Greeting from Dr. Cynthia Maung

Vision and Mission

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Top Ten Cases by Department

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HIV/AIDS Prevention and Care

Malaria Management

Referral Services

Prevention, Outreach and Social Support Services

Patient Support Services

Pa Hite Clinic

Training

Core Health Worker Training

Capacity Building and Ongoing Training for Staff

Child Protection and Education

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Nyi Nyi (Patient)

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Hope (Patient)

Su Wah (Staff)

Pearl (Student)

Nan Thay Thay (Student)

Saw Seek Mu (Student)

Win Win Maw (Patient)

Ban Zaam (Staff)

Dr. Cynthia Maung
Director, Mae Tao Clinic

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Dear Friends,

It is my pleasure to present our 2012 Annual Report to you.

2012 marked a significant year of change, for both Burma and Mae Tao Clinic. Government reforms and preliminary ceasefires agreements early in the year signaled the first tentative steps towards a freer Burma. However, genuine signs of lasting progress remain distant in Burmese border regions where displaced ethnic populations are most in need. Although open conflict has decreased in eastern Burma, land confiscation and increased militarisation, along with its attendant abuses such as forced labour, in ethnic areas remain everyday realities in our target communities. Little has changed on the ground in terms of health, education or child protection. MTC case loads and admissions, in fact, increased in 2012, with approximately 50% of clients still travelling from eastern Burma. Meanwhile, the number of children supported through our child protection programme remained static, indicating that social services provided by the MTC are still very much needed by these ethnic communities, and will continue to be needed until government health and education investment in these areas increases considerably and there is a durable resolution to Burma’s longstanding ethnic conflicts.

MTC went through its own transition in 2012 as part of an organisational development process, which we initiated following our 2011 external evaluation. We now have a more comprehensive organisational structure, which will facilitate strategic planning and improve internal communications and operations. We look forward to starting 2013 with the new structure in place, as well as a new stipend structure that better reflects the skills and experience of our staff. Our next step is to conduct research that will enable us to devise a 5 year strategic plans for each of our programme areas.

2012 also saw one of the most critical funding crises we have ever faced, which unfortunately had wide-reaching consequences for staff and patients who rely on MTC. Although we often face difficulties with covering our budget, as needs usually outstrip our funding, this year’s crisis was a result of an unfortunate and ill-timed combination of external factors. Yet you, our supporters, came through for us once again by donating promptly and generously after our appeals for assistance. We are taking the opportunity to learn from this difficult and stressful time by taking steps to ensure that we are prepared should a similar situation arise in future.

Funding constraints also encourage us to seek further opportunities for coordinating with partners. For example, through our relationship with the Burma Children Medical Fund, we were able to refer 35 gynaecological cases for treatment that we did not have the resources to pay for ourselves. Coordination with ethnic health organisations to standardise the training curriculum and increase their capacity also ensured that basic health worker training was conducted and will continue to be conducted by partners in a number of ethnic states even if MTC is unable to provide the funding.

Once again, I would like to extend our gratitude to all of you for continuing to support our work. The achievements described in this report are made possible through your enduring support. Thank you.

Sincerely,
Dr Cynthia Maung
Director, Mae Tao Clinic
VISION AND MISSION

The Mae Tao Clinic (MTC) is a health service provider and training centre, established to contribute and promote accessible quality health care among displaced Burmese and ethnic people along the Thailand-Burma border. In addition to the comprehensive services provided at its onsite facilities, MTC also promotes general health through partnerships with other community based organisations. We work together to implement and advocate for social and legal services, as well as access to education for people living along the border.

The future vision for MTC is to continue providing quality health and social services. MTC is endeavouring to further promote health education, and improve access to and utilisation of its health services. MTC will also advocate for improved access to quality education for migrant children in the Mae Sot area and work to strengthen the child rights and child protection network among local and international human rights institutions. MTC serves a broader role as a community centre and centre for advocacy with respect to issues related to Burma and the displaced community.

2011 HIGHLIGHTS AND ACHIEVEMENTS

In September, Dr Cynthia travelled to Washington D.C. to accept the National Endowment for Democracy's 2012 Democracy Award. This award honoured the Democracy Movement of Burma and was accepted by four other key figures in the fight for democracy and human rights in the country: Min Ko Naing, Hkun Htun Oo, Kyaw Thu and Aung Din. Dr Cynthia also had the chance to meet Daw Aung San Suu Kyi, who was in attendance to address the award recipients and audience.

Statelessness remains a significant problem for the displaced and marginalised communities that MTC assists. However, 2012 saw a significant rise in the number of parents completing birth registration for their children, resulting in the highest collection rate to date. To read more, please see page 22.

MTC made significant headway with its organisational development agenda this year. Achievements include finalisation of a new organisational structure and recruitment policy as well as the recruitment of three Deputy Directors (Operations, Hospital Services and Burma-Based Services). To read more, please see page 25.

2012 also saw the first visit of a Burmese government official to MTC. To read more, please see page 27.
HEALTH SERVICES

Although Burma’s recent reforms and preliminary ceasefire agreements in most ethnic areas have reduced the level of open conflict (with a notable exception being in Kachin State), the number of cases treated at MTC increased slightly in 2012. This is partly due to the relaxation of travel restrictions, which allowed more people to travel to the border, as well as the continuing lack of improvement to the health care system in Burma. Altogether, these factors, along with the reputation of the Mae Tao Clinic for providing quality health services, resulted in many clients still taking significant risks to travel to MTC in Thailand for basic health and education services.

The Burmese government’s recent increase in health spending (from 1.1% in previous years to 3.9% of the total budget in 2012-13) has not had a perceptible impact on increasing the availability of health services for the people in eastern Burma. Health spending remains well under $10 per person per year and, even where health services are available, almost all services must be paid for out-of-pocket, rendering even the most basic health services an unaffordable luxury for most people in Burma, particularly impoverished families living in rural, ethnic parts of the country. These are the very populations who have no recourse but to travel to the Mae Tao Clinic and overall, 45% of the MTC’s cases come from Burma. Total admissions also rose by 16.34% in 2012, with 50% of admitted patients coming from Burma, suggesting that, in particular, those most critically ill, unable to afford treatment at home, rely on the MTC for health care. The rise in inpatient cases is also partly a result of a higher neonatal caseload in 2012 (by 60% compared to 2011), highlighting the reality that basic public health interventions to prevent sickness for the most vulnerable members of society, such as infants and mothers, remains distant. These are not realities that will change overnight and despite the political changes in Burma unfolding in 2012, it will be many years before the people of Burma will be able to equitably access quality, affordable health care.

Women and girls comprised more than two-thirds of cases treated in 2012.

MTC VISITS 2005-2012

Similar to previous years, 45% of all cases treated in 2012 were patients who crossed the border from Burma to reach the clinic.

Although the number of cases treated at MTC increased from 2011, the impact of the funding shortfall in the second half of the year actually resulted in a reduction and delay of treatments and services for some patients. To manage the shortfall, MTC made decisions to delay purchases of instruments and equipment and non-emergency surgical treatment. Staff stipends were also temporarily reduced by 10-20% across-the-board. To help limit the budget for patient food, stays in the Patient House were restricted to 3 days, impacting services such as acupuncture, which usually require a long course of treatment. A general shortage of medicines and supplies in many departments led to difficulties with treating and managing congenital and chronic cases for children and adults.

Similar to previous years, 45% of all cases treated in 2012 were patients who crossed the border from Burma to reach the clinic.
NYI NYI’S STORY - PATIENT ADMITTED TO MTC’S INPATIENT WARD

Nyi Nyi is twenty-two years old. He was born in a small farming village near Pha An, Burma. Nyi Nyi and his brothers work as truck drivers to support his family of eleven. While working, Nyi Nyi developed pain in his right shoulder and abdomen. After nine days the pain became too much for him to work and he decided to come to Mae Tao Clinic. Nyi Nyi’s parents had been to Mae Tao Clinic before and so even though Pha An has a regional hospital, Nyi Nyi knew Mae Tao Clinic was the only place he could get good medical care for free. The journey took a full day and cost the family 40,000 Kyat, nearly 50 U.S. dollars. Unable to cover the transportation costs, they were forced to borrow money from friends and family. When Nyi Nyi finally arrived at MTC he was diagnosed with a liver abscess and was hospitalised in the Adult Inpatient Ward. This curable illness can be life-threatening if not treated early enough. Nyi Nyi will spend the next 1-2 weeks here receiving treatment and rest. Nyi Nyi hopes to return home soon and is very happy that he could receive help from Mae Tao Clinic.
### Health Service Comparison 2011 and 2012

<table>
<thead>
<tr>
<th>Cases (unless otherwise indicated)</th>
<th>Comparison</th>
<th>2011</th>
<th>2012</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Visits</td>
<td></td>
<td>150,904</td>
<td>148,561</td>
<td>-1.55%</td>
</tr>
<tr>
<td>Total Caseload</td>
<td></td>
<td>107,055</td>
<td>108,203</td>
<td>1.07%</td>
</tr>
<tr>
<td>Total Clients</td>
<td></td>
<td>71,799</td>
<td>72,998</td>
<td>1.67%</td>
</tr>
<tr>
<td>Total Admissions</td>
<td></td>
<td>10,692</td>
<td>12,440</td>
<td>16.34%</td>
</tr>
<tr>
<td>Adult Medical Outpatient Cases</td>
<td></td>
<td>31,331</td>
<td>31,081</td>
<td>-0.80%</td>
</tr>
<tr>
<td>Adult Medical Inpatient Cases</td>
<td></td>
<td>3,300</td>
<td>2,719</td>
<td>-17.61%</td>
</tr>
<tr>
<td>Surgery Cases Outpatient</td>
<td></td>
<td>7,468</td>
<td>7,156</td>
<td>-4.18%</td>
</tr>
<tr>
<td>Surgery Cases Inpatient</td>
<td></td>
<td>490</td>
<td>516</td>
<td>5.31%</td>
</tr>
</tbody>
</table>

