နယ်လှည့်ကျောင်းအိတ်ကပ်နိုင်ငံရေးလုပ်သားအဖွဲ့
Back Pack Health Worker Team
P.O Box 57, Mae Sot, Tak 63110, Thailand
ph/fax:055545421, email:bphwt@loxinfo.co.th

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

2018 ANNUAL REPORT

BACK PACK HEALTH WORKER TEAM

Website: http://backpackteam.org

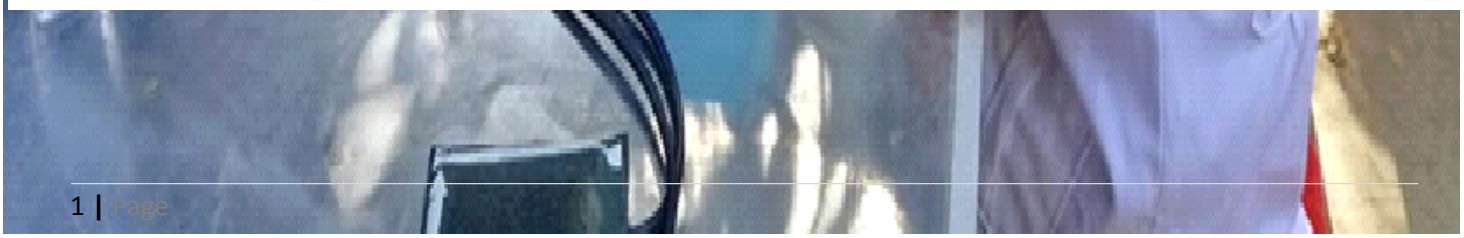


Table of Contents

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
EHSSG	Ethnic Health System Strengthening Group
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
Pf	Plasmodium falciparum, the most deadly type of malaria parasite
PLA	Participatory Learning and Action
Pv	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: 2018 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.

Patient referrals in BPHWT's operation Field Area

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 2018, the BPHWT consisted of 114 teams, with each team being comprised of three to five trained health workers who train and collaborate with five to ten village health workers/volunteers and five to ten trained traditional birth attendants; this network of mobile health workers with advanced skills and stationary health workers with basic skills ensures that community members have consistent access to essential primary healthcare services. Within the 114 Back Pack teams, there are now 57 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.

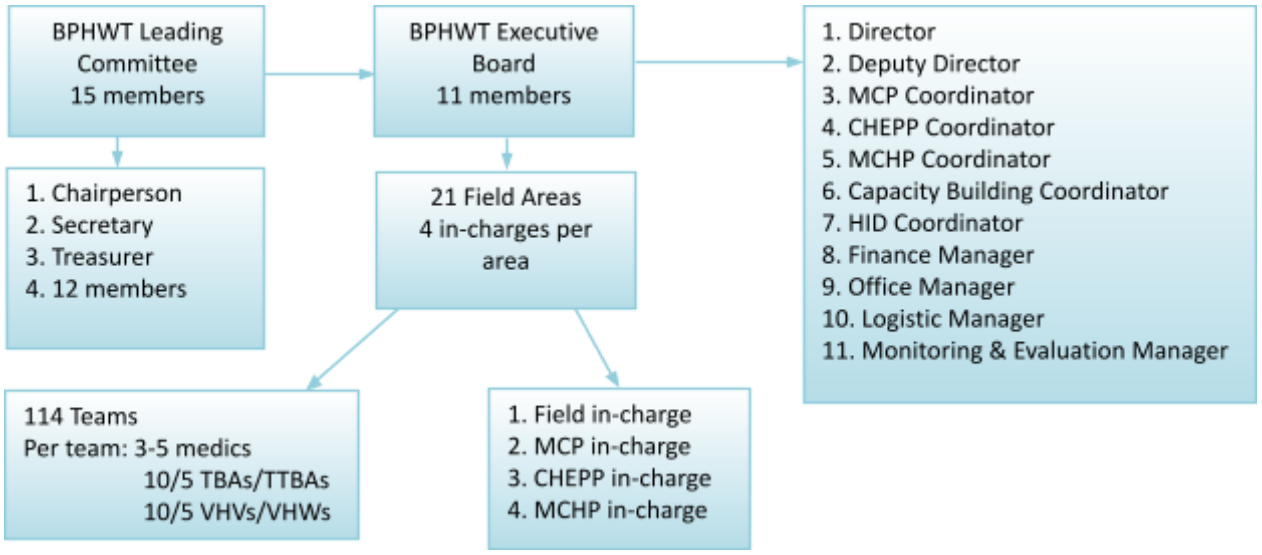
The BPHWT teams target displaced and vulnerable communities with no other access to healthcare in Karen, Karenni, Mon, Arakan, Chin, Kachin and Shan States, and Pegu, Sagaing and Tenasserim Regions. The teams deliver a wide range of healthcare programs to a target population of almost 297,273 (144,694 men & 152,579 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 2018, 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 2018, 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 - 2018

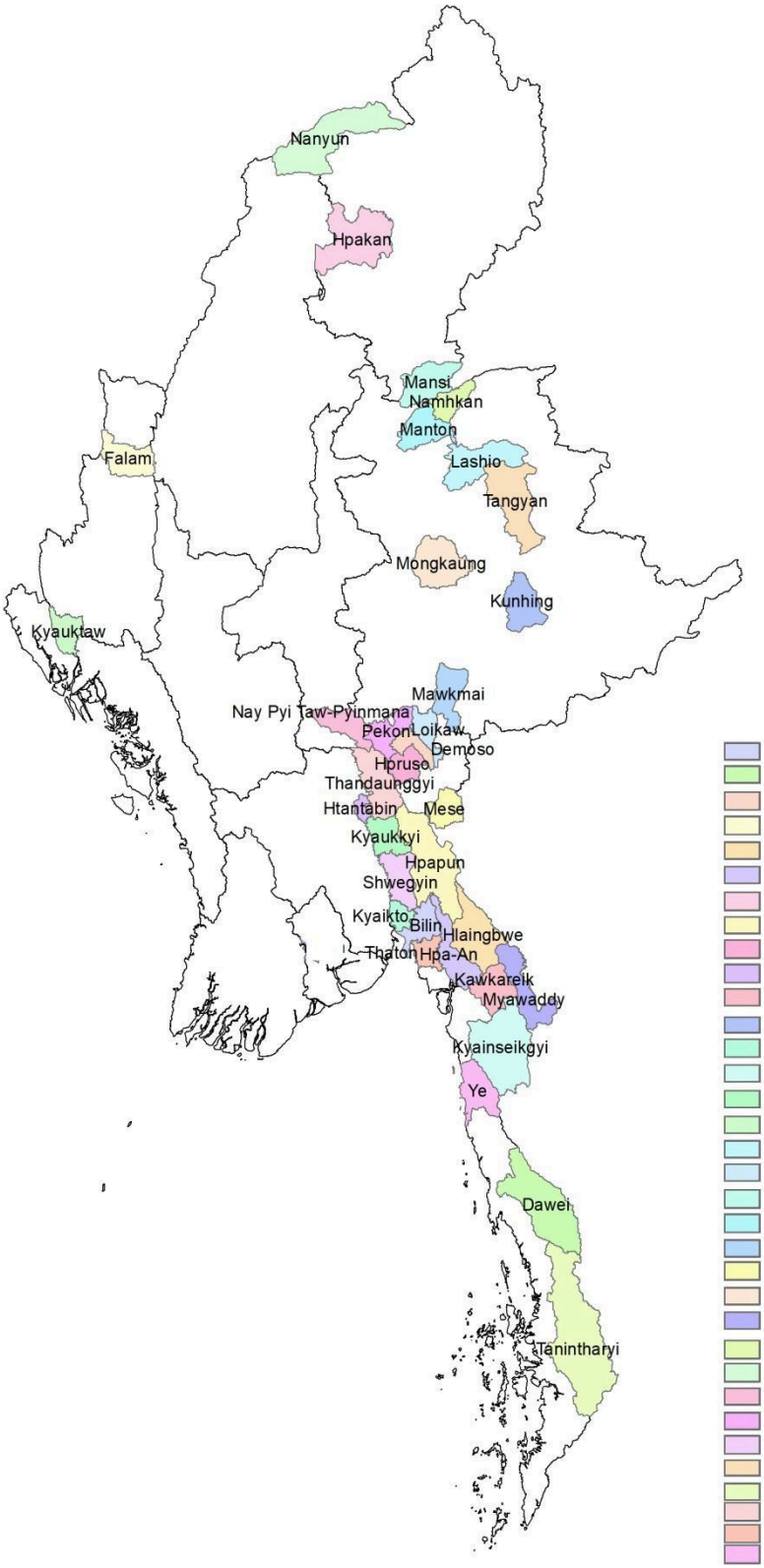
Category	Total Workers	Total Women	Actual Women %
Leading Committee/Executive Board	16	5	31%
Office Staff	16	6	38%
Field Management Workers	57	24	42%
Field Health Workers	391	236	60%
VHVs/VHWs	236	150	64%
TBAs/TTBAs	777	716	92%
Organizational Total	**1,493**	**1,137**	76%
Total Organisation excluding TBAs/TTBAs	**716**	**421**	**59%**

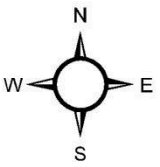
Service System: Since 1998, the Back Pack Health Worker Team has been working towards developing an accessible, community-based, primary healthcare service system within the BPHWT field areas, based on the health access indicators.

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





Township	Township Population per 2014 Burma Census*	BPHWT Population Served*
Bilin	181,075	1,2290
Dawei	146,964	8,576
Demoso	79,201	9,033
Falam	48,077	2,576
Hlaingbwe	265,883	19,950
Hpa-An	421,575	3,333
Hpakan	331,708	11,086
Hpapun	35,085	38,878
Hpruso	29,374	5,244
Htantapin	145,792	2,158
Kawkareik	278,280	202,096
Kunhing	53,403	5,433
Kyaikto	184,532	3,665
Kyainseikgyi	196,911	38,844
Kyaukkyi	113,329	10,724
Kyauktaw	173,100	7,608
Lashio	323,405	1,582
Loikaw	128,401	4,003
Mansi	52,945	2,361
Manton	38,601	14,008
Mawkmai	33,810	3,858
Mese	6,319	2,909
Mongkaung	74,294	8,614
Myawaddy	210,540	7,728
Namhkan	113,821	2,107
Nanyun	51,980	3,520
Nay Pyi Taw -Pyinmana	187,565	2,004
Pekon	103,590	9,598
Shwegyin	107,462	1,462
Tangyan	172,805	3,532
Tanintharyi	106,853	4,253
Thandaunggyi	96,052	12,462
Thaton	238,106	2,855
Ye	263,624	8,923
Total		**297,273**

5) Security Situation in the BPHWT Target Areas

The Burma military continues to pose real personal risks to both Back Pack health workers and served population with its offensive attacks against the EAOs and ceasefire violations in Arakan, Chin, Shan, Kachin, and Karen 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:

Kayah Field Area

Due to heavily rain, program implementation was difficult. Also, there has been much yaba drug and heroin use increased by people of 18 to 60 years of age.

Kayan Field Area

There are flooding problems, in Shwe Nan Kalay and Shwe Nan Gyi villages, which have e destroyed paddy. Moreover, there has been an increase in mental patients due to yaba drug, heroin, and alcohol use. Furthermore, at times, there are measles outbreaks in the mountainous area.

Taungoo Field Area

In this field area, the Burma military sent more soldiers into this area and increase more than the past six months. During one workshop, the Burma military came through the area and caused much concern about the safety of both the health workers and workshop participants. Due to social and alcohol problems in this field area, three people committed suicide.

Thaton Field Area

The Burma military extended its presence in this area. Due to gold mining, there have been a number of cases of skin infection. Also, within in this six-month period, there were two hundred drug users, 15 years of age and older, in The Par Door Hat village.

Papun Field Area

In this field area, the Burma military has increased its presence. Furthermore, there was conflict between local authorities and Burma military due to implementation of a car transportation road. As a result, local villagers did

not dare to farm and thus face food security problems. In Northern Papuan, the Burma military confiscated villagers' land for a military camp, but did not give any compensation to the villagers.

During this rainy season, there was heavily raining and flooding. Consequently, ten houses were destroyed and many farmers lost their agricultural crops. This situation caused rice price to increase and food security problems. Gold mine in the area continues to cause problems with drinking water and skin infections. Moreover, occurred measles outbreak in this year.

Pa An Field Area

There has been much yaba drug use by people of 15 to 50 years of age in the field area. The users believe that, when they use yaba drugs, it will serve as an analgesic. There is increased yaba use in the area and now includes women users. Besides, a rape case in New Kheer village which left the woman disabled and unable to speak. Due to fighting between EAOs, over 200 IDPs moved from Myong Gyi Anew to Meet Thaw War. In this year a measles outbreak occurred in Hlaing Be village and was brought under control.

Dooplaya Field Area

The Burma military has extended its presence in the Wed Don area as well as sent more soldiers to In Met Ka Thee and Kyaw Hat villages. Also, there has been an increase in amphetamine use among people over 15 years of age and yaba users with children as young as ten years old as yaba user and also women. In this situation, a measles outbreak occurred and the BPHWT give primary healthcare treatment along with the Karen Department of Health and Welfare The township hospital provided vaccine. Presently, there are no prevention measures. In this area, there are many

Mergue/Tavoy Field Area

The Burma military has expanded its presence in the field area. Because of heavy raining and flooding, program implementation was difficult and some medicine was destroyed. Moreover, there are a number of mental health problems in this field area due to the use of alcohol and yaba drugs. However, although the BPHWT looks after them, there is no medicine for the serious patients.

Yee Field Area

The Burma military took land for their camp in the AR Yu Tang area, and expanded their camp along the Yee car road by the confiscation of villagers' farm land. but did not give any compensation to the local villagers. During August 2018, there was fighting among the EAOs in the area. Moreover, one villager lost his leg due to a landmine. Thus, villagers were afraid to go out and farm, and are facing livelihood problems. Also, the Burma military detained 20 villagers, in the Alel Sa Khan village tract, who were later released. Furthermore, due to fighting between EAOs in the Alel Sa Khan village tract, over 100 IDP s fled to Ka Rai Va Kot village and the primary school was closed until recently. During this six months' period, there were many robberies in the field area as well as much yaba drug use by people of 15 to 40 years of age. The Burma military also came to the station clinic for investigation purposes and asked about the number of people, supplies, and travelling location of the mobile activity of the station clinic. In this area, most youth and adults, between 13-50 years of age, are using yaba. Consequently, many have become mentally ill due to the yaba use. In one instance because of yaba use, a villager used petrol to commit suicide by burning his body. Another yaba user killed his mother-in-law with knife because of hallucinations. As a result of the growing yaba-related problems, a local monk led the community to construct a mental patient rehabilitation center to look after those villagers with mental illness problems.

Shan Field Area

When the Third Panglong Conference began, the Burma military attacked the Shan State Army-South which was a Nationwide Ceasefire Agreement signer and Conference participant. Because of the fighting in the area between EAOs, there are difficulties in travelling to provide health services.

Consequently, the Back Pack teams were very careful during their travels and conducting workshops. Also due to the fighting, twelve hundred local villagers became IDPs from the Back Pack area and moved into Min Khon Monastery. Currently, local communities are providing food support food to them. Within in these six months, there has been much yaba drug use by people of 18 to 30 years of age. This is resulting in mental health issues. The Back Pack teams are looking after the mental patients and providing counseling to families.

Palaung Field Area

On 11 July 2018, the Burma Infantry Battalion 302 under Burma Light *Infantry Division* 88 arrested six female health workers from the Ta'ang National Liberation Army (TNLA) when they while they were traveling by trucks. The Burma military detained them for three days. On 14 July 2018, the dead bodies of the six female health workers were found near Aoi Law village. Two of the female health workers were killed by gun shot and four were killed by being hit with blunt objects. All female health workers were around 20 years old. One was from Aoi law village. This is a violation of medical neutrality.

