

FROM THE LEADERSHIP

Tragedy and hope in 2017



Dr. Thomas Lee
Founder & Board Chair
Community Partners International

Dear friends,

In September 2017, I visited the refugee camps in Cox's Bazar, Bangladesh. Just weeks earlier, hundreds of thousands of Rohingya people from Rakhine State, Myanmar, began to flee across the border to escape ongoing violence. The scene was overwhelming. Throngs of refugees, mostly women and children, huddled by roadsides and in open fields - exhausted, traumatized, hungry, sick and some wounded.

With two decades of experience working with conflict-affected communities throughout Myanmar, Community Partners International (CPI) is in a strong position to help. Thanks to your extraordinary generosity, we rapidly scaled up our operations in Cox's Bazar. We are focusing on immediate needs including health care, clean water, hygiene and sanitation. We are supporting Rohingya refugees to develop and lead solutions to their challenges, and prepare for an uncertain future.

In 2017, we also significantly grew our support to conflict-affected and hard-to-reach communities across Myanmar. We launched new projects to help our community partners address HIV, hepatitis, and violence against women and girls, and immunize children against deadly diseases. We continued to support efforts to ensure that every person in Myanmar can access affordable, quality health care.

Thank you for your belief in our work.

With deep gratitude,

A handwritten signature in blue ink that reads "Tom Lee".



Dr. Si Thura
Executive Director
Community Partners International

Dear friends,

Amidst the many profound challenges that 2017 brought to Myanmar and Bangladesh, there are some points of light that I would like to share to illustrate that there is still hope in these turbulent times.

In Myanmar, national health care reform continued with the roll-out of a National Health Plan (2017-2021) that includes a basic package of essential health services to reach all citizens by 2020. While there is still a long way to go to achieve lasting peace, the ongoing peace process has created foundations for cooperation in health between the Myanmar Ministry of Health and Sports and ethnic and community-based health organizations providing health services in contested areas. During 2017, we saw significant progress in the gradual alignment of these health systems. This expanding partnership is crucial to realizing universal health coverage in Myanmar.

In responding to the humanitarian crisis in Cox's Bazar, Bangladesh, we have been inspired by the resilience of refugees in the face of these tragic events. Our focus is to empower them to meet their immediate and longer-term needs.

Community Partners International (CPI) also laid foundations to broaden support to our partners beyond health. In 2018, we will work to strengthen communities in Myanmar and Bangladesh through locally-led projects for improved cookstoves, water, sanitation, hygiene, and community infrastructure.

Thank you for your support and commitment to our shared cause.

With deep gratitude,

A handwritten signature in blue ink that reads "Si Thura".

2017 IMPACT OVERVIEW



650,000

people in conflict-affected, remote and urban poor communities supported with lifesaving health care

102,502



people tested for malaria

1,616

community-based health workers trained to provide lifesaving care to their communities



