နယ်လှည့်ကျောပိုးအိတ်ကျန်းမာရေးလုပ်သားအဖွဲ့
Back Pack Health Worker Team
P.O Box 57, Mae Sot, Tak 63110,Thailand
ph/fax(66)55 545421, email:bphwt@loxinfo.co.th
www.backpackteam.org

Provision of Primary Health Care among Internally Displaced Persons and Vulnerable Propulations of Burma

BPHWT Annual Report
2010

Table of Contents

Part I: 2010 Annual Report 3

1) Executive Summary 3
2) Organizational Structure and Governance of the BPHWT 5
   a) Organizational Structure of the BPHWT 5
   b) Financial Management and Accountability 6
   c) Vision 6
   d) Mission 6
   e) Goal 6
3) Gender Policy and Analysis 7
4) Health Access Targets for a Community Based Primary Healthcare System 7
5) Map of Operational Areas 8
6) Security Situation in the BPHWT Targeted Areas 9
7) Activities of the Back Pack Health Worker Team 19
   a) Medical Care Program 22
   b) Community Health Education and Prevention Program 38
   c) Maternal and Child Healthcare Program 46
8) Field Meetings and Workshops 53
9) Capacity Building Program 54
10) Coordination and Cooperation 58
11) Monitoring and Evaluation 59
12) Program Development and Activity Reviews in 2010 61
13) Back Pack Health Worker Team Financial Report - 2010 67

Part II: Program Workshops and Meetings Report 67

1) Program Workshops 68
   a) Medical Care Program Workshop 68
   b) Community Health Education and Prevention Program Workshop 69
   c) Mother and Child Healthcare Program Workshop 71
2) 25th General Meeting of the Back Pack Health Worker Team 75

Part I: 2010 Annual Report

1) Executive Summary

Over sixty years of civil war in Burma have resulted in the displacement of hundreds of thousands of people. These people have fled their homes, been obliged to go into hiding for their own safety and have faced forced relocation. Compounding the loss of homes and security is a lack of basic human rights, including the right to health. People living along the country's borders as well as inside ethnic nationalities' areas have been severely affected.

The Back Pack Health Worker Team (BPHWT) has been providing primary health care for over ten years in the conflict and rural areas of Burma, where access to healthcare is otherwise unavailable. The BPHWT provides a range of medical care, community health education and prevention, and maternal and child healthcare services to internally displaced persons (IDPs) and other vulnerable community members in Burma.

Displaced Mother with a Child 2010

Doctors and health workers from Karen, Karenni, and Mon States established the BPHWT in 1998. The organization initially included 32 teams, comprising 120 health workers. Over the years and in response to increasing demand, the number of teams has gradually increased. In 2010, the BPHWT included 81 teams, with each team being comprised of 3 to 5 health workers. BPHWT teams now target displaced and vulnerable communities with no other access to healthcare in Karen, Karenni, Mon, Arakan, Kachin, and Shan States, and the Tenasserim Division. The teams deliver a range of health care programs to a target population of 180,000 IDPs and other vulnerable people. The BPHWT aims to equip people with the skills and knowledge necessary to manage and address their own health problems, while working towards long-term sustainable development with respect to community healthcare.

In 2010, the BPHWT continued to work with communities in its target areas to implement its three health programs, namely Medical Care Program, Mother and Child Healthcare Program and Community Health Education and Prevention Program. Three new Back Pack teams were created in Kachin, Shan-Kayah and Palaung areas to serve communities with no other access to healthcare. BPHWT also worked in collaboration with Burma Medical Association, National Health and Education Committee and ethnic health organizations serving the Karen, Karenni, Mon, Shan and Palaung communities to plan, design and implement a health and human rights survey in eastern Burma; the results of this survey were published in October 2010 in the report entitled ***Diagnosis: Critical - Health and Human Rights in Eastern Burma***.

The BPHWT's ***Ten Years Report 1998-2009,*** detailing the BPHWT's programs and organizational development from 1998 through 2009, was also published in 2010.

The BPHWT continued to conduct its regular monitoring and evaluation activities throughout 2010. In addition, BPHWT workers were given technical support by the Global Health Access Program (GHAP) to implement an Impact Assessment Survey so as to evaluate the outcomes of the BPHWT's three health programs in target communities. The results of this survey will be published in 2011. At the March 2010 Donors' Meeting, it was decided that an external evaluation would be conducted, in order to assess the BPHWT's programs and management structure. A consultant was recruited and is currently conducting consultations with target communities, partner organizations and BPHWT medics, staff and Leading Group. The results of this evaluation will be published in 2011.

Displaced Mother and Children

After the November 2010 elections in Burma, increased armed conflict and conflict-related abuses in areas of Karen State opposite Thailand's Kanchanaburi, Tak and Mae Hong Song Provinces drove large displacement of populations, both inside Karen State and into Thailand. On the Thai side of the border, the pattern of civilian influxes evolved. The first large battles in November led to larger influxes of Burmese civilians openly fleeing into Thailand, where they were provided with temporary shelter in sites recognised by Thai authorities. But by the end of December, Thai authorities had shut down the last of the temporary shelter sites and the community network, under the overall coordination of the Mae Tao Clinic, was supporting a total of 9852 newly-displaced people - comprised of 2039 households with 7867 men and 3779 women. Out of these 9852 displaced people, there were 5212 children under five years of age among the newly-displaced people in hiding sites along the Thai-Burma border areas.

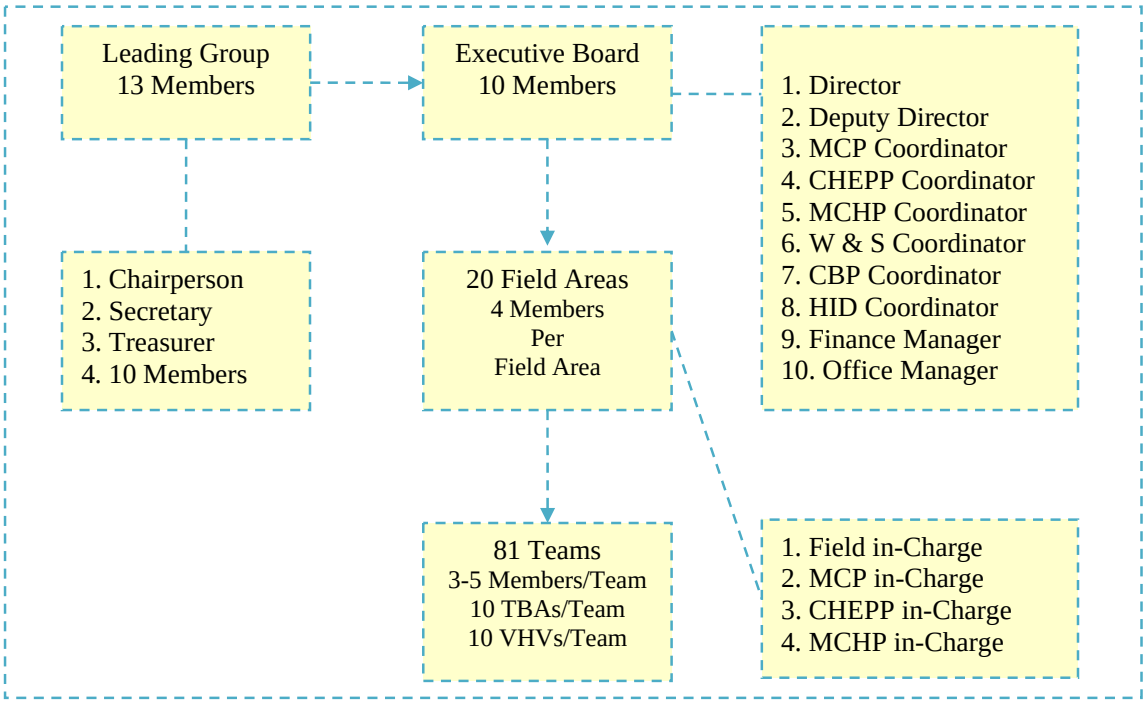
Since the escalations in armed conflict and displacement in the aftermath of Burma's elections, the Back Pack Health Worker Team has worked with the network of community organizations providing assistance to civilians displaced by ongoing conflict and human rights abuses along the Thai-Burma border. Inside Karen State, eight teams of Back Pack Health Workers were deployed to provide health services to civilians affected by the increases in conflict and conflict-related abuses. The BPHWT also set up a number of borderline mobile Out-Patient Department (OPD) clinics, to provide health care and assistance to displaced civilians hiding along the Thai-Burma border. Each borderline mobile OPD clinic was staffed by three to five experienced BPHWT medics and supplied with the medicines and equipment needed for the

provision of healthcare to the displaced civilians. On the Thai side of the border, BPHWT has worked as part of the community based Emergency Relief Team (ERT) providing assistance to thousands of newly displaced civilians in unofficial or hiding sites. BPHWT health workers worked with the Mae Tao Clinic and Burma Medical Association as part of the health team, providing medical assistance to civilians in hiding along the Thai-Burma border, particularly to those more vulnerable such as pregnant women, children and the elderly.

2) Organizational Structure and Governance of the BPHWT

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

a) Organizational Structure of the BPHWT



Governance: As depicted in the Organizational Structure, the BPHWT is governed by the Leading Group elected by the BPHWT members. The Leading Group is comprised of 13 members who are elected for a three years term. The Leading Group appoints an Executive Board of 11 members, which is required to meet monthly 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

of the organization. Full copies of any of these organizational documents are available upon request.

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 Group, amendments to the Constitution and organizational restructuring, employment of consultants and job descriptions for positions.

b) Financial Management and Accountability: The BPHWT has developed policies and procedures guiding the Leading Group, Executive Board, Program Coordinators, Office Staff, and Field Staff in terms of financial management and accountability, the production of annual financial reports, and the requirement for an annual independent audit. These documents establish the financial records to be kept; the management of bank accounts; the procedures for cash withdrawals, deposits, transfers, receipts, disbursements and general administration funds; and the liquidation of cash assets. The BPHWT has also developed policies covering payments for lodging, travel and honoraria for services rendered.

c) Vision: The vision of the Back Pack Health Worker Team is that of a healthy society in Burma through a primary healthcare approach, targeting the various ethnic nationalities and communities in the border areas and remote interior regions of Burma.

d) Mission: The Back Pack Health Worker Team is organized to equip people with the skills and abilities necessary to manage and address their own healthcare problems, while working towards the long-term sustainable development of a primary healthcare infrastructure in Burma.

e) Goal: The goal of the Back Pack Health Worker Team is to reduce morbidity and mortality, and minimize disability by enabling and empowering the community through primary healthcare.

3) Gender Policy and Analysis

In 2010, fifty-five percent of the BPHWT staff was women, excluding Traditional Birth Attendants (TBAs). However, 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 organizational tiers, except for the target set for Office Staff.

Gender Policy and Analysis Table - 2010

Category	Total # of Workers	Total # of females	Females Actual %	Females Target at Least %
Leading Group/Executive Board	14	6	43%	**30%**
Office Staff	11	3	**27%**	**30%**
Field Management Workers	57	28	49%	**30%**
Field Health Workers	233	102	44%	**30%**
Traditional Birth Attendants	672	582	87%	**Target not set**
Village Health Volunteers	495	306	62%	**30%**
Total Organization	**1482**	**1027**	69%	**Target not set**
Total Organization without TBAs			**55%**	**30%**

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.

4) Health Access Targets for a Community Based Primary Healthcare System

Population	Health Service Type	Health Workers	RATIO (workers/pop)	IDEAL Number
2000	BPHWT (Community based primary healthcare unit)	BPHWT Health Workers	1/400	**5**
		Traditional Birth Attendants	1/200	**10**
		Village Health Volunteers	1/200	**10**
Total Health Workers Per Team				**25**

5) Map of Operational Areas

6) Security Situation in the BPHWT Targeted Areas

Delivering health care in Burma is a dangerous occupation for the BPHWT due to the hostility of the State Peace and Development Council (SPDC) and their allied armies as well as the presence of landmines in the areas in which the medics work. The BPHWT health workers cannot move openly through many of their field areas since they risk being captured and imprisoned, or shot. In July 2010, one medic was killed in an attack by the SPDC in Thada Dae Village in Karen State. Since the creation of BPHWT, nine medics and one Traditional Birth Attendant have been killed by the SPDC or their landmines.

In the first half of 2010, the villagers in conflict-affected and rural areas of Burma faced continued security problems and widespread human rights violations. These human rights violations negatively affect community members' health outcomes and increase the need for health services, while at the same time making it more difficult for people to access such services. In addition, the first six months of 2010 saw increases in military operations by the SPDC and allied groups, such as the Democratic Karen Buddhist Army (DKBA), in some of the BPHWT's target areas, mainly in the Karen State. Tensions have been rising along the border area controlled by armed ethnic ceasefire groups that refused to join the SPDC's Border Guard Force (BGF) plan, leading to fears of increased violence and associated displacement of populations. For communities on the ground, the increased militarization linked to the planned 2010 elections has already led to further forced displacements, increases in human rights abuses and more difficult working conditions for the health workers trying to help them.

Displaced People in the Pa An Field Area 2010

The BPHWT reports from the field in 2010 continue to detail human rights abuses suffered by local communities as well as the dangers, and physical and psychological stresses that the BPHWT health workers face while delivering healthcare in their target areas. The following information provides examples of the security and human rights violations regularly faced by villagers and health workers in their different BPHWT target areas.

1. Kayah

Although this is a ceasefire area, it is difficult to implement the BPHWT activities here. In 2010, there were increased military operations by Border Guard Forces under SPDC military command and the Karenni National People Liberation Front (KNPLF) so that it made conditions more difficult for the BPHWT teams traveling and working in this area. Since this field area is very mountainous, especially in village tracts such as Ho Yar, Kay Kaw, and Pan Thein, health supplies are typically carried into the field by health workers and villagers. In these village tracts, communications and transportation are more difficult compared to other village tracts. Consequently, the difficult terrain and security conditions make carrying the supplies very hazardous in this field area.

Providing Healthcare in Kayah Area 2010

2. Kayan

Health supplies are carried into the field by health workers and villagers since this field area is close to the new Burmese capital of Nay Pyi Daw. Although this field area is a formal ceasefire area, the Back Pack health workers still can not move freely to provide healthcare to their target communities. During this period, health supplies faced frequent delays in reaching their intended villages due to many obstacles posed by the SPDC military along the roads.

There are also numerous human right violations in this field area, but the health workers dare not document them because it will place them in danger. In past periods, they reported human right violation to the BPHWT. However, the SPDC has increased their questioning of them, putting them in greater danger. Therefore, health workers from this field area did not report any human rights violations that they may have encountered during 2010.

3. Taungoo

This field area is unstable due to the high level of SPDC military activity. Phugyi, the Rangoon Command, entered into the area and fighting has occurred on a very frequent basis especially in the K'lay Wai - West and Kaw Htay Del village tracts during this period. Throughout 2010, there was an increase in forced labor in the area. Villagers are regularly forced to work without compensation for the SPDC instead of working on their farms to provide food for their families. However, because of the difficult conditions, the health workers were unable to report specific human rights violations encountered in this field area. The field area is also mountainous. As a result of these factors, health supplies are often delayed in reaching their targeted communities.

Providing Healthcare in the Taungoo Area 2010

4. Kler Lwee Htoo

Because of hostile military activity, the Kler Lwee Htoo field area is unstable with many villagers being forced to hide in the jungle. Increased SPDC military operations caused delays in the transportation of health supplies into this field area. SPDC military activity prevented the BPHWT health workers from reaching the Mae K'Tee village tract during this six month period. There was an increase of human rights abuses in this field area. Specific instances of human rights violations, recorded in this field area by the BPHWT health workers, included:

Patient Transportation in Kler Lwee Htoo 2010

1) On 17 January 2010 in Ke De Village - Kler Lwee Htoo Field Area, SPDC soldiers entered into the village, burned down twelve houses, and killed Saw Moo Kaw Htoo, forty-eight years old.

2) On 22 March 2010 in Kaw Taw Village - Kler Lwee Htoo Field Area, the SPDC burned down the whole village. As a result, Naw Ler Pa Sa, Naw Na Paw Po, and Saw Tee Pa Ler Moo lost their properties and houses.

3) On 28 March 2010 in May Lee Kee Village - Kler Lwee Htoo Field Area, SPDC soldiers entered into the village and burned down thirteen houses.

4) On 25 December 2010, the SPDC military units - Ka Ma Ya 599 and Ka La Ya 45 - operated in the Kwee Doh Kaw Back Pack tract in the Kler Lwee Htoo Field Area.

5) Since August 2010, a major (Bo Mu) of SPDC Battalion 567 forced the villagers to do sentry duty at the bridge built between Kyauk Kyee and Law Sakar on the Shway Kyin care road.

6) On 8 September 2010, soldiers from SPDC Battalion 567, led by a major (Bo Mu), tortured U Mee Po - a 45 year old village head man and U Par Bel, a 50 year old man. As a result, they both received injuries to their calves and hands.

5. Thaton

Transporting the health supplies and communication in the Thaton Field Area was more difficult during this period than in the previous period due to increased SPDC military operations, especially that of Light Infantry Battalions (LIB) 8 and LIB 3. These hostile actions presented obstacles for the health workers trying to reach their patients in targeted communities in a timely manner. Human rights violations reported by the BPHWT health workers in this field area during this period were:

Medicines Transportation in Thaton Area 2010

1) On 1 January 2010 in the Thaton Field Area, a group lead by Kyaw Min, DKBA Battalion 333(now called a BGF), demanded 2,500 roof leaves. The villagers were forced to send those leaves to Ohn Taw on 5 January 2010.

2) On 29 May 2010 in Kya Kat Chaung Village - Thaton Field Area, SPDC Lieutenant Oo Min Koe and Saw Pi Kain, DKBA Brigade 333(now called a BGF), entered into the village, searched the houses, and took 15,000 kyats from Saw Tun Naing and 250,000 kyats from Saw Ngyat.

3) On 29 May 2010 in Kya Ket Village - Thaton Field Area, Lieutenant Oo Min Koe and Saw Pi Kain, DKBA Brigade 333(now called a BGF), entered into the village, accused Saw Ngyat, Saw Ta Ka Paw, and Saw Pa Naing of being members of the Karen National Union and beat them.

6. Papun

In the Papun Field Area, villagers and medics had to carry health supplies by hand, with the transportation of these supplies generally being more risky because of military operations by the SPDC. These SPDC military operations made it difficult for health workers to get into villages in time to provide necessary care to patients, especially in the Mae Mwe and Mae Wai village tracts. Specific examples of human rights abuses recorded by the BPHWT field workers during this period include:

Distributing ITNs in Papun Area 2010

1) On 14 March 2010 in the Papun Field Area, Saw Ka Paray, forty-five years old, was shot by SPDC soldiers as he was carrying his food and passed them on the road between Pa Lar Koe and Maw Pu.

