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**PROVISION OF PRIMARY HEALTH CARE AMONG INTERNALLY
DISPLACED PERSONS AND VULNERABLE POPULATION IN
RURAL AND REMOTE AREAS OF ETHNICITIES IN BURMA**



**Semi-Annual Report
2025**

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
EROs	Ethnic 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.

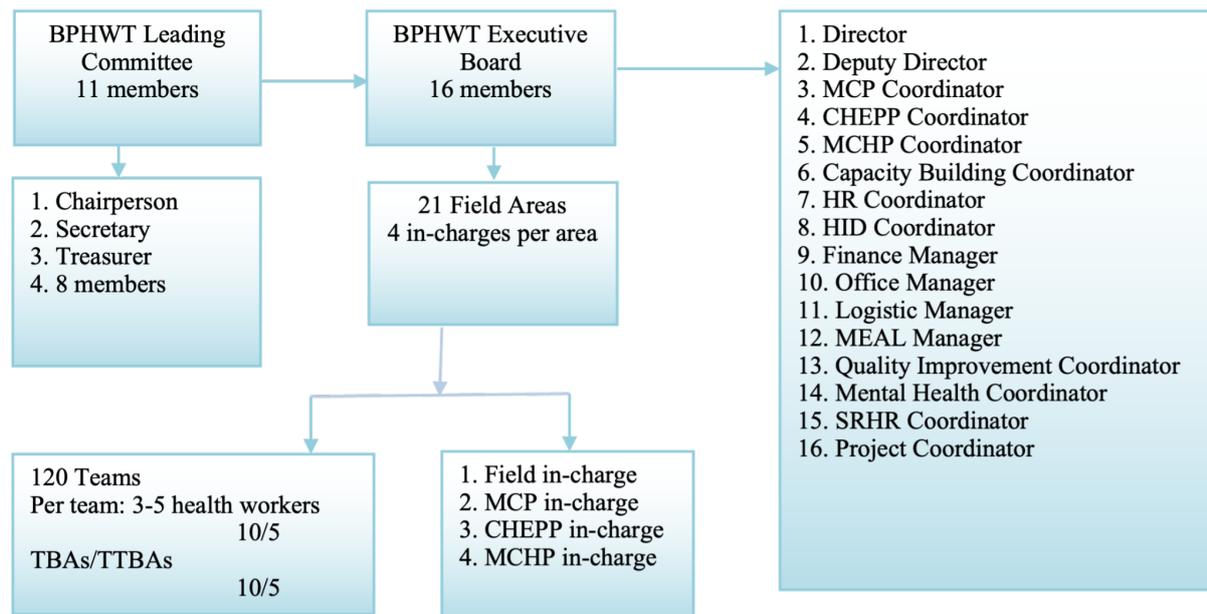
In 2025, the BPHWT consisted of 120 teams, with each team being comprised of three to five trained health workers who train and collaborate with five to ten village health workers/volunteers and five to ten trained traditional birth attendants; this network of mobile health workers with advanced skills 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 Bago, 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 main 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 main 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 1,662 members (379 men and 1,283 women), including 537 health workers (217 men and 320 women), 689 Traditional Birth Attendants/Trained Traditional Birth Attendants (TBAs/TTBAs) (69 men and 620 women), and 436 Village Health Volunteers/Village Health Workers (VHVs/VHWs) (93 men and 343 women). 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 11 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 66% 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

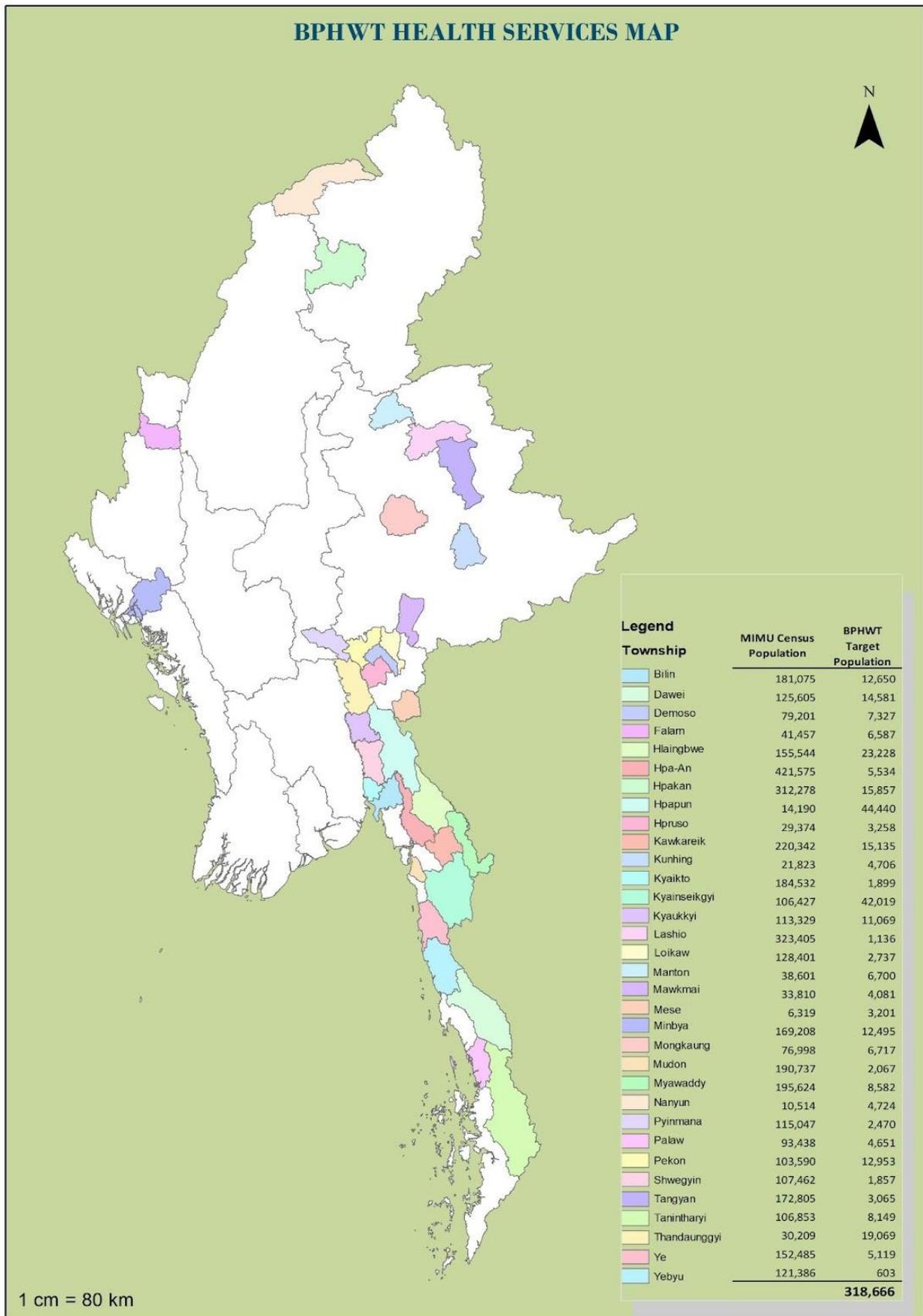
Category	Total Workers	Total Women	Actual Women %
Leading Committee/Executive Board	26	8	31%
Office Staff	44	25	57%
Field Management Workers	70	35	50%
Field Health Workers	537	320	60%
VHVs/VHWs	436	343	79%
TBAs/TTBAs	689	620	90%
Organizational Total	1,802	1,351	75%
Total Organisation excluding TBAs/TTBAs			66%

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 BPWHT's Targeted Areas



4. The Security Situation in BPHWT’s Target Areas

Since the military coup of February 2021, Myanmar’s ethnic administration areas have been engulfed in some of the most intense violence in decades. The State Administration Council (SAC) has escalated its “four cuts” counter-insurgency strategy, deliberately targeting not only Ethnic Resistance Organizations (EROs) and resistance groups but also the civilian populations that sustain them. This has been most evident in Karen, Karenni, Kachin, Chin, Arakan, Mon, and Shan States, where widespread shelling, airstrikes, and ground offensives have caused mass displacement, the destruction of livelihoods, and the loss of civilian life. Ethnic administration areas, which once provided relative protection and governance for communities outside SAC control, are now at the centre of the conflict, suffering daily bombardments, systematic food insecurity, and relentless clashes between SAC and ethnic armed groups. The SAC has increasingly relied on indiscriminate shelling and aerial bombardment to weaken both civilian morale and armed resistance. In addition, reports documented dozens of deliberate strikes against civilian structures such as schools, temples, churches, and health facilities. According to the UNHCR late report in 2025, the estimated number of internally displaced persons in Myanmar is over 3.5 million, nearly 30 percent are children. Of the total 19.9 million people – nearly one-third of the country’s population – in need of assistance in 2025, at least 6.4 million are children, facing an uncertain future.

Since mid-April, an increase in aerial attacks and shelling has resulted in significant civilian casualties, including children, across the states of Chin, Shan, Arakan, Kayah, Karen, Kachin, and Mon, Bago, Magway, Mandalay, and Sagaing region. Stronger protection measures remain critical to safeguarding affected communities. The SAC against the international humanitarian law because of utilize the airstrikes, and heavy modern shelling targeted to the civilian. And also, the Ethnic Resistance Organizations (EROs) must hold their obligations under international humanitarian law to protect civilians and aid workers and ensure the safety of them unconditionally. Furthermore, the ongoing instability continues to drive further displacement in several states and regions, particularly in southeastern and northwestern Myanmar.

The broader humanitarian impact of these attacks and clashes has been catastrophic. Civilian populations are consistently caught between SAC bombardments and armed group offensives. Beyond deaths and injuries, there is an alarming rise in food insecurity due to SAC’s systematic targeting of agricultural infrastructure. Families have been displaced multiple times, with many forced into jungle hideouts or refugee camps along the Thai-Burma/Myanmar border. Children have lost access to education as schools are destroyed or converted into shelters. Health services, already fragile, have collapsed in many areas as clinics are bombed and both communities and health workers internal migrated. Inflation and soaring prices for basic commodities have placed significant burdens on people, while banking and communication disruptions, infrastructure damage, border closures and transport blockages have compounded the crisis. Restrictions on travelling, access constraints, insecurity and bureaucratic impediments, and the severe funding shortage, continue to hamper the timely provision of humanitarian assistance.

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

Delivering health care in the Back Pack Health Worker Team (BPHWT)’s target areas faced enormous obstacles and threats due to the complex realities of conflict, displacement, and underdevelopment in ethnic minority areas. A key challenge is insecurity and ongoing armed

conflict, as clashes between the State Administration Council (SAC) forces and Ethnic Resistance Organizations expose health workers and patients to risks of shelling, airstrikes, and landmines. In many areas, travel to reach remote villages requires crossing conflict lines or avoiding patrols, which directly threatens the safety of health teams and communities.

