MAE TAO
CLINIC
ANNUAL REPORT
2010
Dear Friends,

Once again, we faced many challenges in 2010. There has been sporadic conflict along the border since the November elections, primarily in the areas of Pho Pra, Mae Sot, Umpiem and Tang Song Yan. As a critical community based organisation [CBO], we continue to help the displaced community in any way we can.

Some that fled have been able to return home, but at June 2011, there are still 6000 – 7000 displaced people scattered along the Thai side of the border. We are looking after many of these people in conjunction with other CBO’s: they rely on us for food, shelter, protection and health care.

On a positive note, after a two and half year struggle, the Suwan Nimit Foundation was finally approved by the Thailand Ministry of Interior in April 2010. This is a huge milestone as, through the Foundation, we are able more effectively fundraise for boarding houses and the Emergency Response Team [ERT], among many other things. As a legally registered charity in Thailand, the Foundation is now able to effectively pursue its objectives.

In collaboration with other health organisations and the IRC health team, we were able to standardise training and curriculum levels for health workers along the border. We have worked with community outreach centres in migrant areas to improve access to women’s reproductive health care, and have trained a number of people to provide this care, as well as referrals.

Several new buildings and renovations were completed in 2010, including the construction of a new isolation ward for the inpatients department. We are now able to effectively separate patients infected with tuberculosis and other contagious illnesses, thereby reducing cross-infection to other patients. The construction of the new Child Recreation Centre was one the highlights of 2010. This facility was built specifically for the children of Mae Tao Clinic – as patients themselves, or as children or siblings of patients. Here they are able to relax, play and have fun in a safe and educational environment.

In the year ahead, we will continue to meet the ongoing challenges we are faced with, ensuring we are there for those who need us, and doing all we can to provide the best possible care for our community.

Sincerely,

Dr. Cynthia Maung
Director, Mae Tao Clinic
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 Sa 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.

MTC continued to provide health services during 2010 to 111,403 patients, compared to 115,567 in 2009, representing a decrease of 4%. This may be explained by the security situation on the border and the border Friendship Bridge being closed by the Burmese government since July 2010, making it difficult for beneficiaries to access our services. There are significant travel and security risks for people crossing the border to come to the clinic, and the movement of people on the Burmese side of the border is heavily restricted. After armed conflict broke out in November, patients faced yet more security and cost to reach the clinic. Normally, half of the patients come from Burma, but in 2010 this dropped to 43%. Regrettably many patients delay seeking treatment due to the cost and difficulty of travel, which further increases the cost of care. There were other changes in caseload, such as a reduction in malaria patients, with a drop of over 40% in outpatients and about 50% for inpatients.

Since April 2009, MTC has been conducting a successful initiative for universal Hepatitis B vaccinations for newborns. For babies born at the clinic or those registered with the clinic within two weeks of birth, a free Hepatitis B vaccination is provided. Although universal Hepatitis B vaccinations have been offered in Thailand for more than ten years, MTC patients have been typically unable to access this coverage. This has resulted in prevalence among MTC’s antenatal care clients of 8% to 10% for many years. The vaccinations offered by MTC are the same as those received by Thai children, and in 2010, 6731 doses were administered, nearly double that from 2009 (3841 doses). To gain immunity, each child must complete the three-dose course.
**Health Service Comparison 2009 and 2010**

