



နယ်လှည့်ကျောပိုးအိတ်ကျန်းမာရေးလုပ်သားအဖွဲ့
Back Pack Health Worker Team

P.O Box 57, Mae Sot, Tak 63110, Thailand
ph/fax:055545421, email:bphwt@loxinfo.co.th

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



Annual
Report
2021

TABLE OF CONTENTS

1. Overview and Summary of the BPHWT	4
2. Organizational Structure and Governance of the BPHWT	5
3. The Security Situation in BPHWT’s Target Areas.....	8
4. Special Situations in the BPHWT’s Target Areas	22
5. Activities of Back Pack Health Worker Team	23
A. Medical Care Program (MCP)	24
B. Community Health Education and Prevention Program (CHEPP).....	40
C. Maternal and Child Healthcare Program (MCHP).....	47
6. Field Meetings and Workshops.....	55
7. COVID-19 Activities.....	55
8. Capacity Building Program	62
9. Leading committee and field in-charge meeting.....	71
10. Monitoring and Evaluation.....	71
11. Logical Framework of BPHWT Programs	72
12. Financial Report.....	76

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
NCA	National Ceasefire Agreement
M & E	Monitoring and Evaluation
MCP	Medical Care Program
MCHP	Maternal and Child Healthcare Program
MDA	Mass Drug Administration
<i>Pf</i>	Plasmodium falciparum, the most deadly type of malaria parasite
PLA	Participatory Learning and Action
<i>Pv</i>	Plasmodium vivax, another type of malaria parasite
RDT	Rapid Diagnostic Test, used for diagnosis of plasmodium falciparum malaria
Tatmadaw	Burma Army
TBA	Traditional Birth Attendant
TMO	Township Medical Office (under the Burma government structure)
TNLA	Ta'ang National Liberation Army
TTBA	Trained Traditional Birth Attendant
TOT	Training-of-Trainers
VHV	Village Health Volunteer
VHW	Village Health Worker
COVID-19	Coronavirus Disease 2019

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.

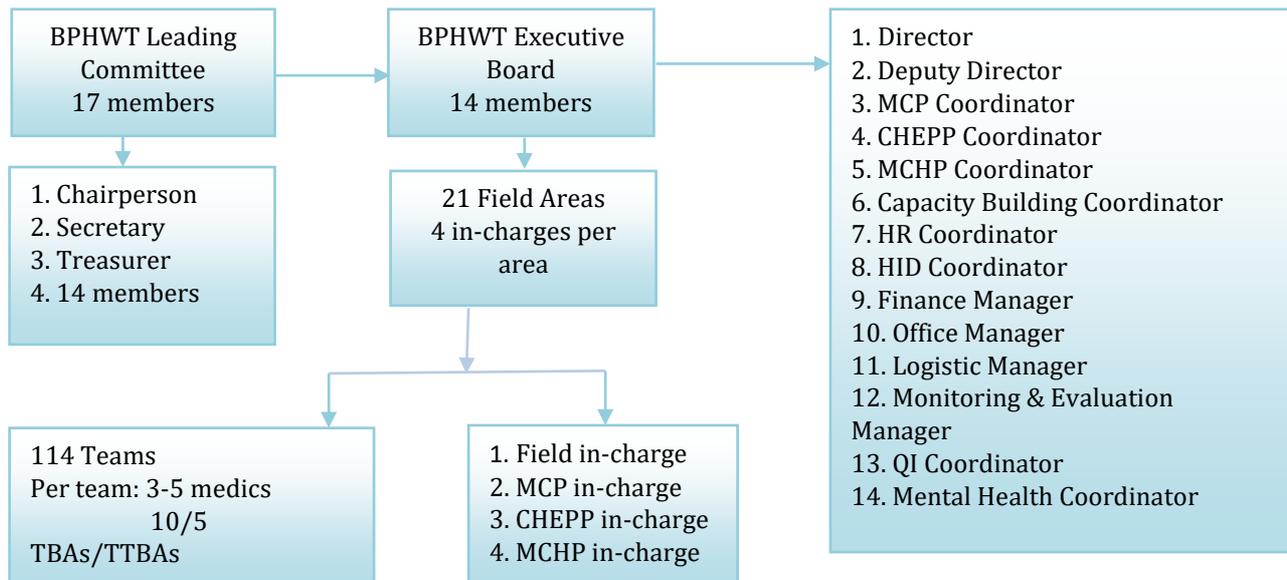
The BPHWT teams target displaced and vulnerable communities with no other access to healthcare in Karen, Karenni, Mon, Arakan, Chin, Kachin and Shan States, and Pegu, Sagaing and Tenasserim Regions. The teams deliver a wide range of healthcare programs to a target population of almost **324,324 (158,315 men & 166,009 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 March 2020 to June 2021. 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. But the TMD did not recognised NLD party won election result in 2020 election. On 1st February 2021, the military coup came back to take state power to set up new government call the State Administration council.

Organizational Structure and Governance of the BPHWT

The Back Pack Health Worker Team is lead 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.

1.1) Organizational Structure of the BPHWT:



Governance: as depicted in the Organizational Structure, 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.

Table 1: Gender Policy and Analysis

Category	Total Workers	Total Women	Actual Women %
Leading Committee/Executive Board	27	8	30%
Office Staff	20	10	50%
Field Health Workers	521	312	60%
VHVs/VHWs	337	226	67%
TBAs/TTBAs	760	696	92%
Organizational Total	1,502	1,140	76%
Total Organisation excluding TBAs/TTBAs			60%

Service System:

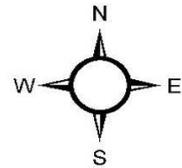
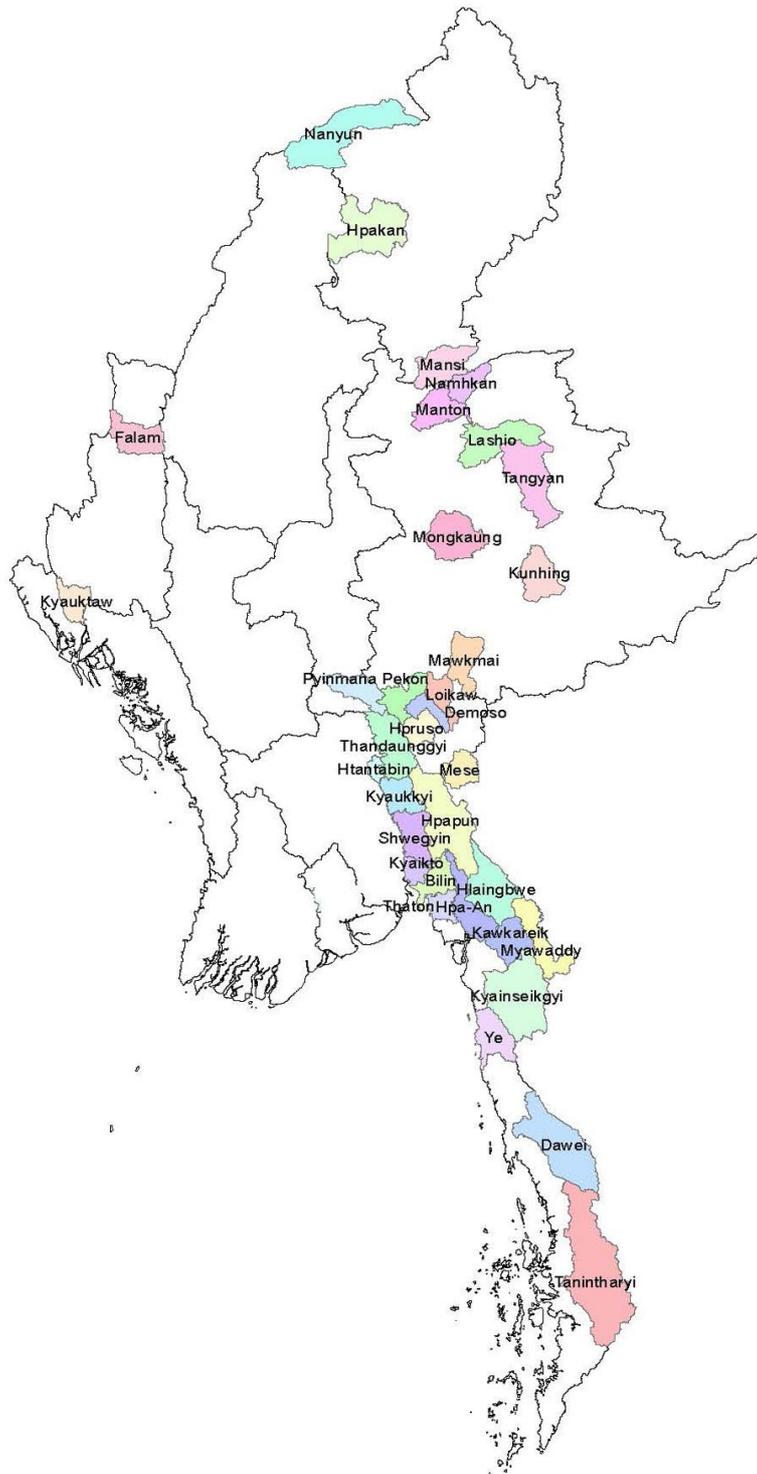
Since 1998, the Back Pack Health Worker Team has been working towards developing an accessible; community-based primary healthcare service system within the BPHWT field areas, based on the health access indicators.

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

Population	Health Service Type	Health Workers	Ratio (Workers/Po)	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

BPHWT Service Areas



Township	Total Population	BPHWT Population Served
Bilin	181,075	19,887
Dawei	125,605	12,575
Demoso	79,201	10,234
Falam	41,457	6,390
Hlaingbwe	155,544	17,119
Hpa-an	421,575	3,976
Hpakan	312,278	19,840
Hpapun	14,190	41,885
Hpruso	29,374	3,746
Htantabin	117,276	1,934
Kawkareik	220,342	25,980
Kunhing	21,823	5,263
Kyaikto	184,532	1,693
Kyainseikgyi	106,427	37,535
Kyaukkyi	113,329	10,845
Kyauktaw	173,100	7,044
Lashio	323,405	1,759
Loikaw	128,401	2,632
Mansi	52,945	4,880
Manton	38,601	14,259
Mawkmai	33,810	4,151
Mese	6,319	1,750
Mongkaung	74,294	7,561
Myawaddy	195,624	4,735
Namhkan	107,034	1,750
Nanyun	10,514	5,759
Pekon	103,590	17,951
Pyinmana	115,047	1,655
Shwegyin	107,462	2,070
Tangyan	172,805	2,131
Tanintharyi	106,853	4,708
Thandaunggyi	30,209	11,428
Thaton	238,106	2,880
Ye	152,485	6,319
Total	3,243,324	324,324

2. THE SECURITY SITUATION IN BPHWT'S TARGET AREAS

Escalating conflict between the KNU/KNLA and Tatmadaw has caused the displacement of over 7,120 people, according to UNHCR – mostly from Papun Township, but also in parts of Bago's Kyaukkyi Township. The Tatmadaw's refusal to withdraw troops and cease road construction has been cited as a factor in KNU/KNLA attacks on Tatmadaw positions. In response, the Tatmadaw has shelled local villages, resulting in an unknown number of civilian and troop casualties. In a 20 March statement, the KNU came out against any organizations that supply the Tatmadaw from the Thailand side through its territory.

On 27 March, KNU Brigade 5 stated it would increase its "defensive action" to protect its territory and hours later attacked the military's Thee Mu Hta base on the Salween riverbank, killing 10 Tatmadaw troops and capturing eight. Subsequently, in a statement on 30 March, Brigade 5 claimed that it was forced to take the outpost because the military had been firing mortar shells at the nearby villages, forcing villagers to flee their homes. While it is difficult to determine whether the reason for the attack was mainly to protect the villagers or related to the Brigade 5's long-standing, hostile relationship with the military, the Tatmadaw swiftly retaliated with airstrikes on Day Boe Noh, which is home to the KNU Brigade 5 headquarters. Three civilians were killed and eight injured. The airstrikes continued on 28 March in the same area, in a number of villages along the Salween River, and in Shwe Kyin Township as a result, an unconfirmed number of residents from seven villages in Papun District were displaced, with 3,000 reportedly crossing the border to Thailand. Townships in Bago Region where KNLA Brigade 3 is based, reportedly were killing six local residents.

The military SAC (State Administration Council) has invited Nationwide Ceasefire Agreement (NCA) signatories to its Armed Forces Day celebration on 27 March, as has been usual practice since the signing of the NCA. There have been varied reactions to the invitation this year; the KNU, ABSDF and PNLO have rejected the invitations, the RCSS is undecided and the NMSP will attend the event but will send lower-level officials than would normally attend. BGFs and militias from around the country are expected to join the event, and there are unconfirmed reports that remaining NCA signatories may also join. Non-signatories to the NCA have not been invited in the past, and it is unclear whether this will remain the case for the coming celebration. Participation of EAOs in the event is one factor in confirming whether they will be willing to negotiate or collaborate with the SAC going forward.

Every brigade of the KNU – KNLA in particular 5 and 3 – has been fighting the Tatmadaw recently but locals in the Brigade 5 area are particularly concerned that intense conflict is approaching. The Tatmadaw and a BGF has transported food supplies to the area,

The SAC – BGF meetings that were held in Nay Pyi Taw in late April, there has been a noticeable movement of combat-ready BGF troops into Brigade 5 area, by both road and river. While the BGF already had three battalions based within Papun Township, up to 600 new troops have arrived within the last two weeks. It appears that in return for this BGF support to the junta forces in Papun, the investigation into the BGF's illicit activities has been halted.

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. Myanmar's third Covid-19 wave calls for an immediate expansion of testing alongside public awareness campaigns and nationwide healthcare mobilization yet delivering on these requirements appears unrealistic. The State Administration Council (SAC) not only lacks the human resources and public cooperation to address the crisis, but it has also harassed charities, private healthcare facilities and other alternative healthcare services that can assist ethnic minorities. Public mistrust of the junta has hindered the vaccine rollout, while medical staff and volunteers are operating in the climate of fear sown in the aftermath of the coup – even transporting a patient can come with risks, such as night trips outside curfew hours or random searches at military checkpoints that can turn violent.

Incomplete data and accusations of concealing Covid-19 deaths have cast doubts over the regime's transparency on the scale of the pandemic. The Civil Disobedience Movement (CDM), aimed at undermining the regime, has also stripped public hospitals of their staff in many ethnic areas. In the ethnic states, finding a disorganized and incoherent approach to Covid-19 that is leading the country into further disarray.

The nationwide healthcare system collapsed in the wake of the coup when health professionals, including doctors and nurses, took the lead in the CDM. While the SAC's threats of charges have pressured some health workers to return to work, the public health system is still woefully ill equipped to deal with the pandemic. In January to June 2021, BPHWT have faced both direct and indirect security issues because fighting continue a lot of inside country areas, and also EAOs control areas at the KNU-controlled areas (Karen), Shan, Kayah, Kachin, Chin and Palaung. For indirect securities were from the Covid-19 epidemic, the third wave returned in 2021.

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

In the areas beyond the government-controlled territories, the ethnic armed organizations (EAOs), the ethnic health organizations (EHOs) and ethnic health community base organization (EHCBOs) played a key role in responding to the Covid-19 outbreak last year. Their capacity, particularly in Kachin and Kayin, Mon and Palaung areas has been stretched by the disrupted government medical services and additional caseloads due to increased clashes since the coup. Nevertheless, these organizations will continue testing and vaccinations in their controlled areas with limited support from different sources.

Even though the EHOs in Karen effectively controlled the Covid-19 outbreak last year, they now face a more challenging situation because of limited capacity, increased population movement into and within their areas, security concerns and third wave of Covid-19 pandemic. Only the KNLA-Brigade 7 has the testing facility, which is now operated by the CDM doctors. The other brigades at BPHWT targeted area have no testing capacity. Vaccinations were not being carried out by KNU health authorities. The KNU's Karen

Department of Health and Welfare, testing capacities are limited – up to 18 tests per day – and only in one location. Of those tested, there were positive case more in more third wave of the pandemic.

The EHOs and residents have raised health concerns over the increasing arrival of CDM staffs and demonstrators into the area. The EHOs are already struggling with meeting the emergency medical needs of over 60,000 internally displaced persons (IDPs) in the state. Active clashes in many areas, as well as the internal idea crisis within the KNU, have reportedly hampered EHOs' preventive measures.

Implement urgent training to support local communities so they can deliver Covid-19 prevention and mitigation strategies while EHOs deliver humanitarian and emergency response. Ten center office staffs infected in covid-19 third wave. Also, the all field staffs have threat and challenge of rapid transmission in their working areas. The 20 office staffs received covid-19 vaccine at center office base in Mae Sod, Thailand. The local health workers and communities to get vaccination process it is too difficult situation.

Situation Update: January- December 2021

Kayah

In this area Thar Yu and Pan Pet clinics' service were continuous but the other five clinics evacuated were due to fighting between the State Administration Council's (SAC) troops and an EAOs at Sin Taung BPHWT area. Hence, transporting medicine was difficult; besides, local people evacuated to the forest.

On 24 December 2021, the SAC' troops killed 40 villagers by burning at Mu So village. Therefore, 40 villagers were dead and this involved one driver from Civil Health Development Network (CHDN), four villagers from Mu So village, and two villagers from Dew Chu Nel village. Hence, most villagers emigrate from Mu So village to Yeh Khee Bu village. Unfortunately, the SAC utilized airstrikes to this at before dawn so two women and a man were dead.

