



# နယ်လှည့်ကျော့မိုးအိတ်ကျန်းမာရေးလုပ်သားအဖွဲ့ Back Pack Health Worker Team

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



**2019 ANNUAL REPORT**

**BACK PACK HEALTH WORKER TEAM**

Website: <http://backpackteam.org>

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## Glossary of Terms

ACT	Artemisinin-based Combination Therapy
AMW	Auxiliary Midwife (under the Burma government structure)
ARI	Acute Respiratory-tract Infection
BBG	Burma Border Guidelines, the standard guidelines for diagnosis and treatment on the Thailand/Myanmar border
BPHWT	Back Pack Health Worker Team
CBO	Community-Based Organization
CSO	Civil Society Organization
CHEPP	Community Health Education and Prevention Program
CHEB	Community Health Eastern Burma Project
Confirmed malaria	Malaria diagnosis confirmed with a Rapid Diagnostic Test
CHW	Community Health Worker
EHO	Ethnic Health Organization
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
<i>Pf</i>	Plasmodium falciparum, the most deadly type of malaria parasite
PLA	Participatory Learning and Action
<i>Pv</i>	Plasmodium vivax, another type of malaria parasite
RDT	Rapid Diagnostic Test, used for diagnosis of plasmodium falciparum malaria
Tatmadaw	Burma Army
TBA	Traditional Birth Attendant
TMO	Township Medical Office (under the Burma government structure)
TNLA	Ta'ang National Liberation Army
TTBA	Trained Traditional Birth Attendant
TOT	Training-of-Trainers
VHV	Village Health Volunteer
VHW	Village Health Worker

# Part I: 2019 Annual Report

## 1. Executive Summary

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

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

In 2019, 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



*Patient referrals in BPHWT's operation Field Area*

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. 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 306,896 (146,808 men & 157,088 women) IDPs and other vulnerable people. The BPHWT aims to empower and equip

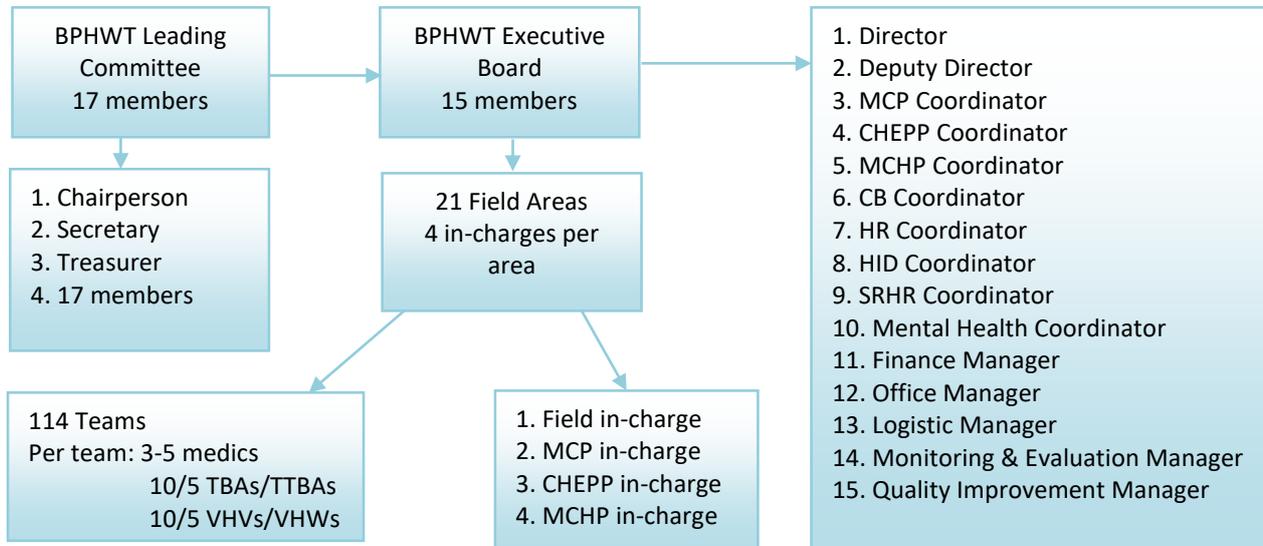
people with the skills and knowledge necessary to manage and address their own health problems, while working towards the long-term sustainable development of a primary healthcare infrastructure in Burma.

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 fifteen 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 17 members who are elected for a three-year term. The Leading Committee appoints all 15 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 2019, the participation of women in the Back Pack Health Worker was 60% 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.

<b>Table 1 : Gender Policy and Analysis - 2019</b>			
Category	Total Workers	Total Women	Actual Women %
Leading Committee/Executive Board	24	6	25%
Office Staff	20	9	45%
Field Management Workers	59	28	47%
Field Health Workers	396	235	59%
VHVs/VHWs	382	249	65%
TBAs/TTBAs	770	710	92%
Organizational Total	<b>1,651</b>	<b>1,237</b>	75%
<b>Total Organization excluding TBAs/TTBAs</b>	<b>881</b>	<b>527</b>	<b>60%</b>

**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.

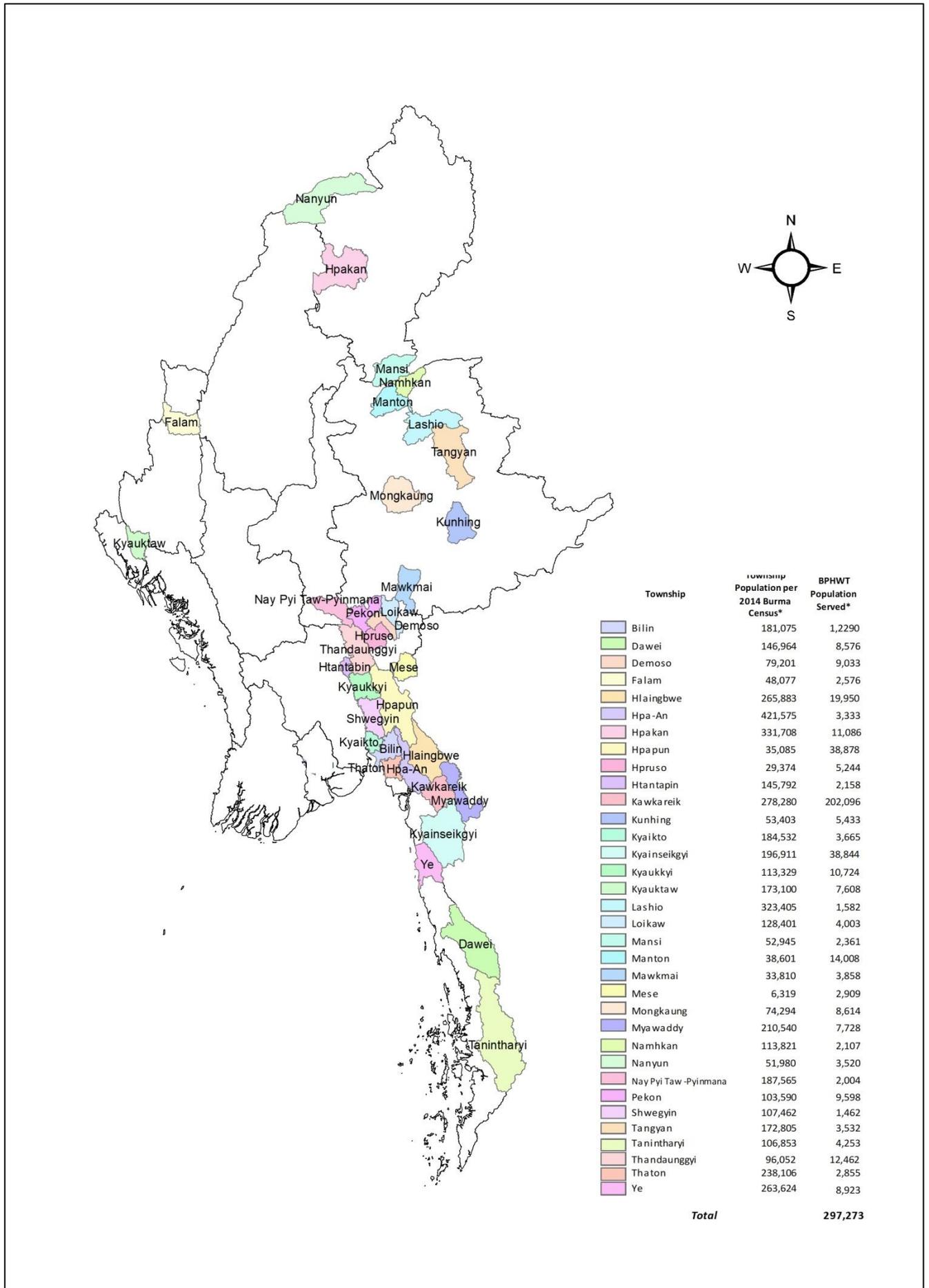
**Table 2: Health Access Targets for a Community-Based Primary Healthcare System**

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
<b>Total Members Per Team</b>				<b>24/14</b>



**Health workers are providing health care to IDPs & vulnerable populations**

## 4. Map of Operational Areas



## 5. Security Situation in the BPHWT Target Areas

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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**

In September 2019, the Burma military took local people for portering. Also, there has been much yaba drug and amphetamine use by young people of 16 years of age. Due to these drug users, there have been many cases of thief. In this area, emergency patients are referred to the nearest clinic. However, the referral charges are restricted under the donor's vertical project.

Due to Chinese mining in Kan San village, chemical waste is flowing into a local river and causing water contamination. As a result, villagers face skin diseases and acute respiratory infections. There are occurrences of yaba use among those whose ages are over sixteen years old and black heroin use among those whose ages are over twenty years old.

#### **Kayan**

In this area, some INGOs support agriculture, water supply systems, and solar panels. Moreover, there has been much yaba drug and amphetamine use by young people of 15 years of age. Also, there has been an increase in mental patients due to the existing yaba drug use in this area. There is a rehabilitation center for mental health patients. but access is not supported by any organization. In this area, there is a referral system for emergency patients. Yet, the referral charges are restricted due to the policy of supporting donors.

#### **Kler Lwee Htoo**

In this area, the Burma military setup a camp. Thus, it was necessary to move the stationary clinic from Pa Kar Hta village to Khel Htee village. In regard to their road construction, the Burma military set-up five checkpoints. In this area, people utilized the referral system to the Mone Ethnic Station Clinic and sometimes are also referred to the government hospital. However, the referral costs are not covered.

## **Thaton**

In June 2019, fighting has spread between the DKBA and BGF in Mee Zine Mountain which is near the BPHWT targeted area. There was an outbreak of measles in the Kweelay area especially among people over 30 years of age and under 10 years of age. There was also a suicide case due to diabetes. There is a referral system, but without access support.

## **Pa An**

There has been much yaba drug use by people between 15 - 50 years of age in the field area. Due to drug abuse, there were two suicide cases of people, who were over 30 years of age, in the Htee War Plaw area. Furthermore, there were seven mental health patients to whom the BPHWT health workers gave consultation and treatment. There were still 35 measles patients who were between 5-19 years of age in the Mae Tha Moo and Haw Thu Hke areas. The METF international organization was providing support in the area for malaria.

## **Papun**

The current security situation affects mobile medical treatment. There are still measles patients in this area. The Burma military and BGF are checking on the polio immunization campaigns in the Noh Paw Htee area. The Burma military setup their camps strongly in this area. There are still yaba users in this area: some as young as fifteen years old. There are also mental health cases. There is a referral system, but without access support.

There is current fighting between the Burma military and the Karen National Liberation Army between 2 January 2020 and 22 February 2020. On 2 January 2020, two villagers got wounded from the fighting. Due to the fighting, there are now 400 internally displaced persons (IDPs) in Yeh Mu Plaw and Ler Mu Plaw villages. Because of the fighting, most villagers avoid the Burma military. Moreover since 2018 to 2020, there has been a measles outbreak prevalent in over 200 children under five years of age. Also diarrhea was prevalent in 100 children under five years of age during January 2020. Furthermore, there have been ten mental health patients with depression as the main symptom. The BPHWT give treatment to these mental health patients and consultations with families. In 2019, mental health medicine was available, but is not yet available in 2020.

## **Dooplaya**

There has been an increase in amphetamine use among people over 15 years of age. Moreover, there was a measles outbreak, but the number of cases has been decreasing. The KDHW led the polio immunization campaigns in this area.

## **Kawkareik**

The Burma military tried to commit rape on one woman who was 20 years of old and just married in Poe Yae village: but it was prevented by villagers. Therefore, the local villagers reported this instance to relevant Burma military: but they did not take action on this case. Also, there is yaba use of people who started when their age was over 20 years.

## **Win Yee**

Currently, the Burma military setup a camp in Ah Pa Lon village. In this area, an INGO provides support for malaria. Also, the government health staff gives malaria medicine. Moreover, some local INGOs support the construction of schools, water supplies, and latrines. The BPHWT is cooperating with the KDHW for immunizations. Also, there is yaba use of people who started when their age was over 20 years.

## **Moulamein**

Due to heavy rain, there was flooding at the Back Pack Gani Station Clinic and the Yit Chaung's environment was destroyed. Consequently, there were landslides and one man died due to in Kyeik Mye village, flooding in Kaung village. Because of a cement mega project, ten households were destroyed in Kwat Ngen village track. This was because the company dug a canal from the Salween River to the cement project for boat transportation to carry

cement bags. Furthermore, there were ARI cases resulting from the dust from the cement industry. Also, there is yaba use of people who started when their age was over 14 years. Moreover, there are mental health patients. In Wgezin village, monks and the community constructed a mental health rehabilitation center, but there is no support from the international community. In this area, there is a referral system, but there is still a communications' gap between patients and government doctors.

### **Shan**

In August 2019, there was often fighting in Hsipaw, Northern Shan State. In this situation, the BPHWT team asks villagers about the fighting situation for the team's security for mobile treatment. The Burma military set-up temporary camps anywhere they want in this area. Currently, over 200 villagers are hiding in the monastery in Hsipaw village due to the fighting. Those people don't have medical care, but Shan youths provide some food. In this area, Relief International provides support to the social sectors. Also, youth, over thirteen years of age, have begun to use yaba and amphetamines, and become mental health patients. A Shan organization takes care of them and gives rehabilitation. There is a referral system in cooperation with the Nam Khone Philanthropic Clinic. Current remain fighting between the Burma military and the Shan State Army – South which has resulted in a camp for IDPs who number over 800 people.

### **Pa Oh**

In this situation, youth, over 20 years of age, use yaba and black heroin. Consequently, they become mental health patients both due to the drugs and social problems. In this area, some international organizations construct water storage pools and water supplies, and setup electricity with solar systems.

