was very happy because the mother successfully delivers. The health workers went to each houses of the community in order to deliver babies. Moreover, the community member also came to the clinic for deliver as well.

10) Field Meetings and Workshops

The BPHWT conducts field meetings and field workshops twice a year in the targeted field areas. In 2017, there were 34 field workshops and 30 field meetings conducted in the targeted field areas; there were 315 (183 men, 132 women) participants who attended field meetings and 391 (192 men, 199 women) participants who attended field workshops.

Table 34: Field Workshops and Meetings				
Description	# of Workshops/Meetings	Men	Women	Total
Field Workshops	34	192	199	391
Field Meetings	30	183	132	315

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

The objectives of the field workshops are to:

- Improve the skill sets, knowledge, and clinical confidence of the health workers, especially concerning effective treatment and proper primary healthcare approaches
- Share skills, knowledge, and case experiences
- Talk about the importance of collecting health information in order to better understand and serve the current community healthcare needs as well as to evaluate the effectiveness of the BPHWT programs
- Discuss the current health care situation in the field and related issues
- Insure that the necessary medicines and medical supplies are delivered to the health workers
- Instill a strong sense of confidence in the health workers so that they will be highly motivated to successfully implement their BPHWT responsibilities in the field

11) Capacity Building Program

In 2017, the Back Pack Health Worker Team organized two community health worker trainings, one medic refresher training, one Auxiliary Midwife (AMW) training, one trauma management training, pharmacy management training, certificate in health facility management training, seven village health worker trainings, one mental workshop and two organizational development workshops and other health related workshops 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 field health workers every six months in the Back Pack targeted field areas.

In addition, 7 field health workers attended Certificate in Public Health training course (Tharmasat University course) which was organized by MTC and one of Leading Committee members is studying Master of Public Health at Khon Kaen University, Thailand.

Table 35: Certificate in Public Health Training participants from BPHWT during 2017			
Events	Participants		Total
	M	W	
Full-time course	1	3	4
Part-time course	1	2	3
Total	2	5	7

Table 36: Trainings and Workshops Implemented during 2017

Trainings	Periods	Sites
1. Community Health Worker Training	10 months	Thay Bay Hta and Papun
2. Medic Refresher Training	6 months	Mae Sot
3. 5 th Batch CHFM Training	5 weeks	Mae Sot
4. Trauma management ToT	3 weeks	Papun
5. Computer & Office Management Training	6 weeks	Mae Sot
6. Village Health Worker Training	1 month	Field Areas
7. Trauma Management Training	3 weeks	Thaton
8. AMW Training	3 months	Pa An (Taungalay)
9. Pharmacy Management Training	2 weeks	Kler Lwee Htoo
10. Certificate in Health Facility Management Training	5 weeks	Mae Sot
11. Excel Advance Training	1 week	Mae Sot
Workshops	Periods	Sites
1. Metal Health Workshop	2 days	Mae Sot
2. Village Health Committee Workshop	1 days	Mae Sot
3. Gender Based Violence Workshop	2 days	Mae Sot
4. Referral Form Review Workshop	1 days	Mae Sot
5. Organizational Development Workshop	2 days	Mae Sot
6. Data Collecting Workshop	2 days	Mae Sot
7. Malaria Workshop	2 days	Mae Sot
8. Flu Workshop	1 day	Mae Sot
9. Water Filter Workshop	2 days	Mae Sot
10. Financial Reporting Workshop	1 day	Mae Sot
11. BBG Review Workshop	5 days	Mae Sot

Table 37: Trainings, Workshops and Participants during 2017

Training Courses	Participants		
	W	M	Total
1. Community Health Worker Training	46	45	91
2. Medic Refresher Training	13	19	32
3. 5 th Batch CHFM Training	14	15	29
4. Trauma management ToT	2	27	29
5. Computer & Office Management Training	7	8	15
6. Village Health Worker Training	36	62	98
7. Trauma Management Training	8	19	27
8. AMW Training	19	0	19
9. Pharmacy Management Training	17	15	32
10. Excel Advance Training	16	10	26
Workshops			
1. Metal Health Workshop	29	60	89
2. Village Health Committee Workshop	23	31	54
3. Gender Based Violence Workshops	32	11	43
4. Referral Form Review Workshop	25	21	46
5. Organizational Development Workshops	44	35	79
6. Data Collecting Workshop	32	11	43
7. Malaria Workshop	42	29	71
8. Flu Workshop	43	21	64
9. Water Filter Workshop	8	19	27
10. Financial Reporting Workshop	25	20	45
11. BBG Review Workshop	42	29	71

11.1) Community Health Worker (CHW) Training

During the reporting period, the BPHWT organized two Community Health Worker (CHW) trainings in Htway Bay Hta (8 May to 28 October 2017) and Papun (2 May to 21 November 2017). The total participants were 91(46 women and 45 men). The CHW training aims to scale up the number of health workforce members and enhance the skills and relevancy of health workers to enhance health condition of local populations in the target areas. This CHW training is lasted for six months and four-month internship at their respective clinics to apply the knowledge and skill from it. The purpose of the training is to recruit more health workers to provide healthcare services in their communities. The training objectives are:

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

Key Course Topics:

- Anatomy and Physiology
- Universal Precaution
- Nursing Care
- First Aid and Minor surgery
 - Medicine
 - Essential drugs
- Pharmacy Management
- Primary Health care concept and principle
- Basic Obstetrics and Gynecology
- Primary Eye Care
- Public Health

Table 38: CHW Trainings and Participants

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

11.2) Medic Refresher Training Course

In this period, the BPHWT organized a six months’ Medical Refresher Training Course in Mae Sot which began on 6 March 31 August 2017. The purpose of this training course was to improve the health workers’ knowledge and skills as well as to provide updated health information to the health workers so that they will be better able to serve their communities. There were 32 participants (19 men and 13 women) from different field areas and ethnic groups. The trainees are being trained by Mae Tao Clinic (MTC) staff, the International Rescue Committee (IRC) Trainer Team, KDHW and BPHWT senior staff who completed medic ToT.

11.3) Auxiliary Midwife training

The BPHWT continuous supporting of the Auxiliary Midwife (AMW) training that has been running since 2013 funded by SV award. The BPHWT with Phlon Education Development Unit (PEDU) and State Health Department (SHD) organized one Auxiliary Midwife training during 2017. This is the 7th batches of AMW trainings and comprised of 19 participants. This training was organized from 6 November 2017 to 2 February 2018. The trainers of this AMW training are from Back Pack Health Worker Team (BPHWT), Karen State Department of Health (KSDoH), IRC/PLE and retired Burma Government medical personnel. This training is focus on maternal child healthcare as to know how to deliver baby systemically include practical

and theory. After the training, the trainees have to do three month internship at Mae Tao Clinic at Reproductive Health (RH) department. 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, Vitamin deficiency
- Anatomy and physiology of reproductive
- ANC, Delivery, PNC, abortion, < 5 year Care, IMCI, PHC concept and approach.

11.4) Auxiliary Midwife training follow-up workshop

The BPHWT has continuously supported the Auxiliary Midwife (AMW) training since 2013 through close coordination with Phlon Education Development Unit (PEDU) in Hpa An and Burma's State Health Department (SHD). After the training, the AMWs return and work in their respective community. To ensure effective collaboration in the BPHWT's targeted areas, AMWs need medicine and medical kits along with follow-up training. During this reporting period, the BPHWT organized one AMW follow-up workshop in Taung Ka Lay, Pa Hpa on 7 to 8 September 2017 and attended by 38 AMWs. There were less AMW attended the workshop than expected. According to the field trip assessment, some of the AMWs are working with Sub-Rural Health Centers. Some of AMWs could not join the workshop according to the distance transportation and family issue.

