



Burma Children

Medical Fund operating to give
Burma's kids a future

BCMF Evaluation Report

July 2012 – June 2013

Project Name: Medical treatment and capacity building with the Burma Children Medical Fund

Country: Thailand

Regions/Provinces: Mae Sot and Chiang Mai

Reporting Period: July 1, 2012- June 30, 2013

Sectoral Focus of the Program: Medical treatment, health care, and patient support

Total Program Expenditures: 8,628,484 THB

Organisation Background:

The Burma Children Medical Fund (BCMF) was established in 2006 to treat the growing number of patients at Mae Tao Clinic with complex medical conditions. The Mae Tao Clinic (MTC) was established in Mae Sot, Thailand in 1989 to meet the medical needs of people travelling across the border to escape conflict in Burma. Today, the Mae Tao Clinic continues to serve a population of approximately 150,000 people who cross the Thai-Burma border seeking medical care that is unavailable or unaffordable in Burma. While the Mae Tao Clinic offers a wide range of basic health care services, options are limited for patients requiring surgery or more complex medical procedures. Often, the only chance these patients have to undergo needed surgery is to be referred to a major hospital in Chiang Mai. BCMF works to give these patients a chance at a healthy life by funding their medical treatment and providing a range of support services before, during, and after treatment. Before BCMF was established, patients who required surgery or complex medical procedures could only have their symptoms treated and many lived severely incapacitated lives or died prematurely as a result.

In Thailand, our patients' ability to access healthcare is further complicated by their lack of legal status. Without assistance from BCMF, our patients would face arrest and deportation if caught travelling illegally to seek medical treatment on their own. BCMF has established strong working relationships with local Thai authorities, allowing us to negotiate special permission for these patients to travel to Chiang Mai to get the medical care they need.

In addition to funding patients' medical treatment and facilitating their transport to Chiang Mai, BCMF provides a range of support services before, during, and after treatment. Our staff in Mae Sot and Chiang Mai assist patients throughout the treatment process, discussing planned appointments, providing needed medication, planning logistics, helping with daily wound dressing, and providing health education on pre- and post-surgery care. When patients travel to Chiang Mai for treatment, a key component of the support BCMF provides is food and accommodation. It is essential that patients and their caregivers have a safe place to stay and a social support system while undergoing treatment. BCMF not only houses and feeds patients in Chiang Mai, but also facilitates all of our patients' medical needs, including translation services, transportation to hospital appointments, and access to BCMF staff for the entirety of our patients' stay, regardless of the duration.

In addition to easing an individual's suffering, BCMF contributes to sustainable development outcomes by strengthening the individual and the family's ability to live healthy lives. Our patients' improved health status helps them to be happy, functioning members of their families and productively participate in and contribute to community life. For children and young adults, this means the ability to return to or commence education. For adults, treatment means that they are able to return to activities that support their families. This can be gainful employment or being able to care for young children at home. Successful medical intervention for children and adults benefits not only them but the entire community. Restoring our patients' health represents a tangible development achievement in line with our donor's objectives of saving lives and promoting opportunity for all.

Funding:

In 2012-2013, BCMF expenditures totaled 8,628,484 THB. The funds were used for direct program costs, allowing BCMF to provide healthcare for seriously ill children and adults. In total, 82% of program funds were used in support of direct patient costs including medical expenses and patient logistics (food, accommodation, transportation, etc.). In addition to covering medical expenditures and patient support costs, BCMF used a portion of program funds to address capacity building, pay staff salaries and meet other administrative needs.

Program Location:



BCM F's main office is in Mae Sot, Thailand on the grounds of the Mae Tao Clinic. We also have staff on the ground in Chiang Mai, Thailand, where the majority of our patients receive treatment at either Maharaj Nakorn Chiang Mai Hospital (Suandok Hospital) or McKean Rehabilitation Center.

BCM F's two primary operating locations

Project Activities

Medical Treatment: The costs associated with patients' medical treatment represent the largest expenditure category for BCMF. Some patients require stabilization through medication or pre-operative treatment prior to surgery. A patient may then go to Chiang Mai multiple times for investigation, surgery, and follow-up appointments. The vast majority of BCMF patients are destitute, living at a subsistence level. When they become a BCMF patient, BCMF assumes all the costs associated with their care. Because of our long-standing relationship with the staff and hospitals in Chiang Mai, BCMF often negotiates discounts, reducing the overall cost of a patient's treatment. However, even with these discounts, treatment of complex medical conditions, especially considering the unpredictability of each patient's health and recovery, is still costly. A portion of our patients under 12 years of age that meet specific diagnostic criteria receive funding from our partner organization, Child's Dream Foundation (CDF). However, it is important to note that while CDF funds the costs of these patients' medical treatment, BCMF still provides a range of support services to these patients throughout the treatment process.

Logistics and Patient Support Services: Patient support costs represent the second largest expenditure category for BCMF and include food, accommodation, transportation, and supplies that patients may require while at the patient house in Chiang Mai. Providing transportation to help our patients get to Chiang Mai for treatment represents a significant portion of our patient support expenses. Getting our patients to and from Chiang Mai as well as caring for them while they are there is a significant logistical operation. Because our patients lack legal status, each week BCMF must prepare travel documents to the exact specifications of the local Thai administration, the Thai police, and the Thai military. These documents give our patients special permission to travel to Chiang Mai for medical treatment. BCMF also provides food and accommodation to all of our patients while they are in Chiang Mai. In addition, BCMF staff in Chiang Mai play a significant role in patient support, counseling patients and their caregivers on a range of issues including providing both emotional, financial, and practical support when patients face complications or difficulties with their treatment.

Administration: BCMF keeps its administrative costs to a minimum. Administrative funds support local staff salaries in Chiang Mai and Mae Sot as well as day-to-day operating expenses such as maintaining IT equipment and purchasing office supplies.



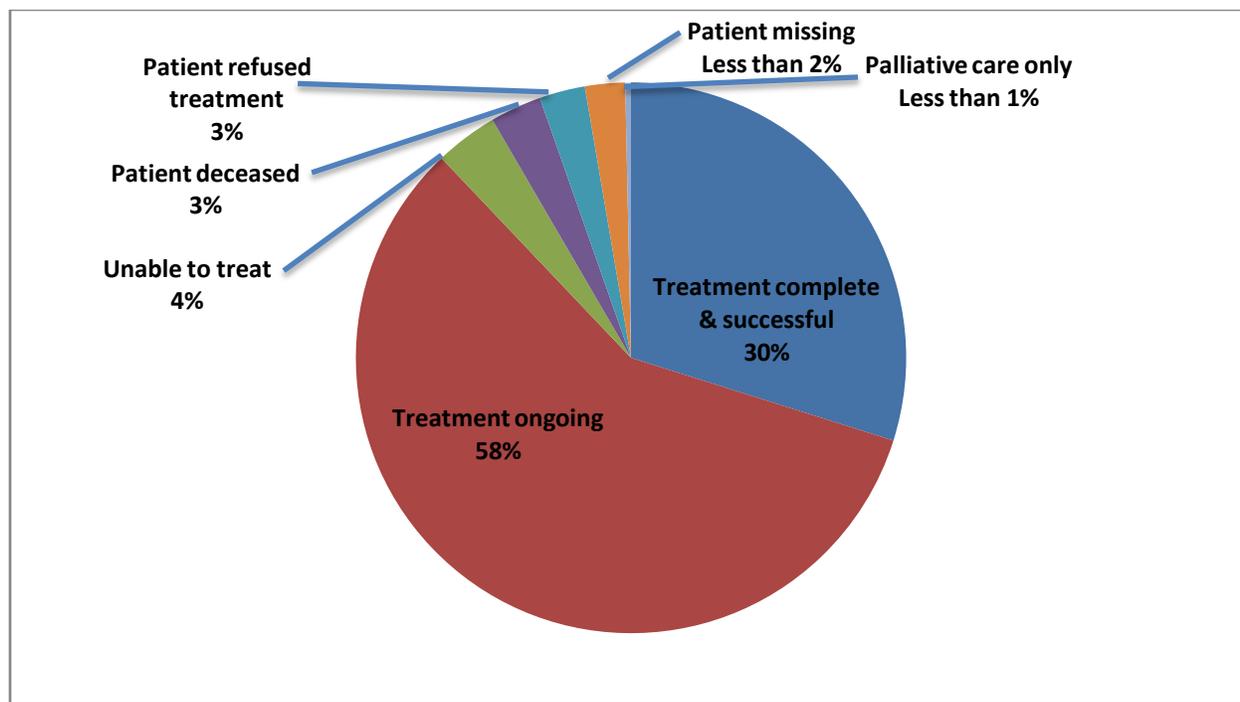
BCMF patients preparing to board the van to Chiang Mai

