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ANNUAL REPORT 2008

Dear Friends,

It is a pleasure for us to close another year of service at the Mae Tao Clinic (MTC) and present you with our 2008 Annual Report. This past year, we were challenged to adjust to the changes in the global food market as the price of rice soared, and witnessed yet again an increase in the number of patients while such global economic pressures forced more and more people into poverty and without access to adequate health care along the border. Cyclone Nargis, which hit the rice-producing delta region of Burma in May 2008, further deteriorated the country's ability to feed its own people, but also presented an opportunity for more collaboration among community-based organizations (CBOs). Indeed, the past year was a year in which CBOs worked together to build not only on service collaborations but further policy discussions and standardization. 2008 also marked the 20th anniversary of the 1998 student uprising in Burma, which reminded us of the long journey we have endured in escaping to Thailand and staying. Conditions in Burma are unfortunately no better now than 20 years ago, and thus we continue to pursue our efforts toward appropriate humanitarian assistance and capacity building for the future.

Availability and affordability of good nutritional food sources is fundamental for better health outcomes in any society. Securing adequate nutritional intake has always been a significant difficulty for many patients who come for medical help at MTC, and thus the food program has been a critical part of our health program since the Clinic's inception. Over the years, the food program has grown as the Clinic's caseload and outreach efforts have grown, but never in its past had it come face-to-face with the fluctuations in the global economy as it did in 2008. By June, we were faced with a 50% increase in the price of rice compared to only 3 months before. Food being a basic need for our patients and staff, we could not simply cut back on our food program as we might in another service area, and thus we had to re-work our budgets to adjust to this crisis.

Responding to the tragedy of Cyclone Nargis in May, MTC joined in the efforts of CBOs both inside Burma and

along the border to come together and support emergency relief, recovery, and rehabilitation, especially while international organizations were barred from entry into Burma by the military regime in the first few months of the aftermath. Such successful service collaborations lend to more complex discussions on humanitarian assistance policies, health policies, and child protection policies. 2008 was a year in which we met again and again with our partner CBOs and ethnic health and education departments to build relationships, to hold discussions for further understanding of various perspectives on controversial issues, and to standardize policy wherever practical.

As with previous years, MTC saw an increase in patient numbers (+20%), caseloads (+14%), visits (+23%), and admissions (+22%). It is unfortunate that more and more people are in need of our health services, but we are glad to have managed to offer our support to all who come and seek our care. Child protection services also saw a large increase in the number of children in need of our educational and protection programs, particularly at the Children's Development Center (+30%), and in the Boarding House Food Program (overall registration +44%).

2008 was as busy and successful as any other year for Mae Tao Clinic. Thank you for your continued support, and we look forward to working together again in the future.

Sincerely,

Dr. Cynthia Maung
Director

The work of Mae Tao Clinic was recognized this past year with two significant awards to Dr. Cynthia Maung: the 2008 Catalonia International Prize from the Government of Catalonia, and the Tan Khun Phandin Award (76 Awards Good Earth Behalf) from the Nation Group in Thailand.

VISION AND MISSION

The Mae Tao Clinic is a health service provider and training center, established to contribute and promote accessible quality health care among displaced Burmese and ethnic people along the Thai-Burmese border. In addition to the comprehensive services provided at its onsite facilities, MTC also promotes general health through partnerships with other community based organizations. 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 endeavoring to further promote health education, and improve access to and utilization 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 center and center for advocacy with respect to issues related to Burma and the migrant community.

SUMMARY OF ONGOING ACTIVITIES

HEALTH SERVICES

As in previous years, Mae Tao Clinic saw increasing numbers of visits, caseloads, and inpatient admissions in 2008. The total of 140,937 visits represents a 23% increase from visits in 2007. As in past years, about half of MTC's patients cross the border from Burma seeking health care. For many patients, the decision to come to MTC from Burma is heavily burdened with security risks and the high cost of transportation. Consequently, the Mae Tao Clinic staff continues to see patients whose illnesses are more serious because of delayed treatment. The need remains great, and thus MTC continues to offer quality health services and health education to its patients.

Total	2006	2007	2008
Visits	107,137	114,842	140,937
Cases	79,096	81,747	93,106
Admissions	8,876	9,066	11,013

Clinical

- Adult Medicine

Outpatient – 29,874 cases; common diagnoses: acute respiratory infection, gastritis.