Later on, 19 July 2018, fighting in Mine Vee village caused all transportation to stop for two days. Presently, the Burma military movements have been focused on Pakanine village, Man Sat village, and Aoi Law village. Because of fighting between EAOs, over 300 IDP s fled from Pan Lon village to Man Li Tha Pya Camp. The Burma Infantry Battalion 302 arrived in Man Sat village during a TTBA workshop with 30 participants. The village leader gave the suggestion to Back Pack team to invite them to see the workshop for transparency. They were invited, but they did not come. In this complex situation in this field area, Back Pack health workers are concerned that the Burma military will think the Back Pack health workers and medicine are related to the TNLA.

Currently, Back Pack health workers must try to avoid the Burma military and this is causing stress among them. Thus, programs over the past six months have presented many challenges. Local villagers were also concerned about the Burma military and afraid to participate in the workshops, so implementation was difficult. Due to this situation, medicine transportation was also difficult. In response, medicine is divided into and carried in small parcels to avoid Burma military attention. In other instances, medicine from partner organizations, registered with the Burma Government, may be transported more easily through Burma military checkpoints.

In Man Sat village, there has been an increase in drug use which is related to the increase in internal economic migrants coming to work in the village. Moreover, there is increased use of black heroin, heroin, and yaba among the people which is causing increased mental illness issues.

Kachin Field Area

Fighting continues between the Kachin Independence Army and Burma military in the Hukaung area. Due to the fighting, five thousand IDPs moved to Myitkyina from the BPHWT area where the Kachin Baptist Convention arranged to give food supplies and shelter to them. Moreover, the Burma military arrested four children from Warazup village while they were fishing. The Burma military's reason for the arrest was these children were making landmines, not fishing. When the children's parents met with children at the detention area, the Burma military detain one of the fathers. The local community became very upset at this situation and protested these detentions. In response, the Burma military released the children and father. After the declaration of a four-month temporary ceasefire by the Burma military, it established a military checkpoint on the Hukaung Lee Don car road. In Aung Ra Camp, there are 200 IDPs and another 600 IDPs in Jaw Ma Set Camp.

In April, the Jade Land Company leased land from the Yuzuna Company land which had been previously confiscated from villagers with no compensation given. Thus, this particular land confiscation issue has become

more complicated. In the Warazup Back Pack area, a local man died as a result of an accident with a bulldozer belonging to the Yuzuna Company. But the man's family received compensation of only six hundred thousand kyats.

The Yu Za Na Company legally was given over 200,000 acres for the implementation of a plantation project, from the Burma government. In reality, they expanded it to 400,000 acres through taking villagers' land. The plantation is for the production of sugar cane and tapioca, and uses chemicals and fertilizers. Due to the waste from the plantation flowing into the water, fish are dying with cows and water buffaloes becoming sick and dying from drinking the contaminated water. Because of a re-designation of a tiger control area to a different bio- animal area, villagers' land has become lost as a result. Villagers are facing problem with the new land act because they don't have documents proving their land ownership.

There was also a rape case which occurred in the field area during this period, but due to the culture and religion, the parents did not report it. The number of mental illness cases have increased due to alcohol problems and unfavorable social and economic conditions.

Arakan Field Area

The Burma military has a camp near Pyi Chaung village as well as expanded their forces in northern Kyat Taw. From December 2018 through February 2019, there has been continuous fighting between an EAO and the Burma military in Sung Du village and at Eu Daung Taung Hill. Due to more Burma military checkpoints, it has become increasingly difficult for mobile treatment by the Back Pack teams. As a consequence, there are 7,000 IDPs in the Ya Thit Taung township where the local community is looking after them.

Also, whenever the Back Pack teams need to provide mobile health care in the area, they must ask for prior permission to do so from the township General Administration Division. In May 2018 in the field area, the Burma military ordered Kaman villagers to be guides. Later in July 2018, three village leaders were arrested under Law Act 505 for illegal building in Thin Baw Kwike village and also 70 houses were destroyed there by the government. There has been an increase in yaba drug use among people over 15 years of age. This has resulted in deaths from youth jumping from bridges and motorcycle head-on challenges. In one instance, a husband killed his wife and buried her in front of the house. Furthermore, there were two gunshot cases in which two people died.

Pa Oh Field Area

In March 2018, there was fighting between an ethnic army organization and the Burma military in the Nar Hee area as well as placed a camp inside a monastery. Additionally, there has been an increase in yaba drug and black heroin users.

Naga Field Area

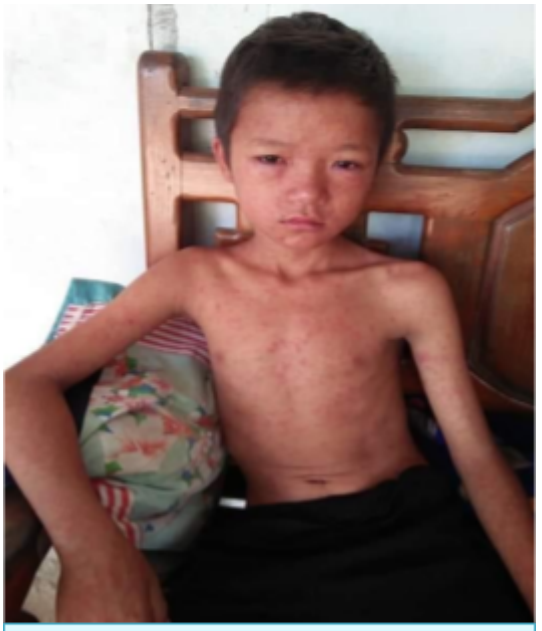
During this period, the Burma military sent 600 soldiers into the Naga area. Moreover, there was an acute respiratory infection outbreak in La Hel and Dawn Hee villages. The BPHWT travelled to the villages and gave treatment. In this situation there has been an increase in black heroin users who were between 15 to 40 years of age. Consequently, there is increased heroin use with the users as young as fifteen years of age.

Chin Field Area

There are current difficulties for treatment at the clinic and from mobile Back Pack teams due to the presence of India and Burma border guards as well as ethnic armed organizations in the area. Consequently, the Burma military expanded into Li Linn Pi village. There was fighting between an EAO and the Burma military which resulting in 300 IDP near Mi Ro Yan village. In this situation, the mobile Back Pack teams have problems avoiding these border guards and soldiers to provide health care.

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.



A child was affected by measles outbreak

On 20 August 2018, a measles' outbreak in Poe Ga village (Lay Poe Hta village track, Southern Papun /Mutraw District, Karen State) was reported by the Papun Field in-Charge to the BPHWT. Based upon the reported symptoms, the BPHWT confirmed the measles' outbreak and planned for control mechanisms and surveillance on the suspected sources.

According to the process, got measles outbreak information in Papun area cooperative and negotiate with the local administer and sent two health workers for treatment and collect the patients' data. The patients' data was involved current patient who already give treatment and free from measles and still occurred measles patients. Due to the conidiation, checked on new patients every day and reporting to the local field in-charge and central BPHWT office.

The implement process was not only by the BPHWT but also the central and district of KDHW, METF (SMRU), MTC, BBHS, and CPI. Those partner organizations supported for human resources, medicine, technical and funding.

In this situation, Saw Poe Aye (field in-charge), Saw Hsar Htoo (second field in- charge) from the BPHWT lead and cooperative with 32 health workers involved staff from KDHW, TTBA and malaria post workers for the measles outbreak control.

Additionally, over the period of 30/8/2018 to 18/9/2018, there were two measles patients' deaths and one patient blinded since information about the measles' outbreak was not received by health workers in a timely manner. During last three weeks, the SMRU, CPI, and Mae Tao Clinic support funds for medicines and supplies.

Table 3: Targeted Clinic, village, household, and population

No.	Clinic Name	Villages	Households	Population
1	Htee Tha Blu Hta	12	918	5,380
2	Mae Mwel	12	520	3,077
3	Lay Poe Hta	7	540	2,809
4	Kyaw Pah	6	343	1,841
Total		**37**	**2,321**	**13,107**

6) 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 114 BPHWT teams, to a target population of 297,273 people. There were 57 stationary Back Pack teams during this year. There are currently 1,460 (1,125 women and 335 men) members of the BPHWT primary healthcare system living and working in Burma: 447 (259 women and 188 men) health workers, 777 (716 women and 61 men) Traditional Birth Attendants / Trained Traditional Birth Attendants (TBAs/TTBAs) and 236 (150 women and 86 men) village health volunteers/village health workers (VHVs/VHWs).

Table 4: BPHWT's Coverage Population

Ages	Gender		Total
	Men	Women	
Under five years of age	24361	26307	50668
Five years of age and over	120333	126272	246605
Total	**144,694**	**152,579**	**297,273**

Table 5: Summary of the BPHWT Field Areas, HWs, VHV/VHWs, TBA/TTBAs

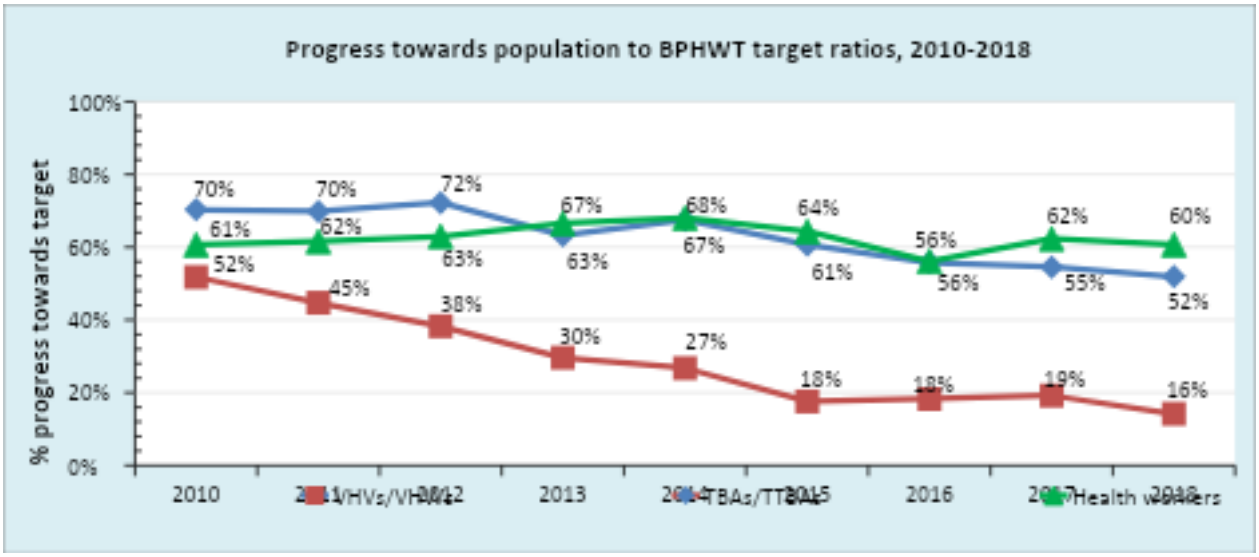
No.	Areas	# of Teams	# of HWs	# of VHWs	# of VHVs	VHVs &VHWs	# of TBAs	# of TTBAs	TBAs & TTBAs
1	Kayah	7	24	6	0	6	22	23	45
2	Kayan	7	24	26	0	26	6	44	50
3	Special	3	11	0	0	0	9	3	12
4	Taungoo	5	23	13	0	13	30	13	43
5	Kler Lwee Htoo	7	24	13	0	13	46	8	54
6	Thaton	7	24	18	0	18	35	30	65
7	Papun	12	54	32	0	32	69	39	108
8	Pa An	8	37	18	0	18	55	29	84
9	Dooplaya	7	24	1	0	1	41	23	64
10	Kawkareik	4	18	9	9	18	18	23	41
11	Win Yee	4	19	20	0	20	32	16	48
12	Mergue/Tavoy	7	24	0	0	0	22	0	22
13	Yee	6	24	0	0	0	0	16	16
14	Moulamein	6	20	0	0	0	0	0	0
15	Shan	6	22	0	0	0	10	0	10
16	Pa Oh	2	8	17	0	17	19	19	38
17	Palaung	6	22	17	0	17	40	0	40
18	Kachin	4	17	19	5	24	10	16	26
19	Naga	2	10	0	0	0	0	0	0
20	Arakan	3	11	13	0	13	0	11	11
21	Chin (WLC)	1	7	0	0	0	0	0	0
Total		**114**	**447**	**222**	**14**	**236**	**464**	**313**	**777**

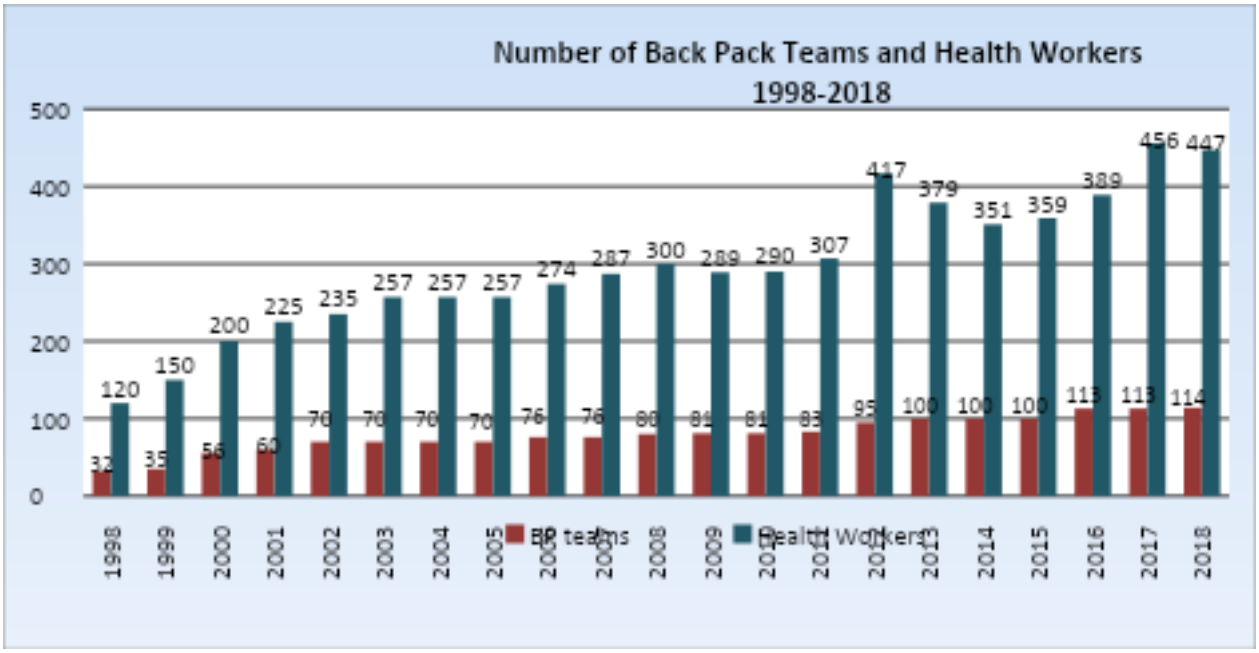
Table 6: Summary of the BPHWT's Target Populations and Cases Treated					
No.	**Areas**	**Villages**	**Households**	**Populations**	**Caseloads**
1	Kayah	57	3963	21189	18528
2	Kayan	72	3183	16889	4350
3	Special	7	1469	8334	1250
4	Taungoo	52	2215	11375	743
5	Kler Lwee Htoo	50	1968	12186	2519
6	Thaton	35	3866	22176	4536
7	Papun	140	6591	38878	13493
8	Pa An	37	3960	23559	7498
9	Dooplaya	47	4171	22582	1712
10	Kawkareik	16	1399	7291	1061
11	Win Yee	30	2337	13400	4914
12	Mergue/Tavoy	26	2197	12829	11751
13	Yee	23	1939	8923	7390
14	Moulamein	15	2233	11377	4860
15	Shan	54	2285	14047	4526
16	Pa Oh	16	709	3858	1845
17	Palaung	40	2987	21229	9090
18	Kachin	6	1959	13447	3316
19	Naga	7	775	3520	937
20	Arakan	10	1267	7608	927
21	Chin (WLC)	7	840	2576	303
Total		**747**	**52,313**	**297,273**	**105,549**

Table 7: Number of Health Workers, TBAs/TTBAs, VHVs/VHWs, and Target Population by Year

Year	# of HWs	# of TBAs/TTBAs	# of VHVs/VHWs	Coverage 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
2018	447	777	236	297,273

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





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

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

6.1) Medical Care Program

The Back Pack Health Worker Team currently consists of 114 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, access to clean water) were other reasons increasing the numbers of cases.

