



Burma Children

Medical Fund operating to give
Burma's kids a future

Burma Children Medical Fund

Operating to Give Burma's Kids a Future



Annual Report 2012

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Program Director's Report – Kanchana Thornton

In 2012, the Burma Children Medical Fund registered 189 new cases for treatment. This is a 17% increase in our caseload since 2011 (162 patients) and a 49% increase since 2010 (127 patients). Despite the recent positive political changes in Burma, demand for our services is continuing to increase. Burma's long neglected health care system will take many years to build to a point where it can deliver the necessary healthcare to its citizens and in the meantime, people who are critically ill will continue to travel to the Thai-Burma border seeking treatment.

In 2012, the majority of our patients (158) were referred to BCMF by our partner, Mae Tao Clinic. The majority of our patients in 2012 were female, due in part to the effectiveness of our recently formed Burma Women Medical Fund (BWMF). The 38 female patients who were registered under BWMF accounted for 20% of our total caseload.



BCMF patients come from all over Burma to get treatment, but as in previous years, the majority come from Karen State and from the migrant community based in Thailand, reflecting our proximity to these regions.

Throughout the last year, many people in different parts of the world contributed their time and money to help us provide treatment for our patients. For example, the BWMF program in 2012 received generous help from one of our long time supporters. In conjunction with dollar-for-dollar fund matching by her employer, Macquarie Bank, Anna Le Masurier raised \$12,000 AUS (368,064 THB) to kick-start this life-changing program.

We are also grateful for the fundraising efforts of the Alfrink College students in the Netherlands. Their hard work on behalf of BCMF saw them break all previous records for fundraising at their school - the students raised 15,098 Euro (602,219 THB).

This year, another one of our supporters, the Thai Children's Trust (TCT), chose BCMF as their designated charity for the *Big Give Appeal* held in the UK. The *Big Give* gave donors the opportunity to have their donation doubled over the course of three days in December. Through the mammoth effort of the Thai Children's Trust, GBP£50,000 (2,351,850 THB) was raised for BCMF's work.

The rapidly changing political situation in Burma continues to present challenges for us, not least in trying to explain to our donors why we still need to provide crucial health services to the people of Burma if things are improving politically in the country. Despite the positive changes, Burma still faces many challenges and rebuilding the country's health care system will take years if not decades. Until that time when reliable and effective healthcare is available to the people of Burma, the services that BCMF offers will continue to be in demand.

In 2012, we faced the additional challenge of providing appropriate social service support to our patients to ensure they can successfully complete their treatment. As part of this support, we have

increased our cooperation with the Mae Tao Clinic counseling centre and frequently refer those patients who need psychological help. We have also continued to work closely with a variety of other social support organisations, such as Life Impact International, in order to coordinate needed assistance for our patients. Life Impact, which serves at-risk children and youth, helps BCMF to support abandoned babies. Like Naut Naut (Page 20) who, without a reliable caregiver, would not have been able to get the life-saving treatment she needed.

This year, BCMF has had unprecedented cooperation from a diverse range of Thai institutions and agencies. The mutual trust built up over the years has ensured that Thai health facilities and security organisations continue to support the work of BCMF.

I would like to thank the many organisations we worked with in 2012 for their invaluable help, and to all the individual supporters locally and around the world that have helped us - a big thank you – without your help we would be unable to do our essential work.

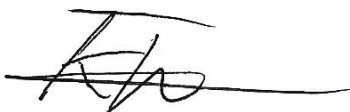
I would also like to thank our team, including all of our volunteers, for their hard work in 2012.

BCMF has registered over 800 patients for treatment since we began in 2006; without treatment, many of these patients would have died or would have had to live with a reduced quality of life.

Looking forward to 2013, we anticipate another busy year. Already in 2013 we have seen a marked increase in our caseload. In the first quarter of 2013 we registered 77 patients, compared with 41 in the last quarter of 2012. If we continue to enroll new patients at this rate, we anticipate a caseload of over 300 in 2013 (see the annex at the end of this report for our 2013 projections).

Whatever the challenges, with so many supporters committed to BCMF's work, both internationally and here in Mae Sot, I can look forward to the hard work and great rewards that 2013 will bring.

Thank you all for your support,



Kanchana Thornton

About BCMF

The Burma Children Medical Fund (BCMF) was established at the Mae Tao Clinic (MTC) in 2006 in response to the increasing number of children coming to the Thai-Burma border seeking medical treatment for severe illnesses. Local clinics and hospitals on the border did not have the facilities to treat these children and their only chance for survival was to transfer them to Chiang Mai for treatment. The situation for the majority of these children and their families was further complicated by their lack of financial resources and their illegal status in Thailand. As either migrant workers living illegally in Thailand, refugees, or people traveling cross-border from Burma, these children did not have access to the complex medical treatment they desperately required.



Before BCMF was established, children who needed surgery could only have their symptoms treated at MTC. Without the necessary surgery, their lives were either severely incapacitated or they died prematurely. 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.

Since its foundation, BCMF has expanded beyond the treatment of children in recognition of the need for specialised medical care for adults. While the majority of our patients are children, we now have two additional auxiliary programs, the Burma Adult Medical Fund (BAMF) and the Burma Women Medical Fund (BWMF). Previously, BCMF focused on treating children, often the most vulnerable members of society and the ones who have the most living to do. However, over the years it has become evident that BCMF has the potential to also have an impact by treating special adult cases (often young adults with families) who would die prematurely or who would have severely incapacitated lives without treatment. In addition, we have expanded our scope to include women with gynaecological conditions that leave them severely debilitated. Women are so integral to the survival and flourishing of their communities that their medical care has benefits that extend far beyond the women themselves.