Inpatient – 3,918 cases; common diagnoses: anemia, malaria.

- Surgery

7,074 cases; common surgeries: abscesses, minor wounds.

- Reproductive Health

Outpatient – 5,054 antenatal care clients; 3,205 postnatal care visits; 8,060 family planning visits.

Inpatient – 2,433 delivery admissions.

Other services provided: neonatal care, post-abortion care, STI treatment, gynecological care.

- Child Health:

Outpatient – 13,438 cases; Inpatient – 1,688 cases; common diagnoses: acute respiratory infections, malaria, anemia.

Services provided: immunizations, supplemental feeding, vitamin A supplements, de-worming.

- Primary Eye Care and Surgery:

9,782 cases; 1,545 surgery admissions; 4,005 eyeglasses dispensed.

- Prosthetics and Rehabilitation:
221 cases (new and replacement).

- Laboratory and Blood Bank:
45,872 slides for malaria testing; 1,224 tests for voluntary HIV counseling and testing; 1,696 blood donations; 1,287 blood transfusions.

- Dental Clinic
4,741 cases.

Referrals

Less than 1% of MTC's cases (851 in 2008) are referred to Mae Sot Hospital, usually for emergency care or complicated surgical procedures.



INFECTIOUS DISEASE

MALARIA

MTC tested 45,872 slides for malaria last year, an increase of 54%, and 6,681 cases were treated, an increase of 27%.

Malaria in the Thai-Burma border area is more drug-resistant and difficult to treat compared to other parts of the world where the parasite is endemic. Three of the four species of malaria are prevalent here, and someone can be infected with two or three species at the same time. One of the most prevalent species diagnosed at MTC is *P. falciparum*, which is the most aggressive and lethal type and can cause cerebral malaria. In 2008, over 75% of malaria cases at MTC were of this species.

HIV/AIDS PREVENTION AND CARE

In 2008, 352 new cases of HIV infection were diagnosed at Mae Tao Clinic. The median age of patients testing positive was 30 years old, with approximately equal numbers of males and females. About 62% of those testing positive were patients who identified themselves as living in Burma. HIV prevalence among the antenatal care patients tested has remained stable at 1.4%, similar to past years. The need for treatment and long-term comprehensive care of HIV-positive patients has grown cumulatively as more and more patients are diagnosed.

	Tested	# Positive	% Positive
Pregnancy	4,120	58	1.4%
Blood donor	1,921	35	1.8%
Voluntary	1,224	209	17.1%
Emergency	457	50	10.9%

Antenatal care patients who test positive for HIV are all referred to the program for preventing maternal to child transmission (PMTCT).

Peer counselors provide home-based care for HIV positive patients and their families. These counselors live with HIV themselves, and are trained to assess the patients' overall physical condition, provide both medical and non-medical supplies, offer health education, and counsel patients and their families on the spectrum of social, family, and



economic issues that they face. There are approximately 296 patients enrolled in the program. The challenges are many: some of the patients live in makeshift housing with no electricity, running water, or sanitary facilities; others live in Burma where carrying supplies to patients risks arrest; and the social stigma and discrimination associated with HIV requires counselors to be careful not to reveal the purpose of their visits to neighbors.

Mae Tao Clinic works collaboratively with the antiretroviral (ARV) migrant health program at Mae Sot Hospital by making referrals, monitoring adherence to treatment, and providing additional services for patients. As of December 2008, 36 of our patients were receiving ARV.

TUBERCULOSIS ALONG THE BORDER

For the first time in Mae Tao Clinic, a detailed case review was conducted for TB patient cases. There were at least 234 cases, of which just over 70% self identified as living in Burma. As in previous years, Mae Tao Clinic doesn't have viable treatment options for these patients. They are not legally able to remain in Thailand for a full course of treatment, leading to high TB drug resistance.

The recommendations from the case review suggest that a heavily partner-based approach is needed. The NGO community should consider options for provision of cross border care, as well as continuing pressure and facilitation of the Burmese government to improve access to treatment for it's population. Mae Tao Clinic will continue to collaborate with NGOs and the Thai MOPH to provide diagnosis and treatment by referring eligible patients as soon as possible.

Mae Tao Clinic is also reviewing the details of the case reviews to reinforce and improve diagnosis and testing protocols, patient isolation to protect non-infected patients, record keeping, and patient education.

