

# Annual Report 2018



**Burma Children**  
*Medical Fund* operating to give  
people a future



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Dear supporters,



2018 has allowed us to address the needs of disadvantaged communities within Burma and along the Thai-Burma border, through the expansion of our services. More effective ways of delivering our services

to communities in need, were helped by establishing new partnerships with local organisation in Burma, Thailand and even Laos! Under our outreach services program alone this year, 2,020 individuals benefited from our various outreach projects, which aim to improve their quality of lives. One of these outreach projects is our newly launched Reproductive Health and Rights. This project initially targeted adolescent girls from remote communities but has now expanded to include both female and male adolescents, as well as adults.

Although more beneficiaries were seen in our outreach projects, less patients were enrolled into our patient services program this year. From 507 patients enrolled in 2017, in 2018 we enrolled 312. Many factors attributed to this decrease in patients enrolled. Among these is the reduction in the number of patients referred by our biggest referral partner; from 328 in 2017 to 213 this year. The availability of health insurances for documented and undocumented migrants has allowed more patients to pay for their own medical costs in

Thailand. Moreover, in October 2018, a measles outbreak in Karen State and other parts of Burma prevented BCMF from sending new patients to Suandok Hospital in Chiang Mai for four weeks, to help contain the spread of the disease. Despite these challenges, among those enrolled, 245 patients who were enrolled in 2018 completed their treatment that same year.

Since we expanded our work into Burma in 2015, communities have learned about our services through word of mouth, and increasingly through Facebook and Viber. Every day, we receive messages and calls from partners, former patients and individuals, requesting patient support as well as outreach projects. This shows that our programs are needed as there are still many that cannot access such services on their own. Therefore, despite challenges and financial limitations, we will continue to support our partners while providing access to health care for the people of Burma.

I would like to take this opportunity to express my thanks to all our supporters and my wonderful team for making 2018 a fruitful year. I look forward to the coming year, working to help more people in 2019.

Sincerely,



Kanchana Thornton

# About Us

Burma Children Medical Fund (BCMF) is a non-profit organisation that facilitates access to secondary and tertiary medical care for children and adults residing in Burma and along the Thai-Burma border. Established in 2006, BCMF supports these individuals through the provision of medical costs of treatment and necessary diagnostic tests, in addition to other social support services. BCMF also builds the capacity and improves access to medical care in vulnerable communities through an increasing number of health related outreach projects.

## Vission

For all individuals to have access to quality health care.

## Mission

Improve lives by facilitating access to health care and human rights for vulnerable communities in Burma and along the Thai-Burma border.



## In Case You Missed It



— In 2017, an intern from USA, Celia Wright, connected BCMF with Mobility Worldwide. Since the beginning of 2018, BCMF was able to distribute mobility carts to **108** recipients!

In 2018, BCMF launched a new outreach project, reproductive health and rights!



— In April 2018, BCMF completed The One Project. 11 villages, 1 school and 1 clinic received water filtration systems; 1 school and 1 clinic received solar panel systems; and 1 clinic received a new health unit and a well.

## Health care in Burma 2018

After decades of internal conflict in Burma, in the past few years, steps were taken to improve the public health system. The new government has emphasised creating universal health care by 2030 and has put in place the Myanmar National Health Plan in 2017 to provide access to basic essential package of health services to the entire population by 2020. In addition to this the government increased the current health expenditure from 61.99 USD per capita in 2015 to 62.11 USD in 2016.<sup>1</sup> Although this seems to have decreased when looked at as a percentage of the general government expenditure at 4.8% in 2016, this is partially due to the decline in value of the Burmese kyat between 2016 and 2017.<sup>2</sup>

Yet challenges remain for the government. Funding allocated

to health care remains small in comparison to the military; in 2016 the military received 17.8% of government funds.<sup>1</sup> Furthermore, Burma continues to maintain one of the highest rate of out-of-pocket expenditure on health care amongst neighbouring countries; in 2016 74% of the current health expenditure was paid directly by households. In comparison, in Thailand only 12.1% of the current health expenditure was paid out-of-pocket by households.<sup>1</sup> Paying for health services then becomes a challenge especially for an estimated 24.8% of the population who live below the national poverty line of 1,590 kyat per day.<sup>3</sup>

Individuals requiring tertiary care are then forced to seek treatment in Yangon, Mandalay or Nay Pyi Taw<sup>4</sup>, unavailable at state or regional hospitals. This itself is a burden to 70% of the population, who live in rural areas and must not only pay for transportation but also medical fees, though

public hospital are technically free. But with only 16.4 doctors, nurses and healthcare workers per 10,000 individuals<sup>4</sup>, patients face long waiting times until a specialist is able to perform the operation. As a result, patients who can afford to do so, turn to private hospitals where they face astronomical surgical costs.

Furthermore, access to health care remains a pressing issue in minority ethnic areas, especially where conflict between government and ethnic armed groups is ongoing. Areas that have now transitioned to post-conflict areas, face the unique challenges of integrating an ethnic health care system within the government's system. This includes providing access to credentials recognised by the government for ethnic health professionals as well as creating sustainability by slowly decreasing external aid.

Today, the Burmese health care system faces many challenges before it can provide basic

universal health care. With a lack of trained specialists, proper equipment to treat patients outside of specialised hospitals and a lack of specialised hospitals outside of urban areas, the services provided by public hospitals remains constrained. With all these challenges ahead of the current government, local nonprofit organisations and international nonprofit organisations continue to fill the gap and provide basic health care services to those who cannot access it locally.

### Sources

1 World Health Organisation. 2019. <https://apps.who.int/nha/database/Select/Indicators/en>

2 Eurocham Myanmar. 2019. <https://eurocham-myanmar.org/uploads/37f07-healthcare-guide-2019-web.pdf>

3 World Bank. 2019. <https://www.worldbank.org/en/country/myanmar/publication/poverty-report-myanmar-living-conditions-survey-2017>

4 UNFPA Myanmar. 2017. [https://themimu.info/sites/themimu.info/files/documents/Report\\_Myanmar\\_SRMNAH\\_Workforce\\_Assessment\\_UNFPA\\_2017.pdf](https://themimu.info/sites/themimu.info/files/documents/Report_Myanmar_SRMNAH_Workforce_Assessment_UNFPA_2017.pdf)



**Referral Services  
Program**





*After Surgery*

Shu is a 15-year-old Kachin boy who was born with Tetralogy of Fallot (TOF), a congenital heart condition. He lives with his parents and 17-year-old brother in a village in the south of Kachin State, Burma. Due to his severe heart condition, Shu has been unable to go to school on a regular basis. His father works as a farmer, while his mother looks after their livestock at home. Due to his medical expenses, their monthly

income is not enough to cover their daily expenses.