11.5) Trauma Management Training

This Trauma management training began on 2 – 23 November 2017 in Thaton. This training included three weeks. There were 27 participants (19 men and 8 women). The trainees were trained by BPHWT senior trainer. The key course topics are:

- Chain of survival
- Triage and referral system
- Shock and shock trauma action plan
- Check injuries management
- Limbs injuries and landmine injuries management
- Universal precaution
- Local anesthesia and ketamine general anesthesia

11.6) Village Health Worker Training

The BPHWT conducted six Village Health Worker (VHW) trainings in Papun, Pa An, Thaton, Arakan and Kachin field areas for 124 participants, comprised of 80 women and 44 men. The VHW training is three-months long and intends to increase a skill level to perform a treatment of common diseases, provide follow-up healthcare sessions, and examine a suspicious individual with feverish body temperature though a malaria test kit or "**Paracheck**" within 24 hours.



Training VHWs in Malaria test in Kachin Field Area

Table 39: Number of VHW Trainings and Participants

No	Areas	# of VHW Trainings	Participants		Total
			M	W	
1	Papun	1	4	7	11
2	Pa An	1	10	7	17
3	Thaton	1	4	12	16
4	Palaung	1	6	11	17
5	Kayan	1	8	18	26
6	Kachin	1	4	18	22
7	Arakan	1	8	7	15
Total		7	44	80	124

11.7) Mental health Workshop and International Trip to Sri Lanka

During this reporting period, the BPHWT organized two mental health workshops which were facilitated by Dr. San San Oo, Andrew Riley, and Dr. Ganesan Mahesan from Open Society Foundations (OSF). The first workshop was organized at Queen Palace which participated by 58 health workers (40 men and 18 women) and the other workshop was at BPHWT office which participated by 31 health workers (20 men and 11 women).

The first workshop discussion topics:

- Case scenario and role play: violent case / withdrawn case
- Building up mental health services from scratch
- Psychological first aid and ethic
- Psychological first aid and crisis management
- Mental health care: principle and approaches
- Community based mental health program:

The second workshop discussion topics:

- Review the last field Health worker have facing case study assessment
- Main four Clinical feature of Schizophrenia
- Schizophrenia Statistics
- Schizophrenia differential diagnosis
- Treatment of Schizophrenia
- Clinical feature of depression
- Statistics
- Questions to ask
- Treatment depression
- Clinical feature of Psychosis
- Burn out questionnaires

The Director and treasure with OSF members – Sayarma Hpeh, Dr. San San Oo and Seng Guon visited Sri Lanka on November 17-26, 2017.

The purposes of the trip were:

- Learn good practices and lessons from Sri Lanka mental health communities in developing, and implementing community-based mental health care activities.
- Learn the role of community health workers and community members in mental health care system
- Share ideas with other related stakeholders in advocating for the community-based mental health care initiatives
- Learn and exchange views on the models and systems to incorporate mental health care work in primary health care and community-based care system.

Expected Outputs from the trip:

- At the end of the study tour, the participants will have more understanding on how community-based mental health care activities can be integrated into primary health care system and will have clearer way forward for the program design relevant to their context.
- Develop an action plan as to how the participants can actively participate and share their learning from the study tour with their partner community-based health organizations.

11.8) Organizational Development Workshop

In this reporting period, the Backpack conducted a two-day organizational development (OD) training on 25-26 July 2017 in Mae Sot with 79 (35 men & 44 women). BPHWT Deputy Director facilitated the training to managerial health workers-field-in-charge (FIC). The two-day discussed topics are:

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

11.9) Pharmacy Management Training

During this reporting period, the BPHWT organized a pharmacy management training which was facilitated by Dr. Sai Lu from MTC. This is nice-days training and was conducted on 7-15 November 2018 in Kler Lwee Htoo Field Area, in Karen State. The purpose of this training is to deliver safe and efficient health care services and improve health quality management in the local communities.

Table 40: Pharmacy Management Training and Participants (7th to 15th Nov 2017)

No	Areas	# of Pharmacy Trainings	Participants		Total
			M	W	
1	Kler Lwee Htoo	1	15	17	32
	Total	1	15	17	32

11.10) Trauma Training of Trainer

Table 41: Trauma ToT Training and Participants (2nd - 21st May 2017)

No	Areas	# of Trauma ToT Trainings	Participants		Total
			M	W	
1	Papun	1	27	2	29
	Total	1	27	2	29

12) Health Convergence Initiative

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

- Backpack Health Worker Team (BPHWT)
- Burma Medical Association (BMA)
- Chin Public Affairs Committee (CPAC)
- Karen Department of Health and Welfare (KDHW)
- Karenni Mobile Health Committee (KnMHC)
- Mae Tao Clinic (MTC)
- Mon National Health Committee (MNHC)
- National Health and Education Committee (NHEC)

- Shan State Development Foundation (SSDF)

The aim of the HCCG is to prepare existing ethnic community-based health networks, both inside Burma and those managed from the Burma border areas, for future possibilities to work together with Union and state/region government health agencies, ethnic authorities, international donors, international nongovernmental organizations, and civil society organizations. The purpose of the HCCG is to explore policy options for achieving the convergence of ethnic health networks with the health system of the Burma Government through political dialogue.

The BPHWT has been moving forward with convergence activities at the program level; convergence at the policy, system and structural level will develop in conjunction with the ceasefire/peace process and as a durable, meaningful political change occurs in Burma. These ongoing initiatives with both Union and state/region health officials in Burma include:

- Expanding immunization programs
- Addressing the emergence of drug-resistant malaria
- Expanding the reproductive and child health workforce
- Information sharing on health indicators
- Health worker recognition and accreditation
- Procurement strategies
- Overlaps and gaps in programs, protocols, and target areas
- Pilot convergence activities (e.g., Auxiliary Midwife Program)
- Mutual recognition of health infrastructures
- Meetings and workshops
- Concept of health convergence

The health convergence initiative works in concert and supports the ceasefire and peace negotiations between the Burma Government and the ethnic people. 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. With the signing of a Nationwide Ceasefire Agreement by some of the ethnic armed organizations, the risks to the ethnic health workers and infrastructures maybe be somewhat lessen in some targeted areas and more comprehensive health convergence activities can be delivered safely to those targeted populations. It is hoped that the new Burma Government and Parliament will actively support genuine peace negotiations with the EAOs such that the active conflicts will cease on a true nationwide basis in Burma to ameliorate the associated negative health outcomes.

During 2017, the BPHWT participated in the following convergence activities:

1. National Health Plan (NHP) and Universal Health Coverage (UHC) Consultation meeting March 2017 Aye Thar Yar Golf resort, Shan state.
2. HCCG advocacy and consultation meeting 27 August 2017, Loi Tai Li Clinic, Shan State.
3. HCCG advocacy and consultation meeting 29 August 2017, Loi Kaw Kayar state.
4. HCCG advocacy trip include meeting in the Mutraw/Papun District of Karen State in December 2017.
5. HCCG held an HSS Workshop in Nyaung Lay Bin, Kyouk Gyi village 7-9 August 2017.
6. Ethnic Health Coordination meeting in Queen Palace Hotel, Mae Sot, Thailand 9 – 11 Oct 2017
7. Ethnic Health Advocacy and Consultation meeting on Health Policy and System in Thaton District, Karen National Union on 10-11 December 2017.