Furthermore, fighting between the SAC's troops and an EAO at Wah Dee Sue Kha Lai village, which borders the Shan and Kayah area. This fighting was finished before dawn and the SACs ' troops burned this village. Thus, CHDN's clinic was destroyed and one of the focal persons from Kayah National Guard disappeared.

Kayan

The Myanmar military camp existed in this area since the Myanmar military coup. Beyond this the SAC's troops combined in that military camp. Further, fighting between the People's Defense Force (PDF) and the SAC's troops at Demoso Township. Therefore, security was not safe for mobile health care services. Thus, health workers avoided the SAC's troops and approached local authority for safety for mobile health care services. if security was a risk condition switch to mobile treatment plan. Nevertheless, the station clinic service was continuous; besides, training organizers conducted the First Aid training in a safe place.

Nevertheless, the SAC's troops started their offensive; hence, evacuated on mobile health care services and health workshops to safety areas. Consequently, the SAC's troops burn villagers' houses and their properties. Besides, over ten thousand IDPs came to this area due to fighting between the SAC's troops and EAOs at Moebyel and Demoso Townships. In this complex political situation regular conveyance medicine was difficult; thus, switching to an alternative way for this.

Mining project exists in this area because the river's water is muddy so local people cannot cultivate it for agriculture. Consequently, river water became polluted; hence, local people were suffering from skin diseases.

Amphetamine users were decreased in this area because of illicit drug use and this area has rehabilitation centers for those users. The BPHWT health workers take responsibilities for this center with a staff rotation system.

Prevention for COVID-19 pandemic Third Wave, the local authority set up fever screening checkpoints at entry point of the village. There was *one* COVID-19 positive patient and the BPHWT health worker looked after them and locked down that patient's village. Thus, the BPHWT cooperated with the Civil Health and Development Network to promote the prevention of COVID-19 Third Wave. This area needs rapid antigen tests (RAT) to confirm COVID-19 cases. Therefore, if there are suspect patients utilize an isolation method at their home. With both the crisis of military coup and COVID-19 pandemic local basic food prices are increasing; thus, local people stay with fear and deprivation.

Special

Both convey medicine and traveling can be continuous but difficult on mobile health care services, workshops, and First aid training were due to SAC's informer intimidate. Furthermore, the general administrator describes explicit permission for health care services. If the SAC's troop know on the BPHWT mobile health care services that send there mobile team for dramatically treatment to local people. In this situation village head consults to the BPHWT health worker to avoid that.

For five-year, a Stone mining company had existed and its owner was a senior leader of Border Guard Forces at upper Khu Bine village. In that implication of watercolor was changed and unobtainable for use.

This area has amphetamine users, both men and women. This estimate 40 percent were used and most were men; likewise, children aged between *thirteen* and *eighteen* use it. Other people from this group used amphetamine but also alcohol, hashish, and heroin. Five users from this group address with side effects due to use of that combination. The BPHWT consulted with the village head and gave treatment; besides, their symptoms deteriorated referral to Drug, Alcohol Recovery and Education center.

COVID-19 pandemic was spread to in this area and two people were positive patients. First patient was from Ywar Kine Kaung village and who dead was due to non- communication diseases. Second patient was from Mae Sa Mate and who already recover. For COVID-19 preventive measure through the loudspeaker method used for that prevention; further,

distribute mask, soap, and alcohol spray. Consequently, set-up fever screening checkpoints and conduct home quarantine for local people who come from Thailand, Singapore, and Malaysia. In this area RAT is not cover for all local communities.

Taungoo

The SAC's troops extend both their camp and weapons in this area; hence, sporadic fighting between the SAC's troop and an EAO. Furthermore, the SAC's troop inquiry to local people's mobile phones at their check points and they suspect who are People's Defence Force (PDF) arrested and detained. Consequently, the SAC's troops inquired about convey medicine so this was a challenge to transporters. In conclusion, local people were afraid and evacuated to the forest. In this complex situation local administrators take responsibility to health workers' security for health care services in field areas. Therefore, continuous on mobile treatment and station clinic services, as well as conduct workshops.

There are amphetamine users and most are adults who become depressed and their eyes are usually red. The BPHWT health worker looks after and consults with those users and the local authority tries to control the situation.

Within January to December 2021 this area has no COVID-19 positive patients; however, the local authority and health workers conduct preventive measures through fever screening checkpoints and lockdown. Further, they set-up quarantine centers and quarantine duration is 21 days.

Unfortunately, COVID-19 pandemic spread in these mountain areas within July to December 2021 and old people died due to non-communicable diseases. The BPHWT, Karen Department of Health and Welfare, and other partner organizations support for COVID-19 prevention supplies.

Kler Lwee Htoo

On 7 December 2021, the SAC' troops shelling 20 times to Hkelder village tract; therefore, three villagers were wounded. Hence, one patient was referred to Klermu clinic and another two patients were referred to Hkelder clinic. The SAC's troops escalate their offensive and operations so local people evacuated to safety places and a total 3,500 IDPs exist in this area. This situation is difficult to convey medicine and logistics; likewise, the SAC's troops inquiry to health workers when this gave health care services.

The BPHWT health workers get permission for traveling and workshops from local authorities due to COVID-19 pandemic protocols. After getting permission, I can travel and implement workshops. Furthermore, health workers collect patient lists at the station clinic and send this to COVID-19 pandemic prevention team. Even prompt on COVID-19 preventive measures cannot be controlled; thus, this spread to whole Kler Lwee Htoo areas. For COVID-19 positive patients utilized isolation methods and treatment at patients' home for mild cases and referral to COVID-19 treatment center for severe cases.

Thaton

After the Myanmar military coup, the SAC troops escalated their operation and fighting usually caused concern for the health worker's security. Between June and July 2021, the SAC's troops extended their forces in this area. On 10 July 2021 fighting between the SAC's troop and an EAO intensified at Kaw Kant village tract at Kyaut Phyar village. Therefore, most people from those villages fled to areas near the cities and to the forest. On the same day, the SAC troops burned medicine stores, documents, clinics, and wards. Within July to December 2021 fighting between the SAC's troop and an EAO. Hence, convey medicine, mobile health care services, and station clinic services were difficult for implementation. Therefore, the BPHWT health workers were evacuated to safety places so temporary suspension for health care services. The SAC's troops patrol usually so the BPHWT health workers cannot implement primary healthcare services regularly. For this reason, it is difficult to collect health information and data. At present the SAC's troops extended their camp in this area. In July to December 2021, continuous fighting between the SAC's troops and an EAO at Kyaut Phyar village tract, Bilin township, Kya Khat Chaung village tract and Htee Pa Doh Hta village tract, Bilin Township; thus; over 100 people emigrate from this area to other safety area. The SAC's troops continual porter villagers and other groups who were eighteen years. That utilizes this for human shields. Furthermore, the SAC's troop arbitrary shelling to Htee Pa Doh Hta village tract so a local villager wounded and draught animals were destroyed. Consequently, two children aged six year and three years were killed due to shelling at Kya Khat Chaung village tract. Moreover, the SAC's troop shelling at the traditional pagoda festival at Kya Khat Chaung village tract so four people dead and five people wounded as well as cars and motorcycles were destroyed.

Due to heavy rain, there was flooding at Kyoe Wine, Htee Pa Doh Hta, Ta Gay Laung, and Min Saw villages so local people suffered from seasonal flu.

Present COVID-19 pandemic was spread continual in this area. Therefore, utilized an isolation method at home and gave treatment for both suspect patients; likewise, positive patients. If a patient's symptoms become critical treatment at the station clinic and needed referral to Pha Lan Taung station hospital. RAT is not covered for local people so only testing COVID-19 suspect people. Within six months of 2022 health workers should get COVID-19 vaccine and this second plan for local people. Currently local people have no opportunity for jobs and basic food prices have increased because of COVID-19 pandemic and the military coup. Therefore, local people face deprivation, depression, distressing, and finally mental problems. In conclusion, babies and children cannot get nutritious food and become malnourished due to the implication of local people's deprivation.

Papun

The SAC escalated their human rights abuses in the Hpapun area (Mutraw District). On 27 March 2021, the SAC utilized Mikoyan MIG29s to attack Hpapun at night time and the attack continued until 10 April 2021. Due to those airstrikes, over 22 civilians were killed and over 33 others were wounded. Both airstrikes and infantry offensives caused over 72,510 people to become IDPs and 5,000 people fled three times to Thailand. After that these 5,000 IDPs came back to Mutraw district. However, 500 IDPs from those groups cannot go back to their

village because of the SAC's operations. Currently, local authorities set up temporary IDP camps for these 500 IDPs on the Salween River bank in Mutraw district. The SAC's airstrikes destroyed village farms so 30 percent of villagers could not cultivate their crops.

Clashes between the KNU and BGF/Tatmadaw troops started around 9 May, with heavy fighting reported on 9 and 13 May. The KNU reported heavy casualties on the BGF/Tatmadaw side. It appears that the Tatmadaw/BGF are attempting to bring ground forces north from their base in Kamamaung towards the town of Hpapun. The fighting along the main road from Kamamaung to Hpapun is reportedly causing food shortages for local communities as well as IDPs in the area. The Karen Information Centre (KIC) has reported that an additional 10,000 IDPs have fled as a result of the recent fighting, bringing the total in Hpapun to 40,000.

In Karen, fighting occurred 2 April in the KNU's Dwelo Township in southern Hpapun District, when the Tatmadaw launched a ground offensive supported by artillery on the Kamamaung and Hpapun road, displacing about 350 people. The IDPs sought refuge in Kamamaung town, and in Wah Du and Toke Gyi villages in Hpa-pun. On 8 April, four civilians in Nay Ka village in the same area were injured by the artillery strikes. Local communities provided food assistance for a one-week period.

Twenty trucks of relief supplies from Kayren humanitarian groups destined for IDPs in Mutraw District have been blocked on the border at Thaw Le Hta, by the Thai authorities, who claim they have not yet received orders from above. The IDPs are in desperate need of drinking water and have no other supply route through which they could receive supplies. The conflict in Karen and its resulting IDPs and refugee crisis in and around Papun Township is expected to worsen, with no prospects for negotiation between protagonists in the near future. The local population fear that the Tatmadaw will continue to conduct air strikes on civilian locations rather than putting more troops on the ground.

Thailand allowed aid for IDPs into Papun District's Butho Township on 5 April but blocked it on 7 April. Many of the supplies remain on the Thai border, with Tatmadaw troops shooting at five boats carrying supplies across the Salween River on 17 April. Although no one was injured in the incident, it has caused fear and a local group is looking for an alternative way to transport supplies.

In addition, both the BPHWT station clinics and mobile teams moved to safe places together with the IDPs and provided health care services among the IDPs. During this time the health worker usually escaped from the SAC, so it was very difficult to implement programmes. Occasionally the SAC's helicopters came to this area for reconnaissance at night, so local people developed mental health problems.

Between Kamamaung and Papun, amphetamines are available and approximately local people use them. Consequently, some children use amphetamine and their age is between seven and eight. These local people cannot work and finally try to commit suicide were due to amphetamine side effect. Both the BPHWT health workers and the user's families look after them.

In COVID-19 pandemic duration, cannot utilize social distancing to prevent COVID-19 pandemic Third Wave. However, it can support prevention supplies and set-up fever screening check points at every temporary school shelter. Furthermore, this area is Karen National Union (KNU) administratively controlled and privacy. For this reason, they need permission from KNU for internal or external traveling. Therefore, local administrators know on traveling lists and can conduct quarantine. To sum up Karen Community Based Organization and other partner organizations involved for protection on COVID-19 pandemic third wave.

In conclusion, local people address with varies ways of SAC's offensive until today so they live with harsh condition and distressing.

Pa An

Both crisis of complex political situation and COVID-19 pandemic Third Wave, convey medicine was difficult, restriction on traveling, and difficult for mobile treatment. On the other hand, station clinic services were not usually acceptable and difficult to organize training.

Within this duration the SAC's troops extended their force at Na Bu township, thus, local people were concerned about fighting between an EAO and the SAC's troops. Therefore, local people prepare to evacuate to safety.

Presently there was a small logging project; likewise, road and bridge construction became deforestation. This implies river water was dry before summer season and flooding in the rainy season. Therefore, local people have difficulty getting water and suffer from skin diseases, diarrhea, and worm infestation.

This area is illicit on amphetamine but both men and women use that similarly boys start to use that and their ages were 13 years. Consequently, those people use extra amphetamine and their psycho condition was unnormal, cannot eat, mood swings, depression, and try to commit suicide. If those users had not amphetamine address with withdraw symptoms and others users try committed suicide. In this case the BPHWT health worker consulted both village administrators and amphetamine users' families for treatment which involves physical and mental problems. In some BPHWT-targeted villages, the health worker arranges special treatment and consultation for mental health patients.

For preventive measures on COVID-19 pandemic Third Wave, through fever screening checkpoint, prepare isolation center, construct hand washing basin, mask distribution and conduct health education. Even in prevention on COVID-19 pandemic there were three suspected patients so they managed home quarantine and support for their needs, consequently, cooperative with partner organizations for COVID-19 testing at Naung Kai clinic and Noh Khwee clinic. These partner organizations support RAT and one COVID-19 positive patient occurred. Therefore, referring this to the quarantine center and management for curative, Transportation was difficult and local basic food price was increased due to those both crises. Therefore, local people without occupation also live with fear and deprivation.

Dooplaya

On 6 April 2021, fighting took place in KNU's Brigade 6 (Dooplaya District) in Man Aung village, Ye Township, killing one civilian and injuring another. On 8 April 2021, the Tatmadaw fired artillery near a KNU camp in the same area, eventually seizing it. Residents fled to neighboring villages, to shelter in monasteries and relatives' homes. According to local residents, the situation remains tense and could escalate at any time. The SAC's troops extend their camps in this area and enquiries on convey medicine; however, can continue on mobile treatment and conduct workshops. In July and August 2021, fighting three times between SAC's troops and Karen National Union (KNU). In the present there is early warning of SAC's troops' offensive. There were amphetamine users, who were adults and men.

Preventive measure for COVID-19 pandemic Third Wave, through there were conducting health education for COVID-19 prevention, distributing prevention supplies, and managing oxygen cylinder for treatment. There were four COVID-19 positive patients and their symptoms were mild cases. Therefore, it is not difficult to curate at home quarantine. Due to those crises local basic food prices increased and local people did not live adequate lives.

Kawkareik

The State Administration Council escalated their human rights' violations not only in the urban areas, but now also in Lay Kay Kaw, Karen state Myanmar on 14 December 2021. This SAC's troop utilized offensive for both airstrikes and light infantry in Lay Kay Kaw, Htee Mae Wah Khee, and Mae Htaw Thalay villages. Thus, local people and political activist were evacuated to the forest and Thai-Myanmar border areas. On 15 December 2021 the SAC's troops escalated their offensive and this shelling and fighting in Kaw Nwet village at Kawkareik Township on 16 December 2021; thus, most local people fled to the forest. Consequently, fighting in Thay Baw Boe village, Karen state on 19 December 2021 and local people fled to the forest.

Due to those fighting, most local people are addressed with food deprivation, shelters, and medical care. Therefore, the Committee for internally Displaced Karen People, Karen Peace Support Network, Karen Refugee Committee, Burma Medical Association, Mae Tao clinic, KDHW, BPHWT was led to fill these deprivations. There were over 10,000 IDPs and who existed in both Myanmar and Thailand sides.

The Myanmar side continued fighting at Kaw Nwet village at Kawkareik township and over 5,000 people became IDPs.

Fighting and difficult communication cannot be available for wounded and ill people. Current fighting was continuous; thus, IDPs cannot go back to their homes. Therefore, other partner organizations provide food and shelters.

Win Yee

This area could convey medicine before December 2021 but beyond this address with difficulty on that; besides, difficult to send report hard files to the BPHWT headquarter office. Station clinic is continuous for primary healthcare services; further, organized field workshop and field meeting. The SAC enhances both their force and operation at Mae Zali,

which is exist in the BPHWT's areas so they evacuated medicine to safety places and usually reminds health workers safety. Amphetamine users decreased due to illicit activity. COVID-19 pandemic Third Wave was spread strongly in this area and that symptom was not severe for young people but not for approximately old people.

Mergue/Tavoy

In this area occurred both active and sporadic fighting between SAC's troops and an EAO. Therefore, local people address difficult to access health care services; nevertheless, the BPHWT mobile team looks after those. This area needs to permission from local authorities for mobile treatment and usually comply with their description. Patients' referral was difficult because of the restriction on transportation and which cost rate was increased. However, the SAC targeted the offensive to the Ta Hop Hta area and they determined which is black area. Local people become IDPs and they live in different five places due to this conflict situation. The BPHWT and the KDHW support to those IDPs and this total households were over 270.

In this area COVID-19 pandemic spread but RAT is not covered for local people. If local people have COVID-19 positive symptoms manage for home isolation and curative treatment. In this condition three people died because of non-communicable diseases and most were over 80 years.

Most people's occupations were mountain farm and agriculture, but difficult for work and address with no income were due to these both crises.

Moulmein/Yee

In this area local political parties took responsibility for the BPHWT health workers' mobile treatment services in the field area. Although, they needs to gets permission from their health department to implement workshops. According to their mother organization's mandate, all health workers take responsibility for COVID-19 testing and treatment at COVID-19 treatment centers.

