



# Burma Humanitarian Mission 2019 Annual Report



# Overall Objectives

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- In 2019, Burma Humanitarian Mission supported Backpack Medics operating in isolated regions of Burma where the Burma Army continues to wage an aggressive campaign against the country's ethnic minorities.
- Specific objectives included
  - Support 114 teams
  - Support training 40 new medics
  - Support population of 290,000 people



# Political Conditions in Burma

- Aung San Suu Kyi's party winning Parliamentary elections has not changed the Burma army's oppression of the country's minority peoples
  - Suu Kyi defended the Burma army at the International Court of Justice against blatant, documented atrocities committed by the army against the Rohingya in 2018
  - **Amnesty International** and **US Holocaust Museum** revoke their humanitarian honors bestowed on Suu Kyi in light of her inaction to prevent genocide and defense of what the UN labeled as “**war crimes**” and “**atrocities**” against the Rohingya, Kachin, Pa'laung, Shan and Karen peoples of Burma.



# Conditions in northern Ethnic Conflict Zones in 2019



- In Kachin State (northern Burma)
  - At least 110,000 people are internally displaced
  - Hundreds of thousands of others live in isolated villages
  - Chao supported backpack teams had operated in Tan Pha Yel IDP camp, but the Burma army now denies them access to the camp
- In Pa'laung areas (northern Shan/Southern Kachin State)
  - The Burma army denied BHM backpack medic teams into Sin Line IDP for 4 months; however, the teams are back in the camp now
  - In June, two soldiers raped a woman at gun-point; when the villagers complained yet the army refused to act
  - In August, random Burma army artillery shells killed 5 people in Mawhik village

**Backpack Teams in these areas faces the toughest and riskiest conditions**

# Conditions in eastern Ethnic Conflict Zones in 2019



- In Karen State (eastern Burma)
  - The Burma army renewed fighting near Mee Zine Mountain where a BHM-supported team operates, causing villagers to flee.
  - The Burma army renewed fighting near Mu Plaw and Saw Mu Plaw village tracks early in 2019, causing over 2,500 villagers to flee to the jungle for sanctuary
  - The Burma army moved into an area near one of the 2 stationary clinics, causing it to move from Pa Kar Hta to Khel Htee village
  - In September, the army entered a village and took men and young boys to serve as porters for the army, denying the families vital support plus loss of their loved ones.



# Burma Humanitarian Mission

## Northern Burma Update

In 2019, BHM continued to support 10 teams in northern Burma's Kachin and Shan States.

This support is required as the Burma army has continued its violence and attacks against the Kachin, Shan and Pa'laung peoples.

- On March 14<sup>th</sup>, Lashi Seng Li of Nawng Mi village was on his way to get firewood in the forest when Burma army soldiers arrested, beat and stabbed him.
- On May 1<sup>st</sup>, Burma army soldiers attacked Nam Gat village, burning several homes and stealing livestock and food.
- On May. 8, Burma army soldiers attacked the village of Nhkum Kahtawng in Mongmit township, forcing hundreds of villagers to flee.
- On July 3<sup>rd</sup>, Burma army soldiers raped and strangled Nhkum Nang Htang, a 48-year-old mother of two, in Nam Sung village in Kutkai township.
- On Aug 31<sup>st</sup>, the Burma army shelled the village of Mawhik. One mortar round hit Sumlut Htoi Ja's house, killing him and 4 of his family members.



**The Burma army's sustained oppression creates the need for Backpack Medics**



# Backpack Medic Program Overview

For over 7 decades, Burma's ethnic minorities have endured such oppression. As part of a community-based response, the ethnic minority groups formed backpack medic teams to care for their own.

- Men and women are recruited from among the villages they will serve.
- Medics undergo a 9-month training program before joining a seasoned team.
- Teams consist of 3-5 medics and travel among 9-12 isolated villages or IDP camps each month.





# Backpack Medic Program Overview

Backpack Medics focus on three core programs:

- **Medical Care Program (MCP)** – providing responsive medical care to treat injuries, illnesses and disease.
- **Mother-Child Health Program (MCHP)** – providing ante-, delivery and post-partum care.
- **Community Health Education and Prevention Program (CHEPP)** – provide community education and materials to reduce likelihood of disease and promote healthy environments (via clean water, sanitation, etc).





