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

Annual Report 2022



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Glossary of Terms

ACT	Artemisinin-based Combination Therapy
AA	Arakan Army
ARI	Acute Respiratory-tract Infection
ART	Antigen Rapid Test
BBG	Burma Border Guidelines, the standard guidelines for diagnosis and treatment on the Thailand/Myanmar border
BGF	Border Guard Force
BMA	Burma Medical Association
BPHWT	Back Pack Health Worker Team
CBO	Community-Based Organization
CSO	Civil Society Organization
CHEPP	Community Health Education and Prevention Program
CHEB	Consortium for Health in Eastern Burma
CIDKP	Committee for Internally Displaced Karen People
Confirmed malaria	Malaria diagnosis confirmed with a Rapid Diagnostic Test
COVID-19	Coronavirus Disease 2019
CHW	Community Health Worker
CNF	Chin National Front
EAROs	Ethnic Armed Resistance Organizations
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 and Documentation
HIS	Health Information Systems
HPCS	Health Program Convergence Seminar
HRV	Human Rights Violation
HW	Health Worker
IAS	Impact Assessment Survey
IDP	Internally Displaced Person
ITN	Insecticide-Treated Net
Joint funding	Funding of border-managed and Yangon-managed organizations
KDHW	Karen Department of Health and Welfare
KIA	Kachin Independence Army
KIO	Kachin Independence Organization
KNDF	Karenni National Defense Force
KNLA	Karen National Liberation Army
KNU	Karen National Union
KORD	Karen Organization for Relief and Development
LIB	Light Infantry Battalion
MCP	Medical Care Program
MCHP	Maternal and Child Healthcare Program
MDA	Mass Drug Administration
MEAL	Monitoring Evaluation Accountability and Learning
MNHC	Mon National Health Committee
MTC	Mae Tao Clinic
MUAC	Mid-Upper Arm Circumference
NCA	Nationwide Ceasefire Agreement
NGCA	Non-Government Control Area
Pf	Plasmodium falciparum, the most deadly type of malaria parasite
PHC	Primary Health Care
PLA	Participatory Learning and Action

PDF	People Defense Force
Pv	Plasmodium vivax, another type of malaria parasite
RAT	Rapid Antigen Test
RDT	Rapid Diagnostic Test, used for diagnosis of Pf, Pv, and Mixed malaria
RUTF	Ready to Used Therapeutic Food
SAC	State Administration Council
SMRU	Shoklo Malaria Research Unit
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
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WLC	Women League of Chin-land

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 over 20 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 2022, 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 44 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.

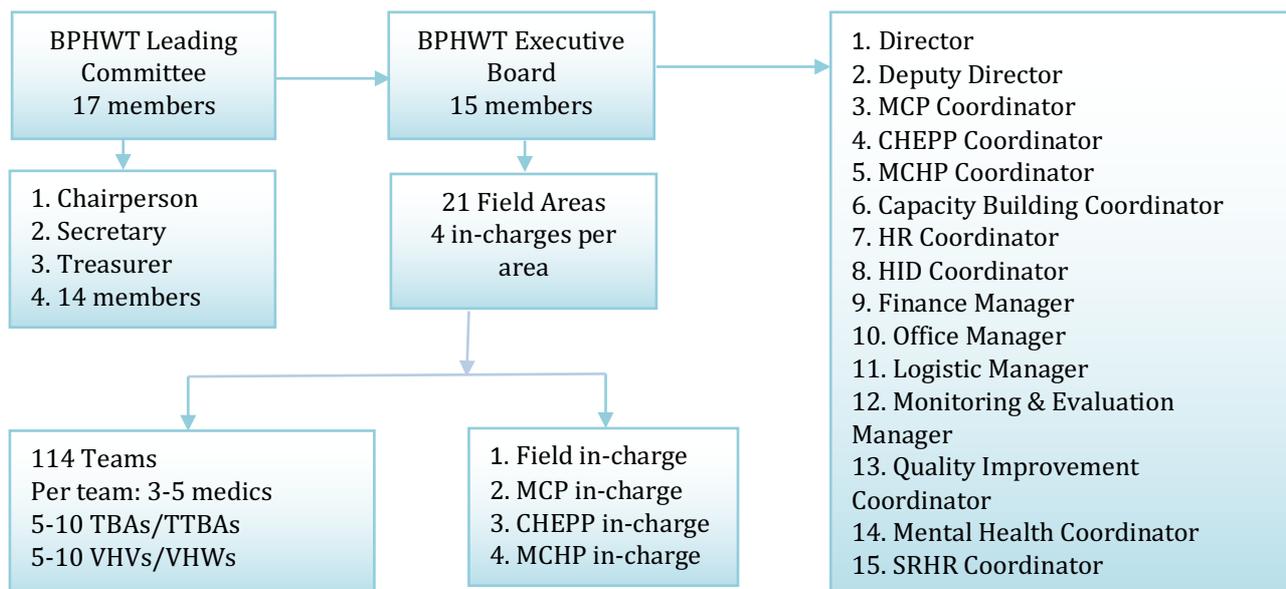
The BPHWT teams target displaced and vulnerable communities with no other access to healthcare in Karen, Karenni, Mon, Arakan, Chin, Kachin, Naga, Palaung, Pa O, and Shan areas, and Pegu, Sagaing and Tenasserim Regions. The teams deliver a wide range of healthcare programs to a target population of 308,532 consist of 150,801 men & 157,731 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 continue 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). Integrated within and bridging across these three health programs are projects and activities for Capacity Building Program (CBP), Health Information and Documentation (HID), and Monitoring Evaluation Accountability and Learning (MEAL). There are currently 1,634 (1,248 women and 386 men) members of the BPHWT primary healthcare system living and working in Burma: 536 (325 women and 211 men) health workers, 760 (696 women and 64 men) Traditional Birth Attendants / Trained Traditional Birth Attendants (TBAs/TTBAs) and 338 (111 men and 227 women) village health volunteers/village health workers (VHVs/VHWs). 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.

2. ORGANIZATIONAL STRUCTURE AND GOVERNANCE OF THE BPHWT

The Back Pack Health Worker Team is led by a Leading Committee, consisting of a Chairperson, Secretary, Treasurer, and fourteen members. This committee provides overall guidance, and determines the principles and policies of the BPHWT. The Leading Committee appoints the Executive Board, which is composed of the Program Directors, Program Coordinators, and Managers of the BPHWT.

2.1 Organizational Structure of the BPHWT:



2.2 Governance

As depicted in the Organizational Structure, the Leading Committee elected by the BPHWT members governs the BPHWT. The Leading Committee is comprised of 17 members who are elected for a three-year term. The Leading Committee appointed members of the Executive Board, which is required to meet bi-monthly and/or emergency meeting as needed and make decisions on current issues faced by the BPHWT. The BPHWT has a range of organizational documents that guide the leadership, management, healthcare delivery, health information systems and human resources. Full copies of any of these organizational documents are available upon request.

2.3 The BPHWT Constitution

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

2.4 Financial Management and Accountability

The BPHWT has developed policies and The BPHWT has developed policies and procedures guiding the Leading Committee, Executive Board, Program coordinators, office staffs, and field health workers in terms of financial management and accountability, the production of annual financial reports, and the requirement for an annual independent audit. These documents establish the financial records to be kept; the management of bank accounts; the procedures for cash withdrawals, deposits, transfers, receipts, disbursements and general administration funds; and the liquidation of cash assets. The BPHWT has also developed policies covering payments for lodging, travel and honoraria for services rendered.

2.5 Vision

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

2.6 Mission

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

2.7 Goal

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

2.8 Gender Policy and Analysis

The participation of women in the Back Pack Health Worker was 61% excluding Traditional Birth Attendants/Trained Traditional Birth Attendants (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	29	8	28%
Office Staff	21	11	52%
Field Management Workers	70	35	50%
Field Health Workers	537	325	61%
VHVs/VHWs	338	227	67%
TBAs/TTBAs	760	696	92%
Organizational Total	1,752	1,302	74%
Total Organisation excluding TBAs/TTBAs			61%

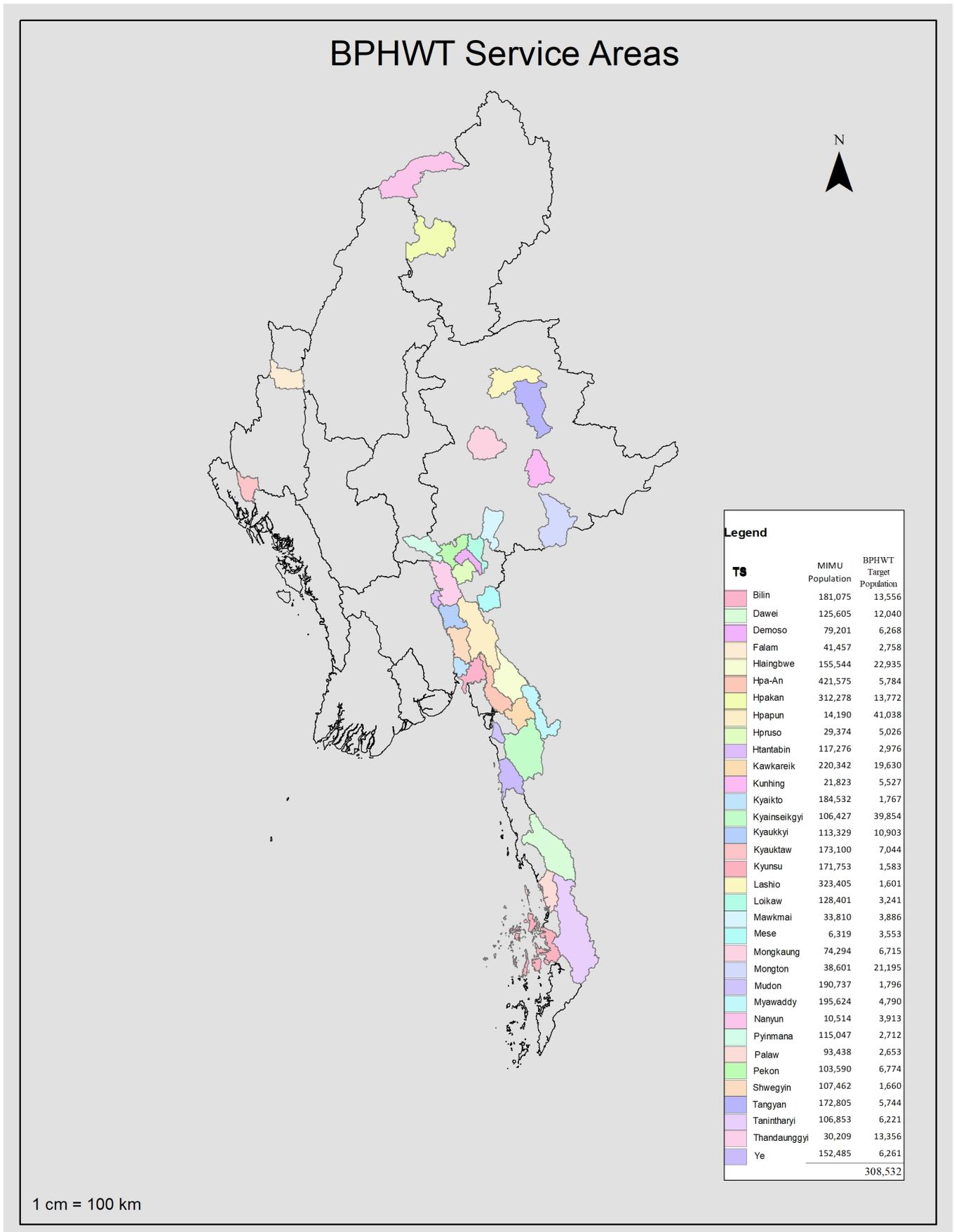
2.9 Service System

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

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

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

3. MAP OF BPHWT'S TARGETED AREAS



4. THE SECURITY SITUATION IN BPHWT'S TARGET AREAS

Since the coup, the military has intensified military operations against ethnic armed groups such as Karen, Kayan, Arakhaing, Kachin, Chin State. The military's indiscriminate use of artillery and airstrikes has reportedly injured and killed civilians, damaged villages, including schools, and forced thousands to flee.

However, the BPHWT continuously implements primary healthcare services in targeted areas. Moreover, promote nutrition services among pregnant women, breastfeeding mothers, and under five children. The Kachin Backpack provided health care services occurred diseases were hypertension, respiratory infection, sexual transmitted infection, worm infection, and gastrointestinal. All of a sudden, malaria incidence increases at targeted areas but Rapid Diagnosis Test is not available for the past six months. Even fighting between the SAC's troops and EAOs in this area can provide continuous health care services due to the cooperation of local people and religious leaders. Furthermore, could conduct field meetings and field workshops one-time per month at Myitkyina Township. In the present *three* station clinics and *four* mobile teams were continuous health care services. On the other hand, four hundred households were destroyed due to heavy rain and flooding. This implication is that local people suffer from diarrhea because they cannot get purified water. On the contrary, conveying medicine was difficult and the bus driver was afraid to carry that because of SAC troops' check points. This reason convey medicine rate has increased. There were various arm organizations and that inquiry to health workers between Myitkyina and Hpakan Townships. Hence, mobile treatment was difficult and delayed to provide to targeted areas. The SAC's troops extended their camps and their reason was preventive measures for COVID-19. Therefore, local people are concerned about early warning signs of battle; likewise, usually fighting between the SAC's troops and EAOs in this area. This implication is that local people immigrate to Kachin Independence Army (KIA) administration area and their children learn at KIA's school. In this duration, a man was hit by an anonymous militia who lived in Sanpya village. Consequently, become a lot of crime and committed a crime at Myitkyina Township, Kachin State. Mega project was looked at in the past year and other companies endeavor to build a dam at the South of Ayeyarwady river. Moreover, the Chinese company planted a banana field and exported this to China. This reason resulted in animals being killed due to chemical waste. Present construct transportation road form Hukaung area to India; this implication local people suffer from respiratory infection. Currently, people who are different ages use various drugs that involve amphetamine, heroin, and so on. Those committed suicide was due to drug's side effect and others were dead because of injection accident.



IDP in Mergue/Tavoy field area

Consequently, some users were suffering from both mental and psycho problems, in this condition those families and local authorities' referral to the BPHWT clinic for treatment. Further, other users went to drug rehabilitation centers voluntarily for quit and treatment. This rehabilitation center was established by a religious network. COVID-19 was still spread in this area; however, it can break through. On the contrary, Kachin BPHWT provided health care services to IDPs due to battle. This situation should be continuous thus, more support to IDPs.

Conveyed medicine by boat and the SAC's troop inquiry in their check-points; besides, inquiry to health workers when providing mobile health care services. This area has no mega project but local people searching for gold so rivers were destroyed and drinking water was not purified. This implication, local people suffer from diarrhea and density. Most youth used amphetamine, heroin, and black heroin. There were no COVID-19 positive patients but suspected symptoms arranged for isolation. Rapid Antigen Test was covered for this area because it is utilized for only suspect patients. Both the Myanmar military coup and COVID-19 pandemic crisis basic food and relevant supplies prices were increased; thus, local people address traveling, deprivation, and living with distress.

In this area, many SAC's troops' check-points existed at Kyauktaw township and enquiry to everyone. Further, there was an intense conflict between the SAC's troops and the Arakan Army. Therefore, local people become IDPs and this addresses food deprivation and starvation. Currently, over ten thousand (10,000) IDPs exist at Kyauktaw township. Precedent implications become difficult for mobile health care services and not safety for health workers. Consequently, Land mine exploded and *three* people lost their legs. Within the past six months more Human Rights Violations occurred due to precedence of conflict. Moreover, the SAC's troop inquiry to local people and if they suspect seizure and detain, also torture. In this targeted area no amphetamine user but youth were used in other areas of Araken State. COVID-19 pandemic was decreased within six months and if occurred suspect patients used RAT for testing. In this area accept COVID-19 prevention supplies and equipment form International Rescue Committee and support those to IDPs camps at Kyauktaw, Mrauk-U, Minbya, and Ponnagyun Townships.

Both conveying medicine and providing mobile health care services was difficult because of the complex political situation and the SCA's troops inquiry. Further, the SAC's troops extended their camps in this area; thus, fighting between those and EAOs. This implication local people kill and 876 people evade forest and Myanmar- India border area. There was heavy rain and flooding so local people suffer from diarrhea, density, and skin diseases. Most men used amphetamine and the starting age was *fourteen* years. Those suffering from cannot sleep, depression, and fidget so the BPHWT team takes responsibility to look after them. For COVID-19 pandemic preventive measures conduct health education, provide prevention supplies and equipment; therefore, COVID-19 incidence decreases. However, *seven* people were COVID-19 positive patients so provide health care services to those. In this situation RAT was not covered for the whole people and cooperative with Mizo Women Organization, and local leaders for preventive measure and curative. Both the crisis of COVID-19 pandemic and the Myanmar military coup, transportation was difficult and the basic food rate increased;

hence, local people live with fear and deprivation. In the present dry ration and shelters were insufficient because of difficult transportation and basic food rate increased.

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

Clashes between the KNU and BGF/Tatmadaw troops started around 9 May 2022, with heavy fighting reported on 9 and 13 May 2022 in Karen control areas. 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 area. 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.

In Karen, fighting occurred 2 April 2022 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 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 Hpapun 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 Hpapun District's Butho Township on 5 April but blocked it on 7 April 2022. 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 2022. 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.

On 3 July 2022, the SAC's troops burned *fourteen* houses and *four* motorcycles also killed four villagers at Leh Mu Thaw village tract. Furthermore, on 10 July 2022 the SAC's troops continued shelling to Kyaukkyi township from west of Sittang river bank. On 1 May to on 30 June 2022 continuous fighting between the SAC's troops and an EAO at Htee Pa Doh Hta, Kyoe Wine, Pa Ya Raw, Ta O Khee, Kya Khat Chaung, Kyaut Puhyar BPHWT area. On the other hand, the SAC's troops arbitrary shelling to villages and porter to local villagers so many people become IDPs and suffer from human Rights violation. Further, after shelling another shell was dropped on villagers' agriculture and not explosive; thus, local people cannot cultivate such an address with no income.