There is insufficient medicine for the targeted people due to the military coup and COVID-19 pandemic. Consequently, pharmacies were closed seldom so it was difficult to purchase medicine. In this duration the local health team conducted the workshop and the training with telecommunication.

The logging project still existed and the environment was destroyed which caused flooding in every rainy season. Therefore, main transportation roads and agriculture were destroyed. In this area men use amphetamine more than women and their age was over fifteen years. Furthermore, some people use heroin and those users suffer from illusion, conflict with their families, syringe lesion, vasculitis, infectious hepatic, depression, and become psychosis. The BPHWT health workers look after those who have mild symptoms in the clinic and become severe referral to hospital.

In total 198 people were infected by COVID-19 during the Third Wave, 115 recovered, and one patient died. Within January to December 2021, COVID-19 positive patients were reduced more than the past six months. Although, continue for preventive measures through fever screening check points, distribute brochures for prevention, and conduct health

education.. Presently there are 1,706 COVID-19 positive patients and 41 patients were dead; likewise, occurred COVID-19 suspect patients. When the COVID-19 patients increased in the clinic address with insufficient medicines and treatment equipment like oxygen cylinders. In this area RAT were covered for local people but other people refused for testing. Both during the Military coup and COVID-19 pandemic Third Wave, local people address with workless also basic food prices increase.

Shan

In this area, both mobile and station clinic health services were continuous at the Mong Koug BPHWT area. Although, conduct health education for water and sanitation. On the contrary, comprised village health committee and conduct Gender Based Violence, Sexual Reproductive Health and Rights, and Maternal and Child Health Care workshops with that.

In 2021 COVID-19 was spread in this area and 204 were positive patients. The four patients from this group were critical so BPHWT health workers were referred to hospital and treated other positive patients and these conditions were recovered.

Total 2,550 people became IDPs because of the battle and evacuated to the Mong Kong BPHWT area. And 226 IDPs were evacuated to Tawn Sang BPHWT area. The BPHWT health workers look after those IDPs and provide their needs.

Pa Oh

This area has SAC's troops check points and inquiry on convey medicine. Besides, fighting between SAC's troops and an EAO at the Karenni area; therefore, over 300 IDPs evacuated to this area.

Amphetamine users were there and around eighteen years were started to use that and most users were men. These suffer from anger, delirious, depression and illusion due to that side effect, thus, the BPHWT health workers look after those users.

For COVID-19 preventive measures set up COVID-19 fever screening checkpoints, but there was not enough personal protective equipment (PPE) and other supplies. Currently, they need the RAT to confirm COVID-19 cases. This area has sixteen COVID-19 patients and the BPHWT clinic health workers give treatment to them and they are recovering at present.

Palaung/Ta'ang

In this situation, the SAC's troop enquiry to guest in every house at mid night and set-up their check points at day time. Therefore, it is difficult to convey medicine and traveling. On the other hand, that was a barrier to organizing people for workshops and meetings; hence, utilized telecommunication for this. Although, restricted travel was due to COVID-19 pandemic Third Wave. Therefore, station clinic health care services were more effective than mobile health care services. However, other targeted areas need mobile health care services so implement this with COVID-19 pandemic prevention protocols according to this mobile health care services delay. Currently, avoid the SAC's troop when implemented on program.

The SAC troops set up their camp and stayed prolong at villages in this area, so local villagers did not feel secure. In 2021 there was fighting between the Ta'ang National Liberation Army and the SAC troops; likewise, fighting between other ethnic armies occasionally in the BPHWT-targeted areas. However, the SAC's troops offensive was in decline at Mantong

Township but there was active fighting between SAC's troop and EAO at Muse, Kutkai, and Lashio Townships. Consequently, the SAC's troops set-up their camps at every township and made inquiries to everyone. Furthermore, fighting between EAOs at Kyaukme and Hsipaw townships monthly. Hence, in November 2021 over 14,569 people became IDPs and evacuated to other villages. Furthermore, the SAC's troops burn local peoples' homes, block main roads, and laydown land mine. In this case innocent villagers were arbitrarily arrested and killed. However, an unknown armed group burned the village houses so some villagers lost their belongings and fled from their villages. There were 3,817 IDPs reported.

There are amphetamines and other drugs users, total 99 percent were men and their age are over 30. Most users are from a mixed administrative area rather than an ethnic administrative area. Those users were suffering from edema, delirium and itchy skin due to amphetamine side effects. Accordingly, those users begin to commit crimes and are violent. Local communities were discrimination on those users; however, the BPHWT look after to those users.

Presently all station clinics have COVID-19 prevention supplies and equipment. Although, cooperative with local EAO for COVID-19 preventive measure which through prevention protocols, fever screening checkpoints, and set-up quarantine centers. Even though RAT is covered for local people but addressed with insufficient of COVID-19 treatment medicine and difficulty on oxygen cylinder refill. On the other hand, local people struggle for their daily wages so they are absent from compliance on COVID-19 prevention protocols.

Due to both the crisis of the Myanmar military coup and COVID-19 pandemic, trading was not functioning. In the country, this area existed in the Myanmar and China border area at Kachin State so 90 percent of trading depended on China thus, currency Myanmar exchange rate was increased. In current, both these borders were close; thus, China side not acceptable migrants from Myanmar; Furthermore, green leaves' price is decreasing so local people have no daily income

Kachin

In this situation, the SAC's troops extended their forces and actively fought with an EAO. Therefore, local communities and health workers' security are not safe. When SAC's troops operate in this area, they utilize the local community for human shields. Within fighting between those groups local communities were temporarily evacuated to the church and fighting was stopped and the local community went back to their home. Due to daily fighting, the IDPs rate increased day by day but the international community cannot support those in this situation. Currently 300,000 IDPs are existing in this area and other disabilities have increased. In August 2021, fighting between the SAC's troops and an EAO so health workers were trapped for four days in Taron village at Danai Township. Nevertheless, beyond five days these health workers can break through from that village. In this fighting situation an EAO asked for medicine from health workers but medicine was not enough to share that. Currently the BPHWT health workers negotiate with both the SAC's troops and an EAO for health care services. This fighting has continued to escalate so local communities address food deprivation. On the other hand, the SAC's troops intimidate local communities

and arbitrary porter to these. Consequently, three soldiers from SAC Light infantry division 88, were raped and killed a woman who fifty years from New Lan village at ten o' clock morning time on 14 July 2021.

The Kachin BPHWT team continued on primary healthcare services but conveyed medication difficulties due to unstable political situation and the SAC's troop checkpoints. Thus, utilize alternative ways to convey medication. Within this difficult situation conduct First Aid training to local people for emergency care. In this situation the local administrator cannot take responsibility for both health workers' security and mobile treatment activities. Therefore, they negotiate with an EAO for health care services. Present, station clinic, and home care systems are suitable for medical care services.

Consequently, conducted on nutrition activities for Maternal and Child. On the contrary, conduct workshops one time per month with utilized telecommunication but other areas cannot attend because Internet was not available. In present this area implements primary healthcare service not only in targeted areas but also in another eight areas.

There is no mega project, but after the rainy season there was a landslide in the jade mining area and people died. For ten years, a huge agriculture project existed at Hukawng Valley and the waste management system was not systematic. Therefore, water and air became polluted so draught animals and river fishes died. In this implication, local people suffer from anonymous diseases. That cannot be cultivated for agriculture because topsoil was destroyed.

Currently that agriculture project was destroyed due to conflict between the SAC' troops and an EAO. In this result, migrant workers lived nearest local communities and started conflict with this due to differences in culture and tradition.

In this area illicit amphetamine but anonymous militia ignore that and support for distribution. Therefore, many youths use amphetamine and male users are more than female users. Therefore, those users become fascinated with amphetamine and cannot control their mind, walking at night, and become depressed. In present there is no organization for care of those patients but the BPHWT health workers look after those patients. If their condition deteriorates, they are referred to the nearest hospital.

For COVID-19 pandemic preventive measures integrated in primary healthcare services. COVID-19 pandemic was spread continuously in this area but the patient's condition was not severe. The BPHWT health workers give treatment to these patients by Telecommunication, Tele-consultation and home care, The BPHWT and partner organizations support medicine and supplies for COVID-19 preventive measure and curative treatment. Present the Kachin BPHWT team treatment COVID-19 patients through oxygen concentrator therapy and relevant medicine.

Naga

Beyond the Myanmar military coup, the SAC troops extended their camp at Tagar village and inquired about the guest list at midnight. Besides, the health worker gets permission from SAC's troop for mobile health care services. For convey medicine need to get permission

from the general administration department at Hkamti township. In that permission explicit process for convey medicine. Furthermore, the SAC's troops were restricted from carrying on food and commodities; Furthermore, this SAC troop gave orders to local people to construct their camp with bamboo and wood without payment.

Men who age between eighteen and 40 years use amphetamine, heroin, and black heroin. Those drugs users become immoral and become attenuate, delirious, and suicide; thus, users' families and the BPHWT look after.

From 9 September to 20 October 2021 COVID-19 pandemic spread in this area. Therefore, RAT was used for testing on 60 suspect people and 28 were COVID-19 positive patients. The BPHWT support on COVID-19 prevention supplies and medicine. The BPHWT health workers manage isolation for positive patients and give treatment; on the other hand, provide nutrition food for these. However, convey medicine was delayed, not enough isolation centers; likewise, electricity and water were insufficient. Both the crisis of the military coup and COVID-19 pandemic local people became distressed due to daily income and basic food price being increased as well as their children's education. Furthermore, the SAC restricts social media; thus, local people stay with fear and deprivation.

Arakan

As a result of fighting between an EAO and the Myanmar military in 2020, IDPs and disabled people were still living in IDP camps at Kyauktaw and other townships. Other IDPs from this group went back to their native areas voluntarily. In 2021 the SAC troop camp did not exist in targeted areas but there were early warning signs for fighting between an EAO and the SAC troops.

In this area illicit use of amphetamine so users are decreasing but adult people use amphetamine and all are university students. existing users suffer from depression, cannot sleep, and are angry all the time due to amphetamine side effects. In this situation, the BPHWT health workers look after that user and consult with their families for treatment.

In May 2021, COVID-19 Third Wave spread in the Arakan area, so mobile treatment was difficult. COVID-19 spread more in June 2021 to the nearest BPHWT targeted area. Within COVID-19 pandemic Third Wave, they publicized the emergency situation in Arakan State. Unfortunately, within July and August 2021, COVID-19 pandemic Third Waves spread in fourteen townships. Thus, local authorities restrict traveling so it is difficult to convey medicine, mobile health care services, and organized workshops. Nevertheless, health workers conduct mobile treatment with COVID-19 pandemic prevention supplies and protocols. Moreover, prepare oxygen cylinder, medicine and medical supplies for emergency treatment.

The SAC initiative provides on COVID-19 vaccines to local communities in this area. Other people got COVID-19 vaccine two times but other people were denied the chance to get this. Nevertheless, the BPHWT health worker continues on preventive measures on COVID-19 pandemic through support hand sanitizer, soap, mask, and brochure for health education. On

the other hand, partner organizations support COVID-19 prevention supplies for IDPs camps which exist in Rathedaung, Mrauk-O, Minbya, and Ponnagyun Townships.

Chin (WLC)

COVID-19 pandemic Third Wave spread seriously in this area so lock down all villages and townships. Therefore, switch workshop schedules, training, and mobile treatment since this inception. Nevertheless, they could provide health care services with a home-to-home system. On the other hand, the SAC's troops extended their camps in this area and fought with an EAO. Hence, the local people evacuate to the forest and India border. Total IDPs are 2,713. The SAC's troop arbitrary hit and arrested *three* men from Tahan quarter, at the Varpui village in the Kalay Township.

In this area, both men and women were using amphetamines; besides, most were men and their ages were over fifteen years. These users cannot sleep at night, become blockheads, heartbeat was unstable, and illusions were due to amphetamine side effects. The BPHWT teams look after those users and give consoling.

COVID-19 pandemic Third Wave has spread continuously since June 2021 to until 2022. According to testing 24 people were positive and one person died. Currently there are isolation wards for positive patients at a basic education middle school. In this emergency situation utilized RAT for COVID-19 testing but which was not cover to all communities. We do referral to Youth Mizo Association if COVID-19 patients conditions are severe. In this condition, health workers' voluntary, medicine, and treatment equipment were insufficient. When initiating the COVID-19 vaccine to communities most people were not accepted because of that infodemic.

3. SPECIAL SITUATIONS IN THE BPHWT'S TARGET AREAS

Recently indicate the security situation, dysfunctional banking systems and disrupted transportation and trade since the coup has devastated local economies across the country, which had already been hard hit by Covid-19. Since before the coup, ethnic states have faced different challenges compared to the heartland when it comes to livelihoods, due to long-term conflict and higher than average poverty levels in some states, according to the 2014 census (Kachin 36.6%, Kayah 32% and Shan 28.6% were well above the national average poverty level of 24.8% while Kayin 24.2% and Mon 19.2% were below it). In these states, sizeable portions of the population were already relying on humanitarian assistance due to a significantly reduced level of income resulting from conflict and the pandemic prior to the coup.

Humanitarian and development agencies are facing challenges in delivering services related to both limited operational space and funding. Many CSOs and non-government organizations (NGOs) have had little to no communication with the junta since the coup. The SAC has recently been more actively trying to engage with EAOs, EHOs and local organizations in the ethnic states.

A dilemma for many EHOs and CSOs in the ethnic states is whether to cooperate with the SAC or not. Even for the CSOs that are willing to work with local authorities, challenges remain, as they can be accused of collaborating with or supporting the SAC.

In this situation, local organizations are hoping that donors will be more flexible in their administrative requirements. These are the challenges since military coup,

- Adapt financial reporting requirements and protocols to meet local needs.
- Move back to cross-border funding approach to support for EHOs
- Increase funding to reflect increased banking charges in Myanmar.
- Increase funding to reflect increased transportation costs and risks and ensure any goods donated in kind come with funding for transporting these items.
- Work closely and directly with local partners.
- Give local partners a larger role in responding to the current crisis and be flexible with support to local communities.
- The transportation is the biggest challenge due to lockdowns, security checkpoints, destruction of aid supplies, risks to people transporting, and an increase in transportation costs.
- Procure Medicines, PPE, RAT, PCR tests for covid-19 and other needed items such as high- quality mosquito nets for EHOs targeted population.
- Difficulty receive Covid-19 vaccine assessable for local health workers and community.
- Implement urgent training to support local communities so they can deliver Covid-19 prevention and mitigation strategies while EHOs deliver humanitarian and emergency response.

4. 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 **324,324** people. There were 57 stationary Back Pack teams during this year. There are currently **1,602** (**1,237** women and **365** men) members of the BPHWT primary healthcare system living and working in Burma: **505** (**315** women and **190** men) health workers, **760** (**696** women and **64** men) Traditional Birth Attendants / Trained Traditional Birth Attendants (TBAs/TTBAs) and **337** (**111** men and **226** 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 **64,644** cases, of which **11,948** cases were of children under the age of five and over five ages treated cases **52,696**. The total cases on a gender basis included **28,884** cases involving men and **35,703** 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 **85** cases, which included **43** cases of serious obstetric emergency (EmOC).