# Burma Humanitarian Mission

## 2019 Quantitative Program Results at End of Year

	Goal	Year End
Number of Teams	113	114
Number of Medics	450	447
Number of VHV	230	236
Number of TBA	750	777
Population Served	290,000	297,273
Patients Treated	101,000	105,549
Quantity of Medicine	6,790,000	7,065,720
Medics Trained	40	40
De-worm doses	40,000	29,618
Vitamin A to children	40,000	38,303
Village Health Classes	100	115
Latrines built	2400	1,934
Wells built	60	33
Fixed Clinics	2	2

BHM's Program **output** evaluation provides feedback on the level of support and the immediate beneficiaries.

- Teams supported and medicine provided are key factors we control.
- Actual population supported and patients treated are variables.

In most categories, BHM and our Backpack Medic Teams met or exceeded our 2019 goals:

- Greater population supported.
- More patients treated.
- More medicine provided.





# Burma Humanitarian Mission

## 2019 Quantitative Program Results at End of Year

BHM's Program **outcome** evaluation allows us to assess the enduring value of the Backpack Medics we support.

By assessing **outcomes**, we gain an appreciation of the impact – **lives improved** and **lives potentially saved**.

For instance, reducing morbidity (illness) rates translates to both improved lives and fewer deaths. If you do not get sick with malaria, you cannot die from malaria.

Baseline numbers reflect historical averages for morbidity and mortality as international health organizations\* have documented for areas without access to medical care or backpack medics.

### Malaria

- Given the historical malaria morbidity rate, the 296,000+ villagers supported by backpack medics could have had 34,000+ people suffer from malaria.
- In 2019, our medics treated 3,595 malaria patients – **30,800 fewer** people than otherwise expected!
- Reduced Malaria Morbidity Rates is a direct result of the CHEPP.

### Infant Mortality Rate (IMR)

- Given the historical IMR, one could expect 486 of the 3,602 newborns not to survive. In 2019, we are very fortunate with only 10 infant deaths – but a rate that reflects a modest uptick from 2018.
- The loss of any newborn remains a tragedy we are committed to eliminating.

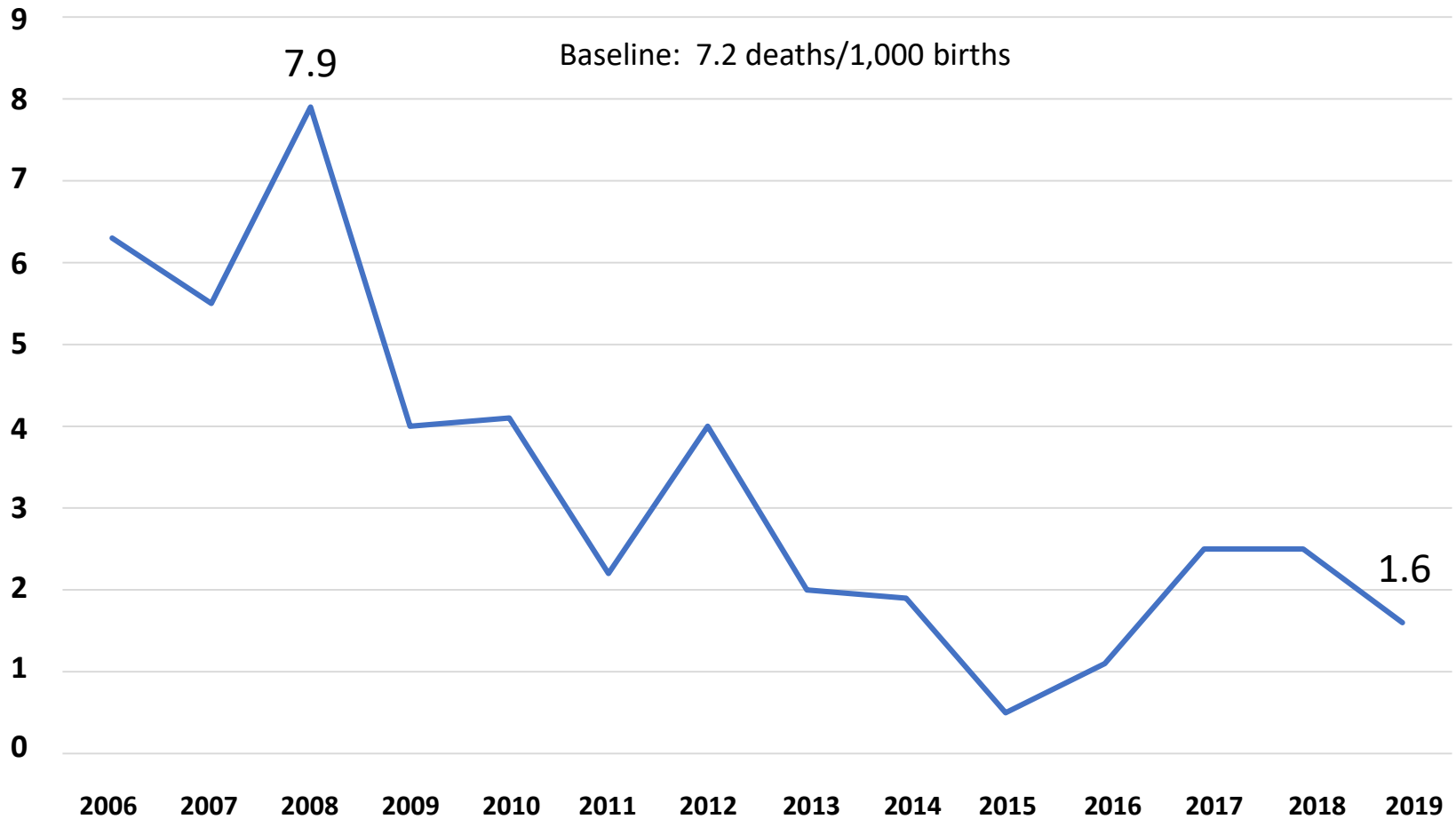
BPHWT Outcomes				
Morbidity Rates	Baseline	2019 Goal	Mid-Year	Year End
Malaria	11%	2%	0.61%	0.87%
Dysentery	2.80%	1.00%	0.41%	0.62%
Pneumonia	2.80%	1.00%	0.92%	1.12%
Mortality Rates	Baseline	2019 Goal	Mid-Year	Year End
Births	N/A	4,000	2025	3,602
IMR (per 1,000 births)	135	2.0/1000	1	2.7
MMR (per 1,000 births)	7.2	1.0/1000	1.5	1.6



