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BPHWT
2023
Annual Report



Provision of Primary Healthcare among Internally Displaced Persons and Vulnerable Populations in rural and remote areas of ethnicities in Burma

TABLE OF CONTENTS

Table of Contents	2
1. Overview and Summary of the BPHWT.....	5
2. Organizational Structure and Governance of the BPHWT.....	6
3. Map of BPHWT’s targeted Areas	8
4. The Security Situation in BPHWT’s Target Areas	9
5. Special Situations in the BPHWT’s Target Areas	20
6. Programs of Back Pack Health Worker Team.....	21
A. Medical Care Program (MCP).....	21
B. Community Health Education and Prevention Program (CHEPP).....	33
C. Maternal and Child Healthcare Program (MCHP).....	42
7. Field Meetings and Workshops.....	54
8. COVID-19 Activities.....	54
9. Emergency Response Activities.....	56
10. Capacity Building Program	57
11. Annual meeting of the Back pack health worker team.....	67
12. Leading committee and field in-charge meeting	68
13. Monitoring and Evaluation	68
14. Logical Framework of BPHWT Programs.....	70
15. Financial Report (January to December 2023).....	78

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
DARE	Drug and Alcohol Recovery and Education
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
HE	Health Education
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
KNHC	Kayan National Health Council
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
TTBA	Trained 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 communities 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 2023, the BPHWT consisted of 111 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 111 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. According to the situation of Arakan state heavy conflict between Arakan Army and SAC troops, the Backpack teams in the Arakan area could not implement the activities.

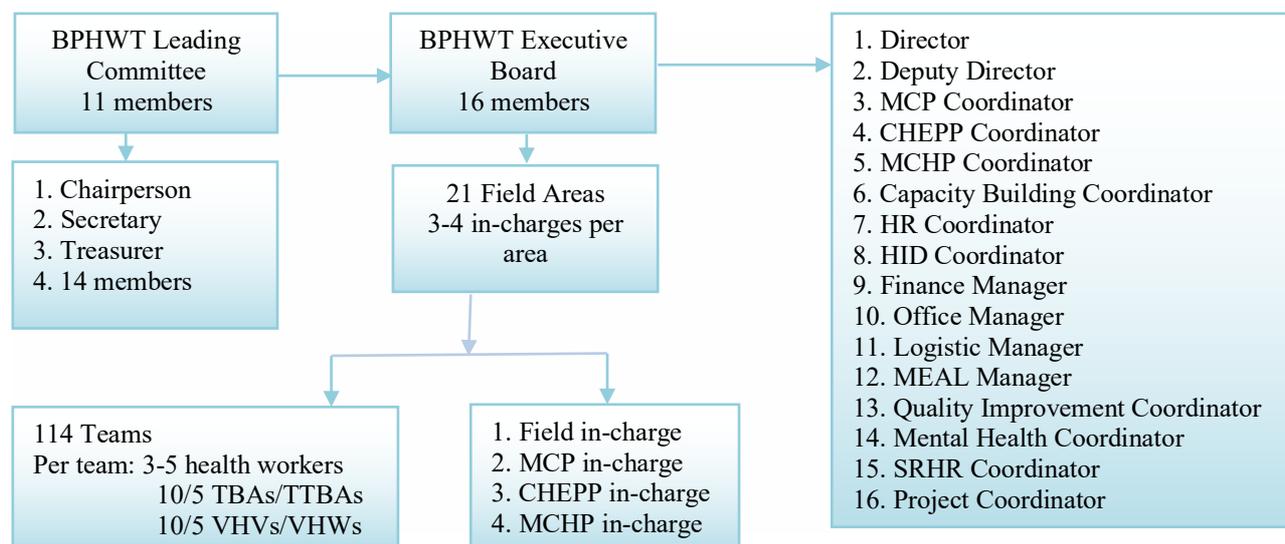
The BPHWT teams target displaced and vulnerable communities with no other access to healthcare in Karen, Karenni, Mon, Arakan, Chin, Kachin, Naga, Palaung, Pa Oh, and Shan areas, and Pegu, Sagaing and Tenasserim Regions. The teams deliver a wide range of healthcare programs to a target population of 300,082 consisting of 145,237 men & 154,845 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 continues 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 1,603 (1,222 women and 381 men) members of the BPHWT primary healthcare system living and working in Burma: 532 (321 women and 211 men) health workers, 743 (679 women and 64 men) Traditional Birth Attendants / Trained Traditional Birth Attendants (TBAs/TTBAs) and 328 (106 men and 222 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 eight 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 16 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 meetings 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 procedures guiding the Leading Committee, Executive Board, Program coordinators, office staffs, and field health workers regarding 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

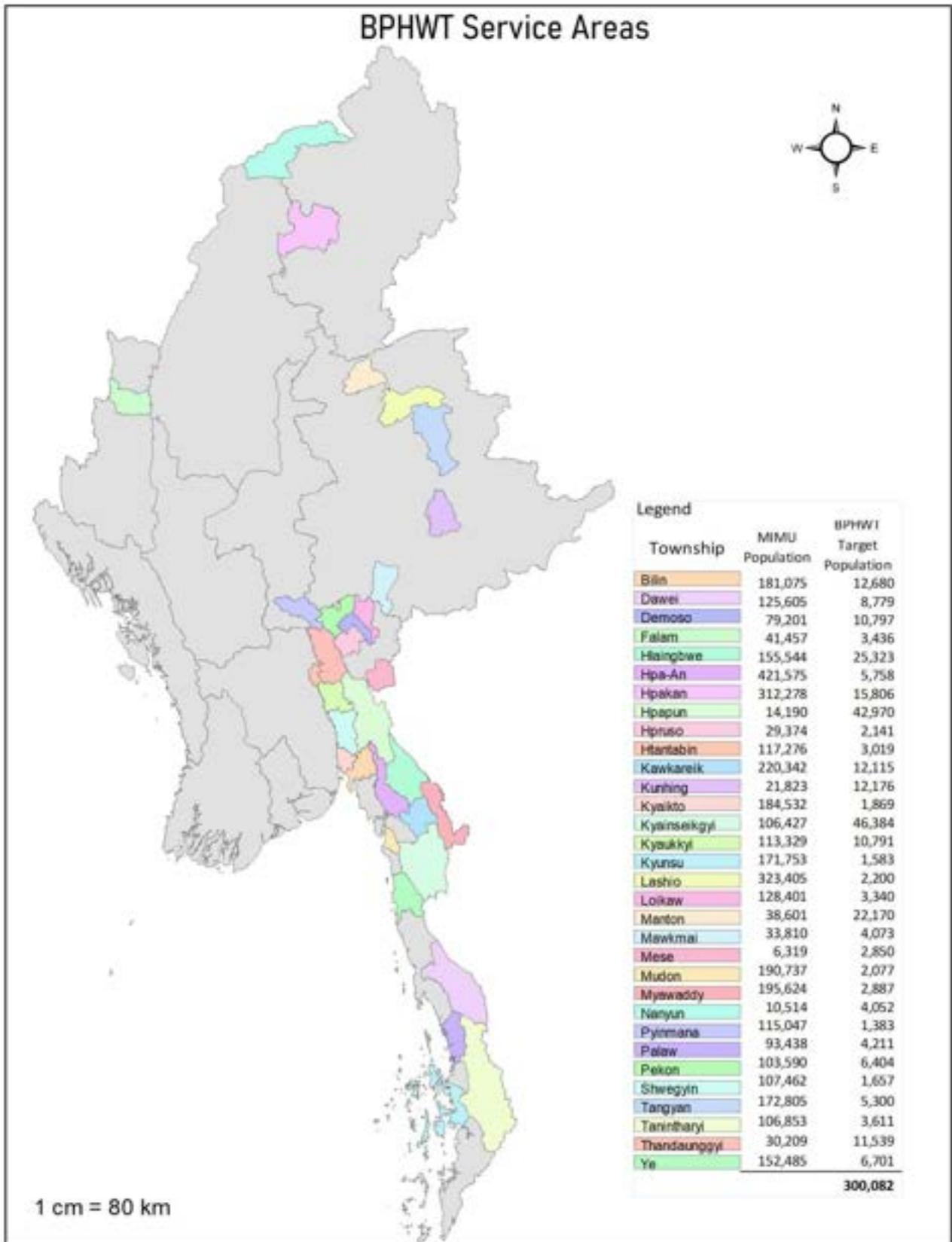
Category	Total Workers	Total Women	Actual Women %
Leading Committee/Executive Board	26	8	31%
Office Staff	24	15	63%
Field Management Workers	70	35	50%
Field Health Workers	532	321	60%
VHVs/VHWs	328	222	68%
TBAs/TTBAs	743	679	91%
Organizational Total	1,723	1,280	74%
Total Organisation excluding TBAs/TTBAs			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

After the February 1, 2021 coup, armed violence escalated across Myanmar, including in areas claimed by the Karen National Union (KNU), Karenni, Chin, Kachin, Palaung. The KNU, in particular, has paid a heavy price for being the first ethnic armed organisation (EAO) to oppose the coup. Between March and May 2021, the Tatmadaw launched heavy air and ground offensives in KNU-controlled Mutraw after the Karen National Liberation Army (KNLA), the KNU's armed wing, captured a Tatmadaw base. These were the first airstrikes in KNU areas in 25 years. Then, fighting escalated in December 2021 and January 2022, when the Tatmadaw shelled the Lay Kay Kaw area, a refugee resettlement site south of Mutraw. In addition to stepping up its offensives against the Tatmadaw, the KNU has publicly decried the coup, sheltered protesters, and trained local anti-coup militias. The report explains the KNU's responses to the coup by reflecting on its decisions and goals over the past decade. This was a pivotal period for the KNU, during which it signed two ceasefires and participated in peace negotiations with the Myanmar government and the Tatmadaw. The Tatmadaw has greater capacity (numbers of soldiers) and capability (ground, air, and naval) than the combined forces of the EAOs. Expanded military operations have resulted in numerous war crimes against ethnic minority populations in Kachin, Karen, Karenni, and Shan States. The military has also committed abuses including using "scorched earth" tactics, burning villages in Magway and Sagaing regions. The Myanmar military has long defied international calls for accountability, including for atrocity crimes committed against the ethnic minorities.

A full analysis of the KNU's responses to the coup must also see included as a governance actor not just a military one. In the areas it claims, the KNU provides healthcare and education, among other social services, to local populations. These populations also receive services from Karen community-based organisations (CBOs) operating from across the Thai border that have granted access to ceasefire areas by the KNU. The KNU sees itself as a legitimate government; a sentiment shared by many constituents and CBOs. Indeed, some areas the KNU controls have never been governed by any Myanmar government.

Armed conflict is intensifying on the country's borders between the military and ethnic armed groups, with heavy fighting involving the Kachin Independence Army and Karen National Liberation Army in Kachin, Northern Shan, and Kayin States already displacing more than 2.6 million people were estimated to be displaced nationwide, with an estimated 628,000 people forced to flee according to the United Nations International Children's Emergency Fund. The military arrested more than 20,000 anti-coup protestors, killing more than 6,000 civilians, and burning 55,000 houses and buildings and 628,000 fleeing to neighbour countries. This is a larger number than is normally cited in the media, and yet it is only an estimate, based on reported killings gathered from reliable media reports. The actual total is surely higher since many killings have likely gone unreported.

Ethnic minorities, who already bore the brunt of decades of military abuse, are being hit particularly hard in this renewed armed conflict, as the military's indiscriminate use of artillery and airstrikes with jets has killed and injured numerous civilians, damaged villages, including schools, hospitals, and forced thousands to flee. Blocks to mobile internet data and networks are ongoing in many parts of the country where anti-junta opposition has resulted in clashes between the Myanmar military and pro-democracy armed groups and scores of journalists have been arrested, and media

organisations shuttered. EAOs can be roughly divided into four groups since the country's Spring Revolution in 2021. Those in the first group have publicly joined hands with pro-democracy forces from central Myanmar. Among them are the Kachin Independence Army (KIA), the Karen National Union (KNU), the Karenni National Progressive Party (KNPP), the Chin National Front (CNF) and the All Burma Students Democratic Front (ABSDF). In the wake of the coup, a civil disobedience movement (CDM) has emerged in Myanmar. This has seen millions of people of all ages and backgrounds take to the streets to demonstrate, with tens of thousands of state employees, doctors, bankers, and others refusing to work, despite the threat of brutal repression and job loss. The CDM has brought together representatives of many of Myanmar's ethnic groups with the Bamar majority, creating a new common purpose as they work to defeat the military, despite a history of mistrust. The repression of the non-violent protests led to the formation of local resistance groups, such as Local Defense Forces (LDF) and People's Defense Forces (PDFs), which acquired arms and training from Ethnic Armed Organizations (EAOs). These groups launched attacks against military units, police targets, and civil servants who allegedly supported the arrest of protesters by actively supporting the military. The media reports also showed that resistance groups themselves killed some civil servants who did not join the Civil Disobedience Movement. The military responded with raids against villages suspected of harbouring PDFs. The retaliatory violence triggered a wave of politically motivated murders by both sides, with the military targeting suspected PDF fighters and supporters, and the PDFs targeting alleged informers and collaborators. Given this dynamic, political violence is likely to escalate further, and perhaps reach catastrophic proportions. The epicentre of the escalated violence has been the Sagaing and Magway regions, which are mainly populated by Myanmar's ethnic Burman majority population, and which had not experienced armed struggle in decades prior to the coup.

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

As 2023 draws to a close, Myanmar faces a worsening humanitarian crisis that has intensified since February 2021. The civilian population lives in constant fear, their ability to cope stretched to its limits. The crisis is characterized by a surge in displacement, a fragile security situation, severe threats to protection, and escalating unmet needs. At the year's end, the humanitarian situation remains dire, primarily driven by risks to safety and ongoing conflicts, compounded by numerous challenges such as food insecurity, no shelter, often residing in makeshift camps, require access to essential services such as clean water, a strained healthcare system, disrupted education, and a large number of people forced to flee due to safety concerns. Inflation and conflict continue to push up the prices of essential goods, leaving vulnerable households hungry and economically distressed, with more individuals resorting to negative coping mechanisms for survival. All of a sudden, malaria has increased including plasmodium falciparum (PF) and plasmodium vivax (PV) among IDPs. Mentioned situation IDPs face social and mental problems, education, and social conditions. Some in the BPHWT targeted area the BP health workers become IDPs and provide health care services among IDPs.

Throughout 2023, there has been persistent and fierce conflict across numerous states and regions in Myanmar, leading to widespread displacement of civilians who have fled their homes multiple times, largely out of fear of attacks.

Furthermore, many doctors and nurses were involved in the Civil Disobedience Movement (CDM) and the SAC's doctors badly managed healthcare services so the government healthcare system established in the past decade, and developed success was destroyed.

Besides, the SAC utilized airstrikes, and shells at hospitals and clinics; thus, health workers were killed and wounded. Thus, the Ethnic Health system for over three decades was ruined and some station clinic health care services and patient referral is difficult. Nevertheless, the BPHWT endeavors to solve the mentioned problem with existing health workers, medicine, and health facilities for amelioration. Consequently, conveying medicine and transportation was difficult due to many of the SAC's checkpoints. In this situation, the transporter was afraid to carry medicine because the SAC's troops inquired if a suspect person had been arrested and detained.

Nevertheless, the BPHWT continues healthcare services through three main programs. Further, the BPHWT has trained nearly 2,000 first-aid healthcare workers, in military conflict and natural disaster zones, and performed the work of providing emergency healthcare and humanitarian aid, together with the healthcare workers of the (CDM).

Situation Update: January- December 2023

Kayah

From July to December 2023, there were four instances of armed conflicts in this area. In July 2023, the SAC utilized airstrikes in Kyaut Sue village tract, which is part of the PanTein BPHWT targeted area, at night. As a result, six households and two churches were destroyed, and one eleven-year-old child was killed. This action caused villagers to become internally displaced persons (IDPs) and flee to Mai Se village tract. The IDPs suffer from waterborne diseases such as diarrhea and skin diseases. Additionally, landmines were laid down in parts of this area, leading to seven villagers being wounded by landmines in the Mai Se village tract.

Kayan

On February 24, 2023, fighting broke out between the People's Defence Forces (PDF) and the State Administration Council's (SAC) troops in Pinlaung and Pekon Townships. In addition to the fighting, the SAC utilized airstrikes and arbitrary shelling, resulting in the deaths of women over 30 years old and the destruction of a station clinic at Taung Sa Lon village tract. As a result, the mobile team was evacuated to Ta Lai village tract. Currently, the SAC's troops are expanding their camp and forces in this area.

Furthermore, in May 2023, the SAC conducted airstrikes twice, resulting in the death of a 12-year-old boy and the injury of his parents. Additionally, airstrikes were carried out at the Saung Pway clinic of the Kayan National Health Council (KNHC), leading to the injury of one medic and the death of a neonate mother.

There have been ongoing clashes between the PDF and SAC troops in upper Baw Ren and lower Baw Ren villages, forcing villagers to flee to Pinlaung Township, Taunggyi Township, and the Kayan administration area. The total number of internally displaced persons (IDPs) is over 1,000. This has led to continuous arms conflicts and escalated tensions on transportation routes, making it difficult to transport medicine to targeted service areas. An alternative transportation route has been established, but it has resulted in delayed arrivals of medicine to the targeted service areas.

The SAC troop camps in this area, along with soldiers and weapons, have made it unsafe to provide mobile healthcare services. However, local administrators have taken responsibility for the safety of health workers.

This area is home to mining projects that have led to pollution of river water, landslides, and difficulty in cultivating agriculture and accessing clean water. As a result, local people suffer from respiratory infections and skin diseases.

In this complex political situation, there is a presence of amphetamine and illicit drug sellers and users, particularly among males aged 15 to 35 years who suffer from mental health problems. The BPHWT team provides care for these users and, if necessary, refers them to a rehabilitation center. In this situation, the incidence of malaria has increased, leading to the implementation of malaria control measures.

Special

When the SAC troops came to the targeted area, the village headmaster informed the BPHWT workers to temporarily stop health care services. Moreover, the SAC troops set up their camp in the nearest targeted areas, so an arms conflict occurred in Kawkareik township. As a result, a total of 147 IDPs came to this area.

