VISION AND MISSION

Mae Tao Clinic (MTC) has a vision for all people from Burma to have access to quality and affordable healthcare, education and protection in respect of all human rights.

MTC is a community-based organisation (CBO) that provides and advocates for an equitable and essential health system, education and protection for vulnerable and displaced people living in the Thai-Burma border area and Eastern Burma. MTC addresses the needs and human rights of these people through comprehensive programmes and a collaborative approach with local, national, international and government bodies.

VALUES:

COMMUNITY PARTNERSHIP
EQUITY
NON-DISCRIMINATION
RESPECT
ADAPTABLENESS
UNITY IN DIVERSITY
Dear Friends,

It is with great pleasure that I present our Annual Report for 2013. Burma continues to transition to democracy with some positive changes and some more worrying. Earlier on in the year there were many hopeful signs within the country during peace talks held with ethnic stakeholders. However these talks are taking time and political tensions are ever present in Burma. Human rights issues are still prevalent with land confiscation spreading. As a result, local people are affected by the loss of their livelihoods. Food security is also being put in jeopardy. Although GDP on health has increased this small rise has had little effect on the lives of people in Burma who still struggle to access affordable basic healthcare and education.

MTC has increased its cross-border cooperation with our partner organisations, working towards improving access to healthcare in Burma. MTC has been and continues to be a training hub for ethnic health care workers from Burma with the focus on training, recognition and accreditation. This runs together with the health convergence strategy to maintain and expand the healthcare system in Burma. MTC is also part of a pilot monitoring and evaluation project together with Burma Medical Association, Back Pack Health Worker Team and Karen Department of Health and Welfare who are working towards standardising trainings and health systems within Burma to improve overall community healthcare. Partnerships are not only taking place in Burma but also in Thailand with better coordination with Thai-based institutions including Mae Sot General Hospital, Thai educational institutions, Thai health posts and the Thai Ministry of Health.

We have continued to work on organisational development to strengthen the delivery and quality of our services both in Thailand and Burma. In 2013, MTC has developed a strategic plan to guide us through the next five years. MTC’s strategic direction is to remain a Thai-based organisation, providing support to vulnerable and displaced persons living along the Thai-Burma border area and Eastern Burma. We have endeavoured to streamline our services within each programme area to ensure more sustainability of the clinic for the future.

We have also begun to make quality improvements within the clinic by introducing internal audits across all departments and have especially focused on infection control, staff competency checklists and quality assurance of our services.

We completed a new child protection policy in 2013 that was implemented within the community, in schools, in boarding houses, within CBOs and partner organisations.

Many changes have taken place for education in Mae Tao Clinic. We are working towards better accreditation for CDC students. We have three paths for the students to follow. Formal education, which is recognized and follows the Thai education system through the school within school programme, non-formal education (NFE) and vocational choices for students. These all provide the children with better opportunities and brighter futures.

MTC constantly strives to improve its programmes and the lives of the people that access them by promoting human rights in health and education both in the clinic and in the wider community. We wish to extend our thanks to all of you who have assisted and supported us to achieve these goals in the past year and hope that you will continue to support Mae Tao Clinic in the future.

Sincerely,

Dr Cynthia Maung, Director
AWARDS AND RECOGNITION

In November 2013, Dr. Cynthia travelled to Australia to receive the 2013 Sydney Peace Prize, which was awarded to her for “dedication to multi-ethnic democracy, human rights and the dignity of the poor and dispossessed, and for establishing health services for victims of conflict.” Dr. Cynthia also used this opportunity to advocate in partnership with MTC’s Australian partner, Action Aid, for continued Australian government funding support for the Mae Tao Clinic and other Thai-Burma border CBOs. Dr. Cynthia travelled with fellow prominent advocates K’nyaw Paw from Karen Women’s Organisation and Jessica Nkhum from Kachin Women’s Association Thailand. The team met with the Department of Foreign Affairs and Trade and the Parliamentary Affairs and Trade and the Parliamentary Group on Population, Development, as well as other government officials.

There were several other events during 2013 that highlighted the growing recognition of the important services provided by the MTC and Dr. Cynthia within Thailand. In July, Dr. Cynthia travelled to Phrae to accept her prize and Dr. Cynthia within Thailand. In December, Her Royal Highness Princess Maha Chakri Sirindhorn presented Dr. Cynthia with an honorary doctorate in Medicine from Ubon Ratchathani University. This was the first time that an academic institution in Thailand has provided such a high-level acknowledgement of the decades of work that Dr. Cynthia and MTC have provided in Thailand and Burma. The award was given in recognition of Dr. Cynthia’s work “in taking care of refugees and displaced people affected by war and helping underprivileged patients in the midst of ethnic conflict.”

STRATEGIC PLANNING

As part of Mae Tao Clinic’s ongoing organisational development, a five-year strategic plan was finalised in late 2013. This followed several months of contextual analysis, patient surveys, programme-specific strategic workshops and a final week-long strategic planning workshop with senior management in October. Consensus was reached on the organisational mission, vision, values and overarching objectives. Details of programme strategies were reviewed and approved. The teams then went on to prepare their individual area action plans tied to the strategic plan setting specific benchmarks to achieve their goals.

MTC’s overall strategic direction is to remain a Thailand-based organisation and to continue offering vital services until the vulnerable and displaced people living in the Thai-Burma border area and Eastern Burma are able to access basic affordable and adequate health and education services. Over the next 5 years, MTC will take steps to streamline its services within each programme area. This will include handing over responsibility for specific services to appropriate partner organisations after training, with ongoing support as required.

MTC will also step up its work in assisting communities to understand their rights and choices in health, education, and protection opportunities. MTC will continue to advocate for recognition of the essential work of community organisations and their role in the provision of basic social services that underpin the need for decentralisation and community empowerment which promotes sustainability for primary healthcare in the future. MTC will continue to be part of a broader network to develop overall health systems, including trainings and ongoing dialogue with both the Burmese and Thai governments. Over this period, MTC will also continue to be part of the Health Convergence Core Group, which addresses the needs of a decentralized, accessible health system and ownership of health by the community.

During the second half of 2014, MTC plans to develop a Board of Directors. In order to do this, several presenters from various organisations have been invited to MTC to explain their process and criteria for setting up boards. Following these presentations there will be a series of consultative workshops to agree the best model of a Board to suit MTC.

2013 PATIENT SURVEYS

On the Thai side of the border, the Ministry of Public Health has been implementing the 2012-16 Border Health Master Plan, which aims to increase access to healthcare for vulnerable migrant populations. The most significant development in 2013 was the introduction of a health insurance scheme, which would provide health coverage to migrants for an annual fee of 2,800 THB. While this scheme may help to absorb some of MTC’s caseload in future years, it had little impact in 2013 as local implementation remained problematic and for many migrants, even this modest fee remains unaffordable. Patient surveys conducted in 2013 have also indicated a significant lack of awareness by our clients of the Thai health insurance scheme. The small percentage of clients who held Thai work permits or residency cards, which would have afforded them access to public medical assistance programmes were also unaware of this scheme. MTC will therefore work to increase awareness amongst migrants of their rights, benefits of Health Insurance or Social Security and their own and employers’ obligations under Thai law.

In order to gather useful information for MTC’s strategic planning, a rapid client survey was conducted between the 17th and 28th of June 2013. 150 patients and caregivers were interviewed across all MTC’s clinical departments. This first rapid survey collected demographic information on MTC clients. The survey identified factors driving client decisions to access healthcare services at MTC, as well as barriers preventing them from accessing healthcare elsewhere.

Lack of accessible and affordable healthcare services continues to be a major factor driving large numbers of patients to MTC for healthcare services. Clients surveyed said that there was no clinic or hospital near where they live (21.3% and 14% respectively). 42.7% of clients said that the closest clinic to where they live is a private clinic, where clients have to pay for healthcare and where services are often unaffordable. In Burmese government hospitals and clinics the cost of healthcare services, along with ‘unofficial user fees’ means that healthcare is too expensive for many. With access to medical care in Burma remaining severely limited and unaffordable, patients will most likely continue to travel to MTC to access healthcare.