The majority of our patients travel to Chiang Mai for treatment in the Thai Hospital system. This is because the complex treatment our patients require cannot be performed locally. Our BWMF patients are treated locally at Mae Sot General Hospital as relatively simple gynaecological surgery is accessible there. BCMF has built up an excellent working relationship with these hospitals, and many hospitals in the region, to ensure our patients have access to high quality care. BCMF works

closely with a number of Thai hospitals , including Mae Sot General Hospital (โรงพยาบาลแม่สอด), Pawo Hospital Mae Sot (โรงพยาบาลพะวอจำกัด), Tha Song Yang Hospital (โรงพยาบาลท่าสองยาง), Lampang Hospital (โรงพยาบาลลำปาง), McKean Rehabilitation Center, and, most predominantly, Maharaj Nakorn Chiang Mai Hospital (SuanDok Hospital) (โรงพยาบาลมหาราชนครเชียงใหม่).

Each year at BCMF we find our caseload increasing. We continue to see many people coming from all over Burma and Thailand seeking our help and we aim to continue treating as many patients as possible. It is also worth noting that many Thai hospitals and large international organisations refer patients to BCMF for case management, as BCMF is unique in its ability to facilitate the movement of patients with no legal status in Thailand for treatment. BCMF has worked hard at building a strong relationship with the relevant Thai authorities and it is testament to this hard work that we have now helped over 1000 (as of April, 2013) patients access life-changing healthcare.

Patient Criteria

BCMF strongly believes that everyone has a right to healthcare and we strive to provide this opportunity to people from Burma regardless of age, sex, race, religion or legal status. BCMF does not have any set criteria for admission to the program; however, funding constraints often mean that we cannot accept patients who have come to us late in their illness and who have a poor chance of survival. Nevertheless, BCMF aims to treat as many patients as we can who seek our help.



Patient Statistics for 2012: Program Impact and Coverage

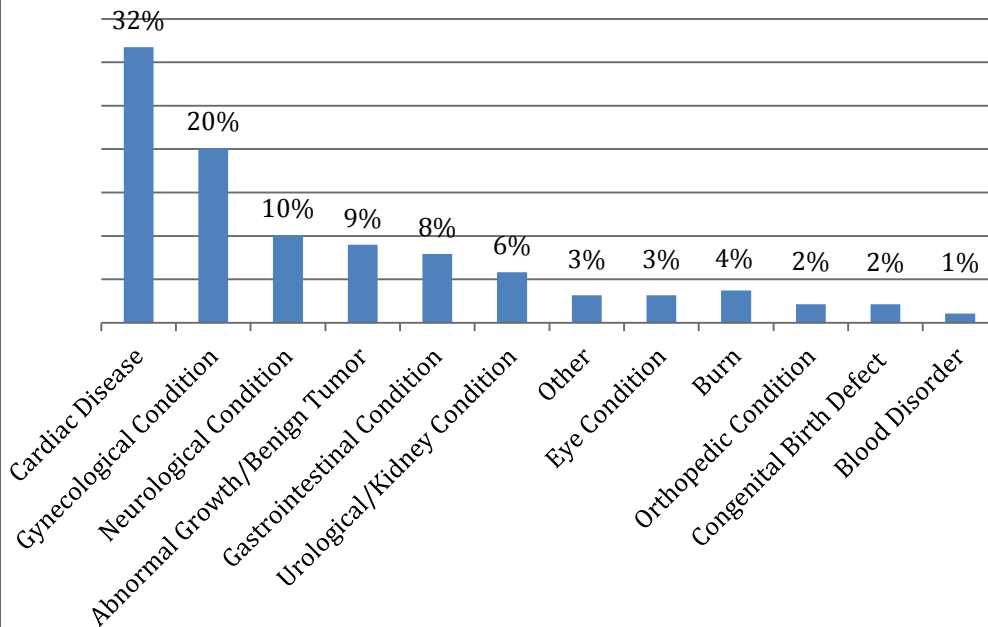
In 2012, BCMF registered 189 patients into the program. Each year, our caseload continues to increase and we anticipate this trend will continue in 2013. Again this year, a large number of patients were transported to and from Chiang Mai. **We transported 253 patients a total of 551 times (over two trips per patient) in 52 vans in 2012.** This large number represents patients enrolled in previous years that are still undergoing treatment as well as new patients registered in 2012.

BCMF received referrals from many organisations this year; **however, Mae Tao Clinic remained our main referring agency with 158 referrals.** However, we have also seen increasing numbers of referrals coming from Thai hospitals as a result of increased cooperation in 2012.

Further, in 2012 our patients came from all over Burma and within Thailand, but the majority came from Karen State and the Thai-Burma border area reflecting our proximity to this region.

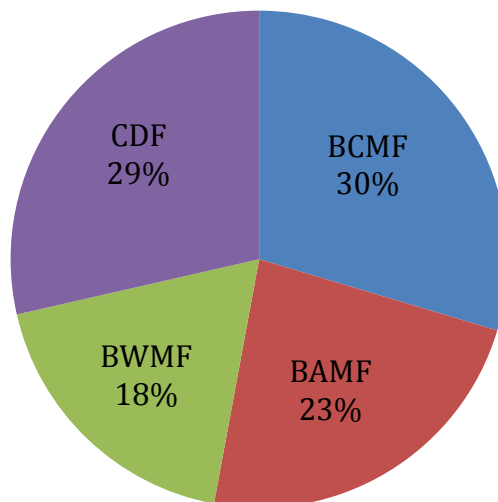
Following are some program statistics for 2012:

Conditions Treated in 2012



In 2012, the majority of patients we treated had cardiac disease (32%). However, the success of our Burma Women Medical Fund program in 2012 meant that the second most treated condition were gynaecological problems (20%).