860



safe births supported by trained birth attendants

2,398



children under five immunized against deadly diseases

1,754



pregnant women provided with pre-natal care services

9,548



people received family planning services

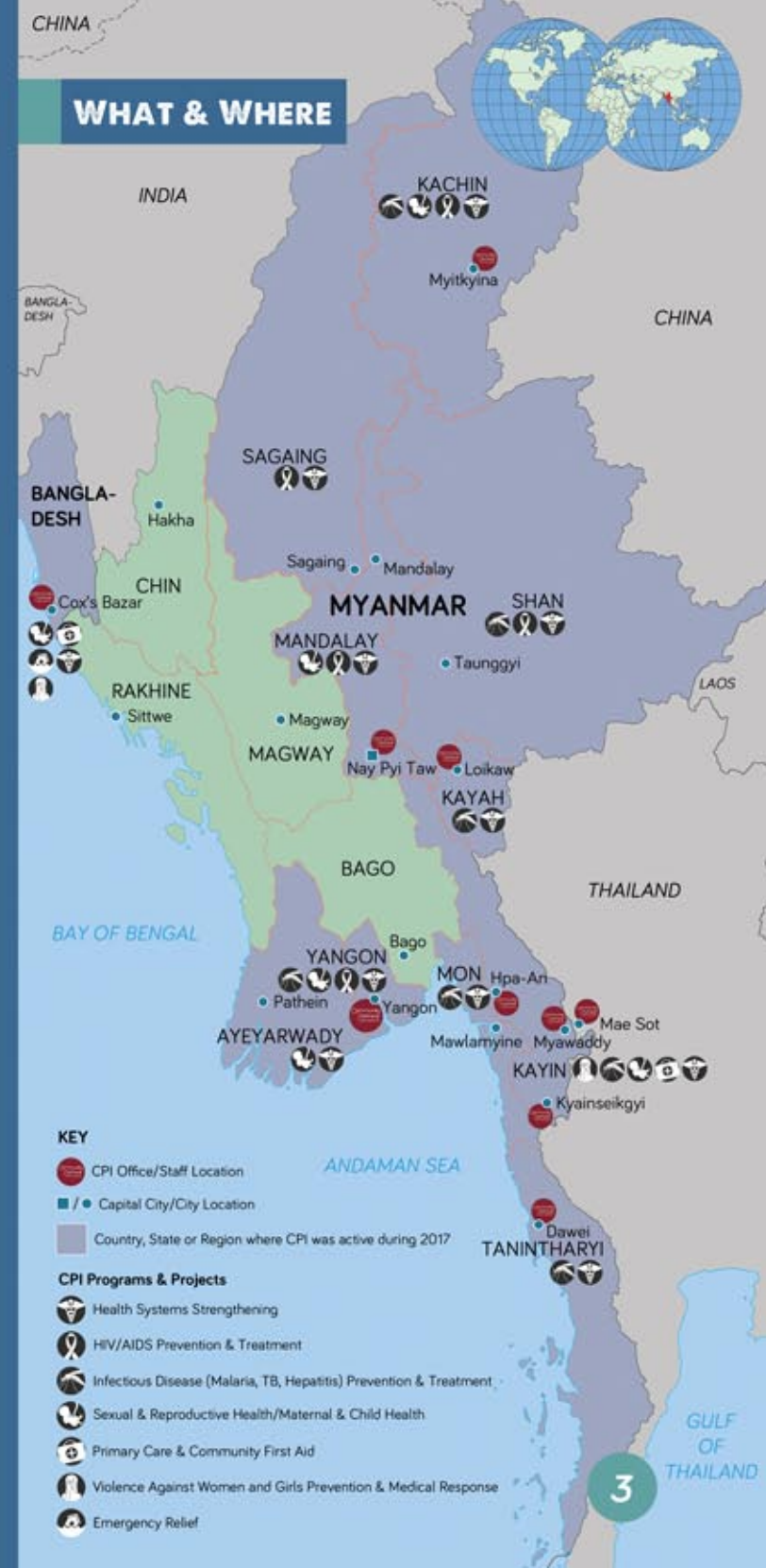


21,949

people attended health education sessions

CHINA

WHAT & WHERE



ROHINGYA REFUGEE CRISIS

Responding to the needs of Rohingya refugees from Myanmar in Bangladesh

Outbreaks of violence in northern Rakhine State, Myanmar, beginning in late August 2017, have forced more than 700,000 Rohingya refugees to flee across the border to Cox's Bazar, Bangladesh. The majority are women, children and the elderly. They have joined Rohingya who fled Myanmar during previous waves of violence, creating a humanitarian crisis. The UN estimates that there are at least 960,000 Rohingya refugees in Bangladesh.

Arriving malnourished, exhausted, sick, traumatized, and some wounded, the huge influx of refugees rapidly overwhelmed existing camps and humanitarian aid services. A massive relief operation was launched to meet their immediate needs during the fastest growing refugee crisis in the world at the time.

An outpouring of support from donors enabled Community Partners International (CPI) to quickly scale up our operations. We opened an office in Cox's Bazaar and brought on a local team to lead our efforts to support Rohingya refugees. In the beginning, our focus was to ensure that newly arrived refugees would have access to basic necessities such as relief kits that contained a range of essential non-food items: mosquito nets, water storage containers, cooking and eating equipment, clothing, hygiene supplies, and oral rehydration salts.