A second major barrier limiting MTC clients’ access to services in alternative healthcare facilities is lack of documentation. The vast majority of MTC’s clients do not have any legal documents which would enable them to access healthcare services under Thailand’s public healthcare schemes. Over a quarter of those surveyed (27.4%) had no legal documentation. Only 7% of clients surveyed possessed a Thai migrant worker permit, which they could obtain Social Security or Health Insurance. Only 8.7% possessed a Thai ten-year temporary residency permit, which theoretically allows them to access free healthcare in Thai District-level government health facilities, as well as free referrals for more advanced care. If they cannot access free services at places such as MTC, migrants in Thailand without legal documents, Social Security, and/or Health Insurance must pay for healthcare in private or government health care facilities.

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Language barriers also impacted clients’ abilities to access healthcare services in Thai healthcare systems. Only 12 clients (8%) of the 150 surveyed were able to speak Thai. Language barriers remain a significant challenge for most to access Thai healthcare facilities. 11.1% of clients surveyed also explained that they come to MTC for healthcare services because medics and staff speak their language, and they feel comfortable with the service provided.

Research will continue in 2014 to provide MTC with further input for more effective programming and service planning.
In late July, severe floods hit Mae Sot and the surrounding area, affecting thousands of people on both sides of the border.

After a weekend of nonstop heavy rain on Monday 29th July, water levels rose quickly throughout the MTC compound, after a nearby canal broke its banks. As the departments started to flood our staff acted quickly to move medicines, supplies and important documents and equipment. Midwives continued to deliver babies while knee-deep in water. Quick action was taken and for the first time in its history, MTC was forced to evacuate.

Around 200 patients and carers, along with essential supplies and equipment, were transported to MTC’s nearby CDC school and set up in classrooms. Three babies were born at CDC that night in a makeshift delivery room while all other critical services continued.

Most of the water had receded by the next morning, leaving staff with the immense task of clearing up the debris and mud. After a thorough clean-up by staff, outpatient services were able to resume as normal the next day. Critical inpatient services continued at CDC until the wards were dry a few days later. By Thursday, MTC was operating as normal, although staff were still busy assessing damage to supplies and furniture.

Although MTC made a relatively smooth recovery from the flood, communities in Karen state, Burma, were not as fortunate, with hundreds of villages submerged in floodwater for up to a week. Approximately 13,000 people were displaced as a result of the floods, with severe damage to homes and agricultural land. Working with other organisations, MTC sent medical supplies across the border to provide emergency health care to people staying in temporary shelters around Myawaddy.

As part of the Emergency Assistance and Relief Team (EART), MTC also launched an appeal for funds to send mobile medical teams further into Karen State to deliver rice and essential healthcare to over 30,000 people in 65 villages. EART in response to this emergency then sent teams to severely affected villages to help people and rebuild sanitation facilities.

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### Health Service Comparison 2011-2013

<table>
<thead>
<tr>
<th>Case Load Comparison</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>% Change 2012-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Visits</td>
<td>150,904</td>
<td>148,561</td>
<td>134,099</td>
<td>-9.73</td>
</tr>
<tr>
<td>Total Case Load</td>
<td>107,055</td>
<td>108,203</td>
<td>104,100</td>
<td>-3.79</td>
</tr>
<tr>
<td>Total Clients</td>
<td>71,799</td>
<td>72,998</td>
<td>66,291</td>
<td>-9.19</td>
</tr>
<tr>
<td>Total Admissions</td>
<td>10,692</td>
<td>12,440</td>
<td>11,119</td>
<td>-10.62</td>
</tr>
<tr>
<td>Adult Medical Outpatient Cases</td>
<td>31,331</td>
<td>31,081</td>
<td>29,543</td>
<td>-4.95</td>
</tr>
<tr>
<td>Adult Medical Inpatient Cases</td>
<td>3,300</td>
<td>2,719</td>
<td>2,275</td>
<td>-16.33</td>
</tr>
<tr>
<td>Surgery Outpatient Cases</td>
<td>7,468</td>
<td>7,156</td>
<td>6,532</td>
<td>-8.72</td>
</tr>
<tr>
<td>Surgery Inpatient Cases</td>
<td>490</td>
<td>516</td>
<td>379</td>
<td>-26.55</td>
</tr>
</tbody>
</table>

### Reproductive Health Outpatients (RH OPD)

| Outpatient Cases | 2,439 | 2,514 | 2,326 | -7.48 |
| An prenatal Care Clients | 5,737 | 5,098 | 4,926 | -16.33 |
| Family Planning (FP) Visits | 9,625 | 9,357 | 7,811 | -16.52 |
| Clients using long-term/permanent FP methods | 246 | 235 | 238 | 1.28 |

### Reproductive Health Inpatients (RH IPD)

| RH Inpatient Admissions | 5,496 | 6,391 | 5,725 | -10.42 |
| Delivery Admissions | 3,085 | 3,504 | 3,114 | -12.52 |
| Postnatal Care Visits | 4,136 | 5,027 | 5,217 | 3.78 |
| Post-abortion Care Cases | 518 | 644 | 658 | 2.17 |
| Neonatal Admissions | 633 | 1,017 | 640 | -37.07 |

### Child Health

| Child Outpatient Cases | 13,800 | 14,154 | 15,192 | 7.33 |
| Child Inpatient Cases | 1,316 | 1,492 | 1,346 | -9.79 |

### Primary Eye Care and Surgery

| Total Eye Cases | 14,789 | 13,855 | 11,950 | -13.75 |
| Eye Surgeries Completed | 996 | 1,277 | 1,745 | 36.65 |
| Eyeglasses Dispensed | 8,819 | 9,447 | 6,986 | -26.05 |

### Medical Referrals to Mae Sot Hospital

| Inpatient Referrals | 709 | 595 | 444 | -25.38 |
| Outpatient Referrals | 550 | 344 | 406 | 18.02 |
| Dental Cases | 6,981 | 6,535 | 5,753 | -14.97 |

### Prosthetics and Rehabilitation

| New and Replacement Prosthetic Limbs Fitted | 262 | 268 | 256 | -4.48 |
| Acupuncture Visits | 5,969 | 4,417 | 3,490 | -20.99 |

### Laboratory and Blood Bank

| Malaria Slides Tested | 29,508 | 26,077 | 25,489 | -2.25 |
| N ANC Clients Tested for HIV | 72 | 67 | 81 | 16 |
| Tests for Voluntary HIV Counselling & Testing | 817 | 293 | 541 | 84.64 |
| Blood Donor screening | 1,353 | 1,343 | 1,367 | 16.68 |