### Reproductive Health Outpatient

<table>
<thead>
<tr>
<th>Cases</th>
<th>2011</th>
<th>2012</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient cases</td>
<td>2,439</td>
<td>2,514</td>
<td>3.07%</td>
</tr>
<tr>
<td>Antenatal Care Clients</td>
<td>5,737</td>
<td>5,098</td>
<td>-11.13%</td>
</tr>
<tr>
<td>Family Planning (FP) Visits</td>
<td>9,625</td>
<td>9,357</td>
<td>-2.78%</td>
</tr>
<tr>
<td>Clients using long-term / permanent FP methods</td>
<td>246</td>
<td>235</td>
<td>-4.47%</td>
</tr>
</tbody>
</table>

### Reproductive Health Inpatient

<table>
<thead>
<tr>
<th>Cases</th>
<th>2011</th>
<th>2012</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>RH Inpatient Admissions</td>
<td>5,496</td>
<td>6391</td>
<td>16.28%</td>
</tr>
<tr>
<td>Delivery Admissions</td>
<td>3,085</td>
<td>3,504</td>
<td>13.58%</td>
</tr>
<tr>
<td>Postnatal Care Visits</td>
<td>4,136</td>
<td>5,027</td>
<td>21.54%</td>
</tr>
<tr>
<td>Post-abortion Care Cases</td>
<td>538</td>
<td>644</td>
<td>19.70%</td>
</tr>
<tr>
<td>Neonatal Admissions</td>
<td>633</td>
<td>1,017</td>
<td>60.66%</td>
</tr>
</tbody>
</table>

### Child Health

<table>
<thead>
<tr>
<th>Cases</th>
<th>2011</th>
<th>2012</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Outpatient Cases</td>
<td>13,800</td>
<td>14,154</td>
<td>2.57%</td>
</tr>
<tr>
<td>Child Inpatient Cases</td>
<td>1,316</td>
<td>1,492</td>
<td>13.37%</td>
</tr>
</tbody>
</table>

### Primary Eye Care and Surgery

<table>
<thead>
<tr>
<th>Cases</th>
<th>2011</th>
<th>2012</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Eye Cases</td>
<td>14,789</td>
<td>13,855</td>
<td>-6.32%</td>
</tr>
<tr>
<td>Eye Surgeries Completed</td>
<td>996</td>
<td>1,277</td>
<td>28.21%</td>
</tr>
<tr>
<td>Eyeglasses Dispensed</td>
<td>8,819</td>
<td>9,447</td>
<td>7.12%</td>
</tr>
</tbody>
</table>

### Medical Referrals to Mae Sot Hospital

<table>
<thead>
<tr>
<th>Cases</th>
<th>2011</th>
<th>2012</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Referrals</td>
<td>709</td>
<td>595</td>
<td>-16.07%</td>
</tr>
<tr>
<td>Outpatient Referrals</td>
<td>550</td>
<td>344</td>
<td>-37.45%</td>
</tr>
</tbody>
</table>

### Dental Cases

<table>
<thead>
<tr>
<th>Cases</th>
<th>2011</th>
<th>2012</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>New and Replacement Cases Prosthetic Limbs Fitted</td>
<td>262</td>
<td>268</td>
<td>2.29%</td>
</tr>
</tbody>
</table>

### Prosthetics and Rehabilitation

<table>
<thead>
<tr>
<th>Cases</th>
<th>2011</th>
<th>2012</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture Visits</td>
<td>5,969</td>
<td>4,417</td>
<td>-26%</td>
</tr>
</tbody>
</table>

### Laboratory and Blood Bank

<table>
<thead>
<tr>
<th>Cases</th>
<th>2011</th>
<th>2012</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria Slides Tested</td>
<td>29508</td>
<td>26077</td>
<td>-11.63%</td>
</tr>
<tr>
<td>% ANC Clients Tested for HIV</td>
<td>72</td>
<td>67</td>
<td>-5%</td>
</tr>
<tr>
<td>Tests for Voluntary HIV Counselling &amp; Testing</td>
<td>817</td>
<td>293</td>
<td>-64.14%</td>
</tr>
<tr>
<td>Blood Donor Screening</td>
<td>1533</td>
<td>1343</td>
<td>-12.39%</td>
</tr>
</tbody>
</table>

### Infectious disease surveillance

Malaria, pneumonia and diathoea were found to be the top causes of under-5 mortality in Eastern Burma according to the 2010 Diagnosis Critical study. Increased access to Eastern Burma by international NGOs based in Rangoon may help to tackle these illnesses and it is already evident that malaria programmes in border areas are making an impact. However, INGOs often only deliver vertical programmes (they only target one disease), rather than comprehensive primary health care programmes. There is also the risk of INGOs withdrawing once funding for the project ends. Border-based ethnic health organisations, including Mae Tao Clinic are therefore looking for opportunities to coordinate with INGOs working in the border regions to work together on health policy and programmes.

Although some diagnoses represent a minority of inpatient admissions and outpatient visits, their greater complexity, longer length of stay or frequency of visits put a disproportionately heavy strain on MTC resources. MTC is dealing with more chronic cases, such as HIV, diabetes and hypertension. In 2012, 92 children and adults were admitted for severe malnutrition, but chronic malnutrition in children and adults is also of continuing concern. Confirmed tuberculosis cases continue to pose challenges, as treatment requires six months. There are a few NGO treatment programmes available, for example in Koko across the border, but not all patients are eligible or able to stay at the clinic for six months. Starting in late 2012, MTC home-based care workers living in Myawaddy could help HIV patients who have a TB co-infection to access treatment at Myawaddy Hospital, except this is limited to those who have household registration in Myawaddy.

Infectious disease surveillance continued into 2012 after the Thai Ministry of Public Health (MoPH) and World Health Organisation (WHO) introduced a standardised monitoring and weekly reporting system for all Thai-Burma border health facilities in late-2011. MTC is advocating for a similar system to be set up in border areas in Burma to help improve com...
municable disease control.

In 2012, the MTC immunisation team expanded its services from 3 days a week to 6 days a week. Many clients face travelling and time constraints when coming to MTC, which often resulted in parents missing scheduled immunisation sessions. Longer operating hours therefore enable greater numbers of children getting vaccinated. In 2011 staff immunised around 200 children a week. In 2012 this rose to around 300 a week. A total of 3,471 new-borns received the BCG vaccination and 3,514 were immunised for hepatitis B in 2012. MTC started this universal vaccination programme in 2010, delivering BCG and hepatitis B vaccinations to all babies within two weeks of birth as part of post-natal care, in line with Thai official vaccination schedule standards.

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 2012, 147 staff completed their third dose of the hepatitis B vaccine.

Several equipment donations in 2012 also helped to significantly improve diagnosis and treatment of patients, while cutting costs. The eye department received a retinoscope and an auto refractometer, which will enable them to examine eyes more effectively. The medical inpatients department received two new ultrasound machines and two vital signs monitors, essential tools that will help medics make more accurate diagnoses and monitor patients more effectively.

### Diseases under surveillance by Thai MoPH and WHO

<table>
<thead>
<tr>
<th>Diseases</th>
<th>Number of Cases</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Thailand</td>
<td>Burma</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Watery diarrhoea</td>
<td>537</td>
<td>459</td>
</tr>
<tr>
<td>Malaria</td>
<td>285</td>
<td>138</td>
</tr>
<tr>
<td>Dengue infection</td>
<td>140</td>
<td>153</td>
</tr>
<tr>
<td>Acute bloody diarrhoea</td>
<td>65</td>
<td>79</td>
</tr>
<tr>
<td>Measles</td>
<td>62</td>
<td>56</td>
</tr>
<tr>
<td>Cholera</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td>Suspect Meningococcal (Meningitis)</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1106</td>
<td>905</td>
</tr>
</tbody>
</table>

### Surgery Trauma Case Comparison 2010-2012

<table>
<thead>
<tr>
<th>Injury Type</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fracture &amp; Dislocation</td>
<td>152</td>
<td>273</td>
<td>184</td>
</tr>
<tr>
<td>War Injury</td>
<td>21</td>
<td>25</td>
<td>17</td>
</tr>
<tr>
<td>Dog Bite</td>
<td>106</td>
<td>328</td>
<td>355</td>
</tr>
<tr>
<td>Burns</td>
<td>76</td>
<td>155</td>
<td>14</td>
</tr>
</tbody>
</table>
Myo Min's Story - Surgical Patient

Myo Min is an 18 year-old man from the Irrawaddy division, Burma. Three months ago, Myo Min left his parents and younger sister in Burma to work in Mae Sot. He moved in with his older cousin and got a job as a daily labourer carrying heavy bags. Myo Min works eleven hours a day and gets paid 100 baht/day, barely enough money for himself, let alone money to send home to his family. After two months of hard work, Myo Min came to Mae Tao Clinic complaining of swelling and pain in his lower right abdomen. He had developed a large hernia which required surgery to correct it. Myo Min has had pain in his lower abdomen for three years now, but the strain of the heavy lifting caused his hernia to become a serious problem. Myo Min had surgery to repair the defect in his abdomen and strengthen the muscle wall. Myo Min will stay at the clinic recovering for the next two days to make sure the wound heals properly, followed by rest at home for the next two to three months to prevent his hernia from recurring. Myo Min is very happy that Mae Tao Clinic was able to help him and hopes that eventually he will be able to go back to work so he can send money to his family.