Currently, security was more restricted; thus, difficult to convey medicine. This is the reason transportation cost rate increases. For safety, observe SAC's troops' operation before conducting six monthly workshops. Furthermore, fighting between the SAC's troops and EAOs in this area so local people evaded to safety and became IDPs. In this situation, the SAC's troops seized local people and tied them; likewise, they used human shields. On the other hand, respiratory infection and malaria incidence were increased in May and June 2022.

On 23 and 25 July 2022, fighting between the SAC's troops and Karen National Liberation Army (KNLA) at Tak Kone village tract. On 4 and 8 July 2022, Light infantry battalion (LIB) 285 arbitrary shelling to Pa Wa Kone, Kyin Gar and Kyaut Nait village tracts so the boy who seven-year was killed. Thus, local villagers are afraid of going back to their villages and evading the BPHWT emergency targeted area. Furthermore, the LIB 285 continuous arbitrary shelling *five* days so villagers emigrate from Pu Law, Kyaut Nai, Nanat Taw, Pa Wa Kone, Let Pan Pyin, Pan Taw, Ka Del, and Kyin Gar village tracts to BPHWT emergency targeted area. Furthermore, on 5 August 2022, the SAC's troops shelled Tha Htoo Hta, Ka Gu, and Thar Di village tracts so villagers emigrated from Tha Htoo Hta village tract to Pi Khee village tract.

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.

Situation Update: January- December 2022

Kayah

In this area there was continuous battle and complex political situation, so transportation and convey medicine was difficult. Further, lack of telecommunication and difficult to communicate village to village. Consequently, patient's referral was difficult because restricted travel time was six a.m. to six p.m. In this situation over 200,000 IDPs were in this area so basic food and shelter were insufficient. On the other hand, amphetamine users increased and the starting age was *fourteen* years old. This area still does not have access to the COVID-19 vaccine.

Kayan

Used alternative ways to convey medicine so expend more extra transportation costs. On the other hand, fighting between the SAC's troop and an EAO at Leh Wai which was the BPHWT targeted area; therefore, not available for mobile treatment. Consequently, the SAC's troops burned Nan Pong Lone village so over *one thousand* villagers emigrated from this to a safe place. Hence, provide food and health care services for those but this was not cover. Besides, the SAC's troops usually extend their force and inquire to villagers. This area has metallic mining so the river was destroyed and that implication became unable to cultivate. Past years there were amphetamine users and referral to rehabilitation centres. In the present amphetamine users decreased due to the illicit use of this EAOs administration area. Both crisis of COVID-19 pandemic and the Myanmar military coup, transportation was difficult and

the basic food price was increased. In this implication occurred crime case and local people address deprivation and distress.

Special

Convey medicine and mobile treatment were not difficult but conducting workshops was difficult because of the spy of SAC disturbance. Consequently, the SAC's troops came to village temporary suspension on health care services and store medicine and medical supplies at safety place. Furthermore, the SAC's troops extend their forces in these villages and on hills.

Moreover, the Border Guard Force (BGF) announced that nursery teachers would attend BGF history training and the quota was five teachers from one village. When these teachers came for training the BGF asked for a cook and guard.

There were amphetamine users and their start ages were between thirteen and fourteen years. These users become illicit and nail bite; thus, the BPHWT health workers look after them and if need referral to Drug and Alcohol Recovery and Education center.

Present situation, livelihood was difficult so local people had no daily wages; hence, daily struggle for carelessness in the COVID-19 pandemic. Therefore, the BPHWT health workers continuous education workshop to prevent COVID-19. If there was COVID-19 positive patient contact to Hlaingbwe association and referral to nearest hospital.

Because of the military coup and complex political situation economic sectors were changed and basic food increased. Therefore, local people address with job less jobs so they stay deprived and distressed.

Taungoo

Convey medicine was difficult due to the SAC's troop check-point and this inquiry. For this reason convey medicine from the border area and many vias; hence, transportation rate increases.

Furthermore, conduct field workshops and implement mobile healthcare services but which is not safe was due to the SAC's troop operation.

In this duration among SAC's troops, EAOs, and PDF continuous fighting at Taungoo, Baw Ga Li, and Thandaung transportation road. Thus, the SAC's troop set-up their check-point and inquiry on mobile phones and if they suspect arrested. However, this was not the nearest the BPHWT targeted but this implication transportation was difficult and local people fled to other villages. In this situation basic food price increase was due to difficult transportation and battle; hence, local people address with deprivation living.

In this season climate was change and very hot so stream water was dry, and occurred respiratory infection were due to past dam project.

The BPHWT and the KDHW continue on COVID-19 pandemic prevention through health education, distributing posters, and prevention supplies. If there were COVID-19 positive patients utilised an isolation system at their home campus.

Kler Lwee Htoo

In June 2022, 20 village tracts from Mone Township evaded to safety places due to fighting between the SAC's troops and the Karen National Liberation Army (KNLA).

Therefore, the SAC's troops arbitrary shelling to villages; thus, farms, houses, monasteries, and agriculture were destroyed. This effect resulted in animal kills and local villagers cannot dare to stay at their villages and another evaded to west of Sittang river bank; besides, cannot go to farm. Furthermore, on 10 July 2022 the SAC's troops continual shelling to Kyaukkyi township from west of Sittang riverbank

On 3 July 2022, the SAC's troops burned *fourteen* houses and *four* motorcycles also killed *four* villagers at Leh Mu Thaw village tract.

Moreover, the SAC utilised drones for reconnaissance in this area. In this situation, every villager has no job and daily wages. For this reason, it is difficult to purchase fertiliser and petrol for use as a machine for cultivating. There were farm products difficult to sell in urban areas because of the SAC's troop checkpoint and battle. This effect over 20,000 people addresses deprivation and starvation. Furthermore, those address social mental problems, skin diseases, malaria, diarrhoea, and respiratory infection.

Next, the patient's referral was very difficult, if the referral to a government hospital had many inquiries and out-of-pocket expenditure was very expensive.

There was continuous battle so vehicles and roads were destroyed so travelling was very difficult.

Thaton

On 1 May to on 30 June 2022 continuous fighting between the SAC's troops and an EAO at Htee Pa Doh Hta, Kyoe Wine, Pa Ya Raw, Ta O Khee, Kya Khat Chaung, Kyaut Puhyar BPHWT area. On the other hand, the SAC's troops arbitrary shelling to villages and porter to local villagers so many people become IDPs and suffer from human Rights violation. Further, after shelling another shell was dropped on villagers' agriculture and not explosive; thus, local people cannot cultivate so address with no income. Besides, the SAC's troops are restricted from purchasing basic foods and gas for transportation. For this reason the cost of basic foods was increased; likewise, other relevant prices. Hence, local people address both health care problems and food deprivations.

Especially, 50,000 people from K lwee Lwee villages should be addressed with food deprivation, health problems for a while. On the other hand, the SAC's troops utilised jet planes for inquiry so villagers were more fearful and distressing; hence, the preceding situation was very difficult for mobile treatment. Beyond the military coup, most government doctors become political activists so the SAC assigns their military doctors at Mone hospital. Therefore, local people are afraid to go there. The KDHW provides COVID-19 vaccine but cannot cover the whole population. Conduct home isolation and treatment for COVID-19 positive patients. The BPHWT and KDHW provide COVID-19 prevention supplies, and conduct COVID-19 prevention education workshops. For this reason health workers' security was not safe for both mobile and station clinic services. Precede situation, transportation was difficult

and also conveyed medicine so they switched to alternative ways for transportation. Therefore, gas prices increased and every transportation was delayed.

Papun

The SAC's troops extend their force in this area and arbitrary shelling; likewise, utilised airstrike to Mae Wai, Dae Bu Noh, and Ler Toe villages tract. Especially, the SAC main targeted was Mae Wai village tract and that utilise airstrikes ten times to this village tract. In this condition over 2,000 population flee to the forest. Consequently, the SAC utilised airstrikes to Dae Bu Noh village tract three times and over 2,000 population fled to the forest and others were flee to Mela refugee camp. Furthermore, the SAC's troops arbitrary shelling to this area so local people fled to the forest. In this situation total IDPs were over 70,000 in the whole area of Papun.

Hence, health care services can give occasionally *at six* station clinics. Besides, other *six* station clinics become mobile services because of the preceding situation. On 27 January 2022, the SAC; s troops and Border Guard Force were cooperative and those shelling to Htee Law Thi Hta villages, so *four* houses were destroyed and *seven* villagers wounded; likewise, other *two* were killed. On 1 February 2022, the SAC's troops shelled Dae Baw Kaut, Ta Kaw Kalar, Thar Ma Kyu Law, and Thar Koh Law villages. In this reason all villagers were evacuated to safety and *one* wounded and another *one* was dead. On 5 February 2022, the SAC utilised airstrike to Ta Dwee Koh village so all villages evaded to safety place and *six* people were wounded and other *two* villagers killed. On 5 March 2022, the SAC's troops shelling to Klaw Day villages so *two* people wounded and other *seven* people killed. This involved under five children and one pregnant woman. On 15 March 2022. The SAC; s troops shelling to Ma Htaw BPHWT targeted the area; thus, villagers were evading to safety area. On 22 March 2022, the SAC utilised airstrikes to Kloh Khee and War Thoe Law villages. Therefore, *one* monastery was destroyed and *one* monk passed away; likewise, one villager was wounded. On 12 May 2022, the SAC utilised airstrike to Pho Ma Hel village so *one* villager was killed.

In this situation the BPHWT health workers provide health care services to those IDPs. Besides, provide abdominal injury at Ka Lwe Mu clinic and referral to Mae Sariang district, Thailand for other injuries. The committee for internally displaced Karen people (CIDKP) supports shelter and food. In this crisis situation, the incidence of was increased involved both PV and PF.

Pa An

Political situation is continuously complicated but there is no fighting between the SAC's troops and the EAO. However, the SAC's troops arbitrary shelling seldom so houses and buildings were destroyed; besides, IDPs evade from other areas to this area. Moreover, utilised alternative ways to convey medicine. This was more difficult than previous and expenditure cost was increased. This implication was difficult for mobile treatment services to conduct health workshops; however, both station clinic and mobile health care services were continuous. Roads and bridges were destroyed by heavy rain and truck cars were utilised; hence, patient's referral was difficult.

There were amphetamine users and who were both youth and men, ages were between thirteen and thirty years. Those users became nail-biting and could not sleep due to that side effect. The BPHWT health workers and users' families look after them. In current conduct COVID-19 prevention education workshop; likewise, cooperative with Karen Department of Health and Welfare (KDHW) for COVID-19 vaccine services.

Dooplaya

Medicine conveys difficult past six months was due to the ASC's troops operation; however, continuous on health care services and conducting health workshops. In this area usually fighting between the SAC's troop and an EAO. For this reason local villagers flee to other villages and forest; besides, others villagers are wounded. After shelling, other shells were not explosive so a villager contacts; besides, explosive and this kill.

Next, sergeant major from light infantry battalion (LIB) 432 who shot at a local villager motorcycle. Consequently, the LIB 432 committed to arbitrarily bring one pair of gold earring, five gold lockets, one gold rings, and one mobile phone from one lady on 19 October 2022, whose value was 3,700,000 kyats. Furthermore, LIB 557 arbitrarily brings one mobile phone from one villager. Moreover, that burn grain store belonged to one villager on 15 January 2023 at Tha Main Lit village.

There were amphetamine users and men were used more than women; besides, those were over eighteen years. Presently there were no patients who were relevant with amphetamine use.

Presently there were no COVID-19 pandemic patients and other villagers already accept COVID-19 vaccine from KDHW.

There was usually fighting between the SAC's troop and EAO; thus, transportation was difficult and basic food prices were increased; moreover, local people address no job problem. Hence, local people address deprivation, starvation, and distressing.

Kawkareik

On 16 December 2022, the SAC utilised airstrike and arbitrary shelling to Kaw Nwet and Ywar Thit Kone villages so over 1,000 local people evaded the forest. Those IDPs were still existing in the forest and local organisations supported food and temporary shelter to those IDPs. Furthermore, in August 2022, the SAC utilised airstrikes and shelling to BPHWT targeted areas that involved Mae Klaw War, Maw Kel Khee, War, Kyane Chaung Wa, and Kyane Chaung Phar; thus, over 3,200 local people fled to forest. Consequently, the SAC utilised many airstrikes and arbitrary shelling to the East Dawna which the BPHWT targeted in August 2022. Hence, the whole Oo Kray Hta village was destroyed and over 300 fled to Thailand river bank. Moreover, the SAC's troop's arbitrary gun shoots every village so they cannot go back to their villages. In this crisis situation the BPHWT health workers use walkie-talkie to communicate village to village to provide health care services. Besides, communicate with village leaders to organise people for workshops but only men can participate. On the other hand, it is difficult to communicate with the BPHWT head headquarter office by telecommunication.

Win Yee

Convey medicine was still difficult because of the SAC's troop check-points and this inquiry. Thus, some medicine should be expired and the Malaria Rapid Diagnosis Test destroyed. However, continuous give both mobile health care and station clinic healthcare services. Besides, conduct field workshops in not fighting areas but difficult at conflict effective areas.

The SAC's troops and the Border Guard Force set-up their camps nearest other the BPHWT targeted areas. The SAC' troops and an EAO fighting near the BPHWT targeted area and shelling so local people evade to another village, flee to forest awhile but villagers were not wounded. Furthermore, the SAC's troops porter the local people and utilised human shields. In this area amphetamine users decrease was due to Ethnic local authorities' illicit control.

Within 2022, COVID-19 pandemic spread decreased and patient symptoms were mild cases. Consequently, this area continues on COVID-19 vaccine services and most local people are acceptable. On the other hand, respiratory infection and malaria incidence were increased in May and June 2022.

There were amphetamine users especially men and this became sensual and trying to violate young ladies was due to that side effect. Present started to provide COVID-19 vaccine services to local people.

Mergue/Tavoy

On 23 and 25 July 2022, fighting between the SAC's troops and Karen National Liberation Army (KNLA) at Tak Kone village tract. On 4 and 8 July 2022, Light infantry battalion (LIB) 285 arbitrary shelling to Pa Wa Kone, Kyin Gar and Kyaut Nait village tracts so the boy who seven-year was killed. Thus, local villagers are afraid of going back to their villages and evading the BPHWT emergency targeted area. Furthermore, the LIB 285 continuous arbitrary shelling *five* days so villagers emigrate from Pu Law, Kyaut Nai, Nanat Taw, Pa Wa Kone, Let Pan Pyin, Pan Taw, Ka Del, and Kyin Gar village tracts to BPHWT emergency targeted area. Furthermore, on 5 August 2022, the SAC's troops arbitrary shelling to Tha Htoo Hta, Ka Gu, and Thar Di village tracts so villagers emigrated from Tha Htoo Hta village tract to Pi Khee village tract. On 5 August 2022, one villager was seized by the LIB 285 from Zar Dee Win village and currently do not know his condition. Consequently, on 25 and 26 August 2022, fighting between Light infantry battalion (LIB) 285 and KNLA. In this condition, the SAC's troop shelling to Kaut Nyin Kone, Let Pan Pyin, and Du Yin Pin village tracts villagers evading to safety places. This is the reason local people emigrate from this area to safety place and become many IDPs camps. Further, there was no grantee for local peoples' safety because of the SAC's troop's arbitrary shelling, gunshot, seizure, and porter. Hence, other women health workers cannot travel for mobile health care services. Medicine transport was from Thai-Burma border to the targeted area and conveyed that by car, boat, motorcycle, and cart; hence, transportation cost was doubled.

In this situation convey medicine rate was increased due to utilised various transportation look as vehicle, boat, and human resources. On the other hand, basic foods were difficult to purchase in urban areas because of the SAC's troop inquiry and arbitrary take. Nevertheless, local villagers cultivate on mountain farms so need to buy salt and other condiments.

Station clinic health care services continue because local authorities take security on that. However, if fighting between the SAC's troops and an EAOs, evacuate station clinic healthcare services to another safe place. Besides, the health workers continuously conduct health workshops but it is difficult to organise local people.

Especially the SAC's troop and an EAO fighting at Ta Hpo Hta and Pa Law village tract; thus. The SAC's troops arbitrary shelling to this area so local people were wounded and the BPHWT health workers treated them.

Furthermore, the SAC utilised jet and drone for reconnaissance; hence, local people became social mental problems. In this situation, total IDPs was over 5,000 existing in this area, the committee for internally displaced Karen people (CIDKP) support food and the BPHWT health workers provide health care services.

In this duration there not spread COVID-19 pandemic; however, incidence of malaria rate increased both PF and PV due to battle. Within the past six months there were over 30 malaria patients so rapid diagnosis tests and medicine was not covered for those. Therefore, referral to another ethnic station clinic in this area and three patients suffer from malaria severe cases.

Moulamein/Yee

The BPHWT HeadQuarter office, takes responsibility for transport medicine to Mon National Health Committee office and health workers carry medicine from this to Wel Zin warehouse and distribute medicine to field targeted areas. The SAC's troops inquiry on mobile treatment and conduct workshops so implementation was delayed.

The SAC's troops' operation in this area usually but did not set-up their camp. At the mixed administration area local people became IDPs and the total were 1,200. Therefore, children lose their opportunity for education and most IDPs become social mental problems. In this area most people boiling leaf and drink, this leaf is used for amphetamine formula. Those users avoid community, anger, and immorality due to that leaf side effect. The BPHWT health workers look after those users and if they become critical referral to their local Party and this continues for the treatment process.

There were 20 COVID-19 pandemic patients and utilised a home quarantine system for treatment.

Presently there was fighting between the SAC's troops and an EAO. In this implication local people address with no work opportunity, and deprivation. Thus, the local party conducts evacuation, support food, and shelters. Both COVID-19 pandemic crisis and the Myanmar military coup local people address with travelling and basic food prices increase. Therefore, local people address deprivation and distress daily.

Shan

In January 2022, battle at War Hway, Yan Lwel, Main Yain, and Part Phyine village tracts which were BPHWT targeted area. Therefore, both local people and villagers evade Lel Char village tracts. For this reason this area cannot execute programs at targeted areas; besides, provide health care services at IDPs camp.

Pa Oh

Beyond the Burma military coup, convey medicine is difficult to field because of the SAC's troops check-points. Consequently, conducting the workshop was difficult and delayed because of insecurity. Station clinic was nearest the SAC's troops camp thus this usually inquiry on that and health care services. Avoid SAC's troop check-point and utilise alternative ways for convey medicine because of health workers security.