Breakdown of 2012 Patients by Fund

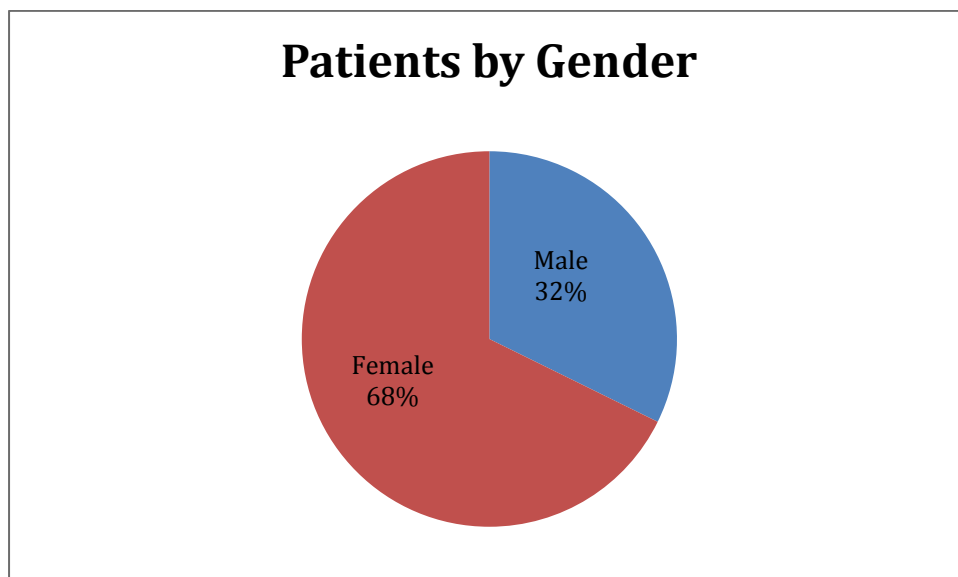


* **Burma Children Medical Fund (BCMF):** The BCMF program facilitates the treatment of children (under 18) with serious medical conditions who need to be referred to medical facilities in Chiang Mai (or Bangkok).

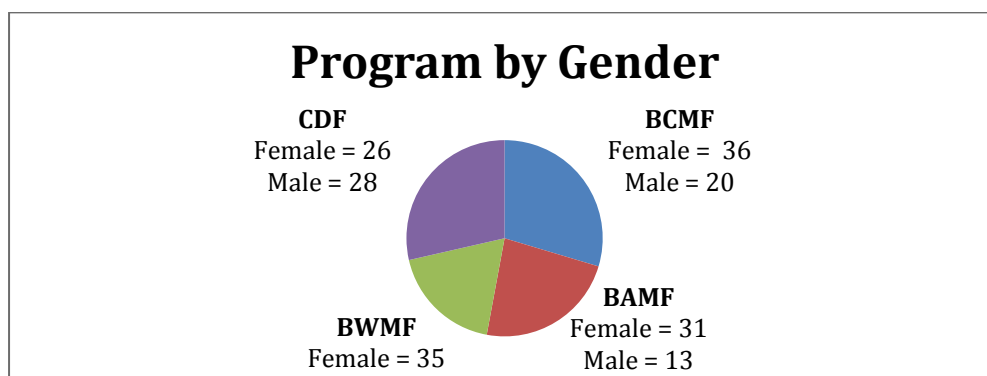
* **Burma Adult Medical Fund (BAMF):** BAMF was established to treat special adult cases that will respond well to surgery or treatment.

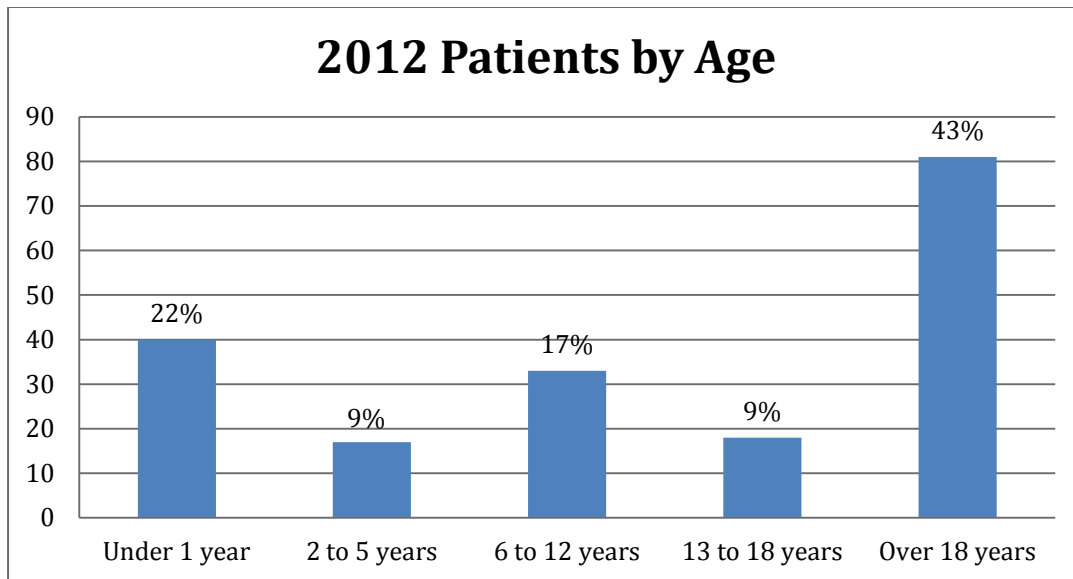
* **Burma Women Medical Fund (BWMF):** BWMF aims to fund the surgical and support costs involved in common gynaecological conditions such as uterine prolapse and uterine myoma (fibroids). These conditions can be corrected at a relatively low cost at the local Thai hospital in Mae Sot.

* BCMF also works closely with the **Child's Dream Foundation (CDF)** that covers the cost of treatment in Chiang Mai for children under 12 who fit a specific set of diagnostic criteria.