There were amphetamine users, including female users estimated to be 21 years old and male users estimated to be as young as 13 years old. These users were often involved in immoral activities and thefts, and they suffered from delusions due to the side effects of amphetamines. If the users' symptoms were severe, the BPHWT looked after them and referred them to the Drug and Alcohol Recovery and Education (DARE) center.

For COVID-19 preventive measures, the BPHWT provided support with prevention supplies. In cases where there was a positive patient, they coordinated with Hlaingbwe social welfare and made referrals.

Petrol was rare and expensive, making transportation difficult and costly. This made patient referrals challenging and often delayed.

Taungoo

This area experiences daily armed conflicts, leading to houses being burned and people fleeing to their relatives. SAC troops interrogate everyone and check their mobile phones for any suspects. Additionally, SAC troops restrict the transport of rice bags and petrol. As a result, transporting medicine and responding to inquiries from SAC troops at checkpoints has become more challenging, increasing transportation fees from the border area. Currently, motorcycles are the primary mode of transportation in this area, making travel, mobile healthcare services, and workshops easier.

Gas prices have increased since the Burma military coup, and health workers are feeling insecure. Local authorities have taken responsibility for ensuring the security of health workers to continue providing mobile healthcare services.

Armed conflict continues near the BPHWT-targeted area, especially along the transportation route between Taungoo, Baw Ga Li, and Thandaung Townships. Consequently, SAC troops inspect everyone's mobile phones, particularly looking for suspects on this road. Furthermore, SAC troops

burned houses in the new Thandaung Townships, causing villagers to flee to their relatives and exacerbating food shortages due to increased basic food prices.

Young people in this area who use amphetamines also suffer from side effects. Therefore, the BPHWT consults with the users' families and provides care for them.

In some of the BPHWT mountain-targeted areas, there has been an increase in influenza cases, similar to the COVID-19 pandemic. Consequently, some elderly people with chronic diseases have died. The BPHWT and Karen Department of Health and Welfare provide support for COVID-19 prevention supplies and distribute them to all targeted villages. They also conduct health education workshops on COVID-19 preventive measures.

Kler Lwee Htoo

In 2023, the arms conflict was intensive and continuous, including arbitrary shells and airstrikes. This arms conflict affected the whole area of Kler Lwee Htoo, with the most implicated townships being Shwegyin, Kyaukkyi, and Mone. Consequently, all buildings and houses were burned, and people could not cultivate their agriculture, leading to them becoming internally displaced persons (IDPs) from those townships. Some people from these IDP groups were wounded and killed due to the mentioned situation.

On July 18, 2023, the armed conflict escalated in this area, causing people from eleven villages to flee to the forest. Additionally, 100 households and 11 grain stores were destroyed due to the mentioned armed conflict. Moreover, many landmines were planted in this area, resulting in people being wounded and killed.

On December 1, 2023, Mone township experienced an armed conflict, resulting in five people being wounded and one person killed. Furthermore, over 60,000 people became IDPs from 88 villages. This arms conflict continued until December 22, 2023, and the State Administration Council (SAC) utilized airstrikes and shelling in Kyaukkyi, Shwegyin, Mone, Phyu, Kyauktaga, and Penwegan townships. Therefore, over 100,000 people needed food, shelter, and healthcare services from 100 villages in the mentioned townships.

On December 26, 2023, NatthanKwin township experienced an arms conflict, and over 10,000 people became IDPs. Moreover, the SAC troops arrested transporters and tortured them, resulting in some deaths. Other contributing factors to the mentioned situation were transportation difficulties, increased gas prices, and difficulties in buying medicine and commodities. Consequently, people faced insecurity, starvation, and natural disasters. Therefore, these IDPs need emergency assistance and they are calling out for help through Save Our Souls (SoS).

Thaton

From July to December 2024, there were over ten armed conflict situations. As a result, the State Administration Council (SAC) used airstrikes on Win Tar Pan village tract, totalling four times, leading to the destruction of five households. Consequently, over 500 villagers fled outside of Win Tar Pan village tract and sought refuge in the forest. Children from these groups suffered from diarrhoea and skin diseases. The Back Pack Health Worker Team's (BPHWT) health workers collaborated with the Karen Department of Health and Welfare to provide healthcare services and care for the affected villagers.

During this crisis, there was an increase in malaria incidence, especially Plasmodium Vivax (PV). Rapid Diagnostic Tests (RDT) for malaria were available, but there wasn't enough medicine for all the villagers who needed it.

Papun

From January to June 2023, the SAC carried out 30 airstrikes in the area, engaging in arbitrary shelling and ground fighting. As a result, two adult men from Mae Klaw village, a 30-year-old man from Ma Htaw, and one elderly woman from Htee Tha BLu Hta were killed due to arbitrary shelling. Additionally, over 4,000 villagers became internally displaced persons (IDPs) in the BPHWT targeted area. Moreover, over ten households were destroyed in War Thon Law village, Kloh Khee village, and Hto Mae Khee village.

There were a total of 30 armed conflicts from July to December 2023. The SAC conducted 15 airstrikes during this period, along with multiple instances of arbitrary shelling.

Furthermore, in August 2023, the SAC carried out airstrikes on Htee Khaw Hta village at 6 p.m. As a result, one middle school was destroyed, and three students and one school committee member were killed. Additionally, five students and two villagers were wounded. Consequently, over 70,000 IDPs are living in the forest, facing challenges related to food deprivation, shelter, and healthcare services. Nonetheless, the BPHWT health workers are providing healthcare services among them.

Malaria incidence suddenly increased due to the aforementioned situations, including Plasmodium vivax (PV) and Plasmodium falciparum (PF), as well as seasonal flu. However, the signs of malaria patients were not severe because malaria post workers exist in every village, using rapid diagnostic tests for suspected malaria patients and providing treatment.

Local inflation was also observed due to the mentioned situations, leading to increased food and transportation prices.

Pa An

There are many SAC troop checkpoints, and they make inquiries for everyone. Additionally, the arms conflict has escalated. Hence, providing health care services involves cooperation with local authorities, village health committees, and trained traditional birth attendants. The SAC used airstrikes on Kawkareik town, causing over 100 villagers to flee to Naung Kaing village.

Moreover, fighting between the SAC's troops and EAOs near Kawkareik town has caused villagers to flee to their relatives and the forest. The SAC troops' checkpoints exist in many places, making inquiries of villagers, which makes travelling and working difficult. In this situation, telecommunication is not possible, and the SAC's troops have imposed curfew laws in this area, not allowing gatherings of over five people.

On December 1, 2023, the SAC utilized both airstrikes and indiscriminate shelling in Kawkareik township, which is nearest to this area. This action resulted in 30 people wounded and 20 people killed. Clinic health workers treated the wounded, and severe cases were referred to private hospitals in Pa An Township. Furthermore, many houses were destroyed, and draught animals were killed. In this arms conflict situation, 20 villages were affected, with an estimated total IDP population of twenty thousand (20,000) in the nearest area. Over two thousand IDPs came to this area from ten village tracts in 20 affected villages, while others fled to the nearest villages. Some people were blocked in the conflict area.

There was an amphetamine user who became angry, vandalized a bike, fought, and ultimately committed suicide. In this situation, the amphetamine user's family and the BPHWT health workers looked after them, and if needed, a referral was made to a rehabilitation center.

Dooplaya

When conveying medicine to deal with health issues in areas under the authority of local ethnic authorities, both station clinics and mobile healthcare services can provide continuous support. The local ethnic authorities take responsibility for the security of health workers when providing healthcare services. However, the State Administration Council (SAC) utilized airstrikes near the targeted areas of the Back Pack Health Worker Team (BPHWT), resulting in the destruction of buildings. This led to an armed conflict, causing villagers to become internally displaced persons (IDPs) who fled to refugee camps along the Thailand-Burma border.

On January 27, 2023, a SAC helicopter arrived in the area, and upon departure, they arrested six villagers. The SAC announced that these individuals were insubordinate and violated curfews, leading to their detention for six months. Additionally, a soldier from the 32nd Infantry Battalion shot two villagers in Kyar Inn village on April 24, 2023.

As a result of the ongoing armed conflict, six men and eight women were wounded, while one man and one woman were killed between July and December 2023. Travelling and transportation have been challenging for the past six months, impacting the delivery of healthcare services, including the ability to respond to early warning signs from SAC troops.

There were reports of male amphetamine users, aged over sixteen years, experiencing side effects. The Back Pack Health Workers are responsible for looking after these individuals. For the COVID-19 pandemic, which was less widespread with mild symptoms, a home isolation system was utilized, along with providing treatment. The incidence of malaria increased by 70 percent within the year.

Kawkareik

On December 1 and 2, the SAC conducted airstrikes resulting in the deaths of two women, alongside ground fighting and indiscriminate shelling. As a result, over 10,000 people from 26 villages fled to safety. Many transportation routes and mobile phone lines were cut off, halting local trade.

Winyee

The SAC troops extended their camp in this area, additionally, they conducted further inquiries and imposed restrictions. Over the past six months, villagers evacuated to safety due to armed conflict, with no reported injuries. However, the SAC's troops arrested villagers and used them as human shields. Subsequently, the SAC utilized airstrikes in the mentioned area. As a result, airstrikes bombed explosives near the Noh Pah Htao clinic in the Winyee area, leading to one villager being wounded with a broken arm. The BPHWT health worker treated and looked after the mentioned villager.

For COVID-19-positive patients, the BPHWT health workers provide treatment, administer the COVID-19 vaccine for prevention, and additionally, conduct health education workshops on preventive measures. There were amphetamine users aged from 14 to 45 years.

Mergue/Tavoy

In the nearest Pu Plaw town, there was an armed conflict weekly, and the SAC troops arbitrarily shelled villages; therefore, villagers fled to their relatives in safe villages. One lady, 43 years old and a rice seller, was arrested by the SAC's troops in Nan Taw village at 6 p.m. on 14 April 2023 and is still detained. On 22 October 2023, the SAC troops arbitrarily shelled the villages in this area. Therefore, 194 households fled from this area to the forest.

Moulamein/Yee

The task involves delivering medicine from the BPHWT headquarters office to the Mon National Health Committee office in Sangkhla Buri District. The latter office distributes medicine to targeted field areas but must pass through various checkpoints, requiring permission from the Mon political party.

Inquiries into health care services by the Ethnic arms organization and SAC troops have been ongoing. However, due to continuous armed conflicts, the SAC has used airstrikes and shells, resulting in seven deaths and nine injuries between January and June 2023. This situation has forced people to flee to IDP camps, leading to the closure of schools and causing insecurity and travel constraints.

As a result of the conflict, many people have lost their homes, leading to increased poverty and affecting agriculture. This has created challenges in accessing daily wages and caused distress among the population.

Between July and December 2023, armed conflicts intensified, with SAC troops staying in villages for one or two days. They conducted inquiries into every person and arrested and detained those they suspected. During this period, two people were killed by gunshots, ten were killed, and 30 were wounded by shelling, leading to a further increase in the number of IDPs.

There has been an increase in amphetamine use, affecting individuals aged 14 to 65. This has caused social avoidance and changes in behavior, including aggression and immorality. A rehabilitation center for amphetamine users has been established, with 200 users receiving treatment and care from health workers.

Currently, people are struggling in their daily lives, leading to a lack of concern for COVID-19 pandemic prevention measures. This has resulted in COVID-19 cases among the population, with three positive patients identified out of 466 people tested using Rapid Antigen Tests. The patients' conditions were mild, and they were managed through home quarantine.

Due to the challenging situation, local transportation has become difficult, and basic food prices have increased, leading to deprivation and starvation among the population. Additionally, 308 people in the area have suffered from malaria.

Pa Oh

Two SAC troops' checkpoints existed, making it difficult to convey medicine. The BPHWT had two mobile teams in Narhee village, but due to ongoing armed conflict, many landmines made it challenging to provide mobile treatment.

Logging in the area has contributed to climate change, leading to overheating and drying up of water sources. As a result, people suffer from skin diseases and diarrhoea.

There is a presence of amphetamine users in this area, with the starting age of use being thirteen years old. These users often suffer from depression and suicide, so Pa Oh health workers provide care for them.

COVID-19 prevention efforts are continuous in this area, with positive patients utilizing isolation systems and receiving treatment. Severe cases are referred to hospitals.

The main livelihood in this area is agriculture, but in some areas, it is difficult to access water, making cultivation challenging. This has led to a decrease in daily wages.

There are 8,400 internally displaced persons (IDPs) from Karenni State, and Pa Oh health workers provide healthcare services to them. Partner organizations support food and shelter, but coverage is not sufficient for all IDPs.

Malaria incidence is present in this area, with six people currently suffering from malaria.

Palaung

With the increase in transportation fees for conveying medicine and medical supplies, various checkpoints now demand payment for passage. As a result, alternative methods of transporting these essential items are being used.

When organizing workshops and meetings, it is necessary to seek permission from the general administration department.

This enables the provision of healthcare services and allows for early warning signs of the SAC troop's operations to be heard and avoided.

On 11 June 2023, fighting broke out between the SAC troops and the Myanmar National Democratic Alliance Army at Manbang village. The fighting lasted three hours, causing the local community to flee to the forest and farm. The total IDP population is over 50, including old people and children, who are still stranded in the forest. Currently, these IDPs are sharing their food among themselves, and seventeen families from this group are ill, likely due to the rainy season. Presently, over 88 people have fled to urban areas, while 50 IDPs remain blocked in the forest.

On 27 October 2023, armed conflict erupted in various places, leading to suffering from various weapons and airstrikes.

Consequently, clinic healthcare services were temporarily halted. Two clinics were relocated to villages, and five other clinics were closed. The headquarters office and field activities were also temporarily shut down. Furthermore, the SAC announced martial law, resulting in the temporary suspension of training plans and their implementation.

In this area, the sale and use of amphetamines and other drugs have decreased due to control by the Ta'ang National Liberation Army (TNLA).

Continuous battles and the closure of main transportation roads have led to locals being affected, with basic food prices increasing. Malaria incidence has increased, with 23 cases of Plasmodium Vivax (PV) patients reported in this area.

Beyond the Burma military coup, job opportunities are rare, and basic food and other expenditure prices are increasing. Consequently, youths aged 15 to 35 are migrating to urban areas and/or other countries for work.

Kachin

There were various armed organizations making travel difficult, especially from Myintkyina township to targeted field areas, where many Ethnic Armed Organizations (EAOs) checkpoints required inquiries from everyone. The Kachin Independence Army (KIA) collected villagers for conscription, involving village volunteers from the Kachin BPHWT. In this situation, it was necessary to save and/or select some village volunteers with recommendations from the village head leader to avoid conscription, while others were not exempted. Therefore, prepare IDP cards for volunteers and give them to genuine ones for approval.

The arms conflict escalated in this area, and the EAOs controlled the State Administration Council's (SAC) troop camps. Hence, the EAOs extended their camps on the transportation road and collected taxes from everyone.

During fighting between the EAOs and the SAC troops, people fled to safe places and returned home after the fighting ceased. Landmines caused injuries, making it difficult to refer people to hospitals. In this situation, rehabilitation camps were constructed, and IDPs were evacuated to these camps.

In the health sector, government health center services were non-functional, so the community addressed health problems, and vaccines were difficult to access for children under five years old.

When conveying medicine, the SAC troops often inquired and confiscated medicine. Thus, alternative ways were used for conveying medicine, and some medicines were insufficient as the incidence of communicable diseases increased. Nevertheless, BPHWT health workers conveyed medicine to targeted areas and provided health care services.

For nutrition, Middle Upper Arm Circumference (MUAC) assessments were conducted, and health education was organized in difficult situations. Three stationary clinics and four mobile teams provided health care services.

Furthermore, collaboration with authorities from Non-Government Controlled Areas was established for organized meetings and patient referrals. Health centers and hospitals were far from this area, making patient referrals difficult and costly, as the cost was not covered. Therefore, patients were reluctant to go through this process. BPHWT health workers tried to ameliorate this by providing health care services with available medicine to these patients.

The arms conflict continued in this area, preventing villagers from cultivating agriculture and forcing them to flee to urban areas to evade conflict.

Gold mines in this area caused pollution of river water, making it difficult to obtain drinking water. Moreover, the construction of a trading transportation road between Hukawng Valley and India led to health implications, such as diarrhoea, respiratory infections, skin diseases, and malaria. Agriculture was also affected by soil erosion and dried river water caused by gold mining.

It was very easy to buy amphetamine and other illicit drugs, leading to many users, including adults and children, using these substances. These users exhibited delusional behavior, nail-biting, and anger. Users bought amphetamine and/or illicit drugs with their daily wages. If they had no money, they sold their draught animals and became immoral. The Christian religion looked after these users, but it was difficult to obtain medicine and provide health care. Therefore, the Kachin Backpack

Health Worker Team supported medicine and provided health care services once every three months. The spread of the COVID-19 pandemic decreased, but it persisted in some areas.

Naga

Many SAC troops' checkpoints existed before this team arrived and targeted areas where inquiries were made about conveying medicine. Consequently, the SAC troops set up their checkpoints in these team-targeted areas, making it difficult to organize people and provide mobile healthcare services. The SAC troops made their announcement for conscription in May 2023. These troops confiscated money from villages and forced villagers to serve as porters, which occurred in Nanyun town and Lahe township between September 18 and 28, 2023.

This area has had a history of custom logging for decades, leading to deforestation. Furthermore, there is a small gold mine at the Chindwin River, causing pollution and defiling the river water. As a result, local people suffer from diarrhoea, skin diseases, respiratory infections, and tonsillitis.

For decades, this area has struggled to access healthcare services and education, leading them to use black heroin for health purposes. Currently, youth, adults, and the elderly use not only black heroin but also heroin and amphetamines. These users become angry, and experience body shaking, insomnia, and suicidal tendencies. Based on the users' conditions, the BPHWT health workers consult with the users' families and look after them. If the BPHWT health workers cannot manage, they report to village leaders who then take responsibility for management.

Currently, there is no spread of the COVID-19 pandemic; nevertheless, continuous preventive measures are being taken through fever screening checkpoints, conducting health education workshops, and distributing prevention supplies.

Since the Burma military coup, illegal drug selling has increased. Men and women now use not only amphetamines but also heroin, with users' starting ages ranging from 13 to 60 years. These users suffer from dehydration, body shaking, hallucinations, and suicidal tendencies. The BPHWT health workers consult with users' families for treatment and look after the users.