Restricted humanitarian access imposed by SAC policies further compounds the problem, as health supplies, medicines, and lifesaving equipment are frequently blocked or delayed, forcing BPHWT to rely on informal border supply routes. Geographical barriers such as mountainous terrain, dense forests, and seasonal flooding during the monsoon also limit the ability of mobile health teams to reach isolated communities, particularly those in IDP camps or hiding sites deep in the jungle. Resource constraints remain acute, as demand for medicines, rapid diagnostic kits, maternal health supplies, and emergency referral systems far outstrips availability. The presence of landmines and unexploded ordnance (UXOs) near villages and footpaths creates daily risks for both health workers and patients seeking care, often preventing referrals to clinics or hospitals.

Moreover, psychological trauma and displacement among communities undermine their ability to seek timely treatment, while attacks on schools, clinics, and religious sites reduce the availability of safe spaces for delivering health services. These obstacles, driven by both direct violence and structural neglect, threaten to reverse hard-won health gains, leaving ethnic minority populations vulnerable to preventable diseases, maternal and child health complications, and deteriorating public health outcomes.

Situation Update: January- June 2025

Kayah

Medicine transportation costs have increased due to transportation from the Thai-Burma/Myanmar border, multiple transit areas, and local inflation. Providing mobile healthcare services, organizing health workshops, and conducting training have been difficult because of landmines and airstrikes. Moreover, demand is higher than planned because many people have become IDPs and require more healthcare services. In this area, both mobile and clinic-based healthcare services are provided, depending on the armed conflict situation. In IDP camps, healthcare is provided by existing health workers and CDM doctors.

In Loikaw Township, continuous fighting between the State Administration Council (SAC) and Ethnic Resistance Organization (ERO) has caused people to face food deprivation and abandon their native places for safer areas. As a result, they face a lack of work opportunities, and their children are in a hopeless situation regarding continuous education.

In the Thar Yu and Mu So BPHWT areas, the SAC has carried out airstrikes and arbitrary shelling, forcing people to evacuate to safer places.

Because of the conflict, people have lost family members, become disabled, and seen their homes and properties destroyed. Therefore, they cannot cultivate agriculture, leading to food deprivation, and they face difficulty accessing hygiene and drinking water. Consequently, pregnant women and children suffer from malnutrition.

In this situation, the number of IDPs in the area continues to increase, but it is difficult to calculate due to the unstable conditions.

Additionally, the Myanmar earthquake affected this area, though not severely. However, some water resources were destroyed, and rivers became polluted and contaminated.

Amid these disasters, people are also facing mental health problems and difficulty accessing medicine for non-communicable diseases. Furthermore, since many people are staying in forests, malaria incidence has increased. Malaria cases frequently occur in IDP camps. From January to May 2025, there were 553 *Plasmodium Vivax* (PV) cases, 85 *Plasmodium Falciparum* (PF) cases, and 34 mixed PV and PF cases—out of a total of 1,917 people diagnosed in this area. With the increasing incidence of malaria, clinics have been providing Rapid Diagnostic Tests (RDT) and medicine. However, the BPHWT Headquarters has been intensively supplying RDTs and medicines to address this issue.

When patients are referred, they first go to clinics with doctors, and if needed, are referred to Thailand.

This area also supports people with disabilities through referrals to secondary hospitals and across the Thailand border, as well as by setting up rehabilitation centres for physiotherapy.

Control of drug sellers and users has improved, as local authorities have taken action against them and prosecuted both sellers and users.

Kayan

Conveying medicine was similar to the Kayah area. When mobile healthcare services were provided, SAC troops entered the area and services were temporarily stopped. Consequently, fighting broke out between the ERO and the SAC, forcing people to flee to safe places. In this situation, SAC troops arrested young people for conscription while they were traveling. Armed conflict continued, and airstrikes occurred frequently. As a result, people’s houses, property, and farmland were destroyed. Hence, people are suffering from food shortages and lack of shelter.

The following table shows the IDPs list in this area:

No	IDPs camp	House Hold	Male	Female	People with Disability
1	53	3,943	6,794	6,865	132

The BPHWT team supports shelters, hygiene kits, and provides routine healthcare services.

In this area, there is a mining project, which has destroyed water species and made it difficult to access safe drinking water and hygiene water. Moreover, people are logging for their livelihoods, which has led to deforestation. In this situation, people suffer from respiratory infections, skin diseases, and diarrhea.

Drug and amphetamine use is common among adults and teenagers, many of whom suffer from depression and attempt suicide. BPHWT health workers take responsibility for these cases and refer them to clinics.

Since the Burma military coup, COVID-19 prevention has not been effective. Malaria-positive patients include PF 20 and PV 233, with a total of 1,654 cases.

In this area, existing health workers and CDM doctors are working together at a secondary hospital. If patient referrals are needed, they are sent to this hospital. Wheelchairs and underarm crutches are also provided. After the Burma earthquake, this team continued to provide healthcare services as well as mental health and psychosocial support.

Special

The Border Guard Force (BGF) trained between 20 and 30 people for village security. The BGF constructed a new transportation road between Myawaddy and Kawkareik townships and forced villagers to provide labor.

They also controlled drug and amphetamine users, some as young as 13 years old. These users showed symptoms such as nail biting, depression, and suicidal tendencies. Therefore, BPHWT health workers provided appropriate treatment and counseling, and severe cases were referred to the Tari Poe Kwe drug rehabilitation center.

For malaria, 87 people were tested using RDTs, and one patient was found positive with PV. People with disabilities were referred to Mae Tao Clinic in Thailand, and wheelchairs were also provided as support.

Taungoo

Medicines are transported from the border area to the implementation sites using motorcycles and cars. When providing mobile health care services, security is requested from the local administration. The main challenges are poor telecommunication and difficulty in reporting.

In this area, there is ongoing armed conflict between the SAC troops and the ERO. When the conflict escalates, SAC troops carry out arbitrary shelling of villages and burn houses, forcing people to flee—some to nearby mountain villages and others into the forest—making it very difficult to collect IDP lists.

SAC troops also force villagers to use their cars to transport rations in order to avoid ERO landmines. Furthermore, they set up checkpoints, search people's phones, and arrest those they suspect. Students are often interrogated, arrested, and sent to SAC troops.

In this crisis situation, people face unemployment, lack of livelihood opportunities, and rising local inflation. As a result, many go to work in the Mawchi mines.

Existing health workers and CDM doctors are working together to care for mine-injured patients and emergency obstetric care (EmOC) cases. For patient referrals, cases are sent to Htoe Lwee Wah clinics and across the border to Thailand.

Kler Lwee Htoo

The SAC carried out airstrikes and launched troop offensives in this area. The airstrikes targeted civilians. On 25 May 2025, the SAC struck a wedding ceremony in Kyoe Kyi village, Kyaukkyi township, killing 17 people and wounding 20 others.

Heavy rains began in May 2025 and continued, destroying roads and bridges and making transportation extremely difficult. This severely affected the delivery of medicines, causing delays in reaching implementation areas. In addition, transportation services decreased.

For security reasons, some clinic services were switched to mobile healthcare services, and bomb-proof shelters were constructed at clinics. Workshops and trainings were organized in the forest under these circumstances.

During this crisis, people faced destroyed farmland, widespread unemployment, and extreme inflation. As a result, communities suffered from food shortages and starvation, leading them to share food among each other. Since 2022, 20,000 IDPs from 1,000 households across 20 villages still have not been able to return to their homes.

In 2025, 140 malaria cases were confirmed (16 PF and 122 PV) out of 1,175 people tested during the bi-annual period.

Children continued their education in temporary shelters in the forest, where they often suffered from respiratory infections and skin diseases. There has been no vaccination for either pregnant women or children.

Existing health workers and CDM doctors have been providing emergency treatment and referring patients to Kler Mu hospital. Assistive devices, such as underarm crutches and wheelchairs, have been provided to people with disabilities caused by landmines and other injuries.

Thaton

There were many BGF checkpoints, which made it difficult to transport medicine. Therefore, we had to wait until it was safe to deliver the medicine, causing delays in reaching the implementation area. While providing health care services, we did not directly encounter SAC troops; however, they carried out arbitrary shelling, airstrikes, and drone reconnaissance.

Moreover, both Tagay Laung and Pa Ya Raw BPHWT implementation areas are very close to SAC camps based in Lay Kay village, where around 150 soldiers are stationed. Consequently, the SAC conducted reconnaissance with drones and helicopters in Kya Khat Chaung, Tagay Laung, and Kyauk Pyar villages, followed by airstrikes.

- On 22 March 2025, Light Infantry Battalion (LIB) 206 and Artillery Unit 402 shelled Kya Khat Chaung and Kyoe Sein villages, but no civilians were wounded.
- On 4 May 2025, the SAC shelled Shwe Yaung Pya village, destroying one monastery; fortunately, no one was injured.
- On 30 May 2025, one villager was killed by SAC troops in the area.
- On 10 February 2025, the SAC carried out airstrikes in Min Saw village, destroying one monastery, killing one child and two other people, and wounding seven.
- On the same day, airstrikes in Ta Gay Laung and Kyaut Phyar villages destroyed one church, one school, and five houses.

Patient referrals were made for EmOC and ECC to Pa Lan Taung hospital, and for landmine and gunshot injuries to the border ethnic clinic.

As a result of the conflict, people evacuated to safer areas and set up temporary IDP camps in the forest. The estimated number of IDPs is over one thousand. This situation made travel and health care service delivery extremely difficult. In this area, seven BPHWT teams are present, including four stationed clinics. Due to the conflict, these four clinics had to switch to mobile

teams. Furthermore, it was very difficult to organize village health workshops, training, and continuing medical education because of the airstrikes.

From June to August 2025, the area also experienced flooding, which destroyed grain and other agricultural crops, and killed drought animals. As a result, people suffered from environmental challenges, including lack of access to safe water and drinking water. In addition, there were increased cases of malaria, respiratory infections, influenza, and stomach aches.

Most teenagers in this area are using amphetamines, and the local administrators cannot control this situation.

Papun

The SAC carried out airstrikes in the area, forcing people to evacuate to the forest, and houses and buildings were destroyed. In Ka Law Hta, Htee Tha Blu Hta, Kataiti, Lay Poe Htar, Ma Htaw, Ma Klaw, and Mae Mwei villages, people remain on alert for airstrikes.

Pa An

During the rainy season, conveying medicine became difficult due to damaged roads and the presence of many SAC checkpoints. Continuous armed conflict in each township, caused by the complex political situation, further disrupted health service delivery. Despite these challenges, BPHWT health workers continued to provide healthcare services. For their safety, they obtained permission from local EROs before delivering services.

The SAC reinforced their forces with additional soldiers, launched offensives in various areas, and used drones for reconnaissance and airstrikes. As a result, many people fled to stay with relatives in safer villages.

Local administrators and EHROs took action against the illicit use of amphetamines; however, some people continued to use them.

Patient referrals were also challenging, as renting cars was very difficult. Many vehicles lacked proper licenses, and drivers were afraid of being stopped. Therefore, health workers had to coordinate with social organizations to arrange patient referrals. War injury patients were referred to CDM doctors for operations, while severe cases were sent to the Mae Tao Clinic on the Thailand side.