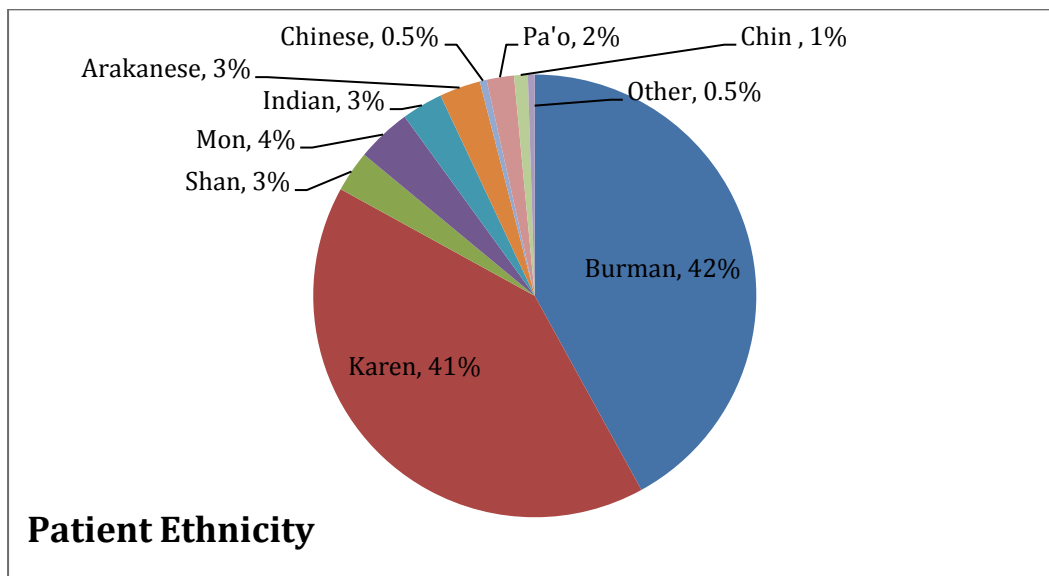


The overwhelming majority of our patients were female in 2012, partly due to the fact we were able to serve 38 female patients suffering from obstetric and gynaecological conditions under our Burma Women Medical Fund (BWMF) program.

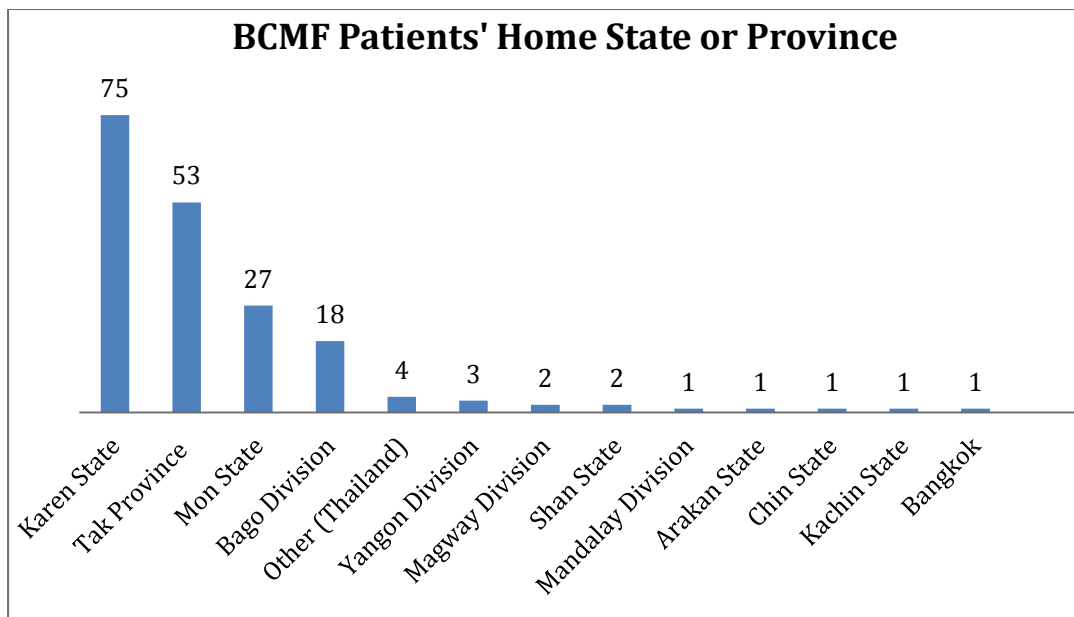




We registered patients of all ages in 2012, with the division between patients under 18 and those over 18 reflecting the mix of services we provide.



BCMF's patients come from all over Burma. We also see patients that are currently living in Thailand (migrant workers and refugees) as well as those that are living in internally displaced communities within Burma. Some have traveled from across Burma to seek care at Mae Tao Clinic, while others have been displaced to Thailand and reside nearby. The geographic and economic displacement of the migrant, refugee and displaced communities means that our patients and their families are under intense stress and creates constant logistical challenges in case management for BCMF.



The majority of our patients come from Karen State in Eastern Burma; a fact that is not surprising given the poor health statistics reported in this region.

“Eastern Burma demographics are characterized by high birth rates, high death rates and the significant absence of men under the age of 45, patterns more comparable to recent war zones such as Sierra Leone than to Burma’s national demographics.

Health indicators for these communities, particularly for women and children, are worse than Burma’s official national figures, which are already amongst the worst in the world.

Child mortality rates are nearly twice as high in eastern Burma and the maternal mortality ratio is triple the official national figure.”

Source: *Diagnosis Critical: health and human rights in eastern Burma* (Oct. 2010)



Maternal mortality ratio (per 100,000 live births) – as per WHO WHR 2010

- Burma: 380
- Thailand: 110
- Europe (average): 27
- Internally Displaced Persons (IDPs) in Eastern Burma: 1,000-1,200 (or 1 in 12)

Maternal mortality ratio (per 100,000 live births) – as per Diagnosis Critical report 2010

- Burma: 240
- Eastern Burma: 721
- Thailand: 48

Life Expectancy at birth

- Burma: 54
 - Thailand: 70
 - Europe (average): 75
 - Australia: 82
 - USA: 78
 - UK: 80
- *Note: Burma's life expectancy has decreased from 61 in 2006 (Unicef) to 54 in 2010 (WHO WHR 2010).*



FACT:

The mortality rate for children under the age of 5 (per 1,000 live births) is 122 for Burma.

