



The Mae Tao Clinic

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Annual Report 2006

Dear Friends,

It is with great pleasure that Mae Tao Clinic is presenting our 2006 Annual Report. 2006 was the 17th year of Mae Tao Clinic's provision of health services to displaced populations from Burma. Initially, we thought we would just provide short term emergency health relief to those fleeing the military crackdown on attempts to establish democracy and human rights in Burma. The situation has never allowed for us to stop our services and return to Burma. Once again, 2006 saw the displacement of an estimated 27,000 civilians in Karen State alone, adding to an estimated 600,000 people displaced within the eastern borders of Burma. Since the clinic started the number of people displaced due to the economic crisis in Burma has been ever increasing. In the beginning this population was mainly individuals but soon the clinic saw more families joining their husbands or wives in Thailand.

Over the years in response to the growing caseload and changing populations, the clinic has grown from an emergency health care provider to a comprehensive health care clinic with 120 inpatient beds. Aside from our clinical services in Mae Sot, we support two clinics in Karen State, provide outreach health services in the migrant areas and support a school and boarding houses for children separated from their parents.

The clinic's second main function is as a training centre. People from diverse ethnic groups in Burma come to the clinic to train as health workers, or to upgrade or specialise their existing health skills. They then return to the border regions of Burma to provide much needed health services in rural or war affected areas.

The clinic plays a role in local and international advocacy. In January 2006, Mae Tao Clinic hosted a Thai Senate sub-committee panel on social security issues faced by migrant workers. The committee agreed to lobby for some of the key issues for migrant protection such as: birth registration, migrant education, labour laws around work permit and migrant registration and access to health and social services. Two of our staff travelled to the US, Canada and Japan to attend conferences and present on health issues facing displaced people from Burma.

This year, we collaborated with a number of community organisations on a Child Protection research project. The results of the research will highlight the security and living conditions of the children of migrant workers. The report is due for publication in July 2007. Our HIV team collected and published a Burmese language publication of stories of HIV positive people in the community entitled Against the Wind. Our goal was to reduce stigmatisation of those living with HIV and create better understanding of their lives.

Much work was conducted this year around developing our facilities. We now have enough toilets per population using the clinic to meet international standards and our water systems were repaired and rerouted. We constructed a laundry room to better wash blankets and sheets for the departments. A new patient kitchen was constructed at the back of the clinic, which will create space within the clinical service area to expand our inpatients facilities in the coming year.

We also received enough computers from Taiwan to set up an invaluable information technology centre to train our staff in computer skills from very basic to advanced data entry and analysis for our Health Information Systems. Finally, renovations and expansion to the surgical area have resulted in increase in bed space, storage space and a new room for our dental services.

In December, we opened a new building which will provide counselling services to our clients. Through our discussions and services improvements for victims of sexual and gender based violence, there was an obvious lack of a private space to provide counselling. It is hoped that the centre will see a wide range of clients in need of counselling.

Mae Tao Clinic continued to partner with community based organisations on cross border health initiatives to address reproductive health issues such as increasing access to safe delivery services and emergency obstetric care, as well as increasing early detection and prevention of infectious diseases. In 2006, 34 emergency obstetric care training graduates returned to provide care in 17 areas in Karen, Karenni and Mon states.

Community organisations in Mae Sot joined Thai organisations and Thai health department staff on World AIDS day, marching through Mae Sot distributing health education materials and condoms. We also organised World Environment Day with schools for migrant children, planting trees, building toilets and conducting workshops on the environment.

We implemented a new staff stipend policy in May. For the first time in 5 years staff received an increase in their monthly stipend (bringing the average stipend amount up from 1,200 baht per person to 1,600 baht per person). We hope to continue trying to improve the difficult living and working conditions of our staff. This is particularly necessary when thousands are currently being drawn to resettle in third countries, as more countries open their doors to refugees from Burma.

Together with a consultant from India, MTC invested a lot of work in reviewing financial and accounting systems. One of the positive outcome of this process was that a Mae Tao Clinic donors meeting was scheduled for March 2007 for the first time.

Our monitoring and evaluation systems were strengthened with the addition of a checklist for Universal Precautions and record reviews for Integrated Management of Childhood Illnesses.

We thank you for your support as we work towards a future of health and peace for all people.