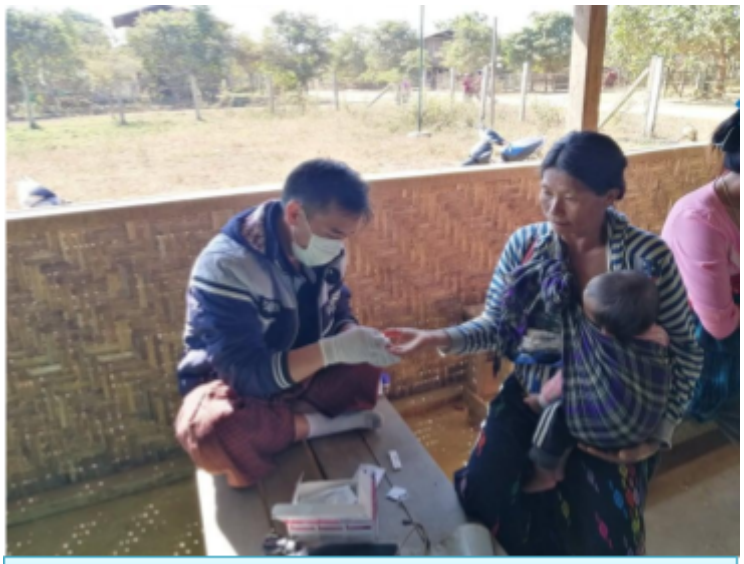
Table 8: Back Pack Health Worker Team Caseloads

No	Condition	Age				Total
		<5		>=5		
		M	F	M	F	
1	Anemia	274	343	1999	4237	6853
2	ARI (mild)	4077	4085	7778	8775	24715
3	ARI (severe)	1175	1219	1541	1591	5526
4	Beriberi	102	135	1429	2426	4092
5	Worms	686	694	1494	1631	4505
6	Post Abortion Care	0	14	0	103	117
7	Diarrhea	907	861	1364	1455	4587
8	Dysentery	238	245	957	1023	2463
9	Injury (gunshot)	0	0	31	1	32
10	Injury (landmine)	0	0	13	0	13
11	Injury Acute Other	200	212	1391	842	2645
12	Injury (old)	63	69	607	361	1100
13	Malaria (PV)	394	401	836	636	2267
14	Malaria (PF)	127	124	604	441	1296
15	Malaria (Mix)	5	6	12	10	33
16	Measles	89	121	118	96	424
17	Meningitis	3	7	32	34	76
18	Suspected AIDS	0	0	20	14	34
19	Suspected TB	14	18	169	157	358
20	Post-Partum Hemorrhage	0	0	0	33	33
21	Sepsis	5	7	13	29	54
22	Reproductive Tract Infection (RTI)	0	0	18	319	337
23	Urinary Tract Infection (UTI)	33	49	1092	2209	3383
24	Skin Infection	644	606	1535	1569	4354
25	Hepatitis	12	12	140	107	271
26	Typhoid Fever	80	86	344	309	819
27	Arthritis	19	19	999	1155	2192
28	Gastric Ulcer Deudinum Ulcer (GUDU)	58	67	3376	4096	7597
29	Dental Problem	150	166	999	1067	2382
30	Eye Problem	176	236	836	973	2221
31	Hypertension	0	0	2148	2873	5021
32	Abscess	176	170	853	768	1967
33	Scrub typhus	19	18	143	96	276
34	Leptospirosis	6	6	160	93	265
35	Insect bite	67	56	284	212	619
36	Dengue fever	258	234	551	585	1628
37	Poisoning	65	73	201	231	570
38	Mental illness	1	1	23	28	53
39	Others	903	943	3643	4882	10371
Total		11,026	11,303	37,753	45,467	**105,549**
Grand Total		**22,329**		**83,220**		

Table 9: Gender Disaggregation of Case Loads Treated			
Category	**Men**	**Women**	**Total**
Patients <5	11026	11303	22329
Patients >=5	37753	45467	83220
Total	**48,779**	**56,770**	**105,549**

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 Arteminisin-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 Kachin 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 2018, there were 3,596 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.

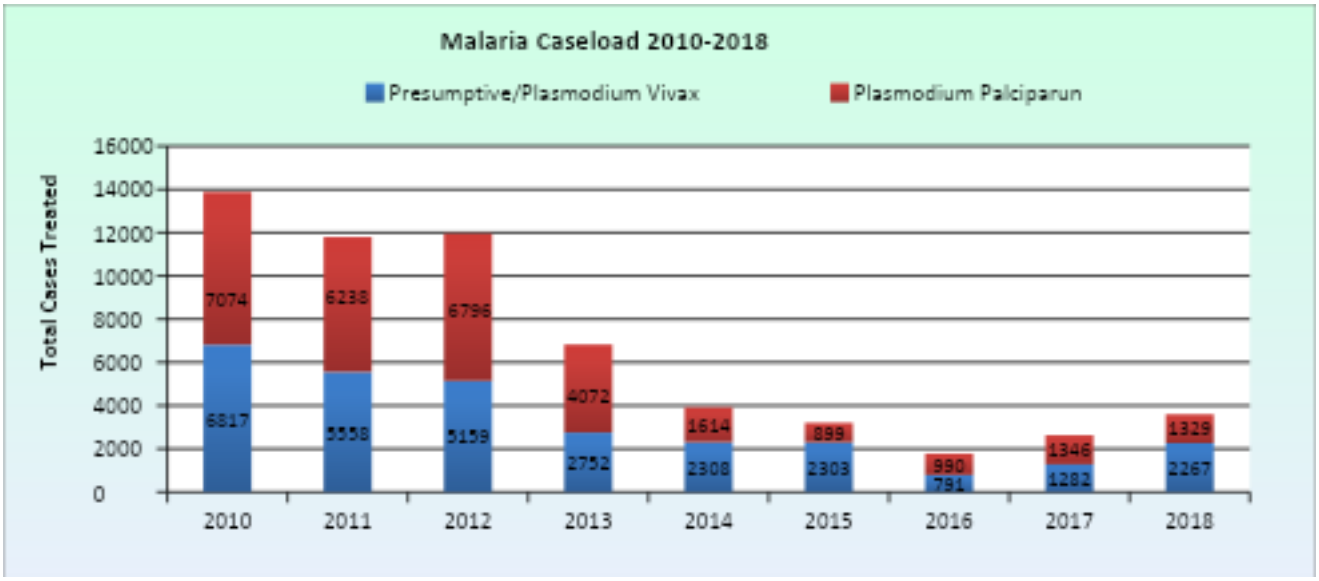
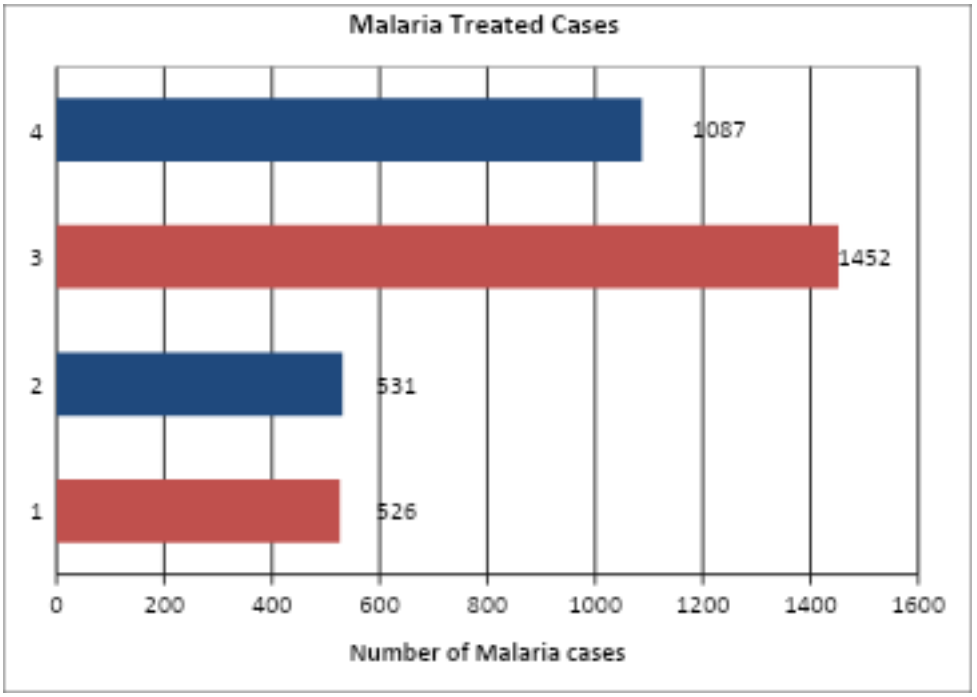


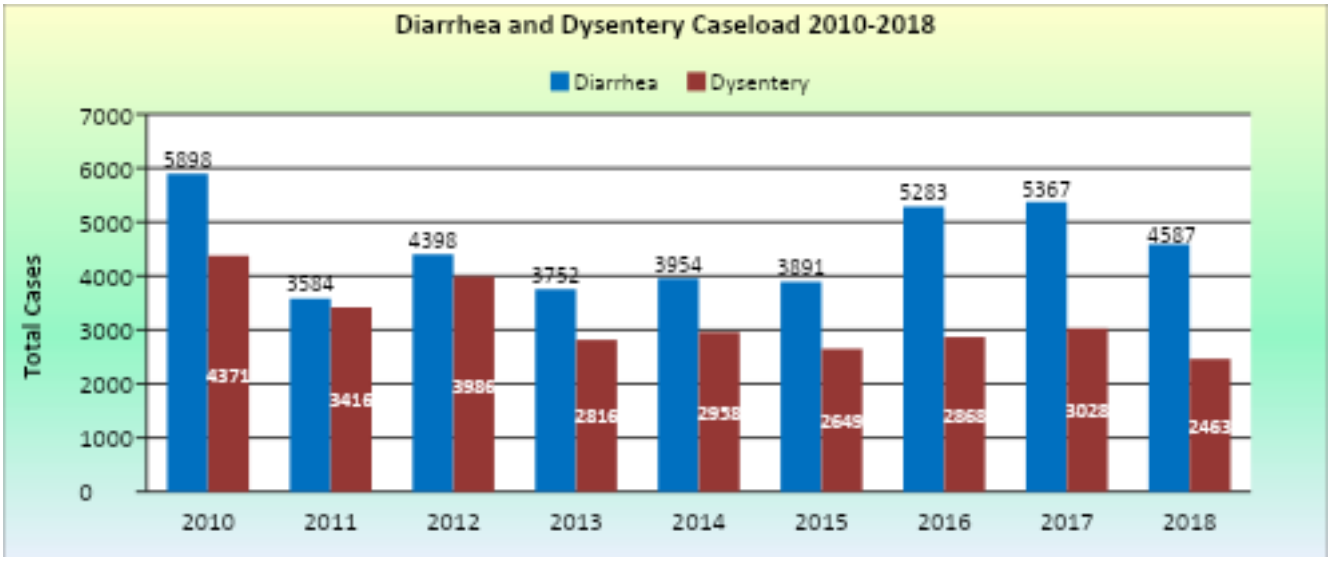
Table 10: The list of ITNs and RDTs Distributed and Malaria Caseloads Treated during 2018

No	Area	Malaria Medicine & Supplies Units	ITNs	HHs	Population			Grand Total
					<5 Year	> 5 Year	P/W	
1	Special	3	300	151	85	656	83	824
2	Pa An	8	1,000	208	157	1,004	13	1,174
3	Papun	0	25,000	10,841	10,309	51,103	802	62,214
4	Doopalaya	6	800	544	270	1,750	23	2,043
5	Kawkareik	4	500	202	155	757	34	946
6	Win Yee	4	950	391	227	1,701	14	1,942
7	Mergue/Tavoy	7	1,000	493	397	2,434	78	2,909
8	KBC	0	300	161	352	669	14	1,035
Grand total		**82**	**29,850**	**12,991**	**11,952**	**60,074**	**1,061**	**73,087**



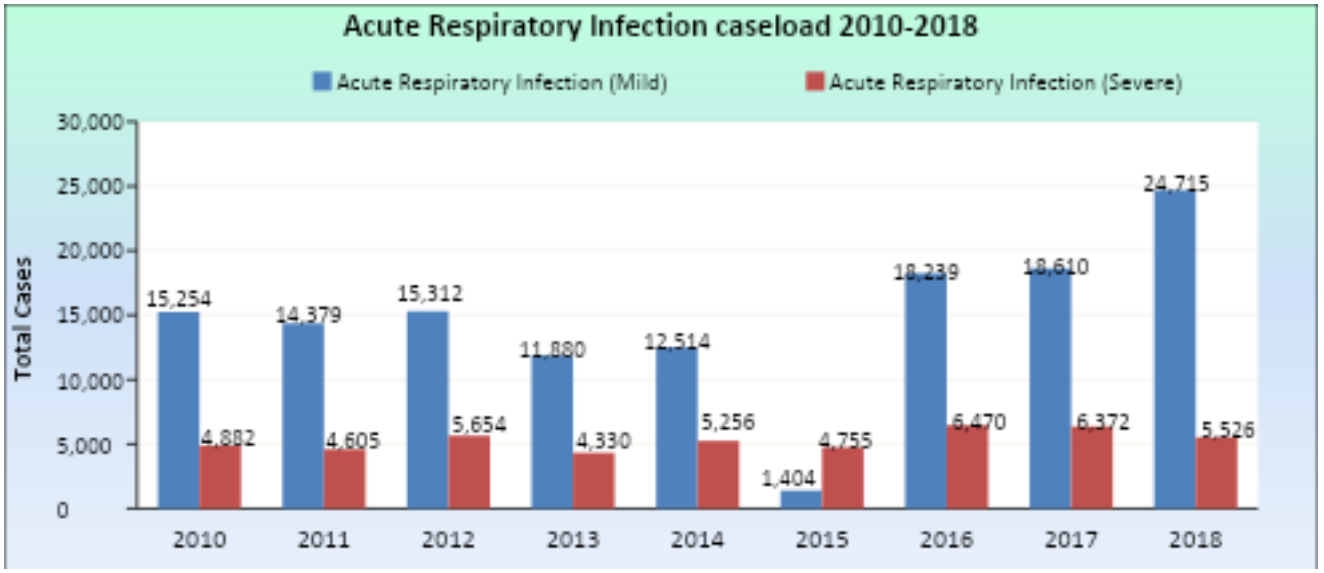
2. Diarrhea and Dysentery

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. In 2018, the field health workers treated less diarrhea and dysentery compare to the previous year. 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, access to clean water).



3. Acute Respiratory Infection (Mild/Severe)

The annual cases of acute respiratory infection were 30,241. The totals of 10,556 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. 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 4,505 worm infestation cases, 1,380 were under five children treated in 2018.

5. Suspected Pulmonary Tuberculosis and AIDS Cases

The total number of suspected cases of tuberculosis (TB) was 358 cases (175 women and 183 men), 32 were under five children that recorded by the health workers. The highest figure founded in Kayah areas which was 65 cases and follow by Mergue/Tavoy and Kayan. 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 – 14 women (31 cases in Kachine and 3 Kayan) that recorded by the health workers.