This is compared to 14 in Thailand and 14 in Europe.

Highlights in 2012

Looking back at 2012, there have been many highlights – but perhaps the greatest is the sheer number of patients we have managed to help. Patients like Saw Pwel, Mar and Daw Aye who, without our programs, would live severely debilitated lives or die prematurely.

We would also like to highlight the fundraising efforts of some of our supporters in 2012; without support like this, BCMF would not be able to successfully treat so many patients. So, thank you Anna, Alfrink College and the Thai Children's Trust for your efforts!

BCMF

Saw Pwel

Saw Pwel completed his treatment in 2012. He first came to BCMF in July, 2011. Three months earlier, in April, 2011, four year old Saw Pwel had sustained serious burns when he accidentally knocked a pot of rice that was cooking on a stove at home. The boiling fluid poured onto his buttocks, perineum and down his legs. Three months after the accident the scarring was a combination of skin contractures and seeping open wounds. He could no longer walk as his knees were fused by scar tissue at 90 degree angles and he had to adapt by crawling and rolling around in order to move from one place to another.



Saw Pwel's family live in a mountainous area of Karen State, Burma. His parents are subsistence farmers and grow rice. They do not have an income and live off the land. There has long been a military presence in their area. When the military came to their home they had to give a portion of their crop or face serious consequences. The military often took up to 20kg of rice. The military also took porters from their village for forced labour – with villagers forced to contribute two days of labour before being allowed to return to their village. Saw Pwel's village is so remote that there are no medical facilities in the area, only the community based

Saw Pwel's right knee - side view organisation the mobile Backpack Medics (trained in Mae Sot) that come periodically to their village to provide treatment.

At the time of Saw Pwel's accident, his mother did not know what to do and poured cooking oil on his burns to try and relieve his pain. Then for two weeks she used traditional medicine primarily rubbing Turmeric on his wounds. Then after two weeks, the Backpack Medics came to their village. They cleaned and dressed Saw Pwel's wounds and informed Saw



Pwel's parents to discontinue traditional therapy and to take him to the Mae Tao Clinic (MTC) on the Thai side of the Thai-Burma border. They gave his mother antibiotics and medical stock and instructed her on how to attend to his wounds on a daily basis.

Saw Pwel is a very brave and delightful boy, his name means "content" in his Karen language and he never complains to his mother about his injuries or the pain. His injuries did not stop him from



playing with his friends and he has adapted to crawling and rolling to get around instead of walking. The only question he asked his mother regarding his condition is why he can no longer walk and run. After his injuries, Saw Pwel's parents constantly wondered what they should do for their son. They did not have the money to travel into Thailand and the road from their village to the Thai-Burma border was unsafe due to escalating conflict which made them wary of making the journey.

In mid-July 2011, Saw Pwel's parents decided to make the journey no longer able to bear seeing their son in such pain and discomfort. To avoid the area of active conflict they backtracked up to the capital of Karen State and approached the Thai-Burma border from another route. The trip cost 7,000 kyat (US\$7) per person which they had to borrow from community members.

BCMF sent Saw Pwel to McKean Hospital and he stayed there for many months receiving treatment. The doctor surgically removed the scarring behind his knees in order to release his legs. He then had further skin grafts and physiotherapy to help him regain the use of his legs. The entire staff at the hospital were captivated with little Saw Pwel, many brought him gifts and toys to play with for during his treatment and he brought tears to many an eye with his bravery and strength of spirit.



BAMF

Mar

Mar is a 44-year-old woman who was diagnosed with congenital heart disease two years ago. Mar and her husband run a local migrant school in Mae Sot. Mar first noticed her condition when she began experiencing palpitations and extreme fatigue. She went to Mae Sot Hospital and was told that she needed heart surgery that could not be done in Mae Sot and she would have to go to Chiang Mai for treatment. She was prescribed medication, but found that despite the medication, she continued to feel worse, so she decided to try seeking treatment at Mae Tao Clinic.



Mar in early 2012

Mar has a permit to work in Mae Sot and is entitled to health care in Thailand, but not all of the costs of her surgery would be covered by the Thai health system. Further, Mar could not afford the cost of getting to Chiang Mai nor did she have enough money to cover the associated costs of food and accommodation while staying in Chiang Mai. She was referred to the Burma Adult Medical Fund to help her get to Chiang Mai and to pay for the costs of her treatment that would not be covered by her work permit.



Some of Mar's students—all former BCMF patients!

Mar went to Chiang Mai twice, the first time for investigation (x-ray, and ECG) and the second time for heart catheterization surgery which occurred on the 27th of April, 2012. She spent four days in hospital and spent one month at the BCMF/MAP patient safe-house in Chiang Mai to recover.

Mar says she had a good experience in Chiang Mai and she enjoyed the communal nature of the patient house where everyone cooked and ate together.

Mar was impressed with the education she received while staying at the patient house. She says they were given the opportunity to go for free HIV testing and provided with education on disease prevention. She also had a well woman checkup and learned to speak some Thai after attending Thai classes at the patient house.

Before her surgery, Mar's illness not only impacted her, but also her students. She was not able to teach effectively as she became exhausted and breathless while teaching and she often had to miss her classes. Moreover, she also had chest pain which disturbed her sleep. She says she now feels much better; she is happy, has more energy, and can eat and sleep well.

Mar says that she is less stressed and worried now that her treatment is complete. She now has more time give to her own children as well as the students at the school (which is also an

orphanage). Her children and the students are very happy for her. Her family and friends tell her that she looks better, seems healthier, and has gained weight.

Mar says, “I am very happy and want to say thank you so much to the donors and those who helped me. Because of your help, I am now able to work and look after my family and my students. My gratefulness cannot be expressed in words.”