### **Palaung**

After a four months temporary ceasefire, the Burma military setup a camp near Sin Line village, Mantong township thus, the BPHWT Sin Line Clinic was closed. Due to the closure, two children died from fever. A drunken Burma military soldier struck a local villager in this village. In June 2019, a Ta'ang health organization submitted a request letter to the GAD to hold a Ta'ang Health Seminar. However, the GAD did not allow this seminar: their reason was the Ta'ang organization was not a registered organization. However, the Ta'ang organization decided to hold the Health Seminar anyway, but the Special Police came and checked on it until the seminar was finished. On 10 June 2019, two soldiers, who were from the Burma military's 101 Brigade under 258 Battalion, used a pistol to commit the rape of a mental disordered woman. The villagers made a complaint to the relevant Burma military authorities who did not take any action.

Currently, Sin Line Clinic is open. There is difficulty in holding health worker meetings in the Lashio area because of fighting. Due to the fighting, six IDP camps exist in Kot Khain and one IDP camp in Namkhan. The Chinese are also implementing a mine project on local villagers' land. Some parents are selling their children to the Chinese due to not having an adequate living and needing to borrow money from the Chinese as most villagers face debt. Consequently, there is human trafficking in the Mine Yaw area. There is a referral system in this area, but there are challenges from money and language barriers.

There continues to be fighting between the Burma military and the Ta'ang National Liberation Army (TNLA) in Kot Khain, Namhsan, Manton, and Kyaukme townships. Owing to the fighting, there are six IDP camps in this area. This area is not now safe for the delivery of health services by Back Pack health workers. In January 2020, the Burma military arrested two brothers in Waimaw village and accused them as being TNLA soldiers. The two brothers remained detained. Furthermore, the Burma military detained the teachers from the Ta'ang Education Center in Kot Khain township. The teachers were released after a man, from the township, gave a guarantee for those teachers. In September 2019, the Burma military took twelve porters from Sin Line village and used them as human shields. There are occurrences of heroin use among those whose ages are over twenty years of age and yaba use among those whose ages are over seventeen years of age. In November 2019, the Burma military and the General

Administration Department went at midnight to check and investigate a Ta'ang community-based organization office/house in Lashio township.

### **Kachin**

In the Hukaung area, the Burma military extended their forces, setup camps, and checked every villager. The BPHWT goes to Tan Pha Yel IDP camp for treatment, but the Kachin State Health Department has now stopped them from these visits. Currently, there are 100,000 IDPs still in Kachin Baptist Convention RC camp in Myitkyina with another 10,000 IDPs still in the KBC RC camp in the Hukaung area. In April 2019, there were cases of meningitis in five children in the San Pya village (Hpakank) Forg jade area: three of these children died. There was a rape case, but it was not reported because of family integrity. In this area, there are INGOs, but not in the hard-to-reach remote areas. There is yaba, heroin, and methamphetamine use in this area with users starting around the ages of 13 years old. Some INGOs, in this area, support single use needles for drug users for HIV protection. Also, there is a referral system with 50,000 kyats, for general referrals, provided by a partner INGO.

### **Naga**

To provide mobile treatment, a Back Pack team must get recommendation from the GAD, villager leader, and representative from Parliament. In this situation, the Burma military allows the Back Pack team a two-days stay for treatment. It does not permit it to collect population data or take photographs. The Burma military setup a camp in Taga village - a Back Pack area. If a villager's cow enters the camp, they will kill and eat it as well as sell some portions of it in Khanti township. A drunken Burma military soldier killed one local person from Taga village and a medic soldier, and then committed suicide. Currently, all cellphone service has been stopped in Taga village. Before this time and presently, there are heroin and yaba users aged over 18 years old. Some become mental health patients. However, there are no rehabilitation centers.

A female student, fifteen years of age from La Hel village, was raped by a Burma military soldier, thirty years of age, while she was looking for wood for cooking. There is a gold mine in Tie Tee village, upper Hkamti township, which has destroyed the landscape and caused water contamination and made it difficult for villagers to get safe drinking water.

### **Arakan**

The Burma military battalions 274, 375, and 376 of the 9<sup>th</sup> Military Operations Command established martial law, setup checkpoint, and imposed curfews between 5 pm and 5am in Wa Pyin, Rakhontai, Sapasite, and Za Lain Taung villages. Moreover, the Burma military setup a camp in the Shwe Kyaung monastery in Kyauktaw. Two Ten Standard students were arrested in Kyauktaw and later released. The Burma military also limits the purchase of rice and checks to see that the rice is only for the members of the household. The Internet was still terminated in Kyauktaw, Ponnagyun, and Minbya villages. Because of shelling from Burma military mortars, a government high school was closed between Khaung Tot and Nagayar villages. Furthermore, some local people were injured and a monastery was destroyed. In July 2019, three families were killed in Myay Vay village due to mortar shelling from the Burma military.

The Burma military forced two people to do portering from Taung Vay and Det Phyu villages: their current situation is still unknown. In May 2019, one child, nine years of age, was shot and killed by a Burma military bullet. Because of the fighting in Khaung Took village, Kyauktaw township, many people are being killed. Moreover in June 2019, one soldier from the Burma military Battalion 55 shot local villager at a checkpoint when the villager reached into his pocket to answer his cellphone. In July 2019, a landmine injured a monk and two villagers in Wet Mine village track. Furthermore, the Burma military shot one villager in this same area. In April 2019, the Burma military arrested one village leader and three villagers. In this instance, one villager died due to investigation and torture by the Burma military in Min Thar Taung village, Kyauktaw township. Currently, the Tain Nyo IDP Camp with 700 households exists between Mrauk-U and Kyauktaw townships. Furthermore there are 170 households in Pat Tha Du IDP Camp in Rathedaung township.

From 2018 to the present time, there has been continuous fighting between the Burma military and the Arakan Army (AA) at Ponnagyun, Rathedaung, Buthidaung, Kyauktaw, Mrauk-U, Minbya, Myebon, and Paletwa townships. Due to fighting, there are now over 100 IDP camps. Some IDP camps, along the Yangon - Sittwe Highway, receive support. However, IDP camps in the fighting area presently receive no support. Due to the fighting, it is very difficult for the Back Pack teams to provide treatment between Paletwa and Kyauktaw townships as well as Pyi Chang village. Furthermore, the Burma military took two male porters, 40 years of age, from Taung Vay village and three male porters, 40 years of age, from Det Phyu village. Moreover, the Burma military shot RPG rounds which wounded four children around thirteen years of age and killed two children in Taung Vay village. In August 2019, one villager was killed dead by landmines at Spasite village. Also, one grandmother, sixty years of age, and three children, over ten years of age, were killed by Burma military landmines in a monastery at Laut Thar village, Kyauktaw township. There are occurrences of yaba use among those whose ages are over thirteen years of age

### **Special Field Area**

There are occurrences of yaba use, moistly among males, with starting age of thirteen years old. Consequently, there are mental health patients due to drug abuse and yaba use.

### **Mergue/Tavoy Field Area**

There are occurrences of yaba use, especially among men whose ages are twenty years old and older. In one incident, a male yaba user, 41 years of age, committed suicide.

### **Taungoo Field Area**

There are occurrences of yaba use among youth people in their twenty years of age.

### **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.

In June 2019, a Dengue's outbreak in Tapoh Hta BP and Paluang Back Pack teams was reported by the the Mergue/Tavoy Field in-Charge to the BPHWT. There were 658 patients (199 under five children) from 143 households. Three patients died due to severe dengue hemorrhage. 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 Mergue/Tavoy 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 patients' conditions, a check must be made on new patients every day and reporting to the local field in-charge and central BPHWT office.

## 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 306,896 people. There are currently 1,607 (1,151 women and 456 men) members of the BPHWT primary healthcare system living and working in Burma: 455 (192 women and 263 men) health workers, 770 (710 women and 60 men) Traditional Birth Attendants / Trained Traditional Birth Attendants (TBAs/TTBAs) and 382 (249 women and 133 men) village health volunteers/village health workers (VHVs/VHWs).

**Table 3: BPHWT's Coverage Population**

Ages	Gender		Total
	Men	Women	
Under five years of age	24,031	29,158	56,189
Five years of age and over	122,777	127,930	250,707
<b>Total</b>	<b>146,808</b>	<b>157,088</b>	<b>306,896</b>

**Table 4: Summary of the BPHWT Field Areas, HWs, VHV/VHWs, TBA/TTBAs**

No.	Areas	# of Teams	# of HWs	# of VHWs	# of VHV	VHVs & VHWs	# of TBAs	# of TTBAs	TBAs & TTBAs
1	Kayah	7	24	0	2	2	12	23	35
2	Kayan	8	27	13	12	25	5	55	60
3	Special	2	7	0	0	0	9	3	12
4	Taungoo	5	24	32	4	36	20	9	29
5	Kler Lwee Htoo	7	24	20	14	34	52	2	54
6	Thaton	7	27	24	4	28	35	30	65
7	Papun	12	53	76	1	77	67	36	103
8	Pa An	8	46	11	0	11	67	32	99
9	Dooplaya	7	29	2	0	2	43	39	82
10	Kawkareik	4	17	3	5	8	32	6	38
11	Win Yee	4	19	15	0	15	32	16	48
12	Mergue/Tavoy	7	26	3	1	4	8	1	9
13	Yee	6	21	38	12	50	0	22	22
14	Moulamein	6	20	0	0	0	0	0	0
15	Shan	6	21	0	0	0	10	0	10
16	Pa Oh	2	8	17	17	34	19	19	38
17	Palaung	6	20	0	0	0	0	30	30
18	Kachin	4	15	19	5	24	10	16	26
19	Naga	2	9	0	0	0	0	0	0
20	Arakan	3	11	8	2	10	1	5	6
21	Chin (WLC)	1	7	9	13	22	2	2	4
<b>Total</b>		<b>114</b>	<b>455</b>	<b>290</b>	<b>92</b>	<b>382</b>	<b>424</b>	<b>346</b>	<b>770</b>

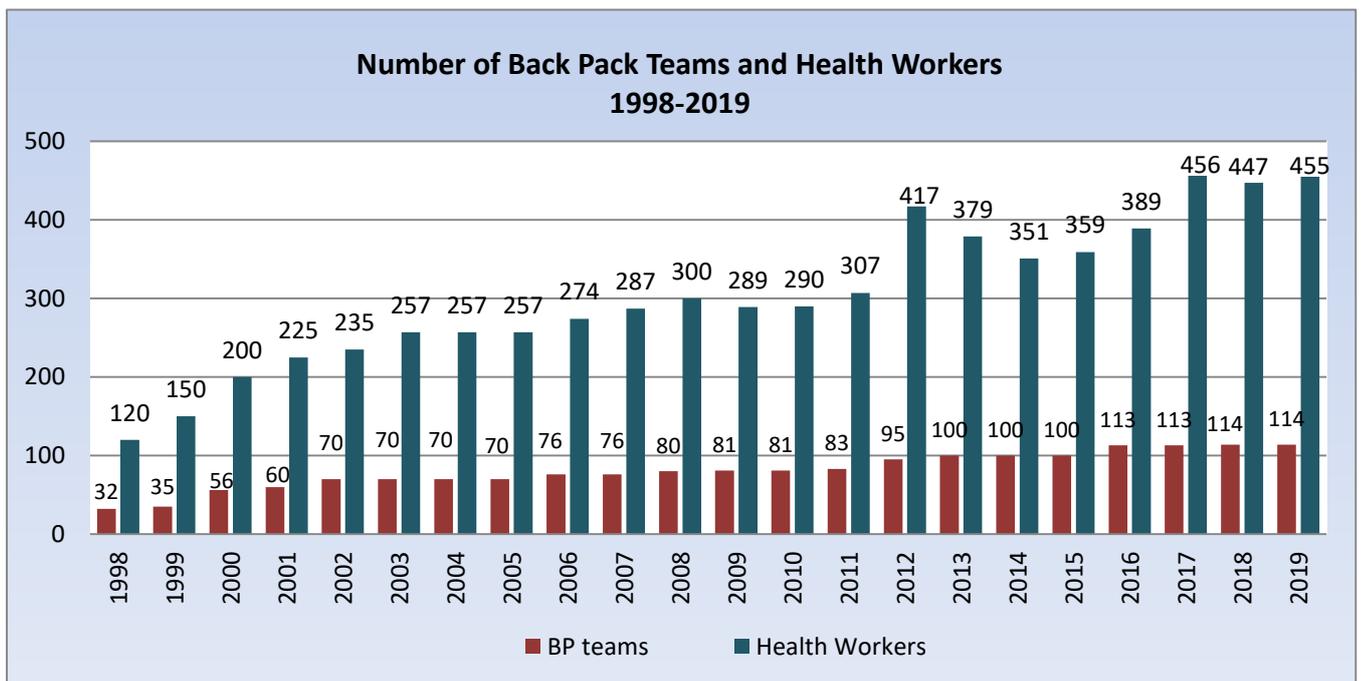
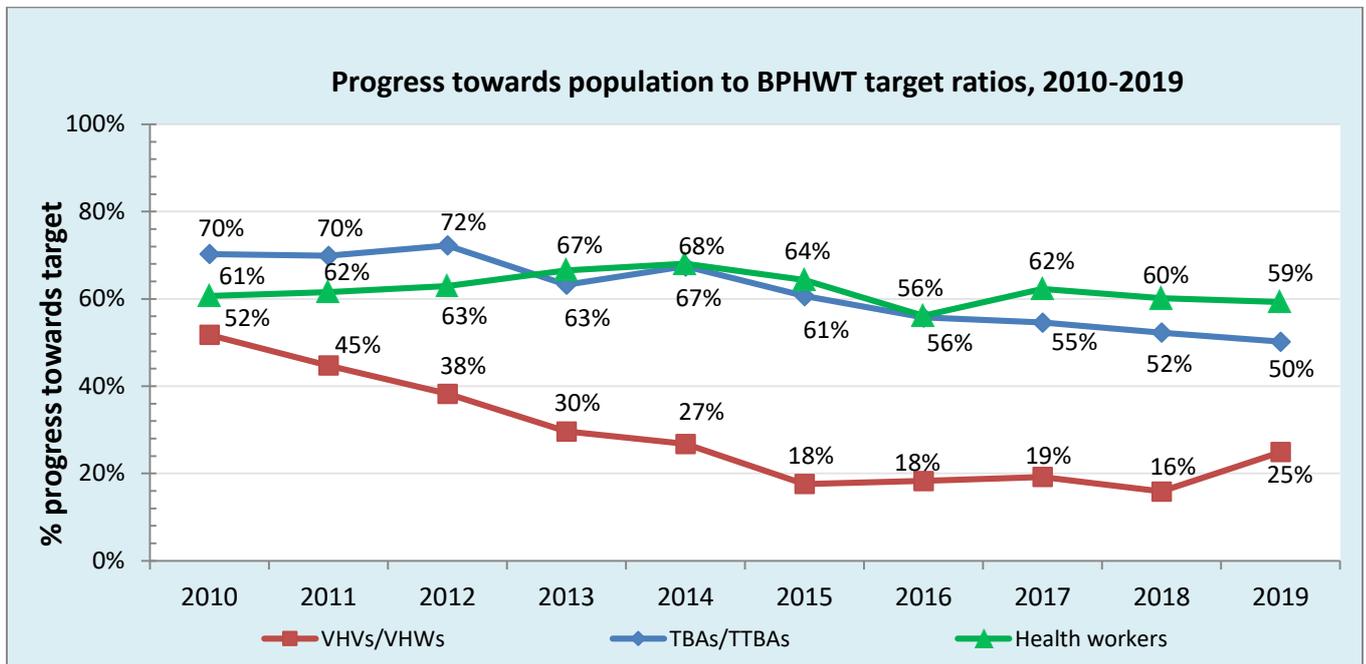
**Table 5: Summary of the BPHWT's Target Populations and Cases Treated**

