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Provision of Primary Health Care among Internally displaced people of Burma



Mid Year Report
2007

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I. OVERVIEW AND SUMMARY OF THE BPHWT

In 2007, the BPHWT continued to provide health care in 17 field areas, with 76 teams to a target population of over 160,000 people. At the request of local communities they also conducted pilot programs in Arakan and Pa O areas.

There are currently over 1700 Health Care Workers living and working in Burma: 288 Medics, 720 Traditional Birth Attendants (TBAs) and 700 Village Health Volunteers (VHVs). Table 1 provides an overview of the BPHWT fields, the number of Medics, target population and the total cases treated within the last six months.

Table 1: Summary of BPHWT Fields, Medics, Target Population and Cases Treated, Jan - Jun 07.

NO	FIELD AREA	FIELD-IN-CHARGE	NO OF TEAMS	NO OF MEDICS			NO OF FAMILIES	TOTAL POPULATION	TOTAL CASES TREATED
				M	F	TOTAL			
1	Kayah	Joseph	6	10	12	22	2,767	14,164	3,533
2	Kayan	Hlay Hlan	3	14	7	21	1,003	4,156	886
3	Special Area	Ko Than Htite	3	12	2	14	1,680	8,621	2,786
4	Toungoo	Saw David Yel	5	14	6	20	1,428	7,641	2,477
5	Kler Lwee Htoo	Naw Hser Mu Ler Htoo	5	13	2	15	1,317	7,756	1,059
6	Thaton	Saw Ohn Myint	7	19	3	22	3,374	19,119	2,198
7	Papun	Saw Win Kyaw	7	20	5	25	2,964	16,736	2,454
8	Pa'an	Saw Charlie	6	15	12	27	2,967	17,144	2,416
9	Dooplaya	Saw Thar Dee	5	18	4	22	2,208	10,886	2,033
10	Kawkareik	Saw Poe Lay	3	10	0	10	1,080 ¹	5,819 ²	N/A
11	Win Yee	Saw Than Shwe	3	6	5	11	1,407	7,404	1,761
12	Mergue / Tavoy	Saw William	5	11	7	18	1,372	7,123	3,256
13	Mon 1	Nai Kon Site	3	7	2	9	1,011	5,080	1,944
14	Mon 2	Nai Nyain Chan	3	7	2	9	1204	5,835	2,063
15	Mon 3	Nai Win Aye	6	4	17	21	2,452	11,494	6,229
16	Shan	Sai Long	4	9	4	13	1,447	8,032	4,006
17	Lahu	Kyar Down Loa	2	7	2	9	N/A	4,575	355
TOTALS			76	196	92	288	29,681	161,585	39,456

Since the 2006 mid-year report, new Fields-in-Charge of Kayan, Kler Lwee Htoo, Dooplaya, Mon 1 and 2 and the Lahu fields have been appointed. Also in these six months there has been an additional four medics employed to work for the BPHWT: an extra six medics have commenced working in Kayah, Kler Lwee Htoo, Thaton and Papun fields; whilst in Mergue/Tavoy there are two less medics. At the same time there are an additional eight female medics working for the BPHWT.

¹ Though an annual field census of families is undertaken the data from Kawkareik was not available, so an estimate has been calculated based on the previous year's data..

² Though an annual field population census is undertaken the data from Kawkareik was not available, so an estimate has been calculated based on the previous year's data.

Since the 2006 mid-year report there have been increases in the target population of most field areas except in some northern Karen fields. The most severely affected field is Toungoo, with the census showing that 964 families have left in the past 12 months; whilst in Kler Lwee Htoo, 160 families have also departed. Over 6,000 people have left these two fields. Many have trekked to the Thai- Burma border and are now living in Eh Htoo Hta, in IDP camps on the Burmese side of the Salween River.

BPHWT Leading Group members have travelled to Eh Htoo Hta and confirmed that many of the 4,000 people living in the two IDP camps, are from Toungoo area.