### Top Ten Cases by Department 2013

<table>
<thead>
<tr>
<th>Department</th>
<th>Diagnosis</th>
<th>No. Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Outpatients Department</td>
<td>Acute Respiratory Infection - mild</td>
<td>5,621</td>
</tr>
<tr>
<td></td>
<td>Gastritis/Ulcer</td>
<td>2,342</td>
</tr>
<tr>
<td></td>
<td>Skin Infection</td>
<td>1,857</td>
</tr>
<tr>
<td></td>
<td>CVS Hypertension</td>
<td>1,813</td>
</tr>
<tr>
<td></td>
<td>Urinary Tract Infection</td>
<td>1,380</td>
</tr>
<tr>
<td></td>
<td>Worm Infection</td>
<td>1,250</td>
</tr>
<tr>
<td></td>
<td>Neurological problem</td>
<td>1,244</td>
</tr>
<tr>
<td></td>
<td>Asthma</td>
<td>762</td>
</tr>
<tr>
<td></td>
<td>CVS Heart Disease</td>
<td>753</td>
</tr>
<tr>
<td></td>
<td>Diabetes</td>
<td>665</td>
</tr>
<tr>
<td>Adult Inpatients Department</td>
<td>Urinary Tract Infection</td>
<td>220</td>
</tr>
<tr>
<td></td>
<td>CVS Hypertension</td>
<td>203</td>
</tr>
<tr>
<td></td>
<td>Anaemia</td>
<td>120</td>
</tr>
<tr>
<td></td>
<td>Gastritis/Ulcer</td>
<td>112</td>
</tr>
<tr>
<td></td>
<td>Acute Respiratory Infection - Pneumonia</td>
<td>98</td>
</tr>
<tr>
<td></td>
<td>Diarrhoea</td>
<td>95</td>
</tr>
<tr>
<td></td>
<td>Beri Beri</td>
<td>83</td>
</tr>
<tr>
<td></td>
<td>CVS Heart Disease</td>
<td>70</td>
</tr>
<tr>
<td></td>
<td>Dengue Fever</td>
<td>68</td>
</tr>
<tr>
<td></td>
<td>Malaria PF</td>
<td>61</td>
</tr>
<tr>
<td>Child Outpatients Department</td>
<td>Acute Respiratory Infection - mild</td>
<td>7,023</td>
</tr>
<tr>
<td></td>
<td>Worm Infection</td>
<td>1,487</td>
</tr>
<tr>
<td></td>
<td>Skin Infection</td>
<td>992</td>
</tr>
<tr>
<td></td>
<td>Acute Respiratory Infection - Pneumonia</td>
<td>908</td>
</tr>
<tr>
<td></td>
<td>Diarrhoea</td>
<td>813</td>
</tr>
<tr>
<td></td>
<td>Anaemia</td>
<td>770</td>
</tr>
<tr>
<td></td>
<td>Dengue Fever</td>
<td>463</td>
</tr>
<tr>
<td></td>
<td>Urinary Tract Infection</td>
<td>312</td>
</tr>
<tr>
<td></td>
<td>Asthma</td>
<td>210</td>
</tr>
<tr>
<td></td>
<td>Gastritis/Ulcer</td>
<td>69</td>
</tr>
<tr>
<td></td>
<td>Acute Respiratory Infection - Pneumonia</td>
<td>328</td>
</tr>
<tr>
<td></td>
<td>Diarrhoea</td>
<td>205</td>
</tr>
<tr>
<td></td>
<td>Anaemia</td>
<td>111</td>
</tr>
<tr>
<td></td>
<td>Malaria</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Asthma</td>
<td>62</td>
</tr>
<tr>
<td></td>
<td>Acute Respiratory Infection/mild with co-morbidities</td>
<td>55</td>
</tr>
<tr>
<td></td>
<td>Urinary Tract Infection</td>
<td>52</td>
</tr>
<tr>
<td></td>
<td>Dysentery</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>Beri Beri</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>CVS Heart Disease</td>
<td>26</td>
</tr>
</tbody>
</table>
MTC has hired two medical doctors to work as clinical consultants. Dr. Valentine Le Barbier and Dr. Mary Boullier commenced work at MTC in September 2013. Both had previously volunteered at the clinic. Having full-time clinical consultants is another key step for MTC’s development, especially in building the capacity of the staff.

Infectious disease surveillance has been on-going throughout 2013 through Thai Ministry of Public Health (MoPH) and the World Health Organisation (WHO) standards. This system standardizes the reporting system for all Thai-Burma border health facilities.

<table>
<thead>
<tr>
<th>Diseases Under Surveillance</th>
<th>Thailand</th>
<th>Burma</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>Watery diarrhea</td>
<td>463</td>
<td>377</td>
<td>217</td>
</tr>
<tr>
<td>Malaria</td>
<td>193</td>
<td>122</td>
<td>250</td>
</tr>
<tr>
<td>Dengue infection</td>
<td>339</td>
<td>322</td>
<td>156</td>
</tr>
<tr>
<td>Acute bloody diarrhea</td>
<td>81</td>
<td>75</td>
<td>26</td>
</tr>
<tr>
<td>Measles</td>
<td>11</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Cholera</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Suspect Meningococcal Meningitis</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>1087</td>
<td>889</td>
<td>660</td>
</tr>
</tbody>
</table>

**Clinical Consultants**

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**Diseases under surveillance by Thai MoPH and WHO**

**Reproductive Health**

In the reproductive health inpatient department, MTC medics have continued to provide short and long term family planning to prevent unplanned pregnancies and unsafe abortion, which is common in migrants from Burma given lack of access to sexual reproductive health education, supply and services in both Thailand and Burma. Depot medroxyprogesterone (Depo-Provera®) is the most popular form of contraceptive amongst our clients, with these injections accounting for 61% of all family planning visits to MTC in 2013.

In line with WHO current recommendations, pregnant women are encouraged to come to MTC four times prior to giving birth for antenatal care (ANC). At these checkups, they have their vital signs checked and are also provided with screening for anemia, STIs, HIV and malaria, all of which, if left untreated, could result in poor health outcomes for the mother and baby. They also receive advice on good healthcare during pregnancy and are issued with de-worming treatment, nutritional supplements and vaccinations for tetanus.

By delivering at MTC, women are more likely to deliver their babies safely, thanks to the increasing ability of MTC’s medics to identify and deal with complications. Delivering at MTC also allows parents to register their child’s birth, improving their future prospects of addressing issues of statelessness. This document enables children to travel more freely with their families throughout Thailand and access health and education.

**Number of live births at MTC 1992-2013**

Data includes deliveries referred to Mae Sot Hospital due to emergency obstetric complications.
TIN ZAR’S STORY

Tin Zar is 20 years old and has recently become a mother. For the past 4 years she has worked at a T-shirt factory in Mae Sot, Thailand. She came to the clinic because she had not menstruated for five months. After her check-up, she discovered that she was five months pregnant. She knew that MTC was the best place accessible for her to come for antenatal check-ups and to give birth. Other private clinics charged at least 150 THB for urine tests and other check-ups, putting this well beyond her modest means, so she came to MTC for her regular antenatal visits.

She gave birth to a baby boy weighing just one kilogram. She delivered two months early and the baby was given oxygen to help his under-developed lungs.

Tin Zar stayed at MTC for over two months while her baby received neonatal care. Tin Zar’s child is now perfectly healthy and after receiving care at MTC weighed 6 kilograms. Tin Zar is very happy with the care her baby received at Mae Tao Clinic, especially as the medics were available around the clock to provide the needed critical care. Tin Zar’s baby has also received a Thai birth certificate with the help of MTC birth documentation, giving him a better start to his life.

Malnutrition

Malnutrition cases are continually presented at MTC. The case study below illustrates how lack of awareness around the importance of nutrition can cause serious health problems for children.

Proper nutrition is fundamental to good health. Unfortunately, poverty often leaves our patients unable to meet their basic nutrition needs, which makes them more susceptible to illness. Malnutrition was in fact one of the leading factors to the development of a separate children’s inpatient ward in 2005. Malnutrition causes over one-third of child deaths due to increased severity of disease. According to UNICEF, 41% of Burma’s children under five are stunted, 30% are underweight and 11% are wasted. Given the high rates of malaria, tuberculosis and respiratory infections in the community, it is essential that children are treated for severe malnutrition to help them avoid contracting further illnesses and dying.

The newly appointed Clinical Consultants have also established regular communication with staff at MSH and will continue to strengthen communication and network channels to provide quality clinical management of referred patients.

IMMUNISATION

MTC runs an immunisation programme 6 days a week. There were a total of 3,214 babies born at MTC in 2013, 3,186 new-borns received BCG vaccines, this represented 96% of babies born at the clinic in 2013. In total, 2,342 babies received a hepatitis B immunisation, but the number of those who returned to complete the whole hepatitis B vaccine series was only 1,585. Nonetheless, the dropout rate is decreasing steadily; in 2011 there was a 50% dropout rate while only 34% dropped out in 2013. These high figures underscore the challenges of access to care and the vulnerability of most of our clients, which MTC continues to attempt to help address. Many parents are unable to travel back to the clinic within one month for the second dose of the vaccine but, by extending immunisation service hours and promoting immunisation within the community, we hope to help facilitate access and increase follow-up rates, particularly given the endemicity of hepatitis B in Burma and Thailand. Other vaccines delivered by the immunisation team included polio, measles, mumps and rubella (MMR), diphtheria and tetanus. In addition, pregnant women are given tetanus vaccines when they attend antenatal check-ups and all new MTC staff and interns are vaccinated against hepatitis B. In 2013 a comprehensive training was given to the staff to ensure that all children who attend MTC receive catch up vaccinations.

POST-ABORTION CASES

Patients suffering from complications due to unsafe abortions, remain a serious concern. In 2013, 658 women sought treatment at MTC and as a result MTC has identified priority areas to help reduce complications of unsafe abortions which include increasing access to high quality comprehensive post-abortion care services, upgrading staff’s clinical and counselling skills, increasing awareness and knowledge in the community, and increasing access to safe abortion services. MTC has partnered with Mae Sot Hospital to refer patients for safe abortions if they meet the five criteria under Thai law. MTC strives to improve access to reproductive health services (including contraceptive service, access to safe abortion and referral for gender based violence clients) through support with our reproductive health partners.