Since the Burma military coup, various armed groups and organizations have existed in this area, making travel and transportation difficult and increasing the scarcity of basic food. Additionally, students find it difficult to attend school.

Arakan

The armed clashes broke out on November 13, 2023, after two weeks of the '1027 Operation' that began in the northern part of the Shan state. Starting on Day 1 of the armed fighting in Arakan, the State Administration Council (SAC) initiated blockages on land routes and waterways for transportation and travel both inside and outside of Arakan. This harsh and immediate action of the SAC led to the suspension of all economic and social activities, including the transportation of life-saving healthcare materials and medicines, and the closure of university education, even in urban Sittway. These actions halted the entire ecosystem of human social life in Arakan.

Furthermore, innocent civilians, including journalists, activists, social media users, businesspersons, and others, were detained under various illegitimate laws during the armed conflict in October 2023. Before the outbreak of the recent armed clashes, there could have been at least 200 innocent civilians jailed under the SAC administration in Arakan.

On the day the armed clashes were initiated, one person died due to artillery shelling in Minbya, two were killed, and one was severely injured in Kyauktaw due to arbitrary shelling. Consequently, two were killed, and three or more were wounded due to gunshots by the SAC's soldiers in Mrauk-U. Moreover, the SAC's troops killed four civilians and injured another four people on another day in Mark-U.

Chin (WLC)

In this area, there is insecurity about travel and difficulty for organized villagers to access mobile healthcare services due to armed conflict. As a result, people have been killed and wounded, and over 1,700 internally displaced persons (IDPs) have been evacuated to Zokhawthar town at the Myanmar-India border. The State Administration Council (SAC) has utilized airstrikes in this area, resulting in seven deaths and eleven injuries.

To address the healthcare needs in these conflict-affected areas, a door-to-door healthcare services system has been implemented. The SAC has conducted twenty airstrikes in this area and has also burned houses, forcing villagers to flee to the forest and/or the India-Myanmar border area.

The construction of a dam project has led to implications such as landslides, flooding, and pollution, defiling the river water. Consequently, villagers are suffering from diarrhoea and skin diseases. Males in this area have been using amphetamines more than females for over fifteen years, leading to side effects such as nail biting, insomnia, loss of appetite, and delirium. In response, the BPHWT consults with their families and provides care for them. For COVID-19 prevention, the BPHWT provides prevention supplies, and if there are positive patients, they manage their cases. Additionally, malaria incidence in this area is high, with 20 percent of patients testing positive.

5. SPECIAL SITUATIONS IN THE BPHWT'S TARGET AREAS

The current situation has presented a series of challenges in the BPHWT targeted areas. Transportation has become difficult, and there has been a notable increase in the cost of basic food items due to inflation. Additionally, gas prices have risen significantly, and there has been a decrease in the availability of local products, all of which can be attributed to the Myanmar military coup. The ongoing armed conflict, including indiscriminate shelling and airstrikes, has caused severe damage to the BPHWT targeted areas. This has raised concerns for the safety of healthcare workers. To address this issue, local authorities have taken on the responsibility of ensuring the security of health workers so that they can continue to provide mobile healthcare services. Furthermore, when delivering medication, we now encounter checkpoints manned by SAC troops, resulting in higher transportation costs from the border area. These troops have also initiated inquiries and inspections of individuals' mobile phones along this route with the intention of identifying and apprehending suspected individuals.

The healthcare system in the administrative regions controlled by EAOs is inadequate, resulting in limited access to medical services for the local population. Humanitarian workers have encountered new travel restrictions imposed by the SAC, leading to road closures, blockages of aid convoys, destruction of non-military supplies, targeting of aid personnel, and disruptions in telecommunications. Additionally, the military's actions have included breaches of international law, such as attacks on healthcare facilities and personnel. Food and medical supplies destined for

displaced communities have been confiscated, and individuals suspected of supporting humanitarian efforts have been detained. To ensure rapid responses to emergencies, the BPHWT consistently delivers primary healthcare services in specific areas. These services include medical treatment, promotion of nutrition, support for school health initiatives, maternal and child healthcare, psycho-social assistance for mental health, as well as capacity building for staff and improvements to healthcare facilities.

Ongoing armed conflicts in the area have forced local residents to become internally displaced persons (IDPs), and many of them have sought refuge in camps situated along the border between Thailand and Burma. This has led to an increase in the prevalence of malaria, including both *Plasmodium falciparum* (Pf) and *Plasmodium vivax* (Pv), as well as seasonal flu. Consequently, IDPs are facing a range of health challenges, including diarrhea, respiratory infections, skin conditions, and malaria.

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 111 BPHWT teams, to a target population of 300,082 people. There were 44 stationary Backpack clinics during this year. There are currently 1,603 (1,222 women and 381 men) members of the BPHWT primary healthcare system living and working in Burma: 532 (321 women and 211 men) health workers, 743 (679 women and 64 men) Traditional Birth Attendants / Trained Traditional Birth Attendants (TBAs/TTBAs) and 328 (106 men and 222 women) village health volunteers/village health workers (VHVs/VHWs).

A. Medical Care Program (MCP)

The Medical Care Program (MCP) aims to reduce mortality and morbidity rates by diagnosing and treating common illnesses and injuries, including war injuries. The MCP will continue providing essential medicines for common diseases in the target areas, strengthening patient referral systems, disease outbreak response and health workers' skills and knowledge improvement by strengthening technical performance assessment processes at the field level and dissemination of standard operation procedure (SOP) to the field team.



Provided medical treatment to the landmine injury patient

In 2023, the BPHWT delivered medicines and medical supplies in 21 field areas and treated **120,478** cases, of which **23,439** cases were children under the age of five. The total cases on a gender basis included **54,116** involving men and **66,362** cases involving women. The six major diseases being treated by the BPHWT continue to be acute respiratory infections, gastric ulcer duodenum ulcer, malaria, hypertension, worm infestation, and skin infection.

Also, during this reporting period, the BPHWT health workers referred **284** cases that included **99** cases of serious obstetric emergency (EmOC).

Program achievements and Data Collection (January-December 2023)

Table 1: BPHWT’s Coverage Population

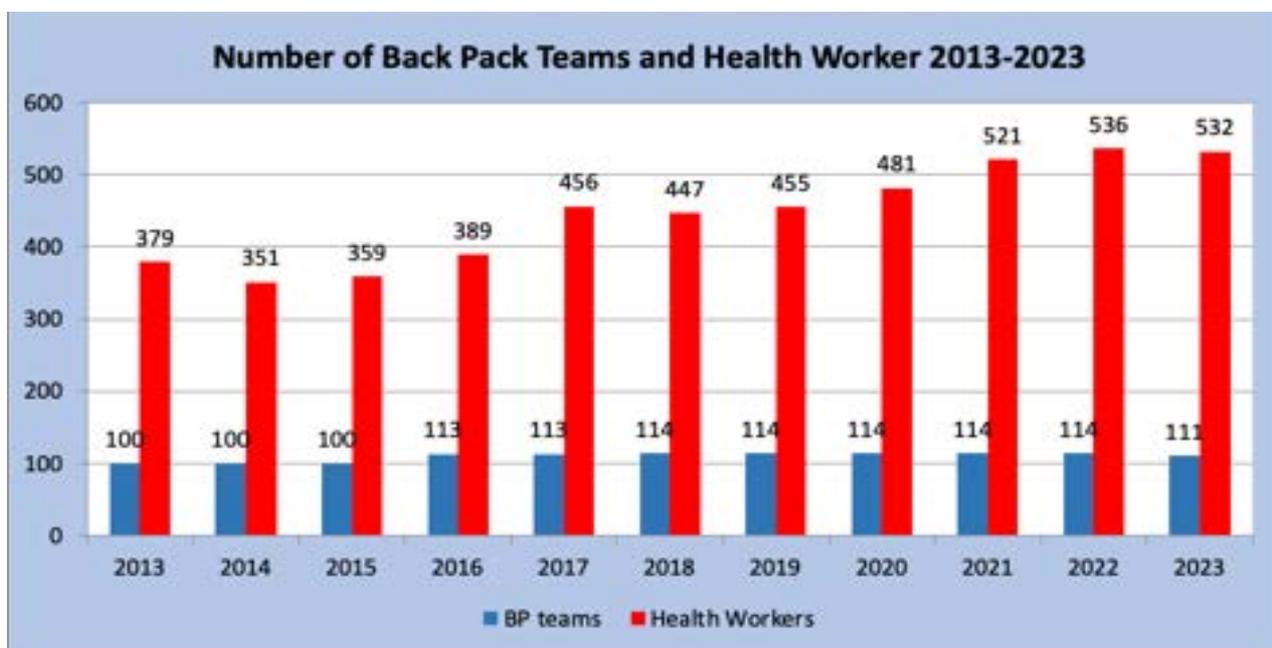
<i>BPHWT’s Coverage Population</i>			
Ages	Gender		Total
	Men	Women	
Under five years of age	23,746	25,137	48,883
Five years of age and over	121,491	129,708	251,199
Total	145,237	154,845	300,082

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’s	VHV’s & VHW’s	# of TBAs	# of TTBAs	TBAs & T TTBAs	Total HWs	Villages	Households	Population	Caseloads
1	Kayah	7	24	0	2	2	18	16	34	60	60	3,518	16,512	19,535
2	Kayan	8	27	13	12	25	6	44	50	102	63	2,935	12,825	12,057
3	Special	2	7	0	0	0	8	3	11	18	8	1,835	10,315	507
4	Taungoo	5	32	22	0	22	30	26	56	110	49	2,260	12,136	638
5	Kler Lwee Htoo	7	24	20	14	34	48	3	51	109	59	2,022	12,448	8,359
6	Thaton	7	34	25	0	25	35	31	66	125	32	3,643	20,307	4,368
7	Papun	12	69	62	1	63	64	39	103	235	144	6,741	42,970	22,513
8	Pa An	8	42	16	0	16	68	23	91	149	45	4,665	24,817	3,819
9	Dooplaya	7	44	2	0	2	43	27	70	116	50	4,486	26,297	3,183
10	Kawkareik	4	19	0	0	0	28	2	30	49	9	841	5,339	428
11	Win Yee	4	32	13	0	13	25	9	34	79	28	2,403	12,326	2,579
12	Mergue/Tavoy	7	37	0	0	0	29	0	29	66	35	3,147	18,184	16,594
13	Yee	6	21	38	12	50	9	20	29	100	16	1,525	6,701	3,076
14	Moulamein	6	21	0	0	0	0	0	0	21	14	1,982	9,692	2,653
15	Shan	6	21	0	0	0	10	0	10	31	6	2,279	12,176	3,970
16	Pa Oh	2	8	17	17	34	0	20	20	62	14	717	4,073	4,446
17	Palaung	6	21	0	0	0	0	34	34	55	48	3,845	29,670	6,719
18	Kachin	4	30	19	5	24	10	0	10	64	6	2,879	15,806	2,763
19	Naga	2	12	0	0	0	0	0	0	12	7	711	4,052	1,203
20	Chin (WLC)	1	7	14	4	18	10	5	15	40	7	2,202	3,436	1,068
Total		111	532	261	67	328	441	302	743	1,603	700	54,636	300,082	120,478

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

<u>Year</u>	<u># of HWs</u>	<u># of TBAs/TTBAs</u>	<u># of VHV/VHWs</u>	<u>Target Population</u>
<u>2004</u>	<u>232</u>	<u>202</u>	<u>332</u>	<u>176,200</u>
<u>2005</u>	<u>287</u>	<u>260</u>	<u>625</u>	<u>162,060</u>
<u>2006</u>	<u>284</u>	<u>507</u>	<u>700</u>	<u>185,176</u>
<u>2007</u>	<u>288</u>	<u>591</u>	<u>341</u>	<u>160,063</u>
<u>2008</u>	<u>291</u>	<u>525</u>	<u>413</u>	<u>176,214</u>
<u>2009</u>	<u>289</u>	<u>630</u>	<u>388</u>	<u>187,274</u>
<u>2010</u>	<u>290</u>	<u>672</u>	<u>495</u>	<u>191,237</u>
<u>2011</u>	<u>318</u>	<u>722</u>	<u>462</u>	<u>206,620</u>
<u>2012</u>	<u>343</u>	<u>787</u>	<u>417</u>	<u>217,899</u>
<u>2013</u>	<u>379</u>	<u>711</u>	<u>333</u>	<u>224,796</u>
<u>2014</u>	<u>351</u>	<u>696</u>	<u>276</u>	<u>206,361</u>
<u>2015</u>	<u>359</u>	<u>741</u>	<u>215</u>	<u>244,410</u>
<u>2016</u>	<u>389</u>	<u>781</u>	<u>256</u>	<u>280,103</u>
<u>2017</u>	<u>456</u>	<u>799</u>	<u>281</u>	<u>292,741</u>
<u>2018</u>	<u>447</u>	<u>444</u>	<u>236</u>	<u>297,273</u>
<u>2019</u>	<u>455</u>	<u>770</u>	<u>382</u>	<u>306,896</u>
<u>2020</u>	<u>481</u>	<u>805</u>	<u>368</u>	<u>311,905</u>
<u>2021</u>	<u>521</u>	<u>760</u>	<u>337</u>	<u>324,324</u>
<u>2022</u>	<u>536</u>	<u>760</u>	<u>338</u>	<u>308,532</u>
<u>2023</u>	<u>532</u>	<u>743</u>	<u>328</u>	<u>300,082</u>



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 2023

No	Condition	Age				Total		Grand Total
		<5		>=5		M	W	
		M	W	M	W			
1	Anemia	213	247	2,104	4,218	2,317	4,465	6,782
2	ARI (Mild)	4,558	4,812	8,050	10,142	12,608	14,954	27,562
3	ARI (Severe)	1,380	1,447	1,639	1,924	3,019	3,371	6,390
4	Beriberi	39	31	1,089	1,880	1,128	1,911	3,039
5	Water Diarrhea	846	809	1,229	1,380	2,075	2,189	4,264
6	Diarrhea with Blood (Dysentery)	238	246	697	871	935	1,117	2,052
7	Injury, Acute – Gunshot	1	2	264	34	265	36	301
8	Injury, Acute – Landmine	-	1	55	11	55	12	67
9	Injury, Acute – Other	111	70	1,367	614	1,478	684	2,162
10	Injury, Old	8	6	511	348	519	354	873
11	Malaria (PV)	631	616	3,511	3,051	4,142	3,667	7,809
12	Malaria (PF)	132	109	735	585	867	694	1,561
13	Malaria (PFT Mix)	28	25	130	113	158	138	296
14	Measles	45	46	24	37	69	83	152
15	Meningitis	3	4	16	27	19	31	50
16	Suspected AIDS	-	-	4	2	4	2	6
17	Suspected TB	1	1	47	28	48	29	77
18	Worms Infestation	583	627	1,817	1,997	2,400	2,624	5,024
19	Post Abortion Care	-	-	-	56	-	56	56
20	Post-Partum Hemorrhage (PPH)	-	-	-	29	-	29	29

No	Condition	Age				Total		Grand Total
		<5		>=5		M	W	
		M	W	M	W			
21	Sepsis	-	-	30	30	30	30	60
22	Reproductive Tract Infection (RTI)	-	-	30	323	30	323	353
23	Urinary Tract Infection (UTI)	49	46	1,050	2,119	1,099	2,165	3,264
24	Skin Infection	575	574	1,777	1,776	2,352	2,350	4,702
25	Hepatitis	-	2	128	91	128	93	221
26	Typhoid Fever	146	149	441	471	587	620	1,207
27	Arthritis	7	10	849	1,126	856	1,136	1,992
28	Gastric Ulcer Duodenum Ulcer (GUDU)	73	80	3,231	4,308	3,304	4,388	7,692
29	Dental Problem	107	122	795	913	902	1,035	1,937
30	Eye Problem	224	249	784	1,028	1,008	1,277	2,285
31	Hypertension	8	9	1,872	3,129	1,880	3,138	5,018
32	Abscess	95	86	654	507	749	593	1,342
33	Scrub typhus	1	3	165	144	166	147	313
34	Leptospirosis	-	2	142	116	142	118	260
35	Insect bites	43	39	369	195	412	234	646
36	Dengue Fever	320	364	1,080	1,030	1,400	1,394	2,794
37	Poisoning	19	32	181	130	200	162	362
38	Mental illness	-	-	49	50	49	50	99
39	Cardiovascular	1	1	50	84	51	85	136
40	Diabetes	-	-	117	211	117	211	328
41	Others	988	1,099	5,560	9,268	6,548	10,367	16,915
Total		11,473	11,966	42,643	54,396	54,116	66,362	120,478
Grand Total		23,439		97,039		120,478		

Table 6: Gender Disaggregation of Case Loads Treated Jan – Dec 2023

Category	Men	Women	Total
Patients <5	11,473	11,966	23,439
Patients >=5	42,643	54,396	97,039
Total	54,116	66,362	120,478

Table 7: Injury (Gunshot) cases Jan -June 2023

No.	Field Areas	< 5 ages		> = 5 ages		Total
		Men	Women	Men	Women	
1	Kayah	0	0	110	0	110
2	Kler Lwee Htoo	0	1	26	12	39
3	Thaton	0	0	27	0	27
4	Papun	0	0	13	3	16
5	Pa An	0	0	8	1	9
6	Dooplaya	0	0	2	1	3
7	Kawkareik	0	0	1	0	1
8	Win Yee	0	0	1	0	1
9	Mergue/Tavoy	0	0	92	9	101
10	Shan	1	1	4	8	14
Total		1	2	284	34	321

Table 8: Injury (Landmine) cases Jan – Dec 2023

No.	Field Areas	< 5 ages		> = 5 ages		Total
		Men	Women	Men	Women	
1	Kayah	0	0	4	1	5
2	Taungoo	0	0	5	0	5
3	Kler Lwee Htoo	0	0	10	4	14
4	Thaton	0	0	3	1	4
4	Papun	0	0	8	0	8
5	Pa An	0	0	6	1	7
6	Mergue/Tavoy	0	0	1	1	2
7	Mergue/Tavoy	0	0	19	0	19
8	Shan	0	0	2	4	6
9	Kachin	0	1	0	0	1
10	Chin WLC	0	0	4	0	4
Total		0	1	59	11	75