This is consistent with the field reports and the reports of other organisations which document the ongoing military offensive by the SPDC in northern Karen State.

One of the significant achievements this six months is the improved timeliness of field data returned to the BPHWT office. Only Kawkareik was unable to return data during this reporting period, as the SPDC troops destroyed the



Families take all the possessions they can carry,



IDPs hiding in temporary shelter in the jungle and arriving at Eh Htoo Hta - 2007

II. NARRATIVE REPORT

In 2007, Field-in-Charges continued to report on the deteriorating conditions within most fields. Increased military activity and armed conflict; higher demands for forced labour; greater confiscation and destruction of property; increased forced relocation; and higher SPDC taxes and prices of essential goods were reported. Many villagers are facing food shortages. As a result of these conditions, more people have fled from their villages. In Papun, 500 families have left their villages and remain hiding in the jungle. More villagers have fled from Toungoo where armed conflict has been intense, and trekked to the Thai-Burma border, where a second IDP camp providing shelter to around 400 people has been established on the Burmese side of the Salween River. The first IDP camp now provides shelter to nearly 4,000 people.

Field-in-Charges once again reported they had insufficient medical supplies to treat the high number of sick people. Unfortunately, most of the medical supplies and TBA kits were stolen by the SPDC in Kawkareik. More fields (Kayah, Kayan, Toungoo and Thaton) returned timely data in the first half of 2007, reflected in the 39,456 reported cases treated in the first half of 2007, compared with 23,826 reported in the same time period of 2006. Some data were also returned in the recently implemented Shan and Lahu fields. BPHWT fields reported treating 78 gunshot injuries, including three children less than five years of age; and 14 landmine injuries, one in a child under five years.

Field reports continue to detail the stresses and dangers BPHWT Health Workers face whilst delivering health care in the fields. In these six months, three more Health Workers have been arrested. The current situation within the BPHWT fields contributes significantly to mental health stresses reported by many Health Workers.

A. Current Situation by Area

Kayah

Health supplies are carried into the field by workers and villagers as the area is very mountainous. At the moment Kayah area is stable and the teams are able to deliver health care to their target population. Unfortunately, some patients do not complete treatment for their illness, as they must continue working to feed their families. Two patients died, as teams were not able to reach them in time to provide treatment. Many people in the area have malaria, especially in BP Area No 14, but the teams do not have enough malaria medication to treat all the patients. Health workers require further training to improve the quality of their medical care. There are food shortages in the area due to the difficult farming conditions.

Kayah field requests increased supplies of malaria medication and further medical care training for health workers.

Kayan

Health supplies are carried into the field by workers and villagers as the area is closely located to the new Burmese capital of Nay Pyi Daw and there are many SPDC troops in the area. Though the area is a formal ceasefire area, the BPHWT can not operate freely, especially in BP Area No 3. Health workers need further capacity building with medical care. Some health workers have finished working with the BPHWT due to family and other commitments. There is a need to recruit more health workers to be trained to deliver health care to the target population. There are food shortages in the area due to the difficult farming conditions whilst at the same time, basic food and furniture prices have increased.

Kayan field requests further medical training for current health workers and a Community Health Training Course to be held in the area to begin the recruitment of new health workers to the BPHWT.

Special Area

Health supplies are carried into the field by workers and villagers as there are many SPDC and DKBA troops active in the region. There are insufficient medical supplies to treat the patients as there are more than 2,000 people in the target population of each team.

Special Area field requests increased medical supplies to be able to treat all the patients who are sick..



Transporting a patient - Toungoo 2007

Toungoo

Toungoo area is unstable due to the high level of SPDC military activity, which impacts on the timeliness of the transportation of supplies into the field and limits the delivery of health care programs. During this reporting period many people died from illnesses and many villagers were forced to labour for the SPDC instead of working on their farms to provide food for their families, so they face food shortages. This has been a stressful time for the health workers.