Hope's Story - Delivery at MTC

Hope is 19 years old and has recently become a mother. Hope has lived for the last five years in Thailand without any Thai papers or identification. So when she woke up on her 19th birthday in labour, only 33 weeks into her pregnancy, she knew that Mae Tao Clinic was the only place she could go to give birth. Hope had been to Mae Tao Clinic once before for a pre-natal check and felt MTC was very helpful. Although Hope and her fiancé debated going to Mae Sot Hospital for care, they knew they couldn’t afford the cost of delivery, which must be paid for out-of-pocket for all those who do not hold Thai citizenship or migrant worker registration papers. Also, since this was Hope’s first child, she wanted to be surrounded with people who could speak Burmese and make her feel comfortable. The day after Hope’s birthday, she gave birth to a 2.48-kilogram baby boy. Because she delivered seven weeks early, the baby was given oxygen to help his under-developed lungs. Hope and her child stayed at MTC for a total of five days for neonatal care. Three days into her stay the baby developed a yellowish appearance. The child’s bilirubin levels were tested and he was put under the phototherapy machine for one night to treat jaundice and prevent neurological damage. Hope’s child is now perfectly healthy and living at home with Hope and her fiancé. Hope was very happy with the care at Mae Tao Clinic, especially that the medics were available 24 hours a day. Hope and her fiancé are now getting their child a Thai birth certificate and I.D. card with the help of MTC birth documentation.

MTC’s capabilities in addressing neonatal admissions were also improved thanks to equipment donations, which were timely given the 60% rise in neonatal admissions in 2012. At the beginning of the year, the reproductive health inpatient department received a much-needed phototherapy machine and infant warmer, both of which have been in constant use ever since, due to the high number of low birth weight and jaundiced babies born in the ward each week. An additional piece of laboratory equipment that measures the bilirubin level in babies was also donated, enabling RH medics to decide which jaundiced babies are most in need of phototherapy treatment. The RH department was also fortunate to receive three infusomats, which regulates the rate of drops while giving premature babies intravenous infusions, ensuring that the correct amount of fluid is given. These donations of equipment have helped to reduce perinatal death and referrals to Mae Sot Hospital for costly neonatal care. In 2012, despite a 9% increase in the number of live births, MTC referred 67 neonatal cases, compared to 73 in 2011.
2012 was another record year for births at MTC: **3,319 babies were born** at MTC’s reproductive health department. 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. Encouraging women to deliver in a proper facility with trained staff is a high priority for MTC given the extremely high maternal mortality and infant mortality rates in Eastern Burma. Delivering at MTC also allows parents to register their child’s birth, improving their future prospects of addressing issues of statelessness.

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 anaemia, HIV and malaria, all of which, if undiagnosed, can result in poor health outcomes for the mother and baby. They also receive advice on good healthcare during pregnancy and are issued courses of de-worming treatment.

MTC also continues to offer short and long-term **family planning**. In 2012, 90 women received an intrauterine device (IUD) as a form of long-term birth control, compared to 51 in 2011. A further 96 women opted for tubal ligation and 36 men had vasectomies in 2012.

Abortion remains illegal in Burma and Thailand, forcing women to seek unsafe alternatives that often lead to complications and infections that can be fatal if left untreated. **Post-abortion cases** treated at MTC rose by 16% in 2012. To help prevent these cases, MTC and its partners are making greater efforts to improve access to family planning and sex education in the community through a network of outreach centres.
**HIV/AIDS PREVENTION AND CARE**

MTC diagnoses HIV through three main programmes: Prevention of Mother to Child Transmission (PMTCT), Voluntary Counselling and Testing (VCT), and the blood donation service. In 2012, the VCT and blood donation departments were merged to improve efficiency and save on administrative costs, as well as help remove the stigma of getting tested for HIV. Previously, all clients who visited the department were eligible for testing. However, testing protocols were amended in June; clients were only tested if three months had passed between practising unprotected sex, drug-taking, or other practises that put them at risk of contracting HIV, as this gives a more conclusive result. If clients came within the 3-month window, they were asked to return for testing later.

In 2012, 130 people were diagnosed with HIV at MTC. Expectant mothers who are diagnosed with HIV are enrolled in MTC’s PMTCT programme, which includes the provision of antiretroviral therapy (ART) to drastically reduce vertical transmission to the unborn child and a referral to Mae Sot Hospital for delivery. The babies are also provided with ART at birth, and the mothers given milk formula to replace breastfeeding to further reduce the risk of the child acquiring HIV. In 2012, of the 3,408 women who agreed to take HIV tests, 37 were diagnosed as HIV positive (1.08% of cases handled in 2011 was 1.7%).

All clients who tested HIV positive received counselling to help them learn about living with this diagnosis. MTC also supported anti-retroviral therapy (ART) and home-based care (HBC) for people living with HIV/AIDS. However, it was not possible to provide treatment and home-based care for all those eligible due to capacity and funding constraints.

Throughout 2012, MTC was coordinating the ART treatment of 78 people living with HIV/AIDS. 20 of these patients received ART medicines directly through MTC. The remainder received their ART treatment from MSH (39) or Phop Phra Hospital (19), but received follow-up testing and treatment from MTC. MTC also assisted these 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 provided home-based care services to approximately 300 People Living with HIV/AIDS (PLWHA). This programme includes the provision of hygiene packs, supplementary nursing care, and medicines for opportunistic infections. There were also frequent group discussions and trips to help PLWHA and their families develop friendships and a strong self-help network.

**MALARIA MANAGEMENT**

Malaria cases treated at MTC continued to decline thanks to greater malaria prevention and treatment services available inside Burma. However, MTC continues to see more complex co-morbid cases, such as malaria with malnutrition, HIV or TB. A total of 26,077 slides were tested for malaria in 2012: 401 patients tested positive for the more severe species of malaria parasite, Plasmodium falciparum (PF), and 656 patients were diagnosed with a sole or mixed infection with the milder Plasmodium vivax (PV). Most diagnosed patients came from Burma. There are also rising concerns about PF malaria in Burma’s border areas becoming more resistant to artemisinins, the last reliable class of PF malaria treatment. Although itself a consequence of Burma’s failed health system, this development also poses a potential threat to the control of PF malaria worldwide.

Malaria prevalence among antenatal care (ANC) clients has dropped dramatically over the last nine years. In 2004, 31% of ANC clients tested positive for malaria. In 2012, this dropped to only 1.15% prevalence in pregnant women.

MTC receives support for malaria management from the Global Fund for Malaria via the Shoklo Malaria Research Unit (SMRU). Through this programme, SMRU provides regular laboratory quality control.

**REFERRAL SERVICES**

0.8% of cases handled at MTC in 2012 were referred to Mae Sot Hospital (MSH), as more advanced level care was required. Patients referred by the clinic are case-managed by a team of MTC medic. Non-emergency referrals were minimised during the last six months of the year, yet referrals still represented 25% of MTC health expenditure in 2012.

595 cases were admitted to MSH having been referred from MTC, of which 46 were for Gynaecology, 49 for Surgery (emergencies) e.g. appendicitis, 67 for Neonatal, 115 for Trauma e.g. head injuries and war casualties, and 176 for Delivery complications. The Top five referral admission cases and cost are shown in the table below:

<table>
<thead>
<tr>
<th>Type of case referred</th>
<th>Number of cases in 2012</th>
<th>Average cost/case (THB)</th>
<th>Total cost (THB)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivery complications</td>
<td>176</td>
<td>14,656</td>
<td>2,579,454</td>
</tr>
<tr>
<td>Trauma e.g. head injuries and war casualties</td>
<td>115</td>
<td>5,492</td>
<td>631,566</td>
</tr>
<tr>
<td>Neonatal</td>
<td>67</td>
<td>16,951</td>
<td>1,135,685</td>
</tr>
<tr>
<td>Sugery (emergencies) e.g. appendicitis</td>
<td>49</td>
<td>22,048</td>
<td>1,080,361</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>46</td>
<td>9,005</td>
<td>414,232</td>
</tr>
</tbody>
</table>
which 63% travelled from Burma to seek treatment. 65% of cases were related to reproductive health or neonatal issues, such as complicated deliveries, neonatal care, and gynaecological cases. Other cases related to surgery/trauma, HIV, and eye care. A further 344 cases were referred for outpatient treatment at MSH, the majority of which were related to HIV/AIDS or eye cases. 195 of all referral cases were children under the age of five. Most of these were neonatal cases; others included heart disease, hemias, and fractures.

PREVENTION, OUTREACH AND SOCIAL SUPPORT SERVICES

Participants noted that the number of schools overall meeting standards had dropped; this was attributed to cuts in school funding and changes in migrant learning centre administration in the past year. In 2011, 53 schools were involved, 21 of which received awards for good school standards; in 2012 this dropped to 45 schools participating and only 9 receiving awards.

In 2012, the School Health Unit (SHU) conducted health checks across migrant learning centres, giving deworming medicine to 15,777 students and vitamin A to 8,238 children under the age of 12.

In August, the MTC School Health Unit, the Japanese Association for Mae Tao Clinic (JAM), Tokyo University, and IRC, conducted the fourth annual school health awards ceremony. Three silver and six bronze awards were awarded based on improvements in hygiene, environmental health, health and nutrition services, common disease control, and school and community linkages. Participants noted that the number of schools overall meeting standards had dropped; this was attributed to cuts in school funding and changes in migrant learning centre administration in the past year. In 2011, 53 schools were involved, 21 of which received awards for good school standards; in 2012 this dropped to 45 schools participating and only 9 receiving awards.

