



**MAE TAO
CLINIC**



STRONGER TOGETHER

MAE TAO CLINIC ANNUAL REPORT 2018



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BOARD MEMBERS



Chairman of the Board - Professor Surichai Wun'Gaeo - Director, Centre for Peace and Conflict Studies, Chulalongkorn University. Director, Rotary Centre for International Studies in Peace and Conflict Resolution Chairperson of Labour Rights Promotion Network Foundation, and Ecological Alert and Recovery - Thailand (EARTH). An Academic Member of the National Health Commission 2013 - 2016. In 2014, designated the Most Distinguished Researcher in Sociology by the National Research Council of Thailand. Professor Emeritus, Department of Sociology, Faculty of Political Science. Past Director of the Chulalongkorn University Social Research Institute. He was formerly a joint-secretary of the National Reconciliation Commission chaired by Mr Anand Panyarachun (2005-2006), Former Prime Minister of Thailand. Expertise: Rural Sociology, Social Movements, Democratization and Multi-Culturalism, Human Security and Social Justice.



Treasurer of the Board - Eileen Moncoeur is our treasurer and brings 22 years of non-profit leadership experience to her role as Executive Director of Partners Asia. She has served nonprofits at all program, fundraising, executive and leadership levels, including over 20 years overseeing humanitarian projects in South Asia. Eileen's strategic approach includes supporting local leaders to create and carry out initiatives within their own communities. These partnerships have produced a path to education for displaced children, social enterprises for refugee settlements, reproductive healthcare for underserved women, and corrective surgery poor disabled children. Eileen has a BA from Smith College, Massachusetts, and serves on the board of the Friends of the Hospital and Rehabilitation for Disabled Children Foundation, Nepal.

Deputy Chairperson of the Board - Saw Nay Htoo has nearly 20 years of experience working on health issues related to internally displaced persons. In 1992, he started his career as a health worker, providing care through a mobile team structure to his community members, who would otherwise have no access to health care. During this time, he also led trainings for other health workers and eventually took on the role as the lead medic for his mobile medical team. He continued this work as a lead medic at Mae Tao Clinic for three years. Saw Nay Htoo has a GED certificate from Maine State, USA and a Bachelor's degree in Biomedical Science from Mahidol University's International College in Bangkok. He holds a graduate certificate in International Health from Curtin University, Open University Australia and graduated with a Master's degree in International Health at Khon Kaen University, Thailand in 2017. He is currently the Programme Director of the Burma Medical Association (BMA), and manages a multi-year, multi-site community-based health project in eastern Burma's conflict-affected areas.



Secretary of the Board - Saw Than Lwin started his career at Mae Tao Clinic in 2003. He has since worked in a variety of roles and responsibilities: Program Manager for Voluntary Testing and Counselling and of Mental Health; and Community Health Manager. He currently takes up the position of Organizational Development and Advocacy Officer. In all his positions, Saw Than Lwin brings a strong commitment to improving the lives of poor individuals and families from all Myanmar ethnic groups. He has represented Mae Tao Clinic on many Mae Sot community organizations' working groups. Saw Than Lwin graduated from Yangon Technology University in 2002 with a Bachelor's degree in Mechanical Engineering. In 2017, he obtained a Master of Public Health (International Health) degree from Khon Kaen University, Thailand.





Deputy Secretary - Siraporn Kaewsombat is the general secretary of Help Without Frontiers Thailand Foundation in Mae Sot. She has been engaged in humanitarian and development works for the last 15 years focusing on education for migrant children along Thai-Burma border. In collaboration with relevant stakeholder organisations, she initiated different approaches which provide certification and suit the future of the migrant children for both Thai and Burma Education Systems. Her past working experiences include managerial positions at Development and Education Programme for Daughters and Communities Centre in Mae Sai, Project Officer for Database of Victims of Human Trafficking in Thailand project, Information Officer at Fight against Child Exploitation Foundation. Her Professional Training Relevant to Expertise include Resource Mobilisation and Communication, Emergency Respond, Child Protection and Child Psychology and Legal Assistance to Children.



Khin Ohmar was a university student and among the leading activists organizing the 1988 nationwide democracy uprising. She came to the Thailand-Burma border after the military crackdown on the peaceful demonstrations in September 1988 and resettled in the US in 1990; where she completed a degree at Simon Rock’s College of Bard in Massachusetts. She is a renowned advocate for the human rights situation of Burma’s people and their struggle for democracy and ethnic equality. Returning to the border in 1998, she joined the Burmese Women’s Union and helped founding the Women’s League of Burma. She chaired the Network for Democracy and Development (Burma) and served as Foreign Affairs Secretary of the Forum for Democracy in Burma. She founded Progressive Voice and is now Chairperson of its Advisory Board; leading local research and advocacy and part of a regional network for democracy and ethnic rights and Burma-concerned civil society groups. Khin Ohmar is the recipient of Refugee Leader of Promise Award from Commission on the Refugee Women and Children (1996), Global Leadership Award from Vital Voices (2008), Anna Lindh Award (2008) and Young Women’s Peace Award by Democracy Today of Armenia (2018).

Dr Cynthia Maung is a medical doctor, human rights advocate and founder of Mae Tao Clinic. After the 1988 military crackdown on the peaceful pro-democracy demonstrations, she came to the Thai-Burma border where she spent nearly 30 years delivering healthcare to refugees, IDPs and migrants. Director of Mae Tao Clinic, Dr Cynthia has received many accolades for her work including UNDP’s N-Peace Prize (2018) the Roux Prize (2018), Sydney Peace Prize (2013), the NED Endowment for Democracy Award (2012), Ramon Magsaysay Award (2002) and received an Honorary Doctorate in Medicine from Ubon Ratchathani University, Thailand.



(PHOTO: N-PEACE NETWORK)

Catherine Lee, MPH, PhD has worked for fifteen years leading the design and implementation of public health programs and research. Her primary areas of experience are health systems and community based mental health. As Associate with the Department of International Health and Department of Mental Health at Johns Hopkins School of Public Health, her current work includes implementation science research on evidence-based mental health services in Ukraine and Burma, assessment of psychosocial programs, and evidence-based health policy development using knowledge broker platforms. She is also a member of the Johns Hopkins University Centre for Humanitarian Health and Applied Mental Health Research Group.



Dr Somyot Krintratun has been deputy director of Mae Sot General Hospital since 2012, first in health service system development and since 2017 in primary care (community healthcare services). He graduated with a Doctor of Medicine degree from Chiang Mai University and later obtained a Diploma of the Thai Board of Internal Medicine. Dr Somyot Krintratun has been Director of different Community Hospitals in the province, including Umphang and Mae Ramad, before becoming head of Internal Medicine at Mae Sot General Hospital.



PROF. SURICHA (LEFT) WITH DR CYNTHIA MAUNG AT THE HUMAN RIGHTS PRIZE AWARD CEREMONY BY THE NATIONAL HUMAN RIGHTS COMMISSION OF THAILAND

This is the 30th year since the first start of a small clinic by Dr. Cynthia Muang at Mae Sot in 1989. As a humanitarian response to the health conditions and emergencies at the border then, it was not intended to last this long by its founder. Now it is a reality that after all these years, the volatile dynamics at the border still demand the provisions of health and educational services to the unstable populations of different ethnic and citizenship status. The MTC has been unique in this context, being fully functioning not only as a hospital responding to the needs but also as a human resource development facility for learning and training.

The surrounding conditions of MTC have been so dynamic and in some way not favorable to MTC, for example, MTC's sources of funding have been most affected by the abrupt change of donors moving away from the border and focusing on Myanmar domestic development. This has created crisis in the running of the whole operation. Under this financial emergency, MTC board had to make painful decisions to manage the crisis, such as a temporary reduction of stipends of the hard-working staffs.

The regional context of MTC is highly related to international trends of the need to find complementary principles and jointly work towards a common future with uplifted standards of living of citizens. Particularly, important internationally recognized policy documents have been published, including Complementarities between the ASEAN Community Vision 2025 and the UN 2030 for Sustainable Development Agenda (SDGs): A Framework for Action. Not much of a surprise, the UNESCO Global Educational Monitoring Report 2019 has recognized the area of priority through its theme 'Migration, Displacement and Education: Building Bridges, Not Walls'. Under the moral and management leadership of Dr. Cynthia Maung, MTC has been making social innovation operations actualizing the No One Left Behind spirit of the SDGs throughout the years.

Thailand, as Chair of the ASEAN community, will be more actively engaging in these directions. In fact, there are aspects of the social and cultural history of this country, particularly centering on the idea of 'Sang Ban Paeng Muang' that confirms how the concept of 'citizen' was practiced prior to the nation-state era. As the global community has come to a new policy consensus on dealing with the statelessness of peoples, I hope that this newly recognized area of policy convergence will create new grounds for an integrated regional future of development with the full meaning of sharing and caring for a community.

Yours sincerely, *Surichai Wun'gao*

Emeritus Professor Surichai Wun'gao

Chairperson, Mae Tao Clinic Board of Directors



DR CYNTHIA MAUNG AT OLD MAE TAO CLINIC

LETTER FROM DR CYNTHIA MAUNG

Dear friends,

Now we have entered the New Year, it is time to reflect on 2018. Every year comes with new opportunities and challenges and we try to address them to our best capacity. We are fortunate to be supported by local and international partners. With joint effort we can move towards strengthening our organizations and networks.

Although access to health care is gradually improving on both sides of the border, we see that the border area remains attractive for migrants from Burma. At the same time, changing trends in disease epidemics require new approaches. Overall, the need remains to develop human resources for health on both sides of the Thai-Burma border. Mae Tao Clinic has been and will continue to be a training center for border-based health workers and more specifically, for partner organizations in Eastern Burma. With this strategy we aim to strengthen the health systems in Eastern Burma and contribute to realization of our vision of universal health care for ethnic and displaced populations.

Apart from strengthening health systems, we wish to provide students the opportunity of obtaining recognized education certificates so they have better future career perspectives. Through cooperation with government institutions, NGOs, CSOs and other CBOs, we continuously aim to create pathways for students to attend accredited education.

Rapidly changing environments pose new challenges which encourage us to find solutions through our network. One challenge is the new donor environment, with many donors now operating from Burma. This sparks creative ways of cooperation between partner organizations on both sides of the border as well as engagement of local communities.