6. Acute Landmine and Gunshot Injuries

In 2018, there 13 landmine cases (all men): 10 cases from Kachin, 2 cases from Palaung, and 1 case from Pa An and 32 gunshot cases (31 men and 1 woman) 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 11: Injury (Gunshot) cases

No.	Field Areas	> = 5 ages		Total
		Men	Women	
1	Taungoo	3	0	3
2	Thaton	6	1	7
3	Pa An	4	0	4
4	Win Yee	2	0	2
5	Mergue/Tavoy	9	0	9
6	Palaung	1	0	1
7	Kachin	6	0	6
	Total	**31**	**1**	**32**

7. Mental health illness

In early 2016, the BPHWT began a pilot mental health project in some of the Field Areas. For a long time, the BPHWT has struggled with how to provide prevention and treatment of mental health problems in their field areas. In particular, they have been concerned by the impact of misuse of alcohol and drugs as well as suicide. The BPHWT health workers will now be trained in the "Common Elements Treatment Approach" to provide community-based treatment of mental health problems. The treatment has been shown to be useful for treating depression and stress for former political prisoners. The BPHWT is working with John Hopkins University to adapt the treatment approach to Karen communities. People with more complex mental health problems will be referred. However, the BPHWT is currently coordinating with Open Society Foundations/Myanmar to support the case detection and treatment in some BP teams and will to try to expansion of the project across all BP teams and ethnic groups as part of integrated primary health care to provide case detection and appropriated treatment. During this reporting period, the field health workers treated 53 mental patients as showed in the table below. The mental training and workshop are organized for the field health workers six monthly which are facilitated by OSM.

Table 12: Mental illness problem

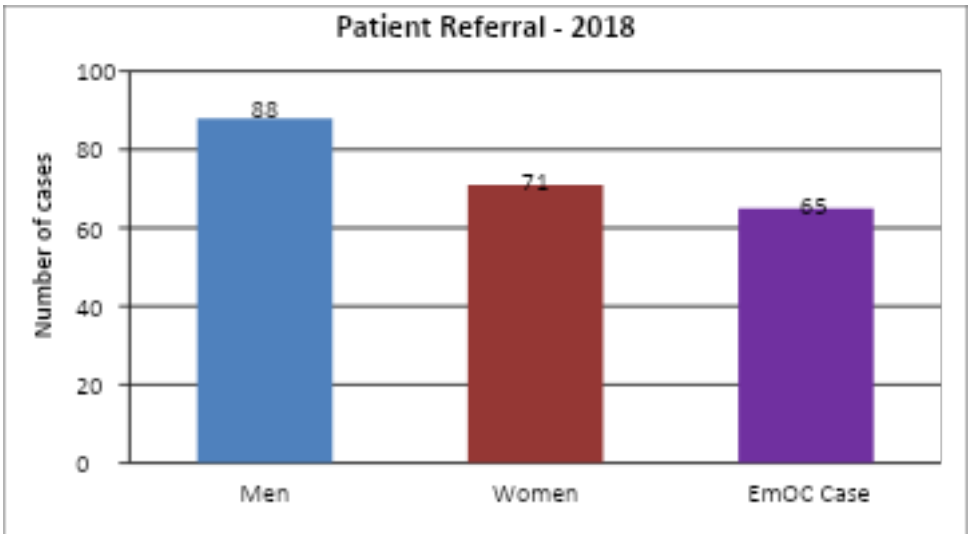
No.	Field Areas	< 5 ages		> = 5 ages		Total
		Men	Women	Men	Women	
1	Kayah	0	0	5	7	12
2	Kler Lwee Htoo	0	0	0	1	1
3	Mergue/Tavoy	1	1	7	14	23
4	Palaung	0	0	5	2	7
5	Kachin	0	0	6	4	10
	Total	**1**	**1**	**23**	**28**	**53**

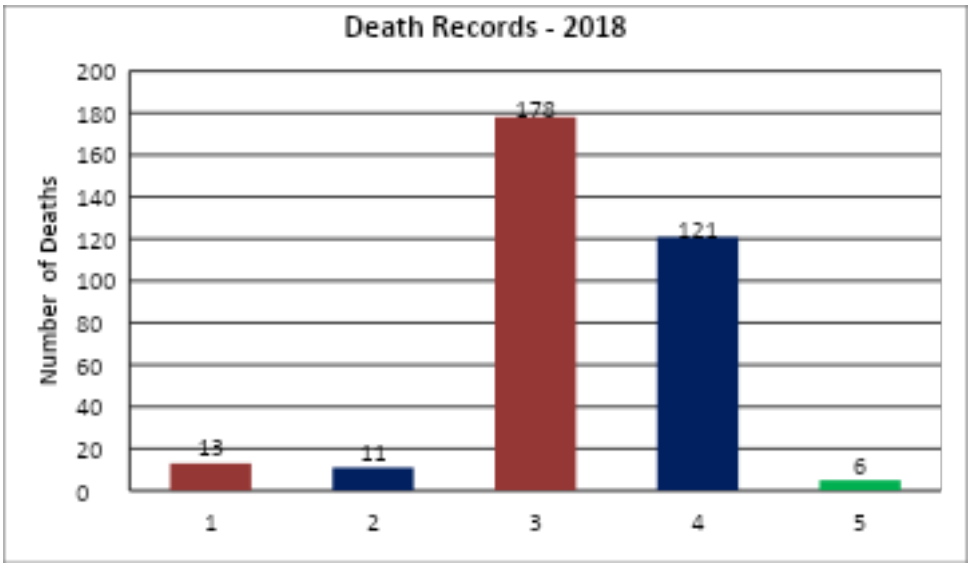
8. Patient referral

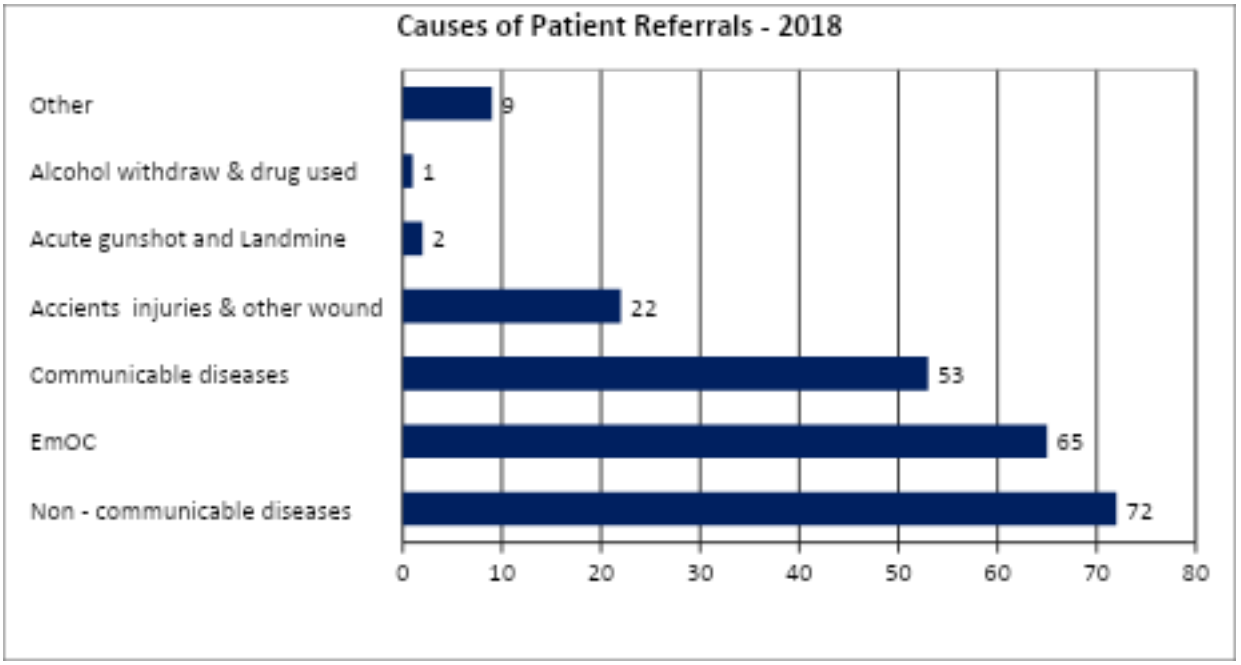
The BPHWT tries to refer serious cases to the nearest clinic or hospital, but referrals are constrained by security concerns, physical environment challenges, availability of clinics and hospitals, and high transport and hospital costs. However, the referral system is improving as BP health workers are becoming more skilled at recognizing emergency danger signs and referring patients earlier as infrastructure links are enhanced and the security situations improve in some ceasefire areas, allowing more freedom to travel. Since 2014, the BPHWT has attempted to strength the referral system within four townships in Karen State by coordinating with a health CBO from inside Burma. However, there are still a lot of challenges.

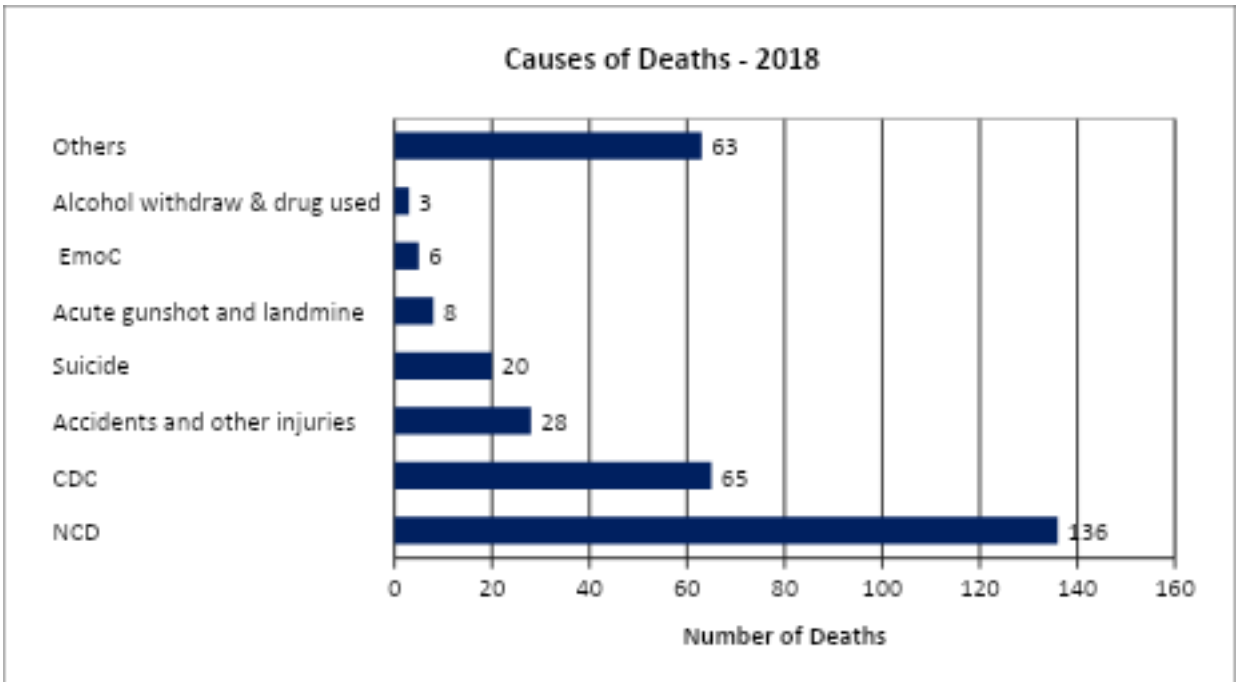
Patient referral in Palaung Field Area

Table 13: Referral sites			
See Bu Clinic	Kyainseikkyi Hospital	Malady hospital	Mine Dee
Mone Nyine Del Clinic	Mae Sot Hospital	Loi Kaw hopspital	Maddalay Hospital
Than Daung Hospital	Nam Kham Hospital	Shwee Lee	Nah Khane Hospital
Thaton Hospital	Ta Gone Dine Hospital	Paha Though	Nan Ma Tue Hospital
Mae Toa Clinic	They Seit Hospital	Kyo Don Hospital	Ta Oh Der Clinic
Day Poe Noh Clinic	Hlaing Bwe Hospital	Mai Wee Clinic	Shwee Koh Ko Clinic
Papun Hospital	Na Bu station Hospital	Naung Kai Clinic	Mai Ton Hospital
Joe Done Hospital	Thaung Kyar Inn station Hospital	Taw Win Hospital	Moulamein Hospital
Kawkareik Hospital	Maw Ka Thai Clinic	Lay Kai Clinic	Dee Maw Zone Hospital
Wah Kar Del Clinic	Ah Nan Kway Hospital	Kacharma Bori Hospital	Loi Lin Lay Hospital
Dawei Hospital	Pa Law Hospital	Kwar Dar Law	Myint Tar Moon Clinic
Man Win Clinic	Myeik hospital	Lashio Hospital	Phop Phar (Thai)
Pruso Hospital	Si Seng hospital	Tan Yan Hospital	Hpa An Hospital





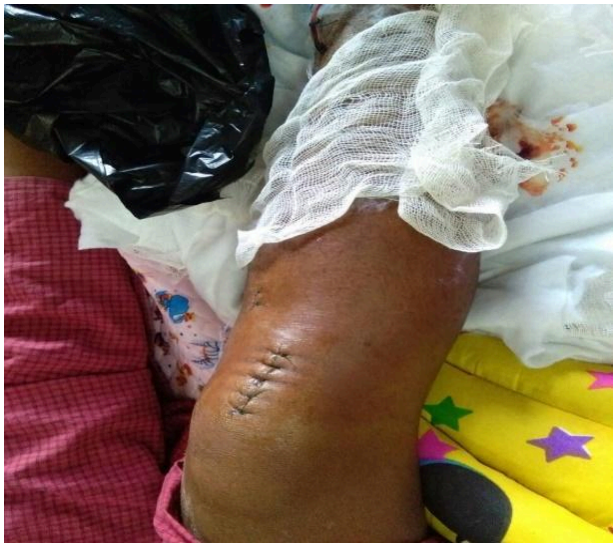

Causes of Patient Referrals - 2018
Other
Alcohol withdraw & drug used
Acute gunshot and Landmine
Accients injuries & other wound
Communicable diseases
EmOC
Non - communicable diseases
9
1
2
22
53
65
72
0
10
20
30
40
50
60
70
80


Causes of Deaths - 2018
Others
Alcohol withdraw & drug used
EmoC
Acute gunshot and landmine
Suicide
Accidents and other injuries
CDC
NCD
63
3
6
8
20
28
65
136
0
20
40
60
80
100
120
140
160
Number of Deaths

9. Testimonials from the Field Health Workers

NAME: Mi Pa Koa Sorn
ETHNICITY: Mon
POSITION: MCP in-charge
AREA NAME: Moulamein

In Ma Lar Kar village, Moulamein district, which is under my assigned area, a twenty-one year old man came to the Back Pack station with his family because he had an accident when a stone fell on his right foot which was bleeding heavily. His family said "the foot hurt with much bleeding". Before he arrived at the station, the patient didn't do anything because he didn't have money to go to the hospital in the town.



At the time, the patient had dizziness and vision darkness. His family was worried about him. After the medical worker repaired the foot with suturing, the bleeding was only slightly. The foot hurt, but felt better and better as he took medicine and had an IV fluid line. Medical workers told him, "wait and stay in the station for a few days until the bleeding stops". After a period of discussion, he agreed to receive health care in the station. After the removal of the dressing, I reminded him to clean the area around the wound and keep his foot away from water. I told him to come back again next week.

When he came back, I remove the stitches as the wound had dried. The man went back home with relief and happiness. And his whole family was so happy to cheer the Back Pack medical workers. Patient's mother told the medical workers are very kindness and help them on bottom of heart. If the clinic was not in our village, to be very difficult for their family. Finally, their families look so happy and thank to all Health workers.

6.2) 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

School health activity in Palaung 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.

6.2.1 School Health Sub-Program:

In 2018, the BPHWT implemented its school health program in 542 schools with 2,681 teachers: 2,092 women and 589 men. There were 45,183 students – comprised 22,084 boys and 23,099 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 was no personal hygiene supplies distributed.