2) On 7 April 2010 in Law Tee Koe Village - Papun Field Area, Commander Aung Naing Soe from LIB 708 forced Naw Pa Yaw, thirty-six years old, to be a guide for them. She was killed during the fighting on their patrol and the SPDC soldiers took everything from her.

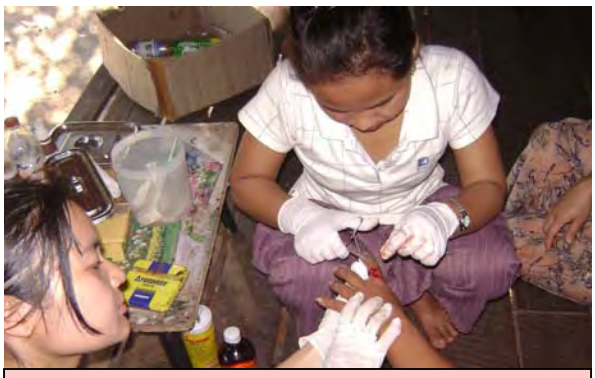
7. Pa An

In the Pa An Field Area, villagers in the targeted village tracts faced more human rights abuses by the SPDC, especially in Mae Tha Moo, Kaw Thu Kee and K'law Kyaw Back Pack tracts. During 2010, there were four time fighting happened in Mae Tha Moo village tract. Because of the fighting in Myawaddy, it also affected the health workers to provide healthcare to the community members who are in these three village tracts. Specific examples of human rights abuses recorded by the BPHWT field workers during this period include:

1) On 5 May 2010 in Ta Ye Poe Kwee Village - Hlaing Bwe District - Pa An Province, there was fighting between KNLA and SPDC LIB 538, led by Captain Soe Min Tun. After the fighting, the tents of Saw Htoo Ye, Naw Hot Gay, Naw Mu Lwe, and Pa Nwet Lu were burned down.

2) On 3 June 2010 in Htee Moe Kee Village - Lain Bwe District - Pa An Province, thirty soldiers, led by Lieutenant Saw Ta Kee from the DKBA Brigade 999 (now called a BGF), together with Major Mg Aung Win from SPDC Lain Bwe-based No (1), demanded one pig from villagers. The villagers were forced to give a pig to the soldiers and had to compensate the owner of the pig with 125,000 kyats.

3) On 7 June 2010 in Htee Mu Kee Village - Lain Bwe Township - Pa An Province, there were five soldiers from DKBA Brigade 999 (now called a BGF), led by Captain Bay Bwe, who were drunk and shot 9 mm bullets into the village. As a result, Naw Mu Hsi, twelve years old, was wounded and also Naw Kaw Paw was wounded in her upper right thigh.



Providing Healthcare in Pa An Area 2010

4) On 13 June 2010 in Htee Mu Kee Village - Lain Bwe District – Pa An Province, nine soldiers led by Captain Kwe, DKBA Brigade 999 (now called a BGF), from Htee Pa Camp, killed five chickens from the village without permission.

5) On 26 June 2010 in Kaw Thu Kee Village - Lain Bwe District – Pa An Province, Captain Ah San, DKBA Brigade 999 (now called a BGF), from Kaw Thu Kee Camp, ordered villagers to clean up and construct a fence for their camp without payment.

6) On 16 May 2010 in Pi Tu Village - Lain Bwe District - Pa An Province, seven soldiers led by Lieutenant Saw Pa Lay Koe, DKBA Brigade 999 (now called a BGF), ordered the village head - U Myit Thain - to buy a pig without payment. The villagers were forced to give a pig to the soldiers, and had to compensate the owner of the pig with 250,000 kyats.

7) In Pa Tu Pa Law Village - Lain Bwe District - Pa An Province, thirty soldiers, led by a Lieutenant from DKBA Brigade 999 (now called a BGF), ordered the village head - U Chaw Thoo - to give them a pig. As a result, the villagers had to compensate the owner of the pig with 75,000 kyats.

8) On 10 May 2010 in Pi Tu Village - Lain Bwe District - Pa An Province, five soldiers, led by Captain Kee, DKBA Brigade 999 (now called a BGF), ordered the village head - U Myit Thain - to give them a pig. Villager had to compensate the owner of the pig with 250,000 kyats.

9) In Kaing Ka Lar Village - Na Bu District - Pa An Province, Battalion 3 Commander Mya Khaing, DKBA Brigade 999 (now called a BGF), and forcibly recruited one villager from each of eight villages in the village track. Also they demanded 150,000 kyats from each villager. As a result, the soldiers collected 12,000,000 kyats from the villagers.

8. Dooplaya

In this field area, the health supplies are carried by villagers and health workers into the BPHWT's targeted communities. There was also fighting in Kyait Don Town. Toe Leh Wah Kee village tract is very close to the SPDC military units and it has made it very difficult for the health workers to get into the villages in this track.

9. Kawkareik

In the Kawkareik Field Area, health supplies were carried by car due to the summer conditions. However, the SPDC continues to make demands in the field area for forced labor and forced requisitions. There were also frequent clashes between the SPDC and the breakaway DKBA Brigade 5, led by Colonel Saw Ler Pywe. DKBA Brigade 5 has now joined with the KNLA. Throughout 2010, Kawkareik became unstable due to the increased level of operations by the SPDC military. Some villagers have fled across the Thai-Burma border and others are still hiding in the jungle as a result of attacks on villages. The BPHWT health workers from Kawkareik area stayed with the villagers in order to provide them with healthcare and emergency assistance while they are temporary displaced. Details of human rights abuses recorded by the BPHWT health workers include:

Providing a RDT in Kawkareik Area 2010

1) On 17 December 2010, SPDC soldiers killed one villager and arrested another villager in Sue Ka Lee village. This information was not available until now.

2) On 17 October 2010, SPDC soldiers detained and forced two villagers and four children, who had come from their work, to guide the soldiers to Maw Thu village.

10. Win Yee

In the Win Yee Field Area, health supplies were carried by hand from village-to-village in the targeted village tracts. This field area is close to SPDC military units, so the health workers could not move around freely without getting prior security information from the village heads of the targeted villages. From 15 June - 19 July 2010, the SPDC soldiers entered the Ma Au Pin and Par Pya village tracts. Therefore, the health workers from those villages were unable to submit their reports to the field-in-charge on time and the field-in-charge was also not able to send their field report to the head office according to the BPHWT schedule.

11. Mergue/Tavoy

In the Mergue/Tavoy Field Area, most of BPHWT's targeted communities are camps of internally displaced persons (IDPs) and remote villages. During this period, there were SPDC military operations in some of the IDP areas and the people, who live in these areas, were forced to flee and hide elsewhere. On 1 May 2010 in Tee Gu Thaw Village - Mergue/ Tavoy Field Area, the SPDC LIB 561 entered into the Tee Gu Thaw IDP area and burned down one house, and also destroyed sixty paddy tins, one Honda, and all items that were in the house. Therefore, it is very risky for the health workers to provide necessary care to patients in the area. Details of human rights abuses recorded by the BPHWT health workers include:

Providing ANC in Mergue/Tavoy 2010

1) On 27 January 2011, soldiers from SPDC Infantry Battalions (IB) 224, 500 and 17, led by Aung Thein, attacked the Lay Law Ka Thi IDP area; burnt down eight houses, four rice stores, and a school; and, stole and destroyed furniture.

12. Yee West-North / Mon (1)

In this field area, the security situation is getting worse because of the 2010 elections. During 2010, the Back Pack health workers had to stop implementing their activities for a short period. Additionally, the health committees in the area had to take responsibility for the health supplies in order to keep them safe. Due to these difficulties, the report of the field in-charge of this area to the BPHWT office was delayed.

13. Yee Chaungpya / Mon (2)

During this period, the health workers from this field area continuously faced security problems and the health committees in the area had to take responsibility for the health supplies in order to keep them safe. Although the security situation is getting worse, the Back Pack health workers tried to provide healthcare services the communities. Because of obstacles in the area, the report of the field in-charge of this area to the BPHWT office was delayed.

14. Moulmein-Thaton / Mon (3)

In this field area, there were conflicts during this period between the New Mon State Party and the SPDC military because of the 2010 elections and the Border Guard Force issue.

Consequently, health workers from this field area often faced delays in sending their reports to the BPHWT's center office due to transportation difficulties and security conditions.

15. Shan

In the Shan Field Area, health workers were unable to remain in the villages and provide healthcare for required minimum number of days as stated in the BPHWT's guidelines due to SPDC military operations. During this 2010, the SPDC military entered into many of the BPHWT's targeted communities; thus, some of the health workers were forced to hide in other places. There were also many human rights abuses and forced labor in the area; but the health workers said that they do not know exactly how to record item. As a result, there are no human rights abuses recorded for 2010 from this field area.

16. Lahu

In the Lahu Field Area, the security situation worsened because of the frequent fighting between the Lahu militias and the Shan State Army (SSA). The SPDC military also entered into the communities and questioned the health workers. Some villages in this area are very remote and health workers must take a long time to walk to the areas where they can provide treatment to patients. Therefore, there was no safety for them. Additionally, the health workers were questioned at every SPDC checkpoint when they carried the health supplies from Thailand to the field area.

17. Arakan

The Arakan Field Area is a ceasefire area; however, there is still active fighting, and human right abuses such as forced labor, torture, and forced requirement in this field area. There were two BP teams in the field area, but during this period, the health workers had difficulties implementing their activities as Back Pack teams because of the SPDC military operations. Specific human rights abuses recorded by the BPHWT field workers include:

Providing Vitamin A & De-worming Medication 2010

1) On 3 October 2010, Captain (Bo Gyi) Ni Lin Aung, commander of SPDC Battalion 234, forced villagers in the Pe Chaung area in Arakan State to do forced labor in building roads for the military.

2) On 3 October 2010, Captain (Bo Gyi) Ni Lin Aung, commander of SPDC Battalion 234, ordered that villagers pay 1500 kyat per hill-side cultivation to him even though the paddy was destroyed before the harvesting time.

3) On 5 October 2010, (Bo Gyi) Ni Lin Aung, commander of SPDC Battalion 234, arrested and tortured a village head man and leaders of village people's militia because they were accused of not informing the SPDC military before the fighting happened in Pyain Koe village in Arakan State.

4) Every battalion duty officer in the Pe Chaung area in Arakan State has been constantly ordered to force villagers to pay 1500 kyat for each goat, 2000 kyat for each pig, and 4000-5000 kyat for each cow/ox, which are owned by them.

18. Palaung

The Palaung Field Area is located in the Northern Shan State and the terrain presents logistical complications. There are many valleys which add to the difficulties for the health workers carrying health supplies into the area. Also it takes about one hour to travel among villages in this field area. Health supplies were carried by health workers, and sometimes by horses, to the targeted communities.

19. Special Field Area

In the Special Field Area, the security situations in most of the villages were unstable due to increased SPDC military operations during this period. Health supplies were carried into the field by health workers and villagers on foot, in boats, and on tractors. Because of SPDC military operations, health workers experienced delays getting their health supplies into the field.

20. Kachin

The Kachin Field Area is a ceasefire area. Although, the area is ceasefire area, there were active SPDC military operations during this 2010 because of the election. To avoid threats from the SPDC, the Back Pack health workers in this area must pretend that they are from a religious group and are providing health services to the local communities.

7) Activities of Back Pack Health Worker Team

The BPHWT delivers three programs: Medical Care Program (MCP), Community Health Education and Prevention Program (CHEPP), and Maternal and Child Healthcare Program (MCHP). Integrated within and bridging across these three health programs are projects and activities for capacity building, health information systems and documentation, and monitoring and evaluation.

In 2010, the BPHWT provided healthcare in 20 field areas, through 81 BPHWT teams, to a target population of over 170,000 people. At the request of local communities, the BPHWT also conducted more pilot programs in the Kachin, Palaung and Shan-Kayan field areas. There are currently over 1457 BPHWT health workers living and working in Burma: 290 Medics, 672 Traditional Birth Attendants (TBAs) and 495 Village Health Volunteers (VHVs).

The table below provides an overview of the BPHWT field areas, the number of BPHWT health workers in each field area, the target populations, and a breakdown of the 97471 total cases treated in 2010.

Medicine Transportation 2010

Providing Healthcare in the Jungle 2010

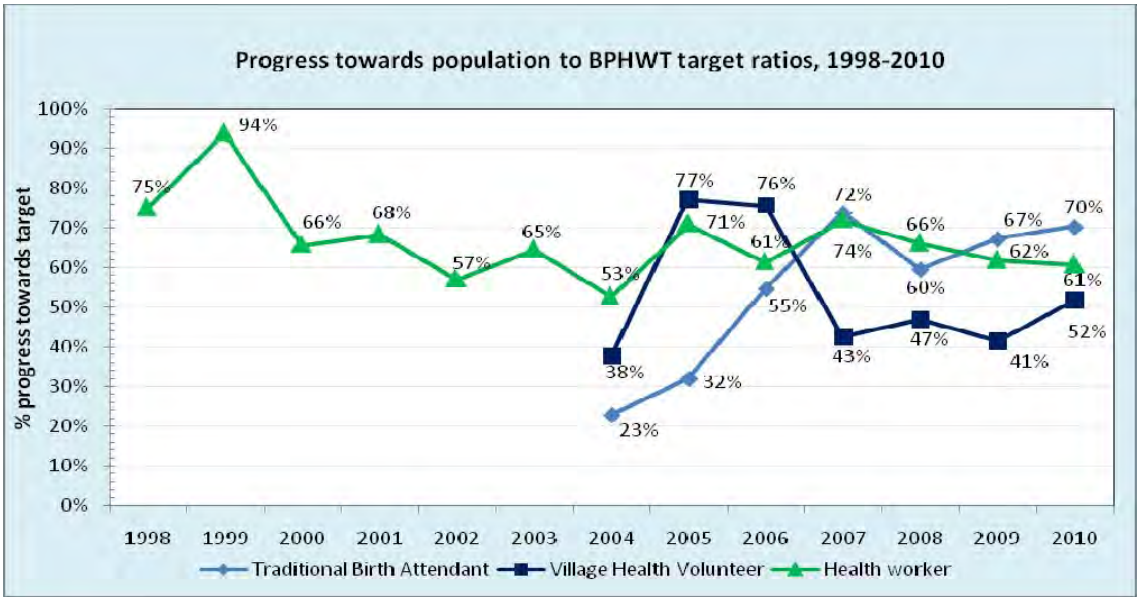
Summary of the BPHWT Field Areas, Health Workers, Target Populations and Cases Treated

January – December 2010

No	Field Areas	# of Teams	# of Medics			# of VHVs			# of TBAs			Total Villages	Total Households	Total Population	Total Case Load
			M	F	Total	M	F	Total	M	F	Total				
1	Kayah	6	13	8	21	34	42	76	0	55	55	54	3053	18461	9374
2	Kayan	3	9	6	15	13	8	21	10	22	32	26	1130	6406	3058
3	Taungoo	5	12	8	20	26	34	60	1	19	20	46	1845	10390	4572
4	Kler Lwee Htoo	5	17	1	18	35	25	60	3	47	50	39	1651	9808	2614
5	Thaton	7	13	12	25	10	59	69	1	74	75	33	2921	17107	7532
6	Papun	7	19	5	24	21	36	57	18	64	82	76	3889	22932	5596
7	Pa An	6	8	13	21	3	13	16	12	58	70	31	2793	16016	7107
8	Dooplaya	6	12	9	21	23	37	60	5	57	62	46	3268	16844	6917
9	Kawkareik	3	8	4	12	13	19	32	1	28	29	9	1126	5380	1769
10	Win Yee	3	7	5	12	0	0	0	3	27	30	19	1192	6752	3877
11	Mergue /Tavoy	5	8	10	18	11	33	44	17	33	50	21	1637	8929	9813
12	Yee West-North	3	2	7	9	0	0	0	3	17	20	9	1033	5304	3061
13	Yee Chaungpya	3	1	8	9	0	0	0	2	20	22	10	1229	5538	3793
14	Moulmein-Thaton	6	0	18	18	0	0	0	0	20	20	17	2627	12878	9281
15	Shan	4	13	2	15	0	0	0	1	19	20	29	1484	8193	5058
16	Lahu	2	7	4	11	0	0	0	2	18	20	15	662	4587	5017
17	Arakan	2	4	0	4	0	0	0	0	0	0	8	330	1924	509
18	Special	2	6	1	7	0	0	0	0	0	0	17	910	4457	4409
19	Palaung	1	0	5	5	0	0	0	11	4	15	8	377	2219	1590
20	Kachin	2	1	4	5	0	0	0	0	0	0	22	964	5822	2524
	Total	**81**	**160**	**130**	**290**	**189**	**306**	**495**	**90**	**582**	**672**	**545**	**33381**	**186529**	**97471**

Table 1. Number of Health Workers, TBAs, VHVs, and Target Population by Year

Year	# of HWs	# of TBAs	# of VHVs	Target Population
1998	120	0	0	64000
1999	150	0	0	64000
2000	200	0	0	121692
2001	208	0	0	121896
2002	224	0	0	156986
2003	238	0	0	147537
2004	232	202	332	176200
2005	287	260	625	162060
2006	284	507	700	185176
2007	288	591	341	160063
2008	291	525	413	176214
2009	289	630	388	187274
2010	290	672	495	186529



TBA, VHV, and Health Worker-to-Population Ratios as a Percent of Target Ratios over Time[1],[2]

[1] While BPHWT began training TBAs in 2000, the MCHP only began systematically training TBAs in the BPHWT target areas in 2004. Therefore, only 2004-2010 TBA/population ratios are included. BPHWT also began training VHVs in 2004.

[2] Targets are as follow: 1 BPHWT health worker: 400 people; 1 TBA: 200 people; 1 VHV: 200 people.

a) Medical Care Program

The Back Pack Health Worker Team currently comprises 81 teams working among Internally Displaced Persons and vulnerable communities in Karen, Karenni, Mon, Arakan, Kachin, and Shan States, and the Tenasserim Division of Burma. There were 290 health workers serving a target population of 180,000. Under the Medical Care Program, the BPHWT health workers address six health problems identified as contributing most significantly to morbidity and mortality in the target areas: malaria, diarrhea, acute respiratory infection (ARI), anemia, worm infestation and war injuries. The most common disease in the BPHWT areas is malaria, followed by ARI, worm infestation, anemia, diarrhea and dysentery.