Sincerely,

Dr. Cynthia Maung

January 2007

Vision & Mission Statement

The vision for Mae Tao Clinic is to continue providing quality health and social services. Moreover, the Clinic is endeavoring to further promote health education and care amongst our access population. The Clinic will also improve access to, and utilization of its health services.

Specifically, the Clinic will:

- continue to provide quality health care services
- build capacity of health workers and local community
- strengthen health information system
- enhance health collaboration effort among local ethnic health organizations, health professionals and international health institutions
- improve health knowledge and attitudes within the local Burmese populations.
- to advocate for children living on the border to be able to access their full rights based on the Convention of the Rights of the Child.

A clinic born out of the struggle for freedom and democracy

In 1988, the Burmese military violently suppressed pro-democracy demonstrators. Many of those who survived the crackdown fled to the Thai-Burma border, seeking refuge with local ethnic people such as the Karen who were waging their own struggle for freedom and democracy. In the midst of war, Dr. Cynthia established the Mae Tao Clinic (MTC) to provide medical care for all who were fleeing fighting on the border.

Today the military dictatorship is still in power, the leader of the democracy movement Daw Aung San Suu Kyi is under house arrest, and fighting continues inside Burma, displacing whole villages. To serve the needs of displaced people on the Thai-Burma border the Mae Tao Clinic has grown into a comprehensive community health center and is a key regional training center.

In 2006, the Mae Tao Clinic offers a wide variety of health and social services:

- Medical Service Outpatient Department (OPD) / Inpatient Department (IPD)
- Surgical OPD/IPD
- Reproductive Health (RH) OPD/IPD including basic Emergency Obstetric Care services
- Child Health Services (OPD/IPD)



Inpatient Department

- Laboratory / Blood Bank
- Primary Eye Care and Eye Surgery
- Prosthetics and Rehabilitation
- HIV/AIDS Prevention (Safe Blood, Voluntary Counseling and Testing and Prevention of Maternal to Child Transmission)
- Malaria Management
- Tuberculosis (TB) Case Finding and Referrals
- Migrant Health Outreach Programs (Home-based care for HIV positive+ families, School health promotion, Adolescent reproductive health education)
- Cross Border Collaboration (Clinics for Internally Displaced Persons-IDPs, Health worker training, School health promotion)
- Schools for migrant children and boarding houses for children separated from their parents



Outpatient Department

Soe Soe's Story

Soe Soe arrived at the MTC seven months ago, she weighed a skeletal 29 kilograms. She could barely breathe, walk or eat and her skin was covered with a vicious itchy disease. What had begun a year earlier as fatigue, loss of appetite and vomiting was diagnosed as HIV, a virus Soe Soe had never heard of. It gradually became clear to her that during his frequent trips to Bangkok, her previous husband had contracted the virus but had not told her. Her current husband left her. Her family disowned her. She had no money and was totally alone.

She sold what she could to travel to the Clinic for the treatment offered at the time of diagnosis. A further laboratory test by Medical Sans Frontier (MSF) revealed that she also had TB. She was admitted to Mae Tao Clinic Inpatient Department. With medication, food and care at the clinic, Soe Soe's health improved. A peer counselor who also infected with HIV taught her about HIV and how to look after herself. She proudly shows the watch she saved for to ensure she takes her medication on time.

Soe Soe now weighs 43 kilos. She comes to the clinic weekly for medication, counseling and 'delicious food'. 'The people at the Clinic are always welcoming and kind. They are my family now' says Soe Soe. When the doctors give the go ahead, Soe Soe hopes to begin a small laundry business so she can support herself. Until then, she says, all her needs are met by the Clinic.

| | | |
|---|----------|------------------------|
| Migrants in Tak Province | : | 150,000 pop |
| Refugees in camps in Tak | : | 80,000 pop |
| Internally Displaced People in Eastern Burma | : | 500-600,000 pop |



Reproductive Health Outpatient Department



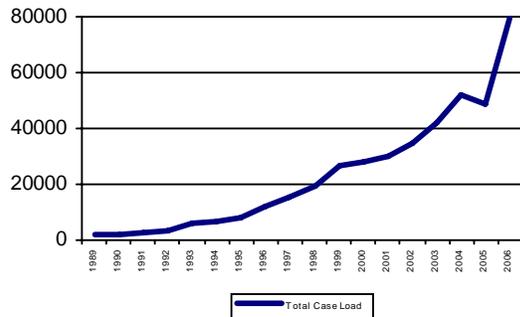
Reproductive Health Inpatient Department



Central Patient Registration

A multidisciplinary community health center based in Mae Sot

The hub of the Mae Tao clinic's operations is its community health center in Mae Sot. Here in 2006 the Mae Tao Clinic saw a caseload of 79,096, including 8,876 admissions to its inpatient departments and 107,137 consultations in all Mae Tao Clinic Departments.