MALNUTRITION

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Over half of the cases referred for admission to Mae Sot Hospital were people who travelled from Burma to access advanced treatment, whereas most outpatient cases are Thai-based clients who are more likely to be able to attend follow-up appointments. This reality further highlights the lack of access to health services in Burma, with many patients waiting until their illnesses are advanced before they make the journey to MTC. Most common conditions referred for advanced care are related to emergencies in pregnancy and new-borns.

The newly appointed Clinical Consultants have also established regular communication with staff at MSH and will continue to strengthen communication and network channels to provide quality clinical management of referred patients.

IMMUNISATION

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TOP REFERRAL ADMISSION CASES

<table>
<thead>
<tr>
<th>TYPE OF CASE REFERRED</th>
<th>NO. CASES 2013</th>
<th>AVERAGE COST PER PATIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivery complications</td>
<td>141</td>
<td>15,753</td>
</tr>
<tr>
<td>Trauma e.g. head injuries and war injuries</td>
<td>91</td>
<td>12,336</td>
</tr>
<tr>
<td>Neonatal</td>
<td>84</td>
<td>22,027</td>
</tr>
<tr>
<td>Pregnancies with HIV</td>
<td>40</td>
<td>8,912</td>
</tr>
<tr>
<td>Surgery (emergencies) e.g. appendicitis</td>
<td>24</td>
<td>25,017</td>
</tr>
<tr>
<td>Eye cases</td>
<td>24</td>
<td>14,027</td>
</tr>
</tbody>
</table>

INTEGRATION OF COMMUNITY HEALTH SERVICES AS PART OF ACCESS TO CARE

In 2013, MTC reviewed its referral policy and re-established a referral committee, holding meetings every quarter to ascertain whether referred cases met the criteria outlined in the policy. Similarly to last year, 0.8% of cases handled by MTC were referred to MSH, but through the efforts of the referral committee, costs decreased in 2013 in comparison to the year before.

REFERRALS

MTC continues to refer patients for more advanced care to Mae Sot Hospital (MSH). In 2013, MTC reviewed its referral policy and re-established a referral committee, holding meetings every quarter to ascertain whether referred cases met the criteria outlined in the policy. Similarly to last year, 0.8% of cases handled by MTC were referred to MSH, but
MALARIA MANAGEMENT

Malaria cases at MTC have continued to decline as a result of the establishment of more malaria posts on both sides of the Thai-Burma border. Funding, support for malaria programmes inside Burma have also increased significantly, although challenges persist. These include an inconsistent supply chain, overlapping of services, and differing treatment protocols for different providers in Thailand and Burma. Greater coordination and standardization of information systems and treatment protocols is needed to effectively tackle malaria along the Thai-Burma border. Even though the malaria caseload has declined we still need to maintain strong monitoring systems to ensure early diagnosis and effective treatment to control and reduce drug resistance along the Thai Burma border.

TB MANAGEMENT

Treatment for patients with TB has been a challenge for MTC in the past, since MTC is unable to monitor the complete course of treatment and options for referral are extremely limited. However, thanks to a new collaboration with the Shoklo Malaria Research Unit’s (SMRU) TB programme, MTC can now refer more patients for investigation and treatment. SMRU and MTC share initial inpatient care, including medication. Once the patient is stable enough, they are transferred to an isolation community for TB treatment in Shwe Koko in Burma or Wang Pa in Thailand, where treatment continues under SMRU supervision and care. In addition, any patients with HIV co-infection are enrolled into an ARV (anti-retroviral therapy) programme by SMRU. From July to December, MTC sent 170 sputum tests to SMRU from which they confirmed 87 cases of TB. 68 individuals were referred to SMRU for treatment, 25 of whom were co-infected with HIV.

Confirmed TB cases dropped in 2013 as a result of more thorough testing of patients and the change in criteria for classifying a suspected case as confirmed. Previously, TB was diagnosed by examining the clinical picture and chest X-ray. Now, TB cases are confirmed through the clinical picture, chest X-ray and positive sputum test, ruling out more cases of suspected TB.

<table>
<thead>
<tr>
<th>Year</th>
<th>TOTAL CONFIRMED TB</th>
<th>TOTAL SUSPECTED TB</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>164</td>
<td>320</td>
</tr>
<tr>
<td>2011</td>
<td>186</td>
<td>363</td>
</tr>
<tr>
<td>2012</td>
<td>153</td>
<td>241</td>
</tr>
<tr>
<td>2013</td>
<td>87</td>
<td>216</td>
</tr>
</tbody>
</table>

HIV/AIDS PREVENTION AND CARE

In 2013, MTC diagnosed 210 people with HIV infection. This was done through three main programmes: Prevention of Mother to Child Transmission (PMTCT), Voluntary Counselling and Testing (VCT) and the blood donation service.

Expatant mothers who are diagnosed with HIV are enrolled in MTC’s PMTCT programme, which includes the provision of anti-retroviral therapy (ARV) to reduce the likelihood of vertical transmission during the birth of the infant. Mothers are also referred to Mae Sot Hospital for delivery. In 2013, of the 4,085 ANC clients who agreed to undergo HIV testing as part of antenatal screening, 48 were diagnosed as HIV positive (1.17%).

All clients who test HIV positive received counselling to help them learn about living with HIV/AIDS. MTC also supports anti-retroviral therapy (ARV) and home-based care (HBC) for people living with HIV/AIDS. Treatment options for newly diagnosed HIV patients from Burma remain very limited, particularly for those lacking documentation or registration.

Throughout 2013, MTC was coordinating ARV treatment for 103 people living with HIV/AIDS. 31 of these patients received ARV medicines directly through MTC. The remainder received their ARV treatment from Mae Sot Hospital (33) or Phop Phra Hospital (33), but all received initial testing and treatment from MTC. MTC also assisted 13 patients in applying for Thai health insurance, enabling them to receive free check-ups and treatments for other conditions associated with HIV infection.

MTC also provides home-based care services to approximately 300 people living with HIV/AIDS (PLHWA). This programme includes the provision of hygiene packs, supplementary nursing care, and medicines for opportunistic infections. There are also frequent group discussions and trips to help PLHWA and their families to develop friendships and a strong self-help network.

HEALTH SPECIALTIES

The eye clinic received fewer patients this year for general check-ups and issued fewer eyeglasses, as MTC did not have a large supply of donated eyeglasses as in previous years. However, the increasing frequency of visits by the volunteer ophthalmologist, Dr Frank Green, has led to yet another large increase in the number of eye surgeries conducted at MTC. The dental clinic also received fewer cases, which was partially due to the team no longer producing dentures for clients. In 2012 there were 6,590 cases and in 2013 we had 5,739 cases.

Acupuncture clients often require long stays in the patient house, but MTC has continued to implement a policy only allowing patients to stay in the patient house for a maximum period of three days, leading to a decline in acupuncture visits.

The MTC Mental Health Centre served 1,063 clients in 2013, including the amputee group and home visits for patients who suffer from conditions and issues such as psychosis, schizophrenia, depression, anxiety, post-traumatic stress disorder, substance abuse and domestic abuse.

The prosthetics workshop fitted 256 prosthetic limbs in 2013. The workshop is now serving more clients who are returning for prosthetic replacements. In 2013, only 7% of limbs fitted were for new clients, most of whom needed such as a result of accidents or disease. The prosthetics workshop also conducted a 10-day refresher training for five technicians working in Karen and Karen States. Although there are prosthetic workshops in Burma, many clients prefer to return to MTC as the materials used for the prosthetics produced here are of a higher quality and more suited to endure the uneven and hilly terrain in Burma.

SAW BO MAUNG’S STORY

Saw Bo Maung is 34 years old. He came from Baw Ka Lay Township, Taungoo District in Burma. Eleven years ago, he suffered a landmine injury after conflict broke out in Taungoo District. He was taken to a Karen army hospital where his left leg was amputated. He had to continue earning a living for himself and his family by working as a farmer. Now, 11 years later, the Karen National Union, supported him travel to MTC to receive a prosthetic leg.

It took Saw Bo Maung five days to travel to MTC from Taungoo District. After he arrived at MTC, the staff prepared a prosthetic limb for him. He expects that once he is fitted with the leg, he’ll be able to finally walk freely to wherever he wants to go, helping him also with his livelihood and allowing him to support his family and community. He also expresses his support for MTC, saying that the clinic is vital for the people living in the Thai-Burma border area, as it can cure many diseases and many people rely on it.
MTC has undertaken a number of initiatives in quality assurance and quality improvement.

