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



ANNUAL REPORT

2024

www.backpackteam.org

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Glossary of Terms

ACT	Artemisinin-based Combination Therapy
AA	Arakan Army
ARI	Acute Respiratory-tract Infection
ART	Antigen Rapid Test
BBG	Burma Border Guidelines, the standard guidelines for diagnosis and treatment on the Thailand/Myanmar border
BGF	Border Guard Force
BMA	Burma Medical Association
BPHWT	Back Pack Health Worker Team
CBO	Community-Based Organization
CSO	Civil Society Organization
CHEPP	Community Health Education and Prevention Program
CHEB	Consortium for Health in Eastern Burma
CIDKP	Committee for Internally Displaced Karen People
Confirmed malaria	Malaria diagnosis confirmed with a Rapid Diagnostic Test
COVID-19	Coronavirus Disease 2019
CHW	Community Health Worker
CNF	Chin National Front
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 25 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.

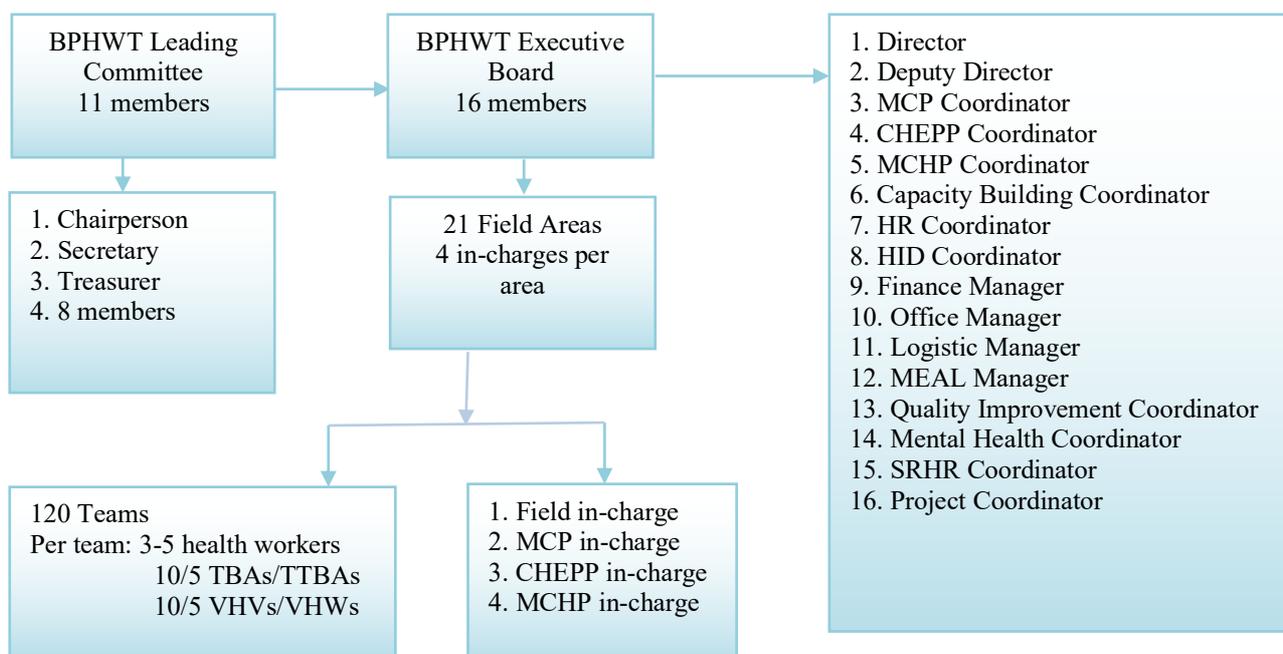
In 2024, the BPHWT consisted of 120 teams, with each team being comprised of three to five trained health workers who train and collaborate with five to ten village health workers/volunteers and five to ten trained traditional birth attendants; this network of mobile health workers with advanced skills and stationary health workers with basic skills ensures that community members have consistent access to essential primary healthcare services. The PHCs provide both treatment and preventative health care, and a secure facility to store medicine and medical supplies/equipment. The BPHWT teams target displaced and vulnerable communities with no other access to healthcare in Karen, Karenni, Mon, Arakan, Chin, Kachin, Naga, Palaung, Pa Oh, and Shan areas, and Pegu, Sagaing and Tenasserim Regions. The teams deliver a wide range of healthcare programs to a target population of 318,666 consisting of 147,395 and 155,276 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). Currently, the BPHWT primary healthcare system in Burma comprises 1,664 members (1,281 women and 383 men), including 552 health workers (323 women and 229 men), 851 Traditional Birth Attendants/Trained Traditional Birth Attendants (TBAs/TTBAs) (777 women and 74 men), and 261 Village Health Volunteers/Village Health Workers (VHVs/VHWs) (181 women and 80 men). 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 60% 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

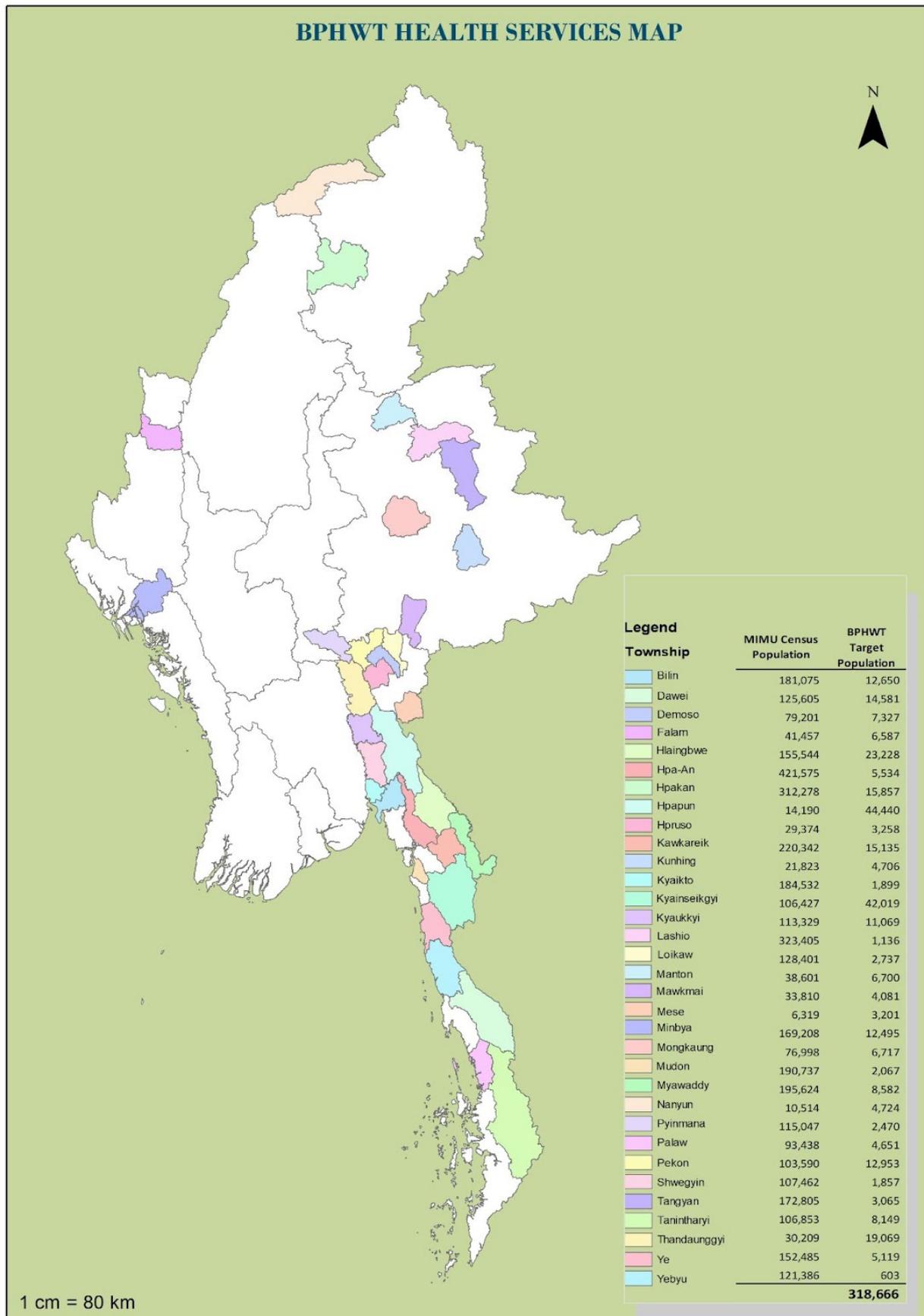
Category	Total Workers	Total Women	Actual Women %
Leading Committee/Executive Board	26	8	31%
Office Staff	44	25	57%
Field Management Workers	70	35	50%
Field Health Workers	552	323	59%
VHVs/VHWs	261	181	69%
TBAs/TTBAs	851	777	91%
Organizational Total	1,804	1,349	75%
Total Organisation excluding TBAs/TTBAs			60%

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

In Myanmar, increased armed conflict and monsoon floods continue to trigger new displacement and exacerbate humanitarian needs. According to the UN report , over 1.9 million people remain displaced within the country, with 47 townships in the North-West and the South-East still under martial law. Airstrikes, indiscriminate shelling, landmines, widespread arson, forced recruitment and raids on civilian targets, including homes, schools, health facilities, places of worship, as well as villages and internally displaced people (IDPs) sites continued. Heavy rains and flooding temporarily displaced thousands, mostly in the North-West and the South-East. Prolonged humanitarian access constraints are impacting the provision of protection and life-saving services and straining the resilience of affected communities.

According to the UNOCHA, <https://www.unocha.org/myanmar>, three years on from the military takeover, the humanitarian landscape for 2024 is grim with a third of the population of 18.6 million people now estimated to be in humanitarian need. Children are bearing the brunt of the crisis with 6 million children in need as a result of displacement, interrupted health-care and education, food insecurity and malnutrition, and protection risks including forced recruitment and psychosocial problems.

Widespread armed conflict and violence in Myanmar continued to drive displacement and exacerbate needs across multiple states and regions. Countrywide, more than 3 million people are estimated to be internally displaced. Many of the newly displaced are living without proper shelters, enduring severe weather in the monsoon season. Some 153,400 IDPs were newly displaced, with most living in terrible conditions, lacking adequate shelter, and in need of access to basic services. The humanitarian situation in Rakhine State has been dire, marked by a spike in fighting, underlying inter-communal tensions and heavily restricted access to affected areas. The overall security situation also deteriorated across Chin state, Kayah state, Shan state (south), and Magway, Sagaing, Bago (East), and Tanintharyi Regions, with intense fighting reported. In Kachin State, armed clashes continued, particularly in Waingmaw, Bamaw, and Mansi townships. In Karen State, IDPs returning to their places of origin were exposed to landmine risks. The UNHCR, along with protection partners, is actively engaging with all stakeholders to advocate for the protection of civilians and displaced people, ensuring their access to assistance, and securing their freedom of movement. Many of these internally displaced persons (IDPs) have sought refuge in ERO's controlled territories, relying on these organizations for protection and support. However, humanitarian access remains severely restricted, contributing to widespread food insecurity, inadequate healthcare, and other critical shortages. EROs and community-based organizations (CBOs) continue to deliver essential services under these challenging conditions, but their efforts are hindered by limited financial resources, logistical barriers, and ongoing security threats.

Health situation in the BPHWT targeted areas is dire, shaped by decades of conflict, systemic neglect, and the ongoing humanitarian crisis following the 2021 military coup. These regions, governed by ethnic Resistance organizations (EROs) and supported by community-based organizations (CBOs), face significant challenges in providing accessible and adequate healthcare. Factors such as displacement, restricted humanitarian access, and limited resources further exacerbate the health crisis in these areas, leaving millions vulnerable. The situation in the BPHWT targeted areas are characterized by ongoing conflict, limited governance by the military junta, and increasing influence of resistance movements, including Ethnic Resistance Organizations (EROs), the National Unity Government (NUG), and People Defence Forces (PDFs). In contrast, resistance forces have gained ground, especially in areas historically governed by EROs, such as Karen, Karenni, Kachin, Ta'ang, Arakan, and Chin states. These areas operate with parallel governance

structures, providing services such as health, education, and local administration, though resources remain limited.

Despite the challenges, the NUG has collaborated with EROs to establish governance mechanisms, where an interim executive council and consultative were created to streamline service delivery. However, logistical and financial constraints hinder broader initiatives. Restricted humanitarian access exacerbates the dire conditions, leading to food insecurity and inadequate healthcare services.

Cooperation between the NUG and EROs has fostered a shared resistance against the SAC, but deep-seated ethnic grievances and mistrust present significant challenges to achieving unified governance. Political efforts to build inclusivity, such as integrating ethnic representatives into the NUG, demonstrate progress but require further reconciliation to address historical injustices and regional autonomy demands. Additionally, the junta's suppression tactics, including airstrikes on civilian infrastructure and arrests of political leaders, have escalated violence and limited prospects for peace. The military's use of terror tactics has also left many ethnic communities in precarious conditions, disrupting local economies and access to basic services. The conflict has deeply affected civilian life, with the destruction of infrastructure, limited access to basic services, and a strained humanitarian response. These dynamics reflect the complexity of Myanmar's political landscape, where resistance efforts persist amidst significant challenges to stability and development.

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

The Back Pack Health Worker Team (BPHWT) faces numerous obstacles and threats while delivering healthcare services in ethnic armed resistance-controlled areas. Security challenges are a major concern, as ongoing conflicts between the state administration council (SAC) and Ethnic Armed Resistance Organizations (EAROs) create volatile conditions, restricting movement and endangering health workers. Military checkpoints, blockades, and targeted attacks further complicate access to healthcare, forcing providers to operate under constant risk. Additionally, geographical barriers make healthcare delivery difficult, as many communities are located in remote, mountainous, or forested areas with poor infrastructure. Limited road networks and conflict affected disrupt medical supply chains and emergency referrals, leaving many without essential care.

Compounding these challenges is a shortage of trained health workers, as conflict-affected areas lack access to professional medical personnel, relying instead on community health workers (CHWs) and village health workers (VHWs) with minimal formal training. These frontline workers are often overburdened and face burnout, while inconsistent training and inadequate support further weaken service quality. Financial and resource constraints exacerbate the problem, with limited funding affecting the availability of medical supplies, diagnostic tools, and healthcare facilities. Many healthcare providers receive little to no compensation, making staff retention difficult. Furthermore, the Myanmar government does not officially recognize ethnic health systems, leading to political and administrative barriers that restrict the importation of medical supplies and prevent effective coordination with national health policies. The high disease burden in these areas, including malaria, and waterborne illnesses, places additional strain on an already fragile health system.

Despite these significant challenges, BPHWT continues to play a critical role in providing primary healthcare services in conflict-affected areas. Addressing these barriers requires greater investment in community-based health programs, stronger collaboration between ethnic health organizations and international organizations, and sustained efforts to build local healthcare capacity. Without targeted support, the delivery of healthcare services in these areas will remain

precarious, leaving vulnerable populations at heightened risk of preventable diseases and medical emergencies.

Situation Update: January- December 2024

Kayah

Transporting medicine to program implementation areas has been increasingly difficult due to checkpoints set up by the State Administration Council (SAC) troops, with challenges worsening during the rainy season. Inflation has further raised transportation costs, making medicine access more expensive.

In Loikaw Township, SAC troops have carried out arbitrary shelling and airstrikes, exacerbating the already volatile situation in BPHWT-implemented areas. Continuous armed conflict has led to numerous casualties, with many people wounded or killed and countless homes destroyed.

Workshops and field meetings must be organized with strict security considerations due to ongoing airstrikes. The main transportation routes remain blocked by the SAC, making it impossible to procure essential medicines and supplies.

As a result of the conflict, both health workers and local communities have become internally displaced persons (IDPs), alongside an influx of displaced individuals from other areas. The increasing population has overwhelmed available medical resources, leaving many IDPs without adequate healthcare. Overcrowded living conditions and a lack of clean drinking water have led to widespread diarrhea and skin diseases. The current IDP population includes: Demoso Township: 4,597 people, Loikaw Township: 1,800 people, Hpruso Township: 211 people, and Mese Township: 12,000 people

While IDPs occasionally receive food, shelter, and essential commodities, the growing numbers have strained resources. The BPHWT has provided latrines, gravity flow water systems, shallow wells, and rice bags, but meeting the healthcare needs of all IDPs remains a challenge.

The BPHWT collaborates with Civil Disobedience Movement (CDM) doctors for patient referrals and training. Critical cases are referred to hospitals and clinics where CDM doctors operate, while severe conditions are transferred to medical facilities in Thailand.

Support for people with disabilities includes prosthetics, but specialized healthcare facilities remain unavailable.

In addition to conflict, heavy rainfall in Pekon and Loikaw Townships has left many people homeless and severely damaged agricultural lands, leading to food shortages and starvation. Malaria has also become a growing concern, with 4,984 suspected cases, including 601 confirmed cases of Plasmodium falciparum (PF), Plasmodium vivax (PV), and mixed PF/PV infections.

