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2018 Mid-Year report

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

BACK PACK HEALTH WORKER TEAM

Website: http://backpackteam.org

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Part I: 2018 Mid-Year Report

1. Overview and Summary of the BPHWT

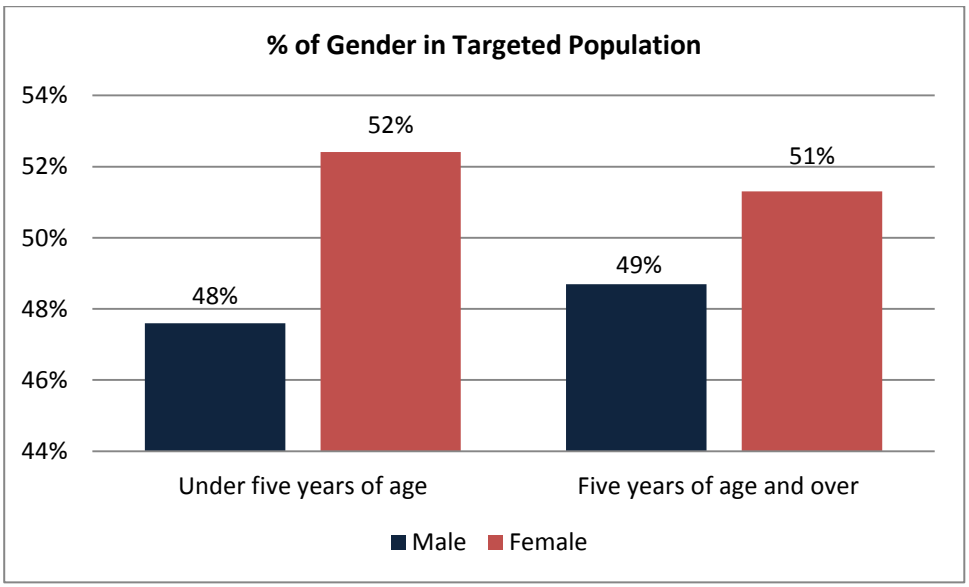
During the first six-month term of 2018, the Back Pack Health Worker Team (BPHWT) continued to provide healthcare in 21 field areas, with 113 teams assigned to a target population of 292,741 (141,978 men and 150,763 women) people. There are currently 1,536 (1,169 women and 367 men) members of the BPHWT primary healthcare system living and working in Burma: 456 (252 women and 204 men) health workers, 799 (728 women and 71 men) Traditional Birth Attendants / Trained Traditional Birth Attendants (TBAs/TTBAs) and 281 (189 women and 92 men) village health volunteers/village health workers (VHVs/VHWs).

Table 1: BPHWT's Target Population Summary:

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

Table 2: Summary of BPHWT Field, Health Workers, Target Population & Cases Treated

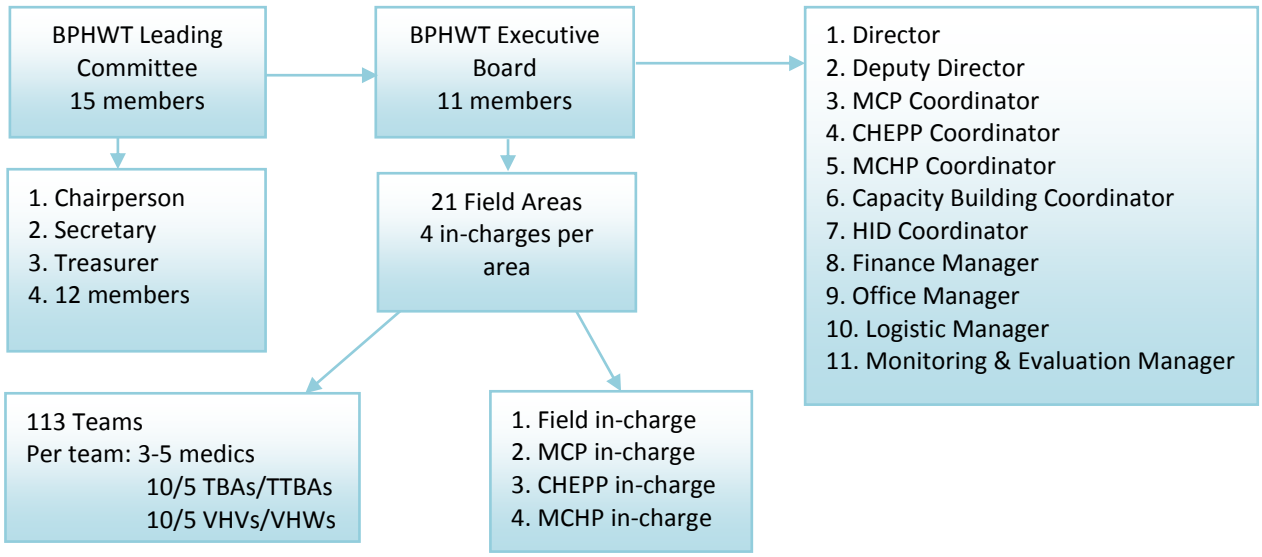
No.	Areas	# of Teams	# of HWs	# of VHWs	# of VHVs	VHVs & VHWs	# of TBAs	# of TTBAs	TBAs &T TBAs	Villages	Households	Population	Caseloads
1	Kayah	7	25	13	0	13	22	22	44	53	3,741	20,665	5,323
2	Kayan	7	24	26	0	26	6	44	50	64	2,393	12,641	1,447
3	Special	3	10	0	0	0	10	3	13	15	1,570	9,626	894
4	Taungoo	5	24	16	0	16	31	15	46	52	2,361	12,315	399
5	Kler Lwee Htoo	7	23	22	24	46	46	7	53	50	1,822	12,753	1,311
6	Thaton	7	24	22	10	32	49	26	75	36	3,737	21,208	2,393
7	Papun	12	58	34	0	34	67	31	98	140	6,274	37,180	7,028
8	Pa An	8	38	29	0	29	61	37	98	45	4,037	24,234	3,812
9	Dooplaya	7	24	9	0	9	44	42	86	55	4,757	26,092	341
10	Kawkareik	3	12	0	14	14	30	13	43	10	878	4,144	461
11	Win Yee	4	18	0	1	1	32	17	49	30	2,242	12,947	2,630
12	Mergue/Tavoy	7	34	4	0	4	28	0	28	29	2,323	13,467	5,679
13	Yee	6	21	0	0	0	9	20	29	19	2,185	10,381	3,975
14	Moulamein	6	20	0	0	0	0	0	0	17	2,543	12,363	2,346
15	Shan	6	21	0	0	0	10	0	10	54	2,285	14,100	2,693
16	Pa Oh	2	8	0	0	0	0	20	20	17	555	3,767	840
17	Palaung	6	23	17	0	17	0	40	40	36	2,844	18,551	4,602
18	Kachin	4	20	22	3	25	0	0	0	7	3,062	12,845	1,874
19	Naga	2	14	0	0	0	0	0	0	7	740	3,337	453
20	Arakan	3	11	15	0	15	6	11	17	10	1,265	7,615	519
21	Chin (WLC)	1	4	0	0	0	0	0	0	7	840	2,510	143
Total		**113**	**456**	**229**	**52**	**281**	**451**	**348**	**799**	**753**	**52,454**	**292,741**	**49,163**



1) 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 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.

1.1) 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.

1.2) 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.

1.3) 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.

1.4) 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.

1.5) 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.

2) Gender Policy and Analysis

During this report period, 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 3 ***: Gender Policy and Analysis***

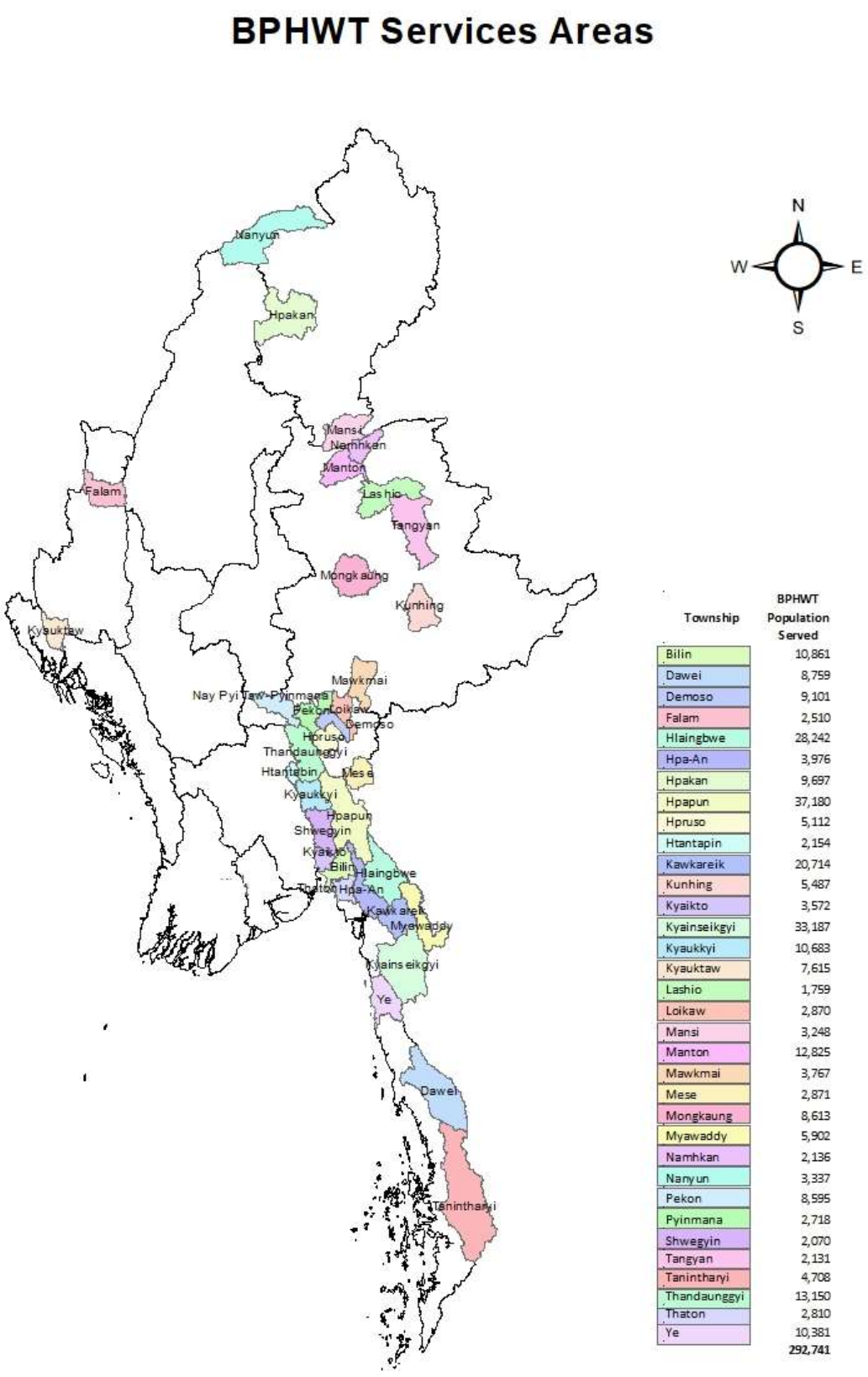
Category	Total Workers	Total Women	Actual Women %
Leading Committee/Executive Board	16	5	31%
Office Staff	12	3	25%
Field Management Workers	57	25	44%
Field Health Workers	400	230	58%
VHVs/VHWs	281	189	67%
TBAs/TTBAs	799	728	91%
Organizational Total	**1,565**	**1,180**	**75%**
Total Organisation excluding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