Table 9: Mental illness problem Jan – Dec 2023

No.	Field Areas	< 5 ages		> = 5 ages		Total
		Men	Women	Men	Women	
1	Kayah	0	0	15	10	25
2	Papun	0	0	0	1	1
3	Mergue/Tavoy	0	0	34	38	72
4	Shan	0	0	0	1	1
Total		0	0	49	50	99

Table 10: Malaria cases Jan – Dec 2023

No.	Field Areas	< 5 ages		≥ 5 ages		Total
		Men	Women	Men	Women	
1	Kayah	21	14	347	211	593
2	Kayan	2	0	14	15	31
3	Special	0	0	0	0	0
4	Taungoo	0	0	5	1	6
5	Kler Lwee Htoo	12	14	46	76	148
6	Thaton	0	0	13	7	20
7	Papun	657	605	1,881	1,741	4,884
8	Pa An	4	3	90	55	152
9	Dooplaya	0	2	24	24	50
10	Kawkareik	3	11	12	8	34
11	Win Yee	4	1	18	10	33
12	Mergue/Tavoy	80	89	1,707	1,462	3,338
13	Yee	7	10	182	124	323
14	Moulamein	0	0	6	2	8
15	Shan	0	0	3	2	5
16	Pa Oh	1	0	27	9	37
17	Kachin	0	1	1	2	4
Total		791	750	4,376	3,749	9,666

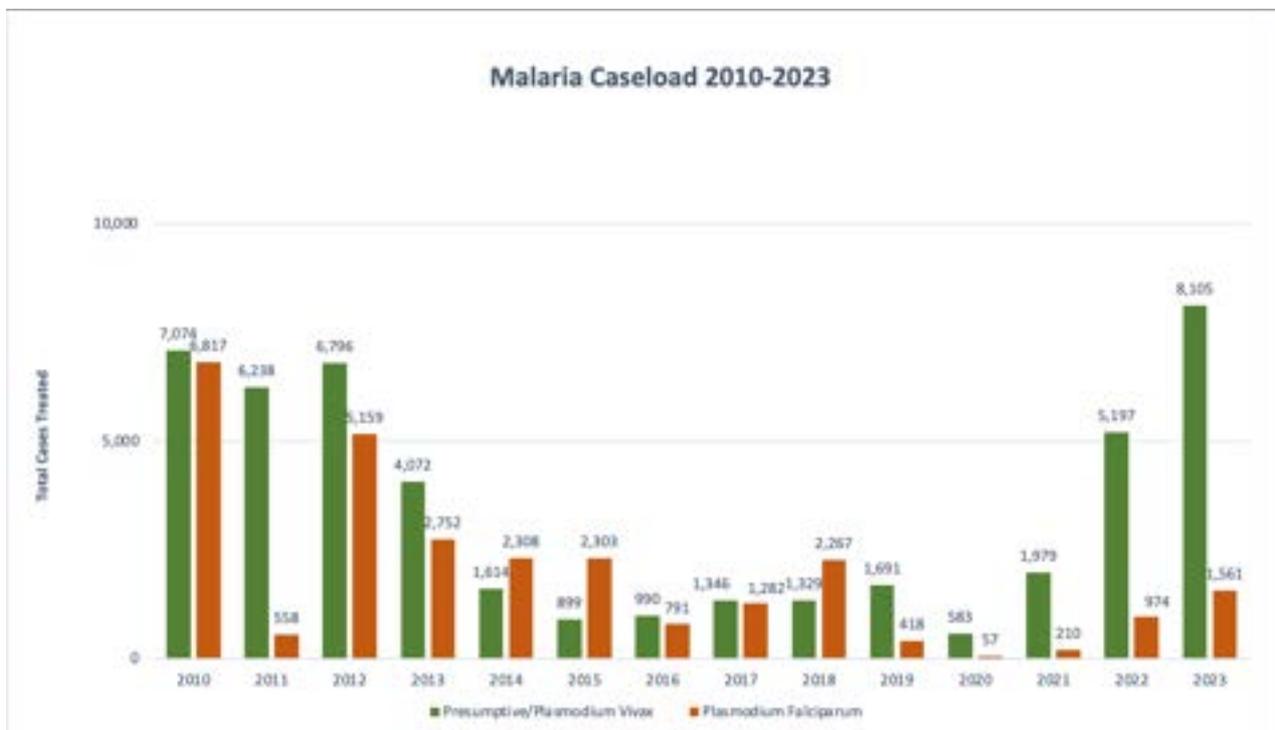
Table 11: Malaria cases	Plasmodium Falciparum	Plasmodium Vivax	Mixd	Total
Men	867	4,142	158	5,009
Women	686	3,651	138	4,337
Pregnancy	8	16	0	24
Total	1,561	7,809	296	9,666

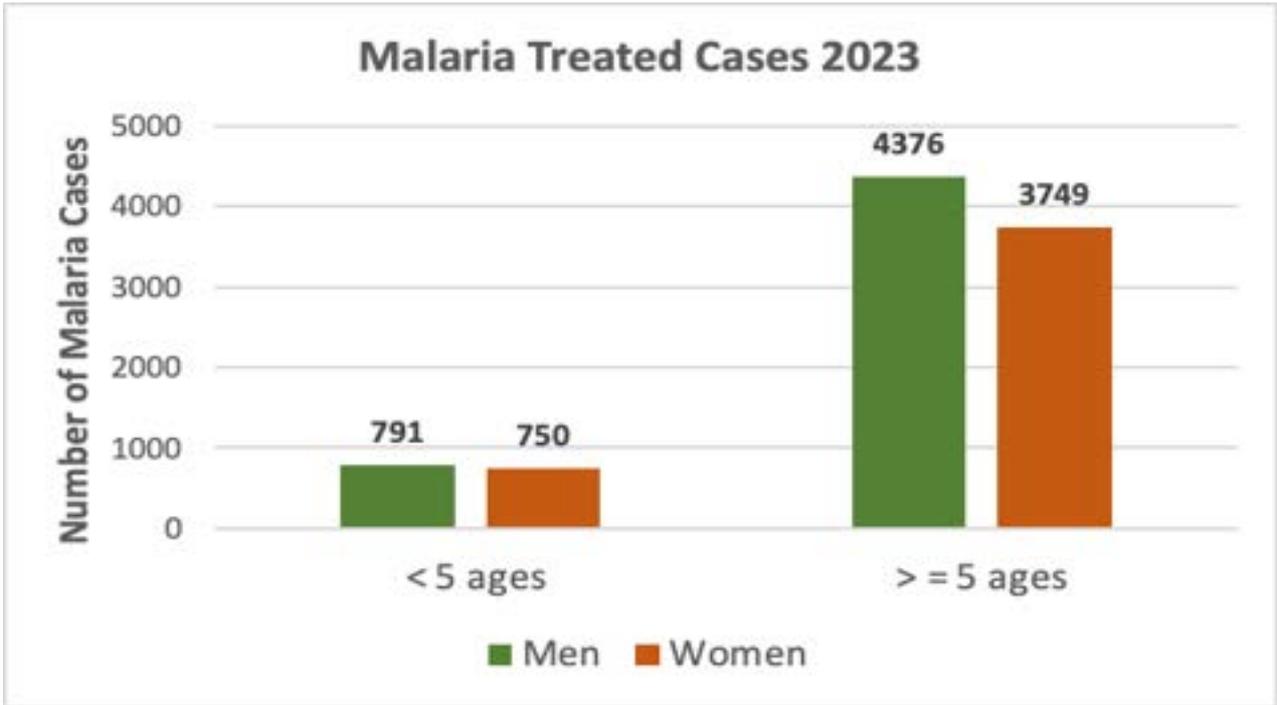
Malaria

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. 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 2023, there were 9,666 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 groups.



Distribution of LLINs to the communities



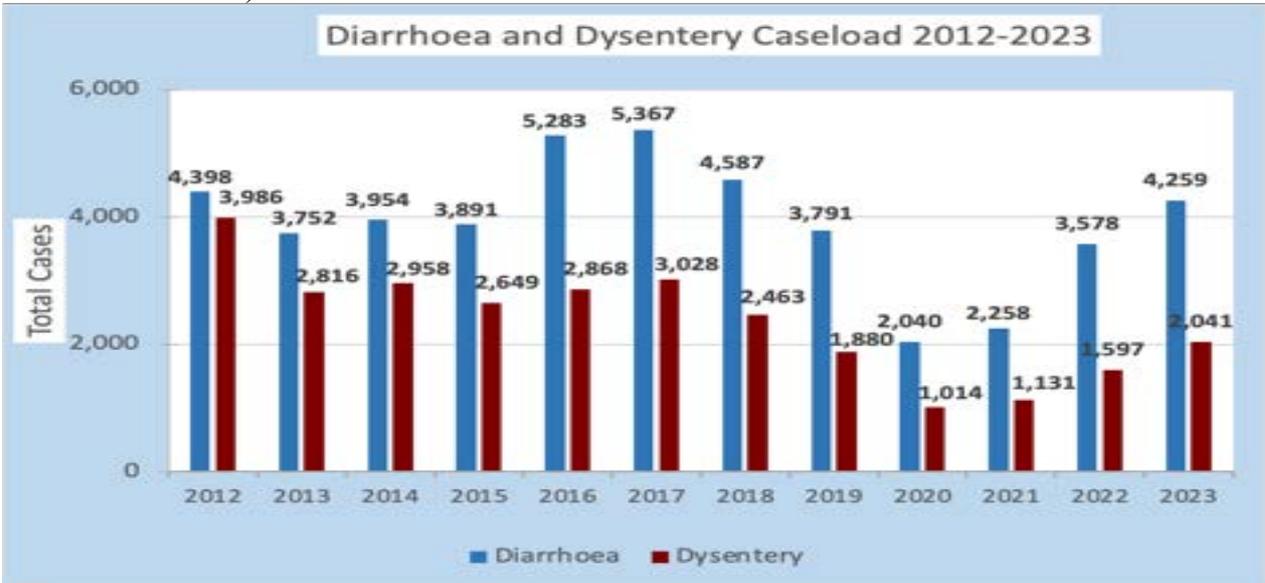


Diarrheas and Dysentery

The diarrhea and dysentery cases were still steady from those recorded from 2012 to 2015. However, the cases were slightly increased during 2020 compared to the past years. In 2023, the field health workers treated more diarrhea and dysentery cases compared to the previous year. Although the BPHWT activities have had a clear impact on 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, and access to clean water).



Provided medical treatment to diarrhea patient

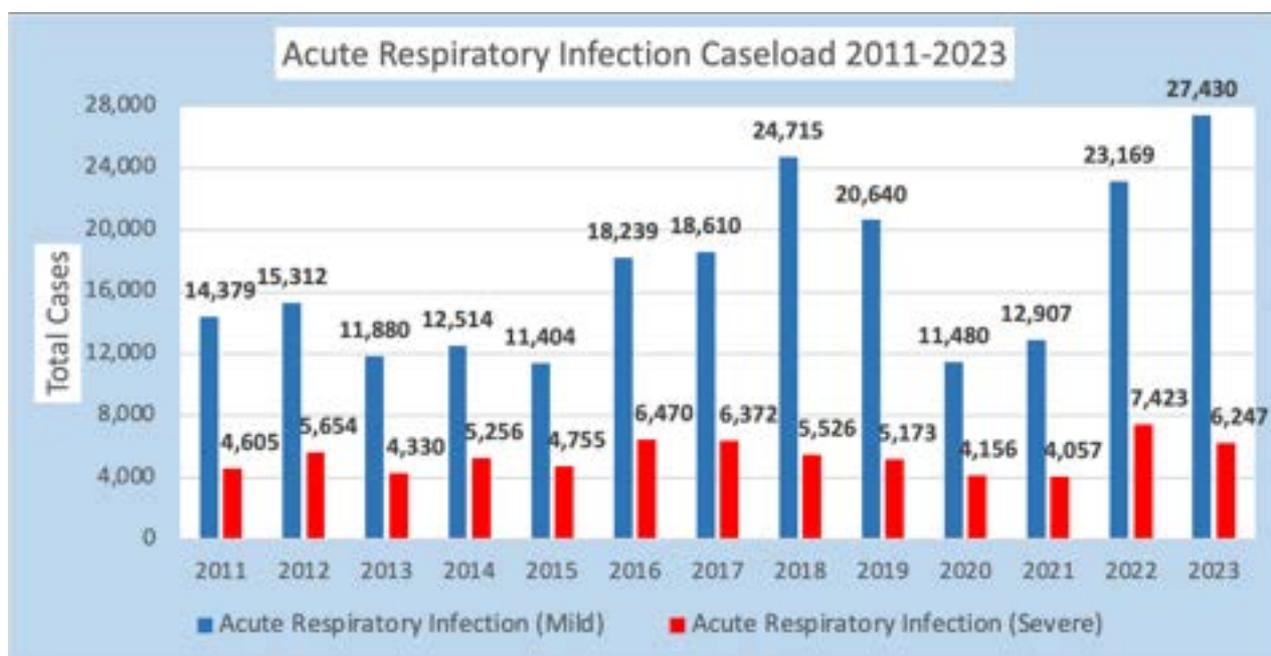


Acute Respiratory Infection (Mild/Severe)

The annual cases of the acute respiratory infection were 33,952 (27,562 mild and 6,390 were severe). The total of 5,938 were under five children. The graph can only indicate the numbers ARI cases treated by the field health workers by yearly.



Provided medical service to the communities



Referral cases list:

Table 12: Patient Referral Jan – Dec 2023

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	35	20	51	97
4	Papun	0	1	43	10	0	54
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	110	63	99	284

Table 13:Referral cases: Jan – Dec 2023

Case name	# of Cases
EmOc	99
Gunshot	45
Landmine	20
Road Traffic Accident	9
Communicable disease	22
Non-communicable disease	92
Total	284

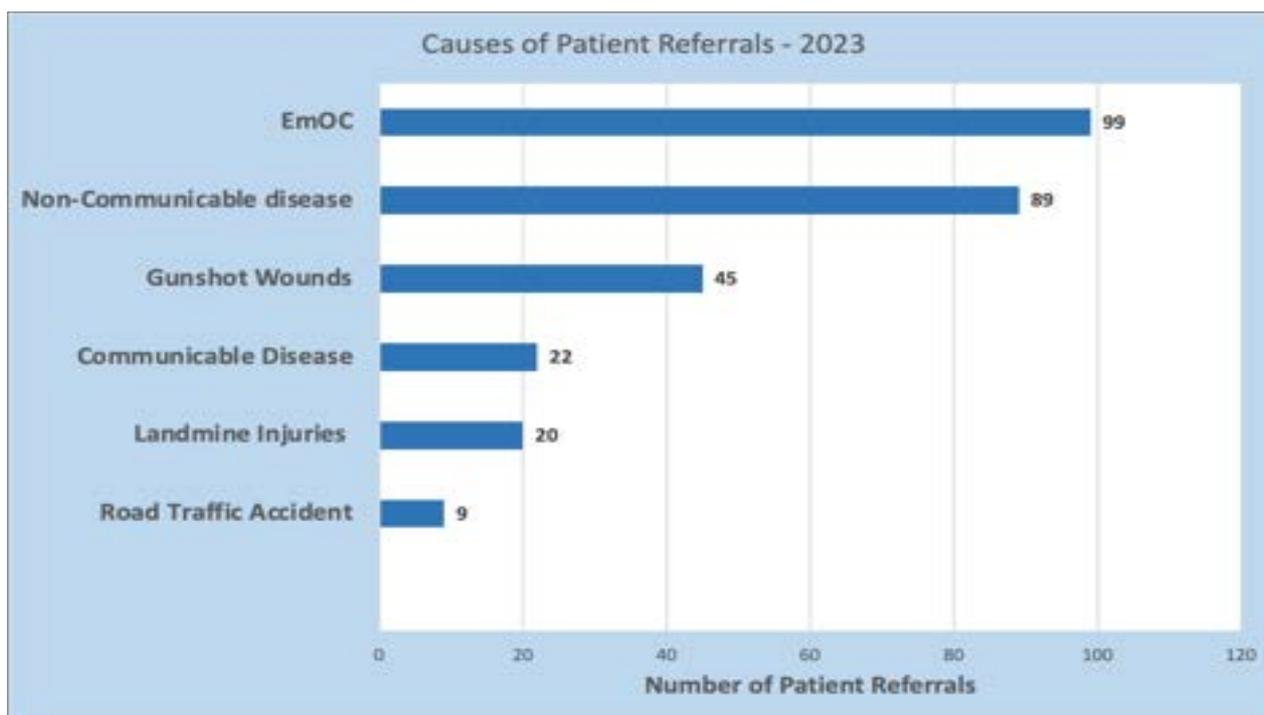
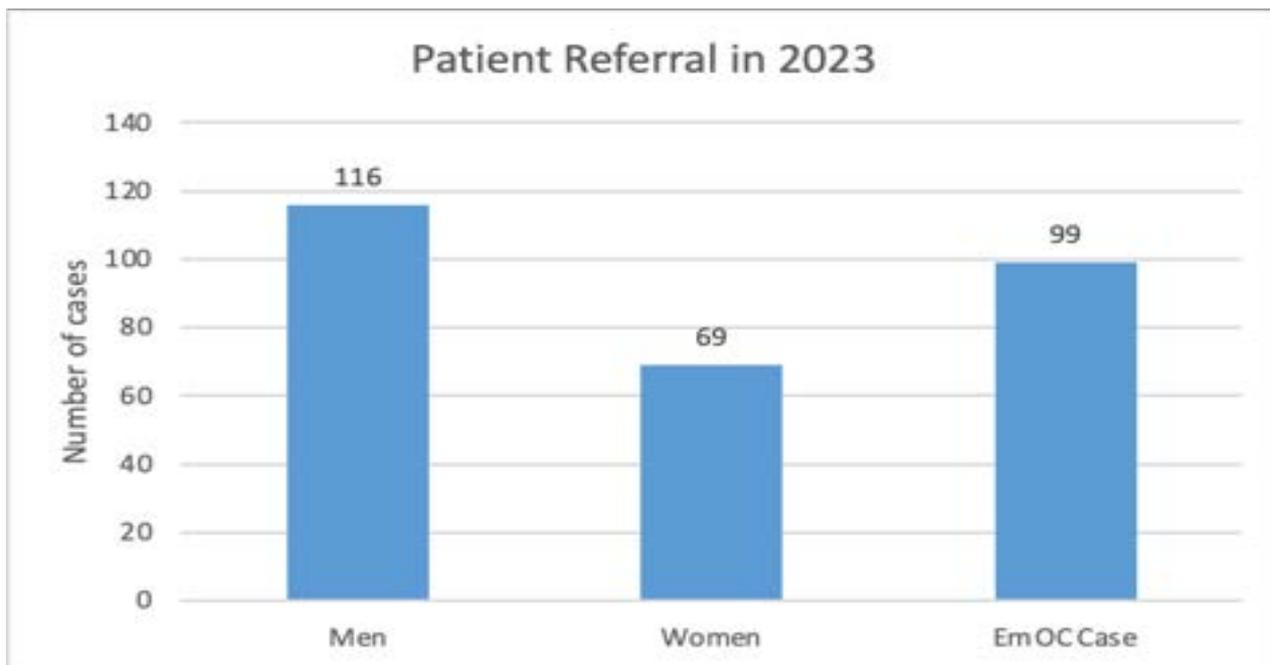


Table 14: Summary of Field's target Area Death record on Jan to Dec 2023

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/Tavo y	7	0	1	30	16	0	47
Total		45	9	6	164	118	3	300

Workshops:

Discussion topic:

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

MCP program reviewing facing 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 O 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)

Community Health Education and Prevention Program focuses on disease prevention, health promotion to empower and support local people, through education and preventive health measures. The program will continue to improve water and sanitation systems in the community to reduce water-borne diseases, educate students and communities about health, reduce incidences of malnutrition and worm infestation and improve networking among community health organizations. BPHWT will conduct Village Health Workshops for community members to gain improved knowledge of primary health care issues. The participants will be from a wide variety of backgrounds and community groups, including shopkeepers, religious leaders, members of women organizations, and village heads. This wide and varied participation increases the likelihood of knowledge spreading and reaching all levels and different parts of the community.