Provided of medical treatment to the patients

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 2021)

Table 1: BPHWT's Coverage Population

Ages	Gender		Total
	Men	Women	
Under five years of age	26,475	28,604	55,079
Five years of age and over	131,840	137,405	269,245
Total	158,315	166,009	324,324

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 TTBAs	TBAs & T TTBAs	Total HWs	Villages	Households	Population	Caseloads
1	Kayah	7	22	0	2	2	18	16	34	58	59	4,122	21,471	2,536
2	Kayan	8	27	13	12	25	6	44	50	102	81	3428	19606	2,111
3	Special	2	7	0	0	0	8	3	11	18	7	2,072	10,750	57
4	Taungoo	5	30	22	0	22	30	26	56	108	48	2,174	10,996	766
5	Kler Lwee Htoo	7	24	20	14	34	48	3	51	109	51	2,019	12,919	4,899
6	Thaton	7	32	25	0	25	35	31	66	123	32	3,655	23,127	3,293
7	Papun	12	77	62	1	63	64	39	103	243	143	6,856	41,885	12,617
8	Pa An	8	47	16	0	16	68	23	91	154	46	4,420	26,109	2,338
9	Dooplaya	7	30	1	0	1	43	27	70	101	50	4,294	22,879	3,749
10	Kawkareik	4	15	0	0	0	28	2	30	45	16	1576	7977	760
11	Win Yee	4	18	13	0	13	25	9	34	65	28	2,469	12,651	1,618
12	Mergue/Tavoy	7	26	0	0	0	29	0	29	55	36	2,951	17,283	8,685
13	Yee	6	24	38	12	50	9	20	29	103	16	1,430	6319	1,936
14	Moulamein	6	22	0	0	0	0	0	0	22	14	1,982	9,692	2,396
15	Shan	6	21	0	0	0	10	0	10	31	56	2,448	13,874	3,008
16	Pa Oh	2	8	17	17	34	0	20	20	62	15	615	4,151	1,934
17	Palaung	6	24	0	0	0	0	34	34	58	48	3,845	29670	7,216
18	Kachin	4	37	19	5	24	10	0	10	71	6	2,352	13,772	2,269
19	Naga	2	12	0	0	0	0	0	0	12	8	1,076	5,759	771
20	Arakan	3	11	8	2	10	2	15	17	38	10	1,245	7,044	1,031
21	Chin (WLC)	1	7	14	4	18	10	5	15	40	14	3,039	6,390	654
Total		114	521	268	69	337	443	317	760	1,618	784	58,068	324,324	64,644

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

Year	# of HWs	# of TBAs/TTBAs	# of VHVs/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
2021	521	760	337	324,324

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

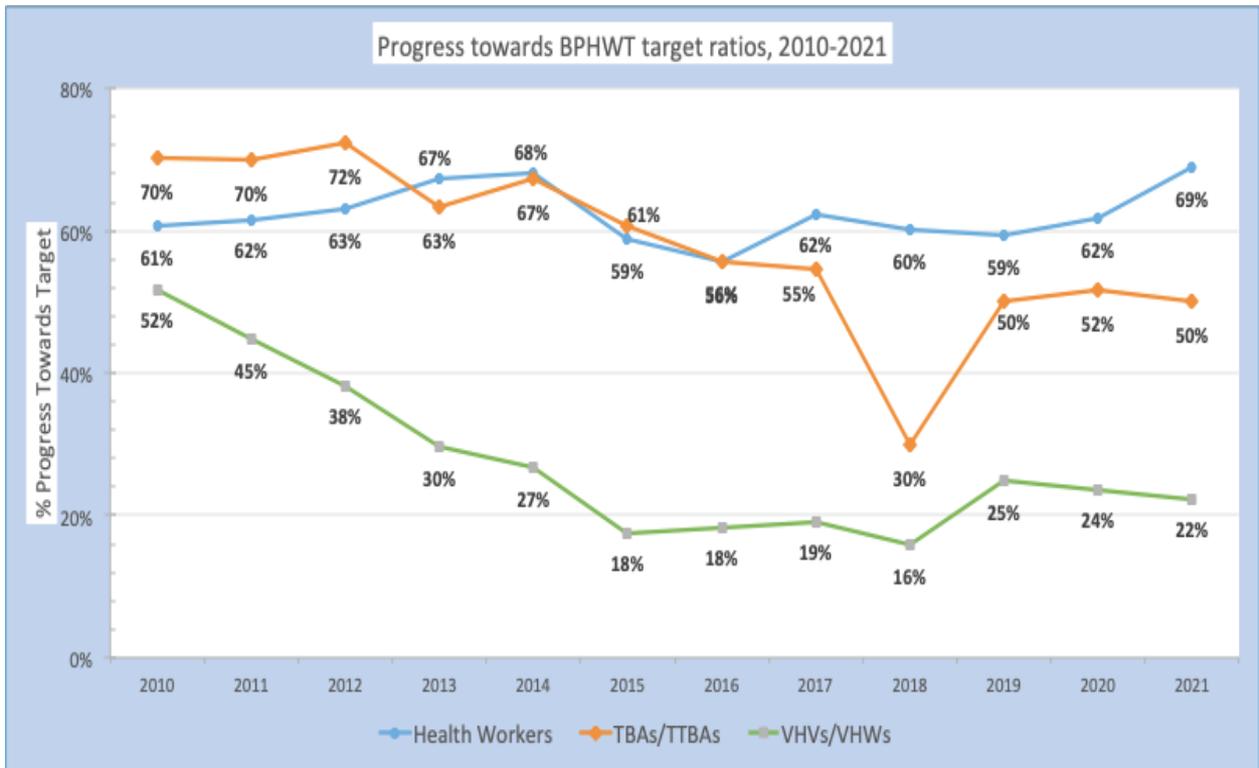


Table 4: Number of Cases Treated by Condition and Age in January-December 2021

No	Condition	Age				Total		Grand Total
		<5		≥5		M	W	
		M	W	M	W			
1	Anemia	262	314	1,353	2,747	1,615	3,061	4,676
2	ARI (Mild)	2,054	2,091	3,422	5,357	5,476	7,448	12,924
3	ARI (Severe)	795	670	1,295	1,302	2,090	1,972	4,062
4	Beriberi	20	23	796	1,451	816	1,474	2,290
5	Water Diarrhea	414	359	749	736	1,163	1,095	2,258
6	Diarrhea with Blood (Dysentery)	105	113	472	441	577	554	1,131
7	Injury, Acute – Gunshot	0	0	38	5	38	5	43
8	Injury, Acute – Landmine	0	0	11	3	11	3	14
9	Injury, Acute – Other	66	44	891	410	957	454	1,411
10	Injury, Old	9	10	382	280	391	290	681
11	Malaria (PV)	250	185	901	643	1,151	828	1,979
12	Malaria (PF)	13	13	115	69	128	82	210
13	Malaria (PFT Mix)	0	1	21	9	21	10	31
14	Measles	23	15	31	25	54	40	94
15	Meningitis	2	2	10	12	12	14	26
16	Suspected AIDS	0	0	2	0	2	0	2
17	Suspected TB	0	0	26	24	26	24	50
18	Worms Infestation	665	654	1,053	1,295	1,719	1,949	3,668
19	Post Abortion Care	0	0	0	46	0	46	46
20	Post-Partum Hemorrhage (PPH)	0	0	0	17	0	17	17
21	Sepsis	1	0	21	13	22	13	35
22	Reproductive Tract Infection (RTI)	0	0	17	222	17	222	239
23	Urinary Tract Infection (UTI)	19	19	831	1,409	850	1,428	2,278
24	Skin Infection	421	376	964	1,007	1,385	1,383	2,768
25	Hepatitis	1	1	77	75	78	76	154
26	Typhoid Fever	127	120	337	294	464	414	878
27	Arthritis	11	7	571	731	582	738	1,320
28	Gastric Ulcer Duodenum Ulcer (GUDU)	15	17	2,045	2,431	2,060	2,448	4,508
29	Dental Problem	101	124	611	654	712	778	1,490
30	Eye Problem	41	55	467	591	508	646	1,154
31	Hypertension	0	0	1,121	1,670	1,121	1,670	2,791
32	Abscess	110	82	575	464	685	546	1,231
33	Scrub typhus	4	5	94	46	98	51	149
34	Leptospirosis	5	2	175	135	180	137	317
35	Insect bites	35	34	243	132	278	166	444
36	Dengue Fever	60	61	228	236	288	297	585
37	Poisoning	9	18	110	108	119	126	245
38	Mental illness	2	3	25	50	27	53	80
39	Cardiovascular	0	0	21	108	21	108	129
40	Diabetes	0	0	89	161	89	161	250
41	Others	449	441	2,626	4,471	3,075	4,911	7,986
Total		6,089	5,859	22,816	29,880	28,906	35,738	64,644
Grand Total		11,948		52,696		64,644		

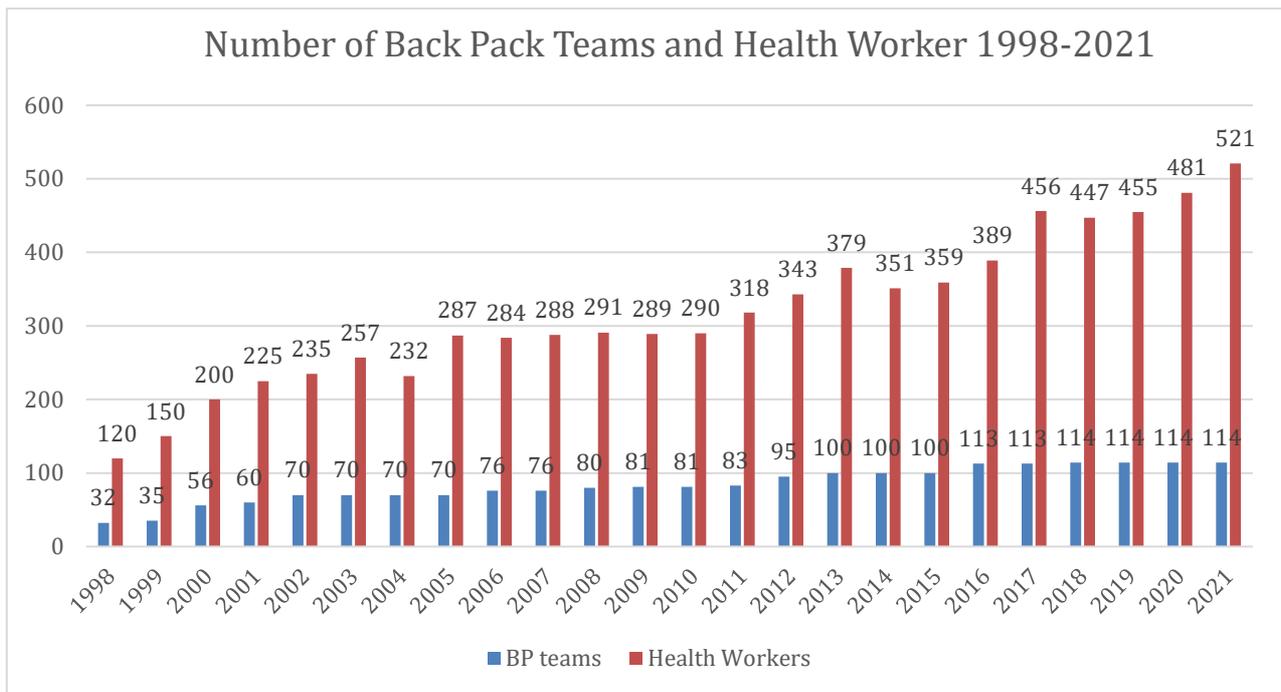


Table 5: Gender Disaggregation of Case Loads Treated January - December 2021

Category	Men	Women	Total
Patients <5	6,089	5,859	11,948
Patients >=5	22,816	29,880	52,696
Total	28,905	35,739	64,644

Table 6: Injury (Gunshot) cases January - December 2021

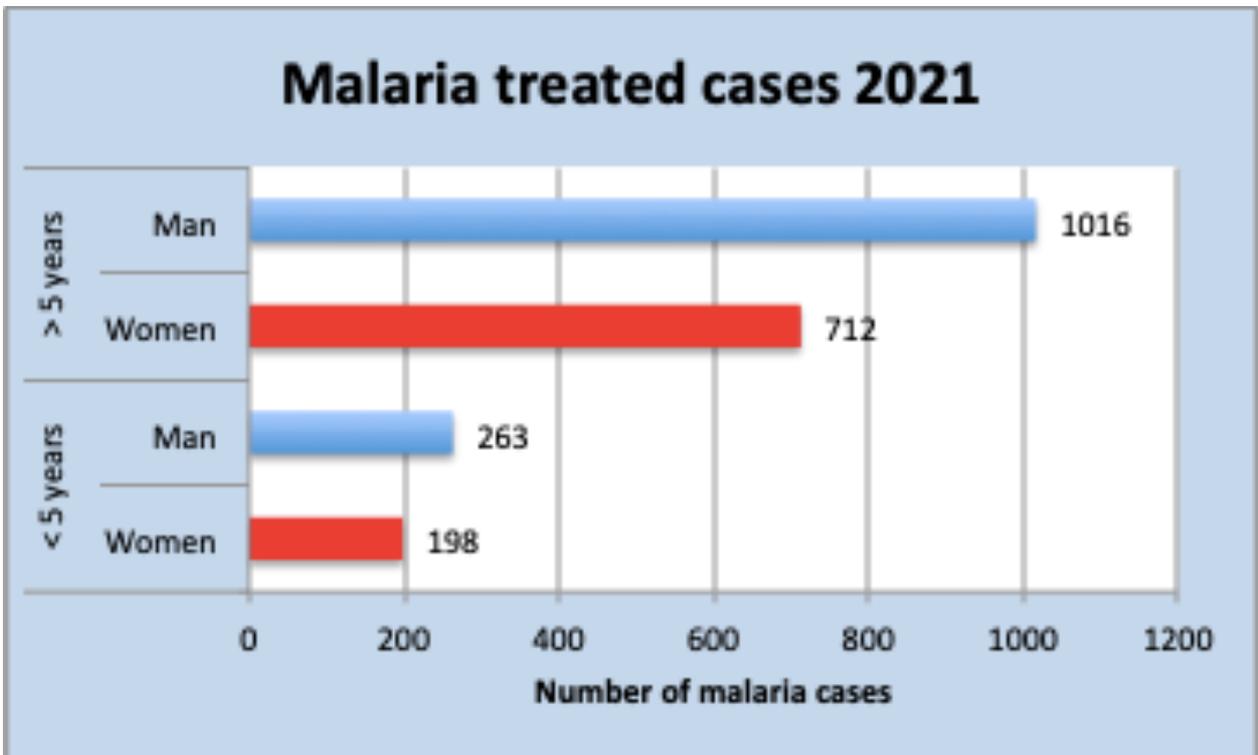
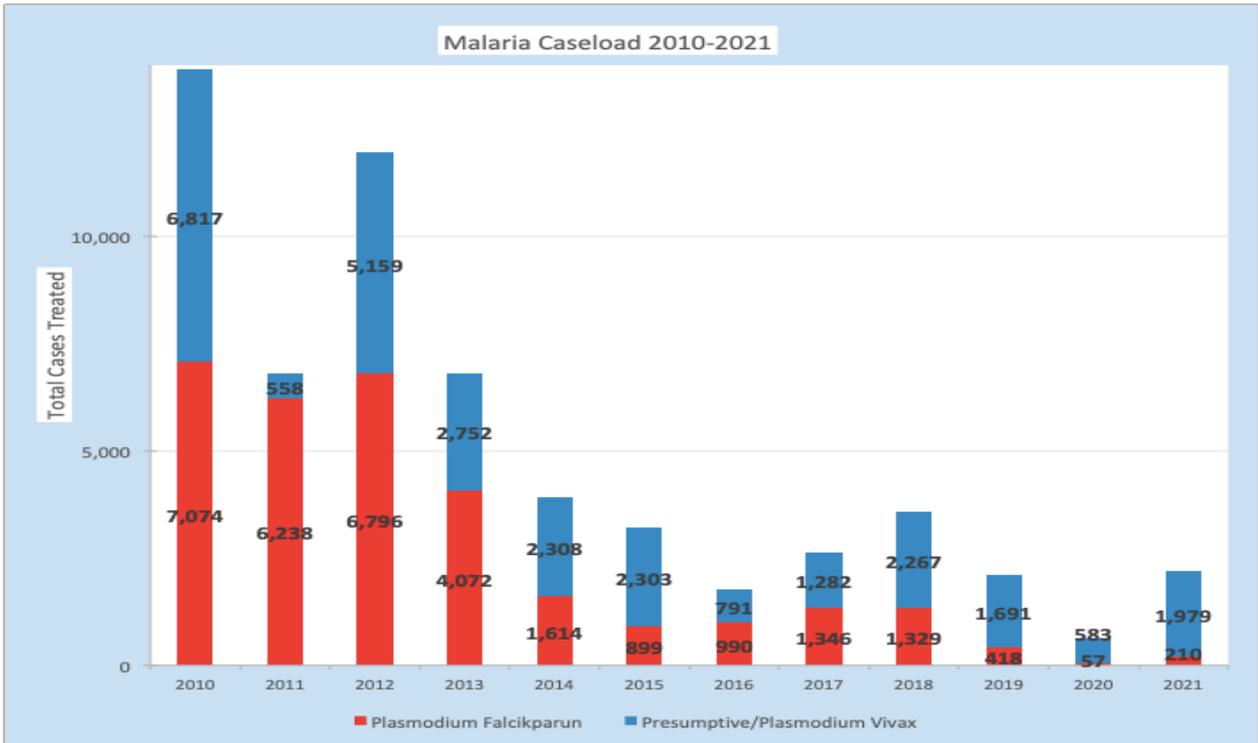
No	Field Areas	<5 ages		>5 ages		Total
		Men	Women	Men	Women	
1	Kayah	0	0	2	0	2
2	Papun	0	0	7	0	7
3	Pa An	0	0	0	1	1
4	Win Yee	0	0	1	0	1
5	Mergue/Tavoy	0	0	28	4	32
Total		0	0	36	5	43

Table 7: Injury (Landmine) cases January - December 2021

No.	Field Areas	< 5 ages		> = 5 ages		Total
		Men	Women	Men	Women	
1	Taungoo	0	0	1	0	1
2	Papun	0	0	6	1	7
3	Shan	0	0	2	4	6
Total		0	0	2	0	14

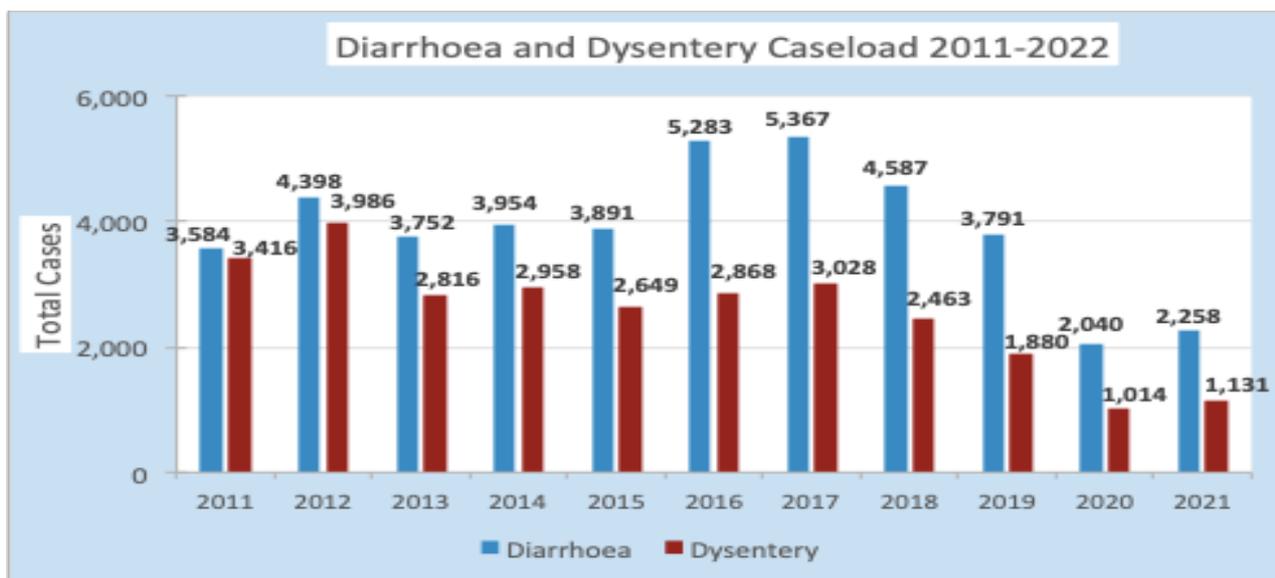
Table 8: Malaria Case January – December 2021

