



DARE Network 2009 Annual Report



*A Free Mind
Cannot Be Destroyed*

- ♦ **WHO WE ARE**
- ♦ **Our Mission:**
- ♦ DARE Network is a grassroots national NGO. DARE Network provides culturally appropriate non-medical treatment and prevention education to reduce substance abuse and associated social problems within the communities of the displaced ethnic people from Burma, along the Thai/Burma border.
- ♦ **Our Vision:**
- ♦ DARE Network envisions the strength of ethnic people from Burma to use the power of recovery from addiction as a non-violent means to freedom.



- ◆ **DARE Network is the first and remains the only organization that comprehensively addresses substance abuse within the refugee and migrant populations along the Thai/Burmese border.**
- ◆ The military government of Burma is one of the largest producers of opium, heroin and methamphetamines in the world. The production of these substances not only fuels the economy but also enables to government to work systematically to eliminate the ethnic peoples of Burma.
- ◆ The military government of Burma, also, aggressively promotes an agenda that inflicts murder, violence, forced labor, and rape on its people while limiting opportunities for education and employment. To cope with the daily traumas, poverty and extreme losses, many people have become substance dependent.
- ◆ **History**
- ◆ In 2000, after witnessing the atrocities committed against the ethnic people of Burma and the subsequent social problems associated with alcohol and drug dependence along the Thai/Burma Border, a Canadian Addiction Recovery specialist and the leaders of local ethnic groups, felt compelled to make a change in the situation. Together they developed a plan to address the growing problem of substance abuse within the displaced ethnic communities of Burma.



- ◆ **Long time recovery client (from 2009 evaluation)**
- ◆ I start to use because my parent are believe in tradition way and when I was growled I start working in the farm and try to prevent insect bite and also for medicine (Alcohol for culture and tobacco for prevent insect). And after that I use over and become addicted. When I hear addiction knowledge from workers and understand know they are not useful for my life. When I see DARE treatment centre with my eye and I decided to stop and go to treatment centre for my addiction. The experiences that I get from treatment centre during I stay are at the beginning very bad for me when the beginning of detox part. But after a while I feel better. In the treatment centre I get Acudetox, herbal medicines and education about addiction and how to prevent our self to stay free from using. When I back to community I face with my old friends come and visit but I can stay free. I don't have problem with using because I make very strong decision for my life and plan to share addiction knowledge that I get from DARE to my children and my new generation. I want to say other people that drug/ alcohol can destroy your life in the world.



- ◆ **Family**

- ◆ At the beginning your uncle is believe in the traditional way the same as his parent and using alcohol. But later he use alcohol not in the traditional way and abusing till he marriage with me. When I notice that his health condition is become not good and I encourage him and talk to him for to stop using. Finally he accepts my suggestion and go to DARE Treatment centre. When he stay we feel very happy for him. Till now he never use it again and try to make happy family for us.



- ◆ Short time relapse client
- ◆ Since I was inside Burma and young I start to use alcohol. First I used alcohol by social relationship. After that I become long time user. I come to treatment centre because of I think the treatment will help my addiction and my disease. In the centre all the workers treat me the best they can as their treatment program. When I back to community I face with many pressure and meet with my old friends. They ask me to drink and I am also not ready to leave so I start to use again. I can't pass them because of I want to let myself and follow my mind. For the future I planned to try reduce using and stop again and to build peaceful family. I want to give message to community that every body to live in a good way.



- ◆ **Background Environment of and Purpose of the Program**
- ◆ Historically the extent of drug use in the South East Asia (SEA) region is well known among the international community, particularly with respect to the “Golden Triangle” region where China, Burma and Laos intersect. The drug trade is central to Burma’s economy as it is one of the biggest producers of opium, heroin and methamphetamines in the world.
- ◆ *Estimates of addiction rates in the ethnic areas of Burma range from 40 – 85% of the total population. The reasons for these high addiction rates are based in the social and economic systems of Burma. More influential is life under a military dictatorship that promotes drug trafficking and inflicts trauma, violence, forced labour, rape, racism and poverty on its people. Drugs and alcohol are available cheaply and readily. HIV/AIDS education has only recently been introduced and then usually only in urban settings or refugee camps. Mental health issues include depression, posttraumatic stress disorder and dissociative disorders continue to be seen in refugee camps and communities on the border. The future generations of people of Burma are becoming illiterate, traumatized and addicted.*