Nobody denies more active fighting between the SAC's troops and EAOs; hence, many IDPs flee to this area from the Karenni area. In this area, an EAO was prescribed for conscription and this quota was two people from one house. If cannot bear arm compensate thirty thousand (30,000) kyats; Hence, most local people cannot give compensate so went to bear arm and who suffer from stress and depression

There were amphetamine users and men were more used than women whose starting age was *eighteen* years. These become illusion, nail-biting, and torture their children; further, suicide. In this condition the BPHWT team looks after those users and consult with their families.

In this area COVID-19 pandemic spread was decreased and if a positive patient occurred use home isolation method and provide health care services in their home. In this area local people have no work opportunity so address with no income and starvation. Next, the Restoration Council of Shan State and Pa-O National Liberation Army were fighting seldom in this area. This situation every local people address with predicament was due to both complex political situation and COVID-19 pandemic.

Palaung

The SAC's troop enquired at every home both day and night time; thus, it was difficult to conduct training, workshop, and meeting at urban. Furthermore, SAC' troops check-point existing inquiries on foreign money and national identity cards. Moreover, they ask money from local people when they go through those check- points. Therefore, utilised telecommunication for this and mobile health care services were restricted due to COVID-19 protocols. This reason gives station clinic services occasionally.

As a rule, avoid the SAC's troops when giving health care services. Further, if conduct training and workshops at hotel and guest house got permission from the SAC. This responsible person attends meetings and observes and discusses issues. The SAC's troops retreated from Manton Township; however, continued fighting at Muse, Kutkai, and Lashio Townships. Consequently, the SAC's troops set-up their check-point and inquiry to everyone to precede townships. Besides fighting between EAOs daily at Kyaukme and Hsipaw Townships. Moreover, the SAC

utilised airstrikes and the SAC's troops burned local people's houses. Consequently, organised local people for militia. Hence, local people become IDPs and evade safe places.

Furthermore, preceding IDPs' houses burned and were addressed with landmines; likewise, transportation was difficult.

Ninety nine percent of men were continually using amphetamine and that were discriminated against in communities. COVID-19 prevention supplies and equipment were sufficient in this area. Cooperative with local authorities for COVID-19 preventive measure through set-up fever screening check-point and quarantine centres. COVID-19 vaccine was not covered in this area and also difficult for oxygen therapy so referral COVID-19 positive patient to nearest government hospital. This implementation area existed at the mountain and it was difficult to get technical and equipment for COVID-19 treatment; furthermore, most local people struggle for their daily wages; thus, those cannot comply with COVID-19 prevention protocol. Both military coup and COVID-19 pandemic crisis, local people address many detrimental problems. This area trading depended on China; however, trading was nonfunctional because of close borders. This is because basic food prices have risen so local people are deprived. Consequently, green tea leaf prize was decrease also rice product was shortage so local people living with distress and deprivation. Therefore, youths were immigrating to Laukkaing Township for work.

Kachin

Active conflict was everywhere because of the SAC's troop offensive; besides, this inquiry to everyone. For this reason transportation was very difficult; further, gave many reasons to SAC's troops for mobile treatment. This implication Myanmar Government rural health centre form services were temporarily suspended and local people addressed with lack of health care services. In contrast, when they convey medicine the SAC's troop inquiry on medicine and are raptorial; thus, use alternative ways for convey medicine.

In this situation any organisation cannot provide health care services; nevertheless, the Kachin BPHWT provides health care services in remote areas. According to the battle children become malnourished so provide Ready to Use Therapeutic Food (RUTF) and conduct Mid-Upper Arm Circumference (MUAC). Consequently, provide nutrition, food and medicine to pregnant women and feeding women. Moreover, conduct mothers' cooking demonstration for nutrition food. Previously, mothers delivered malnutrition children and presently these have decreased. Furthermore, conduct HIV/ AIDS testing for pregnant women.

Besides, this team advocates non-government control areas (NGCA) so it can cooperate with Kachin Independence Army and Kachin Health Department; besides, conduct patients' referral and training. Consequently, assign four VHW at NGCA area, so as to extend school health services. On the other hand, some medicine was insufficient due to extra patients and difficult transportation.

When conducting health education utilised suitable methods for in-line with local situations. Furthermore, conduct screening to prevent communicable transmission from mother to child. Moreover, Urinary Tract Infection diseases and Peptic Ulcer occur. Consequently, malaria of

incidence was increased and which involved Plasmodium Falciparum (PF) and Plasmodium Vivax (PV). However, Rapid Diagnostic Test and malaria medicine were not available.

Nobody can deny, political situation was complex and many battles; however, Kachin BPHWT continuous health care services were due to local people and local authorities' involvement. In this situation, the field trip was difficult because petrol prices were increasing more than past years.

In the rainy season there was flooding at Tanai township; hence, over 400 households were destroyed. This implication that local people suffer from diarrhoea and skin diseases was due to water population. Hence, the BPHWT look after and provide health care services to local people.

Many SAC troops' check-points were existing and enquiry on transportation road. Therefore, transporting medicine was difficult and transporters were afraid of carrying medicine; hence, transportation cost was increased. Consequently, various Ethnic Armed Organisations were existing in this area so addressed with many travelling restrictions. When carrying out for monthly mobile clinic services, the anonymous EAO asked for 20,000 kyats for war funds between Myitkyinar township and Hpakant township. In this condition, this BPHWT team explain their activities and negotiate these and continuous travelling.

Active fighting between the SAC's troops and EAOs in this other area so local people to evade KIA administration areas. On the other hand, many students went to KIA's school so this was not insufficient for those.

In this duration, a man was hit by an anonymous militia who lived in Sanpya village. Consequently, become a lot of crime and committed butcher at Myitkyina Township, Kachin State.

Mega project looks like the past year and other companies are endeavouring to build a dam at the South of Ayeyarwady river. Moreover, the Chinese company planted a banana field and exported this to China. This reason draught animals killed was due to chemical waste. Present construct transportation road form Hukaung area to India; this implication local people suffer from respiratory infection.

In the present rare earth mining was existing in this area so topsoil, water population, and fish were dead. Moreover, local people suffer from new diseases.

Currently, local people who are different ages used various drugs and that involved amphetamine, heroin, and so on. Those committed suicide was due to drug's side effect and others were dead because of injection accident. Consequently, some users were suffering from both mental and psycho problems, in this condition those families and local authorities' referral to the BPHWT clinic for treatment. Further, other users went to drug rehabilitation centres voluntarily for quit and treatment. This rehabilitation centre was established by a religious network.

COVID-19 was still spread in this area; hence, implement preventive measures. On the contrary, Kachin BPHWT provides health care services to IDPs due to battle. This situation should be continuous; thus, need more supporting to IDPs.

Naga

In the rainy season, it was difficult to convey medicine because the river was the main transportation in this area. For this reason, log was adrift in water and flooding so transportation was difficult and dangerous. On the other hand, existing seven SAC's troops check-point on the way nearest the BPHWT targeted area and those inquiry on commodity and medicine. Therefore, it is difficult for mobile healthcare services, and conduct workshops.

When faced with the SAC's troops and they opened the medicine package and asked for permission paper from the General Administration Department. If the BPHWT health workers cannot show permission that the SAC's troops intimidate for arrest.

In this area has small gold mining at Chindwin River and this implication becomes landslide, and water pollution. Hence, local people suffer from diarrhoea, density, skin diseases, and pulmonary edema.

In this area, local people's health knowledge was very poor and many elderly people have been using black heroin for health since decade. In the present both youth and eldest people use not only black heroin but also heroin. Most users were men and others were women, users starting age were thirteen years old. All users started dehydration, thin, body shaking, and vacillate due to side effects of heroin. In this condition, the BPHWT health workers look after users and consult with users' families.

In this area COVID-19 pandemic decreased and continuous preventive measure through fever check-point at village entry points. Consequently, gave health education to local people to prevent COVID-19 pandemic and provide mask and hand gel. In total ten people occurred; one person was only COVID-19 patient and utilised an isolation system. However, the price of basic food cost was increased because of the SAC's troops' check-point and transportation was difficult. For this reason, providing food for COVID-19 patients was difficult for a while.

Beyond the Burma military coup, there was an Arms organisation but this was not local; furthermore, the SAC's troops set-up many check-points. Thus, local people concerned about their security also address difficult travelling. Besides, the SAC's troops are alert with gun fire and shelling so local people live with fear and distress.

Arakan

In this area, many SAC's troops' check-points existed at Kyauktaw township and enquiry to everyone. Further, there was an intense conflict between the SAC's troops and the Arakan Army. Therefore, local people become IDPs and this addresses food deprivation and starvation. Currently, over ten thousand (10,000) IDPs exist at Kyauktaw township. Precedent implications become difficult for mobile health care services and not safety for health workers. Consequently, Land mine exploded and *three* people lost their legs. Within the past six months more human Rights violations occurred due to precedence of conflict. Moreover, the SAC's troop inquiry to local people and if they suspect seizure and detain, also torture. In this targeted area not occur amphetamine users but youth were used in other areas of Araken State. COVID-19 pandemic was decreased within six months and if occurred suspect patients used RAT for testing. In this area accept COVID-19 prevention supplies and equipment form

International Rescue Committee and support those to IDPs camps at Kyauktaw, Mrauk-U, Minbya, and Ponnagyun Townships.

Chin (WLC)

The SAC's troops extend their camps and fight between the SAC's troops and an EAO in this area. This implication local people kill and 1,030 people evade forest and Myanmar- India border in Chin state. There was heavy raining and flooding so local people suffered from diarrhoea, density, and skin diseases.

According to that complex political situation, insecurity cannot organise local people for health care services. Hence, utilised health care services through a door-to-door system. Besides, listen to early warning signs of battle and avoid them.

In this area, an existing dam and which implication occurred landslide; hence, local people suffer from skin diseases, diarrhoea. On the other hand, topsoil is destroyed and cannot be cultivated for agriculture.

Most men used amphetamine and the starting age was *fourteen* years. Those suffering from cannot sleep, depression, and fidget so the BPHWT team takes responsibility to look after them. Those who cannot eat also sleep and illusion. In this condition the BPHWT health workers look after those users and consult with their family and provide treatment.

There were continuous preventive measures on COVID-19 and provide mask, soap; besides, conduct health education on how to prevent COVID-19. However, *seven* people were COVID-19 positive patients so provide health care services to those. In this situation RAT was not covered for the whole people and cooperative with Mizo Women Organization, and local leaders for preventive measure and curative. Both crisis of the COVID-19 pandemic and the Myanmar military coup, transportation was difficult and the basic food rate increased; hence, local people live with fear and deprivation. In the present dry ration and shelter were insufficient because of difficult transportation and basic food rate increased.

5. SPECIAL SITUATIONS IN THE BPHWT'S TARGET AREAS

The present situation indicated all the BPHWT targeted area addresses with difficult transportation, basic food rate was increased with money inflation, and also local product decrease was due to both COVID-19 pandemic crisis and the Myanmar military coup. Because of this implication, local people are starving and deprived. On the other hand, the SAC utilized arbitrary shelling and airstrikes to the BPHWT targeted areas. Hence, local people wounded and killed also become IDPs, the BPHWT health workers involved in this group. Furthermore, the most vulnerable group was involved in IDPs and those pregnant women, babies and children were suffering from malnutrition.

Moreover, both PV and PF malaria incidence was increased in approximately BPHWT targeted areas and most were PV incidence. Unfortunately, the Rapid Diagnosis Test and malaria medicine were not available.

On the contrary, patient's referral was difficult because government hospitals were nonfunctional. For this reason many doctors and nurses became political activists; thus, these were not working under the SAC. On the other hand, the SAC assigned doctors and nurses from the Myanmar military so local people were afraid to go to hospital. Therefore, they utilized private hospitals for patient's referral and this implication utilized more expenditure.

Consequently, the banking system was nonfunctional so money transfer was difficult and used alternative ways for that.

In the Preceding situation, both narrative and financial reporting from the field area was delayed and some areas were difficult for collecting data. Even though they can collect data, they avoid SAC's troops and keep hard files at a safe place. For this reason, the reporting process was sent to the BPHWT headquarter office, Mae Sot, Thailand.

6. PROGRAMS 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 308,532 people. There were 44 stationary Backpack clinics during this year. There are currently 1,634 (1,248 women and 386 men) members of the BPHWT primary healthcare system living and working in Burma: 536 (325 women and 211 men) health workers, 760 (696 women and 64 men) Traditional Birth Attendants / Trained Traditional Birth Attendants (TBAs/TTBAs) and 338 (111 men and 227 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 105,584 cases, of which 20,038 cases were of children under the age of five and over five ages treated cases 85,546. The total cases on a gender basis included 46,917 cases involving men and 58,667 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. During the period of January to December 2022, the BPHWT health workers referred 234 cases, which included 74 cases of serious obstetric emergency.



Provided treatment to Landmine injury patient

Program achievements and Data Collection (January-December 2022)

Table 1: BPHWT's Coverage Population

<i>BPHWT's Coverage Population</i>			
Ages	Gender		Total
	Men	Women	
Under five years of age	24,441	26,256	50,697
Five years of age and over	126,360	131,475	257,835
Total	150,801	157,731	308,532

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 TBAs	Total HWs	Villages	Households	Population	Caseloads
1	Kayah	7	24	0	2	2	18	16	34	60	58	3,750	18,088	17,674
2	Kayan	8	27	13	12	25	6	44	50	102	67	2,464	13,566	3,306
3	Special	2	7	0	0	0	8	3	11	18	7	1,701	8,840	959
4	Taungoo	5	31	22	0	22	30	26	56	109	50	2,306	12,252	1,111
5	Kler Lwee Htoo	7	29	20	14	34	48	3	51	114	61	2,017	12,563	4,341
6	Thaton	7	28	25	0	25	35	31	66	119	32	3,599	21,107	4,076
7	Papun	12	70	62	1	63	64	39	103	236	139	6,614	41,038	23,260
8	Pa An	8	44	16	0	16	68	23	91	151	46	4,399	25,789	2,809
9	Dooplaya	7	39	2	0	2	43	27	70	111	50	4,311	25,211	3,507
10	Kawkareik	4	19	0	0	0	28	2	30	49	13	1,106	6,643	1,279
11	Win Yee	4	29	13	0	13	25	9	34	76	28	2,427	12,830	2,687
12	Mergue/Tavoy	10	36	0	0	0	29	0	29	65	56	3,874	22,497	12,360
13	Yee	6	21	38	12	50	9	20	29	100	16	1,457	6,261	9,692
14	Moulamein	6	21	0	0	0	0	0	0	21	14	1,982	9,692	1,868
15	Shan	6	21	0	0	0	10	0	10	31	50	2,184	12,242	2,119
16	Pa Oh	2	9	17	17	34	0	20	20	63	15	715	3,886	3,101
17	Palaung	6	21	0	0	0	0	34	34	55	48	3,845	28,540	5,474
18	Kachin	4	30	19	5	24	10	0	10	64	6	2,352	13,772	3,684
19	Naga	2	12	0	0	0	0	0	0	12	7	711	3,913	519
20	Arakan	3	11	8	2	10	2	15	17	38	10	1,245	7,044	1,276
21	Chin (WLC)	1	7	14	4	18	10	5	15	40	7	905	2,758	482
Total		117	536	269	69	338	443	317	760	1,634	780	53,964	308,532	105,584

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

Year	# of HWs	# of TBAs/TTBAs	# of VHV/VHWs	Target Population
2004	232	202	332	176,200
2005	287	260	625	162,060
2006	284	507	700	185,176
2007	288	591	341	160,063
2008	291	525	413	176,214
2009	289	630	388	187,274
2010	290	672	495	191,237
2011	318	722	462	206,620
2012	343	787	417	217,899
2013	379	711	333	224,796
2014	351	696	276	206,361
2015	359	741	215	244,410
2016	389	781	256	280,103
2017	456	799	281	292,741
2018	447	444	236	297,273
2019	455	770	382	306,896
2020	481	805	368	311,905
2021	521	760	337	324,324
2022	536	760	338	308,532