The combination of human-made and natural disasters has left many people homeless, disabled, or grieving lost family members. The destruction of agricultural livelihoods has further worsened conditions, depriving children of education and increasing mental health struggles. Access to medicine for communicable diseases is extremely limited, and children suffer from malnutrition due to a lack of nutritious food.

Kayan

The political situation and rising inflation have made it increasingly difficult to transport and distribute medicine. SAC offensives in the region have further complicated efforts to provide mobile healthcare services, forcing health workers to navigate security risks and coordinate with local authorities before delivering medical care.

During this period, airstrikes killed 30 people and wounded 10 others. The ongoing armed conflict has driven many people from their homes in search of safety. In one tragic incident, an IDP who visited a clinic to collect supplies stepped on a landmine planted by SAC troops, resulting in the loss of his right leg.

Between January and June 2024, the total IDP population in the implementation area reached 3,593. Additionally, 32 IDP camps housed 7,029 individuals, while 19 villages affected by the conflict brought the total number of impacted individuals to 8,405. On April 24, 2024, SAC troops enforced conscription laws, leading to the arrest of local youth.

The region also faces severe environmental degradation. Lead mining has contaminated water sources, making access to clean drinking water increasingly difficult. Pollution has driven water species to extinction, while deforestation—driven by illegal logging—has worsened water scarcity, particularly during the dry season. These environmental issues have contributed to rising cases of respiratory infections, skin diseases, and diarrhea.

Substance abuse is another pressing concern. Many young men have turned to amphetamines, leading to mental health challenges and behavioral issues. BPHWT health workers provide care and support for affected individuals.

The ongoing armed conflict has forced many people to flee, leaving behind their property and facing severe deprivation. The worsening health crisis has been compounded by IDP migration, with 77 malaria cases reported during this period. Patient referrals are made to ethnic clinics and hospitals in affected areas. Additionally, wheelchairs and crutches have been provided to support people with disabilities.

Special

From July to December 2024, two laws significantly impacted this region: the SAC conscription law and the Border Guard Force (BGF) security law. As a result, the BGF captain recruited and trained 20 individuals from this area for village security.

Ongoing armed conflict in Kawkareik, Myawaddy, and Kyondoe townships has forced many people to flee to this region. Additionally, Karen individuals opposing the conscription law have sought refuge here. However, tracking accurate population data is difficult, as many displaced persons frequently relocate to border areas or cross into Thailand.

Two stone mines in Upper Ywar Kine Kaung have severely depleted local water resources, resulting in widespread skin diseases, diarrhea, and respiratory infections among the population.

Substance abuse has also increased this quarter. More children, some as young as 12 to 13 years old, are using amphetamines. Many suffer from mental deterioration, hallucinations, and delusions. Tragically, one male user died by suicide. BPHWT health workers provide care for affected individuals and refer severe cases to the Drug and Alcohol Rehabilitation and Education (DARE) Center.

Plasmodium vivax malaria has become more prevalent, with six out of ten people testing positive. One child was diagnosed with both dengue and malaria and had to be referred to Hlaingbwe

Hospital due to severe bleeding from the nose and mouth, requiring an emergency blood transfusion.

Wheelchairs have been provided to individuals with disabilities. Patient referrals are directed to a clinic in Klo Yaw Lay village and, based on demand, to hospitals in Pa-An and Hlaingbwe townships.

Many youths are migrating to Thailand in search of job opportunities. Armed conflict has driven local inflation, increasing transportation costs. Additionally, fuel and gas shortages have made patient referrals increasingly difficult.

Taungoo

Transporting medicine through border areas requires multiple transits, raising transportation costs. Mobile healthcare services require assistance from individuals outside the villages for safety.

Local authorities are responsible for the security of health workers; however, they must still avoid SAC troops, whose growing military presence and ongoing offensives have caused mass displacement. Collecting accurate data on affected populations remains challenging.

Armed conflict continues to displace people, forcing them to seek refuge with relatives. The internally displaced population faces food deprivation and starvation due to soaring food and transportation costs. SAC troops have also been arresting individuals suspected of having ties to the People's Defense Force (PDF).

Although amphetamine use is not widespread in this area, alcohol consumption among youth is rising.

Kler Lwee Htoo

During this period, the SAC conducted airstrikes in the area, causing residents to flee to the forest, leaving behind their destroyed properties.

More than ten armed conflicts took place, with approximately 200 shell explosions in Shwegyin and Mone townships, damaging homes and religious buildings and resulting in numerous deaths and injuries. Many livestock were also killed. Displaced individuals faced extreme deprivation, including inadequate shelter, food, and healthcare. Many children could not attend school due to displacement.

Heavy flooding further worsened the crisis by destroying agricultural land and bridges. These combined challenges have led to financial hardships, social distress, and mental health concerns among affected populations.

Papun

Twelve station clinics, including Mae Klaw, Ma Htaw, and Lay Poe Hta Clinics, have temporarily relocated due to their proximity to conflict zones.

Organizing health workshops in Mae Klaw and Lay Poe Hta villages remains difficult due to the ongoing armed conflict. The SAC has conducted airstrikes in Baw Hta, Mae Nu Hta, Htee Baw Pa Day, Law Boe Der, and Ter Gaw Kyoe village tracts. Fortunately, no casualties occurred as residents evacuated beforehand.

Between July and December 2024, the SAC carried out over 40 airstrikes, wounding seven villagers and killing four. Additionally, SAC troops shelled the area 100 times, forcing both health

workers and local residents to flee to the forest. The number of internally displaced persons (IDPs) has reached 50,000, with over 20,000 residing in BPHWT-implemented areas. Many IDPs suffer from skin diseases, diarrhea, and malaria. Malaria remains prevalent, with rapid diagnostic tests identifying: 1,730 cases of Plasmodium vivax (PV), 698 cases of Plasmodium falciparum (PF), and 112 cases of mixed PV and PF infections.

Diarrhea and skin disease outbreaks are under control. Patient referrals are directed to ethnic clinics equipped to treat both war injuries and severe malaria cases.

Pa-An

Providing healthcare services requires collaboration between community and village health committees. Armed conflict along the main transportation route between Kawkareik and Myawaddy townships has led to indiscriminate shelling by SAC troops, resulting in casualties. SAC troops have looted abandoned homes, killed draught animals, and used them for food, prompting further displacement. Local social groups are providing food assistance to those affected.

Environmental issues have worsened due to logging, leading to river depletion and increased flooding during the rainy season. These changes have contributed to a rise in skin diseases and diarrhea.

WY amphetamine use is a significant issue in this area, with distribution controlled by an unidentified armed group. Some users experience delusions due to drug use. BPHWT health workers continue to provide care and services to these individuals.

Dooplaya

Earlier in the bi-annual period, delivering medicine was difficult due to armed conflict. Providing mobile healthcare services required careful monitoring of SAC troop movements to avoid dangerous encounters.

SAC troops expanded and reinforced their camps in Kyainseikgyi Township, leading to armed clashes. They also extorted money from villagers, forcing local communities to flee temporarily. SAC airstrikes in this area resulted in 36 injuries and 32 fatalities.

Amphetamine use remains prevalent among individuals aged 14 to 45, leading to severe mental and physical health issues, including suicides. To address this crisis, BPHWT and KDHW health workers provide medical care and counseling services.

Kawkareik

Armed conflict in 2024 forced residents of Chue Ka Lee, Paw Baw Htar, K'Nel Thay Poe Lay, Kwee Ta Eu, and Ta Naw Hta villages to flee to Thailand on June 30. Some individuals also sought refuge in the Htee Khee Kwar Soe mountain area.

SAC troops established checkpoints in the region, obstructing the transport of goods and medicine. Heavy rainfall further damaged the main transportation road, exacerbating logistical challenges. As a result, alternative routes had to be used, increasing transportation costs due to inflation. Health workers coordinated closely with village leaders when providing mobile healthcare services.

Winyee

The volatile political situation has made medicine delivery difficult, causing delays in medical supply distribution. Numerous armed checkpoints have further complicated travel.

On April 23, 2024, SAC forces launched 500-pound airstrikes near the Noh Pa Htaw clinic. This was followed by shelling of Noh Pa Htaw village on May 17 and airstrikes on Thay Ka Tike village, where Mae Zai Li clinic is located, on March 14. Due to the continued threat of airstrikes, healthcare staff at these clinics operate only during the day and evacuate at night for safety.

From August to December 2024, SAC troops fired approximately nine shells near the Noh Pa Htaw Clinic, leading to ongoing displacement. Many IDPs fled to the forest, making data collection challenging. Fighting between EAOs and SAC troops in the Noh Pa Htaw and Mae Zai Li BPHWT areas forced further evacuations, with some casualties reported.

Despite these conditions, BPHWT health workers continue to serve IDPs, while the Committee for Internally Displaced Karen People (CIDKP) provides food and shelter. Amphetamine use among young males remains a significant issue, often resulting in emotional distress, fear, and insomnia.

A total of 3,678 malaria tests were conducted, identifying 329 cases of Plasmodium vivax (PV), 24 cases of Plasmodium falciparum (PF), and 42 mixed infections of PV and PF. Patients requiring advanced treatment were referred to CDM clinics, which also assist with emergency obstetric care (EmOC), surgical operations, and X-ray services.

Mergue/Tavoy

SAC airstrikes targeted Ka Pyaw, Saw Mow Hu, Ah Lel Chaung, Yar Ta Par, and Par Thwee villages, forcing residents to flee to Cheee Thue (or) Thaw Pue Lel village. Many IDPs are stranded in forests due to flooding, lacking food and shelter.

Moulamein/Yee

Medicine was transported from BPHWT headquarters to the Mon National Health Committee in Sangkhlaburi province but faced delays due to the requirement for recommendation letters from authorities. Rising transportation costs and numerous checkpoints further hindered the process. The medicine was stored in the Wel Zin warehouse before distribution.

Conflict led to the temporary closure of healthcare services in the Ah Naing Kawt clinic. Before organizing workshops, health workers needed permission from relevant authorities, requiring recommendation letters for travel.

In the Up Play BPHWT implementation area, SAC troops clashed with Ethnic Resistance Organizations, forcing civilians to work as porters carrying weapons. Three BPHWT health workers were detained at a checkpoint in Yee Township for one week before being released. SAC troops frequently delayed mobile healthcare services by checking identification cards, shelling areas arbitrarily, and confiscating medicine and mobile phones from clinics.

Frequent clashes between EAOs and SAC troops have resulted in displacement, forcing many to seek refuge along the Thai-Myanmar border. Arbitrary shelling has led to casualties and property destruction. The total IDP population in this area is 2,367. BPHWT health workers provide healthcare, while the Mon Relief and Development Center supports them with food and clothing.

Amphetamine use continues to rise, with male users outnumbering females. Users suffer from hallucinations, paranoia, and compulsive behaviors such as nail-biting. Some exhibit socially inappropriate behavior. BPHWT health workers provide treatment through clinics and mobile services, referring severe cases to rehabilitation centers.

COVID-19 prevention efforts have diminished due to ongoing conflict and migration. Economic struggles have resulted in widespread unemployment, food shortages, and homelessness, with many people seeking shelter in monasteries.

Malaria rapid diagnostic tests were conducted on 10,394 individuals, with 2,902 testing positive. Patients requiring further care were referred to Wge Zin Public Hospital, Panang Bein Public Hospital, or hospitals in Thailand.

A dedicated team provides healthcare, health education, and personal support for individuals with disabilities.

Shan

Continuous armed conflict in Homein Township has led to shelling in Laihka and Nan Toe villages, resulting in one fatality and 13 injuries. The conflict has displaced 615 internally displaced persons (IDPs) in this BPHWT-targeted area, with some fleeing to Thailand.

Transporting medicine from Mae Sai District and Tachileik Township to Kohin and Mong Kung Townships remains challenging due to the unstable political situation, leading to increased transportation fees imposed by truck transporters.

Additionally, a large ethnic armed group has confiscated land for a mining project. Approximately 50% of the local population uses amphetamines, contributing to widespread psychological issues. BPHWT teams are providing healthcare support to affected individuals.

On December 19, 2024, the field-in-charge reported hearing shelling, prompting people to flee and seek shelter in the forest.

Pa-Oh

Tensions among armed groups have escalated, resulting in the deployment of landmines, making the area increasingly insecure. Medicine transportation and mobile healthcare services have been severely hindered by heavy rainfall and ongoing conflict. Additionally, SAC forces have conducted airstrikes in this region.

Traditional logging practices are contributing to environmental destruction, exacerbating climate change and causing hot weather and water resource depletion. As a result, local populations are experiencing an increase in skin diseases and diarrhea.

Amphetamine abuse is rising, particularly among youth, with some users as young as 13 years old. Many suffer from depression, and BPHWT health workers are offering care and support. There are 8,400 IDPs in this area, with local organizations providing rice assistance.

Illicit drug use, including black heroin and amphetamines, is prevalent, predominantly among males aged 14 and older. Some users have committed gender-based violence. BPHWT health workers are providing care and consulting with families to address these issues.

This year, 16 malaria cases were reported, with patients in need of further treatment referred to hospitals in Mawmai and Taunggyi townships. Primary healthcare services are also being delivered to people with disabilities using a door-to-door approach.

Ta'ang

Healthcare services were temporarily suspended in 2024 due to first-wave operations, though clinic-based healthcare services continue. However, organized training and workshops remain on hold.

The Junta has blocked essential commodities and medicines, leading to severe shortages for the affected populations.

Kachin

Four-armed resistance organizations operate in this area, resulting in frequent fighting that delays mobile clinic services. The Shan Ni militia has established a strong presence in BPHWT program areas in Hpakant Township, raising security concerns. Occasionally, drones have been used for shelling, causing civilian injuries.

Medicine transportation is further complicated by multiple checkpoints. During a recent field visit, health workers faced conscription attempts by the Kachin Independence Army (KIA). A female health worker was detained but later released after BPHWT intervention.

Conflict and tensions among Ethnic Resistance Organizations (EROs) persist. During clashes, civilians seek refuge in churches before returning to their villages once the situation stabilizes. Given the instability, station clinic services are difficult to maintain, and mobile healthcare services have become a priority.

To address healthcare challenges, medicine is distributed to village health volunteers (VHVs), enabling them to provide care from their homes. Emergency patients are referred to Myitkyina Township, while additional services are available at the Kachin Back Pack Team office, where a medical doctor is assigned. Due to the nonfunctional government hospital, the team provides regular healthcare services despite insufficient medicine supplies.

A field workshop was conducted to evaluate implementation progress, identify weaknesses and threats, and strategize solutions. Discussions covered collaboration with partner organizations and mapping referral pathways for malaria patients in case of medicine shortages.

Despite ongoing conflict, mobile clinics continue to operate. Local volunteers and trained Traditional Birth Attendants (TBAs) face significant challenges. Health teams require permission from general administrators and must advocate for their work with four armed groups. To ensure safety, health worker names and ID numbers are submitted to the KIA, which in some cases provides security support.

The SAC has lost significant territory and struggles to maintain its camps. However, armed conflict between the Shanni militia and ethnic armed organizations persists. Many displaced people return to their villages only to find their homes destroyed, forcing them into IDP camps.

IDPs in the region include both local residents and displaced persons from Shan State, increasing the need for resources. Many IDPs cannot farm and rely on forest gathering. Some have suffered landmine injuries, resulting in permanent disabilities, while others face forced recruitment as porters by EROs. Critical needs include food, healthcare services, and education for children.

Gold mining in both Shan Ni and KIA-controlled areas has led to agricultural land destruction, air pollution, and water contamination, killing livestock and causing severe water shortages. Consequently, communicable diseases are spreading.

Poor hygiene in local restaurants and unhealthy lifestyles have led to an increase in preventable diseases, potentially linked to past mega projects. Vaccines for children remain inaccessible.

Militias actively sell and distribute illicit drugs, leading to widespread addiction. Many individuals inject drugs using syringes, increasing bloodborne infections. Drug addiction has caused social and mental distress, with some users selling farms and properties to sustain their habits. Women engaging in transactional sex to obtain drugs face heightened risks of sexual exploitation and abuse, resulting in more cases of gender-based violence. Some adult children, left to fend for themselves, have joined armed forces.

BPHWT provides healthcare services to drug users, though charity-based rehabilitation centers are nonfunctional due to political and security instability. The Kachin BPHWT team has launched health education sessions on amphetamines and syringe disposal to reduce environmental hazards. Improper syringe disposal has already caused harm to children. In response, the KIA has been arresting and detaining drug users.

As the KIA captures SAC base camps, healthcare service provision in newly controlled areas is becoming increasingly difficult. There is an urgent need to expand healthcare services to address the growing crisis.

Naga

In this implementation area, the primary mode of transportation is by boat along the Chindwin River. The SAC troops have established a camp in Padumone village, where they conduct identity checks and detain individuals they deem suspicious. During inspections, they use sharp tools to cut open medicine packages, damaging essential supplies.