Kler Lwee Htoo

A high level of SPDC military activity caused delays in the transporting of medical supplies during these six months. This area is unstable due to this hostile military activity and many villagers have been forced to hide in the jungle. Three villages were forced to relocate by the SPDC and then on the 10th June 2007, the SPDC troops laid landmines around the villages to deter people from returning to their homes. There was insufficient malaria medication to treat the many patients with malaria. Each health worker needs a treatment protocol handbook to take with them when they are working in the field. The BPHWT were unable to deliver all planned CHEPP activities due to the insecure environment. Some TBAs have moved to another area, so there is a need to train more TBAs. Also Medics are observing that TBAs with good training are improving their practice and cooperating well with other Health Workers. Early in the year the SPDC destroyed many rice fields and food has become more expensive. Most villagers are facing food shortages.



Landmine victim - 2007

Kler Lwee Htoo field requests treatment protocol handbooks for all health workers, the establishment of one Maternal and Child Health Centre at the border area, TBA training and the establishment of one more BP team in the field.

Thaton

Transporting the health supplies has been difficult this period, as some people who previously supported. People have not fled from their villages during these six months, even though they have been forced to porter, build the military posts and been subjected to threats and violence from the soldiers. Villagers are more willing to participate in health activities and share information. There are food shortages and food prices have increased in the area. Health Workers are feeling exhausted and stressed by their work. One BPHWT Health Worker was arrested by the SPDC on the 27th May, and the SPDC ordered his parents to supply them with a gun to secure his release. To date he has not been released.



Papun

The area has been very unstable due to joint military operations by the SPDC and the DKBA. The SPDC killed villagers from Yeh Mu Plaw and stole 39,000 kyat (3,300 baht) from them. In some villagers the SPDC stayed for five days and the villagers had to hide in the jungle. Transport of health supplies has been difficult, especially over the car roads, due to military operations. The BPHWT did not receive enough malaria medication to treat the high number of malaria patients and had to ask families to try to buy medicine from local shops. Four children died from malaria during this period. Sometimes SPDC military activity prevents Health Workers from staying in the village to care for patients. VHV could assist if they had treatment protocol guidelines. Villagers from three villages have not been able to work their farms and plagues of mice have destroyed rice stores, which has created food shortages.



.Papun field requests for an additional BPHWT team, more treatment protocol handbooks for Health Workers, further capacity building for Health Workers and a supply of health posters and 2008 calendars to be distributed.

Pa'an

In these six months the entire Pa'an area has been very unstable due to the wide-spread joint military activities of the SPDC and the DKBA. This has made transporting health supplies very difficult and only two BPHWT teams have been able to implement some of the activities scheduled. There was insufficient malaria medicine to treat the number of malaria patients, so they were advised to try to buy the medicine from local shops. In the next six months there will be severe food shortages, especially in BP Areas No 1 and No 2.

Pa'an field requests more malaria medication to treat the patients, and capacity building for Health Workers to better understand the concepts of program planning and implementation.

Dooplaya

Since January there has been increased SPDC military operation within the field, which has impacted on the transportation of health supplies and the implementation of some health activities. Some Health Workers have finished working for the BPHWT. The medics who replaced them have limited experience and need access to capacity building to improve their skills and, copies of the treatment protocol handbook to assist them. Many pregnant women do not have access to adequate nutrition and they have difficult labours and babies have low birth weights. Some TBAs have changed their practices, but others are still using traditional methods. Health Workers are also experiencing problems providing for their families and some have been injured whilst working in the field.

Dooplaya field requests access to capacity building for new Health Workers and more treatment protocol handbooks to be provided.

