



Burma Humanitarian Mission
 2985 S 800 E
 Salt Lake City, UT 84106
www.burmamission.org

Dining for Women

Interim report
 May 2018

1. Please provide:

- a. Organization Name: Burma Humanitarian Mission
- b. Project Title: Backpack Medics
- c. Grant Amount: \$47,276 (over 2 years)
- d. Contract Person: Jennifer Zurick
- e. Address: 2985 S 800 E, Salt Lake City, UT 84106 (new address)

2. Recap briefly what outcomes the project was designed to achieve.

Our objectives were to **support 12 female backpack medic teams** operating in Burma's eastern and northern conflict zones (Kachin, Shan and Karen States of Burma/Myanmar). Burma Humanitarian Mission (BHM) partners with the Backpack Health Worker Teams (BPHWT) based in Mae Sot Thailand. With BPHWT, we recruit, train and equip ethnic minority women to serve as backpack medics among their villages and communities.

These women-led teams provide medical care, mother-child health care and community health education to over **26,000 women and girls** in areas where they have no access to health care. The DFW support included providing **759,000 doses of medicines** and supplements. Through this support, **60 women** would have opportunities to assume **community and village leadership roles**, helping break the centuries old gender role of women being primary household caretakers and child rearing only duties. Through the backpack medic teams, DFW's support sought the following goals compared to historic morbidity and mortality rates:

Morbidity Rates	Historic Rate	2017-18 Goal
Malaria	11%	2%
Dysentery	2.80%	1.00%
Pneumonia	2.80%	1.00%
Mother-Child Health	Historic Rate	2017-18 Goal
Births	N/A	A/R
IMR (per 1,000 births)	135	2
MMR (per 1,000 births)	7.2	2

3. **Has funding changed for this project?** No. Funding has not changed.

4. **Is your organization or project situation different than presented in the approval proposal?**

The situation has changed...*for the worse*. From a security perspective, the Burma army unleashed an unrestrained onslaught on the Rohingya in western Burma. The ethnic cleansing killed over 10,000 civilians and caused hundreds of thousands of additional refugees and internally displaced persons. **In 2018, BHM is adding 3 backpack medic teams to support the Rohingya, with more in training.**

In northern Burma, the Burma army renewed daily attacks against the ethnic minorities.

From a fiscal perspective, international NGOs are reducing support to the Backpack Health Worker Team due to geo-political objectives. Our BPHWT partners have requested BHM to support additional teams. In September, a European NGO ceased funding medicine, food and education support for the Ei Hta internally displaced person (IDP) camp located in Hpapun district of Karen State. Approximately 2,000 villagers have lived here since 2008 when fighting near their village forced them to flee for safety. The combination of Burma's army seizing parts of their land and continued sporadic fighting have made it unsafe for them to return. BPHWT requested BHM support the IDP camp's medicine/medical needs...and we have.

In 2018, USAID has announced it will no longer support the BPHWT. As a result, BPHWT have requested BHM increase their support to a total of 30 teams in 2018 and beyond. BHM has accepted this challenge and we are actively looking for additional funding sources.

5. **Have the number of beneficiaries changed?** Yes. The 12 DFW-supported backpack medic teams are supporting **3,100 more women and girls** than projected in the spring of 2017. The increase is due to expanded fighting in northern Burma's Kachin and Shan States, displacing more villagers and those relying upon the support of Backpack medic teams.

6. **What challenges are you facing as you move forward? How are you approaching these challenges?**

In northern Burma (Kachin and Shan States), the Burma army has intensified its attacks in recent months...creating more displaced villagers and women/girls in need. In addition, the international community has perceived the election of Aung San Suu Kyi's National League for Democracy party as a harbinger of peace and stability in Burma. As such, many international NGOs are reducing their support to displaced persons along the Thai-Burma border. These antagonistic trends exacerbate the health and medical care for Burma's ethnic population, with a pronounced negative impact on women and girls.

The increased violence has directly harmed women and girls. During 2017, 18 women suffered gunshot wounds from Burma army attacks. In an example of the Burma army's random acts of violence, in August, in the Man Je township of Kachin State, Ja Seng Pan (age 22), Ji Pan (age 16) and

Htu Tawng (age 9) went to the family's fields where they farm. The youngest girl stepped on a landmine, killing her and injuring the other two women.



In Memorial

Maran Seng Ra served with a Backpack Medic team in Kachin State on a team *supported by Dining For Women*.

On January 27, 2018, fighter aircraft from the Burma air force dropped bombs on Wara Zup village in Kachin State where she had taught a village health class. She died as a result. She was single mother of a 2-year-old girl and we are heart broken. Her passing reflects the risk and commitment of backpack medics to serve their people despite the life-threatening challenges they face.