Achievements

1. BCMF enrolled a total of 199 new patients during the reporting period. These patients came to BCMF in need of treatment for a range of medical conditions including cardiac disease, neurological disorders, gynecological problems, urological disease, burns, and gastrointestinal disorders, among others.
2. In total, 143 children were enrolled under the BCMF program, 45 adults under the BAMF program, and 11 women in need of gynecological surgery under the BWMF program.
3. Within the BCMF program, 64 of the 143 children enrolled will have the costs of their medical treatment in Chiang Mai funded by our partner organization, Child's Dream Foundation, with ongoing logistical support from BCMF.
4. BCMF sent 298 patients to Chiang Mai for investigation, treatment, or follow-up in 2012-2013. In total, 180 of these patients had their medical treatment funded exclusively by BCMF. BCMF facilitated these patients in having their illness and prognosis assessed by Thai medical authorities. With the assistance of BCMF staff, they had their medical diagnosis, prognosis, and treatment plan explained in their local language and received quality care in patient group houses in Mae Sot and Chiang Mai during treatment and recovery. In addition to medical treatment, all 298 patients also received support services from BCMF staff in Mae Sot and Chiang Mai before, during, and after treatment.
5. In total, BCMF funded a total of 398 investigations, major medical procedures, surgeries, or follow-up appointments during the reporting period. These procedures included cardiac surgery, advanced diagnostic testing such as CT scans and MRIs, neurological surgery, ophthalmological procedures, and chemotherapy, among others.
6. At the conclusion of the reporting year, 30% of all patients that went to Chiang Mai during the reporting period successfully completed treatment with a positive outcome. Another 58% of patients are still receiving ongoing treatment, with funding, social, and logistical support from BCMF. In conjunction with our partner, the MAP foundation, BCMF provided food, accommodation, and educational activities to patients undergoing treatment in Chiang Mai.
7. BCMF staff also took on several capacity building efforts including training local staff in expanded monitoring and evaluation efforts including designing and maintaining databases in Microsoft Excel and Access, designing and revising data collection forms, developing performance indicators, managing data entry, and conducting data analysis to track progress toward program goals and objectives. We received positive feedback on the Burmese-Thai medical phrasebook we developed for patients and medical staff to use in Chiang Mai. Building on this success, local staff have also contributed to efforts to develop a variety of new educational materials for patients including an educational booklet on cardiac disease and a patient transition booklet designed to help patients better understand what to expect when they go to Chiang Mai for medical treatment. BCMF also plans to translate a video shown to patients prior to undergoing cardiac surgery into Burmese. BCMF's capacity building efforts have included extensive

training of local staff on how to handle increasing caseloads including managing patient enrollment, registration, and dealing effectively with Thai authorities when arranging transport of patients. Also in response to our increasing caseload, a new staff person in Chiang Mai has been trained in a range of patient support activities, including taking patients to and from appointments, providing translation services at the hospital, and ensuring patients have food and accommodation while in Chiang Mai. BCMF has also trained staff on how to conduct patient interviews, collecting relevant social, family, and health history on each patient. In addition to local staff, BCMF has taken on a number of volunteers and interns to help with ongoing capacity building efforts and to help address the increasing workload.

Patient Treatment Outcomes



Challenges/Issues

1. From the last quarter of 2012 to the first quarter of 2013, BCMF saw a 75% increase in patient enrollment. Increased freedom of movement on both sides of the border combined with the continued absence of reliable affordable healthcare in Burma has meant that our patient numbers, and subsequently, our costs, are increasing.
2. With increased political reforms in the country, many donors are focusing their efforts on supporting organizations working inside of Burma. It remains a challenge to convince potential new donors that Burma still has a long road ahead to healthcare reform and that some organizations must continue to capitalize on the resources, expertise, and stability of the Thai-Burma border. A number of our patients have come to us after seeking treatment in one of the large established hospitals in Rangoon. However,

even these hospitals lack the facilities and expertise to treat many of our patients. In those cases that the hospital is equipped to provide care, treatment continues to be cost-prohibitive for most people. Because the Burmese healthcare system is still not ready to provide comprehensive affordable medical care, BCMF must continue to operate on the border where we are best positioned to connect patients with the equipment, expertise, and care available in the Thai hospital system.

3. In July 2013, Maharaj Nakorn Chiang Mai Hospital (Suandok) raised prices on all of its services which will present a challenge for BCMF going forward as this is where the majority of our patients receive treatment and 70% of our total expenditures went toward medical costs alone in 2012.
4. Many donors continue to direct their funding exclusively toward direct patient support instead of administrative expenses or staff salaries. This has limited BCMF's ability to grow as an organization as we have few options to bring on new staff while our workload continues to increase.
5. Under our current agreement with the MAP Foundation, BCMF patients stay at the MAP Safe House while undergoing treatment in Chiang Mai. However, our growing caseload and the fact that many of our patients must stay in Chiang Mai for extended periods of time has made it more challenging for MAP to serve our patients. On a number of occasions throughout the reporting period, the MAP Safe House has not had enough space for all of our patients and BCMF has had to arrange and pay for separate accommodations in order to ensure that all of our patients have a place to stay while undergoing treatment. BCMF is exploring options to establish our own patient house which would allow us to stabilize costs and more effectively meet our patients' needs.

Lessons Learned

1. BCMF has responded to the impact recent political reforms in Burma have had on the number of patients seeking treatment on the Thai-Burma border. Recent political reforms in Burma have resulted in increased freedom of movement on both sides of the border. The continued lack of accessible, affordable healthcare in Burma has meant that increasing numbers of patients are able to cross the border in search of medical care. BCMF has responded to the increased caseload with flexibility, prioritizing staff responsibilities accordingly, seeking new opportunities for funding, and recruiting new volunteers to assist with patient interviews.
2. BCMF adapted capacity building efforts and staff training to focus on the areas of greatest need given our increased caseload including patient enrollment and case management, preparing travel documentation for Thai authorities, and tracking and recording patient data including patient demographics, treatment, and outcomes. BCMF has also focused development of patient educational materials on areas of greatest need given the specific diagnoses and challenges faced by our patients this year. These have included development of an education booklet for cardiac patients and a transition book designed to help patients better cope with the challenges they face when traveling to Chiang Mai for medical care.
3. BCMF has focused on expanding partnerships with organizations operating on the border, including educating other organizations about the services BCMF has to offer and identifying opportunities for

increased coordination and cooperation. For example, BCMF has recently established a partnership with Lampang Hospital which has begun offering free echocardiogram screenings on a quarterly basis. These screenings allow for patients to have initial investigation and testing done locally before traveling to Lampang for surgery. This saves BCMF money and minimizes the time our patients must spend attending appointments since patients need not travel back and forth multiple times for investigation and treatment. BCMF hopes to develop more partnerships like this in the future that will allow us to operate more efficiently and build on opportunities for increased cooperation.