When providing mobile healthcare services, SAC troops track health workers. If they suspect them of any affiliations, they arrest them and demand conscription. Those who refuse conscription are forced to pay bribes. Additionally, the ongoing conflict between Ethnic Armed Groups and SAC troops poses a significant security threat to health workers.

From December to March 2024, continuous fighting displaced 300 people from Lonlauang village to the Takar village area. One person was killed due to the armed conflict. As a consequence, SAC troops arrested six individuals from Than Mang and Loon Yee villages to serve as porters, leading to the death of one detainee.

Between November and December 2024, armed conflicts were reported in Chaungzon village, forcing people to flee to BPHWT-implemented areas. This conflict resulted in five people wounded and two fatalities.

Environmental degradation is another pressing concern. Mobile logging and deforestation have led to water scarcity, while gold mining in the Chindwin River has caused severe water pollution and soil erosion, resulting in landslides. In May 2024, a landslide in Lahe Township led to the deaths of four families, as well as the destruction of agricultural land and nine homes.

As a result of these environmental changes, people in the area are experiencing outbreaks of diarrhea, dysentery, respiratory infections, and exposure to toxic substances. Additionally, mice infestations have destroyed grain supplies, leading to food shortages and increased social and mental health challenges.

Drug abuse is a growing problem in the region, with both men and women using amphetamines, heroin, and black heroin, starting as young as 13 or 14 years old. Side effects include delusions, hallucinations, dehydration, and suicide. BPHWT health workers provide healthcare services to affected individuals, offer consultations to their families, and conduct health education sessions.

Ongoing armed conflict has forced people from Lone Yoon in Nanyun Township to migrate to the Takar area, where they face unemployment, food deprivation, and health problems. The village head and community members are supporting them, while BPHWT health workers provide medical care. The estimated total number of internally displaced persons (IDPs) in the area is 300. Some individuals have fled to the Burma-India border.

Arakan

Armed conflict continues in the Arakan region. On February 27, 2024, the SAC carried out an airstrike on Minbu Hospital in Minbya Township at 1:45 a.m., injuring over ten people, including patients, local residents, and health workers. Frequent airstrikes and transportation blockades further complicate the humanitarian situation.

As a result of airstrikes, 100 people have been killed in the Arakan area. Additionally, severe flooding has destroyed large swaths of agricultural land, exacerbating food insecurity.

Malaria remains a significant concern, with 146 reported cases in a total population of 12,172. Currently, six out of every 100 individuals tested are positive for malaria, indicating an urgent need for improved disease control measures.

Chin (WLC)

Delivering medicine to this region remains extremely challenging due to armed conflict, transportation blockades, and frequent security checks. The conflict has forced many people to abandon their homes and seek refuge in the Zo Khaw Thar area along the Burma-India border, where the total population exceeds 6,000.

In October 2024, SAC soldiers raped and killed two women in Tibu village. Additionally, SAC airstrikes resulted in 12 fatalities and nine injuries. The region has also witnessed an increase in drug abuse, particularly among young men, with some starting as early as 14 years old. The side effects of amphetamine use include erratic behavior, loss of appetite, and hallucinations. BPHWT health workers are actively involved in providing medical care and consulting with families to address these issues.

The prolonged conflict has left many people unemployed, facing severe food deprivation and homelessness. Youth organizations have stepped in to provide assistance, with a temporary shelter set up in a community hall and support from local donations. However, the humanitarian crisis persists.

Recent SAC airstrikes in the region have resulted in 27 injuries and 14 fatalities, further exacerbating the humanitarian crisis. The need for immediate intervention, humanitarian aid, and conflict resolution remains critical in these conflict-affected areas.

5. SPECIAL SITUATIONS IN THE BPHWT'S TARGET AREAS

The health situation in the BPHWT's target areas remains dire due to ongoing conflict, displacement, limited healthcare resources, and systemic neglect. Ethnic communities in these regions continue to face significant barriers to accessing healthcare, exacerbated by a fragile and fragmented health system. Strengthening healthcare services in these areas requires improved coordination between the central government, ethnic administrations, ethnic health organizations (EHOs), and international actors, alongside increased funding and enhanced capacity-building initiatives to address the urgent health needs of marginalized populations.

A major challenge is the lack of coordination between the Myanmar government, EHOs, and humanitarian organizations. The inconsistent recognition of EHOs by the central government creates obstacles to developing unified healthcare strategies in ethnic regions. Historical grievances, ongoing conflict, and deep-seated mistrust of the central government further complicate collaboration efforts, leaving many ethnic communities dependent on EHOs and international NGOs for healthcare services. Cross-border health interventions, particularly from Thailand into Karen and Shan states, remain critical in supplementing local healthcare efforts. However, these interventions face logistical, political, and security challenges, including access restrictions imposed by the Myanmar government and security risks in conflict-affected zones.

Decades of armed conflict have resulted in mass displacement across ethnic areas, leading to worsening health conditions. Internally displaced persons (IDPs) often live in makeshift camps or temporary shelters with limited access to healthcare, adequate nutrition, clean water, and sanitation. The disruption of health services due to ongoing conflict, along with targeted attacks on healthcare facilities, has further diminished healthcare availability. Malaria, respiratory infections, waterborne diseases, and maternal and child health complications are widespread due to poor living conditions, overcrowding, and insufficient medical supplies. In response, EHOs and community-based organizations continue to provide essential medical services, but they remain underfunded and face difficulties in scaling up their operations. Addressing these challenges requires long-term investment in healthcare infrastructure, stronger partnerships between local and international actors, and policies that prioritize equitable healthcare access in ethnic and conflict-affected regions.

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 120 BPHWT teams, to a target population of 318,666 people. Currently, the BPHWT primary healthcare system in Burma comprises 1,664 members (1,281 women and 383 men), including 552 health workers (323 women and 229 men), 851 Traditional Birth Attendants/Trained Traditional Birth Attendants (TBAs/TTBAs) (777 women and 74 men), and 261 Village Health Volunteers/Village Health Workers (VHVs/VHWs) (181 women and 80 men).



Provided medical treatment to IDPs



Provided emergency assistance to IDPs

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.



Physical examination to patient

In January to December 2024, the BPHWT delivered medicines and medical supplies in 21 field areas and treated **106,838** cases, of which **20,769** cases were children under the age of five. The total cases on a gender basis included **59,773** involving men and **47,065** cases involving women. The six major diseases being treated by the BPHWT continue to be acute respiratory infections, malaria, anemia, gastric ulcer (GUDU), worms infestation, and hypertension.

Also, during this reporting period, the BPHWT health workers referred to 573 cases that included **206** cases of serious obstetric emergency (EmOC).

Program achievements and Data Collection (January-December 2024)

Table 1: BPHWT's Coverage Population

<i>BPHWT's Coverage Population</i>			
Ages	Gender		Total
	Men	Women	
Under five years of age	22,132	22,966	45,098
Five years of age and over	133,225	140,343	273,568
Total	155,357	163,309	318,666

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

No.	Areas	# of Teams	# of HWs	# of VHWs	# of VHV	VHVs & VHWs	# of TBAs	# of TTBA	TBAs & TTBA	Total HWs	Villages	Households	Population	Caseloads
1	Kayah	7	38	0	2	2	18	16	34	74	54	3,416	16,523	9,678
2	Kayan	8	40	13	12	25	6	44	50	115	76	4,700	22,130	5,628
3	Special	2	7	0	0	0	3	20	23	30	7	1,558	7,413	901
4	Taungoo	5	34	0	0	0	52	26	78	112	50	2,294	12,362	982
5	Kler Lwee Htoo	7	24	20	14	34	48	3	51	109	57	2,138	12,926	5,116
6	Thaton	7	37	25	0	25	35	31	66	128	33	3,718	20,083	5,725
7	Papun	12	57	36	0	36	56	66	122	215	144	7,051	44,440	21,177
8	Pa An	8	50	0	0	0	60	22	82	132	46	4,400	27,948	5,722
9	Dooplaya	9	38	3	0	3	64	37	101	142	58	5,262	29,377	6,037
10	Kawkareik	2	19	0	0	0	28	2	30	49	7	949	4,124	447
11	Win Yee	4	30	0	0	0	38	12	50	80	28	2,369	12,642	3,228
12	Mergue/Tavoy	10	38	0	0	0	29	0	29	67	47	4,949	27,381	20,187
13	Yee	6	21	38	12	50	9	20	29	100	16	1,260	5,722	2,695
14	Moulamein	6	19	0	0	0	0	0	0	19	14	2,052	9,527	2,006
15	Shan	6	21	0	0	0	10	0	10	31	55	2,336	11,526	5,308
16	Pa Oh	2	8	17	17	34	0	20	20	62	14	717	4,081	5,196
17	Ta' ang	6	21	0	0	0	0	34	34	55	36	3,114	10,901	2,735
18	Kachin	4	17	19	5	24	10	0	10	51	6	2,879	15,857	1,540
19	Naga	3	11	0	0	0	0	0	0	11	10	878	4,724	846
20	Arakan	4	14	8	2	10	2	15	17	41	9	2643	12,392	382
21	Chin (WLC)	2	8	14	4	18	10	5	15	41	14	3,124	6,587	1,302
Total		120	552	193	68	261	478	373	851	1,664	780	61,781	318,666	106,838

Table 3: Number of health workers, TBAs/TTBAs, VHV/VHWs, and targeted population by year

Year	Health Workers	TBAs/TTBAs	VHVs/VHWs	Target Population
2010	290	672	495	191,237
2011	318	722	462	206,620
2012	343	787	417	217,899
2013	379	711	333	224,796
2014	351	696	276	206,361
2015	359	741	215	244,410
2016	389	781	256	280,103
2017	456	799	281	292,741
2018	447	444	236	297,273
2019	455	770	382	306,896
2020	481	805	368	311,905
2021	521	760	337	324,324
2022	536	760	338	308,532
2023	532	743	328	300,082
2024	552	851	261	318,666

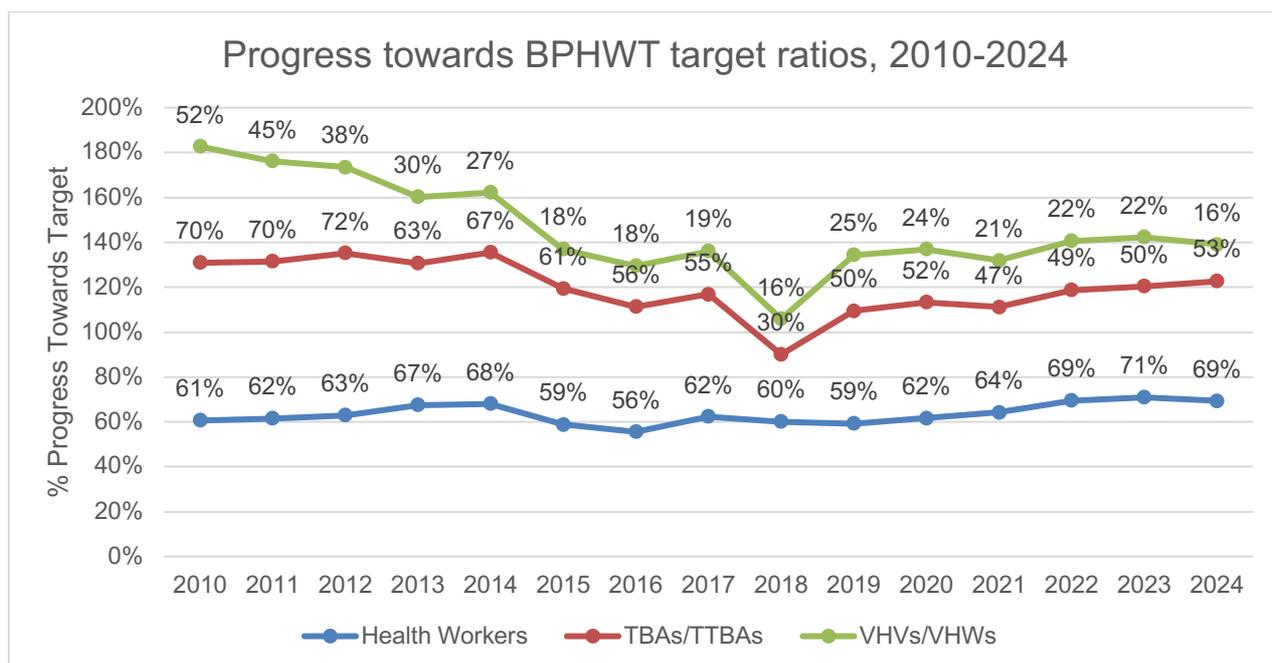
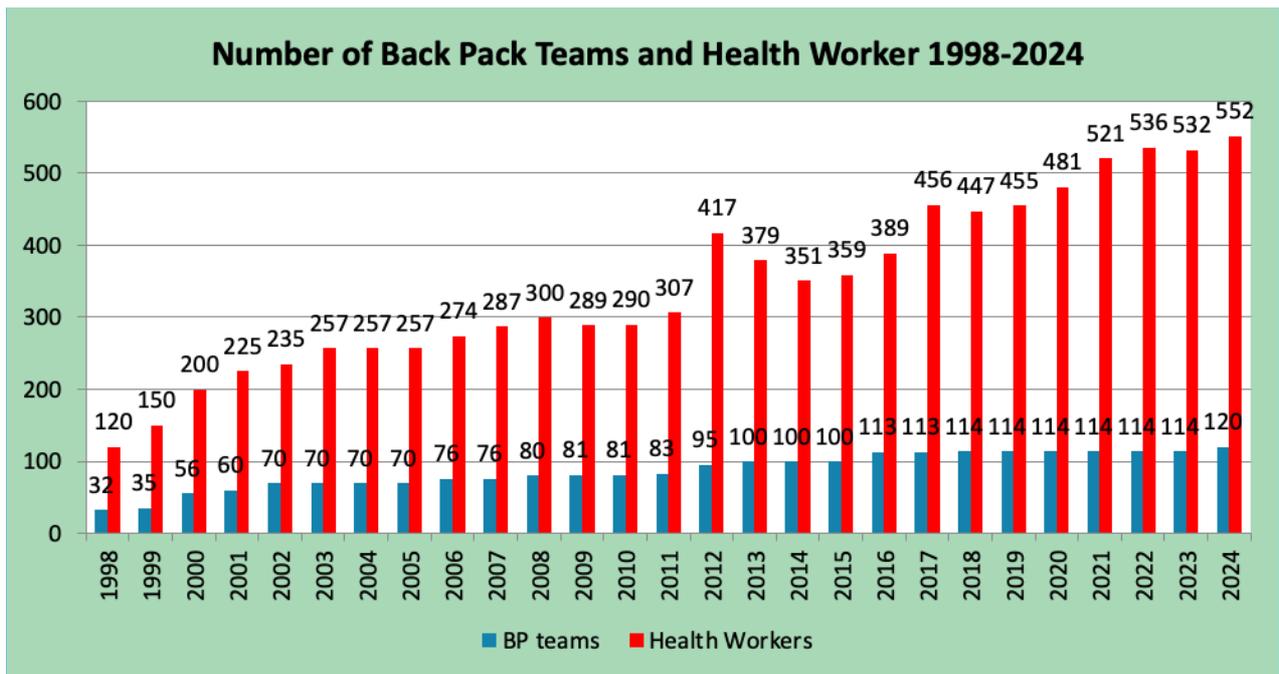


Table 4: Number of Cases Treated by Condition and Age in January-December 2024

No	Condition	Age				Total		Grand Total
		<5		≥5		M	W	
		M	W	M	W			
1	Anemia	254	332	1,735	3,977	1,989	4,309	6,298
2	ARI (Mild)	3,347	3,311	5,405	7,571	8,752	10,882	19,634
3	ARI (Severe)	1,289	1,177	1,557	2,048	2,846	3,225	6,071
4	Beriberi	52	59	1,011	1,953	1,063	2,012	3,075
5	Water Diarrhea	660	574	868	1,082	1,528	1,656	3,184
6	Diarrhea with Blood (Dysentery)	217	206	681	875	898	1,081	1,979
7	Injury, Acute – Gunshot	2	1	414	89	416	90	506
8	Injury, Acute – Landmine	1	2	116	7	117	9	126
9	Injury, Acute – Other	88	68	1,219	707	1,307	775	2,082
10	Injury, Old	52	33	591	364	643	397	1040
11	Malaria (PV)	728	686	4,603	3,373	5,331	4,059	9,390
12	Malaria (PF)	109	100	460	461	569	561	1,131
13	Malaria (PFT Mix)	12	18	140	79	152	97	249
14	Measles	40	34	12	13	52	47	99
15	Meningitis	6	7	18	29	24	36	60
16	Suspected AIDS	0	0	7	4	7	4	11
17	Suspected TB	5	7	48	50	53	57	110
18	Worms Infestation	772	782	1,547	1,907	2,319	2,689	5,008
19	Post Abortion Care	3	0	0	126	3	126	129
20	Post-Partum Hemorrhage (PPH)	0	0	0	48	0	48	48
21	Sepsis	4	3	71	32	75	35	110
22	Reproductive Tract Infection (RTI)	17	15	60	331	77	346	423
23	Urinary Tract Infection (UTI)	31	27	971	1,673	1,002	1,700	2,702
24	Skin Infection	657	666	1,595	1,903	2,252	2,569	4,821
25	Hepatitis	6	4	98	155	104	159	263
26	Typhoid Fever	136	155	493	415	629	570	1,199
27	Arthritis	28	13	774	1,258	802	1,271	2,073
28	Gastric Ulcer Duodenum Ulcer (GUDU)	24	27	2,290	3,302	2,314	3,329	5,643
29	Dental Problem	199	243	774	1019	973	1,262	2,235
30	Eye Problem	128	167	564	856	692	1,023	1,715
31	Hypertension	10	3	1,745	3,193	1,755	3,196	4,951
32	Abscess	132	139	647	578	779	717	1,496
33	Scrub typhus	16	12	164	119	180	131	311
34	Leptospirosis	7	6	153	123	160	129	289