6.2.2 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, 29,618 children received De-worming medicine (Albandozole) and 38,303 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 14: 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	86	98	249	262	804	771	1,139	1,131
2	Kayan	199	198	523	406	700	616	1,422	1,220
3	Special	18	18	84	90	109	89	211	197
4	Taungoo	99	100	276	264	516	519	891	883
5	Kler Lwee Htoo	33	35	51	45	63	67	147	147
6	Thaton	160	176	643	678	584	615	1,387	1,469
7	Papun	274	273	780	777	1,403	1,289	2,457	2,339
8	Pa An	45	56	657	625	1,195	1,425	1,897	2,106
9	Kawkareik	0	0	80	84	205	217	285	301
10	Win Yee	0	0	154	140	355	340	509	480
11	Mergue/Tavoy	34	40	194	193	391	377	619	610
12	Yee	177	255	833	943	1,538	1,601	2,548	2,799
13	Moulamein	286	392	1,048	1,268	1,178	1,200	2,512	2,860
14	Shan	224	273	367	454	315	353	906	1,080
15	Pa Oh	0	0	56	40	63	54	119	94
16	Palaung	259	307	448	531	771	956	1,478	1,794
17	Arakan	52	55	43	47	34	35	129	137
Total		**1,946**	**2,276**	**6,486**	**6,847**	**10,224**	**10,524**	**18,656**	**19,647**
		4,222		**13,333**		**20,748**		**38,303**	

Table 15: Numbers of Children Received De-worming Medicine

No.	Field Area	Age (1-12 Years)		
		M	F	Total
1	Kayah	1,001	982	1,983
2	Kayan	1,021	982	2,003
3	Special	403	374	777
4	Taungoo	782	785	1,567
5	Kler Lwee Htoo	112	111	223
6	Thaton	1,817	1,873	3,690
7	Papun	2,725	2,549	5,274
8	Pa An	1,844	2,028	3,872
9	Kawkareik	281	301	582
10	Win Yee	516	485	1,001
11	Mergue/Tavoy	533	553	1,086
12	Yee	856	995	1,851
13	Moulamein	1,125	1,263	2,388
14	Shan	399	434	833
15	Pa Oh	59	48	107
16	Palaung	1,039	1,193	2,232
17	Arakan	69	80	149
Total		**14,582**	**15,036**	**29,618**

6.2.3 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 2018, the BPHWT teams built 12 gravity flow water systems and the beneficiary population that has received gravity flow water system includes 732 households composed of 4,078 people. The BPHWT also built 21 shallow well water systems which have been received by 514 households and 2,883 beneficiaries. The BPHWT also provided 1,934 community latrines to 1,934 households and 49 water filters in 24 schools for 2,310 students.

Table 16: Numbers of Gravity Flows, Shallow Wells, and Latrines Installed

No.	Area Name	No. Gravity Flows	HHs	Population		
				M	W	Total
1	Taungoo	2	42	102	98	200
2	Thaton	2	294	666	673	1,339
3	Papun	4	117	418	423	841
4	Pa An	4	279	836	862	1,698
Total		**12**	**732**	**2,022**	**2,056**	**4,078**
No.	**Area Name**	**No. Shallow Wells**	**HHs**	**Population**		
				M	**W**	**Total**
1	Thaton	20	463	1,273	1,287	2,560
2	Papun	1	51	165	158	323
Total		**21**	**514**	**1,438**	**1,445**	**2,883**
No.	**Area Name**	**No. Latrines**	**HHs**	**population**		
				M	**W**	**Total**
1	Taungoo	100	100	203	216	419
2	Thaton	700	700	1,752	1,662	3,414
3	Papun	334	334	1,336	1,324	2,660
4	Pa An	400	400	1,002	1,125	2,127
5	Win Yee	300	300	785	827	1,612
6	Yee	100	100	260	240	500
	Total	**1,934**	**1,934**	**5,338**	**5,394**	**10,732**
No.	**Area Name**	**No. Water filter**	**# of Schools**	**Population**		
				M	**W**	**Total**
1	Taungoo	4	4	45	44	89
2	Thaton	18	7	703	718	1,421
3	Pa An	17	7	217	357	574
4	Win Yee	10	6	120	106	226
Total		**49**	**24**	**1,085**	**1,225**	**2,310**

Table 17: Number of WASH awareness Workshop and Participants

No.	Area Name	# of WASH Workshops	Participants		
			M	W	Total
1	Taungoo	2	55	77	132
2	Thaton	3	80	123	203
3	Papun	3	66	146	212
4	Pa An	4	148	138	286
5	Win Yee	1	18	29	47
Total		**13**	**367**	**513**	**880**

6.2.4 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 2018, the BPHWT organized 115 village health workshops in 14 targeted field areas, attended by 8,113 people – 3,796 men and 4,317 women. Communities were invited to send representatives from different sectors such as religious leaders, authorizes, villagers, women organization, youth organization, health workers, TBAs/TTBAs, VHVs/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 18: Number of Village Health Workshop and Participants

No	Areas	# of VH workshops	Participants		Total
			M	W	
1	Kayan	8	373	422	795
2	Taungoo	2	61	49	110
3	Kler Lwee Htu	1	18	15	33
4	Thaton	6	109	160	269
5	Papun	19	665	697	1,362
6	Pa An	11	291	443	734
7	Special	5	164	182	346
8	Dooplaya	6	108	166	274
9	Kawkareik	4	186	167	353
10	Win Yee	4	102	175	277
11	Merque/Tavoy	6	222	184	406
12	Yee	14	445	434	879
13	Maulamein	12	470	451	921
14	Palaung	17	582	772	1,354
Total		**115**	**3,796**	**4,317**	**8,113**

6.2.5 Village Health Committee (VHC) and VHC Meeting:

The BPHWT has established village health committees since the second period of 2015. The purpose of establishing VHC is to improve community participation and to sustain development of a primary healthcare in the field areas. Each VHC targets to have 9-13 members. The target goal is to have at least 30% participation from women in the VHCs. The BPHWT has established 64 (409 M & 243 F) VHC members. The VHCs surpassed that goal with 37% of VHC members being women. 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 environmental cleaning, oversight of clinic management, and coordination with other CBOs and NGOs activities. These VHCs organize quarterly regional meeting among themselves in their respective villages. During this reporting period, no new VHC was established and 96 VHC meetings organized with 585 (354M & 231F) members.

Table 19: Village Health Committee Meetings and Participant list

No.	Area	# of VHC meetings	Men	Women	Total
1	Kayan	4	25	19	**44**
2	Thaton	2	5	29	**34**
3	Papun	8	93	30	**123**
4	Pa An	24	80	46	**126**
5	Dooplaya	24	48	33	**81**
6	Kawkareik	12	37	21	**58**
7	Win Yee	16	23	29	**52**
8	Merque/Tavoy	1	9	4	**13**
9	Palaung	3	21	10	**31**
10	Pa Oh	2	13	10	**23**
Total		**96**	**354**	**231**	**585**

Installing water system in Yee and Taungoo Field Area

6.3) 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.

Providing ANC in Yee Field Area

During 2018, 3,695 pregnant women received de-worming medicine (Mebendozole) and 3,720 women and pregnant women received iron supplements (Ferrous Sulphate, and Folic Acid). In addition, 777 TBAs/TTBAs were working with the Back Pack Health Worker Team. They assisted in 4,064 births; of these, 4,050 were live births, 14 were stillbirths or abortions, and there were four cases of neo-natal deaths. The TBAs/TTBAs also recorded six maternal deaths according to eclampsia and Post-Partum Hemorrhage. There were 65 obstetric cases referred during 2018. 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.

6.3.1 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 TTBAs 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 2018, there were three TTBA training for 60 TTBAs (5 men and 55 women) in Pa An field area.

Table 20: TTBA training

NO	Area	# TTBA Trainings	Participants		
			Men	Women	Total
1	Papun	1	4	6	**10**
2	Kachin	1	0	20	**20**
3	Palaung	1	1	29	**30**
Total		**3**	**5**	**55**	**60**

6.3.2 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 2018, 86 TBA/TTBA follow-up workshops were organized in 16 field areas which included 838 TBAs/TTBAs (71 men and 767 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, 760 TBA/TTBA kits and 3,660 maternity kits were distributed in order to restock in field areas.

Table 21: Number of TBA/TTBA Workshop and Participants					
NO	**Area**	**# Workshops**	**Men**	**Women**	**Total**
1	Kayah	4	0	40	**40**
2	Kayan	5	0	50	**50**
3	Taungoo	3	0	30	**30**
4	Klew Lwee Htoo	5	2	56	**58**
5	Thaton	6	0	36	**36**
6	Papun	9	24	74	**98**
7	Pa An	13	12	138	**150**
8	Dooplaya	12	19	105	**124**
9	Kawkareik	8	6	36	**42**
10	Win Yee	8	3	86	**89**
11	Mergue /Tavoy	4	1	27	**28**
12	Yeee	2	0	20	**20**
13	Palaung	3	0	30	**30**
14	Arakan	2	0	22	**22**
15	Special	1	1	10	**11**
16	KBC	1	3	7	**10**
Total		**86**	**71**	**767**	**838**

Providing ANC in Win Yee and child care in Kachin Field Area

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

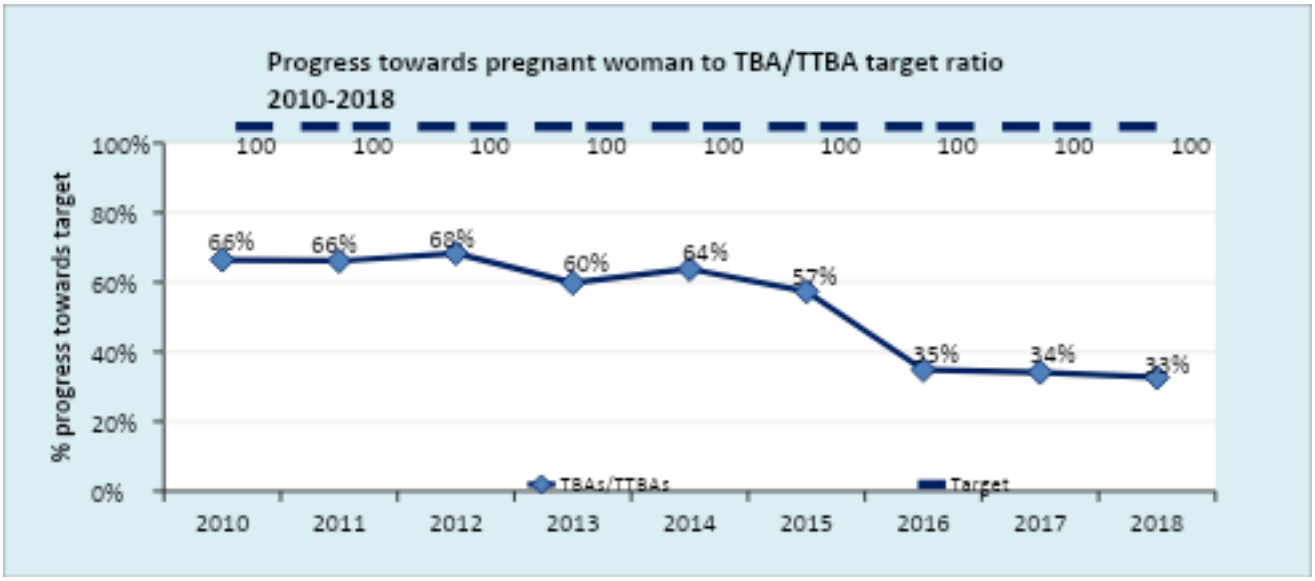


Table 22: Progress toward TBA to Pregnant Women Target Ratio 2004-2018					
Year	**TBAs/TTBAs**	**Pregnant women**	**TBAs/TTBAs/ Pregnant Ratio**	**Target TBA/TTBA/Pregnant Ratio**	**% Progress to TBA/TTBA /Pregnant Target**
2004	202	7,453	37	8	22%
2005	260	6,855	26	8	30%
2006	507	7,833	15	8	52%
2007	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%
2018	777	19,025	24	8	33%

Table 23: Birth and Death Records

No	Area	Deliveries	Live Births	Still Births/ Abortions	Deaths		<2.5 Kg	=>2.5 kg
					Neonatal	Maternal		
1	Kayah	267	267	0	1	0	0	**267**
2	Kayan	316	313	3	0	0	9	**302**
3	Special	30	30	0	0	0	0	**30**
4	Taungoo	128	127	1	0	0	5	**122**
5	Klew Lwee Htoo	119	119	0	0	0	7	**100**
6	Thaton	437	437	0	0	0	19	**344**
7	Papun	744	740	4	1	2	52	**555**
8	Pa An	377	377	0	0	1	21	**354**
9	Dooplaya	148	148	0	0	1	15	**126**
10	Kawkareik	132	132	0	0	0	10	**94**
11	Win Yee	204	204	0	0	2	15	**188**
12	Mergue /Tavoy	181	180	1	0	0	8	**110**
13	Yee	161	161	0	0	0	0	**112**
14	Shan	75	75	0	0	0	2	**73**
15	Palaung	253	249	4	2	0	6	**244**
16	Chin	257	257	0	0	0	0	**0**
17	Arakan	101	101	0	0	0	8	**93**
18	KBC	103	103	0	0	0	1	**102**
19	Pa Oh	31	30	1	0	0	2	**16**
Total		**4,064**	**4,050**	**14**	**4**	**6**	**180**	**3,232**

Table 24: 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	267	**267**
2	Kayan	314	**316**
3	Special	22	**22**
4	Taungoo	115	**128**
5	Klew Lwee Htoo	94	**110**
6	Thaton	437	**430**
7	Papun	687	**688**
8	Pa An	377	**377**
9	Dooplaya	147	**147**
10	Kawkareik	132	**132**
11	Win Yee	204	**204**
12	Mergue /Tavoy	178	**180**
13	Yee	161	**161**
14	Shan	75	**75**
15	Palaung	253	**253**
16	Chin	0	**0**
17	Arakan	101	**101**
18	KBC	100	**100**
19	Pa Oh	31	**29**
Total		**3,695**	**3,720**

6.3.3 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 2018, the BPHWT provided family planning services to 6,528 people, of whom 153 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 workshop. The BPHWT coordinates with BRC and has conducted three implant training for long-term family planning method. During 2018, the trained health workers provided implants to 792 women.

Table 25: Family Planning Activities

No	Area	Age		Visits		Clients				
		< 19	> = 19	New	Follow Up	Depo	Pill	Condon	Implant	Total
1	Kayah	9	546	346	209	251	158	11	135	555
2	Kayan	5	168	81	92	50	91	22	10	173
3	Special	0	65	47	18	40	25	0	0	65
4	Taungoo	1	153	47	107	84	49	10	11	154
5	Klew Lwee Htoo	0	109	12	97	100	8	0	1	109
6	Thaton	3	541	99	445	417	107	20	0	544
7	Papun	2	482	108	376	275	202	7	0	484
8	Pa An	4	567	166	405	346	143	7	75	571
9	Dooplaya	2	207	75	134	161	29	19	0	209
10	Kawkareik	2	159	34	127	111	50	0	0	161
11	Win Yee	5	338	169	174	186	109	18	30	343
12	Mergue/Tavoy	4	460	213	251	93	55	5	311	464
13	Yee	9	383	105	287	290	102	0	0	392
14	Shan	8	118	39	87	84	42	0	0	126
15	Palaung	17	1145	420	742	911	140	1	110	1162
16	Chin	0	44	42	2	44	0	0	0	44
17	Arakan	13	158	35	136	71	69	31	0	171
18	Kachin	0	109	106	3	0	0	0	109	109
19	KBC	0	380	73	307	297	83	0	0	380
20	WLC	1	93	92	2	76	16	2	0	94
21	Naga	0	21	20	1	21	0	0	0	21
22	Pa Oh	3	194	71	126	163	34	0	0	197
Total		**88**	**6,440**	**2,400**	**4,128**	**4,071**	**1,512**	**153**	**792**	**6,528**

6.3.4 Table 26: Summary Fact Sheet of the MCHP's Activities

Years	2011	2012	2013	2014	2015	2016	2017	2018
1. Total Deliveries	3412	3961	3,508	3,779	3,341	3,513	4,144	4,064
2. Live Births	3356	3927	3,486	3,760	3,329	3,502	4,123	4,050
3. Still Births	50	35	24	19	12	12	21	14
4. Neonatal Deaths	53	37	14	18	19	9	8	4
5. Maternal Deaths	13	9	7	2	3	9	2	6
6. Low Birth Weight	254	263	103	212	168	106	141	180

In 2018, there were six maternal deaths out of 4,064 total deliveries and the main causes of maternal deaths were one eclampsia and five post-partum hemorrhage. 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.