Myo Shwe Than's story

Myo Shwe Then came from Moulmein in the Mon state of Burma to the clinic recently. A 23 year old student, he had been diagnosed with Tuberculosis (TB) in 2006 when he began to suffer from cough, fever and weight loss. When he consulted with a general practitioner, an examination was done by the physician, and he was diagnosed with pulmonary tuberculosis. He was treated for six months with anti-tuberculosis medication.

In 2007 began to suffer from cough, fever, general weakness, and a loss of appetite. He returned to the clinic, but the physician asked him to go to Moulmein Hospital, where an examination was done and TB treatment was restarted. Although he was so weak he was unable to walk unassisted, the hospital would not admit him, so he treated himself at home. After taking anti-tuberculosis medication for two months, his condition continued to worsen, so he went back to the hospital where they asked him to continue the TB

treatment without doing an examination.

At this point, his condition was only worsening, so he decided to stop the TB treatment and come to MTC. He heard about Mae Tao Clinic from his friends, so he and his parents set out on the journey to the clinic.

However, when he arrived at MTC, he learned that the clinic doesn't have a Tuberculosis treatment program, and is not ready to accept TB patients yet. To make matters worse, current NGO programs have strict criteria that would not include him as a cross-border patient.

MTC could only provide counseling, health education and social support for him and his family. Myo Shwe Then is, unfortunately, one of many who cross the border in search of TB treatment, only to be disheartened that there aren't currently programs to treat them. One cannot be sure why his treatment was unsuccessful -- substandard medication; lack of follow-up and monitoring by the health care provider; quality of the care, or other factors could have contributed.

Social Services

- Counseling services
- Delivery certificate
- Public relations and information
- Orphan care
- Housing for vulnerable long-term patients
- Funeral services

The Mae Tao Clinic offers a variety of social services. Among the most notable are the delivery certificate and counseling services. A delivery certificate is issued for each baby born at MTC to serve as documentation of birth, since official documentation cannot be obtained from the Burmese or Thai governments. Records of these certificates are kept at the Mae Tao Clinic for verification purposes. Housing is provided for long-term or at-risk medical patients. In 2008, the patient house suffered major damage in April storms and was quickly rebuilt.

The Counseling Center offers individual and family counseling, home-visits (HIV - not only for HIV patients), a physical disability/amputees support group, a relaxation group, medication management, and a mental illness and psychosocial health awareness program, to both clinic patients and staff. The center treated 307 patients, and had 401 visits in 2008. This represented a material increase in both volume as well as the types of problems treated. Patient issues addressed included posttraumatic stress disorder, depression, domestic violence, psychosis, grief/mourning, amputee support, suicide and alcohol/drug abuse and withdrawal counseling. Increased partnership and communication with medical departments in the clinic has led to a more effective referral process of patients to the counseling center and enhanced understanding of psychosocial health. The clinic observes that while this provides better overall support for the patients, it also allows medical staff to focus on medical treatment issues. Therefore, the clinic is working to improve the referral process and reduce stigma around

receiving mental health services, since the Counseling Center caseload still only represents less than 1% of the clinic's caseload.

Migrant Outreach Health Services

- School health and research
- Adolescent reproductive health
- HIV/AIDS Peer Education
- Home-based care service for people living with HIV/AIDS

MTC is closely connected to the migrant schools in the border areas and provides a number of outreach health services such as first aid kits, vitamin A supplementation, de-worming, dental screening and health information on adolescent reproductive health issues. In addition, MTC promotes HIV/AIDS awareness and prevention, and last year provided home care and nutritional supplementations for 296 HIV/AIDS patients. There is also a monthly support group for people living with HIV/AIDS.

The School Health Team (SHT) at Mae Tao Clinic collaborated with Tokyo University and other CBO partners (BMWEC, Burmese Migrant Teachers Association, SAW) on a research project regarding school health assessment and evaluation for all migrant schools which have students grade 1-4. The results of the baseline survey provide a basis to engage the teachers in dialogue about future planning for environmental health in their schools.

Cross Border Primary Health Care Services

Pa Hite clinic, administered by MTC, is located within Karen State in Burma. Pa Hite Clinic treated 19,507 cases in 2008, oversees the operation of three satellite clinics, and added a fourth satellite clinic in 2008. Similar to the situation at MTC, acute respiratory infections, malaria, and anemia are the three most commonly treated illnesses at these clinics.

