## Metta Calana – Social Action for Women Shelters

#### **About SAW**

Social Action for Women (SAW) was founded in June 25, 2000 to assist displaced women from Burma who are in crisis situations after having fled to Mae Sot, Thailand. SAW supports these women through the provision of safe housing, health education, rights awareness, counseling and vocational training in order to strengthen their abilities to face future challenges, minimize their risk of becoming involved in illicit activities and help them develop into healthy and productive members of society. Over the years, SAW has expanded its focus population to include caring for and educating orphaned children and children of migrant parents.

#### **SAW's Programs and Shelters**

SAW's programs include Reproductive Health Education, Mental Health Program, Mobile Medical Team, Preschool and Middle Schools, Pure Future Program, Income Generation Program, Gender Based Violence Program.

SAW operates five shelters that provide accommodation, food and basic needs for women and children with specific needs. These are:

- 1. Safe House (includes separate houses for boys and girls)
- 2. Children's Crisis Center
- 3. Health Care House, a shelter for women and children living with HIV/AIDS,
- 4. Women's Crisis Center for women and girls who are vulnerable to violence or trafficking (combines with Green Hope Centre, a shelter for women who have been trafficked).

There are currently approximately 180 children and 40 women residing in the shelters. These numbers fluctuate, especially among the women, some of whom stay at SAW for only a few months before moving on.

SAW collaborates with local community groups, particularly with Mae Tao Clinic, Mae Sot General Hospital, UNHCR (Mae Sot) and the Committee for Protection and Promotion of Child Rights.







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#### **Health Care House (HCH)**

From July through December 2016, HCH had 16 females and 11 children. In September, two pregnant women were transferred from IOM Myawaddy and left after giving birth at Mae Tao Clinic in October. They were under the care of IOM who sent them because they had no one to care for them while they were pregnant. In the last six months, all the women and children from HCH had medical checkups and CD4 counts at Mae Sot Hospital, Myawaddy Hospital or Wang Pha Clinic. All must continue to take ARV pills to ensure good health. In general the residents were healthy except for one 56 year old woman who passed away by stroke, and as she had no relatives in Mae Sot, MTC took care of the funeral process. Most shelter residents participate in SAW's Income Generation Program, weaving and sewing handicrafts while other women take care of the children and perform household jobs. As for their relaxation activities, they visited the Buddhist monastery and went other places/

The security of the residents is a priority. Therefore HCH paid to obtain work permits for seven women and renew their health insurance cards that allows them to pay only 30 baht for regular visits to Mae Sot hospital. SAW would like the residents from all the shelters to obtain this insurance but the current budget doesn't allow it.

The health situation of the women and children In this six-month period the women and children of Health Care House all received regular checkups and CD4 counts. While nearly all continue to be in good health the testing revealed a few problems. Among the children, two had adequate CD4 counts but their viral load increased. One had a viral load result of 9,500 copies and the other over 780 copies. Therefore necessary medicine changes were made for them, moving to second-line drug regimens which are more expensive than first-line treatments and also carry more risk of side effects.

An explanation for why this happened may be that in one case when she was younger, Daw Yin Nu took care of her taking the pills regularly, but when she reached the teen years, she was taking the pills by herself and may not have taken them regularly. She has been transferred to MTC to get her established on a new drug schedule. As for the other girl, she had to travel with her parents all the time and that's the reason she failed to take the pills regularly. However, both of her parents have died and her life at HCH is now stable so she is able to take the pills regularly for four months already. Daw Moe's CD4 counts were up, but she has to take some medicine for having high cholesterol.



**Education of the children** As for the education of the children, Myint Myint San is 6th grade in Thai school, and is fluent in Thai language. She has won some painting contests, and wants to become a designer in the future. Ton Ton is in grade 10 in Setulae high school, and wants to be a nurse.