Program Summary

BCMF provided services to a total of 195 patients during the reporting period. This includes 135 new patients that were enrolled in the program plus 60 previously enrolled patients that received treatment during the reporting period. Figures do not include those patients whose surgical procedures are funded by Child's Dream Foundation. Patient totals and disaggregated data on direct and indirect beneficiaries are outlined below:

Number of beneficiaries reached through the project		Total		
		Actual	Expected	Target
Direct Beneficiaries	2012-13	195	120	360
Indirect Beneficiaries	2012-13	978	480	1,440

Number of beneficiaries reached through the project		Adults Disaggregated by Sex / Age (over 18)					
		Male			Female		
		Actual	Expected	Target	Actual	Expected	Target
Direct Beneficiaries (Disability)	2012-13	20	20	60	61	30	90
Indirect Beneficiaries	2012-13	305			319		

Number of beneficiaries reached through the project		Children Disaggregated by Sex/Age (under 18)					
		Girl			Boy		
		Actual	Expected	Target	Actual	Expected	Target
Direct Beneficiaries (Disability)	2012-13	56	35	105	58	35	105
Indirect Beneficiaries	2012-13	162			192		

Number of beneficiaries reached through the project		Urban / Rural	
		urban	rural
Direct Beneficiaries	2012-13	43	152
Indirect Beneficiaries	2012-13	216	762

** Targets are for a three year period, beginning with this year. Indirect beneficiaries are defined as either immediate family members living with the patient or relatives not living with the patient that provide significant material or financial support.*

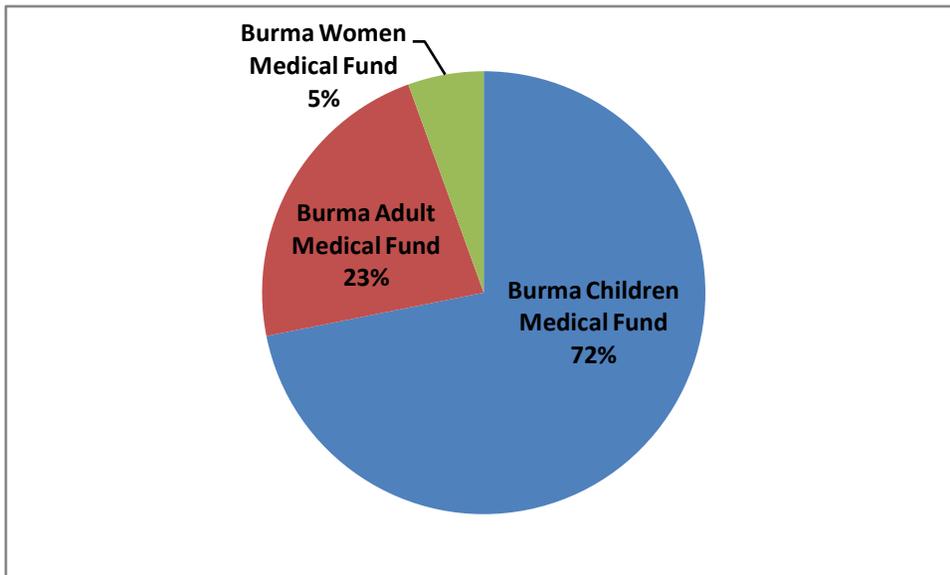
BCMF Performance Indicators

Consistent with best practices that nonprofit organizations have adequate monitoring, reporting, and evaluation systems in place, BCMF has established systems that enable it to track progress and determine the effectiveness of its work. These systems allow BCMF to provide regular program progress information to donors, to make appropriate program decisions, and to collect sufficient information to enable BCMF to assess and report on project outcomes and impacts. Please see below for reporting indicators on program activities from July 2012 through June 2013.

Activities

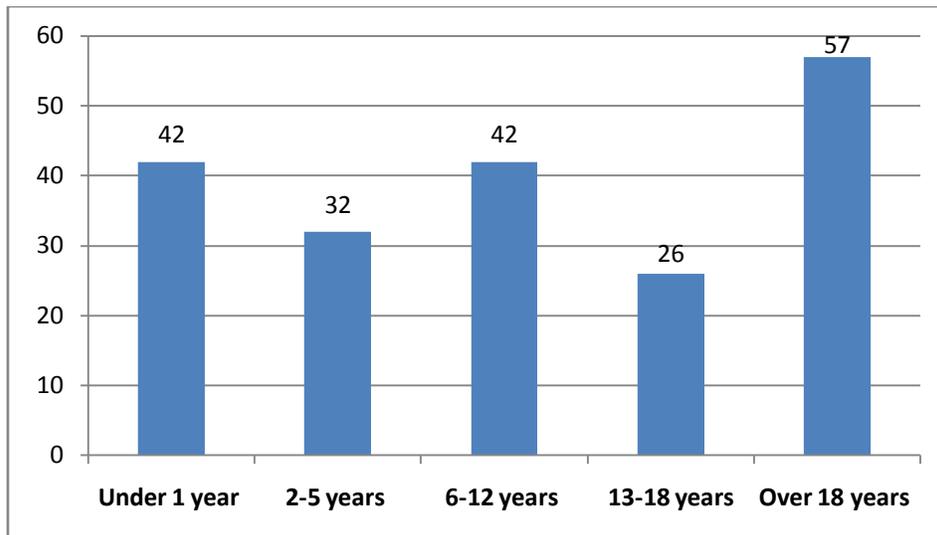
Health and Wellbeing—Improved Access to Quality Healthcare Services