We will continue to work for the safety and dignity of displaced and migrant communities, as well as promoting human rights and democracy in the region. I would like to take this opportunity to thank our donors, our partner organizations, all those who have visited our clinic to assist us and have continuously supported us. We sincerely appreciate your time and efforts dedicated to our cause, and hope you will continue to support us in the future.

Cynthia Maung

Mae Tao Clinic

ACRONYMS

ANC	Antenatal Care
ART	Antiretroviral Treatment
BBHS	Burma-Based Health Services
BEAM	Bridging Educational Access to Migrants
BEMONC	Basic Emergency Obstetric and Neonatal Care
BMA	Burma Medical Association
BMTA	Burmese Migrant Teachers Association
BMWEC	Burmese Migrant Worker Education Committee
BPHWT	Backpack Health Workers Team
CAB	Community Advisory Board
CBO	Community-Based Organization
CDC	Children's Development Center
CHW	Community Health Worker
CSO	Civil Society Organization
CME	Continuous Medical Education
CHDN	Civil Health and Development Network
CPI	Community Partners International
EMOC	Emergency Obstetric Care
EARTH	Ecological Alert and Recovery Thailand
EQF	Education Quality Framework
EHO	Ethnic Health Organization
EQAB	Education Quality Assurance Board
GBV	Gender-Based Violence
GED	General Education Development
HISWG	Health Information Systems Working Group
HSS	Health Systems Strengthening
HWF	Health Without Frontiers
HR	Human Resources
IPD	In-Patient Department
IPU	Infection Prevention Unit
IMNCI	Integrated Management of Newborn and Childhood Illnesses
IUD	Intrauterine Device
ICPP	Internal Child Protection Policy
JAM	Japanese Association for Mae Tao Clinic
KWO	Karen Women Organization
KNU	Karen National Union

KDHW	Karen Department of Health and Welfare
LARC	Long-acting reversible contraception
MOHS	Ministry of Health and Sports (Burma)
MCH	Maternal and Child Health
MSBRNT	Mae Sot Birth Registration Network Team
MTC	Mae Tao Clinic
MAP	Migrant Assistance Program
MEP	Mobile Education Partnership
MNHC	Mon National Health Committee
NCD	Non-Communicable Diseases
NCGUB	National Coalition Government of the Union of Burma
NFE	Non-Formal Education
NAP	National AIDS Program (Burma)
NGO	Non-Governmental Organization
OPD	Out-Patient Department
PMTCT	Prevention of Mother to Child Transmission
P2H	Path to Health
PV	Plasmodium Vivax
PHWC	Pa'Oh Health Workers' Committee
SARA	Service Availability and Readiness Assessment
STI	Sexually Transmitted Infection
SDG	Sustainable Development Goals
SDC	Swiss Development Cooperation
SRHR	Sexual and Reproductive Health and Rights
SNF	Suwannimit Foundation
SMRU	Shoklo Malaria Research Unit
SSDF	Shan State Development Foundation
TOT	Training of Trainers
TECO	Taipei Economic and Cultural Office
TB	Tuberculosis
TBA	Traditional Birth Attendant
VCT	Voluntary Counselling Testing
VTHC	Village Tract Health Center
VTHC	Village Tract Health Committee
WHO	World Health Organization

OUR VISION AND MISSION

VISION

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

MISSION

MTC is a community-based organization (CBO) that provides and advocates for an equitable and essential health system, education and protection for vulnerable and displaced people living in the Thai-Burma border area and Eastern Burma.

MTC addresses the needs and human rights of these people through comprehensive programs and a collaborative approach with local, national, international and government bodies.

VALUES

- Community Partnership
- Equity
- Unity in Diversity
- Adaptability
- Respect
- Non-Discrimination

2018 IN REVIEW

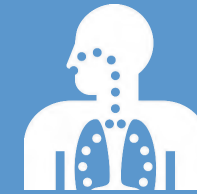
STUDENTS ARE
ENROLLED IN
CDC SCHOOL
IN 2018 - 2019
ACADEMIC YEAR

850



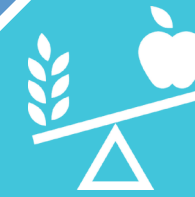
CLIENTS WERE
SCREENED FOR TB
157 WERE
DIAGNOSED
WITH TB

681



CHILDREN UNDER 5
WERE SCREENED
404 CHILDREN
WERE TREATED
FOR MODERATE
OR SEVERE
MALNUTRITION

3,532



98,762 CONSULTATIONS
7,314 ADMISSIONS



145

CLIENTS WERE
PROVIDED WITH
PROSTHESES.

85% OF THEM
ARE LANDMINE
SURVIVORS

1,651
SAFE
DELIVERIES



4,514



CLIENTS WERE SCREENED
FOR HIV. 76 WERE
NEWLY DIAGNOSED AS
HIV POSITIVE



8,127

CLIENTS WERE
SCREENED
5,044 CLIENTS
RECEIVED
EYEGLASSES

NEWBORNS
AT MTC
RECEIVED
A THAI BIRTH
CERTIFICATE

1,545



210



HEALTH WORKERS
COMPLETED
TRAINING



KEY ACCOMPLISHMENTS

REPRESENTATIVES OF THE TAIPEI ECONOMIC AND CULTURAL OFFICE IN THAILAND VISITING MAE TAO CLINIC

Strengthened Partnerships

Since the democratic government was inaugurated in 2016 in Burma/Myanmar (hereafter Burma), various donors have been moving their activities into Burma. This trend has affected activities along the Thai-Burma border; as funds are no longer available for border-based and cross-border activities. To cope with such change, Mae Tao Clinic has been assessing resources and its capacity to develop strategies to be more self-sufficient and sustainable. It requires creative ways of finding new solutions for operational shortfalls. One of the implemented strategies is to jointly apply for funding with partners. Through our Thai-registered partner Suwannimit Foundation (SNF), for instance, MTC has been able to establish better relationships with international government agencies – which is benefitting awareness for Sexual and Reproductive Health and Rights among the community. Joint projects enhance productivity and efficiency by allocating the roles and target areas in accordance with each organization’s speciality and activity area. Furthermore, with securing funding for the construction of a community resource center, we aim to become a community hub where knowledge exchange, health worker training, educational advancement and research can take place.

Legal Documentation for staff

Since the Thailand’s Department of Employment authorities announced rigorous measures for migrant workers that do not hold proper documentation in 2017, MTC together with

SNF reviewed all staff’s legal status and has initiated formal identity documentation and related social security services for undocumented staff. This measurement is in line with the updated human resources manual, which is also part of the strategic plan to reduce turnover rate of skillful staff.

Recovery of costs

In addition, MTC initiated the method of volume-based costing to gain insight of exact costs per treatment and to accurately allocate budget and human resources. This allows us to appoint the right number of staff based on their respective department caseloads. Balanced allotment of workers will enhance productivity and as a consequence leading to greater quality services to our beneficiaries. Volume-based costing has another merit that it illustrates the detail of treatment cost per case. Our annual client exit survey 2018 indicates that around 86% of clients are willing to contribute to health expenses and we inform patients about the costs of their procedures and encourage them to contribute if they could afford since October 2017. Together with other fundraising efforts, MTC was able to self-generate 9.25% of the total operational expenses.

Advocacy and International Awards

The work of Dr Cynthia Maung, as founder and director of Mae Tao Clinic, was acknowledged by the Institute of Health Metrics and Evaluation (IHME), by awarding her with the Roux Prize for her effort towards evidence-based health service delivery. The awarding ceremony took place in Washington DC, USA, in September. The travel to the USA provided Mae Tao Clinic with the opportunity for promoting the work on the border to an international audience. Additionally, Dr Cynthia Maung was awarded the Human Rights Prize by the National Human Rights Commission of Thailand in December.



DR CYNTHIA MAUNG AT THE ROUX PRIZE AWARDING CEREMONY IN WASHINGTON D.C., TOGETHER WITH (FORMER) STAFF OF MTC AND PARTNER ORGANIZATION. DR SEIN WIN (LEFT TO DR CYNTHIA MAUNG) WHO IS A FORMER PRIME MINISTER OF THE NCUB, HAS BEEN SUPPORTING MTC SINCE 1992 (PHOTO: IHME)



NURSING PROGRAM: TRAINEES LEARNING CPR

Nursing Program

MTC's Nursing Program was initiated in 2015 to improve the standard of patient care. The program includes clinical procedures, infection control practices, recording and reporting systems, communication and dispensing of medication. In 2017, MTC began implementing nursing practices in the inpatient departments, with support of our partner organizations. The nursing students were able to gain valuable practical experience in Mae Ramat Hospital, Thailand. In 2018, MTC reviewed the nursing aide protocols and standard guidelines, and updated them under supervision of international and Thai nursing consultants. Improved nursing skills will ensure quality assurance, better patient care and infection prevention.

Referral of clients to Burma

Together with partner health organizations, MTC developed a standardized referral form to be used on both sides of the Thailand-Burma border. For the development of specific operational procedures on cross-border referrals, we hold quarterly stakeholder meetings to discuss challenges and the way forward. In 2018, with the strengthened referral system, accessible medical services for people in need of long-term care are expanded. For instance, People Living With HIV (PLWH) and Prevention of Mother to Child Transmission (PMTCT) cases can be referred to the Burma side; as well as survivors of child abuse or neglect. This is a great step forward for our clients as migrant workers without proper documentation have been susceptible to be excluded from the benefit in both countries.

Child Protection

A change in Thai legislation has made it possible for stateless people born in Thailand before 2008, to obtain a birth certificate. This retrospective birth registration is a huge opportunity for children born at MTC that never got any legal documents. However, the application process requires specific evidence. MTC is facilitating and supports those who are eligible to apply.

As part of our sustainability strategy, MTC formed a Karen State Boarding House Working Group (KSBHWG) together with KWO, Karen Education Department, Karen Student Network Group. Fifteen boarding houses in Karen state have been transferred to our local partner, whose management is in close proximity to the boarding houses, and Terms of Reference for the boarding house management have been implemented.

District Health Program in Mu Traw, Karen state

MTC is handing over the management of its 5 satellite health facilities in Karen state to the local district administration, so that the health services delivery is locally owned. At the same time, MTC is in the process of building the capacity of the health facility managers and the district administration through organizational development trainings. Quality improvement activities for health services are initiated at all clinics in the district and local staff's skills on monitoring and supervision are being strengthened. The handover and trainings contribute to bottom-up building of a community-led sustainable health structure that ensures health coverage for all populations in Mu Traw.