Malaria continues to be the most significant infectious disease threat on the Thai-Burma border. The parasite here is more drug-resistant and difficult to treat than almost anywhere else in the world. In 2006, the MTC treated 6,088 outpatient and 2,022 inpatient cases of malaria. Of these, 78 percent were from *P. falciparum*, the most aggressive and lethal malaria type. 75 percent of malaria cases come from Burma. To diagnose and monitor these cases, the Clinic's laboratory processed 29,880 slides.



Laboratory – Malaria testing

Other common diagnoses seen in our IPD and OPD include anemia, cardiovascular diseases, acute respiratory infections and tuberculosis.

Reproductive Health is another area that the clinic is constantly expanding to meet a growing need. In 2006 the clinic provided antenatal care to 4,069 women and delivered 1,684 infants- an increase of more than 200 births compared to the year before. To prevent unwanted pregnancies the clinic conducted 7,634 visits for family planning.

Other services provided by the Clinic in 2006 include:

- 1,062 HIV tests for voluntary counseling and testing (VCT)
- 9,142 cases were treated in our Surgical department, 934 Elective Surgical Procedures including 148 Hernia operation and 2825 Dental Procedures were performed.
- 2,264 blood donors tested and 1,480 transfusions given

- 6,068 patients seen in eye clinic, with 274 cases of sight saving eye surgery performed.
- 181 prosthetic limbs, most of which were made for victims of land mine injuries
- 1,035 doses of BCG Vaccine were provided
- Child OPD provided Vitamin A and Deworming for 7,859 children of 6 months to 12 years old.
- 458 Abortion complication were treated at RH IPD and 380 MVA or D&C Procedure were performed.

The proportion of patients making the difficult journey from Burma continues to be significant. Patients from Burma tend to have more severe illness than those from Thailand. They are also more likely to require transfer to Mae Sot Hospital. The following table shows the percent of patients from Burma for different diagnoses.

| Health Service | Number | Percentage of patients who come from Burma |
|---------------------|---------|--|
| Total Visits | 107,137 | 48% |
| Referral | 675 | 66% |
| Eye Surgery | 274 | 86% |
| Malaria (PF) | 6,088 | 75% |
| Tubal Ligation | 177 | 72% |
| Blood Transfusion | 1,480 | 71% |
| Severe Malnutrition | 47 | 61% |
| Delivery Admission | 1,798 | 40% |
| Antenatal Care | 4,069 | 29% |

During 2006 we referred 675 patients to Mae Sot Hospital. Patients are referred when they require treatment that are not available at the Clinic, or when they are too ill to be treated in Clinic's IPD. Reproductive health conditions were the most common reason for referral (53%), followed by surgical (28 %) and medical (10%).

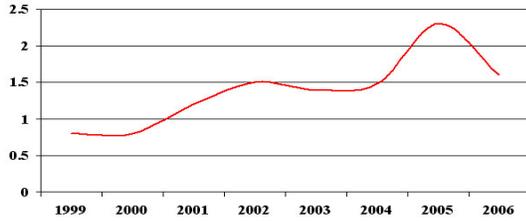
The challenges of HIV/AIDS and other chronic diseases

Chronic diseases such as severe malnutrition, tuberculosis, HIV/AIDS and cardiovascular diseases represent a minority of inpatient admissions, but account for a disproportionately heavy strain on our resources due to their greater complexity and longer length of stay. For instance, severe malnutrition accounts for only 5% of children under 5 year old admissions, but 24% of the deaths in children under 5 year old at Child IPD. While the average patient with *P. falciparum* malaria might be hospitalized for 5 days, the patient with cardiovascular disease stays an average of 6 days, and for tuberculosis 22 days. Finding enough beds in our IPD is sometimes difficult when we have many chronic disease admissions.