No.	Areas	Villages	Households	Populations	Caseloads
1	Kayah	59	4,122	21,471	17,905
2	Kayan	81	3,428	19,606	4,133
3	Special	7	1,469	8,334	171
4	Taungoo	52	2,212	11,739	226
5	Kler Lwee Htoo	51	2,037	12,070	2,621
6	Thaton	32	3,553	21,406	2,653
7	Papun	142	6,672	39,607	9,098
8	Pa An	41	4,048	24,318	4,994
9	Dooplaya	51	4,371	22,552	3,522
10	Kawkareik	16	1,403	7,368	920
11	Win Yee	30	2,356	13,358	3976
12	Mergue/Tavoy	25	2,188	12,798	12,600
13	Yee	22	1,934	9,069	1,852
14	Moulamein	15	2,233	11,018	5,219
15	Shan	42	1,857	11,486	2,228
16	Pa Oh	16	713	3,895	821
17	Palaung	48	3,845	29,670	8,939
18	Kachin	6	1,959	13,447	3,397
19	Naga	7	775	3,520	721
20	Arakan	10	1,267	7,608	527
21	Chin (WLC)	7	840	2,556	384
<b>Total</b>		<b>760</b>	<b>53,282</b>	<b>306,896</b>	<b>86,907</b>

**Table 6: Number of Health Workers, TBAs/TTBAs, VHV/VHWs, and Target Population by Year**

Year	# of HWs	# of TBAs/TTBAs	# of VHV/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
2019	455	770	382	306,896

**TBA/TTBAs, VHV/VHWs, & Health Workers-to-Population Ratios as a % of Target Ratios over Time<sup>1, 2</sup>**



<sup>1</sup> 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.

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

## 6.1) Medical Care Program

The BPHWT 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. BPHWT's health workers address six health problems identified as contributing most significantly to morbidity and mortality in the target areas: malaria, diarrhea, acute respiratory-tract infection (ARI), anemia, worm infestation, and war trauma injuries. The 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 7: Back Pack Health Worker Team Caseloads**

No	Condition	Age				Total
		<5		≥5		
		M	F	M	F	
1	Anemia	174	233	1640	3380	5,427
2	ARI (mild)	3695	3811	5880	7254	20,640
3	ARI (severe)	1140	1121	1328	1584	5,173
4	Beriberi	66	80	1003	1850	2,999
5	Worms	521	530	1042	1097	3,190
6	Post Abortion Care	0	0	2	55	57
7	Diarrhea	795	673	1093	1158	3719
8	Dysentery	178	182	717	803	1880
9	Injury (gunshot)	0	0	10	2	12
10	Injury (landmine)	0	0	0	0	0
11	Injury Acute Other	117	118	1036	633	1904
12	Injury (old)	43	43	510	321	917
13	Malaria (PV)	28	29	200	152	409
14	Malaria (PF)	279	269	640	503	1,691
15	Malaria (Mix)	1	0	5	3	9
16	Measles	39	43	75	87	244
17	Meningitis	0	0	11	9	20
18	Suspected AIDS	0	0	4	3	7
19	Suspected TB	5	5	115	117	242
20	Post-Partum Hemorrhage	0	0	0	18	18
21	Sepsis	0	0	6	14	20
22	Reproductive Tract Infection (RTI)	0	0	7	263	270
23	Urinary Tract Infection (UTI)	24	40	950	1933	2,947
24	Skin Infection	435	431	1144	1303	3313
25	Hepatitis	8	9	119	112	248
26	Typhoid Fever	63	74	310	274	721
27	Arthritis	9	15	911	1090	2025
28	Gastric Ulcer Deudinum Ulcer (GUDU)	47	55	2624	3312	6038
29	Dental Problem	172	153	750	801	1876
30	Eye Problem	111	144	556	682	1493
31	Hypertension	0	0	1505	2297	3802
32	Abscess	157	135	758	637	1687
33	Scrub typhus	8	9	81	85	183
34	Leptospirosis	2	0	81	44	127
35	Insect bite	76	41	250	156	523
36	Dengue fever	282	285	887	912	2366
37	Poisoning	24	26	133	115	298
38	Mental illness	0	0	31	36	67
39	Cardiovascular	4	4	30	66	104
40	Diabetes	0	0	40	84	124
41	Others	707	750	3222	5438	10,117
Total		9,210	9,308	29,706	38,683	86,907
Grand Total		18,518		68,389		

Category	Men	Women	Total
Patients <5	9210	9308	18518
Patients >=5	29706	38683	68389
<b>Total</b>	<b>38,916</b>	<b>47,991</b>	<b>86,907</b>

### 1. Malaria

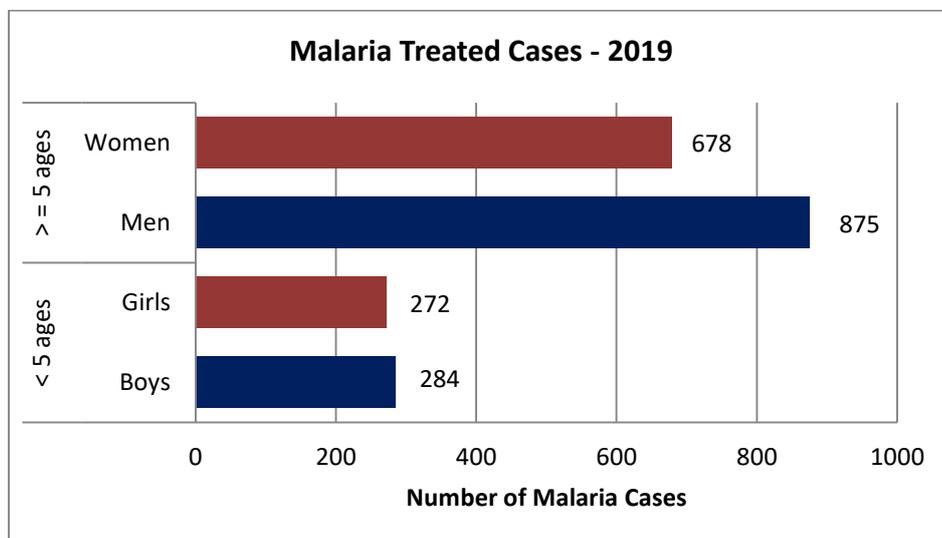
The BPHWT has used Para-check, a rapid diagnosis test (RDT), to effectively confirm Plasmodium falciparum (*P.f.*) malaria diagnosis since 2007, and follows World Health Organization (WHO) guidelines to give Artemisinin-based Combination Therapy (ACT) treatment. The BPHWT aims to distribute insecticide-treated mosquito nets (ITNs) and engage in preventive health awareness-raising activities in order to decrease the prevalence of malaria.

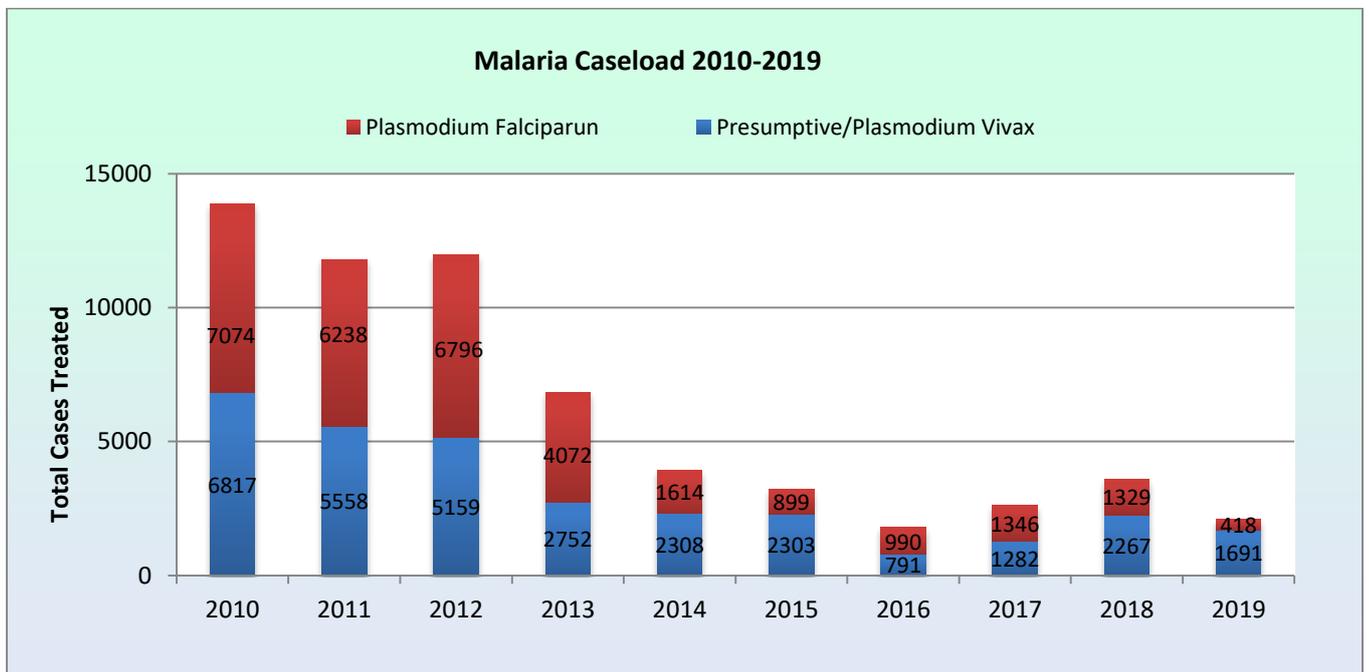


**Malaria Test in Dooplaya Field Area**

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 2019, there were 2,109 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.



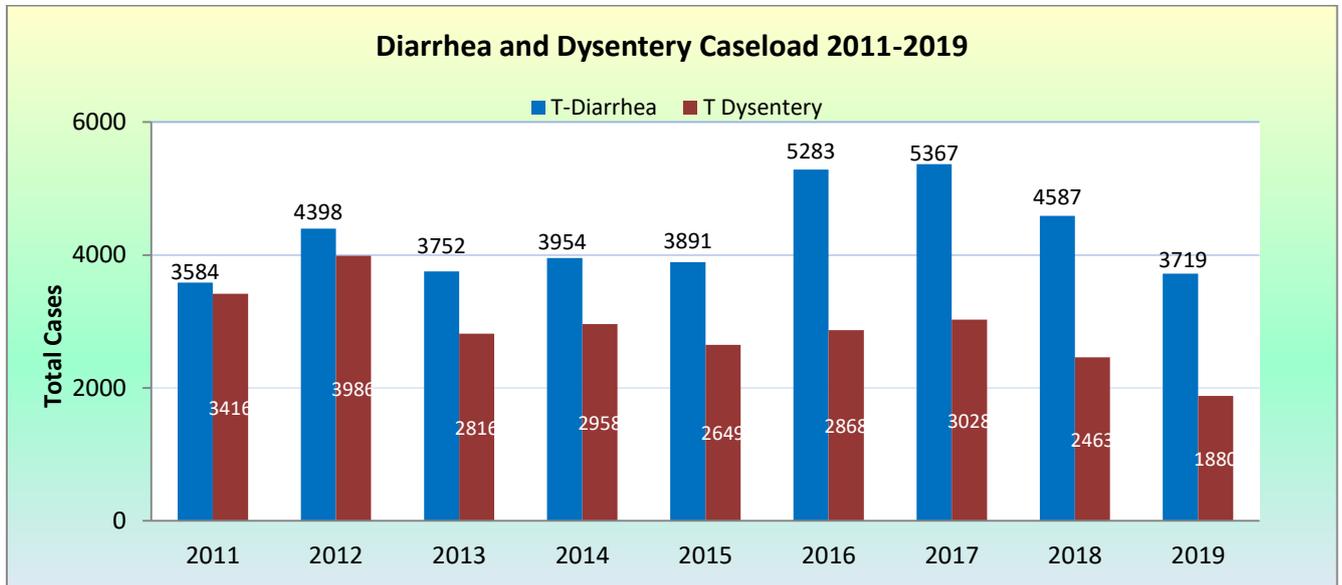


**Table 9: Distribution of ITNs in 2019**

No	Area Name	# of ITNs	# of HHs	Populations					
				< 5 years		≥5 years		Total	
				Boys	Girls	M	F	M	F
1	Kayah	2,800	1,516	651	578	3,326	3,750	3,977	4,328
2	Kayan	2,800	1,399	791	724	3,024	2,788	3,815	3,512
3	Special	1,400	311	80	91	888	1,001	968	1,092
4	Thaton	3,050	1,169	558	629	2,298	2,591	2,856	3,220
5	Papun	30,000	5,947	3,352	3779	17,078	19,258	20,430	23,037
6	Pa An	3,600	1,686	689	778	3,798	4,282	4,487	5,060
7	Doopalaya	2,800	1,302	402	453	2,709	3,055	3,111	3,508
8	Kawkareik	1,600	629	280	315	1,444	1,629	1,724	1,944
9	Win Yee	1,600	679	293	330	1,393	1,570	1,686	1,900
10	Mergue/Tavoy	2,800	1,429	484	450	3,603	3,352	4,087	3,802
11	Shan	2,400	815	128	119	2,245	2,088	2,373	2,207
12	Pa Oh	800	386	185	208	812	916	997	1,124
13	Kachin	1,600	584	457	424	1,247	1,160	1,704	1,584
14	Naga	800	627	160	180	1,013	1,142	1,173	1,322
15	WLC	400	255	54	50	612	569	666	619
<b>Total</b>		<b>58,450</b>	<b>18,734</b>	<b>17,672</b>		<b>94,641</b>		<b>112,313</b>	