Due to the ongoing armed conflict, the incidence of malaria has increased in this area, particularly among IDPs.

Winyee

When conveying medicine and providing mobile healthcare services, health workers usually listen for early warning signs of SAC operations. Station clinics also monitor early warning signs of airstrikes and move patients and medicines to safe places at night.

Teenagers and men use amphetamines more frequently than others.

In particular, patient referrals are made to the New Oo Myit Tar clinic, where CDM doctors perform EmOC cases and other operations. Some severe cases are referred to the Law Wah Hplop clinic.

Mergue/Tavoy

On 21 March 2025, the SAC carried out arbitrary shelling in Chaung La Mu village, killing a man and a woman. On 24 April 2025, the SAC carried out airstrikes on Chaung La Mu village, wounding a villager.

Moulamein/Yee

Patients were referred to Wge Zin Public Hospital and Panang Bein Public Hospital. This area has one team that provides services to people with disabilities.

Shan

There was a SAC troop checkpoint between Tachileik and Kunhing Townships. The checkpoint carried out detailed inquiries, making it difficult to convey medicine. The Chinese sprayed grass-killing chemicals in this area, and people used the spray to clear grass. Those who came into contact with the spray suffered from air stroke, tingling, and skin diseases.

There are many amphetamine users, with 35 percent being men and 15 percent being women. BPHWT health workers provided consultations to those users.

Patient referrals were made to Mong Kong, Kunhing, and Laihka Townships.

Pa Oh

Many SAC checkpoints exist in this area, and they interrogate everyone, making it difficult to provide mobile healthcare services. On 22 May 2025, the SAC carried out arbitrary shelling in the implementation area, so the planned training had to be canceled. Furthermore, the SAC reinforced their troops, launched offensives in this area, and conducted airstrikes, though these were not effective. Armed conflict has continued, and the SAC troops cut off rice and diesel supplies, causing people to suffer from deprivation. At present, the total number of IDPs is estimated to be between 1,500 and 2,000 in this area.

The SAC and militia arrested young people for conscription, demanding monetary bribes from those who wished to avoid it. In addition, the SAC and militia exploited villagers' poverty and burned their houses.

In the militia-controlled area, the number of amphetamine users has doubled, including children as young as ten, some of whom are also involved with the militia. Because of amphetamine side effects, the militia arbitrarily fired guns at civilians.

When malaria testing with Rapid Diagnostic Tests (RDT) was conducted among 25 IDPs, 3 tested positive for Plasmodium falciparum (PF) and 2 for Plasmodium vivax (PV).

Kachin

The armed conflict continues, and both the SAC troops and the Shanni National Army have carried out arbitrary shelling in this area, burning many houses. Consequently, people went to the forest to gather vegetables for food, but some stepped on landmines and were killed. Furthermore, the EROs and the SAC have arrested youth for conscription. As a result, many young people have fled to other countries, while some have escaped to mountain areas, where BPHWT health workers provide mobile healthcare services.

Due to the security situation, health workers cannot access some IDP locations and are only able to provide medicine. Patient referrals also face many challenges because several station clinics have become mobile teams for security reasons.

When transporting medicine, SAC checkpoints often confiscate supplies, especially in Myitkyina Township. Therefore, health workers must observe the checkpoint situation carefully and cooperate with other stakeholders to transport medicine. Moreover, it is difficult to gather patients in common places, so healthcare services are provided through a door-to-door system.

Some pregnant women cannot access antenatal care, and as a result, some babies are born with congenital disorders. To address this, BPHWT health workers organize cooking demonstrations on nutrition and provide family planning services in line with local community practices.

Gold mining exists in areas controlled by both the EROs and the SAC, which has destroyed farmland and agriculture. In addition, mining activities cause water pollution and contamination, making it difficult for people to access clean and safe drinking water. As a result, people suffer from various diseases that are difficult to control in time. To respond, BPHWT has set up a disease surveillance system and outbreak response team.

The occurrence of diseases depends on the season. During the rainy season, people suffer from diarrhea and flu, while in the dry season, respiratory infections are more common.

In KIA-administered areas, authorities can control amphetamines and other illicit drugs. However, in other areas, these drugs are easily available, and women in particular use WY and heroin. Drug users suffer from blood-related diseases because they often share a single syringe. BPHWT health workers can only treat their illnesses, while rehabilitation services are provided at EHO clinics.

Naga

When conveying medicine, boats are the main means of transportation to the implementation areas. When carrying medicine from the Chindwin River bank to the implementation area through the SAC checkpoint at Padumone village, everyone is questioned, and the police search the medicine packages.

While providing health care services, SAC troops track BPHWT health workers, and if they are suspected, they may be arrested and detained. This issue is a major challenge for the team.

The SAC troops reinforced their camps in Layshi and Lahe villages and collected youth for conscription in February and March 2025.

At present, people use amphetamines, WY, and heroin for business. Moreover, there are black heroin plantations that have been in use for decades. Users include youth, men, and women. These users suffer from body shaking, dehydration, and nail biting. The BPHWT team consults with the users' families and provides health care services to them.

Arakan

When conveying medicine, health workers usually stay alert to possible airstrikes.

There are no large-scale projects in the area, but flooding occurs during the rainy season.

There were no reported mental health problems caused by amphetamines or illicit drugs; however, if social or mental health issues arise, healthcare services and counseling are provided. Because of airstrikes 88 people were leading to killed and 120 wounded in Arakan area.

Chin (WLC)

The SAC troops reinforced their camp in this area. As a result, transporting medicine became difficult due to SAC checkpoints, and transportation costs increased.

Armed conflict between the SAC troops and the ERO forced people to evacuate to safer places in Mizoram, India. The total number of IDPs is 2,809.

A dam project exists in this area, which has caused flooding and landslides. Consequently, people are suffering from skin diseases, diarrhoea, and dysentery. In addition, agricultural land was destroyed, and cultivation is no longer possible.

There are amphetamine users in the area, mostly men, with the age of first use starting at around 14 years. These users suffer from mental and social problems, and this team provides care and counseling.

The SAC carried out airstrikes, which killed 12 people and wounded 7 others. Patients are being referred to Champampha, India.

5. Special Situation in the BPHWT's Target Areas

The Back Pack Health Worker Team (BPHWT) continues to face extraordinary challenges in its target areas, where ethnic minority communities are enduring worsening humanitarian conditions due to ongoing conflict and political instability. The escalation of armed clashes between the State Administration Council (SAC) and Ethnic Resistance Organizations has severely disrupted the delivery of health care services, with health workers frequently forced to suspend or relocate operations for safety. Airstrikes, arbitrary shelling, and raids have destroyed homes and villages, resulting in a significant increase in internally displaced persons (IDPs) who are now living in overcrowded and unsafe shelters with little or no access to clean water, food, or basic health services. Some station clinics have become the mobile Backpack teams due to the conflict. This surge in displacement has created a greater demand for emergency health response, including trauma care, maternal and child health services, and outbreak prevention measures, stretching BPHWT's already limited capacity.

Referral of emergency cases to higher-level health facilities has become increasingly difficult, as many roads are blocked by SAC forces, lay down of landmines, or cut off due to fighting and seasonal flooding. Patients in need of urgent treatment often cannot reach clinics/hospitals or border-based facilities in time, leading to preventable deaths. Compounding these challenges, the organization is grappling with a serious funding gap following the USAID funding cut, which has reduced resources for essential medicines, medical equipment, some program activities, HR stipends, and transportation. As a result, many health teams are forced to operate with minimal supplies, and in some cases, prioritize only the most critical interventions. The convergence of these challenges, the intensity of conflict, the mass displacement of vulnerable populations, the growing need for emergency response, the breakdown of referral pathways, and shrinking financial support has created a special situation of acute crisis in BPHWT's target areas. Without urgent international agencies support and

increased funding, communities in these ethnic areas face worsening health outcomes, heightened mortality rates, and the risk of collapsing community-based health systems that have long been the lifeline of marginalized populations.

6. Programs of Back Pack Health Worker Team

The BPHWT delivers three main 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 1,662 members (379 men and 1,283 women), including 537 health workers (217 men and 320 women), 689 Traditional Birth Attendants/Trained Traditional Birth Attendants (TBAs/TTBAs) (69 men and 620 women), and 436 Village Health Volunteers/Village Health Workers (VHVs/VHWs) (93 men and 343 women).

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.



Provision of medical treatment to injured patient

In January to June 2025, the BPHWT delivered medicines and medical supplies in 21 field areas and treated **53,727** cases, of which **9,807** cases were children under five. The total cases on a gender basis included **23,244** involving male and **30,483** cases involving female. The top ten diseases being treated by the health workers continue to be acute respiratory tract infections, malaria, urinary tract infection, gastrointestinal tract infection, skin infection, worms infection, anaemia and vitamin deficiency, and hypertension.

Also, during this reporting period, the BPHWT health workers referred to **511** cases that included **169** cases of emergency obstetric (EmOC).

Program achievements and Data Collection (January-June 2025)

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's	# of TBAs	# of TTBAs	Total HWs	Villages	Households	Population	Caseloads
1	Kayah	7	34	58	0	0	0	92	54	3,416	16,523	5,932
2	Kayan	8	29	53	45	0	0	127	76	4,700	22,130	1,755
3	Special	2	11	0	0	16	13	40	7	1,558	7,413	1,648
4	Taungoo	5	37	27	0	29	15	108	50	2,294	12,362	628
5	Kler Lwee Htoo	7	24	0	0	49	29	102	57	2,138	12,926	4,091
6	Thaton	7	37	0	0	5	3	45	33	3,718	20,083	2,971
7	Papun	12	59	41	1	67	63	231	144	7,051	44,440	8,590
8	Pa An	8	43	0	0	56	19	118	46	4,400	27,948	3,612
9	Dooplaya	10	56	4	0	40	31	131	58	5,262	29,377	3,341
10	Kawkareik	1	5	0	0	45	8	58	7	949	4,124	763
11	Win Yee	4	26	0	0	4	1	31	28	2,369	12,642	1,843
12	Mergue/Tavoy	10	34	120	0	0	54	208	47	4,949	27,381	7,133
13	Yee	6	21	21	0	12	1	55	16	1,260	5,722	997
14	Moulmein	6	19	19	0	0	0	38	14	2,052	9,527	795
15	Shan	6	21	0	0	10	0	31	55	2,336	11,526	2,219
16	Pa Oh	2	8	0	0	14	9	31	14	717	4,081	1,300
17	Ta'ang	6	16	18	0	40	0	74	36	3,114	10,901	3,625
18	Kachin	4	22	16	0	0	19	57	6	2,879	15,857	1,044
19	Naga	3	11	6	7	11	14	49	10	878	4,724	473
20	Arakan	4	14	0	0	0	0	14	9	2,643	12,392	507
21	WLC	2	10	0	0	5	7	22	14	3,124	6,587	460
Total		120	537	383	53	403	286	1,662	780	61,781	318,666	53,727