<table>
<thead>
<tr>
<th>Cases (unless otherwise indicated)</th>
<th>2009</th>
<th>2010</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Visits</td>
<td>153,703</td>
<td>148,374</td>
<td>-3%</td>
</tr>
<tr>
<td>Total Caseload</td>
<td>115,567</td>
<td>111,403</td>
<td>-4%</td>
</tr>
<tr>
<td>Total Clients</td>
<td>75,210</td>
<td>71,997</td>
<td>-4%</td>
</tr>
<tr>
<td>Total Admissions</td>
<td>11,391</td>
<td>10,726</td>
<td>-6%</td>
</tr>
<tr>
<td>Adult Medical Outpatient Cases</td>
<td>38,578</td>
<td>32,530</td>
<td>-16%</td>
</tr>
<tr>
<td>Adult Medical Inpatient Cases</td>
<td>3,448</td>
<td>3,422</td>
<td>-1%</td>
</tr>
<tr>
<td>Surgery Cases</td>
<td>8,098</td>
<td>7,509</td>
<td>-7%</td>
</tr>
<tr>
<td>Reproductive Health Outpatient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient cases</td>
<td>1,464</td>
<td>1,678</td>
<td>15%</td>
</tr>
<tr>
<td>Antenatal Care (client number)</td>
<td>5,612</td>
<td>5,842</td>
<td>4%</td>
</tr>
<tr>
<td>Family Planning visits</td>
<td>9,441</td>
<td>8,902</td>
<td>-6%</td>
</tr>
<tr>
<td>Reproductive Health Inpatient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RH Inpatient Admissions</td>
<td>4,953</td>
<td>5,276</td>
<td>7%</td>
</tr>
<tr>
<td>Delivery Admissions</td>
<td>2,768</td>
<td>2,804</td>
<td>1%</td>
</tr>
<tr>
<td>Post natal care visits</td>
<td>3,082</td>
<td>3,077</td>
<td>0%</td>
</tr>
<tr>
<td>Child Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient cases</td>
<td>17,202</td>
<td>15,952</td>
<td>-7%</td>
</tr>
<tr>
<td>Inpatient cases</td>
<td>1,605</td>
<td>1,811</td>
<td>13%</td>
</tr>
<tr>
<td>Primary Eye Care and Surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cases</td>
<td>14,289</td>
<td>13,526</td>
<td>-5%</td>
</tr>
<tr>
<td>Eye Surgery Completed</td>
<td>565</td>
<td>742</td>
<td>31%</td>
</tr>
<tr>
<td>Eyeglasses dispensed</td>
<td>8,167</td>
<td>8,335</td>
<td>2%</td>
</tr>
<tr>
<td>Prosthetics and Rehabilitation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New and Replacement Cases</td>
<td>256</td>
<td>211</td>
<td>-1.5%</td>
</tr>
<tr>
<td>Laboratory and Blood Bank</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slides for malaria testing</td>
<td>43,540</td>
<td>37,083</td>
<td>-15%</td>
</tr>
<tr>
<td>HIV tests for Antenatal Care</td>
<td>4,064</td>
<td>3,660</td>
<td>-10%</td>
</tr>
<tr>
<td>Tests for voluntary HIV counselling &amp; testing</td>
<td>1,296</td>
<td>821</td>
<td>-37%</td>
</tr>
<tr>
<td>Blood donations</td>
<td>1,939</td>
<td>1,698</td>
<td>-2%</td>
</tr>
<tr>
<td>Dental Cases</td>
<td>5,772</td>
<td>6,038</td>
<td>5%</td>
</tr>
</tbody>
</table>

**Vaccination Program**

Naw Eh is 29 and the mother of three children. She lives in Myawaddy, Burma, with her husband and six other family members. She is one of the hundreds of people that cross the Thai–Burma border every week to work or have access to services in Mae Sot.

Naweh was planning to deliver her third son in Myawaddy, but after the elections of 2010, the economy of her household was affected, making it impossible for her to deliver her baby at a Burmese hospital. The cost of a natural delivery in a hospital in Myawaddy is 60,000 kyat (approximately USD$9360) and with surgery it can reach 120,000 kyat. For most of the mothers it is cheaper to have the baby at home with a traditional birth attendant, but Naw Eh wanted her baby to be delivered in a medical centre, to avoid complications or risk the health of her child or herself.

Today she comes to the clinic for a general check-up and vaccination for her healthy baby, after a successful delivery at MTC. She is very happy with the services provided by the clinic, especially with the birth registration certificate. Her only concern is having enough money for the next visits and being able to cross the border between Mae Sot and Myawaddy, without any security concerns. Just like any caring mother, she hopes to have the resources to come for the next check-up, and get vaccinations of her other two children.

The Dental department expanded their service hours and is now providing oral health education at local migrant schools. The clinic continues to offer a number of different dental procedures, including fillings and extractions.

The Prosthetic Workshop has been busy this year, providing essential services to over 200 patients. Most of the cases we see are the victims of land mines, which, it is estimated, contaminate at least 70% of the 2000km Thailand–Burma border. Landmine victims are often referred directly to Mae Sot Hospital and are paid for by the International Committee of the Red Cross. The Acupuncture team has also expanded their services to 6,924 patients, treating all kinds of ailments, such as sciatic nerve pain, paralysis, back pain, knee joints, and headache, spinal and neural problems.

Dr Ulrich Huehne, a foreign advisor for the acupuncture department passed away on December 30, 2010 at Mae Sot Hospital. He came to MTC at the end of 2009 and helped set-up the department by teaching acupuncture techniques he previously learned in China. This 74 year old man, original from Poland, spent every day at the clinic teaching the staff all he knew including English. The acupuncture staff are extremely grateful, for the time, the kindness and friendship he shared with them.
Official delivery certificates have been issued by the Reproductive Health Inpatient Department, and guidance to processing official birth certificate with the Thai authority was given to parents who hold Thailand stay permit. However, more than 50% of parents/caretakers have returned to collect MTC delivery certificates which were to be collected on the same day as their postnatal care appointment. MTC has identified a need for increased community awareness and support for follow-up visits both for health and documentation purposes. In 2010, 2,708 children born at Mae Tao clinic received birth registration papers. Among these, 2572 (95%) were non-status in Thailand, 50 (2%) were Thai citizens and foreigners with temporary or permanent status, and 86 (3%) were parents who have migrant registration papers.