At the above-mentioned NHP and UHC consultation meeting on accreditation, since accreditation does not exist in Burma, if it is to be implemented, considerations include geographic, population, and included services. Ethnic Health Organization already recognizes their health workers. When discussing the Ethnic Health Organization role in NHP, the Burma government recognizes EHOs as service providers but not as purchasers. The Ethnic Health Organizations have provided health care services for a long time, not only in Ethnic Armed Organization-controlled areas, but also remote areas. Therefore, Ethnic Health Organizations must be both purchasers and service providers.

The HCCG met with the ethnic leaders in Loi Tai Li Clinic, Shan States.

- HCCG advocacy and consultation meeting: Situation Update
- Border Health Overview and HCCG strategy
- Health System Strengthening Strategy and Project
- Coordination and Communication Channel developing
- Further Action Plans

In this meeting, participants were ethnic leaders from Shan state. They agreed on the HCCG principles and concept notes. From this meeting, the HCCG developed work plans and contact persons from the Shan state. These contact people should attend the HCCG, HISWG and HSS meetings as well as implement the Federal Health system.

An Ethnic Health Coordination meeting was held in Loi Kaw Kayar state. In this meeting participants were the HCCG members, Karenni leaders, and CHDN members. In this meeting discussion topics were the same as in Shan State. The HCCG got an agreement on HCCG principles and policy from ethnic leaders.

Moreover, the HCCG advocacy trips included a meeting in the Mutraw/Papun District of Karen State with discussions about the HCCG and other health-related topics with various persons from different sectors including the Mutraw Community Development Committee.

Also, the HCCG has held an HSS Workshop in Nyaung Lay Bin, Kyouk Gyi village with 100 participants for three days in August 2017. In this meeting, there was a presentation and discussions about the HCCG Principles, federal health policy and HSS system and strategy.

The HCCG conducted the Ethnic Health Advocacy and Consultation meeting on Health Policy and System in Thaton district, Karen National Union. In this meeting participants were ethnic leaders and ethnic health workers from Karen National Union. In this meeting 33 participants were involved.

In this meeting, all participants were active in the discussion on the HCCG's principles and policy because they want to adhere to the HCCG principles and policy. The primary focus is on power-sharing in the Ethnic Health Structure. The HSS also highlighted existing human resources for the Thaton district, Karen National Union and spoke about the National Health plan and Ethnic Health organizations as service providers -- relevant issues for power sharing.

According to the meeting discussion, the HCCG and HSS developed a work plan:

1. Hold meetings regularly among local administration, defense department, health department and development department as well as making common decisions to smoothly implement health system decisions.
2. Implement improved communication around health policy between ethnic leaders and local community.
3. Enhance health administration, health management and deliver capacity building among leaders. (Organizational Development workshop which involved federal democracy policy.)
4. Implement data collection on health information and mapping.
5. Make plan for health workers to continue learning (IMCI, RCH, BCG/ BBG).
6. Implement the IMCI training, CHW training, and Trauma training in 2018.
7. Assign VHW and TTBA in very village.
8. Implement a medicine management system
9. Implement Community Health Worker Training each year.

In Ethnic Health Coordination meeting, there were 61 participants (35 women and 26 men) from:

- Ethnic Health Organizations
- Border managed Community Based Health Organizations
- Medical professionals.

In this meeting discussion focused on how to move Ethnic Health Organizations forward to successful UHC. Most donors and donor interest are based inside Myanmar. Because of this, they have been moving funding to Myanmar because they believe the country is in a post-conflict situation. However, there is sporadic fighting in some ethnic remote areas. According to the Asian Economic Committee (AEC) as well as the establishment of the Special Economic Zones (SEZs) in Thailand, many migrants from Burma still come to Thailand to try to help with the financial struggles of their lives. For this reason, ethnic health services and border health care will continue to be necessary in the future.

The Myanmar Ministry of Health and Sports (MoHS) has a plan for Universal Health Coverage (UHC). In this plan, they consider the ethnic health organizations (EHOs) as services providers. If the EHOs are not involved their plan, UHC will be difficult to implement in the ethnic areas. Difficulties with the MoHS Plan include:

- Obstruction of health power sharing negotiations by intentionally favoring one side/system through funding decisions
- Denial of existing health services to EHO/HCBO-served populations in EAO-controlled areas

13) Monitoring and Evaluation

The Back Pack Health Worker Team organizes program activities meetings twice a year and a general meeting once a year, which include a monitoring and evaluation session. During these meetings, the Leading Committee specifically focuses on monitoring and evaluation. The Leading Committee monitors and analyzes data brought back from the field (e.g., caseload data and field in-charge reports) by looking at the presentations provided by the Program Coordinators. This allows for discussion on improvements which need to be made to the programs. During these meetings, Program Coordinators also offer advice on some health issues which the health workers could not solve by themselves, and then provide some suggestions for future planning.

The BPHWT’s Leading Committee members evaluate the improvement of its activities, focusing in particular on communications, appropriate drug use, and performance reviews of the clinical logbooks.

In addition, the table shows the key indicators, methods and period of the BPHWT’s monitoring and evaluation. The BPHWT also coordinate with Health Information System Working Group (HISWG) to conduct Eastern Burma Retrospective Mortality Survey (EBRMS) in every four years. The last EBRMS result report is “The Long Road to Recovery”. During 2016, Impact Assessment Survey was conducted and there is IAS detail result report that can be shared.

During 2017, the Director of Executive Board and Leading Committee members made 14 monitoring trips to Doolaya, Win Yee, Kawkareik, Pa An, Thaton, and Papun field areas to assess the situation, program effectiveness, and the health need in the field areas.

Table 42: Framework of Monitoring and Evaluation

Key Indicators	Methods	Period
Health Worker Performance	Logbook reviews	Annually
Program Development	Annual report comparing planning and actual activities	Annually
Program Management	Leading Committee elections and Executive Board appointments	Triennially
Outcome and Impact Assessment	Conducting surveys	Biennially
Training Effectiveness	Pre- and post-test examinations	Annually
Financial Management	Comparisons of planned and actual budgets	Semi-annually
	External audits	Once a year

Activities	Methods	Participants	Frequency	Evidence & Reporting
Quality of field health workers' medical skills	Logbook reviews	- External physicians - Field in-Charges - Program Coordinators	Annually	Logbook review and analysis included in the annual report
Program implementation	Comparison of planned and actual activities	- Leading Committee - Field in-Charges	Annually	Comparison and reasons for variance included in the annual report
Effectiveness of VHW & TTBA training	Pre-and post-testing of participants	- Field In-Charges - MCH supervisors - Program Coordinators	Annually	Results of training evaluation included in the annual report
Effectiveness of programs	Calculating morbidity rates of common diseases	- Director - HIS staff - Program Coordinators	Annually	Morbidity rates over time included in the annual report
Improving health outcomes	Impact assessment	- Survey team	Biennially	Impact assessment included in the corresponding annual report
Financial management	Comparison of budget & actual income & expenditure financial audit	- Leading Committee - Field in-Charges	Semi-annually	Comparison and explanation of variances included in the 6 month and annual reports
Satisfaction with organizational management	Election of Leading Committee	- External auditing firm - Director - Finance Manager - Accountant - All BPHWT members	Annually Triennially	Audited financial report included in the annual report Outcome of elections included in corresponding annual report

