



ကမ္ဘာတဝှမ်း မောင်မြတ်ဒီဂျစ်
ကော်မတီ
ပရေလီဖမောဒါဒြပ်ညးချူငမန်

MON RELIEF AND DEVELOPMENT COMMITTEE

MONTHLY REPORT

July

2006

Aim and Objectives of Mon Relief and Development Committee

Aim:

Provide temporary shelters, basic needs and development assistance to refugees and the displaced persons who become homeless and helpless situation due to the oppression of Rangoon military regimes in Mon territory along Thailand-Burma border.

Objectives:

1. To help the welfares of the refugees in border areas and IDPs who are displaced inside the country, with foods, shelter and possible protection.
2. To coordinate with local Mon people in developing the grassroots community in the fields of health, education, literacy, agriculture and other rural development projects.
3. To empower the local community for the participation of decision making processes for their own lives and communities.
4. To struggle for the human rights.

The Organization of Mon Relief and Development Committee

1. Nai Wongsa Pala	Chairman
2. Nai Kasauh Mon	Vice Chairman
3. Nai Win Tint	General Secretary
4. Nai Nyansatowl	Joint Secretary
5. Mi Seikyanda	Administrator
6. Mi Wing Ah Bloa	Member
6. Nai Chit Nyunt	Member
7. Nai Tay Jae	Member
8. Nai Glae	Member
9. Nai Lawi Ong	- Member

Monthly Report of Mon Relief and Development Committee (July 2006)

Shortage of Medicines and Health Problems in Resettlement Sites

In January 2006, after France medical NGO, Medians San Frontier (MSF) withdrew its programs from Mon refugee resettlement sites and IDP villages, it provided six months stocks for common medicines and drugs and nine months stock for medicines to treat malaria. After withdrawal of MSF, Mon National Health Committee (MNHC) has totally taken responsibility to take care the displaced persons in 9 Health Care Centers (4 hospitals and 5 clinics).

Over 20 communities have totally relied on these health care centers while over 20000 IDPs and returned refugees have access to these centers. 3 hospitals and 2 clinics were established in three Mon resettlement sites - Halockhani, Bee Ree and Tavoy - which has about 16 villages. The remaining 1 hospital and 3 clinics are established in IDPs villages and both former and newly arrived IDPs have relied on these health care centers.

MNHC leaders have expressed their serious concern on the current situation of shortage of medicines and health problems in resettlement sites and IDP communities. Especially Mon health workers are worrying epidemic of malaria and diarrhea when the beginning of rainy season in June and July.

Accordingly to the report from 9 Health Care Centers, the supervisors mentioned that in June 2006 those medical supplies would be in shortage by July for common used drugs and by September for anti-malarial drugs. As consequences, life-threatening diseases mainly **Malaria** will be the most serious one and morbidity and mortality of this case will be surely increased.

With a serious concern, MRDC learned the situation of a MNHC's operating clinic in Tadein village (in Pongkatar area of Three Pagoda Pass Sub-Township) and we founds some situation and health problems as below:

- Tadein have not only treat the patients from Tadein IDP village, but the patients from Mee-pran, Dae-kyaik, Apalon, Mae-salee, Take-cae, Tae-thone-lone and Klaw-pnaw also come and take treatment in this clinic. They are Mon, Karen and Lao-Shan ethnic people who live along top of Zami river. 2500-3000 IDPs totally relied on this hospital.

Accordingly to the medical report in June by Supervisor of the Hospital, about 100 patients suffered from MALARIA, 70 patients suffered from URTILRTI, and about 20% of all children in village suffered from worms. The hospital also reported that as the malaria in the epidemic situation, they have insufficient medicines to treat them, although MSF provided them the medicines until September.

- The structure of the hospital especially for child delivery room is narrow and it has only one room. The medical workers have difficulties during child delivery. The clinic has only 6 beds and sometimes the patients are too over-crowded in there.

Patient transfer to Thai hospital have problems, because the medical workers have to transfer to Palaing-Japan hospital. From that hospital they need to transfer into Thai hospital. It is a long way and take many hours in rainy season.

Besides the above-mentioned diseases, the IDPs are also suffered from other diseases in this area as below:

- o Gastritis/ Peptic Ulcer
- o Water Diarrhea
- o Dysentery
- o Malnutrition
- o Wound/ Cellulites/ Abscess
- o Skin diseases

- o UTI - Urinary Tract Infection
- o Dental problems
- o Eyes Problems
- o Anaemia
- o Hypertension
- o Abortion
- o Asthma/ Chronic Bronchitis

This is an example of situation and health problems in one clinic. All hospitals and clinics have faced the same problem and all of them have reported to MNHC that they have shortage of medicines and demanded to buy medicines for them. But New Mon State Party's Health Department has limited fund to support these hospitals and clinics.

MRDC founds it is a hard time for MNHC to solve this problems. Until now, they still a replacement of a Medical NGO in MSF.

THE REFUGEE POPULATION OF THE THREE RESETTLEMENT SITES
(July 2006)

No.	Camp	Number of Family	Over 5 years		Under 5 years		Total
			M	F	M	F	
1	Bee Ree	719	1657	1716	188	222	3783
2	Tavoy	560	1314	1341	157	167	2979
3	Halockhani	800	1992	1796	151	148	4087
3	Che-daik	209	427	457	74	90	1048
	TOTAL	2288	5390	5310	570	627	11897

THE MATERIALS RECEIVED
BY THE MON RELIEF AND DEVELOPMENT COMMITTEE
(July 2006)

No	Organization	Rice (Sack/100 kg.)	Fish Paste (kg.)	Salt (kg.)	Bean (Kg.)	Remark
	TBBC	-	-			
	TBBC (for Halockhani)					
	TOTAL	-	-			