# BHM Medic Team Outcomes

## Decrease in Maternal Mortality Rates 2006 through 2019

Deaths/1,000 births

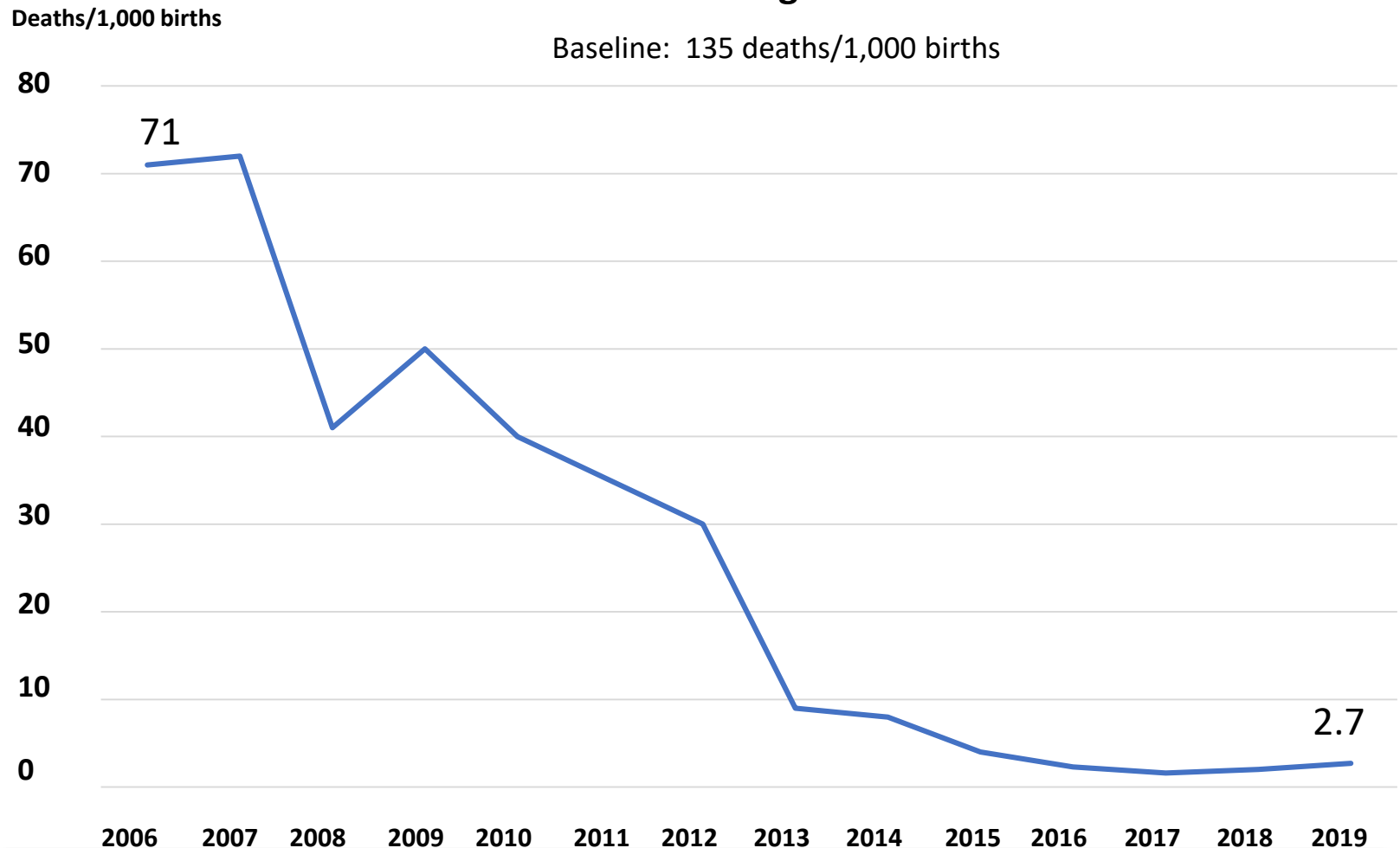


Backpack Medics have dramatically reduced mortality rates



# BHM Medic Team Outcomes

## Decrease in Infant Mortality Rates 2006 through 2019



Backpack Medics have dramatically reduced mortality rates



# *Medic Training Program*

- BHM supported the training of 40 new medics in 2018. They graduated from their 9-month course in December. The majority of the funding provided food for their tenure in Thay Bay Hta training site (2 hours north of Mae Sot). The medics came from a wide range of Burma's ethnic minority populations.
- New medic curriculum included:
  - Anatomy
  - First aid
  - Maternal and child health
  - Diagnosing basic illnesses
  - Pharmacology and medicine administration
  - Community health practices
- Training new medics is critical to supporting the Backpack Medic effort. Over the long term, Backpack Medics are critical to sustaining the Karen, Kachin, Pa'laung, Rohingya and other minority peoples' culture, languages and lifestyle





# Burma Humanitarian Mission

## *2019 Qualitative Program Results*

Quantitative assessments are one element of any program assessment.

Numbers, however, can be numbing and mask the impact and good accomplished in the lives of children, their parents, families and village communities.

The following slides capture the Medics' words and significance of what they do – a qualitative reflection of 2019 from the individual perspective





# Burma Humanitarian Mission

*Khaing Myo San, Field-in-Charge Arakan State, Western Burma*



*I am Khaing My San. I've been a backpack medic since 2008. I became a medic because I was interested in health and I wanted to help my community.*





## Burma Humanitarian Mission

*Khaing Myo San, Field-in-Charge Arakan State, Western Burma*



*In the village of Ma Lar Kar, a 21 year old man came to us. A rock fell on his knee and cut him badly. We gave him anti-biotics. I sutured the wound and the bleeding slowed down a lot. We cleaned him up. We showed him how to keep the wound clean and bandages.*

*He came back a few days later. I removed the bandages and the stitches. The bleeding had stopped. His leg still hurt, but not as bad. He went home with happiness.*

*His family sing our praises. The man did not have money for a hospital. If we had not been in the village, his leg would still bleed. He could have died from the blood or an infection.*



## Burma Humanitarian Mission

*Khaing Myo San, Field-in-Charge Arakan State, Western Burma*

*As backpack medics, we give care to all who need it.*

*In Mar Lar Kar, a Buddhist monk came to us feeling ill. In western Burma, many of the Buddhist are responsible for the hatred and violence against the ethnic (minority) peoples.*

*But, we treated him. He had pneumonia and anemia. We gave him anti-biotics and some ibuprofen to help with his discomfort.*