Table 43: Summary Facts of Monitoring and Evaluation (M & E) trips

Date	Area names	BP's name	Attendants
27 /03 / 2017	Pa An	Kkaw Thu Khee	MCHP coordinator & MCHP staff
24 / 03 / 2017	Pa An	Mae Tha Moo	MCHP coordinator & MCHP staff
27 / 05 / 2017	Dooplaya	Toh Ler Wah Kee	MCHP coordinator
11 / 06 / 2017	Dooplaya	Paw Now Kee	MCHP coordinator
28 / 06 / 2017	Dooplaya	Tha Min Dwant	MCHP coordinator & MCHP staff
25-27 / 05 / 2017	Papun		Chairperson, Secretary, Director
29 / 08 / 2017	Kawkareik	Noh Poe	MCHP coordinator & MCHP staff & CPI Staff
26 / 09 / 2017	Pa An	TeeKlay	MCHP coordinator & MCHP staff
26 / 11 / 2017	Pa An	Klaw Kyaw	MCHP Staff
06 / 12 / 2017	Dooplaya	Ta Nay Pyar	MCHP Staff
08 / 12 / 2017	Dooplaya	Htee Yoe Khee	MCHP Staff
27/08/ 2017	Shan	Loi Tai Li Clinic,	Saw win Kyaw, Ko Gyi Kyaw, Nai Aye Lwin
29/08/2017	Kayan	Loi Kaw	Saw win Kyaw, Ko Gyi Kyaw, Nai Aye Lwin
00/12/2017	Papun		Saw Win Kyaw, Saw Chit Win
7 -9 /08/ 2017	Kler Lwee Htoo	Kyouk Gyi	Saw win Kyaw, Hser Moo Nar Htoo
10-11/12/ 2017	Thaton		Saw win Kyaw, Ko Gyi Kyaw, Nai Aye Lwin

Log Book Review for Diarrhea and Pneumonia

BPHWT and IRC PLE staff reviewed the medical logbooks from 18 different areas/clinics in Eastern Burma regarding the medical management of two common communicable diseases; diarrhea and pneumonia. The reviewed log books were recorded during January to June 2017. IRC PLE team performed this reviewed during 25-29 September, 2017 at BPHWT office, Mae Sot.

Sampling method

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

Sample size estimation

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

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

Where n = Sample size

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

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

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

n = 196 (200)

Total 200 samples were reviewed for each disease. Therefore, total of 400 cases were reviewed from 18 different areas/ clinics (Papun, Mague/Tavoy, Taungoo, kachin, Win Yee, Kawkareik , Thaton, Pa An, Kler Lwee Htoo, Arakan, Palaung, Dooplaya ,Yee , Moulamein, Shan , Kayan ,Naga and Chin (WLC).

Areas covered in each disease:

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

And using Grading of-

Excellent	≥ 90%
Good	80-89%
Fair	60-79%
Poor	40-59%
Very Poor	< 40%

Table 44: 2012 – 2017 result (scoring – fair and above)

Pneumonia (%)					
2012	2013	2014	2015	2016	2017
93% (186/200)	89% (178/200)	94.5% (189/200)	91% (182/200)	96.50% (193/200)	84.5% (189/200)

Diarrhea (%)					
2012	2013	2014	2015	2016	2017
26.5% (53/200)	58% (116/200)	97% (194/200)	84% (168/200)	75.70% (151/200)	81.0% (162/200)

14) Program Development and Activity Reviews

Overall goal	Reduce morbidity and mortality, and minimize disability by enabling and empowering the community through primary health care						
OBJECTIVES	ACTIVITIES	INDICATORS OF ACHIEVEMENT	VERIFICATION SOURCES	2017 EXPECTED RESULTS	2017 ACTUAL RESULTS	VARIANCES OR DIFFERENCES	ASSUMPTION OR RISKS
Medical Care Program							
1. Provide essential drugs and treat the common diseases	1.1 Maintain existing BPHWT teams	No. of teams existing	Procurement delivery documents; logbooks; analysis of data collected; and field reports	113 BP teams	113 BP teams		BHM-supported 14 teams will be integrated
	1.2 Provide medicines and medical supplies	No. of target population and total case-load (w/m), under/over 5)		226,000 targeted population (no. of families & HH, no. of w/m and under/over 5y.o.)	292,741pops (M-141,978 W-150,763) (< 5 – 51,465 >=5-241,276)	66,741(29.5%) more pops reached	More IDPs due to unstable situation
	1.3 Treat common diseases and minor injuries	No. of cases treated (w/m, under/over 5)		100,000 cases being treated (w/m, under/over 5y.o)	107,162 cases (M-49,602 W-57,561) (< 5 – 22,425 >=5-84,737)	7,162(7.2%) more cases were treated	More patients from outside the targeted field areas
	1.4 Provide ITNs, malaria rapid diagnosis tests (RDTs) and malaria medicine	No. of ITNs provided and no. of HHs and people receiving ITNs	ITNs distributing lists & annual reports	40,000 ITNs will benefit 40,000 HHs	36,300 ITNs were distributed to 14,300 HHs, 75,810 pops <5 -12,392 >=5 – 63,418 Inl:PW-1,197	9 % less ITNs distributed	It seems targeted high because BPHWT will collaborate with URC for this activity.
		Percentage of people in households sleeping under ITNs (Baseline-53%)	2016 Impact Assessment Survey	70% of people in households sleeping under ITNs	64% of people in households sleeping under ITNs	6% less people in households sleeping under ITNs	Less sample site in the IAS
	Malaria mortality rates per 1,000 population (baseline- 3.5 malaria case deaths per 1000 population)	2019 Impact Assessment Survey	2 malaria mortality rates per 1,000 population	N/A		This is indicator will be measured in 2019 IAS.	

		<i>Mortality rates among children under 5 years old per 1,000 live births in target population (baseline-138)</i>	<i>2016 Impact Assessment Survey</i>	<i>120 mortality rates among children under 5 years old per 1,000 live births in target population</i>	<i>105 mortality rates per 1,000 live births in target pops</i>		
		<i>Percentage of under 5 years old children with malnutrition (according to accepted guidelines for MUAC cutoffs) (Baseline – 16.5%)</i>	<i>2016 Impact Assessment Survey</i>	<i>12% of under 5 years old children with malnutrition</i>	<i>6.4% of under 5 years old children with malnutrition</i>		
2. Respond to disease outbreaks and emergency situations	<i>2.1 Purchase emergency medical supplies and immediately take action</i>	<i>Prompt reporting population affected No of cases treated (w/m, under & over 5 years old)</i>	<i>Delivery document; field reports; exception reports; annual reports</i>	<i>-Effective response and treatment for disease outbreaks or emergency situations (w/m & under/over 5 years old)</i>	<i>Response to a dengue hemorrhage fever outbreak in the Thar Yu Back Pack team in Kayah.</i>		<i>Refer to detail information on page 15.</i>
3. Improve patient referral systems	<i>3.1 Refer patients to the nearest hospitals or clinics.</i>	<i>No of referrals patients(w/m) List of referral sites</i>	<i>Mid-year and annual reports; patient's referral form</i>	<i>90 patients referred to clinics or hospitals (w/m) including EMoC cases</i>	<i>296 (184F & 112M) patients referred to clinics or hospitals including 69 EMoC cases</i>	<i>206 more patients were referred</i>	<i>- Health workers work closely with community. -Because of the distance the patients might refuse to be referred</i>
4. Promotion awareness of mental health in communities	<i>4.1 Conduct mental health workshops for health workers</i>	<i>No. of workshops No. of participants</i>	<i>Mid-year & annual reports</i>	<i>5 workshop 100 participants</i>	<i>2 workshop For 89 (60M & 29F) participants</i>	<i>3 less workshops</i>	<i>1 workshop with 20 participants It depends on the needs of communities</i>
	<i>4.2 Case detection and treatment</i>	<i>No. cases detected and treated</i>		<i>No. cases detected and treated</i>	<i>81 cases detected and treated</i>		
	<i>4.2 Providing counseling to the patients</i>	<i>No. cases detected and treated</i>		<i>No. cases detected and treated</i>	<i>81 cases detected and treated</i>		