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

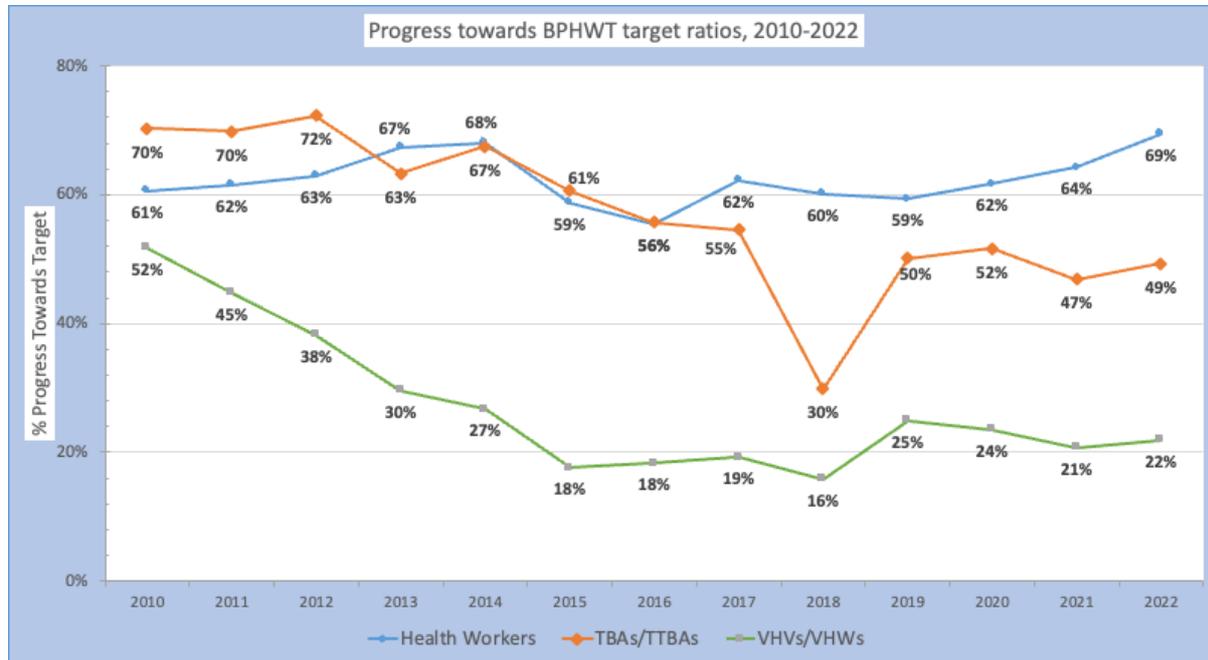
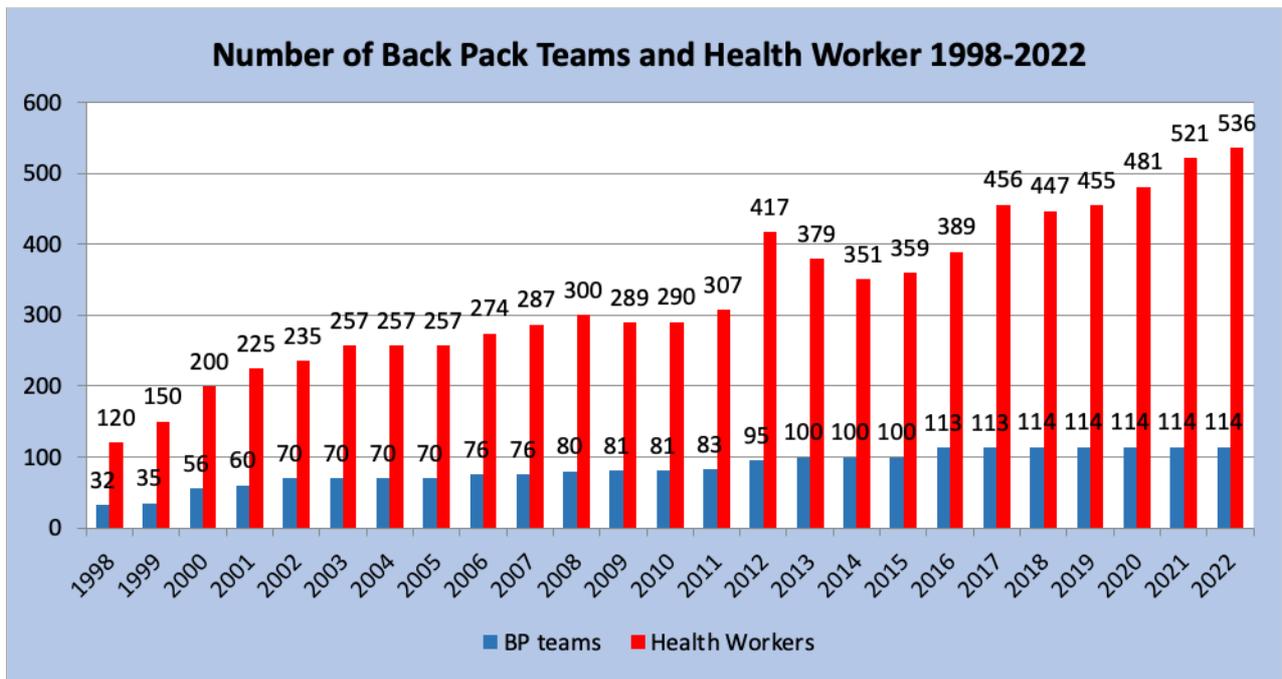


Table 5: Number of Cases Treated by Condition and Age in January-December 2022

No	Condition	Age				Total		Grand Total
		<5		≥5		M	W	
		M	W	M	W			
1	Anemia	206	262	2,574	4,391	2,780	4,653	7,433
2	ARI (Mild)	4,074	3,922	6,091	9,082	10,165	13,004	23,169
3	ARI (Severe)	1,504	1,490	1,856	2,573	3,360	4,063	7,423
4	Beriberi	43	38	892	2,065	935	2,103	3,038
5	Water Diarrhea	704	689	1,095	1,090	1,799	1,779	3,578
6	Diarrhea with Blood (Dysentery)	212	180	608	597	820	777	1,597
7	Injury, Acute - Gunshot	4	2	170	29	174	31	205
8	Injury, Acute - Landmine	0	0	39	7	39	7	46
9	Injury, Acute - Other	74	48	1,099	546	1,173	594	1,767
10	Injury, Old	8	9	551	321	559	330	889
11	Malaria (PV)	629	530	2,245	1,760	2,874	2,290	5,164
12	Malaria (PF)	61	57	464	392	525	449	974
13	Malaria (P Mixed)	0	3	20	10	20	13	33
14	Measles	39	44	38	48	77	92	169
15	Meningitis	1	0	15	12	16	12	28
16	Suspected AIDS	0	0	7	2	7	2	9
17	Suspected TB	0	0	26	26	26	26	52
18	Worms Infestation	510	546	1,549	1,629	2,059	2,175	4,234
19	Post Abortion Care	0	0	0	64	0	64	64
20	Post-Partum Hemorrhage (PPH)	0	0	0	27	0	27	27
21	Sepsis	1	5	33	36	34	41	75
22	Reproductive Tract Infection (RTI)	0	0	4	276	4	276	280
23	Urinary Tract Infection (UTI)	25	31	932	1,886	957	1,917	2,874
24	Skin Infection	607	510	1,351	1,389	1,958	1,899	3,857
25	Hepatitis	4	4	97	108	101	112	213
26	Typhoid Fever	225	209	609	545	834	754	1,588
27	Arthritis	14	7	568	956	582	963	1,545
28	Gastric Ulcer Duodenum Ulcer (GUDU)	12	37	2,574	3,578	2,586	3,615	6,201
29	Dental Problem	99	117	591	737	690	854	1,544
30	Eye Problem	104	113	605	737	709	850	1,559
31	Hypertension	0	0	1,949	3,237	1,949	3,237	5,186
32	Abscess	115	113	617	494	732	607	1,339
33	Scrub typhus	1	2	136	96	137	98	235
34	Leptospirosis	25	15	179	105	204	120	324
35	Insect bites	32	36	305	162	337	198	535
36	Dengue Fever	102	92	587	567	689	659	1,348
37	Poisoning	34	40	202	151	236	191	427
38	Mental illness	2	4	62	88	64	92	156

No	Condition	Age				Total		Grand Total
		<5		≥5		M	W	
		M	W	M	W			
39	Cardiovascular	0	0	44	117	44	117	161
40	Diabetes	0	0	102	289	102	289	391
41	Others	688	724	5,872	8,563	6,560	9,287	15,847
Total		10,159	9,879	36,758	48,788	46,917	58,667	105,584
Grand Total		20,038		85,546		105,584		



Category	Men	Women	Total
Patients <5	10,159	9,879	20,038
Patients ≥5	36,758	48,788	85,546
Total	46,917	58,667	105,584

Table 7: Injury (Gunshot) cases January -December 2022

No.	Field Areas	< 5 ages		> = 5 ages		Total
		Men	Women	Men	Women	
1	Kayah	0	0	11	1	12
2	Taungoo	0	0	1	0	1
3	Kler Lwee Htoo	0	0	4	0	4
4	Thaton	0	0	28	1	29
5	Papun	0	0	52	6	48
6	Pa An	0	0	2	1	3
7	Kawkareik	0	0	3	0	3
8	Win Yee	1	0	9	8	18
9	Mergue/Tavoy	2	1	69	6	78
10	Shan	1	1	1	6	9
Total		4	2	180	29	215

Table 8: Injury (Landmine) cases January - December 2022

No.	Field Areas	< 5 ages		> = 5 ages		Total
		Men	Women	Men	Women	
1	Taungoo	0	0	0	1	1
2	Klee Lwee Htoo	0	0	5	0	5
3	Thaton	0	0	7	0	7
4	Papun	0	0	16	2	15
5	Kawkareik	0	0	1	0	1
6	Win Yee	0	0	1	0	1
7	Mergue/Tavoy	0	0	9	0	9
8	Shan	0	0	2	4	6
9	Pa Oh	0	0	1	0	1
Total		0	0	42	7	49

Table 9: Mental illness problem January - December 2022

No.	Field Areas	< 5 ages		> = 5 ages		Total
		Men	Women	Men	Women	
1	Kayah	0	0	13	4	17
2	Kler Lwee Htoo	0	0	2	8	10
3	Papun	0	0	1	0	1
4	Pa An	0	0	2	0	2
5	Mergue/Tavoy	0	0	25	56	81
6	Shan	0	0	2	1	3
7	Arakan	2	4	18	18	42
Total		2	4	63	87	156

Table 10: Malaria cases January – December 2022

No.	Field Areas	< 5 ages		> = 5 ages		Total
		Men	Women	Men	Women	
1	Kayah	0	0	69	55	124
2	Kayan	8	2	6	5	21
3	Special	0	0	0	1	1
4	Taungoo	0	2	14	6	22
5	Kler Lwee Htoo	0	0	5	5	10
6	Thaton	1	0	25	7	33
7	Papun	608	511	2069	1713	4901
8	Pa An	2	2	41	18	63
9	Dooplaya	0	0	18	10	28
10	Kawkareik	12	9	55	33	109
11	Win Yee	11	16	34	29	90
12	Mergue/Tavoy	44	39	213	147	443
13	Yee	4	9	147	119	279
14	Shan	0	0	4	2	6
15	Arakan	0	0	29	12	41
Total		1,280		4,891		6,171

Table 11: Malaria cases	Plasmodium Vivax	Plasmodium Falciparum	Total
Men	2,894	525	3,419
Women	2,302	445	2,747
Pregnancy	1	4	5
Total	5,197	974	6,171

Malaria

The BPHWT has used Para-check, rapid diagnosis test (RDT) to effectively confirm Plasmodium Falciparum (P.f) malaria diagnosis since 2005, and follow World Health Organization (WHO) guidelines to give Artemisinin based Combination Therapy (ACT) treatment. The BPHWT aims to distribute insecticide-treated mosquito nets (ITNs) and engage in preventive health awareness raising activities in order to decrease the prevalence of malaria.

From 2003-2004, the BPHWT did not have portable diagnosis kits called Rapid Diagnosis Tests (RDT) to confirm the Plasmodium Falciparum (P.f) malaria cases. RDT usage began in 2005, but there were not enough RDT to cover all field areas of Backpack targeted.



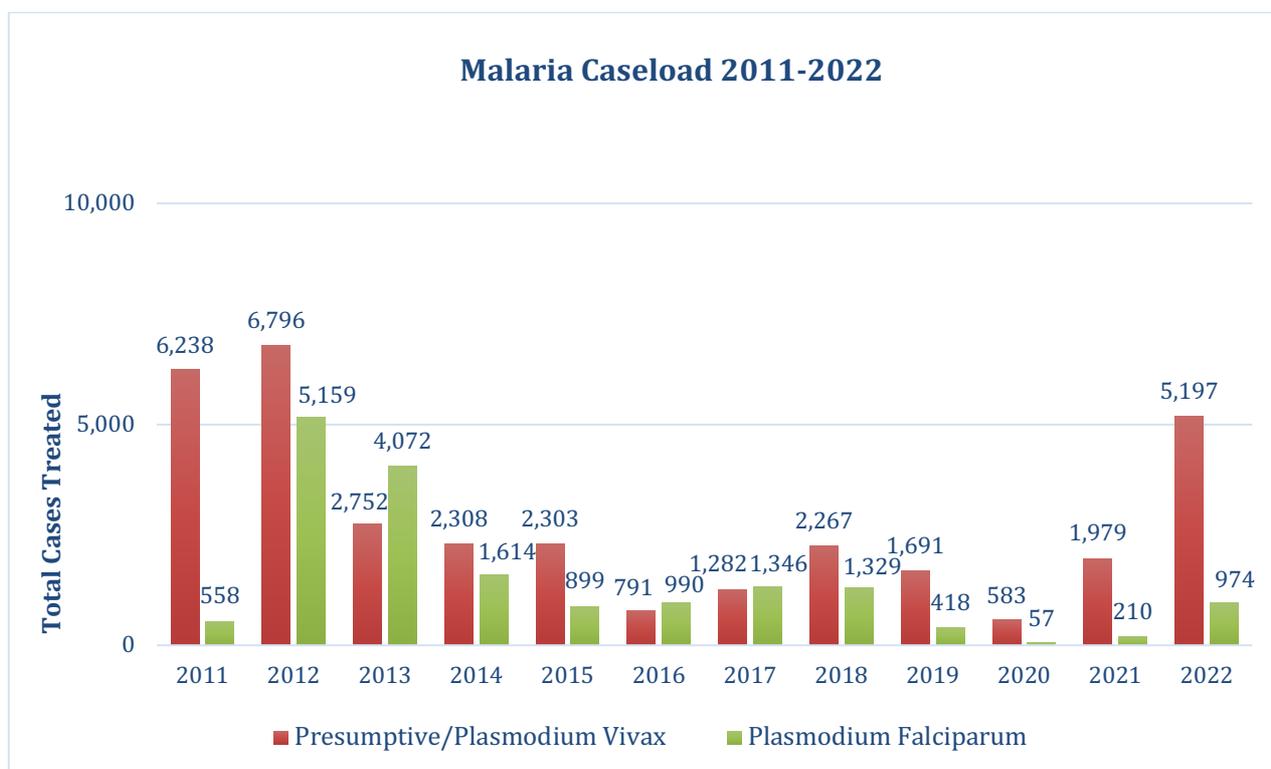
Practicing on Malaria Rapid Diagnosis Test

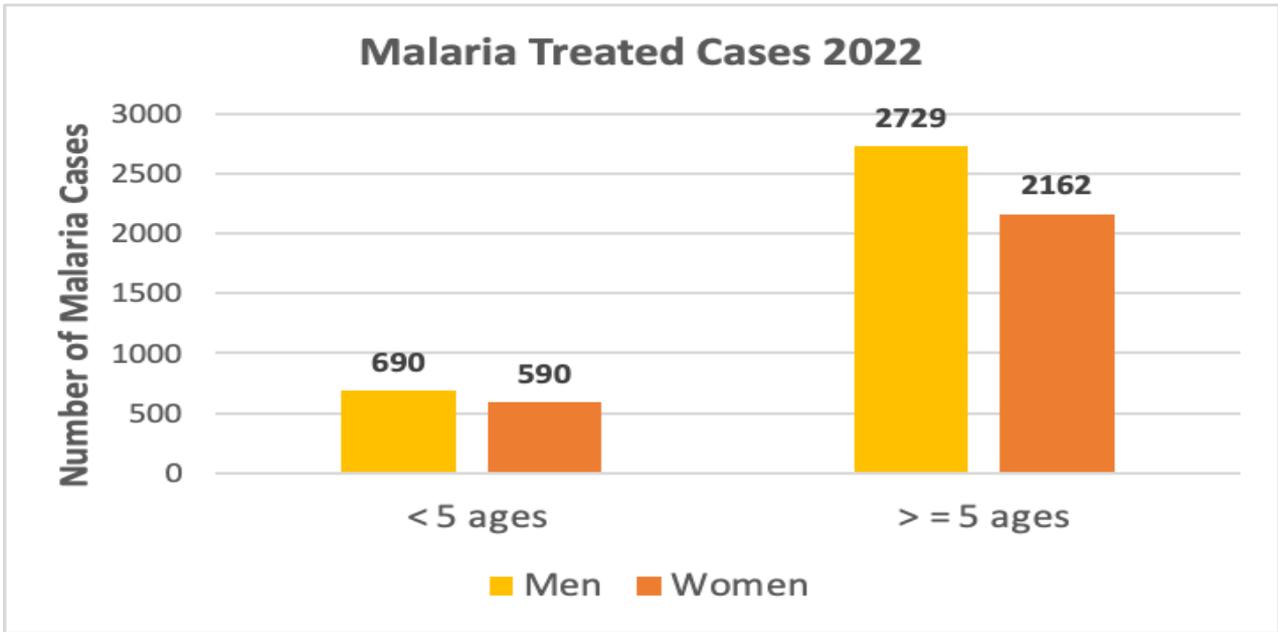
Thus, the Backpack updated its protocol for treating malaria to test all patients who have a fever with a Para-check RDT and if the results are positive then P.f malaria treatment must be provided using ACT treatment, which is in-line with the Burma Border Guidelines (BBG) protocol.

Since the early of 2014, the BPHWT has used the SD Bioline which can test for both P.f and P.v malaria. Due to malaria intervention from other partners such as Shoklo Malaria Research Unit (SMRU), the malaria prevalence has been decreased. During 2022, there were 6,171 of malaria cases treated by the field health worker of Backpack targeted areas. In addition, “the Long Road to Recovery” survey report, the prevalence rate for P. falciparum malaria decreased dramatically from 7.3% in 2008 to 2.3% in 2013. According to the Myanmar military coup in February 2021, the malaria cases increased in the Thai Myanmar border and EHOs administration areas as well. As a result, many of the people became IDPs in the EHOs administration areas due to ongoing fighting between the State Administration Council (SAC) troops and Ethnic Armed Organizations group. Moreover, many people from the city moved to borderline so the malaria cases increase on the Thai Myanmar border.



Malaria diagnosis with RDT



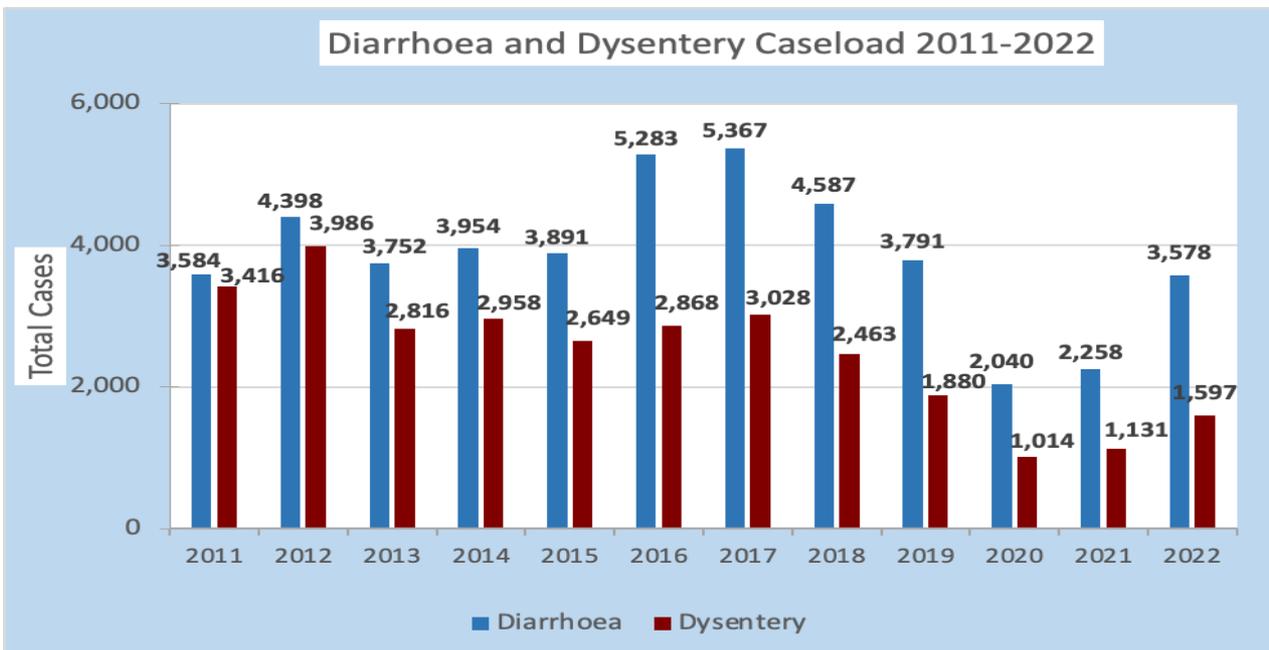


Diarrheas and Dysentery

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 2022, the field health workers treated more diarrhea and dysentery cases 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).