35	Insect bites	57	58	255	145	312	203	515
36	Dengue Fever	189	192	572	498	761	690	1,451
37	Poisoning	27	25	147	141	174	166	340
38	Mental illness	2	1	55	104	57	105	162
39	Cardiovascular	0	0	46	89	46	89	135
40	Diabetes	0	0	186	362	186	362	548
41	Others	1125	1,184	4,541	8,377	5,666	9,561	15,227
Total		10,432	10,337	36,633	49,436	47,065	59,773	
Grand Total		20,769		86,069		106,838		106,838



Category	Men	Women	Total
Patients <5	10,432	10,337	20,769
Patients >=5	36,633	49,436	86,069
Total	47,065	59,773	106,838

No.	Field Areas	< 5 ages		> = 5 ages		Total
		Men	Women	Men	Women	
1	Kayah	0	0	5	3	8
2	Taungoo	0	0	4	0	4
3	Kler Lwee Htoo	0	0	6	6	12
4	Thaton	0	1	33	9	43
5	Papun	0	0	10	4	14
6	Pa An	0	0	35	20	55
7	Dooplaya	0	0	1	0	1
8	Kawkareik	0	0	18	0	18
9	Win Yee	0	0	21	0	21

10	Mergue/Tavoy	1	0	260	28	289
11	Shan	0	0	8	11	19
12	Pa Oh	0	0	3	0	3
13	Ta' Ang	0	0	6	0	6
14	Arakan	1	0	0	8	9
15	Chin (WLC)	0	0	4	0	4
Total		2	1	414	89	506

Table 7: Injury (Landmine) cases Jan – Dec 2024

No.	Field Areas	< 5 ages		> = 5 ages		Total
		Men	Women	Men	Women	
1	Kler Lwee Htoo	0	0	5	0	5
2	Thaton	0	0	4	0	4
3	Papun	0	0	4	1	5
4	Pa An	0	1	1	2	4
5	Win Yee	0	0	4	0	4
6	Mergue/Tavoy	1	0	84	1	86
7	Pa Oh	0	0	10	2	12
8	Ta' Ang	0	0	1	0	1
9	Chin WLC	0	1	3	1	5
Total		1	2	116	7	126

Table 8: Mental illness problem Jan – Dec 2024

No.	Field Areas	< 5 ages		> = 5 ages		Total
		Men	Women	Men	Women	
1	Kayah	0	0	1	2	3
2	Kayan	0	0	0	2	2
3	Thaton	0	0	0	2	2
4	Papun	0	0	0	4	4
5	Pa An	0	0	0	4	4
6	Mergue/Tavoy	2	1	50	71	124
7	Pa Oh	0	0	0	6	6
8	Ta' Ang	0	0	1	1	2
9	Chin WLC	0	0	3	12	15
Total		2	1	55	104	162

Table 9: Malaria cases Jan – Dec 2024

No	Field Areas	< 5 ages		> = 5 ages		Total
		Men	Women	Men	Women	
1	Kayah	25	19	699	329	1,072
2	Kayan	26	21	155	125	327
3	Taungoo	1	0	26	8	35
4	Kler Lwee Htoo	5	6	144	89	244
5	Thaton	5	3	57	77	142
6	Papun	567	525	1,073	1,395	3,560

7	Pa An	3	2	82	31	118
8	Dooplaya	4	7	48	42	101
9	Kawkareik	6	0	47	61	114
10	Mergue/Tavoy	184	191	2,306	1,417	4,098
11	Yee	15	23	450	277	765
12	Moulamein	0	0	13	3	16
13	Pa Oh	6	4	57	31	98
14	Ta' ang	1	0	7	10	18
15	Kachin	0	1	2	2	5
16	Arakan	0	0	3	5	8
17	Chin (WLC)	1	2	34	12	49
	Total	849	804	5,203	3,914	10,770

Table 10: Malaria Cases	Plasmodium Falciparum	Plasmodium Vivax	Plasmodium Mix	Total
Men	569	5331	152	6052
Women	561	4054	97	4712
Pregnancy	1	5	0	6
Total	1,131	9,390	249	10,770

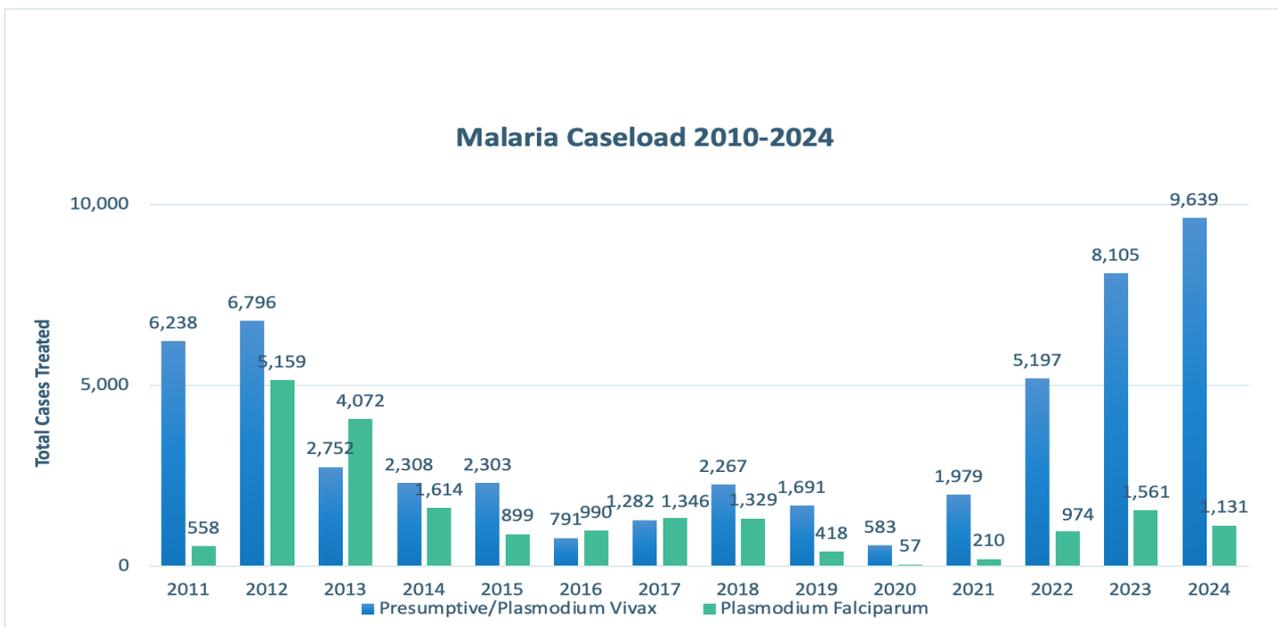
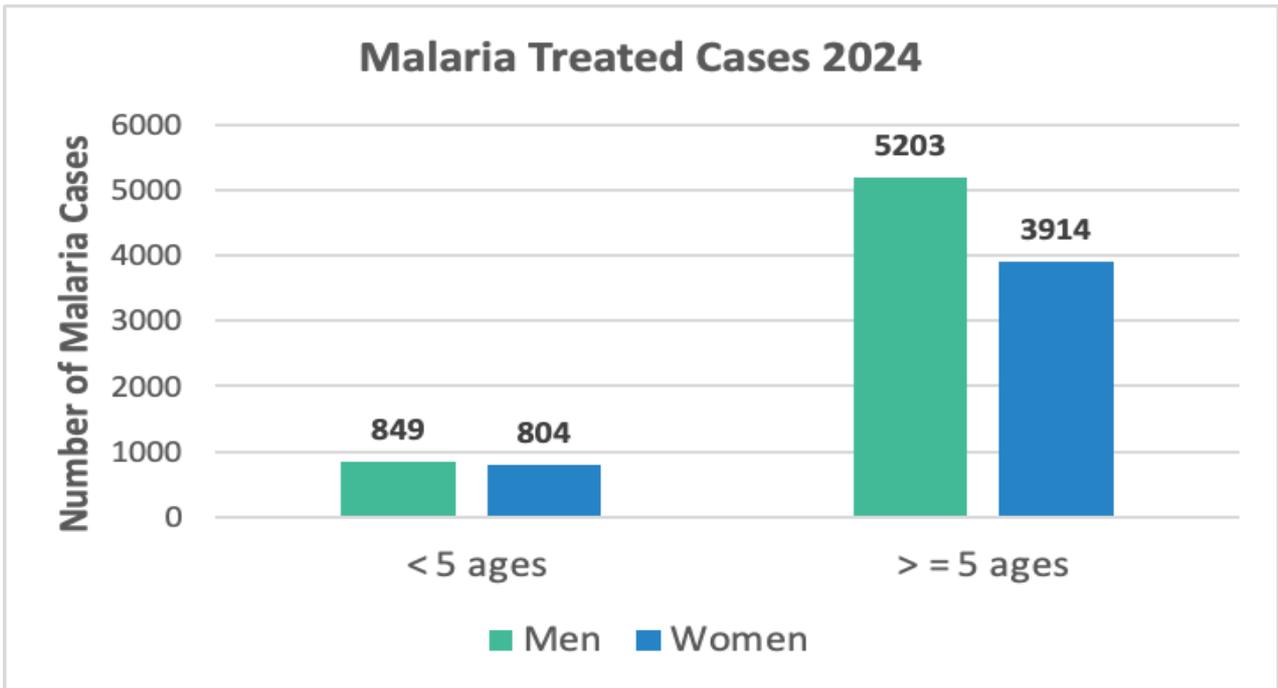
Malaria

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.

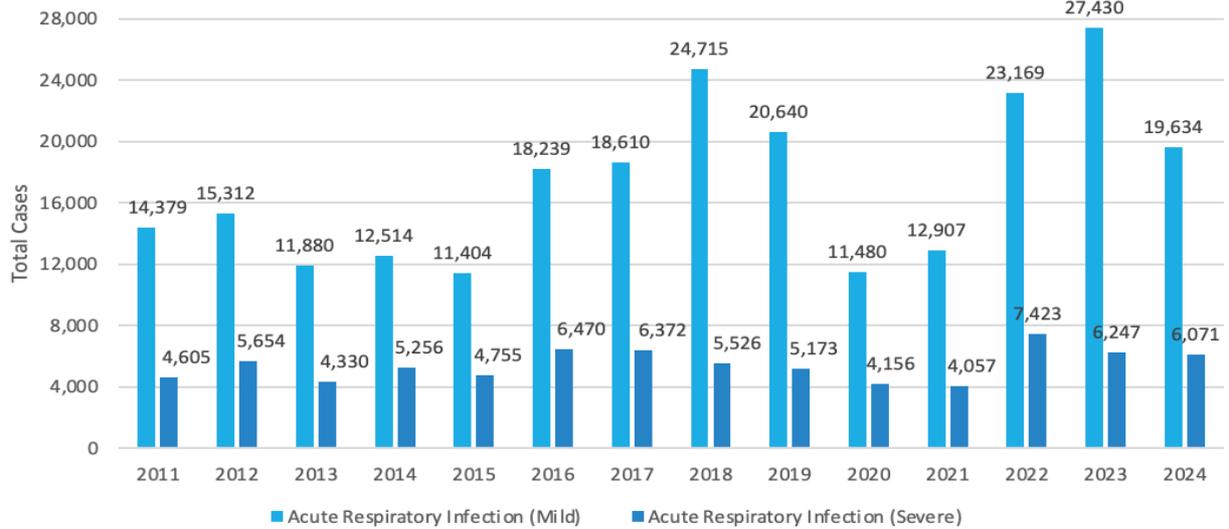


Healthcare provider testing high-risk individuals for malaria

Malaria remains a significant public health concern along the Thai-Myanmar border. On the Myanmar side, malaria has seen a dramatic resurgence, particularly in conflict-affected in Ethnic Armed Resistance Organizations (EAROs). Since 2021, armed conflict, displacement, and the breakdown of health services have contributed to a sharp increase in malaria cases. Since the early of 2014, the BPHWT has used the SD Bioline which can test for both P.f and P.v malaria. In 2024, there were 10,770 of malaria cases treated by the field health worker of Backpack targeted areas. In addition, “the Long Road to Recovery” survey report, the prevalence rate for P. falciparum malaria decreased dramatically from 7.3% in 2008 to 2.3% in 2013.



Acute Respiratory Infection Caseload 2011-2024



Diarrhoea and Dysentery Caseload 2011-2024

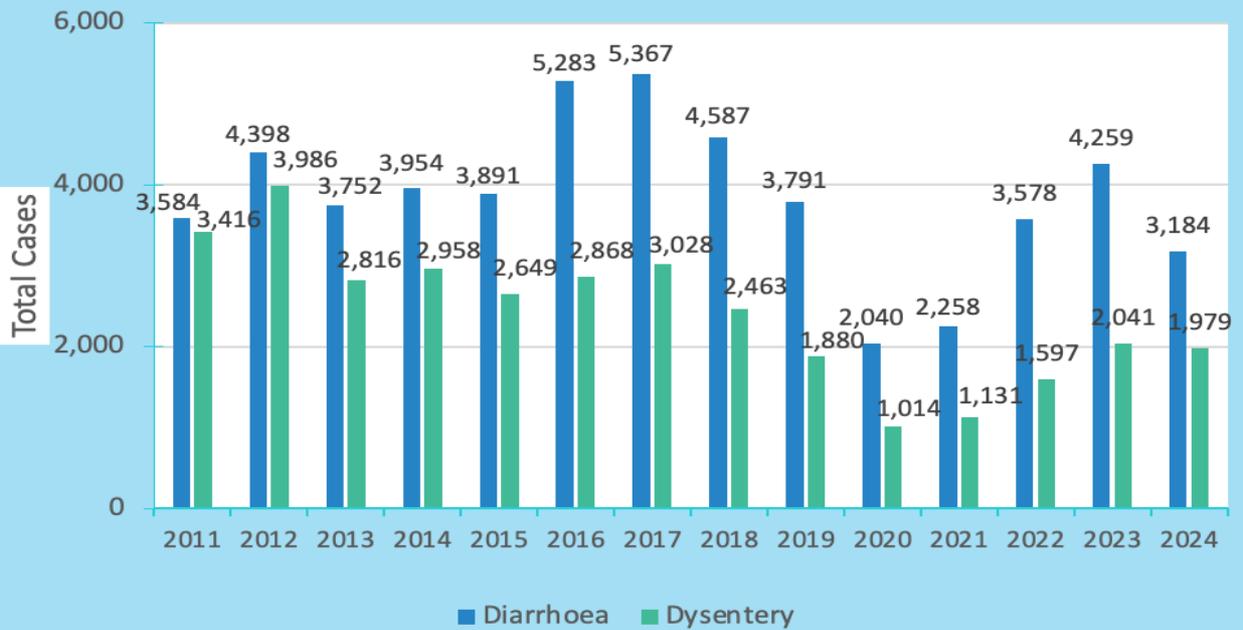


Table 10: Patient Referral Jan – Dec 2024

No	Area Name	<5 ages		≥5 ages		ECC	EmOC	Total
		Men	Women	Men	Women			
1	Kayah	0	0	2	0	0	5	7
2	Kayan	0	3	4	3	5	16	31
3	Special	0	4	6	2	2	20	34
4	Taungoo	0	0	0	1	0	0	1
5	Kler Lwee Htoo	1	0	4	3	0	8	16
6	Thaton	0	0	1	1	9	13	24
7	Papun	1	1	29	15	5	8	59
8	Pa An	3	3	36	29	10	61	142
9	Dooplaya	3	0	15	14	2	6	40
10	Kawkareik	0	0	1	0	0	1	2
11	Win Yee	0	0	12	10	2	44	68
12	Mergue/Tavoy	2	3	93	17	3	13	131
13	Ta' ang	0	2	4	1	0	11	18
Total		10	16	207	96	38	206	573