- ◆ **2009 Annual Report Summary**
- ◆ Number of DARE Network Addiction Workers as of December 2009: **58 workers**
- ◆ Number of Treated Clients in 2009: **294 plus their family members – 69.7% Non-relapse**
- ◆ Number of Community people who stopped using outside of DARE Treatment: **114 people**
- ◆ Number of Treated Clients 2002-2008: **Over 716 clients - 53% non-relapse**
- ◆ Number of DARE for All Volunteers: **353 Teens, Women and Men**
- ◆ Number people attending Prevention Education: **14,784 people**
- ◆ Number of Home Visits: **10,958**



- ◆ **Some pertinent facts**
- ◆ The refugee camps have existed on the border for over 25 years. The situation in Burma has not changed in this time and more recently has intensified in terms of human rights abuses and attacks on civilians.
- ◆ The International Donors continue to pressure the Royal Thai government to open the camps so that the residents can work and become more self-supporting. This continues to be resisted and expected to take a number of years. The current world-wide economic slump has resulted in reduced resources to DARE and all other CBOs/NGOs on the Thai/Burma Border.
- ◆ The UNHCR Initiative of resettlement to 3rd countries has benefited some 40,000 refugees but the best and the brightest have left leaving camp organizations and systems struggling to keep up to the needs of those left behind and large numbers of new arrivals from Burma.



- ◆ **CORE CHALLENGES FOR DARE**

- ◆ 2011 will mark DARE Network's 10th Anniversary as the only organization providing comprehensive addiction services on the Thai/Burma Border. Addiction work is under-resourced all over the world and no less so on the Burma Border. In development addiction work does not fit into traditional sectors of Health, Education, Livelihoods or Environment. Therefore funding is difficult to achieve in a stable on-going manner. A lot of energy goes into seeking small, short-term funding and DARE needs stable on-going funding to improve its effectiveness to benefit the communities it serves. Unlike, Addiction Workers in the west, DARE Addiction Workers face pressures and danger from drug dealers and corrupt officials every day. They are heroes in their communities.



- ◆ **DARE currently operates its services in 7 refugee camps and 1 migrant areas on the Thailand/Burma border. This represents a target population of over 150,000 people in the camps and approximately another 50,000 outside the camps in the same areas.**
- ◆ **In our ninth year of working with local ethnic communities** our commitment is to build addiction awareness and to develop collaborative, culturally appropriate resources to address the challenges of addiction along the Thai/Burma border, we have identified a number of key elements that are essential in building, implementing, and sustaining successful community-owned addiction programs for refugees, displaced and resettled people of Burma.
- ◆ **DARE takes a Human Rights approach to Addiction.** The root cause of addiction in the target population is the on-going policies of the Burmese Regime. By reducing addiction in the ethnic populations the people have a peaceful means to resist suppression and total control. A free mind cannot be destroyed.
- ◆ **DARE has become increasingly aware that the greatest need for its services is among young people.** Because many refugees are life-long residents of camps and education is limited, young people are bored, frustrated, depressed and angry. The prevention and abuse of alcohol and drugs is by this population is a priority.



- ◆ **DARE proposes over the next 3 years to:**
- ◆ Continue to train Addiction Workers to recover from staff losses due to UNHCR resettlement program
- ◆ Increase and improve Alcohol Prevention Education training and implementation in the target communities especially to young people.
- ◆ Increase Day (outpatient) Programs to provide addiction people to more people including more women
- ◆ Further develop DARE Teenagers for Kids Program to address substance abuse in youth and prevent it in children
- ◆ Continue DARE's community-based Family Program DARE for All Programs working particular to expand its violence prevention program Men Working With Men for Happy Families in coordination with CBOs.
- ◆ Increase the resources and capacity for DARE staff to improve their
- ◆ work for the refugees and displaced people remaining in the camps and on the border
- ◆ **To meet these challenges DARE needs to increase its core staff; infrastructure; training inputs including international expertise as DARE deems appropriate; food for training, treatment and camp staff; transportation and travel resources; printed and media resources; capacity building for its local staff**

DARE NETWORK Teams are set up in different ways in each community to implement activities. Each community is at a dissimilar stage of development according to when they were trained and when they began to implement their activities. Each community's environment is slightly different, with the biggest factors being the level of freedom of movement and availability of resources.