As in recent years, the treatment of tuberculosis remains one of the most important unsolved challenges for the next year. MTC is currently working with World Vision to provide care to some of these patients, but severe limitations in funding and resources exist. World Vision works with Mae Sot Hospital to provide treatment to patients with the infection, and MTC can refer patients to this programme, but they only qualify for treatment if they live in the Mae Sot area.

The treatment of HIV has become a significant issue for MTC since Médecins Sans Frontiéres (MSF) closed their Anti Retroviral (ARV) program in Mae Sot area in 2010. We have taken on the 46 HIV positive patients that MSF were treating, and have been providing them with antiretroviral medication while we pursue measures to assure they will continue to receive treatment in the future. New patients that meet the criteria for ARVs are referred to the Mae Sot Hospital for treatment. Unfortunately this does not guarantee that they will receive treatment, as the Thai program is already full; patients are accepted only as vacancies occur. There remains a large unfulfilled need for proper management of HIV infection, including ARV medicines, in the migrant community served by MTC.

Ma Cho Cho’s Story

Originally from Rangoon, Ma Cho Cho, was trafficked to the Chinese border along with other 7 girls at the age of 15. She described the first months as blurry and confusing because she was injected with drugs to keep her submissive almost daily. After nearly a year living with her captor, she became pregnant. Tired of the abuse and not knowing her future, she planned her escape with three other girls. While their captor was out of town for business, they ran away with just some pocket change and food.

Mae Cho Cho suspected her mother of selling her to the traffickers, so she couldn’t go home. Three months pregnant, she walked thousands of kilometres avoiding military checkpoints along the way, finally arriving in Myawaddy. There she learned about Mae Tao clinic. During a routine prenatal check-up she learned that she was HIV positive. After weeks of counselling, she decided to proceed with the Prevention of Mother to Child Transmission Treatment (PMTCT). Months later, her healthy baby was delivered and put into the care of Social Action for Women (SAW), a partner organisation of Mae Tao Clinic. Her baby has been saved from being born with HIV and has been given a chance for a healthy life.
Health Support Services

The Health Information Systems (HIS) department has been developing a relational database which entered pilot testing by some departments. This effort is intended to improve data quality, capture and storage. In December, training on the new system began for the department programme managers. The end state will be real-time data entry by the departments.

The Laboratory processed 37,083 malaria screenings, and 3,660 HIV tests, among other clinical diagnostic tests. The Blood Bank, which circulated with factories in the Mae Sot area, reaching a donor population of 2,218. The blood transfusion team has implemented a set of quality control indicators for the upcoming years. As for the Volunteer Counselling and Testing Unit, the number of clients decreased by 24%, from a previous 1,296 to 980 clients. The closure of the border at Mae Sot and the security issues of the area have influenced the flow of clients coming for counselling.

The Infection Prevention Unit increased the central sterilisation of instruments for clinical departments. An additional autoclave was donated which supplemented the existing autoclave, which suffered from maintenance issues this year. The Central Pharmacy continued its services to the clinical departments in the year 2010 by providing centralised purchasing and logistics for medicine supplies.

MTC continued to provide Social and Rehabilitation Support Services to patients by providing services such as patient transport when needed, accommodation in the patient house for those unable to return home during recovery, support for vulnerable long-term patients, funeral services, supplementary nursing care for HIV/AIDS patients, a library, and orphan care. Transportation and security is provided to patients when needed. Examples include follow-up vaccinations, PMTCT, and Antiretroviral Treatment, centre follow-up visits, and prosthetic patients. Many patients, especially those that are considered high-risk, do not have enough money to return home or return to the clinic for critical follow-up visits.

The Counselling Centre offers individual counselling sessions as well as specialised group discussions and relaxation sessions. Between July to December 2010 the centre has offered: amputee support group sessions, home visits and community awareness meetings. During this period, community awareness sessions included suicide prevention, mental health awareness and stress management for MTC staff and CDC staff and students. During the year 2010 the centre had an average of 69 patients per month and performed 418 individual counselling visits.

The Child Recreation Center (CRC) opened its doors in February 2011, with the support of UN Women’s Guild and Burma Border Projects. This is a brand new space dedicated to the children of Mae Tao Clinic. It aims to provide fun, learning and care. The project continues to be supported through private funding by BBP volunteer Derina Johnson, who was brought on board by BBP after a request from Dr Cynthia for the further development of child and youth psychosocial services. The staff are trained by BBP in psychosocial health and therapeutic practices, as well as general management of the centre.