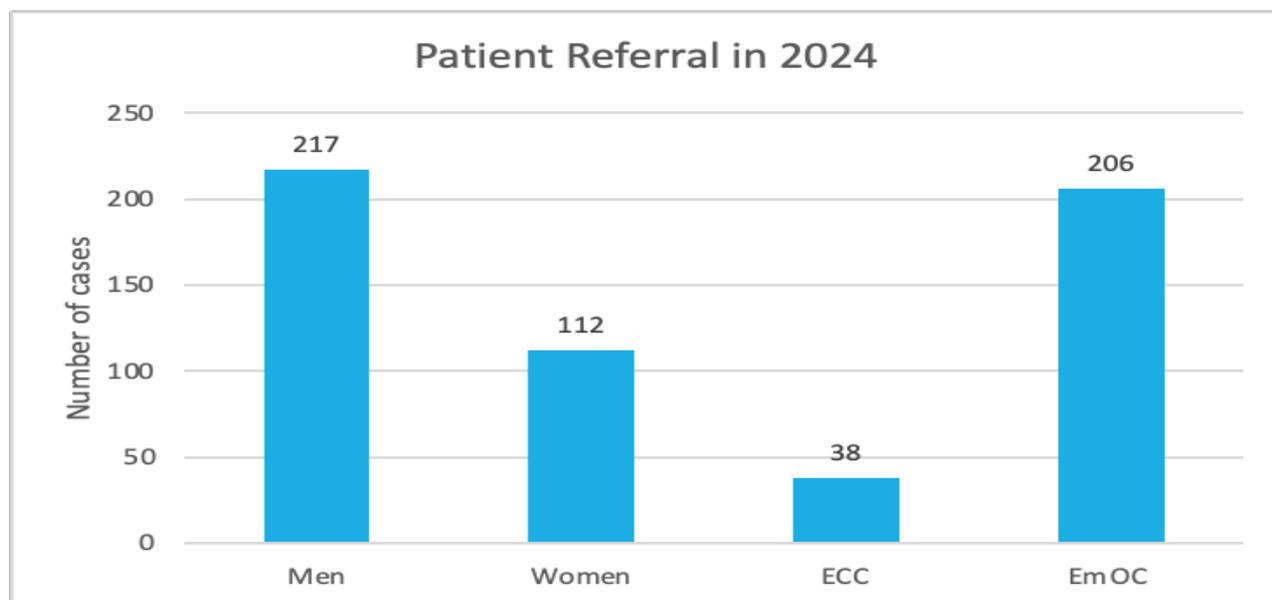


Table 11:Referral cases: Jan – Dec 2024

Case name	# of Cases
EmOc	206
Gunshot	74
Landmine	37
Road Traffic Accident	11
Communicable disease	67
Non-communicable disease	178
Total	573

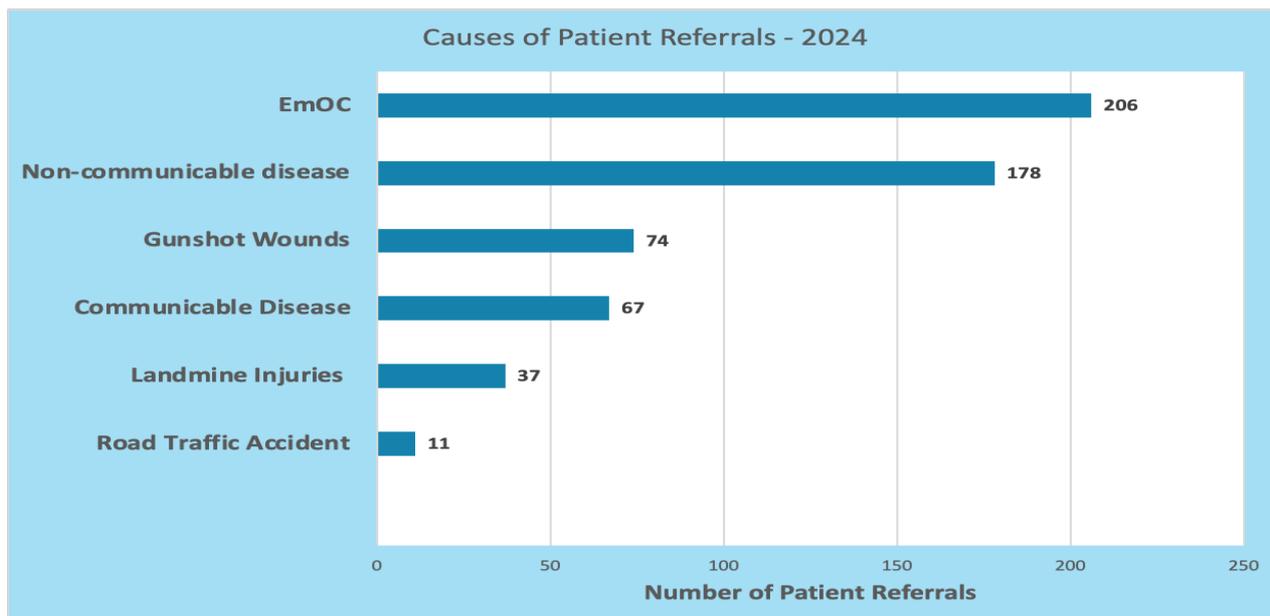


Table 12: Death Case Jan – Dec 2024

No	Area Name	Age				Total	EmOc	General
		<5yrs		>5yrs				
		M	F	M	F			
1	Kayan	0	0	1	2	3	0	3
2	Special	0	0	6	3	9	0	9
3	Kler Lwee Htoo	0	0	8	9	17	0	17
4	Papun	4	6	56	41	107	0	107
5	Pa An	1	2	75	64	142	0	142
6	Doopaoaya	0	0	2	2	4	0	4
7	Win Yee	1	3	17	13	34	0	34
8	Mergue/Tavoy	1	1	55	28	85	0	85
9	Ta' ang	0	0	6	1	7	3	10
	Total	7	12	226	163	408	3	411

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.



Installed shallow well to communities

(1) Water and Sanitation Sub-Program

During the period of January to December 2024, the BPHWT installed **5** gravity flows, **12** shallow wells, and **345** latrines, and 100 water filters to the field areas. There were **1,176** people who gained access to the gravity flow water system, **870** people who now have access to shallow wells, **345** of households received sanitary latrines, and **1,250** people received purify drinking water.

Table 1: Number of Gravity Flow, Shallow Wells, Latrines, and Water Filters						
No	Area	# of Gravity Flows	Household	Population		Total
				Men	Women	
1	Kayah	1	155	354	326	680
2	Dooplaya	1	72	163	179	342
3	Pa An	1	250	292	542	834
4	Mergue/Tavoy	1	210	233	231	464
5	Kler Lwee Htoo	1	70	123	152	275
Total		5	757	1165	1430	2595
No	Area	# of Shallow Wells	Household	Population		Total
				Men	Women	
1	kayah	6	80	33	36	69
2	Dooplaya	2	20	93	82	175
3	Kachin	2	33	85	110	195
4	Win Yee	2	76	203	228	431
Total		12	209	414	456	870
No	Area	# of Latrine	Household	Population		Total
				Men	Women	
1	Kayah	25	25	45	54	99
2	Kayan	40	40	86	126	212
2	Mergue/Tavoy	110	110	770	513	1,283
3	Dooplaya	10	10	40	50	90
4	Win Yee	100	100	239	246	485
5	Chin	30	30	117	118	235
6	Kachin	30	30	105	190	295
Total		345	345	1,402	1,297	2,699
No	Area	# of Water Filter	Household	Population		Total
				Men	Women	
1	Pa An	50	50	243	293	536
2	Thaton	50	50	343	371	714
Total		100	100	586	664	1,250

(2) WASH awareness workshop

The BPHWT organized **60** sessions of WASH awareness workshops within 5 Backpack field areas. The total numbers of participants were **1,736** comprised of **461** men and **1,275** women.

Discussion topics are:

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

No	Area Name	# WASH awareness W/S	Gender		Total
			M	F	
1	Special	2	33	42	75
2	Pa An	23	83	291	374
3	Dooplaya	8	143	256	399
4	Win Yee	14	60	187	247
5	Mergue/Tavoy	13	142	499	641
Total		60	461	1,275	1,736



Conducted WASH awareness workshop to communities

(3) School Health Sub-Program

Through the school health Sub-Program, school children and their teachers received school health promotion from health workers. The BPHWT provided school health promotion and distributed hygiene kits in **484** schools with **2,851** teachers and **47,875** 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, comp, soap, powder and hand sanitizers. The purpose of distribution of hygiene kits are to maintain proper hygiene practice, promote health and social well-being.

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	SH Education
1	Kayah	11	13	78	91	573	629	1202		1	60	60	60	60	15
2	Kayan	40	70	206	276	1,694	1,671	3365							26
3	Special	4	7	15	22	317	331	648							
4	Taungoo	35	28	120	148	1,030	1,067	2097							2
5	Kler Lwee Htoo	25	40	97	137	1,004	968	1972							
6	Thaton	34	115	270	385	2,209	2,423	4632		50	780	859	859	859	16
7	Papun	104	82	422	504	4,170	4,142	8312		322	1800	1800	1800	1800	
8	Pa An	37	41	183	224	1,686	1,950	3636		50					16
9	Dooplaya	50	58	209	267	2,193	2,469	4662	16						9
10	Kawkareik	10	23	45	68	422	482	904							
11	Win Yee	27	46	166	212	1,305	1,506	2811							5
12	Mergue/Tavoy	35	34	180	214	3,422	3,880	7302							10
13	Yee	17	5	56	61	535	583	1118							
14	Moulamein	14	16	70	86	618	716	1334							
15	Pa Oh	0	0	0	0	263	302	565							
16	Ta' Ang	12	5	40	45	465	540	1005		1					2
17	Kachin	5	20	50	70	312	708	1020							
18	Naga	20	15	15	30	60	50	110							
19	Chin(WLC)	4	6	5	11	581	599	1180							
Total		484	624	2,227	2,851	22,859	25,016	47,875	16	423	2580	2659	2659	2659	101

(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 2024, there are **68,239** children received de-worming medicines and **49,497** children received Vitamin A.

Table 4: Numbers of Children Receiving De-Worming Medicine				
No	Area	Age (1-12 Year)		Total
		Boys	Girls	
1	Kayah	388	342	730
2	Kayan	2,944	3,016	5960
3	Special	450	524	974
4	Taungoo	1,377	1,265	2642
5	Kler Lwee Htoo	1208	1459	2667
6	Thaton	1,609	1,627	3236
7	Papun	4,069	4,319	8388
8	Pa An	3,277	3,676	6953
9	Dooplaya	2,856	3,140	5996
10	Kawkareik	49	44	93
11	Win Yee	2,101	2,297	4398
12	Mergue/Tavoy	5,092	5,793	10885
13	Yee	719	749	1468
14	Moulamein	933	876	1809
15	Shan	1057	1313	2370
16	Pa O	789	906	1695
17	Ta' Ang	1,714	3,637	5351
18	Kachin	312	708	1020
19	Naga	88	117	205
20	Chin(WLC)	681	718	1399
Total		31,713	36,526	68,239
		68,239		

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	21	16	102	101	234	214	688
2	Kayan	289	171	806	723	2,623	2,513	7125
3	Special	68	85	103	120	400	444	1220
4	Taungoo	109	133	148	266	454	443	1553
5	Kler Lwee Htoo	83	107	221	55	635	787	1888
6	Thaton	68	85	63	355	480	503	1554
7	Papun	248	263	413	613	968	1043	3548
8	Pa An	81	104	502	502	1625	1842	4656
9	Dooplaya	193	227	516	78	806	1292	3112
10	Kawkareik	86	103	84	378	367	380	1398
11	Win Yee	68	85	403	970	980	991	3497
12	Mergue/Tavoy	128	160	900	218	2022	2249	5677
13	Yee	81	96	218	312	534	538	1779
14	Moulamein	84	106	312	505	643	652	2302
15	Shan	147	195	398	316	662	770	2488
16	Pa Oh	92	122	291	232	690	693	2120
17	Ta' Ang	131	174	190	47	590	678	1810
18	Kachin	68	85	52	92	317	331	945
19	Naga	83	102	96	89	323	338	1031
20	Chin(WLC)	103	127	85	47	360	384	1106
Total		2,231	2,546	5,903	6,019	15,713	17,085	49,497

(5) Nutrition awareness workshop

The BPHWT organized 111 sessions of nutrition workshops. The participants involved pregnant women, community authorities, and other adults, gaining a better understanding of nutrition. The total number of participants was 2,117 including 829 men and 1,288 women.

Discussion topics:

- The importance of practicing Infant and Young Child Feeding (IYCF) during the first 1,000 days of a child's life



Organized nutrition awareness workshop to communities

- 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

No	Area	# Of nutrition workshop	Men	Women	Total
1	Kayah	7	110	113	223
2	Kayan	3	20	70	90
3	Thaton	47	230	524	754
4	Taungoo	26	240	275	515
5	Pa An	3	36	59	95
6	Dooplaya	7	112	151	263
7	Win Yee	16	76	46	122
8	Mergue/Tavoy	2	5	50	55
	Total	111	829	1,288	2,117

(6) Nutrition screening

From January to December 2024, BPHWT conducted screening in 5 areas: Kayah, Thaton, Taungoo, Mergue/Tavoy, and Win Yee 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 4,672 (2262 boys and 2410 girls) under five years of age. The screening results showed that 4526 children (2190 boys and 2336 girls) were classified as



Nutrition screening to children under 5 year of age

healthy, 126 children (59 boys and 67 girls) had moderate malnutrition, and 20 children (13 boys and 7 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	Boys	Girls	Boys	Girls	
1	Kayah	400	573	0	0	0	0	973
2	Kayan	172	137	7	7	4	1	328
3	Thaton	568	552	17	25	3	2	1,167
4	Taungoo	312	311	4	10	0	0	637
5	Mergue/Tavoy	56	53	1	4	0	0	114
6	Win Yee	682	710	30	21	6	4	1,453
Total		2190	2336	59	67	13	7	4,672
		4,526		126		20		

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

The BPHWT provided nutritional food cash transfers across three field areas: Thaton, Papun, and Taungoo. A total of 727 beneficiaries received support, comprising 51 men and 676 women. The cash transfers targeted vulnerable households, particularly pregnant and lactating women, and children under two year, to improve access to diverse and nutritious food. This intervention aimed to support optimal children under 2 years and pregnant women practices by enabling families to purchase nutrient-rich foods essential for maternal and child health. Communities were encouraged to prioritize purchasing items such as protein sources, fruits, vegetables, and fortified foods to enhance dietary diversity. Health education sessions were also conducted alongside the cash distributions to raise awareness on appropriate feeding practices, complementary feeding, and maternal nutrition.



Cash distribution to children under 2 years and pregnant women

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		
			Boys	Girls,Women	Total
1	Thaton	11	40	287	327
2	Taungoo	9	11	189	200
3	Papun	3	0	200	200
Total		23	51	676	727

(8) Health promotion workshop/Village Health Workshops

From January to December 2024, the BPHWT organized **150** Village Health Workshops in **20** field areas. There were **5,045** participants comprised of **1,922** men and **3,123** 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.

Table 8: Number of Village Health Workshop and Participants

No	Area	# of VH Workshop	Participants		
			Men	Women	Total
1	Kayah	12	136	158	294
2	Kayan	13	162	160	322
3	Special	2	35	40	75
4	Taungoo	8	190	179	369
5	Kler Lwee Htoo	4	30	65	95
6	Thaton	9	211	409	620
7	Papun	6	35	40	75
8	Pa An	19	61	274	335
9	Dooplaya	16	152	294	446
10	Win Yee	12	133	350	483
11	Mergue/Tavoy	13	316	555	871
12	Yee	6	142	159	301
13	Moulamein	8	105	111	216
14	Ta' ang	11	75	121	196
15	Kachin	4	45	90	135

16	Chin(WLC)	2	35	39	74
17	Pa Oh	2	25	44	69
18	Naga	3	34	35	69
Total		150	1,922	3,123	5,045

(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. The BPHWT conducted 5 village health worker trainings. The total participants were 129 comprised of 98 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

Table 9: Number of VHW Training and Participants

No	Area Name	Name Of BP	# Of session	Participants		Total
				M	F	
1	Mergue/Tavoy	2	2	9	42	51
2	Kler Lwee Htoo	1	1	13	7	20
3	Ta' ang	2	2	9	49	40
Total		5	5	31	98	129

(10) Village Health Worker (VHW) Workshop

The BPHWT organized 45 sessions of village health workers (VHWs) workshops. The total number of participants was 533 comprised of **208** men and **345** women. The Village Health Worker (VHW) Workshop aims to strengthen the knowledge and skills of VHWs in primary healthcare, disease prevention, diagnosis, and treatment, with a particular focus on malaria and maternal and child health (MCH). It also seeks to improve understanding of Water, Sanitation, and Hygiene (WASH) practices to promote community health, provide training on emergency referrals and basic life-saving interventions, and foster collaboration between VHWs and field health workers.