**INFECTION CONTROL**
- 50 new sharps containers were distributed to relevant departments to reduce the risk of needle stick injuries
- 100 additional hand hygiene containers and holders were installed in all appropriate departments to improve staff adherence to hand hygiene. In addition, several other standard operating procedures (SOP) were developed and implemented
- Quarterly internal infection control audits were introduced to monitor adherence to maintaining hand hygiene, separation and disposal of medical waste according to protocols, correct use of personal protective equipment and whether staff are following correct cleaning/ disinfection processes
- N95 masks are now in use by the clinical staff to reduce the risk of exposure to TB and other airborne infections

**INTERNAL MEDICAL AUDITS**
- 4 quality control internal audits were conducted in the laboratory to ensure continuing accuracy of tests performed and staff adherence to correct procedures and universal precautions
- 4 medical record internal audits as well as client satisfaction surveys were conducted in the Dental, Eye, Traditional Chinese Medicine, Mental Health and Trauma/Surgical departments
- Quarterly comprehensive pharmacy policy and procedure reviews were undertaken as well as quarterly quality and stock control internal audits. In 2014 we plan to provide a 1 month pharmacy training as part of continuing medical education (CME)
- The policy for referrals and referral follow up was reviewed in 2013 and subsequently, audits and case management discussions are now being undertaken on a regular basis.

**STAFF COMPETENCY CHECKLISTS**
- An immunisation annual skills competency check list was developed to assess staff skills and knowledge to identify learning gaps and implement measures to close gaps
- Supervisor workshops were held during 2013. The staff were trained to develop competency checklists, initially for the trainers but in future will be utilized as part of the annual performance appraisals for the staff

**ETHICS ADVISORY BOARD**
- A new technical consultant was appointed in July 2013. Amongst other duties the Technical Consultant conducted community ethics training and assisted to establish a community ethics advisory board.

**COMMUNITY OUTREACH & HEALTH PROMOTION**
MTC provides family planning supplies to 4 outreach centres run by partner organisations (Burma Women’s Union, International Rescue Committee, Social Action for Women and Youth Centre). In 2013 these centres received 3,999 visits, 1,991 of which were from new clients. The data indicate that there are more clients accessing these centers than during the previous year, as a result of greater awareness of the centers and the benefits of contraception. In 2013, 766 (120 male, 646 female) local clients attended monthly reproductive health education sessions held at each centre, where they were given information on topics such as sex and gender, family planning, HIV/AIDS, child immunisation, breastfeeding, postnatal danger signs, safe abortion, gender-based violence and STIs. These sessions help to increase community knowledge of these important issues and encourage continuing use of these centres for family planning counseling and supplies.

MTC with the Adolescent Reproductive Health Network provides reproductive health trainings to students and teachers in local migrant learning centres. The team conducted eight workshops for students and teachers, reaching a total of 112 students (86 female, 67 male) and 29 teachers (20 female, 9 male). A training of trainers (TOT) was also conducted for 23 trainers (17 female, 7 male).

Although MTC encourages mothers to deliver at a clinical facility, there are thousands of women on both sides of the border who do not have access to a hospital or clinic for a safe delivery. Ideally, it would be better if there was access to trained midwives and obstetricians in rural and remote areas of Burma to assist with deliveries but in reality the healthcare system in Burma cannot offer this service. MTC works closely with a network of Traditional Birth Attendants (TBAs) to ensure that the TBAs receive training, regular refresher training, safety delivery kits and participate in health information data collection. The majority of these TBAs are based inside Burma but some are also located in Thailand. These TBAs are trained to recognise the danger signs of birth complications and knowing when to refer patients. The TBAs also provide antenatal care, postnatal care and health education to women in rural and remote communities.

MTC conducted 3 TBA refresher trainings for 64 TBAs (37 TBAs from Burma and 27 TBAs from Thailand) between March and May. In 2013, these TBAs assisted with 131 live births. The complication rate was 7% and there were five stillbirths and neonatal deaths. All of these complications occurred in births attended in Burma, reflecting the difficulty of referring women to health centres for antenatal care or emergency obstetric care and again highlighting the lack of accessible basic health facilities for many communities in Burma. MTC’s ability to improve upon this rate is also limited due to difficult geographical access to these areas, and MTC has plans to build greater partnerships with Burma-based community organisations and to strengthen health system development in the area of maternal and child health.

**DAW SHAN MA’S STORY**
Daw Shan Ma is 36 years old and has been a Traditional Birth Attendant (TBA) for all of her adult life. She completed 6-month training with the Myanmar Red Cross in Pegu Division, Burma, when she was just 18 years old. She learned to home deliver babies and recognize and refer to the local hospital, cases of obstetric emergencies.

She now helps hundreds of women from Burma to deliver their babies safely in a Thai border village. Unfortunately these women face many hardships. Most lack documents and are forced to work under exploitative conditions for extremely low wages.

Daw Shan Ma, like other TBAs in the area, receives annual refresher training from Mae Tao Clinic, which helps to keep their knowledge of obstetric and neonatal care current and up-to-date. She also regularly receives birth kits from Mae Tao Clinic which helps her carry out safer deliveries.

When asked why she devotes her life to her community, she says, “I have always wanted to help people. When I see these women who are poor, uneducated and afraid of the police, I feel I must help”.

As an experienced TBA, she is looked up to by the other TBAs in the village and inspires them to give as many vulnerable women access to safer deliveries as possible.
The School Health Unit (SHU) provides 3 types of training to the migrant learning centres. These trainings include adolescent reproductive health training for teachers, first aid training for the students and school health assessment for teachers.

From the results of the school health assessments in association with JAM (Japanese Association for MTC) remediation of school water and sanitation facilities were undertaken. The SHU were able to visit 20 of school water and sanitation facilities were undertaken. The SHU were able to visit 20 of schools to conduct health assessments in association with JAM (Japanese Association for MTC) remediation assessments in association with JAM (Japanese Association for MTC) remediation.

The SHU conducted the fifth School Health Award Ceremony on 7th July, 2013, in partnership with BMTA and other migrant learning centres. 15 migrant learning centres in the Tak area. PHC also supports two Boarding Houses for middle and high school students so that they can have access to education in their area and stay closer to their families.

The most prevalent conditions treated by PHIC in 2013 include acute respiratory infections, malaria, worms, skin infections, urinary tract infections and gastritis/ulcers.
PHC and the sub-clinics are located in a very remote area without roads, electricity or markets. It can take up to a day to travel between each clinic by foot. Essential medicines and supplies are carried from the Thai side of the border by staff and volunteers. As a result of transportation difficulties, the ability of PHC to treat patients is sometimes limited by the types of medicines and supplies available there. Oxygen, for example, is required for treatment of severe pneumonia or other respiratory conditions, but PHC does not have oxygen tanks. PHC also has many different referral points depending on the availability of services and the nearest health facility. For example when PHC need to refer patients it is sometimes limited by the types of medicines and supplies available there. Oxygen, for example, is required for treatment of severe pneumonia or other respiratory conditions, but PHC does not have oxygen tanks. Patient referrals from PHC present many logistical problems. Funding for patient referrals is limited and referral centres are often several days walk away and unaffordable for patients. PHC referred 18 cases in 2013, to Papun Hospital, Day Bu Noh, Ei Htu Hta IDP camp and MTC.

This year, PHC received a small portable ultrasound machine so that they could better identify complications and incomplete miscarriages or abortions. A Maternal and Child Health Worker (MCHW) from PHC was sent to MTC in November for 6 months so she could attend ultrasound training and get more hands-on experience in the RH and Medical departments. She will return to PHC in early 2014 to train others on ultrasound use. The addition of this ultrasound machine means the facility can upgrade and improve diagnostic and risk screening for ANC patients.

There have been other quality improvements at the Pa Hite Clinic in 2013 including improved medical waste disposal with all clinics now having more secure waste containers and access to their own incinerators. Ongoing activities include Infection prevention measures, quality control, record restests and regular refresher trainings for staff.

Around PHC many do not seek medical attention until their conditions/illnesses are more advanced, as the area is mountainous and dangerous with only dirt tracks and no main roads. This is one of the main reasons why community outreach is vital in order to deliver essential health services to the community. This is done through training community health volunteers and CHWs.