AIDS is another good example: for patients of all ages, the 83 patients with AIDS (67 new cases and 16 old cases) seen in our Medical IPD in 2006 accounted for 0.9 % of admissions but 16% of IPD deaths. The problem of AIDS will likely grow in the near future. Among women receiving antenatal care at our clinic, the prevalence of HIV seropositivity was 1.6% in 2006. HIV prevalence rates among clients in the VCT program was 18.5%, reflecting the substantially higher risk group that most commonly presents with a sexually transmitted infection.

The clinic is collaborating with the Mae Sot Hospital to begin Antiretroviral (ARV) therapy to migrants in the coming year as currently there are no resources available to address this growing need. In 2006, 26 pregnant women received AZT treatment as part of the Prevention of Mother to Child Transmission (PMTCT) programme. Since 2002, 98% of infants in the PMTCT program tested at 12 months of age were negative for HIV.

Percent of Women Receiving ANC Who Test HIV +



Mae Tao Clinic

Building capacity – Trainings

An important way for our clinic to save lives is to strengthen the ability of local health care workers inside Burma to provide health care. The Mae Tao Clinic has long been a major training center for health care workers who provide care for communities throughout the ethnic region of Burma. In 2006, we conducted the following health worker training.

Clinical Workshops



Health Worker Training at Mae Tao Clinic

Initial Training

| Training Title | Duration | Number of Trainees | | |
|-------------------------------------|----------|--------------------|----|-------|
| | | M | F | Total |
| Laboratory (initial) | 3 months | 11 | 6 | 17 |
| Community Health Worker Training | 6 months | 23 | 45 | 68 |
| Community Health Volunteer Training | 60 Hours | 35 | 37 | 72 |
| Environment Health Training | 6 months | 9 | 1 | 10 |
| Computer Training | 30 hours | 22 | 18 | 40 |



Computer Training at Mae Tao Clinic

Mae Tao Clinic Skills Upgrade Training

Health care workers come to Mae Tao Clinic from many of different ethnic groups inside Burma. Those who have already had basic training can also enroll in 6-12 month internships at the clinic to gain specific clinical skills as well as participants in seminars on environmental and human rights, community management and computer training.

| Ethnic Area / Organization | BMT | | RCH | | Intern | | Total |
|----------------------------|-----|----|-----|----|--------|----|-------|
| | M | F | M | F | M | F | |
| Arakan | 2 | 0 | 0 | 0 | 1 | 0 | 3 |
| Karen | 11 | 7 | 0 | 14 | 17 | 26 | 75 |
| Karenni | 1 | 0 | 0 | 2 | 2 | 0 | 5 |
| Pa'O | 1 | 1 | 0 | 1 | 3 | 1 | 7 |
| Shan | 1 | 1 | 0 | 0 | 2 | 0 | 4 |
| Kayan | 3 | 0 | 0 | 2 | 0 | 0 | 5 |
| Ka Chin | 0 | 0 | 0 | 4 | 0 | 0 | 4 |
| Pa Laung | 0 | 1 | 0 | 2 | 0 | 0 | 3 |
| Other | 1 | 0 | 0 | 2 | 0 | 1 | 4 |
| MTC | 6 | 16 | 1 | 13 | 0 | 0 | 36 |
| Total | 26 | 26 | 1 | 40 | 25 | 28 | 146 |

BMT : Basic Medical Training

RCH : Reproductive and Child Health Training

International Trainings

As often as possible we try to send our staff to trainings outside of the clinic where they can benefit from meeting health workers from a variety of countries and situations.

Health Information System

Two of our staff attended the RHINO (Routine Health Information Network) international workshop on data collection and information use at community and facility levels of the health care system.

Monitoring and Evaluation

One of our staff attended a monitoring and evaluation for maternal and child health at Mahidol University.

Both of these workshops were organised by MEASURE.

Trainings with Partner Organisations

Staff participated in various workshops implemented by local and international partner organisations. Human Rights Education of Burma assisted with our leadership training, child rights and gender programmes. We also selected 4 staff to join their facilitators training programme. International Rescue Committee conducted a series of workshops on project management. Voluntary Services Overseas held an advocacy workshop. Norwegian Church Aid called two of the finance staff to join a two day finance training.