The scale and nature of the crisis made it immediately clear that this would be a protracted refugee situation. In consultation with Bangladesh partner organizations and Rohingya refugees, we analyzed how we could best support the refugees in the long term. We took into consideration their needs, the gaps on the ground in Cox's Bazaar, and our two decades of experience in Myanmar. We seek to empower Rohingya communities to meet their own health and developmental needs by focusing on the key areas of support outlined in our Impact Strategy.

IMPACT STRATEGY



Primary Care & Community First Aid

Rohingya Community Health Volunteer (CHV) Network

CPI will build, train and equip a network of Rohingya CHVs to provide the first line of health care to fellow refugees. The CHVs will make regular house calls providing health education, health service information, basic health and hygiene supplies, monitoring and referral services. They will also act as first responders for medical emergencies, landslides and floods.

Ambulance Services

CPI will upgrade, equip and staff a fleet of ambulances to transport patients in need of urgent medical care to hospital.

Health Posts

CPI will help local partners to establish Health Posts providing primary care services to refugees in their catchment area.



Water, Sanitation & Hygiene

CPI will support the construction and maintenance of deep tube wells, latrines and handwashing stations to ensure that refugees have access to clean water, sanitation and hygiene.



Violence Against Women and Girls

CPI will work to address the risk and impact of violence against women and girls through awareness-raising and income generation activities for vulnerable women and adolescent girls.



Shelter

CPI will provide energy-efficient cookstoves and solar lighting to improve living conditions for refugees.



A boy washes his face in a refugee camp in Cox's Bazar, Bangladesh.
Image: CPI

Supporting communities in Myanmar to end violence against women and girls

Violence against women and girls in Myanmar is perpetuated by silence. This silence is rooted in cultural taboos and stigma. It prevents: (1) women from accessing adequate protection and rights, (2) communities from acknowledging, understanding, and addressing violence, and (3) survivors of violence from receiving the care and support that they urgently need.

In June 2017, CPI launched a new project, Building Community Services with and for Women (BCSW). Supported by the United Nations Population Fund's (UNFPA) Women and Girls First Initiative, BCSW was formed to prevent and respond to violence against women and girls in conflict-affected and isolated communities across four townships in Kayin State, southeast Myanmar. This region has recently emerged from more than six decades of brutal civil war; incidents of sexual violence against women and girls were widely documented during this period and continue to be reported.

Under BCSW, CPI works with the Karen Department of Health and Welfare (KDHW), an ethnic health organization that provides health services in the region, to integrate gender-based violence prevention and response into existing community-based sexual and reproductive health (SRH) services. BCSW serves a population of 65,000 people in 123 villages through a network of KDHW health workers stationed at thirteen community-based clinics.

CPI is helping the KDHW's community-based SRH workers to raise awareness of violence against women and girls in their communities, galvanize community efforts for prevention and provide information to survivors about available care and support services.

CPI established a center in Kyainseikgyi town, staffed with local doctors, nurses, and social workers who have extensive experience in providing

health care, support, and referral services to victims of sexual violence.

The staff members work closely with the KDHW to provide these services to the surrounding villages. They attend monthly village visits where the KDHW health workers organize informal community gatherings. These gatherings provide a forum to discuss prevention of violence against women and girls, how to respond to sexual violence and also address key topics such as family planning or sexually transmitted diseases (STD).

The KDHW health workers are the initial providers of care and support for survivors; if follow-up care is needed, survivors are referred to the CPI center in Kyainseikgyi. At the center, CPI staff provide medical care such as testing for HIV and other sexually transmitted infections. They also offer counseling, and support. If survivors need more specialized services, they are referred to relevant providers.

Naw Phaw Pa Klay, a KDHW health worker based in Kawet Nwe village stated, "Until now, it has been very difficult for us to deal with these situations because we had no training or support. These things are rarely openly discussed in the villages... people just don't want to talk about it."

With training and support from CPI, Naw Phaw Pa Klay now feels more confident with helping survivors. "I now understand better the different types of violence against women and girls, how to manage cases, and how and when to refer to the CPI center."