(1) Water and Sanitation Sub-Program

From January to December 2023, the BPHWT installed **10** gravity flows, **17** shallow wells, **595** latrines, and **658** water filters to the targeted communities in field areas. There were **4,595** people who gained access to the gravity flow water system, **2,138** people who now have access to shallow wells, **9,477** people who received sanitary latrines, and **885** populations who have access to water purification.



Installed gravity flow water system

<i>Table 1: Number of Gravity Flow, Shallow Wells, Latrines, and Water Filters</i>						
No.	Area	# of Gravity Flows	Household	Population		Total
				Men	Women	
1	Papun	4	333	1088	1056	2144
2	Dooplaya	4	242	492	615	1,107
3	Thaton	1	160	410	400	810
4	Pa An	1	90	291	243	534
Total		10	825	2,281	2,314	4,595
No.	Area	# of Shallow Wells	Household	Population		Total
				Men	Women	
1	Dooplaya	6	95	271	233	504
2	Thaton	3	76	281	327	608
3	Win Yee	1	25	55	70	125
4	Pa An	4	95	345	309	654
5	Papun	3	44	113	134	247
Total		17	335	1,065	1,073	2,138
No.	Area	# of Latrine	Household	Population		Total
				Men	Women	
1	Papun	166	166	395	485	880
2	Thaton	100	100	262	244	506
3	Dooplaya	299	299	2,976	3,315	6,291
4	Kayah	30	30	836	964	1,800
Total		595	595	4,469	5,008	9,477
No.	Area	# of Water Filter	Household	Population		Total
				Men	Women	
1	Dooplaya	600	600	383	378	761
2	Papun	58	58	57	67	124
Total		658	658	440	445	885

(2) WASH awareness workshop

During the period from January to June 2023, the BPHWT organized **43** of WASH awareness workshops within in **7** Backpack field areas. The total numbers of participants were **1,533** comprised of **834** men and **1,201** women.

Objective of WASH awareness workshop:

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



Distribution of water filtration to IDPs

Discussion topics are:

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

No	Area Name	# of Village	Gender		Total
			M	F	
1	Kler Lwee Htoo	15	268	379	647
2	Dooplaya	13	281	340	621
3	Win Yee	5	119	169	288
4	Mergue/Tavoy	4	41	98	139
5	Taungoo	2	38	40	78
6	Papun	1	6	57	63
7	Pa An	3	81	118	199
Total		43	834	1,201	2,035

(3) School Health Sub-Program

Through the school health Sub-Program, school children and their teachers received school health promotion from health workers. In January to December 2023, the BPHWT provided school health promotion and distributed hygiene kits in **275** schools with **1,569** teachers and **26,194** 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 distributed to a school student as well. Moreover, the Backpack also provided personal hygiene kits, under 5 kits, and dignity kits. The kits included toothbrush, toothpaste, soap powder, brush, nail clipper, comb, soap, powder and hand sanitizers. The purpose of distribution of hygiene kits are to maintain proper hygiene practice, promote health and social well-being.



Distribution of supplies to the students

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

No	Areas	# of Schools	Teacher			Students			Provided School Health activity					
			M	W	Total	Boys	Girls	Total	Latrine	Water Filter	Nail Clippers	Toothpaste	Tooth brush	Soap
1	Taungoo	22	21	123	144	831	927	1,758	-	45	-	-	-	-
2	Kler Lwee Htoo	22	25	104	129	802	805	1,607	-	-	-	-	-	-
3	Thaton	29	68	162	230	2,434	2,435	4,869	50	-	-	-	-	-
4	Papun	100	105	382	487	6,301	6,016	12,317	35	554	100	986	986	1,657
5	Pa An	34	44	191	235	1,768	1,913	3,681	-	-	-	-	-	-
6	Dooplaya	28	32	119	151	1,284	1,558	2,842	53	1	320	320	320	320
7	Kawkareik	5	6	18	24	200	249	449	-	-	-	-	-	-
8	Megue/Tavoy	29	18	114	132	2,179	2,501	4,680	-	-	-	-	-	-
9	Win Yee	27	46	165	211	1,303	1,545	2,848	-	-	150	150	150	150
10	Yee	16	7	53	60	420	460	880	-	-	-	-	-	-
11	Moulamein	14	15	69	84	705	740	1,445	-	-	-	-	-	-
Total		326	387	1,500	1,887	18,227	19,149	37,376	138	555	570	1,456	1,456	2,127
			1,887		37,376									

(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 January to December 2023, there are **23,947** children received de-worming medicines and **27,074** children received Vitamin A.

Table 4: Numbers of Children Receiving De-Worming Medicine

No	Area	Age (1-12 Year)		Total
		Boys	Girls	
1	Kayah	1853	1847	3700
2	Kayan	1036	1051	2087
3	Taungoo	277	298	575
4	Kler Lwee Htoo	145	162	307
5	Thaton	623	1182	1805
6	Papun	1883	1954	3837
7	Pa An	1546	1690	3236
8	Dooplaya	569	668	1237
9	Kawkareik	114	136	250
10	Win Yee	577	686	1264
11	Mergue/Tavoy	1460	1585	3045
12	Yee	472	450	922
13	Moulamein	485	484	969
14	Shan	246	337	583
15	Naga	58	77	135
Total		11343	12604	23947
		23947		

Table 5: Number of Children Receiving Vitamin A

No	Area	6-12 months		1-6 years		6-12 years		Total
		Boys	Girls	Boys	Girls	Boys	Girls	
1	Kayah	111	120	497	575	1356	1272	3931
2	Kayan	61	76	399	413	637	634	2220
3	Taungoo	71	79	174	176	187	193	880
4	Kler Lwee Htoo	21	27	78	82	160	193	561
5	Thaton	39	41	488	521	457	502	2048
6	Papun	88	87	552	513	1167	1128	3535
7	Pa An	2	2	313	280	1189	1376	3162
8	Dooplaya	17	19	306	330	318	371	1361
9	Kawkareik	-	-	-	-	114	136	250
10	Win Yee	-	-	239	251	395	382	1267
11	Mergue/Tavoy	40	53	590	635	902	996	3216
12	Yee	24	24	261	274	330	346	1259
13	Moulamein	21	21	358	362	452	449	1663
14	Shan	137	192	304	286	299	300	1518
15	Naga	10	16	40	46	1	-	113
Total		641	756	4,597	4,842	7,963	8,276	27,074

(5) Nutrition awareness workshop

During the period from January to December 2023, the BPHWT organized 96 sessions of nutrition workshops. The participants involved pregnant women, community authorities, and other adults, gained a better understanding of nutrition. The total number of participants was 2,494 including 728 men and 1,766 women.



Nutrition awareness workshop's group presentation

The objectives of the nutrition awareness workshops are:

- To promote community members' knowledge about nutrition
- To establish a stronger relationship between health workers and the community.
- To provide information on Infant and Young Child Feeding practices.
- To enhance understanding of the three main food groups and their importance for a healthy diet.

Discussion topics:

- The importance of practicing Infant and Young Child Feeding (IYCF) during the first 1,000 days of a child's life
- Supplementary feeding and its role in a child's nutrition
- The objectives of breastfeeding and its benefits
- Understanding the three main food groups and what they include
- Causes and definitions of malnutrition at different levels (mild, moderate, and severe)
- Feeding and nutrition recommendations for children
- Recognizing danger signs during pregnancy
- Daily nutritious food choices
- Antenatal Care (ANC) and Postnatal Care (PNC) services
- Personal hygiene practices
- When to refer children for further assistance if there is no improvement

Table 6: Number of nutrition awareness Participants

No	Area	# workshop	Men	Women	Total
1	Papun	46	350	844	1,194
2	Taungoo	20	145	209	354
3	Thaton	24	204	471	675
4	Mergue/Tavoy	6	29	242	271
	Total	96	728	1,766	2,494

(6) Nutrition screening

From January to December 2023, BPHWT conducted screening in three areas: Thaton, Taungoo, Papun and Mergue/Tavoy field areas. The objective of nutrition screening is to systematically screen and monitor 75% of children under five years within four village tracts to identify malnutrition using MUAC with the aim of identifying cases of malnutrition.

The screening targeted children between the ages of six months and less than five years old. MUAC measurements were used by health workers, following the guidelines provided by the World Health Organization (WHO). The WHO recognizes three levels of malnutrition: healthy, moderate, and severe.

The total number of children were 2,180 (1,086 boys and 1,094 girls) under the age of five were screened across 42 villages within four village tracts. The screening results showed that 1,995 children (1,014 boys and 981 girls) were classified as healthy, 132 children (50 boys and 82 girls) had moderate malnutrition, and 53 (22 boys and 31 girls) had severe malnutrition. According to the nutrition screening result, BPHWT provide nutrition food for moderate malnutrition. The nutrition food such as 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). The medication included antibiotics, Vitamin A, De-worming and when they get condition well in treatment program, health workers try to follow up with Supplementary Feeding Program within accessible health clinic.

Table 7: Nutrition screening for under 5

No	Area	Healthy		SFP		TFP		Total
		boys	Girls	Boyes	Girls	Boys	Girls	
1	Taungoo	167	151	15	9	2	2	346
2	Thaton	393	377	22	46	5	5	848
3	Mergue/Tavoy	94	108	5	6	12	23	248
4	Papun	360	345	8	21	3	1	738
Total		1,995		132		53		2,180

(7) Cash transfer for 1,000 days (Under 2 children and pregnant women feeding)

In reporting period from January to December 2023, The BPHWT provided nutrition food cash transfer in four field areas. They are Thaton, Taungoo, Papun and Tanintharyi in four village tracts in those areas –Kyat Khat Chaung, Ta Oh Khee, Bo Khar Lay Kho, Ma Taw and Tel Poe Hta village tracts.

The Objectives of 1,000 days cash transfer:

- To specifically support the improvement of the nutritional outcomes of pregnant and breastfeeding women (PBW) and children under two years old.
- To strengthen the capacities of local organizations (CBOs and ESPs) to implement nutrition sensitive social protection activities
- To reduce the malnutrition and risk of pregnant women in order to become healthy pregnancy

No	Area	# of Village	Participants		
			Men	Women	Total
1	Thaton	10	92	262	354
2	Taungoo	8	71	158	229
3	Mergue/Tavoy	3	59	157	216
4	Papun	8	22	51	73
Total		29	244	628	872

(8) Village Health Workshops

During the period of January to December 2023, the BPHWT organized **41** Village Health Workshops in **13** field areas. There were **6,126** participants comprised of **2,511** men and **3,615** women who gained improved knowledge of primary healthcare issues. The participants came from a wide variety of backgrounds and community groups, including shopkeepers, religious leaders, and members of women organizations, teachers, students, TBAs/TTBAs, VHWs, health workers, youth organization, authorities, villagers, and village heads. This wide and varied participation increases the likelihood of knowledge spreading and reaching all levels of the community.

No	Area	# of VH Workshop	Participants		
			Men	Women	Total
1	Kayah	1	17	25	42
2	Taungoo	2	18	49	77
3	Kler Lwee Htoo	1	40	86	126
4	Thaton	14	632	813	1445
5	Papun	7	256	272	528
6	Pa An	12	209	481	690
7	Dooplaya	11	190	258	448
8	Win Yee	9	124	275	399
9	Megue/Tavoy	13	235	503	738
10	Yee	8	259	319	578
11	Moulamein	9	314	325	639
12	Chin (WLC)	2	173	169	342
13	Naga	2	34	42	76
Total		91	2,511	3,615	6,126

(9) Village Health Worker (VHW) Training

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. From January to December 2023, the BPHWT conducted 4 village health worker trainings. The total participants were 85 comprised of 54 women and 31 men.

The key topics are:

- Anatomy and physiology
- Nursing care
- History taking and examination
- First aid
- Communicable diseases
- Non-communicable diseases
- Primary health care
- Summary of primary health care
- Family health

No	Area Name	Name Of BP	# Of session	Participants		Total
				M	F	
1	Kler Lwee Htoo	That Kaw Del	1	15	13	28
2	Papun	Klaw Hta	2	5	27	32
3	Taungoo	Kaw Thay Del	1	11	14	25
Total			4	31	54	85

(10) Village Health Worker (VHW) Workshop

During this period of January to December 2023, the BPHWT organized 55 sessions of village health workers (VHWs) workshops. The total number of participants was 1,826 comprised of **713** men and **1,113** women.

<i>Table 11: Village Health Worker workshop and participants list</i>					
No	Area	# of VHW Workshop	Gender		Total
			M	F	
1	Papun	3	4	28	32
2	Kler Lwee Htoo	2	15	14	29
3	Mergue/Tavoy	30	421	663	1084
4	Kayah	10	114	253	367
5	Kayan	10	159	155	314
Total		55	713	1,113	1,826

(11) Village Health Committee (VHC) Meeting

The BPHWT has established village health committees since 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 the 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 151 VHC meetings within 1,806 participants.

Table 12: VHC meeting and participants					
No	Area	# of VHC Meeting	Participants		
			Men	Women	Total
1	Taungoo	2	8	9	17
2	Papun	13	264	93	357
3	Pa An	32	159	101	260
4	Special	4	24	18	42
5	Dooplaya	28	180	106	286
6	Kawkareik	12	33	19	52
7	Win Yee	16	39	34	73
8	Megue/Tavoy	1	9	7	16
9	Yee	1	16	10	26
10	Moulamein	2	44	29	73
11	Kler Lwee Htoo	40	385	219	604
Total		151	1,164	645	1,806

C. Maternal and Child Healthcare Program (MCHP)

The program aims to improve maternal and child health by training and utilizing an extensive network of community-selected Traditional Birth Attendants (TBAs). BPHWT trains TBAs in antenatal and postnatal care, normal delivery, and recognition of danger signs during pregnancy and childbirth. The program will continue to improve maternal and child health care (de-worming medication, folic acid, vitamin A, and iron supplements to women during pregnancy), improve knowledge and skills of TBAs and MCHP Supervisors, encourage positive community attitudes towards and utilization of family planning and provide delivery records.

In January to December 2023, **2,201** babies were delivered, **9** still-births were recorded, 2 neonatal deaths, and 3 maternal deaths. There were **1,234** birth records received from the targeted field areas. Some of deliveries received birth records from the government health providers, as a number of people are still afraid of having the birth records from the BPHWT.



Pregnant women access to ANC services

MCHP Data January to December 2023

Table 1: Summary Facts of the MCHP's Activities

Description	Totals
● Total deliveries	2,201
● Live births	2,192
● Still births	9
● Neonatal deaths	2
● Maternal deaths	3
● Low birth weight	138
● Pregnant women receiving de-worming medicine	1,853
● Pregnant women and women receiving iron	2,016
● Newborn babies receiving birth records	1,234
● Clean Delivery kit	840
● Family planning clients	5,708
● Attendant by TBA/TTBA	1,079
● Attendant by Health worker	935
● Attendant by other	187
● PNC within 2 days	487
● Get oxytocin	486

(1) Trained Traditional Birth Attendant (TTBA) Training

During the period of January to December 2023, the BPHWT conducted 5 sessions of TTBA training. The total number of participants was 113 comprised of 5 males and 108 females. The TTBA training aims to have greater knowledge and skills to provide safe deliveries, an effective referral system, and other related health education. TTBA workers have to cooperate with maternal and child healthcare workers to work more effectively in perspective areas. After the training, the BPHWT also distributed TBA/TTBA kits to TBA/TTBA workers as well.

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 Participants

NO	Area	# Training	Men	Women	Total
1	Papun	1	0	22	22
2	Kler Lwee Htoo	1	5	23	28
3	Mergue/Tavoy	1	0	18	18
4	Thaton	2	0	45	45
	Total	5	5	108	113

(2) TBA/TTBA Workshops

The BPHWT conducted 62 sessions of TBAs/TTBAs workshops within 10 areas such as Pa An, Win Yee, Dooplaya, Special, Thaton, Taungoo, Pa Oh, Kawkariek, Mergue/Tavoy, and Papun field areas. In addition, to training TBAs/TTBAs, the BPHWT organizes workshops every six months to refresh and improve the knowledge and skills of TBAs/TTBAs to allow them to share their experiences, and participate in ongoing learning opportunities. The total participants were 667 comprised 54 male and 613 female from trained TBAs/TTBAs.