MCP Objectives:

- Provide essential drugs and treat the common diseases
- Respond to disease outbreaks and emergency situations
- Improve patient referral systems
- Provide target communities with access to malaria prevention, testing and treatment
- Improve health workers' skill and knowledge

MCP Activities

- Provide medicine and medical supplies, and treat common diseases and minor injuries
- Provide immediate response to disease outbreaks or large-scale emergency situations
- Referral of serious medical cases (e.g. malaria, severe malnutrition, difficult pregnancies)
- Provide insecticide-treated nets (ITN) to households
- Diagnose and treat malaria cases with ACT in the target communities
- Organize field workshops, 6 months workshops and short training courses

Back Pack Health Worker Team Case Loads January - December 2010

NO	Condition	Ages		Total
		<5	>=5	
1	Anemia	1477	7140	8617
2	ARI, Mild	4931	10323	15254
3	ARI, Severe	1541	3341	4882
4	Beri Beri	528	3779	4307
5	Diarrhea	1965	3933	5898
6	Dysentery	1039	3332	4371
7	Injury, Acute – Gunshot	6	66	72
8	Injury, Acute – Landmine	0	31	31
9	Injury, Acute – Other	297	987	1284
10	Injury, Old	89	716	805
11	Malaria (Presumptive)	1179	5638	6817
12	Malaria (With Para-check)	1240	5834	7074
13	Measles	159	146	305
14	Meningitis	21	87	108
15	Suspected AIDS	1	24	25
16	Suspected TB	41	458	499
17	Worm Infestation	2138	3332	5470
18	Abortion	0	144	144
19	Pre-eclampsia	0	28	28
20	Hemorrhage	0	53	53
21	Sepsis	0	73	73
22	Reproductive Tract Infection	0	231	231
23	UTI	155	2976	3131
24	Skin Infections	1515	2846	4361
25	Hepatitis	67	333	400
26	Typhoid fever	80	344	424
27	Arthritis	63	1074	1137
28	GUDU	150	4127	4277
29	Dental problems	256	1811	2067
30	Eye problems	563	1524	2087
31	Others	3150	10089	13239
	Total	**22651**	**74820**	**97471**

Malaria Rapid Diagnostic Tests: January - December 2010

No	Area	# of RDT used	# of RDT (-)	# of RDT(+)/ Confirmed Malaria	Presumptive Malaria	Total Malaria
1	Kayah	995	320	687	319	**1006**
2	Kayan	375	29	299	33	**332**
3	Taungoo	276	209	413	260	**673**
4	Kler Lwee Htoo	1214	260	517	173	**690**
5	Thaton	784	298	349	525	**874**
6	Papun	1049	540	572	427	**999**
7	Pa An	1338	427	581	850	**1431**
8	Dooplaya	1584	812	533	587	**1120**
9	Kawkareik	1186	535	263	164	**427**
10	Win Yee	295	170	334	284	**618**
11	Mergue/Tavoy	652	288	779	528	**1307**
12	Yee West-North	1255	488	181	422	**603**
13	YeeChaungpya	256	524	251	381	**632**
14	Moulmein-Thaton	256	557	487	1194	**1681**
15	Shan	2788	1194	86	29	**115**
16	Lahu	300	29	144	215	**359**
17	Arakan	175	215	37	19	**56**
18	Special	203	21	362	247	**609**
19	Palaung	193	98	85	21	**106**
20	Kachin	93	21	114	139	**253**
Total		**15267**	**7035**	**7074**	**6817**	**13891**

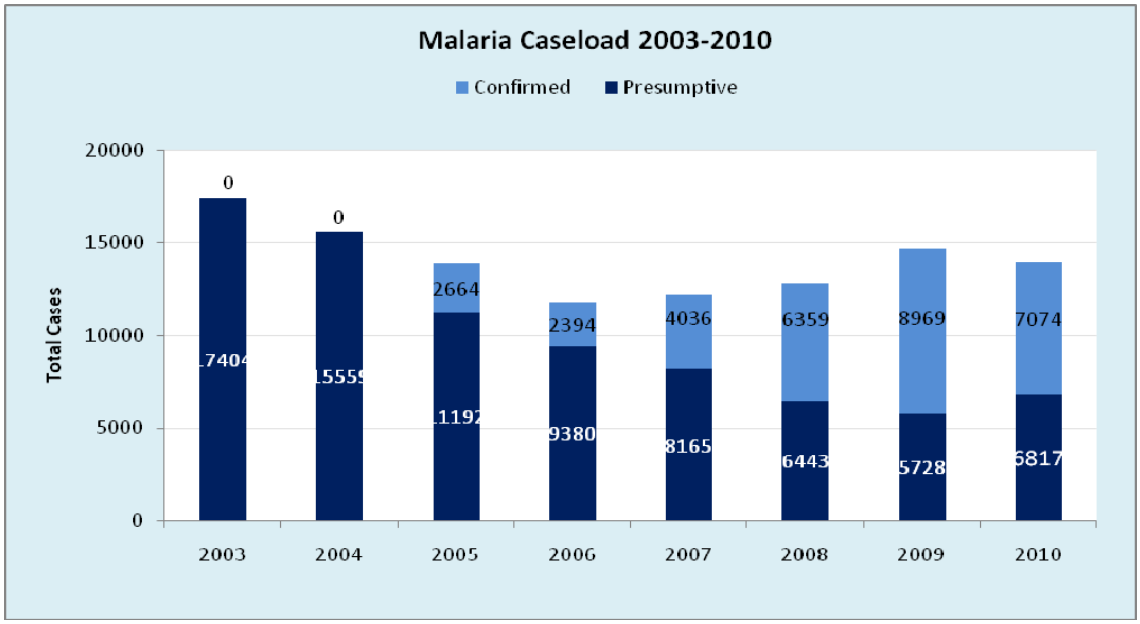
Back Pack Health Worker Team Case Loads January - December 2010 by Area

Condition	Kayah	Kayan	Taungoo	Kler Lwee Htoo	Thaton	Papun	Pa An	Dooplaya	Kawkareik	Win Yee	Mergue/ Tavoy	Yee West-North	Yee Chaungpya	Moulmein-Thaton	Shan	Lahu	Arakan	Special	Palaung	Kachin	Total
Anemia	1046	276	488	214	564	643	422	766	148	513	1327	64	85	197	739	337	37	472	97	182	**8617**
ARI, Mild	2706	299	639	511	934	976	1193	879	325	619	1252	323	467	1720	233	544	54	780	392	408	**15254**
ARI, Severe	341	124	278	225	1025	484	509	590	179	111	191	20	33	319	66	9	41	247	34	56	**4882**
Beri Beri	49	77	192	41	676	158	274	428	33	238	818	45	51	0	468	180	26	347	8	198	**4307**
Diarrhea	851	220	448	78	251	139	417	151	108	120	474	146	166	961	391	541	59	227	50	100	**5898**
Dysentery	393	226	312	138	337	293	311	235	130	144	491	49	55	394	256	205	57	251	39	55	**4371**
Injury, Acute – Gunshot	0	18	19	8	7	3	0	0	0	0	8	0	0	0	0	0	0	9	0	0	**72**
Injury, Acute – Landmine	0	0	7	8	0	2	0	0	2	0	1	0	0	0	6	0	5	0	0	0	**31**
Injury, Acute – Other	110	191	38	15	51	71	47	5	1	42	258	110	106	0	63	0	3	37	48	88	**1284**
Injury, Old	27	43	33	28	75	83	66	122	3	39	196	13	20	0	24	0	1	31	0	1	**805**
Malaria (Presumptive)	319	33	260	173	525	427	850	587	164	284	528	422	381	1194	29	215	19	247	21	139	**6817**
Malaria (With Para-check)	687	299	413	517	349	572	581	533	263	334	779	181	251	487	86	144	37	362	85	114	**7074**
Measles	12	16	31	0	9	3	13	64	0	4	33	0	0	19	51	28	12	0	0	10	**305**
Meningitis	11	23	11	0	14	6	1	0	1	0	37	0	0	3	0	0	1	0	0	0	**108**
Suspected AIDS	7	2	0	0	0	0	1	0	0	0	1	1	0	0	0	0	0	0	0	13	**25**
Suspected TB	42	51	10	0	59	22	27	5	0	19	133	11	3	37	39	6	4	8	3	20	**499**
Worm Infestation	645	229	276	83	218	154	235	217	67	274	848	176	210	456	467	290	40	388	50	147	**5470**
Abortion	6	6	10	13	10	10	9	2	2	5	6	2	13	10	4	16	2	4	11	3	**144**
Pre-eclampsia	13	9	3	0	1	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	**28**
Hemorrhage	8	5	12	1	8	4	0	0	0	0	0	0	0	7	5	0	3	0	0	0	**53**
Sepsis	19	1	14	0	0	3	5	1	0	4	0	0	0	4	0	0	22	0	0	0	**73**
Reproductive Tract Infection	**33**	0	54	**0**	**36**	**20**	12	**4**	**0**	**0**	**64**	**0**	**0**	**0**	**8**	**0**	**0**	**0**	**0**	**0**	**231**
UTI	303	118	203	122	254	312	299	284	60	73	201	16	22	330	135	116	0	129	44	110	**3131**
Skin Infections	443	234	352	27	389	210	350	323	65	116	586	106	84	450	207	33	6	250	38	92	**4361**
Hepatitis	26	80	54	15	27	6	9	0	0	5	49	0	0	32	97	0	0	0	0	0	**400**
Typhoid fever	20	68	26	60	34	53	3	8	0	0	2	0	0	67	72	0	0	1	10	0	**424**
Arthritis	68	84	109	38	31	75	82	142	9	136	170	0	0	35	107	0	1	36	4	10	**1137**
GUDU	440	162	105	92	265	263	384	299	88	212	452	0	0	713	2	407	3	259	76	55	**4277**
Dental problems	96	53	87	6	94	21	107	62	9	73	321	33	44	372	243	260	0	79	23	84	**2067**
Eye problems	147	111	84	4	98	39	122	74	5	29	276	76	79	318	245	190	14	27	21	128	**2087**
Others	506	0	4	197	1191	544	778	1136	107	483	311	1267	1723	1156	1015	1496	61	217	536	511	**13239**
Total	**9374**	**3058**	**4572**	**2614**	**7532**	**5596**	**7107**	**6917**	**1769**	**3877**	**9813**	**3061**	**3793**	**9281**	**5058**	**5017**	**509**	**4409**	**1590**	**2524**	**97471**

Malaria PF Cases January - December 2010 by Area

No	Area	Ages		Total
		< 5	> = 5	
1	Kayah	153	534	687
2	Kayan	27	272	299
3	Taungoo	35	378	413
4	Kler Lwee Htoo	94	423	517
5	Thaton	31	318	349
6	Papun	103	469	572
7	Pa An	69	512	581
8	Dooplaya	90	443	533
9	Kawkareik	72	235	307
10	Win Yee	52	282	334
11	Mergue /Tavoy	232	547	779
12	Yee West-North	64	117	181
13	Yee Chaungpya	89	162	251
14	Moulmein-Thaton	64	423	487
15	Shan	7	79	86
15	Lahu	12	132	144
16	Arakan	2	35	37
17	Palaung	9	76	85
18	Special	26	336	362
19	Kachin	12	102	114
Total		**1243**	**5875**	**7118**

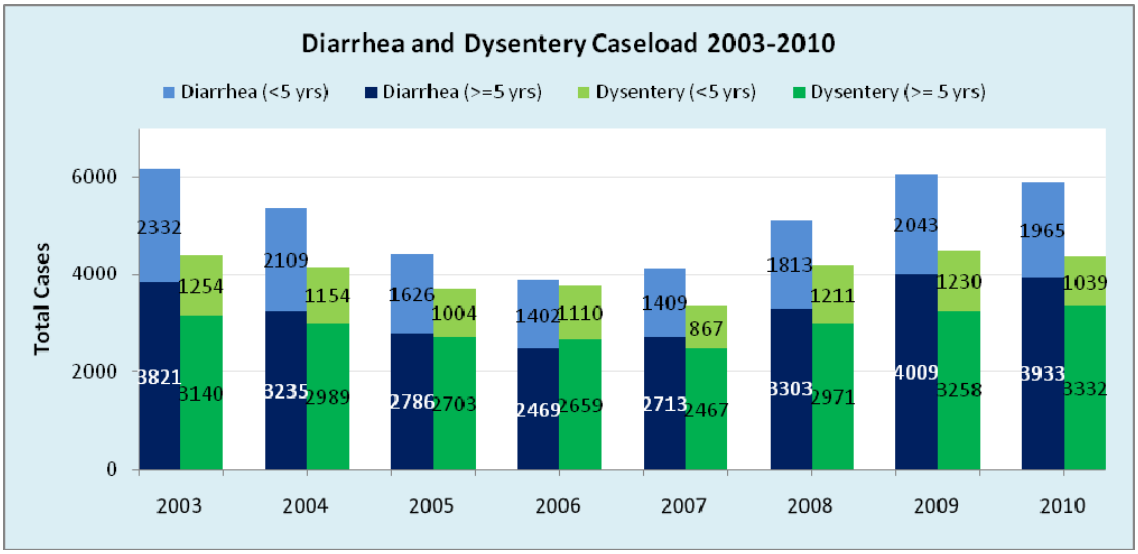
Presumptive and Confirmed Malaria Case Load over Time



Diarrhea and Dysentery

In general, diarrhea and dysentery cases decreased slightly in 2010, as compared with data from 2009. The under-5 years of age diarrhea and total number of cases both decreased by 3%. The under-5 years of age dysentery cases decreased by 16%, while the total number of cases decreased by 3%.

Diarrhea and Dysentery Case Load over Time



All BPHWT Annual Diarrhea Cases January - December 2010 by Area

No	Area	Ages		Total
		< 5	> = 5	
1	Kayah	274	577	851
2	Kayan	105	115	220
3	Taungoo	149	299	448
4	Kler Lwee Htoo	12	66	78
5	Thaton	96	155	251
6	Papun	51	88	139
7	Pa An	162	255	417
8	Dooplaya	38	108	146
9	Kawkareik	9	99	108
10	Win Yee	49	71	120
11	Mergue /Tavoy	171	303	474
12	Yee West-North	68	78	146
13	Yee Chaungpya	71	95	166
14	Moulmein-Thaton	194	767	961
15	Shan	83	308	391
15	Lahu	274	267	541
16	Arakan	14	45	59
17	Palaung	18	32	50
18	Special	88	144	232
19	Kachin	39	61	100
	Total	**1965**	**3933**	**5898**

All BPHWT Annual Dysentery Cases January - December 2010 by Area

No	Area	Ages		Total
		< 5	> = 5	
1	Kayah	93	300	393
2	Kayan	100	126	226
3	Taungoo	73	239	312
4	Kler Lwee Htoo	14	124	138
5	Thaton	96	241	337
6	Papun	75	218	293
7	Pa An	83	228	311
8	Dooplaya	37	193	230
9	Kawkareik	10	120	130
10	Win Yee	29	115	144
11	Mergue /Tavoy	143	348	491
12	Yee West-North	3	46	49
13	Yee Chaungpya	0	55	55
14	Moulmein-Thaton	67	327	394
15	Shan	53	203	256
15	Lahu	65	140	205
16	Arakan	11	46	57
17	Palaung	20	19	39
18	Special	63	193	256
19	Kachin	4	51	55
	Total	**1039**	**3332**	**4371**

Acute Respiratory Infection (Mild)

In 2010, the annual cases of acute respiratory infection (mild) both for children under the age of five and the total caseload increased slightly as compared to those recorded during 2009 – the number of cases for children under the age of five increased by **7%** while the case load for the total population increased by **8.1%.**

All BPHWT Annual ARI (Mild) Cases January - December 2010 by Area

No	Area	Ages		Total
		< 5	> = 5	
1	Kayah	782	1924	2706
2	Kayan	119	180	299
3	Taungoo	205	434	639
4	Kler Lwee Htoo	96	415	511
5	Thaton	347	587	934
6	Papun	334	642	976
7	Pa An	451	742	1193
8	Dooplaya	247	586	833
9	Kawkareik	97	228	325
10	Win Yee	176	443	619
11	Mergue /Tavoy	524	728	1252
12	Yee West-North	136	187	323
13	Yee Chaungpya	182	285	467
14	Moulmein-Thaton	354	1366	1720
15	Shan	75	158	233
15	Lahu	237	307	544
16	Arakan	33	21	54
17	Palaung	94	298	392
18	Special	293	533	826
19	Kachin	149	259	408
	Total	**4931**	**10323**	**15254**

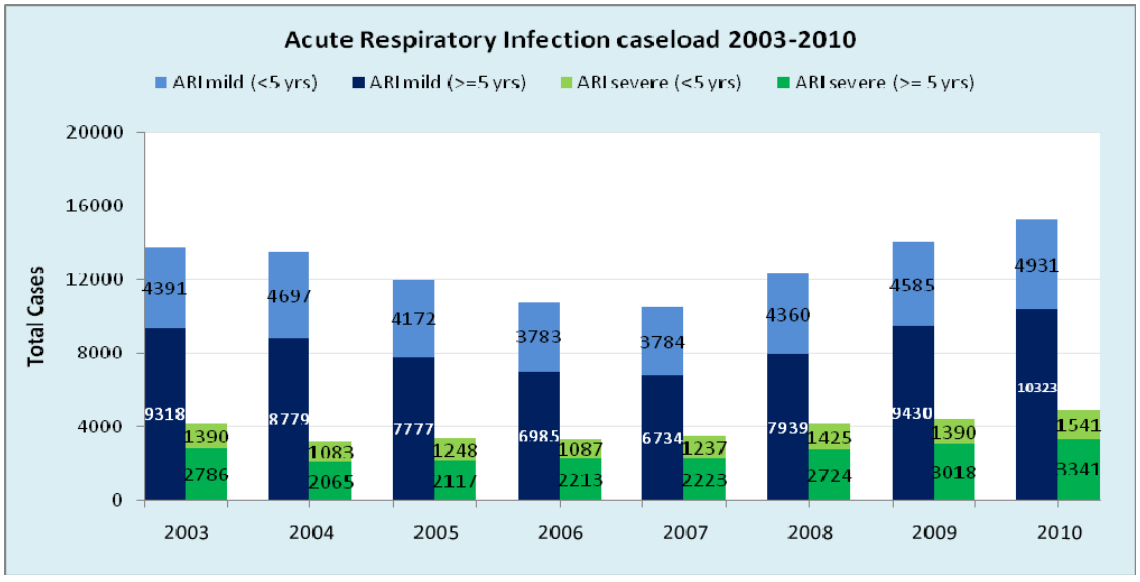
Acute Respiratory Infection (Severe)

In 2010, the acute respiratory infection (severe) cases increased by **10%** for children under the age of five and by **10%** for the total number of cases.