New Patients Enrolled by Program



Total Females Enrolled = 115, Total Males Enrolled = 84

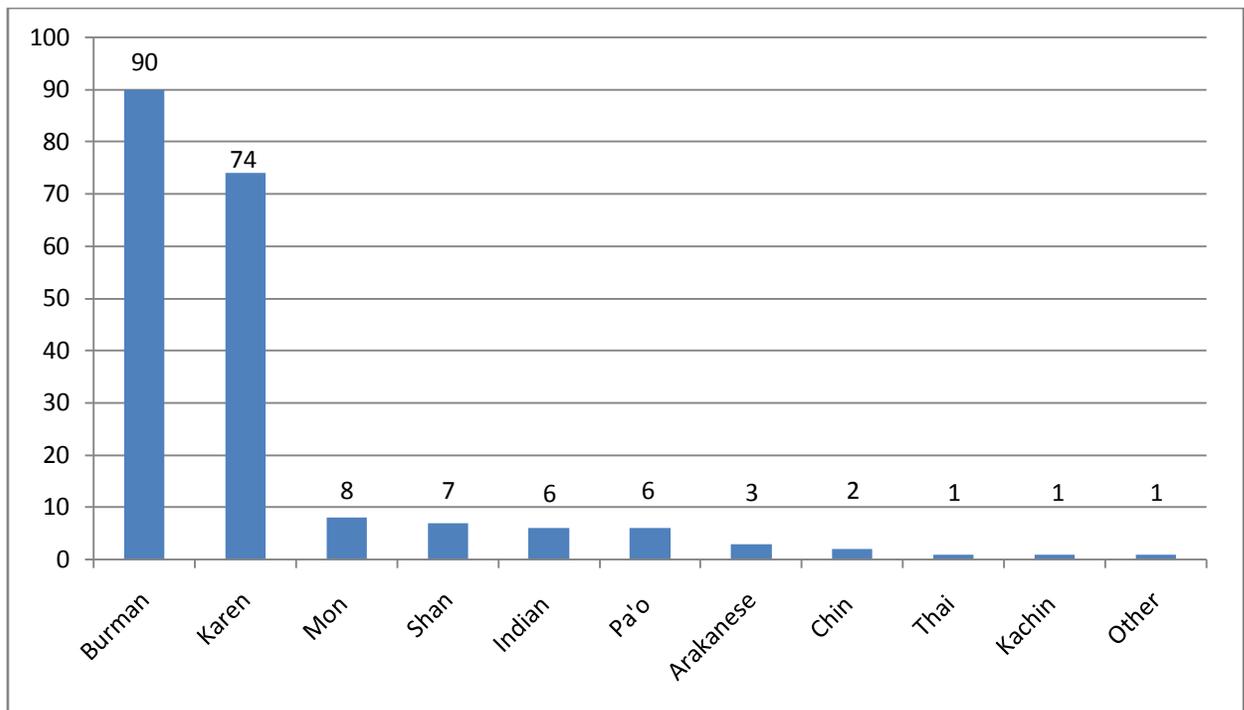
New Patients by Age



New Patients' Primary Diagnosis

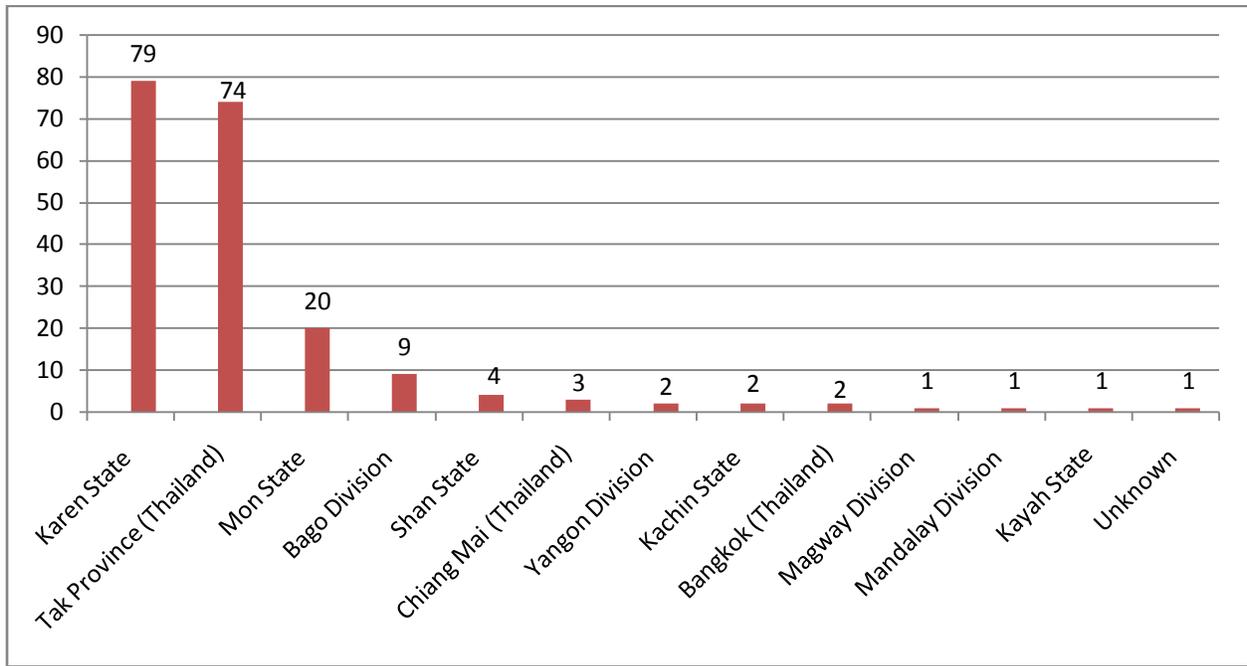
Diagnosis	Number	Percentage
Cardiac Disease	70	35%
Gastrointestinal Condition	16	8%
Other	16	8%
Neurological Condition	14	7%
Gynecological Condition	13	6.5%
Urological/Kidney Condition	13	6.5%
Abnormal Growth/Benign Tumor	12	6%
Congenital Birth Defect	12	6%
Cancer	11	5%
Severe Burns	10	5%
Eye Condition	6	3%
Orthopedic Condition	4	2%
Blood Disorder	2	2%