Shu first fell ill when he was one. One day, he lost consciousness and his family brought him to Bhamo General Hospital. When he regained consciousness, the doctors informed his family that he has a cardiac condition. 10 days later he was discharged from the hospital. When he returned a week later for his follow-up appointment, the doctor told them that Shu would need surgery, but they were not able to perform it at that hospital.

In 2012, Shu and his parents travelled to a private hospital in Yangon. After undergoing multiple diagnostic tests, the doctor confirmed he needed surgery. Shu was scheduled to receive surgery from a visiting Italian surgeon, but the doctor left before Shu was able to

receive treatment. After they went home, they had to put his treatment on hold because they could not travel to the hospital in Yangon due to civil war in Kachin State.

In March 2018, Shu and his family returned to Yangon in search of treatment. After undergoing multiple tests, the doctor told them that although he needed surgery, the severity of his condition made the surgical risk too high. His parents took him to another hospital, where he underwent multiple tests again. The doctor gave them the same news as before, Shu needs surgery. The doctor told them to return for surgery on April 26 but when they returned, they were told that there was no heart surgeon available. Two days later, Shu's family met a former Burma Children Medical Fund (BCMF) patient's mother. When the mother heard about



Shu's heart condition, she told them about BCMF and how they will be in Mandalay for a wheelchair fitting mission in May 2018. Thinking this might be his last chance to receive treatment, Shu and his mother travelled to Mandalay, with the former BCMF patient's mother as well as a few other patients. After Shu and his mother spoke to BCMF's staff, BCMF agreed to support him in accessing treatment.

Following this, BCMF referred Shu to Suandok Hospital in Chiang Mai. After two previous appointments, he was admitted on November 26, 2018. Before the surgery, the doctor told Shu's mother that due to the severity of his condition, the surgery had a 50 percent chance of success and that he might need two surgeries. Shu's mother felt worried and upset upon hearing this; she prayed and cried the whole day and called Shu's

father to pray as well. She even considered bringing Shu back to Burma, but eventually relented and signed the hospital's consent form. On November 29, Shu underwent successful heart surgery, before he was discharged on December 5.

Shu's mother felt extremely happy when Shu started to talk right after he woke up from surgery. She immediately called Shu's older brother and father, to tell them that Shu's surgery was a success; Shu's brother was especially happy to hear this. "Our family found new hope because of Shu's successful treatment," said Shu's mother. "We used to feel worried, sad and stressed because of his condition. But now, our family is relieved, and we are able to enjoy our time together stress free. We searched for Shu's treatment for a very long time, but after we met with BCMF, Shu finally

received surgery and our dream [of Shu receiving treatment] came true." Today, Shu's health has visibly improved. His lips and the tip of his fingers and toes are no longer blue, he is able to walk for long periods of time and his appetite has returned. He is planning to continue his studies once they go back home. In the future, Shu would like to become a soldier. However, his parents would prefer if he became an educated person.



*Before Surgery*

## Referral Services Statistics

Patients enrolled into our referral services program, the core of BCMF's operations, receive support with medical treatment costs and other support services such

as transportation, housing and meals while undergo treatment in Chiang Mai and Lampang in Thailand. For those that undergo treatment at Mae Sot Hospital (MSH), we support patients with treatment costs while Mae Tao Clinic (MTC), a partner organisation in Mae Sot, Thailand, provides patients with acomodation and meals.

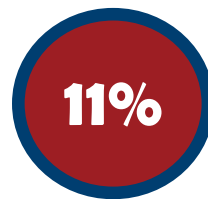
Today, we have enrolled over **2,600** patients into our referral services program. The number of patients enrolled has increased each year, with the largest increase seen in 2017 at 47%. In 2018, however, patient enrollment rate dropped by about 38%. In total, **312** patients were enrolled in 2018. Out of this, **85** patients were enrolled under our children's fund while another **86** were referred to Child's Dream Foundation (CDF), a partner ogranisation in Chiang Mai, Thailand. CDF funds children 12 and younger who were born with a heart condition, an anorectal malformation or a simple spina bifida. A further **112** patients were enrolled into our adult fund while **29** patients were enrolled into our women's fund.

With support from donors increasingly reallocated to projects inside Burma, those running along the Thai-Burma border face challenges in remaining afloat. It is expected that this trend will increasinly affect the number of patients we enroll and will be a challenge in the coming years.

Although the number of patients we enrolled this year was less than last year, in 2018 we were able to refer more neurological cases to Mae Sot Hospital for treatment as they now have a new neurological surgeon. This way, some of our neurological patients no longer had to travel all the way to Chiang Mai for treatment.

Moreover, BCMF was able to connect with other organisations and groups that organise eye surgery missions and other free surgical missions in Burma, to refer patients onward for treatment. In 2018, we referred **12** patients with severe burns and orthopedic conditions to Children Action. We also helped organise **19** patients from Karenni State for an Operation Smile mission in Mae Hong Son, Thailand

Lastly, with the implimentation of a new health insurance scheme for undocumented migrants around Mae Sot, Thailand, more patients were able to access health care in Mae Sot without requiring support from us.



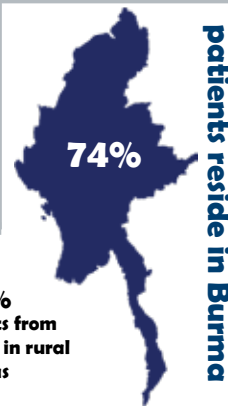
**patients' households have no income when enrolled**

**97 USD**  
**patients average monthly income**

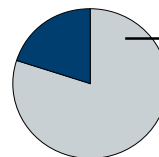
**4,980 USD**  
**average cost of heart surgery in Burma**



**patients live with their condition 1-6 months before they are referred to BCMF**



**patients reside in Burma**



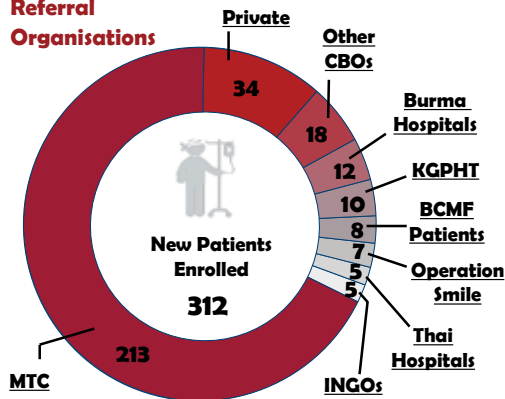
**80% of patients from Burma live in rural areas**

**half of patients residing in Thailand are from rural areas**



**40% of patients' households work in the field of agriculture**

## Referral Organisations



## Care Centers



Sweet was just one month old when she was first referred to us to remove a tumour on her tailbone. She lives with her parents, grandparents, uncle and two aunts. They live on the family farm in Karen State, Burma. Everyone helps out on the farm while her two aunts go to school.