The Adolescent Reproductive Health Network is a community-based group that empowers young adults to responsibly address adolescent reproductive health issues. In 2012, the network conducted nine trainings for 215 students, teachers, and other community members at schools and other organisations. Topics included: physical and mental change during adolescence, female and male anatomy, the menstrual cycle, ovulation and fertilisation, abortion, family planning, STIs, HIV/AIDS, sex and gender, counselling, and decision making.

School children lining up for health checks

The Adolescent Reproductive Health Network training (Photo: Allyse Pulliam)

MTC van referring patients to Mae Sot Hospital (Photo: Allyse Pulliam)
It is estimated that approximately 70% of the 2,000 km Burma-Thailand border is mined.

MTC also continued to provide essential family planning supplies to four community health outreach centres run by Youth Centre, BWU, IRC and SAW, serving 2,448 clients in total, 873 of whom were new clients.

The MTC Mental Health Centre served 177 clients in 2012 who suffered from conditions and issues ranging from psychosis, schizophrenia, depression, anxiety, post-traumatic stress disorder, substance abuse and domestic abuse. Staff also conducted home visits to provide counselling and medication management for clients with more severe cases who are unable to travel to the clinic easily.

The permanent counselling staff at the centre are assisted by international volunteers who provide ongoing training on counselling skills, mental illness and case management. In 2012, the counselling team shared these skills with fellow MTC staff by conducting short trainings. Further trainings were held at CDC, SAW and Rocky Mountain schools on the topics of stress, coping skills and mental illness, giving students and teachers skills in peer support and self-care, understanding and awareness.

Counselling staff also benefitted from the construction of a new centre, which opened in April. The new building is more accessible to patients with mobility problems and has small rooms available for individual counselling sessions.

The prosthetics workshop fitted 268 prosthetic limbs in 2012, of which 88% were replacements for returning clients. A sign that living conditions in Eastern Burma are still dangerous, even after the preliminary ceasefire, is that of the new cases approximately half (15) were due to landmine injury, and that 72% of all cases seen in 2012 were due to landmine injuries, with disease and accidents the cause of the remainder. This danger will continue while there is no landmine clearance programme in place. The prosthetics workshop also conducted a year-long training course that finished in August 2012 to train up four new prosthetic technicians. Two remained as staff of the MTC prosthetic workshop, while two set up their own workshop in Karen State.
PATIENT SUPPORT SERVICES

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Food</strong></td>
</tr>
<tr>
<td><strong>Transport</strong></td>
</tr>
<tr>
<td><strong>Funeral support</strong></td>
</tr>
<tr>
<td><strong>Library Services</strong></td>
</tr>
<tr>
<td><strong>Patient House</strong></td>
</tr>
</tbody>
</table>

PA HITE CLINIC

MTC supports Pa Hite Clinic and its four satellite clinics in Karen State, Burma. The clinics provide inpatient care seven days a week, as well as outpatient care and antenatal care (ANC) services six days a week. All clinics are also able to conduct laboratory diagnostic tests for malaria.

The Pa Hite area has experienced some change in 2012 as a result of the evolving situation in Burma. The target population grew by 898 people to 10,872 in 2012, which is partly attributable to births within the population, as well as to around 500 people returning to the area from the nearby Ei Htu Hta IDP camp and Mae La Oo refugee camp in Thailand.

There have also been improvements to security, which has enabled greater freedom of travel between the satellite clinics and the main clinic, which is necessary to share data, attend workshops and to collect supplies and stipends. Although Pa Hite Clinic and the satellite clinics are located in a Karen National Union (KNU) controlled area, there are still Burmese army camps in the area. Previously, staff and patients feared coming across Burmese soldiers, who could arrest them. Currently, there is still Burmese army presence, but less risk of arrest. However, areas around the army camps still pose the risk of injury by landmines, which have been planted to protect the army camps.

Life is still difficult in these villages however, with lack of food security posing the greatest challenge. The majority of villagers survive on subsistence farming to feed their families. The likelihood of having their grain stores burned down by Burmese soldiers has decreased, but changing weather patterns and soil erosion are resulting in reduced harvests.

Pa Hite continues to encourage safe pregnancy and delivery through ANC services and assisted deliveries.
by Traditional Birth Attendants (TBAs) and Maternal and Child Health workers (MCH). Staff make regular home visits to distribute family planning supplies, as well as to visit women who require antenatal check-ups and new-boms for postnatal care. During ANC visits, MCHs explain danger signs during pregnancy and encourage women to travel to the clinic to give birth. As few are able to do this due to the often long and mountainous journey, MCHs give safe birthing kits to pregnant women and also coordinate with TBAs in the villages and give them kits that include gloves, sterile blades and soap. TBAs receive refresher training once a year and are trained to identify pregnancy complications.

However, there are still challenges in dealing with emergency obstetric cases in the Pa Hite area due to the long distances between clinics and villages. If there is a birthing complication, a family member must run or walk to the nearest clinic to fetch an MCH as there are no phones and automobiles in the area. By the time the MCH has reached the village, it may be too late to treat woman with conditions such as post-partum haemorrhage and pre-eclampsia. Medical staff regularly meet to monitor and discuss emergency obstetric cases to find solutions to overcome the challenges of treating and referring such cases.

There were 26 referral cases in 2012 (up from 8 in 2011), which were mostly related to emergency obstetric care and TB cases. Depending on the case and the village location, staff refer to Day Bu Noh clinic, Ei Htu Hta clinic, Pa Pun hospital and sometimes even to Mae Tao Clinic.

Pa Hite also promotes birth registration to combat statelessness amongst children in Karen State. Due to the long distances between homes and clinics, as well as lack of transportation, parents have up to 3 months to register the birth of their child with the clinic.

Pa Hite Clinic works closely with the Karen Department of Health and Welfare (KDHW) to deliver immunisation and feeding programmes. Families who live close to the clinics are able to get their children BCG, OPV, DPT and MMR vaccinations. Families who live further away are able to vaccinate their children during regular home visits from staff. Malnutrition screening is also conducted throughout the villages. Children who are diagnosed with severe malnutrition are enrolled on an intensive feeding programme.

**Capacity building** plays an important role in ensuring skilled staff can deliver these much needed services to the community. Case studies are conducted at each clinic each week and there are regular workshops on subjects such as malaria management, Integrated Management of Childhood Illness, universal precautions, pharmacy, reproductive health, feeding and immunisation. Staff also attend training with partners or at MTC, for example Earth Rights training, clinical internships, health assistant training and emergency obstetric care training.

School health outreach visits continued to be conducted in 2012, with 2,143 children given Vitamin A and 2,113 given deworming medicine in 54 schools in the area. Staff also work on developing water and sanitation systems in the local area and in 2012 built 21 toilets for local schools.

### PA HITE CASE LOAD 2012

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Population</th>
<th>OPD</th>
<th>IPD</th>
<th>Total Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pa Hite</td>
<td>2,300</td>
<td>5,332</td>
<td>312</td>
<td>5,644</td>
</tr>
<tr>
<td>Kaw Pu</td>
<td>2,203</td>
<td>4,716</td>
<td>278</td>
<td>4,994</td>
</tr>
<tr>
<td>Ka Na Del</td>
<td>2,205</td>
<td>3,278</td>
<td>371</td>
<td>3,649</td>
</tr>
<tr>
<td>Kel Pa</td>
<td>3,196</td>
<td>3,818</td>
<td>146</td>
<td>3,965</td>
</tr>
<tr>
<td>Tha Thwee Del</td>
<td>951</td>
<td>3,290</td>
<td>412</td>
<td>3,702</td>
</tr>
<tr>
<td>Total</td>
<td>10,855</td>
<td>20,434</td>
<td>1,519</td>
<td>21,953</td>
</tr>
</tbody>
</table>

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**Ka Na Del Clinic**
TRAINING

Health worker training continues to be central to Mae Tao Clinic’s strategy to improve health care for rural ethnic populations that often have no other access to treatment. MTC and its partners have played a significant role in building a skilled ethnic health network throughout Burma, which has been further strengthened by standardisation of training curriculum and health information systems. But integration and accreditiation of ethnic health workers in Burma will continue to take time. Ethnic health workers and training sites are still not officially recognised by the government despite the crucial role they play in filling gaps in healthcare coverage. While health care policy develops in Burma, MTC continues to act as a medical training facility, enabling trainees to gain valuable clinical experience. After completing training, these newly trained medics and health volunteers staff MTC, as well as various health facilities on either side of the Thailand-Burma border.

CORE HEALTH WORKER TRAINING

MTC used to be the main implementing organisation for community health worker training in Burma. However, recent efforts to standardise curricula and train new trainers now enables Burma-based ethnic health organisations to conduct their own training in their ethnic state, resulting in more skilled ethnic health workers entering the workforce. Although MTC still plays a key role in recruitment, curriculum development and coordination, it can focus more on providing clinical experience to health workers through internships and more advanced clinical training.

Community Health Worker (CHW) training is a basic medical course comprised of six months theory and three months practical training. There are five training centres along the Thailand-Burma border that offer CHW training: Day Bu Noh, Ho Kay, Nu Poe refugee camp, Umphiem refugee camp, and Ei Thu Tha. In 2012, MTC supported one cohort of 60 CHW trainees who were trained by Karen Department of Health and Welfare (KDHW) at Day Bu Noh.

Community Health Worker Training of Trainers was conducted in 2012 by MTC’s partner organisation, Burma Medical Association (BMA), to strengthen the ethnic health network by improving the skills of trainers and increasing their numbers. MTC sent...
five staff members to train as full-time CHW trainers who will supervise and conduct training with partner organisations inside Burma.