Currently the centre is open to children between the ages of 4 and 12 years, who are inpatients of the clinic as well as those whose parents are inpatients; however many of these young children also bring along their younger siblings for whose care they are given responsibility. Children partake in activities such as arts and crafts, music-making, storytelling and library time, free play, outside physical games and exercises, as well as educational games which include social, health and hygiene issues. The centre also provides snacks to each child – a carton of milk and fresh fruit – with the support of private donations.

A playground has been built with help from Ryan Parkes from Ideas Playground, and ongoing commitment from Ben Wallace, an Australian artist who developed a mural for the outside of the centre and around the playground.

Ma Myint San’s Story

Ma Myint San is 34, and is from Phyu, Burma, although she is now living in Thailand. She has come to MTC to receive post-abortion care, resulting from an abortion administered by a Traditional Birth Attendant (TBA). The TBA was not able to fully remove the foetus, and Ma Myint San developed a severe infection. This was her sixth pregnancy, and her second abortion; she has three living children. Her first baby was born at home in Burma, but unfortunately he died two minutes after he was born due to complications resulting from a prolonged labour, he would be 14 years old now. Her second child, who is 11 years old, was also born at home in Burma, but her other two children, 8 and 2 years old respectively, were both born at MTC. When Ma Myint San realised how sick she was, seven days after her failed abortion, she knew that MTC would be able to help her. The staff from the Reproductive Health department completed her abortion by manual vacuum aspiration, and her infection is now being treated by IV antibiotics. She is slowly recovering, and will hopefully be able to return home soon. She is receiving counseling about the dangers associated with this type of abortion, as well as family planning advice, so she can avoid a similar situation happening again in the future.

Ma Ohn Mar’s Story

Ma Ohn Mar is 33 years old and lives in the Burmese border town of Myawaddy. She and her husband travelled by boat and car to get to MTC to deliver their first child. Ma Ohn Mar knew that the risk of complications during her birth was high, and that if she delivered at MTC, she would receive comprehensive and free care. When her son, Poe Sanay, was born he was happy and healthy; when he was just three days old, however, he developed haematuria – blood in his urine. Ma Ohn Mar is very grateful for her decision to come to MTC to have her baby, as he is now being treated for this condition, and is expected to make a full recovery.

Facilities

A new isolation ward was completed in July for the medical inpatient department. It is used to help control infectious diseases such as respiratory tract infections, diarrhoea and tuberculosis. We completed a new postnatal care building in October which now provides the reproductive health department with a private consultation room, birth registration area, staff area, and a space for staff training and meetings. The reproductive health inpatients facilities were renovated after the postnatal care building was completed. The renovations have provided more space for patients to sleep, improved delivery, neo-natal and exam rooms and a central station for staff, from which they can see all patients.

The original clinic site was removed in April 2010 to make way for a new building to be used for antenatal care and immunisations, a “Well-Baby” clinic, office and meeting room space, and a new reproductive health outpatient’s area. Medical outpatient’s was planned to move into the vacant reproductive health outpatient’s area. Unfortunately however, just after the original clinic was demolished, the funding for the new building fell through. At this stage we haven’t been able to secure further funding, so none of these plans have been able to come to fruition.

Ma Hla Hla Oo’s Story

Ma Hla Hla Oo is 38, and has come to MTC with her sister to deliver her third child. Her first two babies were born in hospital in Burma, by caesarean section but now that she is living in Thailand, Ma Hla Hla Oo has come to MTC so that she can deliver her baby naturally and safely, and for no cost. Her second baby died of dengue fever at just nine months old. Although she knows there is no vaccination for dengue, she hopes that by having her new baby vaccinated here, it may be able to avoid contracting a similar illness and dying, as her second baby did.
**Health Worker Training**

MTC conducts numerous training courses to recruit and strengthen the capacity of health care workers serving the ethnic populations of eastern Burma living in both Thailand and Burma. After completing training, newly trained nurses, medics and other health volunteers staff MTC as well as various health facilities on either side of the Thailand-Burma border. The following training programmes were conducted in 2010:

<table>
<thead>
<tr>
<th>Training Program</th>
<th>Duration</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internship programme</td>
<td>10 months</td>
<td>10</td>
<td>29</td>
<td>39</td>
</tr>
<tr>
<td>Community Health Worker (conducted at Pa Hite)</td>
<td>6 months</td>
<td>20</td>
<td>32</td>
<td>52</td>
</tr>
<tr>
<td>Health Assistant Training</td>
<td>12 months</td>
<td>14</td>
<td>41</td>
<td>55</td>
</tr>
<tr>
<td>Community Health Volunteer</td>
<td>3 months</td>
<td>No funding available</td>
<td>No funding available</td>
<td></td>
</tr>
<tr>
<td>EMOC training follow-up (RAISE project)</td>
<td>2 months</td>
<td>10</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Basic Dental Care training</td>
<td>3 months</td>
<td>7</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Lab Technician training</td>
<td>4 months</td>
<td>4</td>
<td>12</td>
<td>16</td>
</tr>
</tbody>
</table>

In addition to the core health worker training, a number of seminars, workshops and short trainings were conducted. Topics included specific clinical areas, computer skills, health information systems, environmental health, human rights, community management, management skills, and mental health topics. MTC staff continue to upgrade their knowledge and skills through ongoing trainings and workshops on computer use, malaria, medical ethics, leadership, public health, female condoms, dental hygiene, child protection, blood transfusion, hepatitis B and HIV advanced workshops.