Community Health Education and Prevention Program							
1. Reduce the incidence of malnutrition and worm infestation	1.1 Distribute de-worming medicine to children between 1 to 12 years old	No. of children receiving de-worming medicine	Worker data forms; mid-year & annual reports	40,000 children	39,068 (18,855M & 20,213F) children	2% less children received de-worming medicine	
	1.2 Distribute Vitamin A to children between the ages of 6 months to 12 years old	No. of children receiving Vitamin A		40,000 children	44,615 (21,714M & 22,901F) children	12% more children received Vitamin A	
2. Improve health knowledge of students and communities	2.1 Provide personal hygiene kits and school health education	No. of school health sessions and no. of students (w/m)	Field reports; mid-year & annual reports	100 sessions attended by 15,000 students (w/m)	30,897 (15,047 boys & 15,850 girls) students	106% more participants	1 session for 150 students
	2.2 Organize Village Health Workshops for communities	No. of workshop		95 Village Health Workshops	174 workshops	79 more workshops	
		No. & category of participants (w/m)		9,500 people participate	11,915 (5,318M & 6,597F)	25% more participants	
	2.3 Provide health campaigns	No. of participants (w/m)	Mid-year & annual reports	100 health events 15,000 participants (w/m)	20 events for 999 (414M & 585F) pops	80 less health events	1 event for 150 participants Fund limitation
3. Improve community level knowledge and participation in health	3.1 Organize village health worker trainings and workshops	No. training and VHW attended (w/m)	Mid-year & annual reports	8 VHW trainings for 180 new VHWs (w/m)	7 VHW trainings for 124 (44M & 80F)	1 less VHW training	1 VHW training for 20 participants
	3.2 Organize VHW workshops	No. workshop and VHW attended (w/m)	Mid-year & annual reports	14 VHW workshops 140 VHWs	14 workshops for 333 (139M & 194F)		1 VHW workshop for 20 VHWs
	3.2 Establish Village Health Committees	No. of VHC No. of members	Mid-year & annual reports	40 VHCs 360 members (w/m)	44 VHCs with 455 (295M & 160F)	4 more VHCs were organized	9 members in each VHC (at least 30% of women)

	3.3 Organize Village Health Committee meetings quarterly	No. of VHC meeting and participants	Mid-year & annual reports	60 VHC meetings 144 participants (w/m)	80 meetings for 323 (181M & 144F)	20 more VHC meetings	Four meetings per VHC per year
4. Improve water and sanitation systems in the community to reduce water-borne diseases	4.1 Build community latrines	No. of latrines built No. of HHs	Mid-year & annual reports	2,400 community latrines for 2,400 HHs	2,360 latrines for 2,360 HHs	40 less latrines	1 latrine per household.
	4.2 Install gravity water systems	No. gravity flows installed No. of HHs and people (W/M)	Mid-year & annual reports	30 gravity flow water systems 1,800 households (9,000 pop)	17 gravity flows for 5,780 (2,762M & 3,018F) pops	13 less gravity flows	1 gravity flow for 60 HHs & 300 Pop.
	4.3 Install shallow well water systems	No. shallow wells installed No. of HHs and people (W/M)	Mid-year & annual reports	50 shallow wells for 500 HHs & 2,500 Pop	20 shallow wells for 1,594 (774M & 820F)	30 less shallow wells	1 shallow well for 10 HHs & 50 pop.
	4.4 Install school water filters	No. of water filters installed	Mid-year & annual reports	30 water filters for 3,000 students	35 water filters for 2,339 (1,127M & 1,212F)	5 more water filters	1 water filter for 100 students
		% of people who own a latrine using latrines (always and sometimes) (Baseline -98%)	2016 Impact Assessment Survey	99% of people who own a latrine using latrines (always and sometimes)	68% of people who own a latrine using latrines (always and sometimes)	31% less	The indicator has changed to HHs. 814/1197 HHs
		% of people who own a latrine (Baseline - 70% in 2010)	2016 Impact Assessment Survey	85% of people who will own a latrine	69% of people who will own a latrine	16% less	The indicator has changed to HHs. 820/1197 HHs
Maternal and Child Healthcare Program							
1. Increase maternal and child health care	1.1 Distribute de-worming medicine to pregnant women	No. of pregnant women receiving de-worming medicine	TBA's forms; mid-year & annual reports	4,000 pregnant women	3,797 pregnant women	5% less pregnant women received de-worming	
	1.2 Distribute folic acid and ferrous sulphate tablets to pregnant women and women	No. of pregnant women and women receiving folic acid and ferrous sulphate tablets	TBA's forms; mid-year & annual reports	4,000 pregnant women and women	3,852 pregnant women and women	3.7% less pregnant women and women	There is assumption that women will take all the iron provided

1.3 Recruit Emergency Obstetric Care (EmOC) workers	No. of EmOC trainees	Mid-year & annual reports	6 EmOC trainees	4 EmOC referrer trainees	2 less EmOC trainees	BPHWT will coordinate with MTC.
1.4 Provide EmOC supplies	No. of EmOC supplies provided	Mid-year & annual reports	6 EmOC supplies	4 EmOC supplies	2 less EmOC supplies	Depend on the # of EmOC workers trained
1.5 Provide nutrition food for pregnant women	No. of pregnant women receive nutrition foods	Mid & annual reports	700 pregnant women (35 per team x 20 teams)	892 pregnant women	27% more pregnant women received nutrition foods	(Oil, yellow bean, eggs, fish cans and dry fish in 2015 under SDC project)
1.6 Provide ANC to pregnant women	% of pregnant women in target population with at least four ANC (Baseline – 44.7% in 2010)	2016 Impact Assessment Survey	60% of pregnant women in target population with at least four ANC	21% (227/1040) women in target population with at least four ANC	39% of less women in population with at least four ANC	Less sample site selected in this 2016 IAS.
	% of children 0-5 months who are fed exclusively with breastfeeding in target population (Baseline -23%)	2016 Impact Assessment Survey	40% of children 0-5 months who are fed exclusively with breast milk in target population	40% of children 0-5 months		
	No. and % of Trained Traditional Birth Attendants who can identify at least 5 signs of pregnancy complications, according to agreed standardized and harmonized health guidelines(Baseline-45% -2010)	2016 Impact Assessment Survey	60% of TBAs/TTBAs who can identify at least 5 signs of pregnancy complications, according to agreed standardized and harmonized health guidelines	56% of 533		Less sample site selected in this 2016 IAS. 3 signs have been changed to 5 signs since 2013. So, the % is still low.
	1.7 Refer serious obstetric cases	No. of serious obstetric cases	Patient's referral forms; mid-year & annual	30 obstetric cases referred	69 obstetric cases referred	39 more obstetric cases were referred