Number of Workers at time of Evaluation (December 2009)

Community	AW**		CAW**		Total
	Male	Female	Male	Female	
Karenni 1	0	0	0	0	0
Karenni 2	2	0	1	0	3
Mae La Oon	5	2	2	1	10
Mae Ra Ma Laung	4	3	2	1	10
Mae La	5	2	0	0	7
Umpeium	5	0	0	2	7
Noh Po	2	4	2	2	10
Tham Him	0	0	0	0	0
Ban Don Yang	2	3	3	1	9
Migrant	0	0	2	0	2
Total	25	14	12	7	58

Note: Karenni Site 1 we stop operation on June 2009 and Tham Him camp on February 2009.** AW=Addiction Workers trained to treat clients and assist in community.*** CAW=Community Addiction Workers trained for DARE for All community programs



- ◆ **TRAINING**

- ◆ Training is an on-going activity of DARE Network as we have the capacity to replicate programming, increase worker numbers, replace resettled workers and introduce new programming such as DARE for All Family Program and Relapse Prevention. In addition DARE Information Exchange Workshop gives advanced training and the opportunity for workers to share their community experiences across ethnic groups and situations in a common location.
- ◆ **Addiction Workers:** trained 6 months to treat addicts in their community and to do prevention education and community coordination. The communities who were first trained will complete training of additional Addiction Workers. This is an ongoing activity according to the treatment and social needs of the community. The effect of this is to strengthen the working teams in the communities and to prevent attrition and loss of human resources. It also looks to the future when these teams may disperse. The more trained workers there are the more likely the programming can survive inside the workers' states inside Burma.

♦ **CAPACITY BUILDING**

- ♦ DARE Network needs 9 Core Local Staff including Program Coordinator, Administrator, Program Assistant, 3 DARE Trainers, Accountant assistant, Thai Liaison Officer and part-time international Capacity Advisor/Addiction Trainer.
- ♦ DARE Core Staff has improved their capacity to design and implement programming, train workers, coordinate all DARE Teams, manage all the day to day finances, evaluations, monitoring, report writing, computer technology, addiction materials development, testing, publication and distribution. Local DARE Staff have begun proposal writing and applied to selected funders for grants. More resources are needed to increase Human Resources
- ♦ DARE STAFF undertook its **Annual Internal Evaluation** in December 2009. 2008 **Annual Report** is available at www.darenetwork.com
- ♦ DARE Staff manages all the day to day financial accounting and reporting and organizes an **Annual Financial Audit** in accordance with the General Accounting Principals. DARE Staff takes pride in its accountability and financial transparency.
- ♦ The staff's challenges continue to be lack of resources to effectively challenge addiction problems over the broad area of DARE's base due to security, lack of reliable communication media and staff.

♦ **DARE VOLUNTEER TEAMS**

- ♦ Within the DARE Community, teams of volunteers who are given basic addiction education assist the DARE Workers. The volunteers help with prevention education, client support, and family support and community coordination. These volunteers are teachers, religious leaders, camp committee members, village leaders and other interested people

No	Community	Male	Female	Total
1	Karenni Site 1	0	0	0
2	Mae La Oon camp	3	2	5
3	Mae Ra Ma Luang	3	2	5
4	Mae La camp	0	0	0
5	Umpieum camp	0	0	0
6	Noh Po camp	0	0	0
7	Tham Him camp	0	0	0
8	Don Yang camp	13	8	21
9	Migrant(Propra area)	10	11	21
	Total Volunteer Members	29	23	52



- ◆ **Prevention Education** is the most stable and easiest activity to implement. It can be done directly by the DARE NETWORK Team in each community as they determine what is most effective according to their culture and organizational set up. Further direction is needed for Prevention Education by the DARE NETWORK staff and the activities need to be supported with appropriate resources.