Area Name	Malaria (PF)				Total Malaria (PF)	Malaria (PV)				Total Malaria (PV)	Malaria (Mix)				Total Malaria (PFT Mix)	Total Malaria
	< 5 year		≥ 5 year			< 5 year		≥ 5 year			< 5 year		≥ 5 year			
	M	F	M	F		M	F	M	F		M	F	M	F		
Kayah	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	1
Kayan	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1
Taungoo	0	0	1	1	2	0	0	0	0	0	0	0	15	6	21	23
Kler Lwee Htoo	0	0	0	0	0	0	0	5	6	11	0	0	0	0	0	11
Papun	11	10	92	63	176	221	159	656	508	1,544	0	0	1	0	1	1,721
Pa An	0	0	0	0	0	0	0	8	1	9	0	0	0	0	0	9
Kawkareik	0	0	0	0	0	6	6	18	10	40	0	0	0	0	0	40
Win Yee	0	0	1	2	3	5	1	12	8	26	0	0	2	3	5	34
Mergue/Tavoy	2	3	8	1	14	14	15	95	48	172	0	0	0	0	0	186
Yee	0	0	1	1	2	4	4	102	61	171	0	0	0	0	0	173
Arakan	0	0	12	1	13	0	0	4	1	5	0	0	2	0	2	20
WLC	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1
Total	13	13	115	69	210	250	185	901	643	1,979	0	1	21	9	31	2,220
	26		184			435		1,544			1		30			



Diarrheas and Dysentery

The diarrhea and dysentery cases were still steadily from those recorded since 2012 to 2015 year. However, the cases were slightly increased during 2020 compared to the past years. In 2020, the field health workers treated less diarrhea and dysentery compare to the previous year. Although, the BPHWT activities have had a clear impact in the healthy behavior of communities, diarrhea and dysentery were still high in the communities due to the complex operating environment, and wider social determinants of health (e.g. food security, access to clean water).



Acute Respiratory Infection (Mild/Severe)

The annual cases of the acute respiratory infection were 16,963. The totals of 5,610 were under five children. This graph can only indicate the numbers ARI cases treated by the field health workers by yearly.

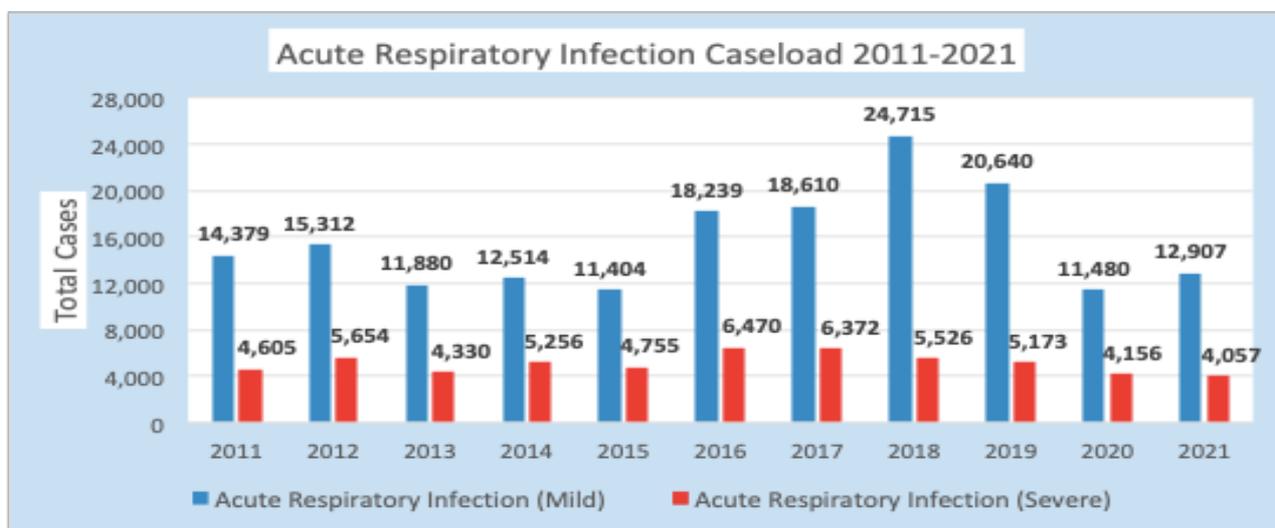


Table 9: Mental illness problem January – December 2021

No	Field Areas	< 5 ages		≥ 5 ages		Total
		Men	Women	Men	Women	
1	Taungoo	0	0	0	2	2
2	Pa An	0	0	0	1	1
2	Mergue/Tavoy	0	0	18	37	55
Total		0	0	18	40	58

Referral cases list:

Table 10: Patient Referral January – December 2021

No	Area Name	<5 ages		≥5 ages		EmOC	Total
		Men	Women	Men	Women		
1	Taungoo	0	1	1	0	1	3
2	Kler Lwee Htoo	0	0	2	0	0	2
3	Thaton	2	0	0	0	16	18
4	Papun	0	0	4	1	0	5
5	Pa An	4	1	4	6	17	32
6	Kawkareik	0	0	3	0	0	3
7	Win Yee	4	1	1	0	5	11
8	Mergue/Tavoy	1	0	5	2	3	11
Total		11	3	20	9	42	85

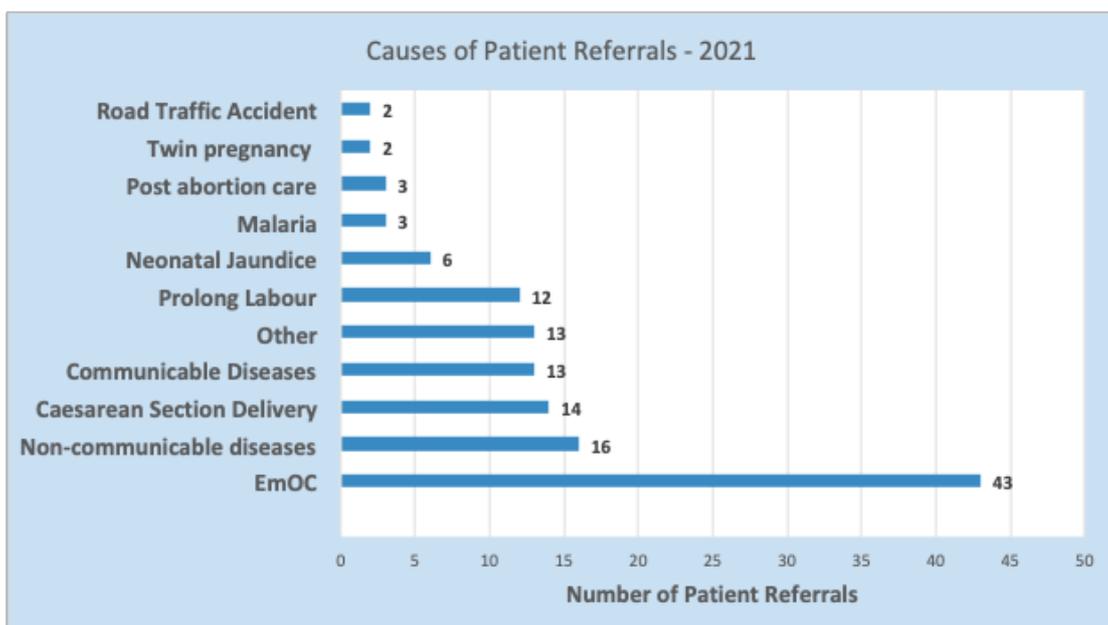
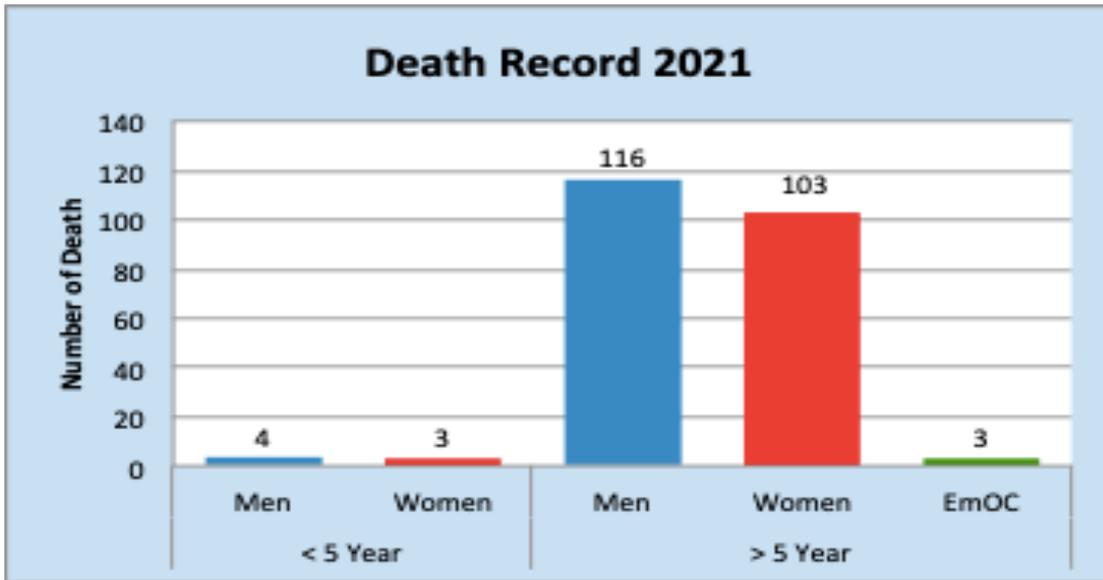


Table 11: Referral January - December 2021

MCH cases name	Case no	CD/NCD Cases name	Case no
Neonatal Jaundice	6	Malaria	3
Road Traffic Accident	2	Appendicitis	3
Neonatal Cases Total	8	Acute injury	2
		GUDU	2
Caesarean Section Delivery	14	Hepatitis?	3
Prolong Labour	12	Meningitis	2
E - clampsia	3	Sever Pneumonia	2
Post Abortion Care	3	Haemorrhagic Brain	1
Tranverse Lie	2	Hypertension	1
Twin Preganacy	2	Necrotisiy Fascitis	1
Abnormal Feature Presentation	1	Pyelonephritiis Syndrome	1
Breech Presentation	1	Urinary Tract Infection	1
Hysterectomy(P)	1	Dengue Fever	1
Placenta Previa	1	Alocohol with draw	1
Pregnancy With Anemia	1	Gunshot	1
Retain Pleaceta	1	Abdomen Distention	1
Postpartum Sepsis	1	Prostalitis	1
EmOC total	43	Prostic gland genlarse	1
		Suspected Tuberculosis	1
		Thalassaemia	1
		Urine Stone	1
		Vaginal Abdnormal	1
		No Congenital Malformations	1
		Seizune	1
		Total	34

Table 12: Hospital/ Clinic of Referral January - December 2021

RF To	RF Case no	RF To	RF Case no
Pha Lan Taung Hospital	10	Ta Gu Clinic	2
Myawaddy Hospital	9	Taw Nor Hospital	2
Kawkareik Hospital	5	Pan Sbel Pyu Pravite Hospital	2
Ah Nal Kway Hospital	4	Tha Mah Gon Shein Hospital	1
Hpa-an Hospital	4	Baw Sei Kho Hospital	1
Dawei Hospital	4	Taw Win Thu Ka Clinic	1
Chaung Nar Kwa Hospital	3	Pyar Dae Pan Clinic	1
Na Bue Hospital	3	Chinmai Hospital	1
Thaton Hospital	3	Hlaingbwe Hospital	1
Taw Win Thu Kha Clinic	3	Kaw Mu Del Clinic	1
Paya Thone Sue Hospital	2	Oh Pha Hospital	1
Taung Ka Lay Hospital	2	Ta Gon Tine Hospital	1
Myint Tar Hospital	2	Kyauktaw Hospital	1
Ta Oh Del Clinic	2	Myeik Hospital	1
Umphang Clinic	2	Papun Hospital	1
Tanitharyi Hospital	2	Ta Eu Wah Plaw Clinic	1
Lay Kay Hospital	2	Thein Saik Hospital	1
Shwe Ko Koh Hospital	2	Thandaungyi Hospital	1
Total	64	Total	21

Table 13: Summary of Field's target Area Death record on January to December 2021

No	Areas	< 5 ages		> = 5 ages		RH	Total
		Men	Women	Men	Women		
1	Kler Lwee Htoo	1	0	4	3	0	8
2	Papun	1	2	28	18	1	50
3	Pa An	2	0	62	56	1	121
4	Dooplaya	0	0	9	10	1	20
5	Win Yee	0	1	4	4	0	9
6	Mergue/Tavoy	0	0	9	12	0	21
Total		4	3	116	103	3	229

Table 14: Death cases: Jan-Dec 2021

Case name	Case no	Case name	Case no	Case name	Case no
Old Death	18	Diabetes	4	Hemorrhagic Brain	1
Cancer	10	Hypertension	3	Kidney Stone	1
Road Traffic Accident	7	Heart Diseases	2	Necrotisyy Fasciitis	1
Stroke	6	Hepatitis B	2	Edema	1
Suicide	5	Shock	1	Pregnancy with Heart Disease	1
Renal Failure	4	Ascites	1		
Total	50		13		5

Table 15: Field Workshops and Meetings Jan - Dec 2021

Description	# of Workshops/Meetings	Men	Women	Total
Field Workshops	6	55	79	134
Field Meetings	3	34	41	75
Total	9	89	120	209

Workshops:

1. Field workshops and field meeting at the field area during in - January to December 2021

Discussion topic:

- Distribution of Micronutrients tablets for pregnant and lactating
- Conduct IYCF counseling sessions for pregnant and lactating women, family members and caretakers
- MCH _ EmOC, ECC referral to Private hospital guide and document report
- Pharmacy management & provide medicine In / Out balance
- Mental health and treatment for who are treated mental illness
- Malaria treatment guide line & case management
- Data collection and report
- Coordination & collaboration with local CSO/CBO and state holder
- Financial reporting system (all activities budget)
- Recommendation and future plan



Field meeting in Hpa an field area

2. Village Health Worker Multiplier workshop

Discussion topic:

- Top 5 common diseases.
- IMCV activities data collection report format
- Supervisor site visit & Supervision checklist
- Health education method
- Refer

3. Program Virtual M&E meeting

Discussion topic:

- Review program activities plan
- Field area need and challenges
- Correct data collection & report in quarterly
- Medicine & Supplies
- Referral

4. Mental Health Online training

Discussion Topics:

- Importance and connection of psychosocial elements across mental health
- What is psychosis?
- Drug use disorder
- Alcohol use disorder
- Alcohol Dependency and withdrawal
- Deliberate self-harm & Suicide
- Case management & Treatment
- Principles of Counseling
- Psychological First Aid

5. MCP program reviewing facing challenges

- Most of Field In charge is take multi task so they have burden and difficult focus on BPHWT activities in this time.
- In active conflict area communication and coordination was difficult among stakeholders
- Due to Procurement and Logistic process, supplies were delay to field area.
- The process was delayed due to the lack of timely delivery of funds to the implementing workers as the financial support flow went through the above stages.
- Another is the shortage of medicines and supplies needed in the region.
- Current COVID-19 Third Waves spread in Myanmar, and area situation were lock down and restrict travelling and Mobile visits are restricted due to current political situations and reporting becomes a challenge too.
- Beyond the Myanmar military coup, security was not safe so mobile treatment was restricted in some area.
- There are 3 field areas of Palaung, Shan, and Hpa pun field area delay to send their field activities reports. Therefore, we could not add their data be on time for this reporting period.

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, Village Health Workshops and Village Health Worker Workshop.



Nutrition activities

CHEPP Objectives:

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

(1) Water and Sanitation Sub-Program:

In 2021, the BPHWT installed **3** gravity flows, **12** shallow wells, **260** latrines, and **5** water filters to the targeted communities in field areas. There were **980** people who gained access to gravity flow water system, **436** people who now access to shallow wells and **1,251** populations who have access to latrines.