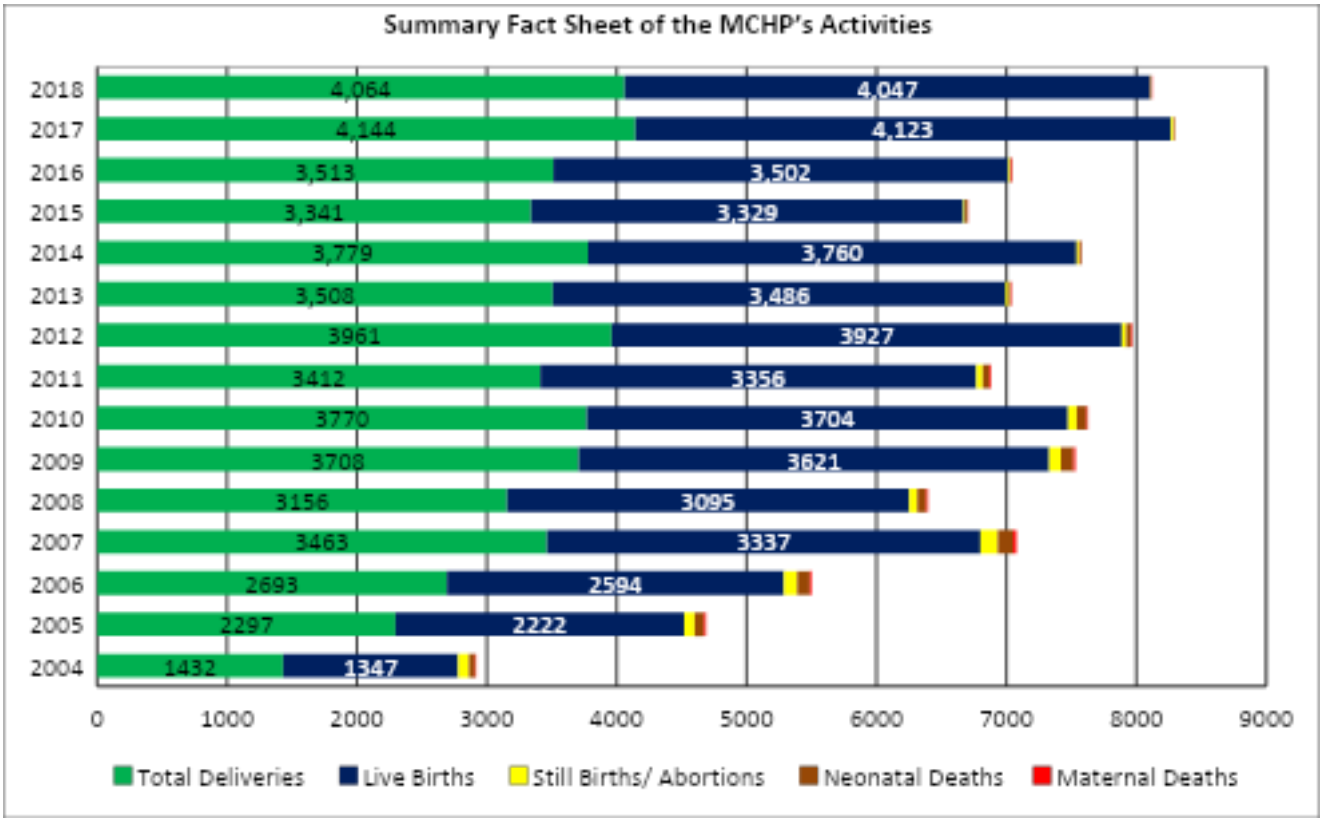


Table 27: TBA/TTBA and Maternity Kit Distributed:

Maternity Kit Contents:	TBA/TTBA Kit Contents:	
• **Providone**	• Syringe ball	• Compress
• **Cotton**	• Non-sterilized gloves	• Multicolor bag for kit (smallest size)
• **Albendazole**	• Sterilized gloves	• Plastic sheet
• **Folic C**	• Plastic bags for medicine	• Package of plastic bags for kit
	• Providone	• Towels
	• Terramycin eye ointment	• Nail clippers
	• Thread	• Scissors

	• Ink

6.3.5 Reproductive Health Awareness

During the period of 2018, the MCHP supervisors conducted 33 RH awareness workshops in 9 field areas as showed in the below table. There were 2,146 participants, comprised of 1,353 women and 793 men and 558 were under 15 age groups. 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. The BPHWT plans to continue this RH awareness to improve the knowledge and awareness of reproductive ages.

Table 28: Reproductive Health Awareness participant list

NO	Area	# of RH Awareness	<15		> = 15		Total
			Men	Women	Men	Women	
1	Papun	7	73	80	112	173	**438**
2	Pa An	7	37	67	97	240	**441**
3	Dooplaya	6	21	23	138	159	**341**
4	Kawkareik	2	18	33	31	63	**145**
5	Win Yee	4	34	46	48	196	**324**
6	Meigue/ Tavoy	2	7	13	47	58	**125**
7	Kachin	3	50	37	38	74	**199**
8	Special	1	2	6	22	34	**64**
9	KBC	1	5	6	13	45	**69**
Total		**33**	**247**	**311**	**546**	**1,042**	**2,146**

6.3.6 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 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 2018, the MCHP supervisors and workers organized 66 GBV awareness workshops in 12 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 29: Number of Gender-Based Violation Awareness Workshops and Participants

NO	Area	# of GBV Awareness	<15		> = 15		Total
			Men	Women	Men	Women	
1	Kayah	6	88	111	109	148	**456**
2	Kayan	5	22	36	80	175	**313**
3	Taungoo	3	19	24	40	61	**144**
4	Klwe Lwee Htoo	3	36	46	73	104	**259**
5	Thaton	6	33	58	56	215	**362**
6	Pa An	6	32	68	71	235	**406**
7	Dooplaya	6	10	15	89	147	**261**
8	Kawkareik	4	16	18	105	108	**247**
9	Win Yee	4	71	54	144	319	**588**
10	Yee	10	33	53	73	300	**459**
11	Palaung	10	59	99	218	344	**720**

12	Arakan	3	48	42	67	46	**203**
Total		**66**	**467**	**624**	**1,125**	**2,202**	**4,418**

6.3.7 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 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.

Providing nutrition awareness before providing nutrition food to pregnant women in Pa An Field Area

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 2018. In average, there were 848 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 30: Distribution Nutrition Food to Pregnant Women

Areas	# of BP teams	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Pa An	6	190	207	207	209	125	295	225	294	300	299
Kawkareik	4	258	277	277	277	0	141	140	145	143	143
Win Yee	4	277	305	299	303	0	201	201	233	233	233
Dooplaya	6	131	149	147	147	0	221	221	341	341	341
Total	**20**	**856**	**938**	**930**	**936**	**125**	**858**	**787**	**1013**	**1017**	**1016**

Table 31: Number of Nutrition Awareness Workshop(IYCF) and Participants

No.	Area Name	# of Nutrition Workshops	Participants		
			M	W	Total
1	Taungoo	11	147	147	294
2	Thaton	8	151	118	269
3	Papun	20	411	314	725
Total		**39**	**709**	**579**	**1,288**

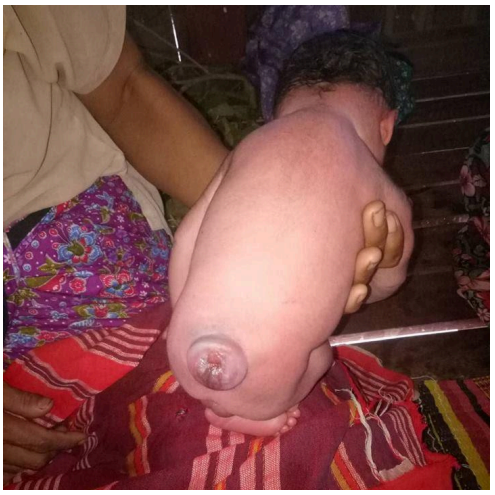
6.3.8 Testimonials from the Field Area

NAME: Naw Aye Pwint
ETHNICITY: Karen
POSITION: MCH Supervisor
AREA NAME: Win Yee Field Area

Feeling sad in heart

There was a situation with a pregnant young woman who did not normally didn't come to our clinic for antenatal care. She was 19 years of age, Gravity one (G1) and Parity one (P1), and gave birth to her baby by a Trained Traditional Birth Attendant (TTBA) without any challenges. The newborn baby was naturally innocently, growth well, and looked so cute. But the baby had a problem of genetic spina bifida.

A day after birth, the baby's mother come to the clinic and asked the health worker to go to examine her baby. The health worker went immediately with the baby's mother to her house, did an essential examination, and took history. Then health worker saw the results from the baby and that it was an emergency case. So they immediately referred the baby to the station hospital. Because of financial hardships, the baby's mother was reluctantly to go the hospital.



Several days after birth, the baby's mother returned to the clinic and asked the health worker to go and examine the baby again. After arriving at the patient's house and seeing the condition of the baby, the health worker felt that the baby could not stay for a long time at home. The baby's condition was not well, could not breast feed well, and looked jaundice. Then the health worker informed the baby's parents to carry the baby to a nearby station hospital. But the hospital could not care for the baby because of the baby's condition. Therefore, they referred the baby to the Moulamein Hospital Child Specialist Department and got treatment for ten days at the hospital

However, the baby's condition did not progress. So the doctor advised and directed them to refer the baby to the Yangon's Yan Kin Hospital which specialized in child care. The mother agreed with the doctor. However, the baby's mother was feeling hurt and found it difficult to go to the Yangon Hospital because she had financial hardships, never been to Yangon, and had to return to her house for having a lot of other problems. So the baby's mother returned home with her baby from Moulamein Hospital.

Two days after returning home, the baby died. So, this outcome became very sad for the health worker. Thus, I'm willing to share my perspective to all maternals. When they are in a pregnancy period. They need to come and take pregnancy health services regularly.

7) Field Meetings and Workshops

The BPHWT conducts field meetings and field workshops twice a year in the targeted field areas. In 2018, there were 38 field workshops and 30 field meetings conducted in the targeted field areas; there were 328 participants who attended field meetings and 417 participants who attended field workshops.

Table 32: Field Workshops and Meetings

Description	# of Workshops/Meetings	Men	Women	Total
Field Workshops	38	196	221	417
Field Meetings	30	175	153	328

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

8) Capacity Building Program

In 2018, the Back Pack Health Worker Team organized three community health worker trainings, one Auxiliary Midwife (AMW) training, one village health worker training, one mental training and one health organizational development workshop 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, the Deputy-Director attended a summer school in Public Health Policy, Economics and Management in Lugano - Switzerland from 27 August to 1 September 2018. This is supported by Swiss Agency for Development and Cooperation (SDC) scholarship program. This is a useful course for the staff to learn new skill, knowledge and build up the staff confident.

Table 33: Trainings Implemented during January to December 2018		
Training Courses	**Periods**	**sites**
1. Community Health Worker Training	10 mths	Thay Bay Hta, Thaton, Kayan
2. Community Mental Health Training	6 days	Kayan
3. Forensic Medicine Training	2 days	Mae Sot
4. Community Health Worker ToT	12 days	Mae Sot
5. Basic Computer & Office Management training	6 wks	Mae Sot
6. Continuous Medical Education (CME)	5 days	Noh Poe & Pah Pyah
7. Village Health Worker Training	15 days	Win Yee
8. AMW Training	3 months	Pa An (Taungalay)

Table 34: Trainings, Workshops and Participants during 2017			
Training Courses	**Participants**		
	W	**M**	**Total**
1. Community Health Worker Training	83	63	146
2. Community Mental Health Training	17	9	26
3. Forensic Medicine Training	25	7	32
4. Community Health Worker ToT	14	12	26
5. Basic Computer & Office Management training	9	6	15
6. Continuous Medical Education (CME)	30	12	42
7. Village Health Worker Training	13	7	20
8. AMW Training	20	0	20

8.1) Community Health Worker (CHW) Training

During the reporting period, the BPHWT organized three CHW trainings in Htway Bay Hta, Thaton, and Kayan targeted areas. The total participants were 145 (82 women and 63 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 misusage 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
- Maternal and Child Health
- Primary Eye Care
- Public Health

Table 35: Community Health Worker Trainings and Participants

No	Areas	# of CHW Trainings	Participants		Total
			M	W	
1	Thay Bay Hta	1	24	26	50
2	Thaton	1	19	34	53
3	Kayan	1	20	22	42
Total		**3**	**63**	**82**	**145**

8.2) Community Mental Health Training Course

During this reporting period, the BPHWT organized a mental health workshop which was facilitated by Dr. San San Oo, Sayarma Thiri Nay Win, and Sayarma Su Myat Yee from Open Society Foundations (OSF). The training conducted from 2-7 April 2018 in Kayan and participated by 26 health workers (9 men and 17 women). The purposes of the course are:

- To improve health workers' knowledge and understanding on community based mental health care approaches.
- To build the confidence and skills of health workers in management for psychiatric emergency cases
- Guideline for analysis of mental health situation and context in BPHWT

The Course topics include:

1. Physical first aid
2. Counseling
3. Resiliency
4. Strength base care
5. Community inclusive
6. Community base mental health care
7. Case study
8. Promotion and prevention in mental health
9. Mental health first aid
10. Human rights
11. Dignity in mental health care
12. Trust relationship
13. Common mental health problems
14. Field trip

8.3) Basic Computer and Office Management Training Course:

This training course was conducted from 26 March – 20 May 2018. This training is lasted for six weeks. There were 14 participants, comprised of 5 men and 9 women. The trainees were trained by the BPHWT Office Manager and Website/Layout Designer.

The key course topics are:

- Typing tutor
- Basic Microsoft Word and Excel
- Basic office management
- Photoshop
- PageMaker
- Maintenance of Computer

8.4) Community Health Worker (ToT) Course:

This Community Health Worker (ToT) Course was conducted from 12-22 February 2018 in Mae Sot. This is one month training included both of theory and practical. There were 26 participants, comprised of 12 men and 14 women. The trainees were trained by BPHWT, BMA, and MTC senior trainers and doctors.

The key course topics are:

- Learning objectives

- Adult learning
- Session plan
- Question design
- Teaching methods
- Review CHW volume 1-5
- Facilitator skills

8.5) Basic Computer and Office Management Training Course:

This training course was conducted from 26 March – 20 May 2018. This training is lasted for six weeks. There were 15 participants, comprised of 6 men and 9 women. The trainees were trained by the BPHWT Office Manager and Website/Layout Designer.

The key course topics are:

- Typing tutor
- Basic Microsoft Word and Excel
- Basic office management
- Photoshop
- PageMaker
- Maintenance of Computer

8.6) Field Continuous Medical Education (CME) Training Course

BPHWT coordinates with EHSSG and health partner organizations to organize field continuous medical education in the targeted field areas. This program benefits for field staffs for further learning. During this reporting period, there were two CME training courses organized in Noh Poe Back Pack team in Kawkareik and Pah Pyah Back Pack team in Win Yee. There were 42 health workers attended this CME training course.

The purposes of this course are:

1. To maintain competence and developed about new and update developed in medical field
2. Improve field health workers' clinical skills and knowledge
3. Build confidence and skills of health workers in management
4. Assess the needs of the field health workers

Table 36: CME Trainings and Participants

No	Areas	# of CME Trainings	Participants		Total
			M	W	
1	Noh Poe	1	2	4	6
2	Pah Pyah	1	10	26	36
Total		**2**	**12**	**30**	**42**

The key CME course topics are:

1. General diseases and accidents

- Respiratory Tract Infection
- Anaemia
- UTI
- Intestinal worm
- Diarrhoea
- Hypertension
- Dyspepsia
- Road traffic accidents
- Arthritis
- Skin infection

2. Reproductive Health

- EmOC introduction
- RH case definition

- ANC, Normal delivery, PNC, family planning, Hypertension in pregnancy, PPH
- First trimester pregnancy complication, Vaginal bleeding in late pregnancy
- Preterm labour
- Gender based violence management

8.7) Village Health Worker (VHW) Training

The BPHWT conducted a VHW training in Win Yee field areas for 20 participants, comprised of 13 women and 7 men. The VHW training is 15 days 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.