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

Table 4: Health Access Targets for a Community-Based Primary Healthcare System

Population	Health Service Type	Health Workers	Ratio (Workers/Pop)	Ideal Number of Workers
2000	BPHWT (Community-based primary healthcare unit)	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**

2. Map of BPHWT Operational Areas



Township	BPHWT Population Served
Bilin	10,861
Dawei	8,759
Demoso	9,101
Falam	2,510
Hlaingbwe	28,242
Hpa-An	3,976
Hpakan	9,697
Hpapun	37,180
Hpruso	5,112
Htantapin	2,154
Kawkareik	20,714
Kunhing	5,487
Kyaikto	3,572
Kyainseikgyi	33,187
Kyaukkyi	10,683
Kyauktaw	7,615
Lashio	1,759
Loikaw	2,870
Mansi	3,248
Manton	12,825
Mawkmai	3,767
Mese	2,871
Mongkaung	8,613
Myawaddy	5,902
Namhkan	2,136
Nanyun	3,337
Pekon	8,595
Pyinmana	2,718
Shwegyin	2,070
Tangyan	2,131
Tanintharyi	4,708
Thandaunggyi	13,150
Thaton	2,810
Ye	10,381
	292,741

3. The Security Situation in BPHWT's Target Areas

The Burma military continues to pose real personal risks to both our health workers and served population with its offensive attacks against the EAOs in Arakan, Chin, Kachin, and Shan States, and most recently in Northern Karen State.

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, especially in Kachin and Northern Shan States.

On 26 January 2018, Burma military aircraft indiscriminately bombed a village in Danai Township, Kachin State. Among the innocent civilian victims was 30 year old Daw Man Yan Sai Yar, a BPHWT Village Health Worker. She had a young daughter.

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.

4. Current Political Situation in Burma

As of 30 June 2018, ten ethnic armed organizations (EAOs) have signed the Nationwide Ceasefire Agreement (NCA) with the Burma Government. Another ten EAOs have yet to sign the NCA. Among these, four EAOs remain engaged in active fighting with the Burma military. They, along with two other EAOs, have also joined the Federal Political Negotiating and Consultative Committee which is yet another ethnic alliance sponsored by the powerful EAO - United Wa State Army. This new alliance rejects the NCA since they feel it fails to address their key matters of strategic concern. Despite signing the NCA and bilateral ceasefire agreements with the EAOs, the Burma military violates these agreements on numerous occasions for strategic, tactical, and political advantages,

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

The next 21St Century Panglong Union Peace Conference will be held in July 2018. Little progress toward peace is expected as the Burma Government and Burma military have set an agenda which

precludes discussion about issues important to the ethnic people, especially the concept of ethnic self-autonomy within a federal union.

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

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

Despite the ceasefires and peace negotiations, the Burma military continues to use force to try to bring about a military solution to the ethnic issue. Their continuing offensives have increased the number of refugees in Bangladesh and internally displaced persons (IDPs) in Arakan, Chin, Kachin, Karen, and Shan States, discouraged refugees from considering returning to Burma, and not contributed to confidence building among the EAOs.

Contrary to the belief of a number of foreign governments and international nongovernmental organizations (INGOs) that Burma is in a post-conflict period, the ongoing fighting in the ethnic areas indicates otherwise, that is, the ethnic areas are in a conflict period.

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

5. General Health Situation in Burma

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

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

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

However, the state of health in the country has been slowly improving since the democratic transition in 2011. The Burma Government's new National Health Plan (NHP) is designed to strengthen and expand healthcare services and infrastructure, reduce the level of out-of-pocket expenditures, increase the size of the professional health workforce, and implement Universal Health Coverage. Foreign governments, multilateral organizations, and INGOs have been assisting the Burma Government toward these ends. Unfortunately, this NHP supports the concentration to health sector political decision making and fiscal power at the centralized Union level.

6. Health of Internally Displaced Persons

The Internal Displacement Monitoring Centre (IDMC) estimates that there were 635,000 in conflict and violence-related IDPs in Burma as of 31 December 2017. This was down slightly from 644,000 at the end of 2016. Within the 635,000 IDPs, there were 57,000 new IDPs during the whole of 2017.

These IDPs face harsh living conditions in displacement and must deal with the burden of protracted conflict, the high frequency with which they are forcibly displaced, and critical health challenges.

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

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

7. BPHWT Field Area Situation Reports

Kayah Field Area

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

Kayan Field Area

There are current 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.

Taungoo Field Area

In this field area, the Burma military has increased its presence during 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 Htee Par Dor Hta 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 Papun, 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.

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.

Dooplaya Field Area

The Burma military has extended its presence in the Wed Don area. Also, there has been an increase in amphetamine use among people over 15 years of age.

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.

Mon Yee Field Area

The Burma military took land for their camp in the Ar Yu Taung area, but did not give any compensation to the local villagers. 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.

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. 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.

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. 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.

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. 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.

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.

Arakan Field Area

The Burma military has a camp near Pyi Chaung village and when the Back Pack team is in the area to provide health care, they must be careful and check the security situation. 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.

Pa Oh Field Area

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

Naga Field Area

There has been an increase in black heroin users who were between 15 to 40 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. Therefore, the local communities cannot come to clinic and the mobile Back Pack teams have problems avoiding these border guards and soldiers to provide health care.

8. Special Situations in the BPHWT's Target Areas

The BPHWT is 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 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. During this report period, there was no emergency assistance directly provided by the BPHWT.

9. Activities of Back Pack Health Worker Team

The BPHWT continues to operate its three major programs: Medical Care Program (MCP), Community Health Education and Prevention Program (CHEPP), and Maternal and Child Healthcare Program (MCHP). In addition, capacity building, health information and documentation, and program management and evaluation remain integrated within these programs. In addition, the BPHWT has conducted this Auxiliary Midwife training since 2013 and there were seven trainings completed and 145 AMWs were trained; these 20 AMWs are trained as MCH workers at MTC. Afterwards, the AMWs will be supervised by the midwives and implement MCH programs in their respective areas. One AMW will serve a target population of about 400 people.

A. Medical Care Program (MCP)

During this six month period of 2018, the BPHWT delivered medical care in 21 field areas and treated 49,163 cases, of which 9,756 cases were of children under the age of five. The total cases on a gender basis included 22,759 cases involving men and 26,404 cases involving women. The six major diseases being treated by the BPHWT continue to be acute respiratory infections, malaria, anaemia, worm infestation, diarrhoea and dysentery. Also during this reporting period, the BPHWT health workers referred 124 cases which included 28 cases of serious obstetric emergency (EmOC). Due to continuous fighting and conflict in Palaung and Kachin, the field health workers treated ten landmine cases (all were men) – eight from Kachin and two from Palaung.

MCP Objectives:

1. Provide essential drugs for common diseases
2. Strengthen patient referral systems
3. Respond to disease outbreaks and emergency situations
4. Improve health workers' skills and knowledge