The participants will be introduced to their roles and responsibilities, the principles of primary healthcare, common health issues in rural and conflict-affected areas, disease prevention and health promotion, covering malaria prevention, diagnosis using rapid diagnostic tests (RDTs), and treatment with artemisinin-based combination therapies (ACTs). Furthermore, VHWs will receive training in diagnosing and treating common diseases, including diarrhea, pneumonia, malnutrition, and dengue. They will also learn about safe medication practices, emergency care, first aid, and referral systems. Workshop materials include training manuals, malaria RDT kits, first aid kits, emergency referral guidelines, and IEC materials for health education.

Table 10: Village Health Worker workshop and participants list

No	Area	# of VHW Workshop	Gender		Total
			M	F	
1	Kayah	19	45	80	125
2	Kayan	1	0	7	7
3	Kler Lwee Htoo	3	9	8	17
4	Mergue/Tavoy	8	46	100	146
5	Naga	7	67	82	149
6	Ta' ang	7	41	68	109
Total		45	208	345	553

(11) VHC member in each field areas

According to the BPHWT policy, every area and every Backpack team should establish and maintain a Village Health Committee (VHC). The VHC plays a crucial role in the community by supporting health workers in delivering healthcare services, referring patients for further treatment, and actively participating in health education programs. Composed of respected community members, including local leaders, teachers, and trained volunteers, the VHC ensures diverse representation and strengthens community involvement in healthcare. Their responsibilities include assisting Backpack Health Workers (BPHWs), Community Health Workers (CHWs), and Village Health Workers (VHWs) in providing essential health services, coordinating emergency referrals, and organizing health education sessions on disease prevention, maternal and child health, hygiene, and nutrition. Additionally, the VHC engages the community in healthcare initiatives, monitors and reports on health trends, and collaborates with local stakeholders to mobilize resources for healthcare improvements. By fostering local participation and ownership of health programs, the VHC enhances the sustainability of healthcare services and empowers communities to take an active role in improving public health outcomes. The table below is showing the total number of VHC formation and member for each field areas.

No	Area	# of organize VHC	VHC member		
			Men	Women	Total
1	Kayah	7	32	33	65
2	Kayan	8	67	27	94
3	Special	2	18	11	29
4	Taungoo	3	27	3	30
5	Kler Lwee Htoo	5	19	28	47
6	Thaton	7	31	42	73
7	Papun	4	35	9	44
8	Pa An	8	43	35	78
9	Dooplaya	10	71	32	103
10	Kawkareik	1	7	3	10
11	Win Yee	4	12	19	31
12	Mergue/Tavoy	7	35	26	61
13	Yee	6	40	14	54

14	Moulamein	6	41	33	74
15	Ta' ang	6	39	19	58
16	Kachin	4	15	14	29
17	Chin(WLC)	2	7	8	15
18	Pa Oh	2	17	3	20
19	Naga	2	5	5	10
Total		94	546	364	925

(12) 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. The Backpack organized 205 times of VHC meetings within 1,669 participants.



VHC members conducted quarterly VHC meeting

No	Area	# of VHC Meeting	Participants		
			Men	Women	Total
1	Kayah	13	74	94	168
2	Kayan	8	82	34	116
3	Special	8	39	19	58
4	Taungoo	7	35	20	55
5	Kler Lwee Htoo	13	59	70	129
6	Thaton	14	54	39	93

7	Papun	6	78	12	90
8	Pa An	32	66	63	129
9	Dooplaya	36	77	51	128
10	Kawkareik	8	10	17	27
11	Win Yee	16	43	61	104
12	Mergue/Tavoy	14	79	87	166
13	Yee	6	35	20	55
14	Moulamein	6	38	20	58
15	Shan	2	30	15	45
16	Ta' ang	10	103	84	187
17	Chin(WLC)	2	20	13	33
18	Pa Oh	2	9	5	14
19	Naga	2	11	13	14
Total		205	942	737	1,669

(13) WASH training

The BPHWT provide one session of WASH training. The total number of participant is 31 comprised of 14 men and 17 women. WASH training in the communities is essential for improving public health and reducing the spread of preventable diseases. The training focuses on educating community members about the importance of safe water storage, personal hygiene practices, vector control, and sanitation measures, such as building and maintaining latrines. The training empowers individuals to adopt behaviors like regular handwashing with soap, proper waste disposal, and the use of clean water for drinking and cooking, which are vital for preventing waterborne diseases like diarrhea, cholera, and typhoid.

(14) Nutrition training and cooking demonstration

The BPHWT conducted one sessions of nutrition training. There was a four-days training. The total participants were 27 comprised of 2 men and 25 women. The trainees were from BPHWT target team.

The objectives of nutrition training are:

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



Group cooking demonstration

Key topics are:

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

(15) Health campaign

Annually, BPHWT observes key health days in communities, with a particular focus on World AIDS Day. On this occasion, field health workers provide essential health education on HIV/AIDS, raising awareness about infection transmission, prevention methods, treatment options, and the importance of early diagnosis. The awareness sessions emphasize the significance of safe practices, including the use of condoms, regular testing, and reducing stigma and discrimination against individuals living with HIV/AIDS. Additionally, BPHWT collaborates with local health committees, community leaders, and partner organizations to distribute informational materials, promote voluntary counseling and testing (VCT), and ensure access to antiretroviral therapy (ART) for those in need. Through these activities, BPHWT aims to enhance community understanding, encourage preventive behaviors, and support those affected by HIV/AIDS, contributing to broader public health efforts in conflict-affected and rural areas.



Organized health campaign to communities

No	Area Name	#of Health Campaign	Gender		Total
			M	F	
1	Kayan	8	150	196	346
2	Thaton	5	98	91	189
3	Mergue/Tavoy	8	114	178	292
4	Taungoo	6	75	109	184
5	Dooplaya	5	59	74	133
6	Pa An	13	57	226	283
7	Ta' ang	3	42	56	283
	Total	48	553	874	1427

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 2024, **2,152** babies were delivered, **15** still-births were recorded, **8** neonatal deaths, and **3** maternal deaths. There were **1,604** birth records received from the targeted field areas. Some of deliveries received birth records from the government health providers, as a number of people are still afraid of having the birth records from the BPHWT.



Health worker providing antenatal care to client

MCHP Data January to December 2024

Table 1: Summary Facts of the MCHP's Activities	
Description	Totals
• Total deliveries	2,152
• Attendant by TBA/TTBA- 1145, HW 901 and other 106	
• Live births	2,143
• Get oxytocin	502
• Still births	15
• Neonatal deaths	8
• Maternal deaths	2
• Low birth weight	172
• Pregnant women receiving de-worming medicine	1,662
• Pregnant women and women receiving iron	1,920
• Newborn babies receiving birth records	1,604
• Clean Delivery kit	2,595
• Family planning clients	6,452
• Attendant by other	106
• PNC within 2 day	1,046

(1) Trained Traditional Birth Attendant (TTBA) Training

During the period of January to December 2024, the BPHWT conducted 5 sessions of TTBA training. The total number of participants was 49 and all are 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.



Organized TBA/TTBA training

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 summary
- Post-test

Table 2: Number of TTBA training and Participants					
No	Area	# Training	Men	Women	Total
1	Chin (WLC)	1	0	15	15
2	Kayan	1	0	11	11
3	Kachin	1	0	23	23
4	Mergue/Tavoy	2	2	45	47
	Total	5	2	94	96

(2) TBA/TTBA Workshops

The BPHWT conducted 111 sessions of TBAs/TTBAs workshops within 14 areas of targeted. 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 789 comprised 63 male and 726 female from trained TBAs/TTBAs.



Organized TBA/TTBA workshop

Discuss of topics:

- Antenatal Care
- Postnatal Care
- Nutrition
- Family planning
- Maternal Death review
- TBA Checklist
- Personal hygiene for mother
- Exclusive of breastfeeding
- 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	Kayan	2	0	24	24
2	Special	4	3	21	24
3	Taungoo	6	2	71	73
4	Kler Lwee Htoo	13	5	65	70
5	Thaton	12	0	77	77
6	Papum	12	16	100	116
7	Pa An	14	7	71	78
8	Dooplaya	14	17	57	74
9	Kawkareik	6	3	32	35
10	Win Yee	8	3	44	47
11	Mergue Tavoy	7	6	34	40
12	Pa Oh	2	0	17	17
13	Ta' ang	10	1	101	102
14	Chin (WLC)	1	0	12	12
	Total	111	63	726	789

Areas	Male	Female	Total
Special	18	22	40
Taungoo	18	11	29
Kler Lwee Htoo	36	28	64
Thaton	103	101	204
Papun	234	149	383
Pa An	100	99	199
Doooplaya	149	113	262
Kawkareik	50	45	95
Win Yee	120	110	230
Mergue/Tavoy	49	49	98
	877	727	1,604

No	Area	Delivery	Live Birth	Still Birth	Neonatal Death	Oxytocin	Deworm	Receipt F/S F/A	Weight <2.5	Baby Weight	Maternal Death	TBA/TTBA	HW	Other
1	Kayah	51	51	0	0	6	51	51	3	51	0	1	49	1
2	Kayann	64	63	1	0	2	64	64	2	63	0	14	50	0
3	Special (Pa An)	38	38	0	0	1	38	38	2	34	0	17	21	0
4	Taungoo	17	17	0	0	9	17	17	1	16	0	1	16	0
5	Kler Lwee Htu	30	28	2	2	15	2	25	2	19	0	17	7	6
6	Thaton	204	204	0	0	30	203	203	17	204	0	91	111	2
7	Papun	456	448	9	5	51	71	282	24	201	1	415	25	16
8	Pa An	350	353	2	0	52	350	350	52	352	0	87	241	22
9	Doooplaya	330	329	1	0	8	330	330	25	250	1	214	102	14
10	Win Yee	200	200	0	0	48	199	199	24	197	0	111	87	2
11	Mergue/Tovoy	242	242	0	1	119	175	199	16	157	0	163	79	0
12	Moe Yee	94	94	0	0	94	94	94	0	77	0	5	46	43
13	Ta' aung	53	53	0	0	49	50	50	4	50	0	2	51	0
14	Pa Oh	23	23	0	0	18	18	18	0	9	0	7	16	0
Total		2,152	2,143	15	8	502	1,662	1,920	172	1,680	2	1,145	901	106

(3) Health Education and Sexual Reproductive Health and Right Awareness Workshop

The BPHWT has started to conduct a Sexual Reproductive Health and Right (SRHR) awareness workshop and relevant health education workshop in the field areas since late 2015 to improve the reproductive health to the age of under 18 to over 18 participants. During this reporting period, there were **148** sessions of SRHR 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 **5,285** participants, 1,050 male and 4,235 female. The purpose is to increase reproductive health awareness in the communities and to increase community participation in the MCH program.



Organized health education and SRHR awareness workshop to communities

Discuss of topics:

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

- 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: Health Education s participant list/SRHR awareness raising

No	Area	# of Health Education	<15		> = 15		Total
			Men	Wome n	Men	Wome n	
1	Kayah	11	42	91	38	208	379
2	Kayan	3	27	49	10	64	150
3	Special	4	1	9	1	99	110
4	Taungoo	14	72	111	107	137	427
5	Kler Lwee Htoo	4	0	1	26	89	116
6	Thaton	20	74	143	94	481	792
7	Papun	10	6	7	94	208	315
8	Pa An	24	27	84	71	658	840
9	Dooplaya	33	61	323	143	670	1,197
10	Kawkareik	10	9	175	14	219	417
11	Win Yee	8	1	32	61	237	331
12	Ta' aung	3	0	0	36	51	87
13	Kachin	2	5	30	10	16	61
14	Chin (WLC)	2	0	0	20	43	63
Total		148	325	1,055	725	3,180	5,285

(4) GBV awareness raising workshop

During this reporting period, the BPHWT organized **98** workshops of GBV. The total number of participants was **2660** comprised of **745** men and **1,915** women. The BPHWT has conducted GBV awareness raising workshops focused on both the age of under 18 years to over 18-year.



Organized GBV awareness workshop to communities

Discussion topics:

- GBV Teenage pregnancy
- Family planning
- Sexual reproductive health and rights
- Maternal Health
- Puberty of boy and girl
- Safe abortion
- Complication of unsafe abortion
- Menstruation
- Sex and gender
- Definition of gender
- Definition of GBV,
- 6 main categories of GBV
- 4 main services that survivor might need
- Gender stereotype

Table 7: GBV awareness raising participant list

NO	Area	# of GBV awareness	<15		≥ 15		Total
			Men	Women	Men	Women	
1	Kayah	11	39	91	43	233	406
2	Kayan	3	18	39	10	63	130
3	Taungoo	23	32	43	81	116	272
4	Kler Lwee Htoo	11	1	16	52	271	340
5	Thaton	20	52	80	95	412	639
6	Papun	11	16	5	117	228	366
7	Pa An	3	6	3	28	49	86
8	Win Yee	1	0	0	4	8	12
9	Ta' Ang	12	4	2	127	186	319
10	Kachin	2	5	28	9	18	60
11	Chin WLC	1	0	0	6	24	30
	Total	98	173	307	572	1,608	2,660

(5) Nutrition for pregnancy

In January to December 2024, the activity of nutrition for pregnancies were conducted in Pa An, Kawkariek, 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 **1,333**. The table below shows the number of total pregnant women who received nutritious foods monthly.



Distribution of nutrition food to pregnant women

Table 8: Number of pregnant women receiving nutrition foods

No	Area	# of BP Teams	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
1	Kayah	6	0	0	0	0	10	52	0	0	0	0	0	0
2	Kayan	3	0	0	0	0	45	0	0	0	0	0	0	0
3	Special	2	0	0	63	0	57	0	0	0	64	0	56	0
4	Taungoo	3	0	0	0	0	30	219	0	0	0	0	0	0
5	Thaton	4	0	0	0	0	25	230	0	0	0	0	0	0
6	Pa An	7	0	42	218	123	221	178	63	137	239	48	127	89
7	Dooplaya	7	44	66	246	72	253	86	77	64	273	45	33	226
8	Kawkareik	4	95	109	114	40	92	53	60	60	86	45	11	56
9	Win Yee	4	42	40	162	37	154	42	37	38	156	37	60	103
	Total	40	181	257	803	272	887	860	237	299	818	175	287	474

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

No.	Areas	De-Worming	F/S & F/A
1	Kayah	51	51
2	Kayann	64	64
3	Special (Pa An)	38	38
4	Taungoo	17	17
5	Kler Lwee Htu	2	25
6	Thaton	203	203
7	Papun	71	282
8	Pa An	350	350
9	Dooplaya	330	330
10	Win Yee	199	199
11	Mergue/Tovoy	175	199
12	Moe Yee	94	94
13	Ta' ang	50	50
14	Chin WLC	18	18
	Total	1,662	1,920

(6) Family Planning Activities

In January to December 2024, the BPHWT provided family planning services to **6,452** people comprised of **127** 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.