Kawkareik

Kawkareik has also been unstable due to the level of joint military operations by the SPDC and DKBA troops. Some villagers have fled across the Thai-Burma border and others are still hiding in the jungle as a result of attacks on villages. Villagers have been forced to carry food and rations for the soldiers through land mined areas. Health care supplies have had to be carried into the field in the night time, along secret paths to avoid the soldiers. This is very dangerous activity as the SPDC soldiers have laid additional land mines in the field. The health supplies for BP Areas No 1 and No 2 were found and stolen by the SPDC and they also destroyed all the data and reports. No TBA workshops were able to be held as they stole all the TBA supplies as well. The SPDC troops attacked an area where BPHWT were conducting a Field Workshop. Workers hid the health supplies in a cave and then fled into the jungle. The SPDC troops found the health supplies in the cave and took them all. The SPDC have committed many human rights abuses during this period: villager's rice and animals have been confiscated; rice fields have been burnt and vegetable gardens destroyed; five villagers have been shot; and landmines have been laid along village pathways. The field was not able to return any data this period.

Win Yee

This field has been relatively stable in the last six months, due to limited SPDC troop activity. However, there is no guarantee the field will remain stable. The majority of villagers are facing food shortages due to the poor farming conditions.



Mergue / Tavoy

A high level of SPDC military operations in the field during the six months delayed the transportation of health supplies. Two Health Workers were arrested by the SPDC and they are demanding villagers provide weapons to secure the release of the Health Workers. There were many patients with malaria and the teams did not have enough malaria medication to treat the patients, so they had to advise them to try to purchase medicine from the shops in SPDC controlled areas. Some patients have filariasis and they want to receive treatment. It is very expensive to refer patients to hospitals in this area. Some TBAs are afraid to have contact with the BPHWT because if they are caught with BP health supplies they will be in trouble. Some Health Workers are no longer working with the BPHWT and we need to improve the skill of the new Health Workers. All villagers in the five BP Areas are facing shortages of food, and to seek food near SPDC controlled areas is very dangerous as they risk being killed.



Mergue / Tavoy field is requesting additional malaria medication, filariasis treatment and access to capacity building for new Health Workers.

Mon (1)

Health supplies are easily transported into the field, except in the rainy season. There is a high demand for forced labour from the SPDC which affects villagers' ability to farm for food. Many villagers want injections to treat their conditions as they do not want to return to collect their medication because they are too busy either labouring for the SPDC or growing food. Health Workers need some capacity building in treatment and data collection.

Mon (1) field requests capacity building for Health Workers.

Mon (2)

This field is stable and health supplies are able to be transported easily, though it is a little more difficult in the rainy season. The health supplies were late arriving in the field and there was not enough medicine to treat all the patients.

Mon (2) requests more medicine, so they can treat all the patients who are sick.

Mon (3)

This field is stable and it is easy to transport health supplies. Villagers are able to farm and conduct economic enterprises.

Shan

There is instability in this area as many villagers are forced to labour for the SPDC, who also killed some of the villager's animals. Sometimes villagers flee to the jungle to hide from the SPDC. This all impacts on the ability of villagers to farm and there have been food shortages. At times it is difficult to transport the health supplies.



Lahu

This area is more stable than in the past however, the SPDC still come to the villages and demand to be given rice and animals. Some families are suffering from food shortages. Health Workers are interested in treating people with TB. *Lahu field is seeking suggestions on how to care for people with TB.*

B. Obstacles and Threats

Delivering health care in Burma continues to be a dangerous occupation due to hostile military activity of the SPDC and its armed allies and the prevalence of landmines. BPHWT Health Workers cannot move openly through many of their field areas, as they risk being captured, imprisoned or shot. Since its inception, seven BPHWT Health Workers have been killed while delivering health care. One Health Worker, imprisoned in Toungoo in 2005 and three Village Health Volunteers in 2006, remain in prison. In 2007 three more Health Workers were arrested, though they have now been released since the payment of fines. Transporting supplies continues to be difficult in some areas, with many fields requiring all supplies to be carried in by volunteers and Health Workers. SPDC military activity continues to disrupt the timely arrival of supplies into the fields. Supplies are always at risk of being stolen by the SPDC or being left behind in surprise attacks on villages, which affects the delivery of health care.