Table 3: Number of Cases Treated by Condition and Age in January-June 2025

No.	Condition	Age Group				Total		Grand Total
		<5		≥5		M	F	
		M	F	M	F			
1	Anaemia	88	123	829	1,958	917	2,081	2,998
2	ARI (mild)	1,626	1,647	2,483	3,444	4,109	5,091	9,200
3	ARI (severe)	738	640	836	1,139	1,574	1,779	3,353
4	Beriberi	35	46	619	1,222	654	1,268	1,922
5	Diarrhoea	498	401	456	575	954	976	1,930
6	Dysentery	126	124	342	403	468	527	995
7	Injury(gunshot)	0	0	170	27	170	27	197
8	Injury(landmine)	0	0	57	3	57	3	60
9	Injury Acute Other	64	45	575	307	639	352	991
10	Injury(old)	11	9	304	147	315	156	471
11	Malaria (PV)	266	231	1,933	1,439	2,199	1,670	3,869
12	Malaria (PF)	66	71	334	285	400	356	756
13	Malaria (P-Mix)	1	0	25	6	26	6	32
14	Measles	2	3	2	1	4	4	8
15	Meningitis	1	1	8	12	9	13	22
16	Suspected AIDS	0	0	0	1	0	1	1
17	Suspected TB	1	0	34	40	35	40	75
18	Worms	317	342	643	832	960	1,174	2,134
19	Post Abortion Care	3	6	0	40	3	46	49
20	PPH	0	0	0	20	0	20	20
21	Sepsis	2	1	24	17	26	18	44
22	RTI	0	1	25	191	25	192	217
23	UTI	16	7	492	890	508	897	1,405
24	Skin Infection	366	341	947	1,181	1,313	1,522	2,835
25	Hepatitis	3	6	41	37	44	43	87
26	Typhoid Fever	34	32	87	81	121	113	234
27	Arthritis	3	0	464	719	467	719	1,186
28	GU-DU	29	16	1,412	2,072	1,441	2,088	3,529

29	Dental Problem	67	84	428	533	495	617	1,112
30	Eye Problem	38	40	339	482	377	522	899
31	Hypertension	12	0	1,065	1,901	1,077	1,901	2,978
32	Abscess	69	54	392	311	461	365	826
33	Scrub typhus	7	5	81	55	88	60	148
34	Leptospirosis	3	1	22	12	25	13	38
35	Insect bite	26	20	139	88	165	108	273
36	Dengue fever	58	58	229	212	287	270	557
37	Poisoning	5	10	88	67	93	77	170
38	Mental illness	0	0	24	34	24	34	58
39	Cardiovascular	0	0	20	50	20	50	70
40	Diabetes	1	0	122	193	123	193	316
41	Other	423	437	2,148	4,654	2,571	5,091	7,662
Total		5,005	4,802	18,239	25,681	23,244	30,483	53,727
		9,807		43,920		53,727		

Table 4: Gender Disaggregation of Case Loads Treated Jan – Jun 2025

Category	Male	Female	Total
Patients <5	5,005	4,802	9,807
Patients >=5	18,239	25,681	43,920
Total	23,244	30,483	53,727

Table 5: Injury (Gunshot) cases Jan-Jun 2025

No	Area Name	>=5 ages		Total
		Male	Female	
1	Kayah	5	1	6
2	Kler Lwee Htoo	13	7	20
3	Thaton	6	4	10
4	Papun	8	0	8
5	Pa An	13	4	17
6	Win Yee	15	0	15
7	Mergue/Tavoy	108	9	117
8	Ta' ang	2	2	4
Total		170	27	197

Table 6: Landmine cases Jan-June 2025

No.	Are Name	>=5 ages		Total
		Male	Female	
1	Kayah	15	1	16
2	Taungoo	0	1	1
3	Thaton	1	0	1
4	Papun	4	0	4
5	Pa An	2	0	2
6	Win Yee	1	0	1
7	Mergue/Tavoy	33	1	34
8	Chin WLC	1	0	1
Total		57	3	60
		60		

Table 7: Mental illness problem Jan-Jun 2025

No.	Area Name	>=5 ages		Total
		Male	Female	
1	Kayah	1	2	3
2	Kayan	1	3	4
3	Thaton	0	1	1
4	Papun	0	6	6
5	Pa An	1	0	1
6	Special	1	0	1
7	Dooplaya	1	1	2
8	Mergue/Tavoy	18	18	36
9	Ta'ang	1	3	4
Total		24	34	58
		58		

Table 8: Malaria Cases Jan - June 2025

No	Area Name	Malaria (PV) Cases				Total (PV)	Malaria (PF) Cases				Total (PF)	Malaria (P.Mix) Cases				Total (P.mix)	Total Malaria Cases
		< 5		>= 5			< 5		>= 5			< 5		>= 5			
		M	F	M	F		M	F	M	F		M	F	M	F		
1	Kayah	10	10	328	245	593	0	1	54	11	66	1	0	24	6	31	690
2	Kayan	0	0	20	8	28	2	0	3	2	7	0	0	0	0	0	35
3	Taungoo	0	0	54	32	86	0	0	0	0	0	0	0	1	0	1	87
4	Kler Lwee Htoo	10	2	58	52	122	1	0	10	7	18	0	0	0	0	0	140
5	Thaton	0	2	21	8	31	0	0	2	1	3	0	0	0	0	0	34
6	Papun	205	180	415	371	1171	62	69	234	251	616	0	0	0	0	0	1,787
7	Pa An	0	0	28	26	54	0	0	1	0	1	0	0	0	0	0	55
8	Dooplaya	2	3	36	35	76	0	1	10	6	17	0	0	0	0	0	93
9	Win Yee	2	1	22	17	42	0	0	1	0	1	0	0	0	0	0	43
10	Mergue/Tavoy	24	16	579	384	1,003	1	0	12	5	18	0	0	0	0	0	1,021
11	Yee	11	16	324	243	594	0	0	0	0	0	0	0	0	0	0	594
12	Pa Oh	2	1	48	18	69	0	0	7	2	9	0	0	0	0	0	78
Total		266	231	1,933	1439	3,869	66	71	334	285	756	1	0	25	6	32	4,657
		497		3,372			137		619			1		31			

Table 9: Malaria Cases	Plasmodium Vivax	Plasmodium Falciparum	Plasmodium Mix	Total
Male	2199	400	26	2625
Female	1670	356	6	2032
Total	3,869	756	32	4,657

Table 10: Patient Referred Jan- June 2025

No	Area Name	Age				EmOC Case	Total
		<5yrs		>5yrs			
		M	F	M	F		
1	Kayah	2	0	0	0	2	4
2	Kayan	0	0	0	0	5	5
3	Special	2	2	0	4	12	20
4	Kler Lwee Htoo	2	0	13	8	2	25
5	Thaton	2	4	0	0	7	13
6	Papun	4	2	9	9	2	26
7	Pa An	8	7	21	26	43	105
8	Doopalaya	5	0	9	8	11	33
9	Kawkareik	0	0	0	0	1	1
10	Win Yee	1	1	1	4	27	34
11	Mergue/Tavoy	0	0	22	10	3	35
12	Ta'ang	2	2	5	7	11	27
Total		28	18	80	76	126	328

Table 11: Referral Case

Case Name	# of Cases
EmOC	126
ECC	46
Communicable Diseases	57
Non-Communicable Diseases	83
Gunshot injuries	10
Road Traffic accident	6

Table 12: Jan to June 2025 Noh Kwee and Day Nyar Paw Lu Clinic Emergency Operation Casesload

No	Items Cases	Jan to March 2025		April to June 2025		Totals Casesload		Grand Totals
		Male	Female	Male	Female	Male	Female	
1	EmOC Cases	0	30	0	13	0	43	43
2	Acute Appendicitis	2	1	5	0	7	1	8
3	Hernia	3	0	3	0	6	0	6
4	General Emergency Cases	11	8	9	4	20	12	32
5	Gunshot Injuries	12	2	39	0	51	2	53
6	Landmine Injuries	3	0	10	0	13	0	13
7	Trauma	7	1	16	4	23	5	28
Grand Totals		38	42	82	21	120	63	183
		80		103		183		183

The BPHWT started supporting lifesaving emergency services in June 2024, with initial assistance provided to Noh Kwee Clinic in the Pa-An area and Day Nyat Paw Lu Clinic in the Mergui/Tavoy area. These lifesaving activities are supported by MTC and focus on urgent, emergency cases, and secondary in the EHO service areas. The support follows established category-based criteria, ensuring that patients who meet the emergency requirements receive assistance. In such cases, BPHWT covers the operational costs, including surgical expenses, emergency referrals, and critical medical interventions. This support system is vital in conflict-affected and hard-to-reach areas where access to emergency care is often delayed or unavailable. By strengthening local clinics and ensuring rapid response capacity, the program aims to reduce preventable deaths, improve survival rates, and alleviate the financial burden on vulnerable patients and their families.

Table 13: Death Cases Jan-Jun 2025

No.	Area Name	< 5 ages		≥5 ages		Total	EmOC	General
		Male	Female	Male	Female			
1	Kler Lwee Htoo	1	0	5	9	15	2	17
2	Papun	2	1	25	18	46	5	51
3	Pa An	0	0	26	23	49	0	49
4	Special	0	0	3	0	3	0	3
5	Dooplaya	0	0	4	11	15	0	15
6	Kawkareik	0	0	2	3	5	0	5
7	Win Yee	0	0	7	6	13	0	13
8	Mergue/Tavoy	2	0	19	11	32	0	32
9	Ta' ang	0	1	6	2	9	1	10
Total		5	2	97	83	187	8	195
		7		180				

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



Supported community latrine and villagers cooperate for construct

conduct Village Health Workshops for community members to gain improved knowledge of primary health care issues. The participants will be from a wide variety of backgrounds and community groups, including shopkeepers, religious leaders, members of women organizations, and village heads. This wide and varied participation increases the likelihood of knowledge spreading and reaching all levels and different parts of the community.

1. Water and Sanitation Sub-Program

During the period of January to June 2025, the BPHWT installed **2** gravity flows, **2** shallow wells, and **100** latrines, and 80 water filters to the field areas. There were **786** people who gained access to the gravity flow water system, **193** people who now have access to shallow wells, **100** of households received sanitary latrines, and **483** people received purified drinking water.