Distribution of TBA/TTBA kits to TBA workers

Discuss of topics:

- Antenatal Care
- Post Natal Care
- Nutrition
- Family planning
- Maternal Death review
- TBA Check list
- Personal hygiene for mother
- Exclusive of breast feeding
- Data collection and record
- Referral
- Danger sign of pregnancy
- Birth record
- Active management of third stage
- Immunization education
- TBA responsibilities

Table 3: Number of TBA/TTBA Workshop and Participants

NO	Area	# Workshops	Men	Women	Total
1	Pa An	13	10	126	136
2	Win Yee	12	2	121	123
3	Dooplaya	12	24	105	129
4	Special	6	12	48	60
5	Thaton	2	0	20	20
6	Taungoo	6	0	69	69
7	Papun	3	1	34	35
8	Pa Oh	2	1	18	19
9	Kawkareik	5	4	54	58
10	Mergue/Tavoy	1	0	18	18
	Total	62	54	613	667

Table 4: Number of Birth record

Areas				From Government		
	Male	Female	Total	Male	Female	Total
Taungoo	7	3	10	13	5	18
Kler Lwee Htoo	2	10	12	0	0	0
Thaton	30	28	58	32	41	73
Papun	116	95	211	78	68	146
Pa An	88	94	182	0	0	0
Dooplaya	74	76	150	9	2	11
Kawkareik	15	12	27	0	0	0
Win Yee	71	73	144	0	0	0
Mergue /Tavoy	27	20	47	33	53	86
Mon Yee	0	0	0	42	43	85
Special	0	0	0	10	7	17
Total	430	411	841	195	198	393

No	Area	Delivery	Live Birth	Still Birth	Neonatal Death	Oxytocin	Refer	Deworm	Receipt F/S F/A	Weight <2.5	Baby Weight	Maternal Death	TBA/TTB A	HW	Other
1	Kayah	107	107	0	0	0		107	107	0	0	0	0	93	14
2	Kayan	143	143	0	0	38	0	142	143	0	142	0	31	69	43
3	Special	16	16	0	0	0	0	16	16	0	13	1	7	6	3
4	Taungoo	74	72	2	0	32	0	74	74	2	71	0	4	68	2
5	Kler Lwee Htoo	29	29	0	1	13	3	14	24	0	18	0	13	14	2
6	Thaton	185	184	1	0	19	0	183	183	12	173	0	100	74	11
7	Papun	410	409	1	0	37	11	100	233	12	222	0	377	28	5
8	Pa An	373	372	1	0	34	0	373	373	34	370	0	99	229	45
9	Dooplaya	226	226	0	0	1	0	226	226	13	212	0	122	94	10
10	Kawkareik	48	47	1	0	0	0	48	48	0	2	0	25	23	0
11	Win Yee	224	222	2	0	34	0	224	224	22	217	2	145	64	15
12	Mergue/Tovoy	281	280	1	1	193	0	261	280	43	101	0	153	128	0
13	Yee	85	85	0	0	85	0	85	85	0	85	0	3	45	37
14	Shan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Palaung	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Chin	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Kachin	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Pa O	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Chin WLC	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total		2,201	2,192	9	2	486	14	1,853	2,016	138	1,626	3	1,079	935	187

(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 2015. The SRHR is focus on both the age of under 18 to over 18 participants. The SRHR awareness included comprehensive information about sex and sexuality, living in an environment that affirms and promotes sexual health, and knowledge about the risks. During this period of January to December 2023, 11 sessions of SRHR awareness workshops were organized. There were 570 participants. The purpose is to decrease child marriage, decrease teenage pregnancies, and to prevent the transmission of sexually transmitted infections, and also to increase reproductive health awareness in the communities and to increase community participation in MCH program.

Reproductive Health Awareness Topics:

- HIV/AIDS
- GBV teenage pregnancy
- Family planning
- Sexual reproductive health and rights
- Maternal health
- Puberty of boy and girl
- Safe abortion
- Complication of unsafe abortion
- Nutrition for pregnant women
- Menstruation cycle
- Sex and gender

Table 6: SRHR awareness raising

Area	# of awareness	<18		≥ 18		Total
		Men	Women	Men	Women	
Pa An	4	34	43	29	98	204
Dooplaya	4	15	25	51	107	198
Win Yee	3	2	3	52	111	168
Total	11	51	71	132	316	570

(4) Health Education

During this reporting period, there were **139** health education awareness workshops were organized. 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-year participants. There were **5,048** participants involved 1,621 male and 3,427 female. The purpose is to increase reproductive health awareness in the communities and to increase community participation in the MCH program.



Provided health education to communities

Discuss of topics:

- Sexually transmission diseases
- Dengue fever
- Covid 19 and hand washing
- Danger signs during pregnancy
- Nutrition
- Family planning
- Diarrhoea and pneumonia
- Referral guideline
- ANC visit schedule

Table 7: Health Education's participant lists							
No	Area	# of Health Education	<15		≥ 15		Total
			Men	Women	Men	Women	
1	Kayah	5			77	210	287
2	Kayan	5			126	127	253
3	Pa An	17	9	38	113	410	570
4	Dooplaya	34	49	64	353	633	1099
5	Kawkareik	10	16	22	151	222	411
6	Win Yee	12	0	1	115	325	441
7	Special	7	3	8	110	99	220
8	Thaton	8	1	7	69	222	299
9	Papun	12	7	8	149	250	414
10	Kler Lwee Htoo	8	3	7	24	102	136
11	Mergue Tavoy	19	4	7	219	619	849
12	Pa Oh	2	0	2	23	44	69
Total		139	92	164	1,529	3,263	5,048

(5) GBV awareness raising workshop

During this reporting period, the BPHWT organized **32** workshops of GBV. The total number of participants was **1,093**. The BPHWT has conducted GBV awareness raising workshops focused on both the age of under 18 years to over 18-year.

Discussion topics:

- GBV Topics
- Definition of gender
- Definition of gender based violent
- 6 main categories of GBV
- 4 main services that survivor might need
- Gender stereotype

Table 8: GBV awareness raising participant lists							
NO	Area	# of GBV awareness	<15		≥ 15		Total
			Men	Women	Men	Women	
1	Thaton	8	2	2	111	170	285
2	Papun	12	5	7	154	237	403
3	Kler Lwee Htoo	8	5	11	58	183	257
4	Mergue/ Tavoy	4	14	22	10	102	148
Total		32	26	42	333	692	1,093

(6) Nutrition for pregnancy

In January to December 2023, the activity of nutrition for pregnancies were conducted in Pa An, Kawkareik, Win Yee, Dooplaya, Special, Kler Lwee Htoo, Taungoo, Thaton, and Papun field areas. The nutritious foods are yellow beans, eggs, oil, and tomatoes. The total number of pregnant women received nutritional food is **1,782**. The table below shows the number of total pregnant women who received nutritious foods monthly.



Distribution of supplementary food to pregnant women

Table 9: Number of pregnant women receiving nutrition foods

NO	Area	# of BP Teams	Jan	Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov	Dec
1	Pa An	7	0	35	270	154	202	280	0	248	190	182	236	175
2	Kawkareik	4	0	0	133	0	0	126	0	20	37	0	123	0
3	Win Yee	4	0	40	176	40	40	163	45	45	180	50	178	133
4	Dooplaya	7	0	0	279	52	44	268	67	48	260	68	290	202
5	Special	2	0	0	69	0	0	62	0	0	58	0	61	0
6	Kler Lwee Htu	5	0	0	150	0	0	150	0	0	0	0	0	0
7	Taungoo	1	0	0	0	0	0	100	0	0	0	0	0	100
8	Thaton	2	0	0	0	0	0	100	0	0	100	0	100	0
9	Papun	3	0	0	200	0	0	200	0	0	0	0	0	0
Total		35	0	75	1,277	246	286	1,449	112	361	825	300	988	610

Table 10: Distribution of De worming and F/S and F/S data

No.	Areas	De-Worming	F/S & F/A
1	Kayah	107	107
2	Kayan	142	143
3	Special	16	16
4	Taungoo	74	74
5	Kler Lwee Htoo	14	24
6	Thaton	183	183
7	Papun	100	233
8	Pa An	373	373
9	Dooplaya	226	226
10	Kawkareik	48	48
11	Win Yee	224	224
12	Mergue/Tavoy	261	280
13	Yee	85	85
14	Shan	0	0
15	Palaung	0	0
16	Kachin	0	0
17	Pa O	0	0
18	Chin WLC	0	0
Total		1,853	2,016

(7) Family Planning Activities

In January to December 2023, the BPHWT provided family planning services to **5,708** people comprised of **100** men. The purpose of this activity is to improve maternal and child health conditions among IDPs. Family planning allows people to attain their desired number of children and determine the spacing of pregnancies. By providing family planning methods, BPHWT will help to reduce infant mortality rates and prevent pregnancy-related health risks among women.



Health worker provided family planning to client

Table 11: Family planning data January –December 2023

No	Area	Age		Visits		Clients				Total
		<19	>=19	New	Old	Depo	Pill	Condom	Implant	
1	Kayah	25	510	106	429	322	192	12	9	535
2	Kayan	18	896	145	769	504	410	0	0	914
3	Special	0	31	13	18	10	5	0	16	31
4	Taungoo	2	95	13	84	73	22	2	0	97
5	Kler Lwee Htoo	0	8	0	8	4	4	0	0	8
6	Thaton	2	171	35	138	37	30	2	104	173
7	Papun	7	682	59	630	391	231	5	62	689
8	Pa An	13	584	78	519	280	139	7	171	597
9	Dooplaya	12	784	80	716	541	219	36	0	796
10	Kawkareik	7	186	15	178	166	9	0	18	193
11	Win Yee	23	618	57	584	425	136	36	44	641
12	Mergue/Tavoy	3	305	97	211	131	92	0	85	308
13	Yee	75	380	178	277	247	207	0	1	455
14	Kachin	0	10	10	0	2	8	0	0	10
15	Pa O	6	175	31	150	137	44	0	0	181
16	Chin WLC	0	80	30	50	60	20	0	0	80
Total		193	5,515	947	4,761	3,330	1,768	100	510	5,708

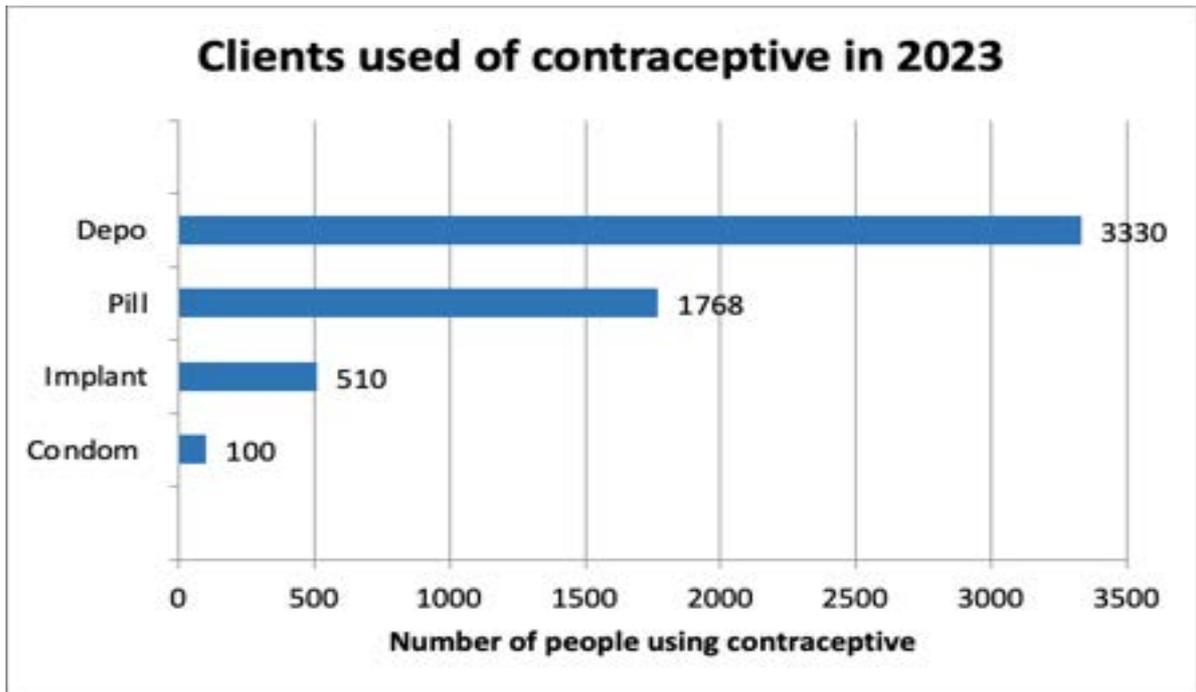


Table 12: Postnatal Care Data_ January to December 2023

No	Area	PNC		
		Day 1	Day6	6wks
1	Kayah	107	107	107
2	Kayan	86	4	61
3	Special	1	3	23
4	Taungoo	61	68	10
5	Kler Lwee Htoo	1	7	21
6	Thaton	23	58	50
7	Papun	367	367	256
8	Pa An	118	198	62
9	Dooplaya	18	28	64
10	Kawkareik	8	4	19
11	Win Yee	53	52	83
12	Mergue/Tavoy	274	274	272
13	Yee	85	76	17
Total		1202	1246	1045

(8) Comprehensive Sexuality Education (CSE) training

The BPHWT provided CSE training to the schools with an integrated maternal and child healthcare program. The MCH program not only focuses only on maternal and child healthcare but also includes sexual reproductive health, adolescence health, family planning, nutrition for pregnant women, gender-based violence and sexually transmitted diseases. So, MCH workers provide CSE training to school children and include teachers as well. CSE training is very important for students because they may understand more social relationships and respect each other.

Discussion topics:

- Sexual development
- Adolescence and sexual behavior
- Sexual Health
- Sexual Behaviours
- STIs
- Relationship
- Self-value
- Social and Culture
- Life Skill
- Helping hands
- Positive thinking
- Changes of teenagers
- Gender roles
- Teenage and pregnancy

Table 13: Comprehensive sexuality Education (CSE)						
Area	# of training	<18		≥ 18		Total
		Men	Women	Men	Women	
Pa An	22	47	87	0	0	134
Dooplaya	37	80	147	3	6	236
Win Yee	28	68	96	2	6	172
Total	87	195	330	5	12	542

(9) Program workshop

In January to December 2023, the BPHWT organized 3 sessions of maternal and child healthcare program workshop

Discussion topics:

- Explain the objective of the Program workshop
- Questionnaires' MCH
- Explain constitution of BPHWT
- To remind the MCH supervisor, MCH worker and M&E worker responsibilities
- To discuss weakness and challenges of MCH activities
- Risk assessment
- Sustainable their activities
- Lesson learns
- Maternal death review form, RH protocol, MCH Handbook
- Program report theory with practice
- All activities report and financial (eg VHC, HE, referral)
- Data entry (Logbook and Chart)
- Reporting deadline
- Review after the last annual report
- Remind the MCH supervisor, MCH worker, and M&E worker responsibilities.
- Discuss Weaknesses and Challenges of MCH Activities
- explain SRHR Project activities, learn SRHR
- explain the GBV activities
- Explain Guidelines and Forms
- Discuss Data entry, Future Plan
- Discuss the Financial section and Share the TBA Workshop Form, Maternal Death Form, Birth record
- MCH update theory and practical

Table 14: Program workshop

Date	Participants	Facilitator
20 to 26 March 2023	20 participants	Naw Htoo, Naw P'Saw, Mose Mose Win
20 to 25 Feb 2023	20 participants	Naw Htoo, SamuelEla , Mose Mose Win
3 to 10 Dec 2023	31Participants	Blessing May, Dr Chit Su Thant, Naw Htoo, Dr Thein Win, Dr Soe Sandar Aung, Naw Htoo, Naw Eh Hser Paw and Naw Eh Shee.

Table15: Summary Facts of Monitoring and Evaluation (M & E) trips (Jan- December 2023)

Date	Area names /BP's name	Facilitator
28 April 2023	Mergue Tavoy	Sym Thaw Thi Paw
3 to 4 December 2023	Dooplaya (Noh Maw Pu)	Sym Thaw Thi Paw
5 to 6 September 2023	Win Yee (Noh Pah Htaw)	Sym Thaw Thi Paw
9 to 20 September 2023	Paw Ner Moo	Sym Thaw Thi Paw
7 to 8 September 2023	Ka Sa	Sym Thaw Thi Paw
18 September 2023	Thaton	Sym Hsa Mu Nar Htoo and Naw Htoo

Testimonial 1

Win Yee area
Noh Phar Htaw Clinic

“The Noh Phar Htaw clinic, situated in the Win Yee township, was established not too close yet not too far from the conflict zone. Last year, the area suffered a bombing by the SAC, causing fear among the villagers whenever they heard the sound of airplanes. With the escalation of fighting in March 2024, most villagers fled to places they deemed safer. This displacement has left them jobless, stressed, and concerned about their health since they cannot access healthcare centers in nearby towns. They live in constant fear due to the frequent sound of gunshots echoing in their surroundings. In this situation, our health workers provide essential healthcare support to the community, bringing relief to those in need. The backpack health workers can support the community not just physically, but also mentally, and we take great joy and pride in doing so. Regardless of the circumstances, our health workers strive to do their utmost, reaching out to the majority of villages to provide support. Consequently, healthcare services are consistently delivered by our health workers, earning appreciation from the community in Noh Phar Htaw”.



Testimonial 2

“In the Noh Maw Pu area, a patient couldn't afford treatment, so we assisted and transferred them to Umphang Hospital. Now, the patient is feeling better and expresses gratitude to the Back Pack health workers and donors. They mention that without the help of these health workers, the patient's life could have been lost. They also appreciate the support and encouragement provided by the backpack health workers”.

Testimonial 3

“The Tanin Phyar clinic has experienced increased usage of family planning services from the community due to their understanding of the importance of family planning. Presently, the cost of one depo injection has risen to about 6000 kyats due to inflation and the community expresses deep appreciation to the backpack health workers for providing free family planning services, which they find very beneficial. They now have greater trust in both the backpack organization and the health workers, who not only offer family planning services but also other free services. This has strengthened the bond between the community and the health workers. It is hoped that the situation will improve with monthly outreach efforts”.



7. FIELD MEETINGS AND WORKSHOPS

The BPHWT conducts field workshops and field meetings twice a year. In 2023, there were **7** field workshops and **15** field meetings conducted in the targeted field areas; there were **334** participants who attended field meetings and **174** participants who attended field workshops.