Ethnic Health Systems Strengthening Group (EHSSG)

Mae Tao Clinic is a core member of the EHSSG, a network of 9 community-based and ethnic health organizations along the border and in Eastern Burma. MTC is a major contributor to several activities of this group, for instance field-based continuous medical education for health workers in ethnic areas of Eastern Burma. Additionally, curricula for joint trainings are developed and reviewed: in 2018 the training manual for the maternal and child health training was made fit to local roles and responsibilities.



CHILD CARE AT PA HITE CLINIC



REPRODUCTIVE HEALTH STAFF EXAMINING NEWBORN BABY



REPRODUCTIVE HEALTH

While the number of normal deliveries at our reproductive health clinic has declined over recent years, the prevalence of complex cases requiring higher level care has increased. In addition, MTC receives more clients in need of advanced-level reproductive health care, referred by our partner organizations and the community. Our reproductive health team provides comprehensive care to women through multiple services:

- **Antenatal Care** - WHO recommends eight antenatal visits with health providers throughout pregnancy. Women are assessed following our regularly reviewed protocol.
- **Family Planning** - Mae Tao Clinic offers emergency, short, and long acting reversible contraception family planning options. Most women prefer injections, which require a visit to the clinic every three months. However, our reproductive health team is advocating for increased use of LARC (long acting reversible contraception), such as implants or intrauterine devices (IUDs). MTC's target is to provide LARC to 10% of our family planning clients.
- **Delivery** - Our commitment to specialized training for our midwives, enhanced clinical supervision, and improved infection control allows us to provide women access to a safe delivery. Our referrals are regularly reviewed and their outcomes are closely monitored.
- **Neonatal** - Managing premature and low birth weight babies continues to be a challenge due to our limited resources. We hope that through improved staff training and the education of parents on monitoring newborns we will be able to achieve better outcomes.

The vision of Mae Tao Clinic has always been to provide quality, affordable healthcare to those who would otherwise be unable to access it. In 2018, we continued to provide excellent primary care to a significant number of people in need from both Burma and Thailand.

We have, however, seen a consistent decline in patient admissions and consultations since 2013. This is largely attributed to the increased availability of primary health care services along the border and in Eastern Burma. Additionally, the Thai government has imposed more stringent regulations on undocumented migrant workers making it more difficult for them to cross the border and travel within Thailand. At the same time, more migrant workers have obtained a work permit with appurtenant health insurance.

In 2018, Mae Tao Clinic introduced volume-based costing of our services to more precisely allocate funds and human resources. This new approach in operations management allowed us to efficiently place the right number of persons on the right positions, based on the patient numbers and service needs. A review of department structures and staffing level implies a balanced allotment of workers, and is expected to enhance productivity and greater quality of services for our clients.

In 2018, Mae Tao Clinic provided health services to 42,610 individuals, who together were consulted 97,648 times. 7,314 of these consultations resulted in admissions for further treatment.

Reproductive Health Data

Consultations

9,216	Antenatal
3,318	Family Planning
2,482	Postnatal

Admissions

Deliveries	1,786
Neonatal	378
Post Abortion Care	245

NUTRITION

The implementation of a standardized malnutrition screening process for all children visiting Immunization Department, as well as the Child Inpatient or Outpatient Departments, has led to an increase in the number of children admitted with acute, severe, or moderate malnutrition. In 2018, we screened a total of 3,532 children. Of those, 1,181 were diagnosed with some form of malnutrition: mild (777 cases); moderate (324 cases); and severe (80 cases) malnutrition.

A comprehensive management program has been instituted to benefit admitted malnourished children. This program includes: deworming, vitamin supplementation, and malaria and tuberculosis screening. Families of the children are educated on nutrition, hygiene, child development, and safe feeding. Following their discharge, regular follow-ups are offered, in addition to 6 months of supplementary food. We observed through our screening that malnourishment is often a secondary complication of underlying conditions such as cerebral palsy, tuberculosis, HIV, congenital disease, and chronic gastrointestinal problems. Also contributing to the level of malnutrition is a lack of knowledge of basic health needs.

Tuberculosis

In collaboration with the Shoklo Malaria Research Unit (SMRU), MTC has continued to strengthen our Tuberculosis screening process. Patients are screened using Sputum, or other specimen tests (smear, Gene Xpert, culture), chest X-ray, and Tuberculin skin tests.

The expansion of our TB program has led to an increase in the number of TB admissions as we now provide screenings to those with diabetes or a history of TB contact, particularly children. In total, we diagnosed 157 cases of TB in 2018, 6 of which were rifampicin-resistant. MTC referred 108 patients to SMRU for treatment (42 of them were co-infected with HIV). 1 patient was referred to the Thai government hospital and 32 patients to Burmese government facilities, while 4 patients sought treatment as self-managed cases at other facilities.

Malaria

There has been a decrease in the number of malaria-infected patients, which can be attributed to factors including the SMRU-implemented Malaria Elimination Task Force program, as well as additional malaria testing and treatment posts along the border. In 2018, 13,666 patients were tested for malaria and of those patients, 51 had confirmed cases (48 Plasmodium vivax, 2 Plasmodium Falciparum and 1 Plasmodium malariae). 14 patients were admitted into the IPD. 45.1% of malaria infected patients were complicated with moderate anemia. SMRU continues to provide quality control, antimalarial drugs, and technical support for our program.



1 year and 6 months old Naing (alias) was a healthy little girl. After 3 months of separation with her mom, she became severely sick, couldn't eat or walk and didn't react to anything. She has wounds and scars on her whole body. Her mother took her to Mae Tao Clinic immediately and Child Inpatient Department (CIPD) staff diagnosed her with severe acute malnutrition. CIPD staff provided her with intensive malnutrition care. She gained around 2 kg during her admission. Now she can call her mom, eat, walk and play.

NAING DIAGNOSED WITH SEVERE ACUTE MALNUTRITION, SHE HAS BENEFITED FROM OUR COMPREHENSIVE MALNUTRITION PROGRAM. THE PHOTOS SHOW HER BEFORE AND AFTER TREATMENT



CHILD IPD HEALTH STAFF EXAMINING A CHILD WITH SEVERE MALNUTRITION

HIV

At the Mae Tao Clinic pregnant women, babies born within the PMTCT program, blood donors, partners of people living with HIV, and patients with STIs are all screened for HIV. Additionally, patients that come in for voluntary testing or when there are medical indicators for testing are also counselled and tested. During 2018, 4,514 HIV tests were performed and 96 patients were diagnosed as HIV positive.

HIV-positive patients can be referred to Myawaddy Hospital, a Myanmar government hospital just across the border from Mae Sot, in order to enroll in the national program and receive continuous access to Antiretroviral Treatment (ART). In other areas of Burma, patients are referred to local government facilities. 44 of the 76 newly identified cases were referred to Burma for ART; 41 went to Myawaddy and 3 to other facilities in Burma. A portion of the patients newly enrolled in the government treatment program had been identified in previous years.

MTC, Rays of Youth, and Social Action for Women collaborate to provide our peer support program. Through the program, newly identified HIV patients who have been referred to Myawaddy Hospital to receive lifelong ART are accompanied by their peers. The peer support program also organizes informative talks and meetings for people living with HIV/AIDS.

MTC arranges meetings between organizations working on HIV/AIDS near the Mae Sot-Myawaddy border. The intention of these meetings is to foster collaborative approaches along the border, to share information, and to coordinate mutually beneficial activities. Together these organizations develop counselling, home-based care, and ART adherence programs, in addition to awareness campaigns.



MTC HEALTH WORKER PROVIDING INFORMATION ON HIV/AIDS ON THE WORLD AIDS DAY

Eye Department

Our eye department has provided 8,127 consultations (64% Female, 36% male). The most common diagnoses are myopia, presbyopia, cataract, hyperopia, and injury. Where the biggest share of clients at other departments are residing in Thailand, 54% of this departments' clients cross the border for having their eyes checked. For eye surgery, the share of clients crossing the border from Burma is even higher at 79%, indicating a lack of affordable eye care in Burma. A total of 599 eye surgeries were carried out from January to April (60% female, 40% male). The vast majority of these surgeries were performed for clients with cataract (71%), pterygium (10%), and glaucoma (9%).

Mae Tao Clinic partners with OneSight to organize charitable clinics; where clients can come for free eye screening and are provided with a free pair of eye glasses when needed. The 5-day event took place in October and attending to 1,377 clients. Of them, 136 students were pre-screened in their respective schools and referred to Mae Tao Clinic.



VOLUNTEERS FROM ONESIGHT PROVIDING EYE CARE SERVICES DURING THE CHARITABLE CLINICS



PROSTHETIC DEPARTMENT STAFF BUILDING THE CAPACITY TO STAFF OF KLO YAW LAY PROSTHETIC CLINIC STAFF IN KAREN STATE, BURMA

Prosthetic

The prosthetic department helped clients through a total of 145 consultations. The majority of clients is male, only 10 female clients attended the department. Landmine survivors make up for 85% of our clients, while the other clients suffer from the consequences of (congenital) medical conditions or accidents. Prosthetic care is not easily accessed in Burma, which is shown by 78% of our clients crossing the border from Burma. In total, 129 lower-leg and 16 upper-and-lower-leg prostheses were provided to our clients. Most clients come for follow-up services including prosthetic replacement, repair and maintenance. Mae Tao Clinic closely cooperates with partner organization KDHW to provide prosthetic care services in Karen state, Burma, and builds the capacity of KDHW's team in terms of technical and logistic support. The vision for the future is to gradually integrate MTC's and KDHW's prosthetic services with services provided in Burma.

Blood Transfusion

Mae Tao Clinic provided blood transfusion (350 ml) to 856 patients. Blood disorders or anaemia affect a majority of patients in need of a transfusion; however, cases of gastrointestinal and postpartum bleeding are also prevalent. Transfusions are both limited and expensive in government hospitals, making this an essential service for our patients.