All BPHWT Annual ARI (Severe) Cases January - December 2010 by Area

No	Area	Ages		Total
		< 5	> = 5	
1	Kayah	85	256	341
2	Kayan	19	105	124
3	Taungoo	86	192	278
4	Kler Lwee Htoo	34	191	225
5	Thaton	363	662	1025
6	Papun	138	346	484
7	Pa An	203	306	509
8	Dooplaya	241	328	569
9	Kawkareik	19	160	179
10	Win Yee	37	74	111
11	Mergue /Tavoy	74	117	191
12	Yee West-North	1	19	20
13	Yee Chaungpya	3	30	33
14	Moulmein-Thaton	63	256	319
15	Shan	18	48	66
15	Lahu	9	0	9
16	Arakan	20	21	41
17	Palaung	14	20	34
18	Special	95	173	268
19	Kachin	19	37	56
	Total	**1541**	**3341**	**4882**

Acute Respiratory Infection Case Load over Time



Measles

In 2010, the measles cases increased slightly by **7.5 %** for children under the age of five and by **2.6 %** for the total number of cases.

All BPHWT Annual Measles Cases January - December 2010 by Area

No	Area	Ages		Total
		< 5	> = 5	
1	Kayah	1	11	12
2	Kayan	16	0	16
3	Taungoo	22	9	31
4	Kler Lwee Htoo	0	0	0
5	Thaton	3	6	9
6	Papun	2	1	3
7	Pa An	6	7	13
8	Dooplaya	32	32	64
9	Kawkareik	0	0	0
10	Win Yee	2	2	4
11	Mergue /Tavoy	18	15	33
12	Yee West-North	0	0	0
13	Yee Chaungpya	0	0	0
14	Moulmein-Thaton	0	19	19
15	Shan	16	35	51
15	Lahu	28	0	28
16	Arakan	9	3	12
17	Palaung	0	0	0
18	Special	0	0	0
19	Kachin	4	6	10
	Total	**159**	**146**	**305**

Worm Infestation

The BPHWT established a de-worming program in 2003 in order to reduce malnutrition among children. As part of the Community Health Education and Prevention Program, the BPHWT also provides health education, focusing on hygiene, clean water, and sanitation activities among the villages.

Because of the wide distribution of the BPHWT's de-worming program in all BPHWT target areas, cases for worm infestation can be seen to have decreased very rapidly from year to year. From 2009 to 2010, the worm infestation cases decreased by **5.3%** for children under the age of five and by **9 %** for the total number of cases.

All BPHWT Annual Worm Infestation Cases January - December 2010 by Area

No	Area	Ages		Total
		< 5	> = 5	
1	Kayah	191	454	645
2	Kayan	133	96	229
3	Taungoo	103	173	276
4	Kler Lwee Htoo	47	36	83
5	Thaton	83	135	218
6	Papun	43	111	154
7	Pa An	81	154	235
8	Dooplaya	81	117	198
9	Kawkareik	29	38	67
10	Win Yee	100	174	274
11	Mergue /Tavoy	310	538	848
12	Yee West-North	116	60	176
13	Yee Chaungpya	148	62	210
14	Moulmein-Thaton	94	362	456
15	Shan	160	307	467
15	Lahu	142	148	290
16	Arakan	24	16	40
17	Palaung	30	20	50
18	Special	159	248	407
19	Kachin	64	83	147
	Total	**2138**	**3332**	**5470**

Suspected Pulmonary Tuberculosis and AIDS Cases

The total number of suspected cases of tuberculosis (TB) in 2010 was **499 of which 41** were children under five years of age. The annual rate increased slightly as compared to those recorded during the previous year. Health workers could not treat the suspected TB patients because the BPHWT is not equipped to oversee a TB treatment program in the target areas, and the health workers are not prepared to manage a TB program or TB patients. TB patients need long-term treatment and should receive appropriate care and oversight. Back Pack is not able to provide this level of sustained care since its activities are in target areas that are unstable.

The BPHWT is only able to provide health education and advise patients where to access appropriate treatment and care. TB is considered one of the main health problems experienced by internally displaced persons. In the future, BPHWT aims to expand the TB program to include treatment for patients in coordination with other health organizations. The table below also shows suspected TB and AIDS cases seen in the IDP areas. The BPHWT is considering expanding its activities in order to better address TB and HIV/AIDS.

All BPHWT Annual Suspected TB Cases January - December 2010 by Area

No	Area	Ages		Total
		< 5	> = 5	
1	Kayah	6	36	42
2	Kayan	18	33	51
3	Taungoo	0	10	10
4	Kler Lwee Htoo	0	0	0
5	Thaton	0	59	59
6	Papun	1	21	22
7	Pa An	0	27	27
8	Dooplaya	0	6	6
9	Kawkareik	0	0	0
10	Win Yee	0	19	19
11	Mergue /Tavoy	10	123	133
12	Yee West-North	3	8	11
13	Yee Chaungpya	0	3	3
14	Moulmein-Thaton	0	37	37
15	Shan	0	39	39
15	Lahu	0	6	6
16	Arakan	0	4	4
17	Palaung	0	3	3
18	Special	0	7	7
19	Kachin	3	17	20
	Total	**41**	**458**	**499**

All BPHWT Annual Suspected HIV/AIDS Cases January - December 2010 by Area

No	Area	Ages		Total
		< 5	> = 5	
1	Kayah	0	7	7
2	Kayan	0	2	2
3	Taungoo	0	0	0
4	Kler Lwee Htoo	0	0	0
5	Thaton	0	0	0
6	Papun	0	0	0
7	Pa An	0	1	1
8	Dooplaya	0	0	0
9	Kawkareik	0	0	0
10	Win Yee	0	0	0
11	Mergue /Tavoy	0	1	1
12	Yee West-North	0	1	1
13	Yee Chaungpya	0	0	0
14	Moulmein-Thaton	0	0	0
15	Shan	0	0	0
15	Lahu	0	0	0
16	Arakan	0	0	0
17	Palaung	0	0	0
18	Special	0	0	0
19	Kachin	1	12	13
	Total	**1**	**24**	**25**

Acute Landmine and Gunshot Injuries

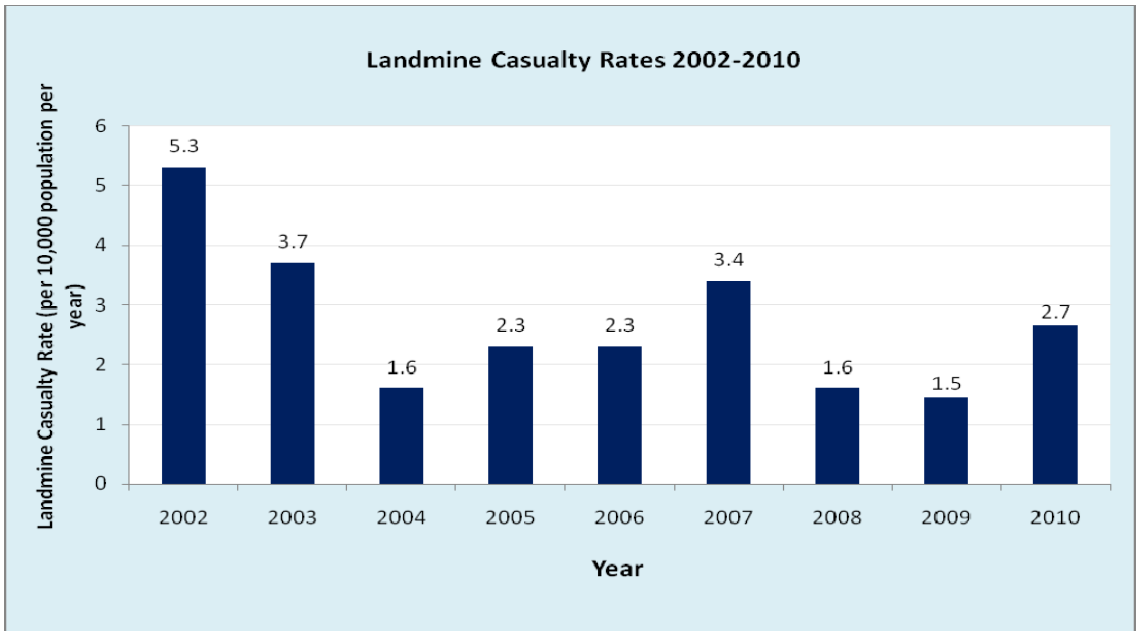
In 2010, the number of landmine injury cases recorded by the BPHWT field workers increased in comparison with those in 2009. However, some cases were not recorded and some data was lost due to security problems. In 2010, the situation was more unstable in the BPHWT's target areas, especially in the Kawkareik areas. Increases in insecurity were due to attacks by the SPDC and allied forces, which drove local communities to flee into the jungle or other places of safety. In line with this increase in insecurity, gunshot injury cases recorded by the BPHWT field workers increased in comparison to data from the previous year.

Landmine Injuries in Taungoo Area 2010

All BPHWT Annual Landmine Injuries Cases January - December 2010 by Area

No	Area	Ages		Total
		< 5	> = 5	
1	Kayah	0	0	0
2	Kayan	0	0	0
3	Taungoo	0	7	7
4	Kler Lwee Htoo	0	8	8
5	Thaton	0	0	0
6	Papun	0	2	2
7	Pa An	0	0	0
8	Dooplaya	0	0	0
9	Kawkareik	0	2	2
10	Win Yee	0	0	0
11	Mergue /Tavoy	0	1	1
12	Yee West-North	0	0	0
13	Yee Chaungpya	0	0	0
14	Moulmein-Thaton	0	0	0
15	Shan	0	6	6
15	Lahu	0	0	0
16	Arakan	0	5	5
17	Palaung	0	0	0
18	Special	0	0	0
19	Palaung	0	0	0
20	Kachin	0	0	0
	Total	**0**	31	**31**

Landmine Casualty Rates per 10,000 People (Estimated from Case Records)



All BPHWT Annual Gunshot Cases January - December 2010 by Area

No	Area	Ages		Total
		< 5	> = 5	
1	Kayah	0	0	0
2	Kayan	5	13	18
3	Taungoo	0	19	19
4	Kler Lwee Htoo	0	8	8
5	Thaton	1	6	7
6	Papun	0	3	3
7	Pa An	0	0	0
8	Dooplaya	0	9	9
9	Kawkareik	0	0	0
10	Win Yee	0	0	0
11	Mergue /Tavoy	0	8	8
12	Yee West-North	0	0	0
13	Yee Chaungpya	0	0	0
14	Moulmein-Thaton	0	0	0
15	Shan	0	0	0
15	Lahu	0	0	0
16	Arakan	0	0	0
17	Palaung	0	0	0
18	Special	0	0	0
19	Palaung	0	0	0
20	Kachin	0	0	0
	Total	**6**	66	**72**

Emergency Response to the Outbreak of Fighting Around the Thai-Burma Border After 7 November 2010

After November 2010, armed conflict, human rights abuses and displacement of civilian populations increased in parts of Karen State along the Thai-Burma border. On the same day as Burma's first elections in over twenty years, a faction of the Democratic Karen Buddhist Army (DKBA) that refused to become part of a government-controlled Border Guard Force took control of the Burmese town of Myawaddy. On 8 November 2010, the SPDC military opened fire with machine guns and rocket-propelled grenades, despite the presence of many civilians in the town. Over 20,000 civilians fled across the border into Thailand, three civilians were killed, and more were injured. On 9 - 10 November, the Thai military organized the return of all the civilians, despite uncertainties as to the security situation. On 11 November, ceasefire talks between the DKBA and SPDC military commanders, which were being mediated by Thai military officials, broke down and more civilians were displaced. Over the following weeks, fighting rapidly spread along the Thai-Burma border, opposite Thailand's

IDP People in the U Klay Hta Area

Kanchanaburi, Tak and Mae Hong Song Provinces. From mid-December, fighting also escalated between the SPDC military and Karen National Liberation Army (KNLA) deeper inside Karen State in the area of Manerplaw[3], leading to further displacement of civilians inside Karen State and into Thailand. In addition, civilians from areas of Karen State along the Thai-Burma border faced escalations in human rights abuses, including forced portering, arbitrary arrest, confiscation or destruction of property, torture, and summary execution. Civilians in the conflict-affected areas are also at risk because of large numbers of newly laid and unmarked landmines.

Since November 2010, conflict and conflict-related abuses in areas of Karen State opposite Thailand's Kanchanaburi, Tak and Mae Hong Song Provinces drove large displacement of populations, both inside Karen State and into Thailand. On the Thai side of the border, the pattern of civilian influxes evolved. The first large battles in November led to larger influxes of Burmese civilians openly fleeing into Thailand, where they were provided with temporary shelter in sites recognised by Thai authorities. In these sites, people could be provided with protection and humanitarian assistance. However, repatriation from these sites usually happened within just 48 hours after fighting had stopped and sometimes within 48 hours of it starting again. As a result, thousands of people increasingly found hiding from Thai authorities to be a better option. They told local community organisations that they were afraid of going home because of the ongoing fighting and conflict-related abuses, such as being forced to work as porters or human mine-sweepers by the SPDC military. Many people having fled the conflict have lost their homes and livelihoods - when the fighting erupted in the immediate aftermath of the elections many people were not able to harvest their crops or tend to their animals. A significant proportion of civilians who have fled from the current fighting have also been displaced a number of times, sometimes over many years; these people have been forced to flee from ongoing conflict and chronic poverty in areas deeper inside Karen State, and have no homes or support systems to return to. Large numbers of displaced civilians also risk

BPHWT Workers Providing Healthcare to IDPs

[3] Manerplaw was the headquarters of the Karen National Union (KNU) and its armed wing, the Karen National Liberation Army, until January 1995, when the KNLA was overrun by a combined force of Tatmadaw and DKBA troops.

arrest and torture should they return to Karen State, because of real or assumed links with the so-called 'insurgent' groups.

Since the escalations in armed conflict and displacement in the aftermath of Burma's elections, the Back Pack Health Worker Team worked with the network of community organisations providing assistance to civilians displaced by ongoing conflict and human rights abuses along the Thai-Burma border. Inside Karen State, teams of Back Pack Health Workers provided health services to civilians affected by the increases in conflict and conflict-related abuses. Two BPHWT emergency medical response teams, each comprising five experienced medics, were deployed to provide health care to civilians in Kawkareik area of Karen State, opposite the Thai town of Mae Sot; these emergency medical response teams provided additional support to the BPHWT medics already working in Kawkareik area prior to the escalation in hostilities. Two BPHWT emergency medical teams were also deployed to Pa An in the area of Manerplaw opposite the Thai district of Tha Song Yang; these two teams were composed of experienced BPHWT medics who provided health care and assistance to IDPs and conflict-affected community members; the teams were equipped with two emergency medical units, comprising medical supplies for emergency care and trauma management.

IDPs in the U Po Hta Area 2010

The BPHWT also set up a number of borderline mobile OPD clinics, to provide health care and assistance to displaced civilians hiding along the Thai-Burma border. Each borderline mobile OPD clinic was staffed by three to five experienced BPHWT medics and supplied with the medicines and equipment needed for the provision of healthcare to the displaced civilians. The BPHWT thus ran a borderline OPD clinic opposite Thailand's Umphang District; this clinic was staffed by four medics and been equipped with one emergency medical unit. In this area, BPHWT also provided water and sanitation systems, including gravity flow systems, for the displaced community members; food and shelter were

IDPs in the Maw Kel Thai Area 2010

provided in partnership with members of the community-based Emergency Relief Team (ERT) under the overall coordination of Mae Tao Clinic, as well as Karen community organizations working in the IDP areas. Two further mobile OPD clinics were also operated by BPHWT in the border areas near Thailand's Tha Song Yang District. A fourth BPHWT borderline mobile OPD clinic was set up and provided medical assistance and humanitarian support to displaced civilians in the area of Waley, along the border areas of Thailand's Phop Phra District. This clinic was originally set up in a village in Karen State, but the medics had to flee with the villagers after the area was shelled by the SPDC military in January 2011; as a result, the medics operated a mobile clinic along the border.

On the Thai side of the border, the community based ERT working on the ground was able to provide assistance to thousands of civilians in unofficial or hiding sites. Access to these civilians was possible through local networks and cooperation with local authorities. As of the end of December 2010, the community network under the overall coordination of the Mae Tao Clinic was supporting a total of **9852** newly displaced people - comprised of **2039** households, **7867** men and **3779** women. Out of the 9852 displaced people, **5212** are children under five years of age. These people were provided with assistance including food, water, shelter and sleeping equipment, hygiene and specialized kits (e.g., maternity kits, baby kits and kits for the elderly), and other supplies. BPHWT health workers worked with the Mae Tao Clinic and Burma Medical Association as part of the health team, providing medical assistance to civilians in hiding along the Thai-Burma border, particularly to those more vulnerable such as pregnant women, children and the elderly.

b) Community Health Education and Prevention Program

The Community Health Education and Prevention Program (CHEPP) aims to empower the internally displaced persons and vulnerable populations of Burma with skills and knowledge related to basic healthcare and primary healthcare concepts. CHEPP focuses on the improvement of hygiene, water and sanitation systems, nutrition and other health promotion-related issues.

The main health issues addressed under the Community Health Education and Prevention Program are:

- Malaria prevention
- Hygiene and sanitation
- Diarrhea prevention
- Malnutrition
- High-risk pregnancy
- Breast feeding practices
- Landmine risk education
- HIV/AIDS education
- Prevention and awareness of bird flu and swine flu

Providing Vitamin A & De-worming Medications

The Community Health Education and Prevention Program is also integrated into school health programs and village health workshops. In terms of preventative activity, the BPHWT field workers distribute Vitamin A and de-worming tablets. They also provide latrines to schools and communities. On 1 December 2010, the BPHWT field workers organized **62** sessions of World AIDS Day awareness-raising activities in each BPHWT team's target area with **5754** people participating in these activities.

CHEPP Objectives

- Reduce the incidence of malnutrition and worm infestation
- Educate students and communities about health
- Improve community-level knowledge and participation in health
- Improve water and sanitation systems in the community to reduce water-borne diseases
- Prevent and control communicable disease of Lymphatic Filariasis

CHEPP Activities

- Distribute Vitamin A to children between the ages of 6 months to 12 years and anti-helminthes to children between ages 2 to 12 years
- Provide school health education, village health workshops and health campaigns
- Organize Village Health Volunteer training and workshops
- Train VHVs on health education and first aid
- Provide water and sanitation systems
- Provide Mass Drug Administration (MDA) among the community and educate community members about Lymphatic Filariasis
- Awareness raising about basic health education, nutrition education training for mothers (particularly those with malnourished children), WASH, and first aid through village health education and workshops
- Organize Participatory Learning and Action (PLA) skills training for partner staff
- Provide high density plastic pans (HDPP) for constructing toilets
- Train VHVs about health education and first aid

1). School Health Activities

In 2010, the BPHWT implemented its school health program in **352** schools, which had **1063** teachers and **24828** students. The program distributes de-worming medicine and Vitamin A, personal hygiene supplies, and materials for the construction of latrines. The students are also given information about water and sanitation.