Clinical Internships take place at MTC for four-months and are open to newly trained CHWs. MTC provides boarding, meals, and a small amount of per diem. Interns come from many different ethnic states and groups, including Kachin, Shan, Mon, Arakan, Karen, Karenni, Palau and Chin ethnic groups. These clinical internships are very popular. In 2011 MTC was only able to accommodate 89 interns; in 2012 this was increased to 120 by conducting the training in two batches.

Health Assistant Training conducted between 2011 and 2012 was a more advanced training for those who have completed CHW or nursing training. The training took place at MTC and comprised of twelve months theory and ten months practical training. Almost half of the trainees were staff at Mae Tao Clinic. The remainder returned to their ethnic states to work with partners such as BMA, Back Pack Health Worker Team (BPHWT), KDHW or Shan Health Committee.

Health and Earth Rights Training (HEART) was conducted for the second year running in partnership with EarthRights International. The course builds the knowledge and skills of the next set of emerging community workers, leaders and activists promoting and protecting health and environmental rights inside Burma and along the Thai-Burma border. The programme is based upon a recognition of the close relationship between environmental rights abuses and the health and well-being of communities. HEART trainees graduated on 1st December. Four of them are MTC staff who will apply their new skills to their work at MTC.

### TRAINING COURSES CONDUCTED IN 2012

<table>
<thead>
<tr>
<th>Training Title</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHW Training</td>
<td>18</td>
<td>42</td>
<td>60</td>
<td>April to December 2012</td>
</tr>
<tr>
<td>Clinical Internship Programme</td>
<td>28</td>
<td>38</td>
<td>66</td>
<td>January to April 2012</td>
</tr>
<tr>
<td>Clinical Internship Programme</td>
<td>22</td>
<td>32</td>
<td>54</td>
<td>June to September 2012</td>
</tr>
<tr>
<td>Health Assistant Training</td>
<td>20</td>
<td>23</td>
<td>43</td>
<td>January to December 2012</td>
</tr>
<tr>
<td>HEART Training</td>
<td>8</td>
<td>9</td>
<td>17</td>
<td>May to November 2012</td>
</tr>
</tbody>
</table>

### CAPACITY BUILDING AND ONGOING TRAINING FOR STAFF

MTC staff are continuously learning and upgrading their skills. The clinic held a number of clinical workshops in 2012 to build capacity in the following areas: pharmacy, laboratory, family planning, infection prevention, post-abortion care, acupuncture, tuberculosis and STIs. Staff were also able to attend management workshops to enhance skills related to IT, reporting, monitoring and general management.

A new Continuing Medical Education (CME) programme for medics was initiated in 2012 to ensure that their skills and knowledge are maintained. A CME introductory session was con-
ducted in March, followed by pre-CME assessments for medics. Of 129 eligible medics working at MTC, 124 (37 male, 87 female) participated, initially taking a three-hour test. The medics were assigned to the appropriate level of training programme (basic, refresher, advanced) according to the results of the assessment, with training beginning in the middle of the year.

MTC staff also attended external workshops and trainings offered by partner organisations, such as 10-month comprehensive reproductive health training and 5-month laboratory training organised by Burma Medical Association, as well as 10-month medical refresher training organised by BPHWT.

SU WAH TELLS HER STORY

My name is Naw Su Wah. I was born on the 28th of June, 1990. I am from Chogali village, Kawkareik township, Karen state, Burma. I first came to Thailand when I was 11 years old. My parents sent me to Thailand for schooling, so I would be safe from the suffering of the civil war being waged in Karen State.

In 1997, the SPDC soldiers attacked my village and destroyed everything. The health clinic, the medics, the schools and the teachers were all gone. Everything Dr. Cynthia Maung had created in my village was destroyed. My parents couldn’t afford for me to go to school in the towns or cities and so like many other children I had to stop my studies.

In 2001, I came to Thailand with the help of a MTC health worker that had worked in my village. When I arrived to Thailand I was sent to Umphium Karen Refugee Camp to go to school. I stayed in BCH (Bamboo Children’s Home) boarding house that was established by Dr. Cynthia Maung. I lived and studied there for 10 years.

After that, I came to Mae Sot by the arrangement of Dr. Cynthia Maung to attend HEART training, an environment health leadership course organised by Mae Tao Clinic and Earth Rights International in 2011.

When I finished the training I was teaching voluntarily at CDC (Children’s Development Center) school for three months. Then, in early 2012, I started to work at Mae Tao Clinic. I have worked nearly two years at Mae Tao Clinic in the Child Protection Department. I really like working so children can have a better future. I am also interested in management and problem solving using the environment leadership base of my training experience. I hope to continue to work here and get more experience and knowledge. I would like to see myself as a helpful person for my community and for my family in the future. I am still in contact with my parents, who are working as farmers in my village. I am also still in contact with my childhood friend Oh Mu. She is now married and is staying in Umphium Refugee camp taking care of her family.

Upon hearing that the Burmese army had attacked Chogali, Paula Bock, a long-term MTC supporter, flew back to the border to search for Su Wah and Oh Mu, two young ‘Orchid girls’ who had captured her heart on a previous trip to Karen State. Paula returned to the U.S. unable to find out what had happened to them. On her return, Paula wrote about her mission to find the Orchid girls, as well as the tireless work of Dr Cynthia and the violent war in Karen state as part of an in-depth feature for the Seattle Times in 1997.

Paula’s article helped to raise much-needed awareness and support for Mae Tao Clinic at a time when the devastating conflict in Karen state was largely unknown within the international community. To read Paula’s original article, Land of War: ‘A Journey Into the Heart’, visit http://seattletimes.com/burma
EDUCATION AND CHILD PROTECTION

At the beginning of the 2012/13 school year, CDC school enrolled 949 children from nursery to grade 12 and employed 83 staff. In the past, CDC student numbers rose rapidly year on year until the school was at maximum capacity. However, in 2012 numbers were deliberately reduced as part of a strategic programme restructure to focus on delivering better quality education for students at the school. There are currently 74 migrant schools in Tak Province educating over 14,000 students. However, most of the schools only offer up to primary level education, while CDC is one of the few with secondary level education. CDC is therefore placing greater focus on improving education for grades 7-9, and coordinating closely with 16 middle and primary schools nearby to ensure that all children who come to CDC for education can be referred to another nearby school.

Fewer children are enrolled in grades 11 and 12, as many students are able to access post-10 educational and vocational opportunities with other organisations, for example, Youth Connect, which has been utilising one CDC classroom since 2010 to train 30-35 students a year on vocational skills. Mae Sot Hospital started a six-month nursing training programme in 2012 to train new nurses from the migrant community; 13 CDC graduates were able to enroll. In 2012, CDC school also started a GED programme in partnership with the BEAM foundation, to increase the number of places available for graduating CDC students to take the GED.

Efforts to further integrate into the Thai education system continued. The Thai Ministry of Education (MoE) School Within School Programme continued to enable displaced children to access Thai education at CDC in this period. School Within School operated across 4 year levels from kindergarten to grade 3, with 30 students in each level. The participating children benefit from the support of the Thai education system, having more school materials such as textbooks, and learning to speak Thai from a young age. An analysis of the CDC student profiles show that 70% of children at nursery level were born in Thailand. But the proportion decreases in higher grades; at primary level, only 38% were born in Thailand and at high school level, the percentage is just 10%.

Academic achievements during the 2011/12 school year were lower than expected due to large class sizes, high teacher workloads, differing levels of students, language difficulties, a lack of human resources to provide individual support to students and challenges of supporting students in academic study outside of school hours both in boarding house and family environments. Reduced student numbers should help to improve student performance in 2012/13. Greater involvement of parents in their children’s education continued to be a challenge due to restrictions on parents’ movements due to security, documentation concerns and long work hours. The student dropout rate continued to be high in 2012, with 120 students leaving CDC between June and December, due to the frequent migration of parents and some students returning to urban areas in Burma to explore educational opportunities there. However, only students who have relatives in these urban areas have this option. Those from rural or conflict-affected areas still have few educational opportunities in their area.

**PEARL’S STORY - STUDENT AT CDC SCHOOL**

Pearl is a fifteen-year-old girl studying at CDC School. She is originally from a small village in Irrawaddy Division. Her father was a fisherman, and her mother sold fried food in the village. She is eldest daughter in the family. Her family arrived in Thailand in 2010 when she was thirteen years old. When she was studying in her village, her parents couldn’t buy her school materials because sometimes her father could not find fish and her mother could not make money. Now, Pearl is living with her parents in Mae Tao, Thailand. Her parents work in a plastics factory. Her favourite subject is biology, and she likes to play football as well. She wants to be a doctor when she grows up because her community needs a lot of medical doctors who make sacrifices for their community. Pearl says she will try to work hard until she finishes her studies. After that, she is going to help her community with what she has learned.
New CDC boarding house design, which was nominated for the renowned Detail architecture award in 2012 (photo: Franc Pallares Lopez)

Due to space limitations, the CDC boarding house only housed and supported 253 CDC students directly with shelter, food, bedding and hygiene supplies in 2012, although a further 140 students living with local guardians were also given food support. Some boarding house students also had to move location in 2012. The lease ended on one of the female boarding houses, which led to the girls moving to a boy’s boarding house and the boys from this boarding house temporarily staying in the training centre until new boarding houses were completed at the end of the year.

Of the 253 students staying in the CDC boarding house, 58% are from conflict-affected villages in Burma and the overwhelming majority (87%) do not have birth certificates.

MTC also provides support to 136 children at Bamboo Children’s Home in Umphiem Refugee Camp, enabling these children to stay in an environment where their basic needs are met and they can access education. 14 of these children attend post-10 schools.