- BPHWT data quality continues to be affected by many issues including:

- Late return of data from the field due to hostile military activity
- Data sheets are stolen and destroyed by the SPDC
- Some Health Workers lose their data forms as they have to hide them when they are at risk of being captured and searched by the SPDC to prevent being arrested
- Many TBAs have low literary levels and are unable to complete pictogram data sheets

However, regardless of these threats in these first six months high levels of data were returned to the office. Only the Kawkareik field was unable to return any data.

Figure 1



A long-tail boat navigates rapids on the river - 2007



Supplies arrive in the field and are checked to ensure they have all been received - 2007

III. BPHWT ' s ACTIVITIES

BPHWT continues to deliver three main programs: Medical Care, Community Health Education Promotion, and Maternal and Child Health. Capacity building, health information and documentation and program management and evaluation continue to be integrated within these programs.

A. Medical Care Program (MCP)

The BPHWT continues to deliver medical care in the 17 field areas and in this period treated at least 39,456 cases. In these six months, the BPHWT also commenced a pilot program to conduct needs assessments in Arakan and Pa O areas in cooperation with local authorities. The six main diseases being treated by the BPHWT continue to be acute respiratory infections (mild and severe) 7,165 cases; malaria (presumptive and confirmed) 5,328 cases; anaemia 4,132 cases; worm infestation 3,872 cases; diarrhoea 2,465 cases and dysentery 1,750 cases. BPHWT also continues to treat war injuries and in this period treated 78 people for gun-shot wounds, three of them children under five years of age. This is consistent with the high level of hostile military activity reported in the Individual field reports. Teams also treated 14 people with landmine injuries.



Providing medical care through treatment of a land mine victim and treating malaria in Papun - 2007

Table 2: Number of Cases Treated by Condition and Age, Jan - Jun 07.

CONDITION	UNDER 5 YEARS	OVER 5 YEARS	TOTAL NUMBER OF CASES TREATED
Anaemia	844	3,288	4,132
ARI - Mild	1,757	3,592	5,349
ARI - Severe (Pneumonia)	582	1,234	1,816
Beri Beri	338	1,114	1,452
Diarrhoea	801	1,664	2,465
Dysentery	442	1,308	1,750
Injury - Gunshot	3	75	78
Injury - Landmine	1	13	14
Injury - Other	119	474	593
Injury - Old	29	233	262
Malaria - Presumptive	1,339	3,209	4,548
Malaria - confirmed with Paracheck	251	529	780
Measles	289	165	454
Meningitis	7	62	69
Suspected AIDS	6	22	28
Suspected TB	14	205	219
Worm Infestation	1,452	2,420	3,872
Other	1,713	9,862	11,575
TOTAL OF CASES TREATED	9,987	29,469	39,456

B. Community Health Education and Prevention Program (CHEPP)

The CHEPP has four components: Water and Sanitation; Community Health Education; School Health; and Nutrition.

Water and Sanitation:

In 2007, the majority of fields will implement the activities of the Water and Sanitation component in the second half of the year, due to the high level of hostile military activity during this period.

Cleaning environment Win-yea 2007



Community Health Education:

This component, through a variety of meetings, workshops, events, songs and documentaries provides people with knowledge about a range of health issues such as:

- Awareness and prevention of malaria, water-borne diseases, HIV/AIDS and bird flu
- Malnutrition, breastfeeding benefits and local foods high in essential nutrients
- Landmine awareness, risks and education

4,710 people attended Community Health Education Sessions during the first six months of 2007.

School Health:

Children receive hygiene education, training and basic supplies. As BPHWT programs are integrated, access to safe drinking water and latrines; nutritional supplements and de-worming medication; medical screening and treatment is also provided to schools and their pupils.