Description	# of Workshops/Meetings	Men	Women	Total
Field Workshops	7	71	103	174
Field Meetings	15	184	150	334
<i>Total</i>	22	255	253	508

8. COVID-19 ACTIVITIES

During this period of January to December 2023, the BPHWT providing COVID-19 response activities are:

- Provide COVID-19 Pandemic awareness workshop
- Purchase and distribution COVID-19 Pandemic Prevention Supplies

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.

1. Provide COVID-19 Pandemic awareness workshop

During the period of 2023, the BPHWT conducted 63 sessions of COVID-19 Pandemic awareness workshops in **10** areas in BPHWT targeted areas. There are Thaton, Taungoo, Kler Lwee Htoo, Mergue/Tavoy, Papun, Win Yee, Dooplaya, Kawkarike, Pa An and Special areas. There were (2,189) participants, involved (812) men and (1,377) women. Because of that for Kawkarike, Papun and Kler Lwee Htoo areas not available to reporting in this quarter.

Topics are:

- Awareness on COVID-19 pandemic and which virus
- Symptom of COVID-19 pandemic (Mid case, Moderate case, Severe case, Critical case)
- COVID-19 testing and treatment
- Management of COVID-19 positive cases
- Preventive measure on COVID-19
- Awareness on COVID-19 vaccine
- Common diseases in communities
 - Pneumonia
 - Upper Acute Respiratory Tract Infection
 - Diarrhoea
 - Malarial
- Awareness on Water and Sanitation problems
- Awareness on Environment and Air Pollution

<i>Total 1: Participation lists for COVID-19 Pandemic awareness workshop</i>						
No	Area Name	# of session	Participants		Totals	Remarks
			Male	Female		
1	Thaton	7	147	240	387	
2	Taungoo	5	72	117	189	
3	Kler Lwee Htoo	7	176	148	324	
4	Mergue/Tavoy	8	210	195	405	
5	Papun	12	253	268	521	
6	Win Yee	4	120	174	294	
7	Dooplaya	7	142	268	410	
8	Kawkareik	3	59	142	201	
9	Pa An	8	91	313	404	
10	Special	2	30	70	100	
Totals		63	1300	1935	3,235	

2. Purchase and distribution of COVID-19 Pandemic Prevention Supplies.

The BPHWT purchased and distributed COVID-19 Prevention supplies to the BPHWT targeted areas.

<i>Table 2: Purchasing and distribution COVID-19 Pandemic prevention supplies</i>			
No	Areas Name	# of units	
1	Mergue/Tavoy	7	
2	Taungoo	5	
3	Kler Lwee Htoo	7	
Total		19 Units	
<i>Distribution Medical Equipment and COVID-19 Supplies Lists.</i>			
No	Areas Name	Units	# of Items
1	Surgical Mask	Box	100
2	BP Cuff for Adult	Pcs	20
3	Alcohol 450 ml	Bottle	85
4	Povidone 750 ml	Bottle	50
5	Statoscope for adult	Pcs	20
6	Examination Glove	Box	100

9. EMERGENCY RESPONSE ACTIVITIES

According to the ongoing fighting between the State Administration and Council (SAC) troops and Ethnic Armed Organizations (EAOs), the number of IDPs is still increasing everywhere in the EHOs administration areas. In this situation, there are a lot of IDPs who need support such as food, medicines, medical supplies, and shelters. However, the BPHWT cooperated with partner organizations to provide food, medicines, 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, worm infestation, and also war-related injuries because of the armed conflict and the population moving and hiding in the jungle.

1. Personal hygiene kits

The BPHWT provided personal hygiene kits, under-5 kits, maternity kits, and dignity kits to IDPs. However, Backpack provided only personal hygiene kits in this project in the Mergue/Tavoy and Kler Lwee Htoo field areas. The purpose of the distribution of hygiene kits is to maintain proper hygiene practice, promote health and social well-being. The kits included toothbrush, toothpaste, soap powder, brush, nail clipper, comb, soap, powder, shampoos, dignity (sofy), and hand sanitizers. The total number of beneficiaries were 2,000 children.

2. Coordination Meeting

In April to June 2023 reporting period, the BPHWT Conduct Two sessions of Field coordination meetings in BPHWT targeted areas. The coordination meeting was conducted in Mergue/Tavoy and Hpa an field area. The total number of participants were (47) participants, involved (36) men and (21) women.

Discussion Topic are:

- Issue by BPHWT medicine transportation
- About the getting gravity flow in villages
- Distribution Personal hygiene kits for IDPs
- Issue by BPHWT mobile treatment plan
- Orientation about the support from donations
- BPHTW station clinics and Major surgical operation plan
- Management of station clinics
- Security Issues
- Future Plan

<i>Coordination Meeting</i>			
No	Areas Name	# of participants	
		Male	Female
1	Mergue/Tavoy	19	10
3	Pa An	17	11
Total		36	21
		57	

3. Distribution of Walkie Talkie

During the January to March 2023 reporting period, the BPHWT purchasing and distribution walkie talkies to the BPHWT targeted areas for local communication. There are Kler Lwee Htoo and Mergue/Tareas. Many of the field health workers can communicate only using walkie talkies because SAC cut down the mobile phone and internet access.

<i>Purchasing and distribution walking talking</i>		
No	Areas Name	# of units
1	Mergue/Tavoy	3
3	Kler Lwee Htoo	3
Total		6 Pcs

3. Distribution of emergency medicines and medical supplies

Ongoing fighting, airstrikes, forced recruitment and access restriction across all states in EAOs administration areas. According to the BPHWT field In-Charges requested for emergency assistance, BPHWT provided 24 units of medicines and medical supplies within Taungoo, Kler Lwee Htoo, Thaton, Papun, Pa An, Mergue/Tavoy and Chin (WLC) field areas of BPHWT targeted.

No	Area Name	# of BP	Emergency Units
1	Taungoo	2	2
2	Kler Lwee Htoo	4	4
3	Thaton	2	2
4	Papun	7	7
5	Pa An	1	1
6	Mergue/Tayoy	6	6
7	Chin (WLC)	1	1
8	BP Pharmacy Store	1	1
Total		24	24

10. CAPACITY BUILDING PROGRAM

The capacity building program aim to improve the knowledge and skill sets of our staff, health workers, traditional birth attendants, and village health workers. The BPHWT organizes community health worker training, village health worker training, and health worker refresher training courses 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, refresher training and workshops will also be conducted for the health workers every six months in the targeted field areas. During this period of January to December 2023, 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, training and workshops are also conducted for the health workers every six months in the Back Pack targeted field areas. Detailed information of the training is shown in the table below.

<i>Table 1: Number of training implementation in January to December 2023</i>				
No	Training Course	Periods	Sites	# of Training
1	Medic Training	12 Months	Thay Bay Hta & U May Hta	2
2	Maternal and Child Healthcare Training	12 Months	BPHWT Office	1
3	Community Health Worker Training	6 Months	Kayah, Mergue/Tavoy, Thaton, Dooplaya	4
4	Trauma management Training	3 weeks	Dooplaya, Thaton, U Mi Hta, Thay Bay Hta	5
5	Continuous Medical Education Training	1 week	Kler Lwee Htoo	8
6	Organizational Development Training	5 Days	BPHWT Office, Thaton	3
7	First Aid Training	5 Day	Papun, Kler Lwee Htoo, Mergue/Tavoy, Hap An, Dooplaya, Thaton, Win Yee, Mon, Kawkariek,	55
8	Pharmacy Training		BPHWT Office	1
9	Mental Health Workshop	5 days	Kler Lwee Htoo and Papun	5
10	Facilitation training	3 days	BPHWT office	1
11	Logistic and Procurement training		BPHWT office	1
12	Advance Financial Management training	3 days	BPHWT office	1
13	Mental Health and Psychosocial Support training	5 days	Pa Oh & Dooplaya area	2
14	Integrated Health Care Multiplier training	5 days	Win Yee area	1
15	HIS training	5 days	BPHWT office, Noh Kwee, Dooplaya	2
16	Impact Assessment Survey training	5 days	BPHWT office	1
17	Office Management training	5 days	BPHWT office	1
18	Implant training	11 days	BPHWT office	1

1. Medic Training

The BPHWT organized two medic training sessions. The purpose of these training courses was to upgrade the health workers' knowledge and skills as well as to provide updated health information, and advanced levels of treatment for the health workers so that they will be better able to serve their communities. There were 9 months of theory and 3 months practical in Mae Tao Clinic. There were 80 participants: 36 male and 44 female from different field areas and ethnic groups. The trainers were from BPHWT and CDM doctors.



Opening ceremony of Medic training

(2) Maternal and Child Healthcare Training

The BPHWT organized a maternal and child healthcare training at BPHWT office. There are Four months theory and six months internship at Mae Tao clinic (MTC). The participants were from different perspective field areas and the total number were 25.



MCH trainees practiced on delivery process

(3) Community Health Worker (CHW) Training

The BPHWT organized four CHW trainings. 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 theories and four-month internship at their respective clinics to apply the knowledge and skill from it. The purpose of the training is to recruit more health workers to provide healthcare services in their communities. The total participants were 217 comprised of 108 women and 109 men.



Closing ceremony of CHW training in Mergue/Tavoy

The training objectives are:

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

Key Course Topics:

- Anatomy and Physiology
- Universal Precaution
- Nursing Care
- Medicine Essential drugs
- Pharmacy Management
- Medicines 1 and 2

(4) Trauma Management Training

The BPHWT conducted five sessions of trauma management training. The goal was to teach participants how to handle injuries in conflict and armed situations effectively and to learn advanced life-saving skills. Using both theory and practical exercises, including a pig lab, the training provided hands-on experience. All trainees completed the training successfully, showing a good understanding of trauma management principles. Their new skills will help them provide better care and support in emergencies and allow them to help with first-aid training in their communities. This successful training highlights our commitment to preparing personnel for emergencies and supporting our mission of promoting health and safety. The total number of participants were 138 comprising 64 females and 74 males.



Pig lab practical for trainees

(5) Community Medical Education (CME) Training

The BPHWT organized eight sessions of continuous medical education (CME) training. This program benefits field staff for further learning. There were 178 comprised of 86 female and 92 male health workers who attended this CME training course.

The purposes of this course are:

- To maintain competence in medical field
- Improve field health workers' clinical skills and knowledge
- Build confidence and skills of health workers in management
- Assess the needs of the field health workers

Key topics are:

- Diarrhea, Dysentery, Dyspepsia, Gastritis, Peptic Ulcer, GORD and Worm infection
- Common cold, Sinusitis, Tonsillitis, Pharyngitis, Pneumonia, COPD, Asthma and Tuberculosis
- Hypertension
- Hematology Diseases- Anemia and Thalassemia, Musculoskeletal System – Septic Arthritis, Arthritis
- Remarried Arthritis and Gout, Osteomyelitis and Osteoarthritis.
- Skin diseases – Abscess, Impetigo, Eczema, Herpes, Zoster, Herpes simplex, Ringworm
- Ear diseases – otitis
- Endocrine diseases – Hypoglycemia, Urinary system – Cystitis, Pyelonephritis, Prostatitis, and Kidney stone

(6) Organizational Development Training

The BPHWT conducted three sessions of organizational development training in BPHWT office. In this training, participants from KDHW, BMA, MTC, and BPHWT attended and the total attendee was 63 comprising 17 men and 46 women. Two trainers from the Suwannimit Foundation and the BPHWT facilitated this training.

Training objective: Learn and/or observe leadership with safeguarding when implementing humanitarian services for Second-line leaders.

Discussion topics are:

- Directing style
- Coaching style
- Supporting style
- Delegating style
- Leadership and management
- Planning
- Implementation
- MEAL
- Justice and injustice
- Accountability
- Reinventing the humanitarian response

(7) First aid Training

The BPHWT conducted 55 sessions of first aid training in different areas of Backpack targeted areas. The first aid was conducted in Hpa An, Taungoo, Hpa pun, Kler Lwee Htoo, Mon, Thaton, Dooplaya, Win Yee, Kawkariak, and Mergue/Tavoey field areas. The total number of participants were 1,127 comprised of 452 females and 675 males. After the training the BPHWT also distributed first aid kits for one kit to each trainee.



First aid training in Win Yee field areas

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

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 and bandaging, chain of survival, DRABCDE action plan, bleeding and infection control, Management of Shock and choking.

(8) Pharmacy Training

The BPHWT organized pharmacy training both in-person and virtual in BPHWT office. In this training, field health workers and office focal staff for pharmacy and warehouse were attend the training. The total number of participants were 29 comprised of 12 male and 17 female.



Pharmacy training in Backpack office center

Discussion topics:

- Introduction of pharmaceutical supply system
- Procurement
- Receiving and arranging commodities
- Medicines storing
- Medicine and medical supplies
- Store management
- Medical waste management
- Pharmacy inventory form
- Record (format)
- Cold chain management

(9) Mental Health Workshop

BPHWT organized 5 Mental Health workshops in Kler Lwee Htu and Papun field areas. The total number of participants were 125, comprising 27 men and 98 women.

The objective of mental workshops are:

- To understand the clear meaning of health & wellbeing mental health, psychological health, social health and Psychosocial health
- To understand the different stresses at current situation and cause of stress
- To enhance awareness about what stressful situations affect own physiological systems

The Mental Health workshop covers topics are:

- Detailed discussion on MH. PH.SH
- Visualize the 4 key pillars to support health and wellbeing
- Group these challenges under the heading of- Safety & Security, Attachment, Fai mess, Esteem
- Different stresses and different Emotions
- Normal Body response (Fight, Flight, Freeze and Fawn)
- Body and mind connections – Physiological changes under stress

(10) Facilitation Training

The BPHWT organized one session of facilitation skills training in 2023 at the BPHWT headquarters office. In this training, the total number of participants was 28, including three males and 25 females from the BPHWT's targeted areas. The trainer was Ko Gyi Kyaw from the BPHWT, who used participatory learning methods. The training aimed to empower health workers to organize field workshops and meetings smoothly.

The discussion topics were:

- Facilitation and its use
- The learning cycle
- The role of the facilitator
- Facilitator roles
- The best tools for learners
- The training cycle
- How to conduct a Training Needs Assessment (TNA) and why it is important
- Planning and designing training
- Training implementation and Monitoring & Evaluation (M&E)
- Training methods
- Effective facilitation tools
- Communication skills
- Types of questions and how to use them
- Observation
- How to respond to group dynamics
- Facilitation stages
- Do's and Don'ts for the facilitator
- M&E processes for training

(11) Logistic and Procurement Training

The BPHWT organized one session of logistic and procurement training at the BPHWT headquarters office. In this training, the total number of participants was 20, including 9 men and 11 women from the BPHWT's program coordinators and staff. The trainer was from Community Partners International (CPI).

Training topics were:

About logistic history
General tasks of NGO/INGO logistic
Cost and benefit
General procurement process
Understanding on procurement threshold table
Authorization (level of authority table)
Quotation requirement
Competitive Bid Analysis (supplier selection)
Sanction check process (donor requirement)
Purchase order
Purchasing contract
Long Term Agreement (LTA)
Payment preparation and document filing
3-way matching check
Procurement form and template development

General procedure of goods receiving
Work flows and procedure of distribution process
Stock card/in-out-balance recording
Medicines and medical supplies storage procedure
Conducting physical check and ground check adjustment
Stock release request processing for goods dispatch
Receiver confirmation (waybill)
Stock reporting and coordination
Consumption data analysis
Average consumption and forecasting
Pull and push strategy
Disposal of expired medicines
Logistics form and format development

(12) Advance Financial Management Training

The BPHWT conducted Advanced Financial Management Training in Backpack office center, Mae Sot for BPHWT finance team and program coordinators. There were 16 participants comprised of 7 men and 9 women in the training.

Training Objectives

- To integrate good financial management system into operations management and organization development
- To efficiently and effectively deploy and manage financial resources as agreed by donor

Expected Outcomes:

- Build and use effective budgets – including project and donor budgets, and cash flow forecasts.
- budget and account for central support ('core') costs
- monitor and control budgets – prepare and use budget comparison reports
- report to stakeholders – importance of delivery and how to meet a variety of stakeholders' requirements
- safeguard the assets with Finance Manual
- prepare for audit in due course
- recognize the 'what, why and who' of financial management for NGOs
- comprehend which accounting records and supporting documents you should keep in your NGO – and why?
- recognize the importance of internal control systems and procedures
- appreciate good practice in financial management – key principles, methods and frameworks which can help them achieve NGOs' objectives



Advance financial management training

Key topics are:

- Financial Management Overview
- Getting Organized
- Internal Control and Safeguarding Your Assets
- Financial Planning and Budgeting
- Understanding Accounts
- Financial Monitoring & Reporting
- Fraud and Corrupt Practices
- Preparation for Audit
- Review and Conclusion

(13) Mental Health and Psychosocial Support Training

The BPHWT organized two mental health and psychosocial support trainings in BPHWT office and field area. The total number of participants were 68 comprised of 49 women and 19 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
- Awareness about Thought, Emotion and Behavior connection
- Promote Positive coping behaviors (Self-care)
- Psychological First Aid (PFA) Concept and steps to implement PFA
- Counselors Ethics
- Assessment in Psychiatry and Medications in Psychiatry
- Alcohol Use Disorder
- Psychosis and Medications in psychosis
- Alcohol use disorder

(14) Integrated Health Care Multiplier Training

The BPHWT conducted five integrated health care multiplier training in the field area. The total participants were 15, comprised of 13 women and 2 men.

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

(15) Health Information System (HIS) Training

The Backpack organized three sessions of HIS training at the BPHWT office and field areas. The HID coordinator explained and revised the data forms, patient register code to the HID staff, and the future plan. The total number of participants was 91, 73 women and 18 men.

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

(16) Impact Assessment Survey Training

The BPHWT organized impact assessment survey (IAS) training in Backpack headquarter office in Mae Sot. The participants were from different field areas and the total number of participants was 41 including 27 men and 14 women.



Practical session of IAS training

Objectives:

- Assess and document community health situation and needs
- Standardize health data collection processes
- Make evidenced-based health status comparisons among the target community
- Raise awareness of the community health problem
- Advocate local and international organizations about the health situation in Burma

Training topics:

- Program evaluation survey training assessment
- Explain survey instruction
- Explain section 1 household member table
- Explain section 2 water and sanitation
- Explain section 3 malaria
- Explain section 4 reproductive health
- Explain section 5 nutrition
- Explain section 6 birth registration
- Explain section 7 immunization
- Explain section 8 migration out table
- Explain section 9 mortality table
- Practical session

(17) Office Management Training

The BPHWT organized office management training for program coordinators, senior staff and staff to enhance line management, focal person for the reporting channel, filing system, and office arrangement methods. The total number of participants were 20 comprised of 4 men and 16 women.