## Burma Humanitarian Mission

*Khaing Myo San, Field-in-Charge Arakan State, Western Burma*



*In July, we were in Sung Du village, a small and poor village in western Burma's Arakan state. We heard that a woman nearby was very very sick. The villagers brought her to us.*

*We looked at her and she had typhoid. She had a fever and was dehydrated very much. We gave her cipro (ciprofloxacin) as an anti-biotic. We had her stay with us for 5 days. We gave her IV fluids and ORS to help her feel strong again.*

*We had to leave Sung Du when the military came and told us we did not have permission to be there. The woman was better so we felt it safe for us to leave.*



## Burma Humanitarian Mission

*Lway Poe Khaung, Pa'laung Field-In-Charge, Northern Burma*



*I'm Lway Poe Khaung. I'm the Field-in-Charge medic for a Pa'laung backpack medic team in Northern Burma. My team operates in northern Shan State, near the Kachin State border. There is fighting in this area between my people, the Pa'laung and Burmese army. The fighting has been going on since 2011.*





## Burma Humanitarian Mission

*Lway Poe Khaung, Pa'laung Field-In-Charge, Northern Burma*

- In the Pa'laung area of Shan State, we have many IDP (internally displaced person) camps due to the fighting.*
- In the top picture, Su Nu San Labang examines a young boy. He had a fever. We found an ear infection and treated him with amoxicillin. After 2 days, he started feeling better. We were near Kutkai in northern Shan State*
- In the bottom picture, this mother came with her daughter. They live in an IDP camp near Kot Khain. The girl suffered from severe dysentery. The lack of clean water contributes to it. We treated her with anti-biotics and the protocols. She was better in a few days.*





## Burma Humanitarian Mission

*Lway Poe Khaung, Pa'laung Field-In-Charge, Northern Burma*

*We had one case with a pregnant woman. She had pre-eclampsia and was a high-risk pregnancy. We noticed a change in her blood pressure, a lot of edema and she became hypertensive. We needed to refer her to hospital. But it was rainy season and we are in a very mountainous area.*

*We tried to help. But the baby died but the woman was okay. If we had not been there, the mother might have died, too.*

*We were very sad she lost her baby.*





## Burma Humanitarian Mission

*Lway Poe Khaung, Pa'laung Field-In-Charge, Northern Burma*



*In the village of Sin Line, the villagers and us built a water system to bring them clean water.*

*Many villages do not have wells and have to walk a long way. We lay the pipes to make it easier. Clean water and building latrines helps reduce disease in these areas. It helps prevent dysentery and diarrhea. We must have the villagers support.*





# Burma Humanitarian Mission

## *Ah La Dashi, Pa'laung Medic, Northern Burma*



*I'm Ah La Dashi. I'm a medic in northern Kachin State where my people, the Pa'laung, live. We have lived here for hundreds of years. The Burma army is very active in our area. My people cannot get medical care for all problems. I am a medic to help my people.*

*Just outside of Nam San village, a mother brought to me her 3-year-old boy. He had a cyst on his ear. I treated him with anti-biotics and cleaned it out.*

*He was ok when we left.*

*I am glad I am a medic.*





# Burma Humanitarian Mission

*Lway Khoema Kha, Pa'laung Medic, Northern Burma*



*I'm Lway Khoema Kha (right). I'm Pa'laung and a medic in northern Shan State where my people, the Pa'laung, live. I have been a medic for 10 years now.*

*I am a medic to help my people. They have no doctors to help them. But, I and the other medics are really good friends! We are like sisters. I'm glad I'm a medic.*



*Near Man Ton village, a man came to us. He cut his hand badly while cutting wood in the jungle. It was bleeding. We cleaned up the cut and put in stitches. We gave him some anti-biotics and showed him how to clean the cut and put a clean bandage on.*



# Burma Humanitarian Mission

*Lahi Ze Hkwang (Mr Z), Field-in-Charge Kachin State, Northern Burma*



*I am Lahi Ze Hkawng.  
Everybody calls me Mr Z.*

*I'm a Kachin Field-in-  
Charge.*

*Kachin State is far to the  
north in Burma. Since June  
of 2011, the Burma army  
has broke a ceasefire with  
my people. We've seen  
continuously attack since  
then.*