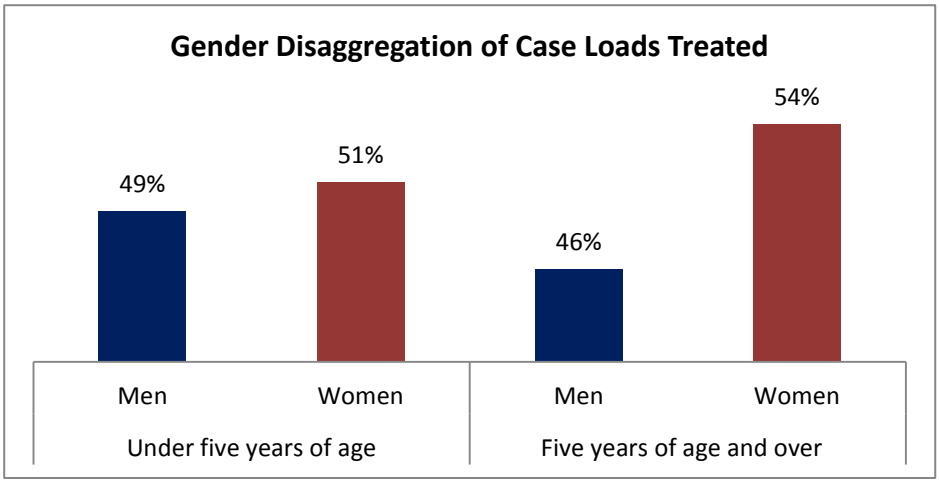
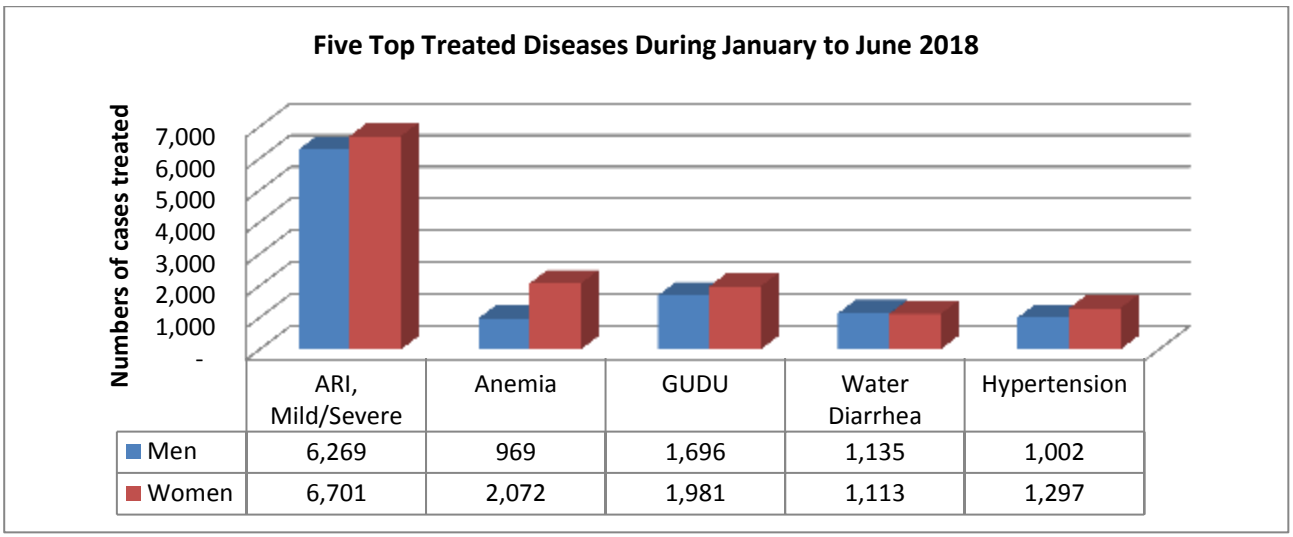
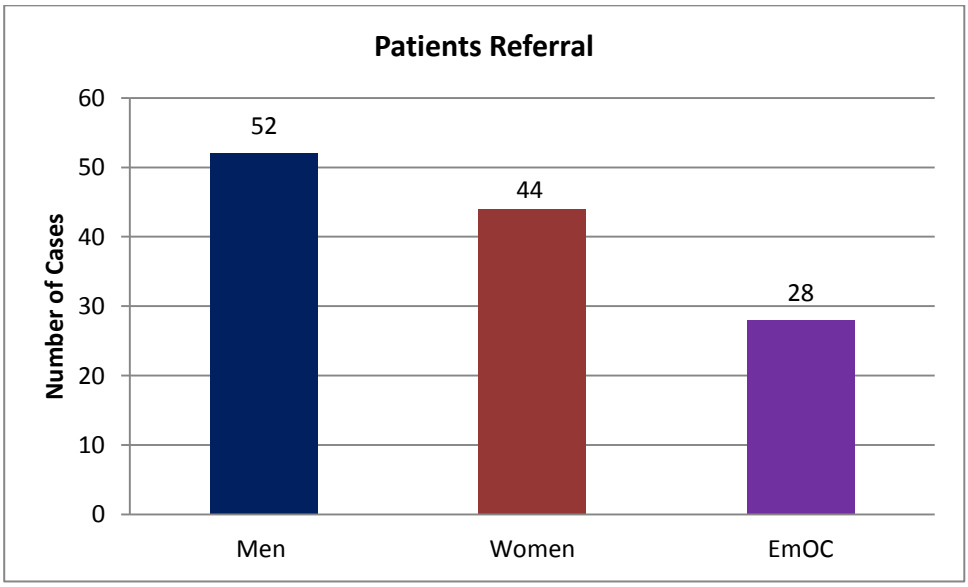


Table 5: Number of Cases Treated by Condition and Age

No	Condition	Age				Total
		<5		>=5		
		M	F	M	F	
1	Anemia	102	133	867	1939	3041
2	ARI(mild)	1444	1436	3524	3930	10334
3	ARI(severe)	520	611	781	724	2636
4	Beriberi	63	81	698	1257	2099
5	Worms	357	349	692	763	2161
6	Post Abortion Care	0	0	0	37	37
7	Diarrhea	500	453	635	660	2248
8	Dysentery	142	122	434	509	1207
9	Injury(gunshot)	0	0	20	0	20
10	Injury(landmine)	0	0	10	0	10
11	Injury Acute Other	114	117	665	399	1295
12	Injury(old)	40	45	341	202	628
13	Malaria(PV)	212	220	411	335	1178
14	Malaria(PF)	88	71	325	255	739
15	Malaria (Mix)	0	0	2	2	4
16	Measles	22	38	14	15	89
17	Meningitis	2	3	19	18	42
18	Suspected AIDS	0	0	7	9	16
19	Suspected TB	3	4	86	69	162
20	PPH	0	0	0	16	16
21	Sepsis	5	7	4	14	30
22	RTI	0	0	0	125	125
23	UTI	22	30	498	973	1523
24	Skin Infection	306	293	750	736	2085
25	Hepatitis	4	6	74	48	132
26	Typhoid Fever	43	47	162	130	382
27	Arthritis	5	6	494	539	1044
28	GUDU	29	40	1667	1941	3677
29	Dental Problem	68	76	508	536	1188
30	Eye Problem	98	130	444	502	1174
31	Hypertension	0	0	1002	1297	2299
32	Abscess	101	99	411	367	978
33	Scrub typhus	11	13	67	40	131
34	Leptospirosis	2	3	80	51	136
35	Insect bite	26	31	123	95	275
36	Dengue fever	89	98	198	202	587
37	Poisoning	42	41	123	145	351
38	Mental illness	0	0	19	17	36
39	Others	334	359	1810	2545	5048
Total		**4794**	**4962**	**17965**	**21442**	**49,163**
Grand Total		**9,756**		**39,407**		



Referral sites:		
• Hlaing Bwe Hospital	• Myawaddy Hospital	• Joe Done Hospital
• Day Poe Noh clinic	• Myeik Hospital	• Ah Nan Kway Hospital
• Kacharma Bori	• Nan Ma Tue Hospital	• Kyaut Kyi Hospital
• Than Daung Hospital	• Shwee Koh Ko TB clinic	• Dawei Hospital
• MTC clinic	• Si Seng Hospital	• Maw Ka Thai Hospital
• Kawkareik Hospital	• Tan Yan	• Malamyein Hospital
• Lah Show Hospital	• Ta Oh Der clinic	• Ther Ray - Dau Pae Clinic
• Papun Hospital	• Loin Kaw hopspital	• Umphang Hospital
• Mae Seik Hospital	• Loi Lin Hospital	• Payah Thonezu Hospital
• Nye Noung Hospital		



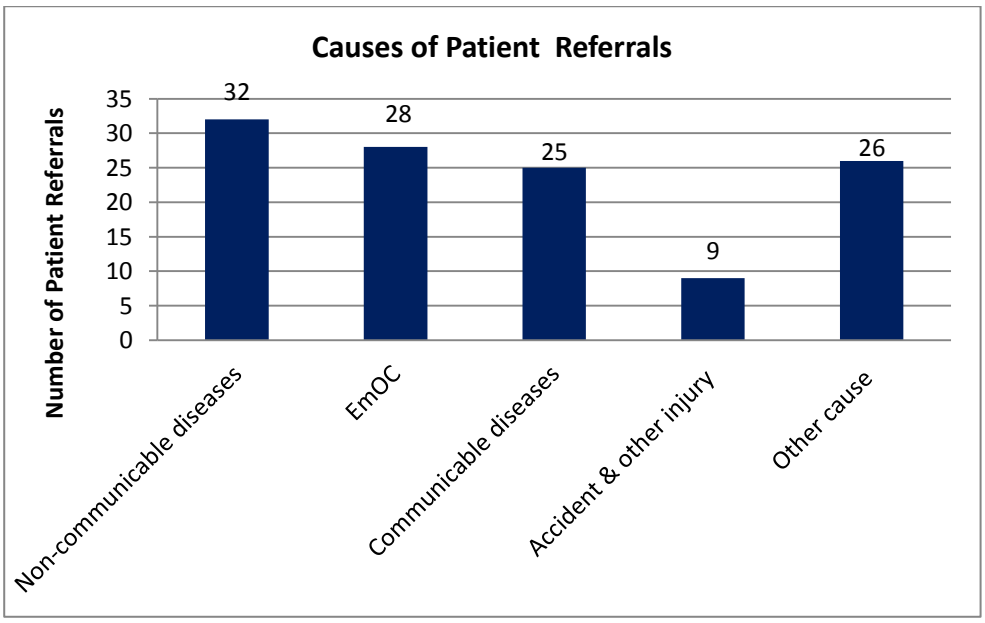
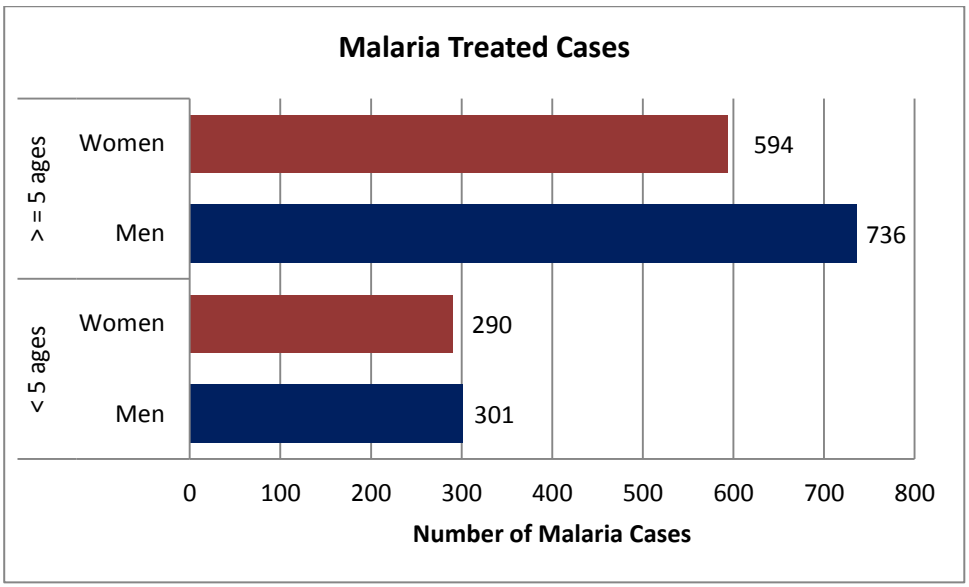
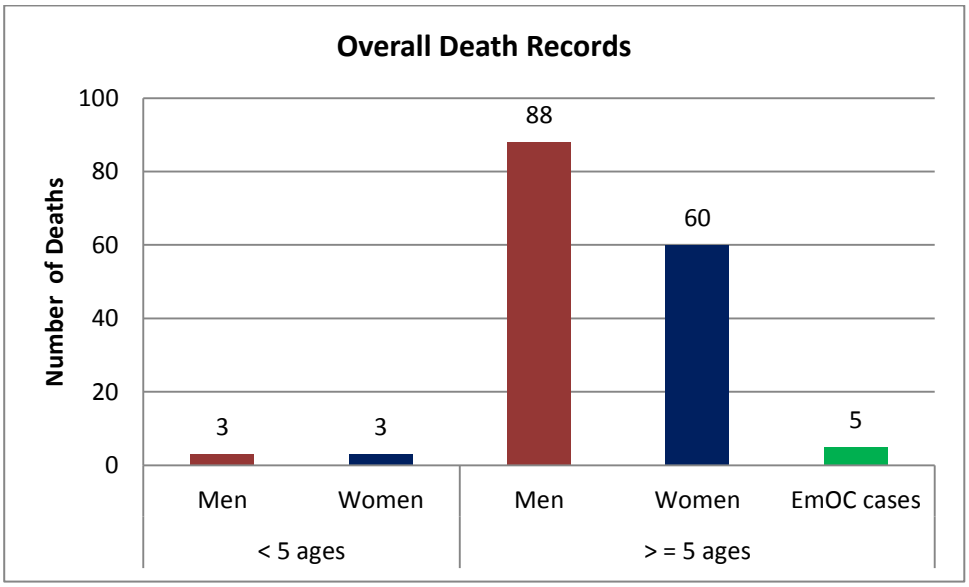