Service collaborations - across the border

Since 1994 Mae Tao Clinic has supported the staff and services at Pha Hite Clinic in Karen State. This clinic serves a target population of 14,000 including its three satellite clinics. In 2006 there was a caseload of 8,150. This year the staff from Pha Hite collaborated with other Karen community organisations to support health care facilities in Ei Htu Hta, a new settlement of IDPs displaced by the recent attacks in northern Karen State. Since 2000 we have also supported Ler Per Her clinic and its staff, which has a target population of 3,000 and in 2006 had 3,194 cases.



Pha Hite Clinic for IDPs

We partner with the Back Pack Health Worker Program, whose 76 teams provide health care services to an estimated 150,000 internally displaced persons in Karen, Mon, Lahu and Karenni areas.

This year we collaborated with the Burma Medical Association (BMA) and local ethnic health organisations to set up maternal and child health services in 9 ethnic areas of Burma.

In 2006 the Mae Tao Clinic continued the Mobile Obstetric Maternal (MOM) Health Project in collaboration with BMA to decrease maternal mortality on the Thai-Burma border. Currently trained emergency obstetric health care workers are working in 17 areas across the border.

Palae Paw's Story

Palae Paw and her 18 month old son make the trek from the MTC to the Pha Hite Clinic inside Burma twice a year. They travel by car and boat then walk through the jungle for five or six hours, or up to two days, escorted by Karen soldiers, if there have been recent attacks by Burmese soldiers in the area. Local villagers help them carry medicines, medical supplies for the clinic but they are not able to carry food for the many patients who are starving and anaemic. The infant mortality rate from malnutrition is extremely high. Other deaths are from Malaria, diarrhea, respiratory tract infection and worm infestations.

As a trained Maternal and Child Health and Emergency Obstetric Care worker, Palae Paw is the MCH Coordinator at the Pa Hite clinic. She trains traditional birth attendants who visit and assist pregnant women in the jungle. They distribute Birth Kits and provide ante and post natal care, family planning and hygiene education. The health workers carry water pipes to the jungle clinic in order to provide clean water at the local schools. When it is safe, people build their own bamboo huts to replace plastic sheet homes. The Pa Hite staff provide Vitamin A and de-worming tablets for the children. A fully functioning laboratory within the jungle clinic tests blood donated for transfusions for landmine injuries, severe anaemia and for malaria detection. Patients with landmine injuries are given first aid treatment then carried to the Karen hospital, a six hours mountainous walk.

There is no health care provided by the Burmese government for people living in these temporary shelters in the jungle.

Service collaborations - improving the health of local communities

TB Treatment (in partnership with Medecins Sans Frontieres)

In 2006, we continued to work closely with Medecins Sans Frontieres for treatment of our TB patients. We referred a total of 654 cases in 2006 to MSF, 195 more than the previous year.

School Health (in partnership with Burmese Migrant Workers Education Committee-BMWEC)

Our staff continued to expand their work with the migrant schools with our School Health project. By providing simple preventive measures such as vision screening, periodic deworming, and vitamin A supplementation, schools can be an even more valuable resource in maintaining the health of our children.

In 2006, the school health team implemented a mass immunisation programme for children in the migrant schools in and around Mae Sot, after Mae Sot Hospital kindly donated 10,000 doses of MMR (Mumps-Measles-Rubella) vaccine. Within a 2 month period they managed to vaccinate 3,855 children from 36 schools.

Adolescent Reproductive Health (in partnership with Burmese Migrant Workers Education Committee and the Adolescent Reproductive Health Network)

Another school-based intervention to improve child and community health is a curriculum that educates children and adolescents about sanitation, hygiene, and reproductive health.

Home Based Care (with World Vision Foundation)

Mae Tao Clinic collaborated with World Vision Foundation to provide care for migrant families living with HIV/AIDS, in the form of supplementary nutrition, counselling and treatment for opportunistic infections. In 2006, we provided support to 112 new clients in making more than 700 home visits to both established and new families. We organise regular peer group discussions to bring people living with HIV/AIDS together to share ideas and challenges.