Monitoring and Evaluation

Mae Tao Clinic is committed to maintaining its quality of health services and organizational integrity through various monitoring and evaluation activities. Examples in 2008 include:

- Continual improvements in infection control procedures, monitoring and training
- Departmental medical record reviews
- Real-time health data collection by networking the health information systems of all departments
- Consistent use of the Integrated Management of Childhood Illness (IMCI) checklist
- External audits of malaria slides and HIV tests for laboratory quality control
- Implementation of policies and procedures for logistics, finance, staff support, and transportation
- Annual external consulting and auditing of MTC's financial records
- Community health assessment for the cross border clinic, Pa Hite

CLINICAL SUPPORT SERVICES

Laboratory and Blood Bank

In 2008, the testing for Preventing Mother-to-Child Transmission of HIV (PMTCT) was 'in-sourced' to the MTC laboratory. This change brings more testing independence and cost savings to MTC. As part of this initiative, the laboratory facility was expanded and upgraded with new refrigerated storage for laboratory testing materials and to hold blood specimens sent out to Mae Sot Hospital. The Blood Bank was also expanded and moved into a larger space in the clinic. Laboratory specimens are also sent out for independent testing for quality assurance checks. The laboratory staff processes thousands of malaria smears and conducts the rapid testing for HIV and other STI's as part of VCT (voluntary counseling and testing) as well as the PMTCT.



Infection Control

In 2008, MTC has focused particularly in strengthening the Infection Control (IC) program. The Infection Control Checklist was performed in every related department at least twice per quarter. Results reveal improvement in several areas, although continual improvement is needed.

A leadership position was established for the Infection Control Team to be in charge of monitoring activities, collecting and analyzing the IC checklists, facilitate the monthly team meeting, and follow up on issues that are



discussed in the meetings. Measurable progress has been made, but the relatively new system of self reporting and independent audits provide highlights areas where improvements are needed.

The centralized infection prevention unit is now operating in a renovated section of the clinic, designed especially for this purpose. It houses the large Autoclave for sterilization of equipment serving inpatient departments. Much of the infrastructure renovations for the new centralized sterilization unit were completed in the second quarter of 2008, but the completion of this unit with equipment and supplies occurred in the third quarter. Centralizing the sterilization process for the clinic has revealed an extensive shortage of medical instruments for all departments.

Central Pharmacy

HIS staff created a new central pharmacy database in consultation with the Central Pharmacy manager, Thai IT consultant, and international volunteer pharmacist. This database networks all departments to the central pharmacy for input of weekly orders of medicine dispensing, and for control of inventory to support the new procurement system for Central Pharmacy restocking every quarter for all departments instead of by each department.

Research & Health Information Systems (HIS)

HIS collects and maintains a database from all departments. The Research department conducted or coordinated more than six health related research projects in 2008. Projects are either university sponsored projects conducted through MTC, or internal projects. In 2008 MTC appointed a research coordinator to reduce overlap of projects and to improve the research focus.

MTC conducts research and assessment with aims to develop policy, improve quality of care, and advocacy. The areas in 2008 included health behavior changes, People living with HIV/AIDS (quality of life), Health and Human Rights (access and utilization), Post abortion care (quality improvement of health service), and child protection. Collaboration partners included:

- **Child Protection Research** with the Committee for the Protection and Promotion of Child Rights
- Project -- **"How They Live Now: Medicalization of the Cross Border Wounded"** with Thammasat University
- **HIV/AIDS research** with Simon Frasier University
- **Post Abortion Care research** with Charles Darwin University;
- **School Health Research** with Tokyo University

HEALTH WORKER TRAINING

MTC serves as a regional training center for community health workers and hosts numerous trainings each year. This is because the Mae Tao Clinic's vision includes not only providing health services but also building the health care capacity of migrant and displaced communities along the Thai-Burmese border. Some trainees obtain employment at MTC but the majority return to their communities in Burma to provide urgently and desperately needed health care. Some trainees return later to MTC for advanced training or continued educational opportunities.

Comprehensive Reproductive Health Training for cross-border health workers started in July through Columbia University's RAISE project. This project aims to improve cross-border reproductive health care through the upgrading of clinics and health worker skills inside Burma. Through this project, facility checklists, data collection, standardization of care, community assessment and the training curriculum were upgraded. This project created a more standardized training curriculum and ongoing process of improving data collection and health services.