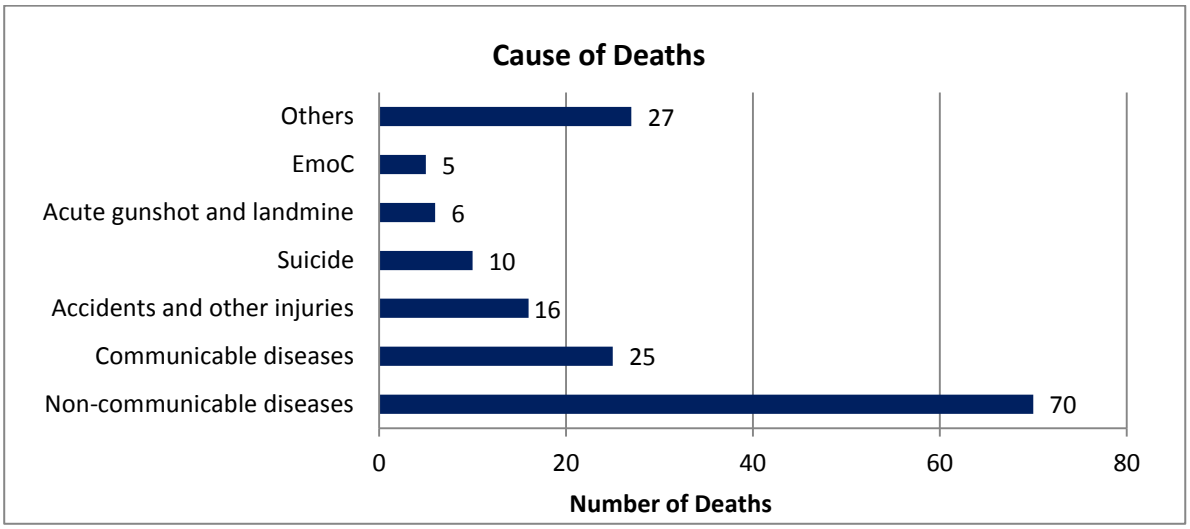
Table 6: Mental illness problems				
No.	**Field Areas**	**> = 5 ages**		**Total**
		Men	**Women**	
1	Kayah	4	4	8
2	Mergue/Tavoy	6	8	14
3	Palaung	3	1	4
4	Kachin	6	4	10
Total		**19**	**17**	**36**

Table 7: Injury (Gunshot) cases				
No.	**Field Areas**	**> = 5 ages**		**Total**
		Men	**Women**	
1	Taungoo	2	0	2
2	Pa An	3	0	3
3	Win Yee	2	0	2
4	Mergue/Tavoy	6	0	6
5	Palaung	1	0	1
6	Kachin	6	0	6
Total		**20**	**0**	**20**

Table 8: Malaria	**Plasmodium Falciparum**	**Plasmodium Vivax**	**Total**
Men	415	622	1037
Women	319	556	875
Pregnancy	9	0	9
Total	**743**	**1,178**	**1,921**


Malaria Treated Cases
> = 5 ages
Women
Men
< 5 ages
Women
Men
594
736
290
301
0
100
200
300
400
500
600
700
800
Number of Malaria Cases


Overall Death Records
Number of Deaths
100
80
60
40
20
0
3
3
88
60
5
Men
Women
Men
Women
EmOC cases
< 5 ages
> = 5 ages


Cause of Deaths
Others
EmoC
Acute gunshot and landmine
Suicide
Accidents and other injuries
Communicable diseases
Non-communicable diseases
27
5
6
10
16
25
70
0
20
40
60
80
Number of Deaths

Direct Feedbacks from beneficiaries/Most Significant Change stories

NAME: Tin Tin Oh
ETHNICITY: Chin
JOINED BPHWT IN: 2014
POSITION: Field In-Charge
Chin (WLC) Field in-charge

There is not a good enough health care system in our area along the border of Myanmar and India. In this Back Pack area, there are more malnutrition with mothers and children under three years of age. Moreover, there are other communicable diseases which are present here. It is also difficult to refer patients. They cannot refer patients with severe disease to hospitals. Almost all of these patients die because of this.

In this Back Pack area, we are working with health committees so we can refer severe patients to hospitals. Then if we can provide training or workshops, health committee will also participate with us to solve these problems. Moreover if we need help, village leaders and young people will also help and participate with us in every part of our work implementation.

The Back Pack health workers in our area also try to change the community peoples' traditional beliefs which affect their health. Now many people have slowly changed. Moreover, our Back Pack health workers also give health education about personal hygiene. Many people now know that personal hygiene is important to them. So there are no challenges and problems for our program work implementation.

B. Community Health Education and Prevention Program (CHEPP)

The Community Health Education and Prevention Program focuses on disease prevention and health education. There are five activities existing within CHEPP: Water and Sanitation Sub-Program, School Health Sub-Program, Nutrition Sub-Program, Village Health Committee and Village Health Workshops.

CHEPP Objectives:

1. Improve water and sanitation systems in the community to reduce water-borne diseases
2. Educate students and communities about health
3. Reduce incidences of malnutrition and worm infestation
4. Improve networking among community health organizations

(1) Water and Sanitation Sub-Program:

During January to June 2018, the BPHWT installed 6 shallow wells and 5 gravity flows and 920 community latrines to the targeted communities in field areas. There were 2,093 people who gained access to gravity flow water system, 900 people who now access to shallow wells and 4,948 populations who have access to latrines during this reporting period. The table below shows the field areas, households, and people who now have access to water and sanitation systems.

Table 9: Numbers of Gravity Flows, Shallow Wells, and Latrines Installed

No.	Area Name	Gravity Flows No.	HHs	Population		
				Men	Women	Total
1	Thaton	1	57	110	140	250
2	Papun	1	48	145	124	269
3	Pa An	3	203	628	645	1,273
Total		**5**	**308**	**883**	**909**	**1,792**
No.	**Area Name**	**Shallow Wells No.**	**HH**	**Population**		
				Men	**Women**	**Total**
1	Thaton	6	131	454	446	900
No.	**Area Name**	**Latrines No.**	**HHs**	**Population**		
				Men	**Women**	**Total**
1	Thaton	200	200	508	511	1,019
2	Papun	70	70	294	258	552
3	Pa An	400	400	1002	1125	2,127
4	Win Yee	150	150	346	404	750
5	Yee	100	100	260	240	500
Total		**920**	**920**	**2,410**	**2,538**	**4,948**
No.	**Area Name**	**Water Filter No.**	**Schools No.**	**Population**		
				Men	**Women**	**Total**
1	Taungoo	1	1	19	21	40
2	Win Yee	4	1	47	35	82
3	Pa An	7	4	144	286	430
Total		**12**	**6**	**210**	**342**	**552**

Distributing gravity flow water systems' supplies to the communities

Through this Sub-Program, school children and their teachers received health education from health workers. Since the BPHWT programs are integrated, in some cases a school's sanitation system has been improved, and nutritional supplements and de-worming medication were given to a school's students (for details, see the Nutrition Sub-Program section below).

Table 10: Number of participants in school health sub-program

No	Field Areas	# of Schools	Students		Teachers		Total
			Boys	Girls	M	W	
1	Kayah	15	607	584	6	93	1,290
2	Kayan	48	1,529	1497	77	176	3,279
3	Special	9	156	144	11	16	327
4	Taungoo	11	113	115	1	15	244
5	Kler Lwee Htoo	25	866	977	50	106	1,999
6	Thaton	13	1,308	1,230	39	72	2,649
7	Papun	101	2,830	2,880	89	285	6,084
8	Pa An	35	1,525	1,820	31	159	3,535
9	Dooplaya	39	1,892	1,947	62	147	4,048
10	Kawkareik	8	391	392	21	33	837
11	Win Yee	30	1,556	1,516	36	136	3,244
12	Mergue/Tavoy	21	1,243	1,173	18	113	2,547
13	Yee	23	742	927	17	69	1,755
14	Moulamein	15	999	1,096	13	79	2,187
15	Shan	13	243	265	0	27	535
16	Pa Oh	3	70	64	3	6	143
17	Palaung	25	899	1,151	14	86	2,150
Total		**434**	**16,969**	**17,778**	**488**	**1618**	**36,853**
			34,747		**2,106**		

Table 11: Numbers of Children Receiving De-Worming Medicine				
No	**Field Area**	**Age (1 - 12 Years)**		**Total**
		M	F	
1	Kayah	1142	1109	2251
2	Kayan	1135	1062	2197
3	Special	217	197	414
4	Taungoo	1096	1138	2234
5	Kler Lwee Htoo	244	235	479
6	Thaton	1718	1781	3499
7	Papun	3215	3830	7045
8	Pa An	1847	1991	3838
9	Dooplaya	1462	1472	2934
10	Kawkareik	328	383	711
11	Win Yee	1031	970	2001
12	Mergue/Tavoy	270	239	509
13	Yee	627	764	1391
14	Moulamein	1125	1263	2388
15	Shan	798	867	1665
16	Pa Oh	70	64	134
17	Palaung	969	1194	2163
18	Arakan	69	80	149
Total		**17,363**	**18,639**	**36,002**