Naw Phaw Pa Klay wants to see community-wide solutions to this ongoing issue to have greater success. "We need strong coordination and a shared resolve between village leadership, community organizations, clinics and schools to address this problem. Health workers alone can't solve this."



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A CPI staff member provides family planning information to villagers in Kayin State, Myanmar, as part of outreach activities to prevent and respond to violence against women and girls. Image: CPI

BEYOND MALARIA

As malaria prevalence declines in southeast Myanmar, what next for village malaria volunteers?

The elimination of malaria in southeast Myanmar has been a major focus over the past five years. This urgency stems from the region becoming an epicenter of multidrug-resistant malaria. The concern is that these resistant strains could spread across Myanmar into India and Africa, with potentially catastrophic impacts on global health.

International donors and the Myanmar Ministry of Health and Sports (MoHS) mobilized resources to scale up testing and treatment and to monitor outbreaks of multidrug-resistant malaria hotspots in southeast Myanmar.

CPI participated in these initiatives, working with the Three Millennium Development Goal Fund (3MDG), the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) and community-based partners providing health services in the region.

CPI's program focused on a target population of more than 250,000 people in Kachin, Kayah, Kayin, Mon and Shan States and Tanintharyi Division. Since 2013, working together with our community-based partners, we have administered 315,000 malaria tests, treated 14,500 people for malaria, and distributed 145,000 insecticide-treated bed nets.

We helped to establish and train a community-based network of 520 malaria volunteers. Embedded in villages in remote and hard-to-reach locations, these volunteers are the backbone of the program, providing access to testing and treatment services.

The results of these intensive joint efforts have been significant. Malaria prevalence among the populations covered by CPI's malaria program has dropped from around 19% in 2013 to around 1.7% in 2017, a more than tenfold decline.

As malaria prevalence continues to fall, there is an opportunity to harness this community-based volunteer network that has been so effective in pushing back malaria to address other priority health needs in the communities they serve.

In 2017, CPI began working with community-based partners to broaden the remit of malaria volunteers. The immediate focus of these efforts was tuberculosis (TB). Myanmar is one of the thirty countries worldwide with a high burden of multidrug-resistant TB. There were an estimated 137,000 new cases of TB in 2017, of which more than 5,500 were identified as multidrug-resistant.

The volunteers contributed to community-based initiatives to raise awareness of TB and the treatment services available, in support of the MoHS National TB Program (NTP) and township TB teams. Reaching out to the community through house-to-house visits, volunteers were able to encourage those with symptoms, such as coughing and weight loss, to go for further tests at rural health centers and township hospitals and provide for transportation costs.

For those who tested positive, the volunteers helped them complete a six month course of medication through the directly observed treatment, short-course (DOTS) and provided transportation costs for their scheduled check-ups.

In 2017, volunteers referred 563 possible cases of TB for further testing. Of these, thirty seven were confirmed positive. Based on the success of this pilot program, CPI will continue to help volunteers broaden their remit and provide an integrated package of basic primary health care services to their communities.



A CPI partner health volunteer meets a mother in Kayin State, Myanmar, whose eldest son (left) received malaria treatment through a CPI project.
Image: CPI

CLIENT PROFILE

U Saw Paw Khwar

U Saw Paw Khwar lives in Htee Ka Lit Thu village in Kyainseikgyi township, Kayin State with his wife and two children, ages eleven and two. He works as a manual laborer. On days when he can find work, he earns about US\$ 5 per day. "Money is the biggest problem when one of us gets sick," he says. "If something happens to me and the family loses my income, it will be difficult for us to survive."

Htee Ka Lit Thu village is located in a contested area of Kayin Stae. The nearest clinic, operated by the Karen Department of Health and Welfare (KDHW), a CPI community-based partner, is located 45 minutes away by motorcycle. If one of U Saw Paw Khwar's family members needs to visit the clinic, they need to pay for transport. This is a significant expense for them.

Fortunately, a KDHW health worker is based in the village and provides basic health services. This health worker and nearby clinic receive support through a project led by CPI and funded by the Three Millennium Development Goal Fund (3MDG). Launched in 2013, this project initially was focused on eliminating multidrug-resistant malaria. As malaria cases in the region declined tenfold in the last four years, the project is broadening its focus to tackle other diseases, such as TB.