Sweet was born at home with the assistance of a traditional birth assistant. Shortly after her birth, Sweet's mother noticed that she had a mass near her tailbone. Sweet was taken to Mae Tha Rain Clinic in Karen State, which is associated with the Shoklo Malaria Research Unit. The medic prescribed a medication and they stayed in the clinic for one month for monitoring. The clinic then referred Sweet to BCMF for assistance in accessing treatment.

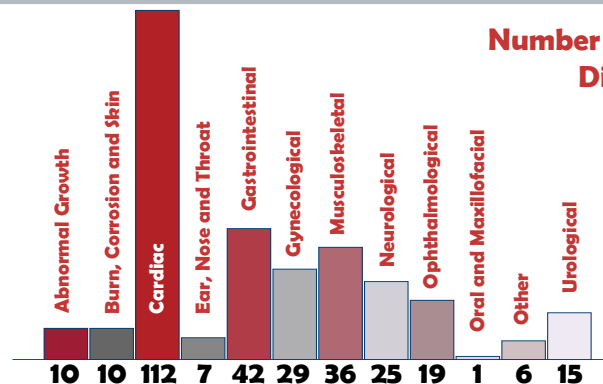
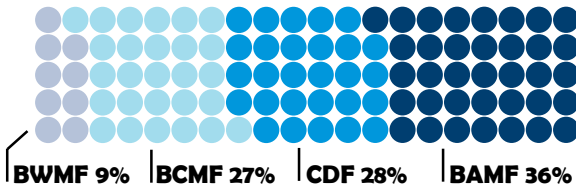
With the help of BCMF, Sweet went to Suandok Hospital in Chiang Mai, Thailand. She received a CT scan in July 2018, and she was admitted on September 15, 2018. She underwent surgery to remove the tumour three days later, and she was discharged on the September 30. During Sweet's follow-up appointment, the doctor told them that her CT results showed that the tumour had not returned and that there was nothing to worry about.

Today, six-month-old Sweet has become active and no longer cries as often as she did before her surgery. Sweet's mother is extremely happy to see her playing and smiling whenever she or BCMF-B.K. Kee Patient House's staff play with Sweet. Sweet's father, who is waiting for them at home, is excited to see her.

On a phone call to Sweet's mother, he said, "I felt frustrated that I couldn't hug her tightly before when I carried her. But now, I'll be able to give her a tight hug."



## Number of Patients by Program



## Number of Patients by Diagnosis



of patients enrolled have a cardiac condition



## BCMF - B.K. Kee Patient House

Many of our patients receive treatment in Thailand; particularly at Suandok Hospital in Chiang Mai, and less frequently at Lampang Hospital. For these patients, a



*English lessons with CMIRC*

safe location to house them is extremely important for us to be able to provide them with full support. With the assistance of B.K. Kee Foundation, our BCMF-B.K. Kee Patient House was established in 2013. Two staff live onsite, assisting patients with appointments at the hospital, while running the patient house and looking after patients who temporarily reside there.

The patient house provides a comfortable place for patients and their caregivers in

**“I enjoyed being able to chat with other patients at the patient house, sharing our experiences and what we had learned about our conditions, as well as our experiences with receiving surgery.” ~ Aye**

an unfamiliar location. Everyone works together, choosing to cook and clean with the staff. Many of the patients and their caregivers also enjoy gardening in the patient house's vegetable patch. Here, vegetables are grown and later cooked for meals. Various activities are also held for patients throughout the year. For example, Chiang Mai International Rotary Club (CMIRC) organises activities on a weekly basis such as educational games and English lessons.



*Sewing workshop*



*Christmas party held by BCMF*

In April, CMIRC supported the renovation of the patients' toilet block. A sewing and transferable skills workshop was also organised by Imelda Tibbott, Anna M. Klasson, Yvonne Ziegler and Jeannie Newman. Later in the year, flowers and vegetables were planted to celebrate world environmental day, and CMIRC organised a Mother's Day celebration at the patient house. At the end of the year, we held a Christmas party at the patient house, singing and dancing with patients and their caregivers.

**“I don't like the food that was provided by the hospital. I really preferred and missed the food that I ate at the patient house while in Chiang Mai because the food cooked there was mostly Karen or Burmese, and I felt like the patient house was like my home.” ~Mu**



*CMIRC hosted a mother's day celebration for patients and their caregivers*



*Patients and caregivers enjoying the Christmas party dinner*



*Staff, patients and their caregivers helped rebeked the garden*



*Three new bathrooms were built through CMIRC support*



*Fresh vegetables grown at the patient house*



*Anna holds a demonstration during the sewing workshop*



*After treatment*

Aye is a 25-year-old Mon woman who lives with her husband in Tak Province, Thailand. Her husband works as a day labourer at a construction site while Aye

works as a laundress. However, both of them do not work every day, especially whenever Aye feels unwell, since her husband has to take care of her.

In 2015, Aye started to experience pain in her lower abdomen. At first, she thought that she had indigestion and did not take any medicine. Two to three days later, when the pain did not go away, she decided to go to Mae Tao Clinic (MTC). At MTC, she received a urine test and an ultrasound. The midwife told her she had a small cyst in her uterus and prescribed her oral medication. Although she felt better at first, a few months later the pain returned and she went back to the clinic. She underwent the same diagnostic tests as before and the midwife informed her that not only had the cyst increased in size but that they

had also found another cyst. Aye was given oral medication and she felt better for a while.