Workshops and Lectures

Numerous workshops and lectures are offered throughout the year at Mae Tao Clinic for the professional development of both the staff and trainees. These sessions cover a variety of topics such as specific clinical areas, basic and advanced computer skills, health information systems, environmental health, human rights, and community management.

In 2008, a number of Mae Tao Clinic staff also attended trainings and partner meetings outside MTC, including the Annual Malaria Meeting organized by SMRU in November.

Ethnic Diversity of Trainees

Because trainees from ethnic areas often return to those areas to serve their communities, Mae Tao Clinic takes care to ensure the ethnic diversity of its trainees. MTC was proud to host health worker trainees from 11 different ethnic areas of Burma in 2008.

Training Courses	Duration (classroom & clinical)	Students
Initial Training		
Nursing Training	9 months	35
Community Health Worker Training	10 months	98
Community Health Volunteer Training	3 months	36
Laboratory Training	3 months	11
Prosthetics	10 months	6
Dental Care	2 months	17
Advanced Training		
Health Assistant Training	10 months	44
Comprehensive Reproductive Health	8 months	41
Intern Training	10 months	26
Total		

Sarvina's story

Sarvina (name changed for security reasons) arrived in Mae Tao clinic after a month's journey through the jungle, taking a complicated route to ensure her safety. Under



normal circumstances and direct route, this journey should take just three days. She arrived with one pair of clothes which constantly remained damp in the monsoon, out of money, and reliant on the kindness of villagers along the way. But she explains how fortunate she feels to have had the chance to get medical training in Mae Tao Clinic.

Sarvina came from the Shan state with the desire to return with medical training to help her ethnic Kayan people. She became interested in medicine from her Aunt who is a midwife. At Mae Tao Clinic, she was able to complete an internship, a one year nurse's aid training, reproductive health training, and clinical rotations. Although pleased with her completion of studies and graduation, the road ahead is filled with more challenges.

When Sarvina returns home, she'll face security issues, lack of supplies, and doesn't expect to get paid except whatever patients can afford to give her to survive. Sarvina plans to work with a clinic just outside town, where she'll travel to more remote villages to complement the services of the local traditional healers. For example, they will call for her assistance when complications arise in childbirth.

Sarvina radiates with joy when she says that this is a 'great job' since she has an opportunity to help her people.

COLLABORATION

Mae Tao Clinic is one of the leaders of community-based organizations in regards to capacity building for border area initiatives. As such, the list of service collaborations grows longer each year. This year marked an important transformation in respect to implementing policies to improve and capacitize operations.

This year also saw increased leadership on the part of Mae Tao Clinic for international advocacy and policy discussions. Regrettably, some of this was precipitated by the natural disaster of cyclone Nargis. Mae Tao Clinic provided support to the Emergency Assistance Team – Burma, which was created within days of the cyclone.

Within the clinic, an impactful collaboration this year was the Chiang Mai referral program for children who require complex surgery. Many of these children require cardiac surgery for congenital heart diseases. This program is conducted in partnership with Burma Children's Medical Fund and Child's Dream. In 2008, 163 children were treated in Chiang Mai for conditions currently untreatable at Mae Tao Clinic.

- Cross Border Health Services with the Back Pack Health Worker Team, the Burma Medical Association, and ethnic health departments.
- Emergency Assistance Team (EAT-BURMA) for emergency assistance following Cyclone Nargis, along with other community based organizations.
- Preventing Mother-to-Child Transmission with Mae Sot Hospital
- HIV Anti-Retroviral Migrant Health Project
- Comprehensive Reproductive Health Program Training with Columbia University and Burma Medical Association on the RAISE initiative
- Birth Certificate with the Committee for the Protection and Promotion of Child Rights
- Referrals for Children Requiring Complex Surgery with Burma Children's Medical Fund and Child's Dream
- Eye Surgery Program with Karen Aid
- Prosthetics Workshop with Clear Path International and Help Without Frontiers
- Homes for Abandoned Children with Social Action for Women
- School Health with Burmese Migrant Workers Education Committee, Social Action for Women, and BMTA (Burmese Migrant Teacher's Association)
- Adolescent Reproductive Health with Burmese Migrant Workers Education Committee and the Adolescent Reproductive Health Network
- Community Based Organizations Forum for Humanitarian Assistance: MTC in conjunction with a number of CBOs is working to draft principles for humanitarian assistance on the border. The Finance Network within this group is working to define standard finance policies for organizations working in the area.
- Child Protection and Food program with Coordinating Team for Displaced Children's Education (CTDCE)