PREVENTION EDUCATION JANUARY TO DECEMBER 2009

Community	To whom	Time	Male	Female	Total
Karenni 1	School(high, primary), Section leaders, General public, KNWO, Clients, DARE Team	10	305	415	720
Karenni Site 2	School(high, primary), Section leaders, General public, KNWO, Clients, DARE Team	28	610	598	1208
Mae La Oon camp	School(high, middle, primary, adult school, special school), Section leaders , KYO, KWO, Camp security people, clients, DARE Team, General public	27	791	993	1784
Mae Ra Ma Laung camp	School(high, primary), Section leaders, ,KYO, KWO, Camp security people, Clients, DARE Team, General public	29	1883	2177	4060
Mae La camp	School(high, middle, primary, adult school, special school), Section leaders, General public, KYO, KWO, Camp security people, Clients and their family member, DARE Team	31	575	691	1266
Umpeium camp	School(high, primary), Section leaders, General public, KYO, KWO, Clients and their family member, DARE Team	23	591	869	1460
Noh Po camp	School(high, primary), Section leaders, General public, KYO, KWO, clients and their family member,DARE Team	36	903	988	1891
Tham Him camp	Students, Camp leaders, Section leaders, KYO,KWO, General public, DARE Team	0	0	0	0
Ban Don Yang camp	Students, Camp leaders, Section leaders, KYO,KWO, General public, DARE Team	38	666	912	1578
Migrant	Migrant community and school	12	419	398	817
	Total	234	6743	8041	14784



- ◆ **Treatment of drug addicts and alcoholics** is at the core of the DARE NETWORK Program. Treatment is non-medical using Burmese herbal medicines, acupuncture, herbal sauna and traditional massage, as well as a variety of culturally appropriate therapies. HIV/AIDS Education and harm-reduction planning is part of the treatment process. Treatment activities require materials and resources to ensure that the Addiction Workers can offer on-going, on-demand services in coordination with their community leaders and organizations. DARE NETWORK Staff will monitor treatment activities and provide necessary resources as needed to ensure there is no gap in these services.
- ◆ **Relapse prevention** has been developed, designed and implemented in each community. The activities that surround this are further training workshops. Community planning for vocational, spiritual, physical health, peer support for recovering addicts. Key trainers, health care, vocational and spiritual leaders need resources as well as the DARE NETWORK Team members from each community so that they can participate with the recovering person in the process. It is necessary to involve as much of the community as possible by supporting community based activities that contribute to relapse prevention but also benefit the whole community. This is especially true where the community members are subsisting and have no time to devote to addiction recovery activities. The relapse prevention activities will be connected to each community's needs. These needs will be determined by the evaluation in each community.

- ♦ HOME VISITS PROVIDE EDUCATION, ASSESSMENT AND INFORMATION ABOUT TREATMENT TO PROSPECTIVE CLIENTS AND THEIR FAMILIES

Number of home visits made in 2009

Community	Houses	Male	Female	Total
Karenni Site 1	89	128	153	281
Karenni Site 2	210	380	410	790
Mae La Oon camp	465	1053	1079	2132
Mae Ra Ma Laung camp	42	70	73	143
Mae La camp	177	500	460	960
Umpeium camp	710	666	724	1390
Noh Po camp	1048	1856	1967	3823
Ban Don Yang camp	345	261	378	639
Tham Him camp	0	0	0	0
Migrant	0	0	0	0
Total	3086	4914	5244	10158



- ◆ **RECOVERY AND RELAPSE**
- ◆ **DARE Network has treated over 1000 refugee clients and their families**
- ◆ DARE follows their recovering clients throughout the years. This is relatively easy to do as many of the clients are confined to refugee camps. Some clients have left for 3rd countries, some have died of other diseases and some went back to Burma but most have remained on the border. **DARE has an impressive non-relapse success rate of 53% over 6 years. (see annual reports) Almost double rates of developed countries.**
- ◆ www.darenetwork.com

- ◆ **Referral to Treatment:** Most of our clients are self-referred or in coordination with their families.
- ◆ **COMMUNITY COORDINATED INTERVENTIONS** DARE has started a pilot project to work with camp leadership to develop a community intervention for alcoholics and addicts who remain in denial and cause violence, public disturbance or theft to obtain addictive substances. Training and development is completed and has begun to be implemented. Camp committees, security and Section Leaders now work with DARE to send people voluntarily to treatment rather than traditional punishment.