In August 2018, Aye started to feel tired and the pain in her lower abdomen returned. She went back to MTC where she underwent the same diagnostic tests. The midwife told her that she now had multiple cysts that varied in size. The midwife then referred her to Mae Sot Hospital (MSH) for further investigation. At MSH, Aye received an X-ray, blood test and another ultrasound. The doctor told her that she would need to have surgery and that she should come back on October 18, 2018. Aye could not afford to pay for her surgery and decided to return to MTC to ask for help. After she told MTC staff about her situation, MTC referred her to Burma Children Medical Fund (BCMF) for assistance in receiving further treatment.

Aye was then admitted at MSH on October 18 and received surgery the next day. She only learned after the surgery that she had undergone an oophorectomy as the cyst had actually been in her ovary. However, she was not told which ovary they had removed. She spent six days in the hospital and before she was discharged, the doctor told her that that she had to wait for a while until she could start to try to have children.

Today, Aye is very happy because of her successful surgery. She feels a lot better now compared to before and although she has a bit of pain at the site of the surgery, it is nothing like the pain she experienced before. “We used to worry and stress about my treatment and our financial situation but now we are both relieved,” said Aye.

Aye’s husband said, “We are very thankful to donors and if you [donor] wouldn’t have helped [us], we would’ve been in debt because we couldn’t afford the cost of the surgery. We have no relatives we can depend on or ask for help. We are very thankful for the free treatment that Aye has received.”

Aye added, “If you wouldn’t have helped me, my life would have been in danger.”

In the future, Aye plans to look for a job that will provide them with more income. She is also planning on having two children.



*Before treatment*





*After surgery*

U Thein is a 41-year-old Burmese man who lives with his wife, son, sister and brother-in-law in Karen State, Burma.

Due to his severe heart condition, he has been unable to work for the past two years. His family now entirely relies on his sister and brother-in-law. His sister works as a grocer while her husband works as a motorcycle taxi driver. Their finances are in such a dire state, that U Thein asked his 17-year-old daughter, who lives in Yangon, to drop out of school to find work. However, when his mother in Yangon heard about this, she immediately took her in and has supported her since so that she could continue her studies.

U Thein first fell ill in May 2012, while he was visiting his mother in Yangon. One day, he developed a high fever and had a seizure. When he regained consciousness he found himself in a hospital, where the doctors informed him that he had a heart condition. After he was discharged, he returned a week later for his follow-up appointment. The doctor told him that he would need to receive surgery. Without telling him the cost, the doctor told

him that he would not be able to afford the operation and would have to take medication for the rest of his life. However, just the cost of the medication was too much for U Thein; he only returned to the hospital three times to purchase more medication. He then turned to a combination of traditional and over-the-counter medication to reduce their expenditure.

One day in 2015, U Thein ran into a childhood friend. His friend had a good business and after he learned about U Thein's situation, offered to pay for his treatment. They then went to a private hospital in Yangon, where the doctor completed an echocardiogram, diagnosed him with mitral valve stenosis and informed him he would need surgery. The doctor then took his friend aside and talked to him about the surgery cost. The next day, U Thein's friend disappeared and did not answer the phone. Feeling like he had lost all hope, U Thein returned home and resumed using a mixture of traditional and over-the-counter medication.

Two years later, his sister's friend came to visit them. When she heard about U Thein's heart condition, she urged him to go to Mae Tao Clinic (MTC) in Thailand. Someone from her family had also suffered from a heart problem, and they had received treatment through a partner organization of MTC.

Thinking this might be his last chance, U Thein decided to travel there. At the clinic he was assessed before they referred him to BCMF for assistance in accessing further treatment.

Through BCMF's help, U Thein was referred to Pinlon Hospital in Yangon, Burma. He was then admitted on March 3, 2018 before he underwent surgery to replace the mitral valve in his heart four days later. U Thein was then discharged on March 11, 2018.

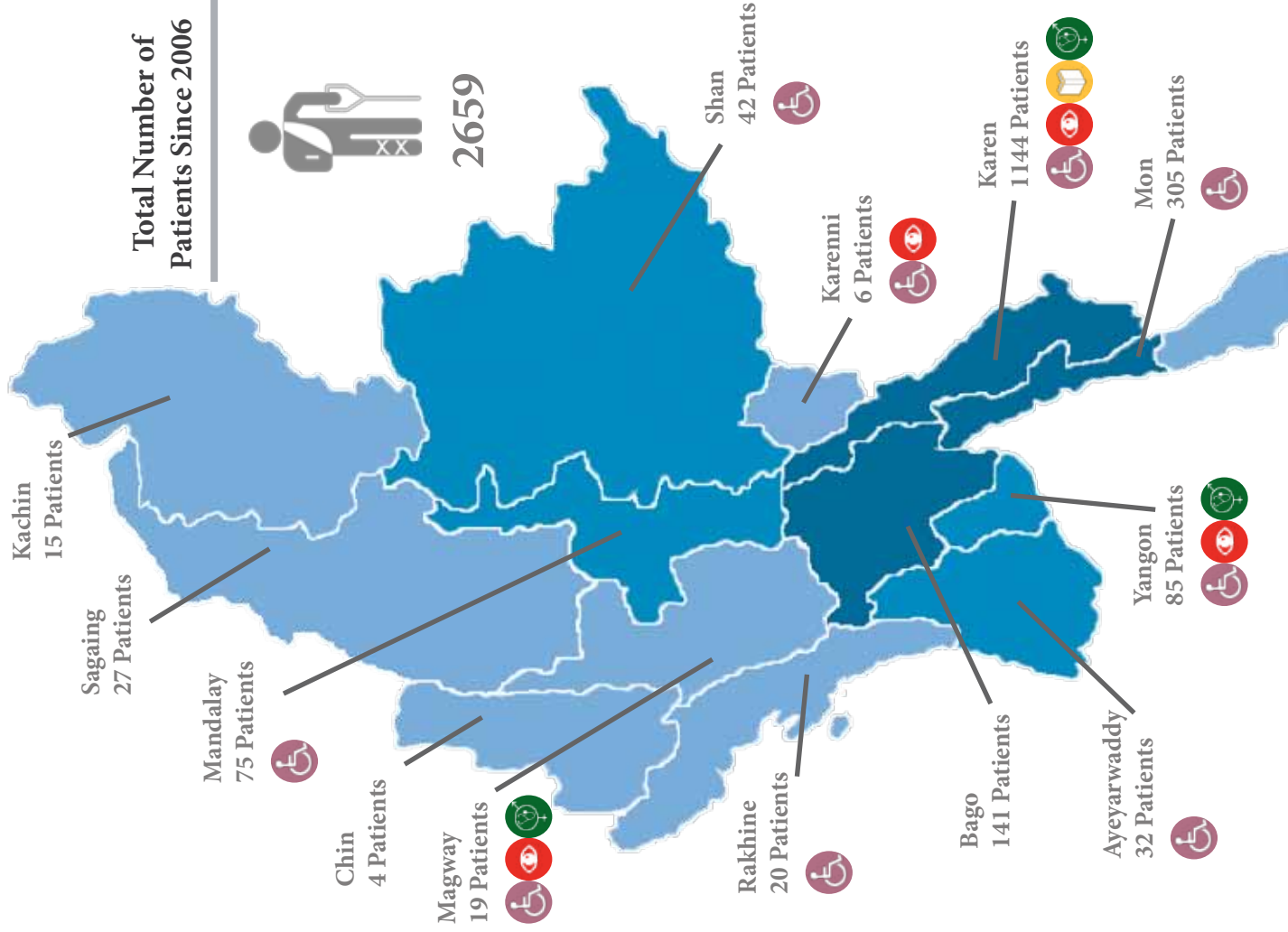
Since his surgery U Thein feels a lot better and no longer feels stressed like before. "I felt distressed because I could not work," said U Thein. "Now, I can work and provide for my family. So, I'm very happy and thankful to the donors, doctors and BCMF staff for helping me. In the future, I will try to work for my son and daughter. I hope to send my son and daughter to the best schools. After completing their education, my son will become an engineer and my daughter will become a business woman."

