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Back Pack Health Worker Team

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2020 Annual Report

Provision of Primary Health Care among Internally Displaced Persons and Vulnerable Populations In Rural and Remote areas of Ethnicities in Burma



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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
TMD	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
COVID-19	Coronavirus Disease 2019
NCA	Nation Wide Ceasefire Agreement

1. OVERVIEW AND SUMMARY OF THE BPHWT

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 vulnerable community and internally displaced persons (IDPs) 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 2018, the BPHWT consisted of 114 teams, with each team being comprised of three to five trained health workers who train and collaborate with five to ten village health workers/volunteers and five to ten trained traditional birth attendants; this network of mobile health workers with advanced skills and stationary health workers with basic skills ensures that community members have consistent access to essential primary healthcare services. Within the 114 Back Pack teams, there are now 57 stationary teams. These teams, formerly mobile Back Pack teams, were established during 2013 in areas within Shan, Karenni, Karen, and Mon States and Tenasserim Region which are experiencing more stability and security. The PHCs provide both treatment and preventative health care, and a secure facility to store medicine and medical supplies/equipment.

The BPHWT teams target displaced and vulnerable communities with no other access to healthcare in Karen, Karenni, Mon, Arakan, Chin, Kachin and Shan States, and Pegu, Sagaing and Tenasserim Regions. The teams deliver a wide range of healthcare programs to a target population of almost **311,905 (152,487 men & 159,418 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 needed by communities and the health workers are chosen by, live in, and work for their respective communities. In early March 2020, Myanmar officially announced Covid-19 case found in city areas. The Covid-19 epidemic affected the BPHWT program implementation process in Jan- December 2020. The 7th of November 2020 was the benchmark of the democratic election year in Myanmar. NLD won again by a landslide, with over 85% of the votes.

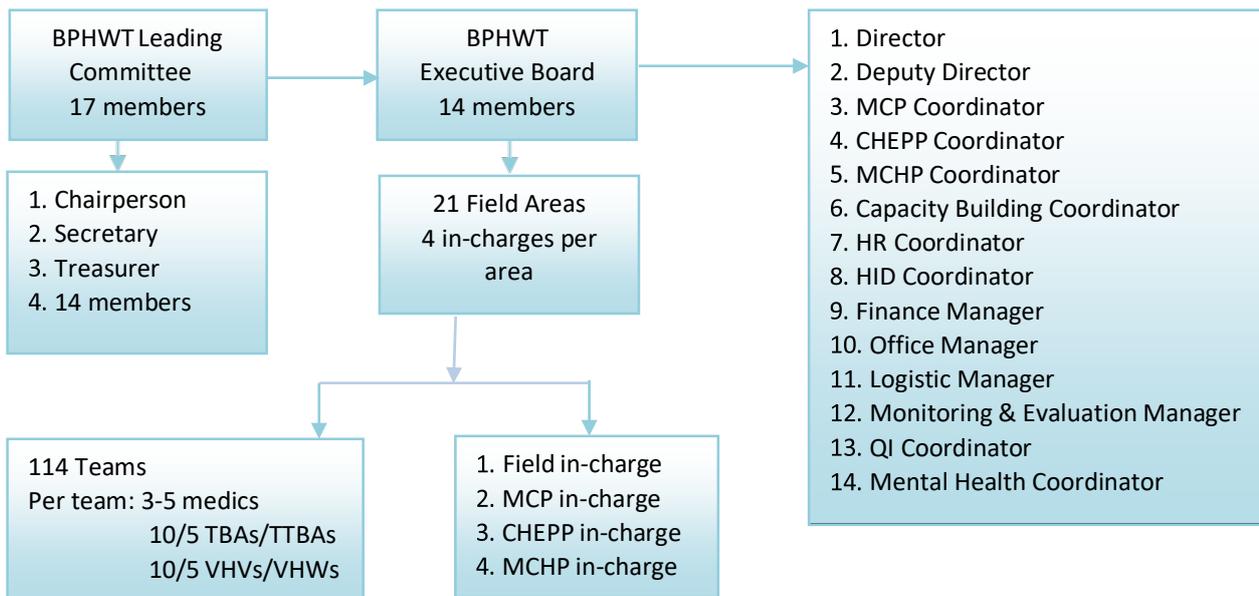
2. Organizational Structure and Governance of the BPHWT

The Back Pack Health Worker Team is led by a Leading Committee, consisting of a Chairperson, Secretary, Treasurer, and fourteen other members in October 2019. 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.



Health workers are providing health care to vulnerable populations

1.1) Organizational Structure of the BPHWT:



Governance: As depicted in the Organizational Structure, the BPHWT is governed by the Leading Committee elected by the BPHWT members. The Leading Committee is comprised of 17 members who are elected for a three-year term. The Leading Committee appoints all 14 members of the Executive Board, which is required to meet monthly and make decisions on program activities, planning, and 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.

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

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

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

1.4) Mission: The Back Pack Health Worker Team is a community-based organization (CBO) established by health workers from their respective ethnic areas. The BPHWT equips ethnic people, living in rural and remote areas, with the knowledge and skills necessary to manage and address their own health care problems, while working towards the long-term sustainable development of a primary healthcare infrastructure in Burma.

1.5) Goal: The goal of the Back Pack Health Worker Team is to promote the emergence of quality and accessible health care for all ethnic people so as to reduce morbidity and mortality, and minimize disability by enabling and empowering communities through primary health care.

Gender Policy and Analysis: During this report period, 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.

Category	Total Workers	Total Women	Actual Women %
Leading Committee/Executive Board	26	9	35%
Office Staff	15	5	33%
Field Management Workers	57	24	42%
Field Health Workers	481	286	59%
VHVs/VHWs	368	244	66%
TBAs/TTBAs	805	756	94%
Organizational Total	1,752	1,324	76%
Total Organisation excluding TBAs/TTBAs			60%

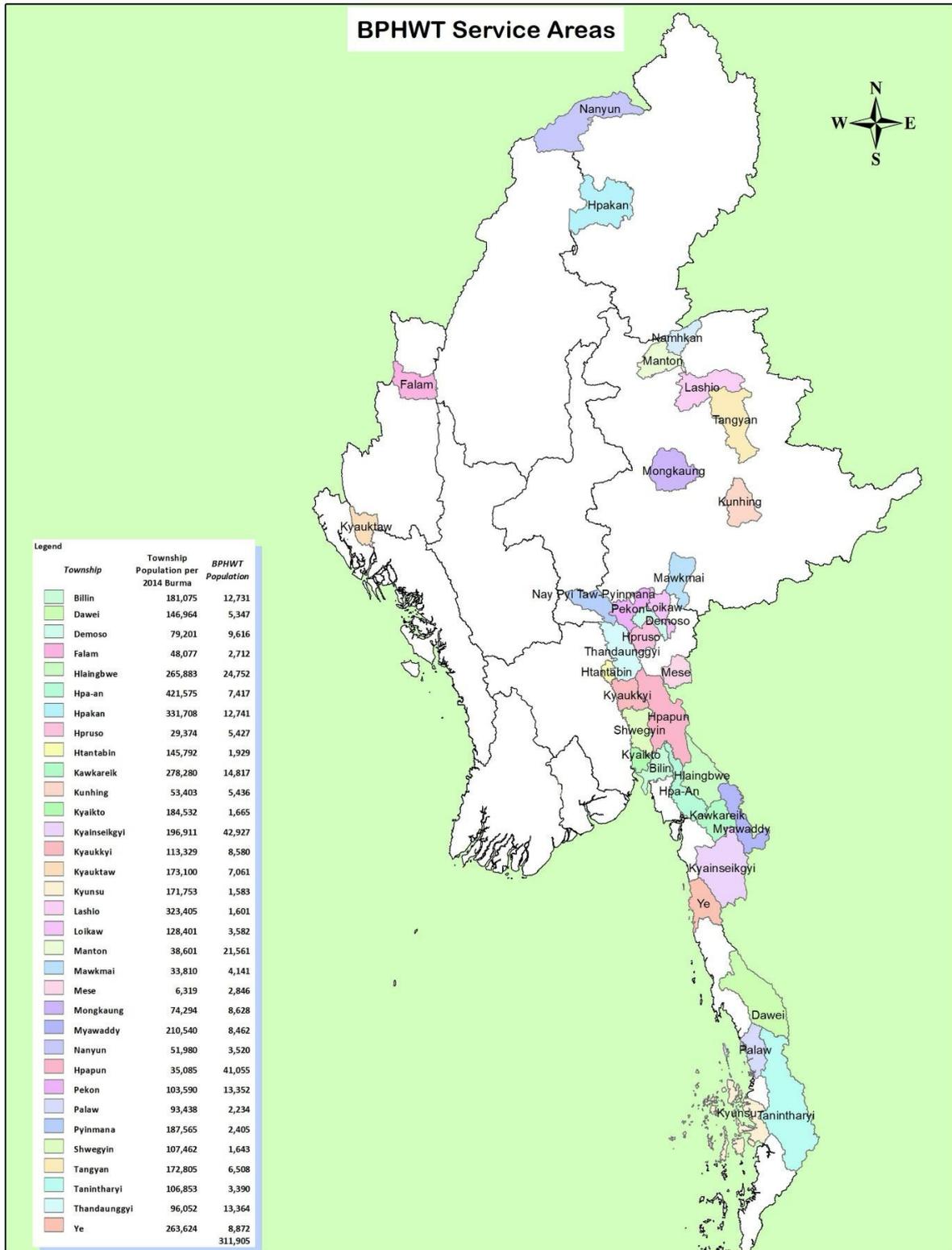
Service System:

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

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

Population	Health Service Type	Health Workers	Ratio (Workers/Pop)	Ideal Number of Workers
2000	BPHWT (Community-based primary healthcare unit)	Health Worker	1:500	4
		Traditional Birth Attendant/Trained Traditional Birth Attendant	1:200/400	10/5
		Village Health Volunteer/Village Health Worker	1:200/400	10/5
Total Members Per Team				24/14

Map of BPHWT Operational Areas



3. THE SECURITY SITUATION IN BPHWT'S TARGET AREAS

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

The pandemic coupled with clashes between the KNU/KNLA and Tatmadaw have increased anxieties among the local population, who have faced travel restrictions caused by both problems. Government-controlled areas are under a nationwide night curfew, while the (KNU) announced a lockdown order for some of its territory and lighter measures for other parts under mixed-control. The eruption of conflict in May 2020 prompted the KNU/KNLA to block the Hpapun-Kamamaung road for about two weeks, cutting off access to farmland for some residents and preventing others from attending daily laboring jobs. The KNLA then opened the road for two days per week in June and most of July, and the road is now fully opened again.

Additionally, there are localized Covid-19 lock-down systems 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. Over the whole of 2020, BPHWT have faced both direct and indirect security issues because fighting remains in the north part of the KNU-controlled areas, Arakan area, Northern Shan, and northern part of Kachin. For indirect security from the Covid-19 epidemic, the second wave returned in the third week of August 2020.

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

Back Pack health workers in their field areas continue to contend with an environment of conflict, landmines, checkpoints, weather, and difficult terrain giving challenges in providing health services, especially to those in conflict-affected, remote, and internally displaced areas. The following specific obstacles and threats to delivering health care were reported by Back Pack teams. Especially, the Covid-19 epidemic which started in March 2020, resulted in limited travel and lock downs in various locations which affected the program implementation process at both the central office and field level. The central office considered improving project management by setting up online communication meetings once a month, but not every targeted field area had access to the internet, or had difficulties accessing the internet.

Situation Update: January- December 2020

Special Field Area:

In this area, there is a stone-mining project which has resulted in a water shortage and pollution problems since March with dry shallow and tube wells. Consequently, water pollution has caused acute respiratory infection and skin infection as well as diarrhea among the people in the nearby villages. Furthermore, the mine project trucks have damaged the roads used by villagers.

Moreover, it is estimated that seventy percent of the youth are amphetamine users and this has affected their ability to provide for their livelihoods. The BPHWT health workers have consulted with villagers and the user families to look after and help to otherwise care for these users.

During the COVID-19 period, the BPHWT health workers and village administrators have been cooperating on fever screening checkpoints and quarantine centers in regard to both internal migrants and those migrants who have returned from Thailand. The villagers provide food for the quarantine centers and the BPHWT health workers spray chlorine disinfectant at the quarantine centers.

Taungoo Field Area:

There is a car road construction project, between Baw Ga Li and Mawchi townships, which has caused acute respiratory infection from the dirt in the air and destruction to durian and betel-nut farms. During the COVID-19 period, fever screening points have been established between Baw Ga Li and Mawchi townships. Furthermore, COVID-19 prevention education has been shared and migrants who returned from other countries have fever screening and quarantine purposes. Have been screened for fever and quarantined.

The Myanmar military greatly expanded their camps in Boo Hsar Khee and Nor Soe. The construction of the Yhaw Yin Khat Dam project in the area has caused an increase in the local temperature and resulted in the Yhaw Yin Khat River becoming dry and alluvial. There are a number of 18-30 year old people who are users of amphetamine. COVID-19 prevention education, including posters, and the distribution of COVID-19 prevention supplies has been conducted in this area. The Htoo Lwee Whar School is used as a quarantine center. Presently, there are no COVID-19 suspect patients.

Thaton Field Area:

On 5 May 2020, the Burma Army established a temporary camp at Htee Par Doh Khee village and presented a security concern to the BPHWT health workers. Furthermore, the Salween Bridge checkpoint of the Burma Army stopped BPHWT health workers at Hpa an to inquire about their transporting mosquito nets to Taung Ka Lay village. The BPHWT Field in-Charge explained that the mosquito nets were to be used by villagers to prevent malaria in the Thaton area. However, the junior authority did not accept the BPHWT Field in-Charge's reason; but later, a senior authority came to meet with the Field in-Charge and gave permission to transport the mosquito nets.

The BPHWT team cooperated with the Karen Department of Health and Welfare (KDHW) for a fever screening checkpoint at Wee Yaw village in Htone Bo village track. The BPHWT health workers took responsibility for fever screening and provided materials for hand washing. On 30 April 2020, a Burma Army commander and his wife came to this checkpoint and health workers took their responsibility for fever screening and providing hand washing to them. However, the commander and his wife declined to accept these measures, but their driver did comply with the measures. The next morning, the Burma Army came to that screening checkpoint and ordered that it be removed. One week later, the screening checkpoint was re-established.

Pa an area:

During the COVID-19 period, every place was under lockdown. Consequently, the transportation of medicine, mobile treatment, station clinic services, and field workshops were temporarily halted. This also affected the implementation of COVID-19 awareness and protection measures.

COVID-19 has not yet spread in this field area, but the villagers are wearing masks, doing hand washing, and are also following social distancing. The BPHWT, KDHW, and partner international non-government organizations provided COVID-19 supplies.

Due to COVID-19 pandemic, medicine has become in short supply, and mobile treatment, workshops, and training were restricted. Nevertheless, the station clinics were still available for healthcare services in conjunction with COVID-19 prevention protocols.

The Myanmar military extended their camps in the Pa An area of Myawaddy, Kawkareik, and Hlaingbwe Townships. Consequently, there has been fighting between the Myanmar military and an unknown EAO in Kawkareik Township.

There have been COVID-19 prevention activities in local communities including COVID-19 prevention workshops. Furthermore, the BPHWT and other partner organizations support the distribution of COVID-19 prevention supplies including soap, masks, hand sanitizers, and posters.

In this area, there is a mini logging project which has adversely affected forestation and the river water has dried up. This environment effect has resulted in health problems, especially skin infections.

There are a number of amphetamine use cases, especially among men, and includes children six years old and older. In response, the BPHWT health workers have cooperated with village leaders to conduct health education for amphetamine side-effects.

In this area, most of the villagers' livelihoods involve logging and farming which has resulted in deforestation, the lack of water from shallow well and streams in some instances, and polluted water in other instances which have caused skin diseases and diarrhea. There are also amphetamine users in this field area with depression symptoms and more severe affects.

Dooplaya Field Area:

During the COVID-19 period, some areas do not have quarantine centers; so migrants stay in their home for quarantine. In other areas, migrants stay in quarantine centers. The quarantine centers do not receive any support; thus, affected migrants have inadequate food and other supplies. Furthermore, the Burma Army has ordered the closing of some screening checkpoints. There are no COVID-19 suspect patients in the area, but COVID-19 prevention awareness is spread through prevention workshops and information sharing. Both young men and women over eighteen years old use amphetamines and it has become key health and social issues in this area.

Kawkareik Field Area:

The Burma Army has extended their forces in the field area resulting in security issues for health workers. Most men in this field area are using amphetamine and becoming psychotic. In response, the BPHWT health workers are consulting with their families and providing healthcare services to them.

During the COVID-19 period, fever screening checkpoints with hand washing have been established for migrants. Also COVID-19 prevention education has been given to health workers and the local community. Both the BPHWT and KDHW provide COVID-19 supplies.

Palaung Field Area:

This field area is the site of continuing offensive military operations by the Burma Army. This situation makes it difficult for health workers to implement healthcare services. The health workers have usually been able to evade the Burma Army and shift the implementation of healthcare services to places of safety.

Furthermore, the Burma Army has asked local villagers to be jungle guides in Manton Township. Due to the fighting, there are landmines which pose injury and death risks to these jungle guides, local villagers, and their draught animals.

Men in this field area are using heroin and amphetamine more than women with the user age of over 18 years. As a result of this use, there is more theft, social problems, and women leading their families.

During the COVID-19 period, COVID-19 prevention activities have been implemented with the distribution of soap to families, sharing of COVID-19 brochures in the Ta'ang language, encouragement to wear masks and gloves, and use hand sanitizer. Loud speakers are used for COVID-19 awareness and prevention measures. Furthermore, there are COVID-19 response teams in every village, fever screening checkpoints outside of villages, and quarantine centers.

Healthcare services were conducted at five station clinics. Due to the COVID-19 pandemic situation, the internet was used for training in those areas with mobile phone availability.

In December 2020, the Palaung BPHWT team held a conference which included leadership changes. There was no fighting between the Myanmar military and Ta'ang National Liberation Army due to a ceasefire for the duration of COVID-19 in the area. However, there has been fighting among EAOs themselves which has forced villagers to flee and leave their houses and belongings. Due to this fighting, car roads were blocked making transportation difficult with many delays. Consequently, the Myanmar military extended their temporary camps in this area and caused concern among local people and health workers. Due to the fighting among EAOs, people from Kyaukme village and Namtu village fled from their houses, leaving their belongings, and still remain as IDPs.

In this area, men over 30 years of age, use amphetamines and heroin. Local communities have stigmatized amphetamine and heroin users resulting in mental health issues. The Palaung BPHWT is working with affected families to provide treatment to those users.

There were no COVID-19 suspect patients, but the Palaung BPHWT cooperates with local officials for fever screening points and preparing quarantine centers for both internal and external migrants. The Palaung BPHWT provides masks, soap, basins, tooth brushes, and toothpaste for the prevention of COVID-19. Also, they distribute posters, vinyl, and pamphlets in the Ta'ang language for COVID-19 prevention.