Table 1: Numbers of Gravity Flows, Shallow Wells, and Latrines Installed

No.	Area Name	No. Gravity Flows	HH	Population		
				Men	Women	Total
1	Mergue/Tavoy	3	230	438	542	980
Total		3	230	438	542	980
No.	Area Name	No. Shallow Wells	HH	Population		
				Men	Women	Total
1	Thaton	12	80	235	201	436
Total		12	80	235	201	436
No.	Area Name	No. Latrines	HH	Population		
				Men	Women	Total
1	Mergue/Tavoy	260	260	588	663	1251
Total		260	260	588	663	1,251
No	Area Name	No. Water Filter	HH	Population		
				Men	Women	Total
1	Papun	5	312	254	246	500
Total		5	312	254	246	500

(2) WASH awareness workshop

During the period from January to December 2021, the BPHWT organized 35 of WASH awareness workshops. There were 29 villages in 17 village tracts of four townships: Billin, Kyaninseikgyi, Dawei, Thdaunggyi, Tanritharyi, Pa An and Papun Township. The total numbers of participants were 1,585, comprised of 591 men and 994 women.

Objective of WASH awareness workshop:

- To identify and can prevent the water borne diseases
- To promote the knowledge of water and sanitation to the community.
- The benefit of using latrine and practicing of using latrine
- To address on health issues and share knowledge to the community

During the workshop, the health workers introduced TBC/LIFT STAND UP project's activities to the community, which partner that supported through by TBC/LIFT STAND UP project. Before conducting workshop, the topics were selected according to their situation. There was a workshop assessment the end of the training to learn their improvement of health knowledge and skill.

Discussion topics are:

- The useful of latrines
- Maintaining of water filtration
- Water borne diseases
- Water sources
- Environmental sanitation
- Maintaining of water sources
- How to clean water tanks and pipes
- Waste management
- Community Led Total sanitation method

No	Area Name	# of WASH workshop	Men	Women	Total
1	Taungoo	3	43	46	89
2	Thaton	13	120	425	545
3	Win Yee	8	132	254	386
4	Mergue/Tavoy	3	103	71	174
5	Papun	8	193	198	391
Total		35	591	994	1,585

(3) School Health Sub-Program:

Through this Sub-Program, school children and their teachers received health education from health workers. In 2021, the BPHWT implemented school health program in **233** schools with **835** teachers and **19,155** 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.

Table 3: Number of participants in school health sub-program

No	Field Areas	# of Schools	Students		Teachers		Total
			Boys	Girls	M	W	
1	Thaton	14	1,106	1,251	14	38	2,409
2	Pa An	21	724	726	21	34	1,505
3	Kler Lwee Htoo	22	699	803	22	31	1,555
4	Papun	96	2,992	3,266	93	331	6,682
5	Dooplaya	17	628	781	6	21	1,436
6	Win Yee	3	200	225	10	15	450
2	Yee	30	851	813	19	67	1750
3	Moulamein	30	2,040	2,050	31	82	4,203
Total		233	9,240	9,915	216	619	19,990
			19,155		835		

(4) 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 2021, there are 16,708 children received de-worming medicines and 19,963 children received Vitamin A.

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	Kayan	58	50	528	533	409	413	995	996
2	Taungoo	47	47	163	164	197	58	407	269
3	Thaton	47	43	290	322	276	298	613	663
4	Papun	142	134	376	435	1,203	1,295	1,721	1,864
5	Kler Lwee Htoo	0	0	64	39	63	73	127	112
6	Kawkareik	28	35	48	36	76	71	152	142
7	Win Yee	0	0	98	99	74	104	172	203
8	Mergue/Tavoy	44	64	471	519	768	832	1,283	1415
9	Yee	63	58	547	601	930	1,223	1,540	1,882
10	Moulamein	130	146	857	913	1,650	1,711	2,637	2,770
		559	577	3,442	3,661	5,646	6,078	9,647	10,316
		1,136		7,103		11,724		19,963	

(5) Nutrition awareness workshop

From January to December 2021, the BPHWT organized 89 nutrition workshops. There were 43 villages of five village tracts in three townships. They are Bo Khar Lay Kho village tracts in Thadaunggyi, Kyat Khat Chaung and Ta Oh Khee village tract in Billin and Htee T'Blu Hta and Ma Taw village tracts in Papun townships. The total numbers of beneficiaries were 4,703, comprised of 1,569 men and 3,134 women.



Health worker provided nutritional food to the community

Objectives of nutrition awareness workshop:

- To promote the knowledge of nutrition to the community, there must be more relationship between health workers and community members.
- To know more about Infant and Young Child Feeding.
- To identify and understanding of three main food group.

Table 5: Numbers of Children Receiving De-Worming Medicine

No	Field Area	Age (1 - 12 Years)		Total
		M	F	
1	Kayan	936	945	1,881
2	Taungoo	186	225	411
3	Thaton	675	653	1,328
4	Papun	1,549	1,561	3,110
4	Kler Lwee Htoo	47	66	113
5	Kawkareik	76	71	147
6	Win Yee	234	266	500
7	Mergue/Tavoy	1,284	1,355	2,639
8	Yee	1,132	1,138	2,270
9	Moulamein	2,055	2,254	4,309
Total		8,174	8,534	16,708

During the workshop, the communities have more knowledge about nutrition. The participants were pregnant women, community authorities, and other adults. The discussion topics are:

- Important of practicing IYCF (1,000days)
- Supplementary feeding
- Aim of breast-feeding and benefit.
- Objective of three main food groups. What included in three-food group.
- Causes of malnutrition (mild, moderate and severe)
- Definition of malnutrition
- Feeding and nutrition for children

- Danger signs during pregnancy
- Daily nutritious foods
- ANC & PNC
- Personal hygiene
- Referring children if there is no improvement

Table 6: Nutrition awareness workshop and Participant list

No	Area Name	# of Nutrition workshops	Men	Women	Total
1	Taungoo	26	346	556	902
2	Thaton	19	235	810	1,045
3	Papun	44	988	1,768	2756
Total		89	1,569	3,134	4,703

(6) Nutrition screening

From January to December 2021, BPHWT conducted screening in three areas: Thaton, Thandaunggyi and Papun. The objective of nutrition screening is:

- To systematically screen and monitor 75% of children under five in three village tract to identify malnutrition using MUAC.

The screening targets for the children who are the age of less than 5 years old to six months. The screening was conducted by MUAC. The health workers used the WHO guideline as provided by TBC for this screening. There are three level of malnutrition recognized by WHO: healthy, moderate and severe malnutrition.



Health worker measured of the MUAC to the children

The total numbers of children were 1,652 (820 Boys & 832 girls) under five children were screened in 43 villages of five village tracts. The total numbers of children who are healthy in malnutrition were 797 boys and 793 girls, moderate malnutrition - 21 boys and 31 girls, and severe malnutrition - 2 boys and 8 girls. At the same time, BPHWT also provided nutrition health awareness workshop in the TBC/ STAND UP target areas.

According to the nutrition screening result, BPHWT provide nutrition food for moderate malnutrition. It is Beans, Oil, Potato, Sugar and Asia Remix by Supplementary Feeding Program (SFP) and BPHWT also provided treatment for severe malnutrition by Treatment Feeding Program (TFP). It is antibiotics, Vitamin A, De-worming and when they get condition well in treatment program we try to follow up with Supplementary Feeding Program within accessible health clinic.

No	Area	# of Village	# of Child	Participant s		Several		Moderate		Healthy	
				M	F	M	F	M	F	M	F
1	Thaton	9	340	160	180	0	1	4	8	156	171
2	Taungoo	11	350	171	179	0	0	2	6	169	173
3	Papun	23	962	489	473	2	7	15	17	472	449
Total		43	1,652	820	832	2	8	21	31	797	793
						10		52		1,590	

(7) Village Health Workshops:

During the period of 2021, the BPHWT organized **20** Village Health Workshops in 7 Field Areas. Through these workshops, there were **843** 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.

No	Areas	# of VH workshops	Participants		Total
			M	W	
1	Taungoo	2	8	12	20
2	Thaton	5	37	224	261
3	Papun	3	71	56	127
4	Win Yee	4	78	131	209
5	Yee	2	10	14	24
6	Mergue/Tavoy	3	103	71	174
7	Chin (WLC)	1	12	16	28
	Total	20	319	524	843

(8) 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 **64** VHW workshops were organized with **3,585** VHWs.

Table 9: Number of Village Health Worker Workshops and Participants

No	Areas	# of VHW Workshops	Participants		Total
			M	W	
1	Toungoo	5	41	114	155
2	Thaton	8	133	345	478
3	Papun	10	229	363	592
4	Pa An	10	118	245	363
5	Dooplaya	8	176	264	440
6	Kawkareik	1	36	36	72
7	Win Yee	8	122	266	388
8	Mergue/Tavoy	2	61	78	139
9	Yee	4	109	128	237
10	Moulamein	5	154	197	351
11	Chin (WLC)	3	190	180	370
Total		64	1,369	2,216	3,585

(9) Village Health Committee (VHC) workshop

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 125 VHC meetings within 1,511 participants.

Table 10: Village Health Committee Meeting and Participant list

No	Areas	# of VHCs meetings	VHC member		Other Participants		Total
			Men	Women	Men	Women	
1	Thaton	2	6	10	9	12	39
2	Taungoo	5	16	22	28	37	103
3	Pa An	42	74	70	148	128	420
4	Special	7	16	12	14	26	68
5	Dooplaya	34	59	32	155	117	363
6	Kawkareik	14	33	27	77	58	209
7	Win Yee	20	43	50	88	94	275
8	Yee	1	5	6	10	13	34
Total		125	252	229	529	485	1,511

C. Maternal and Child Healthcare Program (MCHP)

During period of January to December 2021, the MCHP was carried out across 12 field areas. While **1,725** babies were delivered, four still-births were recorded. There was also one maternal death recorded across all field areas due to Post-partum Haemorrhage. There were **1,667** 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.



Health worker provided birth record

Objectives:

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

MCHP Data January to December 2021

Table 1: Summary Facts of the MCHP's Activities	
Description	Totals
Total Delivery	1,725
Live Births	1,721
Still Births	4
Neonatal Deaths	0
Maternal Deaths	0
Low Birth Weight	84
Pregnant women receiving d-worming medicine	1,580
Pregnant women and women receiving iron	1,667
Newborn babies receiving birth records	1,167
TBA/TTBA kits distributed	0
Maternity kits distributed	1,230
Family planning clients	2,939
Attendant by TBA/TTBA	904
Attendant by Health worker	625
Attendant by other	196
PNC within 2 day	894
Provide oxytocin	343

(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 **73** TBA/TTBA workshops conducted with the participation of **532** trained TBAs/TTBAs.



TBA workshop

Discuss of topics.

- Antenatal Car (ANC)
- Postnatal Care (PNC)
- Danger sign 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	Kayan	4	0	40	40
2	Special	4	3	18	21
3	Taungoo	3	0	48	48
4	Kler Lwee Htoo	4	1	39	40
5	Thaton	2	11	23	34
6	Pa An	14	9	74	83
7	Dooplaya	14	14	59	73
8	Kawkareik	8	4	37	41
9	Win Yee	8	1	44	45
10	Mergue Tavoy	4	9	20	29
11	Pa Oh	2	0	18	18
12	Palaung	6	0	60	60
Total		73	52	480	532

Table 3: Number of Birth record

Area	Male	Female	Total
Special	5	7	12
Taungoo	10	17	27
Papun	224	259	483
Thaton	76	65	141
Pa An	195	188	383
Dooplaya	174	156	330
KawKareik	15	30	45
Win Yee	119	108	227
Mergue/ Tavoy	11	8	19
Total	829	838	1,667

Table 4: Number of Birth and Death Record

No	Area	Deliveries	Live Births	Still Births/ Abortions	Deaths		<2.5 Kg	=>2.5 Kg
					Neonatal	Maternal		
1	Kayah	0	0	0	0	0	0	0
2	Kayan	75	75	0	0	0	0	74
3	Special	0	0	0	0	0	0	0
4	Taungoo	41	40	1	0	0	2	36
5	Klew Lwee Htoo	44	44	0	0	0	0	41
6	Thaton	161	161	0	0	0	2	156
7	Papun	230	230	0	0	0	16	176
8	Pa An	392	390	2	0	0	27	392
9	Dooplaya	304	304	0	0	0	29	304
10	Kawkareik	69	69	0	0	0	0	2
11	Win Yee	207	206	1	0	0	8	199
12	Mergue /Tavoy	85	85	0	0	0	0	0
13	Yee	117	117	0	0	0	0	113
14	Shan	0	0	0	0	0	0	0
15	Palaung	0	0	0	0	0	0	0
16	Chin	0	0	0	0	0	0	0
17	Arakan	0	0	0	0	0	0	0
18	Kachin	0	0	0	0	0	0	0
19	KBC	0	0	0	0	0	0	0
20	Pa O	0	0	0	0	0	0	0
Total		1,725	1,721	4	0	0	84	1,493

(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, **29** RH awareness workshops were organized. There were **1,485** participants. The purpose is to increase reproductive health awareness in the communities and to increase community participation in MCH program.

Reproductive Health Awareness Topics:

- GBV Topics
- Definition of gender and sex
- Definition of GBV, 6
- 6 main category of GBV
- 4 main services that survivor might need
- Gender stereotype
- Family planning
- Advantages and disadvantages and accessible

Table 5: RH awareness raising

Area	# of RH	<18		≥ 18		Total
		Men	Women	Men	Women	
Pa An	9	92	140	92	172	496
Dooplaya	10	100	172	97	202	571
Kawkareik	4	22	44	11	52	129
Win Yee	6	6	9	84	190	289
Total	29	220	365	284	616	1,485

(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, **50** health education awareness workshops were organized. There were **1,646** participants. The purpose is to increase reproductive health awareness in the communities and to increase community participation in MCH program.



Provided health education that concerning of food group

Discuss of topics

- Sexually transmission diseases,
- Dengue fever
- COVID-19
- Danger sign of during pregnancy,
- Nutrition,
- Family planning
- Diarrhea
- Referral guide line
- ANC visit schedule
- Hand washing
- Pneumonia

Table 6: Health Educations participant list

NO	Area	# of Health Education	<15		> = 15		Total
			Men	Women	Men	Women	
1	Pa An	14	0	14	130	315	459
2	Dooplaya	14	15	44	136	237	432
3	Kawkareik	8	18	23	95	130	266
4	Win Yee	8	1	1	94	224	320
5	Special	6	0	2	72	95	169
Total		50	34	84	527	1,001	1,646

(5) GBV awareness raising workshop

The BPHWT has conducted GBV awareness raising workshops in the field areas the age of under 18 years to over 18 year participants. During this reporting period, **20** workshops were organized and **1,028** participants attended.

Discussion topics

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

Table 7: GBV awareness raising

NO	Area	# of GBV	<18		> =18		Total
			Men	Women	Men	Women	
1	Pa An	6	54	65	80	124	323
2	Dooplaya	6	35	70	58	158	321
3	Kawkareik	4	19	67	26	70	182
4	Win Yee	4	6	21	42	133	202
Total		20	114	223	206	485	1,028

(6) Nutrition for pregnancy

The BPHWT has started to distribute nutrition foods to pregnant women in the field areas since late 2015. In 2021, the activity of nutrition for pregnancy was only conducted in Special, Taungoo, Thaton, Kler Lwee Htoo, Pa pun, Pa An, Dooplaya, Merque/Tavoy, Kawkariiek and Win Yee field areas. The nutritious foods are yellow bean, eggs, oil, and tomatoes. The total number of pregnant women received nutritional food is **9,208**. The table below shows the number of total pregnant women who received nutritious foods by monthly.



Delivered of nutrition food to pregnancy

Table 8: Number of pregnant women receiving nutrition foods

NO	Area	# of BP Teams	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Special	2	0	0	69	0	0	69	0	0	66	0	0	65
2	Taungoo	4	40	40	40	40	40	40	66	66	66	111	111	111
3	Kler Lwee Htoo	7	0	0	0	0	0	0	0	0	0	128	128	129
4	Thaton	7	70	70	70	70	70	70	75	75	75	294	278	284
5	Papun	6	135	135	135	135	135	135	135	392	392	440	434	437
6	Pa An	7	0	0	290	0	0	297	0	0	200	0	0	270
7	Dooplaya	7	0	0	328	0	0	324	0	0	296	0	0	317
8	Kawkareik	4	0	0	108	0	0	108	0	0	104	0	0	120
9	Win Yee	4	0	0	171	0	0	185	0	0	0	0	0	172
10	Mergue/Tavoy	3	0	0	0	0	0	0	0	0	0	47	57	42
Total		51	245	245	1,211	245	245	1,228	276	533	1,199	1,020	1,008	1,947

Table 9: Details of De-worming and Ferrous Sulphate data

No.	Areas	De-Worming	F/S & F/A
1	Kayah	0	0
2	Kayan	75	72
3	Special	0	0
4	Taungoo	41	41
5	Kler Lwee Htoo	39	39
6	Thaton	120	144
7	Papun	175	152
8	Pa An	392	392
9	Dooplaya	304	304
10	Kaw kareik	69	69
11	Win Yee	207	207
12	Mergue /Tavoy	41	85
13	Yee	117	117
14	Shan	0	0
15	Palaung	0	0
16	Chin	0	0
17	Arakan	0	0
18	Kachin	0	0
19	KBC	0	0
20	Pa O	0	0
	Total	1,580	1,622

(7) Family Planning Activities

In 2021, the BPHWT provided family planning services to **2,939** people comprised of **71** 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.