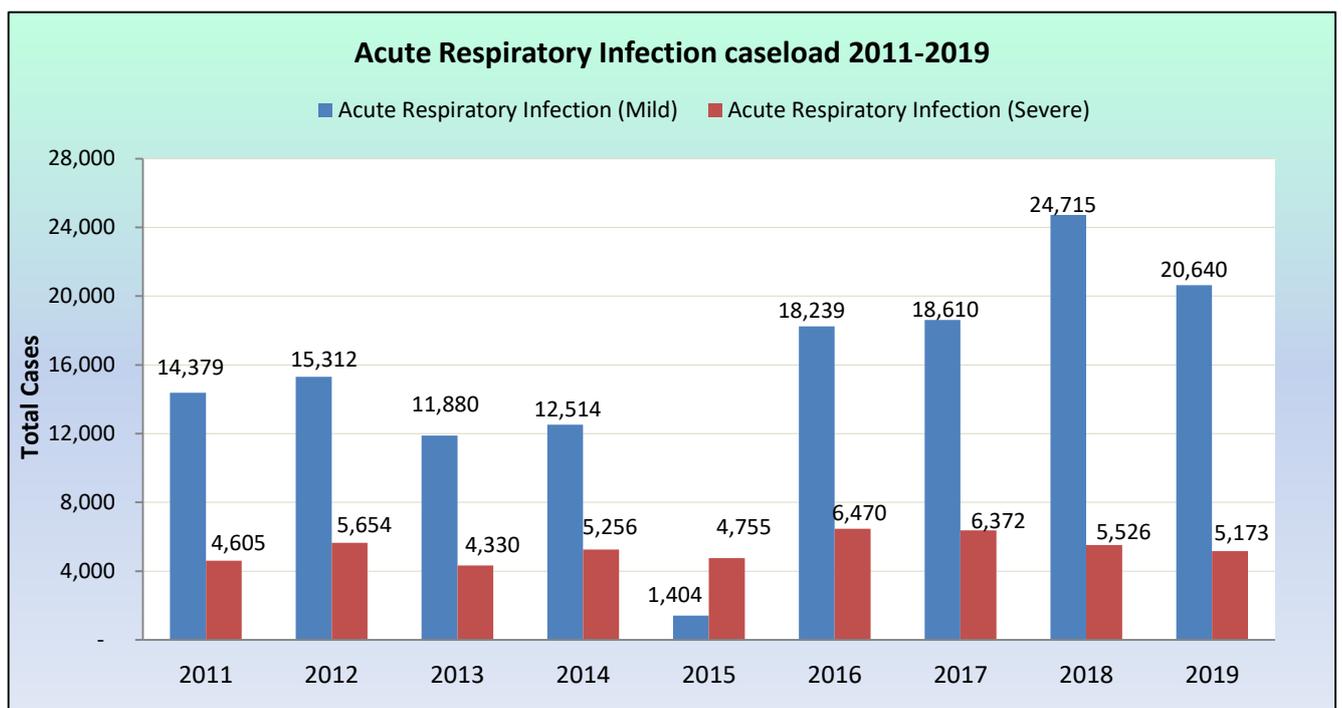
## 2. Diarrhea and Dysentery

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 2019, 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 25,813. The totals of 9,767 were under five children. It seems a lot more comparing to the previous years. 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 3,190 worm infestation cases, 1,051 were under five children treated in 2019.

#### 5. Suspected Pulmonary Tuberculosis and AIDS Cases

The total number of suspected cases of tuberculosis (TB) was 242 cases, 10 were under five children that recorded by the health workers. The highest figure founded in Kayah areas which was 80 cases and follow by Mergue/Tavoy. 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). Since early of 2019, there has been some referral support from Assess to Health Project. TB is considered one of the main health problems experienced by internally displaced persons. There were also 7 suspected AIDS cases – 3 women that recorded by the health workers.

#### 6. Gunshot Injuries

In 2019, there 12 gunshot injuries cases recorded and treated by the health workers. These gunshot injuries cases have founded in Arakan, Palaung, and Papun field areas almost every year. The reason is that there was still active fighting in the field areas 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 10: Injury (Gunshot) cases*

No.	Field Areas	> = 5 ages		Total
		Men	Women	
1	Kayan	1	1	2
2	Taungoo	1	0	1
3	Papun	2	0	2
4	Pa An	1	0	1
5	Mergue/Tavoy	1	0	1
6	Palaung	2	0	2
7	Arakan	2	1	3
	<b>Total</b>	<b>10</b>	<b>2</b>	<b>12</b>

## 7. Mental health illness

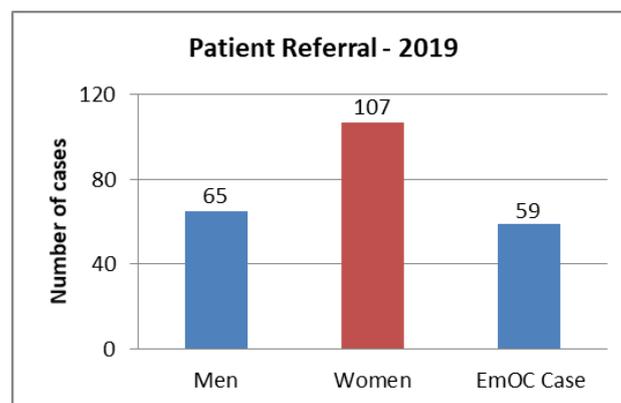
In early 2016, the BPHWT began a pilot mental health project in some of the Field Areas. For a long time, the BPHWT has struggled with how to provide prevention and treatment of mental health problems in their field areas. In particular, they have been concerned by the impact of misuse of alcohol and drugs as well as suicide. The BPHWT health workers have been 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 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 67 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.

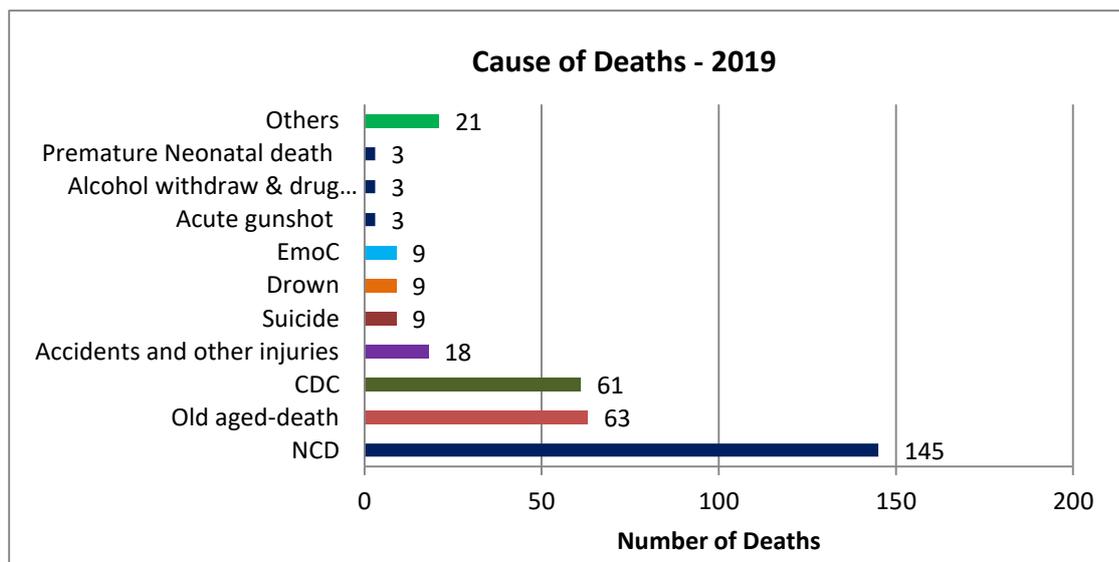
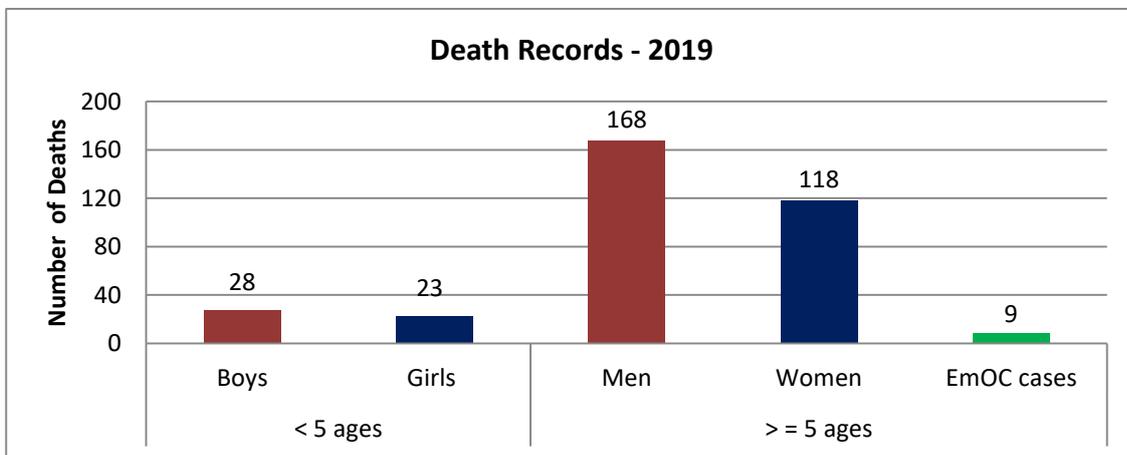
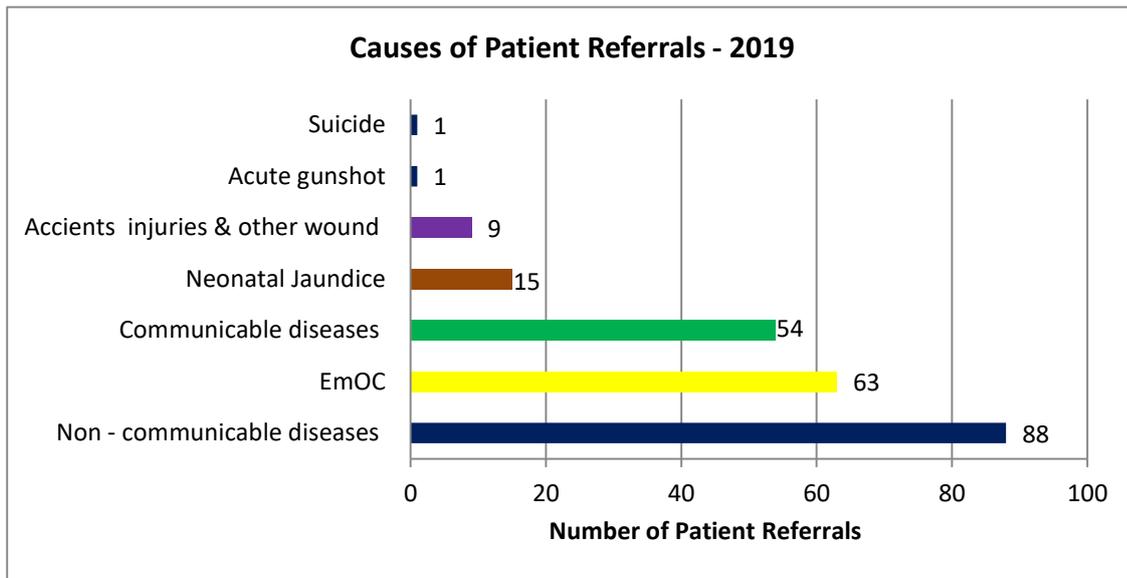
<b>Table 11: Mental illness problem</b>					
No.	Field Areas	> = 5 ages		Total	
		Men	Women		
1	Kayah	11	7	18	
2	Kayan	5	9	14	
3	Thaton	1	1	2	
4	Pa An	3	2	5	
5	Mergue/Tavoy	11	15	26	
6	Arakan	0	2	2	
	<b>Total</b>	<b>31</b>	<b>36</b>	<b>67</b>	

## 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 the field areas by

coordinating with health CBOs from inside Burma. However, there are still challenges.





## 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

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.



*School health activity in Palaung Field Area*

### 6.2.1 School Health Sub-Program:

In 2019, the BPHWT implemented its school health program in 528 schools with 2,648 teachers. There were 46,557 students receiving health education from BPHWT's health workers. The program also distributes de-worming medicine and Vitamin A, personal hygiene supplies, and materials for the construction of latrines. However, due to the funds shortage; there was no personal hygiene supplies distributed. It aims to promote the physical, social, emotional, and educational growth of children by providing direct health services, health education, and health promotion/prevention for teachers and students.

**Table 12: Number of participants in school health sub-program**

No	Field Areas	# of Schools	Students		Teachers		Total
			Boys	Girls	M	W	
1	Kayah	37	1,335	1,312	11	231	2,889
2	Kayan	74	2,198	2,263	91	226	4,778
3	Special	6	605	644	14	39	1,302
4	Taungoo	18	500	297	6	40	843
5	Kler Lwee Htoo	36	1,891	1,351	107	149	3,498
6	Thaton	32	2,291	2,472	63	182	5,008
7	Papun	119	5,359	3,555	119	327	9,360
8	Pa An	34	1,552	1,952	36	178	3,718
9	Dooplaya	42	3,116	2,172	40	170	5,498
10	Kawkareik	15	357	519	22	33	931
11	Win Yee	30	1,377	1,416	44	139	2,976
12	Mergue/Tavoy	24	1,327	1,908	20	125	3,380
13	Yee	22	738	876	12	75	1,701
14	Moulamein	15	989	1,102	14	79	2,184
15	Shan	3	44	28	7	20	99
16	Palaung	21	446	565	4	25	1,040
<b>Total</b>		<b>528</b>	<b>24,125</b>	<b>22,432</b>	<b>610</b>	<b>2,038</b>	<b>49,205</b>
			<b>46,557</b>		<b>2,648</b>		

### 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, 35,288 children received De-worming medicine (Albandozole) and 41,018 children received Vitamin A. 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.