Referrals

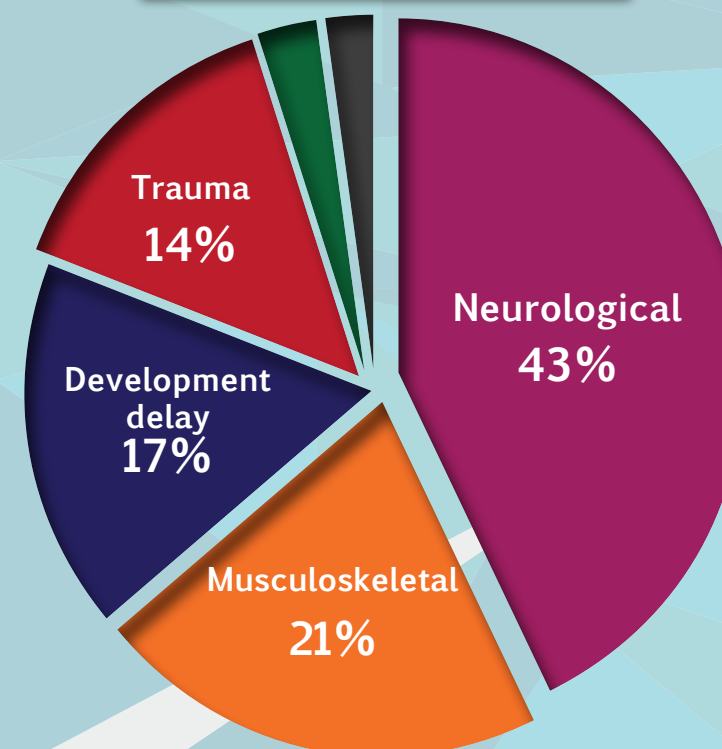
A decrease in the funds available for financial support to patients in need of a referral has led to a change in our referral system. Beginning in October 2017, we now only refer emergency cases coming from our IPD departments. In 2018, we held financial responsibility for 41 cases that were referred to Mae Sot Hospital. The need for referrals to advanced-level Thai hospitals remains. Women with obstetric complications make up the largest proportion of patients in need of a referral. Non-emergency cases include PMTCT care, malpresentation, care for preexisting medical conditions, and HIV positive mothers seeking a safe delivery.

One strategy being used to mitigate the effects of our diminished referral budget is increasing counseling to patients and relatives. (Meanwhile we try to find support as introducing to M-Fund, facilitate with other health facility, provide partial referral costs) Counseling is intended to provide support so that, whenever possible, patients can take responsibility for their own treatment costs associated with the referral. Though, many of our patients are unable to pay for the treatment.

One solution to this has been our continuous collaboration with the Burma Children Medical Fund (BCMF). BCMF helps in reducing the growing costs of our referral system by fully funding the referrals of many patients in need of treatment and diagnosis for congenital malformations, cardiac surgery and many other ailments. This year, with support from BCMF, we have been able to refer 238 patients to Thai Hospitals for, among others, injuries congenital disorders, cardiac conditions, ENT conditions, musculoskeletal. Additionally, 24 women were referred for gynecological surgeries.

MTC has continued its efforts to develop an official referral pathway to Myawaddy Hospital in Burma, where the cost of treatment is lower compared to Thai hospitals. A standard procedure for referring has yet to be developed. Enabling access to their cost-effective care, particularly for patients with chronic conditions, is incredibly valuable. Implementing a standard referral procedure is a process that will take time; however, steps are being taken to develop this resource for patients.

Physiotherapy Data



Physiotherapy

The physiotherapy department works with clients from both out-patient and in-patient departments who need rehabilitation assistance. In total, 1,161 clients got physical therapy, of which 567 clients were new to Mae Tao Clinic. Each client gets between 4-6 sessions with our physiotherapy team, so together, clients consult the team 5,030 times with a total of 6,155 hours of physiotherapy delivered.

Clients are sent for rehabilitation assistance at our physiotherapy department for various reasons, including neurological (43%), musculoskeletal (21%), development delay (17%), trauma (14%), pediatric orthopedic (3%) and others (2%).

QUALITY ASSURANCE

MTC HEALTH WORKERS TAKING CME EXAM

MAE TAO
CLINIC

Patient record reviews

The health team reviewed patient records on 1,652 diagnoses and treatment protocols, including pneumonia, severe acute malnutrition, hypertension, and first ANC consultations in 2018. These reviews were conducted 3 times in April, August and December. MTC is proud to share that over 99% (1,635 out of 1,652) of reviewed records showed good or excellent results, with the correct diagnosis, treatment and dosage.

Client exit interviews

The client exit interviews are part of an annual evaluation of client satisfaction and are carried out with support of management interns to give our clients a voice in improving the services. This year, 17 management interns assisted, all of whom completed a two-day workshop about the questionnaires used and procedures, including confidentiality and ensuring clients' anonymity. In total, 598 clients were interviewed. The number of clients interviewed in each department represents department caseloads, i.e. more interviewees coming from departments with a high caseload. Results of the exit interviews show that nearly 45% of the clients do not have any kind of legal identity papers, and only 15% have health insurance. Most clients liked MTC services and facilities and would recommend others to come for medical treatment.

Key outcomes of the survey are that most clients have no knowledge about diabetes or Hepatitis B, leading the health education team to spread more information on these topics. We asked clients for their willingness to contribute to health services. The majority of clients answered that they are willing to consider contributing part of their service costs.

Clinical competency checklists

In 2018, we added 1 new clinical competency checklist which is HIV testing. Mae Tao Clinic now has 60 different checklists, with topics ranging from management of

(non)communicable diseases to minor surgeries. A total of 115 medics, nurse aides and community health workers (CHWs) participated. All clinical staff were required to score successfully on at least 5 checklists. 98% were able to do so.

Continuous Medical Education (CME)

In order to ensure that quality care is provided at MTC, there is a continuous effort to educate the existing staff. Continuing Medical Education (CME) sessions are held bi-weekly to discuss clinical topics and are led by senior staff members and physicians from MTC. A total of 44 topics were discussed in 2018. They were attended by 159 medical health workers and 94 community health workers and nurse aides. Additionally, a series of 24 skill building workshops drew a total attendance of 567. Skill building topics include non-communicable diseases, psychosocial care, interpreting chest X-rays, etc.

Occupational Health and Safety

The OHS committee consists of representatives of different MTC departments. Together, they aim to assure a safe environment for our patients and their caregivers, and healthy working conditions for our staff. Regular workshops take place to train the committee on safety management systems and implementing control mechanisms. Other potential hazards assessed and controlled are the risk related to noise, chemicals and fire. The Mae Sot fire station has organized a fire safety management and control training for all MTC staff.

Community Ethics Advisory Board

Together with local community-based organizations, MTC continued its work on the Community Ethics Advisory Board (CEAB). Researchers have presented their research proposals to the CEAB in 2018, for review of local and ethical appropriateness. The CEAB consists of advisors with background in research and senior staff from MTC who have completed a Master in Public Health from Khon Kaen University a better appreciation of research methodology. We plan to continue training on research ethics in 2019 to further strengthen the capacity of the CEAB members, to ensure the quality of the reviews performed.

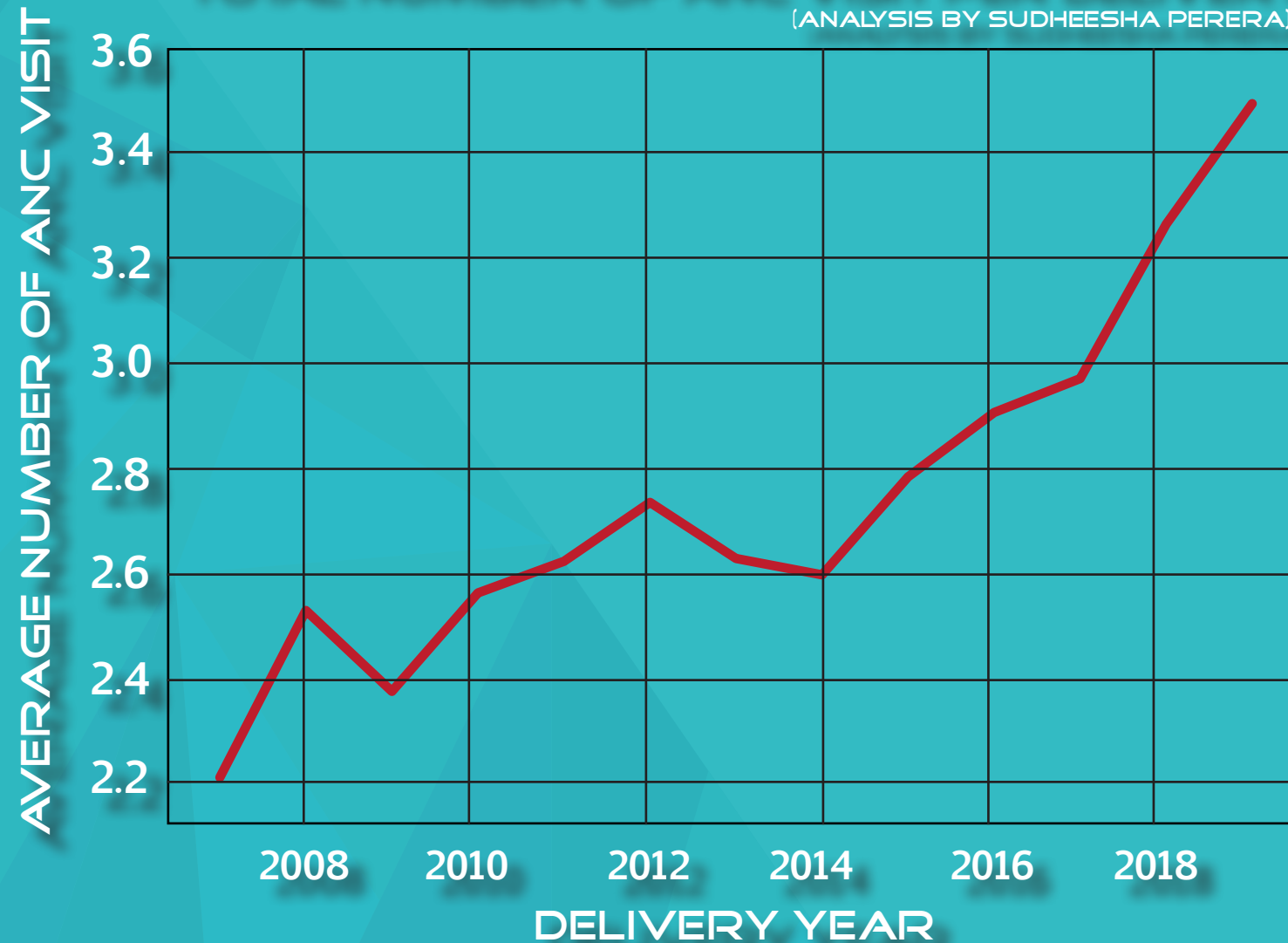
Health Information System (HIS)

Since MTC started recording patients' information in the mid-1990s, our Health Information System (HIS) has become a great asset that supports MTC in making evidence-based decisions on strategy and resource allocation. MTC regularly carries out reviews of the HIS, adding indicators where necessary. This benefits of the system is the insight into the types of required resources and detailed reports to donors. We plan to expand the HIS to manage incoming patient contributions and better evaluate the health of our patient population by tracking a broader range of clinical variables.