Health worker provided ANC care

Table 9: Family planning data January –December 2021

No	Area	Age		Visits			Clients				
		< 19	> = 19	New	F/ U	Depo	Pill	Condom	Implant	other	Total
1	Kayah	1	30	1	30	19	12	0	0	0	31
2	Kayan	0	72	15	57	45	27	0	0	0	72
3	Special	1	11	12	0	4	3	0	5	0	12
4	Taungoo	0	71	16	55	29	40	2	0	0	71
5	Klew Lwee Htoo	0	0	0	0	0	0	0	0	0	0
6	Thaton	4	257	74	187	136	34	0	91	0	261
7	Papun	9	209	49	169	131	84	3	0	0	218
8	Pa An	36	391	122	305	226	85	10	106	0	427
9	Dooplaya	12	410	80	342	291	114	17	0	0	422
10	Kawkareik	6	199	44	161	156	43	6	0	0	205
11	Win Yee	17	352	36	333	198	113	29	29	0	369
12	Mergue/Tavoy	0	380	187	193	140	140	4	96	0	380
13	Yee	23	319	38	308	245	79	0	18	0	342
14	Shan	0	0	0	0	0	0	0	0	0	0
15	Palaung	0	0	0	0	0	0	0	0	0	0
16	Chin	0	0	0	0	0	0	0	0	0	0
17	Arakan	0	0	0	0	0	0	0	0	0	0
18	Kachin	0	41	36	5	22	19	0	0	0	41
19	KBC	0	0	0	0	0	0	0	0	0	0
20	Pa O	5	83	44	44	68	20	0	0	0	88
Total		114	2,825	754	2,189	1,710	813	71	345	0	2,939

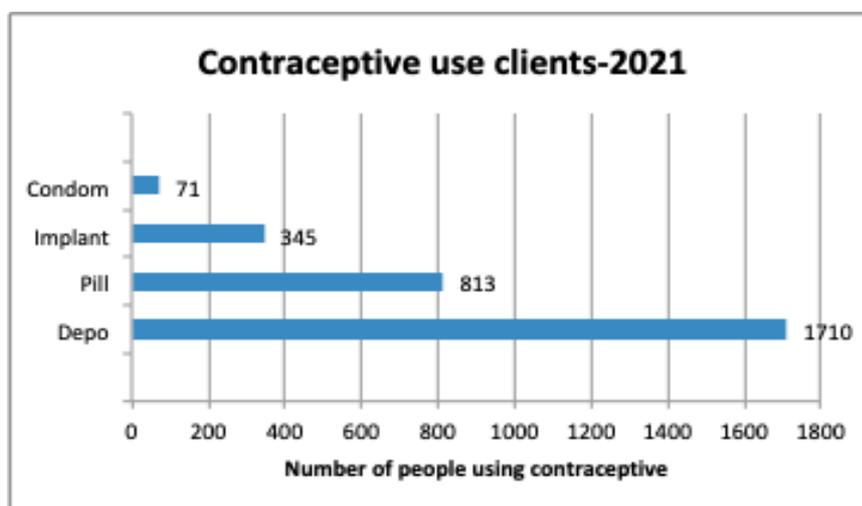


Table 12: Summary Facts of Monitoring and Evaluation (M & E) trips (Jan-Dec 2021)

Date	Area names /BP's name	Attendants
16 June 2021	Win Yee/ Mae Za Li	Naw Eh Hser Paw
8 June 2021	Win Yee/ Ko Young	Naw Eh Hser Paw
26 Sep 2021	Pa An / Noh Kwee	Naw Eh Hser Paw

Table 13: Summary Facts of Monitor(Jan-June2021)

Date	Area names /BP's name	Facilitator	Attendance
1-7 June 2021	Pa An area, Naung Kai	Naw Eh Hser Paw, Mose Win, Jue Ni, Aung Than Oo, Naw Htoo, Saw Hser Gay, Hel Poe Htoo , Saw Ler and Kpru Htoo	13 from Pa An area and 3 From Kaw kareik area
19 June 2021	Win Yee area/ Noh Pah Htaw	Naw Eh Hser Paw, Mose Win, Jue Ni, Aung Than Oo, Naw Htoo, Saw Hser Gay, Hel Poe Htoo , Saw Ler and Kpru Htoo	12 from Win Yee area and 8 from Dooplaya area

Table 14: Summary Facts of Field Monitoring and Evaluation (M & E) trips (Jan-June2021)

Date	Area names	# of Monitoring trips
March to June 2021	Special	4
March to June 2021	Pa An	14
March to June 2021	Dooplaya	14
March to June 2021	Kawkareik	8
March to June 2021	Win Yee	8
Total		48

Table 15: Summary Facts of MCH program workshop			
Date	Venue	Attendants	Facilitator
9-15 June 2021	Noh Pah Htaw Clinic	Male-2 and Female 18	Naw Eh Hser Paw, Aung Than Oo, Naw Htoo, Saw Hser Gay, K Pru Htoo, Hel Poe thoo,
1-7 June 2021	Naung Kai Clinic	Female – 16	Naw Eh Hser Paw, Aung Than Oo, Naw Htoo, Saw Hser Gay, K Pru Htoo, Hel Poe thoo,
23-29 December 2021	Online Vitual	Male-1 , Female- 26	Mose Mose Win, Jue Ni Paw, Eh Hser Paw, Aung Than Oo, Naw Htoo, Saw Ler, Hel Poe Htoo, Kpru Htoo, Saw Hser Gay

5. FIELD MEETINGS AND WORKSHOPS

The BPHWT conducts field workshops and field meetings twice a year. During the first six-month period of 2021, there were **6** field workshops and **3** field meetings conducted in the targeted field areas; there were **75** participants who attended field meetings and **134** participants who attended field workshops.

6. COVID-19 ACTIVITIES

During this period of January to December 2021, the BPHWT providing COVID-19 response activities are:

- Provided telecommunication trainings of COVID-19 surveillances and oxygen therapy for field health worker
- Develop COVID-19 Surveillance tools.
- Distribution COVID-19 Prevention Supplies
- Distribution COVID-19 Medical Equipment
- Distribution COVID-19 Health Education Materials.
- Distribution COVID-19 Guideline.
- Conduct COVID-19 Health Education Awareness.
- Set Up wash and sanitation activities in fever clinic.
- Conduct Village Health Committee.
- Provided COVID-19 ART testing and treatment.
- Provided Nutrition for COVID-19 Positive patient within quarantine period.
- Clinic Renovation.

(1) Provided telecommunication training of COVID-19 surveillances and oxygen’s therapy for field health workers.

During this reporting period the BPHWT conduct training for COVID-19 pandemic surveillance and Oxygen therapy with telecommunication in Karen and other ethnic BPHWT areas.



Telecommunication training of COVID-19

Training Objectives:

Beyond COVID-19 surveillance and oxygen therapy participants should perform on essential public health and clinical measures for response on COVID-19 pandemic.

Training Topic:

- VTHC-Fever clinic SOP
- VTHC-Fever clinic setting and IPC.
- Diagnostic testing procedures with RDT.
- Criteria of COVID-19 Antigen test.
- COVID-19 Epidemiology.
- COVID-19 Definitions (Suspected, Probable, Confirmed Case and Contact person)
- Surveillance Quarantine, Isolation.
- Quarantine (Home or Community Center)
- Isolation (Home or Clinic) care management.
- Management guideline of COVID-19 – Mild case and Moderate cases.
- Referral criteria and procedures.
- Infection and Control.
- Waste Management.
- Vaccine (in general)

Table 1: Provided COVID-19 Pandemic with telecommunication for field health worker				
# of training	# of field area	Participants		
		W	M	Total
2	14	42	29	71
Total	14	42	29	71

(2) Develop COVID-19 Surveillance tools and guideline

During this reporting period, the BPHWT coordinated and corporation with local partner to develop guideline and surveillance tools and form at the BPHWT targeted areas.

The BPHWT managed to develop guideline, tools, and form were:

- COVID-19 Treatment Guideline.
- Infection prevention control guideline.
- COVID-19 screening form.
- COVID-19 patient monitoring form.

(3) Distribution Prevention Supplies

During this reporting period, the BPHWT Distribution COVID-19 supplies in the targeted areas. The BPHWT distribution COVID-19 supplies were:

Table 2: Lists of areas and units		
No.	Area Name	# of Units
1	Thaton	14
2	Taungoo	10
3	Kler Lwee Htoo	14
4	Mergue /Tavoy	14
5	Papun	24
6	Dooplaya	14
7	Win Yee	8
8	Kawkarike	8
9	Pa An	16
10	Special	4
	Total	126

COVID-19 Supplies Lists in each unit

Table 3: COVID-19 Prevention Supplies lists			
No.	Items	Packing	QTY
1	Surgical masks	box	10
2	KN95 mask (10pcs/box)	box	5
3	Liquid soap	Bottle	5
4	Hand sanitizer (500ml Al 96%)	pcs	5
5	PPE (size L)	set	20
6	Examination gloves	Box	5

(4) Distribution COVID-19 Medical Equipment for COVID-19 Treatment Center.

During this reporting period, the BPHWT Distribution COVID-19 medical equipment's in the targeted areas. The BPHWT distribution COVID-19 medical equipment's were:

Table 4: Lists of areas and Units		
No.	Area Name	# of Units
1	Thaton	2
2	Taungoo	1
3	Win Yee	2
4	Pa An	2
5	Dooplaya	2
	Total	9

(5) Distribution COVID-19 Prevention Supplies

Between in January to december 2021, provide the COVID-19 Prevention supplies for 63 BPHWT at nine areas which were Thaton, Taungoo, Kler Lwee Htoo, Mergue/Tavoy, Paupn, Dooplaya, Win Yee, Pa An and Special areas.

Lists of COVID-19 Supplies

Table 5: COVID-19 Medical Equipment for COVID-19 Treatment Center.

No	Items	Packing	QTY
1	COVID-19 rapid test	pcs	5600
2	Face shield	pcs	500
3	PPE full set	set	500
4	Disposal Trash bag	pcs	8
5	Disposal Bouffant Caps (Elastic)	pcs	5000
6	Chlorine for disinfection	Kg	30
7	Oxygen mask Adult	pcs	70
8	Oxygen mask child	pcs	70
9	Oxygen mask with resivior bag	pcs	70
10	Oxygen cannula Adult	pcs	70
11	Oxygen cannula Child	pcs	70
12	Oxygen cylinder (40L) with flow meter	pcs	18
13	Oxygen trolley for 40 liter	pcs	8
14	Oxygen cylinder (15L) with flow meter	pcs	24
15	Oxygen trolley for 15L liter	pcs	8
16	Oxygen (concentrator-medical grade) 7F-10 w	pcs	7
17	Trash bin	pcs	12
18	BP Cuff (Child)	pcs	12
19	Stethoscope Adult	pcs	12
20	Stethoscope Child	pcs	12
21	Pulse oximeter (US)	pcs	20
22	Digital blood pressure cuff	pcs	8
23	Hemoglobin Color Scale Complete	pcs	6
24	Glucometer	pcs	8
25	Glucose strips (25 strips per box)	Pcs	8
26	Toothpaste	pcs	600
27	Toothbrush	pcs	600
28	Soap	pcs	600



Distribution of medical equipment and COVID-19 supplies

(6) Distribution COVID-19 Health Education Materials

During this reporting period, the BPHWT distributed Health Education materials in the four clinics for communities in order to use in the meeting and awareness, they are:

- Loud Speaker
- Sound Box.
- Micro Phone.
- Karen Language and Burmese Language Posters for prevention of COVID-19.



Provided health education for COVID-19 pandemic

(7) Distribution COVID-19 Guideline

During this reports period the BPHWT distributed COVID-19 treatment guideline in the 63 BP time for to management and treatment COVID-19 infected patient.

Table 6: Distribution COVID-19 treatment Guideline

No.	Area Name	Number
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
	Total	63

(8) Conducted COVID-19 Health Education Awareness

Objectives:

- Understand on evolutionary stages of COVID-19 disease,
- Access COVID-19 vaccine to local people in their respective area.
- Improve their knowledge on COVID-19 vaccine
- Understand correct information about COVID-19 vaccine.



COVID-19 health education awareness

During this reporting period, the BPHWT conducted **37** awareness workshops; however, utilized telecommunication for two sessions of COVID-19 awareness. The awareness workshops were conducted with local peoples in line with the COVID-19 protocols. There were **1,785** participants, involved **852** men and **933** women.

Topics were:

1. Summarize on COVID-19 pandemic disease.
2. Awareness on COVID-19 vaccination and receive this.
3. Share COVID-19 Vaccine product countries.
 - Vaccine types, manufacturing methods, and which doses.
 - Effect of vaccine.
 - Side effects of the vaccine.
 - Benefits of vaccination.

Table 7: COVID-19 health education awareness of field area and Participation					
No	Area Name	# of Session	Participants		
			M	W	Totals
1					
2	Thaton	6	125	138	263
3	Taungoo	5	146	170	316
4	Dooplaya	7	112	134	246
5	Win Yee	9	224	267	491
6	Pa An	10	245	224	469
	Total	37	852	933	1785

(9) Set up WASH activities in fever clinic

During this reporting period, the BPHWT installed 17 hand washing basins, constructed six toilets in the clinic and facility quarantine. And then distributed 11 readymade drinking water filter and distributed medical waste materials in clinic to improve infection prevention control and medical waste management.

10) Conduct Village Health Committee

During this reporting period, the BPHWT conducted *eight* VHC meeting in target areas. There were (169) participants, involved 96 men and 73 women.

Discussion Topics:

- Review Last VHC Meeting
- Explain current COVID-19 pandemic conduction.
- Displayed COVID-19 response activities at clinic.



VHC meeting for COVID-19 response at Naung Kai clinic

- Continuous prevention measure on COVID-19 pandemic.
- Roles and responsibility of Village Health Committee for collaborating of COVID-19 response activities.
- Future plan.

Table 8: Participation of the VHC Meeting					
No.	Area Name	# of Meeting	Participants		
			M	W	Totals
1	Thaton	2	21	16	37
2	Taungoo	2	23	18	41
3	Win Yee	2	25	19	44
4	Pa An	2	27	20	27
	Total	8	96	73	149

(11) Provided COVID-19 ART testing and treatment

During this reporting period, the BPHWT health workers provided COVID-19 RAT tested and treatment in BPWHT fever clinic and treatment center and total treated were 428 cases.



Provided medical treatment to COVID-19 patients

Describe table show COVID-19 treated case.

Table 9: Number of COVID-19 tested and Treatment Cases						
No.	Area Name	Negative		Positive		Totals
		M	W	M	W	
1	Ta oh Khee	12	26	1	1	40
2	Htee Par Doh Hta	4	8	2	2	16
3	East Ka Lay Wah	0	0	2	2	4
4	Noh Maw Pu	8	2	8	10	28
5	Mae Ka Tha	42	24	34	16	116
6	Noh Par Htaw	99	14	28	22	163
7	Mae Zali	7	5	3	3	20
8	Noh Kwee	18	16	1	0	35
9	Naung Kai	4	1	1	0	6
	Total	194	96	80	56	428

(12) Provided Nutrition for COVID-19 Positive patient within quarantine period.

During this reporting period, Due to the COVID-19 pandemic disease third wave in August 2021, the trainees became infected with COVID-19 pandemic diseases at the Thy Bay Hta training center organized by BPHWT and in the Mae Ka Thar Village Tract communities. Therefore, the BPHWT provided food for 50 COVID-19 infected clients at Thy Bay Hta quarantine center and for 50 COVID-19 infected clients at Mae Ka Thar quarantine center.

(13) Challenge

When conveying the COVID-19 pandemic prevention materials and supplies to the State Administration Council (SAC)'s troops, an inquiry was made. Consequently, the SAC controls the internet connection so cannot utilize a telecommunication system for program implementation and communication. Further, COVID-19 pandemic delta spread at Mae Sod, Thailand and closing the cross border beside transportation is still difficult.

(14) Lesson learned

Between COVID-19 First Wave and Second Wave can be controlled therefore not spread widely. However, in COVID-19 type of delta which is spread very easily but the community were careless on this delta because of their daily wages and livelihood. Therefore, this COVID-19 delta is spread very easy not only in an urban but also in an ethnic area. On the other hand, every prevention has a hole thus all people need to prevent with prescribed protocols to COVID-19 pandemic delta.

7. CAPACITY BUILDING PROGRAM

During this period of 2021, 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 is shown in the table below.

Table 1: Training Implementation during January to December 2021

Training Course	Periods	Sites
1. Community Health Worker Training	10 mths	Thay Bay Hta, Win Yee and M/ Tavoy
2. Legal Awareness	3 days	Mae Sot
3. Medico Legal Guideline Workshop	1 day	Mae Sot
4. InDesign Training	3 weeks	Mae Sot
5. Basic Computer training	2 weeks	Mae Sot
6. Advance life saving training	1 month	Thaton, Taungoo, Kler Lwee Htu, M/ Tavoy, Pa Pun, Dooplaya, Pa An
7. First Aid ToT training	3 days	Mae Ka Ta
8. Organization Development	5 days	Mae Sot
9. First Aid Training	5 days	Thaton, Taungoo, M/Tavoy, Dooplaya, Pa Oh, Chin (WLC), Mon, Kayah, Kayah
10. Report Writing training	5 days	Mae Sot

Training Course	# of training	Participants		
		Women	Men	Total
1. Community Health Worker Training	3	111	88	199
2. Legal Awareness	1	15	17	32
3. Medico Legal Guideline Workshop	1	12	23	35
4. InDesign Training	1	7	9	16
5. Basic Computer training	1	12	7	19
6. Advance life saving training	7	74	112	186
7. First Aid ToT training	1	17	4	21
8. Organization Development	1	13	14	27
9. First Aid Training	32	266	369	635
10. Report Writing training	1	13	8	21

(1) Community Health Worker (CHW) Training

During the January to December 2021 period, the BPHWT organized Three CHW trainings in Thay Bay Hta, M/ Tavoy and Win Yee. The total participants were 199 comprised of 99 women and 111 men. The CHW training aims to scale up the number of health workforce members and enhance the skills and relevancy of health workers to enhance health condition of local populations in the target areas. This CHW training is lasted for six months and four-month internship at their respective clinics to apply the knowledge and skill from it. The purpose of the training is to recruit more health workers to provide healthcare services in their communities.