Table 12: Numbers of Children Receiving Vitamin A									
No	Area Name	**CHILDREN'S AGES**							
		6-12 months		1-6 years		6-12 years		Total	
1	Kayah	102	113	259	275	897	871	1,258	1,259
2	Kayan	290	287	692	485	823	711	1,805	1,483
3	Special	19	16	79	93	119	88	217	197
4	Taungoo	187	225	595	501	661	680	1,443	1,406
5	Kler Lwee Htoo	51	55	167	177	203	210	421	442
6	Thaton	134	158	786	798	705	690	1,625	1,646
7	Papun	372	365	835	814	1805	1724	3,012	2,903
8	Pa An	64	76	647	613	1225	1428	1,936	2,117
9	Dooplaya	23	16	456	637	778	959	1,257	1,612
10	Kawkareik	0	0	80	95	248	288	328	383
11	Win Yee	0	0	307	279	710	680	1,017	959
12	Mergue/Tavoy	21	20	88	89	178	159	287	268
13	Yee	72	108	162	242	567	635	801	985
14	Moulamein	143	196	524	634	589	590	1,256	1,420
15	Shan	224	273	367	454	315	353	906	1,080
16	Pa Oh	0	0	41	36	30	27	71	63
17	Palaung	231	290	371	483	714	914	1,316	1,687
18	Arakan	52	55	43	47	34	35	129	137
Total		**1,985**	**2,253**	**6,499**	**6,752**	**10,601**	**11,042**	**19,085**	**20,047**
		4,238		**13,251**		**21,643**		**39,132**	

(3) Nutrition Sub-Program:

Under the Nutrition Sub-Program of the CHEPP, the BPHWT distributed Vitamin A and de-worming medication to children from the age of six months to twelve year old. This is essential to preventing malnutrition. During the first-six month period of 2018, 39,132 children between the ages of six months and 12 years of age received preventative doses of Vitamin A. Also 36,002 children between the ages of one year and 12 years of age received de-worming medicine.

(4) Village Health Workshops:

During the first-six month period of 2017, the BPHWT organized 84 Village Health Workshops in 16 Field Areas. Through these workshops, there were 6,113 participants who gained improved knowledge of primary healthcare issues. The participants came from a wide variety of backgrounds and community groups, including shopkeepers, religious leaders, members of women organizations, teachers, students, TBAs/TTBAs, VHWs, health workers, youth organization, authorities, villagers and village heads. This wide and varied participation increases the likelihood of knowledge spreading and reaching all levels of the community. Women participation is high in every workshop.

Table 13: Number of Village Health Workshop and Participants

No	Areas	# of VH workshops	Participants		Total
			M	W	
1	Kayan	4	182	209	391
2	Taungoo	2	45	42	87
3	Kler Lwee Htoo	3	67	85	152
4	Thaton	5	82	127	209
5	Papun	10	261	255	516
6	Pa An	5	130	195	325
7	Kawkareik	2	82	92	174
8	Win Yee	4	94	167	261
9	Mergue/Tavoy	7	175	180	355
10	Yee	6	205	178	383
11	Moulamein	6	201	206	407
12	Palaung	8	255	352	607
Total		**62**	**1,779**	**2,088**	**3,867**

(5) Village Health Worker (VHW) Training and Workshop

To sustain the role of VHWs, BPHWT continue to provide three-month trainings to strengthen the skills and performance of VHWs, necessary to carry out the treatment of common diseases, provide follow-up care, and ensure that an individual with high fever can be tested for malaria within 24 hours. During this period, BPHWT trained 44 VHWs (18 men and 26 women). There will be VHW workshops for trained VHWs every six month in the Field Areas. During this reporting period, 7 VHW workshops were organized with 135 (62M & 26W) VHWs.

Table 14: Number of Village Health Worker Workshops and Participants

No	Areas	# of VHW Workshops	Participants		Total
			M	W	
1	Kayan	1	6	10	16
2	Taungoo	1	5	8	13
3	Papun	1	4	13	17
4	Palaung	1	7	14	21
5	Kachin	1	5	17	22
Total		**5**	**27**	**62**	**89**

(6) 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. The target goal is to have at least 30% participation from women in the VHCs. The VHCs surpassed that goal with 38% of VHC members being women. Each VHC targets to have 7-9 members. These representatives are from village administration committee, local health workers, teachers, religious leaders, women and youth groups.

The VHCs are responsible for patient referral, community empowerment and participation, providing health education and 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 49 VHC meetings with 256 (146M & 110F) members.

Table 15: Number of Village Health Committee and Participants

No	Areas	# of VHC	Participants		Total
			M	W	
1	Special	1	13	6	19
2	Kler Lwee Htoo	4	30	47	77
3	Thaton	2	12	98	110
4	Papun	2	24	10	34
5	Pa An	1	22	19	41
6	Palaung	2	16	6	22
Total		**12**	**117**	**186**	**303**

Table 16: Village Health Committee Meeting and Participant list					
NO	**Area**	**# of VHC meetings**	**Men**	**Women**	**Total**
1	Kayan	3	22	9	31
2	Thaton	2	5	29	34
3	Papun	3	17	8	25
4	Pa An	12	38	21	59
5	KawKareik	7	17	8	25
6	Win Yee	8	12	14	26
7	Pa Oh	1	5	3	8
8	Palaung	1	10	4	14
9	Dooplaya	12	20	14	34
Total		49	146	110	**256**

Table 17: Village Health Committee and Community Meeting and Participant list					
NO	**Area**	**# of VHC and community meetings**	**Men**	**Women**	**Total**
1	Pa An	6	149	196	**345**
2	Kawkareik	3	86	100	**186**
3	Win Yee	4	98	197	**295**
4	Dooplaya	6	192	230	**422**
Total		**19**	**525**	**723**	**1,248**

C. Maternal and Child Healthcare Program (MCHP)

During this period, the MCHP was carried out across 19 field areas. There were one integrated program in the Chin area and one with the Karen Baptist Convention (KBC) in the Pan Ta Naw area. While 1,994 babies were delivered, two still-births were recorded, and no baby died during the neo-natal period. There was also five maternal death recorded across all field areas due to Post-partum Hemorrhage. There were 1,219 birth records received from the targeted field areas. Some of deliveries received birth records from the government health providers as a number of people are still afraid of having the birth records from the BPHWT. There were 1,786 (90% from the total delivery) pregnant women received albandozole and 1,807 (91% from the total delivery) pregnant women and mothers received ferrous sulphate, and folic acid.

ANC in Win Yee Field Area

Objectives:

1. Increase maternal and child health care
2. Improve the knowledge and skills of TBAs/TTBAs and MCHP Supervisors
3. Encourage positive community attitudes towards, and utilization of, family planning methods
4. Provide records of deliveries

Table 18: Summary Facts of the MCHP's Activities	
Description	**Totals**
1. Total deliveries	1,994
2. Live births	1,992
3. Still births	2
4. Neonatal deaths	0
5. Maternal deaths	5
6. Low birth weight	81
7. Pregnant women receiving de-worming medicine	1,786
8. Pregnant women and women receiving iron	1,807
9. Newborn babies receiving birth records	1,219
10. TBA/TTBA kits distributed	420
11. Maternity kits distributed	1,470
12. Family planning clients	3,331

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 a twenty-day training. During the first six-month period of 2018, the BPHWT train 60 TTBAs. Detailed information is showed in the table 16:

The key topics are:

- Anatomy and physiology
- Antenatal care and post-natal care
- Delivery
- Danger signs of pregnancy
- Risk factors
- Family planning
- Maternal and neonatal deaths
- Health education

Table 19: TTBA training

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

Table 20: TBA/TTBA and Maternity Kit Distributed:

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

2) TBA/TTBA Workshops

In addition, to training TBAs/TTBAs, the BPHWT organizes workshops every six months to refresh and improve the knowledge and skills of TBAs/TTBAs, allow them to share their experiences, and participate in ongoing learning opportunities. There were 66 TBA/TTBA workshops conducted with the participation of 678 trained TBAs/TTBAs. During the workshops, 420 TBAs'/TTBAs' Kits and 1,470 Maternity Kits were distributed in order to restock field areas.

Table 19: 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	7	6	84	90
8	Dooplaya	6	8	56	64
9	Kawkareik	4	6	36	42
10	Win Yee	4	1	48	49
11	Mergue /Tavoy	4	1	27	28
12	Yee	2	0	20	20
13	Shan	0	0	0	0
14	Palaung	3	0	30	30
15	Chin	0	0	0	0
16	Arakan	2	0	22	22
17	Special	1	1	10	11
18	KBC	1	3	7	10
Total		**66**	**52**	**626**	**678**

TBA/TTBA Workshop in Pa An Field Area

3) Reproductive Health Awareness

The BPHWT has started to conduct Reproductive Health (RH) awareness workshop in the field areas since the late of 2015 to improve the reproductive health the age of 15 to 49 participants. During this reporting period, 33 RH awareness workshops were organized. There were 2,146 participants. The purpose is to increase reproductive health awareness in the communities and to increase community participation in MCH program.

The discussion topics:

- Immunization
- Nutrition
- Antenatal care
- Post-natal care
- Danger signs of pregnancy
- Abortion
- Family planning
- Breastfeeding
- Referral

Table 21: 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	Mergue /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**

Table 22: Gender Based violence Awareness participant list							
NO	Area	# of RH Awareness	<15		> = 15		Total
			Men	Women	Men	Women	
1	Kayah	4	60	75	74	98	307
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	Yee	4	8	8	51	193	260
7	Palaung	6	41	67	122	206	436
8	Arakan	3	48	42	67	46	203
Total		**34**	**267**	**356**	**563**	**1,098**	**2,284**

4) Nutrition for pregnancy

The BPHWT has started to distribute nutrition foods to pregnant women in the field areas since the late of 2015. Due to the limitation, this activity was only conducted in Pa An, Dooplaya, Kawkareik, and Win Yee field areas. The nutrition foods are yellow bean, eggs, oil, sugar, iodine salt and dry fish. The table below shows the number of pregnant women received nutrition foods by months.

Table 23: Number of pregnant women receiving nutrition foods						
NO	Area	# of BP Teams	March	April	May	June
1	Pa An	6	190	207	207	209
2	Kawkareik	4	258	277	277	277
3	Win Yee	4	277	305	299	303
4	Dooplaya	6	131	149	147	147
Total		**20**	**856**	**938**	**930**	**936**

5) Family Planning Activities

BPHWT provided three-month contraceptive injections and distribute condoms and contraceptive pills (Depo-Provera) to 3,331 people (3,215F, 116 M). There were 1,091 new clients from the total of the clients. The purpose of this activity is to improve maternal and child health conditions among IDPs. Family planning allows people to attain their desired number of children and determine the spacing of pregnancies. By providing family planning methods, BPHWT will help to reduce infant mortality rates and prevent pregnancy-related health risks among women.