To raise awareness of disease prevention, PHC staff conduct health education activities during local festivals and within schools. Topics covered include hygiene, nutrition and danger signs for malaria, pneumonia and diarrhea. PHC also visited 55 schools in their catchment area in 2013, administering vitamin A to 2,488 children and de-worming 2,254 children. PHC also work to improve the water and sanitation conditions in schools and in 2013, they built 24 latrines and six water and sanitation systems. PHC partnered with the Karen Department of Health and Welfare (KDHW) on a feeding and vaccination programme. In 2013, KDHW completed vaccinations (MMR, BCG, DT, OPV) to 1,049 children at Pa Hite, Ka Na Del and Kel Pa clinics.

As can be seen from the table above, the number of births recorded seems to have increased significantly from 2012 to 2013. This can be attributed to better freedom of movement and more secure travel for CHW and PHC outreach staff giving them the opportunity to collect and document births more accurately.

Part of our Burma Based activities includes training. 44 students (13 male and 31 female) completed Community Health Worker level 1 training in Papun Township. Among those were 28 students from Papun District and 16 students from other areas including students from migrant learning centers in Thailand and after this training they will return to work as MTC staff. Training started in May and ended in October. During November and December they continue with practical learning in the community with PHC Community Outreach. These trainees return to MTC after the Community Outreach to undertake their clinical internship at MTC. PHC actively engage

### NAW PYA’S STORY

Naw Pya is 19 years old. She is 6-months pregnant with her first child. She lives about one and half hours away from Pa Hite Clinic by foot

Naw Pya developed a fever at home while pregnant so she decided to walk for the one and half hours to get to Pa Hite Clinic.

When she arrived, the medics tested her for malaria and anaemia. The medics found she had severe anaemia and gave her a blood transfusion.

As a result of transportation difficulties, the clinic she stayed for a total of 10 days. When she was ready to be discharged medics gave her a one-month supply of iron tablets, multivitamins and folic acid, and told her to come back every month for further tests and antenatal check-ups before she delivers.
component of the training these 50 trainees graduated from the Community Health Induction Training in September. The course comprised 124 hours (three months) of training on topics covering health promotion, health education and first aid, in addition to topics such as child protection and leadership skills. The participants were mostly MTC staff but also included staff from Backpack and BMA.

MTC staff are continuously learning and upgrading their skills. An accreditation initiative started this year through Payap University in Chiang Mai, Thailand, whereby three accredited programmes were offered to 22 MTC staff. The programmes offered were non-profit organisation management, community development and business administration. Entrance exams were held in February and courses began in April.

During this period, MTC also held the following medical workshops, for staff: laboratory refresher, prosthetics, malaria protocols, family planning, HIV testing, blood translation, immunisation, infection prevention, gender-based violence, new-born care, nutrition and food safety, basic and advanced ultrasound and HIV.

42 participants (12 male and 30 female) graduated from the Community Health Induction Training in September. The course comprised 124 hours (three months) of training on topics covering health promotion, health education and first aid, in addition to topics such as child protection and leadership skills. The participants were mostly MTC staff but also included staff from Backpack and BMA.

MTG works closely with ERRI (EarthRights International) to provide environmental health and public health training. ERRI and MTC jointly trained 19 trainees on health impact assessment, medical ethics and introduction to public health.

**TRAINING**

Health worker training continues to be central to Mae Tao Clinic’s strategy to improve access to quality basic health care. MTC and its partners have played and continue to play a significant role in building a skilled ethnic health network throughout Burma. This has been further strengthened by standardisation of training curricula, providing Training of Trainers (TOT), supervisor workshops, health information systems and strong continuing medical education (CME) and refresher trainings.

While the process of health convergence develops in Burma, MTC continues to act as a health worker training facility. After completing training, these new medics are able to go to work with our various partner organisations throughout Burma.

MTC accepted 118 Level I Clinical Interns throughout the year (46 male and 72 female), who were exposed to a variety of clinical topics. As a result of the convergence process the Back Pack Health Worker Team and the Burmese Government services jointly organised the Auxiliary Midwife (AMW) Training in Hpa’an, Burma. After the completion of the theoretical component of the training these 50 trainees received practical/clinical experience in reproductive and child health departments for 3 months at MTC.

Level II Medics Training, commenced in early October. 45 trainees (26 male 19 female) were enrolled in the 10-month course. These trainees come from a wide range of ethnic groups, including Karen, Kareni, Kayan, Kachin, Pa’O Arakanese, Palaung, Mon and Shan.

As well as core health worker training, MTC also offers short courses and workshops for its staff and other organisations on a number of clinical topics.

14 participants (10 male and 4 female) completed one-month theoretical and one-month practical dental training in December. The trainees came from PII-AMI clinics in Umphiem and Na Poe refugee camps, as well as KDHW and MTC.

**EDUCATION & CHILD PROTECTION**

**EDUCATION**

Mae Tao Clinic’s school, the Children’s Development Centre (CDC), enrolled 891 children from nursery to grade 12 at the beginning of the 2013/14 academic year and employed 65 staff members.

Tai Ministry of Education (MoE) School within School Programme continued to enable displaced children to access Thai education at CDC this year. We employed 8 Thai teachers. The programme operated across 4 grades from kindergarten to grade 3, with 30 students in each level. CDC also host regular visits from Thai Ministry of Health including many different Head Teachers for Thai Schools along the Thai border area. CDC students are often invited to represent the migrant community at different cultural events in the community.

CDC school has been playing an active part in the Migrant Education Integration Initiative (MEII), which is working towards standardization and accreditation of the migrant education system which can give accreditation to students in both Thailand and Burma education systems. 41 CDC students registered with the pilot Thai Non Formal Education (NFE) programme for primary level for students under 15 years. CDC’s Thai teachers have been attending NFE teacher training and teaching according to the NFE curriculum. The Rajamangala University of Technology Lanna. Tak campus, is also in talks with CDC to offer vocational courses that can be specially designed for CDC students.

CDC graduates continue to enroll in post-ten and further education programmes, including Brighter Futures, Min Ma Hae, and Earth Rights training, as well as local and international universities. MTC collaborates on a General Educational Development (GED) programme with BLAM Foundation. In 2013, 9 CDC students passed the GED exam, giving them the opportunity to go to universities both in Thailand and abroad. CDC works in education partnership with local NGO Youth Connect on vocational education and carries out a teacher/student exchange among other activities with Campie School in Scotland. CDC has been partnered with both Campie School and Youth Connect since 2009.

**CDC CASE STORY**

Cho Cho is studying in Grade 2 at CDC school. She lives on the garbage dump in Mae Sai and travels from there to attend school every day.

Before she came to the CDC, Cho Cho was working at the garbage dump to scavenge for recyclables and helping her mother to take care of the family. MTC helped her to get birth registration from our partner organization (Committee of Protection and Promotion of Child Rights). When her baby brother was admitted to MTC for acute malnutrition, Cho Cho told staff that she wanted to go to school. MTC helped her do this.

Cho Cho is now doing well in the school. She likes cooking after class. She also likes studying English and aspires to become an English teacher in the future.

**CHILD PROTECTION**

The CDC boarding house supported 184 CDC students and the Bamboo Children’s Home (in Umphiem Mau refugee camp) supported 112 students in 2013.

Living in the boarding houses provides these students with shelter, food, health care, and a place from which they can continue to access education. There are two types of documentation given to the children at the Boarding Houses. One document allows for the child to attend school and live at the boarding house during that period and the second document is for children that have been abandoned, neglected or orphaned. This document gives the boarding house guardianship of that child. These two documents give some identity and social protection to the children in the form of social-psycho and educational assessments. The boarding house head masters meet regularly to ensure that the child protection policies are being implemented correctly.

The Dry Food Programme (DFP) provided dry food rations to 2,206 children and 25 staff to meet the basic needs of unaccompanied children living in boarding houses, which are located in migrant and IDP communities.
PAW LAR EH SAY - CDC BOARDING HOUSE

Paw Lar Eh Say is 12 years old. She stays at the CDC boarding house for girls and attends grade 5 in the CDC school. Nobody knows exactly who her parents are because they abandoned her when she was about 2 years old. A Thai farmer found her while she was crying by herself in the farm next to his. NGO staff brought her to the CDC boarding house to take care of her. She has been staying in the boarding house since then, and she was one of the sponsored children under the CDC boarding house programme. The boarding house is like a home for her, the only home she has known, and she is happy being there.