			reports				
2. Raise awareness among villagers on family planning and provide them with family planning supplies	2.1 Provide family planning supplies	No. of clients using the family planning (w/m)	Mid-year and annual reports	4,500 (w/m)	6,507 (213 men & 6294)	44.6% more clients using the family planning	short term family planning services(Depo,Pill, Condom)
	2.2 Provide implants to women	No. of women receive implants	Mid-year and annual reports	150 women will receive implants	142 women will receive implants	8 less women receive implants	Depends on the funding source
	2.2 Provide family planning education	% of people using family planning methods	2016 Impact Assessment Survey	40%	25% (262/1040) of people using family planning	15% less people using family planning	Less sample site selected in this 2016 IAS. There is still traditional cultural barriers
	2.3 Organize Reproductive Health awareness workshops	No. of workshop No. of participants (M/F)	Mid-year and annual reports	76 RH workshops for 3,040 participants (M/F)	94 workshops for 6,331 (4032F&2,299 M)participants	18 more RH workshops were organized	40 participants per workshop
	2.4 Providing IEC materials	No. of IEC materials	Mid-year & annual reports	No. of IEC materials distributed	Family planning Pamphlets, vaginal exam pocket		Refer to detail distributed forms
3. Improve the knowledge and skills of TBAs/TTBAs and MCH Supervisors	3.1 Conduct TTBA training	No. of new TTBA complete the training	Mid-year & annual reports	5 TTBA training for 100 people (w/m)	1 TTBA training for 17 TTBA	4 less TTBA trainings were conducted	Due to limitation of trainers' skill and time limitation
	3.2 Conduct TBA/TTBA workshops	No. of TBA/TTBA Follow-up Workshops held & no. of TTBA attending (w/m)	Mid-year & annual reports	150 follow-up TBA/TTBA Workshops for 750 TBAs/TTBAs (w/m)	143 workshops for 733 (60M & 673F)TBAs/TTBAs	7 less TBA/TTBA Workshops were conducted	
	3.3 Provide TBA/TTBA kits	No. of TBA/TTBA kits provided	Kits distributing lists; mid-year & annual reports	1,500 TBAs/TTBAs kits	1,290 TBA/TTBA kits	14% less TBA/TTBA kits were provided	It depends on the numbers of deliveries.
	3.4 Provide maternity kits	No. of maternity kits provided		4,500 maternity kits	4,515 maternity kits	15% more maternity kits were provided	

		No. of births attended by trained TBAs/TTBAs and health workers, among total target population	TBA's/TTBA's forms; mid-year & annual reports	4,000 babies delivered by trained TBAs/TTBAs and health workers	4,144 babies delivered by trained TBAs/TTBAs and health workers	144 more deliveries	
		% of births attended by trained TBAs/TTBAs % of births attended by health workers (Baseline – TBA - 67%, health worker – 27%)	2016 Impact Assessment Survey	57% of births will be attended by TBAs/TTBAs 40% of birth will be attended by health workers	skilled health personnel: 25% trained TBA: 65%		- Currently, more TBAs are trained
		Appropriate sterile instrument (new razor blade, sterile scissors, etc) = 326 (79%)-2010, povidine/Iodine or other antiseptic = 354 (85%) -2010	2019 TBA Assessment Survey	- 87% of new razor blade, sterile scissors, and etc were used - 92% of povidine/Iodine or other antiseptic were used	N/A		This TBA/TTBA assessment will be conducted in 2019.
		At the last pregnancy that you delivered provide at least 3 information = 353 (85%) -2010	2019 TBA Assessment Survey	- 95% of postpartum women were given at least 3 information	N/A		This TBA/TTBA assessment will be conducted in 2019.
4. Every newborn baby attended by TBAs/TTBAs, MCH workers, & health workers will have birth record.	Provide delivery records	No. of newborn baby received delivery records	Mid-year & annual reports	2,000 delivery records	2,304 (1,166M & 1,138F) New born babies	304 more delivery records	Some communities can access to government services.
5. Promote awareness of gender based-violence in the communities	5.1 Organize community awareness raising workshops	No. of meetings No. of participants (M/F)	Mid-year & annual reports	76 workshop for 3,040 participants (M/F),	67 workshops for 4,368 (2718F & 1630M)	9 less workshops were conducted	40 participants per workshop

Capacity Building

1. Improve health worker and staff knowledge and skills	1.1 Community Health Worker training	No. of trainees completed CHW training (w/m)	CHW training reports & attendance lists	3 CHW trainings for 120 CHW (w/m)	2 CHW trainings for 91 participants (45M & 46F)	1 less CHW training	
		% of trainees show improved knowledge from pre and post test	Training reports	80 % of trainees show improved knowledge from pre and post tests. (disaggregate by gender)	97% of trainees show improved knowledge		
	1.2 Medic Refresher Training Course	No. of trainees complete training (w/m)	Mid-year & annual reports	1 training 30 participants	1 training for 32 (19M & 13F)		
		-% of Improving diagnosis & treatment (baseline – 96.3% in 2014)	Logbook reviews & analysis	98% of improving diagnosis & treatment	83% of improving diagnosis & treatment	15% less of improving diagnosis & treatment	Due to new recruitment
	1.3 Conduct organizational development training	No. of training No. of participants	Mid-year & annual reports	1 training 30 participants	2 OD workshops		1 st 79 (35M & 44F) 2 nd 36 (29M & 7F)
	1.4 Organize Field workshops	No. of field workshops and participants	Annual reports	38 workshops 300 participants (w/m)	34 workshop 391 (192M & 199F)	4 less workshop	Twice a year for 19 areas (15-20 participants in each workshop or meeting)
	1.5 Organize Field meetings	No. of field meeting and participants	Annual reports	38 meetings 300 participants (w/m)	30 meetings 315 (183M & 132F)	8 less meetings	
	1.6 Organize six month workshops and meetings	No. of field health workers	Mid-year and annual reports; workshop attendance lists	100 health workers (w/m)	124 health workers (52M & 72F)	24 more health workers	This happens in Mae Sot every six monthly. The security for the HWs is important while they travel.
1.7 Mental Health training	No. of training No. participants	Mid-year & annual reports	1 training 30 participants (w/m)	No training		There were workshops conducted instead of mental health training	

	1.8 Trauma management training	No. of training No. of participants	Mid-year & annual reports; Attendance lists	1 training 20 participants (w/m)	1 training for 27 (19M & 8F)		
	1.9 Conduct computer training for field interns	No. of training No. of participants	Mid - year & annual reports; Attendance lists	1 training 20 participants (w/m)	1 training for 15 (8M & 7F)		
	1.10 Organize internship program	No. of participants	Mid -year & annual reports; Attendance lists	40 interns (w/m)	19 AMWs	21 less interns	Due to the time and accommodation limitation from MTC.
	1.11 Pharmacy management training	No. of training No. of participants	Mid -year & annual reports; Attendance lists	1 training 30 participants (w/m)	1 training for 32 (15M & 17F)		
	1.12 Facilitation training	No. of training No. of participants	Mid-year & annual reports Attendance list	1 training 30 participants (w/m)	No training was conducted		Trainers and Time limitation
	1.13 Health Information System training	No. of training No. of participants	Mid-year & annual reports; attendance lists	1 training 30 participants (w/m)	1 data collecting workshop 43 (11M&32W) participants		
2. Promote gender equality in leading positions	2.1 Review adopting policies	% of women leading health programs	Field reports & staff lists	At least 30%	N/A		It will be held in 2020
		% of women field in-charges	Field reports & staff lists	At least 30%	N/A		It will be held in 2020
		% of women in leading committee	Annual reports & staff lists	At least 30%	N/A		It will be held in 2020