HEALTH TRENDS IN THE LAST DECADE

TOTAL NUMBER OF ANC VISIT PER DELIVERY

(ANALYSIS BY SUDHEESHA PERERA)



Antenatal Care (ANC) data was linked with our delivery records to track the average number of ANC visits attended by mothers who deliver at MTC. The chart above shows an upward trend over the last decade, from an average of 2.2 visits among mothers who delivered in 2007 to over 3.5 visits among mothers who delivered in the first quarter of 2019.

We performed a retrospective analysis of MTC's Health Information System (HIS), which has stored the clinic's medical information across all departments since 2007. Through over 1.1 million patient registrations and hundreds of thousands of immunizations records and outpatient consultations, the data in HIS tells the remarkable story of MTC's care over the last decade. The system allows MTC to support disease surveillance, monitor service utilization, and also examine trends in patient care over time. For example, the chart on the left side highlights the increase in antenatal care visits among mothers who deliver at the clinic over time. The data also revealed that mothers who come for a 1st trimester ANC visit are twice less likely to delivery a baby with low birth weight (<2.5 kg) than mothers who came later in the pregnancy.



1,182,561 CONSULTATIONS



647,532 OUTPATIENT CONSULTATIONS



143,105 CHILD IMMUNIZATIONS
(SINCE 2005)



136,010 ANC VISITS



76,508 FAMILY PLANNING VISITS



32,607 SAFE DELIVERIES



CPR PRACTICAL TRAINING

The Maternal and Child Health Care

The Maternal and Child Health Care Training is an 8-month program in which trainees learn the basics of family planning and safe delivery, as well as antenatal, neonatal, and postnatal care. The program consists of 3 months of theory followed by 5 months of practical internships. This year's MCH training was longer than previous years in order to meet the standard of the midwifery training in Burma. Prior to the training, the curriculum and training manual were reviewed by MTC and partnering EHOs. Following suggestions of the MoHS, the internship period was extended with two months, and a module of Integrated Management of Newborn and Childhood Illness (IMNCI) was included. In 2018, 41 trainees from different ethnic regions of Eastern Burma completed the training. of our HSS partner organizations.

Training capable health care workers is an important aspect of building the workforce of Mae Tao Clinic and partner organizations, and contributes to strengthening the ethnic health care systems in Eastern Burma. Training programs are carried out in cooperation with partner organizations and co-funded by donors from both MTC and our partners.

Joint Training Programs for Eastern Burma

The Mae Tao Clinic continually upgrades the training facilities and laboratories for all our joint programs. In collaboration with other ethnic health organizations, MTC is in the process of developing other training centers across Eastern Burma. Together with EHOs, various training programs are coordinated and protocols are standardized. These include recruitment, performance monitoring, structuring the training and service delivery. These efforts are made in order to align the quality and capacity of the training centers with standards of the Myanmar Ministry of Health and Sports.

Starting in 2017, MTC began implementing a post-training workforce performance and distribution data collection system for all joint programs. The purpose of this is to strengthen Eastern Burma's health workforce information system.

Joint Training programs are not only important for strengthening the current health system in Eastern Burma but also for future health system convergence programs. In 2018, the following joint training programs were offered:



MATERNAL AND CHILD HEALTH TRAINING EXAM



REPRODUCTIVE HEALTH INTERN ASSISTING MTC HEALTH STAFF WITH POSTNATAL CARE

Clinical Internship

Community Health Worker (CHW) Internship

Twelve trainees received 6 months of theoretical training, followed by practical internships, either for 4 months at Paw Bu Hla Hta Clinic, or 3 months at Mae Tao Clinic.

Reproductive Health Internship

In 2018, Mae Tao Clinic introduced the Reproductive Health (RH) Internship Program. Nine staff from partner organizations with experience in RH participated in this 12-month program. MTC sees a large number of deliveries and variety of RH cases and is therefore an appropriate internship location to gain valuable experience. All 9 participants were required to have completed their Maternal and Child Health training and Emergency Obstetric Care (EmOC) training. As part of EHSSG's strategy, trainees are selected based from ethnic areas with an identified need for better access to obstetric services. After the internship program, the interns will obtain positions at ethnic health facilities with EmOC services. MTC will upgrade the quality of care in these facilities through provision of instruments, equipment, referral services, technical support and supervision.

Dental Internship

The Dental Training Internship Program is for those who have completed dental theory training conducted by Malteser International. The program includes 5 days of practical sessions at MTC. Upon completion, dental medics are able to perform dental case management at health facilities in Thailand and Burma. 5 dental medics completed the internship program this year.



CERTIFICATE IN PUBLIC HEALTH EXAMINATION

Level II Medic Internship

The Level II Medic Internship is a 4 month program at MTC in which trainees learn to treat a wide variety of conditions and diagnoses. Those who have completed the medic training from KDHW are eligible to participate. After they've completed the program, medics are able to perform clinical management at health facilities in both Thailand and Burma. In 2018, a total of 39 medics completed the program.

Certificate in Public Health

In 2018, the Mae Tao Clinic hosted a Public Health Training Program that was accredited by Thammasat University in Thailand. The training, which includes 22 theory modules (400 teaching hours), first aid and laboratory sessions, in addition to field trips and presentations, follows the curriculum of Magwe University in Burma. Students in Public Health Training learn about improving the health of communities through education and disease prevention. In 2018, they participated in a field trip to Tae Phone Village in the Myawaddy Township in Burma where they observed school health, and latrine and water sanitation. The purpose of the field trip was to explore the real-world implications of the subjects they had covered in class. In total, 82 students successfully graduated.



COMMUNITY HEALTH

HANDWASHING AWARENESS CAMPAIGN AT NEW MAE TAO CLINIC

Health Promotion and Disease Prevention

In 2018, MTC and surrounding communities participated in several health campaigns, including: tuberculosis prevention and treatment on World TB Day; May Day; safe sex promotion on Valentine's day; community cleaning and tree planting activities for World Environment Day; and raising awareness and free counselling and testing for HIV on World AIDS Day.

The MTC Community Outreach team, in collaboration with the Suwannimit Foundation (SNF) and the Disease Control Department, as well as the Ministry of Public Health in Thailand conducted a Migrant Essential Health System Assessment in the Ban Song Kwel community. Our main goal was to determine migrant workers' preferred health service providers through community discussions and a survey. The assessment showed that the majority of migrant workers in the Ban Song Kwel community prefer to use MTC services in severe health conditions because they are affordable.

Reproductive Health Outreach

Our Sexual and Reproductive Health and Rights (SRHR) team, along with the Suwannimit Foundation and the Burma Medical Association provided 3 main training (Parenting to 10 to 14 years old adolescence group, adolescence group trainings to 15 to 24 years old) and developed SRHR curriculum. SRHR awareness workshops for parents/guardians and teachers at the Child Development Centre (CDC), as well as boarding house masters along the border, reaching a total of 636 people. Working together with trained teachers from the CDC, the team developed a curriculum that followed the guidelines of Path to Health (P2H). The target population for this program is students age 10-24. In 2018, a total of 604 students from grades 4 to 12 and pre GED completed the training.

The SRHR team organized monthly Community Health Educator meetings in which educators shared their experiences and insight on the field. They also organized 4 monthly Traditional Birth Assistance (TBA) meetings where they collected and analyzed TBA data, while also providing TBA kits.



SRHR TRAINING AT A MIGRANT LEARNING CENTER

School Health Program for Migrant Learning Centers

MTC continues to expand the reach of school health activities and health training for teachers to more Migrant Learning Centers (MLCs). Our School Health Team provided Vitamin A, deworming, and first aid kits, while also distributing student health record cards, 10 national health rules and health education posters to MLCs. Additionally, our Eye Department and School Health Team conducted vision screenings for a total of 1083 Students from 23 MLCs. Among these, 23 students with vision problems were referred to MTC where they were treated and given eyeglasses.



EDUCATION

Children's Development Centre

The Children's Development Centre continues to provide education to displaced children in Burma as well as children of migrant workers living in Thailand. 850 students enrolled for the 2018-2019 academic year. Though the center itself is unaccredited, students are able to access an accredited education at the CDC through the Thai Non-Formal Education program. 182 students participated in this program in 2018. Another option for students seeking an accredited education is the Pre-general Education Development (Pre-GED) Program, which is a collaboration between MTC, the Beam Education Foundation, and the Thabyay Education Foundation. After completing this program, students have reached international high school level and are able to enroll in university. During this academic year, 22 students attended this program and one student received a full scholarship to attend Khon Kaen University.

The CDC regularly assesses student records using the Continuous Assessment Progress (CAP) tool in order to ensure that all students, regardless of their academic abilities, receive a quality education. The CAP tool incorporates group participation, attendance, projects and assignments, as well as behavioral and social skills.

Mapping Out Children's Educational Pathways

Students at the CDC have access to various accredited and standardized educational opportunities. Depending on their academic proficiency, students are able to follow several paths: Thai Non-Formal Education; General Educational Development (American High School level); and integration into the Burmese Education System through examination held by the Education Quality Assurance Board (EQAB) of Burma. Following their completion of grade 12, students are able to take an equivalency exam at Khon Kaen University which would allow them to enrol in university. Vocational training is provided in partnership with the Youth Connect Foundation to students pursuing a practical career.