BWMF

In 2012, the BWMF program was able to help 38 patients (all suffering from gynaecological conditions like Daw Aye below), largely due to the fundraising efforts of a long-time friend of BCMF, Anna LeMasurier, and the Macquarie Group Foundation, in Australia. Anna took a novel (literally) approach to fundraising, by embarking on a month-long read-a-thon to raise funds for BWMF, using the website www.gofundraise.com.au to track her fundraising efforts and to make it easy for her donors to contribute. The funds she raised were matched by Macquarie Group Foundation and altogether she raised over \$12,000 AUD (368,064 Thai Baht)!

Daw Aye

Daw Aye is a 50-year-old woman that came to BCMF suffering from uterine prolapse. Daw Aye first noticed that her uterus was slipping 30 years ago, but at that time, it was not significant. Since then she has had three more children and with each pregnancy, her uterus slipped more. Daw Aye came to Mae Tao Clinic because her prolapsed uterus was causing her increasing pain and discomfort. When she came to the clinic, she was experiencing severe back pain and supra-pubic pain and sitting was the most comfortable position for her. She could not sleep at night and when she lay down or stood up, she had severe pain on her right side. Daw Aye eventually had to stop working because of the pain and the loss of her income put a strain on her family.



Before

After coming to Mae Tao Clinic, she was referred to the Burma Women Medical Fund program and Daw Aye travelled to Mae Sot Hospital for treatment a total of three times. During her third visit, she had an operation to have her uterus removed. She then stayed in hospital for one week to recover.



After

Daw Aye says that she and her family are very happy now that she is better. She says she feels happy and healthy. She says that she has more energy and isn't worried and stressed about her health anymore. Daw Ma Aye told us after her treatment: “If I had gone to a hospital in Burma I would never have had a chance to recover because I couldn't afford the treatment. I am very happy to have received the treatment. Thank you very much and may you be blessed and have a successful life forever.”

Alfrink College, the Netherlands

On June 6th, 2012 the students of Alfrink College in the Netherlands held a community fundraising day to raise funds for BCMF.



To promote their fundraising efforts, the students collaborated with BCMF patients to share the message “We are the World, Everyone Matters”. As you can see from the photos, the students did all sorts of activities on the fundraising day, many in the pouring rain!



BCMF patients participated by creating artwork for a colorful promotional poster for the day. Through a mammoth effort, the students raised a school-record breaking 15,098 Euros (602,219 Thai Baht) for BCMF.

Thai Children's Trust – The Big Give Appeal

In December 2012, BCMF was the organisation chosen by our supporters in the UK, the Thai Children's Trust, to be their designated recipient of funds raised in the UK's annual Big Give Appeal. The Big Give gives donors a chance to double their donations over a 3 day period in December. Many thanks for the dedication of the Thai Children's Trust team, who worked over a 6 month period to ensure the Big Give was a fantastic success for BCMF. From December 6th through December 8th, approximately £50,000 was raised for BCMF! With this money, we will be able to help many patients like Eh Phaung, who came to BCMF in December 2012. She was severely burned as a baby and has been unable to access treatment in Burma. She is now 13 and will be sent to Chiang Mai to remove the extensive scarring to her upper body using funds raised during the Big Give Appeal.



Eh Phaung

Patients who come back to see us

At BCMF it is a real joy when a patient comes back to the clinic after many years as it means we get to see the long-term impact of their surgery. This year, a highlight for us was a surprise visit from Klein Klein, a former cardiac patient. Klein Klein was one of BCMF's earliest patients who first came to us in 2006!

Feisty little Klein Klein had a scuffle with a friend at school and gave her mother quite a fright. Her mother was worried she did something to her heart and brought Klein Klein to the clinic for a check-up. Klein Klein assured us that she was just fine, and after a thorough check-up all was ok!



Klein Klein in 2006



Klein Klein when she returned in 2012!

Challenges for 2012

Change in Burma - Why do so many patients still need our help?

There have been many political changes in Burma in the past couple of years, and these changes have accelerated in 2012. In April, Aung San Suu Kyi contested elections and took her seat in the country's parliament. In May, she left Burma for the first time since 1988 and since then has traveled throughout the world to great accolade.

Further, the international community has had greater engagement with Burma in 2012. Many western nations have now re-established diplomatic relations, some opening embassies in the country for the first time since the military coup in 1962.



There has also been increased political activity in Burma in 2012 with the removal of certain restrictions on the media and the release of the majority, but not all, of Burma's political prisoners. Ceasefires with some of the country's ethnic groups, most notably the Karen, have also held in 2012.

However, despite these developments, difficulties remain. In many parts of the country there is still active conflict. In 2012, fighting in Arakan state between ethnic groups caused thousands of Rohingya refugees to flee Burma. Further, intense fighting in Kachin State has continued. According to Moon Ni Lay of the Kachin Women's Association: "It's a war zone; we have more than 70,000 displaced people living in basic shelters. A year ago they were productive farmers and now they are living in temporary shelters with barely enough to keep them alive. They badly need support and help."¹

As 2012 came to a close, the Burmese military continued its campaign in Kachin State and the violence was escalating. Sadly, BCMF continues to see patients affected by the conflict who cannot access health care in their home state. Krishna came to BCMF in October, 2012 from Kachin State. He is 5 years old and has cardiac disease. His family is living in a refugee camp, fleeing violence in their home village. Because they were unable to get their son the treatment he needed in Burma, they traveled to the Thai-Burma border in the hope that he could get treatment.



Krishna, his family fled violence in Kachin State

While BCMF is hopeful for the future of Burma, we have yet to see any significant change in the country's healthcare system. Although Burma's government announced it had increased spending on health care in 2012, the rise only brought total annual spending on health care to just under three percent of the country's budget, keeping Burma among the world's lowest countries in terms of total money allocated to health care. Although the majority of Burma's population lives in rural areas, health services continue to be concentrated in larger towns and cities. According to a survey by the World Health Organization, many of the health

centers in rural areas lack supplies, equipment, drugs, and professional support. Furthermore, the country had 28,077 doctors nationwide in 2011, but many (16,617) are concentrated in the private sector. Private sector healthcare remains unaffordable for much of the population, and Ministry officials acknowledge that funding and provision of private sector health care is fragmented. Nilar Tin, director of the planning division in the Myanmar Ministry of Health, told IRIN News that the government has prioritized healthcare, but lacks human resources. This means that most villages lack basic healthcare and patients often travel long distances to reach hospitals or clinics located in the nearest town, which are often dilapidated and poorly stocked.