<i>Table 1: Number of Gravity Flow, Shallow Wells, Latrines, and Water Filters</i>						
No.	Area	# of Gravity Flows	Household	Population		Total
				Male	Female	
1	Pa An	1	65	203	226	429
2	Papun	1	60	176	181	357
Total		2	125	379	407	786
No.	Area	# of Shallow Wells	Household	Population		Total
				Male	Female	
1	Special	1	27	43	56	99
2	Win Yee	1	15	46	48	94
Total		2	42	89	104	193

No.	Area	# of Latrine	Household	Population		Total
				Male	Female	
1	Win Yee	80	80	291	315	766
2	Dooplaya	10	10	20	37	77
3	Pa An	10	10	90	63	173
Total		100	100	401	415	1,016

No.	Area	# of Water Filter	Household	Population		Total
				Male	Female	
1	Dooplaya	20		70	90	180
2	Special	15		43	56	114
3	Pa An	45		65	79	189
Total		80		178	225	483



Supported communities' latrines

2. 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 of hygiene kits in **407** schools with **2,593** teachers and **41,899** 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	Education
1	Kayah	9	6	65	71	363	363	726	0	0	0	0	0	0
2	Kayan	51	69	240	309	1,866	1,788	3654	0	0	0	0	0	6
3	Special	7	7	24	31	474	470	944	0	15	0	0	0	0
4	Taungoo	6	6	28	34	249	234	483	0	0	0	0	0	0
5	Kler Lwee Htoo	17	21	84	105	542	621	1163	0	0	0	0	0	0
6	Thaton	29	92	233	325	1,718	1,948	3666	0	30	0	0	0	8
7	Papun	99	109	419	528	3,917	4,203	8120	0	0	361	361	329	0
8	Pa An	35	49	172	221	1,886	2,185	4071	0	45	0	0	0	0
9	Dooplaya	47	53	233	286	2,069	2,412	4481	6	6	0	0	0	2
10	Kawkareik	5	6	21	27	227	282	509	0	0	0	0	0	4
11	Win Yee	28	60	214	274	1,439	1,625	3064	0	0	150	150	150	0
12	Yee	2	0	6	6	71	71	142	0	0	0	0	0	0
13	Moulamein	12	11	54	65	398	435	833	0	0	0	0	0	0
14	Mergue/Tavoy	38	37	206	243	3505	4028	7533	0	0	0	0	0	0
15	Ta'ang	22	13	55	68	1214	1296	2510	0	0	286	286	286	12
Total		407	539	2,054	2,593	19,938	21,961	41,899	6	96	797	797	765	32

3. Nutrition Sub-Program

Under the Nutrition Sub-Program of the CHEPP, the BPHWT distributed Vitamin A and de-worming medication to children from the age of six months to twelve-year-old. This is essential to preventing malnutrition. In January to June 2025, there are **35,512** children received de-worming medicines and **38,883** children received Vitamin A.

<i>Table 4: Numbers of Children Receiving De-Worming Medicine</i>				
No	Area	Age (1-12 Year)		Total
		Boys	Girls	
1	Kayah	133	126	259
2	Kayan	2,175	2,175	4350
3	Special	311	277	588
4	Taungoo	80	57	137
5	Thaton	1,743	1,717	3460
6	Papun	3,446	3,578	7024
7	Pa An	2,103	2,348	4451
8	Dooplaya	2,137	2,358	4495
9	Kawkareik	303	354	657
10	Win Yee	1,152	1,212	2364
11	Mergue/Tavoy	1,751	1,933	3684
12	Yee	309	297	606
13	Moulamein	280	278	558
14	Shan	550	721	1271
15	Pa Oh	246	275	521
16	Ta'ang	457	509	966
17	Naga	61	60	121
Total		17,237	18,275	35,512

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	4	5	21	23	110	94	257
2	Kayan	4	6	288	225	2,063	2,025	4611
3	Special	39	32	125	122	196	250	764
4	Taungoo	0	0	20	15	59	43	137
5	Thaton	45	52	599	551	1,143	1,152	3542
6	Papun	178	137	1,320	1,315	2,096	2,248	7294
7	Pa An	67	51	605	597	1,273	1,552	4145
8	Dooplaya	130	134	854	857	1,324	1,518	4817
9	Kawkareik	0	0	44	45	259	309	657
10	Win Yee	17	18	274	241	866	936	2352
11	Mergue/Tavoy	134	117	931	1015	1491	1553	5241
12	Yee	21	22	200	192	256	267	958
13	Moulamein	17	21	184	178	219	214	833
14	Shan	73	98	262	369	324	380	1506
15	Pa Oh	13	15	139	139	89	98	493
16	Ta'ang	28	33	236	285	217	226	1025
17	Naga	17	16	40	50	67	61	251
Total		787	757	6,142	6,219	12,052	12,926	38,883

4. Nutrition Training

The Back Pack Health Worker Team (BPHWT) conducted two nutrition training sessions in the Mergue/Tavoy field area, with a total of 65 participants, including one man and 64 women. During these sessions, field health workers introduced the concept of three main food groups carbohydrates, proteins, and fats emphasizing their role in maintaining a balanced and healthy diet. The training focused on educating participants about the importance of each food group for energy, growth, and overall well-being, and how to incorporate them into daily meals using locally available ingredients. Additionally, the training highlighted the significance of micronutrients, such as vitamins and minerals, in preventing malnutrition, particularly in vulnerable groups like pregnant women, children, and the elderly. Field health workers also provided practical tips on affordable and nutritious meal planning, food storage, and safe food preparation to maximize nutritional intake. This training aimed to empower women, who are often the primary caregivers, to make informed decisions about their families' nutrition, improve household health outcomes, and contribute to the overall well-being of the community, particularly in conflict-affected and resource-limited areas.



Organized nutrition training for communities

5. Nutrition Awareness Workshop

The Back Pack Health Worker Team (BPHWT) conducted 97 sessions of nutrition awareness workshops to educate communities in remote and conflict-affected areas on the importance of balanced diets for overall well-being and the prevention of malnutrition. The total number of participants were 1,530 comprising of 641 men and 2,197 women. The sessions covered essential topics such as the benefits of diverse food groups, the role of micronutrients in preventing deficiencies, and appropriate feeding practices for pregnant women, breastfeeding mothers, and young children.



Organized nutrition awareness workshop for communities

A strong focus was placed on **Infant and Young Child Feeding (IYCF)** practices, which are critical in the early stages of life, especially in settings where food insecurity, displacement, and limited healthcare access pose major threats to child survival. The workshops emphasized the importance of **exclusive breastfeeding for the first six months**, timely introduction of **nutritious complementary foods**, and continued breastfeeding up to two years or beyond. Special attention was given to addressing **barriers to optimal IYCF in conflict settings**, such as stress, maternal malnutrition, cultural beliefs, and lack of support services.

Discussion topics:

- The importance of practicing Infant and Young Child Feeding (IYCF) during the first 1,000 days of a child's life
- Supplementary feeding and its role in a child's nutrition
- The objectives of breastfeeding and its benefits
- Understanding the three main food groups and what they include
- Causes and definitions of malnutrition at different levels (mild, moderate, and severe)

- Feeding and nutrition recommendations for children
- Recognizing danger signs during pregnancy
- Daily nutritious food choices
- Antenatal Care (ANC) and Postnatal Care (PNC) services
- Personal hygiene practices
- When to refer children for further assistance if there is no improvement

Table 6: Number of nutrition awareness Participants

No	Area	# of nutrition workshop	Male	Female	Total
1	Kayah	8	0	230	230
2	Kayan	3	0	120	120
3	Thaton	32	182	732	149
4	Taungoo	25	173	271	68
5	Pa An	8	27	301	328
6	Dooplaya	5	78	116	194
7	Win Yee	5	45	149	27
8	Mergue/Tavoy	11	136	278	414
	Total	97	641	2197	1530

6. Nutrition Screening

From January to June 2025, BPHWT conducted screening in 6 areas: Kayah, Khan, Thaton, Taungoo, Pa An, 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 3,412 (1,674 boys and 1,738 girls) under five years of age. The screening results showed that 3314 children (1629 boys and 1685 girls) were classified as healthy, 90 children (40 boys and 50 girls) had moderate malnutrition, and 8 children (5 boys and 3 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



Provide IYCF screening

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	294	338	1	1	0	0	634
2	Kayan	186	134	5	11	1	0	0
3	Thaton	475	472	19	20	4	1	991
4	Taungoo	318	370	15	14	0	1	718
5	Pa An	166	176	0	2	0	1	345
6	Win Yee	190	195	0	2	0	0	0
Total		1,629	1,685	40	50	5	3	3,412
		3,314		90		8		

7. Cash Transfer for 1,000 days (Under 2 years of children and Pregnant Women Feeding)

The BPHWT provided nutritional food cash transfers across three field areas: Thaton, Papun, and Taungoo. A total of 159 beneficiaries received support, comprising 45 boys and 56 girls, and 61 pregnant 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 the IYCF

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			
			Pregnant Women	Boys	Girls	Total
1	Thaton	6	32	45	53	130
2	Taungoo	3	29	0	0	29
Total		9	61	45	53	159

8. Cooking Demonstration

The Back Pack Health Worker Team (BPHWT) organized 2 cooking demonstration sessions to provide practical nutrition education to community members. A total of 75 participants attended, including 12 men and 63 women. The sessions focused on practical topics such as meal planning, food preparation techniques, and utilizing locally available ingredients to enhance the nutritional value of meals. Special attention was given to the nutritional needs of vulnerable groups, including children, pregnant and lactating women, and the elderly. These groups were taught how to prepare balanced meals that address specific health needs, such as boosting immunity and supporting growth and development. By incorporating hands-on activities, such as cooking demonstrations and interactive discussions, the training encouraged participants to apply their learning to daily life, ultimately fostering healthier eating habits. This approach not only aimed to improve immediate dietary practices but also promoted long-term well-being by empowering participants to make informed decisions about nutrition in their homes and communities.



Organized cooking demonstration for communities

No	Area	# of Village	Participants		
			Male	Female	Total
1	Thaton	1	12	28	40
2	Win Yee	1	0	35	35
Total		2	12	63	75

9. Health Promotion Workshops/Village Health Workshops

From January to June 2025, the BPHWT organized **58** Village Health Workshops in **20** field areas. There were **2458** participants comprised of **857** men and **1601** 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.



Organized health promotion awareness workshop through participatory learning and action

Table 8: Number of Village Health Workshop and Participants

No	Area	# of VH Workshop	Participants		
			Male	Female	Total
1	Kayah	4	41	110	151
2	Special	2	23	34	57
3	Thaton	1	63	130	193

4	Papun	5	116	132	248
5	Pa An	12	79	359	438
6	Dooplaya	14	206	280	486
7	Kawkareik	2	32	69	101
8	Win Yee	8	80	223	303
9	Mergue/Tavoy	4	55	97	152
10	Ta'ang	5	142	141	283
11	Naga	1	20	26	46
Total		58	857	1,601	2,458

10. Village Health Worker Workshops

To sustain the vital role of Village Health Workers (VHWs), the Back Pack Health Worker Team (BPHWT) continues to provide regular three-month trainings to strengthen their skills and performance. These trainings are essential for enabling VHWs to effectively treat common diseases, provide follow-up care, and ensure timely malaria testing for individuals presenting with high fever within 24 hours. 11 VHW workshops were organized, with the active participation of 125 VHWs comprised of 39 men and 86 women. These workshops served as refresher sessions, reinforcing knowledge, updating practices, and fostering peer learning to improve the quality of community-based healthcare delivery in conflict-affected areas.