The Dry Food Programme provides basic nutrition to children residing in boarding houses, enabling these children to stay in school. The future of the Dry Food Programme was cast in doubt in June 2012 when a sudden funding shortage was identified. An emergency fundraising appeal was launched locally and interna-

NAN THAY’S STORY

Nan Thay is a boarding house student at the CDC School. She is 17 years old and is studying in grade seven. Nan Thay was born in Kaut Baung village, Kawkareik Township, Burma. But, when Nan Thay was only two years old, both her parents passed away. Nan Thay moved in with her aunt and uncle, but they were unable to support her. Nan Thay’s aunt heard that there were many boarding house and orphanages in the Mae Sot area. So Nan Thay was sent to Thailand by her Aunt. Nan Thay was first sent to Mae Tao Clinic and then to the CDC boarding house.

Nan Thay say she likes staying at the CDC boarding house. She says the staff and mistresses are very friendly and helpful. She also thinks the education system at CDC is very good. She has time to think and discuss with teachers and can speak freely in class. Nan Thay’s favourite subject is mathematics, and hopes one day to become a company owner. Although Nan Thay would like to go to school in Burma, she is very happy at CDC. Nan Thay says she will try very hard at school so that one day she can fulfil her goals.
tionally to help raise essential cash and in-kind donations to help keep this programme running. Thanks to the speedy response and generosity of donors, MTC was able to continue giving dry food rations to 2,559 children and staff living in 33 boarding houses in migrant areas, as well as to 291 students and staff across 7 boarding houses in IDP areas. The programme was also able to give emergency in kind support to Burmese Migrant Teacher Association to help teachers who were facing critical shortages of funds for their schools.

In many cases teachers at migrant and IDP schools are fulfilling the role of boarding house staff in addition to their teaching duties, due to a lack of funding for stipends for both teaching and boarding house staff. The teachers are under high levels of pressure fulfilling both these roles. This lack of human resources available to the boarding houses also impacts on other areas, including presenting challenges in the implementation of trainings and systems, including full implementation of the Boarding House Standards of Care.

SAW SEEK MU’S STORY - STUDENT AT IDP BOARDING HOUSE

My name is Saw Seek Mu. I am 16 years old and I am studying in grade nine at an Internally Displaced Persons (IDP) camp in Burma. I was born in Ta Khod To Boe village, Karen state, Burma in 1996. There are five people in my family. They still live in my village where they work as farmers. I studied in my village until grade three, then my father sent me to another village for school. In this village I studied until grade 8. But in 2010 the Burmese Army came to the village and burnt down everything. So my family faced a very difficult situation and I could not attend school for two years. Then, my father sent me to the El Htu Hta temporary refugee camp in early 2012. Here I go to school, but I had to try hard to catch up on the lessons I missed. Now, I pass all my exams. I stay at a Karen Youth Organization boarding house in an IDP village. It is good and very supportive for me to get access to the school. The boarding house helps students like me to continue our education. They provide us with homes and meals, and the staff are very helpful. The cease-fire is not effective in our local area and many people still have problems with food security. President U Thein Sein said there is a cease-fire but the Burmese Army are still in our area and increasing in numbers. We are afraid. I hope the cease-fire process will be successful. My objective is to finish high school and continue my education.

Changes to Thai law which allows children born to parents from Burma to receive birth registration in Thailand in 2008 has seen a significant rise in the number of children collecting birth certificates from the District Office in recent times, with 2012 having the highest rate of collection to date. Of the 3,319 babies that were born at MTC in 2012, 3,138 received a delivery certificate from MTC, of which 2,814 collected an official Thai Birth Certificate from the Thai authorities using birth registration documentation supplied at MTC. The birth registration team has acknowledged that this year they have received strong support from village leaders who are vital in the registration process, which has helped contribute to the high number of completed registrations with the Thai authorities.

Although the birth registration rate is increasing year after year, some parents still have difficulties with collecting birth certificates from the local
District Office, as the office is closed on weekends and public holidays and often parents cannot remain in Mae Sot until the office reopens. If birth registration is not completed within 15 days of birth, MTC’s partner organisation, the Committee for Protection and Promotion of Child Rights can assist, although the procedure is more difficult. Parents who have work permits actually find it more challenging to obtain Thai birth certificates for their children, as they must ask their employer to sign on their behalf, which is not always possible.

Data from the last three years shows that out of the 12,567 babies born at MTC since 2009, only 7% had one parent (either the mother or father) holding a form of ID, such as a work permit, 10-year card or Thai ID. By giving the children birth registration, MTC is helping to break the cycle of statelessness, thereby significantly improving their future prospects. These children will be able to travel with their parents, and will be eligible for receiving official certificates from Thai institutions.

The Child Recreation Centre (CRC) opened in 2011, to provide psychosocial support to children who are being treated, or who are accompanying others for treatment at MTC. The centre provides a space for children to play and participate in activities as well as receive new clothes and access to hygiene supplies. On average 22 children attend the CRC per day. In 2012, CRC staff continued to attend weekly psychosocial workshops conducted by Buma Border Projects (BBP) along with staff from the MTC Day Care Centre. These workshops have included improving psychosocial skills and knowledge, working with children who are sick or have a disability, and improved child care skills.

The CRC is also where MTC’s Child Protection Focal Point is based. This individual is responsible for case management and referral of cases of abuse through the Child Protection Referral System to the appropriate organisation and authorities. In 2012, 40 children were referred to the CPRS system through MTC. Children who are referred to the CPRS have also benefitted from referral to other necessary MTC and partner services, including shelter, birth registration, vaccination, and access to education.

Participating in CPRS has led to an identification and management of a more diverse range of cases beyond abandonment across departments by MTC. There is also an increase in knowledge of and an improved system for managing child abuse cases identified at MTC. Having a focal point within MTC has allowed a more streamlined system for managing cases and has reduced the workload for medical staff in handling these cases. It has also led to having a more highly trained staff member for dealing particularly with abuse cases. Through the use of a structured system, CPRS staff are also able to provide community education and follow up on cases.

COLLABORATION

In mid-2012, seven cross-border community health organisations and the National Health and Education Committee (NHEC) established the Health Convergence Core Group (HCCG). It will prepare for future opportunities to coordinate with Burmese State and National Government agencies, ethnic authorities, international donors, INGOs, local NGOs, and CBOs working inside Burma. Principles of the HCCG are to: maintain and expand current health services delivery, maintain the roles and structure of the ethnic health organisations, promote the involvement and decision-making of the community and local CBOs during the implementation process, promote and engage the role of civil society, discourage conflict among the community and stakeholders, lead the development of the National Health Policy and System and to complement and support the ethnic political organisations in the peace process.

MTC is now a partner with the International Rescue Committee, The Border Consortium and World Education under the Project for Local Empowerment (PLE), which started at the beginning of 2012. This is the first time that MTC has played a key role in managing a large project with equal responsibilities as large inter-
MTC collaborates with numerous local CBOs to ensure the best possible care for people living on the border. An example of this kind of collaboration is its partnership with Burma Children Medical Fund (BCMF), which is based at MTC. While MTC offers a wide range of health care services, for those patients that require complex surgery or medical procedures, options are limited. Often, the only chance these patients have to undergo surgery is to be referred to a major hospital in Chiang Mai. BCMF helps these patients by funding their medical treatment and providing a range of support services before, during, and after treatment.

BCMF saw its caseload increase once again in 2012. The programme (and its two auxiliary programmes the Burma Adult Medical Fund (BAMF) and the Burma Women Medical Fund (BWMF) registered 189 patients in 2012. This represents a 17% increase since 2011 (162 patients) and a 45% increase from 2010 (127 patients). BCMF’s continuing strong partnership with MTC is reflected in the 158 patients referred to BCMF by MTC in 2012. However, BCMF is also seeing increasing referrals from other organisations working with Burmese people all over Thailand, in particular Thai hospitals. BCMF’s relationship with the Thai institutions it has worked with for many years is one of trust and mutual cooperation. This working relationship has ensured that BCMF can transport so many patients, illegally in Thailand, between the Thai-Burma border and Chiang Mai on a regular basis for treatment. In 2012, BCMF transported a total of 253 patients (many still undergoing treatment from the previous year) a total of 551 times (over two trips per patient) in 52 vans to Chiang Mai.

BCMF is looking forward to helping many more in 2013 and is anticipating another busy year with its caseload likely to significantly increase again.

**WIN WIN MAW’S STORY**

Win Win Maw is a good example of the type of patient BCMF is able to help. Win Win Maw is a 17-year-old girl who was diagnosed with Rheumatic Heart Disease. She first noticed she had a problem when she was 13. When she played with her friends, she felt very tired, was frequently short of breath, and had heart palpitations. Her mother took her to Rangoon Hospital where doctors diagnosed her with cardiac disease. Though she was given medication to manage her symptoms, doctors told her that she would not get better unless she had surgery. Her mother, who earned $2 a day as a day labourer, could not afford the surgery, so she gave her daughter Burmese traditional medicine in hopes that it would help manage her daughter’s symptoms. Win Win Maw and her mother later moved to Tak Province on the Thai-Burma border where her mother found work in a sewing factory. When her daughter’s symptoms continued to get worse, her mother brought her to MTC. There, medics confirmed her diagnosis of cardiac disease and referred her to BCMF. BCMF coordinated Win Win Maw’s treatment in Chiang Mai where doctors worked to stabilise her condition enough to allow her to undergo surgery. In September 2012, she underwent a cardiac catheterisation and had a mitral valve replacement. To the donors and staff of BCMF, Win Win Maw’s mother said, “Thank you very much for helping my daughter get treatment. Without your help, my daughter would have died.” BCMF remains committed to helping more people like Win Win Maw and her family, who have no other options for much needed medical treatment.
2012 was a year of organisational change and improvement at MTC thanks to a comprehensive organisational development process led by a team of external advisors and management.