In an interview with Agence France-Presse, Mike Toole, a public health expert and advisor to a consortium of international donors to Burma, acknowledged efforts to address the health crisis in Burma by increasing the health budget for 2012, but said much more needs to be done if real change is to happen. "It is a good start, but it is coming from a very low base," says Toole. "It will need massive investment... with comparable investment by the government and donors; it would probably take at least 20 years, and possibly 30, to catch up with Thailand."

Despite recognition by the Burmese government that increased investment in the health care sector is needed, access to medical care in Burma continues to be severely limited. As a result, very little has changed on the ground for BCMF. We continue to see patients coming in large numbers seeking treatment due to the state of the Burmese health system. There are few Burmese hospitals that are able to provide treatment for complex cases, and at those facilities that do offer care, treatment continues to be cost-prohibitive.

Below are some quotes from medics and patients who have firsthand experience with the healthcare system in Burma (please note these are personal opinions):

"I have not noticed any changes in Burma since the political changes; it is still the same situation, people still have many problems."-Quote from BAMF patient

"Under the Thein Sein government we have one new nurse in our village. Before we had no medic, midwife, or nurse available to treat local people. The nurse has special days set aside every few months when she can give vaccinations. But we did not go to see the nurse because she could not help in our situation and the doctor does not come to our village"-Quote from grandmother of BCMF patient

"I have not noticed any change. Patients have to pay for everything at the hospital including needles and lightbulbs for incubators. They have to pay for or borrow generators when the electricity cuts out. The more money you have the quicker you get treated."-Quote from MTC medic after returning to their home village in Karen State

"Now the government has changed, nothing has changed."-Quote from father of BCMF patient

"I took my brother to hospital in my home town. We had to pay 2,000 kyat for cleaning services when we arrived. However, in the hospital the toilets were filthy, there were not enough beds for patients and they were sleeping on mattresses on the floor. The rubbish bins were overflowing and there was a terrible smell."-Quote from MTC staff after returning to her home village in Karen State

Social Support

One of the challenges BCMF faces in ensuring patients from Burma can successfully complete treatment is providing adequate social support. To access treatment, many families face multiple obstacles. For example, some families must face the tough decision of losing a parent that serves as a primary income earner when that parent must temporarily stop working in order to travel to Chiang Mai with their child for treatment. Often, patients who live a long way from the Thai-Burma border deep inside Burma need help arranging accommodation in Mae Sot so that they do not have to travel back to their homes in between short appointments.

When accepting a patient into the program, BCMF conducts a thorough interview to ascertain whether the family has any major problems that will need to be addressed before, during, or after treatment, such as educational concerns, income issues, or psychological problems. For example, patients dealing with mental health issues may require referral to Mae Tao Clinic's counseling service. Similarly, children that will need to be in Chiang Mai for an extended period may need to have access to education arranged while the child is in treatment.

Naut Naut

An issue we face too often is providing support for ill, abandoned children. Many times, children who are born with a severe illness or disability at Mae Tao Clinic or at a hospital on the Thai-Burma border are abandoned. Their parents, unable to care for a child with special needs, feel their only option is to abandon the baby at the hospital or clinic in the hope that the staff will ensure the child receives the necessary care. Naut Naut is an example of a BCMF patient who survived in spite of the odds against her. BCMF faced a number of challenges in ensuring that Naut Naut received necessary medical care and the appropriate social support she so desperately needed.



Naut Naut

Naut Naut was born on the 1st of August 2011 to parents of Karen ethnicity living in Tak province, Thailand. Three days after her birth she became ill and her parents took her to Tha Song Yang Hospital on the Thai-Burma border. However, Tha Song Yang Hospital lacked the capacity to care for an acutely unwell neonate and transferred her to Mae Sot Hospital. Although her parents accompanied her, they abandoned her at the hospital and their whereabouts are still unknown.



When Naut Naut came to Mae Sot Hospital, she was diagnosed with pneumonia, respiratory failure, and obstructive jaundice due to biliary atresia (liver duct blockage). In infants with biliary atresia, the bile is not able to drain normally from the small bile ducts within the liver into the larger bile ducts that connect to the gall bladder and small intestine. After Naut Naut's condition was stabilized at



Mae Sot Hospital, she was transferred alone back to Tha Song Yang Hospital. Without other options for treating and caring for an abandoned baby with a severe health condition, Thai hospital staff in Tha Song Yang contacted BCMF in September 2011 and it was agreed that Naut Naut would be referred to BCMF for further care and treatment.

BCMF sent Naut Naut to Chiang Mai three times and she completed her treatment in 2012. During her first visit to Chiang Mai, she was admitted as an inpatient into the hospital for 10 days, including 2 days in the intensive care unit (ICU) to treat her pneumonia. She then recuperated in the BCMF patient house in Chiang Mai for one week. Naut Naut then had surgery to correct her liver duct blockage. Surgeons performed

a Kasai Portoenterostomy which involves exposing the porta hepatis (the area of the liver from which bile should drain) and attaching part of the small intestine to the exposed liver surface in order to allow bile drainage.

During Naut Naut's treatment, BCMF had to find someone to take care of her. Life Impact International, a Mae Sot-based organisation that cares for abandoned children, agreed to help support Naut Naut. BCMF regularly collaborates with organisations operating on the Thai-Burma border in order to help patients who need additional social support. Life Impact has worked with BCMF on many occasions to help provide additional support to abandoned children.