*I like what I do for my  
people.*





# Burma Humanitarian Mission

*Lahi Ze Hkwang (Mr Z), Field-in-Charge Kachin State, Northern Burma*



- In the Haupaung area of Kachin State, there are many IDPs. Many have been away from their villages from 8 years because of the fighting.*
- In the Tan Pha Yel IDP camp, a mother brought her 1-year old boy. He had a very high fever. Here, Cicelia Bawk helps cool the boy with a sponge bath. We also gave him some amoxicillin and fluids. He had pneumonia. The boy could die from this. We were fortunate to be able to help. The boy got better.*



- In the bottom picture, another mother brought her 2-year old boy. He was very malnourished. That's common. What made it bad was that he also had the measles. We gave him some acetaminophen and fluids and vitamin A.*



# Burma Humanitarian Mission

*Mr Z, Kachin Field-In-Charge, Northern Burma*



*In the Wara Zup village, we are here often. We have come back in 2019 because the fighting is gone away. Here Seng Lashi treats a mother. The mother has anemia. We gave her some supplements with folic acid and fluids. We also gave her some Ibuprofen. Food insecurity causes the problems for many villagers.*

*At the right, these are some of the 600 villagers staying at Jaw Ma Set IDP camp in Kachin State. I visited with them. I gave the children de-worming medicine. We also played the 'hand-washing' game. I do that to teach them to wash before they eat and after they go to bathroom.*





# Burma Humanitarian Mission

*Mr Z, Kachin Field-In-Charge, Northern Burma*



*In San Pya village, a family brought us a young man who had a fever. We suspected he had malaria. We used the rapid test and confirmed he had Pf malaria. He had been sick for about 4 days.*

*We treated him by the protocols for malaria. In addition to the quinine, we gave him acetaminophen to help with the discomfort.*

*We stayed in San Pya for 3 more days. We checked on him each day. By the 3<sup>rd</sup> day, he felt better. We told him and his mother to finish all the medicine we gave him.*



# Burma Humanitarian Mission

*Naw Mwee Htoo, Field-in-Charge, Klew Lwee Htoo, Eastern Burma*



*I'm Naw Mwee Htoo. I'm the Field-in-Charge for the backpack team in Klew Lwee Htoo in eastern Burma's Karen State.*

*I'm the mother of 4 children and have been a backpack medic since 2003 and the Field-in-Charge for 3 years now.*





## Burma Humanitarian Mission

*Naw Mwee Htoo, Field-in-Charge, Klew Lwee Htoo, Eastern Burma*

- In our area, people are very poor. The villagers are mainly farmers.*
- In the village of Nam Karen, we found many of the children were malnourished. Saw Htoo Say gives vitamin A and albendazole (de-worming) to the children.*
- A lot of our time is caring for simple problems, but the villagers have nothing.*



- In Nam Karen, a family brought us their son. He has a bad eye infection.*
- We cannot treat him right. We tell the family they should take their son to Mae Tao clinic in Mae Sot. It's not far, about 2 days travel.*



## Burma Humanitarian Mission

*Naw Mwee Htoo, Field-in-Charge, Klew Lwee Htoo, Eastern Burma*

- *Food security and scarcity is a problem in my part of Karen State (eastern Burma). Many people are malnourished and have anemia. This woman (in purple) is getting a B1 supplement shot to help her.*
- *The shot will help her, but better food sources is what she needs.*



- *Our first day in Nam Karen, we did a community clinic. We had over 45 people show up. Most of the villagers needed basic health screening.*



# Summary

*Throughout western, northern and eastern Burma, the Burma army's inhumane atrocities and oppression of the country's ethnic minorities continues...causing an enduring epic humanitarian and health crisis.*

*Fortunately, Burma Humanitarian Mission has successfully partnered with BPHWT to support the vulnerable, displaced, isolated and oppressed minorities peoples in Burma's conflict zones. In 2019, compared to historical rates, key outcomes were realized in:*

- Reduced Infant Mortality Rates*
- Reduced Maternal Mortality Rates*
- Reduced Malaria Morbidity Rates*

*We are concerned about the uptick in Infant mortality rate above 2 deaths per 1,000 births compared to previous years. However, the overall achievements are rewarding given the conditions.*

*In addition, 40 new medics graduated in December and join a seasoned field of backpack medic teams.*

*Your support of BHM allows medical care to the most difficult conditions and most extreme environments – locations of the heaviest fighting and oppression – Western and Northern Burma (Arakan, Kachin and Shan States). The support extended across a range of coherent programs – Medical Care, Mother-Child Health Care and Community Health Education and Prevention Programs. Collectively, this comprehensive commitment continues to save lives of the most vulnerable population.*

## Thank You!