New Patients' Ethnicity

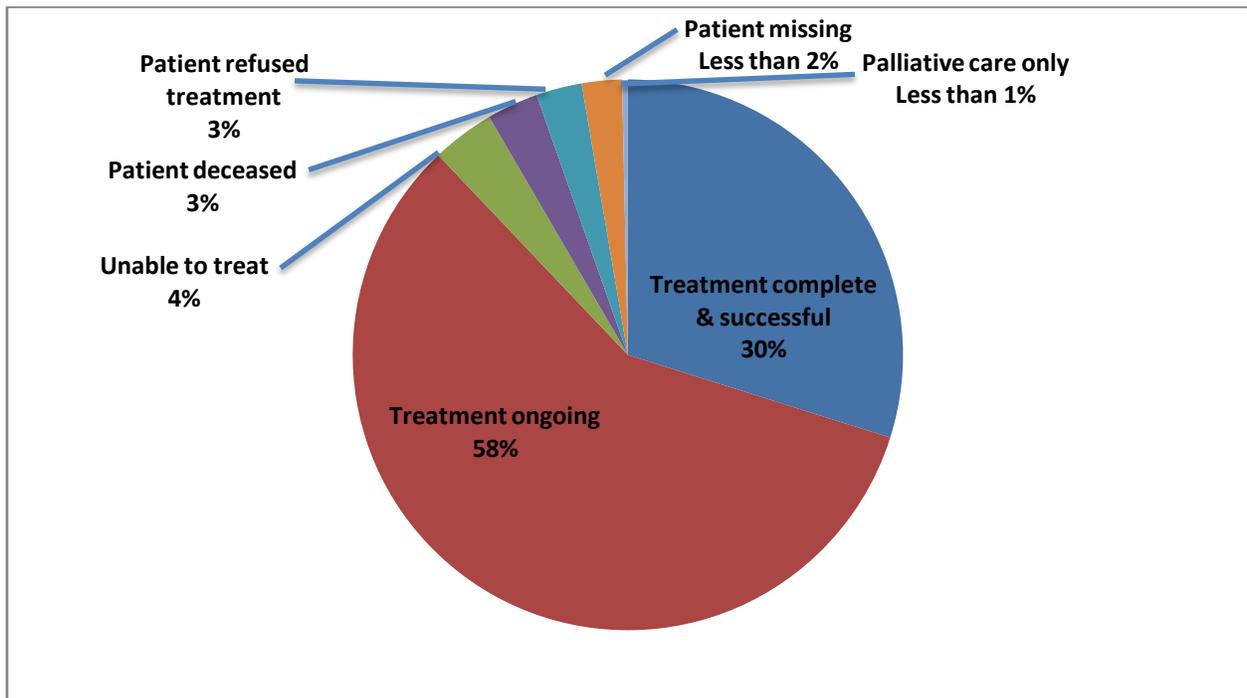


Home Country: Burma = 121, Thailand = 78

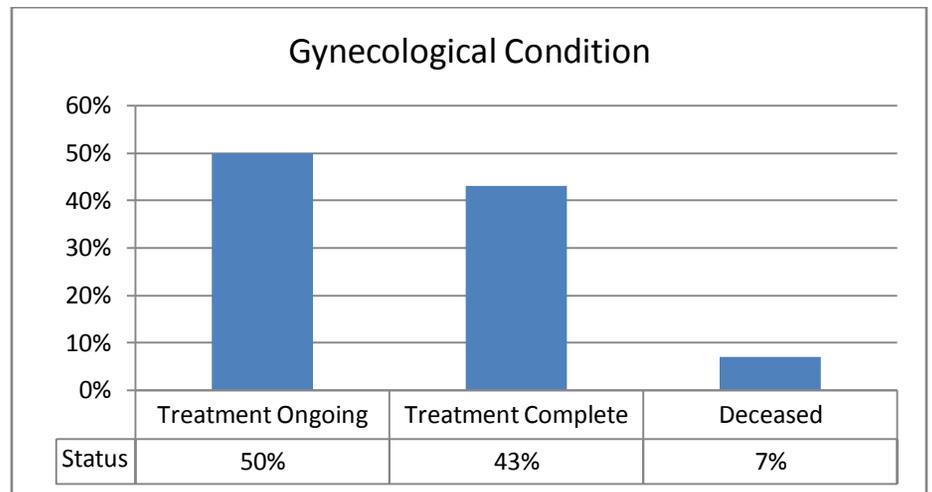
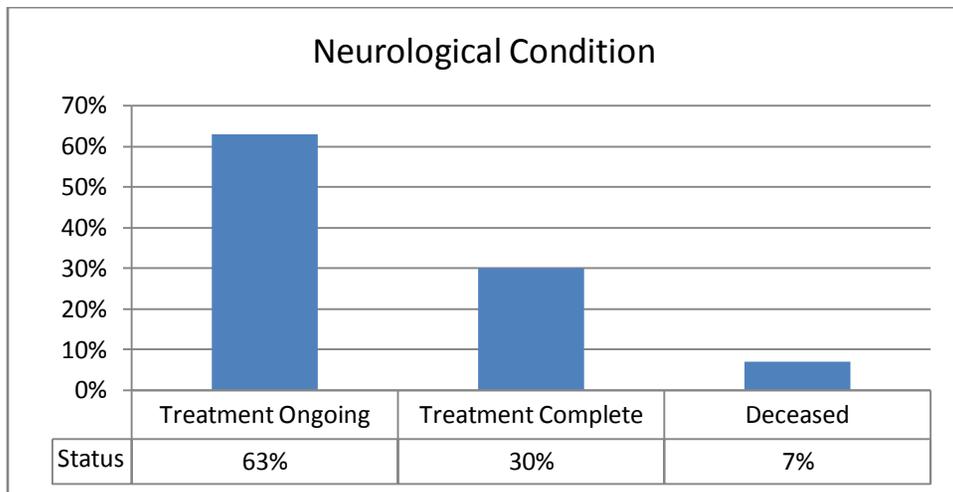
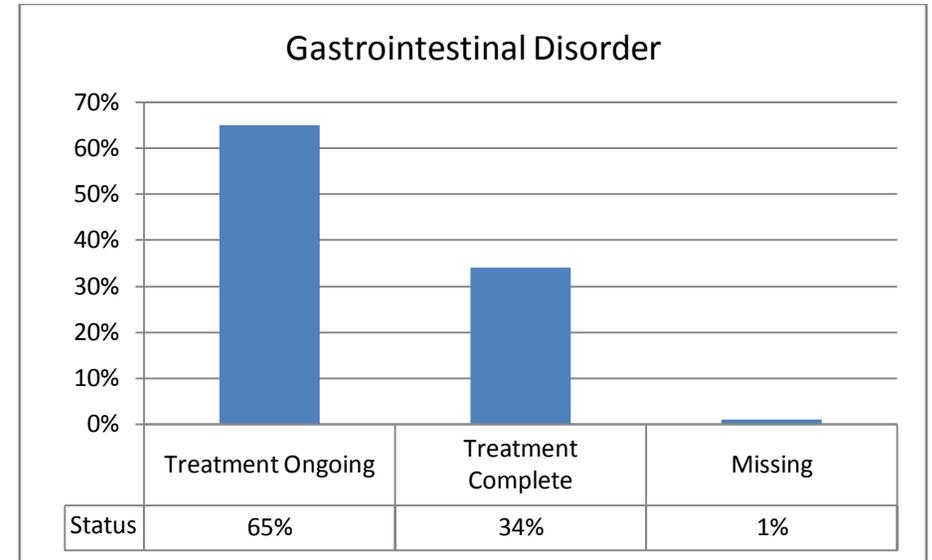
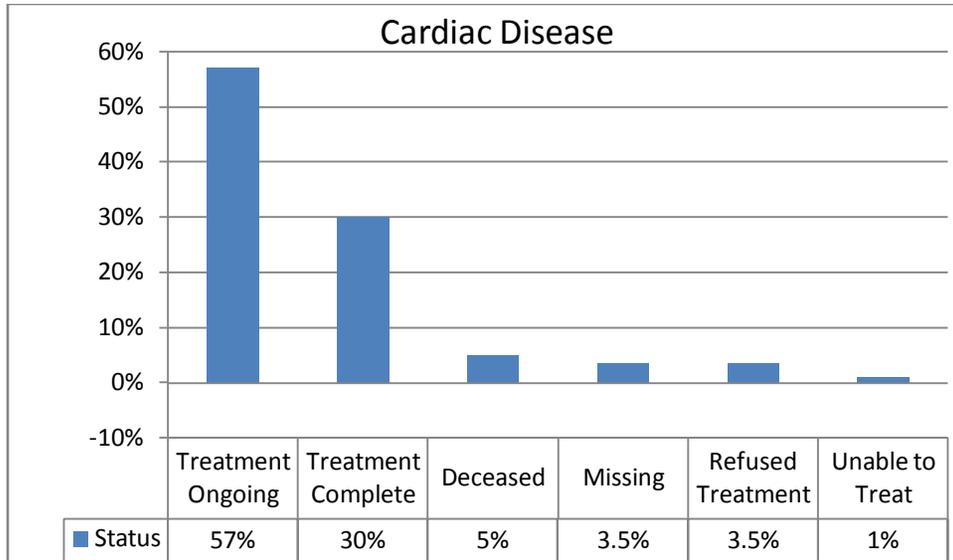
New Patients' Home State, Division, or Province