2). Nutritional Program

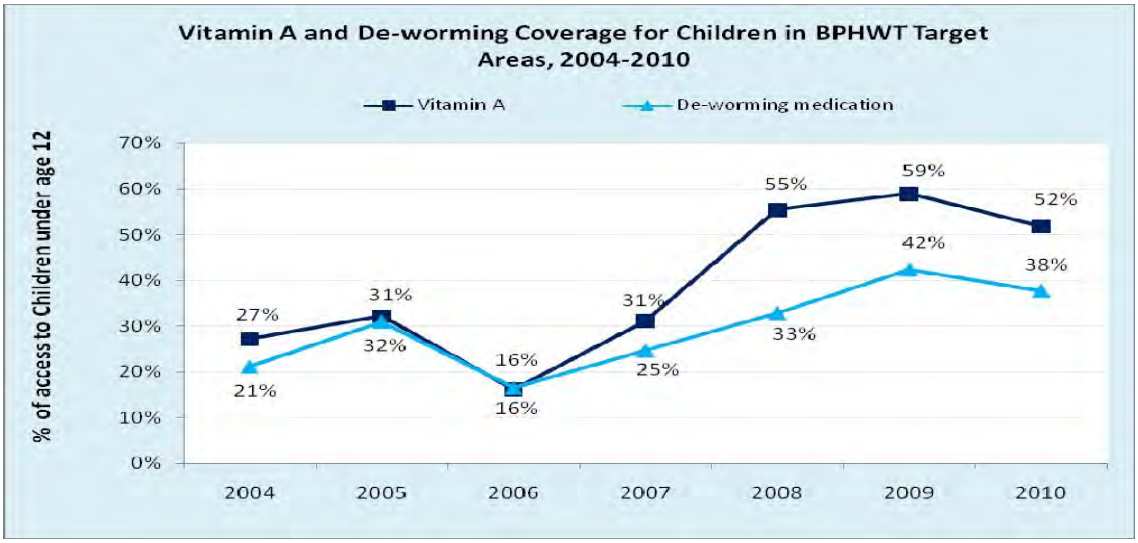
The BPHWT distributes Vitamin A and de-worming medicine in order to prevent malnutrition. In 2010, **28911** children received de-worming medicine and **39587** children received Vitamin A. Also during the year, **3288** pregnant women and women, who had just given birth, received Vitamin A and iron supplements. Finally, **3266** newborn babies received Vitamin A.

Number of Children Receiving Vitamin A: January-December 2010

No	Area	6-<12 Months	1-<6 Years	6 - < 12 Years	Average
1	Kayah	520	3746	3455	**3861**
	Special	157	338	361	**428**
2	Kayan	792	1005	1076	**1437**
3	Taungoo	876	1417	1708	**2001**
4	Thaton	600	1082	1437	**1560**
5	Kler Lwee Htoo	356	2858	3599	**3407**
6	Papun	1108	4083	4494	**4843**
7	Pa An	64	1610	3270	**2472**
	Special	204	306	580	**545**
8	Dooplaya	1077	2549	3287	**3457**
9	Kawkareik	314	953	870	**1069**
10	Win Yee	47	1032	1994	**1537**
11	Mergue/Tavoy	1040	3309	4372	**4361**
12	Yee West - North	301	588	908	**899**
13	Yee Chaungpya	276	664	860	**900**
14	Moulmein-Thaton	352	2606	4579	**3769**
15	Shan	790	1210	1637	**1819**
16	Lahu	245	405	586	**618**
17	Palaung	30	128	197	**178**
18	Arakan	84	423	358	**433**
	Total	**9233**	**30312**	**39628**	**39587**

Number of Children Receiving De-worming Medicine: January-December 2010

No	Area	First Term	Second Term	Average Total
1	Kayah	3628	3519	**3574**
	Special	141	208	**175**
2	Kayan	605	932	**769**
3	Taungoo	756	1647	**1202**
4	Kler Lwee Htoo	1276	1243	**1260**
5	Thaton	2909	2738	**2824**
6	Papun	3417	3683	**3550**
7	Pa An	2034	2316	**2175**
	Special	434	441	**438**
8	Dooplaya	2263	1625	**1944**
9	Kawkariek	970	257	**614**
10	Win Yee	1044	1200	**1122**
11	Mergue/Tavoy	2245	2486	**2366**
12	Yee West-North	415	582	**499**
13	Yee Chaungpya	411	565	**488**
14	Moulmein-Thaton	3495	3690	**3593**
15	Shan	1322	1213	**1268**
16	Lahu	604	458	**531**
17	Palaung	0	0	**0**
18	Arakan	616	433	**525**
Total		**28585**	**29236**	**28911**



Vitamin A and De-Worming Supplementation Coverage Represented as a Percent or the Total Number of Times Children under 12 Years of Age Should Receive Each Medication Each Year

3). Water and Sanitation Project

The Back Pack Health Worker Team established water and sanitation projects in 2005. During 2010, the BPHWT teams built **26** gravity flow water systems and **48** shallow well water systems. The beneficiary population that has received water from these projects includes **2562** households composed of **13498** people. The BPHWT also provided **3776** community latrines, **152** school latrines and **23** pure drinking water systems during the year. The BPHWT aims to provide one latrine for every five people in all its target areas.

Water and Sanitation Systems 2010

No	Area	Gravity Flow			Shallow Well			Community Latrines		
		No	HH	Pop	No	HH	Pop	No	HH	Pop
1	Kayah	0	0	0	0	0	0	400	400	2314
2	Kayan	3	113	644	0	0	0	410	410	2042
3	Taungoo	1	186	1011	0	0	0	200	277	1523
3	Kler Lwee Htoo	1	45	240	10	294	1618	0	0	0
4	Thaton	1	61	414	5	70	463	200	200	1161
5	Papun	8	373	2163	12	131	770	586	586	3466
6	Pa An	1	44	276	18	297	1464	180	180	900
5	Special	1	91	586	0	0	0	150	150	618
6	Dooplaya	5	225	1095	0	0	0	950	950	4488
7	Kawkareik	1	72	453	0	0	0	250	250	1205
8	Mergue/Tavoy	0	0	0	1	16	88	0	0	0
9	Ye West North	1	165	769	0	0	0	50	50	250
10	Ye Chaungpya	1	177	449	2	70	350	50	50	260
11	Shan	1	98	459	0	0	0	200	202	1078
12	Lahu	1	34	186	0	0	0	150	180	1118
Total		**26**	**1684**	**8745**	**48**	**878**	**4753**	**3776**	**3885**	**20423**

Installing a Gravity Flow Water System

Distributing Community Latrine Supplies

4). Village Health Volunteer Training and Workshop

The objective of the BPHWT is to train and provide ten Village Health Volunteers (VHVs) for each team, with each VHV targeting a population of 200 community members. The BPHWT has already trained 700 VHVs in total, but only **495** VHVs were still working with the BPHWT in 2010. The BPHWT organizes village health workshops every six months. These workshops cover topics such as water, sanitation, and disease prevention. Village health workshops typically focused on discussions of water-borne diseases. Strategies for preventing the spread of infection of malaria, diarrhea, respiratory infections, worm infestations, measles and typhoid were also addressed. Other topics discussed included high-risk pregnancies.

The occurrence of workshops depended on the security situation in the community and on the available time. Workshops usually involved small group discussions. with the topics from these discussion groups then bought back to the main group for general discussion. In 2010, **13070** people attended village health workshops. Communities are invited to send representatives from different sectors such as religious leaders, traditional birth attendants and schoolteachers to attend discussions. These representatives then go back to their respective communities and further transmit their knowledge about these health practices. The focus of the sessions is on primary healthcare concepts. Villagers currently rely on curative treatments, instead of preventing the spread of infection. These sessions also include a discussion period in which community members can raise further issues affecting their health. During these sessions, the health priorities of the

Village Health Volunteer Training in Dooplaya

community are identified, and the community members contribute to discussions about how the BPHWT can help to address these issues.

Village Health Volunteer (VHV) Training Sessions: In 2010, the BPHWT organized **8** village health volunteer training sessions which included 171 new VHVs, comprised of 58 men and 113 women. During the first six-month period of 2011, BPHWT decided to provide VHV kits to village health volunteers in order to improve health system in BPHWT target areas.

No	Area	Village Health Volunteers		Total
		M	F	
1	Kayah	15	5	**20**
2	Kayan	8	12	**20**
3	Taungoo	6	22	**28**
4	Kler Lwee Htoo	10	10	**20**
5	Thaton	3	26	**29**
6	Papun	4	15	**19**
8	Dooplaya	8	12	**20**
9	Kawkareik	4	11	**15**
Total		**58**	**113**	**171**

Village Health Volunteer Workshops: In 2010, the BPHWT organized **100** village health volunteer workshops which included 495 VHVs, comprised of 189 men and 306 women.

No	Area	Village Health Volunteers		Total
		M	F	
1	Kayah	34	42	**76**
2	Kayan	13	8	**21**
3	Taungoo	26	34	**60**
4	Kler Lwee Htoo	35	25	**60**
5	Thaton	10	59	**69**
6	Papun	21	36	**57**
7	Pa An	3	13	**16**
8	Dooplaya	23	37	**60**
9	Kawkareik	13	19	**32**
10	Mergue/Tavoy	11	33	**44**
Total		**189**	**306**	**495**

Village Health Workshop: During 2010, the BPHWT organized **210** Village Health Workshops in eighteen field areas as shown in the following table. There are **13070** participants, comprised of **6505** men and **6565** women. They are from various community groups such as: teachers, students, traditional birth attendants, community health workers, village health volunteers, shopkeepers, religious leaders, women, youth organizations, village heads, villagers and local authorities.

Village Health Workshops 2010

No	Area	Teachers		Students		TBAs		HWs		VHVs		Authorities		Religion Leaders		Women Org		Youth Org		Village Leaders		Villagers		Shop Keepers		Total	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	Kayah	5	31	104	113	0	34	5	12	28	13	43	0	31	6	0	55	68	23	55	0	192	111	2	20	**533**	**418**
	Special	8	10	4	18	12	10	5	3	12	14	8	9	9	8	0	4	21	7	7	7	43	51	2	3	**133**	**142**
2	Kayan	12	27	196	198	14	34	12	16	22	19	49	4	32	3	0	98	70	54	50	2	159	109	11	7	**628**	**570**
3	Taungoo	7	14	44	45	2	27	17	18	9	18	16	1	11	2	0	22	18	20	21	4	51	68	0	3	**196**	**242**
4	Kler Lwee Htoo	8	9	169	160	1	24	17	3	16	13	14	0	5	1	0	44	63	17	22	0	138	144	4	4	**461**	**415**
5	Thaton	13	21	192	191	7	51	10	31	9	27	29	4	15	10	0	38	11	18	35	13	217	303	7	17	**545**	**724**
6	Papun	7	10	88	116	5	18	8	5	10	8	23	1	10	1	0	14	19	7	31	1	239	209	2	5	**442**	**395**
7	Pa An	8	14	10	17	4	33	2	26	6	19	10	3	14	1	0	23	18	31	29	3	103	182	5	16	**209**	**368**
	Special	6	0	0	0	10	5	4	1	2	0	14	0	2	0	0	0	0	0	14	0	19	7	2	0	**73**	**13**
8	Dooplaya	12	33	162	160	10	62	25	17	17	47	37	4	27	4	0	19	24	25	56	11	395	331	11	46	**776**	**759**
9	Kawkareik	9	8	77	74	2	19	7	11	10	12	8	2	5	2	0	10	4	0	16	6	145	148	1	8	**288**	**296**
10	Win Yee	12	30	13	20	1	15	5	4	0	0	11	1	4	3	0	16	11	6	24	8	77	67	4	10	**162**	**180**
11	Mergue/Tavoy	15	25	67	49	33	26	19	25	32	24	68	8	32	15	0	87	68	30	52	10	279	88	14	20	**679**	**407**
12	Yee West-North	9	8	26	35	0	12	3	3	0	0	0	0	15	0	0	0	29	18	13	0	60	51	8	5	**163**	**132**
13	YeeChaungpya	7	12	22	28	1	12	3	3	0	0	0	0	15	0	0	0	29	29	12	0	59	56	7	10	**155**	**150**
14	Moulmein-Thaton	3	14	70	98	0	34	0	34	0	0	14	0	17	0	0	6	28	36	47	0	248	530	0	0	**427**	**752**
15	Shan	1	14	51	62	0	13	8	18	0	0	15	0	10	0	0	50	16	31	20	1	130	145	7	13	**258**	**347**
16	Lahu	6	4	32	38	0	11	9	0	0	0	15	0	4	5	0	21	25	4	12	0	43	35	0	0	**146**	**118**
17	Palaung	4	5	16	12	4	14	0	0	0	0	0	0	0	0	0	0	48	39	18	0	51	45	0	0	**141**	**115**
18	Arakan	2	0	27	7	2	5	8	0	1	0	6	0	4	0	0	13	20	0	4	0	9	2	2	0	**90**	**22**
	Total	**154**	**289**	**1370**	**1441**	**108**	**459**	**167**	**230**	**174**	**214**	**380**	**37**	**262**	**61**	**16**	**504**	**590**	**395**	**538**	**66**	**2657**	**2682**	**89**	**187**	**6505**	**6565**
																						Grand Total				**13070**	

5). Lymphatic Filariasis Pilot Program

This five-year Lymphatic Filariasis (LF) Pilot Sub-Program has been operational since 2008 in the Kler Lwee Htoo, Thaton, and Papun Field Areas in response to reports of significant lymphadema and hydrocele. The purpose for the implementing this pilot sub-program is to prevent the further transmission of LF by treating people currently infected with the disease. From January to July 2008, the BPHWT health workers screened 100 people in each area using ICT card tests - the screening confirmed high levels of infection in these three areas. In July 2008, the BPHWT began Mass Drug Administration (MDA) in communities in Papun. In January 2009, the BPHWT extended MDA into Thaton and Kler Lwee Htoo.

The table below provides details of the MDA of diethylcarbamazine (DEC) that was continued in Kler Lwee Htoo, Thaton and Papun throughout 2010. During the first term of 2010, DEC was ingested by an average **40%** of the targeted total population. The table below provides details of the MDA of DEC that was distributed in the three field areas during this period. However, the table does not include data from the second six months period of 2010 because the MDA log books were brought from the field only with data from the first six months and not the whole year.

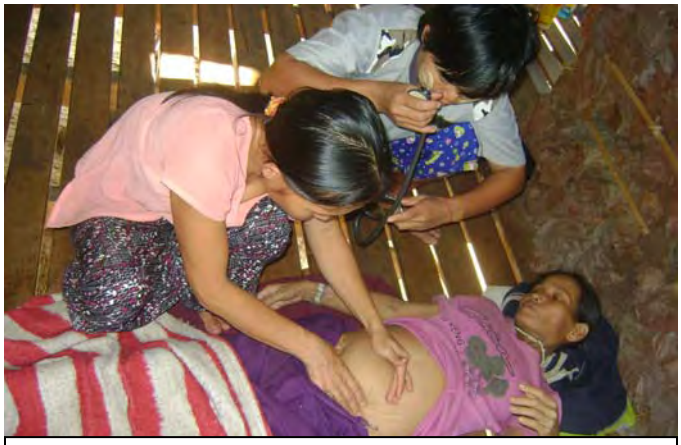
At the LF Workshop during the BPHWT six-month meeting in March 2010, LF program workers identified the following reasons why people often do not want to take DEC: illness and other side effects of the drugs; fear of the medicine; and lack of understanding about LF (which is often asymptomatic and can be very easily transmitted from person to person). Other difficulties that prevented field workers from reaching a greater proportion of the population included security conditions and community members often having to work very far from their village and being difficult to reach. The BPHWT was continuing MDA throughout 2010 and focusing on further raising awareness of the risks of LF, how the disease is transmitted, and the importance of taking DEC to prevent transmission. The LF pilot project will continue MDA for a minimum of 5 years.

LF Pilot Sub-Program Mass Drug Administration: 2010

Area	Total Population	Total Population Ingested Medicine	Ingest Medicine per Age Group			Percent by Area
			(2-5)	(6-14)	Over 14	
Kler Lwee Htoo	4034	2106	352	552	202	**52%**
Thaton	489	466	79	126	261	**95%**
Papun	2315	142	31	39	72	**6%**
Total	6838	**2714**	462	717	1535	
		MDA Coverage				**40%**

c) Maternal and Child Healthcare Program:

The Back Pack Health Worker Team began the Maternal and Child Healthcare Program (MCHP) in 2000. The BPHWT has trained Traditional Birth Attendants (TBAs) every year in order to reach their goal that for every 2000 people there will be ten TBAs. In 2010, **672** were still working with the Back Pack Health Worker Team in 2010. The BPHWT TBAs have assisted in **3770** births; of these, **3704** were live births, **67** were stillbirths or abortions, and there were **77** cases of neo-natal death. The TBAs also recorded **9** maternal deaths.



Providing ANC Care in Dooplaya Area

MCHP Objectives

- Increase maternal and child healthcare
- Encourage positive community attitudes towards, and utilization of, family planning
- Improve the knowledge and skill of TBAs and MCHP supervisors
- Provide delivery records

MCHP Activities

- Distribute Vitamin A and iron tablet prenatally and postnatally, and Albandazole prenatally to pregnant women
- Raise awareness among villagers on family planning and provide them with family planning supplies

- Train TBAs in safe and aseptic delivery practices, detecting high risk pregnancies, and providing RH education.
- Conduct workshops for upgrading reproductive health skills of reproductive health (RH) and maternal and child healthcare (MCHP) supervisors
- Conduct TBA follow-up workshops
- Document delivery records of newborn

1) Traditional Birth Attendant Training: In 2010, the BPHWT organized **66** TBA training sessions in **16** areas, such as Kayah, Kayan, Taungoo, Kler Lwee Htoo, Thaton, Papun, Pa An, Dooplaya, Kawkareik, Win Yee, Mergue/Tavoy, Yee West-North, YeeChaungpya, Moulmein-Thaton, Shan, and Lahu areas. There were **701** participants, comprised of **81** men and **620** women.