Education Quality Framework

The Education Quality Framework (EQF) is a tool used in migrant learning centers to monitor and improve the quality and consistency of the education provided. The EQF assesses the quality of education according to 5 pillars: Teacher Quality, School Management, Student Recognition, Child Protection, and Parental Engagement. The CDC receives technical support from the EQF network in addition to teacher trainings from other partner organizations. In quarter 4 of 2018, Mae Tao Clinic engaged with its partner Burmese Migrants Teacher Association (BMTA) to conduct EQF assessments at various migrant learning centers around Mae Sot.

Parent Teacher Association

The CDC has an active Parent-Teacher Association (PTA) that aims to make the involvement of parents a priority and ensures parents are given the opportunity to be included in the life of the school. Parents of CDC students are entitled to attend quarterly PTA meetings. The PTA organizes activities to raise funds and collects annual contributions such as school fees and transportation costs. Through existence of the PTA, there is a stronger relationship between CDC and the community.



CDC STUDENTS PARTICIPATING IN THE SCIENCE EXPERIENCE SHOW

Challenges in Education

Despite all of the CDC's major achievements, there are a number of challenges still facing our education program. Some students who have completed the GED program are still unable to pursue their academic aspirations without access to university scholarships or student loans. Nevertheless, migrant children have limited access.

Several migrant schools in the Mae Sot area have closed, causing an increase in the number of applicants at the CDC. Finally, the shifting standards of the Thai and Burmese educational systems have forced the CDC to continuously adapt its curriculum to ensure it is compatible with both systems.



My name is Oo [alias]. I was born in January 1999. I have three siblings and I am the eldest. I came to Thailand in 2008 from Karen state, Burma/Myanmar. I lived with my grandmother as my mother went to Bangkok, Thailand in search of work to support my family. It seemed that it was not easy for my mom to send us money regularly, my grandmother was not able to support us anymore.

I had to leave my grandmother's place and was sent to Thailand. Children's Development Center (CDC) boarding house accepted me to stay, providing protection and education. Among my siblings, **I am the only one receiving the education - The youngest brother becomes a monk and stays in the monastery; the second youngest brother went to Bangkok, staying with mom and working for supporting my family.**

I live in CDC boarding house and study at CDC migrant leaning center. I like here because I feel safe and have a lot of supportive friends. We are all getting along with well like family regardless of our different background or ethnicity. They are all nicer to me than my real family. Another good thing about the boarding house is that we stay separate based on the gender, which makes me feel more comfortable.

Living in the boarding house is unique. I have a chance to learn useful skills through various vocational training sessions such as sewing, knitting, making cookies and decoration. These skills will be useful in my life. I also have participated in youth training and child protection training. As a representative of the school, we created a student team, of which I'm a member, that work together with partner organizations. When workshops or activities related to the child protection are held, we are invited to work together and speak with our voice on. During activities, we visit other schools for observation. These kinds of activities build up my confidence and strengthen my public speech and teamwork skills.

I want to be a good role model for my family, especially my younger brothers as they don't seem to think that education is very important in their lives. Both my younger brothers gave up their studies and one of them is engaged in heavy labor like my mom. My mom also hasn't encouraged them to go to school because of a low standard of living. It seems like my family believes that we can get to be better off if the more family members work.

I am in 10th grade. My favourite subject at school is mathematics. I prefer practical subject I can apply to many different subjects. I try my best in school. After finishing my study, I want to pursue education further at the university. If possible, I'd like to major in Business studies because I want to become a successful business woman. I think running a business is the best to earn a lot of money. If I become successful, I can support my family and solve my family's financial issues.



MOTHER AND NEWBORN AT POSTNATAL CARE CENTER

CHILDREN'S AND WOMEN'S PROTECTION

Protecting the fundamental rights of children in our clinic as well as our partner organizations is a key focus of the Child Protection Department. The responsibilities of the Child Protection team include: providing birth registration and legal documentation to displaced children (together with Suwannimit Foundation); implementing standard procedures in boarding houses; improving early childhood development; supplying boarding house students with monthly dry food rations; supporting children and their families with psychosocial counseling, and evaluating the programs run by the clinic. In recent years, Mae Tao Clinic has put more emphasis on Sexual and Gender-Based Violence (SGBV); and is providing counselling and facilitates referral for SGBV survivors.

Dry Food Program

Students are being forced to leave their homes in Burma due to poor economic conditions and a lack of educational facilities. Many of them end up in boarding houses along the Thai-Burma border where they seek education and protection from child labor and trafficking. The Dry Food Program, which provides boarding house children with basic food provisions, supplied food at 22 Thai migrant communities, three months emergency support to 286 boarding house children, in addition to 15 boarding houses in IDP areas of Burma that are managed by the Karen Women Organization (KWO). In total, 2,100 children are supported through this program.



BOARDING HOUSE STUDENTS ENJOYING DINNER

Birth Registration

Newborns delivered at the Mae Tao Clinic are provided with birth certificates which allow children of migrant workers to access Thai healthcare and education services. 1,545 newborns at the clinic received birth certificates from the Thai authorities. The Mae Sot Birth Registration Team, formed in 2017, works with CBOs to interpret birth registration laws. MSBRNT works closely with birth registration service providers in Mae Sot in order to register and protect migrant children while also addressing upcoming challenges.

Retrospective Birth Registration

New Thai legislation has made it possible for undocumented children born in Thailand before 2008, to obtain a birth certificate. Mae Tao Clinic is facilitating this process and already received hundreds of applications from persons wishing to get their birth registered. A challenge in this process is the requirement of sufficient evidence (such as a Mae Tao Clinic birth record or pictures), that forms a real barrier for many to obtain their certificate.

The Protection Referral System

The Protection Referral System manages suspected abuse cases and refers them to social services. As part of the women and child protection system, a Gender Based Violence (GBV) and Child Protection Case Management Network were formed. A total of 32 cases were referred within the Child Protection Referral System Network and GBV Referral System Network in 2018: 2 sexual abuse cases, 1 physical abuse cases, 2 cases of neglect, and 2 cases of abandoned and 2 were social cases. 22 cases have been treated under the Gender Based Violence Network. The Mae Tao Clinic detected and referred 3 child protection and 2 GBV cases for follow-up medical and legal care.

A total of 54 teachers and boarding house caretakers received training and supervision on Internal Child Protection Policy (ICPP) from our child protection department. The ICCP’s monitoring tool is used to highlight areas that require more attention. ICCP training has been incorporated into many levels of training offered at MTC: community health volunteer training; staff orientation workshops; and Community Health Worker training. Child Rights and Child Protection awareness training was provided for 173 students and child care skill training was attended by day-care staff, each over a period of 8 days. Additionally, the ICCP code of conduct has been integrated into the staff manual.



PARENTS HOLDING A BABY WITH BIRTH CERTIFICATE



CHILD FRIENDLY VERSION TRAINING: CHILD RIGHTS AND AWARENESS OF CHILD ABUSE WORKSHOP PROVIDED TO CHILDREN FROM BOARDING HOUSES AND COMMUNITY

HEALTH SYSTEMS STRENGTHENING IN EASTERN BURMA

CHILD INPATIENT WARD IN DAE BU NOH VILLAGE, KAREN STATE, BURMA

provide mentoring on practical topics, including clinical supervision, pharmacy system supervision and HIS supervision.

Local stakeholders' participation in these discussions will promote a sense of ownership and reduce the risk of discontinuations when support from international donors or NGOs is withdrawn. As part of the pilot area health plan, MTC's 5 Pa Hite clinics were gradually integrated under KDHW management in April 2018.

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Every 6 months, the district staff provides monitoring and supervision to the staff of all 14 village tract health centers (VTHCs) in Mu Traw district. They provide mentoring on practical topics, including clinical supervision, pharmacy system supervision and HIS supervision.

Ethnic Health Systems Strengthening Group

Providing healthcare in over 240 clinics and mobile health teams in Karen, Karenni, Mon and Shan states, as well as the Eastern Bago and northern Tanintharyi regions, the Ethnic Health Systems Strengthening Group (EHSSG) network consists of 9 partner organizations aiming to build ethnic health systems in Eastern Burma and advocate for recognition of their systems by the Ministry of Health and Sports. The partner organizations are either community-based organizations (CBOs) or ethnic health organizations (EHOs) and provide health services in ethnic areas of Eastern Burma: Shan State Development Foundation (SSDF), Pa-Oh Health Working Committee (PHWC), Civil Health and Development Network (CHDN), Karen Department of Health and Welfare (KDHW), Back Pack Health Worker Team (BPHWT), Burma Medical Association (BMA), Mon National Health Committee (MNHC), Mae Tao Clinic (MTC) and Loi Tao Li (LTL).

In order to strengthen ethnic health systems, EHSSG implements the 6 building blocks as advised by the WHO: service delivery; health workforce; access to essential medication; leadership and governance; health financing and health information systems. MTC's Burma-Based Health Services department is a core member of EHSSG. Although MTC is not involved in direct service delivery, we build the supporting framework necessary to have sustainably functioning quality health systems. MTC primarily assists its partner organizations in the EHSSG with Quality Improvement and Governance and Leadership.

Area-Based Health Delivery

In 2018, MTC and KDHW started area-based health delivery in the Mu Traw/Hpa Pun district in northern Karen state. Health service providers in the area cooperated to ensure that the region's entire population has access to primary health care, and, when necessary, referrals to advanced-level hospitals. This approach was overseen and coordinated by a newly established District Health Management team, consisting of a clinical supervisor, RH supervisor, pharmacy manager, admin manager, finance coordinator and HIS supervisor. The process of developing the area-based plan took place throughout 2017. Many aspects of health service were considered before putting this plan into place, including: mapping existing services and providers including government facilities; a standardizing staffing structure and pay banding for the health facilities; identifying the gap and coverage overlaps in service areas and population; standardizing medical record forms; and reviewing the referral options (to both Thai and Burma government facilities). Other factors inherent to the success of area-based health delivery are: organizational development for health administrative levels, health worker training, continuing medical education and appointment of human resources following the agreed standard structure for village tract health centers. 20 village tract health committees were formed and will be involved when addressing health issues and services in the area.