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 diarrhoea, pneumonia, malnutrition, and dengue fever. 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	1	2	8	10
2	Thaton	3	0	9	9
3	Ta'ang	4	32	62	94
4	Naga	3	5	7	12
Total		11	39	86	125

11. Village Health Committee 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 60 times of VHC meetings within 1,063 participants.

No	Area	# of VHC Meeting	Participants		
			Male	Female	Total
1	Kayah	2	26	33	61
2	Kayan	2	37	35	74
3	Special	4	32	16	52
4	Papun	2	21	30	53
5	Pa An	14	129	81	224
6	Dooplaya	18	138	91	247
7	Kawkareik	2	18	7	27
8	Win Yee	8	36	81	125
9	Ta'ang	7	110	55	172
10	Naga	1	15	12	28
Total		60	562	441	1,063

12. Formation of Village Health Committee

According to the BPHWT planning, every area and every Backpack team should establish and maintain 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 village leader, health worker, youth and women, teachers, religious leader, 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			Participants		
			Male	Female	Total	Male	Female	Total
1	Papun	3	26	11	40	26	13	39
2	Kawkareik	2	5	6	13	0	3	3
3	Ta'ang	4	33	14	51	30	41	71
Total		9	64	31	104	21	30	155

13. 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 counselling 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 behaviours, and support those affected by HIV/AIDS, contributing to broader public health efforts in conflict-affected and rural areas.

<i>Health campaign and participants list</i>					
No	Area	# of health campaign	Gender		Total
			M	F	
1	Mergue/Tavoy	2	3	61	66
2	WinYee	1	0	40	41
Total		3	3	101	107

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 B1, 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 June 2025, **1,101** babies were delivered, **9** still-births were recorded, and **7** maternal deaths. There were **880** birth records received from the targeted field areas. Among 1,101 delivered, 571 delivered by TBAs, 449 delivered by health workers and 81 delivered by others.



Provide birth record

MCHP Data January to June 2025

<i>Table 1: Summary Facts of the MCHP's Activities</i>	
Description	Totals
· Total Delivery	1,101
· Live births	1,092
· Get oxytocin	302
· Still births	9
· Maternal deaths	7
· Low birth weight	66
· Pregnant women receiving de-worming medicine	822
· Pregnant women and women receiving iron	990
· Newborn babies receiving birth records	880
· Clean Delivery kit	576
· TBA/TTBA Kit	249
· Family planning clients	4,211
· PNC within 2 days	588

1. Trained Traditional Birth Attendant (TTBA) Training

During the period of January to June 2025, the BPHWT conducted one session of TTBA training. The total number of participants was 23, 10 male and 13 female. The TTBA training aims to have greater knowledge and skills to provide safe deliveries, an effective referral system, and other related health education. TTBA's have to cooperate with maternal and child healthcare workers to work more effectively in perspective areas. After the training, the BPHWT also distributed TBA/TTBA kits to TBA/TTBA workers as well.

The topics are:

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

No	Area	# Training	Male	Female	Total
1	Dooplaya	1	10	13	23
Total		1	10	13	23

2. TBAs/TTBAs Workshop

The BPHWT conducted 29 sessions of TBAs/TTBAs workshops within 6 areas. In addition, to training TBAs/TTBAs, the BPHWT organizes workshops every six months to refresh and improve the knowledge and skills of TBAs/TTBAs to allow them to share their experiences and participate in ongoing learning opportunities. The total participants were 314 comprising 36 male and 278 female from trained TBAs/TTBAs.



Organized TBAs/TTBAs workshop

Discussion topics:

- Antenatal Care
- Postnatal Care
- Nutrition
- Normal delivery
- Family planning

- Maternal Death review
- TBA Check list
- Personal hygiene for mother
- Exclusive of Breast feeding
- Data collection and record
- Referral
- Danger sign of pregnancy
- Birth record
- Active management of third stage
- Immunization education
- TBA checklist
- TBA responsibility
- Baby weight

Table 3: Number of TBA/TTBA Workshop and Participants

No	Area	# Workshops	Male	Female	Total
1	Dooplaya	7	17	56	73
2	Pa An	7	7	66	73
3	Kawkareik	3	0	32	32
4	Win Yee	4	0	47	47
5	Special	2	3	21	24
6	Papun	6	9	56	65
	Total	29	36	278	314

Table 4: Number of Birth record

Areas	<i>EHO Facilitators</i>			<i>Other Facilitators</i>		Total
	Male	Female	Total	Male	Female	
Special	15	13	28	0	0	0
Kler Lwee Htu	23	21	44	0	0	0
PaPun	140	121	261	0	0	0
Pa An	77	79	156	0	0	0
Dooplaya	81	67	148	0	0	0
Kawkareik	18	12	30	0	0	0
Win Yee	70	74	144	0	0	0
Mergue Tavoy	30	24	54	0	2	2
Yee	0	0	0	19	20	39
Ta'ang	5	10	15	0	0	0
Total	459	421	880	19	22	41

3. Antenatal Care (ANC)

ANC (Antenatal Care) is the care provided to pregnant women from the time of pregnancy until before delivery. Antenatal care not only ensures that pregnant women receive adequate and comprehensive care during pregnancy, but also enables early identification of danger signs and risk factors so they can be treated or referred in time. Pregnant women should receive at least four times of ANC visits during their pregnancy. Field health workers regularly carry out antenatal care activities, provide necessary medications, deliver health education, and facilitate referrals.



Provide ANC care

No	Area	At least one time	1 st visit	2 nd visit	3 rd visit	4 th visit
1	Kayah	112	68	34	18	0
2	Kayan	62	12	27	7	0
3	Special	62	35	18	6	2
4	Taungoo	77	53	50	9	0
5	Thaton	273	223	116	42	0
6	Papun	47	21	8	3	0
7	Pa An	469	295	185	59	117
8	Dooplaya	454	284	160	70	65
9	Kawkareik	6	6	2	0	0
10	Win Yee	303	195	127	44	60
Total		1,865	1,192	727	258	244

No	Areas	Delivery	Live Birth	Still Birth	Oxytocin	Deworm	Receipt F/S & F/A	Weight <2.5	Baby weight	Maternal death	TBA/TTBA	HW	Other
1	Kayah	26	26	0	14	26	26	0	26	0	1	24	1
2	Kayann	5	4	1	0	5	5	0	4	0	3	2	0
3	Special	17	17	0	0	17	17	0	15	0	8	5	4
4	Taungoo	6	6	0	0	6	6	0	6	0	0	2	4
5	Kler Lwee Htoo	44	44	0	11	21	39	3	35	2	31	11	2
6	Thaton	114	114	0	26	114	114	5	114	0	40	72	2
7	Papun	263	262	1	53	80	171	1	139	4	222	36	5
8	Pa An	162	161	1	28	162	162	20	162	0	55	85	22
9	Dooplaya	135	132	3	6	135	135	18	135	0	88	40	7
10	Win Yee	107	106	1	43	107	107	11	107	0	58	46	3
11	Mergue/To voy	101	101	0	21	84	92	5	71	0	60	39	2
12	Moe Yee	39	39	0	39	39	39	0	39	0	1	10	28
13	Ta'ang	58	56	2	39	15	54	3	58	1	0	58	0
14	Pa Oh	24	24	0	22	11	23	0	18	0	4	19	1
Total		1101	1092	9	302	822	990	66	929	7	571	449	81

4. 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 **192** 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 **6,590** participants, 1,975 male and 4,615 female. The purpose is to increase reproductive health awareness in the communities and to increase community participation in the MCH program.

Discussion 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: SRHR awareness(Sexual and Reproductive health and Right)

No	Area	# of awareness	<18		(18-24)		>24		Total
			Male	Female	Male	Female	Male	Female	
1	Doolaya	21	36	69	52	95	143	258	653
2	Kawkareik	8	23	22	20	40	82	153	340
3	Pa An	21	37	78	10	80	85	462	752
4	Special	6	9	10	0	23	28	122	192
5	Win Yee	12	28	48	27	75	68	237	483
6	Papun	6	7	9	8	26	26	77	153
7	Taungoo	15	79	103	70	86	95	126	559
8	Thaton	7	37	45	40	38	61	117	338
9	Kayan	1	9	11	17	23	25	35	120
10	Kayah	6	16	65	7	17	29	74	208
11	Ta'ang	89	111	254	147	246	543	1,491	2,792
Total		192	392	714	398	749	1,185	3,152	6,590

5. GBV Awareness

During this reporting period, the BPHWT organized **29** workshops of GBV. The total number of participants was **918** comprised of **302** men and **616** women. The BPHWT has conducted GBV awareness raising workshops focused on both age of under 18 years to over 18-year.

Discussion topics:

- HIV/ AIDS
- GBV Teenage pregnancy
- Family planning
- Sexual reproductive health and rights
- Maternal Health
- Puberty of boy and girl
- Safe abortion
- Complication of unsafe abortion
- PW Nutrition
- 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	<18		(18-24)		>24		Total
			Male	Female	Male	Female	Male	Female	
1	Papun	6	6	9	15	21	44	72	167
2	Thaton	7	9	52	19	85	16	39	220
3	Taungoo	5	18	27	19	15	37	34	150
4	Kayan	1	0	3	3	7	26	52	91
5	Kayah	6	9	8	14	24	39	73	167
6	Ta'ang	4	0	0	28	95	0	0	123
Total		29	42	99	98	247	162	270	918

6. Nutrition for pregnancy

From January to June 2025, nutrition promotion activities were integrated with the Maternal and Child Health Care Program and the Community Health Education and Prevention Program to improve nutrition awareness and address malnutrition in conflict-affected communities. These activities aimed to strengthen resilience among vulnerable populations, particularly pregnant women who are at higher risk of malnutrition due to food insecurity and limited access to health services in



Distribution nutrition food to pregnant women

conflict settings. Nutritious food items such as yellow beans, eggs, oil, and tomatoes were provided to enhance dietary intake and support maternal health. A total of **2,282** pregnant women received nutritional support during this period, contributing to improved maternal and child health outcomes despite the ongoing challenges of displacement, disrupted livelihoods, and restricted market access. The table below presents the monthly distribution of nutritious foods to pregnant women.

No	Area	# of BP Teams	Jan	Feb	Mar	Apr	May	June
1	Kayah	6	0	0	0	0	52	0
2	Kayan	1	0	0	0	0	49	0
3	Special	2	0	51	0	0	34	0
4	Taungoo	2	0	0	0	0	50	0
5	Thaton	2	0	0	0	0	50	0
6	Pa An	7	71	197	124	24	220	136
7	Dooplaya	7	6	93	146	34	81	202
8	Kawkareik	4	25	40	33	29	56	30
9	Win Yee	4	0	85	118	40	70	136
Total		35	102	466	421	127	662	504

No.	Areas	De-Worming	F/S & F/A
1	Kayah	26	26
2	Kayann	5	5
3	Special (Pa An)	17	17
4	Taungoo	6	6
5	Kler Lwee Htu	21	39
6	Thaton	114	114

7	Papun	80	171
8	Pa An	162	162
9	Dooplaya	135	135
10	Win Yee	107	107
11	Mergue/Tovoy	84	92
12	Moe Yee	39	39
13	Ta'ang	15	54
14	Pa Oh	11	23
Total		822	990

7. Family Planning Activities

In January to June 2025, the BPHWT provided family planning services to **4,211** people comprised of **75** 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.