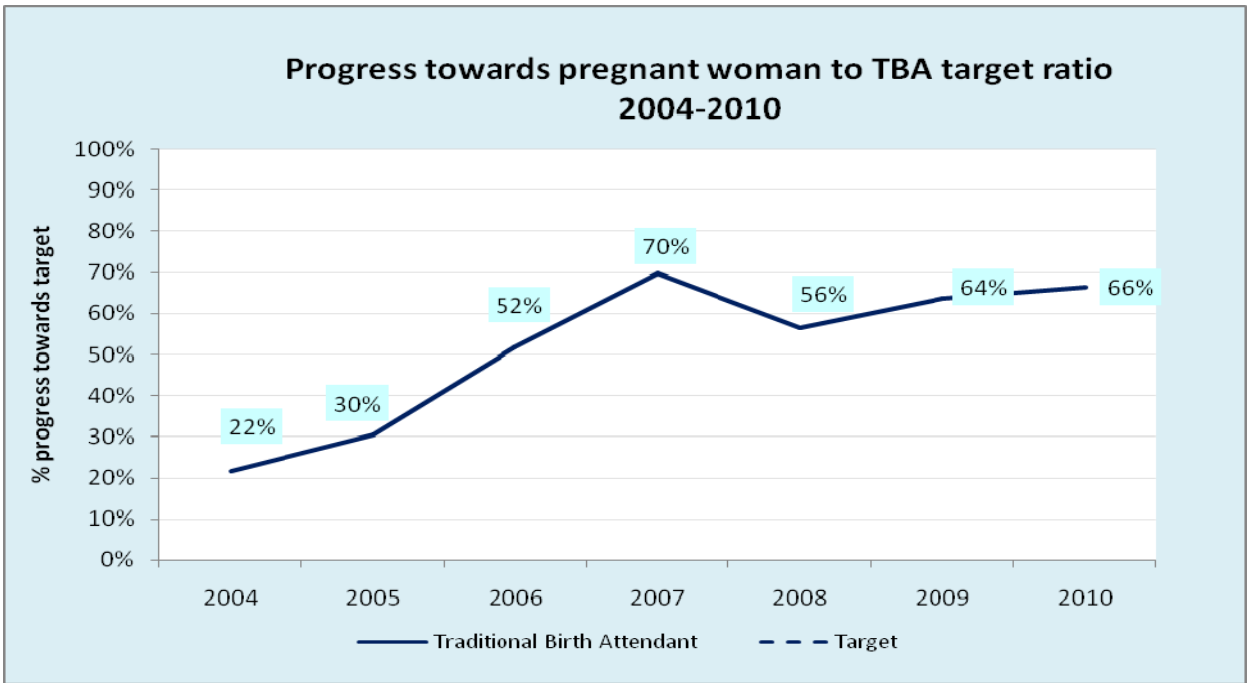
2) Traditional Birth Attendant Workshops: The BPHWT organizes TBA workshops every six months in order to improve TBAs' knowledge and skills, and to enable them to share their experiences and participate in ongoing learning opportunities. Delivery kit and maternity kit supplies were also restocked. These workshops provided a supportive environment for the discussion of issues faced in the field, which were then documented and reported at the Reproductive Health Workshop and the BPHWT Six-Month General Meeting. In 2010, **60** TBA follow-up workshop sessions were organized which included **672** TBAs, comprised of **87** men and **531** women, of which **54** were untrained TBAs.

Conducting Traditional Birth Attendant (TBA) Training and Workshop in Field Areas 2010

Progress toward TBA to Pregnant Women Target Ratio 2004-2005

Year	TBAs	Pregnant	TBA/Pregnant Ratio	Target TBA/Pregnant Ratio	% Progress to TBA/Pregnant Target
2004	202	7453	37	8	22%
2005	260	6855	26	8	30%
2006	507	7833	15	8	52%
2007	591	6771	11	8	70%
2008	525	7454	14	8	56%
2009	630	7922	13	8	64%
2010	672	8089	12	8	66%

Traditional Birth Attendant-to-Pregnant Ratio as a percent of the Target Ratio in BPHWT Target Areas over Time



Birth and Death Records – 2010

No	Area	Deliveries	Live Births	Still Births/ Abortions	Deaths		<2.5 Kg	=>2.5 kg
					Neonatal	Maternal		
1	Kayah	387	379	8	3	0	10	**379**
2	Kayan	189	183	6	1	1	9	**183**
3	Taungoo	57	55	2	5	1	1	**55**
4	Klew Lwee Htoo	217	211	6	3	1	14	**211**
5	Thaton	499	496	3	14	1	44	**496**
6	Papun	414	401	13	7	1	46	**401**
7	Pa An	388	383	5	14	3	44	**383**
8	Dooplaya	285	282	4	3	0	20	**282**
9	Kawkareik	117	117	0	1	0	6	**117**
10	Win Yee	253	250	3	9	0	21	**212**
11	Mergue /Tavoy	243	242	1	4	0	26	**209**
12	Yee West-North	91	86	5	2	0	0	**48**
13	Yee Chaungpya	88	84	4	1	0	0	**38**
14	Moulmein-Thaton	161	161	0	5	0	21	**161**
15	Shan	0	0	0	0	0	0	**0**
16	Lahu	121	116	5	2	0	4	**114**
17	Palaung	104	104	0	0	1	10	**155**
18	Chin	156	154	2	3	0	3	**104**
	Total	**3770**	**3704**	**67**	**77**	**9**	**279**	**3548**

Pre and Post Natal Distribution of De-worming, Ferrous Sulphate, Folic Acid and Vitamin A

No	Area	De-Worming	F/S & F/A	Vitamin A	
				Mother	0-6 M Child
1	Kayah	338	357	334	**325**
2	Kayan	174	174	168	**169**
3	Taungoo	54	57	57	**56**
4	Kler Lwee Htoo	185	215	206	**203**
5	Thaton	497	497	497	**495**
6	Papun	347	379	358	**357**
7	Pa An	345	344	351	**351**
8	Dooplaya	251	252	245	**245**
9	Kawkareik	105	114	103	**110**
10	Win Yee	186	186	186	**186**
11	Mergue/Tavoy	259	261	243	**242**
12	Yee West-North	83	91	91	**86**
13	YeeChaungpya	80	88	88	**84**
14	Moulmein-Thaton	155	159	161	**156**
15	Shan	0	0	0	**0**
16	Lahu	117	120	120	**117**
17	Palaung	80	80	80	**80**
18	Chin	155	155	155	**154**
	Total	**3411**	**3529**	**3443**	**3416**

3) Family Planning Activities

The BPHWT introduced family planning activities in 2003 in order to improve maternal and child health status among internally displaced persons. The BPHWT provides family planning education and supplies to those communities who would like to access these services. The aim of the BPHWT family planning activities is to address urgent health concerns among the displaced communities.

In 2010, the BPHWT provided family planning services to **3750** people, of whom **3522** were women and only **228** were men. This statistic reflects that only a small number of men participate in family planning. However, compared with data from 2009, the participation of men has decreased over the last year. In the future, the BPHWT aims to encourage greater male participation in family planning since methods targeting men are simple and involve fewer complications.

Family Planning Activities – 2010

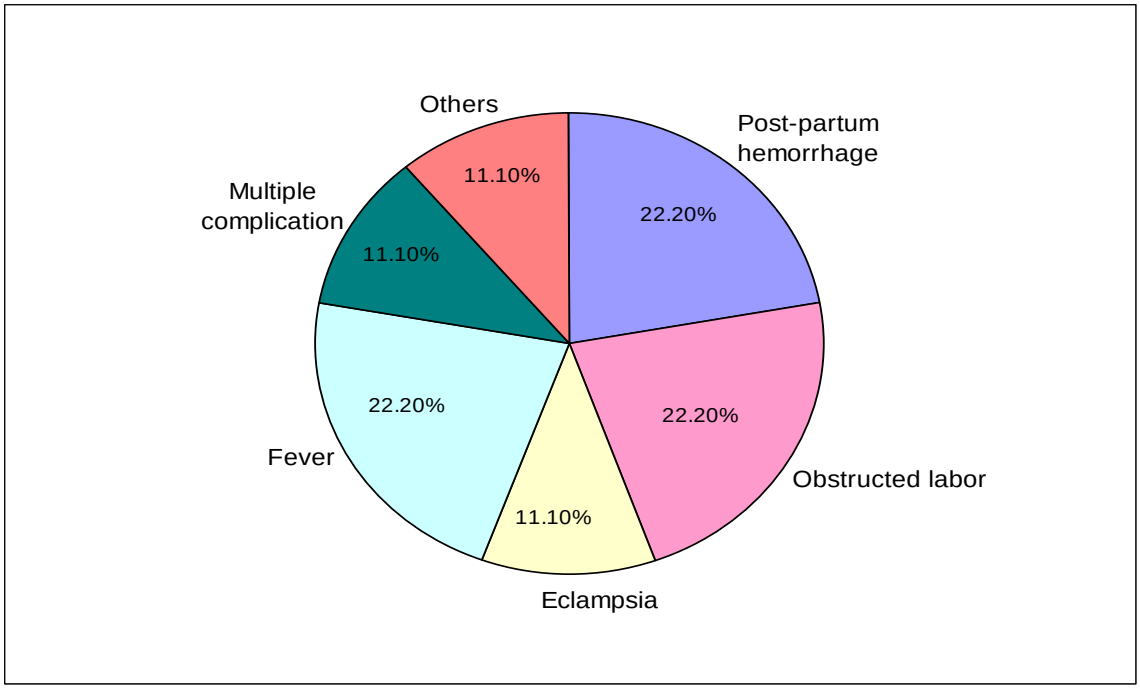
No	Area	Total Clients	Age		Gravida Parity (G/P)			Visits		Clients			Quantity		
			< 19	> = 19	0	1-4	>4	New	Follow/ Up	Depo	Pill	Condon	Depo (Inj)	Pill (Pack)	Condon (Pieces)
1	Kayah	128	5	123	0	57	71	49	79	63	35	30	86	175	810
2	Kayan	169	7	161	0	130	38	90	78	46	78	45	74	474	900
3	Taungoo	54	11	43	7	21	26	37	17	25	21	8	50	84	192
4	Klew Lwee Htoo	30	0	30	0	13	17	12	18	19	7	4	45	26	160
5	Thaton	721	6	715	1	325	395	239	482	465	247	9	933	1341	330
6	Papun	407	0	406	0	161	245	164	242	220	180	7	440	1080	534
7	Pa An	432	8	424	4	245	118	141	291	263	153	16	462	757	720
8	Dooplaya	401	1	400	3	178	220	195	206	192	174	35	365	929	771
9	Kawkareik	147	5	142	1	102	44	45	102	100	47	0	154	206	0
10	Win Yee	107	3	104	4	77	26	57	50	49	40	18	87	174	864
11	Mergue/Tavoy	240	12	228	4	127	109	113	127	108	126	6	214	743	864
12	Yee West-North	178	61	117	77	75	26	56	122	140	20	18	197	50	93
13	YeeChaungpya	178	61	117	90	69	19	58	120	134	21	21	196	50	100
14	Moulmein-Thaton	252	32	220	60	157	35	61	191	198	54	0	198	57	0
15	Shan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Lahu	142	11	129	4	82	54	76	64	80	51	11	166	251	127
17	Palaung	53	0	53	0	32	21	12	41	53	0	0	53	0	0
18	Chin	111	0	111	0	72	39	56	55	111	0	0	111	0	0
Total		**3750**	**223**	**3523**	**255**	**1923**	**1503**	**1461**	**2285**	**2266**	**1254**	**228**	**3831**	**6397**	**6465**

4) Summary Fact Sheet of the MCHP's Activities 2000 - 2010

Years	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Total Deliveries	115	324	2201	1517	1432	2297	2693	3463	3156	3708	**3770**
Live Births	101	296	2066	1457	1347	2222	2594	3337	3095	3621	**3704**
Still Births/ Abortions	14	28	135	60	84	81	103	134	63	90	**67**
Neonatal Deaths	N/A	N/A	52	32	47	73	94	117	69	96	**77**
Mother Deaths	N/A	N/A	21	12	8	15	15	27	13	16	**9**
Low Birth Weight	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**237**	**316**	**279**

The main causes of maternal death are post-partum hemorrhage 22.2% (2) obstructed labor 22.2% (2), eclampsia 11.1% (1), fever 22.2% (2), multiple complication 11.1% (1) and other 11.1% (1). Neonatal mortality rates during deliveries, attended by the BPHWT, have increased in comparison with the previous year. The BPHWT still needs to conduct TBA trainings to recruit new TBAs and increase the coverage of the MCHP. Additionally, the BPHWT needs to conduct TBA workshops to update those TBA skills and knowledge that will increase the implementation of safe birthing practices and improve maternal and child health.

Cause of Maternal Deaths - 2010



5) Eyeglasses Project for Traditional Birth Attendants

This activity, beginning with eye testing, was implemented in the second term of 2008. The numbers of eyeglasses distributed to TBAs during this 2010 were **177** glasses, respectively. The table below shows the numbers of eyeglasses distributed by areas and refraction.

No	Area	+1.00	+1.50	+2.00	+2.50	+3.00	+3.50	+4.00	Total
1	Thaton	0	0	5	3	7	1	0	**16**
2	Papun	0	1	0	0	1	2	0	**4**
3	Klew Lwee Htoo	10	3	5	1	1	0	0	**20**
4	Kawkareik	1	0	2	2	4	0	0	**9**
5	Dooplaya	9	8	5	7	10	3	0	**42**
6	Lahu	0	1	1	2	1	0	0	**5**
7	Pa An	0	7	7	19	7	0	0	**40**
8	Taungoo	0	1	1	5	3	0	0	**10**
9	Kayah	4	0	1	0	0	2	0	**7**
10	Kayan	0	4	3	0	0	0	0	**7**
11	Mergue/Tavoy	1	2	1	0	0	0	0	**4**
12	Other	2	3	2	4	1	1	0	**13**
Total		**27**	**30**	**33**	**43**	**35**	**9**	**0**	**177**

8) Field Meetings and Workshops

The BPHWT conducts Field Meetings and Field Workshops twice a year. In 2010, there were 225 participants - 140 men and 85 women - who attended Field Meetings and 226 participants - 124 men and 102 women – who attended Field Workshops.

Field Meeting Objectives:

The objectives of the Field Meetings are to meet with local community leaders to:

- Discuss the current healthcare situation and concerns in the community
- Review the various BPHWT programs – Medical Care Program, Community Health Education and Prevention Program, and Maternal and Child Healthcare Program
- Identify the healthcare and health education needs of the community and related issues; assign priorities according to these needs and identify those needs that can be addressed by the BPHWT
- Collaborate to develop a plan for the BPHWT to meet the identified healthcare and health education needs of the community
- Obtain the approval, support, and active participation of community leaders in implementing the community healthcare and health education plan

Field Workshop Objectives:

The objectives of the Field Workshops are to:

- Improve the skill sets, knowledge, and clinical confidence of the health workers, especially concerning effective treatment and proper primary healthcare approaches
- Share skills, knowledge, and case experiences
- Talk about the importance of collecting health information in order to better understand and serve the current community healthcare needs as well as to evaluate the effectiveness of the BPHWT programs
- Discuss the current health care situation in the field and related issues
- Insure that the necessary medicines and medical supplies are delivered to the health workers
- Instill a strong sense of confidence in the health workers so that they will be highly motivated to successfully implement their BPHWT responsibilities in the field

Field Meeting and Field Workshop Participants

Participants			
Description	**Male**	**Female**	**Total**
Field Workshops	124	102	**226**
Field Meetings	**140**	**85**	**225**

9) Capacity Building Program

The BPWHT members attended and organized a number of conferences, seminars and training workshops in 2010. These are listed below:

Workshops and Trainings Sessions Implemented by the BPHWT Teams in the Field and for Field Workers in 2010

- Field Meetings /Workshops
- Village Health Workshops
- Six-Month Meetings /Workshops
- Short Course Training Sessions
- VHV Training Sessions /Workshops
- TBA Follow-up Workshops
- TBA Trainings
- Reproductive Health Workshop
- Community Health Training
- Medical Refresher Course Training
- Program Management Training
- Lymphatic Filariasis Workshop
- Oxytocin Workshop
- Malaria Workshop
- Hypertension Workshop
- Trauma Care Workshop

- Human Right Violation Workshop
- Participatory Learning and Action Training-of-Trainers Workshop
- Participatory Learning and Action Workshop
- Do No Harm Workshop
- First Aid Training TOT Workshop
- Strategic Planning Workshop
- Malaria Control Workshop
- Financial Management Workshop

Other Training Sessions and Workshops Attended by the BPHWT Office Staff - 2010

No	Name	Trainings/Workshop	Organizer
1	Naw Leh Nay Say	Quick Book Training	**IRC**
		English Class	**IRC**
2	Naw Paung Klei Awar	Quick Book Training	**IRC**
		English Class	**IRC**
		Graphic Design Training	
3	Naw Moon Shine	Monitoring & Reporting Child Right Violation Workshop	**HREIB**
		Leadership & Facilitation Skills Training	**IRC**
		English Class	**IRC**
		Graphic Design Training	
4	Simon	Medical Refresher Training Course	**BPHWT**
		Malaria Data Collection W/S	**IRC**
		English Class	**IRC**
5	Saya Eh Gay	Leadership & Facilitation Skills Training	**IRC**
		Video Editing	
6	Aung Than Oo	GIS , HIS	**HISWG**
		Data Collection (Form) Update	**HISWG**
		Designing	**GHAP**
		Communicable Disease	**HISWG**
		Stata	**GHAP**
7	Chit Win	Medic TOT Training	
		Quick Book	
8	Win Kyaw	Medic TOT training	
		Organization Development Training	
		Facilitation Skill Training	**IRC**
9	Thaw Thi Paw	Facilitation Skill Training	**IRC**
10	Wah May Say	Facilitation Skill Training	**IRC**
		Environment and Development Issues	
11	Hsa Mu Nar Htoo	Facilitation Skill Training	**IRC**
		Medical Ethic and Human Rights	

12	Saw Eh Mwee	Medical Ethic and Human Rights	
13	Saw Ba Shwe	Environment and Development Issues	
14	Saw Hla Oo	Environment and Development Issues	

Medical Refresher Training Course

The BPHWT organized the Senior Medical Refresher Course training twice in every year. The first course training was in April-July 2010 and the second course training was a 14-week course - that began on 7 October 2010. Fifty-seven senior medics, 46 men and 11 women, from different field areas attended the refresher training courses. The purpose of the training course is to improve health workers' knowledge and skill as well as to provide update health information to health workers to be better able to serve their communities. The BPHWT collaborates with the IRC and MTC to develop the training curriculum. The trainees are trained by IRC – IR 1 team, IRC – ICB team, and the MTC as well as the BPHWT staff.

Medical Refresher Training Course -2010

Key Course Topics:

- Anatomy and Physiology
- History Taking and Examination
- General Diseases
- Pharmacology
- Public Health
- Management Skills

Training Objectives:

- Improve health workers' knowledge and skill as well as to provide update health information to health workers to be better able to serve their communities.

Training Committee:

- Thara Mahn Mahn
- Thara Win Kyaw
- Thara Chit Win
- Tharamu Thaw Thi Paw
- Tharamu Wah May Way
- Tharamu Hsa Mu Nar Htoo
- Saw Simon

Medical Refresher Training Course Criteria for Participants:

1) Completed Community Health Workers (CHW) training
2) At least 3 years working experience as a health worker
3) Recommended by their community or the mother organization
4) At least a woman from each area.
5) Must be a health worker who is currently responsible for a Back Pack team.
6) At least 3 years working experience as a Back Pack health workers.
7) Be interested in primary healthcare.