	2.2 Hold the BPHWT general election triennially	% of women was elected	Annual reports & staff lists	At least 30%	N/A		It will be held in 2020
Health Information and Documentation							
1. Assess and document community health situation and needs	1.1 Produce Health Information and Documentation (HID) materials	No. of digital cameras and no. of video cameras provided	HID staff reports	No. digital cameras and video cameras	64 digital cameras were distributed		Supported by BHM
	1.2 Conduct services mapping training	No. of training No. of participants		1 training for 10 participants	1 training for 6 participants		Kayah Field Area
2. Standardize health data collection processes	2.1 Analyze data collected by health workers	Frequency of analysis	Six months workshop reports	2 times	2 times		HIS teams 10 participants each time.
		No. of participants		20 participants	7 + Field HWs participants		
3. Make evidenced based health status comparisons with the target community	3.1 Organize field meetings and workshops	No. of field meetings or workshops provided	Field meetings; workshop reports	38 meetings 38 workshops	30 meetings 34 workshops		
		No. of participants		300 participants in workshop and 300 in meeting	315 health worker in FM, 391 in FW.		
4. Raise awareness of the community health problem	4.1 Produce health information, education and communication materials	No. of health information and communication (IEC) materials provided	Mid-year & annual reports	No. of IEC materials distributed	Family planning Pamphlets, vaginal exam pocket		
5. Advocate local and international organizations about the health situation in Burma	5.1 Organize health program coordination and development seminars	No. of seminar	Annual reports	1 time	1 seminar		Held in Queen Palace, Mae Sot
		No. of participants	Annual reports	30 participants.	61(26M & 35F) Participants	31 more participants	
Program Management and Evaluation							
1. Monitor and evaluate the programs' improvement	1.1 Conduct monitoring trip	No. monitoring trips and no of staff	Mid-year & annual reports	14 monitoring trips	16 monitoring trips		
	1.2 Conduct six months meeting	No. of health workers attend the six months meeting	Mid-year & annual reports	100 health workers	124 (52M & 72F) health workers		

	1.3 Provide Leading Committee meetings	No. of Leading Committee meetings provided	Office records	4 times	2 times		
	1.4 Provide Executive Board meetings once in a month	No. of Executive Board meetings provided	Office records	6 times	9 times		
	1.5 Provide staff meetings	No. of staff meetings provided	Office records	24 times	17 times		
Health Convergence							
1. Converge and coordinate with the Burma government's state administered Reproductive healthcare program in Karen State	1.1 Conduct AMW training	No. of trainees complete the training (w/m)	Mid-year & annual reports	1 AMW training 30 participants	1 AMW training for 19 AMWs		
	1.2 Conduct AMW follow-up workshop	No. of trainees complete the training (w/m)	Training attendance lists & reports	1 AMW follow-up workshop for 45 participants	1 AMW follow-up workshop for 38 participants		

15) Back Pack Health Worker Team Financial Report

BPHWT Income and Expenditures: 1 January- 31 December 2017			
ITEMS	Income (THB)	Expenditure(THB)	%
OPENING BALANCE -1 JANUARY 2017	1,673,700		
PERIOD INCOME			
International Rescue Committee /DFID	12,188,500		31%
International Rescue Committee/PLE/USAID	6,011,215		15%
Burma Relief Center/GAC/Inter Pares	5,600,000		14%
CPI/Swiss Agency for Development and Cooperation (SDC)	4,430,614		11%
Stichting Vauchteling (SV)- Netherlands	3,329,500		8%
Open Society Foundation(OSF)	2,925,400		8%
The Border Consortium (TBC)	2,261,731		6%
Burma Humanitarian Mission(BHM)	2,069,711		5%
Burma Relief Center/TDH	704,662		2%
Burma Relief Center/HCCG meeting	146,000		0%
Mae Toe Clinic	33,000		0%
Other Donation	30,000		0%
Bank Interest	14,462		0%
TOTAL PERIOD INCOME	39,744,795		100%
TOTAL INCOME	41,418,495		
PERIOD EXPENDITURES			
Back Pack Medicine and Equipment (MCP)		7,872,468	22%
Back Pack Field Operation Supplies and Services		3,575,128	8%
Community Health Education and Prevention Program (CHEPP)		7,807,675	20%
Maternal and Child Healthcare Program (MCHP)		6,679,023	17%
Capacity Building Program (CBP)		4,211,934	11%
Health information and Documentation (HID)		400,345	1%
Program Management and Evaluation (PME)		4,363,866	11%
General Administration		3,870,238	10%
TOTAL PERIOD EXPENDITURES		38,780,677	100%
CLOSING BALANCE – 31 December 2017		2,637,818	

Part II: Program Workshops & 39rd Annual Meeting Report – 2018

1. Program Workshops and training:

1.1) Medical Care Program Workshop

Facilitators : Naw Hsa Mu Na Htoo and Pa Pa Win

Duration : 24-27 January 2018

Participants : 27 (21men and 6 women)

Discussion topics:

- MCP in-charge presentation
- Data analysis and feedback
- Review report forms
- Checked the medicines and supplies inventory list
- Mental health pilot activities
- Review data from reports (Field In-Charge Report, Worker Report, VHW Report /Medicine Inventory, & Other Reports)
- Future plans

1.2) Community Health Education and Prevention Program Workshop

Facilitators : Saw Moo Tha, Saw Kler Si Say & Naw Pway Wah Poe

Duration : 24-27 January 2018

Participants : 25 (19 men 19 and 6 women)

Discussion topics:

- CHEPP in-charge presentation
- Reviewed the objectives of CHEPP activities
- Reviewed village health workshop and school health
- Vitamin A and De-worming medication
- Reviewed criteria for establishing of village health committees
- Reviewed data and forms
- Project Cycle management introduce
- WASH Assessment
- Personal Hygiene
- Village Health Fund raising
- Future plans

1.3) Maternal and Child Healthcare Program Workshop

Facilitators : Naw Thaw Thi Paw, Mose Mose Win, Dr-Thein Win & Naw Htoo

Duration : 24-27 January 2018

Participants : 46(1 man and 45 women)

Discussion topics:

- MCHP supervisor presentations
- Review data and forms
- Introduction of Basic Child Health
- Future plans

1.4) Malaria workshop

Facilitators : Dr. Thin Thin Chit (URC)

Duration : 29 January 2018

Participants : 103 (38 men and 65 women)

Discussion topics:

- Malaria Elimination /Control Concept & Terminology on Malaria Elimination (Myanmar Version)
- Malaria case definition in Elimination
- Transmission Reduction and Malaria Elimination
- Malaria surveillance process
- Key Principles on Malaria Elimination, Myanmar Version
- Global Technical Strategy for Malaria 2016-2030 and component A,B,C&D

1.5) Mental Health workshop

Facilitators : Dr. San San Oo and Sayama Seng Gu (OSF)

Duration : 30 January to 1 February 2018

Participants : 74 (19 men and 55 women)

Discussion topics:

- Differential diagnosis of mental illness
- Depression risk factor and clinical feature of depression
- Right information about mental health
- Need, Interest available services distance.
- Case record - # of case /types of case / treatment /follow up/ challenges and need to support
- Strengthening on the skill on first aid and follow up.
- BP's program for future planning

1.6) Gender Based Violence workshop

Facilitators : KDHW and Naw Thaw Thi Paw

Duration : 8 February 2018

Participants : 28 (3 men and 25 women)

Discussion topics:

- Presentation by KDHW
- Reviewed what is gender based violence
- Reviewed categories of GBV
- Reviewed the complication of GBV
- Reviewed the understanding of BGV

1.7) Organizational Development (OD) Training

Facilitators : Nang Snow
Duration : 2 February 2018
Participants : 40 (15 men and 25 women)

Discussion topics:

- Definition of management
- Functions of management
- Definition of motivation
- Motivators in work
- Dissatisfiers in work
- Job Descriptions

1.8) Nutrition workshop (IYCF)

Facilitators : Maria
Duration : 1-2 February 2018
Participants : 48 (13 men and 35 women)

Discussion topics:

- Three food groups
- Infant and Young Child Feeding (IYCF)
- Adult Learning - Principles and Practice
- Qualities of an effective trainer
- Presentation skills - What makes an effective presentation?