8.8) Auxiliary Midwife (AMW) training

The BPHWT continuous supporting of the 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 2018. This is the 8th batches of AMW trainings and comprised of 20 participants. This training was organized from 21 September 2018 to 21 December 2018. The trainers of this AMW training are from Back Pack Health Worker Team (BPHWT), Karen State Department of Health (KSDoH), 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 continue ten months of Maternal and Child Healthcare (MCH) training which includes three-month theory and seven-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.

8.9) Health Organizational Development Workshop

In this reporting period, the Back Pack conducted a three-day Health Organizational Development (HOD) training on 18-20 2018 in Mae Sot with 27 (18 men and 9 women). The BPHWT Deputy Director and some field in-charges who completed HOD training of trainers facilitated the training to managerial health workers-field-in-charges (FICs) and program in-charges. The three-day discussed topics are:

HOD 01: Introduction to management
HOD 02: organization and administration of health services
HOD 03: Communication
HOD 04: Leadership
HOD 05: Motivation
HOD 06: Supportive Supervision

During 2018, the BPHWT participated in the following convergence activities:

Descriptions	Discussions and Outcomes
Advocacy meeting with Chin ethnic leaders on 25-28 Apr 2018	● Enhance the capacity for the health workers and support to get accreditation ● Implement health services' mapping in Chin Land ● Monitor and evaluate health workers and services ● Implement a Health Facility Assessment ● Provide the necessary human resources for the health system and the implement of programs ● Implement the health strategic plan for Chin Land
Consultation Meeting in Taw Oo District, Karen State on 13-14 Jul 2018	● When implementing any health-related project, it must be in line with the guidelines of the Taw Oo Humanitarian Development Committee (THDC) which is based upon the Federal system and HCCG Principles. ● The relevant district health administrator must ensure that they review and approval all project implementations in their district. ● When selecting and assigning project staff, the focus should not only be on the project needs, but also on its sustainability and the need to discuss and cooperate with local administrators. ● Before implementing health projects, such as the Jhpiego Essential Health Project in Than Tung township, there needs to be a discussion with the THDC which involves the Taw Oo administration and health administrators. It also must be in line with relevant Karen National Union (KNU)'s internal policies. ● If any international nongovernment organization (INGO) wants to implement health programs in the Taungoo District, they must discuss it and cooperate with the THDC, BPHWT, and KDHW. ● The THDC, BPHWT, and KDHW will collect and submit the results of the group discussion issues from this meeting to the District Health in-Charge. The meeting participants will also take actions on these issues. ● The Taungoo District Health in-Charge and BPHWT Field in-Charge should discuss with the Health Information System Working Group (HISWG) about the implementation of a service mapping of the whole Taungoo District during 2018. ● The next meeting will be held in December 2018.
Advocacy meeting with Restoration Council of Shan State (RCSS) Chairperson in Chiang Mai on 8 Nov 2018	● The RCSS Chairperson invited the Shan Health Department, every Shan health organization, and Shan CBHOs to a meeting on 7-8 December 2018 (Shan New Year) to establish a SHC to represent the ethnic health system of Shan State. ● This SHC would be administratively under the Shan Administration Department of the RCSS. ● The RCSS plans to invite the HCCG team to assist with the development of a strategic plan for the SHC.
9th Ethnic Health Consultation & International Partners' Meetings on 14-16 Nov 2018	● The EHSSG's partners will cooperate with the EHSSG coordination mechanism. ● A resource mobilization strategy needs to be developed for VTHCs by donors and EHOs' partner organizations. ● The cost of a standardized VTHC service package needs to be calculated. ● Ethnic health training must reach ASEAN standards through collaboration with technical teams from the EHOs, INGOs, and Myanmar Ministry of Health & Sports (MoHS). ● The EHOs and international partner organizations meetings will be held once every six months. ● Regular meetings with INGOs will be held for information sharing and cooperation. The first meeting was hosted by CPI. ● The EHOs' strategic plan will be implemented during 2019.

	● A policy needs to be developed for a standardized design and cost of health infrastructure. Furthermore, there needs to be advocacy to the international community for the funding of this health infrastructure. ● Instruction and criteria about hardware and software will be developed for the Health Information System. International partner organizations must provide both technical and funding support for upgrading and modernizing this System. Moreover, IT training must be implemented to enhance health worker literacy and develop standard common indicators. CPI and Jhpiego should share their guidelines in this respect. ● A pilot program will be started to implement the ethnic health financing strategy. Also, an assessment will be conducted in regard to community-based health insurance (CBHI) in the Salaung, Kyaw Hta, Day Bu Noh area. ● The EHSSG must consider health system convergence in its programs and relationships/interactions/activities with the MoHS depending upon the then political situation. ● The EAOs must plan how to negotiate with the MoHS during this interim period of peace negotiations. ● There must be continual advocacy to international governments and relevant international organizations for the ethnic health system and continuing ethnic health programs.

9) 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. The next IAS will be conducted in the end of 2019.

During 2018, the Director of Executive Board, Leading Committee members, and program coordinators made 17 monitoring trips to Dooplaya, Win Yee, Kawkareik, Pa An, Thaton, Taungoo and Papun field areas to assess the situation, program effectiveness, and the health need in the field areas.

MCHP's coordinator and staff made monitoring and evaluation trip in Dooplaya and Kawkareik

Table 37: 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	- External physicians - Field In-Charges - Program Coordinators	Annually	Triennially
Outcome and Impact Assessment	Conducting surveys	- Leading Committee		Biennially
Training Effectiveness	Pre- and post-test examinations	- Field In-Charges	Annually	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 annualreport Outcome of elections included in corresponding annual report

Log Book Review for Diarrhea and Pneumonia

BPHWT's MCP coordinator and HID staff reviewed the medical logbooks from 21 different areas regarding the medical management of two common communicable diseases; diarrhea and pneumonia. The reviewed log books were recorded during January to June 2018. BPHWT's MCP coordinator and HID staff performed this reviewed during 25-30 November, 2018 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

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

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

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 all 21 different areas.

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 38: 2012 – 2018 result (scoring – fair and above)

Year	Diseases	
	Pneumonia	Diarrhoea
2012	93%	27%
2013	89%	58%
2014	95%	97%
2015	91%	84%
2016	97%	76%
2017	85%	81%
2018	94%	85%

10) 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***	***2018 EXPECTED RESULTS***	***2018 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*	*114 BP teams*		*1 Noh Maw Pue BP team, in Dooplaya*
	1.2 Provide medicines and medical supplies	*No. of target population and total case-load (w/m), under/over 5)*		*228,000 targeted population (no. of families & HH, no. of w/m and under/over 5y.o.)*	*297,273 (144,694M & 152,579F) <5 – 50,668 (24,361M & 26,307F)*		
	1.3 Treat common diseases and minor injuries	*No. of cases treated (w/m, under/over 5)*		*100,890 cases being treated (w/m, under/over 5y.o)*	*105,549 (48,779M & 56,770F)*		
	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*	*27,000 ITNs will benefit 40,000 HHs*	*29,850 ITNs for 12,991 HHs*		*It seems targeted high because BPHWT will collaborate with URC for this activity.*
		Percentage of people in households sleeping under ITNs (Baseline-53%)	*2019 Impact Assessment Survey*	*70% of people in households sleeping under ITNs*	*N/A*		*These impact indicators are measured in every two years by 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*		
		Mortality rates among children under 5 years old per 1,000 live births in target population (baseline-138)	*2019 Impact Assessment Survey*	*120 mortality rates among children under 5 years old per 1,000 live births in target population*	*N/A*		
		Percentage of under 5 years old children with malnutrition (according to accepted guidelines for MUAC cutoffs) (Baseline – 16.5%)	*2019 Impact Assessment Survey*	*12% of under 5 years old children with malnutrition*	*N/A*		
	1.5 Distribute BCG treatment guideline	*No. of BCG distributed*	*Annual report*	*2 BCG for each BP team*	*160 BCGs*		
2. Respond to disease outbreaks and emergency situations	*2.1 Purchase emergency medical supplies and immediately take action*	*Prompt reporting population affected No of cases treated (w/m, under & over 5 years old)*	*Delivery document; field reports; exception reports; annual reports*	*-Effective response and treatment for disease outbreaks or emergency situations (w/m & under/over 5 years old)*	*Responded to Measles Outbreak in Papun Area* *- 37 villages* *- 2,321 HHs* *- 13,107 Pops*		*It depends on the political and environmental factors.*

3. Improve patient referral systems	*3.1 Refer patients to the nearest hospitals or clinics.*	*No. of referrals patients(w/m)* *List of referral sites*	*Mid-year and annual reports; patient's referral form*	*150 patients referred to clinics or hospitals (w/m) including EmOC cases*	*224 (88M & 71F), 65 EmOC cases referred*		*- Health workers work closely with community.* *-Because of the distance the patients might refuse to be referred*
4. Promotion awareness of mental health in communities	*4.1 Conduct mental health training for health workers*	*No. of workshops* *No. of participants*	*Mid-year & annual reports*	*1 training* *20 participants*	*1 training for 26 ((9M & 17)*		*14 days training* *1 workshop with 20 participants* *It depends on the needs of communities*
	4.2 Case detection and treatment	*No. cases detected and treated*		*No. cases detected and treated*	*53 (24M & 29F)*		
	4.3 Providing counseling to the patients	*No. cases detected and treated*		*No. cases detected and treated*	*53 (24M & 29F)*		
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*	*29,618 (14,582M & 15,036F) children*		
	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*	*38,303 (18,656M & 19,647F) children*		
	1.3 Provide feeding for stunting and	*No. of IYCF session* *No. of stunting and wasting*		*12 sessions* *60 stunting and wasting children receiving feeding*	*No feeding session*		*1 session for 10 children* *5 BP teams in Thaton,*

	wasting children aged 6-59 mths	*children receiving feeding*		*(on process of assessment)*			*Taungoo and Papun*
	1.4 Organize nutrition awareness workshop	*No. of workshops No. of participants*	*Field reports; mid-year & annual reports*	*20 workshops for 600 participants*	*39 workshops for 1,288 (709M& 579F) participants*		*1 workshop for 30 participants*
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)*	*45,183 (22,084M & 23,099F) students*		*1 session for 150 students No kits distributed*
	2.2 Organize Village Health Workshops for communities	*No. of workshop*		*95 Village Health Workshops*	*115 VH workshops*		*1 workshop for 100 participants*
		No. & category of participants (w/m)		*9,500 people participate*	*8,113 participants*		
	2.3 Provide health campaigns	*No. of participants (w/m)*	*Mid-year & annual reports*	*100 health events 15,000 participants (w/m)*	*No health campaign*		*1 event for 150 participants*
	2.4 Organize mine education workshop	*No. of workshop and participants*		*95 workshops for 9,500 people participate*	*No mine workshop*		*Will integrate into VH workshops*
3. Improve community level knowledge and participation in health	*3.1 Organize village health worker trainings*	*No. training and VHW attended (w/m)*		*6 VHW trainings for 120 new VHWs (w/m)*	*1 training for 20 (7M & 13F) VHWs*		*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 210 VHWs*	*No VHW workshop*		*1 VHW workshop for 15 VHWs*
	3.3 Provide first aid kits to VHWs	*No. of VHWs receive the kits*		*250 VHWs will receive the kits*	*No kits distributed*		

	3.4 Establish Village Health Committees	*No. of VHC No. of members*	*Mid-year & annual reports*	*40 VHCs 360 members (w/m)*	*No VHC established*		*9 members in each VHC (at least 30% of women)*
	3.5 Organize Village Health Committee meetings quarterly	*No. of VHC meeting and participants*	*Mid-year & annual reports*	*60 VHC meetings 144 participants (w/m)*	*96 VHC meetings for 585 (354M & 231F)*		*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*	*2,000 community latrines for 2,400 HHs*	*1,984 for 1,984 HHs*		*1 latrine per household.*
	4.2 Build school latrines	*No. of school latrines built No. of schools*	*Mid-year & annual reports*	*400 school latrines*	*No school latrine*		*At least 2 latrines per school*
	4.3 Install gravity water systems	*No. gravity flows installed No. of HHs and people (W/M)*	*Mid-year & annual reports*	*20 gravity flow water systems 1,200 house-holds (6,000 pop)*	*12 gravity flows for 4,078 pops*		*1 gravity flow for 60 HHs & 300 Pop.*
	4.4 Install shallow well water systems	*No. shallow wells installed No. of HHs and people (W/M)*	*Mid-year & annual reports*	*30 shallow wells for 300 HHs & 1,500 Pop*	*21 shallow wells for 514 & 2,883 pops*		*1 shallow well for 10 HHs & 50 pop.*
	4.5 Install school water filters	*No. of water filters installed*	*Mid-year & annual reports*	*60 water filters for 6,000 students*	*49 water filters for 2,310 students*		*1 water filter for 100 students*
	4.5 Organize WASH awareness workshop	*No. of workshops No. of participants*	*Mid-year & annual reports*	*10 WASH workshops 300 participants*	*13 workshops 880(367M& 513F) pops*		*1 WASH workshop for 30 participants*
		% of people who own a latrine using latrines (always and sometimes) (Baseline -98%)	*2019 Impact Assessment Survey*	*99% of people who own a latrine using latrines (always and sometimes)*	*N/A*		

		% of people who own a latrine (Baseline - 70% in 2010)	*2019 Impact Assessment Survey*	*85% of people who will own a latrine*	*N/A*		
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*	*3,500 pregnant women*	*3,695 pregnant women*		
	1.2 Distribute folic acid and ferrous sulphate tablets to pregnant women and women	*No. of pregnant women and women receiving iron*	*TBA's forms; mid-year & annual reports*	*3,500 pregnant women and women*	*3,720 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*	*2 EmOC trainees*	*4 EmOC*		*BPHWT will coordinate with MTC.*
	1.4 Provide EmOC supplies	*No. of EmOC supplies provided*	*Mid-year & annual reports*	*4 EmOC supplies*	*4 EmOC supplies*		*Naung Kai and Thar Yu clinics*
	1.5 Provide nutrition food for pregnant women	*No. of pregnant women receive nutrition foods*	*Mid & annual reports*	*1,500 pregnant women (50 per team x 30 teams)*	*848 pregnant women in average*		*(Oil, yellow bean, eggs, fish cans and dry fish)*
	1.6 Provide ANC to pregnant women	*% of pregnant women in target population with at least four ANC (Baseline – 44.7% in 2010)*	*2019 Impact Assessment Survey*	*60% of pregnant women in target population with at least four ANC*	*N/A*		*These indicators are measured in every two years.*

		% of children 0-5 months who are fed exclusively with breastfeeding in target population (Baseline -23%)	*2019 Impact Assessment Survey*	*40% of children 0-5 months who are fed exclusively with breast milk in target population*	*N/A*		
		No. and % of Trained Traditional Birth Attendants who can identify at least 5 signs of pregnancy complications, according to agreed standardized and harmonized health guidelines(Baseline-45% -2010)	*2019 Impact Assessment Survey & TBA assessment*	*60% of TBAs/TTBAs who can Identify at least 5 signs of pregnancy complications, according to agreed standardized and harmonized health guidelines*	*N/A*		*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 reports*	*35 obstetric cases referred*	*65 obstetric cases referred*		
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*	*5,000 (w/m)*	*5,736 (153 men)*		*short term family planning services (Depo,Pill, Condom)*
	2.2 Provide implants to women	*No. of women receive implants*	*Mid-year and annual reports*	*300 women will receive implants*	*792 women*		*Depends on the funding source*