A significant achievement during the year was the finalisation of a new organisational structure, which is seen as vital to MTC’s long term operating strategy of the organisation. It better tailors its programmes to suit the diverse and ever-changing needs of its clients, streamlines the decision-making processes and communications, which all increase the cost-effectiveness of the clinic. The final structure was designed with one Director and 5 new Deputy Directors. The 5 Deputy Directors are responsible for each of the large programmes operated by MTC: Hospital Services, Training and Community Outreach, Child Protection and Education, Burma Based Health Services, and Operations. Given the evolving political context in which MTC operates, distinctions between the different programme areas were made such that each area could be created to stand alone and to be able to rapidly respond to changes when they occur, in Burma, Thailand, or internationally.

MTC also developed recruitment processes for both internal and external hires, ensuring that each role had proper job descriptions and criteria. Recruitment for three Deputy Director positions (Hospital Services, Operations and Burma-Based services) was completed and new manager level positions within the clinic were all filled by December 2012.
MTC also began work on refining the staff remuneration system to reflect the new levels of responsibility. Criteria for a stipend grading system were developed with full consultation of the senior staff. The stipend grading system has been thoroughly tested and revised. This change in stipends would, in particular, help to address current lack of incentive for some staff members, particularly the most capable (and thus already responsible for many jobs) from taking on additional roles. The new banding system also provides more incentives for upgrading skills and taking on management and skills sharing responsibilities.

The organisation development process is due to continue in 2013 with the aim of developing a mid- to long-term strategic plan, strengthening staff management, developing a Standard Operating Procedures Manual, strengthening internal communication mechanisms and building capacity of new senior positions.

FUNDING CRISIS

Mae Tao Clinic faced one of its most severe funding crises in 2012. Several grants had expired at the end of 2011 and in mid-2012, and there was uncertainty around whether many of these grants would be renewed. While all of the pending grants were finally approved, this only happened towards the end of the year, or in early 2013. The global financial crisis had also led to slightly reduced funding from some partners, as well as donations collected online.

The overall funding shortage, plus a 6-month delay in a grant for medicines, led to difficulties with continuing full services. MTC had to purchase medicines and medical supplies on limited general funds raised online, which led to shortages of test kits, medicines and other medical supplies in many departments. A severe shortage of funds for the Dry Food Programme for Boarding Houses also caused a great deal of distress for boarding house masters and students, as it was unsure as to whether MTC would be able to continue providing essential food rations. Staff stipends were cut by 20% in order to manage limited funds, thereby affecting everybody who works for MTC.

Fortunately, the swift and generous response to MTC’s local and international fundraising appeal helped to stabilise the funding situation towards the end of the year. Staff stipends were restored to 100% in December and MTC was able to continue the Dry Food Programme in full thanks to assistance from its partners and supporters.

Friends from across the world showed their loyal support for MTC by sharing its appeal for donations and giving generously online. The local community also rallied behind MTC during this time of need with local businesses and monasteries offering their venues for fundraising events and donating essential supplies. Charitable foundations also came to MTC’s rescue by donating unrestricted funds and supplies.

Although the crisis was largely caused by external factors, MTC is learning from this experience by building a reserve fund and working to increase general funds in case of similar funding delays in future. MTC is also expanding its fundraising in the region and recently secured new funding from organisations in Thailand, Taiwan, Korea and Japan.

Mae Tao Clinic would like to thank all the individuals and organisations that came to our support in 2012, enabling us to carry out the vital work described in this report.

MTC has had plans to re-locate the clinic for several years in order to improve the sustainability of the organisation and quality of services. In 2012, MTC identified a plot of land already owned by its Thai sister-foundation, the Suwannimit Foundation, onto which the new facility could be built. Funding has already been secured to start the first phase of construction in 2013.
ADVOCACY

MTC continues to receive high-profile visits, enabling Dr Cynthia to brief policy makers, politicians and other influential figures on the continuing plight of displaced and migrant populations on the border. George Soros paid a visit in January, the new Governor of Tak Province, Suriya Prasatbuntitya, visited in May, and in December, the former Prime Minister of Thailand Abhisit Vejjajiva visited the Clinic.

This period, which saw a number of reforms and preliminary ceasefires agreements in Burma, also saw the first visit from a Burmese government official to MTC. The head of the Myanmar Government Peace Team met with Dr Cynthia on two occasions in June and August. Dr Cynthia used these visits as an opportunity to advocate for the following three key issues:

• Improvement of local cross-border collaborations between health services in Thailand and Burma. Specifically she discussed the need for a system of referral between Myawaddy Hospital, Mae Tao Clinic and Mae Sot Hospital.

• Developing solutions for addressing statelessness in children born on the Thai-Burma border to Burmese parents, and particularly the need for citizenship rights for children born at Mae Tao Clinic or Mae Sot Hospital whose parents are from Burma.

• The need for accreditation and recognition of the skills of those working in health, education, community development and social work on the Thai-Burma border.

Unfortunately, members of the government team made informal references to news media suggesting that Dr Cynthia return to Burma to set up a hospital there, resulting in widespread public misunderstanding. In response, MTC released a briefing in September to underline that Dr Cynthia’s has never had any intention to officially set up a hospital in Burma, and that Mae Tao Clinic’s stance has and continues to be that it is primarily the responsibility of the government to upgrade and strengthen existing health infrastructure, including the primary health work of ethnic health organisations and community based organisations.

Dr Cynthia was also able to make two visits overseas to help raise awareness of MTC and the complex border situation. In September, Dr Cynthia travelled to Washington D.C. to accept the NED Democracy Award. Whilst there, Dr Cynthia and her fellow award recipients attended several meetings with policy makers at Congress and spoke to media organisations about the continuing challenges on the Thai-Burma border. After the ceremony, she was able to meet with members of the resettled Burmese communities in Maryland and Washington State. In November, at the invitation of the Japan Association of Mae Tao Clinic, Dr Cynthia travelled to Japan where she was able to meet with many community groups and long-term supporters of the clinic. She was also able to visit universities and talk to media, who were keen to learn more about the border and recent changes inside Burma.

MAE TAO CLINIC IN THE NEWS

George Soros meets Dr Cynthia: http://karennews.org/2012/01/george-soros-meets-dr-cynthia.html/

Funding Cuts for Myanmar Refugees: http://www.thenational.ae/news/world/asia-pacific/funding-cuts-for-myanmar-refugees

Malnutrition crisis hits border: http://www.dvb.no/uncategorized/malnutrition-crisis-hits-border-region/21756

The lady of Mae Sot: http://www.imawaddy.org/archives/6499

Thai Support crucial for building better border health services: http://www.bangkokpost.com/news/local/297497/thai-support-crucial-for-building-better-border-health-services

Clinic’s workload doubles as funding shrinks: http://karennews.org/2012/07/clinics-workload-doubles-as-funding-shrinks.html/


Myanmar refugees remain at risk: http://www.aljazeera.com/video/asia/2012/10/201210245550605370.html

MTC STAFF

<table>
<thead>
<tr>
<th>MTC Staff at December 2012</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Service</td>
<td>71</td>
<td>123</td>
<td>194</td>
</tr>
<tr>
<td>Admin / Logistic</td>
<td>45</td>
<td>20</td>
<td>65</td>
</tr>
<tr>
<td>Supportive Services</td>
<td>31</td>
<td>19</td>
<td>50</td>
</tr>
<tr>
<td>Social and Outreach Services</td>
<td>16</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Pa Hite Clinic (IDP)</td>
<td>33</td>
<td>46</td>
<td>79</td>
</tr>
<tr>
<td>Education and Child Protection Services</td>
<td>38</td>
<td>65</td>
<td>103</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>234</td>
<td>277</td>
<td>511</td>
</tr>
</tbody>
</table>

MTC MANAGEMENT AND LEADERSHIP STAFF

MTC management underwent significant change in 2012. At the start of the year, new coordinators were internally recruited for the Global Fund for Malaria and the PLE projects, as well as for the Health Services programme. This left several department manager positions vacant, which were subsequently filled by existing department staff. Separate Logistics and Human Resources departments were also established, helping to further strengthen MTC operations. A new organisational structure was adopted towards the end of the year as part of the overall organisational development process.

### MTC MANAGEMENT POSITIONS PRIOR TO ORGANISATIONAL RESTRUCTURE:

#### Clinical Services
- **Child Outpatient**: Nan May Soe
- **Child Inpatient**: Saw Mu Ni
- **Surgery**: Saw Eh Ta Mwee
- **Eye Clinic**: Naw Tamalar Wah
- **Medical Outpatient**: Naw May Tri
- **Medical Inpatient**: Saw Mu Ni
- **Reproductive Health Inpatient**: Naw Sophia Hla
- **Reproductive Health Outpatient**: Naw Sabel Moe
- **Dental Clinic**: Saw Hsa Pwe Moo
- **Acupuncture**: Saw Ler Wah Say

#### Clinical Support Services
- **Registration**: Mahn Moe Oo / Aung Myo
- **Laboratory**: Saw Hsa K’Paw / Than Oo
- **Blood Bank**: Naw Shine
- **Central Pharmacy**: Naw Klo / Naw Sharo Paw
- **Referrals**: Saw Tin Shwe
- **Infection Control**: S’ Htun Oo
- **Sanitation**: Ko Tin Tun

#### Prevention, Outreach & Patient Support
- **Counselling Center**: Saw Ku Thay
- **School Health Unit**: Saw Thar Win / Mahn Moe Oo
- **Food Programme for MTC**: Naw Htoo / Moe Khai
- **Prosthetics**: Saw Maw Kel
- **HIV, STI and VCT**: Saw Than Lwin / Naw Shine
- **Public Relations**: Saw Baw Nay Htoo
- **Library**: Ban Zaam
- **Transportation**: Saw Sunny Aye