To counter these challenges, we are intensifying our awareness and fundraising efforts. We actively seek to increase our funding support through novel and traditional fundraising means. With our Backpack Health Worker Team partners, we have the training and supply infrastructure to expand support for the ethnic minorities as well as the volunteers to serve. DFW support is a critical element to empowering women from Burma's ethnic minorities to care for their people.



"I am Aye Aye Khaing. I am a Ta'an medic. One day this past spring, Burmese soldiers came to our clinic and said: 'Backpack Medics aren't affiliated with the Burmese government.' So, they destroyed everything, and took all the medicine and materials from the Clinic.

"Not only do they take the medicine from the Clinic, but also food from villagers' houses. I would like to know from the Burmese soldiers: **Why do you enter our villages and arrest and kill all our people who are innocent?"**

7. **Have you revised your original objectives since the project began? If so, why? What are your new objectives?** We have revised our objectives to support 10 additional teams in 2018, to include at least more 7 women-led teams. The challenges described in question #6 above highlight the rationale and need.

8. What progress have you made toward achieve your objectives. Please address each stated objective.

Objective	Outcome	Comments
Support 12 Female Backpack teams	12 Teams Supported	Met Objective
Provide 660,000 doses of medicine	759,489 doses procured	Additional medicine procured to meet need
Support population of 26,664 women/girls	29,734 women/girls supported	More women/girls had access to health care
Treat 11,832 women and girls	19,152 women/girls treated	Exceeded objective
Reduce U5 mortality rate: 291/1,000 to 116/1,000	U5 MR = 116.4 / 1,000	Met Objective
Reduce Infant Mortality Rate: 135/1000 births to 2/1000	IMR = 1.45 / 1,000 births (1 infant death)	Met objective -- 49 babies survived compared to historic rate
Reduce Maternal Mortality Rate: 7.2/1000 births to 2/1000	MMR = 0 / 1,000 birth (no mother deaths)	Exceeded objective -- 3 mothers survived compared to historic rate
Reduce Malaria Morbidity Rate: 11% to 1% of population	Malaria Morbidity = 0.44%	Exceeded objective 3,084 women/girls did not contract malaria

The 12 DFW supported teams provided a range of health and medical care to women and girls in Burma’s conflict zones. In terms of **medical care program (MCP)**, the teams secured over 60,000 more doses of medicine and supplies and treated over 11,000 women and girls. The most prominent illnesses include pneumonia, infections, and dysentery/diarrhea.

“My name is Lway Katae Nyime. I am a Ta’an backpack medic. I work in northern Shan State near the Kachin State border (northern Burma). I come from a small village called Namkham. In Tan Yan township, I help a lot of people displaced by the fighting.



One day, this mother brought her child. She was very sick. We diagnosed her with Cholera. We gave her medicine. We gave her an IV. We cared for her day and night. He and her mother stayed with us for 7 days. After that, the little girl was better.”

The availability of medicine has a transformational impact on the communities in northern and eastern Burma conflict zones. In 2002-2003, public health researchers from Johns Hopkins and UCLA documented an under-5 child mortality rate of 291 deaths per 1,000 children. This past year, the DFW supplied medicine played a positive part in reducing that rate by 60%. For the population DFW teams served, this equates to **over 900 girls under the age of 5 who survived** who may not have otherwise.

Morbidity Rates	Rate	Goal	Year End
Malaria	11%	2%	0.44%
Dysentery	2.80%	1.00%	1.00%
Pneumonia	2.80%	1.00%	4.60%

The chart below captures the significant conditions and patients treated by the DFW supported teams as part of their medical care program.

DFW 12 Teams		DFW 12 Teams	
Condition	Patients	Condition	Patients
Anemia	1518	Miscarriage	25
ARI(mild)	3867	Post-Partum Hemorrhage	8
ARI(severe)	1372	Sepsis	11
Beriberi	1027	Respiratory Tract Infection	74
Diarrhea	1120	Urinary Tract Infection	745
Dysentery	608	Skin Infection	1011
Injury(gunshot)	19	Hepatitis	93
Injury Land Mine	25	Typoid Fever	263
Injury Acute Other	619	Arthritis	531
Injury(old)	221	GUDU	1605
Malaria (PF)	210	Dental Problem	584
Malaria (PV)	168	Eye Problem	243
Measles	42	Hypertention	534
Meningitis	16	Abscess	230
Suspected AIDS	6	Others	988
Suspected TB	83	Total	19197
Worms	1332		

The **Mother-Child Health Program (MCHP)** is the second pillar of the DFW women backpack medic teams support. Similar to the MCP, the MCHP experienced extremely positive results.



“I am Naw Mwee Htoo. I’m 31 years old. I live in Htee Mu Hta village (Karen State, Eastern Burma) in Burma. I became a medic to take care of people because we have no other medical help.