Kachin Field Area:

The Burma Army has expanded their presence in the area, but there has been no fighting. Due to a mega jade project, there have been landslides which have killed over 200 people. In the Hukawng area, land confiscation and environmental destruction continues and has adversely affected the livelihoods of local farmers. There have been numerous instances of criminal cases and mental health problems associated with drug use. As a result, there is more theft, social problems, and women leading their families.

Travelling in this field area has become difficult due to the COVID-19 lockdown situation, yet there have been opportunities to implement healthcare services in station clinics and follow COVID-19 protocols. During the COVID-19 period, there is the new normal for the implementation of healthcare services and the building of networks with youth organizations, political parties, and other stakeholders to respond the COVID-19 situation. However, an issue has arisen in some local communities which are falsely characterizing health workers as COVID-19 carriers: thus, their relationship has changed negatively toward health workers. While the Kachin BPHWT team has received some COVID-19 supplies, they are not adequate. Because of the COVID-19 situation, there have been travel restrictions with permission required from local officials for travel. Consequently, the Kachin BPHWT health workers must take medical checks for COVID-19 and can travel with

negative results. Furthermore, the Internet is used for health workshops and training, including COVID-19 prevention training.

COVID-19 prevention training has been conducted in respective townships in Kachin State. Healthcare services are provided at station clinics with COVID-19 prevention protocols. Primary healthcare services are also integrated with COVID-19 prevention education. Furthermore, COVID-19 prevention supplies are distributed and awareness workshops are conducted in IDPs camps. Masks are distributed and COVID-19 prevention posters are placed in remote areas of the Kachin State. The BPHWT also collaborates with Township Health Departments of Kachin State for COVID-19 prevention and its protocols not only in its served area, but also in IDP camps.

The Myanmar military extended their forces using COVID-19 prevention as their reasons to do so. However, civilians are concerned that this may result in fighting beyond this COVID-19 situation. There was a temporary break in the fighting between the Kachin Independence Army (KIA) and the Myanmar military. The Myanmar Government has asked the IDPs to return to their native places. However, there is no guarantee for IDPs' security when they come back home. Nevertheless, some IDPs have voluntarily returned, but are concerned that fighting could begin again.

On 23 August 2020, the Shanni militia beat one young man accusing him of being a KIA soldier. The young man lives in San Pya village within the BPHWT target area and was sent to Myitkyina Hospital for treatment of his injury.

While the Myitsone Dam project has been suspended, there are plans to build 20 new dams in the north of the Ayeyarwady River.

Chinese employers have implemented banana agriculture in this area for export to China. Due to this agriculture, villagers' cows and water buffaloes have died because of chemical supplies of that agriculture. The gold mine project implementation still continues in the Hakawng Valley. Due to this mega project, skin diseases have been found in local civilians.

A transportation road is being constructed from Hakawng Valley to India and has resulted in respiratory infection in local civilians.

Most youth use amphetamines and black heroin at their homes due to COVID-19 travel restrictions, with most users from the Shwe Maw and Pa Yin Maw areas. Due to prolonged use, some users commit suicide while others have depression and psychosis. In addition, some users utilize syringes for intravenous injections and die. In response, the Kachin BPHWT consults with village leaders and officials for referrals for those with depression and psychosis to clinics and hospitals for treatment. Other users voluntarily go to drug rehabilitation centers operated by charities.

During this COVID-19 pandemic situation, the Kachin BPHWT team faced many challenges including difficulties getting people to participate in health education workshops. COVID-19 has spread in communities so health workers became alarmed and promptly responded for prevention in Myitkyina. Nevertheless, local civilians went outside the city for their livelihoods and daily income causing a daily increase in COVID-19 cases. Other areas are very remote with difficult transportation causing problems to receive COVID-19 prevention supplies and access to healthcare services. Many local civilians are not afraid of the COVID-19 and must go outside for their livelihoods.

There was one positive COVID-19 case at an IDP camp with over 1,800 IDPs. This camp is now under lockdown. When COVID-19 started to spread, there were not enough COVID-19 prevention supplies. Therefore, the BPHWT headquarters' office linked up with partner organizations to support COVID-19 prevention supplies. Furthermore, all Kachin BPHWT health workers provide COVID-19 screening and assistance to the IDP camp.

Arakan Field Area:

Fighting continues between the Arakan Army and Burma Army which has caused difficulties for medicine transportation and mobile treatment. Furthermore, local communities are finding it difficult to participate in field workshops and express themselves freely. This fighting has caused approximately 200,000 villagers from nine townships to become internally displaced persons (IDPs). Moreover, there are numerous human rights' violations such as killings, seizures, and interrogations in detentions. During these arbitrary interrogation detentions by the Burma Army, local villagers are killed and injured. The Burma Army has also shelled villages despite the lack of any insurgent activities. Due to the shelling, many dagobas – stupas containing Buddhist relics - were destroyed in traditional and religious areas, local villagers are being killed and injured on a daily basis, and local communities face deprivation and starvation.

So far, there have been no human rights' violations directly in the BPHWT targeted area; however, they have occurred in nearby areas. Due to the fighting, 257 villagers received injuries, over 200 people killed, and 250 villagers detained. Consequently, local villagers are fleeing and hiding in safe villages. Over 20,000 IDPs have come to the Kyauktaw Emergency IDP Camp.

The Essar Company, from India, has implemented the Kaladan Multi-Transit Deep Seaport. A Chinese company is producing oil and gas from Arakan offshore areas. As a result, local villagers have faced land confiscation, fishermen have lost their livelihoods, and local fish species and the tide forests are being destroyed. These companies cooperate with local authorities to intimidate local fishermen and farmers so as not to give compensation to them. Thus, their livelihoods have become adversely affected.

During the COVID-19 period, the Arakan BPHWT health workers have implemented COVID-19 prevention measures through health education and the distribution of posters, pamphlets, hand sanitizer, and masks in Rathedaung Township.

Due to the fighting between the Arakan Army and Myanmar military, and the COVID-19 pandemic, it has been difficult to travel for mobile treatment and conduct workshops. There are many Myanmar military camps in the area because of this fighting in Northern Arakan State. The military camps are extended in some areas. The Myanmar military stops and investigates every civilian travelling in the area making mobile treatment difficult. Furthermore, the BPHWT must report to Arakan Army before going to targeted villages – many times, they are unable to get such permission. This fighting between the Arakan Army and Myanmar military has resulted in IDPs who go to the Kyauktaw IDP camp.

In this area, most youth use amphetamines so they have depression and psychosis, and also quarrel with their parents. The BPHWT provides consultations to users and their families. Some wealthy families send their children to the Sittwe Hospital for treatment.

A COVID-19 pandemic second wave started in Arakan State and the State has the worse situation than the other states/regions in respect to COVID-19. Therefore, an emergency was declared with lockdowns in every

township and village, making transportation very difficult. Consequently, local civilians became very concerned about this pandemic, not only about their health and safety, but also their livelihoods. This concern has resulted in social issues. Nevertheless, the BPHWT has used many ways for health education about COVID-19 prevention and distributed hand sanitizer, soap and pamphlets. Also, the International Rescue Committee has been providing support for COVID-19 prevention supplies for distribution to IDPs camps in Kyauktaw, Rathedaung, and Mrauk-U Townships.

Chin Field Area:

There was rape case involving twins whose age was four years old at Hmunlai village. During the COVID-19 period, the Chin BPHWT health workers cooperated with village leaders and social organizations for the distribution of masks and brochures for health education. Furthermore, they performed hand washing demonstrations for COVID-19 prevention. It has been difficult to organize people for mobile treatment due to the COVID-19 pandemic situation; so new normal lifestyle treatment is now a house-to-house system.

In this area, there is much amphetamine use causing abnormality and depression. The Chin BPHWT looks after these patients and provides consultations with their families.

There were three positive COVID-19 patients in this area and they were treated at the Falam Township Hospital. The Chin BPHWT supports COVID-19 prevention through awareness and providing COVID-19 prevention supplies to local communities.

Papun Field Area:

Since December 2020 and despite the COVID-19 pandemic crisis, the Myanmar military has extended their forces and operations into the Karen National Union (KNU) - administrated area of Papun (Mutraw) District in violation of the Nationwide Ceasefire Agreement (NCA). This has resulted in the shelling of villages and the resultant displacement of villagers who require emergency assistance.

Beginning on 1 December 2020, the Myanmar military shelled Mai Wai village in Papun (Mutraw) District, forcing 4,000 innocent villagers to flee to safe places. Furthermore, the Myanmar military's Light Infantry Battalion (LIB) 404 shelled Mae Cho village, killing the 35 year old village head. On 15 January 2021, the Myanmar military's LIB 339 shelled Mai Wai village again, seriously wounding an eleven year old boy who is still undergoing medical treatment in Nyaunglebin District - a ceasefire area - since 28 December 2020 to the present time. On 19 January 2021, the Myanmar military's LIB 603 shelled Pa Kaw Khee village in Kyaukkyi Township, seriously wounding a forty-one year old man. Thus, the Myanmar military is intentionally violating the NCA through expanded its military operations into KNU-administered areas and killing, wounding, and forcing innocent civilians to flee to safe places. Due to this fighting, over 4,000 innocent villagers have fled to evade the fighting and become internally displaced persons (IDPs), hiding in the jungle under harsh conditions. They were forced to abandon their homes, property, agricultural fields, and livelihoods.

The First Wave of COVID-19 has been successfully prevented and not spread into this KNU-administratively controlled area of Mutraw District. Furthermore, Mutraw District authorities restricted travel by internal migrants and established eight quarantine centers and eleven fever screening check points for local communities. Also, fourteen health centers are being utilized for isolation from 27 health centers. In other villages, there are community-based quarantine centers for local villagers who returned from other places. The Mutraw District implemented lockdown procedures prior to the COVID-19 pandemic. Presently, there are no COVID-19 suspected patients in the Mutraw District, but more restrictive travel and prevention

measures remain since COVID-19 continues to spread quickly in Myanmar. The schools, in this area of Mutraw District, began the new school year in July 2020 with the following COVID-19 guiding principles:

- Provide health education about COVID-19 prevention to all teachers and students.
- Obtain and distribute hand sanitizer and regular and liquid soap to every school for hand washing.
- Conduct fever screening to every student once per week
- Spray chlorine disinfectant at every school once per week.

Win Yee Field Area:

The Myanmar military has violated the NCA by extending their camp at Ah Par Lon village. Furthermore, the Myanmar military came to COVID-19 screening fever checkpoints at Hlot Shar village and obstructed the work. Therefore, the COVID-19 prevention activities were temporarily suspended in December 2020. Nevertheless, there is an urgent need for COVID-19 prevention activities to be conducted by relevant authorities.

Yee/Moulamein Field Area:

Currently, mobile healthcare services were difficult due to the COVID-19 pandemic situation. Permission for travel must be obtained from local officials.

There is a logging project which has severely damaged car roads, bridges, and rivers as well as local civilian livelihoods. Both men and women are using amphetamines with women using them less than men. This use is resulting in social issues and suicide cases.

There were two COVID-19 positive patients in the area. Fever screening checkpoints were established and COVID-19 prevention supplies provided.

Shan Field Area:

LIB 578 ordered two villagers for labor every day at Lwin Ton village, Mong Kung Township. Furthermore, they demanded another two villagers for guards outside of their camp. LIB 525 has established checkpoints in the Mie Yei area, Mong Kung Township and has been conducting frequent military operations against the Shan State Army-South. The BPHWT medics have conducted COVID-19 education for prevention and door-to-door fever screening.

Pa Oh Field Area:

Due to the COVID-19 pandemic situation, the Internet has been utilized for meetings and workshops in areas with available mobile phone coverage. Also, mobile healthcare services became difficult due to COVID-19. Most young men, in this area over eighteen years of age, use amphetamines and suffer from anger, abnormality, and depression. In response, the Pa Oh BPHWT team provides consultations with their families and patients. There were no COVID-19 positive patients. Nevertheless, COVID-19 prevention education is conducted with loudspeakers and mask distributions made in communities in partnership with local COVID-19 prevention committees.

Naga Field Area:

In this area, most men started using black heroin between 28 and 29 years of age. Due to this use, asthma has occurred among the users with both the BPHWT and government hospital giving treatment to these patients. Due to the COVID-19 pandemic situation, there are travel restrictions for internal and external migrants.

4. SPECIAL SITUATIONS IN THE BPHWT'S TARGET AREAS

Community groups and private donors have also supported basic food items for more than 400 civilians who fled conflict between the Tatmadaw and KNLA near Kamamaung town in the first week of May. These civilians from 63 families, 178 male and 159 females were displaced from Wah Tho Kho village. They stayed in a school in the town and some nearby villages before returning home two weeks later. In May-June 2020, malaria cases increased in Tapoh Hta, the outside area of Palaw. This was reported by the Mergue/Tavoy Field in-Charge to the BPHWT. Of the two KNU/KNLA health screening checkpoints destroyed by the Tatmadaw on May 6, the one in Wah Tho Kho village was permitted to be reopened after a negotiation. The checkpoint near Hpa Lone Lay village has not returned due to its sensitive location on the Hpapun-Kamamaung road.

The KNU/KNLA brigade 5 ordered the TMD military camps to withdraw from their control area. In the first week of December 2020, the KNLA brigade 5 started to fight against the military camp based in Mae Wai, Phapun Township. In 2020 the TMD military abused human rights, abused road construction planning agreements and other control planning in KNU Mutraw district administration area were common problems.

5. 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 **311,905** people. There were 57 stationary Back Pack teams during this year. There are currently **1,654** (**1,286** women and **368** men) members of the BPHWT primary healthcare system living and working in Burma: **481** (**286** women and **195** men) health workers, **805** (**756** women and **49** men) Traditional Birth Attendants / Trained Traditional Birth Attendants (TBAs/TTBAs) and **368** (**124** men and **244** women) village health volunteers/village health workers (VHVs/VHWs).

A. MEDICAL CARE PROGRAM (MCP)

MCP Objectives: The BPHWT delivered medical care in 21 field areas and treated **61,031** cases, of which **11,799** cases were of children under the age of five and over five ages treated cases **49,252**. The total cases on a gender basis included **26,274** cases involving men and **34,757** cases involving women. The six major diseases being treated by the BPHWT continue to be acute respiratory infections, malaria, anaemia, worm infestation, diarrhoea and dysentery. Also during this reporting period, the BPHWT health workers referred **197** cases which included **67** cases of serious obstetric emergency (EmOC).



The MCP program gives primary healthcare services to local civilian

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

MCP Program achievements and Data Collection (January-December 2020)

Table 1: BPHWT's Coverage Population

Table 1: BPHWT's Coverage Population			
Ages	Gender		Total
	Men	Women	
Under five years of age	26,527	28485	55,012
Five years of age and over	125,960	130,933	256,893
Total	152,487	159,418	311,905

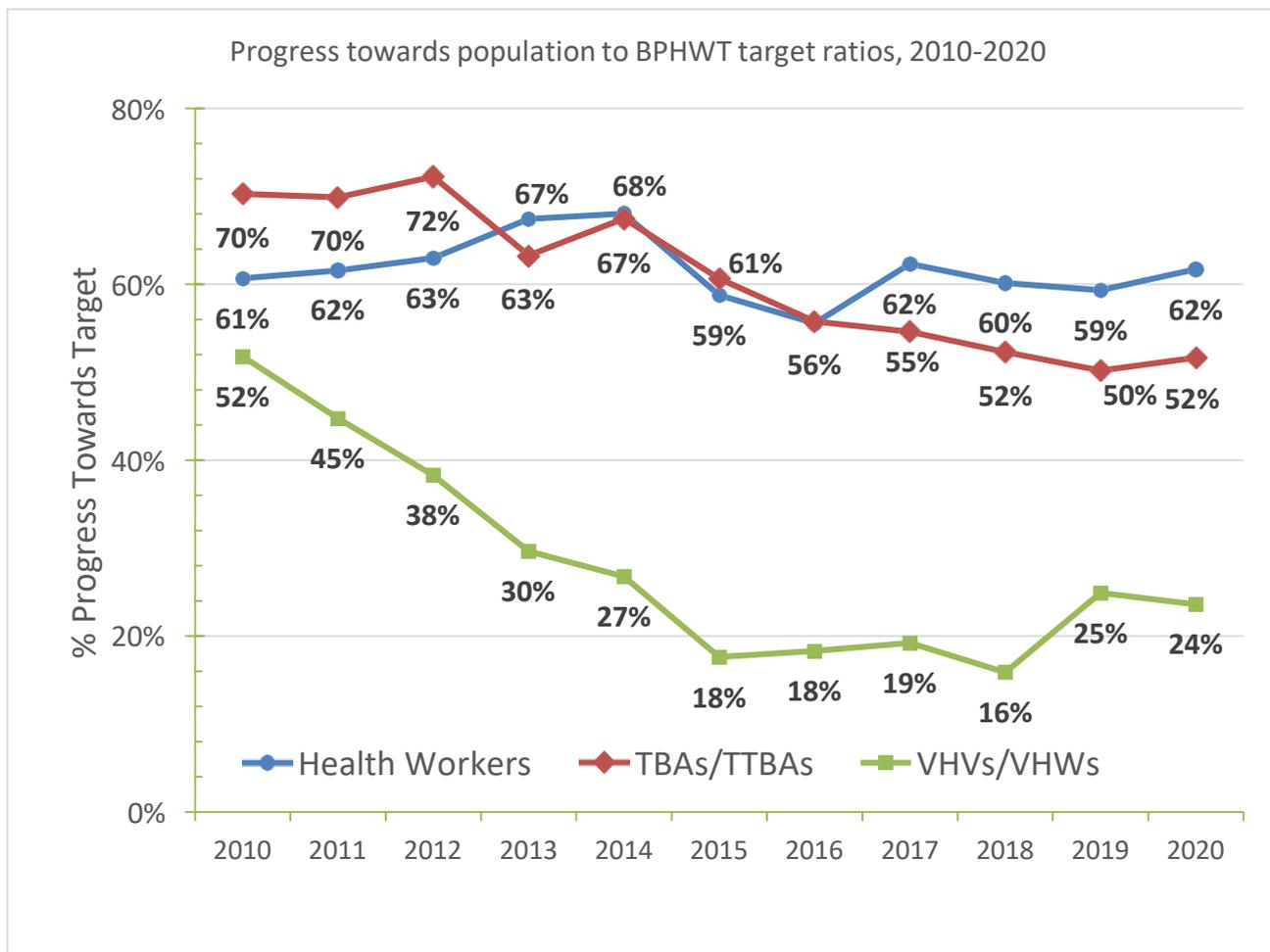
Table 2: Summary of the BPHWT Field Areas, HWs, VHV/VHWs, TBA/TTBAs, Target Populations and Cases Treated: update only caseload in this table