Every 6 months, the district staff provides monitoring and supervision to the staff of all 14 village tract health centers (VTHCs) in Mu Traw district. They



MTC & BPHWT SENIOR STAFF VISITED EH HTU TAH IOP CAMP TO DELIVER MEDICINE AND ASSESS THE SITUATION

Quality Improvement

Mae Tao Clinic has been key in providing basic pharmacy management training, follow-up pharmacy management training and reviewing the pharmacy management guideline. For Reproductive Health, a standard clinical guideline was developed, maternal and child health training manual was reviewed and clinical competency checklists finalized. Additionally, medical logbooks with standard indicators were reviewed and updated, so health information systems can be functional for all EHSSG member organizations. A health facility assessment was conducted to identify available resources and needs in selected health facilities, serving as a baseline for upgrading these facilities to provide basic emergency obstetric care.

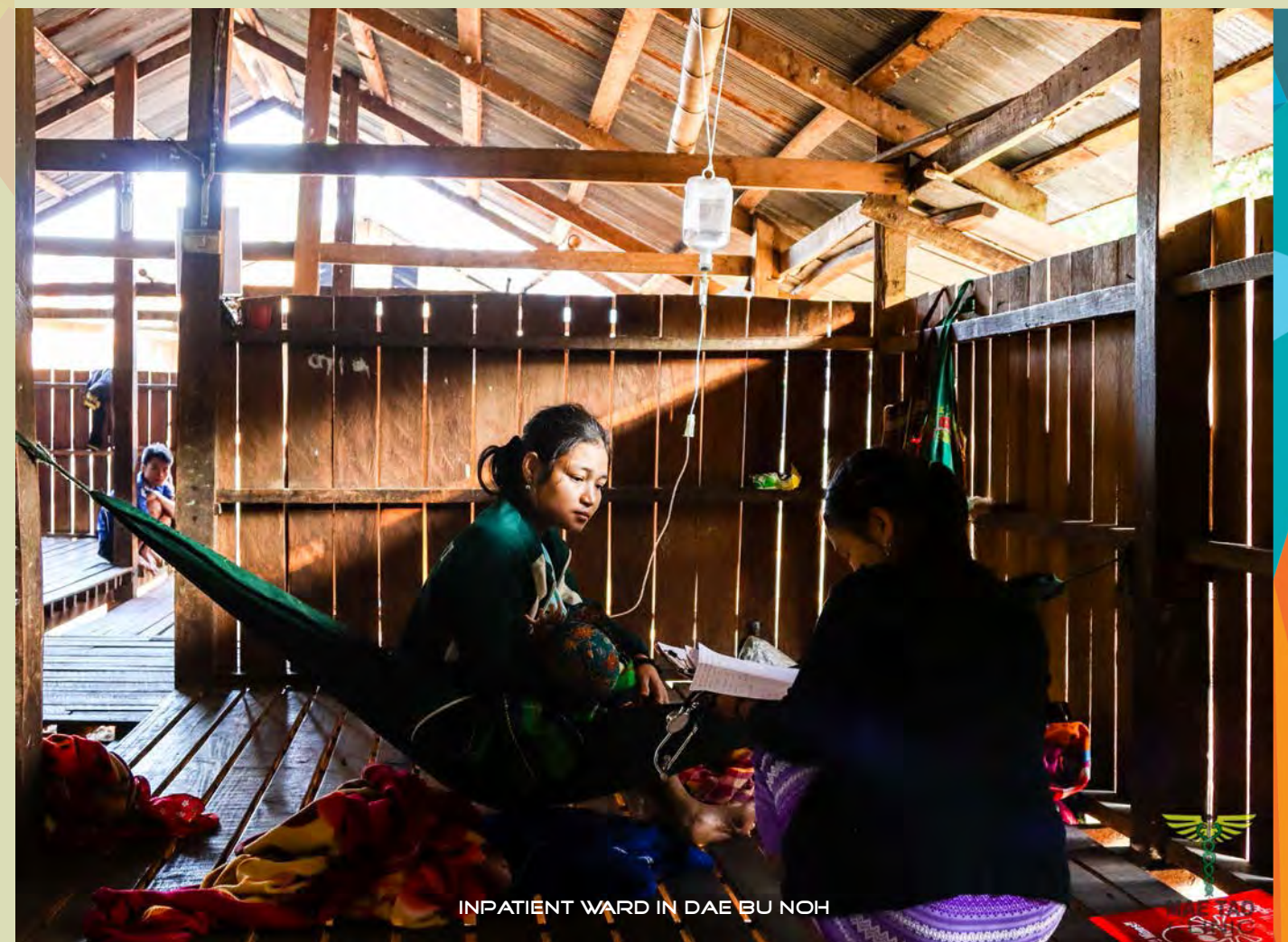
Finally, based on lessons learnt and experiences from field trainers, EHSSG, together with trainers and medical consultants, updated the Continuous Medical Education (CME) curriculum for Eastern Burma. After updating the curriculum, CME Training of Trainer (TOT) workshop was provided to in-charges, senior medics and supervisors from partner organizations with the purpose of enabling them to give CME trainings to the health workers in their respective areas. CME topics include reproductive health and general diseases.

Governance and Leadership

Strengthening the ethnic health systems requires moving towards inclusive democratic, transparent and accountable organizations. EHSSG organizes quarterly Ethnic Health Coordination meetings every year where all 9 partner organizations can come together. During these meetings, partners share updates on the situation in their respective ethnic areas; discuss on the implementation of health system strengthening activities, accomplishments, challenges and future strategic plans and activities. Some common challenges among the members are the shortage in medicines and funding sources. Together, EHSSG members made decisions on strategies to solve their challenges. In 2018, MTC consulted all EHSSG members on the development of a standard Sexual and Reproductive Health and Rights (SRHR) policy.



PLENARY SESSION IN MU TRAW, BURMA
MTC, BPHWT, KDHWT, SMRU, KNU JOINED



INPATIENT WARD IN DAE BU NOH

Challenges and Lessons Learned

Reduced grants opportunities along the Thai-Burma border in the past years have caused more NGOs to move their operations to Burma. Decreased service providers along the border consequently increases the need for services provided by MTC (not only health services, also in education, training and child protection). While MTC is appreciative of its strong reputation amongst the Burmese community along the border, the staff are often burdened by the high expectations that patients have of MTC. Our data show that while a total number of consultations decreased we are seeing more complicated cases coming to MTC. However, especially with cases requiring secondary or tertiary level treatment, MTC's resources are often too limited to serve all patients adequately.

Funding shortages in the region have affected activities of MTC since the end of 2017. Our staff voluntarily offered a 20% salary reduction in October 2017 to cope with the situation, which maintained the status quo throughout 2018. From 2019 onward the salary will be gradually increased, starting with 85% in January. We continue reviewing and assessing existing programs to assure more cost-effective implementation of our activities, and focusing on core program activities. In addition, MTC implemented alternative healthcare financing options in 2018 as a means of cost reduction including migrant insurance (M-Fund) and advocating access to the Thai health system for those holding work permits. Migrant insurance posters are put up on in-out patients wards in MTC compound and staff from the M-Fund are available to facilitate the insurance scheme. While health workers providing the health education, we also give work permit holders information on the Thai health system.

In succession to 2017, MTC has coped with the dire funding situation by taking several measures. We experienced a decrease in the available budget for financial support to patients in need of comprehensive level of care at Mae Sot General Hospital. As for the strategy to this MTC developed a referral pathway towards Myawaddy Hospital in Burma, where treatment costs are lower. We have seen a slight increase in patients that have been successfully been referred to Myawaddy Hospital. Cases with a need for long-term care such as HIV/AIDS have been successfully referred to the Burma side. We will continue trying to strengthen the cooperation regarding the referral process. We increased counselling towards patients and relatives, encourage them to utilize available health care services. This include to take up a migrant insurance or to use the Thai health care system if one has the work permit.

Another coping strategy is to cooperate with our partner organizations for referrals. We have observed that the majority of malnutrition cases are combined with complications which makes it harder to treat the disease properly. In case we have clients that required surgery which is not available at local clinics or hospitals we cooperate with Burma Children Medical Fund (BCMF) to access advanced medical services. MTC partners with Shoklo Malaria Research Unit (SMRU) for the screening and treatment of tuberculosis (TB). Mae Tao Clinic annually refers over 100 patients to SMRU for treatment.



M-FUND BOOTH SETTING UP IN MAE TAO CLINIC



PATIENTS REFERRED TO BCMF COMING BACK FROM CHIANG MAI AFTER RECEIVING ADVANCED MEDICAL SERVICES





PARENTS WITH NEWBORN AT RHIPD, MTC

LOOKING FORWARD

The next year 2019 will mark Mae Tao Clinic's 30th anniversary. MTC began with responding to immediate medical needs of the communities fleeing conflict in Eastern Burma, it has now evolved into being an umbrella organization with health, training, education and protection services. The context in which we operate is changing and MTC has to be adapt as an organization to remain effective and relevant. One main topic emerging from changing context is the need for Mae Tao Clinic's operations to become more sustainable in terms of environment, leadership, management, finance and human resources.

As it proves more difficult to secure funding, MTC has to focus on core activities but also needs to ensure essential services remain available. MTC builds the capacity of partner organizations in order to integrate departments of MTC and partners. The management of several boarding houses in Karen state has been handed over to partners, and prosthetic care is planned to be integrated into an existing prosthetic program in Karen state. Furthermore, MTC aims to work with partner organizations for our eye surgery and early childhood development programs.

MTC's community resource center is currently being built and will be operational in 2019. We aspire to be a joint training facility where knowledge exchange, learning and research can take place. With moving the training facilities to this new location, MTC will no longer need to settle lease costs for the current location. At the same time, the new location offers an opportunity to generate facilitation fees and to reduce incidental expenses for renting seminar, workshop and ceremony venues.

While some steps already have been taken, Mae Tao Clinic will continue to pursue operational sustainability by focusing on 6 thematic areas: Safe good quality health care; Staff retention and accreditation; Diversifying funding sources; Environmental protection; Communication; and Legal Security. In 2019 and 2020, Mae Tao Clinic will work with a group of technical advisors to realize this operational change and becoming a future-proof organization.