Her favourite subject is English and she hopes to become an English teacher when she grows up because she loves to teach children. She can speak Karen, Burmese, a little bit of Thai, and English. She likes to play volleyball when she has free time. She would like to meet her parents one day and visit other countries together with them.

BIRTH REGISTRATION

Of the 3,314 babies were born at MTC, 2,922 applied for a Thai birth certificate and 2,545 received the birth certificates within 15 days. Of those that did not collect certificates from the local district office, many did not do so as a result of the office being closed on weekends and as a result of severe flooding during the monsoon season. The Thai birth certificate provides valuable legal protection of many of the other problems arising from statelessness, a not uncommon issue faced by the children that come to the CRC are either recovering child patients or attend because of their parents are ill and unable to afford these items. On average, 20 children per day attended the CRC in 2013, with up to 25 children attending on some days. The children that come to the CRC are either recovering child patients or attend because of their parents are ill and unable to care for them. The CRC offers important social interaction and stimulation for the children.

CHILD RECREATION AND DAYCARE

The Child Recreation Centre (CRC) provided a space for children to play and participate in activities as well as receive new clothes and essential hygiene supplies if their parents are unable to afford these items. On average, 20 children per day attended the CRC in 2013, with up to 25 children attending on some days. The children that come to the CRC are either recovering child patients or attend because of their parents are ill and unable to afford these items. On average, 20 children per day attended the CRC in 2013, with up to 25 children attending on some days. The children that come to the CRC are either recovering child patients or attend because of their parents are ill and unable to care for them. The CRC offers important social interaction and stimulation for the children.

DRIY FOOD PROGRAMME CASE STORY

My name is Moe Khic La. I am 14 years old. I was born in Kyat Don Township in Burma. I have 8 siblings. My father passed away from a landmine accident when I was 11. After my father passed away, my mother had to take care of us alone. We bigger siblings had to stop school. My mother works on the farm to survive, and, as the bigger sister, I had to help to take care of my younger brothers and sisters.

My mother couldn’t afford our schooling expenses. After three years, I came to Thailand for work, but when I arrived, I visited Rocky Mountain School. I would like to go to school but I have no one to support me. I asked for permission to stay in the boarding house to be able to go to school.

Fortunately, I was allowed to stay in Rocky Mountain boarding house. Then, I could go to Rocky Mountain School. I like staying at the boarding house because there I have no worries for food, shelter or for schooling. My favourite subject is Burmese. I am interested in agriculture. I help to plant vegetables when I have time after school in the afternoon and on weekends. I would like to help my mother and siblings when I grow up. I would also like to say thank you very much to everyone who helps me to attend school.
An external evaluation for the Child Protection and Education Department was completed in October 2011. The evaluation analysed the changes that have occurred in the Department’s structure, programme and services since the last external evaluation was conducted in 2010. It also looked at questions of sustainability and future planning for the department.

The evaluation highlighted how the Child Protection and Education Department has been responsive and flexible, responding appropriately and in a timely fashion as the needs on the border have changed. They have been able to continue to respond and improve programmes, services and awareness raising across programmes alongside these changes.

The recommendations of the evaluation included:

- Continued implementation of the Child Protection Policy, training and awareness raising on child protection issues
- On-going development of the Child Recreation Centre as a resource and referral hub
- On-going work towards accreditation for migrant education
- On-going strengthening of the roles and responsibilities within the Department

The Child Protection and Education Department have incorporated these recommendations into their strategic planning. In the words of one interview respondent, this evaluation found that the CPE programme is doing ‘Exactly what it needs to do. It is on the right track’.

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The Child Protection and Education Department have continued to respond and improve programmes, services and awareness raising across programmes alongside these changes.

The new clinic site is located next to MTC’s training centre, a short drive from the existing clinic. With the rapid development of Mae Sot as a Special Economic Zone, land value has increased and subsequently MTC’s rent will in increase in 2014, with every indication that it will continue to do so. We have also outgrown our old plot, from where we started operations over twenty years ago and, in thinking long-term, MTC’s sister organization, the Suwannimit Foundation, purchased the land. This will significantly improve the sustainability of MTC, while helping to free up funds for essential services.

The 2011 external evaluation of the clinic’s health services cited the limitations of the current buildings, which were not originally envisioned to be serving the volume of patients or hosting the array of services we now offer, particularly over decades. Many of them are in poor condition and are not conducive to proper infection control. In response to growing needs, services, and patient visits, the clinic has expanded rapidly over the last two decades, which has also lead to a haphazard arrangement of departments that is not well suited for patient access and internal coordination. Quality assurance is a priority for MTC, but a lack of space and funding for renovation has limited its ability to improve the facilities. Relocating would finally enable us to build facilities that are properly planned and more suited to provide quality care for patients well into the future. The severe flooding in July further emphasized the need to move to a less flood-prone location.

The new clinic has been designed with 140 beds, a decrease from 200, to reflect the lower number of patient admissions and increasing emphasis on partnerships with other health agencies and more outpatient and preventive health care for Thai-Burma border communities. The design process for the new facilities has been a joint effort, with key medical managers, department in-charges and medical advisors regularly providing input and feedback to two experienced architectural consultants on the master plan and detailed plans. The previous Director of Mae Sot Hospital was also consulted on the plans to ensure that the new facilities meet Thai standards.

**Partnerships**

Recognizing the multi-disciplinary nature of health and the need for wide, cross-sectorial partnerships to achieve health for all has always been a central operating principle of MTC and over the years, as our services have expanded to meet the diverse needs of our clients, our partnerships and associations have also diversified. The many other community organizations, based along the Thai-Burma border, in Thailand, Burma, and beyond, donors, supporters, and friends who enable us to operate for over twenty years are too many to list here. However, some of the new and key partnerships in 2013 are detailed below.

The community outreach team has been discussing promotion and advocacy around the Thai Ministry of Health’s new migrant Health Insurance Scheme with the Migrant Rights Promotion Working Group (MRPWG).

**New Mae Tao Clinic**

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**Construction on the first two buildings, the Reproductive Health and Child Inpatient Departments, began in November. By mid-2014, it is expected that all inpatient departments, supporting services and some offices will be complete or under construction.**

Sponsors of the new buildings include the Japanese and Australian governments, several private foundations and Daw Aung San Suu Kyi’s Foundation. Funding is still required for the outpatient facilities, the multi-purpose building, the patient house and the kitchen.

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**MTC has also strengthened our partnership with Mae Sot Hospital in 2013 and now work with them on immunisation, referrals, medical waste, safe abortion referral and disease surveillance and control. In addition to this Suwannimit Foundation employ 1 Burmese Doctor and 1 Nurse to work at Mae Sot Hospital to assist in supporting MTC referral system.**

**Suwannimit Foundation also supports MTC in other areas including land security and sustainability and support in the building of the new MTC.**

**The offers medical treatment for patients with complex medical conditions and provides a range of support services before, during, and after treatment. However, because facilities, equipment, and expertise at local clinics and hospitals are limited, the majority of BCMF patients must be transferred to a major hospital in Chiang Mai for treatment. While more than 50% of BCMF patients are children, BCMF serves people of all ages that have a good prognosis with surgery or advanced medical treatment, such as congenital malformations or heart defects. In 2013, BCMF enrolled 261 new patients, a 38% increase from the number of patients enrolled in 2012. 207 of these cases were referred by MTC.**

**To find out more about Burma Children Medical Fund go to www.burmacchildren.com**

**Saw Paw, a 7-year old boy, has a congenital heart disease known as Tetralogy of Fallot (TOF). Children with TOF have four related heart defects that commonly occur together, which result in poor oxygenation of the blood. Without surgical intervention, it results in worsening heart failure and ultimately death. Surgery is usually curative, often with rapid, dramatic impacts.**

Saw Paw’s grandmother heard about Mae Tao Clinic and travelled to Thailand to get her grandson treated. Recognizing the severity of his condition, medics referred him to BCMF. Without the specialized personnel and equipment needed for proper diagnosis of cardiac defects in Mae Sot, BCMF sent him to Chiang Mai for further investigation and treatment. Five days later, Saw Paw had cardiac surgery.