No.	Areas	# of Teams	# of HWs	# of VHWs	# of VHV	VHVs & VHWs	# of TBAs	# of TTBA	TBAs & T TBAs	Total HWs	Villages	Households	Population	Caseloads
1	Kayah	7	22	0	2	2	18	16	34	58	59	4,122	21,471	4,201
2	Kayan	8	27	13	12	25	6	44	50	102	81	3,428	19,606	7,931
3	Special	2	7	0	0	0	8	3	11	18	7	2,072	10,750	177
4	Taungoo	5	27	20	4	24	30	10	40	91	50	2,211	11,444	730
5	Kler Lwee Htoo	7	24	20	14	34	48	3	51	109	37	1,609	10,223	2,515
6	Thaton	7	29	25	24	49	50	24	74	152	32	3,620	21,813	2,610
7	Papun	12	52	68	1	69	70	25	95	216	143	6,852	41,055	10,130
8	Pa An	8	51	16	0	16	60	33	93	160	45	4,341	25,769	2,842
9	Dooplaya	7	31	5	0	5	58	20	78	114	50	4,216	22,117	2,227
10	Kawkareik	4	18	3	5	8	28	34	62	88	16	1,576	7,977	751
11	Win Yee	4	22	8	0	8	34	15	49	79	29	2,354	13,441	2,977
12	Mergue/Tavoy	7	33	3	1	4	28	0	28	65	25	2,181	12,554	7,370
13	Yee	6	24	38	12	50	9	20	29	103	22	1,903	8,872	1,465
14	Moulamein	6	20	0	0	0	0	0	0	20	15	2,231	10,904	15,70
15	Shan	6	21	0	0	0	10	0	10	31	54	2,284	14,064	4,602
16	Pa Oh	2	8	17	17	34	0	20	20	62	15	715	4,141	1,385
17	Palaung	6	24	0	0	0	0	34	34	58	48	3,845	29,670	3,321
18	Kachin	4	17	19	5	24	10	0	10	51	5	2281	12,741	3,036
19	Naga	2	6	0	0	0	0	0	0	6	7	775	3,520	523
20	Arakan	3	11	8	2	10	2	15	17	38	10	1,245	7,061	337
21	Chin (WLC)	1	7	6	0	6	20	0	20	33	7	857	2712	331
Total		114	481	269	99	368	489	316	805	1654	757	54,718	311,905	61031

Table 3: Number of Health Workers, TBAs/TTBAs, VHV/VHWs, and Target Population by Year

Year	# of HWs	# of TBAs/TTBAs	# of VHV/VHWs	Target Population
2004	232	202	332	176,200
2005	287	260	625	162,060
2006	284	507	700	185,176
2007	288	591	341	160,063
2008	291	525	413	176,214
2009	289	630	388	187,274
2010	290	672	495	191,237
2011	318	722	462	206,620
2012	343	787	417	217,899
2013	379	711	333	224,796
2014	351	696	276	206,361
2015	359	741	215	244,410
2016	389	781	256	280,103
2017	456	799	281	292,741
2018	447	444	236	297,273
2019	455	770	382	306,896
2020	481	805	368	311,905

TBA/TTBAs, VHV/VHWs, & Health Worker to population ratios as a % of target ratios over times



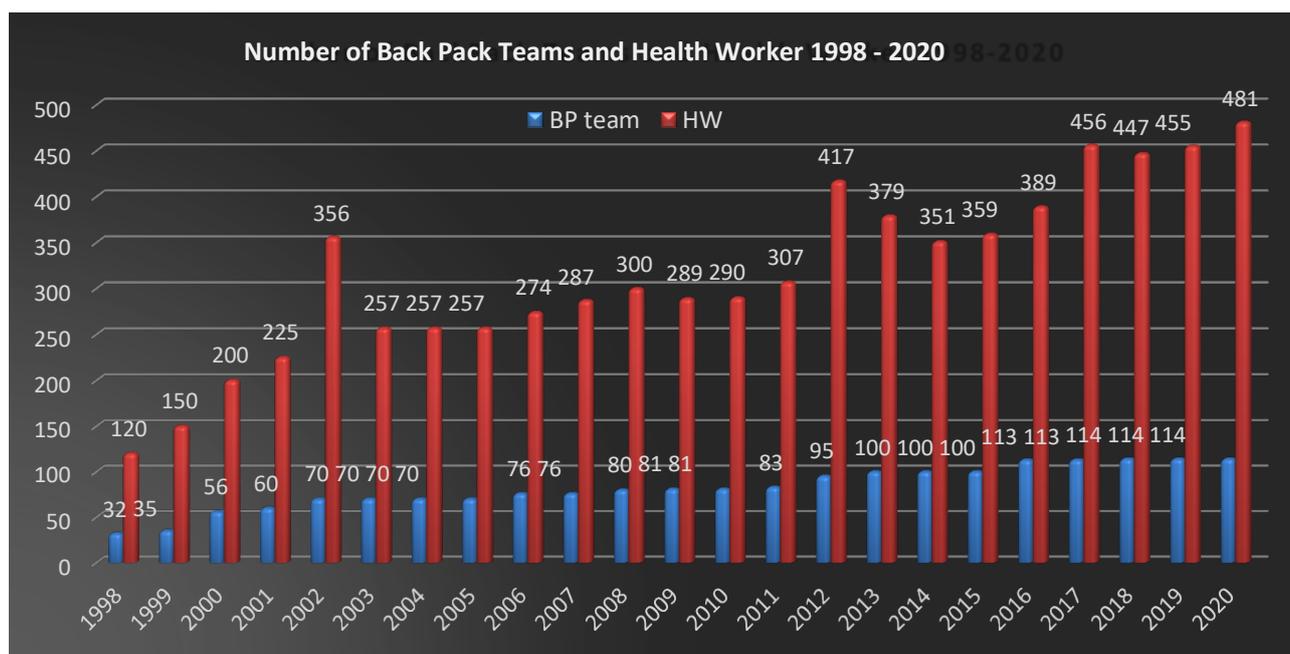


Table 4: Number of Cases Treated by Condition and Age in Jan-December 2020

No	Condition	Age				Total		Grand Total
		<5		≥5		M	W	
		M	W	M	W			
1	Anemia	139	196	1,240	2,878	1,379	3,074	4,453
2	ARI (Mild)	2,051	2,047	2,975	4,407	5,026	6,454	11,480
3	ARI (Severe)	974	867	1,040	1,275	2,014	2,142	4,156
4	Beriberi	16	35	811	1,392	827	1427	2,254
5	Water Diarrhea	520	395	487	638	1,007	1,033	2,040
6	Diarrhea with Blood (Dysentery)	161	127	334	392	495	519	1,014
7	Injury, Acute – Gunshot	0	1	11	4	11	5	16
8	Injury, Acute – Landmine	0	0	2	0	2	0	2
9	Injury, Acute – Other	49	51	739	339	788	390	1,178
10	Injury, Old	10	11	359	213	369	224	593
11	Malaria(PV)	185	174	604	450	789	624	1,413
12	Malaria(PF)	12	9	116	59	128	68	196
13	Malaria (PFT Mix)	0	0	6	2	6	2	8
14	Measles	25	20	53	45	78	65	143
15	Meningitis	0	2	9	10	9	12	21
16	Suspected AIDS	0	0	0	0	0	0	0
17	Suspected TB	1	0	39	39	40	39	79
18	Worms Infestation	395	365	726	850	1,121	1,215	2,336

No	Condition	Age				Total		Grand Total
		<5		≥5		M	W	
		M	W	M	W			
19	Post Abortion Care	0	13	0	23	0	36	36
20	Post-Partum Hemorrhage (PPH)	0	0	0	11	0	11	11
21	Sepsis	2	3	4	16	6	19	25
22	Reproductive Tract Infection (RTI)	0	0	14	162	14	162	176
23	Urinary Tract Infection (UTI)	23	13	625	1160	648	1,173	1,821
24	Skin Infection	306	267	848	978	1,154	1,245	2,399
25	Hepatitis	2	2	67	73	69	75	144
26	Typhoid Fever	63	70	291	242	354	312	666
27	Arthritis	10	16	671	920	681	936	1,617
28	Gastric Ulcer Duodenum Ulcer (GUDU)	20	26	1,683	2,204	1,703	2,230	3,933
29	Dental Problem	69	84	478	614	547	698	1,245
30	Eye Problem	41	66	390	537	431	603	1,034
31	Hypertension	3	1	1,152	2,028	1,155	2,029	3,184
32	Abscess	70	63	630	416	700	479	1,179
33	Scrub typhus	0	5	71	36	71	41	112
34	Leptospirosis	1	2	61	37	62	39	101
35	Insect bites	43	35	213	119	256	154	410
36	Dengue Fever	34	33	193	166	227	199	426
37	Poisoning	7	6	108	95	115	101	216
38	Mental illness	0	0	10	16	10	16	26
39	Cardiovascular	1	0	27	76	28	76	104
40	Diabetes	0	0	36	83	36	83	119
41	Others	742	799	3,176	5,948	3,918	6,747	10,665
Total		5,975	5,804	20,299	28,953	26,274	34,757	61,031
Grand Total		11,799		49,252		61,031		

Table 5: Gender Disaggregation of Case Loads Treated

Category	Men	Women	Total
Patients <5	5975	5804	11779
Patients ≥5	20299	28953	49252
Total	26274	34757	61031

Table 6: Injury (Gunshot) cases January –December 2020

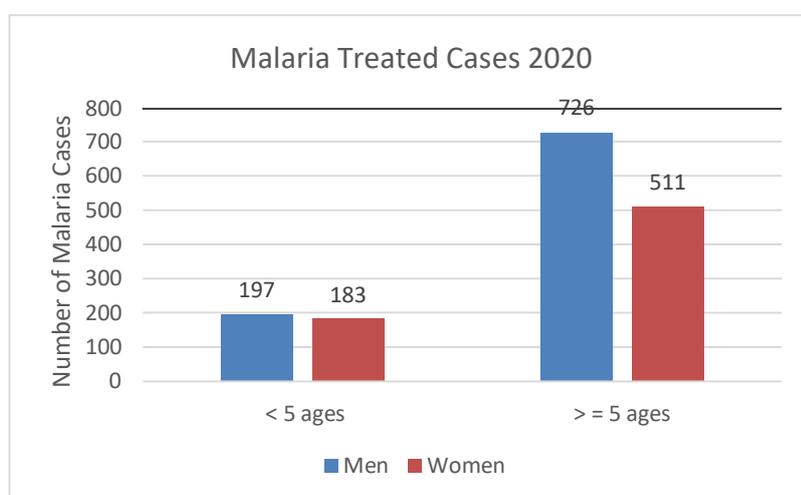
No.	Field Areas	< 5 ages		> = 5 ages		Total
		Men	Women	Men	Women	
1	Kler Lwee Htoo	0	0	1	0	1
2	Thaton	0	0	0	1	1
3	Papun	0	1	2	2	5
4	Pa An	0	0	2	0	2
5	Doopalaya	0	0	0	1	1
6	Win Yee	0	0	1	0	1
7	Mergue/Tavoy	0	0	4	0	4
8	Arakan	0	0	1	0	1
Total		0	1	11	4	16

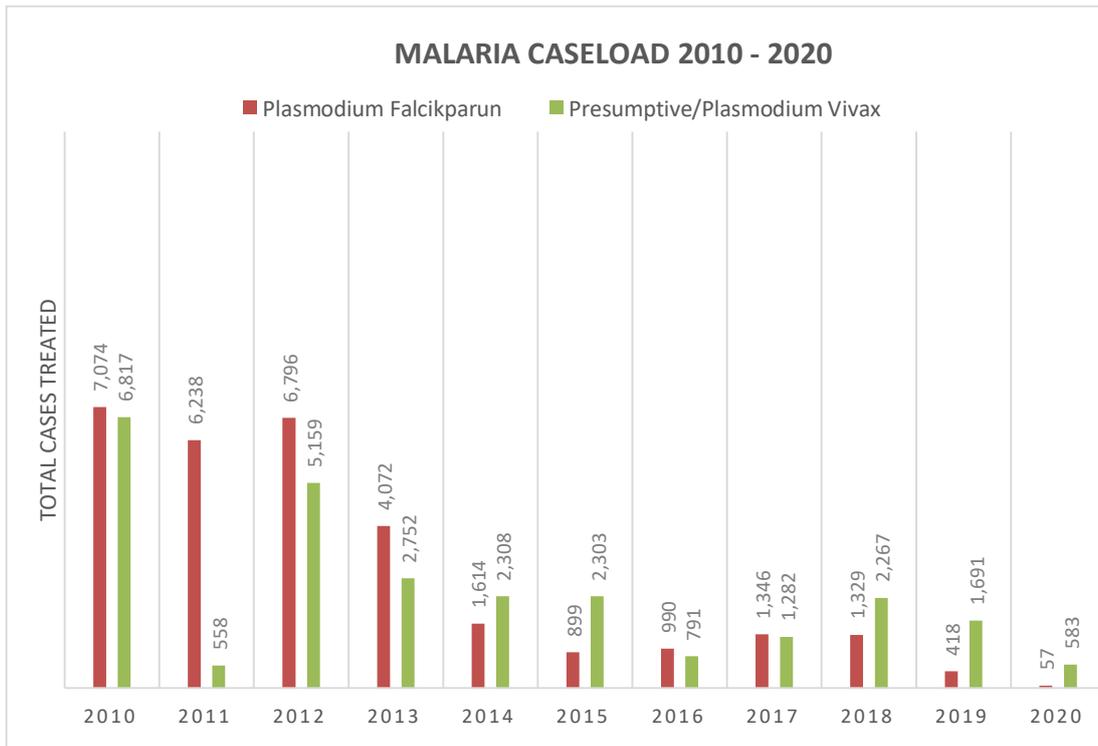
Table 7: Injury (Landmine) cases January – December 2020

No.	Field Areas	< 5 ages		> = 5 ages		Total
		Men	Women	Men	Women	
1	Mergue/Tavoy	0	0	2	0	2

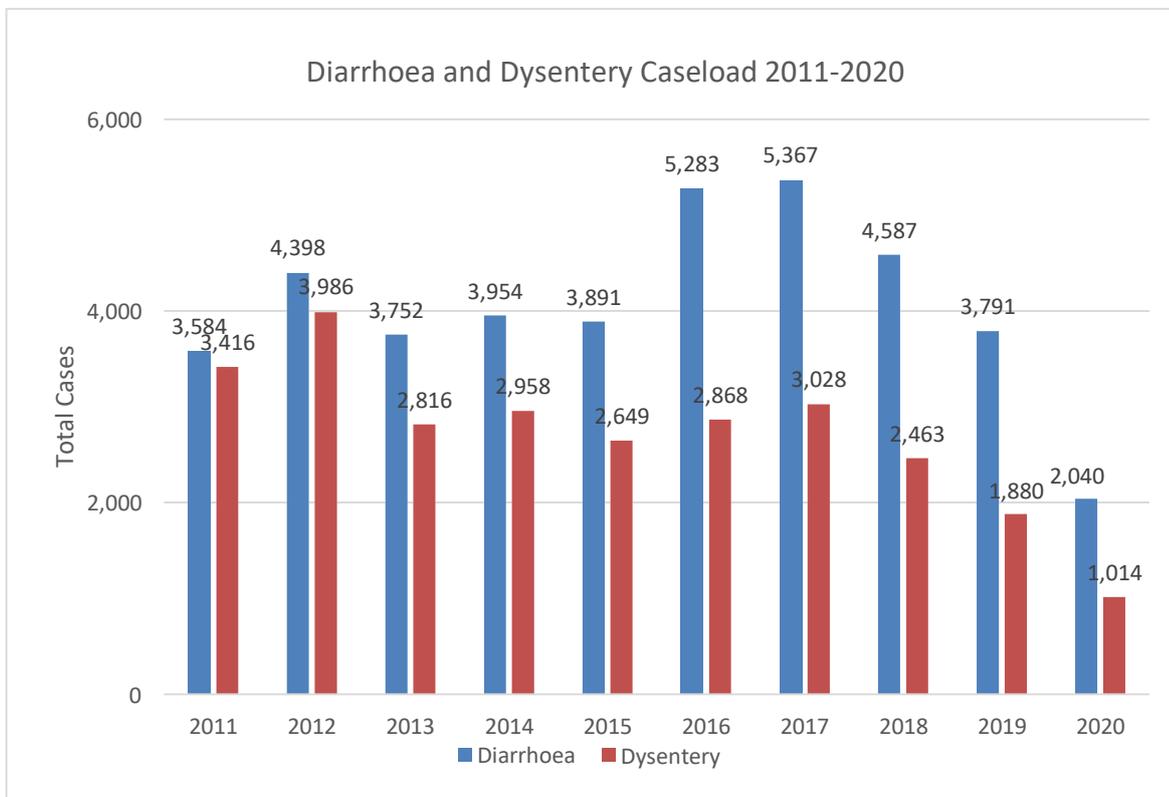
Table 8: Malaria cases January – December 2020

No.	Field Areas	< 5 ages		> = 5 ages		Total
		Men	Women	Men	Women	
1	Kayan	0	2	1	0	3
2	Taungoo	0	0	13	7	20
3	Papun	178	163	524	382	1,247
4	Pa An	0	0	8	1	9
5	Dooplaya	0	0	3	1	4
6	Kawkareik	2	2	6	9	19
7	Win Yee	0	3	20	6	29
8	Mergue/Tavoy	8	4	71	27	110
9	Yee	9	8	60	69	146
10	Moulamein	0	0	3	0	3
11	Naga	0	0	0	1	1
12	Arakan	0	1	17	8	26
Total		197	183	726	511	1,617





	Plasmodium Falciparum	Plasmodium Vivax	Total
Men	39	331	370
Women	18	252	270
Pregnancy	0	0	0
Total	57	583	640