Provided medical treatment to diarrhea patient

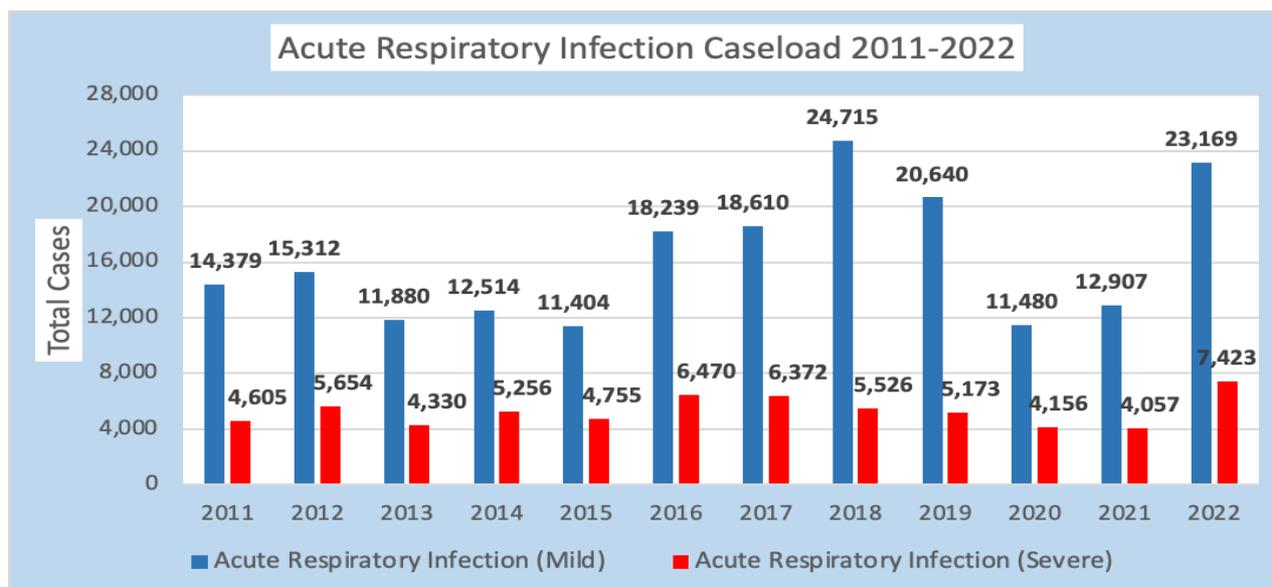


Acute Respiratory Infection (Mild/Severe)

The annual cases of the acute respiratory infection were 30,592 (23,169 mild and 7,423 were severe. The total of 10,990 were under five children. This graph can only indicate the numbers ARI cases treated by the field health workers by yearly.



Provided medical services to communities



Referral cases list:

Table 12: Patient Referral January - December 2022

No	Area Name	<5 ages		≥5 ages		EmOC	Total
		Men	Women	Men	Women		
1	Special	0	0	1	0	6	7
2	Kler Lwee Htoo	0	0	4	3	1	8
3	Thaton	1	2	3	2	26	34
4	Papun	0	1	61	17	0	79
5	Pa An	2	1	12	21	26	62
6	Doopalaya	1	0	5	2	2	10
7	Kawkareik	0	0	1	1	2	4
8	Win Yee	2	2	3	2	7	16
9	Mergue/Tavoy	0	0	6	4	4	14
Total		6	6	96	52	74	234

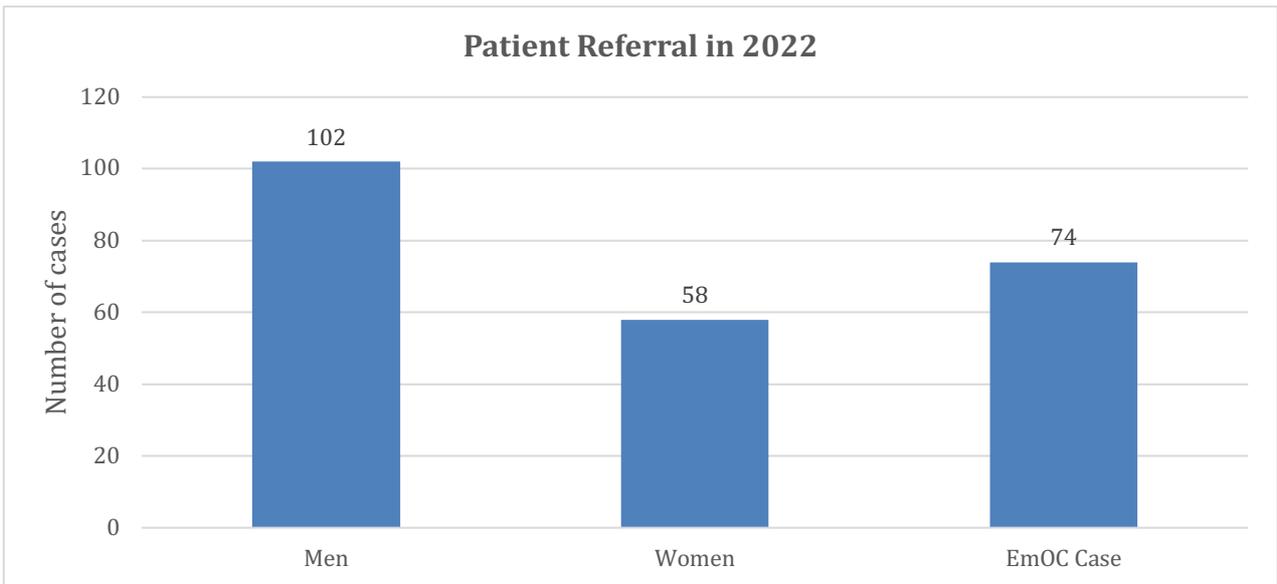


Table 13: Referral cases: January – December 2022

Description	Number of cases
Emergency Obstetric Care	74
Gunshot wounds	34
Landmine Injuries	20
Road Traffic Accident	4
Communicable disease	24
Non-communicable disease	78
Total	234

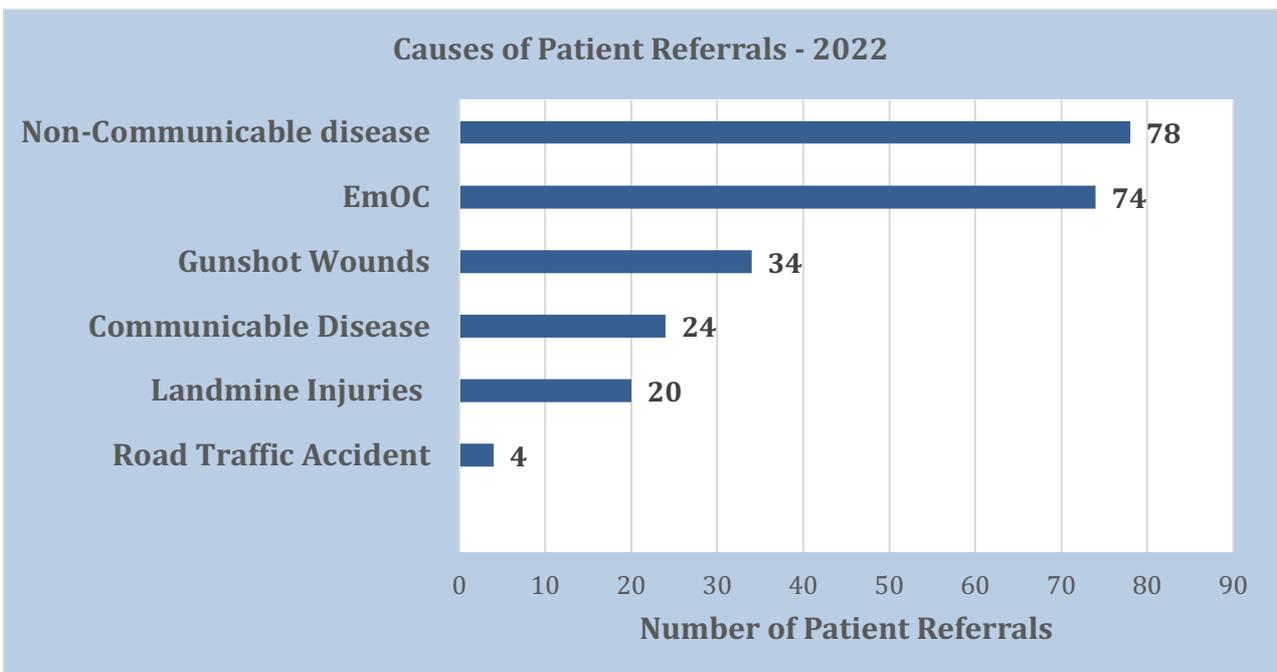


Table 14: Summary of Field's target Area Death record on January - December 2022

No	Areas	# of Teams	< 5 ages		> = 5 ages		EmOc	Total
			Men	Women	Men	Women		
1	Kler Lwee Htoo	7	1	0	23	10	0	34
2	Papun	12	7	4	41	28	2	82
3	Pa An	8	1	1	45	51	0	98
4	Doopalaya	7	0	0	9	8	0	17
5	Win Yee	4	0	0	16	5	1	22
6	Mergue/Tavoy	7	0	1	30	16	0	47
Total		45	9	6	164	118	3	300

Workshops:

1. MCP program workshop

Discussion topics:

- 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

2. MCP program challenges

- According to the COVID-19 pandemic and military coup, regarding the transportation of medicines and medical supplies it is not easy to transport them on the city site because of the military checkpoints. It has been transported in the jungle way and must be aware of security and also increased cost. So, the medicines and medical supplies could not arrive on time to the targeted areas.
- According to the fighting between Ethnic Armed Organizations and the State Administration Council (SAC) troops, some of the Backpack station clinics could not run so the station clinics have to run as mobile team again as before.
- Due to the airstrikes and shelling in the communities by the SAC's troops, lack of the securities for the Backpack health workers during providing health services to the communities. Some of the Backpack clinics temporarily closed especially in Thaton, Dooplaya, Taungoo, Hpa pu, Merque/Tavoy, Kayan and Pa Oh field areas.
- According to the fighting between SAC's troops and EAOs in 2022, there will be an increasing number of internal displaced persons and also increasing number of malaria cases due to population movement and living in the jungle.
- After the COVID-19 pandemic and the military coup, the Backpack health workers could not implement the activities smoothly, delay of reporting and difficult to bring data because of the military checkpoint.
- It is difficult to transfer medicines and medical supplies from Thai sites to the other ethnic areas such as Kachin, Rakhine, Palaung, Naga, Pao and Chin. According to the procurement policy, it is not to get standard quality of vouchers to purchase medicines and medical supplies in Myanmar site.
- Due to continued fighting in the EAOs administration areas, there are an increasing number of IDPs. Those IDPs need more primary health care services, shelter and food.

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.

(1) Water and Sanitation Sub-Program:

In 2021, the BPHWT installed 6 gravity flows, 4 shallow wells, 170 latrines, and 182 water filters to the targeted communities in field areas. There were 2,533 people who gained access to gravity flow water system, 255 people who now access to shallow wells, 855 populations who have access to latrines, and 3,199 students received water filters.



Transport of latrines cup to the targeted areas

<i>Table 1: Numbers of Gravity Flows, Shallow Wells, and Latrines Installed</i>						
No.	Area Name	No. Gravity Flows	HH	Population		
				Men	Women	Total
1	Papun	2	95	232	279	608
2	Thaton	1	124	284	298	707
3	Taungoo	2	75	323	269	669
4	Mergue/Tavoy	1	87	272	277	549
Total		6	381	1,111	1,123	2,533
No.	Area Name	No. Shallow Wells	HH	Population		
				Men	Women	Total
1	Win Yee	2	19	33	49	82
2	Kachin	2	63	72	101	173
Total		4	82	105	150	255
No.	Area Name	No. Latrines	HH	Population		
				Men	Women	Total
1	Taungoo	40	40	120	126	246
2	Papun	50	50	140	138	278
3	Kachin	30	30	36	49	85
4	Chin WLC	50	50	132	114	246
Total		170	170	428	427	855
No.	Area Name	No. water filters	# of schools	Population		
				Men	Women	Total
1	Thaton	112	32	911	1049	1,960
2	Taungoo	30	9	155	181	336
3	Papun	40	8	441	462	903
Total		182	49	1,507	1,692	3,199
No.	Area Name	# of bucket and basin	# of HH	Population		
				M	F	Total
1	Papun	80	80	47	33	80
Total		80	80	47	33	80

(2) WASH awareness workshop

During the period from January to December 2022, the BPHWT organized 30 sessions of WASH awareness workshops. There were 30 villages in 6 village tracts of four field areas: Thaton, Papun, Win Yee and Mergue/Tavoy field area. The total numbers of participants were 1,133 comprised of 511 men and 622 women.

Objectives 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



WASH awareness workshop at Thaton field area

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 were:

- 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

Table 2: WASH awareness workshop and participants list

No.	Field Areas	# of Workshops	Participants		Total
			M	F	
1	Thaton	5	56	94	150
2	Papun	6	91	107	198
3	Win Yee	4	58	172	230
4	Mergue/Tavoy	2	37	41	78
Total		17	242	414	656

(3) School Health Sub-Program:

Through this Sub-Program, school children and their teachers received health education from health workers. In 2022, the BPHWT implemented school health program in 286 schools with 1,488 teachers and 26,283 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. The BPHWT distributed hygiene kits to school children.



Distributed of hygiene kits to school children

Table 3: Number of participants in school health sub-program							
No	Field Areas	# of Schools	Students		Teachers		Total
			Boys	Girls	M	W	
1	Taungoo	16	423	418	5	91	937
2	Kler Lwee Htu	16	701	709	32	64	1,506
3	Thaton	22	1,912	2,208	47	136	4,303
4	Papun	105	3,727	3,856	110	376	8,069
5	Pa An	25	1,095	1,323	27	120	2,565
6	Dooplaya	43	1,942	2,253	43	170	4,408
7	Kawkareik	6	268	333	9	26	636
8	Win Yee	6	255	276	13	24	568
9	Mergue/Tavoy	17	888	915	5	56	1,864
10	Yee	16	436	471	6	47	960
11	Moulamein	14	908	966	17	64	1,955
Total		286	12,555	13,728	314	1,174	27,771
			26,283		1,488		

(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 2022, there are 27,970 children received de-worming medicines and 34,577 children received Vitamin A.

Table 4: Numbers of Children Receiving De-Worming Medicine				
No	Field Area	Age (1 - 12 Years)		Total
		M	F	
1	Kayan	1,128	1,064	2,192
2	Special	16	15	31
3	Taungoo	498	557	1,055
4	Kler Lwee Htoo	552	642	1,194
5	Thaton	1,589	1,694	3,283
6	Papun	2,567	2,739	5,306
7	Pa An	856	929	1,785
8	Dooplaya	1,220	1,419	2,639
9	Kawkerik	79	64	143
10	WinYee	1,154	1,264	2,418
11	Mergue/Tavoy	2,147	2,240	4,387
12	Yee	368	349	717
13	Moulmein	1,192	1,250	2,442
14	Pa Oh	171	207	378
Total		13,537	14,433	27,970

Table 5: Numbers of Children Receiving Vitamin A

No	Area Name	CHILDREN'S AGES								Total
		6-12 months		1-6 years		6-12 years		Total		
		M	F	M	F	M	F	M	F	
1	Kayan	60	66	419	404	683	652	1,162	1,122	2,284
2	Special	0	0	16	15	0	0	16	15	31
3	Taungoo	90	83	289	289	378	410	757	782	1,539
4	Kler Lwee Htoo	187	229	349	310	365	393	901	932	1,833
5	Thaton	557	572	1,105	1,183	1,202	1,235	2,864	2,990	5,854
6	Papun	194	205	632	723	1,824	1,769	2,650	2,697	5,347
7	Pa An	0	0	243	249	760	911	1,003	1,160	2,163
8	Dooplaya	60	64	497	480	671	837	1,228	1,381	2,609
9	Kawkerik	0	0	35	23	43	41	78	64	142
10	WinYee	16	12	379	413	687	761	1,082	1,186	2,268
11	Mergue/Tavoy	88	119	806	851	1,327	1,425	2,221	2,395	4,616
12	Mon Yee	27	31	260	304	421	443	708	778	1,486
13	Moulmein	49	45	789	831	1,107	1,188	1,945	2,064	4,009
14	Pa O	10	13	94	79	100	100	204	192	396
Total		1,338	1,439	5,913	6,154	9,568	10,165	16,819	17,758	34,577

(5) Nutrition awareness workshop

From January to December 2022, the BPHWT organized 104 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 2,621 comprised of 1,005 men and 1,439 women.



Nutrition awareness workshop

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.

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

The discussion topics were:

- 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	#of Nutrition workshops	Men	Women	Total
1	Taungoo	24	175	238	413
2	Thaton	19	186	441	627
3	Papun	61	671	910	1,581
Total		104	1,005	1,439	2,621

(6) Nutrition screening

From January to December 2022, 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 tracts 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.