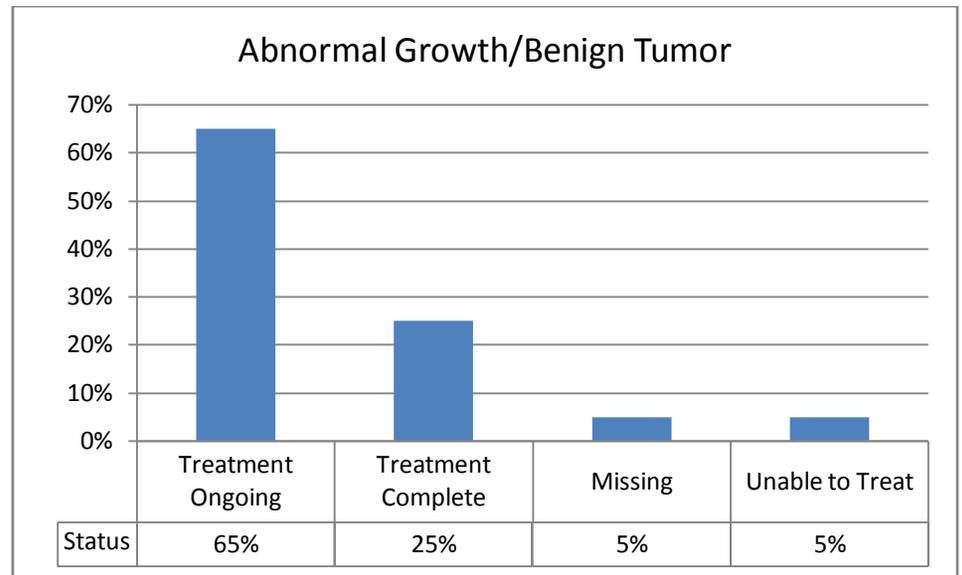
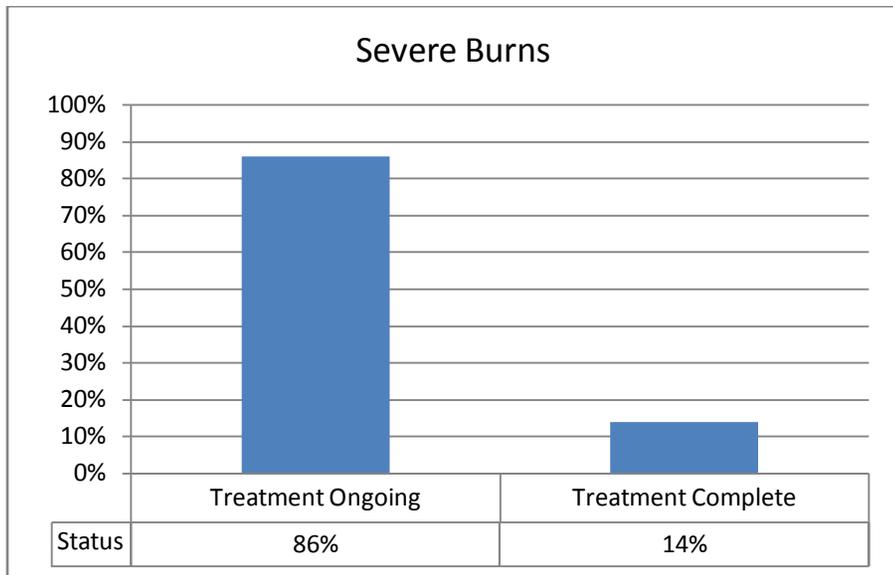
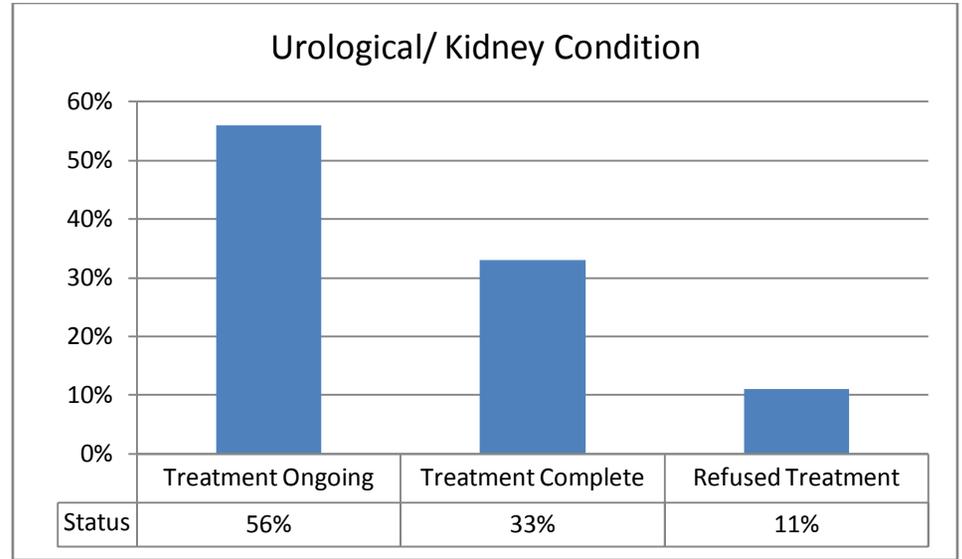
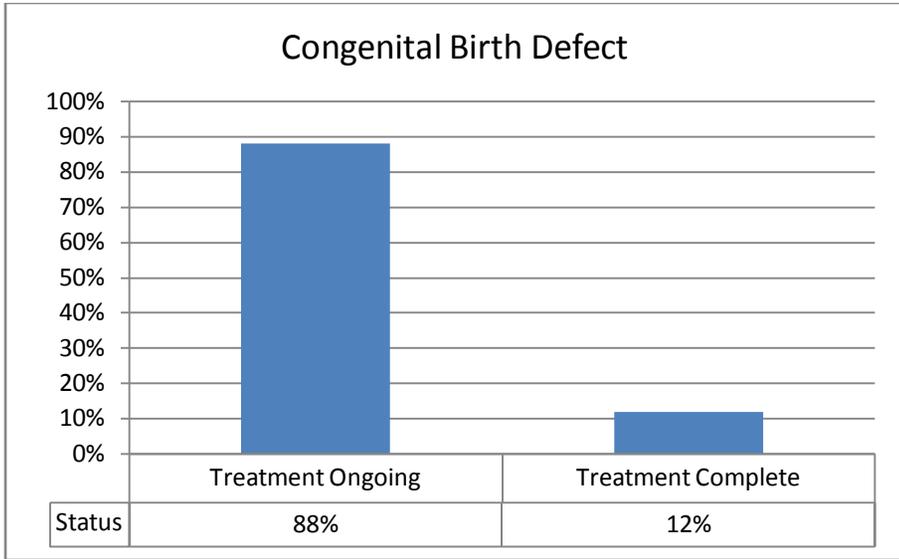
Patient Treatment Outcomes