Acute Respiratory Infection Caseload 2011-2020

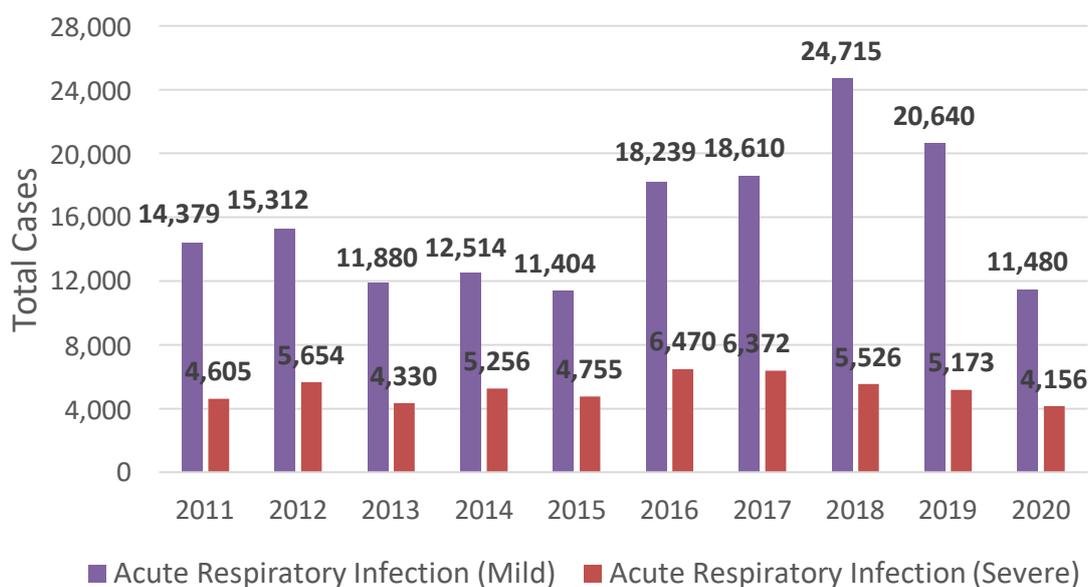


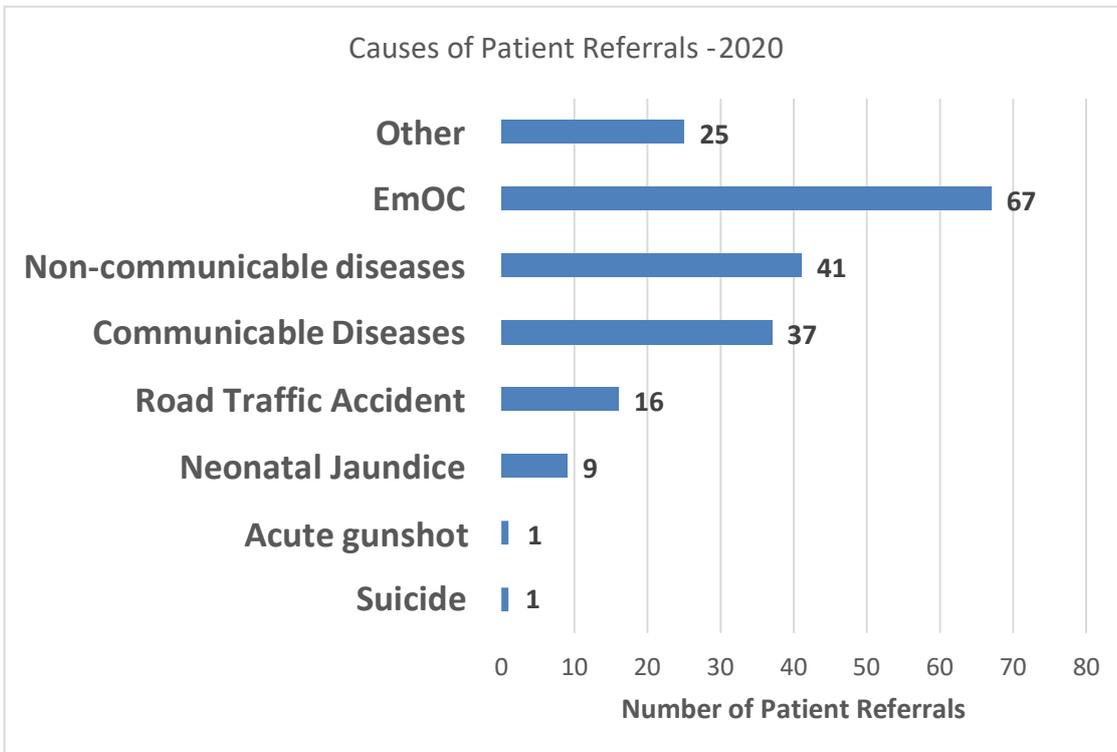
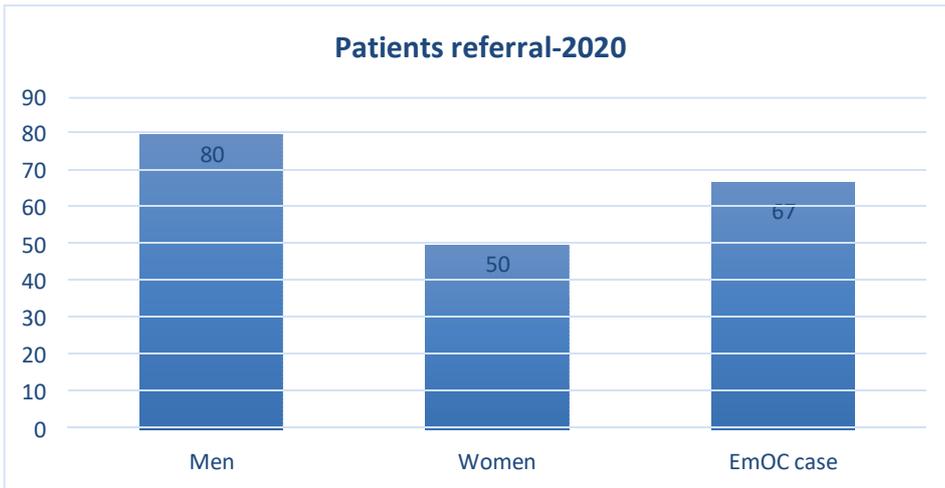
Table 9: Mental illness problem January – December 2020

No.	Field Areas	< 5 ages		> = 5 ages		Total
		Men	Women	Men	Women	
1	Kayah	0	0	4	3	7
2	Mergue/Tavoy	0	0	6	13	19
Total		0	0	10	16	26

Referral causes list:

Table 10: Patient Referral January – December 2020

No	Area Name	<5 ages		≥5 ages		EmOC	Total
		Men	Women	Men	Women		
1	Taungoo	1	0	1	0	0	2
2	Kler Lwee Htoo	0	0	1	1	0	2
3	Thaton	6	5	0	0	16	27
4	Papun	1	1	2	3	4	11
5	Pa An	13	2	15	8	21	59
6	Doopalaya	2	0	0	0	0	2
7	Kawkareik	0	1	0	0	0	1
8	Win Yee	9	7	6	3	18	43
9	Mergue/Tavoy	0	0	15	4	3	22
10	Pa Oh	0	0	0	2	0	2
8	Palaung	3	1	5	12	5	26
		35	17	45	33	67	197

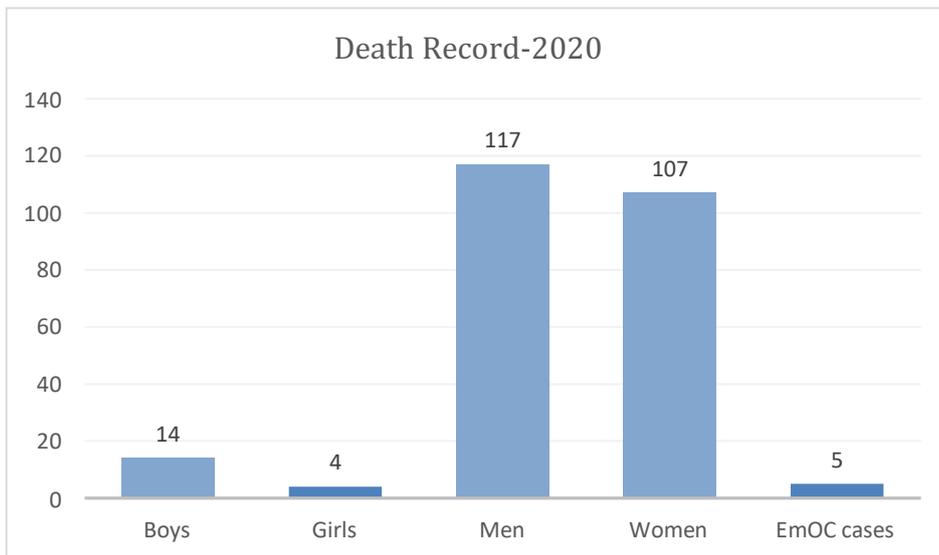


Referral cases: January-December 2020					
Case name	case no	Case name	case no	Case name	case no
EmOC	67	Gunshot	1	Diabetes	1
Road Traffic Accident	15	Malarial PV	1	Very Severe Malnutrition	1
Severe Pneumonia	13	Birth Asphyxia	1	Fatigue	1
Neonatal Jaundice	9	Hypoglycemia	1	Cancer	1
Suspected Tuberculosis	9	G.6 P.D	1	Food Allergy	1
GUDU	7	B.1 Deficiency and A G N	1	contraceptive Side Effect	1
Severe Anemia	6	Acute Glomerulonephritis	1	Migration Headache	1
Diarrhea with some dehydration	5	Neurological Disease	1	Acute Injury	1
Incite Bite	4	Edema	1	Eye Injury	1
Intestinal Obstruction	3	Sepsis Arthritis	1	Gland Abscess	1
Liver Problem	3	Urine Bladder Stone	1	Gout	1
Nephrotic Syndrome	3	Kidney Stone	1	Pleural effusion	1
Sever Hepatitis	2	Cancer	1	Vomiting DN	1
Cleft Palate	2	Lymph Node	1	Glandular Fever	1
Dysentery	2	Food Poisoning	1	Coma	1
Goiter	2	Bronchiectasis	1	Appendicitis	1
Pile	2	Suspected Bacteria Infection	1	Sepsis	1
Meningitis	2	Umbilical cord infection	1	Skin Infection	1
Uterus Mass	2	Suicide	1	Staphylococcal Skin Infection	1
Dengue Fever	1				

Referral sites: January-December 2020			
RF To	RF Case no	RF To	RF Case no
Kawkareik Hospital	27	Kyaut Gyi Hospital	2
Lay Kay Hospital	24	Thandaunggyi Hospital	2
Ah Nan Kway Hospital	19	Mae Wai Hospital	2
Hlaingbwe Hospital	16	Chaung Na Kwart Hospital	1
Ta Gon Tai Hospital	14	Myaine Gyi Gnu Hospital	1
Myeik Hospital	10	Paya Thone Sue Hospitatl	1
Lashio Hospital	10	Pophra Hospital	1
Myawaddy Hospital	9	Thai Hospital	1
Papun Hospital	8	Kyoe Doe Hospital	1
Dawei Hospital	8	Muse Hospital	1
Mawlamyine Hospital	8	Nam Kham Hospital	1
Namatu Hospital	6	Pu Law Clinic	3
Tan Yan Hospital	6	Umphang Clinic	2
Thaton Hospital	3	Mae Tao clinic	2
Hpa An Hospital	2	Ta Eu Wah Plaw Clinic	1
Hsiseng Hospital	2	Ta Gu Clinic	1
Hlaingbwe Hospital	2		

Table 13: Death cases: January-December 2020

Case name	case no	Case name	case no	Case name	case no
Old Death	44	Meningitis	3	Ascites	1
Stroke	36	Severe Jaundice	3	Malnutrition	1
Cancer	23	Anemia	3	Tonsillitis	1
Suicide	17	Hepatitis	3	UTI	1
Hypertension	16	Acute Injury	2	Appendicitis	1
Diabetes	8	Road Traffic Accident	2	Alcoholism	1
GUDU	7	Insect Bite	2	Dep Abscess	1
Road Traffic Accident	7	Landmine	2	Drown	1
Liver Disease	6	Acute Diarrhea with severe dehydration	2	Fit	1
Sever Pneumonia	6	Intestinal Obstruction	2	Hydrocephalus	1
Tuberculosis	5	Neonatal Jaundice	2	Neuro Problem	1
Kidney Problem	5	Edema	2	Pneumothorax	1
Drown	4	Coma	2	Skin Infection	1
Post-Partum Hemorrhage	4	Thalassemia	1	Appendicitis	1
Heart Problem	4	Thunder	1	High Fever	1
Epilepsy	3	Sepsis	1	Sepsis(Disability)	1
Gunshot	3				



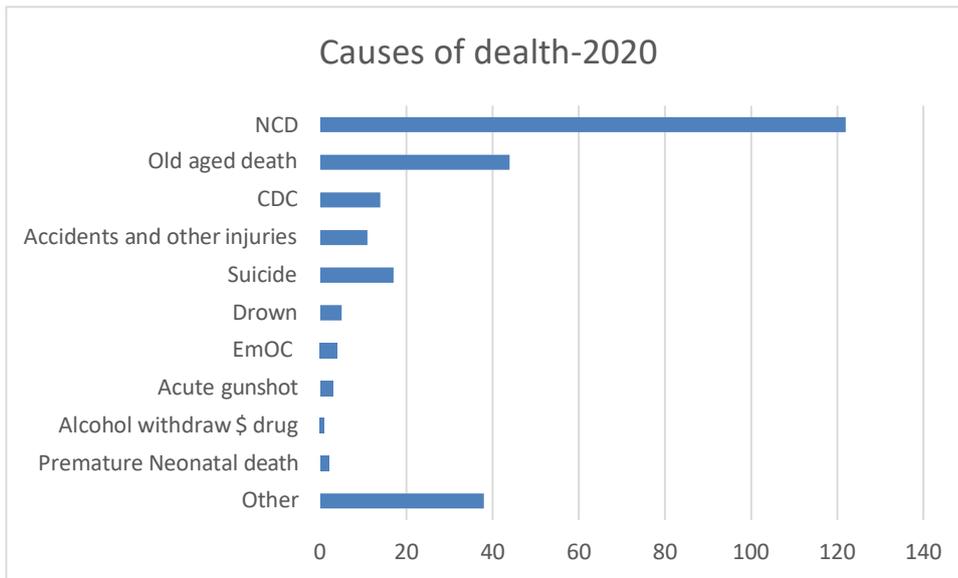


Table 14: Summary of Field's target Area Death record on Jan to Dec 2020

No	Areas	# of Teams	< 5 ages		> = 5 ages		RH	Total
			Men	Women	Men	Women		
1	Kler Lwee Htoo	7	0	1	8	2	0	11
2	Thaton	7	0	0	2	3	0	5
3	Papun	12	3	1	24	24	2	54
4	Pa An	8	4	0	53	52	1	110
5	Doopalaya	7	0	0	2	2	0	4
6	Win Yee	4	4	1	11	9	1	26
7	Mergue/Tavoy	7	0	0	10	11	0	21
8	Palaung	6	3	1	6	4	1	15
9	Naga	2	0	0	1	0	0	1
Total		60	14	4	117	107	5	247

Table 15: Provide ITNs in January - December 2020										
No	Area Name	# of ITNs	# of HHs	Populations						
				< 5 years		> 5 years		PW	Total	
				M	F	M	F		M	F
1	Kayan	2,152	1,399	1,264	220	5,344	406	96	6,608	626
2	Special	690	409	149	138	1,088	1,115	12	1,237	1,253
3	Taungoo	2,019	920	303	334	2,064	2,123	29	2,367	2,457
4	Thaton	2,756	1,073	649	730	2,365	2,480	109	3,014	3,210
5	Papun	7,311	2,974	1,251	1,090	6,774	7,119	184	8,025	8,209
6	Pa An	3,590	1,656	556	611	3,931	4,487	73	4,487	5,098
7	Doopalaya	2,544	1,476	523	508	3,285	3,435	64	3,808	3,943
8	KawKareik	1,499	605	277	305	1,321	1,349	73	1,598	1,654
9	Win Yee	1,600	604	224	207	1,348	1,434	18	1,572	1,641
10	Mergue. Tavoy	5,911	2,545	985	979	6,172	6,008	147	7,157	6,987
11	Shan	3,407	1,417	334	463	3,323	2,599	128	3,657	3,062
12	Pa O	996	338	205	207	976	1,007	20	1,181	1,214
13	Palaung	1,353	1,352	265	330	2,719	2,887	64	2,984	3,217
14	Kachin	1,624	786	388	313	1,879	1,979	47	2,267	2,292
15	Naga	800	537	156	156	1,088	1,123	12	1,244	1,279
16	WLC	387	160	18	17	289	434	5	307	451
17	Ah Su Gyi	527	381	65	42	745	798	41	810	840
		39,166	18,632	7,612	6,650	44,711	40,783	1,122	52,323	47,433
				14,262		85494			99,756	

In 2020, the BHWT has received in-kind donation from DEFEAT malaria project by URC. There are malaria medicines, RDT, and ITNs for BPHWT target areas. The in-kind donation only cover for one year project.



Distribution of ITN

Table 16: Field Workshops and Meetings –January- December 2020

Description	# of Field Workshops/Meetings	Men	Women	Total
Field Workshops	17	157	194	351
Field Meetings	9	51	93	144

Overall MCP program Challenges:

- Most of Fields in Charge have other JD responsibilities so they are not attentive or focused on BPHWT activities.
- Procurement and Logistic process, supplies delay to field area.
- In active conflict area communication and coordination was difficult among stakeholders.
- Due to Procurement and Logistic process, supplies were delayed to field area.
- Delays in routine data collection and reporting.
- Other Activities and areas are overlapping.
- Need to enhance skills for clinic Level and Logistic documentation.
- Budget limitation & barriers of program activities planning.
- HR limitation
- Current COVID -19 in Myanmar, and area situation with lock downs and restricted travelling.
- Currently (2021) in Myanmar, the military coup means the area situation is more challenging with difficulties travelling and no connection to Wi-Fi or mobile data.
- Project site area cannot refer emergencies to hospital.

Workshop & Meeting lists:

1. Field Meeting topic
 - Review field activities and recommendation
 - General six monthly meeting decision reviews.
 - Presentation by each Back Pack Team
 - Meeting recommendation and future plan

2. Field Workshop Topic
 - Review essential general medicine, Malaria medicine & medical supplies List
 - Pharmacy Management and Stock
 - Mental disorder counseling & Psychological First Aid
 - ACCESS to Health fund project activities achievements and Quarterly report data collection
 - Distribution of Micronutrients tablets for pregnant and lactating women
 - Conduct IYCF counseling sessions for pregnant and lactating women, family members and caretakers
 - Explain EmOC /MCH Referral and ECC referral
 - Finance reporting system (all activities budget)
 - Health information (Photo activities documentation)
 - Health worker roles and responsibility

3. Workshop Topics : M&E Workshop

Facilitator	- Hsamuna Htoo, Bwen Wah Poe, Naw Htoo (BPHWT)
Duration	- 19 -23 Nov 2020 / 24-28 Nov2020
Location	- Day Bu Noh Clinic / Ma Htaw Clinic
Participants	- 19 (M-6, F-13)/ 24 (M-5, F- 19)

M&E workshop Topics:

- Explain of ACCESS TO HEALTH project and BPHWT activities
- Explain about the three outcomes of activities
- Data result for 24 clinics/ Discuss of challenge and achievement
- Data form mistake and incomplete Patient register book, Delivery record /F-P/ ANC/ PNC
- Discuss of Data Analysis results (ANC /FP/Referral /deliver/Birth record)
- ANC,PNC, Delivery chart and logbook with practice
- Delivery record (with practice)
- Pharmacy p1,P4 and P3.1 Form , Logbook(with practice)
- GM logbook
- Nutrition powder & Logbook
- referral guideline update and referral process (practice)
- Maternal Death review form
- TBA/TTBA workshop ,Health Education ,VHC meeting practice
- M&E supervisor checklist practice Supervisor presentation
- Supervisor check list & Report timeline to HQ
- Clinic physical account (Practice in Ma Htaw clinic)
- Future plan

Overview of the BPHWT Mental Health Pilot Program

The key issues are related to the non-Bamar people and their social, economic, and political aspirations. Due to the conflict and fighting, mental health problems have risen in the ethnic areas. However, because of the political and conflicted situations, and the immediate priorities of local organizations, there has been only a limited implementation of mental health programs.