3. Improve the knowledge and skills of TBAs/TTBAs and MCH Supervisors	*2.3 Provide family planning education*	*% of people using family planning methods*	*2019 Impact Assessment Survey*	*40%*	*N/A*		*There is still traditional cultural barriers*
	2.4 Organize Reproductive Health awareness workshops	*No. of workshop No. of participants (M/F)*	*Mid-year and annual reports*	*106 RH workshops for 4,240 participants (M/F)*	*33 RH workshops for 2,146 (793M & 1,53F)*		*40 participants per workshop*
	2.5 Providing IEC materials	*No. of IEC materials*	*Mid-year & annual reports*	*No. of IEC materials distributed*	*No. of IEC materials distributed*		*Depends on the funding*
	3.1 Conduct TTBA training	*No. of new TTBAs complete the training*	*Mid-year & annual reports*	*6 TTBA training for 120 people (w/m)*	*3 trainings for 60 (5M & 55F) TTBAs*		*1 training for 20 TTBAs*
	3.2 Conduct TBA/TTBA workshops	*No. of TBA/TTBA Follow-up Workshops held & no. of TTBAs attending (w/m)*	*Mid-year & annual reports*	*150 follow-up TBA/TTBA Workshops for 750 TBAs/TTBAs (w/m)*	*86 workshops for 838 (71M & 767F) TBAs/TTBAs*		*1 follow up workshop for 5 TBAs/TTBAs*
	3.3 Provide TBA/TTBA kits	*No. of TBA/TTBA kits provided*	*Kits distributing lists; mid-year & annual reports*	*1,500 TBAs/TTBAs kits*	*760 TBA/TTBA kits*		*It depends on the numbers of deliveries.*
	3.4 Provide maternity kits	*No. of maternity kits provided ToT*	*Mid-year & annual reports*	*5,000 maternity kits*	*3,660 maternity kits*		
	3.5 Organize TTBA ToT	*No. Of TTBA*		*1 TTBA ToT for 15 MCHP supervisors*	*No TTBA ToT*		
	3.6 Train MCH workers for implant	*No. of MCH workers trained*		*6 MCH workers*	*8 MCH workers (1M)*		*The training is ongoing.*
	3.7 Train MCH workers	*No. of MCH workers trained*		*25 MCH workers*	*9 MCH workers*		

		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*	*4,064 babies (1,999M & 2,065F)*		
		% of births attended by trained TBAs/TTBAS *% of births attended by health workers (Baseline – TBA -67%, health worker – 27%)*	*2019 Impact Assessment Survey*	*57% of births will be attended by TBAs/TTBAs* *40% of birth will be attended by health workers*	*N/A*		*- Currently, more TTBAs 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*		
		At the last pregnancy that you delivered provide at least 3 information = 353 (85%) -2010	*TBA Assessment Survey*	*- 95% of postpartum women were given at least 3 information*	*N/A*		
4. Every newborn baby attended by TBAs/TTBAs, MCH workers, & health workers	*4.1 Provide delivery records*	*No. of newborn baby received delivery records*	*Mid-year & annual reports*	*2,500 delivery records*	*2,586 (1,312M & 1,274F) delivery*		*Some communities can access to government services.*

will have birth record.							
5. Promote awareness of gender based-violence in the communities	*5.1 Organize gender based-violence awareness workshops*	*No. of meetings No. of participants (M/F)*	*Mid-year & annual reports*	*80 GBV workshops for 3,200 participants (M/F)*	*66 GBV workshops for 4,418 (1,592M & 2,826F)*		*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)*	*3 trainings for 146(63M &83F)*		
		% 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)*	*92 % of trainees show improved knowledge*		
	1.2 Organize CHW ToT	*No. of participants*	*Mid-year & annual reports*	*1 ToT for 25 health workers*	*1 ToT for 26 (12M & 14F)*		
	1.3 Medic Training Course	*No. of trainees complete training (w/m)*	*Mid-year & annual reports*	*1 training 30 participants*	*No medic training*		
		-% of Improving diagnosis & treatment (baseline – 96.3% in 2014)	*Logbook reviews & analysis*	*- 98% of improving diagnosis & treatment*	*- 90% from logbook review result*		
	1.4 Conduct Trauma	*No. of training No. of participants*	*Mid-year & annual reports*	*2 trainings 40 participants (w/m)*	*No trauma management training*		*1 training for 20 health workers*

management training						
1.5 Pharmacy management training	*No. of training* *No. of participants*	*Mid -year & annual reports; Attendance lists*	*1 training* *30 participants (w/m)*	*No pharmacy management training*		
1.6 Mental health training	*No. of training* *No. of participants*	*Mid -year & annual reports; Attendance lists*	*1 training* *20 participants (w/m)*	*1 training for 26 (9M&17F)*		
1.7 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 (6M & 9F)*		
1.8 Leadership and management training	*No. of training* *No. of participants*	*Mid-year & annual reports; attendance lists*	*1 training* *25 participants (w/m)*	*No leadership and management training*		
1.9 Conduct organizational development training	*No. of training* *No. of participants*	*Mid-year & annual reports; Attendance lists*	*1 training* *30 participants*	*1 training for 40 (15M & 25F)*		
1.10 Organize field continuous medical education (CME)	*No. of training* *No. of participants*	*Mid-year & annual reports* *Attendance list*	*2 CME trainings* *40 participants (w/m)*	*2 CME for 42(12M & 30F)*		*1 CME training for 20 health workers*
1.11 Organize Field workshops	*No. of field workshops and participants*	*Annual reports*	*38 workshops* *300 participants (w/m)*	*38 workshops* *328(175M & 153F)*		*Twice a year for 19 areas*

	1.12 Organize Field meetings	*No. of field meeting and participants*	*Annual reports*	*38 meetings 300 participants (w/m)*	*30 meetings 417(196M &221F)*		*(15-20 participants in each workshop or meeting) This happens in Mae Sot every six monthly. The security for the HWs is important while they travel.*
	1.13 Organize six month workshops and meetings	*No. of field health workers*	*Mid-year and annual reports; workshop attendance lists*	*100 health workers (w/m)*	*94 (47 M & 47 W)*		
	1.14 Attend local and international conferences and meetings	*No. participants*	*annual reports*	*No. participants*	*1 staff attended public health summer school*		*Supported by SDC*
	1.15 Attend local and international certificate courses	*No. participants*	*annual reports*	*No. participants*	*No local course*		*Depending on funding support*
	1.16 Organize internship program for AMW	*No. of participants*	*Mid -year & annual reports; Attendance lists*	*20 AMWs (w/m)*	*20 AMWs (all women)*		*At Mae Tao clinic*
2. Promote gender equality in leading positions	*2.1 Review adopting policies*	*% of women leading health programs*	*Field reports & staff lists*	*At least 30%*	*31%*		
		% of women field management worker	*Field reports & staff lists*	*At least 30%*	*42%*		
		% of women in leading committee	*Annual reports & staff lists*	*At least 30%*	*31%*		

	2.2 Hold the BPHWT general election triennially	*% of women was elected*	*Annual reports & staff lists*	*At least 30%*	*31%*		*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 categories of material provided*	*Annual report*	*2 video cameras*	*No video camera was purchased*		
	1.2 Conduct services mapping training	*No. of training* *No. of participants*		*1 training for 10 participants*	*No training organized*		*3 HIS staff attended mapping training organized by TBC*
	1.3: Conduct Health Information System training	*No. of training* *No. of participants*	*Mid-year & annual reports; attendance lists*	*1 training* *25 participants (w/m)*	*1 training for 54 (27 M & 27 F) participants*		
2. Standardize health data collection processes	*2.1 Analyze data collected by health workers*	*Frequency of analysis* *No. of participants*	*Six months workshop reports*	*2 times* *20 participants (w/m)*	*2 times* *10 (6M & 4F)*		*HIS teams* *10 participants each time.*
	2.2 Review data forms with partner organizations and HISWG	*No. of meetings and participants*	*Annual report*	*No. of meetings and participants (w/m)*	*2 meetings participated by HIS staff*		
	2.3 Share data with HISWG six monthly	*Frequency of data sharing*	*Annual report*	*2 times in a year*	*2 times*		
	2.4 Organize data collecting workshop	*No. of workshop* *No. of participants*	*Annual report*	*1 workshop for 20 participants (w/m)*	*HIS staff participated in the workshop*		

					organized by CPI		
3. Make evidenced based health status comparisons with the target community	*3.1 Organize field meetings* *3.2 Organize field workshops*	*No. of field meetings or workshops provided*	*Field meetings; workshop reports*	*38 meetings* *38 workshops*	*30 meetings* *38 workshops*		
		No. of participants		*300 participants in workshop and 300 in meeting*	*417(196M &221F)* *328(175M & 153F)*		
	3.3 Establish Village Health Committees	*No. of VHC* *No. of members*	*Mid-year & annual reports*	*40 VHCs* *360 members (w/m)*	*No new VHC established*		
	3.4 Organize Village Health Committee meetings quarterly	*No. of VHC meeting and participants*	*Mid-year & annual reports*	*60 VHC meetings* *144 participants (w/m)*	*96 meetings* *585(354M & 231F)*		
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*	*252 blood test pamphlet* *300 LLIN Pamphlet*		
	4.2 Organize village health workshops six monthly	*No. of workshop* *No. & category of participants (w/m)*	*Mid-year & annual reports*	*95 Village Health Workshops* *9,500 people participate*	*115 workshops* *8,113 (3,796M& 4,317F)*		
	4.3 Organize health campaign	*No. of participants (w/m)*	*Mid-year & annual reports*	*100 health events* *15,000 participants (w/m)*	*No health campaign*		
5. Advocate local and international organizations about the health	*5.1 Organize health program coordination and*	*No. of seminar*	*Annual reports*	*1 time*	*1 meeting*		
		No. of participants	*Annual reports*	*30 participants.*	*61 (43F & 18F)*		

situation in Burma	*development seminars*						
	5.2 Attend local and international conferences and meetings	*No. participants*	*annual reports*	*No. participants*	*No staff attended local/international conference*		
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*	*22 trips*	*14 trips from CHEB project 3 trips from WASH project*		*10 trips from CHEB project, only for four townships 8 trips from WASH project*
	1.2 Conduct six months meeting	*No. of health workers attend the six months meeting*	*Mid-year & annual reports*	*100 health workers*	*94 (47 M & 47 W)*		
	1.3 Provide Leading Committee meetings	*No. of Leading Committee meetings provided*	*Office records*	*4 times*	*2 meetings*		
	1.4 Provide Executive Board meetings once in a month	*No. of Executive Board meetings provided*	*Office records*	*6 times*	*3 meetings*		
	1.5 Provide staff meetings	*No. of staff meetings provided*	*Office records*	*24 times*	*17 meetings*		
Health Convergence							
1. Converge and coordinate with the Burma government's state administered	*1.1 Conduct AMW training*	*No. of trainees complete the training (w/m)*	*Mid-year & annual reports*	*2 AMW training 50 participants*	*1 training for 20 AMWs*		*1 training in Pa An, Karen State*
	1.2 Conduct AMW follow-up workshop	*No. of trainees complete the training (w/m)*	*Training attendance*	*1 AMW follow-up workshop for 45 participants*	*No workshop*		

Reproductive healthcare program in Ethnic State			*lists & reports*				

11) Back Pack Health Worker Team Financial Report

BPHWT Income and Expenditures: 1 January – 31 December 2018			
ITEMS	**Income (Thai Baht)**	**Expenditure (Thai Baht)**	**%**
OPENING BALANCE -1 JANUARY 2018	2,637,818		
PERIOD INCOME			
Burma Relief Center/Global Affaire Canada/Inter Pares	8,786,000		31%
CPI/Swiss Agency for Development and Cooperation(SDC)	5,737,692		20%
Stichting Vluchteling (SV)-Netherlands	3,787,225		13%
The Border Consortium (TBC)	3,633,130		13%
Burma Humanitarian Misson(BHM)	2,512,487		9%
Open Society Foundation (OSM)	1,935,700		7%
Community Partner International(3MDG)	1,461,458		5%
Burma Relief Center/TdH	730,056		3%
Mae Tao Clinic	96,000		0%
Bank Interest	10,782		0%
Other Donation	2,211		0%
TOTAL PERIOD INCOME	**28,692,741**		**100%**
TOTAL INCOME	**31,330,559**		
PERIOD EXPENDITURES			
Back Pack Medicine and Equipment (MCP)		4,573,552	16%
Back Pack Field Operation Supplies and Services		3,288,065	11%
Community Health Education and Prevention Program (CHEPP)		5,823,522	20%
Maternal and Child Healthcare Program (MCHP)		6,004,763	21%
Capacity Building Program (CBP)		2,458,064	8%
Health information and Documentation (HID)		324,672	1%
Program Management and Evaluation (PME)		3,536,798	12%
General Administration		3,111,123	11%
TOTAL PERIOD EXPENDITURES		**29,120,559**	**100%**
CLOSING BALANCE – 31 December 2018		**2,210,000**	

Part II: Program Workshops & 41st Annual Meeting Report – 2019

1. Program Workshops and training:

1.1) Medical Care Program Workshop

Facilitators : Naw Hsa Mu Na Htoo and Pa Pa Win
Duration : 21-25 February 2019
Participants : 23 (15 men and 8 women)

Discussion topics:

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

- Review the recommendations by MCP and CHEPP
- Review mobile and station Back Pack teams
- Future plans

1.2) Community Health Education and Prevention Program Workshop

Facilitators : Saw Moo Tha, Saw Eh Wah Htoo & Naw Pway Wah Poe
Duration : 23-25 February 2019
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 Tee Tar
Duration : 16-25 February 2019
Participants : 36 (all women)

Discussion topics:

- MCHP supervisor presentations
- Review data and forms
- Review TBA/TTBA checklist
- TBA/TTBA assessment
- Health Information System
- Review IMCI
- Nutrition
- Future plans

1.4) Health Organizational Development (HOD) Training

Facilitators : Nang Snow
Duration : 18-20 February 2019
Participants : 27 (18 men and 9 women)

Discussion topics:

- HOD 01: Introduction to management
- HOD 02: organization and administration of health services
- HOD 03: Communication
- HOD 04: Leadership

- HOD 05: Motivation
- HOD 06: Supportive Supervision

1.5) Nutrition workshop

Facilitators : Maria & TBC nutrition officer Team, Saw Moo Tha
Duration : 21-22 February 2019
Participants : 46 (6 men and 40 women)

Discussion topics:

- Three food groups
- Infant and Young Child Feeding (IYCF)
- Adult Learning - Principles and Practice
- Causes of malnutrition
- Anthropometry – Measuring nutrition status
- Maternal nutrition

1.6) Physical Examination (Theory & Practices)

Facilitators : Dr.Tin Zaw Oo (Medical trainer MTC)
Duration : 23 February 2019
Participants : 47 (14 men & 33 women)

Discussion topics:

- Physical examination (Respiratory system , Cardio vascular system ,Abdominal system)
- History taking -> 80% + Physical examination ->20% , (Smell –Movement)
- I - Inspection
- P- Palpation
- P- Percussion
- A- Auscultation
- Vital sign – Temperature , Pulse rate , Respiratory rate , Heart rate, Blood Pressure
- (Rate, Rhythms , volume)
- Shock & Sign

1.7) International Humanitarian Law (IHL) follow up workshop

Facilitators : Fiona Antonnette Barnaby & ICRC members
Duration : 14-15 February 2019
Participants : 66 (22 men & 44 women)

Discussion topics:

- ICRC mandates
- Purpose of International Humanitarian Law (IHL)
- Weapon-wounded program by CHM
- The eligible causes of injury
- WWAP inclusion and exclusion
- Sharing map of referral hospitals
- Finding the causes of problems

2. 41st Annual Meeting of the Back Pack Health Worker Team

The 41st Back Pack Health Worker Team annual meeting was conducted from 26 to 27 February 2019 in Mae Sot at the BPHWT head office. Attending this meeting were 94 staff members (47 men and 47 women). A week before the beginning of the meeting, the BPHWT's data team entered, checked the quality of, and analyzed the data obtained from the field. The data were discussed in program meetings before being discussed in the general meeting. During the general meeting, the Leading Committee discussed the data within a programmatic perspective in order to monitor events taking place in the field. After this analysis, they discussed how to improve data collection methods.

41st Annual Meeting at BPHWT's office in Mae Sot

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 41st annual General Meeting:

Day (I) { 26 February 2019}	
Description of Presentation	**Responsibility**
Opening Speech	Dr. Cynthia Maung
Introduction	Facilitators
Review and Discussion about the 40th 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
Human Resource Development and Capacity Building Program Report	Saw Del Del
Day (II) { 27 February 2019 }	
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
Field updated situation report presentation	Ko Gyi Kyaw
Office Administration Report	S' Moe Naing
Financial Report	Chit Win
General: Program overlapping in each area**,** medicine transportation, 20 year anniversary	All participants
Conclusion of Meeting Decisions	All participants
Closing Speech	Saw Win Kyaw