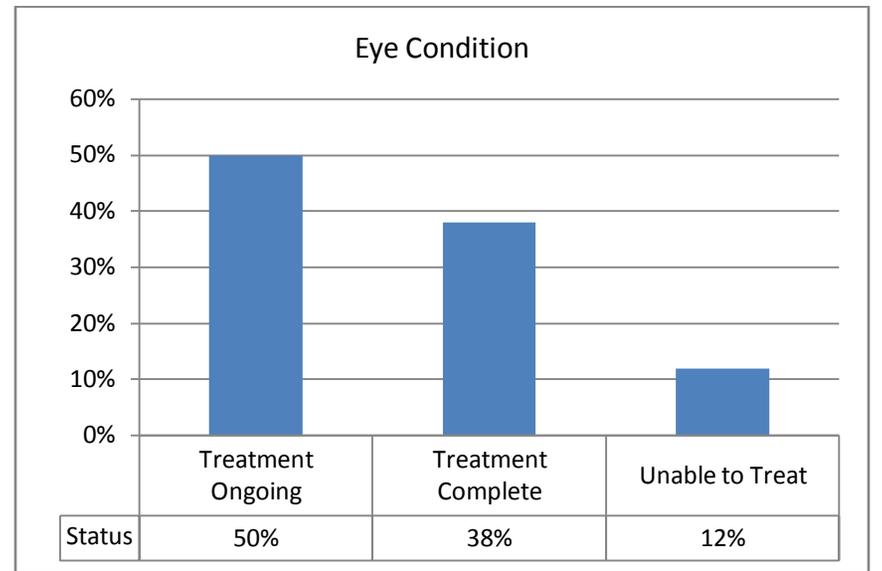
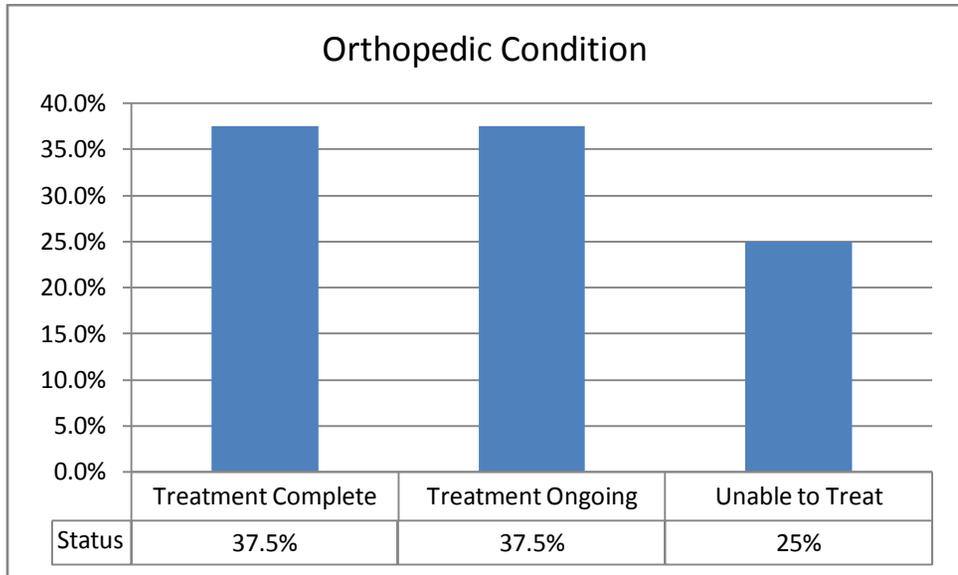
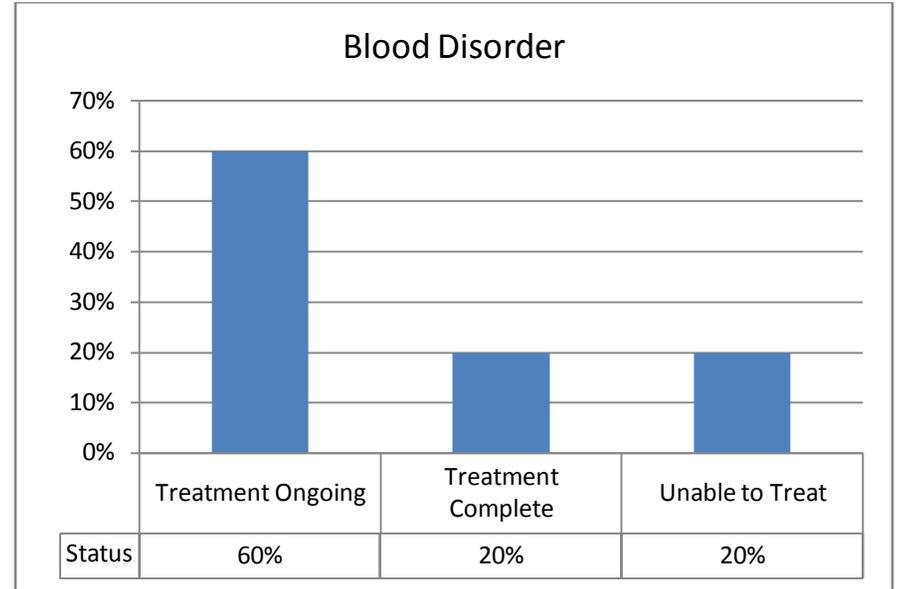
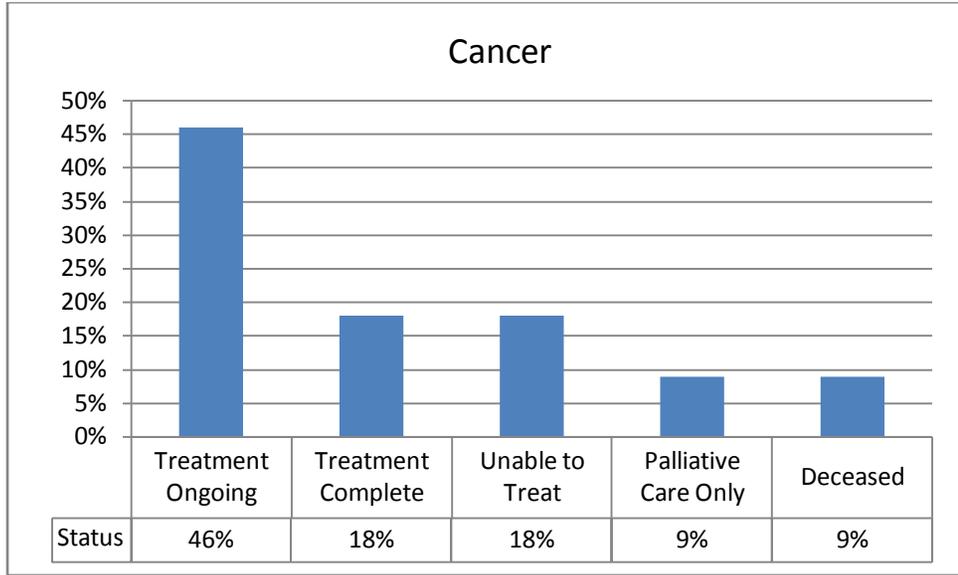
Treatment Outcomes by Disease



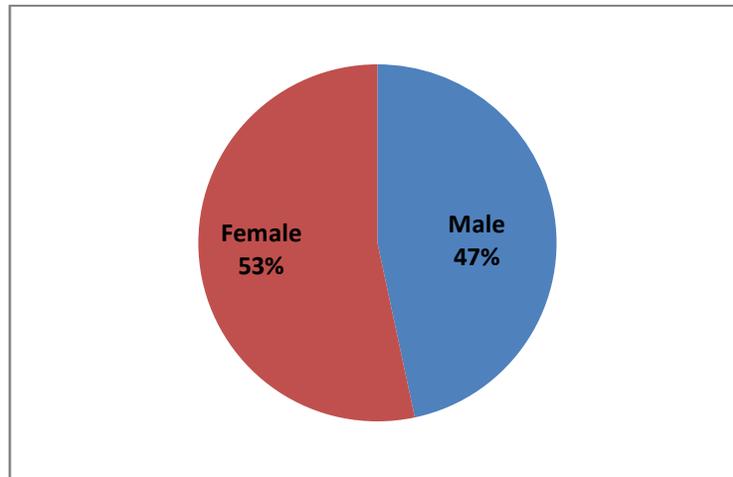
Treatment Outcomes by Disease (continued)



Treatment Outcomes by Disease (continued)



Total Number of Patients That Went for Treatment = 298



Total Number of Procedures or Surgeries by Type

	<u>Type of Procedure</u>	<u>Number of Procedures</u>
1	Outpatient Investigation	124
2	Outpatient Follow-up Appointment	59
3	Echocardiogram	37
4	CT Scan	16
5	Other	13
6	Urological Surgery	12
7	Ophthalmological Procedure	11
8	Heart Ultrasound	10
9	Chemotherapy	9
10	MRI	9
11	Orthopedic Surgery	9
12	Surgical Removal of Mass/Growth	8
13	Mitral Valve Repair/Replacement	6
14	Atrial Septal Defect (ASD) Closure	5
15	Biopsy	5
16	Cardiac Catheterization	5
17	Hysterectomy	5
18	Angiogram	4
19	Cardiac Surgery--Other	4
20	Gynecological Surgery-Other	4
21	Ultrasound	4
22	Burn Care/Skin Graft	3
23	Inpatient Admission-Other	3
24	Oophorectomy	3
25	Plastic Surgery-Other	3
26	Surgery-Other	3
27	Surgery to Release Burn Contracture	3

28	Valvuloplasty	3
29	Closure of Spina Bifida	2
30	Fistula Repair	2
31	Gastrointestinal Procedure	2
32	Patent Ductus Arteriosus (PDA) Closure	2
33	Plastic Surgery-Repair of Cleft Lip	2
34	Radiation	2
35	Ventricular Septal Defect Closure	2
36	Aortic Valve Replacement	1
37	Mammogram	1
38	Myoectomy	1
39	TOF--Total Correction Surgery	1

**The figures above reflect those surgeries or procedures funded exclusively by BCMF. It does not include those surgeries funded by our partner, Child's Dream Foundation.*

Patient Support (Consultations, Transportation, and Accommodation)

Patient Outreach—Total Number of Consultations with BCMF Staff	973
Transportation—Total Number of Van Trips to Chiang Mai	51
Transportation—Total Number of Patient Trips on BCMF Van ¹	452
Accommodation—Total Number of Patients that Received Food and Accommodation from BCMF	180
Accommodation—Total Number of Patients that Received Food and Accommodation from Child's Dream Foundation	118

¹*This figure includes those patients that went to Chiang Mai multiple times as well as patients transported on behalf of other organizations.*

Capacity Building—Number of Staff Trained

Location	Number of Staff Trained
Mae Sot	3
Chiang Mai	1

Financial Acquittal:

In line with our project objectives, the majority of BCMF funds were spent on direct program costs including medical costs and patient support. BCMF funded a total of 180 patients' treatment in Chiang Mai during the reporting period. Medical costs include all charges for medical services incurred directly by BCMF. They do not include the costs related to those cases that are funded by our partner organization, Child's Dream Foundation (CDF). CDF covers medical expenses for those children under 12 years old that meet a specific set of diagnostic criteria. Logistics and patient support costs include weekly van trips to Chiang Mai, local transport to and from the hospital, accommodation, and patient food. Other logistical expenses can include items such as baby formula for infant patients, diapers, and wheelchair rental. Funds were also used to support a portion of our local staff salaries in Chiang Mai and Mae Sot. Non-personnel or administrative costs include items such as IT equipment, office supplies, telecommunication costs and bank fees. A portion of the administrative funds were used to support capacity building efforts including developing patient education materials and training local staff on monitoring and evaluation strategies.