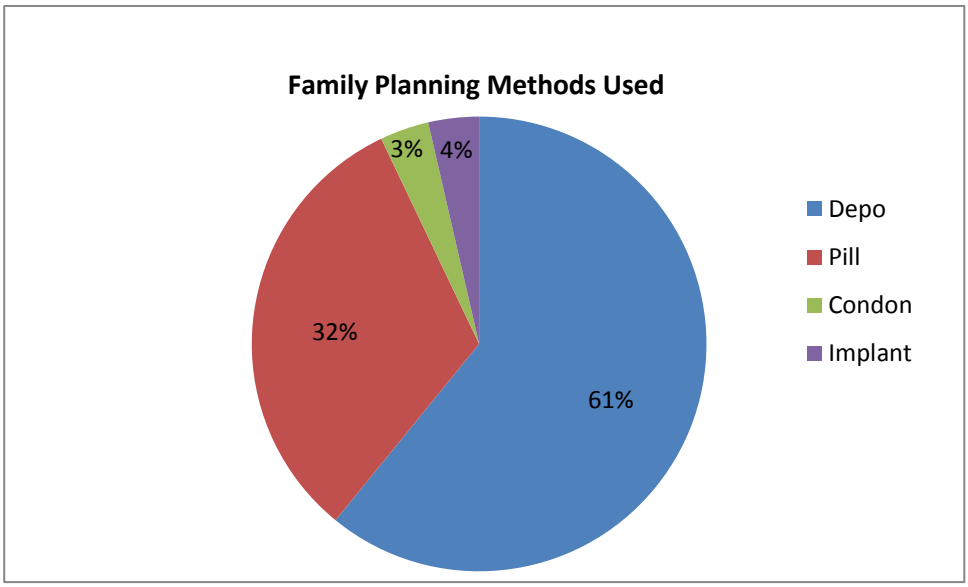


Table 24: Family Planning methods used in January to June 2018

No	Area	Age		Visits		Clients				
		< 19	> = 19	New	F/ U	Depo	Pill	Condon	Implant	Total
1	Kayah	5	245	133	117	113	91	11	35	250
2	Kayan	5	168	81	92	50	91	22	10	173
3	Taungoo	0	100	21	79	52	35	5	8	100
4	Klew Lwee Htoo	0	95	12	83	86	8	0	1	95
5	Thaton	2	376	93	285	263	99	16	0	378
6	Papun	1	305	62	244	128	177	1	0	306
7	Pa An	0	275	103	172	164	61	2	48	275
8	Dooplaya	2	117	30	89	81	26	12	0	119
9	Kawkareik	1	92	17	76	56	37	0	0	93
10	Win Yee	3	194	113	84	92	77	10	18	197
11	Mergue/Tavoy	0	121	83	38	71	47	3	0	121
12	Yee	3	62	10	55	53	12	0	0	65
13	Shan	6	68	12	62	52	22	0	0	74
14	Palaung	6	410	75	341	334	81	1	0	416
15	Arakan	13	158	35	136	71	69	31	0	171
16	KBC	0	330	72	258	247	83	0	0	330
17	Special	0	65	47	18	40	25	0	0	65
18	WLC	0	28	26	2	10	16	2	0	28
19	Pa Oh	0	75	66	9	65	10	0	0	75
Total		**47**	**3,284**	**1,091**	**2,240**	**2,028**	**1,067**	**116**	**120**	**3,331**

Maternal and Child Healthcare in Pa An Field Area

Direct Feedbacks from beneficiaries/Most Significant Change stories

NAME: Saw Myint Htwe
ETHNICITY: Karen
JOINED BPHWT IN: 2012
POSITION: Pa An Field In-Charge

Meaning of Time

Time is a value of people which has been recognized by philosophers. But I don't know how time has meaning for me because I don't have a timetable like other people to go, to come, and to eat. Everyone has time. As for me, I would like to get free time like other people, but I can't seem to get it. Time is very difficult for health workers like me. In morning, I must spend my time such as for cooking, preparing food for my child, and taking them to school. After that, it's time to go to my work which is my pleasure.

At a time one day in the morning, I heard the telephone ring while I was preparing food for my child. I thought it was maybe a patient telephoning me. It was as I had thought. This call to me was by one of my pregnant women to deliver a baby. It was an emergency case. So I had to go immediately to my patient's house.

Because of raining season, it's very difficult to travel to my patient's house since she lives in other village. But she needs my help to save her life; so I keep going. When I arrived at the patient's house, I did an examination and took other history. Then when I got the results from that, I saw that the patient needed to be referred to the hospital. I asked the patient's family to find a car and bring the patient to the hospital. We needed a lot of people to follow us because transportation is not easy - if the car stops and faces any problem on road, we need people to push the car. Also when we arrive at hospital and if the patient needs a blood transfusion, we may get blood from them.

When we arrived at the hospital, we hoped that the patient would be safe in delivery there. We needed the doctor to exam and operate on the patient quickly. We were very worried about the patient when she went into the operating room. Then the patient came out from the operating room and we saw that both the baby and mother were healthy – there were no problems with them. So we became very happy. After we saw that the patient and baby were in good condition, we returned to our village. Thus, it is difficult for health worker who want to give good health care to their community to have a personal timetable like other people. Because of this, it is also not easy for health workers to have free time.

10. Field Meetings and Workshops

The BPHWT conducts field workshops and field meetings twice a year. During the first six-month period of 2018, there were 19 field workshops and 18 field meetings conducted in the targeted field areas; there were 398 participants who attended field meetings and 414 participants who attended field workshops.

Table 25: Numbers of Field Workshops and Meetings and Participants

Description	# of Field Workshops/Meetings	Men	Women	Total
Field Workshops	19	193	221	414
Field Meetings	18	215	183	398

11. Capacity Building Program

During this reporting period, the Back Pack Health Worker Team organized the following trainings courses as showed in the table below to improve the health workers' knowledge and skills as well as to provide updated health information to health workers to be better able to serve their communities. Additionally, trainings and workshops are also conducted for the health workers every six months in the Back Pack targeted field areas. Detail information of the trainings are showed at the table below.

Table 26: Trainings Implemented during January to June 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. CHW 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

Field Continuous Medical Education (CME) in Win Yee Field Area

A) Community Health Worker Training Course

In this six month period of 2018, BPHWT organized three Community Health Worker (CHW) training sessions in two different areas: Thay Bay Hta, Thaton and Kayan. This training lasted for ten-months; six-month in theory and four-month internship in their respective clinics to apply the knowledge and skill that they have learn from theory. There were 146 health workers trained (83 women and 63 men).

Table 27: 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	35	54
3	Kayan	1	20	22	42
Total		**3**	**63**	**83**	**146**

Training Objectives:

1. Provide health workers with knowledge and skills, and recruit more community health workers in the communities
2. Provide healthcare services to the communities
3. Improve the health situation in the communities through prevention and treatment
4. Reduce the misusage of treatment among communities.

Key Course Topics are:

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

B) 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

C) Auxiliary Midwife Follow-up Workshop

The BPHWT continuous supporting of the Auxiliary Midwife (AMW) training that has been running since 2013 funded by SV Award. The BPHWT with Phlon Education Development Unit (PEDU) and State Health Department (SHD) have organized seven trainings for 145 AMWs; currently these 20 AMWs are trained as MCH workers at MTC. This AMW training is three months long and then they are trained as MCH workers for eight months which takes place in Mae Tao clinic in Mae Sot, Thailand. During this report period, there was no new AMW training conducted.

D) 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

E) Forensic Medicine Training Course:

During reporting period, the BPHWT conducted a Forensic Medicine Training Courses in Mae Sot on 16-17 May 2018. There were 32 (25 M & 7 F) trained during this period. The trainer was Dr. Zaw Zaw Oo from MOHS.

The key topics are:

- What are the medico-legal cases
- Duties of a medic/doctor in ML cases
- Strength and weakness of the current ML procedures
- Management of ML cases
- Medico-legal register
- Medico-legal guidelines for medic officers
- Medico-legal report

F) 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

G) 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 28: 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

12. Convergence, Coordination and Collaboration

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

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

HCCG Aims

- Prepare existing border-/Burma-based EHOs/CBHOs, for future possibilities to work together with Union and state/region government health agencies, ethnic authorities, international donors, INGOs and CSOs.
- Explore policy options for achieving the convergence of ethnic health networks with the health system of the Burma government through political dialogue. The HCCG defines "health convergence" as the systematic, long term alignment of government, ethnic, and community-based health services.

HCCG Consultation and Advocacy Meetings in Ethnic Areas

During this period, the BPHWT was involved with a HCCG consultation and advocacy meeting at the Victoria Camp in Chin State from 25 - 28 April 2018. There were 41 participants at this meeting, including Chin ethnic leaders, health workers, community leaders, and HCCG members.

This was a good opportunity for the HCCG to speak to the leaders of the Chin ethnic group about the situation in regard to the ethnic and Burma Government health systems, other social sectors, and the related political context. However, most of the Chin ethnic leaders at the meeting focused their interest more on the political situation than toward the health and the other social sectors.

The topics discussed at this meeting were:

- Analysis of the current political situation
- Health is political
- HCCG Principles

- HCCG Health Policy Option Paper and a Devolved Federal Health System for Burma
- Ethnic health organizations' services
- Health situation in the ethnic areas
- Ethnic Health Information System update
- Ethnic Health System Strengthening update and strategic plan

The meeting outcomes were to:

1. Enhance the capacity of health workers and support for their accreditation
2. Implement health services' mapping in Chin Land
3. Monitor and evaluate health workers and services
4. Implement a Health Facility Assessment
5. Provide the necessary human resources for the ethnic health system and the implement of its programs
6. Implement the health strategic plan for Chin Land

The BPHWT also conducted a combined HCCG and Ethnic Health System Strengthening Group advocacy and consultation meeting in Taw Oo District, Karen State, from 13 - 14 July 2018. There were 39 participants of which 28 were men and 11 were women.

At this meeting, the topics discussed were:

- Ethnic Health System Strengthen Group Strategic Plan
- Health Information System Working Group update
- HCCG Health Policy Option Paper about a decentralized health system
- KDHW Headquarters Strategic Plan

The meeting outcomes were:

1. 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.
2. The relevant district health administrator must ensure that they review and approval all project implementations in their district.
3. When selecting and assigning project staff, the focus should not only be on the project need, but also on its sustainability and the need to discuss and cooperate with local administrators.
4. 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 KNU's internal policies.
5. If any INGO wants to implement health programs in the Taungoo District, they must discuss it and cooperate with the THDC, BPHWT, and KDHW.
6. 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.