According to the BPHWT semi-annual ***Situation Update*** in its field areas, most field areas report t drug and alcohol abuse, and social problems have resulted in mental health problems within their local communities. Therefore, the BPHWT recognized the need to implement a Mental Health Pilot Program and that was accomplished at the Noh Khwee Clinic in Karen State.

The BPHWT plans to implement mental health training with the Objectives to:

- Assess the mental health situation in targeted communities;
- Improve health workers skills through knowledge about treatment guidelines, and the diagnoses and treatment of patients, including counseling families and communities; and,
- Implement the Mental Health Pilot Program in a manner which is consistent with the BPHWT primary healthcare model and local conditions in the BPHWT field areas.

Special trained health worker in the Noh Kwee clinic - 3 persons
Facilitator & mentors - Dr San San Oo, Dr U Aung Min (OSF Myanmar)
Project duration - 1st Sep 2020 to 1st Sep 2021
of patient were received treatment – 2 persons in six months
of coverage average mental illness – 12 persons in one year

Common mental problems

- Stress, anxiety,
- Depression
- Psychosis
- Alcohol, drug problem
- Epilepsy

Workshop Topics:

- Introduction, Clinical record review, Case studies mental health situation in Myanmar.
- Common mental disorder.
- Role of psychosocial issues & social work in mental health
- Stress, Traumatic stress, anxiety
- Depression, Psychosis
- Suicide & crisis intervention
- Emotions, psychological first aid, Basic counseling, psychotherapies
- Schizophrenia ,Bipolar disorder, mania
- Alcohol problem, Alcohol withdrawal
- Epilepsy, medical condition & mental health psychosomatic complaints
- Child adolescent women, Old age mental health, self-care

B. COMMUNITY HEALTH EDUCATION AND PREVENTION PROGRAM (CHEPP)

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

CHEPP Objectives:

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



Promote school health

(1) Water and Sanitation Sub-Program:

In 2020, the BPHWT installed 10 gravity flows, 10 shallow wells, 626 latrines, and 16 water filters to the targeted communities in field areas. There were 3,533 people who gained access to gravity flow water system, 1,587 people who now access to shallow wells and 3,574 populations who have access to latrines, 1,733 students who have access to water filters during this reporting period. The table below shows the field areas, households, and people who now have access to water and sanitation systems.



Latrine construction

Table 1: Numbers of Gravity Flows, Shallow Wells, and Latrines Installed						
No.	Area Name	No. Gravity Flows	HH	Population		
				Men	Women	Total
1	Thaton	3	163	413	462	875
2	Papun	5	252	956	821	1,777
3	Mergue/Tavoy	2	173	443	438	881
Total		10	588	1,812	1,721	3,533
No.	Area Name	No. Shallow Wells	HH	Population		
				Men	Women	Total
1	Thaton	7	65	168	1202	1370
2	Papun	1	25	97	85	182
3	Mergue/Tavoy	2	10	15	20	35
Total		10	100	280	1,307	1,587
No.	Area Name	No. Latrines	HH	Population		
				Men	Women	Total
1	Thaton	145	145	340	386	726
2	Papun	381	381	1,184	1,166	2,350
3	Mergue/Tavoy	100	100	241	257	498
Total		626	626	1765	1,809	3,574
No.	Area Name	No. water filters	# of schools	Population		
				Men	Women	Total
1	Taungoo	1	1	72	67	139
2	Thaton	6	6	309	396	705
3	Mergue/Tavoy	5	5	105	129	234
4	Papun	4	4	307	348	655
Total		16	16	793	940	1,733

(2) School Health Sub-Program:

Through this Sub-Program, school children and their teachers received health education from health workers. In 2020, the BPHWT implemented school health program in **295** schools with **741** and **20,232** students. Since the BPHWT programs are integrated, in some cases a school's sanitation system has been improved, and nutritional supplements and de-worming medication were given to a school students (for details, see the Nutrition Sub-Program section below).



Delivered of school supplies to students

Table 2: Number of participants in school health sub-program

No	Field Areas	# of Schools	Students		Teachers		Total
			Boys	Girls	M	W	
1	Taungoo	9	140	158	2	17	317
2	Thaton	13	186	209	4	15	414
3	Papun	162	5121	5242	96	231	10,690
4	Kler Lwee Htoo	18	388	443	32	72	935
5	Pa An	38	1586	1778	22	105	3,491
6	Dooplaya	37	1780	1970	15	60	3,825
7	Yee	18	580	651	10	60	1,301
Total		295	9,781	10,451	181	560	20,973
			20,232		741		

(3) Nutrition Sub-Program:

Under the Nutrition Sub-Program of the CHEPP, the BPHWT distributed Vitamin A and de-worming medication to children from the age of six months to twelve year old. This is essential to preventing malnutrition. In 2020, there are **19,484** children received de-worming medicines and **19,285** children received Vitamin A.



Provision of nutrition food for children

Table3: Numbers of Children Receiving De-Worming Medicine

No	Field Area	Age (1 - 12 Years)		Total
		M	F	
1	Taungoo	676	601	1,277
2	Kler Lwee Htoo	562	638	1,200
3	Thaton	115	191	306
4	Papun	1,775	1,872	3,647
5	Kawkareik	68	79	147
6	Mergue/Tavoy	1,411	1,430	2,841
7	Mon Yee	1,458	1,588	3,046
8	Moulamein	538	610	1,148
9	Shan	1,348	1,331	2,679
10	Palaung	1,463	1,730	3,193
Total		9,414	10,070	19,484

Table 4: Numbers of Children Receiving Vitamin A

No	Area Name	CHILDREN'S AGES							
		6-12 months		1-6 years		6-12 years		Total	
		M	F	M	F	M	F	M	F
1	Kler Lwee Htoo	84	101	156	156	272	305	512	562
2	Papun	150	135	396	396	320	356	866	887
3	Kawkareik	0	0	34	40	34	39	68	79
4	Mergue/Tavoy	62	93	288	329	465	443	814	865
5	Mon Yee	136	177	525	572	1136	1181	1,797	1,930
6	Moulamein	61	85	183	229	370	383	614	697
7	Shan	585	598	829	955	889	816	2,303	2,368
8	Plaung	436	536	863	977	937	1174	2236	2687
		1,514	2415	3,274	3,654	4,423	4,697	9,210	10,075
		3,239		6,928		9,120		19,285	

(4) Nutrition workshop**Table 5: Nutrition awareness workshop and Participant list**

No	Area	# of Nutrition workshops	Men	Women	Total
1	Taungoo	14	126	199	325
2	Thaton	24	331	988	1,319
3	Papun	38	465	867	1,332
Total		76	922	2,054	2,976

Workshop facilitators and Topic

Facilitator - Tharamu Hsamuna Htoo and Naw Bway Wah Poe

Duration - 1 day

Total workshops- 38

Total Participants - 1832 (625 men and 1,207women)

Discussion Topics:

- Food groups
- Public health nutrition
- Food and sanitation
- Infant and Young Child Feeding
- Competition nutritious food cooking

Workshop Topics – World Nutrition Campaign

Facilitator - Tharamu Hsamuna Htoo and Naw Bway Wah Poe

Duration - one day

Participants - 50 people (11 men and 39 women)

Discussion Topics:

- Food groups
- Public health nutrition
- Food and sanitation
- Infant and Young Child Feeding
- Competition nutritious food cooking

(5) Village Health Workshops:

During the first-six month period of 2020, the BPHWT organized **123** Village Health Workshops in 13 Field Areas. Through these workshops, there were **3,831** participants who gained improved knowledge of primary healthcare issues. The participants came from a wide variety of backgrounds and community groups, including shopkeepers, religious leaders, and members of women organizations, teachers, students, TBAs/TTBAs, VHWs, health workers, youth organization, authorities, villagers and village heads. This wide and varied participation increases the likelihood of knowledge spreading and reaching all levels of the community.

Table 6: Number of Village Health Workshop and Participants

No	Areas	# of VH workshops	Participants		Total
			M	W	
1	Taungoo	10	70	102	172
2	Kler Lwee Htu	1	9	12	21
3	Thaton	14	63	115	178
4	Papun	26	404	467	871
5	Pa An	9	88	212	300
6	Pa An (Special)	3	58	81	139
7	Dooplaya	9	60	92	151
8	Kawkareik	3	45	47	92
9	Win Yee	11	146	188	334
10	Mergue/Tavoy	17	187	107	294
11	Mon Yee	10	336	397	733
12	Moulamein	6	213	171	384
13	Plaung	4	77	85	162
	Total	123	1,756	2,076	3,831

(6) Village Health Worker (VHW) Workshop

To sustain the role of VHWs, BPHWT continue to provide three-month trainings to strengthen the skills and performance of VHWs, necessary to carry out the treatment of common diseases, provide follow-up care, and ensure that an individual with high fever can be tested for malaria within 24 hours. During this period, there was no new VHW trained. But **12** VHW workshops were organized with **311** VHWs.

Table 7: Number of Village Health Worker Workshops and Participants

No	Areas	# of VHW Workshops	Participants		Total
			M	W	
1	Taungoo	1	21	20	41
2	Thaton	5	20	46	66
3	Papun	2	9	15	24
4	Pa An	1	1	13	14
5	Kawkareik	2	82	71	153
6	Mon Yee	1	6	7	13
Total		12	139	172	311

(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 primary healthcare in the field areas. These representatives are from village administration committee, local health workers, teachers, religious leaders, women and youth groups.

The VHCs are responsible for patient referral, community empowerment and participation, providing health education and environmental cleaning, oversight of clinic management, and coordination with other CBOs and NGOs activities. These VHCs organize quarterly regional meeting among themselves in their respective villages. During this reporting period, no new VHC was established, but **87** VHC meetings with **2,207** participants.



Conducted to village health committee meeting

Table 8: Village Health Committee Meeting and Participant list

No	Areas	# of VHCs meetings	VHC member		Other Participants		Total
			Men	Women	Men	Women	
1	Taungoo	4	18	15	24	19	76
2	Thaton	5	22	18	33	34	107
3	Pa An	14	50	46	136	120	458
4	Papun	12	46	40	192	180	352
5	Pa An (Special)	4	18	13	72	63	166
6	Doo Pla Ya	14	42	28	57	42	348
7	Kawkarite	11	42	28	57	42	169
8	Win Yee	14	52	46	68	59	225
9	Mon Yee	3	12	8	26	30	76
10	Pa'O	1	4	3	15	8	30
11	Plaung	5	20	18	83	79	200
Total		87	346	280	834	747	2,207

C. MATERNAL AND CHILD HEALTHCARE PROGRAM (MCHP)

During period of 2020, the MCHP was carried out across 12 field areas. While 2,010 babies were delivered, three still-births were recorded, and three babies died during the neo-natal period. There was also two maternal death recorded across all field areas due to Post-partum Haemorrhage. There were 1,005 birth records received from the targeted field areas. Some of deliveries received birth records from the government health providers as a number of people are still afraid of having the birth records from the BPHWT. There were 1,049 (86% from the total delivery) pregnant women received De-worming and 1,116 (91% from the total delivery) pregnant women and mothers received Iron.



Consultation for implant method

Objectives:

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

MCHP Data January to December 2020

Table 1: Summary Facts of the MCHP's Activities	
Description	Totals
Total Delivery	2344
Live Births	2337
Still Births	7
Neonatal Deaths	3
Maternal Deaths	3
Low Birth Weight	123
Pregnant women receiving d-worming medicine	2058
Pregnant women and women receiving iron	2145
Newborn babies receiving birth records	2010
TBA/TTBA kits distributed	0
Maternity kits distributed	630
Family planning clients	3247
Attendant by TBA/TTBA	1258
Attendant by Health worker	763
Attendant by other	323
PNC within 2 day	1726
Provide oxytocin	609

2) TBA/TTBA Workshops

In addition, to training TBAs/TTBAs, the BPHWT organizes workshops every six months to refresh and improve the knowledge and skills of TBAs/TTBAs, allow them to share their experiences, and participate in ongoing learning opportunities. There were **77** TBA/TTBA workshops conducted with the participation of **559** trained TBAs/TTBAs.



TBA workshop

Discussion topics;

- Antenatal Care (ANC)
- Postnatal Care(PNC)
- Danger signs of pregnancy
- Delivery plan
- Postpartum Hemorrhage (PPH)
- Nutrition
- Breast feeding
- Maternal Death review form
- Pregnant women list
- Delivery list
- TBA/TTBA birth record
- TTBA checklist
- Family Planning
- TBA/TTBA responsibility
- Referral
- Umbilical cord

Table 2: Number of TBA/TTBA Workshop and Participants

NO	Area	# Workshops	Men	Women	Total
1	Kayah	4	0	40	40
2	Special	4	3	26	29
3	Taungoo	3	0	32	32
4	Thaton	7	0	59	59
5	Pa Pun	6	13	47	60
6	Pa An	14	5	74	79
7	Dooplaya	14	15	63	78
8	Kaw Kareik	8	2	42	44
9	Win Yee	8	0	48	48
10	Mergue/Tavoy	1	0	10	10
11	Pa Oh	2	0	20	20
12	Palaung	6	0	60	60
Total		77	38	521	559

Table 3: Number of Birth record 2020

Area	Male	Female	Total
Pa An	224	207	431
Kaw Kareik	30	30	60
Win Yee	120	120	240
Dooplaya	145	141	286
Special	16	9	25
Papun	245	361	606
Thaton	113	134	247
Taungoo	13	21	34
Mergue/ Tavoy	39	23	62
Kler Lwee htoo	10	9	19
Total	955	1055	2010

No	Area	Deliveries	Live Births	Still Births/ Abortions	Deaths		<2.5 Kg	=>2.5 kg
					Neonatal	Maternal		
1	Kayah	140	140	0	0	0	0	140
2	Kayan	172	172	0	1	0	1	171
3	Special	10	10	0	0	0	0	10
3	Taungoo	43	43	0	0	0	17	26
4	Klew Lwee Htoo	19	19	0	0	0	1	18
5	Thaton	245	245	0	0	0	12	233
6	Papun	469	468	1	0	2	10	459
7	Pa An	441	439	2	0	1	34	407
8	Dooplaya	221	221	0	0	0	20	201
9	Kawkareik	78	78	0	0	0	1	77
10	Win Yee	230	227	3	0	0	14	216
11	Mergue /Tavoy	115	114	1	2	0	13	102
12	Yee	89	89	0	0	0	0	89
13	Shan	23	23	0	0	0	0	23
14	Palaung	42	42	0	0	0	0	42
15	Kachin	7	7	0	0	0	0	7
16	Chin	0	0	0	0	0	0	0
20	Pa Oh	0	0	0	0	0	0	0
Total		2344	2337	7	3	3	123	2221

3) Reproductive Health Awareness

The BPHWT has started to conduct Reproductive Health (RH) awareness workshop and relevant health education workshop in the field areas since late 2015 to improve the reproductive health to the age of under 18 to over 18 participants. During this reporting period, **40** RH awareness workshops were organized. There were **2,158** participants. The purpose is to increase reproductive health awareness in the communities and to increase community participation in MCH program.



Provide nutrition food to pregnant women

Reproductive Health Awareness Topics:

- Family planning
- Definition
- Method
- Advantages and disadvantages
- Accessible

Table 4: RH awareness raising

Area	# of RH	<18		> = 18		Total
		Men	Women	Men	Women	
Pa An	12	69	149	147	282	647
Dooplaya	12	63	80	184	294	621
Kawkareik	8	48	84	105	199	436
Win Yee	8	19	30	129	276	454
total	40	199	343	565	1051	2158

(4) Health Education

The BPHWT has conducted health education workshops in the field areas to improve the reproductive health of those under 15 year of age to over 15 year participants. During this reporting period, **24** health education awareness workshops were organized. There were **2,707** participants. The purpose is to increase reproductive health awareness in the communities and to increase community participation in MCH program.

Discuss of topics

- Sexually trans missed diseases
- Dengue fever
- COVID 19
- Danger signs during pregnancy
- Nutrition
- Family planning
- Diarrhea
- Referral guide line
- ANC visit schedule
- Hand washing
- Pneumonia

(5) GBV awareness raising workshop

Table 5: Health Educations participant list

NO	Area	# of Health Education	<15		> = 15		Total
			Men	Women	Men	Women	
1	Pa An	14	29	51	201	547	828
2	Dooplaya	7	46	57	252	435	790
3	Kawkareik	4	22	16	201	171	410
4	Win Yee	8	2	6	131	275	414
5	Special	2	0	1	77	187	265
Total		24	99	131	862	1615	2707

The BPHWT has conducted GBV awareness raising workshops in the field areas the age of under 18 year to over 18 year participants. During this reporting period, **30** workshops were organized and **1,670** participants attended.

Discussion topics

- GBV Topics
- Definition of gender
- Definition of GBV
- Six main categories of GBV
- Four mains services that survivor might need
- Gender stereotype

Table 6: GBV awareness raising

NO	Area	# of GBV	<18		> =18		Total
			Men	Women	Men	Women	
1	Pa An	9	48	106	131	211	496
2	Dooplaya	9	12	19	151	359	541
3	Kawkareik	6	21	24	83	161	289
4	Win Yee	6	10	23	94	217	344
Total		30	91	172	459	948	1670

(6) Nutrition for pregnancy

The BPHWT has started to distribute nutrition foods to pregnant women in the field areas since late 2015. Due to limitations, this activity was only conducted in Pa An, Dooplaya, Kawkareik, Win Yee, and special field areas. The nutritious foods are yellow bean, eggs, oil, and tomatoes. The table below shows the number of total pregnant women who received nutritious foods by months.