“We had a pregnant woman come to us at 4 in the morning. We helped deliver her baby, but then she continued to bleed. She had lost a lot of blood. She had been preeclampsia.

“Her placenta would not come out which caused her loss of blood. We had to take her by boat and then car to get her to a backpack medic clinic that could help her. It was very scary, but she lived.”

The DFW teams supported the birth of 436 newborns, with the loss of no mothers and just one child. While this loss causes great sorrow and heartache, the overall maternal mortality rate (MMR) and infant mortality rate (IMR) are down significantly. The DFW teams supported this dramatic improvement. For all BHM supported teams, the overall MMR and IMR was down again in 2017 from 2016; nonetheless, we will continue to seek every opportunity to reduce the rates and losses to the maximum extent possible.

Dining For Women Supported Backpack Teams

Mother-Child Health	Rate	Goal	Year End
Births	N/A	A/R	436
IMR (per 1,000 births)	135	2	1.45
MMR (per 1,000 births)	7.2	2	0



Lway Poe Ka L, Ta'an Medic, Northern Shan State

“In the village of Htee Mu Hta, we had a newborn who was very sick. The baby had a fever and high temperature. Her family was very worried. I was too. We gave her some antibiotics and medicine for the fever. I stayed with the mother for 5 days helping her take care of the baby.

“The baby’s mother, Ley Say, was very nice. She was very happy we came to her village. I’m not sure what would have happened had we not gotten there that day.”

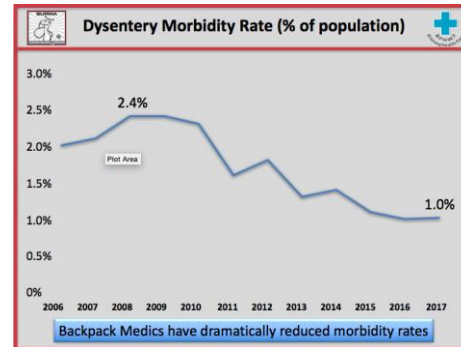
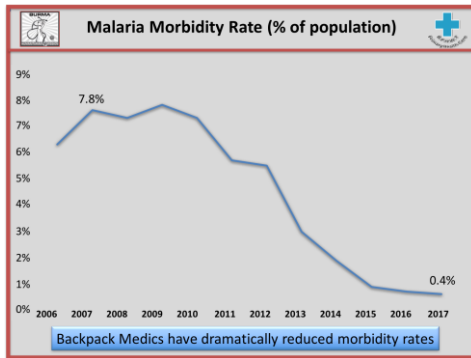
“We travel around a dozen villages and IDP camps each month. We provide care for my people.

“Earlier this year, a pregnant woman was very sick with malaria. We gave her the medicine protocol for pregnant women. Fortunately, she got better. Her baby was born healthy. After the delivery, we help the mother and baby with supplements, such as iron for the mother.



The **Community Health Education and Prevention Program (CHEPP)** is the final pillar of the Backpack Medics operations. CHEPP is probably the most unglamorous of activities as it involves promoting anti-malaria protocols (such as the importance of mosquito nets and draining standing water around the village and homes); building latrines and advocating the importance of clean water sources. Nonetheless, the results are dramatic. Women and girls who do not fall ill to malaria, pneumonia and dysentery not only have an improved quality of life...they cannot perish to these leading causes of death in Burma’s isolated conflict zones.

In 2017, the DFW supported teams contributed to reducing malaria morbidity from a historic high of 11% to just 0.6% of the population. For the over 29,000 women and girls supported, this outcome reflects over 3,000 women and girls who did **not** contract malaria. The backpack medic teams also experienced a reduced dysentery and pneumonia morbidity rates – approximately 1/3 what it had been in the past.



As part of their CHEPP effort, the medics conducted **22 village health workshops** – sharing critical information with more than **2,000 villagers**. The classes include topics on malnutrition, waste disposal, high-risk pregnancies, while dispensing Vitamin A and de-worming medicine while also teaching how to make oral rehydration solution (ORS) – a key tool to overcome dehydration. The medics also provided **3,263 doses of de-worming medicine** to school age children and **vitamin A supplements to 3,937 kids**. In cooperation with the villagers, the medics built **7 wells** and **213 latrines**.

9. **Do you anticipate difficulties in completing your project in the time frame outlined?** BHM and our partners at BPHWT face continued challenges – violence from the Burma army, isolation and neglect inspired by decades of discrimination that underwrites a health crisis for women and children and benign inattentiveness of the international community. We anticipate we will succeed in achieving our objectives, in part due to the compassionate support of Dining for Women! The female medics who selfless serve on the 12 DFW supported backpack medic teams have the fortitude, character, compassion and leadership to be a positive force in their communities. We are honored to have hundreds of Dining for Women chapters across the US share our journey to empower these courageous women.