CHILD PROTECTION PROGRAM

In 2008 Mae Tao Clinic (MTC) participated in several new activities to further advocate for access to education for the displaced children of Burma. MTC, in partnership with other community-based organizations (CBOs) working on child protection issues and educational outreach activities, began the processes for establishing a Thai-registered foundation. The MTC Child Protection services are expected to benefit from the official registration of this new foundation, Suwan Nimit Foundation (literal Thai translation is “golden dreams”), for which the application was submitted to the Thai Ministry of Interiors in late April.

Since 1995, Mae Tao Clinic has been providing education to children from Burma living in the Mae Sot area. It supports the Children’s Development Center (CDC) School, which offers education from nursery school to grade 12. MTC also provides food and shelter to the unaccompanied children of CDC as well as at the Bamboo Children’s Home (BCH) located in Umphiam Mai Refugee Camp. In 2008 The BCH, cared for 154 children, a 5% increase over 2007

MTC has been involved in the development of the Coordinating Team for Displaced Children’s Education (CTDCE), through which MTC is involved in the Emergency Dry Food Program, securing emergency food supplies for boarding facilities, as well as developing Child Protection policies and Standards of Care for boarding facilities. MTC also continues its delivery documentation program.

Due to conditions worsening within Burma, this year saw another rise in the number of students and boarders at the CDC. The CDC enrolled close to 1,000 students, representing an approximate 30% increase in the number of children over the previous year. The number of boarders increased to 450 students, representing a 60% increase from the previous year. During 2008, CDC saw upgrading and expansion of dormitory and existing school facilities as well as the start of construction of the new CDC school, which is being built on land purchased by Child’s Dream. It is expected that the building will be complete by the end of this academic year so that the 2009/2010 school year can start in the new facilities.

The number of students at boarding houses in migrant and IDP communities, as well as refugee camps also rose to roughly 2000 children in 2008, an increase of 27% from 2007.

The first half of 2008 saw yet another alarming rise in the number of children in boarding houses. Altogether, there are an estimated 10,000 children accessing education in the migrant areas. The number of boarding students registered with CTDCE is now 2580, showing a 47% increase from the 1,750 in 2007. Just since the beginning of the school year in May 2008 the number of students supported by the Emergency Dry Food Program for boarding houses has increased from 1,283 to 1,639 students. The program was able to support both dry foods (such as rice, salt, beans, tin fish, and sweet powder) and meat and vegetables earlier in the year, but as food prices spiked in April and the number of students in boarding

houses were on the rise, it became clear that the budget would only support dry food standards for all the students in need. MTC plays a major role in the coordination of this program, including securing funding, procurement and distribution, and monitoring and evaluation.

Aye Thida’s story

When Aye Thida was 7 her father died of Tuberculosis, leaving her mother to work selling fruit and vegetables to raise the five children in Myawaddy, just across the Burma border in the Karen state. When Aye Thida was 14, her mother died of Hepatitis. Since that time, the children have done their best to support each other, stay healthy and get education. Aye Thida and her younger sister, Jao Ze stay together in the boarding house and attend school at the CDC.

Her brother is in a boarding house nearby and also attending school in CDC, another brother is working in Bangkok and another remains in Burma.

Aye Thida’s favorite subjects are English and Math, and she dreams of studying in university someday. Although she is aged sixteen, she will just begin grade 8 next year due to her lack of access to education in early years. Aye Thida likes the CDC and enjoys doing homework, although is happy to enjoy watching some TV and relaxing during the school holidays this summer.

She lives in the boarding house with 80 other girls who have also originated from Burma either as orphans or unaccompanied by parents. As she giggles with her girlfriends in their room one might not imagine the dramatic life stories that all brought them to this place, which provides a chance for good health, safety, education and a future.