Type of referral to treatment

Community	Self	Family	Leader&CCT
Karenni Site 1	12	0	0
Karenni Site 2	3	0	0
Mae La Oon	36	8	2
Mae Ra Ma Laung	2	11	22
Mae La	3	5	6
Umpieum	4	17	26
Noh Po	98	3	0
Tham Him	0	0	0
Don Yang	19	13	4
All Total	177	57	60

Number of clients treated in Addiction Treatment Centre for *Residential Treatment* this year 2009

Community	Male	Female	Teenager	Total
Karenni Site 1	2	0	0	2
Karenni Site 2	-	-	-	0
Mae La Oon	18	0	28	46
Mae Ra Ma Laung	16	0	19	35
Mae La	11	2	1	14
Umpieum	0	0	0	0
Noh Po	0	0	0	0
Tham Him	0	0	0	0
Don Yang	1	0	3	4
All Total	48	2	51	101

Clients treated in Addiction Treatment Centre for *Non-Residential (Day) Treatment* 2009

Community	Male	Female	Teenager	Total
Karenni Site 1	7	3	0	10
Karenni Site 2	3	0	0	3
Mae La Oon	0	0	0	0
Mae Ra Ma Laung	0	0	0	0
Mae La	0	0	0	0
Umpieum	45	1	1	47
Noh Po	51	16	34	101
Tham Him	0	0	0	0
Don Yang	12	8	12	32
All Total	118	28	47	193

- ◆ Total clients treated: 294

Residential Treatment Recovery and Relapse 2009

No	Teams	Total Clients	Recovery	Relapse	Recovery %
1	Karenni # 1	2	1	1	50%
2	Karenni #2	0	0	0	0%
2	Mae La Oo	46	20	26	43.5%
3	Mae Ra Ma Luang	35	28	7	80%
4	Mae La	14	9	5	64%
5	Umphieum	0	0	0	0%
6	Noh Po	0	0	0	0%
7	Tham Him	0	0	0	0%
8	Don Yang	0	0	0	0%
	Overall Total	97	58	39	59.8%

Non-Residential (Day) Treatment Recovery and Relapse 2009

No	Teams	Total Clients	Recovery	Relapse	Recovery %
1	Karenni # 1	10	5	5	50%
2	Karenni # 2	3	3	0	100%
2	Mae La Oo	0	0	0	0%
3	Mae Ra Ma Luang	0	0	0	0%
4	Mae La	0	0	0	0%
5	Umphieum	47	34	13	72%
6	Noh Po	101	81	20	80%
7	Tham Him	0	0	0	0%
8	Don Yang	36	24	12	66%
	Overall Total	197	147	50	74.6%

All clients recovery percentage in 2009

No	Teams	Total Clients	Recovery	Relapse	Recovery %
1	Karenni # 1	12	6	6	50%
2	Karenni # 2	3	3	0	100%
2	Mae La Oo	46	20	26	43.5%
3	Mae Ra Ma Luang	35	28	7	80%
4	Mae La	14	9	5	64%
5	Umphieum	47	34	13	72%
6	Noh Po	101	81	20	80%
7	Tham Him	0	0	0	0%
8	Don Yang	36	24	12	66%
	Overall Total	294	205	89	69.7%

2009 Clients follow up

January to December 2009 for drugfree and relapse during (12) months

Total Clients	Recovery Clients	Relapse Clients	Dead Clients	Resettlement Clients	Back to Burma
294	205	89	0	7	4

- ♦ Total Non-relapse for 2009 69.7%

- ♦ **2009 Community Members who stopped without DARE Treatment as a result of the following interventions.**