Recently, U Saw Paw Khwar's eleven year old son had a fever. The health worker suspected malaria and conducted a rapid diagnostic test (a simple procedure using a drop of blood from the finger) that can detect the presence of malaria in fifteen minutes. The test was positive. The village health worker started U Saw Paw Khwar's son on a free course of malaria medication and he made a full recovery.

Not long after this incident, a mobile health team supported by this project and operated by the Karen Baptist Convention (KBC) visited U Saw Paw Khwar's village to carry out routine medical check-ups.

They visited his house and interviewed the family about their health. U Saw Paw Khwar had been coughing frequently in the previous weeks and the team suspected that he had TB.

They arranged for him and his wife to visit Kyainseikgyi township hospital for further testing. The hospital staff performed a chest x-ray and sputum test. U Saw Paw Khwar tested positive for TB.

"The day after I was diagnosed, they started me on a course of TB medication. I was very relieved that I could get this treatment free of charge [through Myanmar's National TB Program]."

He returned to his village where the village health worker will supervise the course of treatment that will take six months. During this period, U Saw Paw Khwar will receive financial support to cover transportation costs to the hospital to pick up medication and undergo tests to track his recovery. This support is crucial because he stopped working for several weeks while he regained his health and strength.

"I am very grateful for the help I received. Without it, I wouldn't have been able to afford the transportation costs to get treatment. The village health worker has given us information about TB and malaria so that we can better protect ourselves and others."

U Saw Paw Khwar's story illustrates the vital role played by community-based health workers in the chain of health care. He hopes that in the future there will be more health services available in Htee Ka Lit Thu village so that the villagers do not have to travel such long distances and incur high transportation costs in order to access basic health care.



U Saw Paw Khwar (right) receives treatment from a community-based health worker in his village in Kayin State, Myanmar.
Image: CPI

EYE OF THE NEEDLE

A pioneering initiative to immunize children in Myanmar's conflict-affected communities

For thousands of babies, young children and pregnant women in conflict-affected, isolated communities across Myanmar, immunization against deadly diseases remains out of reach. This lack of access has prolonged a health crisis that has engulfed these communities, and children in particular, causing many thousands of preventable deaths.

In many ethnic nationality regions of Myanmar, decades of armed conflict decimated health services and eroded trust in the central government. In response, ethnic nationality communities established their own health systems, providing a basic range of primary care services; but the constraints of the context made it impossible to sustain immunization programs that could reach all communities in their coverage areas.

Recent political reforms, ceasefires and an ongoing peace process have ushered in greater stability and provided a baseline for dialogue and cooperation between the central government and ethnic nationalities. Myanmar is seeking to achieve universal health coverage by 2030; it has launched a new National Health Plan (NHP) for the period 2017 to 2021 to support this ambition.

The Myanmar Ministry of Health and Sports (MoHS) recognized that ethnic and community-based health organizations (ECBHOs) were instrumental in implementing the new NHP because of their local expertise, community trust, extensive clinic and health worker networks, and long track record of health service delivery in areas where MoHS has little or no coverage.

As a first step in the new NHP, the MoHS is seeking to ensure that everyone in Myanmar can access a set of basic essential health services by 2020. Vaccinations are one of the core components of this package.

In 2017, CPI helped facilitate pioneering cooperation between the MoHS and the Karen Department of Health and Welfare (KDHW), an ECBHO providing health services in southeast Myanmar. Under this cooperation, these stakeholders are working together to ensure that all children under five and pregnant women in contested areas of Kayin State can access lifesaving immunization services.

With CPI's support, the MoHS is training the KDHW immunization teams to help them meet Myanmar national guidelines for vaccinations. The MoHS is supplying vaccines and providing support to ensure that the cold chain is implemented effectively. For their part, the KDHW is implementing the immunization program on the ground through their extensive networks of clinics and health workers.

CPI's role is to provide support and coordination. We facilitated discussion and project planning, and supported the project roll-out. We are helping to organize training for the KDHW health workers and to set up joint supervision visits to immunization sites for the MoHS and KDHW staff to monitor vaccination efforts together.