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	278	297	745	795	1,113	1,192	2,136	2,284
2	Kayan	307	302	834	896	1,069	1,079	2,210	2,277
3	Special	87	99	410	454	502	559	999	1,112
4	Taungoo	107	90	285	274	488	385	880	749
5	Kler Lwee Htoo	157	169	204	206	164	155	525	530
6	Thaton	275	304	781	852	774	774	1,830	1,930
7	Papun	304	292	1,043	1,080	1,989	2,022	3,336	3,394
8	Pa An	10	12	249	274	601	724	860	1,010
9	Dooplaya	133	150	536	497	825	874	1,494	1,521
10	Kawkareik	12	10	205	179	349	412	566	601
11	Win Yee	0	0	368	370	693	679	1,061	1,049
12	Mergue/Tavoy	42	49	273	307	416	385	731	741
13	Yee	74	79	309	372	590	623	973	1,074
14	Moulamein	148	191	524	630	589	610	1,261	1,431
15	Shan	78	93	35	37	48	56	161	186
16	Palaung	67	103	328	363	401	401	796	867
17	Chin(WLC)	80	85	84	95	46	53	210	233
<b>Total</b>		<b>2,159</b>	<b>2,325</b>	<b>7,213</b>	<b>7,681</b>	<b>10,657</b>	<b>10,983</b>	<b>20,029</b>	<b>20,989</b>
		<b>4,484</b>		<b>14,894</b>		<b>21,640</b>		<b>41,018</b>	

### 6.2.3 Water and Sanitation Sub-Program:

No.	Field Area	Age (1-12 Years)		
		M	F	Total
1	Kayah	1,386	1,394	2,780
2	Kayan	1,475	1,427	2,902
3	Special	497	502	999
4	Taungoo	678	677	1,355
5	Kler Lwee Htoo	484	475	959
6	Thaton	1,825	2,024	3,849
7	Papun	3,509	3,508	7,017
8	Pa An	1,093	1,301	2,394
9	Dooplaya	1,202	1,219	2,421
10	Kawkareik	612	646	1,258
11	Win Yee	1,166	1,123	2,289
12	Mergue/Tavoy	635	671	1,306
13	Yee	777	891	1,668
14	Moulamein	1,124	1,263	2,387
15	Shan	141	139	280
16	Palaung	578	676	1,254
17	Chin( WLC)	30	140	170
<b>Total</b>		<b>17,212</b>	<b>18,076</b>	<b>35,288</b>

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 2019, the BPHWT teams built 8 gravity flow water systems, 22 shallow well water systems, 1,320 community latrines , and 24 water filters.

**Table15: Numbers of Gravity Flows, Shallow Wells, and Latrines Installed**

No.	Area Name	No. Gravity Flows	HH	Population		
				Men	Women	Total
1	Taungoo	3	82	228	224	452
2	Thaton	1	22	69	74	143
3	Papun	4	148	502	535	1,037
<b>Total</b>		<b>8</b>	<b>252</b>	<b>799</b>	<b>833</b>	<b>1,632</b>
No.	Area Name	No. Shallow Wells	HH	Population		
				Men	Women	Total
1	Thaton	8	247	621	634	1,255
2	Papun	14	188	445	526	971
<b>Total</b>		<b>22</b>	<b>435</b>	<b>1,066</b>	<b>1,160</b>	<b>2,226</b>
No.	Area Name	No. Latrines	HH	Population		
				Men	Women	Total
1	Taungoo	360	360	758	1,062	1,820
2	Thaton	400	400	1,190	1,331	2,521
3	Papun	460	460	1,483	2,142	3,625
4	Win Yee	100	100	275	285	560
<b>Total</b>		<b>1,320</b>	<b>1,320</b>	<b>3,706</b>	<b>4,820</b>	<b>8,526</b>

**Table 16: Numbers of Water filters**

No.	Area Name	No of water filters	# of schools	Population		
				Men	Women	Total
1	Taungoo	13	13	294	335	629
2	Papun	9	8	204	242	446
3	Pa An	2	2	32	36	68
<b>Total</b>		<b>24</b>	<b>23</b>	<b>530</b>	<b>613</b>	<b>1,143</b>

#### 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 2019, the BPHWT organized 70 village health workshops in 13 targeted field areas, attended by 8,057. Communities were invited to send representatives from different sectors such as religious leaders, authorizes, villagers, women organization, youth organization, health workers, TBAs/TTBAs, VHV/VHWs, shop keepers and school teachers to attend discussions. These representatives then go back to their respective communities and further transmit their knowledge about these health practices. The focus of the sessions is on primary healthcare concepts, such as prioritizing preventing the spread of infection as opposed to the curative treatments that villagers currently rely upon. These sessions also include a discussion period in which community members can raise further issues affecting their health. During these sessions, the health priorities of the community are identified and the community members participate in discussions about how the BPHWT can help to address these issues.

**Table 17: Number of Village Health Workshop and Participants**

No	Areas	# of VH workshops	Participants		Total
			M	W	
1	Kayan	5	137	225	362
2	Special	4	145	211	356
3	Kler Lwee Htoo	1	10	13	23
4	Thaton	4	79	113	192
5	Papun	12	830	761	1,591
6	Pa An	8	278	719	997
7	Dooplaya	8	256	265	521
8	Kawkareik	1	66	74	140
9	Win Yee	6	301	368	669
10	Merque/Tavoy	6	332	339	671
11	Yee	6	571	642	1,213
12	Moulamein	6	435	408	843
13	Palaung	3	196	283	479
<b>Total</b>		<b>70</b>	<b>3,636</b>	<b>4,421</b>	<b>8,057</b>

#### 6.2.5 Village Health Worker Workshop

**Table 18: Number of Village Health Worker Workshops and Participants**

No	Areas	# of VHW Workshops	Participants		Total
			M	W	
1	Kayan	2	13	17	30
2	Taungoo	1	14	18	32
3	Thaton	1	5	30	35
4	Win Yee	1	9	13	22
5	Maulamein	6	30	42	72
<b>Total</b>		<b>11</b>	<b>71</b>	<b>120</b>	<b>191</b>

### 6.2.7 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, 2 new VHC were established and 96 VHC meetings organized as showed on the table below:

**Table 19: Village Health Committee Meetings and Participant list**

No.	Area	# of VHC meetings	Men	Women	Total
1	Kayan	3	43	36	79
2	Papun	4	68	62	130
3	Pa An	26	192	111	303
4	Dooplaya	26	137	129	266
5	Kawkareik	12	125	97	222
6	Win Yee	16	68	79	147
7	Merque/Tavoy	2	29	24	53
8	Pa Oh	2	40	33	73
9	Palaung	1	24	15	39
10	Special	4	13	13	26
<b>Total</b>		<b>96</b>	<b>739</b>	<b>599</b>	<b>1,338</b>

**Table 20: Village Health Committee and Participant list**

No	Area	# of VHCs	Men	Women	Total
1	Dooplaya	1	6	5	11
2	Special	1	5	6	11
<b>Total</b>		<b>2</b>	<b>11</b>	<b>11</b>	<b>22</b>



**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 Trained Traditional Birth Attendants (TTBAs) every year in order to reach their goal of ten TBAs for every 2,000 people.

During 2019, 3,153 pregnant women received de-worming medicine (Mebendazole) and 3,196 women and



**Providing ANC to a mother in Kayah Field Area**

pregnant women received iron supplements (Ferrous Sulphate, and Folic Acid). In addition, 770 TBAs/TTBAs were working with the Back Pack Health Worker Team. They assisted in 3,339 births; of these, 3,326 were live births, 13 were stillbirths or abortions, and there were five cases of neo-natal deaths. The TBAs/TTBAs also recorded nine maternal deaths according to post-partum hemorrhage 1, retained placenta with PPH 1, hypertension 2, eclampsia 2, asthma 1, and unknown causes 2. There were 59 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.

**Table 21: Summary Facts of the MCHP's Activities**

Description	Totals
1. Total deliveries	3,339
2. Live births	3,326
3. Still births	13
4. Neonatal deaths	5
5. Maternal deaths	9
6. Low birth weight	514
7. Pregnant women receiving de-worming medicine	3,153
8. Pregnant women and women receiving iron	3,196
9. Newborn babies receiving birth records	2,670
10. TBA/TTBA kits distributed	40
11. Maternity kits distributed	1,697
12. Family planning clients	5,869
13. Obstetric cases referred	59
14. Field M & E trips	10

Death-Records By MCHP			
No	Areas	Deaths	
		Neonatal	Maternal
1	Kayah	2	1
2	Thaton	0	1
3	Papun	0	3
4	Pa An	0	1
5	Doooplaya	0	3
6	Mergue /Tavoy	3	0
<b>Total</b>		<b>5</b>	<b>9</b>

### 6.3.1 Trained Traditional Birth Attendant (TTBA) Training

The TBAs/TTBAs are at the forefront for ensuring the sustainability of local reproductive healthcare. It is thus important that the skills of TBAs/TTBAs are improved so they can perform safe and aseptic deliveries, and provide proper maternal and reproductive healthcare to these vulnerable communities. The TTBA training will



*Trained TTBA in the Field Areas*

target previously trained TBAs and TBAs who have had significant years of practical experiences in child deliveries. As they already have practical experience and knowledge, the aim is to enhance their skills and knowledge in sterilization and accepted aseptic techniques. The training will focus on providing safe delivery under aseptic conditions and will correct any misconceptions or misguided practices they might have. The training will also help develop and build upon the pre-existing extensive skills and experience of TBAs who are respected by their communities for their indigenous knowledge. These skills have been acquired through apprenticeship and/or on-the-job training in a local community, and typically passed on from generation-to-generation. The training will teach participants how to cut

umbilical cords in a sterile procedure, when to provide pregnant women with iron and folic acid, and how to detect early high-risk or difficult pregnancies. Training will also include antenatal care, intranasal (delivery) and PNC for mothers and infants, referral systems for difficult pregnancies and other conditions, neonatal care, nutrition, delivery records, vaccination/immunization, health education, and breastfeeding. Training also focuses on educating and breaking traditional misconceptions related to pregnancy that communities often harbor. It is twenty-day training. The trainers are MCHP supervisor who have done TTBA ToT. During 2019, there were only two TTBA training for 20 TTBA conducted in Dooplaya and Special field area.

**Table 22: TTBA training**

NO	Area	# TTBA Trainings	Participants		
			Men	Women	Total
1	Dooplaya	1	3	6	9
3	Special	1	0	11	11
<b>Total</b>		<b>2</b>	<b>3</b>	<b>17</b>	<b>20</b>

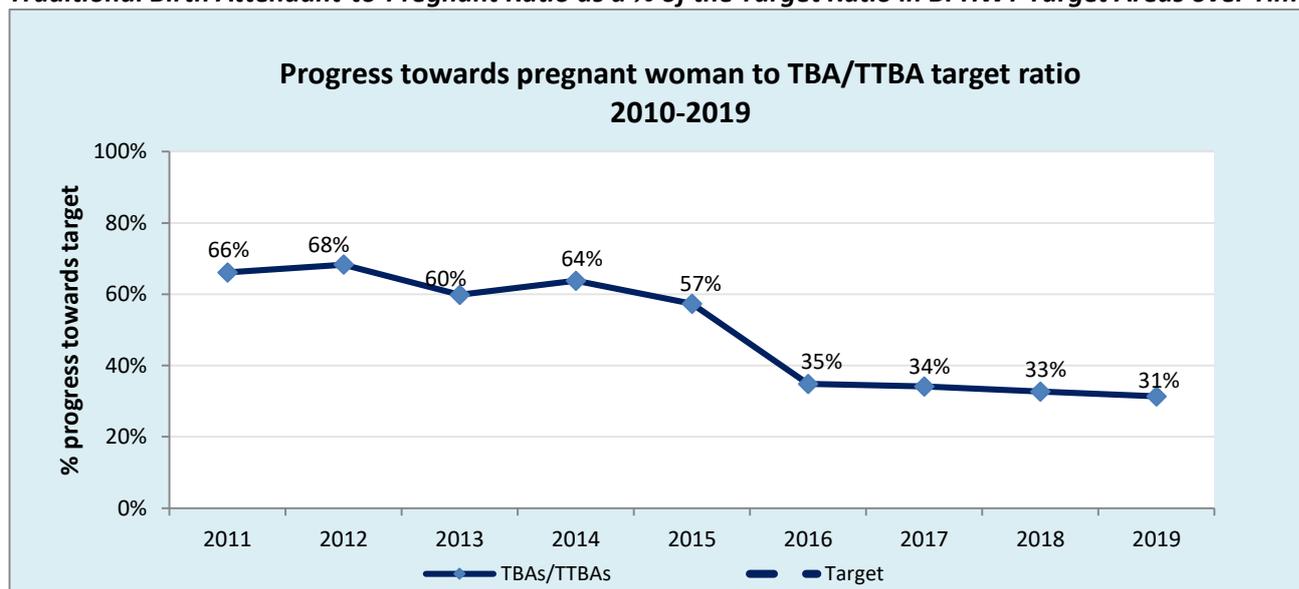
### 6.3.2 Traditional Birth Attendant/Trained Traditional Birth Attendant Workshops

The MCH field workers conduct 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 2019, 39 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.

<b>Table 23: Number of TBA/TTBA Workshop and Participants</b>					
NO	Area	# Workshops	Men	Women	Total
1	Kayah	1	0	11	11
2	Klew Lwee Htoo	1	0	10	10
3	Pa An	11	10	73	83
4	Dooplaya	11	13	58	71
5	Kawkareik	6	3	40	43
6	Win Yee	6	1	45	46
7	Mergue /Tavoy	1	0	5	5
8	Yee	1	0	21	21
9	Special	1	1	3	4
<b>Total</b>		<b>39</b>	<b>28</b>	<b>266</b>	<b>294</b>

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



**Table 24: Progress toward TBA to Pregnant Women Target Ratio 2004-2019**

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%
2019	770	19,641	26	8	31%



**The field health workers are providing ANC in Mon Field Area**

**Table 25: Birth and Death Records**

No	Area	Deliveries	Live Births	Still Births/ Abortions	Deaths		<2.5 Kg	=>2.5 kg
					Neonatal	Maternal		
1	Kayah	296	296	0	2	1	0	295
2	Kayan	226	225	1	0	0	11	193
3	Special	3	3	0	0	0	0	0
4	Taungoo	61	61	0	0	0	0	60
5	Klew Lwee Htoo	48	48	0	0	0	0	39
6	Thaton	329	329	0	0	1	22	322
7	Papun	574	570	4	0	3	33	384
8	Pa An	407	407	0	0	1	43	376
9	Dooplaya	227	225	2	0	3	12	218
10	Kawkareik	131	131	0	0	0	22	59
11	Win Yee	244	241	3	0	0	7	212
12	Mergue /Tavoy	142	141	1	3	0	5	62
13	Yee	214	214	0	0	0	6	213
14	Shan	3	3	0	0	0	0	3
15	Palaung	100	98	2	0	0	1	86
16	Kachin	39	39	0	0	0	7	32
17	Chin	261	261	0	0	0	0	0
18	Pa Oh	34	34	0	0	0	3	22
<b>Total</b>		<b>3,339</b>	<b>3,326</b>	<b>13</b>	<b>5</b>	<b>9</b>	<b>172</b>	<b>2,576</b>