The total numbers of children were 2,094 under five children were screened in 43 villages of five village tracts. The total numbers of children who are healthy in malnutrition were 996 boys and 1,003 girls, 56 were moderate malnutrition and 9 children were severe malnutrition. At the same time, BPHWT also provided nutrition health awareness workshop in the TBC/ STAND UP target areas.



Measurement of nutrition status to under five children

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.

Table 7: Nutrition screening for under 5

No	Area	# of village	Healthy		SFP		TFP		Total
			boys	Girls	Boyes	Girls	Boys	Girls	
1	Taungoo	12	144	130	10	4	0	0	288
2	Thaton	8	175	149	3	12	2	6	347
3	Papun	37	677	754	14	13	0	1	1,459
			996	1,033	27	29	2	7	
Total		57	2,029		56		9		2,094

(7) Village Health Workshops:

During the period of 2022, the BPHWT organized 76 Village Health Workshops in 10 Field Areas. Through these workshops, there were 5,519 participants who gained improved knowledge of primary healthcare issues. The participants came from a wide variety of backgrounds and community groups, including shopkeepers, religious leaders, and members of women organizations, teachers, students, TBAs/TTBAs, VHWs, health workers, youth organization, authorities, villagers and village heads. This wide and varied participation increases the likelihood of knowledge spreading and reaching all levels of the community.

Table 8: Number of Village Health Workshop and Participants

No	Field Areas	# of VH workshops	Participants		Total
			M	W	
			1	Taungoo	
2	Kler Lwee Htoo	4	253	310	563
3	Thaton	17	757	1072	1,829
4	Papun	10	354	391	745
5	Pa An	11	112	348	460
6	Dooplaya	8	129	176	305
7	Kawkareik	3	103	130	233
8	Mergue/Tavoy	9	183	125	308
9	Yee	6	206	210	416
10	Moulamein	6	279	299	578
Total		76	2403	3,116	5,519

(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 12 VHW workshops were organized with 311 VHWs.

Table 9: Number of Village Health Worker Workshops and Participants

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

(9) Village Health Committee (VHC) Meeting

The BPHWT has established village health committees since the second period of 2015. The purpose of establishing VHC is to improve community participation and to sustain development of primary healthcare in the field areas. These representatives are from village administration committee, local health workers, teachers, religious leaders, women and youth groups.

The VHCs are responsible for patient referral, community empowerment and participation, providing health education and environmental cleaning, oversight of clinic management, and coordination with other CBOs and NGOs activities. These VHCs organize quarterly regional meeting among themselves in their respective villages. During this reporting period the Backpack organized 106 VHC meetings within 1,137 participants.



VHC meeting participants

No	Areas	# of VHCs meetings	VHC member		Other Participants		Total
			Men	Women	Men	Women	
1	Pa An	25	45	31	111	72	259
2	Dooplaya	28	46	41	115	98	300
3	Kawkareik	13	30	21	73	57	181
4	Win Yee	16	17	20	53	44	134
5	Special	8	16	9	17	21	63
6	Papun	16	37	41	68	54	200
Total		106	191	163	437	346	1,137

C. Maternal and Child Healthcare Program (MCHP)

During period of January to December 2022, the MCHP was carried out across 12 field areas. While 2,039 babies were delivered, 12 still-births and 2,027 live births were recorded. There were also 3 maternal deaths recorded across all field areas due to Post-partum Haemorrhage. There were 1,879 birth records received from the targeted field areas. Some of deliveries received birth records from the Ethnic Health Organizations' health providers.



Health worker provided birth record

MCHP Data January to December 2022

Description	Totals
Total Delivery	2,039
Live Births	2,027
Still Births	12
Neonatal Deaths	0
Maternal Deaths	3
Low Birth Weight	92
Pregnant women receiving d-worming medicine	1,741
Pregnant women and women receiving iron	1,848
Newborn babies receiving birth records	1,879
TBA/TTBA kits distributed	164
Maternity kits distributed	1,364
Family planning clients	4,193
Attendant by TBA/TTBA	1,170
Attendant by Health worker	686
Attendant by other	178
PNC within 2 days	1,014
Provide oxytocin	464

(1) TBA/TTBA Training

In 2010-2011, an external evaluation facilitated by Burma Relief Center (BRC) recommended that TBAs in the targeted villages must have more knowledge and skills in order to be more effective. Therefore, since 2012, the BPHWT has decided to train TBAs to become TTBA who will have greater knowledge and skills to provide safe deliveries, related health education, and an effective referral system. It is a twenty-day training. During the period of January to December 2022, the BPHWT organized 4 TTBA training within 79 TBAs.



TTBA training in Pa Oh field area

The topics are:

- Introduction, Pre-test and introduce the training objective
- Anatomy and physiology
- Reproductive system and action, menstruation cycle, facilitation and nutrition
- Health care for during pregnancy, and Delivery plan
- Common problem during pregnancy and delivery
- Stage of delivery
- Postnatal care
- Cause of the neonatal death and maternal Death
- Family planning and method
- Health Education, Hygiene and sanitation and summery
- Post test

Table 2: Number of TTBA training

No	Area	# of training	# of TBAs		Total
			Men	Women	
1	Pa Pun	2	0	39	39
2	Dooplaya	1	0	20	20
3	Pa Oh	1	0	20	20
	Total	4	0	79	79

(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 93 TBA/TTBA workshops conducted with the participation of 529 trained TBAs/TTBAs.



Distribution kits to TBAs

Discuss of topics:

- Antenatal Care (ANC)
- Postnatal Care (PNC)
- Danger sign of pregnancy
- Delivery plan
- Postpartum Haemorrhage (PPH)
- Nutrition
- Breast feeding and umbilical cord care
- Maternal death review form
- Delivery list and Pregnant women list
- TBA/TTBA birth record
- TTBA checklist
- Family Planning
- TBA/TTBA responsibility
- Referral

Table 3: Number of TBA/TTBA Workshop and Participants

No	Area	# Workshops	Men	Women	Total
1	Special	3	5	36	41
2	Kler Lwee Htoo	40	2	37	39
3	Pa An	14	11	135	146
4	Dooplaya	13	21	113	134
5	Kawkareik	6	1	58	59
6	Win Yee	8	2	82	84
7	Mergue Tavoy	2	3	12	15
8	Pa Oh	1	0	11	11
9	Palaung	6	0	59	59
Total		93	45	543	588

Table 4: Number of Birth record

Area	BPHWT		Total	Government		Total
	Male	Female		Male	Female	
Pa An	195	190	385	0	0	0
Kawkareik	10	25	35	0	0	0
Win Yee	131	152	283	0	0	0
Dooplaya	159	147	306	0	0	0
Taungoo	18	26	44	0	1	1
Thaton	66	72	138	0	0	0
Kler Lwee Htoo	7	5	12	0	0	0
Papun	246	237	483	0	0	0
Mergue/Tavoy	39	35	74	5	8	13
Yee	0	0	0	42	51	93
Kachin	0	0	0	11	6	17
	871	889	1760	58	66	124

No	Area	Deliveries	Live Births	Still Births/ Abortions	Deaths		<2.5 Kg	=>2.5 kg
					Neonatal	Maternal		
1	Kayan	132	132	0	0	0	0	0
2	Taungoo	59	59	0	0	0	3	55
3	Klew Lwee Htoo	28	27	1	0	0	1	26
4	Thaton	165	162	3	0	0	8	143
5	Papun	519	519	0	0	2	11	298
6	Pa An	377	376	1	0	0	34	342
7	Dooplaya	241	237	4	0	0	10	208
8	Kawkareik	88	88	0	0	0	0	1
9	Win Yee	224	221	3	0	1	17	199
10	Mergue /Tavoy	90	90	0	0	0	3	11
11	Yee	93	93	0	0	0	2	91
12	Arakan	17	17	0	0	0	3	9
13	Kachin	1	1	0	0	0	0	0
Total		2,034	18	12	0	3	92	1,383

(3) Sexual Reproductive Health and Right Awareness

The BPHWT has started to conduct Sexual Reproductive Health and Right (SRHR) 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 period of January to December 2022, **35** SRHR awareness workshops were organized. There were 2,051 participants. The purpose is to increase reproductive health awareness in the communities and to increase community participation in MCH program. Reproductive Health Awareness Topics:



SRHR awareness workshop with youth

- Reproductive health awareness
- Definition of SRHR
- Methods
- Family planning
- Advantages and disadvantages and accessible

Area	# of awareness	<18		>= 18		Total
		Men	Women	Men	Women	
Pa An	14	108	160	195	288	751
Dooplaya	19	117	171	275	410	973
Win Yee	2	8	16	22	281	327
total	35	233	347	492	979	2,051

(4) Health Education

The BPHWT has conducted health education workshops in the field areas to improve the reproductive health of those under 15 years of age to over 15 years participants. During this reporting period, 55 sessions of health education awareness workshops were organized. There were 1,751 participants. The purpose is to increase reproductive health awareness in the communities and to increase community participation in MCH program.



Conducted health education to the community

Discuss of topics:

- Sexually transmitted diseases
- Dengue fever
- COVID-19
- Danger signs of pregnancy
- Nutrition
- Family planning
- Diarrhea
- Referral guideline
- ANC visit schedule
- Hand washing
- Pneumonia

Table 7: Health Educations participant list

No	Area	# of Health Education	<15		≥ 15		Total
			Men	Women	Men	Women	
1	Pa An	14	7	19	88	385	499
2	Dooplaya	14	7	13	74	133	227
3	Kawkareik	10	38	46	102	207	393
4	Win Yee	8	3	11	63	266	343
5	Special	4	3	3	44	85	135
6	Kler Lwee Htoo	2	0	0	0	59	59
7	Pa Oh	2	0	0	19	45	64
8	Shan	1	0	0	6	25	31
Total		55	92	92	396	1,205	1,751

(5) Gender Based Violence awareness raising workshop

The BPHWT has conducted GBV awareness raising workshops in the field areas the age of under 18 years and over 18 years participants. During this reporting period, 8 workshops were organized and 307 participants attended.



GBV awareness workshop in community

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 8: GBV awareness raising

NO	Area	# of GBV	<18		≥18		Total
			Men	Women	Men	Women	
1	Pa An	3	8	21	26	51	106
2	Dooplaya	3	7	10	20	55	92
4	Win Yee	2	3	5	34	67	109
Total		8	18	36	80	173	307

(6) Nutrition for pregnant women

The BPHWT has started to distribute nutrition foods to pregnant women in the field areas inception of 2015. Nutrition activity is a great concern in the areas that Backpack teams served. MCH workers provided information about four main food groups and what is the right food to eat during pregnancy. However, some pregnant women cannot afford the necessary nutrition food for a healthy pregnancy. In 2022, the activity of nutrition for pregnancy was conducted in Special, Taungoo, Thaton, Kler Lwee Htoo, Papun, Pa An, Dooplaya, 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 was 2,920. The table below shows the number of total pregnant women who received nutritious foods by monthly.



Delivered nutrition food to pregnant women

Area	# of BP Teams	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Special	4	0	0	62	0	0	69	0	0	65	0	0	64
Taungoo	2	64	64	64	98	132	132	72	72	72	82	82	82
Kler Lwee Htoo	8	0	0	0	0	0	0	0	0	0	128	128	128
Thaton	7	190	190	314	147	147	147	80	80	80	84	84	84
Papun	6	290	290	340	298	298	298	0	0	0	126	126	291
Pa An	14	0	0	154	0	0	311	0	0	303	0	0	270
Dooplaya	14	0	0	325	0	0	328	0	0	338	0	0	314
Kawkareik	8	0	0	119	0	0	80	0	0	113	0	0	124
Win Yee	8	0	0	155	0	0	175	0	0	179	0	0	196
Total	71	544	254	1,279	543	577	1,540	152	152	1,150	267	267	1,553

Table 10: Details of De-worming and Ferrous Sulphate data

No.	Areas	De-Worming	F/S & F/A
1	Kayan	132	132
2	Taungoo	59	59
3	Kler Lwee Htoo	22	25
4	Thaton	152	152
5	Papun	307	351
6	Pa An	377	377
7	Dooplaya	240	240
8	Kawkareik	88	88
9	Win Yee	224	224
10	Mergue /Tavoy	47	90
11	Yee	93	93
12	Arakan	0	17
	Total	1,741	1,848

(7) Family Planning Activities

In 2022, the BPHWT provided family planning services to 4,193 people comprised of 126 men. The purpose of this activity is to improve maternal and child health conditions among IDPs. Family planning allows people to attain their desired number of children and determine the spacing of pregnancies. By providing family planning methods, BPHWT will help to reduce infant mortality rates and prevent pregnancy-related health risks among women.



Provide implant family planning method to a client

Table 11: Family planning data January –December 2022

No	Area	Age		Visits		Clients				
		< 19	> = 19	New	F/ U	Depo	Pill	Condom	Implant	Total
1	Kayan	6	269	44	231	155	111	0	9	275
2	Special	0	23	7	16	4	4	0	15	23
3	Taungoo	0	107	11	96	43	63	1	0	107
4	Thaton	3	266	9	260	241	28	0	0	269
5	Papun	11	588	81	518	439	148	12	0	599
6	Pa An	20	339	50	309	216	66	13	64	359
7	Dooplaya	17	569	173	413	353	128	31	74	586
8	Kawkareik	6	179	17	168	155	27	3	0	185
9	Win Yee	18	444	74	388	300	143	16	3	462
10	Mergue/Tavoy	7	368	96	279	221	151	3	0	375
11	Yee	20	550	252	318	329	208	0	33	570
12	Arakan	53	145	103	95	82	69	47	0	198
13	Kachin	1	47	29	19	15	33	0	0	48
14	Pa Oh	11	126	60	77	87	50	0	0	137
Total		173	4,020	1,006	3,187	2,640	1,229	126	198	4,193

No	Area	PNC			
		Day 1	Day 6	6 weeks	Total
1	Kayan	79	0	53	132
2	Special	1	1	9	11
3	Taungoo	47	28	22	97
4	Kler Lwee Htoo	27	13	16	56
5	Thaton	123	76	60	259
6	Papun	421	425	435	1281
7	Pa An	134	222	75	431
8	Doplaya	69	34	60	163
9	Kawkareik	7	6	8	21
10	Win Yee	47	34	50	131
11	Mergue/Tavoy	90	90	90	270
12	Yee	93	85	25	203
Total		1,138	1,014	903	3,055

(8) Comprehensive Sexual Education Training

The BPHWT provided CSE training to the schools with integrated program of MCH program. The MCH program not focus only maternal and child healthcare but also provided sexual reproductive health, adolescence health, gender-based violence, and sexual transmitted diseases. So, MCH workers provide CSE training to school children and included teacher as well. The CSE training is very important for students because they may understand more social relationship and respect each other. The BPHWT plan to organize more CSE training in the future.



Provided CSE training to students

Discussion topics:

- Sexual development
- Adolescence and health
- Sexual Health
- Sexual Behaviours
- Relationship
- Self-value
- Social and Culture
- Life Skill

No	Areas	# of BP Teams	# of School	# of CSE	<18		Total
					Boy	Girl	
1	Pa An	2	2	10	29	44	73
2	Dooplaya	3	5	23	56	96	152
3	Winyee	2	4	19	43	82	125
Total		7	11	52	128	222	350

(9) Emergency patients' referral

During the period of January to December 2022, the BPHWT referred 99 emergency cases under the program of maternal and child healthcare program. The BPHWT referred patients to the EHOs' health facilities, CDM's emergency health care center and hospitals in Thailand. According to the military coup in February 2021, it was difficult to refer patients to the government hospital.



Emergency patient referral

Cause of referral:

- Placenta previa, Twin Pregnancy, Oblique head at term, UTI & Tuberculosis pneumonia, Kidney Failure and Diabetes
- Post-date cord prolapse, NSVD, Acute appendicitis, H &M Shock HCV(+), Burst appendix
- Vacuum Delivery, PND of NSVD, Chronic Hepatitis, Eclampsia, Preterm labor
- Chronic Hepatitis, POD of ICD tube infection, 3rd POD of Cyst lithotomy and Blood Disease

NO	Area	# of referral	EmOC	ECC	Other
1	Pa An	66	30	7	29
2	Dooplaya	2	2	0	0
3	Kawkareik	6	3	0	3
4	Win Yee	17	7	4	6
5	Special	8	5	2	1
Total		99	47	13	39

Testimonial

Mother Named: Naw Dah Pay

Age: 42 years

“Naw Day Pay had visited to the clinic once a month for prenatal care regularly. The clinic was temporarily closed due to the political situation unstable. The pregnant woman made a call to health workers in the morning at 5 o'clock because of the pregnancy contraception. There was a communication problem and the health workers did not dare to go to the pregnant woman house, but the pregnant woman came to the clinic. A traditional birth attendance prepared clean delivery kits when she arrived. The pregnant woman was overweight and had old age when pregnant. She was full of tiredness due to pregnancy contraception period. Health worker washed her hands and put on gloves and ready when the baby's head coming out. Then, the baby's head did not come out. However, TTBA and me tried as quick as so the baby was successful birthed. According to took long period for the baby to be born, the baby was not breathing and became pale. Even though the stimulation was done, but the baby did not cry, so TTBA and health worker immediately cut off the umbilical cord and took baby away from the mother. Baby did not cry, but health worker gave encouragement to the mother because of mother worried for her baby. After 20 minutes, the baby started crying, making noises and breathing. Finally, the baby was become normal and the care of baby successfully completed. At first, I was full of anxiety because we were able to save the child's life in an emergency. We, health workers were overwhelmed and satisfied when the family felt happy”.



Delivery testimonial

(10) MCH Program Workshop

The BPHWT organized program workshop every six monthly which leaded by the program coordinators and staff. The purpose of program workshop: each programs conducted workshop together with field in-charge and health worker to discussion on the implementation activities, challenge and future plan.



MCH program workshop in Pa An and Dooplaya field area

Discussion topics:

- Explain the objective of the Program workshop
- Review after the last annual report
- Remind the MCH supervisor, MCH worker, and M&E worker responsibilities.
- Explain Guideline and Form
- Document management: Pharmacy P1, P3 , Form Logbook, Log book(ANC, PNC ect)
- Puberty, ANC, PNC, and Normal delivery
- Common problem during pregnancy, Late and early bleeding, PPH
- Family planning
- Program - Introduction of schedule, Common rule Objective of MCH program workshop, Explain of SDC project and BPHWT activities
- Discuss of challenge and achievement
- Discuss of Data Analysis results (ANC /FP/Referral /deliver/Birth record), GBV and SRHR referral guideline update, MCH supervisor responsibility
- Future plan

7. FIELD MEETINGS AND WORKSHOPS

The BPHWT conducts field workshops and field meetings twice a year in the targeted field areas. In 2022, there were 11 field workshops and 8 field meetings conducted in the targeted field areas; there were 139 participants who attended field meetings and 214 participants who attended field workshops.