FOOD AND NUTRITION SERVICES

The MTC food and nutrition services comprise a comprehensive program serving over 3,000 patients, staff, family members, and school children each day. The program provides

- Three meals per day for 400 - 500 patients per day
- Three meals per day for 400 – 500 patients participating in eye surgery events four times per year
- Supplementary food for HIV patients
- Supplementary feeding for children (at-risk, malnourished, etc)
- Three meals per day for boarding house children
- Milk powder program for prevention of HIV transmission from mother to child and other at-risk babies
- Food allowances for patients referred to Mae Sot Hospital
- Food allowances for staff and their families
- Supplementary food for inpatient departments, for example for patients who cannot eat solid food
- Supplementary food for pregnant women

The increase in the patient caseload and students in boarding houses, the global food crisis, and a funding shortage experienced by the Thailand Burma Border Consortium (TBBC), led to a greater need for funding for all food programs. For example, the number of patients enrolled in the supplementary food program for HIV increased from 50 to over 200 from 2005 to 2008.

Budget revisions were required for all of the Child Protection food programs, including the CDC food for boarders, CDC food for staff and families, the Bamboo Children's Home food for boarders and staff, and the Emergency Dry Food Program for boarding houses. In most cases, the budget for other line items had to be reduced in order to make up for funds needed to buy rice and other dry food needs. Although prices have come down at this time, they are still significantly higher than what they were at the beginning of the year.

De Pel's Story (War victim)



De Pel is a 40 year old father of 4 children, who works as a subsistence rice farmer in Karen State, Burma. De Pel's village is located in the heart of the Karen State where fighting between the military junta's forces and the Karen National Union (KNU), has been ongoing for almost 60 years.

The family often has too little food, so De Pel went into the jungle looking for food. It was during this hunting expedition that he was attacked by a bear, which jumped out at him, biting his face and scratching his arm. Fortunately, he was able to get away as the bear ran off into the jungle.

Knowing that they could not afford treatment in Yangon, the two made the trip to the Mae Tao Clinic a day later. However, once at the clinic, De Pel was told that the clinic did not have the facilities to reconstruct his face. With the wound open, it was bound to get infected and it was highly likely that De Pal would die as a result.

Due to the severity of De Pel's wounds and the high risk of serious infections the Burma Children Medical Fund and some individuals raised money to fund De Pel's transfer to

Chiang Mai hospital. They grafted skin from his arm and legs onto his face to cover the wound and created a nose. He says he no longer has any pain, just some numbness and is happy to have a new face.

During a follow-up visit to the clinic, De Pel and his wife wanted to thank everyone who helped them and tell them that they are very grateful. Without BCMF De Pel would not have survived long. Thanks to the donors, De Pel now has the opportunity to see his children grow old and continue to support his family.



MAE TAO CLINIC STAFF

	Male	Female	Total
Clinical	131	198	329
Administration/Logistics	80	41	121
Outreach Services	33	13	46
Pa Hite Clinic	44	53	97
Child Protection Services	37	46	83
Total	325	351	676

Program Managers in 2008

Clinical Services

- Adult Medical In-Patient - Saw Muni
- Adult Medical Out-Patient - Saw Kyaw Kyaw
- Trauma Surgery - Saw Eh Ta Mwee
- Child In-Patient Services - Naw Mu Dah
- Child Out-Patient Services - Naw May Soe
- Reproductive Health In-Patient - Naw Sophia
- Reproductive Health Out-Patient - Sae Bae Moe
- HIV Prevention and Care - Naw Shine
- Eye Care - Naw Tamla Wah
- Dental Care - Su Oun / Gay Moo
- Laboratory - Saw Hsa K'Paw
- Pharmacy - Naw Klo
- Prosthetics - Saw Maw Ker
- Counseling Center - Saw Than Lwin
- Referral Service - Saw Tin Shwe
- Registration - Saw Moe Oo
- Library - Hla Thein
- Publications - Saw Lin Kyaw
- Health Information System - Saw Lin Yone
- Public Relations and Social Services - U Tin Shwe
- Pa Hite Clinic - Saw Kyi Soe, Naw P'lae Paw
- Research Coordinator - Saw Aung Than Wai
- Monitoring and Evaluation Coordinator - Pattinee Suansprasert