7. The Taungoo District Health in-Charge and BPHWT Field in-Charge should discuss with Health Information System Working Group about the implementation of service mapping of the whole Taungoo District during 2018.
8. The next meeting will be held in December 2018.

Universal Health Coverage

On 21- 22 May 2018, the BPHWT participated in the *Universal Health Coverage towards Decentralized Health System Seminar*. At this seminar, there were 83 participants - 35 women and 48 men.

The discussion topics included:

- Basic principles and concept of UHC
- Health equity in UHC
- Pilot strategic purchasing in EHO areas
- Corporate social responsibility
- Public-private partnerships for health
- Decentralized health policy and system
- Features of a devolved health system
- Experience of PHC and UHC in Thailand
- Roles of EHOs in UHC
- How to apply UHC in ethnic-contested areas

The meeting outcomes were to:

1. Find various ways for acting and implementing health laws.
2. Apply health power sharing and ethnic health structure/system to achieve universal health coverage.
3. Research health and develop advocacy strategies for international, local, Burma government, and ethnic leader audiences.
4. Implement health fundraising by the EHOs/CBHOs in line with local ethnic people's economic situations.
5. Cooperate with stakeholders for disease prevention and treatment.
6. Include Corporate Social Responsibility in the implementation of health programs and in line with the *Ethnic Health Policy* and *HCCG Principles* and establish a steering organization and an appropriate monitoring and evaluation mechanism to accomplish this.
7. Prioritize cross-border funding to implement health fundraising.
8. Enhance the awareness of Universal Health Coverage, decentralized health system, public-private partnerships, and Corporate Social Responsibility.
9. Cooperate with Burma Government, foreign governments, international non-government organizations, and local non-government organizations in line with the EHOs' policies and systems.
10. Implement human resource pathways to get accreditation for ethnic health workers who pass the appropriate examinations by the EHOs.

HISWG Member EHOs/CBHOs

- Back Pack Health Worker Team
- Burma Medical Association
- Chin Public Affairs Committee
- Karen Department of Health and Welfare
- Karenni Mobile Health Committee
- Mae Tao Clinic
- Mon National Health Committee
- Shan State Development Foundation

HISWG Objectives

- *Coordinate* the health information systems of the partner health organizations.
- *Collect and analyze* health information data from the partner organizations to improve healthcare services.
- *Improve* the HIS skills among partner organizations
- *Improve* the understanding of healthcare workers about the importance of health information systems.
- *Raise* the awareness about the health situation of the people in the ethnic regions of Burma.

The EHSSG Project emerged in 2015 and its activities also complement convergence coordination, cooperation, and alignment through the enhancement of the key building blocks of the ethnic health system:

- Leadership and Governance
- Health Information System
- Health Workforce
- Health Financing
- Access to Essential Medicine, Medical Supplies and Medical Technology
- Service Delivery

EHSSG Project Member EHOs/CBHOs

- Back Pack Health Worker Team
- Burma Medical Association
- Karen Department of Health and Welfare
- Karenni Mobile Health Committee
- Mae Tao Clinic
- Pa-O Health Working Committee
- Mon National Health Committee
- Shan State Development Foundation

EHSSG Project Aims

- *Improved health outcomes* through expanding access of villagers to community health workers and services.
- *Responsiveness* through evidence based programming and planning.
- *Financial and social risk protection* through prioritizing context-appropriate low-cost interventions and improved referral systems.
- *Improved efficiency* through the identification of best and underperforming facilities, programming, and health workforce.

All three of these organizations support the ethnic health system which has been providing healthcare services to the ethnic people in Burma and migrants/refugees in Thailand for thirty years. This system is vast in its scope and size:

- 675,000 served population
- 10 of 14 states/regions of Burma (46/330 townships)
- Thai border provinces
- 4,400 health workers (Burma)
- Mobile health teams and fixed health clinics
- Curative, preventative, promotive, rehabilitative, and palliative health services

Furthermore in understanding convergence, it is important to note that while health is not political, health convergence is political because:

- The EHOs/CBHOs provide primary health care in the EAO-controlled areas.
- The EAOs are engaged in negotiations for "political convergence".
- The health convergence progress is dependent upon the political convergence progress.
- A new devolved federal health system requires an amendment to add devolved health political, administrative, and fiscal authorities and responsibility to Schedule 2 – Region/State Legislative List of the 2008 Constitution.
- The health system of the NLD government, envisioned in the National Health Plan, is a deconcentration/delegation model, not a devolved model sought by the EHOs/CBHOs and in line with the federalism political aspirations of the ethnic people.

The Burma Government views the EHOs/CBHOs, in a reformed Burma health sector, as integrated into the deconcentrated Union health system of the Burma Government or a separate healthcare service provider with delegated services provision responsibilities. In stark contrast, the EHOs/CBHOs do not agree that health convergence is integration into a Burma Government centralized, deconcentrated, or delegated health system, but is the creation of a new devolved health system of a Federal Union of Myanmar. In this latter respect, the following chart matrix presents a possible devolved health system authority/responsibility model, for illustration purposes, toward which the health systems of the Burma Government and the EHOs/CBHOs could converge under a Federal Union of Burma:

Draft Devolved Health System of a Federal Union of Burma/Myanmar

Health System Authority & Responsibilities	Level of Government		
	Union	State/Region	Township
Setting norms, standards, & regulations	X		
Policy formulation	X	X	
Revenue generation/resource allocation	X	X	
Data collection, processing, & analysis	X	X	X
Program/project design		X	
Budgeting/expenditure authority		X	X
Purchasing/warehousing drugs/supplies		X	X
Monitoring/oversight of hospital/health facilities		X	
Hospitals & health facilities management		X	X
Facilities & infrastructures		X	
Training & staffing (planning, hiring, & firing)		X	X
Salaries & benefits		X	
Contracting hospitals		X	

Moreover with Universal Health Coverage (UHC), the EHOs/CBHOs **agree** on the UHC concept, a basic essential package of health services (EPHS), importance of data sharing to inform health planning, and the inability of the Burma Government to implement UHC by itself, especially in the ethnic service areas. Yet, the EHOs/CBHOs do **not agree** that political decision making, administrative control, and pooling/purchasing for UHC and the health sector in general should be at the Union level; only overall UHC/health sector policy making may be at the Union level in consultation with the state/region governments. Otherwise, primary health authority and responsibility should be at the state/region level. Thus as with the two parallel health systems**,** there are two different roads to the same destination of UHC.

Key current health convergence issues are:

- Political Convergence:
    - The two 21st Century Panglong Union Peace Conferences, *Step Three* of the Burma Government's *Seven Step Roadmap*, has yet to produce meaningful results toward peace and national reconciliation.
    - The Burma Army continues use force to bring about peace with the ethnic people with active fighting in Kachin, Shan, Arakan, and Chin States.
- Funding of the EHOs/CBHOs:

  Some major international donors have withdrawn/reduced financial support from the EHOs/CBHOs to work with the Burma Government by funding and implementing Burma Government-approved health programs.
- Registration of the EHOs/CBHOs:
    - EHOs/CBHOs are not officially registered in Burma.
    - Imprisonment for those who meet or aid such illegal organizations and an impediment to collaborations between official bodies in Burma and the EHOs/CBHOs.
    - Restricts funding opportunities for many EHOs/CBHOs.
    - But, registration reporting requirements may endanger ethnic health workers.
- Recognition and Accreditation:
    - EHOS/CBHOs are not recognized as health organizations by the Burma government and subject to violations of the medical regulations/ laws of Burma.
    - Health workers of the EHOs/CBHOs are not accredited as health workers by the Burma government and subject to arrest/detention.

In conclusion, the following about health convergence are important:

- Health convergence is political and directed associated with, and dependent upon, the peace process.
- As mentioned in the *Current Political Context* in this Report, the situation in ten of the fifteen administrative states/regions/territories is not post-conflict, but ceasefire/conflict.
- Peace and national reconcilement in Burma is not seen as happening in the near term. Thus, the convergence of the health system of the Burma Government and that of the EHOs/CBHOs into a new health system will not realistically occur until that time.
- The ethnic people want a devolved health system in a Federal Union of Burma.

- Universal Health Coverage is also the goal of the EHOs/CBHOs through their community-based health system and ultimately through a devolved federal health system with primary health authority and responsibility at the state/region level.
- The ethnic health system is vast.
- Continued funding of the EHOs/CBHOs, EHO/ CBHO registration and recognition, accreditation of EHO/CBHO health workers, and political convergence (i.e., sustainable peace in Burma) are critical issues in the health convergence process.

13. Monitoring and Evaluation

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

During this period of 2018, the Back Pack Health Worker Team organized a Monitoring and Evaluation (M&E) trip by the BPHWT Director and MCHP coordinator and M&E staff to different field areas. The purpose for these trips was to evaluate the program effectiveness, gather feedback from the communities, and plan for future development of the BPHWT programs. The BPHWT also participates with Health System Strengthening project for field Continuous Medical Education (CME).

Monitoring and Evaluation Objectives:

- Assess the health needs in the community
- Improve health worker's skills and knowledge
- Promote the skills, knowledge and participation of community TBAs/TTBAs and VHVs/VHWs
- Improve the program management skills of the field in-charges
- Improve program effectiveness

Table 30: Monitoring and Evaluation Framework

Key Indicators	Methods	Period
Health worker performance	Logbook reviews	Every six months
Program development	Annual report comparing planned with actual activities	Once a year
Program management	Leading Committee election and Executive Board appointments	Every three years
Outcome and impact assessment	Conducting survey	Every two years
Training effectiveness	Pre-tests, post-tests, and examinations	Every six months
Financial management	Comparing planned with actual budget	Every six months
	External audit	Once a year

14. Financial Report

BPHWT Income and Expenditures: 1 January - 30 June 2018			
ITEMS	**Income (Thai Baht)**	**Expenditure (Thai Baht)**	**%**
OPENING BALANCE -1 JANUARY 2018	2,637,818		
PERIOD INCOME			
Burma Relief Center/GAC/Inter Pares	5,600,000		43%
CPI/Swiss Agency for Development and Cooperation (SDC)	3,320,642		25%
The Border Consortium (TBC)	1,646,735		13%
Burma Humanitarian Mission(BHM)	1,281,540		10%
Stichting Vauchteling (SV)- Netherlands	964,250		7%
Burma Relief Center/HCCG meeting	277,257		2%
Mae Tao Clinic	63,000		0%
Bank Interest	5,965		0%
Other Donation			
TOTAL PERIOD INCOME	**13,159,389**		**100%**
TOTAL INCOME	**15,797,207**		
PERIOD EXPENDITURES			
Back Pack Medicine and Equipment (MCP)		2,275,111	16%
Back Pack Field Operation Supplies and Services		1,248,600	9%
Community Health Education and Prevention Program (CHEPP)		2,929,546	21%
Maternal and Child Healthcare Program (MCHP)		3,306,209	23%
Capacity Building Program (CBP)		938,525	7%
Health information and Documentation (HID)		92,009	1%
Program Management and Evaluation (PME)		1,723,785	12%
General Administration		1,666,156	12%
TOTAL PERIOD EXPENDITURES		**14,179,941**	**100%**
CLOSING BALANCE – 30 June 2018		**1,617,266**	