Preventing Mother to Child Transmission (in partnership with Mae Sot Hospital)

Mae Tao Clinic partners with Mae Sot Hospital to screen pregnant women for HIV. All HIV positive women can access AZT treatment through MTC and Mae Sot Hospital until the delivery of the baby and the new born is treated for 3 months after delivery.

Referrals for Children requiring Complex Surgery (in partnership with Burma Children's Fund)

In 2006, 35 children were referred to Chiang Mai for specialised treatment through the Burma Children's Fund. The majority of these were cardiac cases. Burma Children's Fund is a medical referral programme treatments that neither Mae Tao Clinic nor Mae Sot Hospital are able to provide.

Homes for Abandoned Children (with Social Action for Women)

The Mae Tao Clinic coordinates with Social Action for Women (SAW) and other organizations to find new homes for children who are orphaned or left at the clinic by their parents.

Birth Documentation (with the Committee for the Protection and Promotion of Child Rights-CPPCR)

We continued to work with CPPCR in documenting births of children born to displaced people from Burma. MTC issues a delivery certificate for every baby born at the clinic. Children born outside of the clinic may be documented by CPPCR.

Child Protection Research (In collaboration with CPPCR, KWO, BWU, HREIB, KYO, SAW, BMTA, and BMWEC)

In April 2006, a group of community based Burmese migrant organisations in Mae Sot initiated a research project to document the protection issues facing children in the migrant areas. The results of this research will be used to raise awareness among children themselves about their situation and how to speak out about them as well as to lobby for increased services and legal bodies to protect these children. The project is due for completion in July 2007.

Monitoring and Evaluation

Mae Tao Clinic also implements an extensive monitoring of its services. The areas covered in the monitoring effort include quality of services (appropriate treatment, accurate laboratory diagnosis, effective communication between patients and health worker, reduced mortality) and patient and staff satisfaction. Data are collected through records review, exit interviews of patients, and discussions at management meetings. Mae Tao Clinic also aim to reduce case fatality and case referral to Mae Sot Hospital.

In 2006, External Quality Control of Laboratory results for Malaria microscopic test was conducted by SMRU (Shoklo Malaria Research Unit) and for HIV test from VCT was conducted by Chiang Mai University.

Integrated Management of Childhood Illness (IMCI) record review form and universal precaution checklist form were developed, to improve the health worker performance.

Children's Development Centre

Mae Tao Clinic also manages a school for migrant children from day care centre to 6th standard. In the 2006-2007 school year there were 411 students enrolled in the Children's Development Centre. CDC also has a boarding house for 54 children separated from their parents. The main cause of separation is that parents working conditions do not provide an environment where children can access education. Particularly as children get older in the work place, they are expected to work.

In 2006, there has been considerable activity on the Thai governments part to try to find a way to provide education to migrant children by either improving access to Thai schools or by finding a way for migrant schools to become non formal learning centres. Mae Tao Clinic together with the Burmese Worker's Education Committee continues to advocate for the right to education of all children in Thailand.

Bamboo Children's Home

Bamboo Children's Home is a boarding house for unaccompanied minors that Mae Tao Clinic has supported since 1995. In 2006, there were 140 students staying in the boarding house from KG level to post ten school.



Eye Clinic

Mae Tao Clinic Staff

Total number of staff - 441

- Clinical ♂ 71 ♀ 106 (Total-177)
- Admin/Logistic ♂ 40 ♀ 54 (Total-94)
- Outreach health service ♂ 31 ♀ 35 (Total-66)
- Support worker ♂ 37 ♀ 11 (Total-48)
- Child protection service ♂ 17 ♀ 39 (Total-56)

Programme Managers in 2006

Mae Tao Clinic Services

- Medical Inpatients : Saw Muni
- Medical Outpatients : Saw Myo Myint Aung
- Surgery : Saw Bay Lay Htoo
- Child Health Service : Naw May Soe
- Reproductive Health Inpatients : Naw Sophia
- Reproductive Health Outpatients: Naw Htoo
- HIV Prevention and Care: Naw Shine
- Eye Care : Naw Blessing
- Laboratory : Saw Hsa K'Paw
- Pharmacy : Naw Klo
- Prosthetics : Saw Maw Ker
- Referral Service : Saw Tin Shwe
- Registration : Saw Moe Oo
- Publication : Saw Lin Kyaw
- Health Information System : Saw Lin Yone