Table 7: Number of pregnant women receiving nutrition foods										
NO	Area	# of BPTeams	March	May	June	August	September	October	November	December
1	Pa An	7	307	0	312	0	348	0	0	333
2	Kawkareik	4	111	0	127	0	146	0	0	138
3	Win Yee	4	187	0	214	0	194	0	0	176
4	Dooplaya	7	328	0	340	0	351	0	0	370
5	Special	2	58	0	59	0	60	0	0	68
6	Pa Pun	3	0	0	0	0	0	238	238	238
7	Thaton	2	0	0	0	0	0	70	70	70
8	Taungoo	1	0	0	0	0	0	28	28	28
Total		30	991	0	1052	0	1099	336	336	1085

Table 8: Details of De worming and F/S and F/S data

No.	Areas	De-Worming	F/S & F/A
1	Kayah	140	140
2	Kayan	109	169
3	Special	0	0
4	Taungoo	43	43
5	Kler Lwee Htoo	16	16
6	Thaton	200	208
7	Papun	328	336
8	Pa An	439	439
9	Dooplaya	221	221
10	Kaw kareik	78	78
11	Win Yee	230	230
12	Mergue /Tavoy	106	115
13	Yee	89	89
14	Shan	23	23
15	Palaung	36	38
16	Chin	0	0
17	Arakan	0	0
18	Kachin	0	0
19	KBC	0	0
20	Pa O	0	0
Total		2,058	2,145

(7) Family Planning Activities

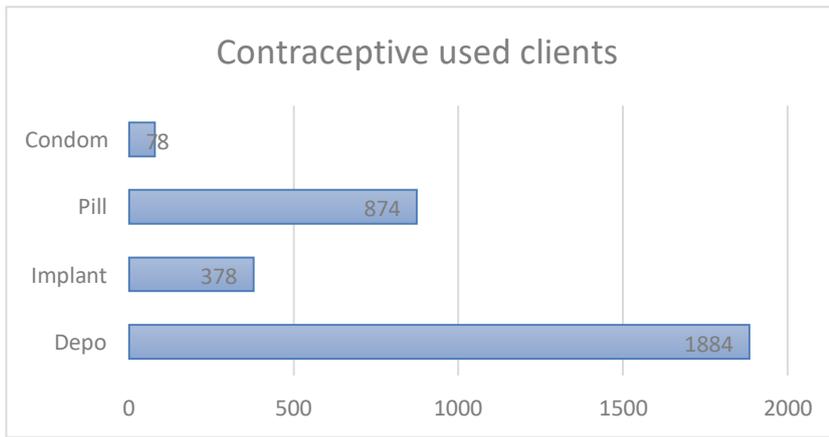
In 2020, the BPHWT provided family planning services to 3,242 people comprised of 78 men. The purpose of this activity is to improve maternal and child health conditions among IDPs. Family planning allows people to attain their desired number of children and determine the spacing of pregnancies. By providing family planning methods, BPHWT will help to reduce infant mortality rates and prevent pregnancy-related health risks among women.



Provide Implant

Table 9: Family planning data Jan-December 2020

No	Area	Age		Visits			Clients				
		< 19	>= 19	New	F/ U	Depo	Pill	Condom	Implant	other	Total
1	Kayah	5	315	90	230	153	150	1	15	1	320
2	Kayan	0	0	0	0	0	0	0	0	0	0
3	Taungoo	2	89	31	60	39	32	0	15	5	91
4	Klew Lwee Htoo	0	0	0	0	0	0	0	0	0	0
5	Thaton	5	339	57	287	219	108	3	0	14	344
7	Pa An	8	285	86	207	146	64	10	73	0	293
8	Dooplaya	6	235	58	183	182	52	7	0	0	241
9	Kawkareik	4	103	14	93	78	21	8	0	0	107
10	Win Yee	13	420	23	410	225	94	35	79	0	433
11	Mergue/Tavoy	1	306	260	47	118	5	0	184	0	307
307	Yee	15	292	31	276	228	79	0	0	0	307
14	Palaung	0	0	0	0	0	0	0	0	0	0
15	Kachin	0	0	0	0	0	0	0	0	0	0
16	Chin	0	0	0	0	0	0	0	0	0	0
18	WLC	1	30	26	5	31	0	0	0	0	31
19	Pa Oh	4	81	20	65	52	33	0	0	0	85
20	Special	0	5	3	2	3	2	0	0	0	5
21	Shan	4	66	31	39	26	23	9	12	0	70
Total		73	3174	801	2446	1884	874	78	378	33	3247



MCH program workshop

The BPHWT conducted the MCH program workshop on 3 to 15 February 2020 at the BPHWT head quarter office and participants were nine from Pa An area, four from Win Yee area, six from Kawkareik area, seven from Dooplaya area, and two from special area. Consequently, facilitators were Dr- Thein Win (CPI), Dr- Khun Ye Hein (CPI), Naw Thaw Thi Paw, Nan Snow, Mose Mose Win, Naw Htoo, Eh Hser Paw and Naw Jue NiPaw.

MCH program workshop Topics:

- IMCI ,OD
- Introduction of schedule
- Common rule and objectives of MCH program workshop
- Explain of SDC project and BPHWT activities
- Explain about activities three outcome
- Data result for 24 clinics
- SRHR project
- Data form mistake and incomplete Births record -Delivery /F-P/ ANC/ PNC
- Discuss of challenges and achievements
- Discuss Data Analysis results (ANC /FP/Referral /deliver/Birth record)
- ANC, PNC, Delivery chart and logbook with practice
- Delivery record (with practice)
- Pharmacy p1,P4 and P3.1 From , Logbook(with practice)
- MCH handbook
- Nutrition
- referral guideline update and referral process (practice)
- Maternal Death review form
- TBA/TTBA workshop ,Health Education ,VHC meeting practice
- TBA checklist , operation Practice M&E supervisor checklist practice Supervisor presentation
- Future plan
- M&E (practice)

Discuss of topics for program workshop:

- Document management: Pharmacy P1, P3, Form Logbook, Log book (ANC, PNC etc.)
- Finance management: Voucher, Finding, report deadline

Theories: Puberty, ANC, PNC, Normal delivery, common problem during pregnancy, Late and early bleeding, PPH

Family planning program

Introduction of schedule, Common rule Objective of MCH program workshop, Explain of SDC project and BPHWT activities, Discuss of challenge and achievement, Discuss of Data Analysis results (ANC, family planning, referral, deliver, and Birth record), GBV and SRHR referral guideline update ,MCH supervisor responsibility

Table 11: Summary Facts of MCH program workshop

Date	Venue	Attendants	Facilitator
3-15 Feb 2020	BP Hall/ Mae Sot	28	Dr. Thein Win, Dr. Khun Yel Hein, Naw Thaw Thi Paw, Nan Snow, Naw Htoo, Naw Eh Hser Paw, Naw Jue Ni Paw and Mose Win
18-27 Aug_2020	Naung Kai Clinic	33	Naw Thaw Thi Paw, Naw Htoo, Naw Eh Hser Paw, Naw Jue Ni Paw, Saw Hser Gay and Mose Win

The BPHWT conducted the Monitoring and Evaluation (M&E) trip in last period and the MCH coordinator and program team took responsibility to describe the area. In this process, the result of M&E was kept in head quarter office.

Table 10: Summary Facts of Monitoring and Evaluation (M & E) trips (Jan-Dec_ 2020)

Date	Area names /BP's name	Attendants
9/3/2020	Mae Tha Moo	Naw Eh Hser Paw, Saw Myint Htwe and Mose Mose Win
11/3/2020	Plaw Nya Thee	Naw Eh Hser Paw, Saw Myint Htwe and Mose Mose Win
22/3/2020	Mae Sa Mate	Naw Eh Hser Paw and Mose Mose Win
21/6/2020	Naung Kai	Saw Myint Htwe
24/6/2020	Su Ka Lee	Saw Myint Htwe

6. FIELD MEETINGS AND WORKSHOPS

The BPHWT conducts field workshops and field meetings twice a year. During the first six-month period of 2020, there were 11 field workshops and 5 field meetings conducted in the targeted field areas; there were 79 participants who attended field meetings and 244 participants who attended field workshops.

Field Workshops and Meetings of January-December 2020

Description	# of Field Workshops/Meetings	Men	Women	Total
Field Workshops	11	107	137	244
Field Meetings	5	23	56	79

7. COVID-19 Activities

Myanmar/Burma has witnessed a potential rise in the number of cases of COVID-19 since the detection of the first two cases in March 23, 2020. While there is unclear evidence that community transmission has begun, it is crucial to ensure that this is limited. Control of community transmission will be best achieved if health facilities and the communities they serve are strengthened and supported to take appropriate measures. These include community sensitization and awareness as well as detection of and response to suspected cases.



COVID-19 awareness workshop

As with other countries, Myanmar is experiencing and addressing the COVID-19 pandemic. Beginning in August 2020, a COVID-19 Second Wave began and spread in Sittwe, Rakhine State. It has now spread elsewhere in Rakhine State and beyond throughout much of Myanmar. Due to the lockdown in Myanmar and Thailand borders, the BPHWT has experienced some difficulties for logistics and conducting training in responding to the COVID-19 pandemic. During this period, the BPHWT implemented:

- COVID-19 awareness workshops
- Online COVID-19 Prevention Training
- Online Risk Communication and Community Engagement Training
- Providing health education guidelines
- Online Mental Health and Gender Base Violence Training
- Risk Communication and Community Engagement multiplier training in field.
- Distributing COVID-19 prevention supplies for Health Facility and Communities.
- Providing Coordination Meeting.
- COVID-19 Assessment
- Screening check points

1. COVID-19 awareness workshops (January-December 2020)

During this period, January to December the BPHWT conducted **126** awareness workshops. There were **7,839** participants, comprised of **3,962** men and **3,877** women.

Objective:

- Communities know the COVID-19 prevention and relevant knowledge
- Communities know the realities of COVID-19 information and avoid rumors.
- Understand COVID-19 prevention methods and undertake very well.
- Share COVID-19 information among their families and public.



COVID-19 health education

The key course topics are:

- Objective of COVID-19 Health Education
- A brief history of COVID-19 disease
- Why COVID-19?
- COVID-19 transmission and incubation period
- COVID-19 signs and symptoms
- COVID-19 prevention method
- Social distancing
- How about hand washing.
- Using Mask.
- Risk group in COVID-19.
- About Nutrition.
- Definition of Quarantine, Isolation and Lockdown.

COVID-19 awareness workshop, field areas and participants				
Field Areas Name	No. of workshops	Participants		
		W	M	Total
1. Thaton	14	306	392	698
2. Taungoo	10	258	183	441
3. Kler lwee Htoo	14	446	323	769
4. Mergue/Tavoy	14	297	428	725
5. Papun	24	723	603	1326
6. Dooplaya	14	580	794	1374
7. Win Yee	8	295	341	636
8. Kawkarike	8	234	186	420
9. Pa An	16	614	627	1241
10. Special	4	124	85	209
Total	126	3,877	3,962	7,839

2. Online COVID-19 Prevention Training

In this period, the BPHWT conducted two on-line trainings for COVID-19 prevention. The first on-online training was conducted on 10 – 11 May 2020 and the second on-line training on 29 - 30 May 2020. This is two-days training. The trainers were from CPI. The BPHWT planned for all field areas to join the training. Due to the limitation of internet connection, some field areas could not join the on-online training. Only 12 field areas could join the training. The participants were field in-charges, clinic in-charges and field health workers. There were twelve modules:



Online COVID-19 prevention training

- Characteristics of Coronavirus
- Community surveillance and Contact Tracing
- Infection prevention and Control
- Systemic use of the surgical mask and 95 mask (theory and practical with internet)
- Practical demonstration of PPE donning and taking off
- Demonstration of how to do disinfection in EHOs clinic, home, other places (eg. Ambulances, vehicle)
- Social/ physical distancing and it important
- Effectiveness of surgical mask (Current situation in global technical perspective and use of the mask in general)
- Management of the Atypical of the Pneumonia:
(Home care of patient, do and don't for mild case and quarantine period, infection prevention and control of patient)
- How to consider on vulnerable population in COVID-19 response action (disability, IDP camp, children and pregnant women, and elderly, patient with chronic disease from health care services provider perspective)
- How to boost your immunity during COVID-19 situation
- Referral to Hospital and what are the preparation and consideration.

After the training, the participants shared their knowledge and skill that they have learned to the other health workers and communities. They also shared their knowledge to the communities during their field monitoring and evaluation.

Online COVID-19 Prevention training, field areas and participants			
Field Areas Name	Participants		
	W	M	Total
1.Thaton	2	3	5
2.Dooplaya	2	1	3
3.Win Yee	3	2	5
4.Pa An	8	4	12
5.Spical	1	1	2
6.Kachin	2	2	4
7.Palaung	3	0	3
8.Na Ga	0	2	2
9.Arakan	0	3	3
10.Pa Oh	1	0	1
11. Mon Melamine	1	2	3
12.Chin & WLC	2	3	5
13.Shan	4	3	7
Total	29	26	55

3. Online Mental Health Physic Social Support and Gender Base Violence Training.

Objective:

- To know mental health issue and GBV in COVID-19 pandemic situation likewise handle on this case.
- To Integrate into existing programs

The BPHWT organized the mental health and GBV training field staff and trainers were from Malteser International. Before conducting that training, communicated with field in-charge for organize field health workers. Consequently, this training was utilized on-line and targeted areas were mobile phone access table. This training is conducted in nine field areas of BPHWT and total participants were 42 including 18 men and 24 women.

The discussion topics:

- Type's competences and case of GBV
- Gender
- Mental Health Psycho Social support
- Protection sexual Exploitation Abuse
- Self –care and Resilience

MHPSS and GBV Online Training, field area and Participation (June- December 2020)			
Field Areas Name	Participants		
	W	M	Total
Thaton	2	4	6
Taungoo	2	1	3
Kler Lwee Htoo	1	2	3
Mergue/Tavoy	1	2	3
Papun	4	0	4
Dooplaya	3	4	7
Win Yee	8	0	8
Pa An	2	4	6
Special	1	1	2
	24	18	42

4. Mental Health Psychosocial Support and Gender Based Violence Training in field

Training topics:

A. Mental Health Psycho Social Support (MHPSS) in field.

1. Training Objectives.
2. Introduction
3. Clinical record, Suicide case studies in COVID-19 disease situations in Myanmar.
4. Common mental disorders.
5. Stress & Anxiety.
6. Psychosocial first aid.
7. Counseling.

B. Gender Based Violence - GBV

1. What is GBV?
2. Type of GBV
3. Ten steps of an automated response system for victims of gender-based violence
 - The victim is the first communicator
 - The first contact informs the women's organization or local authorities
 - Emergency referral to hospital of emergency contraception pill
 - Reporting the case to the authorities
 - Case review
 - Prosecution of the case
 - Waiting period for case prosecution
 - Judgment and sentencing
 - Monitoring of judgment
 - Conclusion of the judiciary

C. COVID-19 Prevention Training

1. COVID-19 disease
 - What is COVID-19
 - Transmission
 - Incubation period
 - Signs and Symptoms
 - High Risk Groups.
 - Classifications of COVID-19
 - Management of suspected cases in EHO clinic
 - Complication of COVID-19 disease
2. Hand washing and using masks (theory and practical)
3. Social and physical distancing
4. Using PPE-Personal Protective Equipment (theory and practical)
5. Screening all patients at EHO clinic
6. Surveillance, Quarantine and Isolation
7. Disinfected
8. Feedback & training evaluation

MHPSS, GBV and COVID-19 Prevention training , field areas and participants (Jan to Jun)			
Field Areas Name	Participants		
	W	M	Total
Dooplaya	10	0	10
Win Yee	5	0	5
Kawkariek	4	1	5
Pa An	11	0	11
Special	3	1	4
Total	33	2	35

5. Risk Communication and Community Engagement *Online Training (RCCE) for field staffs*

RCCE Training Topics:

1. Pretest on RCCE
2. General information on COVID-19
3. What is RCCE
4. RCCE steps
 - Assessment and collect
 - Coordination
 - Define objective
 - Identify key audiences and influencers
 - Develop RCCE strategic
 - Implement
 - Monitoring
5. Hand washing step
6. Selection IEC reproduction.
7. Masks and effectiveness of mask.
8. Rumor and stigma.
9. Precautionary measures for the community
10. Health Worker precaution for the work place

Risk communication and community Engagement online training field areas and participants (Jun to Dec)			
Field Areas Name	Participants		
	W	M	Total
1. Thaton		5	5
2. Taungoo	1	1	2
3. Kler lwee Htoo	1	2	3
4.Mergue/Tavy	1	1	2
5.Papun	1	0	1
6.Dooplaya	0	2	2
7.Win Yee	4	2	6
8.Kawkarike	0	1	1
9.Pa An	1	2	3
10.Spical	1	1	2
11.office	4	2	6
Total	14	19	33

6. Risk Communication and Community Engagement *Multiplier Training in field for Community Mobilizer.*

Objective:

1. To establish the community mobilizer in the back pack areas as to receive the knowledge from RCCE training
2. The community mobilizer will organize health education sessions in the communities
3. The community mobilizer will be cooperation and coordination with back pack health worker team.
4. The community mobilizer will solve health issues in the community

Before we start the RCCE training, we discussed with and contacted field in-charge concerning the RCCE training. We conducted the RCCE training in 7 areas within 10 training such as 3 training in Thaton, 1 training in Taungoo, 3 training in Pa an, 1 training in special area, 1 training in Dooplaya, and 1 training in Win Yee area. The total numbers of participants were (214); Men (123) and Women (82)



RCCE training

Discussion topics:

1. Introduce on RCCE
2. What is RCCE
3. RCCE Step
 - Assess and Collect
 - Coordination
 - Define objective
 - Identify Key Audiences and influencers
 - Develop RCCE Strategic
 - Implementation
 - Monitoring
4. Qualitative questioning
5. Summarize for COVID-19 information
6. COVID-19 precaution for community workers
7. Rumor management
8. Stigma
9. How to include marginalized and vulnerable people in community.
10. Precaution measure for prevention of COVID-19 spread in factories and workplace

Risk Communication and Community Engagement Multiple Training, Field area and Participation (Jun to Dec)

Field Areas Name	# of Training	Participants		
		W	M	Total
Thaton	3	29	37	66
Taungoo	1	8	14	22
Dooplaya	1	11	13	24
Win Yee	1	6	15	21
Pa An	3	20	41	61
Special	1	8	12	20
Total	10	82	132	214

7. Screening check point

No.	Areas Names	Check Points
1	Thaton	4
2	Taungoo	3
3	Kler lwee Htoo	4
4	Mergue/Tavoy	4
5	Papun	5
6	Doooplaya	4
7	Win Yee	2
8	Kawkarike	3
9	Pa An	3
10	Special	2
	Total	34

8. Distribution COVID-19 Prevention Supplies

On January to December 2020, the BPHWT distributes COVID-19 supplies to the targeted areas. The BPHWT distributed the following supplies:

No.	Items	Numbers of Items
1	Vinyl Hand washing (Myanmar)	960
2	Vinyl Migrant (Myanmar)	900
3	Vinyl Prevention (Karen) Skaw	52
4	Han Sanitizer (Bottle)	1,204
5	Dettol Soap (Dozen)	80001
6	PPE (Coverall, Shoe's cover)	3,876
7	PPE (Goggle)	1,308
8	PPE (Boot)	324
9	GLOVES, SURGICAL, sterile, single use, pair	900
10	N95 Particulate Respirators	1,580
11	FACE SHIELD (Face Cover)	1,180
12	Examination Glove	546
13	Surgical Mask	1,726
14	Cloth Mask	4480
15	No-Contactable Thermometer	84
16	Spray Bottle Foggy	84
17	Rubber Brown Glove	252
18	Chlorine	252
19	Alcohol 450ml	84
20	Pulse Ox-meter	75



COVID-19 supplies distribution photo



COVID-19 supplies distribution

9. Distribution of Hand Washing basin for health facility

Number of hand washing basin (Jun to Dec)

Field Areas Name	Number of basin
Thaton	8
Taungoo	4
Mergue/Tavoy	10
Kler Lwee Htoo	8
Pa An	21
Dooplaya	13
Kawkareik	8
Winyee	6
Papun	24
Total	102



Distribution of hand washing basin



Distribution of hand washing basin

11. Providing health education guidelines

NO	Areas Names	Numbers of guidelines
1	Thaton	7
2	Taungoo	5
3	Kler lwee Htoo	7
4	Mergue/Tavoy	7
5	Papun	12
6	Dooplaya	7
7	Win Yee	4
8	Kawkarike	4
9	Pa An	8
10	Special	2
11	Office	2
	Total	65

12. Coordination Meeting

Objective: To

- To know and understand the activities related to COVID-19 in each village in the village tract.
- To be able to make preparations for COVID-19 for next year in our village.
- To strengthen the liaison between village leader and local authorities in each village.
- To strengthen communication with villager and health provider.