Community Health Worker Training (CHW)

In 2010, the BPHWT organized one Community Health Worker (CHW) training session each at sites in the Kho Kay and Arakan areas. The purpose of the training is to recruit more health workers to provide healthcare services in their communities. There were 81 participants - 35 men and 46 women from different areas and ethnic groups - who received the CHW training.

Key Course Topics:

- Primary Healthcare
- Essential Drugs
- First Aid
- Nursing Care
- Basic Surgery
- OG
- CMET
- Medicine
- Basic Anatomy
- Special Causes
- Trauma Care
- War Surgery

Training Objectives:

- Provide health workers' knowledge and skills, and recruit more community health workers in the communities
- Provide healthcare services to the communities
- Improve the health situation in the communities such as prevention and treatment
- Reduce the misusage of treatment among communities.

10) Coordination and Cooperation

The Back Pack Health Worker Team coordinates with other health organizations, health professionals and health institutions that have the same community health vision. To review the effectiveness of the program, the BPHWT organizes coordination meetings every six months in conjunction with the regular BPHWT general meetings, field workshops, field operational meetings and village workshops.

The BPHWT Executive Committee coordinates with other health organizations who work in areas related to its programs or issues, such as: Mae Tao Clinic (MTC), Burma Medical Association (BMA), local ethnic health departments, National Health and Education Committee (NHEC), and Global Health Access Program (GHAP).

The Field-in-Charges from twenty field areas organize field meetings every six months and include coordinated activities with local health organizations. The BPHWT cooperates primarily with local ethnic health departments, local community based organizations, school teachers, and village leaders.

11) Monitoring and Evaluation

The Back Pack Health Worker Team organizes program activity meetings twice a year and a general meeting once a year. The meetings include discussions of monitoring and evaluation. In 2007-2008, the BPHWT conducted an Internal Programming Improvement Project (IPIP) in order to evaluate the improvement of its activities, focusing in particular on communications, appropriate drug use, and performance reviews of the clinical logbooks. In 2008, the BPHWT continued the IPIP process and the evaluation of program implementation to improve the quality of drugs administered, health workers' skills and knowledge, and logistics management. During 2010, the BPHWT implemented an Impact Assessment Survey, TBA assessment survey, and health worker assessment survey in order to monitor and evaluate the effectiveness of the programs implemented in the target areas. The results from these three assessments are available in Internal Assessment Survey Summary Report in 2010.

a. Framework of Monitoring and Evaluation

Key Indicators	Methods	Period
Health Worker Performance	Logbook reviews	Every six months
Program Development	Annual report comparing of planning and actual activities	Once a year
Program Management	Leading Group election and Executive Board appointments	Every 3 years
Outcome and Impact Assessment	Conducting surveys	Every 2 years
Training Effectiveness	Pre- and post-test examinations	Every year
Financial Management	Comparisons of planned and actual budgets	Every six months
	External audits	Once a year

b. Monitoring and Evaluation Processes

The BPHWT organizes program meetings every six months and annual meetings once a year in order to review the organization's activities. During these periods, the BPHWT review patient record books to assess the quality of care as well as the field workers' adherence to treatment protocols and case definitions.

Monitoring of Malaria Treatment in the Field Based on Logbook Reviews						
No	**BP Area**	**#of PF Malaria**	**Total Correct Tx**	**Total Incorrect Tx**	**Percentage Correct Tx**	**Percentage Incorrect Tx**
1	Kayah	687	684	3	100%	0%
2	Kayan	299	291	8	97%	3%
3	Special	362	346	16	96%	4%
4	Taungoo	413	375	38	91%	9%
5	Kler Lwee Htoo	518	478	40	92%	8%
6	Thaton	349	345	4	99%	1%
7	Papun	593	525	68	89%	11%
8	Pa An	581	573	8	99%	1%
9	Dooplaya	533	503	30	94%	6%
10	Kawkareik	263	259	4	98%	2%
11	Win Yee	335	311	24	93%	7%
12	Mergue/Tavoy	798	726	72	91%	9%
13	Yee West-North	182	175	7	96%	4%
14	YeeChaungpya	252	226	26	90%	10%
15	Moulmein-Thaton	487	470	17	97%	3%
16	Shan	86	72	14	84%	16%
17	Lahu	167	117	50	70%	30%
18	Palaung	87	84	3	97%	3%
19	Kachin	114	114	0	100%	0%
20	Arakan	138	35	103	25%	75%
Total		**7244**	**6709**	**535**	**93%**	**7%**

12) Program Development and Activity Reviews in 2010

Comparison of Planned and Actual Activities (Logistical Framework Activities)

OVERALL GOAL	To reduce morbidity & mortality & minimize disability by enabling & empowering the community through primary healthcare						
OBJECTIVES	**ACTIVITIES**	**INDICATORS OF ACHIEVEMENT**	**VERIFICATION SOURCES**	**2010 EXPECTED RESULTS**	**2010 ACTUAL RESULTS**	**VARIANCES OR DIFFERENCES**	**REMARKS**
Medical Care Program							
1. To increase coverage population and treated case load	- Provide medicine and medical supplies - Treat common diseases and minor injuries	- # of target population and total case load (F/M, under/over 5) - # villages covered	- Procurement delivery documents & log books - Analysis of data collected -Field in-Charge reports	Targeted population – 180,000 - 85,000 cases being treated - # of families & households - # of F/M and under/over 5 - # of villages covered	- Total population - 191,237 (< 5 = 31330,M-15460, F-15870) (≥ 5 =159,907 (M-78,284, F-81623) - 34,383 HHs, 553 villages covered - 97521 (< 5= 22831, ≥ = 74690) cases were treated	- (+11237 (6.2%) more population served -(+12521 (15%) more cases were treated	
2. To respond to disease outbreaks and emergency situations	- To purchase emergency medical supplies and immediately take action	- Prompt reporting - Population affected - # of cases treated (F/M, under & over 5)	- Delivery documents - Field photos - Exceptional reports - Midyear & Annual Reports	- Effective response and treatment for disease outbreaks or emergency situations (F/M & under/over 5)	- Provided healthcare to Phop Phra (families - 1042, pop-5626), Umphang (families-123, pop-622) Mae Sot (families - 453,pop-2445), Tha Song Yong (families - 240, pop-1159), Mae San Lat (families- 181, pop-920)		
3.To improve health workers skills and knowledge	- Field workshops - 6 month workshops - Short course	- # of health workers participated -% of Improving diagnosis &	- Field reports - Workshop reports - Log book review	- 170 health workers attend Field workshops	- 246 (147M, 99F) BP health workers attended field workshops	- (+76 (45%) more health workers attended field workshops	- Include with other health workers from the community

	training	treatment	& analysis - Midyear & Annual Reports	- 80 health workers attend 6 month workshops - #of men and women	- 60 (F-23, M-37) field health workers attended 6 month workshops - 75 % of improving diagnosis & treatment	- (-20 (33%) less workers attended the 6 months workshops	- Health workers from Yee West-North, YeeChaungpya, and Moulmein-Thaton areas did not join the six months meeting.
4. To strengthen patient referral systems	- To refer patients to the nearest hospitals or clinics.	- # of referrals - list of refer site - # of F/M referral patients	- Midyear & Annual Reports -Patient's referral forms	- 150 patients referred to clinics or hospitals - # of F/M patients referred to clinics or hospitals	- 72 patients referred to clinics or hospitals	- (-78(52%) less patients referred to clinics and hospitals	- High cost of transporting patients - High cost of medical care at referral sites
Community Health Education and Prevention Program							
5. To reduce worm infestation, and to prevent Vitamin A deficiency among the children between 1 to 12 years	-Distribute de-worming medicine to children between 1 to 12 years of age - Distribute Vitamin A to children between the ages of 6 months to 12 years	- # of children receiving de-worming medicine - # of children receiving Vitamin A	- Worker Data Forms and Six Monthly Reports	- 34,000 children will receive de-worming medicine - 34,000 children will receive Vitamin A	- 28, 911 children received de-worming medicine - 39,587 children received Vitamin A	- (-5089 (15%) less children received de-worming medicines - (+5587 (16%) more children received Vitamin A	
6. To improve health education and personal hygiene among students	- Providing school health activities	-# of school sessions - # of students participating (F/M)	- Field reports - Mid year & Annual Reports	- 160 school sessions attended by 16,000 students (F/M)	- 352 school sessions attended by 24828 students	- (+192) more school sessions attended by 8828 (55%) more students	- Field staff could do more school sessions

7. To improve community participation in heath program	- Conduct village health workshops and health campaign	- # & category of people who participate in village health workshops (F/M)	- Village health workshop reports - Field reports - Midyear & Annual Reports	- 25,500 people participate in 170 sessions village health workshops - Breakdown of participants by category (women, youth, TBAs, VHVs, shopkeepers. leaders, teachers etc)	- 13070 people participated in 210 village health workshop sessions: Women = 520 Youth = 985 TBAs = 567 VHVs = 388 Shopkeepers= 276 Village Leaders = 604 Religious Leaders = 323 Teachers = 443 Students=2811 CHWs = 397 Villagers = 5339 Authorities = 417	- (-12430 (49%) less people participated in village health workshops and (+40 (24%) more village health workshops held	- Time limitations of community members - Security concerns
8. To recruit Village Health Volunteers among the community (one VHV for every 200 people)	- To organize VHV trainings and workshops	- # training sessions and VHVs attending (F/M) - # workshop sessions and VHVs participated - ratio of VHVs to target population	- VHV training and workshop reports	- 15 trainings for 300 new VHVs - 170 sessions for 850 VHVs (F/M)	- 8 trainings attended by 171 new VHVs (M-58, F-113) - 100 sessions of VHV workshops attended by 1.160 VHVs (F-641,M-519)	- (- 7(47%) less VHV training was held and 129 (43%) less new VHVs attended. - (-70(41%) less VHV workshops were held and 310 (37%) more VHVs attended	- Insufficient trainers & resources - Participant turnover attending the workshop
9. To improve water and sanitation systems in the community to reduce water-borne diseases	- To build school & community latrines - To build gravity flow & shallow well water systems	- # & type of latrines built - # & type of water systems installed - Percentage of households that get water from improved water sources.	- Field reports - Mid year & Annual Reports	- 800 school latrines will benefit 17000 students - 20 gravity flow water systems for 1200 households (6000 Pop) - 100 shallow well	- 152 school latrines benefited 7,997 students - 23 pure drinking water systems installed and 1,589 students benefited - 26 gravity flow water systems for 1,684 households (8745 Pop)	-(-648(81%) less school latrines were installed and 9003 (53%) less students benefited - 6 (30%) more gravity flow systems installed for (+484 (40%) more HHs, 2745(21%) more Pop - (-52(52%) less	- Insufficient funding

				water systems for 1000 households (5000 pop) - 5,000 community latrines or will be benefit 50,000 population	- 48 shallow well water systems for 878 households (4753 pop) - 3,776 community latrines benefited 3876 households, 20,423 population	shallow well water systems installed and (-122(12%) less HHs, (-247(5%) less Pop -(-1,224(25%) less latrines were installed and (-29,577(59%) less pop benefited	
10. To prevent and control communicable disease of Lymphatic Filariasis	- Providing Mass Drug Administration to the community	- # of people receiving drug (F/M & under/over 5)	- Field reports - Mid-term reports	- 12,000 people will receive Albandazone and DEC. (F/M and under/over 5)	- 2714 people received Albandazone and DEC. (2-5=462, >5=2252)	- (-9286 (77%) less people received Albandazone and DEC.	- Under recorded and not including all data from second term because MDA log books from the field did not contain a full years' data.
Mother and Child Health Care Program							
11. To increase the number of deliveries attended by trained TBAs	- To train TBAs and safe deliveries - TBA kits provided to all TBAs - Maternity kits provided to all TBAs	- # of deliveries that attended by trained TBAs - No of TBA kits provided - No of Maternity kits provided	- TBAs forms - Mid-term and Annual Reports	- 4000 pregnant women deliveries by TBAs - 1,600 TBA kits - 6,400 Maternity kits	- 3616 pregnant women deliveries by TBAs - 1290 TBA kits -5,050 Maternity kits	- (-384 (10%) less pregnant women delivered by TBAs - (-310 (19%) less TBA kits provided - 1350 (21%) less Maternity kits provided	
12. To reduce worm infestation, and to prevent Vitamin A deficiency among pregnant women.	- Distribute Vitamin A and Albandazole to pregnant women	- # of pregnant women receiving Vitamin A and Albandazole	- TBA's forms	- 4,000 pregnant women will receive Vitamin A and Albandozole	- 3288 pregnant women received Vitamin A & 3271 received Albandozole	-(-712(18%) less pregnant women received Vitamin A & (-729(18%) received Albandozole	
13. To prevent	- Distribute iron	- # of pregnant	- TBA's forms	- 4,000 pregnant	- 3377 pregnant	- (-623 (16%) less	

anemia in pregnant women	prenatally and postnatally	women receiving iron		women will receive iron	women received iron	pregnant women received iron	
14. To promote family planning methods	- Provide family planning supplies	-# of clients receive family planning supplies (F/M)	- Mid year & Annual Reports	- 3000 people will participate in family planning (F/M)	- 3697 (M-228, F-3469) people participated in family planning	- (+697 (23%) more people participated in family planning	
15. To improve knowledge & skills of TBAs & MCHP Supervisors	- Reproductive Health Workshops held - TBA Follow-up Workshops held - New TBAs trained	- # of new TBAs - # of TBA Follow-up Workshops held & no of TBAs attending (F/M) - # of Reproductive Health Workshops held & # of MCHP Supervisors attending (F/M) - Percent of TBAs questions 85% correctly answer for each question by TBAs on the post-test	- Workshop reports - Field reports - Field photos - Midyear & Annual Reports	- 80 Follow-up TBA Workshops for 800 TBAs (F/M) - 2 RH Workshops - 800 TBAs with training at 80 training sessions - 85% of TBA questions were 95% correctly answered for each question by TBAs	- 60 follow-up TBA workshops attended by 618 (M-87, F-531) TBAs - 2 RH Workshops attended by 32 MCHP Supervisors(M-7,F-25) - 66 TBAs training sessions attended by 702 (M-81, F-621) TBAs - 82% of TBA questions were 85% and over correctly answered by TBAs	- (-20 (25%) less follow-up TBA workshops were held and (-182 (23%) less TBAs attended the workshops - (-14 (18%) less TBA training sessions conducted and (-98 (12%) of TBAs less attended the training. -3% of TBA questions less correctly answered by TBAs	
16. To recognize for birth certifications	- To provide Delivery Records	- # of new born babies receiving Delivery Records	- Copies of Delivery Records issued	- 3,000 Delivery Records	-1,874 Delivery Records received.	- (-1,126 (38%) less Delivery Records returned	- Security problem and traditional culture-related
Capacity Building							
17. To improve health worker and staff knowledge and skills	1. CHW training 2. Refresher course for senior	- # of trainees completed the CHW training (F/M) - # of training participants (F/M) in	-Training reports - Attendance lists	- 90 health worker will complete the training and work in field (F/M) - 30 people will receive refresher course training	- 81 health workers completed the CHW training and work in field (M-35/F-46) - 57 people received refresher course training and improved	- (-9(10%) less health workers attended the CHW training - (+27 (90%) more people attended the	- There were two refresher course trainings in 2010.

	medics 3. Attendance at international conferences and training 4. First Aid training 5. TOT training course	refresher course training - # of times participation in local conferences or trainings - # of participants in First Aid training (F/M) - # of first aid kits provided - # of participants in TOT training (F/M)		and improved management skills (F/M) - 2 international and 6 local conferences or trainings - 850 people will receive First Aid training (F/M) - # of people will receive TOT training	management skills (M-46/F-11) - 1 international and 2 local conferences - 679 people received First Aid training (F-276/M-403) - 595 First Aid kits provided - 6 people attended TOT training (M-6)	refresher course training - 1 less international and 4 less local conferences attended by the BPHWT staff - (-175 (21%) less people attended the First Aid training	BPHWT aims to have 30 people in each training.
18. To recruit new health workers	- To organize health trainings with local health organizations	-# of health workers completed training (F/M) - the ratio of health worker to target population	-Training report forms	- 90 new health workers (F/M)	- 81 new health workers were recruited (M-35/F-46)	- (-9 (10%) less new health workers were recruited	
19. To promote gender equality in leading positions	-Women are given management skills training	- % of women leading health programs - % of women field in- charge - % of women in Leading Group	- Staff lists	- At least 30% of women leading health programs - At least 30% of women fields in-charge - At least 30% of women in Leading Group	- 44% of women leading health programs - 49% of women fields in-charge - 43% women in Leading Group	- (+14%) more women leading health program - (+19%) more women fields in-charge - (+13%) more women in Leading Group	

Part II

Program Workshops & 25th Semiannual Meetings Report - 2011

1. Program Workshops:

a) Medical Care Program Workshop

b) Community Health Education and Prevention Program Workshop

c) Mother and Child Healthcare Program Workshop

d) Oxytocin Workshop

e) Lymphatic Filariasis Workshop

f) Malaria Workshop

g) Hypertension Workshop

h) Human Right Violation Workshop

i) Initial Environmental Examination Workshop

2. 25th General Meeting of the Back Pack Health Worker Team

1) Program Workshops

During this year, there were three kinds of program workshops held: Medical Care Program Workshop, Community Health Education and Prevention Program Workshop, and Mother and Child Healthcare Program Workshop. The BPHWT program coordinators conducted the program workshops. These program workshops were held from 16-19 February 2011. The discussion topics and schedules for the workshops were as follows.

a. Medical Care Program Workshop

Facilitator - Saw Win Kyaw, Hsa Mu Na Htoo, Aung Than Oo (BPHWT), & Dr. Lah Lah Cho (IRC)
Duration - 16-19 February 2011
Participants - 24 (18 men and 6 women)

Discussion Topics:

- MCP in-Charge presentation
- Malaria logbook review
- Case definition and treatment
- Update First Aid training curriculums and forms
- Review of the data forms

Recommendations:

1. Some Back Pack health workers need to have a better understanding about, and skills in, data collection so that field data is collected in a more timely and accurate manner.
2. Some Back Pack health workers need to improve their diagnosis and treatment knowledge and skills.
3. The annual turnover of Back Pack health workers should be addressed since its results in problems in implementing program activities in the field. .
4. There should be more discussions in the program workshops about the common diseases which occur in the field areas so that the Back Pack health workers are able to do a better job of diagnosing and treating these diseases. .
5. There should be guidelines for treating patients who are suffering from typhoid (pain in their legs and hands, and inability to move well). Typhoid occurs in many villages in the Back Pack field areas. .
6. Multi-vitamins, Vitamin B6, and hypertension medicine are needed in the field areas.