MANAGEMENT & ADVISORY TEAM

Position	Name	Job Title
Director	Dr Cynthia Maung	Director
Deputy Directors	Naw Sophia Hla	Health Services
	Nwe Ni	Training & Community Health
	Naw Eh Nar Moo	Operations
	Naw Annie Po Moo	Community Operations
	Nway Nway Oo	Protection
	Mahn Shwe Hnin	Education
	Saw Thar Win	Burma – Based Health Services
Assistant Deputy Directors	Kyaw Kyaw Win	Health Services
	Naw Palae paw	Burma – Based Health Services
	Saw Than Lwin	Organization Development & Advocacy Officer
Managers	Naw Sabel Moe	Reproductive Health
	Naw Mya Thida	Adult Health
	Nan Pan Aye	Child Health
	Naw Hsa Moo Moo	Health Specialties
	Nan May Soe	Health Supportive
	Nan Eh Tho	Admin & HR Manager
	Nan Moe Moe Myint	Finance
	Saw Ler Htoo	Logistics
	Naw Htoo	Social Work
	Ellen Somers	Fundraising and Grants
	Saw Design Oo	Facilities
	Saw Than Than Lay	Education Operations
	Saw Aung Pyi Moe	Burma – Based Health Service Operations & Grants Manager
	Kyan Kyaung	Burma – Based Health Services
Technical Consultants	Dr Thiha Maung Maung	Public Health
	Dr Sai Lu	HSS & Organization Development
	Dr Menno Bakker	Clinical Consultant
	Dr Arkar Linn Naing	Clinical Consultant
	Karen Behringer	Nurse Aide Technical Consultant
Advisors	Lisa Houston	Organizational Development
	Dr Catherine (Kate) Bruck	Organizational Development & Public Health
	Dr Vit Suwanvanichkij	Public Health
	Naing Aye Lwin	Organizational Development
Long-term Volunteers	Dr Terry Smith	Technical Consultant - Training
	Dr Frank Green	Eye Department
	Dr Kang Ho Park	Acupuncture, Korea-Mae Sot Cooperation Center
	Tsubasa Saito	Nurse, Japan Association for Mae Tao Clinic
	Dr Takayuki Abe	Dental department, Borderless Dentists

STAFF NUMBERS

Staff	Female	Male	Total	International
Director / Deputy Directors	6	2	8	
Assistant Deputy Directors	1	2	3	
Managers	9	5	14	1
Total	16	9	25	
Health Services	113	64	177	3
Training & Community Health	8	7	15	
Burma-Based Health Services	13	10	23	1
Education	37	18	55	
Protection / Child Protection	14	2	16	
Community Operations	13	33	46	3
Operations	8	22	30	
Sub-Total Programs	206	156	362	8
Grand Total	222	165	387	8

VOLUNTEERS & MEDICAL ELECTIVES

Mae Tao Clinic and our Children's Development Center were supported by international and Thai volunteers in 2018:

Dr Nelson Kamali, Dr Oliver Rouhiainen, Dr Jozef Shaw, Dr Cassim Akhoon, Dr Rutty Talati, Dr Mary Boullier, Ondrej Rostek, Christina Caputo, Landa Campbell, Michael Kewley, Chui Wing Yiu, Pranay (Bull) Bulchandani.

In 2018, we hosted students from the following medical schools:

Bond University (Australia), University of Western Australia, King's College London (UK), University of Oxford (UK), University of Warwick (UK), Plymouth University (UK), Liverpool University (UK), University of East Anglia (UK), Bristol University (UK), University of Birmingham (UK), University of Hong Kong, University of Milan (Italy), Chang Gung University (Taiwan), North Carolina School of Medicine (USA), University of Buffalo (USA), Texas A&M College of Medicine (USA), UMC Utrecht (the Netherlands)

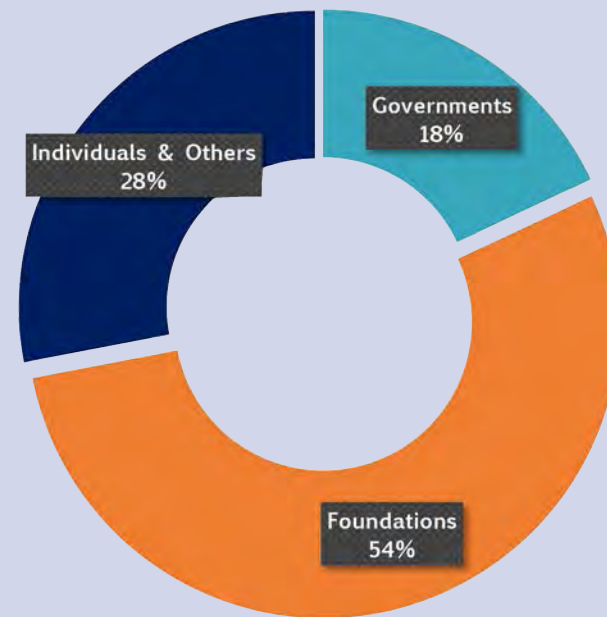
FINANCIAL OVERVIEW

Mae Tao Clinic's operational budget decreased between 2017 and 2018, due to reduced availability of grants. While before 2018, the majority of funding came through governments, Mae Tao Clinic has now diversified its funding sources by receiving relatively more income through foundations and individuals.

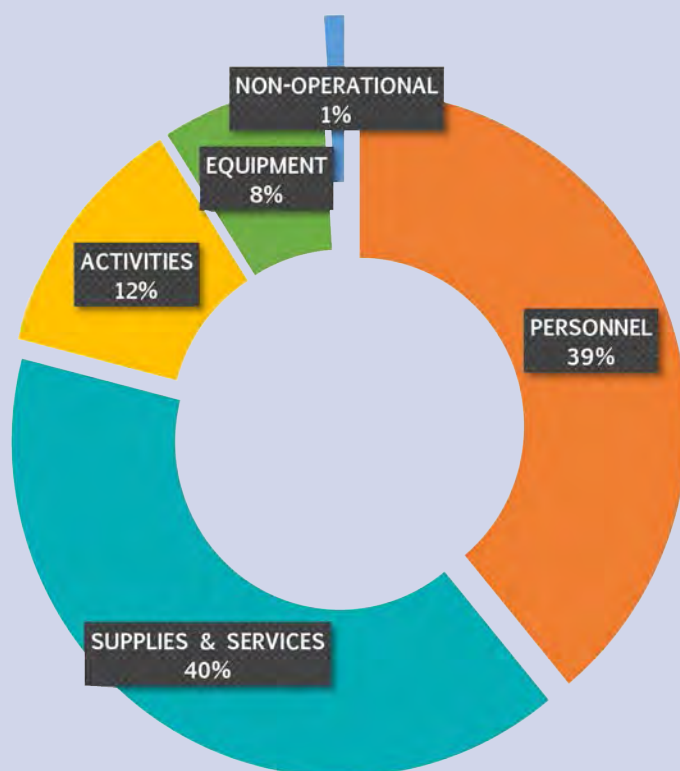
The largest share of expenses has been allocated to supplies and services, followed by personnel and activities. Looking at our key departments, 80% of available funds were allocated to health services, education and child protection, while our Burma-based activities and organizational development account for 8% and 9% of the expenses.

We have continued the capacity building of local finance staff, thus reducing our reliance on international expertise. Our cooperation with KPMG, a Big 4 firm, as our external auditors has continued in 2018.

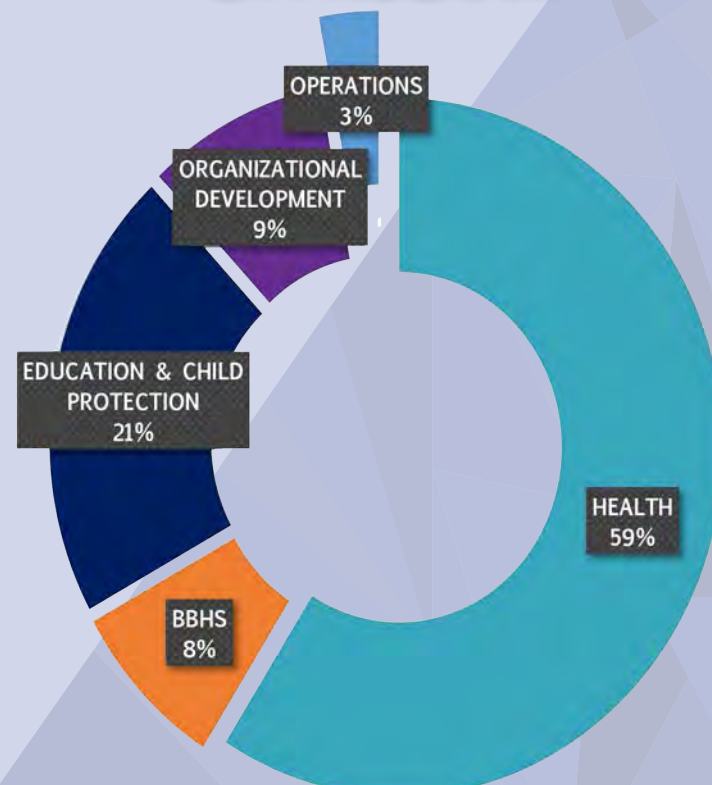
FUNDING SOURCES



EXPENSES BY CATEGORIES



EXPENSES BY PROGRAM



OUR DONORS

We would like to express our gratitude to those organizations, institutions and individuals that enable us to pursue our mission and make essential care accessible to those in need.



- Karen and Burmese diaspora in USA, Europe and Australia
- Tukta Rungnapa
- UBS Switzerland
- Palsboda Filadelfiaforsamling
- Lisa Houston
- Persatuan Meditasi Prajna
- Warrender Leitch
- Esoof Akhoon
- Linda Tan
- Takayuki Abe

Our generous donors who supported Mae Tao Clinic through our partner organizations, in-kind donation, and purchasing products.



Our Thai-registered partner Suwannimit Foundation (SNF) supports Mae Tao Clinic with legal protection, capacity building for the quality improvements as well as the system strengthening in Thai health system. SNF also advocates for the migrant health and child protection in collaboration with the Thai ministries.

ACKNOWLEDGEMENT OF DR FRANK GREEN



We felt great sadness in our hearts when we heard that Dr. Frank Green passed away in 2018. For more than 20 years, he selflessly and voluntarily cared for displaced communities from Burma.

As an ophthalmologist, Dr. Frank conducted eye surgeries and helped over 10,000 persons to regain their eyesight. He was truly one of a kind and will be greatly missed.



**MAE TAO
CLINIC**

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