**Table 26: 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	296	296
2	Kayan	192	215
3	Special	0	0
4	Taungoo	61	61
5	Klew Lwee Htoo	48	48
6	Thaton	309	309
7	Papun	481	487
8	Pa An	407	407
9	Dooplaya	227	227
10	Kawkareik	131	131
11	Win Yee	244	244
12	Mergue /Tavoy	113	127
13	Yee	214	214
14	Shan	3	3
15	Palaung	94	94
16	Chin	260	260
17	Arakan	0	0
18	Kachin	39	39
19	KBC	0	0
20	Pa Oh	34	34
<b>Total</b>		<b>3,153</b>	<b>3,196</b>

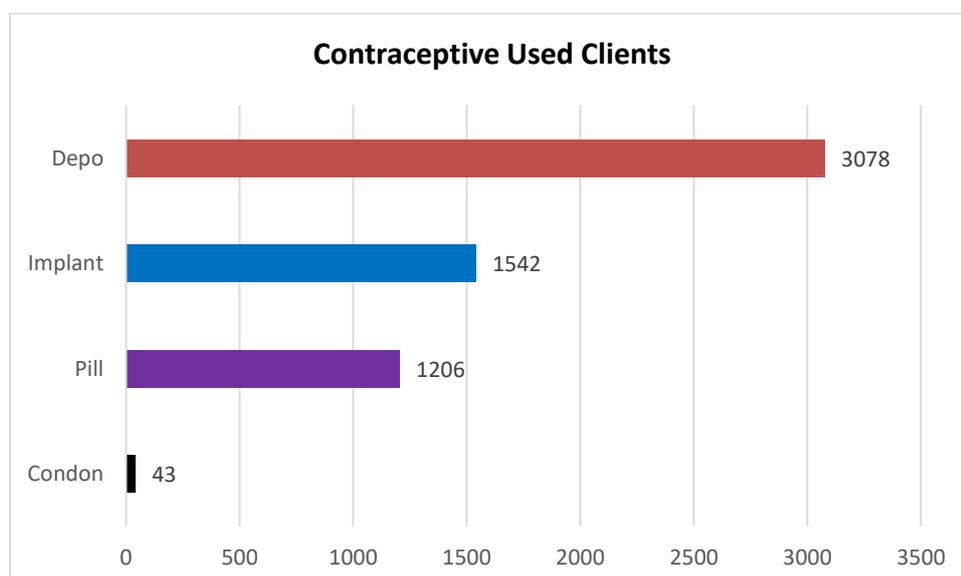
### 6.3.3 Family Planning Activities

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 2019, the BPHWT provided family planning services to 6,017 people, of whom 43 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 implant trainings for long-term family planning method. During 2019, the trained health workers provided implants to 1,542 women.

**Table 27: Family Planning Activities**

No	Area	Age		Visits		Clients				
		< 19	> = 19	New	Follow Up	Depo	Pill	Condon	Implant	Total
1	Kayah	29	986	519	496	516	398	2	99	1163
2	Kayan	3	225	89	139	100	103	6	19	228
3	Taungoo	0	55	20	35	34	14	0	7	55
4	Klew Lwee Htoo	0	29	1	28	29	0	0	0	29
5	Thaton	1	118	14	105	83	33	3	0	119
6	Papun	6	369	79	296	224	149	2	0	375
7	Pa An	43	541	268	316	202	96	5	281	584
8	Dooplaya	13	179	56	136	171	18	3	0	192
9	Kawkareik	9	88	11	86	97	0	0	0	97
10	Win Yee	25	267	50	242	206	44	16	26	292
11	Mergue/Tavoy	30	670	656	44	83	15	2	600	700
12	Yee	41	605	414	232	302	138	0	206	646
13	Palaung	7	1176	490	693	755	165	0	263	1183
14	Kachin	0	61	46	15	13	7	0	41	61
15	Chin	0	42	34	8	42	0	0	0	42
16	WLC	0	35	22	13	35	0	0	0	35
17	Pa Oh	14	202	10	206	186	26	4	0	216
<b>Total</b>		<b>221</b>	<b>5,648</b>	<b>2,779</b>	<b>3,090</b>	<b>3,078</b>	<b>1,206</b>	<b>43</b>	<b>1,542</b>	<b>6,017</b>



### 6.3.4 Table 28: Summary Fact Sheet of the MCHP's Activities

Years	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Total Deliveries	3412	3961	3,508	3,779	3,341	3,513	4,144	4,064	3,339
2. Live Births	3356	3927	3,486	3,760	3,329	3,502	4,123	4,050	3,326
3. Still Births	50	35	24	19	12	12	21	14	13
4. Neonatal Deaths	53	37	14	18	19	9	8	4	5
5. Maternal Deaths	13	9	7	2	3	9	2	6	9
6. Low Birth Weight	254	263	103	212	168	106	141	180	514

In 2019, there were nine maternal deaths out of 3,339 total deliveries and the main causes of maternal deaths were post-partum hemorrhage 1, retained placenta with PPH 1, hypertension 2, eclampsia 2, asthma 1, and unknown causes 2. Neonatal mortality rates during deliveries, attended by the BPHWT, have almost the same in comparison with the previous year. However, the BPHWT is still trying to provide higher skills and knowledge of TBAs such as providing TTBA trainings to increase safe delivery, including health education, referral system. Additionally, the BPHWT conducts TBA/TTBA workshops to update those TBA skills and knowledge, organizing MCH training, and train EmOC workers that will increase the implementation of safe birthing practices and improve maternal and child health in every six months.

**Table 29: TBA/TTBA and Maternity Kit Distributed:**

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

### 6.3.5 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.

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 24 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 2019. In average, there were 735 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.

NO	Area	# of BP Teams	Mar	May	Jun	Aug	Sept	Oct	Nov	Dec
1	Pa An	7	298	267	269	305	0	0	321	310
2	Kawkareik	4	140	131	131	31	48	0	128	128
3	Win Yee	4	195	194	194	192	0	0	197	197
4	Dooplaya	7	330	377	377	374	0	103	160	334
5	Special	2	0	48	48	0	0	0	0	50
<b>Total</b>		<b>24</b>	<b>963</b>	<b>1,017</b>	<b>1,019</b>	<b>902</b>	<b>48</b>	<b>103</b>	<b>806</b>	<b>1019</b>



*Field health workers are providing nutrition food to pregnant women during ANC visits*

## 6.4) Capacity Building Program

In 2019, the Back Pack Health Worker Team organized thirteen different types of trainings as showed on the table below 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 of the BPHWT joined the Second Southeast Asian Conference on Alternatives on October 22-25, 2019 in Quezon City, Philippines. The 2<sup>nd</sup> Southeast Asian Conference on Alternatives, with the theme *Building Peoples' Movement in Southeast Asia: Towards an Alternative Model of Regionalism*, adopts the ACSC/APF's recommendation to "undertake a peoples' regional integration based on the alternative practices of communities and networks." Moreover, it builds upon the lessons from the 1<sup>st</sup> Southeast Asian Conference on Alternatives (2018) and subsequent activities such as the P2P (2019) by providing platforms where grassroots organizations may discuss and share experiences to build solidarity and cooperation.

**Table 31: Trainings Implemented during January to June 2019**

Training Courses	Periods	sites
1..Community Health Worker Training	10 mths	Thay Bay Hta & Papun
2. Community Mental Health Training	5 days	Pa An & Taungoo
3. Forensic Medicine Training	2 days	Thay Bay Hta
4. Village Health Worker ToT	8 days	Mae Sot
5. Basic Computer & Office Management training	6 wks	Mae Sot
6. Continuous Medical Education (CME)	12 days	Pa An, Papun & Thaton
7. Trauma Management training	3 wks	Taungoo & Papun
8. Maternal and Child Healthcare Training	10 mths	Mae Sot
9. Logistic Management Information System (LMIS) training	5 days	Thaton
10. Community Health Worker Supervisor training	3 days	Papun
11. Health Facility Management training	3 weeks	Mae Sot & Thaton
12. Village Health Worker training	15 days	Papun

**Table 32: Trainings, Workshops and Participants during 2019**

Training Courses	# of trainings	Participants		
		Women	Men	Total
1..Community Health Worker Training	2	54	54	108
2. Community Mental Health Training	2	40	38	78
3. Forensic Medicine Training	1	5	41	46
4. Village Health Worker ToT	1	26	19	45
5. Basic Computer & Office Management training	1	14	10	24
6. Continuous Medical Education (CME)	3	44	40	84
7. Trauma Management training	2	16	43	59
8. Maternal and Child Healthcare Training	1	39	0	39
9. Logistic Management Information System (LMIS) training	1	15	11	26
10. Community Health Worker Supervisor training	1	11	17	28
11. Health Facility Management training	2	17	26	43
12. Village Health Worker training	2	33	34	67

### 6.1.1) Community Health Worker (CHW) Training

During the reporting period, the BPHWT organized two CHW trainings in Htway Bay Hta, and Papun. The total participants were 108 (54 women and 54men). The CHW training aims to scale up the number of health workforce members and enhance the skills and relevancy of health workers to enhance health condition of local populations in the target areas. This CHW training is lasted for six months and four-month internship at their respective clinics to apply the knowledge and skill from it. The purpose of the training is to recruit more health workers to provide healthcare services in their communities. The training objectives are:

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

#### Key Course Topics:

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

**Table 33: Community Health Worker Trainings and Participants**

No	Areas	# of CHW Trainings	Participants		Total
			M	W	
1	Thay Bay Hta	1	28	26	54
2	Papun	1	26	28	54
	<b>Total</b>	<b>2</b>	<b>54</b>	<b>54</b>	<b>108</b>



**Conducting Community Health Worker (CHW) training at Thay Bay Hta**

### 6.1.2) Community Mental Health Training

During this reporting period, the BPHWT organized two mental health workshop which was facilitated by coordination with OSM. The trainings were conducted in Pa An and Taungoo. There were 78 (40 women & 38 men) participants. 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

**Table 34: Mental Health Trainings and Participants**

No	Areas	# of Trainings	Participants		Total
			M	W	
1	Pa An	1	21	28	49
2	Taungoo	1	17	12	29
<b>Total</b>		<b>2</b>	<b>38</b>	<b>40</b>	<b>78</b>

### 6.1.3) Forensic Medicine workshop

During reporting period, the BPHWT conducted a Forensic Medicine Training Courses in Thay Bay Hta on 7-9 March 2019. There were 57 (52 Men & 5 Women) trained during this period. The trainer was Layer Naw Myaing Poe from KNU.

#### **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

#### **6.1.4) Village Health Worker (ToT)**

During this reporting period, the BPHWT organized Village Health Worker (ToT) training from 3-10 April 2019 in Mae Sot. There were 45 field health workers (26 men and 19 women) who participated in this ToT. The trainers were from BPHWT senior trainers.

**The key course topics are:**

- Malaria
- Diarrhoea
- ARI, Pneumonia
- Leprosy
- Urinary Tract Infection (UTI)
- Tuberculosis (TB)
- HIV/ AIDS
- Lymphatic Filariasis
- Dengue fever
- Malnutrition
- Form (TB, IMCV, ANC, Supervision, Referral)
- Sexual Transmitted Infection (STI)

#### **6.1.5) Basic Computer and Office Management Training**

During 2019, there was a basic computer and office management training conducted. This training is lasted for six weeks. There were 24 participants, comprised of 10 men and 14 women. The trainees were trained by the BPHWT Office staff, 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

#### **6.1.6) 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 every year. CHE is beneficial and valuable for the health workers and the patients. At the CME events, the health workers can keep up to date with the latest trends and medical technology. Attending events provides a great opportunity to refine skills, network with other health workers and find solutions to the problems experienced in practices. During this reporting period, there were three CME training courses organized in Pa An, Papun and Thaton field areas. There were 84 (40 men & 44 women) health workers attended this CME training course.

**Table 35: CME Trainings and Participants**

No	Areas	# of CME Trainings	Participants		Total
			M	W	
1	Papun	1	5	4	9
2	Thaton	1	13	17	30
3	Pa An	1	19	26	45
	<b>Total</b>	<b>3</b>	<b>37</b>	<b>47</b>	<b>84</b>

**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

**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

**6.1.7) Trauma Management Training**

During this reporting period, the BPHWT organized two Trauma Management training in Taungoo and Papun. This is three weeks training. There were 57 participants (43 men and 14 women). The trainees were trained by BPHWT senior trainer. The key course topics are:

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

**6.1.8) Maternal and Child Healthcare Training**

The BPHWT coordinated with MTC to organize this MCH training. This is a ten-months training. This MCH training has begun on 4 March 2019 in Mae Sot. There were 39 participants (all are women). The trainers were from BPHWT and MTC senior trainer. The purpose of this MCH training is to increase safe deliveries by skilled health workers rather than delivered by TTBA. **The key course topics are:**

**Maternal Health:**

- Male and female reproductive anatomy and physiology
- Antenatal Care (ANC)
- Normal labor and delivery
- Postnatal Care (PNC)
- Vaginal bleeding during pregnancy and after deliver
- Medical problems during pregnancy and puerperium
- HIV transmitted disease
- Promote exclusive breast-feeding
- Nutrition during pregnancy and breast feeding

- Infection prevention
- Family planning
- Pharmacology

**Child Health:**

- Neonate
- Helping Breathe (HBB)
- Essential care of new born
- New born checklist
- Group and development
- Immunization
- Child health in general
- Integrated Management of Childhood Illness (IMCI)
- Early childhood development
- Gird education
- Childhood tuberculosis
- Indictors for maternal and child mortality
- Ethics

**6.1.9) Logistic Management Information System (LMIS) Training**

This Logistic Management Information System (LMIS) training began on 30 June to 4 July 2019 in Thaton. The trainers are from CPI and BPHWT's HIS teams. There were 26 participants (11 men and 15 women). The purpose of this HIS training is to strengthen data collection and health information system in the field areas. **The key course topics are:**

- Introduction to HMIS
- ANC
- Delivery
- PNC form
- IMCI1, IMCI2
- Family Planning & Reproductive Health
- General Logbook
- Inventory & information management
- Stock Analysis and calculation
- Stock release form & waybill
- P1, P4
- Good storage practice
- Stock destruction certificate
- P3.1

**6.1.10) Community Health Worker Supervisor Training:**

This Community Health Worker Supervisor training was conducted from 4-6 December 2019 in Papun field area. There were 37 participants, comprised of 16 men and 21 women.