Training

- Nursing Training : Saw Myo Myint Aung
- Intern Programme : Saw Hser Nay Blute
- Basic Medical Training : Naw Eh Thwar

Office

- Logistics : Aung Phe
- Water/Sanitation : Tin Htun
- Food : Naw Htoo
- Transport : Saw Sunny
- Office Admin : Saw Win Tin
- Finance Manager : Lisa Houston
- Accounts Manager : Naw La La

Outreach

- Children's Development Center, Nursery School : Mahn Shwe Hnin
: Naw Khu Paw
- School Health Project : Saw Nay Oo
: Saw Thar Win
- Bamboo Children's Home : Saw Kywe Poe
- Pa Hite Clinic : Saw Kyi Soe
: Naw Pale Paw
- Ler Per Heh Clinic : Saw Ah Nge

We were supported by the following long term volunteers.

- Dr Terry Smith
- Dr Jerry Ramos
- Kanchana Thornton
- Dr David Downham
- Lisa Houston
- Thomas Buckley
- Jess Nguyen
- Seth Rosenblatt
- Manju Chandra
- Akiko Tanaka
- Dr Thiha Maung
- Kyaw Siah
- Dr Thein Win
- Katrina Sangster

MTC Funders in 2006

Over US\$ 100,000

- International Rescue Committee/USAID (USA)
- Dietrich Botstiber Foundation (USA)
- Thailand Burma Border Consortium (Thailand)
- ICCO (Netherlands)
- Burma Relief Centre/Interpares/CIDA

US\$ 50-100,000

- Stichting Vluchteling (Netherlands)
- Family Health International(USA)
- Help Without Frontiers (Italy)

US\$10-50,000

- Terre Des Hommes (Netherlands)
- Planet Care Project (USA)
- Medical Mercy Canada (Canada)
- Children on the edge (UK)
- The Supreme Master Ching Hai International Association

US\$ 1-10,000

- Primate World Relief Development Fund (Canada)
- Foundation for the people of Burma (USA)
- Tao and Paula (USA)
- Open Society Institute(USA)
- Brackett Foundation (USA)
- Global Health Access Programme (USA)
- Clear Path International(USA)
- Nonna Gabrielle (Italy)
- Miao Jan (Malaysia)
- University of Washington MIRT programme (USA)
- BMTT and TBTCC
- Susie Costello (Australia)
- Karen Refugee Development Group (Scotland)
- MOM Project (BMA/GHAP)
- Global Health Conference (USA)
- Burmese Migrant Workers Education Committee (Thailand)/John Hussmann (USA)
- Karen Aid Foundation (UK)
- Mitwelt Netzwerk (Germany)
- Difaem (Germany)
- Leo and Family (Australia)
- Anonymous donor
- Catriona Walsh (Ireland)
- Wisdom in Action (USA)

Less than US\$1,000

Many thanks to the many people (too numerous to list in this report) who also supported in this category. Every penny went towards our work on the border.

Donations in Kind (the following organisations and individuals provided donations of equipment, supplies or human resources to the clinic)

- Action Medeor
- Ami Zarchi (Tel Dan)
- Australian Karen Youth Project
- Australian Volunteers International
- Burma Border Projects
- Burma Children's Fund
- Childs Dream
- Dr Thanmjit Wichienkuer
- Dumex
- His Holiness Satguru Jagjit Singh ji Maharaj
- IRC
- Karen Aid
- Khun Belle
- Khun Kea
- Khun Pailin
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- Mitwelt Netzwerk
- Mr Eyal
- Mr Tom
- Mr Yoav Keidar
- OPAL
- Operation Smile
- Peter Lever
- Pfizer Global Health Fellows
- Pin Interwood
- Prior Thai Company
- Probono
- Project Umbrella
- REMEDY
- Rene Anant Feddersen
- Rikepa Demo
- Siam Duch Co Ltd
- Siam Merry Textiles
- Siam Pharmacy
- SIT Company
- Stingmars (HK) ltd
- Taipei Overseas Peace Services
- Tesco Lotus
- The Hesperian Foundation
- Tong EkLtd Part
- Two Elephants
- UNHCR
- Waves Company