Community	1	2	3	4	5	6	7	8	9	10	Total
By DARE Education	-	3	11	-	1	8	4	-	4	2	33
By their health problems	-	-	12	-	5	5	4	-	2	2	30
By health problems and DARE education	-	-	1	3	3	1	-	-	3	-	11
By family pressure and income	-	-	5	2	4	5	8	-	3	4	31
By religion	-	-	-	1	-	4	-	-	-	-	5
By resettlement issues	-	-	-	-	-	-	2	-	1	-	3
By community	-	-	-	-	-	1	-	-	-	-	1
Total	-	3	29	6	13	24	18	-	15	8	114

* Note. We know from their self, their family, friends, neighbour, leaders and other organization staff

- ♦ **TREATMENT RESULTS** From 2002-2008 our results were easy to obtain as refugee clients of DARE were confined to the refugee camps so it was possible to follow them at all times. Now due to resettlement of many refugee clients, our future results will be based on clients who are not resettled. We can only report on the status of a resettling client at the time of her/his departure for a 3rd country.

Overall Figures from 2002 to 2008

Total clients (716) Male (616) Female (76) Teens (24)

Total Clients	Total Clients Followed	Recovery Clients	Relapse Clients	Recovery Rate of followed clients
716	572	306	266	53%

2002-2008 Resettlement Clients		Dead Clients	Back to Burma	
Total Recovered	29	1	17	47 - 33%
Relapse	68	11	18	97 - 67%

DARE for ALL COMMUNITY PROGRAMS

The objectives of DARE for All include:

- ♦ To work with refugee families to move from the disempowerment of addiction to prevention education for children and youth, and family reconciliation through treatment and relapse prevention for the addict and his/her family.
- ♦ To support women and children through addiction education and protection of families who live with addiction.
- ♦ To reduce domestic violence through treatment of perpetrators and education of women, children and youth.
- ♦ To develop family directed community support and relapse prevention.

ACTIVITIES INCLUDE:

- ♦ **Support groups for women and addiction education** to women and other's living with addicts, set up in the community by DARE Workers, further developed and eventually run by Women and concerned friends.
- ♦ **"Teens for Kids"** program including teenagers at risk for addiction to work with children both in and outside the school system using sports and art as a basis for mentoring children about substance abuse prevention.
- ♦ Continued education for addicts including **gender based violence education** and rehabilitation modules.
- ♦ Support groups set up for perpetrators of family violence by men trained by DARE Workers for this purpose. Named **Men Working with Men for Happy Families** it engages male role models in the community to educate other men about their role in Gender Based violence.



DARE for ALL COMMUNITY PROGRAMS (con't)

ACTIVITIES

- ♦ **Help Your Neighbour** campaign is directed to families of addicts who are in treatment to help them with food, shelter, childcare and other social needs. Neighbour of the Month Award system implemented to recognize volunteerism and the return to a cooperative culture lost in the refugee setting.
- ♦ Introduce and implement **treatment for families**. Women, children and men may all be addicted in one family. By providing treatment for complete families, longer-term recovery has a good chance of success.
- ♦ **Treatment for women** program as a day or residential program according to home and childcare needs.
- ♦ Follow up on a **Community Coordinated Intervention** program within camp structure in coordination with the Camp Committee, Section Leaders, Security and Camp Justice system. This is a community-designed alternative to the former drug court, which has been revised to be compatible with community norms. The purpose is to reduce family violence and to treat problematic addicts, who do not initially volunteer for the program.

- ♦ The DARE for All Community Program involved 353 volunteers in 2009. These groups reached out 1000s of people in each of their communities.

DARE FOR ALL Family Program members.

Community	Men group	Women group	(M) Teenagers	(F) Teenagers
Karenni Site 1	-	-	-	-
Karenni Site 2	-	-	-	-
Mae La Oon	8	8	14	16
Mae Ra Ma Laung	5	5	25	15
Mae La	-	-	13	22
Umpieum	-	-	15	12
Noh Po	49	15	48	25
Tham Him	-	-	-	-
Don Yang	10	12	15	21
Total	72	40	130	111

Note. - Karenni Site 2 and Migrant Worker not start DARE FOR ALL Family Program yet.
 - Karenni Site 1 we stop operation on June 2009 and Tham Him camp on February 2009.
 - Many of teenager are resettlement to third country.