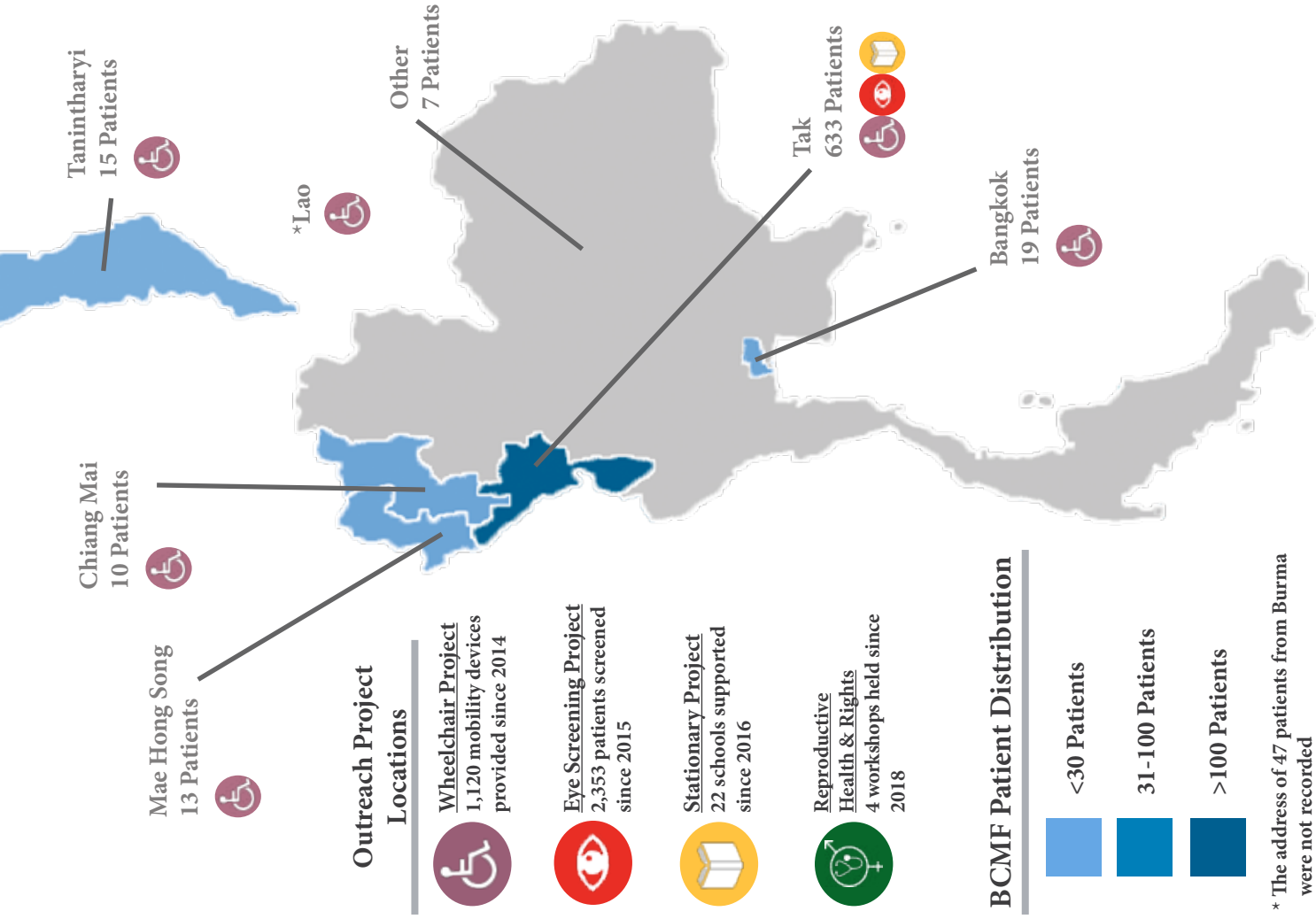
After he returned for his follow-up appointment, U Thein decided to ordain as a monk for a short period of time.



*Before surgery*

# Referral Services Patients & Outreach Programs Locations Since 2006









## Outreach Program



Launched this year, reproductive health and rights (RHR) is BCMF's latest outreach project. This project aims to promote women's reproductive rights among vulnerable communities in Burma and along the Thai-Burma border. BCMF runs workshops in these areas, where women have difficulty accessing disposable sanitary pads and have limited knowledge about reproductive health.



*Staff shows the contents of a sanitary pad kit*

Workshops are separated into two sections: one section is about puberty and menstrual hygiene while the other is about anatomy and the physiology of reproductive systems with information provided on healthy pregnancies and sexually transmitted diseases in men and women. During workshops, women and girls are provided with reusable sanitary pad kits, received from Days for Girls Australia, and are taught how to use and clean the pads.