Coordination meeting

Coordination Meeting, field areas and participants

Field Areas Name	# of BP Team	Participants		
		W	M	Total
Thaton	7	71	75	146
Taungoo	5	50	50	100
Kler lwee Htoo	7	67	39	106
Merage/Tavoy	7	69	47	116
Papun	12	159	64	223
Dooplaya	7	43	24	67
Win Yee	4	71	64	135
Kawkarike	4	30	38	68
Pa An	8	91	62	153
Special	2	23	11	34
Total	63	674	474	1148

13. COVID-19 Assessment in field areas

Objectives:

- To know how much the community had knowledge concerning of COVID-19 pandemic
- To prepare future plan for COVID-19

The COVID-19 assessment was conducted within 9 field areas in Thaton, Taungoo, Kler Lwe Htu, Papun, PaAn, Win Yee, Dooplaya, Kawkariak, and Special. The COVID-19 assessment is implemented by field health workers which use methods such as focus group discussion. We have not yet received the detailed information as although we have received the report, the data entry is ongoing so we don't yet know how much knowledge of COVID-19 the community has.



COVID-19 assessment

Difficulty on Health Education (HE)

- The health education implementation was delayed because other area authorities not allow to implementation HE; therefore, explain on this pandemic crisis to them until they understand and wait for their permission.
- Due to cultivation and agricultural responsibilities some villagers cannot participate in HE session. Likewise, a lot of barriers for earning struggle in COVID-19 pandemic situation so most villagers are looking for jobs and cannot to attend this HE session.
- Due to implication of this pandemic, most villagers lost their jobs and earning has decreased so they cannot comply with the COVID-19 pandemic protocols because they cannot buy masks and other supplies of COVID-19 protection supplies.

Difficulty on Risk Communication and Community Engagement training (RCCE)

- There is not enough space for this training.
- Some training title is new subject for other participants so difficult for understand.
- Take negotiation time with village leaders to implement this training with COVID-19 protocols especially restrict for number of participants.
- Teachers, committee, and village leaders involved in this training so difficult to get training records.

Difficulty on Gender Based Violence and Mental Psycho Social support on line training (GBV & MPHSS)

- Due to use mobile online training, phone line access area were internet connection delay and power point presentation was not clear which implication cannot follow course.
- Lack of phone battery charger because went to internet access areas.
- Other health workers address time duration and training topics.

Result on COVID-19 Health Education

- The community understands 80 percent on COVID-19 pandemic and prevention ways.
- The community understands on quarantine, lockdown, and isolation.
- Implement health information shearing within in community with health education.
- Made decision for cooperative with health committee and villagers for COVID-19 prevention from health education.

Gender Based Violence and Mental and Psycho Social support result.

- Health workers understood on MPHSS and GBV training at the BPHWT targeted area.
- Due to COVID-19 protocols, main health workers from targeted area attended on line training and after completing this training these health workers should deliver MPHSS and GBV training in their areas.
- Utilized phone records for repeat learning and shearing among health workers.
- This training was in-line with the BPHWT targeted area which can support program implementation.

RCCE training result

- In RCCE training give main topics which are in- line with local community needs.
- Due to RCCE training health workers, committee health and education committees, and village leaders know COVID-19 prevention and which process.
- Understand on community management and mobilization.
- The village leaders made decision to implement the RCCE topics with education, health, administration, and religion besides enhancing community awareness.
- Understand on stigma and rumor within community.
- The community mobilizer who got knowledge form RCCE training should cooperative with health workers for health program.

14. Lessons Learned

- There are COVID-19 response committee in the village tracts
- There are Screening check points
- There are coordination and collaboration between local authorities and local health departments
- Online trainings could be conducted, but there were some technical problems and limitations of internet connection. The health workers lack knowledge about using online training.
- As the health workers are in their communities, they could conduct awareness workshops in their communities as well as health education
- The COVID-19 prevention supplies were distributed to the Back Pack teams

15. Recommendation

- Utilize the video presentation is better for COVID-19 pandemic and prevention.
- Attach the COVID-19 poster, use loud speakers, and share regular information is better for COVID-19 prevention.
- Need regular health education for COVID-19 prevention.
- At on line training trainers need to prepare clear presentation in-line with training topics.

8. CAPACITY BUILDING PROGRAM

The Back Pack Health Worker Team organized the following training courses as shown in the table below to improve the health workers' knowledge and skills as well as to provide updated health information to health workers to be better able to serve their communities. Additionally, trainings and workshops are also conducted for the health workers every six months in the Back Pack targeted field areas. Detailed information of the trainings are showed in the table below. Due to COVID-19 pandemic duration most training was not conducted; however, it was possible to conduct on-line training.

Table 1: Trainings Implemented during January to June 2020

NO	Training/Workshop	Date from	Date to	participants	Trainers
1	Auxiliary Midwife Training	2 January 2020	9 April 2020	20	
1	Participatory Learning action training	16-Mar-2020	17/Mar/2020	4	Dr. Than Htun Sein
2	Facilitation skills	18-Mar-2020	18-Mar-2020	12	Dr. Than Htun Sein
3	Book Keeping training for Village Health Committee	19-Mar-2020	20-Mar-2020	12	Dr. Hlaing Wai Aung, Nay Zarlín, Tha Dar Aung
4	Excel extraction from InfoMx and basic analysis	11-Jun-2020	11-Jun-2020	6	Community Partner International
5	Excel extraction from InfoMx and basic analysis	18-Jun-2020	18-Jun-2020	6	Community Partner International
7	Excel extraction from InfoMx and basic analysis	25-Jun-2020	25-Jun-2020	6	Community Partner International
8	Health Information System Strengthen Training	13-March-2020	30-March-2020	16	BPHWT
9	Social Behavioral Change Communication	10 -August- 2020	13-August -2020	2	Training Organized by URC, at Dawei City
		17-August -2020	20-August-2020	3	Training Organized by URC, at Myeik City
		24-August- 2020	27-August -2020	2	Training Organized by URC, at Myawaddy city

Auxiliary Midwife Training (AMW)

The 9th Auxiliary Midwife Training was conducted from 2 January 2020 to 9 April 2020 and 8th AMW closing ceremony at the Taung Kalay Training Center in Hpa an, Kayin State. The 9th Auxiliary Midwife training implementation cost was shared with Malteser International. At this training, there were 20 participants from Paingkyone, Hpapun, and Hlaingbwe field areas. This Training was conducted by the BPHWT and Phion Education Development Unit and Karen State Health Department.



AMW training in Hpa an

The trainers were:

1. Daw Nan Tin Aung (retired Midwives)
2. Naw Helen Yn
3. Daw Nan Win Hlaing (township Head Nurse (THN retired)
4. Saw Del Del (capacity building coordinator from the BPHWT)
5. Nan Kaw Kay
6. Dr. Htet Ko KO Lin
7. Dr. Aung Pyae Nyein
8. Dr. May Oo Khine
9. Dr. Noe Noe Zin Thet and Team
10. Dr. Kaung Satt Naing
11. Dr. Soe Htin
12. Dr. Min Myo Kyi and team
13. Saw Myat Lin Kywe
14. Trainers from IRC Myanmar

The three months' theoretical topics were:

- Basic anatomy and physiology
- Basic nursing care & Physical Examination
- Common diseases
- Basic Reproductive Anatomy and Maternal and Child Health Care
- First Aid
- SRHR concepts
- EPI and Vaccines usage in Myanmar
- Nutrition
- Child health care
- HIV/STD Basic concepts
- ANC, delivery, PNC, < 5 years care, and family planning
- Basic public health care

In this training, some student from Hpapun area have language barrier however complete training all student passed with standard answer sheet. Consequently, conduct the RHC field trip for student to get knowledge on health care system of government. After this training, their field in-charge or MCH Supervisor assigns the participants to their respective operational areas.



AMW training in Hpa an

Health Information System Strengthen Training

This Training was conducted from 13 - 30 March 2020. In this training, there were 16 participants - 10 men and 6 women.

The training objectives were to:

- Strengthen the data collect system in all BPHWT field areas
- Enhance the knowledge about data collection, data storage, data sharing, and data utilization

The Trainer was S' Aung Than Oo from the BPHWT. The key training topics were:

- Introduction to organizational databases
- Excel
- Access

Note: Each main topic had detailed sub- topics.

After this training, program activities should become more efficient and effective because of higher quality and more useful resultant information. Moreover, the trainees will be able to collect data more systematically, have better data analysis knowledge and skill sets, be more knowledgeable and skillful with databases and networks and how to share data safety among partner organizations.



Health Information System Strengthen Training in Back Pack office, Mae Sot

Social Behaviors Change Communication Training

The BPHWT members have attend SBCC training organized by URC-Defeat Malaria project. The training conducted at three cities of Dawei, Myeik and Myawaddy. The training focus to improve malaria education for community participation and study the updated strategy approach to implementation partners. The training topics cover the following:

- Characteristics of effective SBCC planning
- Overview of process
- Elements of a malaria SBCC strategy
- Application of SBCC



SBCC training organized by URC, Dawei

Table2: Meeting during January to December 2020

Meeting	Date From	Date to	participants
LOA preparation meeting	23-Jan-2020	23-Mar-2020	5
2 consortium program meeting	29-Jan-2020	29-Jan-2020	4
Financial report work plan meeting	20-Jan-2020	20-Jan-2020	4
program coordination meeting	17-Feb-2020	17-Feb-2020	7
referral advocacy	3-Feb-2020	3-Feb-2020	2
Referral advocacy	7-Feb-2020	7-Feb-2020	2
SDC project plan for COVID-19 pandemic duration meeting	29-Apr-2020	29-Apr-2020	8
SDC Q1 2020 steering Committee Meeting	14-May-2020	14-May-2020	8
SDC Project update meeting	19-Jun-2020	19-Jun-2020	1
Executive Board meeting (EB)	2-Feb-2020	4-Feb-2020	EB member
Executive Board meeting	25 –Feb -2020	25-Feb-2020	EB member
Executive Board meeting	8-Mar-2020	8-Mar-2020	EB member
Leading committee and Field in-charge meeting	5- Mar -2020	7- Mar -2020	EB member and field in-charge
Executive Board meeting	27-Apr-2020	27-Apr-2020	EB member
Executive Board meeting	3-June-2020	4 -June-2020	EB member
Executive Board meeting	8- July-2020	-	BB member
Executive Board meeting	17- July- 2020	18- July- 2020	EB member
Executive Board meeting	19- August- 2020	-	EB and Field in-charge
Executive Board meeting	19- September- 2020	-	EB member
Leading committee	26 – September- 2020	-	EB member
Executive Board meeting	9- November- 2020	-	EB member
Executive Board meeting	21- November - 2020	-	EB member and field in-charge
Executive Board meeting	9- December - 2020	-	EB member
Executive Board meeting and Field in-charge	22- December - 2020	-	EB member and field in-charge

Leading committee and field in-charge meeting

On 5 March to 7 2020, the BPHWT conducted leading committee and field in-charge meeting but cannot conduct six monthly meeting with all participants from respective field areas due to meeting budget limitation. In this meeting, specially invited for leading committee members from ethnic representative areas and field in-charge/ program in-charge. 53 participants attended including men 39 and 14 women. This meeting discussed annual operation plan and actual budget also project projection. In addition, discuss and agree on finance policy and procedure also procurement policy. Beside, discuss on program mapping for effective health care services for next six months.

Integrated Continuous Medical Education (CME) in Primary Healthcare

During this quarter, the BPHWT conducted the CME which started 10 March 2020 and finished on 20 March 2020. In this training total participants were 40; 15 men and 25 women. Trainers were from Community Partner International and training topics were:

- Coronavirus outbreak - a Global Public Health Emergency and Health Education
- Maternal and Child health
- Non –communicable diseases
- Sexual health and gender
- Nutrition and Infant and Young Child Feeding (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



Hand washing for COVID-19 prevention at clinic

9. COORDINATION AND COLLABORATION

The BPHWT conducted a Health Coordination Meeting in the Taungoo and Thaton Field Areas during February 2020. At those Meetings were three BPHWT Leading Committee members and a Program Coordinator from the BPHWT headquarters office.

At the Taungoo Field Area Meeting, the participants were from the Taungoo Health Development Committee and relevant staff, Karen Baptist Convention, Medical Action Myanmar, Community Partners International, and BPHWT field workers. There were over 40 participants. In this Meeting, the discussions were about service overlaps, immunization for the measles and polio, and the monitoring process in the BPHWT field areas.

In Thaton Field Area, over 50 participants attended the Meeting including persons from the Karen Department of Health and Welfare, District Chairperson, BPHWT field workers. In this Meeting, discussions were about Community Health Workers training, clinic and mobile services, VTHC, and health staff distribution. Moreover, there were specific discussion about trauma training and the construction of an extra clinic for EmOC.

On 20 March 2020, a Health Coordination Meeting was conducted in the Mutraw District. In this Meeting, the key discussion topics were the health situation in the Mutraw District and the need for healthcare services, medicine, medical supplies, program implementation between BPHWT and MTC in 2020, and immunization planning.

The BPHWT participated in the Ethnic Health Coordination Meeting on Reproductive Health which was held in Mae Tao Clinic on 24 January 2020, Mae Sot Thailand

The Ethnic Health Coordination Meeting on Reproductive Health will focus on:

1. Strengthening the networking, coordination and corporation of EHOs for comprehensive reproductive health services delivery in the border and ethnic areas.
2. Sharing and discussing updated technical knowledge, policies and procedures of the reproductive health care services in each organization.
3. Discussion on Emergency Obstetrics Care (EmOC) Centers and its importance, functioning and management.
4. Sharing the findings and outcomes from February 2020 EmOC Follow-up Workshop.
5. Strategic directions towards comprehensive reproductive health care service delivery in the border and ethnic areas.

10. Monitoring and Evaluation

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



Discussion on Malaria outbreak

In June 2020 the Back Pack Health Worker Team organized a Monitoring and Evaluation (M&E) trip by the BPHWT Deputy Director and Logistics Manager for malaria cases increasing in Tapoh Hta, Mergue/Tavoy. According to finding, this malaria case increase was associated with internal migration.

Monitoring and Evaluation Objectives:

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

According to plans, focal persons for COVID-19 from the BPHWT went on evaluation trips to targeted areas in 23 June 2020. COVID-19 supplies were, at that time, still adequate for each clinic. Also, most clinics have the same supplies like PPE, gloves, sanitizer, and masks. Some clinics have already purchased essential

supplies by themselves for COVID-19 by themselves. There is an important concern that supplies will be insufficient for the next period. For example, patients who came to the clinics did not wear masks; so the clinic in-charges gave out masks.

Before the evaluation trips and during the COVID-19 period, there were existing screening points and quarantine centers in every villages tract. However, during the evaluation trips, it was noted that some screening points were closed because there had been no suspected cases. Some quarantine centers also were relocated to outside of villages because they used schools which needed to prepare for opening.

Due to experiences and the prolonged period of COVID-19, most villagers did not care about COVID-19 as it was necessary for them to work for their daily livelihood. Consequently, the BPHWT conducted capacity assessment for health workers to prevent COVID-19 and ensure compliance with the COVID-19 protocol in each clinic; but it is difficult for mobile teams to get the necessary training because of logistics and lockdowns in this period. Also, clinic in-charges cooperate with local authorities and communities to make contingency plans for COVID-19 in some areas. Furthermore, focal persons are assigned to communicate awareness and updated information about COVID-19 as well as to share responsibility with health workers for cooperation with local authorities for quarantine centers. In training sessions, the BPHWT health workers gained COVID-19 prevention training from the BPHWT and other EHOs. Moreover, village committees were established for COVID-19 response should there be a local COVID-19 situation which requires emergency actions. In every clinic and village, there are COVID-19 posters displayed for knowledge and prevention. If a suspected case is found, the village committee cooperates with the local village administer as well as the nearest hospital for referral. In mixed control areas, there is cooperation with MoHS staff for health education and workshops for COVID-19. In ethnic administration areas, there is compliance with their policy for COVID-19.

11. Logical Framework of BPHWT Program

The BPHWT programs and descriptions of the activities, indicators of achievements, verification sources, expected outcomes and the assumption or risks involved in the delivery of the programs.

Overall goal	Reduce morbidity and mortality, and minimize disability by enabling and empowering the community through primary health care						
Objectives	Activities	Indicators Of Achievement	Verification Sources	2020 Expected Results	2020 Actual Results	Variances Or Differences	Assumption Or Risks
Medical Care Program							
1. Provide essential drugs and treat the common diseases	1.1 Maintain existing BPHWT teams	No. of teams existing	Procurement delivery documents; logbooks; analysis of data collected; and field reports	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.)	311,905 pop M- 152,487 F- 159,418 HH-54,718		
	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)	61,031 cases M-26,274 F- 34,757		
	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	99,756 ITNs distributed		
		Percentage of people in households sleeping under ITNs (Baseline-53%)	2020 Impact Assessment Survey	70% of people in households sleeping under ITNs	N/A		These impact indicators are measured in every two years by IAS.