No	Area	Age		Visits		Clients				Total
		<19	>=19	New	Old	Depo	Pill	Condom	Implant	
1	Kayah	4	211	52	163	107	96	3	9	215
2	Kayan	0	63	22	41	42	21	0	0	63
3	Special	4	77	33	48	55	7	3	16	81
4	Kler Lwee Htoo	0	61	12	49	53	0	0	8	61
5	Thaton	4	119	19	104	68	34	0	21	123
6	Papun	11	505	42	474	223	293	0	0	516
7	Pa An	16	322	16	322	184	108	6	40	338
8	Dooplaya	13	475	38	450	287	139	25	37	488
9	Kawkareik	1	22	0	23	21	2	0	0	23
10	Win Yee	17	461	19	459	152	106	21	199	478
11	Mergue/Tovoy	0	636	533	103	14	5	0	617	636
12	Moe Yee	2	107	28	81	80	29	0	0	109
13	Ta'ang	105	560	180	485	580	82	1	2	665
14	Kachin	12	103	93	22	43	37	13	22	115
15	Pa Oh	10	244	59	195	180	71	3	0	254
16	Naga	0	46	0	46	0	46	0	0	46
Total		199	4,012	1,146	3,065	2,089	1,076	75	971	4,211

8. Postnatal Care (PNC)

It is recommended that mothers receive a minimum of three postnatal check-ups during the postpartum period. These visits, provided by trained healthcare professionals, are essential to safeguard the health and well-being of both mother and newborn. For mothers, postnatal care is critical in the early detection and prevention of complications, including postpartum infections, haemorrhages, and delayed recovery of reproductive organs. For newborns, regular check-ups allow for the early identification and management of potential health problems, support optimal growth and development, and ensure timely access to nutrition guidance.

No	Area	# PNC		
		1 Day	2 days	3 days
1	Kayah	12	2	8
2	Kayan	1	0	1
3	Special	3	0	10
4	Taungoo	2	0	4
5	Kler Lwee Htoo	21	26	26
6	Thaton	25	18	54
7	Papun	228	206	138
8	Pa An	34	76	48
9	Dooplaya	40	14	14
10	Win Yee	29	30	58
11	Mergue/Tovoy	101	99	85
12	Moe Yee	25	37	5
13	Ta'ang	55	40	13
14	Pa Oh	12	12	12
Total		588	560	476

9. Sexual and Reproductive Rights Training

The Back Pack Health Worker Team (BPHWT) conducted a virtual Sexual and Reproductive Health (SRH) training for health workers across the field areas of Taungoo, Special, Pa An, Win Yee, and Dooplaya. A total of 21 clinics participated in the training, with 30 participants, including 6 males and 24 females. The training aimed to strengthen the knowledge and skills of community health workers on key SRH topics, including family planning, antenatal and postnatal care, safe delivery practices, prevention and management of sexually transmitted infections (STIs), adolescent reproductive health, and referral pathways for obstetric emergencies.

10. 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 14 sessions of CSE training, and the total number of participants were 455 comprised of 179 men and 276 women.



Organized comprehensive sexuality education training

Training topics:

- Sexual and Reproductive Health and Psychological Changes Related to Sexuality
- Our Bodies and Menstruation
- Sexual and Reproductive Health Services, Correct Use of Contraceptives, Family Planning Options, and AIDS
- Understanding and Exercising Sexual and Reproductive Rights, and Gender-Based Violence
- Teenage Pregnancy and Abortion
- Case reporting

11. Program workshop

BPHWT conducted a MCH program workshop at the Mae Ka Tee clinics in the Dooplaya area. There are field clinics in Dooplaya, Win Yee, and Kawkareik. Participants attended from 11 of the 15 clinics: 5 from Dooplaya, 3 from Win Yee, and 3 from Kawkareik. The participants included 14 MCH workers, 4 EmOC staff, and 1 medic.

Training topics:

- MUAC, BMI (practical), ANC practical with client
- Menstruation (physiology and menstruation cycle)
- Case study of ANC case and Pregnancy with anaemia (MTC & KDHW patients)
- Pre-term delivery
- Pregnancy with hypertension
- PPH management
- ECEB and MUAC practical
- Practice assessment of MUAC and include HE
- Assessment of HBB and suturing types
- Management of preterm baby and LBW
- Birth record

<i>Table 9: Summary Facts of Monitoring and Evaluation (M & E) trips</i>		
Date	Area names /BP's name	Facilitator
5-8/2/2025	Dooplaya/Mae Ka Tee	Naw Eh Hser Paw, Naw Paw Hsa Gay Htoo, Naw Wah Nu
9-12/2/2025	Dooplaya/Noh Maw Pu	Naw Eh Hser Paw, Naw Paw Hsa Gay Htoo, Naw Wah Nu
13-16/2/2025	Win Yee/Noh Pah Htaw	Naw Eh Hser Paw, Naw Wah Nu
2-7/6/2025	Pa An/Mae Tha Moo	Naw Paw Hsa Gay Htoo, Saw Hel Poe Htoo, Naw Pet, Saw Htoo
8-12/6/2025	Pa An/Noh Kwee	Naw Paw Hsa Gay Htoo, Saw Hel Poe Htoo, Naw Pet, Saw Htoo

7. Field Meeting and Workshops

The BPHWT conducts field workshops and field meetings twice a year. In January to June 2025, BPHWT organized **5** field workshops and **9** field meetings conducted in the targeted field areas; there were **123** participants who attended field meetings and **178** participants who attended field workshops.



Organized field workshops in Mergue/Tavoy field area

8. 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 June 2025, 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 Backpack targeted field areas. Detailed information of the training is shown in the table below.

No	Training Course	Periods	Sites	# of Training
1	Maternal and Child Healthcare Training	10 Months	BPHWT Office	1
2	Community Health Worker Training	6 Months	Thaton, Kayah, Mergue/Tavoy, Training center	4
3	Trauma management Training	3 weeks	Thay Bay Hta, Mergue/Tavoy, Kayah	3
4	HIS (InforMax) Training	11 days	Kayah	1
5	HMIS Training	5 days	Kler Lwee Htoo	1
6	CHW ToT Training	5 days	Training centre	1
7	Continuous Medical Education Training	1 week	Virtual	1
8	First Aid Training	5 Days	Kler Lwee Htoo, Thaton	7
9	MEAL Training	3 days	Dooplaya, Mae Sa Mate	2
10	MCH CME training	7 days	Dooplaya	1
11	Mental Health and Psychosocial Support training	5 days	BPHWT office, Mergue/Tavoy	2
12	Leadership management in health training	5 days	Training centre	1
13	Health governance system workshop	2 days	Kayah	1

1. Maternal and Child Healthcare Training

The Back Pack Health Worker Team (BPHWT) organized a comprehensive Maternal and Child Healthcare (MCH) training at its headquarters to strengthen the capacity of health workers serving in remote and conflict-affected areas. The training consists of a four-month theoretical course followed by a six-month practical internship at Mae Tao Clinic (MTC), Kyaw Hta, Poe Yee, Kwin Kalay, and Mae Ka Ti. A total of 25 participants—including 24 female and 1 male—were selected from the different perspective areas. The primary objective of the training is to recruit and equip new MCH workers with essential skills and knowledge to deliver high-quality, culturally appropriate maternal and child healthcare services.



MCH trainees practicing Helping Babies Breathe (HBB)

2. Community Health Worker Training

The BPHWT organized Four sessions of CHW training. 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 female and 73 males.



Closing ceremony of CHW training in Mergue/Tavoy

The training objectives are:

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

Key Course Topics:

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



Community health worker training

3. Trauma Management Training

The BPHWT conducted 3 sessions of trauma management training. The goal was to teach participants how to handle injuries in conflict and armed situations effectively and to learn advanced life-saving skills. Using both theory and practical exercises, including a pig lab, the training provided hands-on experience. All trainees completed the training successfully, showing a good understanding of trauma management principles. Their new skills will help them provide better care and support in emergencies and allow them to help with first-aid training in their communities. This successful training highlights our commitment to preparing personnel for emergencies and supporting our mission of promoting health and safety. The total number of participants were 142 comprising 85 females and 57 males.



Trainees practicing medical procedures using a pig lab during the training session

4. HIS (InfoMax) Training

The Health Information System (HIS) software training for InfoMax was developed to strengthen the capacity of BPHWT’s Health Information and Documentation (HID) staff in managing and utilizing health data more effectively. The training lasted 11 days, and involved 9 participants, 1 male and 8 female from the Thaton, Taungoo, Kayan, and Kayah field areas.

Participants included field-level HIS officers and data focal points, who play a central role in the collection, management, and reporting of health information across BPHWT’s field sites.

By the end of the training, participants demonstrated proficiency in using the InfoMax system and expressed confidence in their ability to support the monitoring and evaluation of healthcare programs more effectively.

The successful implementation of InfoMax not only standardizes data management practices across all field areas but also contributes to building a stronger, data-driven health system capable of responding to the needs of vulnerable and underserved populations in Burma.



HIS (InfoMax) training in Kayah field area

Objectives:

1. To learn essential computer skills for handling data and communication.

To understand how to collect and store data accurately and securely.

2. To analyse data and create simple charts to identify trends.
3. To learn how to use data to detect and respond to health issues such as outbreaks.
4. To explore ways to improve healthcare services for the community.
5. To understand the importance of reporting in healthcare and learn how to create clear and informative reports.
6. To learn how to identify missing data and effectively communicate with health workers.

Key topics:

- Basic computer maintenance
- Basic Microsoft Excel
- Data quality
- Basic M&E concepts
- Washington group short
- Explain the registration logbook and patients (code, key variable)
- Explain the logbook (ANC, delivery, PNC, family planning, reproductive health, and general morbidity logbook)
- User log-in InfoMax
- Explain the village name and the village code
- Data entry exercise (all logbooks)

5. Health Management Information System (HMIS) Training

The BPHWT conducted a Health Management Information System (HMIS) training session in the Kler Lwee Htoo field area, with similar sessions delivered across other field areas. The total number of participants were 24 comprised of 10 male and 14 female. The training aimed to strengthen the capacity of field HIS staff in accurately completing logbooks, forms, and checklists, while also enhancing skills in pharmacy management, data quality management, and monitoring and evaluation (M&E). New data collection tools were introduced at clinics to standardize reporting and support replication of both station and mobile clinics. The sessions further emphasized the importance of timely and accurate reporting, digital record-keeping where feasible, and consistent data management practices. These improvements will contribute to stronger health service delivery, accountability, and evidence-based decision-making across BPHWT's program areas.