Three months after a workshop, a follow-up session is held to collect feedback about the reusable sanitary pads participants received and to assess how well participants understood the material taught during the workshop.

*“Using a reusable sanitary pad is very comfortable and also I can save money because I no longer need to buy disposable sanitary pads anymore.”*

*“In the past, I had to stop going to school during my period, as I didn’t have enough disposable sanitary pads.”*

Each reusable sanitary pad kit includes:

- 1 soap
- 1 ziplock bag
- 2 pairs of underwear
- 1 washcloth
- 1 instruction sheet
- 2 waterproof sheilds
- 8 liners for the pads
- 1 drawstring bag



*“I like to use reusable sanitary pads, because when I used them they don’t move around like disposable sanitary pads. They are safe and easy to change during my period.”*



*TOT workshop*

This year, a training of trainers (TOT) workshop was held in Karen State to run more workshops in areas BCMF cannot reach. During the TOT, 14 females and 4 males were trained to hold RHR workshops in their communities for both male and female participants. Likewise, in the coming year, BCMF plans to expand the RHR project to male participants due to a demand from communities in Burma.



*BCMF intern helps insert a contraceptive implant at her village clinic*

Under the RHR project, BCMF also receives implants from our donor DAK, which are then distributed to clinics in remote areas of Burma.



*RHR workshop held in Karen State, Burma*

**3  
Workshops**

**210  
Participants**

**1  
Training of  
Trainers**

**14  
Trainees  
Trained**

**353  
Reusable Sanitary Pad  
Kits Distributed**

**3,548  
Implants Distributed by  
Partner Clinics**



## Wheelchair

Ko Myo is a 42-year-old man who lives with his family in a village in Mandalay Division, Burma. 12 years ago, he was in an accident which resulted in the amputation of both of his legs. After that, he was forced to beg in the market to help support his family. But now, with the help of his new mobility cart, he plans to sell lottery tickets in the future. “When I used my old wheelchair, it was very difficult



*Ko Myo's old wheelchair*

and hard to get around because it is not comfortable or safe,” said Ko Myo. “Now that I have received this new wheelchair, I feel a lot safer [getting around] and it will help me find work. Thank you so much to all of the donors for this wheelchair!”



*Ko Myo's new mobility cart*

Since 2014, Burma Children Medical Fund (BCMF) has held wheelchair fittings and trainings for children and adults from Burma and from along the Thai-Burma border. Wheelchairs are provided by Wheelchair for Kids (WFK) in Australia and Rajanagarindra Institute of Child Development (RICD) in Chiang Mai.

In 2017, a volunteer from USA, Celia Wright, connected BCMF with Mobility Worldwide based in USA. Thanks to Celia's help, BCMF was able to distribute **104** mobility carts for both adults and children in 2018! These mobility carts are special, as they are propelled forward through an arm crank, can be used on

storage area in the back. This allows recipients more independence and mobility, with the opportunity of participating in their communities, going to school and interacting with others outside of their home.

To ensure the sustainability of the project, BCMF also provides partners with training to properly fit children and adults for wheelchair or mobility devices. This year, BCMF held **4** wheelchair fitting training mission, and trained a total of **91** people from partner organisations and local charity groups. Furthermore, **4** partner organisations who were previously trained to fit

recipients for mobility devices, distributed a total of **60** mobility devices in 2018!

**8**  
missions

↳ **4** trainings

↳ **4** distributions

**91**  
community members  
trained to fit wheelchairs

**60**  
wheelchairs fitted by  
trained partners

**104**  
mobility carts  
distributed

**189**  
child wheelchairs  
distributed

**50**  
manual wheelchairs  
distributed

**9**  
walking aids  
distributed



## Eye Screening

With most ophthalmological clinics located in urban areas, eye clinics remain inaccessible for a large proportion of the population in Burma. When they do live close to eye clinics, the high cost of seeking treatment keeps individuals away.



*Eye screening in Karen State, Burma*

As a response to this, BCMF launched the eye screening project in 2015. During eye screenings, a trained team from BCMF conducts eye examinations to identify villagers with common eye conditions and diseases. Individuals who require eyeglasses are provided with a free pair, while patients requiring surgical treatment are connected with local hospitals.



*Daw Tin Yee with her new glasses*

Daw Tin Yee, who is 85 years old, suffered from poor vision for two years before she received glasses from BCMF. “Now I can see better than before”, said Daw Tin Yee happily. “Now I can walk around again, because in the past I was afraid I would trip and fall down due to my poor vision.”

During eye screening missions, BCMF works closely with an ophthalmic nurse and a trained health worker who have considerable experience conducting eye screenings and training other health workers. BCMF staff also participated in an eye screening training in January 2018, to maintain their skills in providing recipients with proper eyeglasses and identify patients requiring surgical intervention.



*Eye screening in Karen State, Burma*

**4**  
**missions**

**1,347**  
**individuals**  
**screened**

**1,117**  
**eyeglasses**  
**provided**

**205**  
**patients referred**  
**for surgery**

## Stationery

When BCMF expanded the outreach program into Burma in 2016, requests for stationery supplies were recieved from very remote schools in Karen State, Burma. Since then, BCMF receives requests each year for stationery supplies, teaching aid and teaching materials from remote school in Karen State in addition to migrant learing centers around Mae Sot, Thailand.



*Blackboards were also transported by boat*



*Interns helped construct the blackboards*

In 2018, 6 schools from Karen State, Burma, requested blackboards for their classrooms. A team from BCMF then made and distributed 20 blackboards to the 6 schools. A further 2 schools in Karen State and 2 schools around Mae Sot received stationery supplies.



*Students carrying 2 blackboards back to their schools*



*Students using the blackboards*



*Child protection and rights workshop in Karen State, Burma*

Aside from facilitating children's access to much needed medical treatment, BCMF works with partners in Thailand and Burma to promote child protection and child rights, and to help create a safe environment for children. In 2017, BCMF updated its child protection policy and revised it this year. To promote and uphold child protection and child rights, BCMF ran a workshop for 74 students from a school in Karen State, Burma. During the workshop, students were provided with information about human rights protection, assault prevention and

prevalent child rights violations. The children were led to understand their rights and empowered to safely raise their voices about decisions and issues affecting them. A follow-up workshop was also held with 40 children residing at a monastery, a partner organisation of BCMF. During the session, BCMF assessed how well they had understood the material conveyed during the workshop in late 2017.