Description	# of Workshops/Meetings	Men	Women	Total
Field Workshops	11	91	123	214
Field Meetings	8	76	63	139
Total	19	167	186	353

8. COVID-19 ACTIVITIES

During this period of January to December 2022, the BPHWT providing COVID-19 response activities are:

- Distribution COVID-19 Prevention supplies.
- Provide COVID-19 vaccination awareness sessions.
- Conduct Coordination meeting with field health workers about the COVID-19 pandemic.

Objectives:

- To understand the evolution of COVID-19.
- To provide local people with access to the COVID-19 vaccine.
- To understand the knowledge about COVID-19 vaccine.
- To receive accurate information about COVID-19 infection.

8.1. distribution of COVID-19 supplies

The BPHWT distribution COVID-19 pandemic prevention supplies for 6 field areas in Pa An, Thaton, Kler Lwee Htoo, Mergue/Tavoy, Papun and Dooplaya areas. The table is showing the supplies distribution.

No	BP Name	Surgical Masks (Box)	N94 Masks (Box)	N95 Masks (Box)	Liquid Soap (Bottle)	Hand Sanitizer Spray 75% 500ml (Bottle)	PPE (Pcs)	Disposal Bouffant Caps (Box)	Examination Gloves (Box)	COVID-19 ATK (Pcs)	Thermometers (Pcs)	Stethoscopes (Pcs)	BP Cuffs (Pcs)
1	Thaton	60	0	0	45	0	0	0	0	0	3	3	3
2	Kler Lwee Htoo	40	0	0	25	0	0	0	0	0	2	2	2
3	Megure/Tavoy	100	0	0	80	0	0	0	0	0	5	5	5
4	Papun	50	0	0	45	0	0	0	0	0	3	3	3
5	Dooplaya	120	13	100	60	120	240	48	60	75	0	0	0
6	Pa An	120	12	100	60	120	240	48	60	75	0	0	0
Totals		490	25	200	315	240	480	96	120	150	13	13	13

8.2. The BPHWT provided COVID-19 awareness workshop to 9 field areas.

Awareness topics:

- Briefly, discussion of COVID-19 infection.
- Awareness of the need for vaccination and continued immunization to prevent COVID-19 disease.
- Disclosure of information about the vaccine.
 - Countries that produce vaccines
 - The types of vaccine and methods of manufacture
 - Number or Dose of vaccination to receive for each person.
 - How the vaccine works
 - Effects of vaccination
 - Benefits of vaccination
 - COVID-19 immunization status after vaccination

Table 1: Participant list

No.	Area Name	Number of villages	# section	Participant		Total
				M	F	
1	Thaton	7	8	94	276	370
2	Dooplaya	7	7	137	271	408
3	Mergue/Tavoy	7	7	144	62	206
4	Papun	12	12	303	301	604
5	Win Yee	4	5	115	161	276
6	Klee Lwee Htoo	7	8	137	202	339
7	Pa An	8	9	127	275	402
8	Taungoo	5	5	87	91	178
9	Special	2	2	30	38	68
	Totals	59	63	1,174	1,677	2,851

8.3. Conduct Coordination meeting with field health workers about the COVID-19 pandemic on 3 March 2022.

The BPHWT conducted coordination meeting with field health workers in 8 field areas. The total number of participants were 15 comprised of one woman and 14 men. The purpose of this meeting was to discuss COVID-19 situation in BPHWT's targeted field areas.

COVID-19 situation in BPHWT's targeted field areas in January to December 2022

1. Pa An and Special areas

- The 1st, 2nd and 3rd waves were less case in Pa An area, but more cases during the 4th wave in Naung Kai clinic area.
- Although the case of COVID-19 has risen, no serious cases and deaths have been reported.
- Some people have not received COVID-19 vaccines from MOHS and KDHW in Naung Kai and Noh Khwe clinics coverage areas.
- No longer fever checkpoint and quarantine center.
- Lack of follow the COVID-19 prevention measure and control.
- It was difficult to continue quarantine center because some school re-open.

2. Thaton area

- No more fever checkpoint and quarantine centers.
- There was COVID-19 suspected cases in Ta Gay Laung clinic.
- Local authorities had planned to response COVID-19.
- District Health leaders had planned for providing COVID-19 vaccines to all communities.
- There have been some challenges on logistic mechanism and vaccines accessibility because of military coup.
- The first priority group for COVID-19 vaccines were health workers and local authorities.
- Most community members do not accept COVID-19 vaccines from the SAC.

3. Mergue/ Tavoy

- There was no regular update about COVID-19 pandemic situation.
- Due to the military coup, community members had prepared themselves for urgent needs.
- There was awareness of COVID-19 vaccination in the communities, but the vaccines are not accessible and acceptable by the communities.
- Most community members do not get COVID-19 vaccines yet but a few health workers receive the vaccine from EHOs health facility.

4. Taungoo

- Currently, COVID-19 pandemic was occurred in West Ka Lay Wah area.
- Cold Chain has been prepared in three townships such as Hto Lwe wah, Thi Ta Pain, and Daw Pah Kho.
- There are some fever checkpoints and quarantine centers manage by EHOs and local authorities but only three places left after the military coup.
- Community members established COVID-19 committee in order to provide COVID-19 awareness campaign and information in the communities.
- There were home quarantines but for severe patients must stay at the clinic.
- The communities could not travel without permission of local authorities.

5. Dooplaya, Win Yee and Kawkareik areas.

- There were more cases in Ka Sa Backpack area but no severe cases during the 4th wave of COVID-19 pandemic.
- Home based care services for COVID-19 patients in the communities.
- Some community members had been vaccinated by SMRU and EHOs.

8.4. Achievement, Challenges and recommendation

Achievement

- The communities are more aware of COVID-19 pandemic and know how to prevent, because of awareness and prevention activities were conducted by Backpack health workers.
- BPHWT coordinated with EHOs and local authorities for COVID-19 vaccination.
- Some community members have been vaccinated by SMRU and EHOs.

Challenges

- There was no accessibility of COVID-19 vaccine for all villages.
- The communities could not get full dose of vaccinations because of travel restriction by the SAC.
- Some communities could not be vaccinated because of the displacement.
- Difficult to organize the meeting with communities because of the conflict after the military coup.
- It was difficult to transport medicine and medical supplies by restriction of SAC's troop.
- Lack of the security for health workers travel and providing services.
- Some communities did not believe that COVID-19 is a disease.
- The communities do not want to get vaccine from the SAC health facilities.
- The COVID-19 vaccines are expensive and inaccessible.

7. Recommendation

- The neighbouring countries and UN agencies should cooperate and collaborate with EHOs and ECBHOs for vaccination program.
- Health workers need to ensure communities engagement before the COVID-19 vaccination activities.
- COVID-19 certificate is an essential for the people who have been vaccinated and travel to other places.
- Health workers need to organize regular COVID-19 meeting with communities.
- To provide COVID-19 prevention supplies and vaccines.
- Request for distribution of posters related to COVID-19.

9. EMERGENCY RESPONSE ACTIVITIES

People from all walks of life protested peacefully against the military coup in February 2021, and were brutally oppressed by soldiers and police. In response large numbers of civilians took to regions under the control of ethnic armed administration areas. According to the fighting between the State Administration and Council (SAC) troops and Ethnic Armed Organizations (EAOs), the number of IDPs are still increasing everywhere in the EHOs administration areas. In this situation, there are a lot of IDPs need support such as foods, medicines and medical supplies and shelters. However, the BPHWT cooperated with partners organizations in order provided food, medicines and medical supplies and shelters to IDPs and conflict affected areas in Burma/Myanmar. Currently, there are increasing infectious diseases such as malaria, ARIs, diarrhea, dysentery, worms' infestation, and also war related injuries because of the armed conflict, population moving and hiding in the jungle.

1.1 Support shelter materials and supplies

Fighting continued between the SAC's troops and EAOs in Myawaddy, Kawkareik, Kyainnseikgyi, Billin, Hpapun, and Kler Lwee Htoo field areas. In this result, most villagers were evading to forest and become new IDPs which nearest Paw Naw Khee, Chue K'Lee and Noh Poe. Furthermore, the SAC's troops shelling and utilized airstrikes to Lay Kay Kaw and Palu villages. In present, thousands of villagers flee from Chue K'Lee and Mae Kane. Therefore, the BPHWT managed rapid emergency response to IDPs and distributed of 1,200 blankets and 1,000 mats (Floor Sheet). The total numbers of beneficiaries were 2,582 IDPs.

1.2 Personal hygiene kits and dignity kits for under five children

The BPHWT distributed 810 personal hygiene kits for IDPs in Chue Ka Lee, Paw Naw Khee and Noh Poe. The purposes of distribution on personal hygiene kits were to maintain proper hygiene practices and promote health and social well-being. The kits included toothbrush, toothpaste, soap powder, brush, nails clipper, comb, cotton swab, soap, shampoo, powder, hand sanitizers and towel. The total numbers of beneficiaries were 810 comprised of 400 men and 410 women. Moreover, The BPHWT supports 1,200 dignity kits for women and adolescent girls. In this process, health workers from Chue K'Lee, Paw Naw Khee and Noh Poe village tracts take responsibility for distribution and data collection. The purpose was to improve those women and adolescent girls to live with dignity and safety.



Distribution of hygiene kits to IDPs in Karen area

The BPHWT distributed 1,300 kits for under five children in Papun and Lay Kay Gaw who are forced to flee their home and take refuge in temporary IDP camps due to airstrikes and heavy armed attacks by the military. Health workers also distributed kits to under five children and provided mobile health care services in the IDPs areas. The purposes of kits distribution for under five children to maintain proper hygiene practices and promote health and social well-being. The kits included toothbrush, toothpaste, nails clipper,



Distribution of under five kits to IDPs in Karen area

shampoo, powder, Milk powder and Oral Rehydration Salts (ORS). The total numbers of beneficiaries were 700 children comprised of 659 boys and 641 girls.

1.3 First aid kits

The BPHWT purchased 300 first aid kits and distribute to 191 men and 109 women in the BPHWT targeted field areas. The first aid kits were provided to health workers, VHWs and villagers who completed basic first aid training to save the life and limbs of patients who get landmine injuries and gunshot wound.

1.4 Personal hygiene kits

BPHWT distributed personal hygiene kits for school children in Kyainnseikgyi and Papun field area. Personal hygiene kits were toothbrush, toothpaste, soaps and nail clipper to the students who live in targeted areas. Those students already got health education so they know how to use hygiene kits. The total numbers of beneficiaries were 1,500 comprised of 750 boys and 750 girls.

1.5. Emergency Assistance

The BPHWT provided Emergency Assistance to Kayan and Pa Oh field areas.

- Provided stipend for field health workers.
- Provided Medicine and Medical Supplies.
- Distributed nutritious food for pregnant women.
- Distribution of community latrines
- Provided latrine and water filter to IDPs.



Supplied transportation in Pa Oh area

Table 1: Treated cases and condition in Kayan field area

Condition	Age Group				Total		Grand Total
	< 5		≥5		M	F	
	M	F	M	F			
Anemia	0	0	2	12	2	12	14
Arthritis	0	0	1	2	1	2	3
Diarrhea	8	6	13	17	21	23	44
Dysentery	3	2	7	13	10	15	25
Hepatitis	0	0	1		1	0	1
Hypertension	0	0	20	58	20	58	78
Intestinal Worm	2	1	1	1	3	2	5
Lower Respiratory Tract Infection	0	0	0	1	0	1	1
Other cases	6	2	105	206	111	208	319
Pneumonia	0	0	1	1	1	1	2
Skin Infection	3	8	8	6	11	14	25
Upper Respiratory Tract Infection	57	69	185	308	242	377	619
UTI	0	0	3	14	3	14	17
Total	79	88	347	639	426	727	1,153
	167		986		1,153		

The BPHWT provided six units of medicines and medical supplies, nutritious food for over one hundred pregnant women, and 567 latrines and water filters to IDP camps in Kayan and Pa Oh field area.

In this project period, Pa Oh field in-charge takes responsibility for purchase medicine and distribute to targeted areas. The amounts of medicine were three units and utilized for provide mobile medical care services in three IDPs camps.



Provided medical treatment to IDPs in Kayan area



Provided medical treatment to IPDs in Pa O area

Table: 3 Treated cases and condition in Pa Oh field area

No.	Condition	Age groups				Totals Cases		Grand Totals
		<5 years		>5years		M	F	
		M	F	M	F			
1	ARI, Mild	10	11	20	56	30	67	97
2	ARI, Severe	4	10	10	25	14	35	49
3	Beri Beri			1	5	1	5	6
4	Worm Infestation			2	2	2	2	4
5	Diarrhea	2	1	1	3	3	4	7
6	Dysentery	1			5	1	5	6
7	Injury, Acute-Other				2	0	2	2
8	UTI				1	0	1	1
9	Skin Infections			2	6	2	6	8
10	Arthritis			3	8	3	8	11
11	GU/DU			4	13	4	13	17
12	Dental Problem				1	0	1	1
13	Eye Problem	2		3	2	5	2	7
14	Hypertension			4	18	4	18	22
15	General Weakness		1	30	99	30	100	130
16	Other	1	1	4	11	5	12	17
		20	24	84	257	104	281	
	Total	44	341	385	385			

The nutritious food was provided to pregnant women because they need more nutrition while they living in the IDP camp. BPHWT health workers provided ANC and health education to the pregnant women before nutrition distribution.



Nutritious food distribution to pregnant women

10. CAPACITY BUILDING PROGRAM

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

<i>Table 1: Number of training implementation in January - December 2022</i>				
No.	Training Course	Periods	Sites	# Of Training
1	Medic Training	12 Months	Thay Bay Hta	1
2	Community Health Worker Training	9 Months	U Mae Hta, Noh Maw Pu, Thay Bay Hta	3
3	Trauma Training	3 weeks	Papun, Thay Bay Hta,	3
4	Community Medical Education Training	10 days	Papun, Pa An, Win Yee	4
5	Mental Health and Psycho – Social Support Training	5 Days	BPHWT Office, Dooplaya, Pa An, Kler Lwee Htoo, Papun, Kawkariak	6
6	Integrated Health Care Training	2 weeks	BPHWT Office, Thaton, Pa An, Taungoo, Win Yee	5
7	COMM Care Application and Platform Training	3 days	BPHWT Office, Taungoo, Thaton	3
8	Nutrition Training	5 Days	BPHWT Office	1
9	WASH Training	5 Days	BPHWT Office	1
10	Digital Training	5 Days	BPHWT Office	1
11	Maternal and Child Health Care Training	10 Month	BPHWT Office	1
12	HIS training	5 days	Pa An	1
13	E-Health Training	5 Days	Dooplaya	1
14	Nutrition Refresher Training	5 Days	Thaton	5
15	M&E Training	4 Days	Thaton Pa An	3
16	First Aid Training	5 days	Papun, Pa An	44
17	Medico Legal Guideline Workshop	10 Days	Papun	2

(1) Medic training

The BPHWT organized one medic training at Thay Bay Hta training center. The purpose of this training course was to improve the health workers' knowledge and skills as well as to provide updated health information to the health workers so that they will be better able to serve their communities. There are 9 months theory and 3 months practical at Mae Tao Clinic. There were 48 participants - 27 men and 21 women - from different field areas and ethnic groups. BPHWT senior staff that completed medic ToT.



Medic training In Thay Bay Hta training center

(2) Community Health Worker (CHW) Training

The BPHWT organized three CHW trainings in Papun, Dooplaya and Thay Bay Hta training centre. The total participants were 152 comprised of 73 women and 79 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 theory at training center and four-month internship at their respective clinics.



CHW training practical session at the Mae Tao Clinic

(3) Maternal and Child Healthcare Training

The BPHWT organized a maternal and child healthcare training at BPHWT office. The training started in December 2022 and will complete in October 2023. There are Four months theory and six months internship at Mae Tao clinic (MTC). The total number of participants were 25 women.



Demonstration of Neonatal Resuscitation

Key topics are:

- Initial of the newborn immediately after delivery
- Signs of abnormal breathing
- Babies' outcome after delivery
- Immediate newborn care after delivery
- Major principle of newborn care
- Kangaroo Mother Care Chorioamnionitis
- Congenital abnormalities
- Anatomical and physiological change in pregnancy
- Puerperium pyrexia
- Vaginal bleeding during pregnancy
- Miscarriage
- Ectopic pregnancy
- Molar pregnancy
- Bleeding late pregnancy
- Diagnosis of placenta abruption
- Sexually transmitted infection in women
- Prevention of maternal to children transmission of HIV-PMTCT
- High risk pregnancy
- Postpartum haemorrhage
- Fertilization, Pregnancy and Fetal development
- TB during pregnancy
- Growth and Development
- Integrated management of childhood illness

(4) Trauma management training

The Back Pack Health Worker Team (BPHWT) organized three trauma management training in Thay Bay Hta (Training center), Pa An district and Papun field area. The total participants were 50 comprised of 18 female and 32 male from different BPHWT targeted areas. The training period was for 3 weeks including both theory and practical session. After the training, the trainees are able to apply on POP splinting technique, U-slab for upper fracture, long posterior slab for forearm, volar slab for wrist injuries, long posterior slab for lower limb fractures, cylinder slab for knee, patella injuries, management of war injuries, and suture. The trainers also demonstrated follow by practical session of first aid care, emergency operation such as opening of the airway obstruction, amputation, anesthesia, and emergency referral.



Trauma management practical session

Objectives:

- To promote the health workers knowledge and skills
- To know how to manage the landmine injuries and gunshot wound
- To save life and limbs

(5) Continuous Medical Education (CME) Training

The BPHWT organized four CME trainings in the Papun, Win Yee and Pa An field area. There were 105 health workers comprised of 27 men and 78 women attended this CME training course. The training covered how to manage the common diseases in field areas.