The training objectives were as follows:

- Explain terminologies related to office management
- Describe guidelines for activities under office management
- Describe the main filing methods
- Outline the responsibilities of an Office Manager

The main topics are:

- Office definition
- Importance of Office Management
- Workplace definition and management
- Supplies management and Assets management
- Workflow and workforce
- Form and filing system
- Roles and Responsibilities of a Manager and staff
- Change Management



Office management training at BPHWT headquarter office

(18) Implant Training

The BPHWT organized one session of implant training in the Backpack headquarter office in Mae Sot. The participants were from different field areas and the total number of participants was 6.. After the training, the trainees did practical sessions in Htee War Plaw and Noh Poe Backpack clinics.

Topics:

- Definition of family planning
- Advantage and disadvantage of implant
- Prevention of teenage pregnancy
- Methods of Family planning and Hormonal Methods
- Who Can start implants and should not start Implants
- Counselling about the side effects
- Insertion and removal of implant
- Practice session

11. ANNUAL MEETING OF THE BACK PACK HEALTH WORKER TEAM

The BPHWT conducts a conference once every three years and an annual meeting once a year, which serves as a platform for various important activities. In 2023, The BPHWT organized an annual meeting and 9th conference both in-person and virtual with participants from respective field areas, but some fields could not attend the meeting in-person due to travel restriction and ongoing conflict along the border areas and inside Burma.

Prior to the military coup, all field representatives were able to attend the conference. However, following the military coup, some field areas faced difficulties in attending the conference in person. Consequently, the BPHWT organized the conference in a hybrid format, combining both virtual and in-person participation. The conference took place from May 29th to June 3rd, 2023, with a total of 77 participants, including 42 males and 35 females.

During the conference, the BPHWT held a strategic planning workshop, developed a three-year strategic plan, organized program workshops, discussed policy changes, provided field presentations including updates on the situation, and had management-level presentations. Additionally, BPHWT engaged in discussions regarding health issues in the targeted field areas, problem-solving, and future planning. Furthermore, the BPHWT reviewed policies related to finance, human resources, procurement, and the prevention of sexual exploitation and abuse (PSEA).



BPHWT 9th Conference and Annual Meeting

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 the field. End of the meeting, find possible ways to handle the problems identified and make decisions.

12. LEADING COMMITTEE AND FIELD IN-CHARGE MEETING

During the period of January to December 2023, the BPHWT conducted leading committee, Executive Board committee, and field in-charge meeting. The leading committee and field in charge meetings were conducted both in-person and virtual. The total number of participants was 27 comprising 22 men and 5 women. This meeting discussed the annual operation plan and actual budget also project projection. In addition, the discussion and agreement of finance policy, procurement policy, and PSEA policy were also involved. The discussion also included how to address healthcare services among conflict-affected areas, emergency humanitarian assistance, and program mapping for effective healthcare services for the next six months.

Meeting decision:

- Reviewed the BPHWT constitution and policies
- Action plan of the strategy for the next 3 years
- To provide medicines and medical supplies/emergency medicines
- Medicines transportation issue
- To extend Backpack team/emergency Backpack team
- Organizational Development work plan and activities
- To organize risk analysis and contingency plan for Backpack team
- Warehouse management

13. MONITORING AND EVALUATION

The Back Pack Health Worker Team organizes six monthly meetings and annual meetings. The meetings include a section on monitoring and evaluation. BPHWT's Leading Committee members and Executive Board members evaluate the improvement of the activities and quality control (pharmacy and health workers' skills), logistic management, office/program administration, and the improvement of women's participation.

The BPHWT undertakes a range of monitoring and evaluation activities, some of which are conducted by external consultants or organizations, to constantly assess the effectiveness and impact of our programs. Internally, our monitoring and evaluation cover three areas: program management, program development, and program effectiveness. Data collection and analysis is a vital part of BPHWT's monitoring systems for each of these three areas. According to the reporting timeline, health workers and field in-charges submit the reports including caseload data from the field

logbooks to the program coordinators and HID staff at the BPHWT main office, which is later, analyzed and presented in the general meeting that is held every six months.

In addition to reviewing caseload data, the participants also discuss challenges, and treatment protocol updates, make decisions, and prepare and plan for future program activities. The health workers' performance is regularly reviewed for upgrading health workers' skills, and knowledge, improving the facility management and quality improvement. Additionally, field in-charges organize regular meetings with local authorities, village leaders, community members, stakeholders, and local partners including EHOs, and CBOs to get valuable feedback on program implementation and services activities to monitor project achievement and community needs. Moreover, the BPHWT carries out an Impact Assessment Survey, Health Worker Performance Assessment, and Trained Traditional Birth Attendant (TTBA) Assessment every two years. This survey will support the BPHWT in reviewing program activities, evaluating program effectiveness, and planning for future activities. And, the BPHWT has been coordinating with HISWG for service mapping yearly, and EBRMS every four years.

In addition to our internal monitoring, the BPHWT is also regularly monitored and evaluated by implementing partners, donors and independent external consultants as needed. The BPHWT also has an independent external financial auditing once a year. The Leading Committee members, Executive Board members, program coordinators, and M&E staff often visit the targeted field areas and meet with village health committees, local authorities, and communities to realize the challenges, progress, and effectiveness of the programs.

In 2023, the BPHWT leading committee, executive board members, program coordinators conducted regularly field monitoring and evaluation in the perspective targeted field areas. But, the BPHWT could not conducted field M&E in the areas that have war conflict affected.

14. 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	<i>1.1 Maintain existing BPHWT teams</i>	<i>No. of teams existing</i>	<i>114 BP teams</i>	111 BP teams	3 Arakan Backpack teams could not implement the activities
	<i>1.2 Provide medicines and medical supplies</i>	<i>No. of target population (w/m, under/over 5)</i>	<i>114 BP teams</i>	BPHWT distributed 222 units of general medicines and medical supplies to targeted areas	<i>300,082 population (145,237 m and 154,845 f), 48,883 under 5 and 251,199 over 5).</i>
	<i>1.3 Treat common diseases and minor injuries</i>	<i>No. of cases treated (w/m, under/over 5)</i>	<i>80,000 cases being treated (w/m, under/over 5y.o)</i>	<i>120,478 cases (54,116 M, 66,362 F) 23,439 under 5 and 97,039 over 5 year of age.</i>	
	<i>1.4 Clinic operation</i>	<i>No. of BP teams (IPD clinics)</i>	<i>15 BP teams (IPDs clinics)</i>		<i>Stationary Backpack teams</i>
	<i>1.5 Provide ITNs, malaria rapid diagnosis tests (RDTs) and malaria medicine</i>	<i>No. of ITNs provided and no. of HHs and people receiving ITNs</i>	<i>50,000 ITNs will benefit 40,000 HHs</i>	4,800	<i>40,000 ITNs received in early 2024</i>

2. Respond to disease outbreaks and emergency situations	<i>2.1 Communication and data and information collection</i>	<i>Regular</i>	<i>Regular</i>	<i>Regular</i>	<i>BP collected data, data entry and analysis regular</i>
	<i>2.2 Purchase emergency medical supplies and immediately take action</i>	<i>Prompt reporting population affected No of cases treated (w/m, under & over 5 years old</i>	<i>-Effective response and treatment for disease outbreaks or emergency situations (w/m & under/over 5 years old)</i>	<i>BPHWT distributed 26 units of medical supplies</i>	<i>The emergency caseload combine with general caseload</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>284 patients referral</i>	
	<i>3.2 Facilities upgrade for clinics (secondary care centre)</i>	<i>No. of clinic upgrade</i>	<i>4 clinics</i>	<i>3 clinics upgraded</i>	
Community Health Education and Prevention Program					
1. Reduce the incidence of malnutrition and worm infestation	<i>1.1 Distribute deworming medicine to children between 1 to 12 years old</i>	<i>No. of children receiving deworming medicine</i>	<i>40,000 children</i>	<i>23,947</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>27,074</i>	
	<i>1.3 Provide supplementary feeding and treatment to malnourished children aged 6-59 months</i>	<i>No. of children receiving nutrition food</i>	<i>80 children</i>	<i>25 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>16 times</i>	<i>2,180 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>96 workshops</i>	<i>20 participants/workshops</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>60 school health workshops</i>	<i>1 workshop for 50 students for two times</i>
3. Improve community level knowledge and participation in health	<i>3.1 Conduct Village Health Committee meetings quarterly</i>	<i>No. of VHC meeting and participants</i>	<i>228 VHC meetings</i>	<i>151 VHC meetings</i>	<i>1 VHC for 9-15 participants</i>
	<i>3.2 Conduct village health worker training</i>	<i>No. of VHW training No. of participants (w/f)</i>	<i>4 trainings</i>	<i>4 trainings</i>	<i>1 training for 20 participants</i>
	<i>3.3 Community health promotion workshop (village health workshop)</i>	<i>No. of workshops No. of participants (w/f)</i>	<i>228 workshops</i>	<i>91 workshops</i>	<i>1 workshop for 30 participants</i>
4. Improve water and sanitation systems in the community to reduce water-borne diseases	<i>4.1 Build community latrines</i>	<i>No. of latrines-built No. of HHs</i>	<i>500 latrines</i>	<i>595 latrines</i>	<i>1 latrine per one household</i>
	<i>4.2 Build school latrines</i>	<i>No. of latrines-built No. of schools No. of students (B/G)</i>	<i>100 latrines</i>	<i>138 latrines</i>	<i>1 school latrine for 25 students</i>
	<i>4.3 Install gravity flow water systems</i>	<i>No. gravity flows installed</i>	<i>10 gravity flows</i>	<i>10 gravity flows</i>	<i>1 gravity flow for 30 HHs & 150 Pop.</i>

5: Prevent from the transmission of COVID-19 within the communities		<i>No. of HHs and people (W/M)</i>			
	<i>4.4 Install shallow well water systems</i>	<i>No. shallow wells installed No. of HHs and people (W/M)</i>	<i>20 shallow wells</i>	<i>17 shallow wells</i>	<i>1 shallow well for 10 HHs & 50 pop.</i>
	<i>4.5 Water filter</i>	<i>No. of water filters No. of schools No. of students (B/G)</i>	<i>500 water filters</i>	<i>658 water filters</i>	<i>1 water filter for 20 students</i>
	<i>4.6 Conduct WASH awareness workshop</i>	<i>No. of workshops No. of HHs and people (W/M)</i>	<i>50 WASH workshops</i>	<i>43 WASH workshops</i>	<i>1 workshop for 30 participants</i>
	<i>5.1 Distribute COVID 19 prevention supplies</i>	<i>No. of BP teams receiving the supplies</i>	<i>66 BP teams</i>	<i>19 BP teams</i>	
	<i>5.2 Conduct awareness workshop to communities</i>	<i>No. of workshop No. of participants (M/F)</i>	<i>66 workshops</i>	<i>63 workshops</i>	<i>1 workshop for 30 participants</i>
Maternal and Child Healthcare Program					
1. Increase maternal and child health care	<i>1.1 Distribute de-worming medicine to pregnant women</i>	<i>No. of pregnant women receiving de-worming medicine</i>	<i>1,500 women</i>	<i>1,853 women</i>	<i>Including CD kit</i>
	<i>1.2 Distribute folic acid and ferrous sulfate tablets to pregnant women and women</i>	<i>No. of pregnant women and women receiving iron</i>	<i>1,500 women</i>	<i>2,016 women</i>	<i>Including CD kit</i>
	<i>1.3 Provide EmOC supplies and equipment</i>	<i>No. of EmOC supplies provide</i>	<i>4 units</i>	<i>4 units</i>	
	<i>1.4 Refer serious obstetric cases</i>	<i>No. of serious obstetric cases</i>	<i>60 cases</i>	<i>99 cases</i>	
	<i>1.5 Refer ECC cases</i>	<i>No. of ECC cases</i>	<i>60 cases</i>	<i>26 cases</i>	

2. Raise awareness among villagers on family planning and provide them with family planning supplies 3. Improve the knowledge and skills of TBAs/TTBAs and MCH Supervisors	1.6 Distribute nutrition food to pregnant women	No. of pregnant women	2,500 pregnant women	1,782 women	Distribution quarterly
	2.1 Provide family planning supplies	No. of clients using the family planning (w/m)	2,000 W/M	5,708 within 100 men	
	2.2 Conduct Reproductive Health awareness workshops	No. of workshop No. of participants (M/F)	160 workshops	150 workshops	1 workshop for 30 participants
	2.3 Conduct GBV awareness workshop	No. of workshop No. of participants (m/f)	64 workshops	32 workshops	1 workshop for 30 participants
	3.1 Conduct TTBA training	No. of new TBAs complete the training	6 trainings	5 trainings	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)	160 workshops	62 workshops	1 workshop for 12 TBAs/TTBAs
	3.3 Provide Clean Delivery kits	No. of clean delivery kits provided	3,600 kits	1,787 kits	1 kit for 1 PW
	3.4 provide TBA/TTBA kits	No. of kit distributed	160 kits	374 kits	1 kit for 1 TBA/TTBA
3.5 Conduct MCH training	No. of training No. of participants (m/f)	1 training	1 training	1 training for 30 participants	
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	2,000 records	1,234 records	
Capacity Building					
1. Improve health worker and staff	1.1 Continuous Medical Education	No. of CME trainings No. of participants (m/f)	6 trainings	8 trainings	1 training for 25 health workers

knowledge and skills	<i>1.2 Conduct Trauma management training</i>	No. of training No. of participants (m/f)	<i>4 trainings</i>	4 trainings	<i>1 training for 20 health workers</i>
	<i>1.3 Conduct Health Facility Management Training</i>	No. of training No. of participants (m/f)	<i>1 trainings</i>		<i>1 training for 25 health workers</i>
	<i>1.4 Conduct organizational development training</i>	No. of OD training No. of participants (m/f)	<i>3 trainings</i>	3 trainings	<i>1 training for 20 health workers</i>
	<i>1.5 Conduct medico legal training</i>	No. of medico legal training No. of participants (m/f)	<i>4 trainings</i>	2 trainings	<i>1 training for 20 health workers</i>
	<i>1.6 Conduct Medic Training</i>	No. of medic training No. of participants (m/f)	<i>2 trainings</i>	2 trainings	<i>1 training for 40 health workers</i>
	<i>1.7 Conduct community health worker training</i>	No. of CHW training No. of participants (m/f)	<i>2 trainings</i>	4 trainings	<i>1 training for 50 health workers</i>
	<i>1.8 Conduct mental health workshop</i>	No. of mental health workshop No. of participants (m/f)	<i>4 workshops</i>	5 workshops	<i>1 workshop for 20 health workers</i>
	<i>1.9 Conduct HIS training</i>	No. of HIS training No. of participants (m/f)	<i>2 trainings</i>	2 trainings	<i>1 training for 25 health workers</i>
	<i>1.10 Conduct services mapping training</i>	No. of services mapping training No. of participants (m/f)	<i>1 training</i>		<i>1 training for 25 health workers</i>
	<i>1.11 Conduct financial software training</i>	No. of training No. of participants (m/f)	<i>1 training</i>		<i>BP finance staff attended training organized by partner organization</i>
	<i>1.12 Conduct First Aids training</i>	No. of first aids training No. of participants (m/f)	<i>30 training</i>	55 trainings	<i>1 training for 20 health workers</i>
	<i>1.13 Basic dental training</i>	No. of dental training No. of participants (m/f)	<i>1 training</i>		<i>1 training for 10 health workers</i>

	<i>1.14 Facilitation training</i>	No. of facilitation training No. of participants (m/f)	<i>2 training</i>	<i>1 training</i>	<i>1 training for 25 health workers</i>
2. Ensuring the coverage of health workers and improving their performance	<i>2.1 Conduct logbook review</i>	1 time	<i>Annually</i>		<i>Clinical supervisors conduct logbook review for selected clinics.</i>
	<i>2.2 Conduct health worker assessment</i>	No. of HW (m/f)	<i>Annually</i>	239 health workers (95 male and 144 female)	<i>MCP, HR, and HID</i>
3. Promote gender equality in leading positions	<i>3.1 Hold the BPHWT conference</i>	No. of conference No. of participants (m/f)	<i>Triennially</i>	77 participants involving 42 men and 35 women	<i>100 health workers</i>
Health Information and Documentation					
1. Standardize health data collection process	<i>1.1 Conduct impact assessment survey</i>	<i>Frequency of IAS conducted</i>	<i>Biennial</i>	IAS completed in 2023	<i>HIS team and technical volunteer</i>
	<i>1.2 Organized field meeting and workshop</i>	<i>No. of field meeting and workshop No. of participants(m/f)</i>	<i>2 times (Biannually)</i>		<i>Field in-charges</i>
2. Raise awareness of community health problems	<i>2.1 Produce health information, education and communication</i>	No. of IEC materials distributed	<i>Annually</i>	Distributed in BP targeted field areas within 114 teams	<i>HIS team</i>
Program Management and Evaluation					
1. Monitor and evaluate the programs' improvement	<i>1.1 Conduct program M&E field trips</i>	<i>No. of M&E trips No. of participants (M/F)</i>	<i>6 monitoring trips</i>	6 monitoring trips	<i>Quarterly/ six monthly/ annually</i>
	<i>1.2 Conduct six monthly meeting</i>	<i>No. of health workers attending the meeting (m/f)</i>	<i>Biannually</i>	77 health workers comprised of 42 men and 35 women	<i>100 health workers</i>

	<i>1.3 Provide leading committee meeting</i>	<i>No. of meeting No. Participants (m/f)</i>	<i>4 times</i>	<i>2 times</i>	<i>Quarterly</i>
	<i>1.4 Provide Executive Board meeting</i>	<i>No. of meeting No. Participants (m/f)</i>	<i>6 regular and 4 times for emergency as needed</i>	<i>5 times</i>	<i>Every 2 months</i>
	<i>1.5 Provide staff meeting</i>	<i>No. of meeting No. Participants (m/f)</i>	<i>24 times</i>	<i>10 times</i>	<i>2 times per month</i>