## Child Protection & Child Rights

## Dengue Health Literacy

State, Burma. This is in response to the rainy season, when each year sees a significant increase in mosquito borne illnesses. This year, BCMF distributed **263** posters and **351** mosquito nets to **69** schools along the border.

Every year since 2014, BCMF distributes mosquito nets and dengue prevention posters to migrant schools along the Thai-Burma border and to schools in remote areas of Karen



*Students and supporter reading a dengue prevention poster*

In addition to this, BCMF also responded to a call to action in July by assisting **36** families internally displaced in Karen State, Burma.

BCMF donated nets and posters in an effort to decrease the occurrence of mosquito borne illnesses.



*Mosquito nets were sent to remote parts of Karen State, Burma*

## Medical Supplies Delivery

BCMF works closely with local partner clinics along the Thai-Burma border to not only support the clinics through capacity building but to reach more patients in need. As these clinics are located in remote areas of Karen State and outside of government administrated areas, these clinics do not receive any government funding and must rely on outside support. Since 2012, BCMF has made a yearly delivery of medical supplies to these partner

clinics.

In 2018, thanks in part to a donation fundraised by former BCMF volunteer Xiu Ping Lim, BCMF was able to deliver much needed medical supplies to **2** clinics in Karen State. Since one of these clinics is responsible for **4** other smaller ones, and all clinics look after a large number of villagers, around **14,697** villagers benefited from this delivery.



*Crossing into Karen State, Burma*



*Interns help record supplies delivered to a clinic*

## Internship Program

In 2016, the internship program was established for the benefit of staff from partner organisations in Burma. Today however, interns are also accepted from migrant schools who are planning to work in a healthcare organisation



*BCMF intern performs an ultrasound*



*BCMF interns assemble a mobility cart*

organisations in Burma and migrant schools around Mae Sot.

During their internship, interns are provided with training in administration, computer literacy, human resources and BCMF operations, primarily patient referrals. BCMF also provides interns with hands on experience at BCMF's office in Mae Sot, at BCMF-B.K. Kee Patient House in Chiang Mai and within Thai hospitals. This way, interns learn about the treatment course of patients and are able to provide patients with information about BCMF's services, in addition to general information about the treatment course they

can expect at partner hospitals.



*Interns help with weekly van trips*

find appropriate accommodation in Mae Sot, are housed here and receive a small stipend to cover meals and daily expenses. BCMF also provides interns from partner organisations with an in-office laptop, which is used for patient referrals as well as to gain skills in computer literacy.

This year BCMF hosted **10** new and ongoing local interns. Towards the middle of the year, one of the interns was hired as staff while another from a partner organisation joined a six-month nursing aide course at Mawlamyine Christian Leprosy Hospital. Towards the end of the year, a third intern was accepted into Wide Horizon's organisational development program in Burma. After completing one year of studies, he will return to BCMF to complete a further one year internship before receiving his diploma. BCMF will also take on **2** new interns in January 2019, from partner organisations in Burma.



*An intern distributes eye glasses*



## The One Award Project

In 2017, the director of BCMF, Kanchana Thornton, was nominated by Chiang Mai International Rotary Club (CMIRC) for The One International Humanitarian Award 2017. After she was awarded one of the two runner-up prizes in May 2017, Kanchana used the prize money through BCMF, to implement The One Award Project. Under this project, a local partner clinic received a new maternal and child health unit; solar panel systems were installed at 4 local partner clinics and 1 school; and water filtration systems were installed in 11 villages, 1 local partner clinic, and 1 school. Furthermore, at 1 local partner clinic, a well was dug, and 4 showers and 4 toilets were constructed. To ensure the sustainability of the project, villagers were trained to install and maintain the solar panel systems and the water filtration systems.



*Kanchana Thornton at the ceremony in 2017*



*Solar panel system training in Karen State, Burma*

BCMF saw the immediate effects of the project once it was completed in April 2018. Areas with access to clean drinking water saw an immediate decrease in waterborne illness.



*Staff supervising the installation of a solar panel*

Clinics that received solar panel systems were able to assist patients and women in labour at night. The clinic that received the new maternal and child health unit saw an immediate increase in patients, serving 13 villages this year instead of 4 as in 2017. The clinic also used the new unit and solar panel system to help women give birth more

comfortably at night. Furthermore, that clinic also used the solar electricity to charge their ultrasound machine and they no longer had to rely on a generator to do so.



*Trainees constructing a water filtration system*

The project is expected to have a strong long-term impact. Local partner clinics expect to see a continuous increase in the number of patients, especially the clinic that received the new maternal and child health unit. Areas that received a water filtration system are expecting to provide clean water to surrounding areas as well, especially during the rainy season. This will continue to decrease the cases of waterborne illnesses. Lastly, clinics that received solar panel systems expect to treat more patients at all hours of the day, while the school that received the solar panel system expects more students to study in the evening and improve teaching aid materials through more printed exams and worksheets.



Daw Htay Tint



Mi Sandar Win



Min La Pyae



Bo Aung Din



Shar POUNG MOWT



Suwit



Ye Phone Myat



Thu Rain Linn

Our patients and their families overcome many obstacles to receive treatment. For some, it proves too late. BCMF would like to remember the following patients who passed away this past year while receiving treatment. These patients and their families showed immense courage and resilience in the face of adversity, and we respectfully remember and acknowledge them.

## Funding Partners

BCMF is fortunate to have a large number of donors providing both monetary, in-kind donations and grants. It is thanks to their help that BCMF is able to reach more people and communities in need each year. BCMF would like to thank every single benefactor from this year who helped make a difference in someone's life.

Allied Pickfords, Thailand	Rotary Club, Thailand	Suwannimit Foundation, Thailand
B.K. Kee Foundation, United States of America	Child's Dream Foundation, Thailand	Rotary Cub of Wanaroo, Australia
BNHA, Thailand	DAK Foundation, Australia	The One International Humanitarian Award
British Women's Group, Thailand	Days for Girls, Australia	Watsi, United States of America
Brodbeck Philanthropy Foundation, Switzerland	Mobility Worldwide, United States of America	Wheelchair for Kids, Australia
Burma Border Projects, United States of America	Project Win, Thailand	Union Aid Abroad APHEDA, Australia
Chiang Mai International	Red Rocketship, Australia	

## Referral Partners

To reach more patients in need, BCMF relies on a strong referral system from partners in Burma and Thailand. This year, patients were referred from 17 different partner organisations!