- **145 schools were visited**
- **469 teachers helped**
- **10,702 students participated**

12,694 children between the ages of 1 - 12 years received anti-helminthes



School health session - 2007

Nutrition

The BPHWT distributes Vitamin A and de-worming medication to children and, prenatal and postpartum women under the Nutrition component of CHEPP and in the Maternal and Child Health Program, to assist in preventing malnutrition. In the first half of 2007, at least 22,523 people have received preventative doses of Vitamin A, of whom at least 10,410 were post natal mothers and at least 12,113 were children, 12 years of age or younger.

Table 3: Preventative Vitamin A for Mothers and Children

NO	AREA	CHILDREN'S AGES				POST NATAL WOMEN	TOTALS
		0 - 6 months	6 - 12 months	1 - 6 Years	6 -12 Years		
1	Kayah	127	43	198	1,024	946	2,338
2	Kayan	69	61	180	214	307	831
3	Special Area	165	0	525	215	580	1,485
4	Toungoo	223	121	495	495	316	1,650
5	Kler Lwee Htoo	35	35	151	13	7	241
6	Thaton	100	93	186	731	721	1,831
7	Papun	125	66	206	924	1,174	2,495
8	Pa'an	0	0	0	62	984	1,046
9	Dooplaya	76	86	217	413	412	1,204
10	Kawkareik	N/A	N/A	N/A	N/A	N/A	N/A
11	Win Yee	12	11	40	216	1,239	1,518
12	Mergue / Tavoy	138	51	246	337	453	1,225
13	Mon (1)	24	16	76	166	173	455
14	Mon (2)	32	26	121	233	306	718
15	Mon (3)	74	74	237	1,913	2,476	4,774
16	Shan	30	42	60	87	135	354
17	Lahu	31	18	37	45	67	198
PILOT	Arakan	0	0	0	46	114	160
TOTALS		1,261	743	2,975	7,134	10,410	22,523



Implementing school health program in the fields - 2007

C. Mother and Child Health Care Program (MCHP)

The Maternal and Child Health Program is not currently delivered in Mon (1) and (2) field areas, though it is delivered in the Karenni area. During these six months 20 new TBAs have received their initial training. Fifty TBA Follow-up Workshops were held throughout the fields and 518 TBAs attended these Follow-up Workshops.

At least 1,774 babies were delivered during the first six months of 2007, though sadly 65 were still-births or abortions and 46 of these babies died during the neo-natal period. There were also 17 maternal deaths during this period. Only around fifty percent of MCHP data sheets that are sent to the field with the TBA supplies are returned, as many TBAs have low literacy levels and some are afraid to keep documentation in case they are caught by the SPDC. The Kawkareik field was not able to return data this six month period and the Lahu field did not return data about maternal and child births and deaths.

Table 5: Summary of Maternal and Child Births and Deaths, Jan - Jun 07

NO	AREA	TOTAL DELIVERIES	LIVE BIRTHS	STILLBIRTHS OR ABORTIONS	DEATHS	
					NEONATAL	MATERNAL
1	Kayah	167	166	1	1	1
2	Kayan	61	61	0	0	0
3	Special Area	This data is included in Kayan, Pa'an and Dooplaya fields.				
4	Toungoo	173	154	19	10	4
5	Kler Lwe Htoo	44	41	3	1	1
6	Thaton	213	203	11	7	5
7	Papun	192	185	10	12	2
8	Pa'an	113	108	6	3	0
9	Dooplaya	273	262	11	3	2
10	Kawkareik	N/A	N/A	N/A	N/A	N/A
11	Win Yee	161	161	0	3	0
12	Mergue / Tavoy	117	115	2	1	1
13	Mon (1)	There is no Maternal and Child Health Program established in this field to date.				
14	Mon (2)	There is no Maternal and Child Health Program established in this field to date.				
15	Mon(3)	79	79	0	0	0
16	Shan	134	133	2	5	1
17	Lahu	N/A	N/A	N/A	N/A	N/A
18	Karenni	47	47	0	0	0
TOTALS		1,774	1,715	65	46	17

Family planning activity data was not returned from the Toungoo, Papun and Kawkareik fields. Of the 1,007 women who received family planning assistance, more than 95 percent were over 20 years of age. The most popular family planning method is intramuscular Depo-Provera.