#### Administration and Management
- **Human Resources**: Mahn Win Tin / Hsa K’Paw
- **Health Information Systems / Data**: Saw Lin Yone / Saw Moon Star
- **Monitoring and Evaluation**: Pattinee Suanprasert
- **Finance**: Liza Lopez
- **Fundraising and Grants**: Yasmin Ahammad
- **Project for Local Empowerment Coordinator**: Saw Thar Win
- **Global Fund Coordinator**: Naw Klo

#### Training
- **Training Manager**: Naw Chaw Ei Khaing

#### Child Protection & Outreach
- **Programme Co-ordinator**: Nway Nway Oo
- **CDC School**: Mahn Shwe Hnin
- **Dry Food Programme**: Naw Annie Pomu
- **MTC Boarding Houses**: Naw Lily Aung

#### Pa Hite Clinic Network
- **Pa Hite Clinic Manager**: Saw Kyi Soe
- **Ka Pu Clinic in Charge**: Saw Pah Lu
- **Ka Na Del Clinic in Charge**: Saw Ka Ni
- **Kel Pa Clinic in Charge**: Aye Moe Moe
- **Tha Thwee Del Clinic in Charge**: Saw Law Du
MANAGEMENT POSITIONS UNDER THE NEW MTC ORGANISATIONAL STRUCTURE:

<table>
<thead>
<tr>
<th>New Position</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deputy Director of Operations</td>
<td>Simon Dickinson</td>
</tr>
<tr>
<td>Deputy Director of Hospital Services</td>
<td>Hilde Ramsden</td>
</tr>
<tr>
<td>Deputy Director of Burma Based Services</td>
<td>Saw Thar Win</td>
</tr>
<tr>
<td>Deputy Director of Training and Community Outreach</td>
<td>To be appointed in 2013</td>
</tr>
<tr>
<td>Deputy Director of Education and Child Protection</td>
<td>To be appointed in 2013</td>
</tr>
<tr>
<td>Assistant to the Deputy Director of Operations</td>
<td>Eh Thwa</td>
</tr>
<tr>
<td>Finance Manager</td>
<td>Naw Eh Na Moo (acting)</td>
</tr>
<tr>
<td>Fundraising and Grants Manager</td>
<td>Yasmin Ahammad</td>
</tr>
<tr>
<td>Logistic Manager</td>
<td>Saw Htee Mu Htoo</td>
</tr>
<tr>
<td>Administration Manager</td>
<td>Mahn Win Tin</td>
</tr>
<tr>
<td>Human Resources Manager</td>
<td>Saw Jonathan</td>
</tr>
<tr>
<td>Medical Manager</td>
<td>Saw Muni</td>
</tr>
<tr>
<td>Reproductive Health Services Manager</td>
<td>Naw Sabel Moe</td>
</tr>
<tr>
<td>Health Support Services Manager</td>
<td>Saw Lin Yone</td>
</tr>
<tr>
<td>Health Specialities Manager</td>
<td>Nwe Ni</td>
</tr>
<tr>
<td>Quality Assurance Manager</td>
<td>Naw Sophia Hla</td>
</tr>
<tr>
<td>Patient Social Support Manager</td>
<td>Naw May Soe</td>
</tr>
<tr>
<td>Training Manager</td>
<td>Nan Lah Shu</td>
</tr>
<tr>
<td>Community Outreach Manager</td>
<td>Saw Than Lwin</td>
</tr>
<tr>
<td>Education Manager</td>
<td>Mahn Shwe Hnin</td>
</tr>
<tr>
<td>Child Protection Manager</td>
<td>Nway Nway Oo</td>
</tr>
</tbody>
</table>

MTC ADVISORY TEAM:

- Lisa Houston
- Nai Aye Lwin
- Dr. Wuttaya Sawaddiwuttiphong
- Dr. Catherine (Kate) Bruck
- Dr. Voravit Suwanwanichkij
- Dr. Thein Lwin

MTC WAS SUPPORTED BY THE FOLLOWING INTERNATIONAL AND THAI VOLUNTEERS:

- Dr. Jerry Ramos
- Dr. Brian Guercio
- Dr. Monica Kumar
- Dr. Win Myint Than
- Dr. Peter Pollak
- Dr. Aude Nguyen
- Dr. Johannes Moller
- Dr. Anthony Cardin
- Dr. Frank Green
- Dr. Takayuki Abe
- Dr. Aung Myint
- Dr. Valentine Barbier
- Dr. Tom Cusack
- Dr. Naomi Drummond
- Dr. Taichiro Kobayashi
- Dr. Michel Herbert
- Dr. Debra Chan
- Dr. Mary Bouller
- Dr. Thein Win
- Dr. Khin Saw Win
- Dr. Sean Yuen
- Dr. Dennis Au
- Dr. Terry Smith
- Kanchana Thomson
- Gideon Polak
- Ayoung Kim
- Aina Lahlal
- Johannes Nordsteien Svensey
- Micah Cohen
- Daniel Syu
- Peter Banjerdporn
- Kate Mcgannon
- Aya Tabata
- Yuki Maekawa
- Joanna Parsons
- Judith Bockemuhri
- Stephen McIntyre
- Derina Johnson
- Javier Almagro
- Linda O'Brien
- Inge Sterk
- Sarah Deaulieu
- Albert Company-Olmo
- Jan Glasmeier
- Jessica Bowes
- Chelie Wootten
- Emma Adams
- Sarah Bennet
- J John Gough-Fuller
- Jessica Taylor
- Catherine Taylor
- Aaron Del Pino Martin
- Briama Hendley
- Jessica Su
- Adilah Haque
- Casey McDermott

MTC HOSTED MEDICAL STUDENTS FROM THE FOLLOWING MEDICAL SCHOOL IN 2012:

- University of Melbourne, Australia
- University of Notre Dame, Australia
- University of Queensland, Australia
- University of Western Australia
- McGill University, Canada
- University of Lyon East Lyon, France
- University of Milan, Italy
- New Zealand Medical School
- Monash University Malaysian Campus
- University of Auckland, New Zealand
- Otago University, New Zealand
- University of South Korea
- Chonbuk National University, South Korea
- University of Aberdeen, UK
- Barts and The London School of Medicine and Dentistry, UK
- University of Birmingham, UK
- University of Dundee, UK
- University of East Anglia Medical School, UK
- University of Edinburgh, UK
- King's College London, UK
- University of Manchester, UK
- Newcastle University, UK
- University of Warwick, UK
- Boston Medical Center, USA
MTC FINANCIAL SUMMARY

WHERE OUR FUNDING CAME FROM:

In the period ended 31 December 2012, our total income received was **103,161,432 THB**. We are grateful for your donations, which have enabled us to continue assisting the displaced and marginalised communities along the Thai-Burma border.

HOW WE SPENT OUR FUNDING:

In 2012, we spent **93,579,003 THB**, which was split between our Health Services Programme and our Child Protection Programme. 94.2% of funds were spent on direct activity costs and staff costs, which enabled us to treat and care for thousands of men, women and children in 2012.

Starting in 2012, programme staff costs were incorporated under Activities and Direct Assistance, resulting in a drop in percentage from 2011 (33.7% to 7.39%).

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BAN ZAAM’S STORY - MTC’S LIBRARIAN

Ban Zaam was born 41 years ago in rural Kachin State, Burma. At the age of 18, Ban Zaam left his family to work in the jade mines of Northern Burma. Here he stayed for many years working long hard hours to make money for him and his family. But when war broke out in Kachin State in the 1990’s, Ban Zaam was isolated from his family, without any contact. In 2002, while walking through a conflict-affected area in Shan State, Ban Zaam suffered a landmine injury to his right side. He was brought to Chiang Mai hospital where his right arm was amputated and he was treated for serious injuries sustained to his right leg and face. His vision deteriorated in the years following the accident and in 2006, after hearing about Mae Tao Clinic from a friend, Ban Zaam came to MTC for treatment for his injured eye. He stayed here for seven days and received treatment and eyeglasses to improve his vision. As Ban Zaam was leaving the clinic to return to his home in Buma, he said goodbye and thanked Dr Cynthia for the treatment. Knowing there was no future for Ban Zaam in war-torn Burma where Ban Zaam was still isolated from his family, Dr Cynthia asked him to stay and work at Mae Tao Clinic’s patient and staff library. Seven years later Ban Zaam can still be found at the library, reading a newspaper or book, and ready to help anyone who comes in.
THE FOLLOWING ORGANISATIONS AND INDIVIDUALS PROVIDED DONATIONS OF EQUIPMENT, INSTRUMENTS, SUPPLIES, MEDICINES AND SERVICES TO MTC:

Marisa Satomkul, Spinning Top (NZ), Act Now Children’s Fund, Wat PhrabatNamPu, Saw Baw, Human Development Foundation Mercy Centre, MTTS Asia, Covidien, Women with a Mission, Chinese Medicine for All, Gift of Happiness Foundation, Mr Tony Chianese from Hello Supply Co. Ltd., Global Neighbours Thailand Foundation, Valerie King, Kayo Tagashira, Buzz Off, Mae Sot Hospital, St John’s Ambulance, Australia
P.O. Box 67, Mae Sot, Tak 63110, Thailand
865, Moo 1, Intarakiri Road, Tha Sai Laud, Mae Sot, Tak Province, 63110, Thailand

Email: info@maetaoclinic.org
Website: www.maetaoclinic.org
Facebook: www.facebook.com/maetaoclinic

Mothers waiting to get their babies immunised
(©Allyse Pulliam)

Immunisation at Pa Hite Clinic

Phototherapy machine in use
(©Allyse Pulliam)