**Refugee Emergency**

In November 2010 armed conflict broke out the Burmese border, near Mae Tao Clinic. More than 20,000 civilians fled into Thailand, three civilians were killed, and more were injured. As fighting spread north and south along the border, people went into hiding for fear of returning to Burma. The local Burmese community immediately mobilised to assist those in need. Over 20 community organisations came together to organise a health team, assistance team, information and media team and finance team. Many have concluded that the conflict situation in Burma will continue. This will mean more refugees, and large numbers of internally displaced people. We will respond by raising funds as needed, delivering health services and humanitarian assistance in collaboration with our community and NGO partners, and continue to advocate for humanitarian treatment of refugees and ending the cycle of violence.

**Emergency Team**

MTC supports the emergency team, by allowing trained staff from the clinic to be part of their mobile teams. “Unfortunately, people cross the border searching for a safe place. The families living on the borderline are unable to work or return home. They lack food, shelter and medicine. Their villages are surrounded by landmines; this is why they can’t go back. We are their only support”, explains an MTC programme manager, who is also a member of the emergency team.

Currently, the team visits and provides services to various sites in the area, as needed. They collect vital information that helps register the changes on the conditions of the displaced population in Pho Phra. They distribute food and medicine and perform check-ups. Emergency cases are sent to MTC.

To find out more about the current emergency, Visit: www.facebook.com/fcobforum
**MTC and Partner Staff: We’ll be there for those who need us**

Staff from Mae Tao Clinic and many partner community-based organisations have been working harder than ever since November to assist those taking refuge along the border. Those assisting in the efforts must also ensure that their ‘day jobs’ carry on providing services. Certain staff are pressed into service due to their knowledge of the situation and ability to navigate the security situation. Local authorities face a delicate balance of border security and humanitarian concerns. This can make it difficult for these staff members to deliver dry food supplies, conduct health checks and organise treatment for serious cases through MTC and partner NGOs.

Most of these staff members are young and energetic, but like most of us, juggle spouses, children and their jobs on a daily basis. Being in the relief effort shows visible strain from time to time. They worry about those who try to go back home and face landmines and human rights abuses. They also worry about those in hiding who face the onset of rainy season and malaria danger. But with a laugh and a smile, and support from their family and co-workers, they carry on, and will be there for those who need them. Those in hiding do not want to stay in Thailand, they would like to return to Burma, but cannot do so due to the lack of health facilities, educational and livelihood opportunities and infrastructure, as well as the ever-present danger of landmines.

**Outreach Health Services Highlights**

<table>
<thead>
<tr>
<th>School Health</th>
<th>The School Health teams visit schools for displaced children in the migrant areas to provide services such as vision screening, nutrition, water/sanitation assessment, first aid supplies, polio-vaccination, de-worming and vitamin A supplements and dental care. The target population is 10,000 students from 52 schools.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent Reproductive Health</td>
<td>The Adolescent Reproductive Health Network is a community-based group comprised of 9 organisations that empowers teenagers to responsibly address reproductive health issues through outreach, education and counselling.</td>
</tr>
<tr>
<td>Home-based care for people living with HIV/AIDS</td>
<td>Through regular home visits, MTC staff provide hygiene packs, supplementary nutrition, supplementary nursing care, and medication for opportunistic infections. There are also monthly support group meetings. In 2010, MTC made 1,422 home visits. Peer educators raise awareness in the community and provide care for terminally ill patients.</td>
</tr>
<tr>
<td>Counselling Centre</td>
<td>Community awareness meetings, home visits, boarding house masters meeting, parent and teachers meeting.</td>
</tr>
</tbody>
</table>

**Collaboration**

During 2010, MTC continued actively to collaborate with Community Based Organisations (CBO’s), Thai organisations, and International Organisations. Highlights include:

- Dr. Cynthia and MTC staff attended the 1st International Congress on Women’s Health in Bangkok in January. At that congress, MTC presented the post abortion care project which was done in collaboration with the Mae Sot General Hospital.
- MTC attended the national level meeting organised by the Thai Ministry of Public Health, the topic was “Master Plan for Border Health” in Mae Sot.
- From July 22 – 23, MTC staff attended the “Seminar on Migrant Children Situation; Rights to Education, Health, Individual Status and Child Protection in Thailand” in Bangkok. It was organised by the Migrant Education Task Force, Migrant Working Group.
- From August 18 – 20, MTC staff attended “The 3rd National Migrant Health Conference on 2010” in Bangkok. It was organised by the Thai Ministry of Public Health, Migrant Working Group and UNFPA.
- Since August, MTC has received vaccines from the National Health Security Office, instead of the Department of Disease Control, Ministry of Public Health. All the vaccines provided are the same as those administered to Thai children.
- On October 14, Dr. Cynthia Maung and two MTC staff attended the book launch of “Reproductive Health in Humanitarian Setting” the revised version of the Inter-Agency Field Manual at the Austrian Embassy in Bangkok.
- From December 7 – 8, two MTC staff attended the gender equity policy development workshop in Chiang Mai.
- From December 8 – 9, two MTC staff attended the “Cross Border Health Service Mapping” in Chiang Mai, organised by TBBC and IRC.
- From November 29 – December 1, MTC staff attended a meeting in Chiang Mai hosted by Norwegian Church Aid. This was a multi-organisation meeting focused on Rights Based Approaches.
The MTC Child Protection is a connected network of services designed to provide shelter, food, education and protection for displaced children. Under the UN Declaration of Human Rights, the children accompanying their parents across the border as well as those born stateless in Thailand have a universal right to education. In 2005 the Thai government passed a resolution, stating that all children living in Thailand should have access to education regardless of race, nationality or legal status.

The Boarding House component of the programme provides food, health services and accommodation to 665 displaced children through the CDC and Bamboo Children’s Home boarding houses. The majority of the children living at boarding houses have contact with their parents, who live in the area but are unable to provide a safe environment, food and shelter for their children, due to their illegal status and economical situation.

The department has also developed an education programme that supports the Pa Hite nursery school with 68 students, and the Children’s Development Centre (CDC) school, with the goal of providing quality education to Burmese and ethnic minority children for day care through to 12th grade. In 2010, the CDC kept the number of students to 1,148 which was capped at a 1% increase due to full enrolment, compared to a 14% increase in enrolment during 2009.

The Dry Food Programme provides food rations to 2,522 students in boarding houses. Dry food such as rice, salt, beans, tin fish and sweet powders are provided. A total of 24 migrant boarding houses and six IDP boarding houses were supported in 2010.

The School Health programme addresses a broader target population of children in the Tak province. The programme performed vision screenings, nutrition and water/sanitation assessments, first aid supplies, polio-vaccinations, bi-annual prophylactic de-worming and Vitamin A supplementation, dental and oral care; reaching approximately 10,800 students from 58. The School Health team co-operated with Shoklo Malaria Research Unit (SMRU) for the vaccination programme.

Given the vulnerability of displaced children from Burma, MTC has been collaborating with other NGOs of the Coordination Team for Displaced Children’s Education (CTDCE) to establish a Child Protection Policy for children living along the border. Similarly, MTC supported CTDCE member organisations which led to the Committee for the Protection and Promotion of Child Rights (CPPCR) implementing the Standards of Care for Children. The Standards of Care addresses areas such as child-to-staff ratios, job descriptions and recruitment policies for staff, documentation procedures for children, mechanisms for preventing child abuse, and principles of child participation in all aspects of boarding house life.

Food and Nutrition Services

Food security has become a major concern at MTC. It has emerged as a growing funding gap due to ever increasing patient caseloads and children arriving from Burma for child protection and education. In most cases, the ration for dry food items had to be reduced by alternating between beans and tinned fish, or going without garlic in order to make up for funds needed to buy rice and other dry food items. Regrettably, funding from other programmes such as medical equipment and facilities had to be used for the food funding shortage. But fortunately, we received several donations of equipment in kind, which made up for the shortfall.

Food services under the MTC umbrella include:

- Food for patients and attending family (rice soup and 2 meals per day). Extra food is provided for inpatients unable to take regular food.
- Supplementary feeding programmes for children and pregnant women, this includes, for example, rations for malnourished children.
- Food for CDC students and boarders.
- Food for Bamboo Children’s Home boarders.
- Food programme for Boarding Houses.
- Food for staff and family.

The increase in the number of children has fluctuated in the last 6 months, due to the crisis in December 2010 and the closure of the border since July 2010. The number of children attending schools in eastern Burma has reduced, due to security reasons.
The food programme for Boarding Houses (with CTDCE) has barely managed to cope with increasing food prices, placing the programme under continued budgetary pressure and constraints. For the year 2011, MTC expects to support approximately 2,850 children coming from 23 different boarding houses, through the dry food programme. MTC plays a major role in the coordination of this programme, including securing funding, procurement and distribution, and monitoring and evaluation.