HMIS training in Kler Lwee Htoo field area

Objectives

The objectives of the training are

- 1) To introduce new data collection tools to the clinic staffs.
- 2) To understand the registration system and patient registration codes.
- 3) To familiarize the new charts and log books which are used for data collection at both station and mobile clinic.

6. Community Health Worker ToT training

The BPHWT conducted one session of Training of Trainers (ToT) for community health workers during the reporting period. A total of 25 participants attended the training, comprising 9 men and 16 women. This ToT aimed to strengthen the capacity of community health workers by equipping them with advanced knowledge and practical skills in medical care, including disease diagnosis, treatment protocols, and physical examination techniques. The training also covered essential topics such as maternal and child



CHW ToT training

health, management of common communicable diseases, referral procedures, and the use of rapid diagnostic tools. By building the skills of local trainers, the ToT approach enables a wider reach of quality healthcare services in remote, underserved, and conflict-affected communities, ensuring sustainability through continued knowledge transfer at the grassroots level.

7. Continuous Medical Education Training

The BPHWT organized 1 session of continuous medical education (CME) training. This program benefits field staff for further learning. There were 19 comprised of 12 female and 7 male health workers who attended this CME training course.



CME training by virtual

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:

- Diarrhoea, Dysentery, Dyspepsia, Gastritis, Peptic Ulcer, GORD and Worm infection
- Common cold, Sinusitis, Tonsillitis, Pharyngitis, Pneumonia, COPD, Asthma and Tuberculosis
- Hypertension
- Haematology Diseases- Anaemia 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 – Hypoglycaemia, Urinary system – Cystitis, Pyelonephritis, Prostatitis, and Kidney stone

8. First Aid Training

The BPHWT conducted 7 sessions of first aid training in different areas of Backpack targeted areas. The total number of participants were 140 comprised of 65 females and 75 males. After the training the BPHWT also distributed first aid kits for one kit to each trainee.



Trainees practicing Cardiopulmonary Resuscitation

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 arrives

Discussion Topics:

- Definition and objective of first aid
- Basic life-saving, Cardio-Pulmonary Resuscitation action plan, how to manage bone fracture
- How to manage burns, scald and insect/animal bites and bandaging, chain of survival, DRABCD action plan, bleeding and infection control, Management of Shock and choking.

9. MEAL Training

The Back Pack Health Worker Team (BPHWT) conducted two sessions of Monitoring, Evaluation, Accountability, and Learning (MEAL) training to strengthen the capacity of staff in program implementation and quality assurance. The total number of participants is 49 comprising of 8 male and 41 female. The training covered key topics including the fundamentals of monitoring and evaluation, their purposes, roles, and timing. Participants were introduced to data concepts, data management practices, common storage challenges, and the importance of ensuring accuracy and reliability in reporting. Sessions also emphasized accountability and participation, including mechanisms for community feedback and reporting, aligned with the Core Humanitarian Standards. In addition, the training highlighted the role of learning in program improvement, with practical tools introduced to capture lessons learned and promote adaptive programming.



MEAL training

10. Continuous Medical Education training for MCH workers

The Back Pack Health Worker Team (BPHWT) organized one session of Continuing Medical Education (CME) training for MCH workers, specifically designed for maternal and child health care workers in conflict-affected areas. The purpose of the training was to refresh and update participants' knowledge and skills regarding safe delivery practices, emergency obstetric care, and essential newborn care. The training also covered topics such as antenatal and postnatal care, recognition of pregnancy danger signs, referral mechanisms, and management of common complications during childbirth.

The training further aimed to build confidence among frontline health workers, ensuring they are better equipped to provide lifesaving maternal and child health services under difficult circumstances. By enhancing their capacity, the program contributes to reducing maternal and neonatal mortality rates and improving overall health outcomes for women and children in vulnerable, underserved communities.



Organized CME training for MCH workers

11. Mental Health and Psychosocial Support Training

The BPHWT organized 2 sessions of mental health and psychosocial support trainings in BPHWT office and field area. The total number of participants were 43 comprised of 37 women and 6 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 Behaviour connection
- Promote Positive coping behaviours (Self-care)
- Psychological First Aid (PFA) Concept and steps to implement PFA
- Counsellors Ethics
- Assessment in Psychiatry and Medications in Psychiatry
- Alcohol Use Disorder
- Psychosis and Medications in psychosis

12. Leadership Management in Health Training

The Back Pack Health Worker Team (BPHWT) conducted one session of Leadership and Management in Health Training for senior field health workers to strengthen their capacity in leading health programs in conflict-affected and hard-to-reach areas. Aim is to equip health leadership and management skills for local senior health workers in Karen state. Objective: To develop and implement effective local administration and leadership that supports a responsive, equitable, and sustainable healthcare system, ensuring high-quality services and improved health outcomes in Karen state. The training included sessions on Capacity Building for Effective Management and Leadership, Public Health Principles, Public Health in Complex Emergencies, Local Communication, Federal Governance with reference to the Kaw Thoo Lei (Karen) State Constitution, and Participatory Learning and Action (PLA) Training. In addition, the training emphasized ethical leadership, accountability, gender-sensitive leadership, conflict-sensitive approaches, and practical strategies for team coordination, community engagement, and health service delivery under limited resources. Case studies, group work, and PowerPoint presentations were used to address real-life challenges such as emergency response during displacement, continuity of care in conflict zones, and coordination with ethnic health organizations and local governance structures. The participants were equipped with enhanced leadership and management skills, enabling them to strengthen health systems, improve program delivery, and contribute to resilient and inclusive community health governance in BPHWT's target areas.



Leadership management in health training

13. Health Governance System Workshop

The BPHWT conducted a Health Governance and Coordination Meeting in the Kayah field area. During the meeting, BPHWT provided an overview of Health System Strengthening (HSS) activities and shared key policies updated including Human Resources (HR), procurement policy, financial policy, and PSEA. The team also facilitated discussions on previous meeting recommendations and decision-making processes to improve coordination and strengthen local health governance structures.

9. Leading Committee and Field In-Charge Meeting

During the period of January to June 2025, the BPHWT conducted a 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 and project projection. In addition, the discussion and agreement of finance policy, procurement policy, HR policy, Fraud policy draft, child and youth safeguarding 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 agenda:

- To provide medicines and medical supplies/emergency medicines
- Contingency plan for IDPs
- Project activities/ project end and cover activities
- Procurement process
- Financial update and USAID termination
- Strategic plan workshop for 2026-2030

10. 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, analysed and presented in the general meeting that is held every six months.



Field M&E trip in Kayah area



HQ conducted field M&E trip in Win Yee

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 2025, the BPHWT leading committee, executive board members, program coordinators, assistance coordinators, and program staff conducted regular field monitoring and evaluation in the perspective targeted field areas. But, the BPHWT could not conducted field M&E tip to all the targeted field areas due to insecurity. However, BPHWT conduct field M&E trip in Kayah, Thagon, Taungoo, Kler Lwee Htoo, Mergue/Tavoy, Dooplya, Kawkariek, Win Yee, and Hpa An, field areas.



HQ conducted field M&E to Dooplya area

Objectives of the Field Visit

- To strengthen coordination and collaboration among Village Health Committees (VHCs), community members, and health workers.
- To assess the organization and systematic management of medicine and medical supply storage systems.
- To enhance the effective use and management of health records, registers, and data.
- To determine whether the activities implemented according to the plan align with the actual needs and priorities of the community.

- To verify the accuracy, completeness, and consistency of data entries and records.
- To identify and understand the specific needs and challenges faced by health workers in the field.
- To clarify and reinforce the roles and responsibilities of the Village Health Committees (VHCs).
- To improve the quality of health care services in BPHWT workers.
- To expand the QI activities orientation on QI in health care for all health workers.
- To get idea to find out and solve the problems effect on quality health care in each level of health care services.

Topics discussions:

- Presentation and clarification of the Backpack Health Worker Team (BPHWT) organizational structure and core activities.
- Discussion and question-and-answer session with Village Health Committee members.
- Internal discussion among Village Health Committee members regarding coordination and community engagement.
- General discussion on community health issues, challenges, and local health initiatives.
- Interview and discussion with Traditional Birth Attendants (TBAs/TTBAs) regarding service delivery and field challenges.
- Meeting with pregnant women and lactating mothers to understand maternal and child health needs.
- Guidance on the proper use of forms, charts, and logbooks for accurate data recording and reporting.
- Review and correction of duplicate codes, mismatched or incomplete information, and missing forms.
- Discussion on difficulties in data entry and verification due to the clinic's lack of regular phone signal and internet connectivity.
- Dimensions on quality of health care.
- Assessment on quality of health care.
- QI assessment tools (RDQA, RSQA).
- Introduction of basic EPHS.
- Explanation about each title of basic EPHS.
- Assessment on basic EPHS in each field areas.

11. Financial Report (January to June 2025)

Back Pack Health Worker Team		
BPHWT Income and Expenditures: January-June 2025		
ITEMS	Thai Baht	%
OPENING BALANCE -1 JANUARY 2025	7,275,029	...
PERIOD INCOME		
CPI/REACH/Swiss Agency for Development and Cooperation (SDC)	7,893,794	22%
Stichting Vluchteling (SV)/Netherlands	5,055,501	14%
Health Equity Initiative(HEI)	5,013,000	14%
Burma Humanitarian Mission(BHM)	3,060,991	9%
Burma Relief Center (BRC)/GAC/Interpares	2,800,000	8%
International Rescue Committee (IRC/SIDA)	1,976,250	6%
Japan Association for Mae Tao Clinic (JAM)	998,000	3%
Mae Tao Clinic (MTC)	900,000	3%
The Border Consortium/LIFT	1,195,944	3%
Community Partner Internation (CPI)	997,905	3%
The Border Consortium/FCDO	615,510	2%
The Border Consortium/NRM	850,586	2%
International Rescue Committee (IRC/BHA)	813,357	2%
International Rescue Committee (IRC/EO)	659,434	2%
Suwannimit Foundation (UNICEF)	612,025	2%
International Rescue Committee (IRC/Anonymous)	381,112	1%
Ethnic Health System Strengthening Group (LEARN)	207,705	1%
The Borderland Health Foundation (BHF/IHRP)	372,090	1%
Peace Winds Japan	318,088	1%
Ethnic Health System Strengthening Group (EHSSG)	262,963	1%

Burma Medical Association (HISWG)	108,000	0%
Donation General Fund (GF)	4,038	0%
Bank Interest	17,800	0%
TOTAL PERIOD INCOME	35,114,093	100%
TOTAL INCOME	42,389,122	
PERIOD EXPENDITURES (Jan-Jun'25)		
Medical care program (MCP)	6,242,356	31%
Community Health Education and Prevention Program (CHEPP)	3,000,845	15%
Maternal and Child Health Care Program (MCHP)	2,347,750	12%
Capacity Building Program (CBP)	3,333,260	17%
Health information and Documentation (HID)	957,482	5%
Program Management and Evaluation (PME)	1,475,492	7%
General Administration	2,685,613	13%
TOTAL PERIOD EXPENDITURES	20,042,798	100%
CLOSING BALANCE - June 2025	22,346,324	