Under this initiative in 2017, the KDHW immunization teams traveled hundreds of miles to vaccinate 1,964 young children and 332 pregnant women in Kayin State. Many of these villages are in remote, forested and mountainous areas. They journeyed for many days by boat, motorbike, field tractor and on foot, carrying all of their supplies and equipment with them.

This pioneering cooperation has ensured that young children and pregnant women in these communities can access lifesaving vaccinations for the first time in years. Based on this success, CPI is exploring ways to replicate this model in other locations in Myanmar.



A young boy receives a vaccination from a KDHW immunization team member in Kayin State, Myanmar.
Image: Htoo Tay Zar for CPI

BETTER DATA, BETTER HEALTH

Transforming community-based health services in Myanmar through the power of data

For over 60 years, ethnic and community-based health organizations (ECBHOs) in Myanmar have worked against extraordinary odds to ensure that communities caught in war had access to lifesaving health care. These organizations -- with limited resources -- focused on delivering basic essential health services to remote and displaced communities in mountainous and landmine-contaminated conflict zones.

During this period, ECBHOs were operating in a state of constant emergency, functioning independently from the central government. As a result, individual health system practices were established but were not fully uniform or standardized across regions or communities. Consistent and accurate data was unavailable because a standardized system for data collection, entry, and evaluation was not fully developed.

The limited information made effective health service planning and resource allocation challenging. It was hard to determine how to prioritize health services, training and medicine procurement without accurate data on service utilization, disease burdens and mortality. The lack of visibility on the supply chain made it difficult to monitor the levels and condition of medicines, supplies and equipment in field clinics, and to minimize stockouts, waste and expired medicines.

Today, the Myanmar Ministry of Health and Sports (MoHS) and ECBHOs have begun to cooperate around shared interests in health, with mutual efforts underway to gradually align their systems.

CPI worked extensively during 2017 to support ECHBOs in southeast Myanmar to improve and scale-up their health services and facilitate cooperation and alignment with the MoHS. We launched a pilot project focused on six field clinics in Kayin State to provide a test environment for the development of new health information and logistics management systems.

As a first step, we worked with our ECHBO partners to standardize health care terminology and case definitions, aligned with MoHS and World Health Organization standard usage.

Once completed, we developed a set of simplified paper-based data collection tools and trained field clinic staff to use them to quickly and easily record key data. We then created an open-source database and trained our ECBHO partners to input field data and utilize the database for analysis. This included a data verification system to ensure accuracy.

With the pilot phase completed, ECBHO partners opted to roll out the system across their health service network in Kayin, Kayah, Mon and Shan States. Once in place, it has the potential to transform ECHBO health services.

With access to timely, reliable and valid data, the partners can: (1) conduct strategic and evidence-based health planning and resource allocation, (2) accurately track health service utilization and develop more responsive, need-based health services with improved quality and service monitoring, (3) develop visibility throughout their supply chain to procure medicines according to need, maintain stock levels and minimize waste and inefficiency, and (4) identify service and capacity gaps to inform training and recruitment.

While still in the early stages, the data collected so far through these new systems has already revealed that many of the previous assumptions pertaining to health service delivery in ECBHO coverage areas need to be adjusted. CPI will continue to support ECBHO partners to transform health services through the power of data.



A community-based health worker records health data in a log book at a community clinic in Kayin State, Myanmar.
Image: CPI

FROM HARM TO HOPE

Helping communities affected by HIV and drug dependency in Myanmar

In the last decade, through widespread public health and treatment campaigns, significant gains have been made in reducing the number of new HIV infections across the Asian region. However, these gains have been offset by growing epidemics in some countries, including Myanmar. Myanmar currently has the second highest number of people living with HIV in the Southeast Asia region, and is one of 35 countries that account for 90% of new HIV infections globally. In 2016, there were around 230,000 people living with HIV in Myanmar, 11,000 recorded new HIV infections, and 7,800 AIDS-related deaths.