Advocacy

Due to the continued situation in Burma and on the border, MTC continues to increase its advocacy activities. MTC has continued to increase interactions at all levels, from local community based organisations, other communities in Thailand, Thai universities, and international governments and organisations. The main focus of MTC’s advocacy activities includes child protection and cross-border support. For child protection, MTC advocates for increased collaboration between CBOs, government and civil society, along with the alarming increase in funding needs. For cross-border support, MTC illustrates the ongoing needs inside Burma, which are best served by multi-organisation collaboration from both within and outside Burma. Some advocacy highlights include:

- In February, MTC and CDC welcomed four members of ASEAN Inter-Parliamentary Myanmar caucus and advocated for the problems of children and patients from Burma.
- Dr. Cynthia travelled to the Philippines for an exchange programme related reproductive health issues in March.
- On August 20-22, 2010 Mae Tao Clinic, in collaboration with Green Wave Radio (Bangkok), organised fundraising activities at “Siam Paragon” in Bangkok. This event raised awareness about MTC within the Thai community.
- On October 19, 2010 Dr. Cynthia attended “Book launch on Diagnosis Critical” at the Foreign Correspondents Club of Thailand, Bangkok.
- On October 23-28, 2010 one of Mae Tao Clinic’s staff attended “7th East-West Dialogue Gender Equality and Development” Barcelona, Spain.
- On October 27, Mae Tao Clinic’s staff attended the National Human Rights Commission Meeting in Bangkok, which was a fact finding presentation, related to a field trip of NHRC to Mae Sot regarding the refugee crisis along the border.

Finance, Administration, and Management

The MTC management committee is comprised of the programme managers for each department and the Clinic Director. Important activities in 2010 included the revision of financial policies and procedures empowering the procurement policy. Also, training and building of financial skills of the MTC staff was conducted, especially regarding software and database management.

The goals for 2011 include:

- Achievement of full funding and change of accounting programme
- Financial training for staff
- Outreach to partner organisations about financial management
- Clearing of internal control memorandum, as a response to the audit recommendations

In 2010, the fundraising strategy was also upgraded. Increased outreach and focus on individual and community supporters saw early success. Outreach to individual donors was conducted through social networking, and increased use of stories, photo and video. For institutional donors, outreach to expand the donor base also saw early successes. These efforts will continue in 2011, with the addition of a full time fundraising manager and continued expansion of outreach.
**Articles, Media and Resources**

- **Mae Tao Clinic Website**
  http://www.maetaoclinic.com

- **Mae Tao Clinic Facebook Group**:
  www.facebook.com/MaeTaoClinic

**MTC in the News:**

- “Karen Doctor See Little End to Humanitarian Crisis in Eastern Burma” September 2010

- “Malaria Control Drive Reaches out to Migrant Workers”, October 2010
  http://www.irrawaddy.org/article.php?art_id=19630

- Dr. Cynthia visits sister organisation in Philippines with Interpares:

- The story of BCMF and MTC patient, Ma Wint:

- Clinic in Crisis:

- Artist Jane Birken visits Mae Tao Clinic:
  http://www.irrawaddy.org/article.php?art_id=18469

- The story of BCMF and MTC patient, Wai Yan Kyaw:
  http://www.youtube.com/watch?v=SIFhYFsQWuc

- Messages from Mae Tao Clinic, February 2010:
  http://www.youtube.com/watch?v=R5as8vcSRFg

**Research Projects and Reports**

- “Diagnosis Critical”. This report reveals that the health of populations in conflict-affected areas of eastern Burma, particularly women and children, is amongst the worst in the world, a result of official disinvestment in health, protracted conflict and the abuse of civilians.

  http://www.conflictandhealth.com/content/4/1/8

- “The Mobile Obstetrics Project Improves Health of Mothers in Eastern Burma”

**MTC Staff**

- **Clinic Staff in 2010**
<table>
<thead>
<tr>
<th>Clinical Service</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
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<tbody>
<tr>
<td>Clinical Service</td>
<td>150</td>
<td>84</td>
<td>234</td>
</tr>
<tr>
<td>Admin / Logistic</td>
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<td>62</td>
<td>78</td>
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<tr>
<td>Supportive Services</td>
<td>37</td>
<td>53</td>
<td>90</td>
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<tr>
<td>Social and Outreach Services</td>
<td>76</td>
<td>44</td>
<td>120</td>
</tr>
<tr>
<td>Pa Hite Clinic (IDP)</td>
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<td>76</td>
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<tr>
<td>Child Protection Service</td>
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<td>7</td>
<td>15</td>
</tr>
<tr>
<td>CDC and BCH boarding house</td>
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<td>19</td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td>328</td>
<td>313</td>
<td>641</td>
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**Burma Children Medical Fund (BCMF)**