**Following surgery, Saw Paw can play like other children without getting tired and no longer turns blue. He can now shower and dress himself, simple yet essential things he could not have done before the surgery. The change in Saw Paw was so great that his younger brother didn’t recognize him when he first returned home. Saw Paw is now expected to live a normal life, wants to be a medic when he grows up.**

**Dr. Cynthia with Dr. Nathapong Wongsawas, the new Director of Mae Sot Hospital**
IN MEMORIAM - DR LEK NOPDONRATTAKOON 1955-2013

This year we said goodbye to a long-term supporter of MTC, Dr Lek Nopdonrattakoon. Dr Lek worked as an obstetrician at Mae Sot Hospital but also was closely involved with MTC’s reproductive health team. He helped to train staff on contraceptive implants, promoting family planning and improving post-abortion care. He also treated several of our female staff when they needed obstetric care, and has been one of the longest Thai friends of the Mae Tao Clinic. He will be greatly missed.

HOW YOU CAN SUPPORT MTC

Donate | Volunteer | Fundraise
Find out more on metaoclinic.org/howtohelp/donate | Follow us on facebook.com/MaeTaoClinic

FUNDRAISING

STELLA’S RIDE FOR REFUGEES

In 2013, one supporter went above and beyond to raise awareness of Burmese refugees. - Stella Orechia cycled a whopping 1,000 miles to raise money for Mae Tao Clinic, in addition to another 1,000 mile ride in the northwest U.S. and Canada to support the Northwest Communities of Burma.

Undertaken during her college sabbatical, Stella wanted to fulfill a personal longing to return to her birthplace in Rangoon after 50 years and to meet with family still there. As a mentor to several Burmese families resettled in the Puget Sound of the Pacific Northwest of the United States, she also wanted to increase awareness and help provide funds for organisations that support and provide services for displaced Burmese. She cycled the 1,000 miles of her Burma leg in twenty days, reaching Rangoon, Pegu, Inle Lake, Pindaya, Mandalay, Mt. Popa, Bagan and the Irrawaddy River. The last 250 miles were cycled near MTC, on the Thailand-Burma border. The Riding For Refugees banner was hung at each destination, presenting an opportunity to share the Mae Tao Clinic’s story and mission.

To read more about her cycling adventures, visit stellasbiking.wordpress.com/. To make a donation to her campaign for MTC, visit our online donation page and enter ‘riding for refugees’ in the memo box: metaoclinic.org/howtohelp/donate.
We would like to thank the following organisations and individuals that provided donations of equipment, instruments, supplies, medicines and services to MTC in 2013:


MTC new structure

MTC restructured the management in 2012 and reviewed this in 2013. After multiple consultative workshops it was agreed that the deputy director of hospital services job was too big. Therefore a decision was made to create two Deputy Director positions, the first was the Deputy Director of clinical services and training and the second was of community services. This restructuring enables a better distribution of the workload.
**MTC MANAGEMENT AND LEADERSHIP STAFF**

**POSITION** | **NAME**
---|---
**DIRECTOR** | **DR CYNTHIA MAUNG**
Deputy Director - Clinical Services & Training | Mu Ni
Assistant Deputy Director – Clinical Services & Training | Naw Sophia
Child Health Manager | Pan Aye
Adult Health Manager | Kyaw Kyaw Win
Reproductive Health Manager | Nwe Sabel Moe
Training Manager | Lah Shu
Clinical Consultants | Dr Mary Boulter & Dr Valentine de Barbier
Technical Consultant | Pyiah Sone Aung

Deputy Director - Health Services & Community Outreach | Hilde Ramsden
Health Support Manager | May Soe
Health Specialties Manager | Nwe Ni
Community Outreach Manager | Saw Than Lwin

Deputy Director - Operations | Simon Dickinson
Assistant Deputy Director - Operations | Eh Thwa
Finance Manager | Eh Na Moo
Logistics Manager | Htee Mu Htoo
Administration Manager | Win Tin
Human Resources Manager | Jonathan
Fundraising and Grants Manager | Yasmin Ahmammad
Social Work Manager | Nwe Htoo
Architectural Consultants | Albert Company-Olmo & Jan Glasmeier

Deputy Director - Burma-Based Health Services | Thar Win
Pa Hite Manager | Pa Loe Paw
Burma-Based M&E Manager | Kyi Soe

Deputy Director - Child Protection & Education | Liberty Thawda
Education Manager | Mahn Shwe Hnin
Child Protection Manager | Nway Nway Oo

**MTC ADVISORY TEAM**

Lisa Houston | Dr Catherine (Kate) Bruck | Nai Aye Linin | Dr Voravit Suwanmanichkij

**MTC WAS SUPPORTED BY THE FOLLOWING INTERNATIONAL AND THAI VOLUNTEERS IN 2013:**

Dr. Win Myat Than | Dr. Dorothy V. Hernandez
Dr. Elaine Joynson | Dr. Dan C. Schneider
Dr. Aung Myat | Dr. Kate Jardine
Dr. Larry Muller | Dr. Zoe Steiley
Dr. Casidy Dahn | Dr. Carolyn Steiley
Dr. Khin San Win (Alice) | Dr. Chan Ju Jw
Dr. Thein Win | Dr. Sterling Williamson
Dr. Debora Chan | Dr. Terry Smith
Dr. Brian Guercio | Dr. Tadashi Takeuchi
Dr. Michel Herbert | Dr. Brandon Libby
Dr. Takayuki Abe | Dr. Mark Harris
Dr. Nantah Fuchs | Dr. Patrick Hung
Dr. Thomas Cosack | Dr. Amy Leang
Dr. Naomi Drummond |

**MTC WAS SUPPORTED BY THE FOLLOWING LONG TERM VOLUNTEERS AND ORGANISATIONS DURING 2013:**

Robert Hyndman | Australian Volunteers International
Kate McGannon | Australian Volunteers International
Aya Tahata | JAM
Yuka Mekawa | JAM
Daniel Kun | Greater Good
Dr. Frank Green | Karen Aid
Lucia Rocchelli | University of Pavia, Italy
Mary G. Byrne | Burma Border Partnership
Jessica Bowes | Burma Border Partnership

**MTC HOSTED MEDICAL STUDENTS FROM THE FOLLOWING MEDICAL SCHOOLS IN 2013:**

University of Melbourne, Australia | University of Aberdeen, UK
University of Notre Dame, Australia | University of Birmingham, UK
University of Queensland Australia | University of Bristol, UK
University of Western Australia | University of Cambridge, UK
Deakin University, Australia | University of Edinburgh, UK
Monash University Melbourne, Australia | University of Manchester, UK
University of Milan, Italy | University of Newcastle, UK
Jichi Medical University, Japan | University of Nottingham, UK
Leiden University, Netherlands | Imperial College London, UK
Otago University, New Zealand | Kings College London, UK
University of Auckland, New Zealand | Norwich Medical School, UK
Chonbuk National University, South Korea | Peninsula Medical School, UK
Chiang Mai University, Thailand | University at Buffalo, The State University of New York, USA
National Taiwan University, Taiwan | University of California system, USA
Brown University School of Medicine, USA | Medical College of Georgia, USA
Figure 1. Total expenditure in 2013 was 96,690,158 THB. The graph chart above shows the % of expenditure on each programme area.

Figure 2. This shows MTC’s overall funding allocation areas for 2013.

Figure 3. MTC’s total revenue for 2013, including Donations In-Kind - 106,644,119 THB. The chart shows MTC’s funding sources. Others includes funds from donation boxes, registration and school fees and income generation.

MAE TAO CLINIC IN THE NEWS

Thai University bestows honors Dr Cynthia with doctorate

As donors focus on Myanmar, clinic for Burmese in Thailand faces funding pressures
http://www.trust.org/item/201312220120011-hnqje/?source=mobile

Dr Cynthia: Burma’s Health Crisis Continues

Health cooperation at border critical

Life gets tougher on the Thailand-Myanmar border

Burma’s Refugee Doctor Wins Sydney Peace Prize

“There Is No Room for Discrimination in Health Care”

Peace Prize Recipient Honoured For Burma Border Clinic—Australia Cuts Her Funding

Myanmar’s infant mortality woes

Dr. Cynthia Maung: How foreign donors can help bring peace to Burma

Fragile sanctuary
ACKNOWLEDGEMENTS

PHOTOS:

Timothy Syrota pg. 2
Allyse Pulliam pgs 5, 11, 12, 13, 15, 17, 25 (top), front & back cover
Other photos by Mae Tao Clinic staff

DESIGN:

Nancy Chuang