Project Activity	Total Program Expenditures (THB)	Total Program Expenditures (USD)
<i>Personnel Costs</i>	1, 135,600	\$36,491
<i>Non-Personnel Costs (Administration)</i>	411,837	\$13,234
<i>Program Activities—Patient Logistics & Support</i>	1,254,419	\$40,309
<i>Program Activities—Medical Costs</i>	5,826,628	\$187,231
Total	8,628,484	\$277,265

*All expenditures are calculated in Thai Baht (THB)

Program Highlights: Patients We Treat

Zar Phyo and San San Mon are two examples of BCMF patients treated this year. Their stories highlight the challenges faced by many of our patients trying to seek medical care in Burma and the reasons that so many cross the border into Thailand in search of help.

Zar Phyo

People around the world are watching Burma closely to see what the recent political reforms will mean for the country's future. However, for people like Zar Phyo and her family, the economic hardships and ethnic conflicts that characterized daily life under Burma's military regime are far from a distant memory. Zar Phyo is a 15-year-old girl from Karen State with cardiac disease. Zar Phyo's father used to make his living by assembling bamboo walls to be used in construction, but up until just last year, his business was impacted by the fighting in Karen State. Fighting near the family's village prevented him from going into the forest to cut the bamboo he needed to earn his living. Furthermore, during the armed conflicts between the government troops and Breakaway Democratic Karen Buddhist Army, both sides forced the local residents to provide for them in the form of financial support, supplies, and cooperation.



The conflict had a profound impact on the family's income and they had to find alternative ways to make ends meet. The family rented land in their village in order to grow food for their family. However, once payments to workers and the landowner had been made, the family only had enough rice left for the family to eat but nothing more.

When Zar Phyo became sick, the family had few resources and no money to pursue treatment. Zar Phyo first started feeling sick in 2011. She started having swelling and joint pain in her arms and legs, was constantly fatigued, and frequently had fevers. The first time she felt sick, she went to the local clinic in her township. The clinic staff gave her a multivitamin, but no medicine and no further treatment. The family then took her to the nearest hospital where she had an x-ray, an electrocardiogram, and was given medicine to treat her joint pain and fever. When Zar Phyo's father questioned the doctors further, they told him they suspected she had a heart problem, but couldn't offer more information than that. They recommended the family go to Rangoon for further testing and treatment. However, Zar Phyo's father did not have the money to immediately seek treatment in Rangoon, so the family

instead returned to their village in order to save money for the trip to Rangoon. After saving for three months, Zar Phyo and her father traveled to Rangoon Hospital in May 2012.

After a series of tests, doctors at Rangoon Hospital informed Zar Phyo's father that she needed heart surgery and that the family would have to pay for the full costs of the surgery in advance. The cost for the surgery alone would be about 2 million kyat (\$2,300); when accounting for the costs of follow-up treatment and medication, doctors said the total cost would be closer to 3 million kyat (\$3,500). Zar Phyo's father tried to negotiate with the doctor about the cost of her surgery and asked whether the family could pay 600,000 kyat (\$700) first and then pay the rest later, but the doctor told him that was not an option. The most recent UN figures estimate the gross national per capita income of Burma to be about \$379 per year. For Zar Phyo's father who was already struggling to make ends meet, raising the \$3,500 needed for her surgery was next to impossible.

Doctors told Zar Phyo's father that he should go home and save money for her surgery. However doctors also warned him that if her condition worsened during that time, they would not be able to treat her. The total cost of Zar Phyo's one-week stay in the hospital along with the cost of her diagnostic tests was 400,000 kyat (\$465), using up all of the family's savings. Out of options, they tried to treat Zar Phyo at home with traditional Burmese medicine, but it did not help. When people from a neighboring village told the family about the Mae Tao Clinic, her father jumped at the chance to get his daughter treatment. He sold a cow in order to raise the money needed to travel to Thailand. It took them 3 days and cost 24,000 kyat (\$28) to make the trip.

With no consistent source of income, Zar Phyo's father told BCMF that he could not afford the cost of her surgery and he was very worried about her health. He told us that he wants his daughter to get better soon, to return to school, and get an education. Zar Phyo says she wants to be a teacher when she grows up. With BCMF's help, she was referred to Chiang Mai's Suandok Hospital for investigation and treatment. During her first visit to Chiang Mai, she was diagnosed with Arterial Septal Defect (ASD). Patients with ASD have a hole in the wall between the top two chambers of the heart (the left atrium and the right atrium). Zar Phyo underwent corrective surgery in June 2013. While she is still recovering from the surgery and is due for another follow-up

appointment in August, she reports that she is already feeling better. She says she is less fatigued, no longer has difficulty breathing, and is excited about the prospect of returning to school.

San San

San San is an eleven year-old girl who came to BCMF suffering from a mass on the right side of her neck. When San San was seven years old, a mass started to form on the right side of her neck and has grown in size since then. She also began experiencing frequent bouts of illness with fevers and fatigue. Her parents took her to a local medical clinic in Mon State where she was seen by a doctor who prescribed her Tuberculosis medication for six months. However, after seeing no improvement, her parents travelled to a hospital in Rangoon to explore other treatment options. There, San San had an x-ray and was told to return for a follow-up appointment 5 days later. When she went back to the hospital, she underwent an excision procedure to remove the mass and was sent home. The travel and hospital visit cost her family 200,000 Kyat (\$200 USD). Following the procedure, San San's neck looked normal. She was told to return to the hospital for two more follow-up appointments to ensure she was not running a fever and had not developed an infection. Immediately after the surgery, everything appeared to be fine, and she was sent home.



However, fifteen days after her surgery, the mass on San San's neck began to re-appear and within three months, it was larger in size than it had been prior to surgery. She returned to the hospital in Rangoon and went through the entire process again including a second surgery to remove the mass. However, two weeks following the second procedure, the mass once again began to re-grow. Seven months later, she had a third procedure at the same hospital with the same doctor. With each procedure, the mass would re-grow to a larger size. When the mass started to reappear yet again, her parents decided that they could not afford to keep getting treatment that did not seem to be working. San San's symptoms began to worsen and she regularly suffered from fevers and nosebleeds. She again visited the clinic in Mon State and was given medicine to help treat her symptoms.

When San San returned to the clinic for a refill of her medication, her parents were told about the Mae Tao Clinic by some of the other patients. The family also has cousins in Mae Sot, so her parents decided to make the journey to Mae Sot. When they arrived at Mae Tao Clinic, San San's parents told BCMF staff that they are very concerned for their daughter and were willing to take any steps necessary to get her treatment. After BCMF sent San San to Chiang Mai for investigation, doctors determined the mass on her neck was Cancer; a diagnosis that was missed during her repeated attempts to seek treatment in Burma. Doctors in Chiang Mai removed the tumor and scheduled San San for chemotherapy. As of August 2013, San San has completed multiple rounds of chemotherapy and is due to begin radiation treatment. San San says she is already starting to feel better. Once she is healthy, San San says she would like to return to school and spend her free time skipping rope.