**Zar Win Htwe** was born with a large growth on his lower back (meningomyelocele - a protrusion of the membranes which cover the spine). When he was born the wound was open and doctors were certain that he would get an infection and die. As a last resort, his parents brought him across the border to the Mae Tao Clinic. Medics and doctors at the Clinic also believed there was little hope for Zar Win Htwe. His mother was shown how to care for his wound and was told to come back in a month. A month later, she returned and to everyone’s surprise, his wound was looking better. He was referred onto Chiang
MTC Management and Leadership Team

MTC was supported by the following international and Thai volunteers:

- Dr. Alan McCreery
- Albert Company
- Alex Preston
- Dr. Ana Julieta
- Dr. Aung Myint
- Dr. Aya Tanabe
- Dr. Alice Khin
- Barbara McCrery
- Birgit Wacker
- Chayuth ‘Ger’ Chamanseth
- Christopher Bradley
- Claire Siva
- Dr. Constanza Belleta
- Dr. Tenasza Bellota
- Dr. Georgie Wyatt
- Dr. Georgia Wyatt
- Ida Kanikker
- Inge Sterk
- Jen Sheehan
- Dr. Jerry Ramos
- Josephine Wacker
- Kanchana Thornton
- Karen Behringer
- Kasper Haun
- Katie Camarena
- Les Sheehan
- Leslie Cenci
- Lisa Houston
- Louis Berk
- Mercedes Fournier
- Michelle Katics
- Dr. Nancy Murakami
- Dr. Nubha Saito
- Pattinete Suanprasert
- Dr. Raff Nathan
- Romain Kramarz
- Sam Marynowicz
- Samantha Ngaw
- Samuel Francis
- Shuting Zhuang
- Tajrina Hai
- Dr. Takayuki Abe
- Dr. Terry Smith
- Dr. Toru Yoneda
- Dr. Ulrich Huehle
- Victoria Harris
- Warapree Tangseefa
- Whitney Haruf
- Dr. Win Myint Than
- Samuel Francis
- Shuting Zhuang
- Tajrina Hai
- University of East Anglia, UK
- University of Glasgow, UK
- University of Hong Kong
- University of London, UK
- University of Minnesota, USA
- University of Sheffield, UK
- University of Sydney, Australia
- University of Texas Medical School, Houston, USA
- University of Toronto, Canada
- University of Washington, USA
- University of Western Sydney, Australia

- Missouri State University, USA
- Ohio State University, USA
- Oxford University, UK
- Peninsula Medical School, UK
- Sheffield Hallam University, UK
- State University of New York, Syracuse, USA
- Touro University California College of Osteopathic Medicine, USA
- University of Aberdeen, UK
- University of Birmingham, UK
- University of Calgary, Canada
- University College, London, UK

- Dr. Alice Khin
- Dr. Aya Tanabe
- Dr. Aung Myint
- Dr. Ana Julieta
- Dr. Constanza Belleta
- Dr. Tenasza Bellota
- Dr. Georgie Wyatt
- Ida Kanikker
- Inge Sterk
- Jen Sheehan
- Dr. Jerry Ramos
- Josephine Wacker
- Kanchana Thornton
- Karen Behringer
- Kasper Haun
- Katie Camarena
- Les Sheehan
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- University of Minnesota, USA
- University of Sheffield, UK
- University of Sydney, Australia
- University of Texas Medical School, Houston, USA
- University of Toronto, Canada
- University of Washington, USA
- University of Western Sydney, Australia

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

- Mr. Ami Zarchi
- Fortuna International LTD
- Bumrungrad Hospital
- Catholic Office for Emergency Relief and Refugees (COERR)
- DJO International – Cindy
- Server
- Gift of Happiness Foundation
- Help Without Frontiers
- Mr. Hidemitsu Ueji (Japan)
- Mr. John Manning Dr. Takayuki Abe
- Julia Hanebrick
- K. Uun K Ooy and husband
- Greenware
- Dr. Larry Muller MD (World Aid-USA)
- Mae Sot Hospital
- Partners Relief and Development (Mae Sot)
- Dr. Raff Nathan – Ami Zarchi
- Mr. Toyu Chaneese from Heilo Suppy Co., LTD

Financials for 2010 will be released as an annexure on www.maetaoclinic.com and not included in this report
We would like to thank all of our donors and supporters in Thailand and around the world.

Your donations and all forms of support allow us to continue our work.

Thank You!

MTC Sponsors & Donors

Asian Human Rights Foundation
Australian Volunteers International
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Burma Action Ireland
Child’s Dream
Columbia University (RAISE project)
David Kingston Foundation
Difaem
Free Burma Alliance
Green Wave Radio (Thailand)
IPPF/FAOR Sprint Initiative
Karen Refugee Camps Women’s Development Group
Not On Our Watch
Seo So Moon Church
Friends and supporters of Mae Tao Clinic