While Myanmar has made progress in recent years in reducing HIV prevalence in the general population to around 0.8% among adults, new infections are concentrated in urban centers and in areas where drug use is endemic. Key populations, including people who inject drugs (PWID), female sex workers (FSW), and men who have sex with men (MSM) and transgender people (TG) are disproportionately affected, with recorded HIV prevalence rates of 28.5%, 14.6% and 11.6% respectively. In areas such as Kachin State, where drug use is widespread, prevalence of 47% has been recorded among PWID.

In 2017, CPI began setting the foundations for a new project that will launch in early 2018 to support national efforts to achieve an AIDS-free future in Myanmar. The USAID HIV/AIDS Flagship (UHF) Project is funded by USAID under PEPFAR and managed through UNAIDS. CPI is providing project implementation support and management to five implementing partners: Asian Harm Reduction Network, Médecins du Monde du Monde, Medical Action Myanmar, Metta Development Foundation and Population Services International.

In alignment with Myanmar's National Strategic Plan on HIV/AIDS 2016-2020, the project will scale up HIV testing and treatment services

for approximately 39,000 members of key populations in five high burden areas: Kachin State, Shan State, Sagaing Region, Yangon Region and Mandalay Region. Reaching these key populations is challenging - stigma and discrimination mean that many are forced to live on the margins of society, or have to conceal aspects of their lives from those around them. Access to services is an additional and significant challenge for those living in remote and conflict-affected areas.

The project will focus on strengthening community-based and peer support networks within key populations. Through these networks, key populations will be able to access information, support and counseling from people who understand and empathize with them. Alongside HIV prevention, these peer support network will help key populations to seek regular HIV testing. Those who test positive for HIV will be provided with ongoing counseling, treatment and support to help them to lead healthy lives and reduce the risk of HIV transmission to others.

The project will prioritize mobile outreach services to provide health education and referral for further treatment for key populations in remote locations such as Kachin State or Sagaing Region.

To challenge stigma and discrimination, and foster more supportive community environments for key populations and people living with HIV, the project will support community engagement activities to raise awareness and support for HIV prevention, treatment, and harm reduction services. The project will deliver innovative communication campaigns through social media and other channels to reach key populations, their families and communities with information and messaging that will help them to take positive and compassionate steps to achieving an AIDS-free future for Myanmar.



A client living with HIV attends an art therapy session run by a UHF Project partner in Kachin State, Myanmar.
Image: Shin Daewe for CPI/UHF Project

CLIENT PROFILE

Naw Eh Paw Gay

“Up here in the hills, our children often get sick, particularly those that came here recently,” says Naw Eh Paw Gay. She lives in Kwee Lu Kyay village, situated in Kyainseikgyi township, Kayin State, southeast Myanmar.

Naw Eh Paw Gay recently arrived in the village with her husband and their two-year-old son. Kwee Lu Kyay village is remote; it is accessible only by dirt tracks that snake through the mountainous jungle-covered terrain of this region. During the rainy season, these tracks become impassable at times, leaving the village in almost complete isolation.

Kwee Lu Kyay lies in a contested region of Myanmar that has experienced many decades of active conflict between the Myanmar army and ethnic armed groups. Recent ceasefires and an ongoing peace process have brought relative calm and stability that has enabled the expansion of community health services.

Kwee Lu Kyay is one of the villages included in the project supported by CPI through which the Myanmar Ministry of Health and Sports (MoHS) and the Karen Department of Health and Welfare (KDHWS) are working together to provide immunizations to all children under five and pregnant women in contested areas of Kayin State.

Naw Eh Paw Gay brought her son to be vaccinated when the KDHWS immunization team visited Kwee Lu Kyay. She said, “I can’t describe how important it is that our children can be immunized. Before, we didn’t have any access to these kinds of services.”

“We worry about their health but I feel relieved now that we can access some health services locally. When it rains, it is really hard for us to travel if someone gets sick. In the future, I hope that there will be more health services available here to help pregnant women and children.”