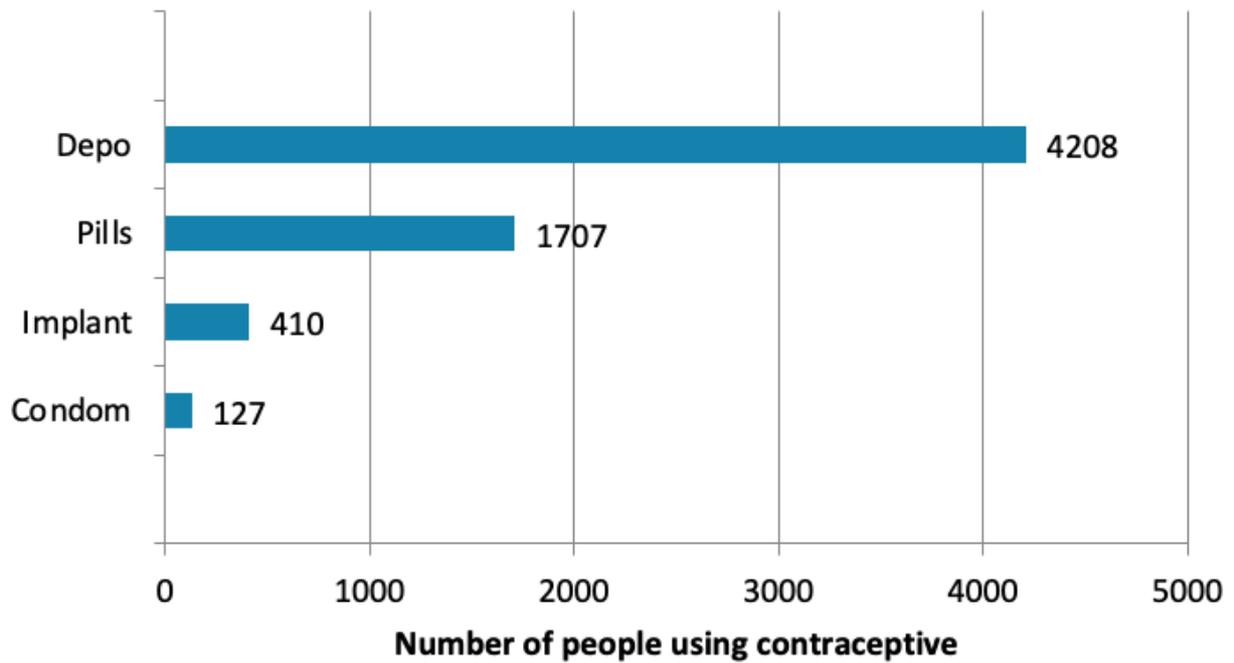


Provided implant to client

Table 11: Family planning data January –December 2024

No	Area	Age		Visits		Clients				Total
		<19	>=19	New	Old	Depo	Pill	Condom	Implant	
1	Kayah	14	380	67	327	263	119	4	8	394
2	Kayann	4	294	58	240	198	86	8	6	298
3	Special (Pa An)	0	129	27	102	92	9	0	28	129
4	Taungoo	1	138	30	109	40	34	0	65	139
5	Kler Lwee Htu	3	253	111	145	206	47	2	1	256
6	Thaton	13	349	118	244	174	86	2	100	362
7	Papun	20	710	89	641	401	219	6	104	730
8	Pa An	21	613	24	610	394	160	10	70	634
9	Dooplaya	29	1218	93	1154	852	364	31	0	1,247
10	Kawkareik	2	35	2	35	35	2	0	0	37
11	Win Yee	15	706	9	712	494	178	40	9	721
12	Mergue/Tovoy	10	223	93	140	141	82	2	8	233
13	Moe Yee	14	214	43	185	159	69	0	0	228
14	Ta' ang	55	489	136	408	368	144	21	11	544
15	Pa Oh	41	459	97	403	391	108	1	0	500
Total		242	6,210	997	5,455	4,208	1,707	127	410	6,452

Contraceptive use clients-2024



No	Area	PNC		
		Day 1	Day6	6wks
1	Kayah	58	12	12
2	Kayann	8	3	15
3	Special (Pa An)	3	4	26
4	Taungoo	16	0	1
5	Kler Lwee Htu	17	22	14
6	Thaton	92	98	103
7	Papun	362	351	167
8	Pa An	121	119	97
9	Dooplaya	62	38	52
10	Win Yee	43	33	28
11	Mergue/Tovoy	242	242	171
12	Moe Yee	22	86	9
13	Ta' ang	49	18	19
Total		1,095	1,026	714

(7) 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. The BPHWT organized 53 sessions of CSE training and total number of participants were 1705 comprised of 599 men and 1106 women.



Organized CSE training to students

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. CSE training and participants

NO	Area	# of Clinics	# of session	Men	Women	Facilitator
1	Pa An	2	21	245	487	Saw Kyaw Sharr , Naw Mu Mu & Naw Kyay Htoo
2	Win Yee	1	8	128	176	Naw Paw Pa Wah & Naw Paw Ner Moo
3	Dooplaya	3	24	245	487	Saw Bo Ra Hto, Naw Khaing Lin Thu, Naw Thu Zar, Naw Aye Htoo, Saw Kaw Bay, , and
Total		6	53	618	1,150	

(8) Program workshop

In January to June 2024, the BPHWT organized 3 sessions of maternal and child healthcare program workshop

Discussion topics:

- Explain the objective of the Program workshop
- Questionnaires' MCH
- Maternal death review form, RH protocol, MCH Hand book
- Program report theory with practice
- All activities report and financial (eg VHC, HE, referral)
- Data entry (Logbook and Chart)
- Discuss Weakness and Challenges of MCH Activities
- Explain Guideline and Form
- Discuss Data entry, Future Plan
- Discuss the Financial section and Share the TBA Workshop Form, Maternal Death Form, Birth record

Table 15: Program workshop

Date	Participants	Facilitator
21 to 27/02/2024	30 participants	Blessing May ,Saw Myaint Htwe , Esther Wah Poe ,Thaw Thi Paw
19-25/08/2024	31participants	Blessing May, Naw Eh Hser Paw, Naw Htoo, Sayama Hser Mu Nar, Saya Ko Ki Kyaw

Table 16: Summary Facts of Monitoring and Evaluation (M & E) trips (Jan-December 2024)

Date	Area & Backpack Name	Facilitator
18 - 20/05/2024	Hpa An /Mae Tha Moo	Naw Eh Hser Paw, Naw Jecqucline
28 - 29/05/2024	Hpa An /Khaw Thu Khee	Naw Eh Hser Paw ,Naw Jecqucline
24/04/2024	Ma Eu/ Win Yee	Naw Thaw Thi Paw
26/04/2024	Ko young / Win Yee	Naw Thaw Thi Paw
10/11/2024	Hpa An /Htee Wah Blaw	Naw Htoo, Naw Tin Pa Pa Win, Naw War Nu, Saw Hel Poe Htoo.
14/11/2024	Hpa An /Naung Kai	Naw Htoo, Naw Tin Pa Pa Win, Naw War Nu

7. FIELD MEETINGS AND WORKSHOPS

The BPHWT conducts field workshops and field meetings twice a year. In January to December 2024, BPHWT organized **23** field workshops and **10** field meetings conducted in the targeted field areas; there were **302** participants who attended field meetings and **656** participants who attended field workshops.

Description	# of Workshops/Meetings	Men	Women	Total
Field Workshops	23	280	376	656
Field Meetings	10	129	173	302
Total	33	409	549	958

8. EMERGENCY RESPONSE ACTIVITIES

Due to the ongoing clashes between the State Administration Council (SAC) forces and Ethnic Armed Organizations (EAOs), the number of internally displaced persons (IDPs) continues to rise across areas under the administration of Ethnic Health Organizations (EHOs). Many IDPs urgently need support, including food, medicine, medical supplies, and shelter. These emergency response activities are vital to addressing the complex humanitarian challenges faced by populations in Myanmar due to the interplay of conflict, displacement, and natural disasters. In response, the Back Pack Health Worker Team (BPHWT), in collaboration with partner organizations, is providing essential aid to IDPs and conflict-affected regions in Burma/Myanmar. The displacement and harsh living conditions have led to a surge in infectious diseases such as malaria, acute respiratory infections (ARIs), diarrhea, dysentery, worm infestations, and war-related injuries, as people are forced to flee and hide in the jungle.

The BPHWT distributed humanitarian aid in the Kler Lwee Htu area, including 300 tarpaulin sheets, 300 blankets, 300 floor mats, and 270 hammocks to support 300 households. Additionally, 300 sacks of rice were provided to 3,598 internally displaced persons (IDPs) in the Kler Lwee Htu area. Furthermore, the BPHWT provided cash assistance to affected communities in the Kayah, Kayan, Kler Lwee Htu, and Thaton field areas in response to flooding.

Moreover, inadequate sanitation facilities in flood-prone areas lead to open defecation or makeshift latrines that further contaminate the water supply. The international aid organizations have been working to mitigate these issues, but challenges persist due to limited resources, insufficient infrastructure, and the difficulty of reaching remote and conflict-affected areas. Kler Lwee Htoo district has experienced severe flooding due to seasonal monsoons,



Cash distribution to flooding affected areas

affecting thousands of households and disrupting access to clean water and sanitation. Flooding has contaminated water sources, which increases the risk of waterborne diseases like cholera, diarrhea and skin diseases. Immediate action is required to restore access to safe drinking water



Water flood in Kler Lwee Htoo area

and basic sanitation for affected populations. The estimated number of population affected is over 3,000 population in Wet Lar Taw, Noh Gaw, and Ma Ma Yel in Kyaukkyi townships' Backpack in Kler Lwe Htoo area. It also damaged 44 shallow wells, and 309 deep shallow wells. So, the communities did not get access to clean water. The BPHWT distributed chlorine treatment powder to flood-affected communities, accompanied by clear instructions for safe use to ensure effective neutralization of waterborne pathogens. Additionally, the BPHWT facilitated the removal of contaminated water from wells to restore safe water access.

9. CAPACITY BUILDING PROGRAM

The capacity building program aims 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 2024, 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.

Table 1: Number of training implementation in January to December 2024

No	Training Course	Periods	Sites	# of Training
1	Medic Training	12 Months	Dooplaya	1
2	Maternal and Child Healthcare Training	12 Months	BPHWT Office	1
3	Community Health Worker Training	6 Months	Thaton, Mergue/Tavoy, Thay Bay Hta, U Mi Hta	4
4	Trauma management Training	3 weeks	Noh Lah Khee, Day Bu Noh, Mergue/Tavoy, Dooplaya, Thay Bay Hta	6
5	Continuous Medical Education Training	1 week	Ka Law Hta, Htee Wah Hta, Pa An, Papun	4
6	First Aid Training	5 Day	Papun, Kler Lwee Htoo, Thaton, Pa An, Taungoo	20
7	Pharmacy Management Training	5 days	Pa An	2
8	Peer Education training	5 days	Thaton	1
9	Gender Based Violence training	3 days	Pa An	2
10	Mental Health and Psychosocial Support training	5 days	BPHWT office, Mergue/Tavoy	2
11	PSEA training	1 day	BPHWT office	2
12	HMIS training	5 days	Thaton, Taungoo, Kayah, Papun, BPHWT	4
13	Participatory Learning and Action	3 days	Thaton	1
14	Health Facility Management training	15 days	U Mi Hta, Thay Bay Hta	2
15	First Aid ToT training	5 days	Papun	1
16	Localization and Initial Environment Examination training	2 days	BPHWT office	1
17	Basic Medical Science for Health Care training	10 days	BPHWT office	1
18	Medico Legal Report Writing and Basic Forensic Medicine Workshop	3 days	Thay Bay Hta	1
19	MHPSS workshops	2 days	Mergue/Tavoy	21

1. Medic Training

The BPHWT organized one session of medic training and the purpose of the training courses were to upgrade the health workers' knowledge and skills as well as to provide updated health information and advanced levels of treatment to the communities in order to be able to serve their communities. There were 9 months of theories and 3 months practical in Mae Tao clinic. There were 40 participants comprised of 20 men and 20 women. The trainers were from BPHWT, partners organization and CDM doctors.

(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 women.



Lead trainer demonstrate with Mamanatalie

(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 conditions of local populations in the target areas. This CHW training lasted for six months and four-month internship at their respective clinics to apply the knowledge and skill from it. The purpose of the training is to recruit more health workers to provide healthcare services in their communities. The total participants were 185 comprising 112 women and 73 men.

The training objectives are:

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

Key Course Topics:

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

(4) Trauma Management Training

The BPHWT conducted 6 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 munities. 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 130 comprising 60 females and 70 males.

(5) Community Medical Education (CME) Training

The BPHWT organized 4 sessions of continuous medical education (CME) training. This program benefits field staff for further learning. There were 82 comprised of 41 female and 41 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) First aid Training

The BPHWT conducted 20 sessions of first aid training in different areas of Backpack targeted areas. The total number of participants were 446 comprised of 244 females and 202 males. After the training the BPHWT also distributed first aid kits for one kit to each trainee.

Objective:

- Understanding DRABCD 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 arrivers

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, DRABCD action plan, bleeding and infection control, Management of Shock and choking.

(7) Pharmacy Training

The BPHWT organized Two sessions of pharmacy training. In this training, field health workers and office focal staff for pharmacy and warehouse were attend the training. The total number of participants were 28 comprised of 7 male and 21 female.

Discussion topics:

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

(8) Peer Education training

BPHWT organized one session of peer education training in Thaton field area. The total number of participants were 26, comprising 9 men and 17 women.

Discussion 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, Fairness, Esteem
- Different stresses and different Emotions
- Normal Body response (Fight, Flight, Freeze and Fawn)
- Body and mind connections – Physiological changes under stress

(9) Gender Based Violence training

The BPHWT organized Two session of gender based violence training in 2024. The total number of participants was 78, including 21 males and 57 females from the BPHWT's targeted areas. The trainer was Naw Eh Hser Paw 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:

- Main Categories of GBV
- Physical violence
- Sexual violence
- Economic Violence
- PSEA
- Harmful Traditional Practice
- Confidentiality
- Safety/security
- Non-discrimination

(10) Mental Health and Psychosocial Support Training

The BPHWT organized 2 session of mental health and psychosocial support trainings in BPHWT office and field area. The total number of participants were 54 comprised of 29 women and 25 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

(11) PSEA Training

The BPHWT conducted two sessions of PSEA training in BPHWT office, Mae Sot. The total participants were 52, comprised of 37 women and 15 men.

Key topics were;

- International definition of PSEA
- Orientation of the BPHWT's PSEA policy
- Safeguarding

(12) Health Management Information System Training

The Backpack organized 4 sessions of HMIS training. The HID coordinator, assistance coordinator and HID staff explained and revised the data forms, patient register code to the HID staff, and the future plan. The total number of participants was 105, 66 women and 39 men.

Training objectives:

- To understand variables clearly
- To register and record variables completely
- To understand data sources and indicators
- To improve the data quality (3C – complete, correctness, consistence)
- To understand data Collection Tools and software application
- To Know reporting timeline

Key discussion topics:

- Data quality
- Explained village name and village code
- Explained registration code
- Explained ANC chart and ANC logbook
- Explained delivery logbook and chart
- Explained PNC logbook and chart
- Explained family logbook
- Explained RH and GM logbook
- Worker report form
- Field in-charge report form
- MCH, CHEPP, MCP report form
- Explained MUAC and data entry
- Data cleaning
- Practicing of data entry and related logbooks
- Pharmacy management and M&E

(13) Participatory Learning and Action Training

The BPHWT organized one session of participatory learning and action training. The main purpose of PLA is to support people within communities to analyze their own situation, rather than have it analyzed by outsiders, and to ensure that any learning is then translated into action. The participants were from different field areas and the total number of participants was 31 including 5 men and 26 women. PLA is a participatory methodology and should always be conducted with the full and active participation of community members.

(14) Health Facility Management Training

The BPHWT organized Two sessions of health facility management training. The participants were from different field areas and the total number of participants was 50 including 22 men and 28 women. All trainees were senior staff. The training objective was to impart knowledge and practice management and supportive supervision.

Training topics:

- Health care management
- Primary healthcare
- Comprehensive healthcare
- Health promotion and disease prevention
- Basic epidemiology
- Quality improvement
- Infection prevention and control

(15) First Aid ToT Training

First Aid (ToT) is a program designed to equip participants with the skills and knowledge needed to teach advanced first aid techniques effectively. It focuses on developing both practical first aid competencies and training delivery methods, enabling trainees to confidently educate others in life-saving skills such as CPR, wound management, treating burns, and handling fractures. The training also emphasizes effective communication, classroom management, and adult learning principles to ensure participants can deliver engaging and clear instruction in diverse community or organizational settings.

(16) Localization and Initial Environmental Examination Training

The BPHWT implemented one session of localization training and one session of initial environmental examination training in office center, Mae Sot. The total number of participants were 25 comprised of 9 men and 16 women. So, many donors are interested in strengthening ethnic healthcare services and leadership. Therefore, BPHWT staff need to understand the concept of localization and IEE. As our BPHWT junior staff member are future leaders, they need to acquire leadership skills and learn more about change management. Environmental issues are also mandatory for our project and relevant to our donors. Thus, BPHWT junior staff must understand environmental concern and know how to create mitigation plans. They need to be well versed in the IEE checklist and practice it in every program to monitor and mitigate environmental impact.

Objectives:

- Junior staff understand and practice leadership skills and can lead among staff.
- Understanding of initial environmental examination (IEE) checklist and understanding of international rules and regulation of IEE.

Training topics:

- Concept of localization
- Observing the presentation situation in Burma/Myanmar
- Leadership style
- Five RS log frame for local capacity strengthening
- Checklist for localization
- The foreign assistance act for IEE
- Difference between initial environmental examination and request for categorical exclusion
- Environmental mitigation and monitoring plan

(17) Basic Medical Science for Health Care Training

The BPHWT organized a Basic Medical Science for Healthcare Training course for office staff who had not previously completed formal medical training. The training covered fundamental topics, including basic human anatomy and physiology, to enhance their understanding of healthcare concepts and improve their capacity to support program activities.

(18) Medico Legal Report Writing and Basci Forensic Medicine Training

The BPHWT conducted a Medico-legal report writing and basic forensic medicine training, with 62 participants (45 men and 17 women) receiving training. The workshop aimed to enhance participants' understanding of medico-legal procedures in conflict-affected areas. Key topics included the Medico-Legal Guidelines, focusing on the legal and ethical responsibilities of healthcare providers, proper documentation of injuries, and adherence to legal frameworks. Participants also received training on KNU Criminal Case Reporting, covering procedures for documenting and reporting criminal cases, particularly those involving human rights violations and gender-based violence (GBV). Additionally, the workshop addressed forensic documentation, best practices for recording medical evidence, and ensuring reports are legally admissible. Discussions also emphasized patient confidentiality, ethical considerations, and the importance of safeguarding individuals' rights. Furthermore, the training highlighted the need for strengthened coordination between healthcare providers, legal aid groups, and local authorities to improve responses to medico-legal cases. This workshop was instrumental in equipping participants with the necessary skills to handle medico-legal cases effectively while ensuring proper documentation and legal accountability.