Ananda Myitta Clinic, Burma	International Rescue Committee, Thailand	Mawlamyine Christian Leprosy Hospital, Burma	Partners Relief and Development, Burma
Free Burma Ranger, Burma	Ker Gaw Clinic, Burma	Operation Smile Thailand	Pinlon Hospital, Burma
	Kyaung Gyi Parahita Monastery, Burma	Pai Hospital, Thailand	Shining Star, Burma
	Mae Sot Hospital, Thailand	Pan Rat Foundation, Thailand	Shoklo Malaria Research Unit, Thailand
	Mae Tao Clinic, Thailand	Pang Mapha Hospital, Thailand	Tha Song Yang Hospital, Thailand

## International Volunteers & Interns

- Allard de Smalen
- Sheri DeKoven
- Phoebe Bredin
- Camille Chandran
- Ane Gundersen
- Pascal Pillokeit
- Thidar Soe
- Anthony Deen
- Naw Joice
- Paw Htoo Shee
- Naw Cherry Paw
- Alia Khan
- Wooyoung Park
- Linn Zaw Htet
- Celia Wright
- Xiu Ping Lim

BCMF wants to thank all of the volunteers and interns who dedicated their time and skills to helping BCMF flourish. Each and every volunteer and intern, contributed new enthusiasm and diverse experience during their time in Mae Sot. They enriched patient interviews, staff knowledge, project execution and much more.

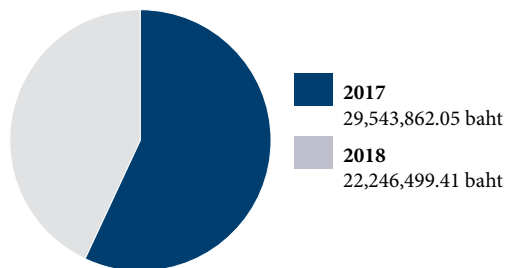


*Volunteers, interns, staff and patients on the morning of a weekly van trip to Chiang Mai, Thailand*

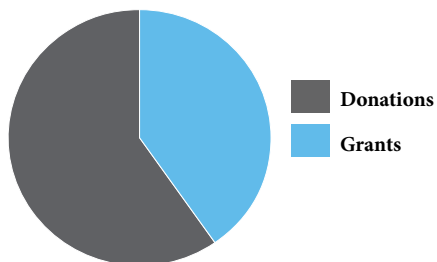


# Financial Report

Revenue in 2017 & 2018

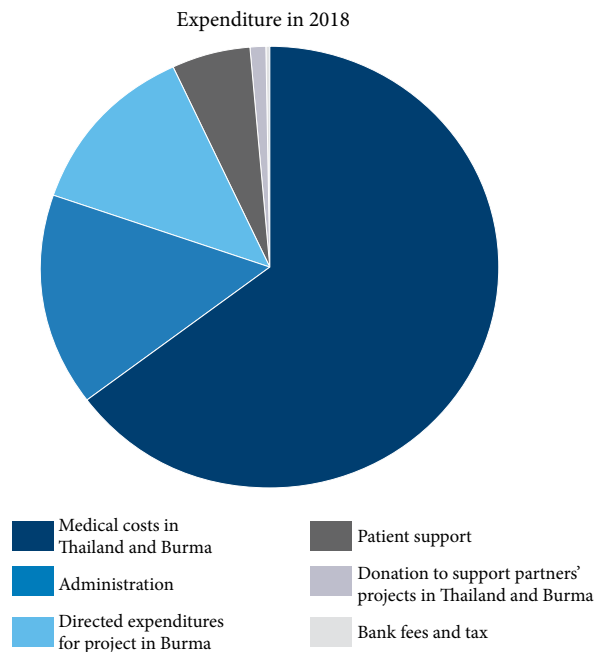
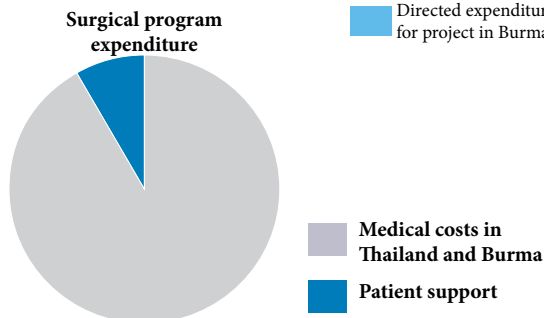
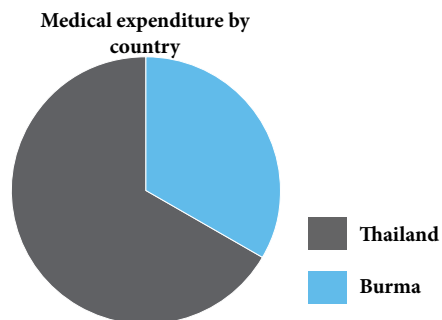


Revenue & support in 2018



Revenue for 2018	Baht	U.S Dollar
Surplus from previous year	4,474,395.51	135,587.74
AusAID NGO Cooperation Program (ANCP) & APHEDA (Jan-Dec 2018)	1,560,401.25	47,284.89
APHEDA-BCMF Community Fund	1,575,170.30	47,732.43
BNHA	4,000,000.00	121,212.12
B.K. Kee Foundation for 2019 financial year	976,241.00	29,583.06
Brodbeck Philanthropy Foundation	633,630.00	19,200.91
International Humanitary Award The One	821,000.00	24,878.79
Watsi/BBP	7,235,448.25	219,256.01
Donation from individuals and organisations	832,697.50	25,233.26
Donation from patients	117,582.00	3,563.09
Bank interest	19,933.60	604.05
<b>Total</b>	<b>22,246,499.41</b>	<b>674,136.35</b>

Expenditures for 2018	Baht	U.S Dollars
Medical Costs in Thailand and Burma	11,627,692.94	352,354.33
Patient Support	1,021,650.96	30,959.12
Support of partners' projects in Thailand and Burma	201,207.00	6,097.18
Directed expenditures for project in Burma	2,308,235.35	69,946.53
Administration	2,784,386.74	84,375.36
Bank fees and tax	5,600.04	169.70
<b>Total</b>	<b>17,948,773.03</b>	<b>543,902.21</b>





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