Naw Eh Paw Gay and her son attend an immunization clinic in Kayin State, Myanmar.
Image: CPI

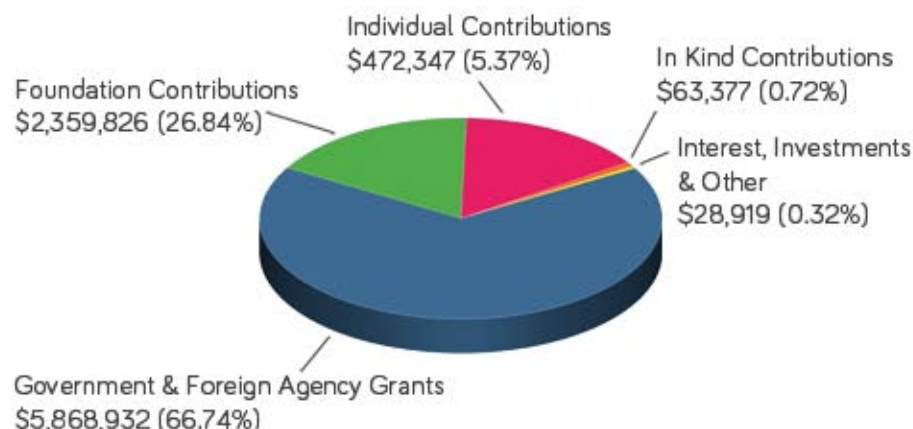
2017 FINANCIALS

Investment for impact

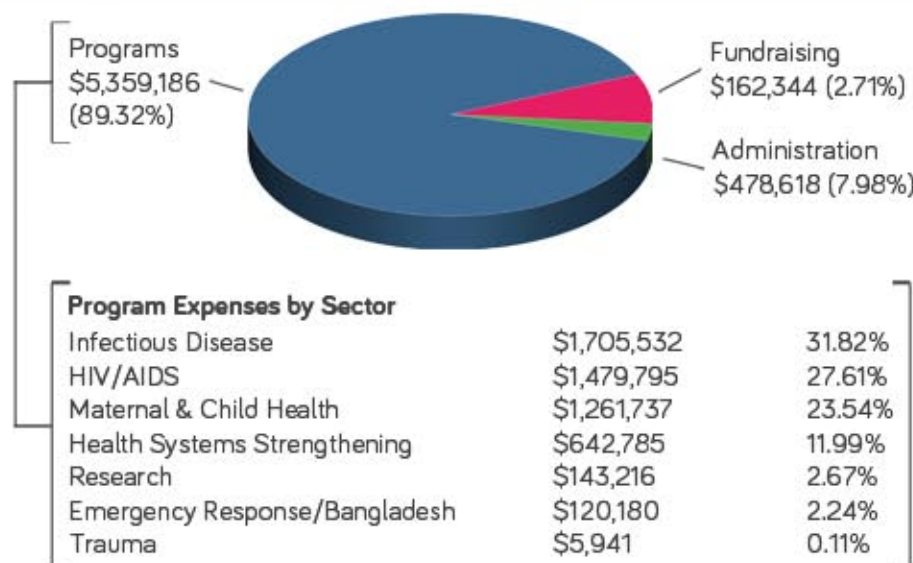
ABOUT CPI

Empowering communities in Southeast Asia

REVENUE & SUPPORT: \$8,793,401



EXPENSES: \$6,000,148



Founded by U. S. doctors in 1998, Community Partners International (CPI) is a U. S. 501(c)(3) nonprofit organization that empowers underserved communities in Southeast Asia to live in health and dignity. We focus on communities affected by conflict and violence, in remote and hard-to-reach contexts, and marginalized through poverty and social exclusion. We support them to build and strengthen their health and social services so that every community member, and particularly women and girls, can thrive. Partnership with local communities lies at the heart of our work. We work to empower the potential and deep commitment within these communities to develop, own and lead the solutions to their challenges - solutions that are driven by local needs and priorities, designed for the context, and sustainable for the long term.

Mission: To build thriving communities in Southeast Asia through equitable access to quality services for health and social welfare.

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Thank you

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This image: Fields and mountains in Kachin State, Myanmar. *Image: Minzayar Oo for CPI/UHF Project*

Cover Image: A child receives a polio vaccination in a village in Kyainseikgyi Township, Kayin State, Myanmar. *Image: Htoo Tay Zar for CPI*



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