The key topics are:

- Medico-Legal Guideline
- KNU Criminal Case Reporting

(19) Mental Health and Psychosocial Support workshop

The Back Pack Health Worker Team (BPHWT) conducted 21 sessions of Mental Health and Psychosocial Support (MHPSS) workshops across targeted communities. A total of 874 participants attended these sessions, consisting of 301 men and 573 women. The workshops aimed to increase awareness and understanding of mental health, stress management, and psychosocial support strategies to improve community resilience and well-being.

The primary objectives of the mental health workshops were to help participants understand the meaning of health and well-being, including mental, psychological, social, and psychosocial health. The workshops also focused on identifying different stressors in the current situation, exploring the causes of stress, and enhancing awareness of how stressful situations impact physiological systems and overall health. Additionally, they aimed to equip participants with coping strategies to manage stress and emotional well-being, promote community-based psychosocial support, empower individuals to recognize signs of mental distress, and encourage access to support resources when needed.

The objective of mental workshops were:

- 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 were:

- Detail 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. ANNUAL MEETING OF THE BACK PACK HEALTH WORKER TEAM

The BPHWT held its annual meeting starting from February 2024 at headquarter office in Mae Sot. Attending this meeting were 75 consisting of 39 male and 36 females from different areas of Backpack targeted areas. A week before the beginning of the meeting, each program conducted workshops, while the HID team focused on data entry and analyzed the data derived from the field areas. The data were discussed in program meetings before being discussed in the general meeting.

During the general meeting, the leading committee discussed the data within a programmatic perspective in order to monitor events taking place in the field. After the analysis, they discussed how to improve and enhance data collection methods. During the meeting, the leading committee members also offered advice for any issues that health workers could not solve by themselves, and provided input and suggestions to plans for the next period of implementation.

The purpose of the meeting was to facilitate discuss health workers' experiences in the field, shared knowledge, challenge, field situation update, and review which activities were and which were not implemented as well as why some activities could not be implemented, compared outcomes in relation to plans made at the previous six-months meeting, shared difficulties encounter in the field.

After the meeting, the leading committee discussed possible ways to handle the problems identified during the workshops and came to decisions about how to take action to solve these problems.

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).

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.

11. LEADING COMMITTEE AND FIELD IN-CHARGE MEETING

During the period of January to June 2024, 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. This meeting discussed the annual operation plan and actual budget also project projection. In addition, the discussion and agreement of finance policy, procurement policy, HR policy, and PSEA policy were also involved. The discussion also included how to address healthcare services among conflict-affected areas, emergency humanitarian assistance/contingency plan, and program mapping for effective healthcare services for the next six months.

Meeting decision:

- 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

12. 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 2024, the BPHWT leading committee, executive board members, program coordinators conducted regular 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.

13. LOGICAL FRAMEWORK OF BPHWT PROGRAMS

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

Overall goal	Reduce morbidity and mortality, and minimize disability by enabling and empowering the community through Primary Health Care				
Objectives	Activities	Indicators	Targets	Remarks	Outcome Jan-Dec 2024
Medical Care Program					
1. Provide essential drugs and treat the common diseases	1.1 Maintain existing BPHWT teams	No. of teams existing	120 BP teams	Increased 6 BP teams in 2024	120 Teams
	1.2 Provide medicines and medical supplies	No. of target population and total case-load (w/m, under/over 5)	120 BP teams	318,666(147,395 men & 155,276 women)	
	1.3 Treat common diseases and injuries	No. of cases treated (w/m, under/over 5)	100,000 cases being treated (w/m, under/over 5yrs)	Annual caseload	106,838 cases (59,773 women and 47,065 men) Under 5: 20,769(10,432 m & 10,337 w) Over 5: 86,069 (36,633 m & 49,436 w)
	1.5 Provide ITNs, malaria rapid diagnosis tests (RDTs) and malaria medicine	No. of ITNs provided and no. of HHs and people receiving ITNs	50,000 ITNs will benefit		40,000 ITNs distributed
2. Respond to disease outbreaks and emergency situations	2.1 Communication and data and information collection	Regular	Regular		Regular

	2.2 Purchase emergency medical supplies and immediately take action	Prompt reporting population affected No. of cases treated (w/m, under & over 5 years old)	-Effective response and treatment for disease outbreaks or emergency situations (w/m & under/over 5 years old)		12 units
3. Improve patient referral system	3.1 Refer patients to the nearest hospitals or clinics	No. of referrals patients(w/m) List of referral sites	100 patients referred to hospitals or clinics (w/m)		573 (217 men & 356 women)
	3.2 Facilities upgrade for clinics (Secondary care centre)	No. of clinic upgraded	4 clinics	Hpa pun field area	4 clinics
	3.3 conduct logbook review	1 time	Annually	MCP	
4. Promotion mental health awareness in communities and treat the patients	4.1 Conduct community mental health workshop	No. of workshop No. of participants (m/f)	Six-monthly/Annual report		21 workshops
Community Health Education and Prevention Program					
1. Reduce the incidence of malnutrition and worm infestation	1.1 Distribute de-worming medicine to children between 1 to 12 years old	No. of children receiving deworming medicine	70,000 children	Six month & Annual report	68,239 children
	1.2 Distribute Vitamin A to children between the ages of 6 months to 12 years old	No. of children receiving Vitamin A	70,000 children	Six month & Annual report	49,497 children
	1.3 Provide supplementary feeding and treatment to malnourished children aged 6-59 months	No. of children receiving nutrition food	200 children	Six month & Annual report	71 children
	1.4 Conduct nutrition screening for children aged 6-59 months	No. of nutrition screening No. of children	10 times	Targeted 1,500 children	4,672 children

	1.5 Provide nutrition to IYCF	No. of pregnant women No. of <2 year children	300 to IYCF		727
	1.6 Conduct nutrition awareness workshop	No. of workshop No. of participants (m/f)	80 workshops	20 participants/ workshop	111 workshops
2. Improve health knowledge of students and teachers	2.1 Conduct School Health Education for students and teachers	No. of school health education No. of students and teacher (w/m)	100 school health education workshops	1 workshop for 50 students for two times	50 workshops
3. Improve community level knowledge and participation in health	3.1 Conduct Village Health Committee meetings quarterly/ six-monthly	No. of VHC meeting and participants	240 VHC meetings	1 VHC for 9-15 participants	205 VHC meetings
	3.2 Conduct Village Health Worker training	No. of VHW training No. of participants (W/M)	4 trainings	1 training for 20 participants.	4 trainings
	3.3 Community health promotion workshop (Village Health Workshop)	No. of workshops No. of participants (W/M)	240 workshops	1 workshop for 30 participants.	150 workshops
	3.4 Conduct health education campaigns	No. of health education campaigns No. of participants (W/M)	120 sessions	Once a year	48 sessions
4. Improve water and sanitation systems in the community to reduce waterborne diseases	4.1 Build community latrines	No. of latrines-built No. of HHs	500 latrines	1 latrine per household.	345 latrines
	4.2 Build school latrines	No. of latrines-built No. of schools No. of students (B/G)	100 latrines	1 school latrine for 25 students	16 latrines
	4.3 Water filter	No. of water filters No. of schools No. of students (B/G)	200 water filters	1 water filter for 20 students	100 water filters
	4.4 Install gravity flow water systems	No. gravity flows installed No. of HHs and people (W/M)	4 gravity flows	1 gravity flow for 30 HHs & 150 Pop.	5 gravity flows
	4.5 Install shallow well water systems	No. shallow wells installed	10 shallow wells	1 shallow well for 10 HHs & 50 pop.	12 shallow wells

		No. of HHs and people (W/M)			
	4.6 Conduct WASH awareness workshop	No. of workshops No. of participants (W/M)	200 WASH workshops	1 workshop for 30 participants.	60 workshops
Maternal and Child Healthcare Program					
1. Increase maternal and child health care	1.1 Distribute deworming medicine to pregnant women	No. of pregnant women receiving deworming medicine	2,100 women	Including in CD kit	1,662 women
	1.2 Distribute folic acid and ferrous sulphate tablets to pregnant women and women	No. of pregnant women and women receiving iron	2,100 women	Including in CD kit	1,920 women
	1.3 Refer serious obstetric cases	No. of serious obstetric cases	60 cases		206 cases
	1.4 Refer ECC cases	No. of ECC cases	40 cases		16 cases
	1.5 Distribute nutrition food to pregnant women	No. of pregnant women	2,000 pregnant women	Distribute quarterly	1,333 women
2. Raise awareness among villagers on family planning and provide them with family planning supplies	2.1 Provide family planning supplies	No. of clients using the family planning (w/m)	4,000 W/M		6,452 clients
	2.2 Conduct Sexual Reproductive Health and Right awareness workshops	No. of workshop No. of participants (M/F)	160 workshops	1 workshop for 30 participants	148 workshops
	2.3 Conduct GBV awareness workshop	No. of workshop No. of participants (M/F)	160 workshops	1 workshop for 30 participants	98 workshops
3. Improve the knowledge and skills of MCH, TBAs/TTBAs and MCH Supervisors	3.1 Conduct TTBA training	No. of new TTBAs complete the training	6 trainings	1 training for 20 TTBAs	3 trainings
	3.2 Conduct TBA/TTBA workshops	No. of TBA/TTBA Follow-up Workshops held & no. of TTBAs attending (w/m)	160 workshops	1 workshop for 12 TBAs/TTBAs	111 workshops
	3.3 Provide Clean Delivery kits	No. of clean delivery kits distributed	3,600 kits	1 kit for 1 PW	2595 kits
	3.4 Provide TBA/TTB kits	No. of kit distributed	600 kits	1 kit for 1 TBA/TTBA	

Capacity Building					
1. Improve health worker and staff knowledge and skills	1.1 Community Health Worker training	No. of CHW trainings No. of participants (m/f)	3 trainings	1 training for 40 health workers	4 trainings
	1.2 CHW ToT	No. of CHW ToT trainings No. of participants (m/f)	1 training	1 training for 20 health workers	1 training
	1.3 Conduct OD training	No. of OD training No. of participants (m/f)	2 trainings	1 training for 20 health workers	1 training
	1.4 Conduct Continuous Medical Education training	No. of CME training No. of participants (m/f)	6 trainings	1 training for 20 health workers	4 trainings
	1.5 Conduct Trauma Management training	No. of Trauma Management training No. of participants (m/f)	4 trainings	1 training for 20 health workers	6 trainings
	1.6 Medic training	No. of Medic training No. of participants (m/f)	1 training	1 training for 40 health workers	1 training
	1.7 MCH training	No. of MCH training No. of participants (m/f)	1 training	1 training for 20 health workers	1 training
	1.8 Conduct Mental Health and Psychosocial workshop	No. of MHPSS workshop No. of participants (m/f)	4 workshops	1 training for 20 health workers	21 workshops
	1.9 Conduct Medico Legal training	No. of medico legal training No. of participants (m/f)	4 trainings	1 training for 20 health workers	1 training
	1.10 Conduct health facility management training	No. of health facility management training No. of participants (m/f)	2 trainings	1 workshop for 20 health workers	2 training
	1.11 Conduct financial management training	No. of financial training No. of participants (m/f)	1 training	1 training for 20 health workers	Not yet
	1.12 Conduct facilitation training	No. of facilitation training No. of participants (m/f)	2 trainings	1 training for 20 health workers	Not yet
	1.13 Conduct first aid training	No. of first aid training No. of participants (m/f)	20 trainings	1 training for 20 health workers	20 trainings
	1.14 Conduct Basic Dental training	No. of dental refresher training	1 training	1 training for 20 health workers	Not yet

		No. of participants (m/f)			
	1.15 Quality Improvement training	No. of QI training No. of participants (m/f)	4 trainings	1 training for 20 health workers	1 training
	1.16 MCH CME ToT	No. of MCH CME ToT training No. of participants (m/f)	1 training	1 training for 20 health workers	Not yet
	1.17 Basic computer training	No. of basic computer trainings No. of participants (m/f)	1 trainings	1 training for 15 health workers	Not yet
	1.18 Pharmacy management training	No. of pharmacy management trainings No. of participants (m/f)	1 trainings	1 training for 20 health workers	2 trainings
	1.19 MHPSS training	No. of MHPSS trainings No. of participants (m/f)	5 trainings	1 training for 20 health workers	2 trainings
	1.20 MHPSS ToT	No. of MHPSS ToT trainings No. of participants (m/f)	1 training	1 training for 10 health workers	Not yet
Health Information and Documentation					
1. Assess and document community health situation and needs	1.1 Conduct service mapping training	No. of training No. of participants (m/f)	1 training	1 training for 20 health workers	Not yet
	1.2 Conduct HIS training	No. of training No. of participants (m/f)	1 training	1 training for 20 health workers	Not yet
	1.3 Conduct HIMS training	No. of training No. of participants (m/f)	2 training	1 training for 20 health workers	4 trainings
	1.4 Conduct data visualization training	No. of training No. of participants (m/f)	1 training	1 training for 20 health workers	Not yet
	1.5 Setting up data collection unit	No. of unit	1 unit	clinic base	
	1.6 Distribute data collection device	No. of BP team	40 unit	BP team base	

2. Make evidence based health status comparisons with the targeted communities	2.1 Organize field meeting	No. of meeting No. of participants (m/f)	Attendant and meeting report 42 meetings	mid-year/ annually report	5 meetings
	2.2 Organize field workshop	No. of meeting No. of participants (m/f)	Attendant and workshop report 42 workshops	mid-year/annually report	26 workshops
Program Management and Evaluation					
1. Monitor and evaluate the programs' improvement	1. Conduct M&E trip	No. of M&E trips No. of participants (M/F)	10 monitoring trips	M&E reports, Quarterly/ six monthly/ annually	
	2. Conduct Annual meeting	No. of health workers attending the meeting (m/f)	once a year	70 health workers	1 times already
	3. Conduct six monthly meeting	No. of health workers attending meeting (m/f)	once a year	100 health workers	1 times already
	4. Organize leading committee meeting	No. of meeting No. Participants (m/f)	4 times	Quarterly	2 times
	5. Organize Executive Board meeting	No. of meeting No. Participants (m/f)	6 times	Every 2 month	6 times
	6. Organize staff meeting	No. of meeting No. Participants (m/f)	24 times	2 times per month	24 times

14. FINANCIAL REPORT (JANUARY TO DECEMBER 2024)

ITEMS	Thai Baht	%
OPENING BALANCE -1 JANUARY 2024	508,653	...
PERIOD INCOME		
REACH/Swiss Agency for Development and Cooperation(SDC)	15,808,677	17%
Stichting Vluchteling-Netherlands(SV)	11,974,619	13%
University Research Company(USAID/URC)	8,468,439	9%
Health Equity Initiative (HEI)	6,967,500	8%
Burma Relief Centre(BRC)	5,600,000	6%
Ethnic Health System Strengthening Group(EHSSG/LEARN)	5,540,965	6%
Malteser Internation(MI/GFFO)	4,770,335	5%
Peace Winds Japan	4,639,645	5%
International Rescue Committee(IRC/SIDA)	4,579,832	5%
International Rescue Committee(IRC/PRM)	3,291,891	4%
Burma Humanitarian Mission(BHM)	2,172,765	2%
The Border Consortium/LIFT	2,163,119	2%
International Rescue Committee(IRC/BHA)	2,064,928	2%
The Border Consortium/FCDO	2,039,339	2%
The Border Consortium/NRM	1,769,154	2%
Ethnic Health System Strengthening Group(EHSSG)	1,579,689	2%
CPI/Capacity Building and Clinic Renovation	1,476,604	2%
Shoklo Malaria Research Unit(SMRU/IHRP)	1,199,509	1%
The Border Consortium/MFAT	1,000,247	1%
The Fund for Global Human Right(OSI)	914,390	1%
Mae Tao Clinic (MTC)	739,800	1%
Shoklo Malaria Research Unit(SMRU)	680,063	1%
Japan Association for Mae Tao Clinic(JAM)	600,000	1%
Suwannimit Foundation(Plan Myanmar)	550,868	1%
CPI/Access To Health(ATH)	413,017	0%
Other Donations/General Fund	272,145	0%
Bank Interest	56,286	0%
TOTALPERIOD INCOME	91,333,825	100%
TOTAL INCOME	91,842,478	
PERIOD EXPENDITURES(Jan-Dec'24)		
Medical Care Program (MCP)	21,654,238	26%
Community Health Education and Prevention Program(CHEPP)	17,908,806	21%
Maternal and Child Health Care Program(MCHP)	11,402,803	13%
Capacity Building Program(CBP)	11,680,090	14%
Health Information and Documentation (HID)	2,657,557	3%
Emergency Responses activities(ER)	5,753,567	7%
Program Management and Evaluation(PME)	5,536,597	7%
General fund	203,000	0%
General Administration	7,770,792	9%
TOTAL PERIOD EXPENDITURES	84,567,449	100%
CLOSING BALANCE - December 2024	7,275,029	