7. Health education should be conducted by the Back Pack health workers while they are treating patients.

Issues:

1. There are number of problems in diagnosing and treating hypertension, heart attack, diabetes, and other medical conditions in chronic patients
2. The families of Back Pack health workers are suffering from a lack of sufficient food and these workers want to know how Back Pack can help them solve this problem.
3. During 2010, the most common diseases were malaria, acute respiratory infection (ARI) anemia, beri beri, worm infection, DU/GU, and skin infection.
4. Some Back Pack health workers have the problem of using up their supply of medicine before the end of the six months' period.
5. Back Pack health workers are unable to implement their activities freely because of security problems.
6. Back Pack health workers are not always present in the villages, so villagers are unable to access the healthcare as quickly as they would like.
7. There is an increased in the participation of community members and local authorities in healthcare activities, but they face communications and security problems because of SPDC operations.

b. Community Health Education and Prevention Program Workshop

Facilitator - Naw Wah May Say

Duration - 18-20 February 2011

Participants - 15(13 M, 2 F)

Discussion Topics:

- Program meeting
- Review last workshop minutes
- Review VHV training and workshops, and village health workshops
- School health
- Review CHEPP data form
- Water and sanitation
- Waste disposal
- Financial report

VHV Responsibilities are:

1. Providing Vitamin A and de-worming medicine
2. Malaria follow-up treatments
3. Compiling and maintaining current lists of schools and number of students in each area
4. Compiling and maintaining current lists of villages and their populations
5. Conducting home health and health education visits
6. Monitoring local water and sanitation systems

Recommendations:

1. Conduct Village Health Volunteer (VHV) workshops according to CHEPP workshop guidelines.
2. Provide VHV kits to Village Health Volunteers (VHVs) during this term and also provide gifts to the VHVs to encourage better future cooperation.
3. Conduct Village Health Workshops utilizing Participation Learning & Action (PLA) tools.
4. Complete the VHV training in the Pa An Field Area during the first term of 2011.
5. Discuss a supplementary feeding program for severe malnutrition during the first term of 2011 in field workshops and field meetings.
6. Supply First Aid kits to schools after conducting the First Aid training of school teachers.
7. If the financial situation permits, build six school latrines in the Mergue/Tavoy Field Area and twenty in the Papun Field Area during the first six month period of 2011.
8. If the financial situation permits, build two water filter systems in the Pa An Field Area and a water filter system in the Palaung Field Area.
9. Villagers are held responsible for the repair of installed water and sanitation systems, such as village and school latrines, gravity flow water systems, shallow wells, and water filter systems.
10. As requested by the Emergency Relief Team (ERT), provide fifty village latrines for the Hser Poe Kee Camp which located in the Kawkareik Field Area.
11. If the financial situation permits, build seven gravity flow water systems in the Papun Field Area, one in the Pa An Field Area, and one in the Taungoo Field Area; install five shallow wells in the Papun Field Area, one in the Mergue/Tavoy Field Area, and one in the Thaton Field Area; and 200 village latrines in the Taungoo Field Area, 50 in the Pa An Field Area, 250 in the Dooplaya Field Area, 278 in the Win Yee Field Area, and 150 in the Chin Field Area.

12. Finish building the rest of latrines which were not been built during the first six month period of 2011.
13. Submit the Water & Sanitation Program photographs for the number of installed systems to the Back Pack central office and also submit the CHEPP activities photographs for the documentation of such activities as village health workshops, key health days, VHV training, and workshops.
14. Discuss how to manage waste disposal in the village health workshops.
15. Discuss the expenditure format in the field workshops.
16. Include family planning topics in village health workshops.
17. Health workers are responsible for providing invoices to the Back Pack central office for all funds provided to them for the purchase of purchase water and sanitation systems inside Burma.

c. Mother and Child Healthcare Program Workshop

Facilitator - Naw Thaw Thi Paw (BPHWT) & Dr. Soe Soe (IRC)

Duration - 16-19 February 2010

Participants - 22 (5 men and 17 women)

Discussion Topics:

- Field MCHP supervisor presentations
- Family planning
- Review data and report forms
- Discuss future plans

Difficulties noted during the MCHP Workshop included:

1. Not all MCHP supervisors were able to attend the workshop.
2. Data could not be obtained from two BPHWT teams working in Mergue/Tavoy Field Area.
3. At the time of the MCHP Workshop, the Yee West-North, YeeChaungpya, and Moulmein-Thaton Field Area reports had not been delivered to the BPHWT central office; so information and statistics from these three field areas could not be discussed during the workshop

Recommendations:

1. Strengthen those MCHP activities which are not performing to expectations.
2. Support community members in order to enhance community health education.
3. Support community members in order to increase the effectiveness of MCHP activities.
4. Plan and implement additional community health activities in order to encourage the health workers to more work actively.

Program Workshops at the BPHWT's Mae Sot Office

No	Workshops / TOT workshops	Topics Discussed
1	Medical Care Program Workshop Facilitators - Win Kyaw, Hsa Mu Na Htoo, Aung Than Oo, & Dr. Lah Lah Cho (IRC) Duration - 16-19 February 2011 Participants - 24 (18 M, 6F)	• Review of all forms • Medicine order review list • First Aid training curriculum updates and forms • Clinical ARI and diarrhea case definition and treatment
2	Community Health Education and Prevention Program Workshop Facilitator - Naw Wah May Say (BPHWT) Duration - 16-20 February 2011 Participants - 15 (13 M,2 F)	• Program meeting • Review last workshop minutes • Review VHV training and workshops • Review village health workshops • School health • Water and sanitation • Review CHEPP data forms • Waste disposal • Financial report
3	Maternal and Child Healthcare Program Workshop Facilitators - Thaw Thi Paw and Dr. Soe Soe Duration - 16-19 February 2011 Participants - 22 (5M,17F)	• Field MCHP supervisors presentation • Family planning • Review forms and MCHP activities • Discuss future plans
4	Lymphatic Filariasis Facilitator - Naw Wah May Say (BPHWT) Duration - 24-25 February 2011 Participants - 6 (5 M, 1 F)	• Drawing population map • Review of LF and doing MDA • Care of people with diseases • Review and practice ICT card tests • Review data • Community response • Community meeting discussion
5	Oxytocin Workshop Facilitator - Dr. Thara Pi (IRC) Duration - 22 February 2011	PPH • Definition • Risk factors

	Participants - 57 (36M,21F)	• Cause of PPH • Prevention of PPH • Management of PPH • Oxytocin • Onset/duration • Indication • Constrain indication • How to use it
6	Malaria Workshop Facilitator - Dr. Lah Lah Cho (IRC) Duration - 22 February 2011 Participants - 53 (30M,23F)	• Clinical malaria and treatment
7	Hypertension Workshop Facilitators - Dr. Aung Kay Tu, Dr. Min Thaw Htu (IRC) Duration - 23 February 2011 Participants - 54 (32M, 22F)	• Definition of hypertension • Cause of hypertension • Treatment
8	Trauma Care Workshop Facilitator - Win Kyaw (BPHWT) Duration - March 2011 Participants - 9 (All M)	• Chain of Survival • Review of anatomy and physiology • General Rule of DRABCDE (Primary survey and secondary survey) • ABC and CPR action plan • Shock (trauma physiology)and (Hypovolumic and pain) shock management • Burns management • Fluid therapy (replacement) • (War causality) Weapons theory and type of injuries (splinters, gunshot, mine and blast wave injuries) • Universal Precautions and general instrument list prepare for light surgeries, disinfection and sterilization (infection control) • Three principle of suture (Primary, secondary and delayed primary suture), ligation, suture and suturing (type and size of suture; thread, needle and suture methods; sample and mattress suture and chicken lap • Extremities injuries management; control bleeding, compartments syndrome and management; fasciatomy, debridement and drainage (pig lap) • Pre, per and post operative care and emergency operative care; local and general anesthesia (lidocaine and Ketamine) • Airway and chest injuries management (airway

		cut down and chest tube) • Dislocation, joint and fracture managements • Head and face, spine and abdominal injuries general managements • Blood transfusion (test and prepare fresh blood bank; list of donors) • Triage and mass injuries management • Patient records and referrals • Nutrition for trauma patients • Mine injuries management and amputation • List of trauma medic material list • Practice; pig lap (12hrs), (field OR room preparation) • The list of medicine using in trauma (Antibiotic, sedation, etc...) • Reference
9	Human Right Violation Workshop Facilitators - Naw Wah May Say & Saw Albert Duration - 12 March 2011 Participants - 16 (15 M,1 F)	• Type of HRVs • Discussion about BP and KHRG human rights violation forms
10	Initial Environmental Examination (IEE) Facilitator - Dr Min Htaw Tun (IRC) Duration - 23 February 2011 Participants - 17	• What is IEE? • What do we mean by environment? • Why is it needed? • Example of risks • IEE process • Environmental mitigating and monitoring plan • Medical waste disposal

2) 25th General Meeting of the Back Pack Health Worker Team

The 25th Back Pack Health Worker Team Semiannual Meeting was conducted from the 2-5 March 2011 in Mae Sot at the BPHWT head office. Attending this meeting were 60 BPHWT health workers – 23 men and 37 women. However, during this period, two health workers from Yee West-North, YeeChaungpya, and Moulmein-Thaton areas participated in this meeting because of security problems. A week before the beginning of the meeting, the BPHWT's data team entered, checked the quality of, and analyzed the data obtained from the field. During the meeting, the Leading Group discussed the data within a programmatic perspective in order to monitor events taking place in the field. After this analysis, they discussed how to improve data collection methods.

25th Semiannual Meeting of BPHWT

During the meeting, the Leading Group also offered advice for any issues that health workers could not solve by themselves, and provided input and suggestions to plans for the next period of implementation. The purpose of the workshop was to discuss health workers' experiences in the field, share knowledge, review which activities were and which were not implemented as well as why some activities could not be implemented, compare outcomes in relation to plans made at the previous six-month meeting, and share difficulties encountered in field. After the meeting, the Leading Group discussed possible ways to handle the problems identified during the workshop and came to decisions about how to take action to solve these problems.

Schedule of BPHWT's 25th Semiannual General Meeting

Description of Presentation	Responsibility
Opening Speech	Dr. Cynthia Maung
Review of the Decisions of the 24th Meeting and Discussion	All members of BPHWT
MCHP Coordinator and Workshop Report	Naw Thaw Thi Paw
MCP Coordinator and Workshop Report	Naw Hsa Moo Nar Htoo
CHEPP Coordinator and Workshop Report	Naw Wah May Say
Capacity Building Program Report	Saw Chit Win
Specific workshop reports (Oxytocin, Hypertension, Malaria, & Lymphatic Falariasis)	Workshop organizers
Emergency Health Team Report	Saw Win Kyaw
Field Meeting Report	Saw Win Kyaw
HR Violations Report	Nan Snow & S' Moe Naing
Internal Program Monitoring Report/Q&A	Nan Snow & Nai Aye Lwin
External Evaluation report /Q&A	Nan Snow and BRC
Office Administration Report	S' Moe Naing
Financial Report	Saw Chit Win
Closing Speech	Thra Mahn Mahn

25th General Meeting Decisions

1. During the first six-month period of 2011, there will be two Traditional Birth Attendant (TBA) training sessions conducted in the Chin Field Area and one TBA training session in the Taungoo Field Area.

2. During the first six-month period of 2011, sixty Back Pack teams will implement TBA workshops.

3. During the first six-month period of 2011 and as part of the Mother and Child Healthcare Program (MCHP), the MCHP Coordinator will be responsible for obtaining and distributing weight scales in response to requests received from the field.

4. The BPHWT has made the decision to provide sixty baht per person per day for the food budget for training sessions and workshops.

5. In respect to Specially-Trained Traditional Birth Attendants (STTBAs), the fields-in-charge will discuss the training and the deployment of STTBAs during their respective field meetings held in the first six-month period of 2011 and make a report of these discussions at the second six-month meeting in Mae Sot.

6. The Leading Group will discuss and consider the request from the Palaung Field Area to purchase family planning supplies inside Burma.

7. The BPHWT has made the decision to add delivery instruments to health worker instrument kits.

8. The MCHP Coordinator is responsible for negotiating with the Mae Tao Clinic for providing a MCHP worker refresher training course during the second six-month period of 2011 and reporting the results of these negotiations to the Leading Group.

9. The MCHP Coordinator has made the decision to distribute one copy of the ***Where Women Have No Doctor*** book to each Back Pack team.

10. The MCHP Coordinator is responsible for purchasing the necessary medicines in Thailand for the Special 2 Field Area and transporting them to that field area.

11. The Leading Group will discuss a request for the expansion of the geographic operational area of the Back Pack team Special 2 Field Area.

12. During the first six-month period of 2011, Volunteer Health Volunteer (VHV) kits will be distributed to VHVs and gifts will be provided to active VHVs.

13. To address the problem of severe malnutrition, the BPHWT requests that field workers have discussions about a supplementary feeding project in field meetings during the first six-month period of 2011.

14. The BPHWT has made the decision to include school teachers in First Aid training.

15. Field health workers will conduct discussions in their field workshops about improving school health program activities during the second six-month period of 2011.

16. Field workers must provide photographs to the BPHWT Mae Sot Office for each water and sanitation systems provided in the second six-month period of 2011. Field workers should review the guidelines for photographic documentation.

17. Information, education, and communications (IEC) materials will be distributed to each Back Pack team.

18. The Leading Group will discuss requests made for wells, gravity flows, latrines and clean water systems.

19. In response to requests for wells, gravity flows, latrines and clean water systems, these supplies will be provided, upon the approval of the Leading Group – see #18 above,

with budgeted funds. If the budgeted funds are not sufficient to meet these requests, additional funding will be requested from the community members.

20. In response to a request from the Palaung Field Area, Vitamin A and de-worming medicines will be provided to them during the first six-month period of 2011.

21. The Leading Group will discuss increases, deceases, and other changes to some medicines.

22. One-hundred packages of Oral Rehydration Solutions (ORS) per Back Pack team will be distributed in each Back Pack targeted area during the first six-month period of 2011.

23. Seventeen Back Pack teams in eight Back Pack targeted areas will receive First Aid training during the first six-month period of 2011.

24. The Leading Group will discuss which locations to conduct VHV training.

25. The Leading Group will discuss increasing the food budget for First Aid training by 2,000 baht. .

26. All Log Books must be sent to the BPHWT Mae Sot Office no later than two months after the six month meeting.

27. During the first six-month period of 2011, First Aid kits will be distributed to all participants attending First Aid training. Twenty First Aid kits will distributed during future First Aid training sessions.

28. Within each six-month period, two malaria screening will be performed as part of antenatal care (ANC).

29. A workshop for conducting malaria screening in pregnancy will be held after the six-month meeting.

30. A mid-term assessment will be conducted in the Lymphatic Filariasis (LF) pilot areas.

31. The following is the number of people who will attend the Community Health Worker (CHW) training in Hol Kay:

- Kachin Area Three people
- Arakan Area Two people
- Kayan Area Four people
- Special Area Four people

32. The Leading Group will discuss requests from the Shan, Palaung, and Kayah Field Areas for CHW training.

33. The following is the number people who will attend the Medical Refresher Training Course during the first six-month period of 2011:

- Shan Area Three people
- Kayan Area Two people
- Chin Area Two people
- Kayah Area Two people

Note: The Lahu, Palaung, and Kachin Field Areas must provide Thara Win Kyaw, as soon as possible, with the number of their people who will attend the Medical Refresher Training Course.

34. The Medical Refresher Training Course will begin on 1 April 2011; therefore, all course participants must be at the BPHWT Mae Sot office by 25 March 2011.

35. Blood donation testing will be discussed during the Trauma Care training.

36. Wah May Say and Moe Naing are responsible for arranging and conducting a human rights violations workshop.

37. The Leading Group will discuss requests for new Back Pack teams.

38. The following is the number of First Aid kits to be distributed to each field area:

- Mergue/Tavoy 20 kits
- Thaton 100 kits
- Dooplaya 60 kits
- Pa An 15 kits
- Kawkareik 35 kits
- Kayah 50 kits
- Shan 40 kits
- Papun 140 kits
- Kler Lwee Htoo 100 kits
- Win Yee 15 kits
- Taungoo 25 kits

39. The Leading Group will discuss requests from the Medical Care Program (MCP) for cameras, walkie talkies, weight scales, and other equipment and supplies.

40. Oxytocin will be used to prevent and treat Postpartum hemorrhage (PPH) after delivery. Since Oxytocin must be administered by health workers, TBAs must inform the health workers in a timely manner during deliveries.

41. The Leading Group will discuss the issue of human rights violations.

42. To provide for effective Back Pack activities, each program workshop must be conducted as soon as possible after the six-month general meeting.

43. Upon request, Burma Border Guidelines (BBGs) will be distributed to the field areas.

44. The field-in-charge and the local health organization in the Kawkareik Field Area should have a meeting to discuss future plans for Back Pack activities in this area. .

45. The field-in-charge for the Papun Field Area must meet with the Director to discuss a plan for the treatment for leprosy in this area.

46. The Leading Group will discuss the integrated program for, and coordination within, the Chin Field Area.

47. Wah May Say, the Community Health Education & Prevention Program (CHEPP) Coordinator, is responsible for implementing and overseeing Initial Environmental Examination (IEE) policy guidelines for the BPHWT.

48. The Leading Group will discuss providing social support to the families of Back Pack health workers.

Recommendations

1. Methods for dealing with a dengue fever outbreak will be discussed in the second six-month meeting of 2011.

2. The Chin field-in-charge recommends that the relationship between the Chin Back Pack teams and the BPHWT be only one of program coordination.

Notations

1. The Yee Kar P'law Back Pack tract is relocated to Ka Yaw in the Kayan Field Area.

2. The following changes have been made for field supervisors in the Dooplaya Field Area:

    i. Saw Say K'Paw Htoo - Field in-Charge and CHEPP in-Charge

    ii. Naw Dah Moo - Second in-Charge and MCHP in-Charge

    iii. Naw Paw K'Yel - MCP in-Charge

3. Because of security issues, two Back Pack teams in Thar O Hta in the Kawkareik Field Area have been forced to temporarily suspend their MCP activities.

4. Because of security issues, a pilot Back Pack team formed during the second six-month period of 2010 has been disbanded.

5. Naw Moo Aye Paw replaces Saw Eh Kalu Htoo as the CHEPP Worker on Back Pack Team#1 in the Pa An Field Area.

6. Naw Paw Nay Hser replaces Nan Myint Myint as the MCHP Worker on Back Pack Team#4 in the Pa An Field Area.

7. Naw Moo Nar Doh replaces Naw Paw Khu Htoo as the CHEPP Worker on Back Pack Team#5 in the Pa An Field Area.