Part II: Program Workshops and 40th Semi-Annual Meeting Report

I. Program Workshops at the BPHWT's Mae Sot Office

1. Medical Care Program Workshop
2. Community Health Education and Prevention Program Workshop
3. Maternal and Child Healthcare Program Workshop
4. Malaria workshop

1. Medical Care Program Workshop

Facilitators - Naw Hser Mu Nar Htoo, Nang Snow & Nant Pa Pa Win
Duration - 30-31 July & 1 August 2018
Participants - 40 (26 men and 14 women)

Discussion Topics:

- Field activities report presentation
- Discuss with field missing reporting
- Discuss MCP data collection
- Review treatment protocol and handbook
- Review of essential drug list & next order units
- Review of distributed medicine and supplies list
- Update stationary Back Pack teams & health worker names
- Review MCP workshop recommendations
- Reflection of leadership and management
- MCP future plans

2. Community Health Education and Prevention Program Workshop

Facilitators - Saw Moo Thar, Saw Kler Shi Say and Pway Wah Poe
Duration - 30 July – 1st Aug, 2018
Participants - 40 (26 men and 14 women)

Discussion Topics:

- CHEPP in-charge presentation
- Reviewed village health workshop and school health
- Vitamin A and De-worming medication
- Reviewed criteria for establishing of village health committees
- Reviewed data and report forms
- WASH Assessment
- Reviewed responsibility of village Health worker workshop
- Village Health Fund raising
- Explained more about STAND UP project target village tract
- Future plans

3. Maternal and Child Healthcare Workshop

Facilitator - Naw Thaw Thi Paw, Naw Htoo, Mose Mose Win & Dr. Thein Win (CPI)
Duration - 30 July – 07 August 2018
Participants - 32 (3M & 29F)

Discussion Topics:

- Review Integrated Management of Childhood Illness (IMCI)
- Review Maternal Death Review Form
- Sharing updated information of trainings
- Discuss about Implant training, M&E, & Family planning education
- Review & discuss birth record data and forms
- Review & discuss MCH data and report forms
- Discuss about adolescent reproductive health
- MCHP Future plans

4. Malaria Workshop

Facilitator - Dr. Zaw Tun Win (URC – CAP malaria) and Dr Aung Myint Thu (SMRU)
Duration - 6 and 8 August 2018
Participants - 97 (50 men & 47 women)

Discussion Topics:

- Malaria treatment guideline
- Malaria detection & screening
- Prevention & health education
- Introduction of Integrated Community Malaria Volunteer (ICMV) manual book & Job description
- Case scenario for malaria case register
- Malaria treatment guideline protocol update information sharing
- Introduction new disease of Melioidosis & transmission and risk persons

II. 40th BPHWT Semi-Annual General Meeting

The 40th Semi-Annual Back Pack Health Worker Team General Meeting was conducted on 9-10 August 2018 at the BPHWT Mae Sot Office. There were 102 participants - 46 women and 56 men. The purpose of this session was to discuss the health worker experiences in the field, share knowledge, review which activities were and were not implemented as well as why some activities could not be implemented, compare outcomes in relation to plans made at the previous six-month meeting, and share difficulties encountered in the field.

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 areas. During the meeting, the Leading Committee discussed the data, from a programmatic perspective, in order to monitor the events taking place in the targeted field areas. After this analysis, they discussed how to improve data collection methods. Also during the meeting, the Leading Committee offered advice for those issues that health workers were unable to solve by themselves, and provided suggestions for the planning of the next implementation period. After the meeting, the Leading Committee discussed possible ways to handle the problems identified during the session and came to decisions about how to take actions to solve these problems.

40Th Six Month Meeting of Back Pack Health Worker Team at the office in Mae Sot

Schedule of the BPHWT's 40th Semi-Annual General Meeting

Day (I) – 9 August 2018	
Description of Presentation	**Responsibility**
Opening Speech	Dr. Cynthia Maung
Introduction	Facilitators
Review and discussion about on 39th Six Month's Meeting decisions	All BPHWT members
MCHP Coordinator Report and Workshop Report	Naw Thaw Thi Paw
CHEPP Coordinator Report and Workshop Report	Saw Moo Thar
MCP Coordinator Report and Workshop Report	Naw Hsa Mu Nar Htoo
Day (II) – 10 August 2018	
Capacity Building Coordinator Report and Workshop Report	Saw Christen
HID Report Presentation and	Aung Than Oo
Field M & E and consultation meeting Report presentation	Ko Gyi Kyaw
Situation update in each area report presentation	Ko Gyi Kyaw
Office administration report presentation	S'moe Naing
Financial Report	Saw Chit Win
General: • Program overlapping in each area • Health worker registration and Health Worker • Security • Medicine transportation • 20th Year Anniversary report • Health Worker Stipend (Stable Back Pack)	All BPHWT members
Review and approve meeting decisions	Facilitators and president
Closing speech	Dr. Cynthia Maung

BPHWT's 40th Semi-Annual General Meeting Decisions:

1. The BPHWT made the decision to collect all malaria caseloads even if they are implemented by other NGOs in the targeted field areas during the second six-month period of 2018.
2. The BPHWT made the decision to organize an implant training during the second six-month period of 2018.
3. The Leading Committee/Field In-Charges' meeting will discuss the collection of birth records in the targeted field areas.
4. The BPHWT made the decision to change the names of Back Pack teams in the Pa An and Win Yee Field Areas; and move the Back Pack team in the Kayan Field Area.
5. The BPHWT made the decision to include BPHWT's logo on all data collections forms and all forms which are analyzed and provided by the Health Information & Documentation Program (HIDP) teams.
6. All detailed MCHP and CHEPP requests will be presented and discussed at the Leading Committee/Field In-Charges' Meeting.
7. The BPHWT made the decision to conduct an Impact Assessment Survey in 2019.
8. The Leading Committee/Field In-Charges' Meeting will discuss service overlaps in each BPHWT targeted field area.
9. The Leading Committee/Field In-Charges' Meeting will discuss medicine transportation.

10. The BPHWT made the decision to publish a *Twenty-Year Report* and organize a Twenty-Year Anniversary of the BPHWT.
11. The BPHWT made the decision to conduct a Community-Based Health Insurance (CBHI) Awareness Workshop during the second six-month period of 2018.
12. The BPHWT made the decision to conduct a Medico Legal Workshop during the second six-month period of 2018.
13. The Leading Committee/Field In-Charges' Meeting will discuss the prioritization of activities due to funding limitations during the second six-month period of 2018.
14. The Leading Committee/Field In-Charges' Meeting will discuss the *2019 Proposal*.
15. The Leading Committee/Field In-Charges' Meeting will discuss pilot Back Pack teams that are to be converted into permanent Back Pack teams.
16. The BPHWT made the decision to implement family planning as a Sub-Program within the Maternal & Child Healthcare Program (MCHP).
17. The BPHWT made the decision to continue conducting water, sanitation, and hygiene (WASH) assessments in the field areas during the second six-month period of 2018.
18. The BPHWT made the decision to hold a Village Health Fund Awareness Workshop during the second six-month period of 2018. Saw Moo Thar will contact The Border Consortium for this Village Health Fund Awareness Workshop.
19. The BPHWT made the decision to contact the Karen Human Right Group about conducting a Human Rights Violations' Collection/Documentation Workshop during the second six-month period of 2018.
20. There will be a five-day HIDP Workshop to be supported by Swiss Agency for Development and Cooperation (SDC) funding in August 2018.

Leading Committee/Field In-Charge Meeting Decisions (11/08/2018)

1. The BPHWT will contact technical persons to provide birth records for children, less than ten years of age, who have not yet received any birth records, and will copy and provide birth records for those children whose birth records were damaged and destroyed.
2. The BPHWT made the decision to implement MCHP activities, which are funded by the SDC, during the second six-month period of 2018.
3. The MCHP Coordinator will prepare the list of family planning supplies from CPI (MOHS/MRH-Karen State) for both Karen State and other state/regions for a six month period.
4. Naw Thaw Thi Paw will speak to Naw Htwe Gyi about recruiting an additional MCHP staff member.
5. The BPHWT made the decision to include Yee in the TBC/LIFT Project *Year Two* work plans and will discuss with the Yee Field in-Charge and CHEPP in-Charge regarding a detail plan.
6. All Field in-Charges must observe and supervise their health workers' performance and also collect photographic documentation.
7. The BPHWT made the decision to change the status of three pilot Back Pack teams - WLC Back Pack Team, Kaung Tai Back Pack Team from the Special Field Area, and Ka Tai Tee Back Pack Team from the Papun Field Area – to permanent Back Pack teams beginning in the second six-month period of 2018.

In Memory

On a daily basis, Back Pack health workers, traditional birth attendants, and village health workers/volunteers traverse areas of active conflict and difficult terrain, and littered with landmines, and content with adverse weather conditions. Traveling from village-to-village, they must trek, climb, negotiate river waters, and determine if there is a safe means to evade a conflict situation and reach the villages that await their skilled care. These health workers consistently put the welfare of their communities above their own personal safety. As a result of their selfless service, countless villagers have enjoyed improved health. But for some of them, they paid the ultimate price.

On January 27 at 3:00pm, Maran Seng Ra, 29 years old of Wara Zup village in Danai township of Kachin State, was killed by airstrikes from Burma military jets. She was a Back Pack Village Health Worker in the Kachin Field Area. Maran Seng Ra had a young child who was attending daycare at the time of the airstrikes and is now motherless. Maran Seng Ra now joins eight other members of the Back Pack Health Worker Team who have lost their lives since 2000 due to the actions of the Burma military, landmines, and accidents while providing health care to vulnerable people in hostile zones in the ethnic areas of Burma.

2018
Maran Seng Ra

2015
Saw San Thein
Khaing Soe Paing

2009
Zi Wah Ni

2004
Saw Eh Keh

2002
Saw Maung Myint

2001
Ka Haw Moo

2000
Tu Naing
Saw Nay Say