1.9) Community Health Worker ToT

Facilitators : Dr. Khain Moe, Dr. Thiha Maung, Dr. Win Htun Aung, Sayar Nay OoNang Snow, Mose Mose Win, and Saw Del Del
Duration : 12-23 February 2018
Participants : 26 (14 men and 12 women)

Discussion topics:

- Anatomy and Physiology
- Pharmacology
- Methodology
- Universal precaution
- Basic medical care
- Family health
- Disease prevention and control
- Epidemiology and community health promotion
- Rehabilitation
- First Aid
- Environmental health
- Nursing Care
- First Aid and Minor surgery

1.10) Trained Traditional Birth Attendant ToT

Facilitators : Thaw Thi Paw
Duration : 12-15 February 2018
Participants : 22 women

Discussion topics:

- TTBA ToT objectives
- Lesson plan for the TTBA training
- Trainer's guidelines
- Trainer's skill and knowledge
- Procedures of providing TTBA training
- Training materials
- Steps for each lesson
- How to use the curriculum manual
- The action must be taken after providing training

2. 39th Annual Meeting of the Back Pack Health Worker Team

The 39th Back Pack Health Worker Team annual meeting was conducted from 5 to 7 February 2018 in Mae Sot at the BPHWT head office. Attending this meeting were 124 staff members (52 men and 72 women). A week



39th Annual Meeting at BPHWT's office in Mae Sot

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 members 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 39th annual General Meeting:

Day (I) { 5 February 2018 }	
Description of Presentation	Responsibility
Opening Speech	Saw Win Kyaw
Introduction	Facilitators
Review and Discussion about the 38 th Six Monthly Meeting Decisions	All members of the BPHWT
MCHP Coordinator's Report & MCHP Workshop Report	Naw Thaw Thi Paw
MCP Coordinator's Report & MCP Workshop Report	Naw Hser Mu Nar Htoo
CHEPP Coordinator's Report & CHEPP Workshop Report	Saw Moo Thar
Day (II) { 6 February 2018 }	
Human Resource Development and Capacity Building Program Report	Saw Del Del
Health Information and Documentation report	S' Aung Than Oo
Field Monitoring and Evaluation Report presentation	Thaw Thi Paw
Field coordination meeting report presentation	Ko Gyi Kyaw
Day (II) { 7 February 2018 }	
Field updated situation report presentation	Ko Gyi Kyaw
Office Administration Report	S' Moe Naing
Financial Report	Chit Win
General: Program overlapping in each area, Health worker registration and Health Worker Security, Medicine transportation, NHP/UHC, Health Worker Stipend (Stable Back Pack)	All participants
Conclusion of Meeting Decisions	All participants
Closing Speech	Dr. Cynthia Maung

2.2) 39th General Meeting Decisions:

1. There will be a discussion in the Leading Committee and Field in-Charges' Meeting about the following requests and issues from the field areas:
 - a. The Kachin, Palaung, and Arakan Field Areas request emergency medicines and medical supplies.
 - b. The Kachin, Palaung, and Kayan Field Areas request new Back Pack teams.
 - c. The WLC (Chin) and Papun Field Areas request permanent Back Pack teams.
 - d. The Palaung, Papun, and Pa An Field Areas request support to the Stationary Back Pack teams for more medicines and medical supplies.
 - e. The Kayan Field Area requests authority to purchase their fluid inside Burma.
 - f. The field areas request support for more medicine transportation, communications', and meeting costs in the field areas.
 - g. The field areas request financial support for transportation for the health workers who attend field workshops and field meetings in the amount of 2,000 THB per Back Pack team.
 - h. Field in-Charges, or their representatives, who attend six months' meetings, should be able to report fully about all the BPHWT's program activities within their field areas.
 - i. The field areas request Community Health Education & Prevention Program activities.
 - j. The future plan for human resources as well as Capacity Building Program activities and trainings.
 - k. Health coordination meeting in the Dooplaya Field Area.
 - l. Field monitoring and evaluation.
 - m. The prioritized activities during the first six-month period of 2018 given funding limitations.
2. The BPHWT made the decision to hold a workshop about further activities in the malaria control program and mental health after the 39th Six Months' and Annual Meetings.

3. The BPHWT made the following decision about the Back Pack teams in the Dooplaya and Kawkareik Field Areas: Beginning in the first six-month period of 2018, there will be six Back Pack teams in the Dooplaya Field Area and four Back Pack teams in the Kawkareik Field Area.
4. The BPHWT made the decision to hold pharmacy management training during the first six-month period of 2018 at the Back Pack office in Mae Sot.
5. The BPHWT made the decision to hold mental health training or a workshop in the Kayan Field Area in April 2018.
6. The BPHWT made the decision to implement family planning as a sub-program within the Maternal & Child Healthcare Program (MCHP).
7. The BPHWT made the decision to collect the number of health workers who have successfully completed Integrated Management of Childhood Illness (IMCI) training in Mon, Karen, and Karenni States, and continue conducting the IMCI training.
8. The BPHWT made the decision to collect the number of child weight scales in the field and report it at the next six month meeting.
9. The BPHWT made the decision to collect information to learn more about adolescent reproductive health (ARH), hold an ARH Awareness Workshop during the second six-month period of 2018, and make a report about these at the next six-month meeting.
10. There will be a discussion in the Leading Committee and Field in-Charges' Meeting about the request made by the MCHP Coordinator to recruit a new person for the MCHP's staff.
11. The BPHWT made the decision to continue conducting water, sanitation, and hygiene (WASH) assessments in the field areas during the first six-month period of 2018.
12. The BPHWT made the decision to hold a Village Health Fund Awareness Workshop during the first six-month period of 2018.
13. There will be a discussion in the Leading Committee and Field in-Charges' Meeting about the Health Information and Documentation Program's future activities.
14. The BPHWT made the decision to identify the five health conditions contributing to the greatest number of caseloads during the first six-month period of 2018 and use them for comparison and other analysis purposes.
15. The BPHWT made the decision to send twenty-five health workers to attend Maternal & Child Healthcare training organized by the Mae Tao Clinic. There will be 19 Auxiliary Midwives and six health workers from the following areas as indicated: Palaung – two, Kachin - one, Pa Oh - one, Shan - one, and Chin – one. These health workers must be at the BPHWT office at the end of April 2018.
16. The BPHWT made the decision to collect current information about the human rights violations in both the BPHWT's targeted field areas and those encountered elsewhere by BPHWT health workers.
17. The BPHWT made the decision to speak with the Karen Human Right Group about conducting a human rights violations' workshop.
18. There will be a discussion in the Leading Committee and Field in-Charges' Meeting about hosting internships at the Mae Sot head Office from the field areas.
19. The Finance Manager is responsible for the distribution of all guidelines for the preparation and reporting of the expenditures from the field areas.
20. The Karen Back Pack Field in-Charges will attend the Karen Department of Health & Welfare's Annual Meeting to be held on 16 - 17 February 2018.
21. The BPHWT made the decision to hold the Leading Committee and Field in-Charges' Meeting on 10 February 2018.