**The key course topics are:**

- Clinic caseload to practical session area
- Review CHW manual
- Review checklist and assessment
- Review trainees job description
- Review CHW criteria
- Review CHW schedule

### 6.1.11) Health Facility Management Training

In this reporting period, the Back Pack conducted two Health Facility Management Trainings. It is a 13-days training. There were 43 (26 men & 17 women) participants. The training topics are:

- Health Concept And Application
- Health Service System Management
- Health Organizational Development

**Table 36: Health Facility Management Trainings and Participants**

No	Areas	# of Trainings	Participants		Total
			M	W	
1	Mae Sot	1	15	8	23
2	Thaton	1	11	9	20
	<b>Total</b>	<b>2</b>	<b>26</b>	<b>17</b>	<b>43</b>

### 6.1.12) Village Health Worker (VHW) Training

The BPHWT conducted two VHW training in Papun field areas for 67 participants, comprised of 33 women and 34 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 through a malaria test kit or “*Paracheck*” within 24 hours. In order to improve community accessibility of health services, the BPHWT has set a target to recruit five Village Health Workers (VHWs) for each BP team so that they can assist the mobile health workers in monitoring patients and providing basic medical care when the health workers are not in the vicinity, with each VHW serving a population of about 400 people.

#### **VHW training topics:**

- Basic anatomy and physiology
- Nursing care
- First aid
- History taking and physical examination
- Basic public health
- Family planning

### Field Meetings and Workshops

The BPHWT conducts field meetings and field workshops twice a year in the targeted field areas. In 2019, there were 17 field workshops and only 9 field meetings conducted in the targeted field areas; there were 212 participants who attended field meetings and 446 participants who attended field workshops.

**Table 37: Field Workshops and Meetings**

Description	# of Workshops/Meetings	Men	Women	Total
Field Workshops	17	222	224	446
Field Meetings	9	107	105	212

#### ***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

## **7. Convergence, Coordination, and Collaboration**

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**During 2019, the BPHWT participated in the following convergence activities:**

The BPHWT participated in the Ethnic Health Coordination Meeting from 12 - 14 March 2019 at Ban Nai Soi Refugee Camp, Thailand. In this meeting, the objectives were to:

- Strengthen collaboration and coordination among the ethnic health organizations
- Formulate a consensus advocacy message of the ethnic health organizations
- Strongly advocate the Devolved Federal Healthcare System Concept

There were 87 participants - 49 men and 38 women - from the ethnic health organizations, ethnic health community-based organizations, and ethnic leaders.

At the meeting, it was discussed that current international funding was based upon each country foreign policy. Furthermore, the current funding focus is on development aid away from humanitarian aid. Such support is given to governance and leadership which are post-conflict and not consistent with the present conflict period. Moreover, the international community needs to consider providing funding for the WHO's Six Building Blocks to enhance the success for UHC. Also, HCCG members attended the EHO Forum in Yangon from 20-21 May 2019.

## **8. Monitoring and Evaluation**

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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 2019, the Director of Executive Board, Leading Committee members, and program coordinators made 19 monitoring trips to the field areas to assess the situation, program effectiveness, and the health need in the field areas.



**Monitoring and Evaluation Trips to Field Areas**

**Table 38: Framework of Monitoring and Evaluation**

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

Activities	Methods	Participants	Frequency	Evidence & Reporting
Quality of field health workers' medical skills	Logbook reviews	- External physicians - Field in-Charges - Program Coordinators	Annually	Logbook review and analysis included in the annual report
Program implementation	Comparison of planned and actual activities	- Leading Committee - Field in-Charges	Annually	Comparison and reasons for variance included in the annual report
Effectiveness of VHW & TTBA training	Pre-and post-testing of participants	- Field In-Charges - MCH supervisors - Program Coordinators	Annually	Results of training evaluation included in the annual report
Effectiveness of programs	Calculating morbidity rates of common diseases	- Director - HIS staff - Program Coordinators	Annually	Morbidity rates over time included in the annual report
Improving health outcomes	Impact assessment	- Survey team	Biennially	Impact assessment included in the corresponding annual report
Financial management	Comparison of budget & actual income & expenditure financial audit	- Leading Committee - Field in-Charges	Semi-annually	Comparison and explanation of variances included in the 6 month and annual reports
Satisfaction with organizational management	Election of Leading Committee	- External auditing firm	Annually	Audited financial report included in the annual report
		- Director - Finance Manager - Accountant - All BPHWT members	Triennially	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 December 2019. BPHWT's MCP coordinator and HID staff performed this reviewed during 25-30 December, 2019 at BPHWT office, Mae Sot.

### **Sampling method**

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

### **Sample size estimation**

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

$$n = \frac{1.96^2 \times 0.5 \times 0.5}{0.072^2}$$

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 39: 2012 – 2019 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%
2019	64%	93%

## 9. Program Development and Activity Reviews

Overall goal	<i>Reduce morbidity and mortality, and minimize disability by enabling and empowering the community through primary health care</i>						
Objectives	Activities	Indicators Of Achievement	Verification Sources	2019 Expected Results	2019 Actual Results	Variances Or Differences	Assumption Or Risks
<b>Medical Care Program</b>							
<b>1. Provide essential drugs and treat the common diseases</b>	1.1 Maintain existing BPHWT teams	No. of teams existing	Procurement delivery documents; logbooks; analysis of data collected; and field reports	114 BP teams	114 BP teams		
	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.)	306,896 Pop M – 146,808 F – 157,088		
	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)	86,907 cases M – 38,916 F – 47,991		
	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	25,000 ITNs will benefit 25,000 HHs	58, 450 ITNs distributed		
		Percentage of people in households sleeping under ITNs (Baseline-53%)	2019 Impact Assessment Survey	70% of people in households sleeping under ITNs	N/A		
	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			These impact indicators are measured in every two years by IAS.

		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		
<b>2. Respond to disease outbreaks and emergency situations</b>	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 Dengue's outbreak in Mergue/Tavoy		It depends on the political and environmental factors.
<b>3. Improve patient referral systems</b>	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	140 patients referred to clinics or hospitals (w/m) including EMoC cases	231 (M- 65, F-166) including 59 EmOc cases		- Health workers work closely with community. -Because of the distance the patients might refuse to be referred
<b>4. Promotion awareness of mental health in communities</b>	4.1 Conduct mental health training for health workers	No. of training No. of participants	Mid-year & annual reports	2 training 40 participants	2 trainings 78(M-38,F-40)		14 days training 1 workshop with 20 participants  It depends on the needs of communities
	4.2 Organize mental health workshop	No. of workshops No. of participants		2 workshops 40 participants	1 workshop for 33 (M-18, F-15) in Mae Sot		
	4.3 Organize mental health follow up workshop	No. of workshops No. of participants		2 workshops 40 participants	1 workshops 28 (M-13, F-15)		

	4.4 Case detection and treatment	No. cases detected and treated		No. cases detected and treated	67 (M-31, F-36) cases treated		
	4.5 Providing counseling to the patients	No. cases detected and treated		No. cases detected and treated	67 (M-31, F-36) patients received counseling		
<b>Community Health Education and Prevention Program</b>							
<b>1. Reduce the incidence of malnutrition and worm infestation</b>	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	35,288 B-17,212 G-18,076		
	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	41,018 B – 20,029 G – 20,989		
	1.3 Provide feeding for stunting and wasting children aged 6-59 months	No. of stunting and wasting children receiving feeding		100 children stunting and wasting children receiving feeding	No activity conducted		For 24 BP teams in Thaton, Taungoo and Papun
	1.4 Organize nutrition awareness workshop for health workers	No. of workshops No. of participants	Field reports; mid-year & annual reports	6 workshops for 150 participants	1 workshop for 46 (M-7,F-39) HWs		1 workshop for 25 participants
	1.5 Organize nutrition awareness workshop for the communities	No. of workshops No. of participants		144 workshops for 7,200 participants	39 workshop for 1,438 M-401 F-1,037		1 workshop for 50 participants
	1.5 Train mothers for cooking	No. of mothers are trained		24 workshops for 90 mothers	No activity conducted		This will happen quarterly and 15 mothers participate in each event.
<b>2. Improve health knowledge of students and communities</b>	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 20,000 students (w/m)	No activity conducted		1 session for 200 students

	2.2 Provide First Aid kits to schools	No. of school receive first aid kits		200 schools			
	2.3 Organize Village Health Workshops for communities	No. of workshop		100 Village Health Workshops	70 workshops		1 workshop for 100 participants
		No. & category of participants (w/m)		10,000 participates	8, 057 M-3,636 F-4,421		
	2.3 Provide health campaigns	No. of participants (w/m)	Mid-year & annual reports	10 health events 1,500 participants (w/m)	No activity conducted		1 event for 150 participants
<b>3. Improve community level knowledge and participation in health</b>	3.1 Organize village health worker trainings	No. training and VHW attended (w/m)	Mid-year & annual reports	10 VHW trainings for 200 new VHWs (w/m)	2 VHW training 67 (M-34, F-33)		1 VHW training for 20 participants
	3.2 Organize VHW workshops	No. workshop and VHW attended (w/m)		40 VHW workshops 600 VHWs	11 workshop 191 (M-71, F-120)		1 VHW workshop for 15 VHWs
	3.3 Provide first aid kits to VHWs	No. of VHWs receive the kits		200 VHWs will receive the kits	No activity conducted		VHW kits are provided twice in a year.
	3.4 Establish Village Health Committees	No. of VHC No. of members	Mid-year & annual reports	30 VHCs 270 members (w/m)	2 VHCs 22 (M-11, F_11) VHCs		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	100 VHC meetings 225 participants (w/m)	96 meetings 1,338 (M-739, F-599)		Four meetings per VHC per year
<b>4. Improve water and sanitation systems in the community to reduce water-borne diseases</b>	4.1 Build community latrines	No. of latrines built No. of HHs	Mid-year & annual reports	2,400 community latrines for 2,400 HHs	1,320 Latrines 1,320 HHs		1 latrine per household.
	4.2 Install gravity water systems	No. gravity flows installed No. of HHs and people (W/M)	Mid-year & annual reports	20 gravity flow water systems 1,200 households (6,000 pop)	8 gravity flow 252 HHs 1,632 Pop		1 gravity flow for 60 HHs & 300 Pop.

	4.3 Install shallow well water systems	No. shallow wells installed No. of HHs and people (W/M)	Mid-year & annual reports	40 shallow wells for 400 HHs & 2,000 Pop	22 shallow wells 435 HHs 2, 226 Pop		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	24 water filters For 23 schools		1 water filter for 100 students
	4.5 Organize WASH awareness workshop	No. of workshops No. of participants	Mid-year & annual reports	20 WASH workshops 600 participants	29 workshops 1,044 (M-451, F-653)		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		
<b>Maternal and Child Healthcare Program</b>							
<b>1. Increase maternal and child health care</b>	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, 153		
	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	3,196		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	No activity conducted		BPHWT will coordinate with EHSSWG.
	1.4 Provide EmOC supplies	No. of EmOC supplies provided	Mid-year & annual reports	4 EmOC supplies	No activity conducted		Depend on the # of EmOC workers trained

	1.5 Provide nutrition food for pregnant women	No. of pregnant women receive nutrition foods	Mid & annual reports	1,000 pregnant women (50 per teams)	735 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		
	1.7 Refer serious obstetric cases	No. of serious obstetric cases	Patient's referral forms; mid-year & annual reports	140 obstetric cases referred	59 cases		
<b>2. Raise awareness among villagers on family planning and provide them with family planning supplies</b>	2.1 Provide family planning supplies	No. of clients using the family planning (w/m)	Mid-year and annual reports	5,000 (w/m)	6, 017 (M-43, F-5,974)		
	2.2 Provide implants to women	No. of women receive implants	Mid-year and annual reports	900 women will receive implants	1,542		Depends on the funding source

	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	136 RH workshops for 5,440 participants (M/F)	71 workshops 4,092 (M-1,7333, F-2,359)		40 participants per workshop
	2.5 Providing IEC materials	No. of IEC materials	Mid-year & annual reports	No. of IEC materials distributed	48 referral guideline vinyl		Depends on the funding
<b>3. Improve the knowledge and skills of TBAs/TTBAs and MCH Supervisors</b>	3.1 Conduct TTBA training	No. of new TBAs complete the training	Mid-year & annual reports	4 TTBA training for 80 people (w/m)	2 trainings 20 (M-3, F-17)		1 training for 20 TBAs
	3.2 Conduct TBA/TTBA workshops	No. of TBA/TTBA Follow-up Workshops held & no. of TBAs attending (w/m)	Mid-year & annual reports	150 follow-up TBA/TTBA Workshops for 750 TBAs/TTBAs (w/m)	39 workshops 294 (M-28, F-266)		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	40 kits		It depends on the numbers of deliveries.
	3.4 Provide maternity kits	No. of maternity kits provided	Mid-year & annual reports	4,800 maternity kits	1,696 kits		
	3.5 Train health workers for implant services	No. of health workers trained		4 health workers	5 field health workers trained		Other funding source
		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	3, 339		
		% of births attended by trained TBAs/TTBAS	2019 Impact Assessment Survey	57% of births will be attended by TBAs/TTBAs	N/A		- Currently, more TBAs are trained

		<i>% of births attended by health workers (Baseline – TBA - 67%, health worker – 27%)</i>		<i>40% of birth will be attended by health workers</i>			
		<i>Appropriate sterile instrument (new razor blade, sterile scissors, etc) = 326 (79%)-2010, povidine/Iodine or other antiseptic = 354 (85%) -2010</i>	<i>2019 TBA Assessment Survey</i>	<i>- 87% of new razor blade, sterile scissors, and etc were used - 92% of povidine/Iodine or other antiseptic were used</i>	<i>N/A</i>		
		<i>At the last pregnancy that you delivered provide at least 3 information = 353 (85%) -2010</i>	<i>TBA Assessment Survey</i>	<i>- 95% of postpartum women were given at least 3 information</i>	<i>N/A</i>		
<b>4. Every newborn baby attended by TBAs/TTBAs, MCH workers, &amp; health workers will have birth record.</b>	<i>4.1 Provide delivery records</i>	<i>No. of newborn baby received delivery records</i>	<i>Mid-year &amp; annual reports</i>	<i>2,500 delivery records</i>	<i>2,670</i>		<i>Some communities can access to government services.</i>
<b>5. Promote awareness of gender based-violence in the communities</b>	<i>5.1 Organize gender based-violence awareness workshops</i>	<i>No. of meetings No. of participants (M/F)</i>	<i>Mid-year &amp; annual reports</i>	<i>136 GBV workshops for 5,440 participants (M/F)</i>	<i>No activity conducted</i>		<i>40 participants per workshop</i>
<b>Capacity Building</b>							
<b>1. Improve health worker and staff knowledge and skills</b>	<i>1.1 Community Health Worker training</i>	<i>No. of trainees completed CHW training (w/m)</i>	<i>CHW training reports &amp; attendance lists</i>	<i>3 CHW trainings for 120 CHW (w/m)</i>	<i>2 trainings 108 (M-54, F-54)</i>		<i>1 training for 40 health workers</i>
		<i>% of trainees show improved knowledge from pre and post test</i>	<i>Training reports</i>	<i>80 % of trainees show improved knowledge from pre and posttests.</i>	<i>N/A</i>		