CHW training at Htay Bay Hta

The training objectives are:

- Provide health workers' knowledge and skills, and recruit more community health workers in local communities
- Provide healthcare services to the communities ^[L]_[SEP]
- Improve the health situation, both preventive and curative, in communities ^[L]_[SEP]
- Reduce the misused of treatment within communities ^[L]_[SEP]

Key Course Topics:

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

Table 2: Number of Community Health Worker Trainings and Participants

No	Areas	# of CHW Trainings	Participants		Total
			M	W	
1	Win Yee	1	6	24	30
2	Thay Bay Hta	1	49	67	116
3	Mergue /Tavoy	1	33	20	53
Total		3	88	111	199

(2) Legal Awareness Training

During reporting period, the BPHWT conducted a Legal awareness training Courses in Mae Sot on 11-13 February 2021. There were 32 (17 Men & 15 Women) trained during this period. The trainer was Layer Naw Naw from KNU (KNU)



Legal awareness training at BPHWT office, Mae Sot

The key topics are:

- Civil Law and Procedure (KNU)
- Criminal Law and Procedure (KNU)
- KNU (Criminal Law, Procedure and Civil Law)
- Special Law

Table 3: Number of Medico Legal Guideline Workshop

No	Area	# of ML Guideline WS	Participants		Total	Duration		Remark
			M	F		Start	Finish	
1	Mae Sot	1	23	12	35	11/2/21	13/2/21	
Total		1	23	12	35			

(3) Medico Legal Guideline Workshop

During reporting period, the BPHWT conducted a Medico Legal Guideline Workshop in Mae Sot on 27 February 2021. There were 32 (23 Men & 12 Women) trained during this period. The trainers were Saw Del Del and Saw Win Kyaw from BPHWT.

The key topics are:

- Medico-Legal Guideline
- KNU Criminal Case Reporting

(4) In-Design training

The In-Design training was conducted in Back Pack headquarter office in Mae Sot. The training is started on 31 March 2021 to 16 April 2021.

Facilitator - Saw Lin Kyaw
 Duration - 31. 3. - 16.4.2021
 Participants - 16

Discussion topics:

- Layout and Design
- InDesign
- Page Maker

Table 4: Number of InDesign training

No	Area	# of InDesign	Participants		Total	Duration		Remark
			M	F		Start	Finish	
1	Mae Sot	1	9	7	16	44286	44302	
Total		1	9	7	16			

(5) Basic Computer training

The basic computer training conducted in Back Pack headquarter office in Mae Sot. The training was started on 10 May 2021 to 25 May 2021. The total participants are 19 within 7 male and 12 female.

Facilitator - Ko Kyaw Moe
 Duration - 10. 5 - 25.5.2021
 Participants - 19

The key course topics are:

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



Basic computer training in Back Pack office, Mae Sot

(6) Advance life saving training (AKA) Trauma Management training

During this reporting period, the BPHWT organized Seven Advance Life Saving Training (AKA) Trauma Management training in Thaton, Taungoo, Kler Lwee Htu, M/Tavoy, Pa Pun, Doo Pla Ya and Pa An. This is three weeks training. There were 186 participants comprised of 112 men and 74 women. Senior trainers of the BPHWT trained the trainees.



Advance life saving training at Dooطلا field area

Table 5: Number of Advance life saving training (AKA) Trauma Management training								
No	Area	# of Trauma Management Training	Participants		Total	Duration		Remark
			M	F		Start	Finish	
1	Pa An	1	14	11	25	19/4/21	8/5/21	
2	Thaton	1	15	13	28	15/11/21	18/12/21	
3	Taungoo	1	21	3	24	22/11/21	19/12/21	
4	Kler Lwee Htoo	1	15	9	24	8/11/21	3/12/21	
5	Mergue /Tavoy	1	9	31	40	15/11/21	10/12/21	
6	Papun	1	21	3	24	14/11/21	4/12/21	
7	Dooplaya	1	17	4	21	5/7/21	28/7/21	
Total		7	112	74	186			

The key course topics are:

- First Aid

Chain of survival ^[1]_[SEP]

- Triage and referral system ^[1]_[SEP]
- Shock and shock trauma action plan ^[1]_[SEP]
- Check injuries management ^[1]_[SEP]
- Limbs injuries and landmine injuries management
- Universal precaution
- Local anesthesia and ketamine general anesthesia ^[1]_[SEP]
- Blood transfusion and blood grouping
- Pig Lab practical session
- Minor surgery
- Landmine theory
- Triage
- Bleeding control (Estimate blood loss)
- Nutrition and fluid therapy
- Fasciotomy, Debridement and drainage
- Venous cut down
- Abdominal and joint injury

(7) First Aid ToT training

Facilitator - Saw Del Del, Saw Than Shwe

Duration - 29 - 31.7.2021

Participants - 21

Discussion Topics:

- Learning Objective
- Adult Learning
- Session Plan
- Teaching Methodology
- How to Create Question
- Review First aid manual

Table 6: Number of First Aid ToT training								
No	Area	# of First Aid ToT	Participants		Total	Duration		Remark
			M	F		Start	Finish	
1	Doo Pla Ya	1	17	4	21	29/7/21	31/7/21	
2	Mae Sot	1	19	6	25	4/12/21	6/12/21	
Total		2	36	10	46			

(8) Organizational Development, procurement, and finance policy training

The organizational development, procurement and finance policy training conducted in Back Pack headquarter office in Mae Sot. The training was started from 7 to 11 June 2021 and all participants were back pack office staff.

Facilitator - Sayar Ko Gyi Kyaw + Sayama Nang

Snow+ Sayama Leh Nay Say

Duration - 7 - 11, 6, 2021

Participants - 27



Organization development training at BPHWT office

The key course topics are:

- Introduction of management
- Designation of planning
- Analysis on situation and implementation
- Organization and administration development
- Conflict management
- Style of conflict management
- Change management

- Process for implementation change
- Communication
- Introduction on leadership
- Leaderships' behavior and style
- Introduction on motivation
- People behavior and level of motivation
- Motivation technique
- Introduction on supportive
- Factors of supervision and different style
- Development of supportive supervision
- Human resource policy
- Finance policy
- Logistic policy, procurement policy

Table 7: Number of Organization Development training								
No	Area	# of OD, Finance and Procurement policy	Participants		Total	Duration		Remark
			M	F		Start	Finish	
1	Mae Sot	1	14	13	27	7/6/21	11/6/21	
	Total	1	14	13	27			

(9) First Aid training

Facilitator - Saw Del Del, Saw Than Shwe

Duration - 23 - 27.8.2021

Participants - 15

- **Discussion Topics:** Objective
- Basic, Mediate and Advance life saving
- Cardio-Pulmonary Resuscitation action plan
- Choking
- Chain of survival
- DRABCDE action plan
- Shock
- Bleeding control
- Bandaging
- Fracture
- Epistaxis
- Burn
- Drowning

- Snake bite and other animal bite
- Triage
- Record and referral
- Vital signs

Table 8: Number of First Aid training

No	Area	# of First Aid Trainin g	Participants		Total	Duration		Remark
			M	F		Start	Finish	
1	Noh Pa Htaw	1	12	8	20	6/10/21	10/10/21	Win Yee
2	Paw Ner Moo	1	16	4	20	9/13/21	13/10/21	Dooplaya
3	Mae Zali	1	5	15	20	8/10/21	12/10/12	Win Yee
4	Ma Eu	1	10	10	20	11/10/21	15/10/21	Win Yee
5	KoYoung	1	14	6	20	20/9/21	24/9/21	Win Yee
6	Ka Sa	1	18	2	20	18/10/21	22/10/21	Dooplaya
7	Mae Ka Tee	1	17	3	20	11/10/21	15/10/21	Dooplaya
8	Tha Main Dawnt	1	16	4	20	2/8/21	6/8/21	Dooplaya
9	Noh Maw Pu	1	11	9	20	4/10/21	8/10/21	Win Yee
10	Mae Ka Tha	1	5	10	15	23/8/21	27/8/21	Dooplaya
11	Htee Ka Lay	1	13	7	20	30/11/21	4/12/21	Dooplaya
12	Thet Phyu Chaung	1	13	7	20	14/12/21	18/12/21	Dooplaya
13	Khaw Khel	1	13	7	20	6/12/21	10/12/21	Dooplaya
14	Toe Doh Nel	1	17	3	20	7/12/21	11/12/21	Dooplaya
15	Htee Tha Blu	1	16	4	20	13/12/21	17/12/21	Dooplaya
16	East Ka lay Wah	1	16	4	20	6/12/21	10/12/21	Taungoo
17	Kho Doe Ka	1	9	11	20	7/12/21	11/12/21	Taungoo
18	Ah Malar	1	7	13	20	13/12/21	17/12/21	M/ Tavoy
19	Htoo Poe Baw	1	9	11	20	6/12/21	10/12/21	M/ Tavoy
20	Paw Khee	1	0	20	20	29/10/21	2/11/21	Thaton
21	Ta Gay Laung	1	9	11	20	29/10/22	2/12/21	Thaton
22	Planning Ta Pan	1	7	13	20	16/11/21	20/11/21	Mon
23	Ngwin Zin	1	5	15	20	16/11/21	20/11/21	Mon
24	Balah Don Phake	1	7	13	20	11/11/21	15/11/21	Mon
25	Krain Balol	1	7	13	20	26/11/21	30/11/21	Mon
26	Muso	1	15	5	20	26/11/21	30/11/21	Kayah
27	Ho Yar	1	11	9	20	23/10/21	27/10/21	Kayah
28	Saung Pway	1	17	3	20	31/10/21	4/11/21	Kayan
29	Ka Yaw	1	16	4	20	24/10/21	28/10/21	Kayan
30	Ti Hah Chi	1	12	8	20	14/11/21	18/11/21	Pa Oh
31	Bamat	1	15	5	20	11/10/21	15/10/21	Pa Oh
32	Phulmawi	1	11	9	20	11/10/21	15/10/21	Chin (WLC)
Total		32	369	266	635			

(10) Report Writing training

The basic computer training conducted in Back Pack headquarters office in Mae Sot. The training was started on 10 May 2021 to 25 May 2021. The total number of participant is 21 comprised of 13 female and 8 male.

Facilitator - Ko Kyi Kyaw

Duration - 15-9-2021

Participants - 21

The key course topics are:

- What is report
- Different kinds of report
- Why do we write report
- Effective writing
- Analysis and critical thinking on information
- Benefit of report
- Style of clear report
- SPR
- Logic and writing
- Consistency
- Deductive and inductive
- Report format
- Language and writing style

8. LEADING COMMITTEE AND FIELD IN-CHARGE MEETING

On 21 January to June 2021, the BPHWT conducted leading committee, Executive Board 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. 28 participants attended including men 19 and 9 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.

9. MONITORING AND EVALUATION

Note: the BPHWT could not conduct monitoring and evaluation due to COVID-19 pandemic and military coup started from first February 2021 in Myanmar. The BPHWT executive board, leading group committee and field in-charge conducted online monitoring and evaluation as to get the documents and reporting.

10. LOGICAL FRAMEWORK OF BPHWT PROGRAMS

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	Targets	Achievements	Remarks	
Medical Care Program						
1. Provide essential drugs and treat the common diseases	1.1 Maintain existing BPHWT teams	No. of teams existing	114 BP teams	114 BP Teams		
	1.2 Provide medicines and medical supplies	No. of target population (w/m), under/over 5)		Targeted pop (324,324)(158,315W/166,009M, under5 is 55,079/over5 is 269,245)		
	1.3 Treat common diseases and minor injuries	No. of cases treated (w/m, under/over 5)	100,000 cases being treated (w/m, under/over 5y.o)	(64,644(35,738w/28,906m, under is 11,948/over 5 is 52,696)		
	1.4 Provide ITNs, malaria rapid diagnosis tests (RDTs) and malaria medicine	No. of ITNs provided and no. of HHs and people receiving ITNs	30,000 ITNs will benefit 30,000 HHs	0	We could not travel in Yangon/ Donor could not sent to near targeted site	
2. Respond to disease outbreaks and emergency situations	2.1 Purchase emergency medical supplies and immediately take action	Prompt reporting population affected No of cases treated (w/m, under & over 5 years old	-Effective response and treatment for disease outbreaks or emergency situations (w/m & under/over 5 years old)	20 Units		
3. Improve patient referral systems	3.1 Refer patients to the nearest hospitals or clinics.	No. of referrals patients(w/m) List of referral sites	90 patients referred to clinics or hospitals (w/m)	85 Referral patients (54W/31M)	EmOC 43 cases and CD/NCD 42 cases	

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	68,400 children	16,708 Children	600 children for each BP team
	1.2 Distribute Vitamin A to children between the ages of 6 months to 12 years old	No. of children receiving Vitamin A	68,400 children	19,963 children	
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)	114 school health education workshops	19,990 students	1 workshop for 150 students for two times
3. Improve community level knowledge and participation in health	3.1 Conduct Village Health Committee meetings quarterly	No. of VHC meeting and participants	140 VHC meetings	125 VHC Meeting, 1,511 participants	1 VHC for 9-15 participants
4. Improve water and sanitation systems in the community to reduce water-borne diseases	4.1 Build community latrines	No. of latrines-built No. of HHs	300 latrines	260 Latrines and 260 HHs	1 latrine per household.
	4.2 Install gravity flow water systems	No. gravity flows installed No. of HHs and people (W/M)	10 gravity flows	3 gravity flow, 230 HHs and people (542W/438M)	1 gravity flow for 50 HHs & 250 Pop.
	4.3 Install shallow well water systems	No. shallow wells installed No. of HHs and people (W/M)	20 shallow wells	12 shallow well, 80 HHs No. of HHs and people (201W/235M)	1 shallow well for 10 HHs & 50 pop.
5: Prevent from the transmission of COVID-19 within the communities	5.1 Distribute COVID 19 prevention supplies	No. of BP teams receiving the supplies	63 BP teams	63 BP teams	
	5.2 Conduct awareness workshop to communities	No. of workshop No. of participants (M/F)	126 workshops	37 workshops Participants (M-852/F-933)	1 workshop for 50 participants
	5.3 Conduct coordination meeting within the communities	No. of meetings No. of participants (M/F)	63 meetings	8 meetings participants (96M/73F)	1 meeting for 10 participants

	5.4 Conduct Risk Communication and Community Engagement (RCCE) Training	No. of trainings No. of participants (M/F)	5 trainings	2 trainings participants (29M/42F)	1 training for 20 participants
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	2,000 women	(1,580) women	Including in CD kit
	1.2 Distribute folic acid and ferrous sulphate tablets to pregnant women and women	No. of pregnant women and women receiving iron	2,000 women	(1,622 women)	Including in Clean Delivery kits
	1.3 Refer serious obstetric cases	No. of serious obstetric cases	120 cases	(43 cases)	
	1.4 Refer ECC cases	No. of ECC cases	80 cases	14 cases	
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)	1,500 women	(2,860W/71M)	
	2.2 Conduct Reproductive Health awareness workshops	No. of workshop No. of participants (M/F)	90 workshops	(29 workshops) participants (504M/981F)	1 workshop for 60 participants
3. Improve the knowledge and skills of TBAs/TTBAs and MCH Supervisors	3.1 Conduct TTBA training	No. of new TBAs complete the training	4 trainings		1 training for 18 TBAs
	3.2 Conduct TBA/TTBA workshops	No. of TBA/TTBA Follow-up Workshops held & no. of TBAs attending (w/m)	120workshops	73 TBA/TTBA workshop TBAs attending (480W/52M)	1 workshop for 12 TBAs/TTBAs
	3.3 Provide Clean Delivery kits	No. of clean delivery kits provided	3,600 kits	1,230 of clean delivery kits	1 kit for 1 PW
4. Every newborn baby attended by TBAs/TTBAs, MCH workers, & health workers will have birth record.	4.1 Provide delivery records	No. of newborn baby received delivery records	2,500 record	(1,667 record)	
Capacity Building					

1. Improve health worker and staff knowledge and skills	<i>1.1 Continuous Medical Education</i>	<i>No. of CME trainings No. of participants</i>	<i>1 training for 25 health workers</i>		
	<i>1.2 Conduct Trauma management training</i>	<i>No. of training No. of participants</i>	<i>1 training for 25 health workers</i>	<i>(7 trainings, 184 participants)</i>	
	<i>1.3 Pharmacy management training</i>	<i>No. of training No. of participants</i>	<i>1 training for 25 health workers</i>		
	<i>1.4 Conduct organizational management training</i>	<i>No. of training No. of participants</i>	<i>1 training for 25 health workers</i>	<i>(1 training, 27 participants)</i>	
	<i>1.5 Conduct medico legal training</i>	<i>No. of training No. of participants</i>	<i>1 training for 25 health workers</i>	<i>(1 training, 35 participants)</i>	
	<i>1.6 Conduct HIS training</i>	<i>No. of training No. of participants</i>	<i>1 training for 10 health workers</i>		
	<i>1.7 Conduct service mapping training</i>	<i>No. of training No. of participants</i>	<i>1 training for 25 health workers</i>		