

SUPPORT

Medicine delivery to Hlaingbwe and Myawaddy

March 2018



Overview

Background: Positive changes occurred for Karen minorities in Burma since the Nationwide Ceasefire Agreement in 2012. However, many people in Karen State are still facing challenges in accessing healthcare.

Project: Two medication deliveries to rural clinics in Hlaingbwe Township and Myawaddy Township, Karen State, Burma. The first delivery was to Ler Per Her Clinic and Htee Ka Haw Clinic on the 14th of January 2018, and the second delivery was to Ker Gaw Clinic on the 23rd of March 2018.

Aim: Supporting rural clinics in Hlaingbwe Township and Myawaddy Township to provide primary healthcare treatment to their patients.

Beneficiaries: Ler Per Her Clinic, which is responsible for four clinics in Hlaingbwe, looks after 1,680 households with a total population of 10,207 villagers. Ker Gaw Clinic looks after 980 household with a total of 4,490 villagers.



Introduction

Burma has made a tremendous transition towards peace building since the Nationwide Ceasefire Agreement in 2012.¹ Multiple ethnic armed groups, including the Karen National Union (KNU), signed this agreement, which has led to less military conflicts within Karen State, Burma. As a result, Karen people are able to travel and work more freely.² Although these changes positively influenced the lives of Karen people, many people in Karen State are still facing challenges in accessing healthcare. In response to this issue, the Burma Children Medical Fund (BCMF) collaborates with local healthcare providers to make medical treatment accessible for the people in need. In addition to this, BCMF supports health clinics in remote areas of Karen State, by delivering medication to the clinics. Apart from regular donations by BCMF, a previous BCMF volunteer, Xiu Ping Lim, set up a fundraising project during her stay at BCMF. A total of 6,595 SGD has been raised, which has contributed greatly to the people in Burma that are desperately in need of healthcare aid.



Medication delivery

Due to the fundraising project, BCMF was able to purchase a great amount of various medicines, such as paracetamol, oral and intravenous medication and medical supplies, at a local pharmacy in Mae Sot, Thailand. Subsequently, BCMF organised two trips to the rural clinics in Hlaingbwe Township and Myawaddy Township, Karen State, Burma.

On the 14th of January 2018, the BCMF team gathered around 7am at the old Mae Tao Clinic in Mae Sot to start their trip. After a two-hour drive, the team arrived at the Moi river, across from Ler Per Her. As the path down to the river is not accessible by car, all the medication was carried down by the BCMF team and villagers. Subsequently, all the supplies were loaded into long-tail boats, transported across the river, and brought into Ler Per Her Clinic. Apart from the medication delivery, the team was able to inspect the new medical store room building, which was fully funded by BCMF. This building was established to store medication, which are distributed later to other clinics in the area. Furthermore, the medics and community health workers use the room to treat patients and organise meetings, while patients are also able to sleep in the building when they are waiting to be referred to other hospitals in Thailand.

At the Ler Per Her clinic, BCMF came across a patient that suffered from oedema in his leg. According to the patient, the excessive amount of water in his leg occurred after a landmine injury. He applied traditional herbal medicine to relief the pain, and BCMF offered to take him back with them to Mae Tao Clinic so that he could receive medical assistance. However, his family insisted that he stay in Ler Per Her, and the team went back to Mae Sot without him. Although the two patients were not able to receive medical assistance that day, hundreds of patients will receive treatment due to proper care at the clinics, appropriate medication, and referral of emergency cases to BCMF.

The second trip was on the 23rd of March 2018, where the team delivered medication at Ker Gaw Clinic in Myawaddy Township. Although the clinic looks over nearly 4,500 people from the four surrounding villages, people from other villages started to come to Ker Gaw Clinic as well. This is due to inadequate medication supplies of other clinics and the faith that people have in Ker Gaw Clinic's medics. Head medic Khiang Soe stated that the clinic receives money from a German organisation to purchase medical supplies and provide a stipend for the staff. However, sometimes the medication is too expensive, and the staff is not able to receive the stipend. Therefore, the BCMF medication delivery will both help the patients and staff greatly.





Interviews

In order to get a better understanding concerning healthcare and medication access in rural Karen State, BCMF conducted an interview with Saw Eh Nge. He is the medic in charge of Ler Per Her Clinic, and looks after three more village clinics in the Ler Per Her area, including Htee Ka Haw, Klay Poe Klo, and Htee Per.

“One of my tasks include communicating to village heads to determine the health status of the villages and to check if there are any patients. If there are, I will arrange transportation for the patients to bring them to one of the clinics. Also, I carry out need assessment for the four health clinics to identify what the medics require to operate successfully, such as more medication, and solar panel systems. Furthermore, I am overseeing patients that come to the clinic. Skin diseases are the most common, such as scabies, ringworm, and allergic reactions due to touching poisonous plants. Many of our patients are also suffering from upper respiratory tract infections, such as common colds and bad coughs, as well as lower respiratory tract infections, such as pneumonia and bronchitis. Lastly, we see a lot of gastrointestinal cases, where the patients suffer from severe diarrhoea and dysentery.”

“Communicating with other clinics and villages is sometimes an issue. We use mobile phones, but also walkie talkies, as some villages don’t have a proper signal. In worst case, the walkie talkies are not working as well, thus, we have to contact a neighbouring village to send a

messenger to contact the village we need to be in touch with. Providing adequate healthcare to our patients due to the lack of medication supplies is another problem that we face. Sometimes, certain medicine runs out faster than expected, due to a sudden increase in demand. As a result, we don’t always have the medication that we need right away, and then we cannot help our patients immediately. Therefore, this medication delivery is really helpful, and I hope that other organisations can help us as well in the future.”

Another interview was held with Day Wah, the midwife assistant at Ker Gaw Clinic. Currently, she is interning at BCMF to improve her medical knowledge and professional skills. During the interview, Day Wah talked about her background and the difficulties she encountered at Ker Gaw Clinic.

“I started working at Ker Gaw Clinic in 2013 because I wanted to help the people in my village. My tasks are to obtain health information from pregnant women, ask how far along they are in their pregnancy, check for vital signs, and examine people by using the ultrasound equipment. One of the difficulties that we see at Ker Gaw Clinic are the insufficient financial resources. If we have to refer a patient to another clinic, it is difficult to get the patient there as we do not have money to pay for the transportation. The patient often does not have enough money either to pay for it. Also, the budget is not big enough to pay the staff. Therefore, we just receive a small stipend, which is not the same [amount] every month, as it depends how much money is left from the budget. Another issue that we face is the lack of adequate medication supplies. Sometimes the medication runs out, so we cannot help the patient. In that case, we refer the patient to another clinic or the patient has to wait till we get more medication.”





Conclusion

Burma still has to overcome tremendous challenges concerning stability, economy, and healthcare. Many poor rural ethnic minorities are struggling with accessing healthcare and receiving proper treatment. Although some small clinics have been established in these areas, due to poor infrastructure access still remains an issue. Furthermore, insufficient medication supplies result in less efficient medical assistance. Therefore, BCMF continues to support these clinics, by creating access to healthcare for people in need.

Acknowledgement

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References

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2. Thawnghmung AM. Signs of life Myanmar's nationwide ceasefire agreement? Finding a way forward. *Critical Asian Studies* 2017;49(3):379-395.



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