Training

- Program Coordinator - Naw Eh Thwa
- Anatomy/Physiology/Clinical Methods - Dr. Tint Zaw Oo
- Microbiology/Pharmacology/Pathos - Dr. Alex Win
- Clinical Medicine - Saw Muni
- Reproductive Health - Naw Sophia
- Child Health - Dr. Htun Thu
- Surgery - Eh Ta Mwee
- Special Diseases - Dr. Kyaw Zay Ya
- Public Health & Mgmt - Saw Aung Than Wai
- Health Information System - Saw Lin Yone

Office

- Logistics - Aung Phe
- Water/Sanitation - Tin Htun
- Food - Naw Htoo, Min Naing
- Transport - Saw Sunny/ Nay Oo
- Office Administration - Saw Win Tin, Saw Jonathan

- Finance Manager - Atsuko Fitzgerald, Lisa Houston
- Accounts Manager - Naw La La

Child Protection

- CDC - Mahn Shwe Hnin
- School Health Project - Saw Thar Win
- Bamboo Children's Home - Saw Aye Nyunt
- Child Protection Coordinator - Eh Moo Paw

MTC was supported by the following volunteers:

- Catherine Ambler
- Dr. Catherine Boyd
- Andrew Bryers
- Thomas Buckley
- Lynda Campbell
- Dr. Anna Clark
- Doug Clark
- Pat Connaughton
- Alice Cowley
- Lobke Dijkstra
- Linda Duck
- Dr. David Downham
- Barbara Eagles
- Dr. Don Fancher
- Atsuko Fitzgerald
- Andrea Fitzgerald
- Sean Fitzgerald
- Rachel Fleming
- Agatta Galazi
- Sena Galazzi
- Ben Han
- Lauren Harris
- Dr. Christopher Hoare
- Lisa Houston
- Britta Sogaard Jensen
- Dr. Boim Jung
- Aiko Kaji
- Dr. Alice Khin
- Jolene Lansdowne
- Autumn Mochinski
- Dr. Larry Mueller
- Dr. Aung Myint
- Douglas Newell
- Marisa Piccioni
- Dr. Jerry Ramos
- Neeltje Rosmalen
- Mr. Cendy Sandle
- Kerry Shannon
- Dr. Terry Smith
- Nancy Spencer
- Inge Sterke
- Pattinee Suansprasert
- Tomoaki Taoka
- Yoshiko Taoka
- Kanchana Thornton
- Dr. Thi Ha Maung

- Dr. Thi Ha Maung Maung
- Orasa Thongmaneerat
- Narumon Thongtongchana
- Dr. Hiroko Tsuchiya
- Meredith Walsh
- Jacqui Whelan
- Dr. Thein Win
- Dr. Alex Win

MTC hosted 55 medical students from the following institutions:

- Guys' Kings and St. Thomas
- University of East Anglia (UEA)
- University of Leeds
- University of Buffalo/ USA
- Queen's University School of Medicine
- University of Notre Dame/ Australia
- University of Western Australia
- Newcastle University
- University of Massachusetts Medical School.
- University of Manchester
- University of Sydney
- Washington University in St. Louis

- Aarhus University Hospital
- Australia National University
- University of Manitoba
- University of Warwick
- St. George's University/ London
- Robert Wood Johnson Medical School
- Drexel University College
- McGill University
- University of Connecticut
- Edinburgh University
- University of Western Ontario
- Imperial College
- Birmingham University
- Dalhousie University
- The University of Auckland
- University of Edinburgh
- Mount Sinai School of Medicine

Editorial contributions to this Annual Report by:

- Atsuko Fitzgerald
- Lisa Houston
- Michelle Katics
- Dr. Terrence Smith

DONATIONS IN KIND

The following organizations and individuals provided donations of equipment, instruments, supplies or medicine to MTC:

- Dr. MOH' D-ALI TRAD (Medecins Sans Frontiers-FRANCE)
- Partners Relief & Development
- Mr. Mark Karaczun (University of East Arglia)
- Peter Earl Foundation
- Dr. Nick Rusella
- Dr. Doan Fancher
- Action Medeor
- Mr. Sorawit Solvimon
- Dr. Larry Mucller
- The Caloundra Catholic prayer group ('LINKS')
- Crossroads International
- Schering
- DIFAEM
- Mitwelt-Netzwerk

International Committee for the Red Cross (ICRC / War wounded program) and Help without Frontiers (HWF) donated the building supplies to extend the surgical ward.

Financials for 2008 will be released as an annexure, and not included in this report