Table 6: Family Planning Activities, January to June 2007

NO	AREA	TOTAL NO CLIENTS	AGE		G/P			VISIT		CLIENTS FAMILY PLANNING METHOD			FAMILY PLANNING SUPPLIES		
			<20	>20	0	1-4	>4	NEW	FOLLOW UP	DEPO	PILL	CONDOM	DEPO (IM)	PILL (Pack)	CONDOM (Piece)
1	Kayah	110	1	109	0	67	43	107	3	67	28	20	101	121	186
2	Kayan	24	0	24	1	13	10	19	5	5	15	4	30	123	153
3	Special Area	18	1	17	0	16	2	7	11	18	0	0	36	0	0
4	Toungoo	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
5	Kler Lwee Htoo	10	0	10	0	10	0	7	3	2	4	2	4	24	112
6	Thaton	154	0	154	0	66	88	83	71	115	31	8	230	107	206
7	Papun	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
8	Pa'an	118	2	116	0	64	54	39	79	64	43	17	139	172	288
9	Dooplaya	74	1	73	0	48	26	63	11	46	25	3	90	138	90
10	Kawkareik	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
11	Win Yin	54	0	54	0	45	9	27	27	27	17	8	55	77	52
12	Mergue Tavoy	83	3	80	2	49	32	52	31	47	34	2	114	184	188
13	Mon (3)	192	18	172	20	151	21	168	24	132	60	0	136	132	0
14	Shan	112	10	102	27	82	3	52	60	57	60	23	100	289	302
15	Lahu	60	11	49	0	22	38	49	11	40	20	20	80	55	189
TOTAL		1,009	47	960	50	633	326	673	336	620	337	107	1,115	1,422	1,766