			(disaggregate by gender)			
1.2 Conduct MCH training	No. of participants	Mid-year & annual reports	1 MCH training for 30 health workers	1 training for 39 MCH workers		
1.3 Conduct Trauma management training	No. of training No. of participants	Mid-year & annual reports	2 trainings 40 participants (w/m)	2 trainings for 57 (M-43, F-14)		1 training for 20 health workers
1.4 Pharmacy management training	No. of training No. of participants	Mid -year & annual reports; Attendance lists	1 training 30 participants (w/m)	2 workshops 56 (24 Men & 32 Women)		
1.5 Mental health training	No. of training No. of participants	Mid -year & annual reports; Attendance lists	2 training 40 participants (w/m)	2 trainings 78 (M-38, F-40)		1 training for 20 participants
1.6 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 24 (M-8, F-16)		
1.7 Leadership and management training	No. of training No. of participants	Mid-year & annual reports; attendance lists	1 training 25 participants (w/m)	No training conducted		
1.8 Conduct organizational development training	No. of training No. of participants	Mid-year & annual reports; Attendance lists	1 training 30 participants	No training conducted		
1.9 Organize field continuous medical education (CME)	No. of training No. of participants	Mid-year & annual reports Attendance list	10 CME trainings 200 participants (w/m)	3 CME trainings 84 (M-44, F-40)		1 CME training for 20 health workers

1.10 Organize Field workshops	No. of field workshops and participants	Annual reports	38 workshops 300 participants (w/m)	17 Field workshop 446(M-222, F-224)		Twice a year for 19 areas (15-20 participants in each workshop or meeting)
1.11 Organize Field meetings	No. of field meeting and participants	Annual reports	38 meetings 300 participants (w/m)	9 Field meeting 212(M-107, F-105)		
1.12 Organize six month workshops and meetings	No. of field health workers	Mid-year and annual reports; workshop attendance lists	100 health workers (w/m)	53 (M-39, F-14) Participants		This happens in Mae Sot every six monthly. The security for the HWs is important while they travel.
1.13 Attend local and international conferences and meetings	No. participants	annual reports	No. participants	1 staff attended Second Southeast Asian Conference on Alternatives on October 22-25, 2019 in Quezon City, Philippines.		Depending on funding support
1.14 Attend local and international certificate courses	No. participants	annual reports	No. participants	No staff attended		Depending on funding support
1.15 Organize internship program for AMW	No. of participants	Mid -year & annual reports; Attendance lists	20 AMWs (w/m)	39 AMWs		At Mae Tao clinic
1.16 CHW Training Of Trainer	No. of ToT and participants	Mid -year & annual reports; Attendance lists	1 ToT for 25 participants	1 ToT for 45 (M-19, F-26)		
1.17 Health facility management training	No. of training and participants		2 training for 40 participants	2 trainings for 43 (M-26, F-17)		1 training for 20 participants

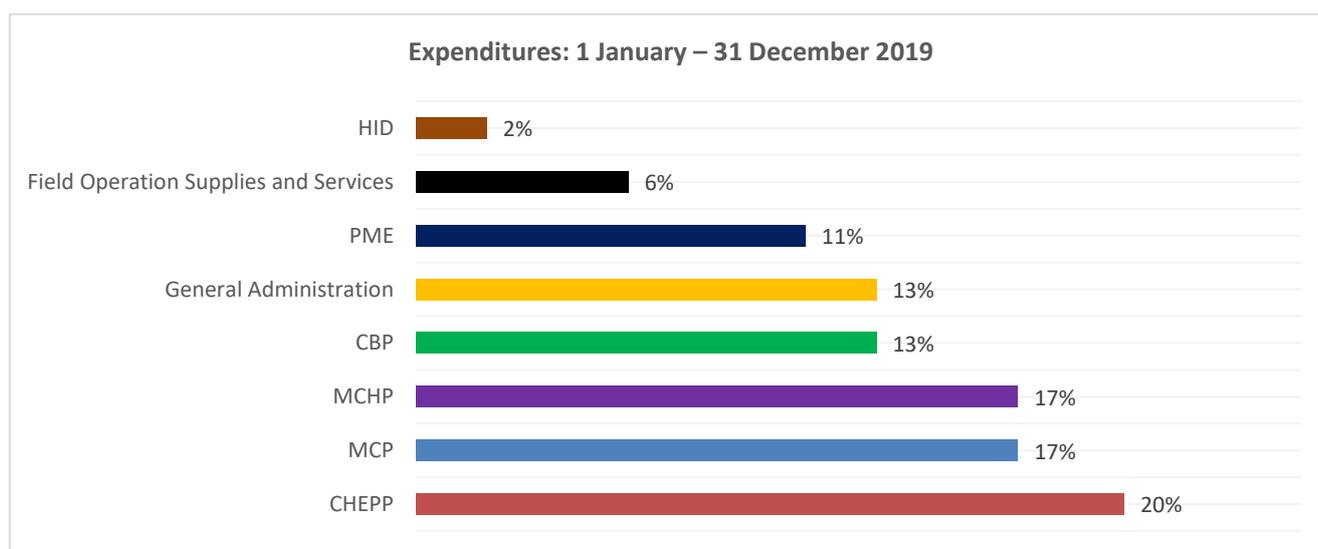
<b>2. Promote gender equality in leading positions</b>	2.1 Review adopting policies	% of women leading health programs	Field reports & staff lists	At least 30%	33% of women leading health programs		5/15 EB members
		% of women field in-charges	Field reports & staff lists	At least 30%	47% of women field in-charge		
		% of women in leading committee	Annual reports & staff lists	At least 30%	29 % of women in leading committee		5 / 17 Leading committee members
	2.2 Hold the BPHWT general election triennially	% of women was elected	Annual reports & staff lists	At least 30%	29 % of women in leading committee		
<b>Health Information and Documentation</b>							
<b>1. Assess and document community health situation and needs</b>	1.1 Produce Health Information and Documentation (HID) materials	No. of categories of material provided	Annual report	1 video camera	No video camera purchased		
	1.2 Conduct services mapping training	No. of training No. of participants		1 training for 10 participants	No training conducted		
	1.3: Conduct data collecting workshop	No. of training No. of participants	Mid-year & annual reports; attendance lists	1 training 20 participants (w/m)	1 Workshop 26 (M-11,F-15)		
<b>2. Standardize health data collection processes</b>	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 18 (M-9, F-9)		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		
	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 2workshop for 20 participants (w/m)	1 Workshop 26 (M-11,F-15)		

<b>3. Make evidenced based health status comparisons with the target community</b>	3.1 Organize field meetings	No. of field meetings or workshops provided	Field meetings; workshop reports	40 meetings	9 Field meeting		Twice meetings and workshops happen in each field area 17 health workers participate in each meeting and workshop
	3.2 Organize field workshops	No. of participants		40 workshops 340 participants in workshop and 340 in meeting	212(M-107, F-105) 17 Field workshop 446(M-222, F-224)		
	3.3 Establish Village Health Committees	No. of VHC No. of members	Mid-year & annual reports	30 VHCs 270 members (w/m)	2 VHCs 22 (M-11, F_11) VHCs		
	3.4 Organize Village Health Committee meetings quarterly	No. of VHC meeting and participants	Mid-year & annual reports	100 VHC meetings 225 participants (w/m)	96 meetings 1,338 (M-739, F-599)		
<b>4. Raise awareness of the community health problem</b>	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	48 referral guideline vinyl		
	4.2 Organize village health workshops six monthly	No. of workshop No. & category of participants (w/m)	Mid-year & annual reports	100 Village Health Workshops 10,000 people participate	70 workshops 8, 057 M-3,636 F-4,421		1 workshop for 100 participants
	4.3 Organize health campaign	No. of participants (w/m)	Mid-year & annual reports	10 health events 1,500 participants (w/m)	No health campaign conducted		
	4.4 T-shirt publication	No. of T-shirt publication	Mid-year & annual reports	No. of T-shirt publication	200 T-shirt published		
	4.5 Calendar publication	No. of calendars publication	Mid-year & annual reports	No. of calendars publication	No calendar published		
<b>5. Advocate local and international organizations about the health situation in Burma</b>	5.1 Organize health program coordination and development seminars	No. of seminar No. of participants	Annual reports	1 seminar for 30 participants.	No health seminar conducted		

	5.2 Attend local and international conferences and meetings	No. participants	annual reports	No. participants			
<b>Program Management and Evaluation</b>							
<b>1. Monitor and evaluate the programs' improvement</b>	1.1 Conduct monitoring trip	No. monitoring trips and no of staff	Mid-year & annual reports	20 trips	19 field trips 10 trips from CHEB, 3 trips from WASH project, 6 trips from LC members		
	1.2 Conduct Monitoring and Evaluation for Field supervisors	No. monitoring trips and no of staff	Mid-year & annual reports	4 times	No M & E trip for field supervisors		
	1.3 Conduct six months meeting	No. of health workers attend the six months meeting	Mid-year & annual reports	100 health workers	53 (39 M & 14 W) health workers		
	1.4 Provide Leading Committee meetings	No. of Leading Committee meetings provided	Office records	4 times	2 times		
	1.5 Provide Executive Board meetings once in a month	No. of Executive Board meetings provided	Office records	6 times	7 times		
	1.6 Provide staff meetings	No. of staff meetings provided	Office records	24 times	27 times		
<b>Health Convergence</b>							
<b>1. Converge and coordinate with the Burma government's state administered Reproductive healthcare program in Ethnic State</b>	1.1 Conduct AMW training	No. of trainees complete the training (w/m)	Mid-year & annual reports	1 AMW training 20 participants	No AMW training conducted		

## 10. Back Pack Health Worker Team Financial Report

BPHWT Income and Expenditures: 1 January – 31 December 2019			
ITEMS	Income (Thai Baht)	Expenditure (Thai Baht)	%
OPENING BALANCE -1 JANUARY 2019	2,210,000		
<b>PERIOD INCOME</b>			
1. Burma Relief Center/Global Affaire Canada/Inter Pares	3,600,000		15%
2. CPI/Swiss Agency for Development and Cooperation(SDC)	5,075,138		21%
3. The Border Consortium (TBC)	3,950,217		16%
4. Stichting Vluchteling (SV)-Netherlands	3,643,450		15%
5. Community Partner International/(ATH)	2,412,573		10%
6. Burma Humanitarian Misson(BHM)	2,355,674		10%
7. Open Society Foundation (OSM )	2,113,300		9%
8. Mae Tao Clinic	256,000		1%
9. Malteser International	261,239		1%
10. Plan International/Suwannimit Foundation	283,812		1%
Bank Interest	12,450		0%
<b>TOTAL PERIOD INCOME</b>	<b>23,963,853</b>		<b>100%</b>
<b>TOTAL INCOME</b>	<b>26,173,853</b>		
<b>PERIOD EXPENDITURES</b>			
Community Health Education and Prevention Program (CHEPP)		5,166,935	20%
Back Pack Medicine and Equipment (MCP)		4,391,870	17%
Maternal and Child Healthcare Program (MCHP)		4,383,249	17%
Capacity Building Program (CBP)		3,251,609	13%
General Administration		3,274,594	13%
Program Management and Evaluation (PME)		2,835,664	11%
Back Pack Field Operation Supplies and Services		1,532,511	6%
Health information and Documentation (HID)		464,719	2%
<b>TOTAL PERIOD EXPENDITURES</b>		<b>25,301,151</b>	<b>100%</b>
<b>CLOSING BALANCE – 31 December 2019</b>		<b>872,702</b>	



## Part II: Program Workshops & 43rd Annual Meeting Report – 2020

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### 1. Program Workshops and training:

#### 1.1) Integrated Health Care Training

Facilitators : CPI  
Duration : 10-20 March 2020  
Participants : 40 (15 men and 25 women)

#### Discussion topics:

- Coronavirus outbreak a Global Public Health Emergency & Health education
- Maternal and Child health
- Non Communicable disease
- Sexual health and gender
- Nutrition and IYCF
- Dengue Hemorrhagic Fever
- lymphatic filariasis
- Malaria
- HIV/AIDS
- Leprosy
- Tuberculosis
- Pneumonia & Diarrhea
- Basic M&E
- Indicator all Thematic
- Volunteer guide line
- Data flow chart & form and format
- Data quality and Data management

#### 1.2) Maternal and Child Healthcare Program Workshop

Facilitators : BPHWT & CPI  
Duration : 14-25 February 2020  
Participants : 25 (22 women & 3 men)

#### Discussion topics:

- Review goals & objectives of MCHP
- MCHP supervisor presentations
- Review data and forms
- Review TBA/TTBA checklist
- Review reproductive health protocol
- Health Information System
- Review IMCI
- Review birth records
- HOD (Conflict & Change Management)
- Future plans

### 1.3) Nutrition ToT workshop

Facilitators : Maria & TBC nutrition officer Team, BPHWT & KDHW

Duration : 2-6 March 2020

Participants : 50 (11 men and 39 women)

#### **Discussion topics:**

- Three food groups
- Public Health Nutrition
- Food and sanitation
- Infant and Young Child Feeding (IYCF)
- Adult Learning - Principles and Practice
- Supplementary feeding form
- Nutrition screening form
- Anthropometry – Measuring nutrition status
  - Wasting and Stunting
  - Anthropometrics
    - Weight
    - Height/Length
    - Mid-upper Arm Circumference (MUAC)
  - - Z-score Tables

## 2. 43<sup>rd</sup> Annual Meeting of the Back Pack Health Worker Team

The 43<sup>rd</sup> Back Pack Health Worker Team annual meeting was conducted from 5-7 March 2020 in Mae Sot at the BPHWT head office. Due to the limitation of funding, the BPHWT invited only Field In-Charge to join the meeting. Attending this meeting were 53 staff members (39 men and 14 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.

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 43<sup>rd</sup> annual General Meeting:

<b>Day ( I ) { 5 March 2020 }</b>	
<b>Description of Presentation</b>	<b>Responsibility</b>
Opening Speech	Dr. Cynthia Maung
Introduction	Facilitators
Review and Discussion about the last Leading Committee 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	Naw Bway Wah Poe
Field updated situation report presentation	All Field In-Charges
<b>Day ( II ) { 6 March 2020 }</b>	
Field updated situation report presentation	All Field In-Charges
Annual operation plan and actual budget	All members of the BPHWT
Annual budget plan and Project projection	All members of the BPHWT
Financial policy presentation	Nang Snow
Procurement policy presentation	CPI
Financial Report	Chit Win
<b>Day ( III ) { 7 March 2020 }</b>	
Program and project mapping	All members of the BPHWT
Conclusion of Meeting Decisions	All participants
Closing Speech	Dr. Cynthia Maung