The rest of the children are studying in the SAW school even though learning problems are common with them because of their difficult background. The SAW teachers, who understand their health condition, show a lot of kindness and patience in teaching them. One nine years old boy named Tin Maung Maung Aye arrived at HCH along with his mother; he is HIV negative, although his mother carries the virus. He's studying in first grade in a Thai school now but he has problems at school and runs away from both the school and the shelter often, so the staff have to monitor him all the time.



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HCH residents work together as a group on many occasions and help each other doing household jobs. They also help growing rice in SAW's paddy field, participate in the income generation program, volunteer to take care of patients from MTC, and attend health education trainings held by other health organizations. SAW staff regularly hold group meetings to allow them the opportunity to openly discuss their problems. The physical activities like growing plants and flowers are designed to promote their mental health and get back to a normal life. On global awareness days like World AIDS Day, the residents along with the women and children from other shelters actively participate, and they visit the monastery for a picnic or hold a Christmas party.

As for vocational training, SAW has the income generation program to develop their skills and make some pocket money. They also went to HWF for advanced sewing training. On their own, they can do weaving or knitting making mufflers, purses and bags for extra money. During these last six months, they finished 12 school bags, 27 mufflers, 38 computer bags and 8 Karen dresses, and completed 3,200 purses ordered by Spinning Top.

New Residents: On October 3, Health Care House received a new resident, a 28 years old woman. She was seven months pregnant and had been a resident of Ward 4 at Myawaddy Hospital (the AIDS ward). She was transferred by IOM Myawaddy after her husband died of HIV/AIDS. She was 4 months pregnant at the time. Now that she herself is HIV+, her neighbors avoided her for having the disease so she could no longer live there. One month after arriving in HCH she gave birth to her baby. She went back to her parents in Burma when the baby was two weeks old. IOM will take care of her further medical treatment.

On October 10, a thirty-seven year old woman arrived in HCH from IOM. She was an HIV/AIDS patient

five months pregnant at the time. She was aware that she had the disease for more than two years, but stayed with her abusive husband who beat her up whenever he got drunk. Eventually she ran away and asked for help from IOM who referred her to the Health Care House.

Sadly, in November, she suddenly left the shelter and she went back to her husband. Since then she has not had any further contact with HCH.



### **Challenges facing Health Care House**

In the shelter, two more toilets were necessary to meet the needs of the additional residents. HCH installed them and made other necessary repairs for the shelter that had been gradually deteriorating. Another concern is the lack of funds to cover for the travel costs for residents who now must go across the border to Myawaddy for their ARV medicines and health care. In Thailand, the cost of getting the health insurance card is 8,000 Thai baht (\$230 USD) per year which means that on both sides of the border there are additional costs to assure continuity of health care. The Mae Sot police's frequent random checkpoints lead to arrests, even if the person as the proper paperwork. This is another concern for the safety of the residents.



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#### Women's Crisis Center



To address gender-based violence among migrant Burmese women and girls, SAW established the Women's Crisis Center in 2005. In the factories, farms and private establishments where Burmese migrant women find employment, they can be unexpectedly fired at any time. These women who have migrated to the border to find work that will support their families back home they are left homeless and vulnerable when they are terminated. As a result they can be lured into the sex trade or subjected to attacks, trafficking, exploitation, rape or even murder with relative impunity. Because there is no safety net for women subjected to trafficking and abuse, SAW initially opened a separate shelter for them (the Green Hope Center). Eventually both groups were joined in the Women's Crisis Center and because of funding limitations, the residents are now have all been subjected to violence or abuse.



In the past, SAW received funding for the shelter from the US Commission for Refugees and Immigrants (USCRI). At that time, the shelter was able to accept fifty women and establish an Income Generation Program focused on contract work for sewing, weaving and knitting. This funding was short-lived however, lasting only one year and since then the shelter has scaled down to the current eight women and two children who are supported through the Income Generation Program and the support they receive from Metta Calana.





At the shelter they can begin to establish a new life, restore their health, receive emotional support and learn new skills that will minimize their risk of becoming involved in illicit activities and instead raise their children and become productive members of the community