Table 7: Post Natal Distribution of Ferrous Sulphate

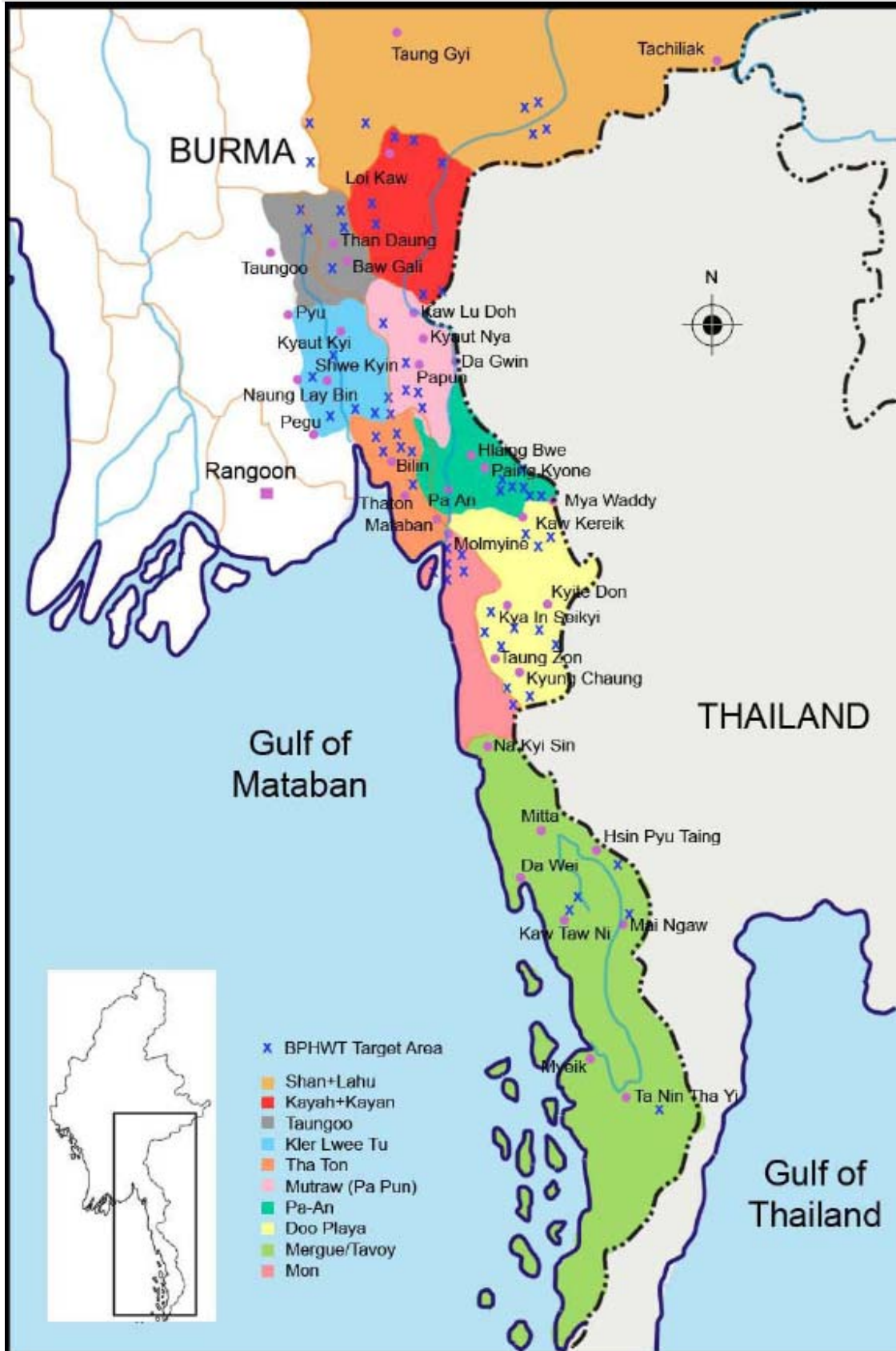
NO	AREA	NO OF PATIENTS
1	Kayah	149
2	Kayan	83
3	Special Area	66
4	Toungoo	173
5	Kler Lwe Htoo	41
6	Thaton	278
7	Papun	118
8	Pa'an	113
9	Dooplaya	185
10	Kawkareik	N/A
11	Win Yee	95
12	Megue/Tavoy	93
13	Mon (1)	No program
14	Mon (2)	No program
15	Mon(3)	140
16	Shan	133
17	Lahu	N/A
18	Karenni	47
TOTAL		1,714



Maternal health care - 2007



IV. MAP OF OPERATING AREAS



V. FINANCIAL REPORT from January to June -2007

ITEMS	INCOME	EXPENDITURE
At Beginning of the year from opening balance	1,489,884	
From /IP/CIDA – BRC	3,111,410	
From Golf Fund -BRC	910,744	
From SV	2,081,650	
From NCA- BRC	1,364,822	
From Mitweltz Netzwerk (Aye Nge)	60,000	
From iACT (Taiwan)	69,035	
From Stichting Groot Klimmendael	25,000	
Bank Interest	5,435	
From OSI	205,150	
From IRC	3,149,279	
Back Pack Medicine and Equipments		2,094,167
Back Pack Field Operation Supplies and Services		1,296,500
Maternal and Child Health Program (MCHP)		1,293,397
Health Information and Documentation (HID)		68,017
General Administration		509,450
Capacity Building Program (CBP)		128,505
Community Health Education and Prevention Program (CHEPP)		107,520
Program Management and Evaluation (PME)		1,076,178
Community Health Development Program (CHDP -Mon Area)		250,885
Total	12,472,409	6,824,619
Balance		5,647,790