The purposes of this course are:

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

No.	Areas	# Of CME training	Participants		
			Women	Men	Total
1	Papun	2	45	20	65
2	Hpa An	1	16	4	20
3	Win Yee	1	17	3	20
Total		4	78	27	105

(6) Psychosocial Health and Basic Clinical Training

The BPHWT organized two psychosocial health and basic clinical trainings at BPHWT office. The total number of participants were 54 comprised of 34 women and 20 men.

Key topics are:

- Understand the clear meaning of health and wellbeing mental health (MH), Psychological health) PH), Social Different stresses at current situation and cause of stress Health (SH), Psychosocial health
- Different stresses and different emotions
- Awareness about what stressful emotions and psychosis and medication in psychosis
- Awareness about Thought, Emotion and Behavior connection
- Promote Positive coping behaviors (Self-care) and counselors' ethnics
- Psychological First Aid (PFA) Concept and steps to implement PFA

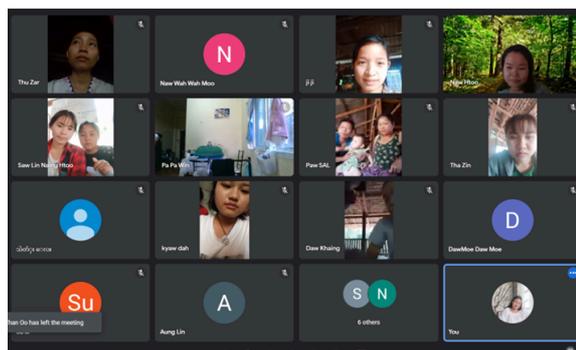


Psychosocial Health and Basic Clinical training in field area

(7) Integrated Health Care Training

The BPHWT conducted five integrated health care trainings at BPHWT office and in different field areas as well. The total participants were 108 comprised of 53 women and 55 men.

Key topics are: Malaria, tuberculosis, maternal and child health, nutrition, data management, and monitoring and evaluation.



Integrated health care training

(8) COMM Care Application and Platform Training

The BPHWT organized three COMM Care application and platform trainings at BPHWT office. The purpose of the trainings was to upgrade HIS skills including to understand data flow and importance of data verification and application of database form. Moreover, to understand how to use charts and logbook, report data entry errors, data verification process, and application of database. The total participants were 52 comprised of 29 women and 23 men.



Conducted COMM Care training

Key topics are:

- Explain how to download and application and install. Install application and test it.
- Data check in export by web user.
- Explain export function by web user function
- Export function and check data (Sync or not sync data)
- Practice and revision

(9) Digital Training

The Backpack organized digital training at BPHWT office. The purpose of the training is the HIS staff to understand and familiar with digital and mobile phone to process the data by using mobile phone and tablet. The total participants were 20 comprised of 14 women and 6 men.



Digital training at BPHWT office

Table 3: Number of integrated health care training and parti

No.	Areas	# Of Training			
			Women	Men	Total
1	BPHWT Office	1	38	16	54
2	Taungoo	1	2	7	9
3	Hpa An	1	4	12	16
4	Win Yee	1	4	6	10
5	Thaton	1	5	14	19
Total		5	53	55	108

Key topics are:

- VPN Working Group
- Communication
- Mobile Phones Working
- Machine and information
- Gmail confident mode
- Browse fingerprint
- InfoWater in the browser
- 2FA for google mail and Facebook
- Facebook Scaring
- Signal
- Tele/safe lock, Vera crypt, free file sync group

(10) Nutrition Training

The BPHWT conducted nutrition training at Thay Bay Hta, Hlaingbwe township. There was a four-days training. The total participants were 63 comprised of 32 men and 31 women. The trainees were from BPHWT target team.

The objectives of nutrition training are:

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



Practicing on nutrition training

Key topics are:

- Food Group
- Public Health Nutrition
- Food and sanitation
- Infant and Young Child Feeding
- Maternal Nutrition
- Vitamins and Minerals
- Social behaviour changes for nutrition
- Definition of malnutrition
- Causes of malnutrition (Mild, Moderate, and Severe)
- Feeding and nutrition for children
- Daily nutritious foods and personal hygiene

(11) HIS training

The Backpack organized HID training at BPHWT office. The HID coordinator explained and revised the data forms, patients register code to the HID staff and also future plan. The total participants were 26 comprised of 14 women and 12 men.



HIS training in Pa An field area

Key discussion topics:

- Review of The Patient's Cards
- Re-correct of the duplicate patient register code
- Update the register code for the application
- Presented the data collection by each field area
- Suggestion for the data collection system

(12) Nutrition Refresher Training

The BPHWT organized five nutrition refresher trainings at BPHWT office, Thaton, Dooplaya, Win Yee, and Hpa An field area. The purpose of the refresher training is to upgrade field health workers skills and knowledge regarding the nutrition. The health worker could provide medical treatment to the severe malnutrition. The total participants were 45 comprised of 36 women and 9 men.

Key topics:

- Management of acute malnutrition in emergency situation
- Community mobilization
- Case finding (active case finding and passive case and dreferral)
- Triage in children with acute malnutrition
- Understanding of malnutrition
- Supplementary feeding program
- Malnutrition without complications
- Acute malnutrition in under 6 months children
- Using supportive supervision checklist
- Infant and young children feeding practice counselling
- Outpatient therapeutic program for severe malnutrition



Nutrition refresher training

(13) Monitoring and Evaluation Training

The BPHWT organized 3 sessions of M&E trainings at BPHWT, Thaton and Taungoo field area. The total number of participants were 31 comprised of 23 women and 8 men.

Key topics:

- Data quality, data management flow, Washington short set question
- Forms and formats, scenario (Malaria)
- Indicators (Malaria), forms and formats, scenario (ICMV)
- Forms and formats, indicator, scenario (Nutrition)
- Forms and format (TB)
- Forms and formats, indicators (MNCH)
- Forms and format, scenario (IYCF), indicator (SRHR)
- Referral register, report tracking, and error record



M&E training in Thaton field area

(14) E-Health Training

The BPHWT organized E-Health training in Dooplaya field area. The total number of participants were 6 comprised of One woman and 5 men.

Key topics:

- Monitoring and Evaluation
- Health Information Management System
- Integrated Management of Childhood Illness II
- General Morbidity
- Indicators
- Antenatal care
- Delivery
- Postnatal care
- Family planning
- Logbook and data entry



E-Health training in Dooplaya field area

(15) WASH Training

The BPHWT organized WASH training at BPHWT office. The total participants were 20 comprised of 11 men and 9 women.

Key topics:

- Hygiene promotion
- Excreta management
- Vector control
- Solid waste management

(16) First aid Training

The BPHWT conducted 44 sessions of first aid trainings in different areas of Backpack targeted areas. The first aid was conducted in Hpa An, Taungoo, Hpa pun and Mergue/Tavoey field areas. The BPHWT also distributed first aid kits for one kit to each trainee after the training.

Objective:

- Understanding DRABCDE action plan
- Understanding how to do chest compress and maintain breathing
- Understanding how to do CPR
- To provide basic life support till medical and advanced life support arrives



Bandaging practice

Discussion Topics:

- Definition and objective of first aid
- Basic life saving
- Cardio-Pulmonary Resuscitation action plan
- How to manage bone fracture
- How to manage burns, scald and insect/animal bites
- Chain of survival
- DRABCDE action plan
- Bleeding and infection control
- Management of Shock
- Choking and Drowning
- Bandaging

Table 4: Number of First Aid Training and Participants					
No.	Area Name	# Of session	Participants		
			M	F	Total
1	Kayan	6	58	62	120
2	Kayah	3	40	20	60
3	Thaton	5	62	38	100
4	Dooplaya	6	58	42	100
5	Pa An	13	176	60	236
6	Taungoo	4	39	26	65
7	Kler Lwee Htoo	2	13	27	40
8	Papun	3	30	30	60
9	Mergue/Tavoy	3	30	30	60
Total		44	506	335	841

(17) Medico Legal Guideline Workshop

The BPHWT conducted two Medico Legal Guideline Workshops in Papun field area. The total participants were 36 comprised of 29 Men and 7 Women.

The key topics are:

- Medico-Legal Guideline
- KNU's Criminal Case Reporting guideline
- The social and legal aspects of the sector
- KNU's justice and court

11. ANNUAL MEETING OF THE BACK PACK HEALTH WORKER TEAM

The BPHWT annual meeting was conducted at the BPHWT office. Due to the restriction of travel, the BPHWT operated with both virtual and in-person. During the annual meeting, the leading committee discussed the data and report within a programmatic perspective in order to monitor events taking place in the field. The leading committee members offered advice for any issues that health workers could not solve by themselves, and provide input and suggestions to plans for the next period of implementation. And also, annual operation plan and potential and secure budget for 2022 including budget projection were discussed. In addition, review and agree on finance policy, HR policy, and procurement policy and PSEA policy. The purpose of the meeting was to report the field activities, share knowledge, review and evaluate which activities were and which were not to plans made at the previous six-months meeting, and share difficulties encountered in field. End of the meeting, find possible ways to handle the problems identified and made decisions. In 2022, The BPHWT could not organize annual meeting in-person with all participants from respective field areas due to travel restriction and ongoing conflict along the border areas and inside Burma.

12. MONITORING AND EVALUATION

The BPHWT's leading committee members and program coordinators evaluate the improvement of activities, focusing in particular on communications, appropriate drug use, and performance reviews of the clinical logbooks. The BPHWT also coordinate with Health Information System Working Group (HISWG) to conduct Eastern Burma Retrospective Mortality Survey (EBRMS) in every four year and Impact Assessment Survey (IAS) for three years. The next IAS will be conducted in the mid-year of 2023. There was ongoing fighting between the State Administration Council (SAC) troops and Ethnic Armed Organizations, but in 2022 the director, executive board, leading committee and program coordinators conducted monitoring to the field area to assess the situation, program effectiveness activities, and health need in the field areas.

Program objectives of M&E:

- Health workers to understand RDQA and RSQA tools.
- To improve management of the pharmacy stock and data entry.
- To provide the quality of health care services.
- To provide training and technical support.
- To understand health facility management system, diseases prevention and control.
- To correct data entry and understand reporting process.
- To provide regularly quarterly report.
- RDQA 1 and 3

Table 1: Summary of Maternal and Child Healthcare Program's M & E (January – December 2022)

Date	Area names/BP names	Facilitator
17 Aug 2022	Htee Kalay	Naw Eh Shee
10 Aug 2022	Ka Sa	Mose Mose Win
9 Aug 2022	Htee Wah Blaw	Naw Eh Hser Paw
15 Aug 2022	Naung Kai	Naw Eh Shee
15 Aug 2022	Naung Tai	Naw Eh Sher paw
17 Aug 2022	Mae Ka Tee	Na Ju Ni Paw
5 Aug 2022	Mae Tha Moo	Naw Eh Sher Paw
16 Aug 2022	Mae Za Li	Naw Ju Ni Paw
16 Aug 2022	Noh Kee	Naw Eh Shee
11 Aug 2022	Noh Pha Htaw	Naw Ju Ni Paw
23 Aug 2022	Noh Maw Pu	Mose Mose Win
22 Aug 2022	Tha Main Dut	Mose Mose Win
26-27 April 2022	Noh Maw Pu(Dooplaya)	Thaw Thi Paw
3-4 May 2022	Maezali (Win Yee)	Thaw thi Paw

Table 2: Summary of Medical Care Program's M & E (January – December 2022)

Date	Area names/BP name	Facilitator
24 April 2022	Kawkariak	Saw Myint Htwe
25 April 2022	Naung Kai	Saw Myint Htwe
29 April 2022	Paing Khone	Saw Myint Htwe
1 May 2022	Noh Kwee	Saw Myint Htwe
20 Sept 2022	Noh Ta Kaw	Saw Myint Htwe
23 Sept 2022	Ka Sa	Saw Myint Htwe
25 Sept 2022	Noh Ta Kaw	Saw Myint Htwe
28 Sept 2022	Noh Maw Pu	Saw Myint Htwe

13. 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)	114 BP teams	308,532 populations (150,801 M,157,731 W) 50,697 under five and 257,835 over 5)	
	1.3 Treat common diseases and minor injuries	No. of cases treated (w/m, under/over 5)	80,000 cases being treated (w/m, under/over 5y.o)	105,584 cases treated-46,917 male and 58,667 female (20,038 under five and 85,546 over 5)	
	1.4 Provide ITNs, malaria rapid diagnosis tests (RDTs) and malaria medicine	No. of ITNs provided and no. of HHs and people receiving ITNs	40,000 ITNs will benefit 40,000 HHs		We could not travel in Yangon/ Donor could not sent to near targeted site
2. Respond to disease outbreaks and emergency situations	2.1 Communication and data and information collection	Regular	Regular	Regular	BP collected data, data entry and analysis regular
	2.2 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 &	1,538 cases (530M/1,008F) 211 is <5 cases (99M,112F) 1,327 is >5 cases (431M, 896F)	In response to the situation, Backpack increased the distribution of emergency medicines and medical supplies to IDPs in the Pa Oh and Kayan field areas.

			<i>under/over 5 years old)</i>		
3. Improve patient referral systems	<i>3.1 Refer patients to the nearest hospitals or clinics.</i>	<i>No. of referrals patients(w/m) List of referral sites</i>	<i>100 patients referred to clinics or hospitals (w/m)</i>	<i>234 patient's referrals</i>	
Community Health Education and Prevention Program					
1. Reduce the incidence of malnutrition and worm infestation	<i>1.1 Distribute de-worming medicine to children between 1 to 12 years old</i>	<i>No. of children receiving de-worming medicine</i>	<i>40,000 children</i>	<i>27,970 children</i>	
	<i>1.2 Distribute Vitamin A to children between the ages of 6 months to 12 years old</i>	<i>No. of children receiving Vitamin A</i>	<i>40,000 children</i>	<i>34,577 children</i>	
	<i>1.3 Provide supplementary feeding and treatment to malnourish children aged 6-59 months</i>	<i>No. of children receiving nutrition food</i>	<i>80 children</i>	<i>65 children</i>	
	<i>1.4 Conduct nutrition screening for children aged 6-59 months</i>	<i>No. of nutrition screening No. of children</i>	<i>14 times</i>	<i>14 times (2,094 children)</i>	
	<i>1.5 Conduct Infant and Youth Child Feeding nutrition awareness to the pregnant and lactating women and fathers</i>	<i>No. of workshops No. of participants</i>	<i>80 workshops</i>	<i>104 workshops (2,621 within 1,005 M and 1,439 F)</i>	
2. Improve health knowledge of students and teachers	<i>2.1 Conduct School Health Education for students and teachers</i>	<i>No. of school health education No. of students and teacher (w/m)</i>	<i>114 school health education workshops</i>	<i>286 school health workshops (1,488 teachers: 314 M/1,174 F, 26,283 students: 12,555 boys and 13,728 girls)</i>	

3. Improve community level knowledge and participation in health	3.1 Conduct Village Health Committee meetings quarterly	No. of VHC meeting and participants	170 VHC meetings	106 VHC meeting (1,137 within 628 M and 509)	
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	170 latrines	
	4.2 Build school latrines	No. of latrines-built No. of schools No. of students (B/G)	100 latrines		
	4.3 Install gravity flow water systems	No. gravity flows installed No. of HHs and people (W/M)	10 gravity flows	6 gravity flow	
	4.4 Install shallow well water systems	No. shallow wells installed No. of HHs and people (W/M)	20 shallow wells	4 Shallow Well	
	4.5 School water filter	No. of water filters No. of schools No. of students (B/G)	100 water filters	182 water filters	
	4.6 Conduct WASH awareness workshop	No. of workshops No. of HHs and people (W/M)	50 WASH workshops	30 WASH awareness workshops	
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	19 workshops	
	5.3 Conduct coordination meeting within the communities	No. of meetings No. of participants (M/F)	4 meetings	2 meetings	
	5.4 Provide Covid-19 rapid antigen tests	No. of tests distributed No. of people received tests (M/F)	1,000 tests		

	5.6 Support covid-19 vaccination	No. of people received vaccination	No. of people received vaccination		
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	3,600 women	1,741	
	1.2 Distribute folic acid and ferrous sulphate tablets to pregnant women and women	No. of pregnant women and women receiving iron	3,600 women	1,848	
	1.3 Refer serious obstetric cases	No. of serious obstetric cases	60 cases	60 cases	
	1.4 Refer ECC cases	No. of ECC cases	60 cases	13 cases	
	1.5 Distribute nutrition food to pregnant women	No. of pregnant women	2,000 pregnant women	2,920 pregnant women	
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)	2,250 women	4,193 comprised of 4,067 women	
	2.2 Conduct Reproductive Health awareness workshops	No. of workshop No. of participants (M/F)	180 workshops	107 workshops	
3. Improve the knowledge and skills of TBAs/TTBAs and MCH Supervisors	3.1 Conduct TTBA training	No. of new TBAs complete the training	10 trainings	4 training	One training for estimated 20 participants
	3.2 Conduct TBA/TTBA workshops	No. of TBA/TTBA Follow-up Workshops held & no. of TBAs attending (w/m)	180 workshops	93 workshops	
	3.3 Provide Clean Delivery kits	No. of clean delivery kits provided	3,600 kits	1,363	
	3.4 provide TBA/TTBA kits	No. of kit distributed	180 kits	164 kits	

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 records	1,879 records	
Capacity Building					
1. Improve health worker and staff knowledge and skills	1.1 Continuous Medical Education	No. of CME trainings No. of participants	5 trainings	4 trainings	25 for each training
	1.2 Conduct Trauma management training	No. of training No. of participants	2 training	3 trainings	
	1.3 Conduct Health Facility Management training	No. of training No. of participants	2 training	Not implemented	
	1.4 Conduct organizational management training	No. of training No. of participants	1 training	2 trainings	
	1.5 Conduct medico legal training	No. of training No. of participants	1 training	2 training	
	1.6 Conduct Medic Training	No. of training No. of participants	1 training	1 training	
	1.7 Conduct community health worker training	No. of training No. of participants	1 training	3 trainings	
	1.8 Conduct mental health workshop	No. of training No. of participants	1 training	2 workshops	
	1.9 Conduct HIS training	No. of training No. of participants	1 training	1 training	
	1.10 Conduct service mapping training	No. of training No. of participants	2 training	Not implemented	
	1.11 Conduct First aid training	No. of training No. of participants	No planned in 2022	44 training	