		<i>Malaria mortality rates per 1,000 population (baseline-3.5 malaria case deaths per 1000 population)</i>	<i>2020 Impact Assessment Survey</i>	<i>2 malaria mortality rates per 1,000 population</i>	<i>N/A</i>		
		<i>Mortality rates among children under 5 years old per 1,000 live births in target population (baseline-138)</i>	<i>2020 Impact Assessment Survey</i>	<i>120 mortality rates among children under 5 years old per 1,000 live births in target population</i>	<i>N/A</i>		
		<i>Percentage of under 5 years old children with malnutrition (according to accepted guidelines for MUAC cutoffs) (Baseline – 16.5%)</i>	<i>2020 Impact Assessment Survey</i>	<i>12% of under 5 years old children with malnutrition</i>	<i>N/A</i>		
2. Respond to disease outbreaks and emergency situations	<i>2.1 Purchase emergency medical supplies and immediately take action</i>	<i>Prompt reporting population affected No of cases treated (w/m, under & over 5 years old)</i>	<i>Delivery document; field reports; exception reports; annual reports</i>	<i>-Effective response and treatment for disease outbreaks or emergency situations (w/m & under/over 5 years old)</i>	<i>N/A</i>		<i>It depends on the political and environmental factors.</i>
3. Improve patient referral systems	<i>3.1 Refer patients to the nearest hospitals or clinics.</i>	<i>No. of referrals patients(w/m) List of referral sites</i>	<i>Mid-year and annual reports; patient's referral form</i>	<i>180 patients referred to clinics or hospitals (w/m) including EMoC cases</i>	<i>197 (M- 80, F-50) including 67 EMoC cases</i>		<i>- Health workers work closely with community. -Because of the distance the patients might refuse to be referred</i>

4. Promotion awareness and treatment of mental health in communities	4.1 Conduct mental health field health worker training	No. of training No. of participants	Mid-year & annual reports	1 training 25 participants	1 training 42 participants within 18 men and 24 women	14 days training 1 workshop with 20 participants	
	4.2 Conduct community mental health workshop	No. of workshops No. of participants		1 workshops 50 participants	1 workshop trained 3 persons in Noh Kwee clinic		
	4.3 Conduct mental health ToT training	No. of workshops No. of participants		1 workshops 25 participants	N/A		
	4.4. Conduct development database for mental health patients workshop	No. of workshops No. of participants		1 workshops 20 participants	One workshop/16 participants(M=10 and W=6)		It depends on the needs of communities
	4.5 Case detection and treatment	No. cases detected and treated		50 cases detected and treated			
	4.6 Providing counseling to the patients	No. cases detected and treated		No. cases detected and treated			
Community Health Education and Prevention Program							
1. Reduce the incidence of malnutrition and worm infestation	1.1 Distribute de-worming medicine to children between 1 to 12 years old	No. of children receiving de-worming medicine	Worker data forms; mid-year & annual reports	40,000 children	19,484 B- 9,414 G- 10,070	For all 114 BP teams	
	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	19,285 B- 9,210 G- 10,075	For all 114 BP teams	

	1.3 Provide feeding for stunting and wasting children aged 6-59 months	No. of stunting and wasting children receiving feeding		150 children stunting and wasting children receiving feeding	Provided feeding 85 children		For 5 BP teams in Thaton, Taungoo and Papun
	1.4 Conduct nutrition awareness workshop for health workers	No. of workshops No. of participants	Field reports; mid-year & annual reports	2 workshops for 50 participants	N/A		1 workshop for 25 participants
	1.5 Conduct nutrition awareness workshop for the communities	No. of workshops No. of participants		120 workshops for 6,000 participants	76 workshops for 2,976 M-922 F- 2,054		1 workshop for 50 participants
	1.6 Conduct nutrition screening	Frequency of nutrition screening		4 nutrition screening for children under 5	2 times/5 Vt in 38 village/ Pop 1304.		For 5 BP teams, 49 villages in Thaton, Taungoo and Papun
2. Improve health knowledge of students and teachers	2.1 Conduct School Health Education for students and teachers	No. of school health education No. of students and teacher (w/m)	Field reports; mid-year & annual reports	100 Schools for 5,000 participates 200 teachers	295 schools for 20,232 students and 741 teachers		1 workshop for 50 participants 46 schools
	2.2 Provide personal hygiene kits to students	No. of school health education No. of students and teacher (w/m)	Field reports; mid-year & annual reports	100 Schools for 5,000 participates	N/A		
3. Improve community level knowledge and participation in health	3.1 Conduct VHW workshops	No. workshop and VHW attended (w/m)	Mid-year & annual reports	12 VHW workshops 180 VHWs	12 VHWs 311 comprised of 139 men and 172 female		1 VHW workshop for 15 VHWs
	3.2 Conduct VHW multiplier workshops	No. workshop and VHW attended (w/m)	Mid-year & annual reports	3 VHW multiplier workshops 60 VHWs	2 area at thaton and Taungoo 3 workspop.and participants-M-17 and FM 27		Taungoo 1, Thaton -2 Pha-an

					<i>On May, Pa-an Naung Kai VHW workshop – 5 days /16 people</i>	
	<i>3.3 Establish Village Health Committees</i>	<i>No. of VHC No. of members</i>	<i>Mid-year & annual reports</i>	<i>30 VHCs 270 members (w/m)</i>	<i>N/A</i>	<i>9 members in each VHC (at least 30% of women)</i>
	<i>3.4 Conduct Village Health Committee meetings quarterly</i>	<i>No. of VHC meeting and participants</i>	<i>Mid-year & annual reports</i>	<i>126 VHC meetings 1,134 participants (w/m)</i>	<i>87 VHC meetings 2,207 participants within 1,180 men and 1,027 female</i>	<i>Four meetings per VHC per year</i>
	<i>2.5 Conduct Village Health Workshops for communities</i>	<i>No. of workshop No. & category of participants (w/m)</i>		<i>74 Village Health Workshops for 3,700 participates</i>	<i>123 VHWs for 3,831 participants (M-1,756, F-2,076)</i>	<i>1 workshop for 50 participants</i>
	<i>2.6 Provide health campaigns</i>	<i>No. of participants (w/m)</i>	<i>Mid-year & annual reports</i>	<i>20 health events 1,600 participants (w/m)</i>	<i>N/A</i>	<i>1 event for 80 participants</i>
4. Improve water and sanitation systems in the community to reduce water-borne diseases	<i>4.1 Build community latrines</i>	<i>No. of latrines built No. of HHs</i>	<i>Mid-year & annual reports</i>	<i>1,500 community latrines for 1,500 HHs</i>	<i>626 community latrines for 626 HHs</i>	<i>1 latrine per household.</i>
	<i>4.2 Install gravity water systems</i>	<i>No. gravity flows installed No. of HHs and people (W/M)</i>	<i>Mid-year & annual reports</i>	<i>7 gravity flow water systems 350 households (1,750 pop)</i>	<i>10 gravity flow for 588 HHs, 3,533 pop</i>	<i>1 gravity flow for 50 HHs & 250 Pop.</i>
	<i>4.3 Install shallow well water systems</i>	<i>No. shallow wells installed No. of HHs and people (W/M)</i>	<i>Mid-year & annual reports</i>	<i>20 shallow wells for 200 HHs & 1,000 Pop</i>	<i>10 shallow wells for 100 HHs, 1,587 pop</i>	<i>1 shallow well for 10 HHs & 50 pop.</i>

	4.5 Install school water filters	No. of water filters installed	Mid-year & annual reports	30 water filters for 2,400 students & students' parents association (SPA)	16 water filter for 16 schools, 1733 students		1 water filter for 80 students & SPA
	4.6 Conduct WASH awareness workshop	No. of workshops No. of participants	Mid-year & annual reports	40 WASH workshops 1,200 participants	36 WASH workshop/ 1453 participants		1 WASH workshop for 30 participants
	4.7 Community Led Total Sanitation (CLTS Trigger) workshop	No. of workshops No. of participants		20 Trigger workshops for 1,000 participants	N/A		1 Trigger workshop for 50 participants
		% of people who own a latrine using latrines (always and sometimes) (Baseline - 98%)	2020 Impact Assessment Survey	99% of people who own a latrine using latrines (always and sometimes)			
		% of people who own a latrine (Baseline - 70% in 2010)	2020 Impact Assessment Survey	85% of people who will own a latrine			
Maternal and Child Healthcare Program							
1. Increase maternal and child health care	1.1 Distribute de-worming medicine to pregnant women	No. of pregnant women receiving de-worming medicine	TBA's forms; mid-year & annual reports	3,700 pregnant women	2058 pregnant women		
	1.2 Distribute folic acid and ferrous sulphate tablets to pregnant women and women	No. of pregnant women and women receiving iron	TBA's forms; mid-year & annual reports	3,700 pregnant women and women	2145 pregnant women		There is assumption that women will take all the iron provided
	1.3 Refresher follow up workshop for Emergency Obstetric	No. of EmOC trainees	Mid-year & annual reports	10 EmOC trainees	N/A		BPHWT will coordinate with EHSSWG.

Care (EmOC) workers						
1.4 Provide EmOC supplies	No. of EmOC supplies provided	Mid-year & annual reports	13 EmOC supplies	N/A		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	1,200 pregnant women 62 per teams)	1085 pregnant women		(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)	2020 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%)	2020 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)	2020 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-	110 obstetric cases referred	67 EmOC cases		

			year & annual reports				
2. Raise awareness among villagers on family planning and provide them with family planning supplies	2.1 Provide family planning supplies	No. of clients using the family planning (w/m)	Mid-year and annual reports	6,000 (w/m)	3,247 (M-78, F-3,169)		short term family planning services (Depo,Pill, Condom)
	2.2 Provide implants to women	No. of women receive implants	Mid-year and annual reports	2,000 women will receive implants	378 women		Depends on the funding source
	2.3 Conduct Implant training	No. of training No. participants	Mid-year and annual reports	2 training for 8 participants	N/A		
	2.4 Provide family planning education	% of people using family planning methods	2020 Impact Assessment Survey	40%	N/A		There is still traditional cultural barriers
	2.5 Conduct Reproductive Health awareness workshops	No. of workshop No. of participants (M/F)	Mid-year and annual reports	100 RH workshops for 4,000 participants (M/F)	40 RH workshops for 2,158 (M- 764, F- 1394)		40 participants per workshop
	2.6 Providing IEC materials to BP teams	No. of IEC materials No. of BP teams	Mid-year & annual reports	No. of IEC materials distributed 10 BP teams	1 time/24 BP teams		By the SDC project
3. Improve the knowledge and skills of TBAs/TTBAs and MCH Supervisors	3.1 Conduct TTBA training	No. of new TTBA complete the training	Mid-year & annual reports	4 TTBA training for 40 people (w/m)	N/A		1 training for 10 TTBA
	3.2 Conduct TBA/TTBA workshops	No. of TBA/TTBA Follow-up Workshops held & no. of TTBA attending (w/m)	Mid-year & annual reports	150 follow-up TBA/TTBA Workshops for 750 TBAs/TTBAs (w/m)	77 TTBA workshops for 559 comprised of 38 men and 521 women)		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	N/A		It depends on the numbers of deliveries. BP focus on distribute CDK only

	<i>3.4 Provide Clean Delivery kits</i>	<i>No. of maternity kits provided</i>	<i>Mid-year & annual reports</i>	<i>4,000 Clean Delivery kits</i>	<i>1 times/1,040 kits</i>		<i>All need In targeted areas</i>
		<i>No. of births attended by trained TBAs/TTBAs and health workers, among total target population</i>	<i>TBA's/TTBA's forms; mid-year & annual reports</i>	<i>4,000 babies delivered by trained TBAs/TTBAs and health workers</i>	<i>2010 birth record</i>		
		<i>% of births attended by trained TBAs/TTBAS % of births attended by health workers (Baseline – TBA - 67%, health worker – 27%)</i>	<i>2020 Impact Assessment Survey</i>	<i>57% of births will be attended by TBAs/TTBAS 40% of birth will be attended by health workers</i>	<i>N/A</i>		<i>- Currently, more TBAs are trained</i>
		<i>Appropriate sterile instrument (new razor blade, sterile scissors, etc) = 326 (79%)-2010, povidine/Iodine or other antiseptic = 354 (85%) -2010</i>	<i>2020 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>2020TBA Assessment Survey</i>	<i>- 95% of postpartum women were given at least 3 information</i>	<i>N/A</i>		
4. Every newborn baby attended by TBAs/TTBAs, MCH workers, & health	<i>4.1 Provide delivery records</i>	<i>No. of newborn baby received delivery records</i>	<i>Mid-year & annual reports</i>	<i>2,800 delivery records</i>	<i>2,010 delivered records</i>		<i>Some communities can access to government services.</i>

<i>workers will have birth record.</i>							
5. Promote awareness of gender based-violence in the communities	5.1 Conduct gender based-violence awareness workshops	No. of meetings No. of participants (M/F)	Mid-year & annual reports	20 GBV workshops for 80 participants (M/F)	30 GBV awareness raising for 1,670 (M- 550, F- 1,120)		40 participants per workshop
Capacity Building							
1. Improve health worker and staff knowledge and skills	1.1 Community Health Worker training	No. of trainees completed CHW training (w/m)	CHW training reports & attendance lists	2 CHW trainings for 40 CHW (w/m)	N/A		1 training for 40 health workers
		% of trainees show improved knowledge from pre and post test	Training reports	80 % of trainees show improved knowledge from pre and post tests. (disaggregate by gender)	N/A		
	1.2 Conduct MCH training	No. of training No. of participants	Mid-year & annual reports	1 MCH training for 30 health workers	N/A		
	1.3 Conduct Auxiliary midwife training	No. of training No. of participants	Mid-year & annual reports	1 AMW training for 20 participants	1 training for 20 participants		
	1.4 Conduct Trauma management training	No. of training No. of participants	Mid-year & annual reports	1 trainings 25 participants (w/m)	N/A		1 training for 25 health workers
	1.5 Pharmacy management training	No. of training No. of participants	Mid -year & annual reports; Attendance lists	2 trainings 50 participants (w/m)	N/A		

1.6 Mental health ToT training	No. of training No. of participants	Mid -year & annual reports; Attendance lists	1 training 25 participants (w/m)	N/A		1 training for 25 participants
1.7 Mental health field worker training	No. of training No. of participants	Mid -year & annual reports; Attendance lists	1 training 25 participants	1 training for 3 participants		
1.8 Conduct computer training for field interns	No. of training No. of participants	Mid - year & annual reports; Attendance lists	1 training 20 participants (w/m)	N/A		
1.9 Conduct organizational development training	No. of training No. of participants	Mid-year & annual reports; Attendance lists	2 training 50 participants	N/A		
1.10 Conduct field continuous medical education (CME) training	No. of training No. of participants	Mid-year & annual reports Attendance list	5 CME trainings 100 participants (w/m)	1 training for 40 (M- 15, F- 25)		1 CME training for 20 health workers
1.11 Conduct CHW supervisor follow up workshop	No. participants No. workshops	annual reports	1 workshop for 25 participants	N/A		
1.12 CHW ToT follow up workshop	No. of ToT follow up workshops and participants	Mid -year & annual reports; Attendance lists	1 ToT follow up for 25 participants	N/A		

	1.13 Health facility management training	No. of training and participants	Mid -year & annual reports; Attendance lists	1 training for 20 participants	N/A		1 training for 20 participants
	1.14 Village Health Worker Training	No. of training and participants	Mid -year & annual reports; Attendance lists	4 training for 80 participants	N/A		
	1.15 Health Management Information System/Logistic Management Information System training	No. of training and participants	Mid -year & annual reports; Attendance lists	2 trainings for 50 participants	N/A		1 training for 25 participants
	1.16 Arc map	No. of training and participants	Mid -year & annual reports; Attendance lists	1 trainings for 10 participants	N/A		
Health Information and Documentation							
1. Assess and document community health situation and needs	1.1 Conduct Impact assessment survey	No. of frequency	IAS result report	1 assessment	N/A		
2. Standardize health data collection processes	2.1 Analyze data collected by health workers	Frequency of analysis No. of participants	Six months workshop reports	2 times 20 participants (w/m)	One times/ 4 days for 20 participants		HIS teams 10 participants each time.
	2.2 Review data forms with partner	No. of meetings and participants	Annual report	No. of meetings and participants (w/m)	4 times/ 40 participants		

	<i>organizations and HISWG</i>						
	<i>2.3 Share data with HISWG six monthly</i>	<i>Frequency of data sharing</i>	<i>Annual report</i>	<i>2 times in a year</i>	<i>2 times</i>		
3. Make evidenced based health status comparisons with the target community	<i>3.1 Conduct field meetings</i>	<i>No. of field meetings or workshops provided</i>	<i>Field meetings; workshop reports</i>	<i>40 meetings 40 workshops 340 participants in workshop and 340 in meeting</i>	<i>9 field meetings, 144 participants (M- 51, F- 93) 17 field workshops, 351 participants (M- 157, F- 194)</i>		<i>Twice meetings and workshops happen in each field area 17 health workers participate in each meeting and workshop</i>
	<i>3.2 Conduct field workshops</i>	<i>No. of participants</i>					
	<i>3.3 Establish Village Health Committees</i>	<i>No. of VHC No. of members</i>					
	<i>3.4 Conduct Village Health Committee meetings quarterly</i>	<i>No. of VHC meeting and participants</i>	<i>Mid-year & annual reports</i>	<i>126 VHC meetings 225 participants (w/m)</i>	<i>87 VHC meetings 2,207 (M- 1,180, F- 1,027)</i>		
4. Raise awareness of the community health problem	<i>4.1 Produce health information, education and communication materials</i>	<i>No. of health information and communication (IEC) materials provided</i>	<i>Mid-year & annual reports</i>	<i>No. of pamphlets distributed</i>	<i>3 times in a year (Malaria IEC, COVID-19 IEC, Nutrition IEC)</i>		<i>The IECs received from different projects and donors</i>
	<i>4.2 Conduct village health workshops six monthly</i>	<i>No. of workshop No. & category of participants (w/m)</i>	<i>Mid-year & annual reports</i>	<i>100 Village Health Workshops 10,000 people participate</i>	<i>123 VH worker workshop 3,831 (M- 1,756, F- 2,076)</i>		<i>1 workshop for 100 participants</i>
	<i>4.3 T-shirt publication</i>	<i>No. of T-shirt publication</i>	<i>Mid-year & annual reports</i>	<i>No. of T-shirt publication</i>	<i>N/A</i>		

5. Advocate local and international organizations about the health situation in Burma	5.1 Conduct health program coordination and development seminars	No. of seminar No. of participants	Annual reports	1 seminar for 35 participants.	N/A		
	5.2 Attend local and international conferences and meetings	No. participants	annual reports	No. participants	N/A		
Program Management and Evaluation							
1. Monitor and evaluate the programs' improvement	1.1 Conduct monitoring trip	No. monitoring trips and no of staff	Mid-year & annual reports	33 trips	7 field trips		
	1.2 Conduct Monitoring and Evaluation by supervisors	No. monitoring trips and no of staff	Mid-year & annual reports	4 times x 39 BP teams	5 times		By MCH supervisors in the field areas
	1.3 Clinical supervision site visits	No. of training and participants	Mid -year & annual reports; Attendance lists	8 visits	N/A		By QI coordinator
	1.4 Conduct six months meeting	No. of health workers attend the six months meeting	Mid-year & annual reports	100 health workers	N/A		
	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	13 times		
	1.6 Provide staff meetings	No. of staff meetings provided	Office records	24 times	40 times		

Health Convergence							
1. Converge and coordinate with the Burma government's state administered Reproductive healthcare program in Ethnic State	<i>1.1 Conduct AMW training</i>	<i>No. of trainees complete the training (w/m)</i>	<i>Mid-year & annual reports</i>	<i>1 AMW training 20 participants</i>	<i>1 AMW training for 20 participants</i>		
	<i>1.2 Organize a health seminar on policy and system development toward decentralized health</i>	<i>No. of trainees complete the training (w/m)</i>	<i>Mid-year & annual reports</i>	<i>1 seminar for 35 participants</i>	<i>N/A</i>		