- Over the years, DARE has worked with a network of ethnic organizations involved in education, health education and social education of their people has developed with the purpose of carrying out the aims and objectives of the DARE NETWORK Programs. Some of these organizations currently have representation on the DARE NETWORK Program Advisory Board, which help facilitate the implementation of the program in their ethnic areas. Members of this network of associates include but are not limited to:

Community	CBOs/ NGOs
Karenni site 2	Camp committee, section leader
Mae La Oon Camp	KWO, KYO, Camp Leaders, Teacher, Camp Education Department, Camp Health Department, Security, KSNG, COERR, PPAT, CPC, GBV, MI, SVA, ZOA
Mae Ra Ma Luang Camp	KWO, KYO, Camp committee, Security, Teacher, KSNG, COERR, PPAT, CPC, SGBV, MI, ZOA,SE, CAN, VT, KESAN
Mae La Camp	Teacher, CPC, AMI, VCT, KWO, Section leader, HI, SGBV
Umpieum Camp	Camp committee, Section leader, AMI, PPAT, ARC, KWO, KYO, HI, COERR, GBV, ZOA
Noh Po Camp	AMI, ARC, RPT, COERR, ARC (GBV) ZOA, KYO, KWO KSNG, Camp committee, Section leader, Security, HI, Local Thai authority
Don Yang Camp	Camp committee, Section and zone leader, ZOA, ARC SGBV, CPC, KWO, KYO, COERR, CHE, TBBC
Migrant (Propra area)	BMA, IRC education, JACBA, HREIB, FTUB, LAC and Thai local public health



MONITORING AND EVALUATION

DARE Core Staff will monitor and evaluate the program. Monitoring will be on going as a part of accountability processes and problem solving and will be carried out monthly and as needed. DARE engages in an internal evaluation on an annual basis at the end of each year. The results of this evaluation are used for future planning and our annual report. Donors are welcome to monitor and evaluate in cooperation with DARE staff.



- ♦ **OTHER ASSOCIATES**
 - ♦ Chiang Mai and Worldwide Services
 - ♦ Committee of Concern for Services for Displaced Persons of Thailand (CCSDPT)
 - ♦ Burma Border Project – Harvard University members
 - ♦ Centre for Addiction and Mental Health Toronto – Addiction trainers and Technical Advisor
 - ♦ Thailand Public Health (local offices)
 - ♦ International NGOs
 - ♦ Thailand Harm Reduction Network
 - ♦ National Acupuncture Detoxification Association Worldwide (New York based)
 - ♦ Ruammit Foundation for Prevention of Drug Abuse in Thai Youth
 - ♦ NADA India Drug Treatment Project
 - ♦ Nishnawabe Aski Nation – First Nations People of Canada
 - ♦ Narcotics Anonymous

DONORS TO DARE NETWORK

- ♦ DARE has or continues to receive funding from the following donors.
- ♦ **Current:**
- ♦ Rotary International (1 year grant)
- ♦ Primate's World Relief and Development Fund (8 year donor retiring end of 2010)
- ♦ Refugees International Japan (5 year donor)
- ♦ Canada Fund for Burmese Refugees (6 year donor)
- ♦ Friends of DARE Network (Canadian Charity 3 years)
- ♦ TOCI (Thai golf charity 4 years)
- ♦ BCGEU (British Columbia Government Employees Union – 3 years)
- ♦ ARC (small sub-grant- 2010- \$4500.)
- ♦ Private Donations: on-going
- ♦ DARE has had many volunteers give their time and money.
- ♦ **Past:**
- ♦ Burma Relief Centre (first 3 years)
- ♦ Norwegian Church Aid (first 3 years)
- ♦ Canadian NGO Committee (first 3 years)
- ♦ IRC (subgrant 3 years for Karenni camps)
- ♦ UNHCR (subgrants 3 years)
- ♦ World Aid (1 year Migrant project)





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Cannot Be Destroyed*

OFFICES

- ♦ DARE Office is Mae Sariang , Mae Hong Son Thailand. DARE's activities are in the provinces of Mae Hong Son, Tak, and Kanchanaburi. DARE Migrant team also has a small office in Pho Phra District near Mae Sot.
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