With the support of Life Impact, BCMF found Theik Theik, the parent of another BCMF patient who agreed to become Naut Naut's caregiver. Now Naut Naut is 15 months old and is happy and healthy. Theik Theik says that nobody can believe she is the same baby; she looks so much healthier now. Theik Theik says that Naut Naut likes to listen to music when she sleeps and loves to eat oranges, bananas, and watermelon. She is now crawling, can stand, and is just beginning to walk. Throughout the interview, Naut Naut was very happy, babbling, crawling, smiling, playing with toys, and entertaining the entire staff of BCMF.



Theik Theik plans to take care of Naut Naut for the rest of her childhood. She is happy to have the support of Life Impact to help her to raise Naut Naut and is also grateful to BCMF for introducing her to Naut Naut.

In those first days when Naut Naut went to hospital, her condition was so severe that doctors initially thought she might need a liver transplant. If she had not been brought to BCMF, everyone agrees she would have surely died. Theik Theik says that BCMF gave Naut Naut a new life. Now, she is a healthy, happy baby with hope for the future and the chance to



Naut Naut in March, 2013

get a good education with Life Impact's support. Theik Theik says she loves Naut Naut like her own daughter. When Life Impact asked Theik Theik how she would feel if someone wanted to adopt Naut Naut, Theik Theik said she didn't think she could give her up. Theik Theik cannot afford to formally adopt Naut Naut, so when Life Impact asked Theik Theik if she would agree to care for Naut Naut until she is an adult if Life Impact continued to give the family financial support, Theik Theik immediately said yes. Another wonderful success story!



Patient Activities and Education

BCMF patients participate in health and welfare education and other social activities at the patient safe house in Chiang Mai as part of social support provided to patients. This includes sex education and family planning, disease prevention, including HIV prevention, Thai language classes, art and crafts (right) and patient outings in Chiang Mai!

In 2012, BCMF also received funding to create some specialty booklets to help our patients on their journey to Chiang Mai.

Thanks to the work of volunteer Luke Palmer and BCMF staff member Ma Myai, we created a Thai-Burmese phrasebook for patients to use while in Chiang Mai to help them communicate more effectively with hospital staff.



Further, in 2012 we also started working on creating a booklet for our cardiac patients to help them better understand their treatment and what is being done to them. A second booklet will help prepare patients for what they will experience in Chiang Mai - for our patients, many who have never left their home towns and villages before, going to Chiang Mai can be a very overwhelming experience. We aim to lessen this by giving them this booklet before they go so that they can prepare for all they will experience – including flushing toilets, escalators and elevators, air conditioning, and different foods.

BCMF respectfully remembers all our fighters who passed away in 2012.



Mo Htet, Age 27, Facial Mass

Pyint, Age 7, Cardiac Disease

Zin Ko, Age 7, Leukemia



Su Myat, Age 1, Cardiac Disease

Ma San, Age 37, Cardiac Disease

Thu Zar, Age 6 months, Meningocele



Zin Mar, Age 30, Cardiac Disease

Lwan, Age 27, Cardiac Disease

Nwe Ni, Age 22, Cardiac Disease



Tin Tin, Age 9, Lymphoma

Zin Mar, Age 21, Cardiac Disease

Working with Thai Institutions

In 2012, BCMF had unprecedented collaboration with a variety of Thai institutions, including local and national security authorities as well as Thai hospitals. This cooperation is a key aspect of our program and the reason BCMF is able to successfully treat so many patients. We would like to extend our sincere gratitude to the Thai institutions whose humanitarianism ensures seriously ill patients from Burma can continue to access life-changing treatment through BCMF. We would like to thank the local and national security authorities in Thailand for their assistance in 2012 and we look forward to continuing successful cooperation in 2013.

Another significant aspect of the success of our program is the understanding and cooperation we have with Thai hospitals, in particular the hospital system in Chiang Mai. BCMF works closely with a number of Thai hospitals, including Mae Sot General Hospital (โรงพยาบาลแม่สอด), Lampang Hospital (โรงพยาบาลลำปาง), McKean Rehabilitation Center, Pawo Hospital Mae Sot (โรงพยาบาลพะวอจำกัด), Maharaj Nakorn Chiang Mai Hospital (SuanDok Hospital) (โรงพยาบาลมหาราชนครเชียงใหม่) and Tha Song Yang Hospital (โรงพยาบาลท่าสองยาง). We have a high level of communication within the hospital system regarding each and every case we refer. Further, BCMF is receiving increasing numbers of referrals from Thai hospitals who rely on our expertise in facilitating treatment for those patients who are illegally in Thailand. It is this constructive cooperation and mutual trust that ensures BCMF's sustainable growth and success.

In 2012, BCMF also supported many Thai citizens to access treatment in the Chiang Mai hospital system. For patients from smaller villages and towns, treatment for complex medical conditions may only be available in a larger city like Chiang Mai or Bangkok. While all Thai citizens are eligible for free or low cost treatment, for some, the cost of travel and accommodation prevents them from

getting much needed treatment. BCMF supports these patients by helping to arrange transportation to Chiang Mai and providing them a place to stay while they undergo treatment.



Artid first came to BCMF in 2008. He was born with an imperforate anus and required a colostomy at birth. He then needed subsequent operations to reconstruct the anus. Artid's mother is Burmese but he is a Thai citizen (his father is Thai) and is entitled to free

healthcare in Thailand. However, treatment for his condition required that he travel back and forth to Chiang Mai from his home in Mae Sot. He and his mother traveled to Chiang Mai a total of 15 times for treatment. Unable to afford the multiple trips to Chiang Mai on her own, she needed the support of BCMF to ensure her son received the treatment he needed. Further, while she was in Chiang Mai getting Artid treatment, a nurse noticed that her second child, Bo, had Ankyloglossia, commonly known as "tongue tie", in which the bottom of the tongue is attached to the floor of the mouth. BCMF supported Bo's treatment as well; he underwent a simple operation and his treatment is now complete.

Partnerships

Thailand

Mae Tao Clinic (MTC) is our local host and has been our main operational partner since 2006. Our team is embedded in the MTC facility, which allows us to have daily contact with our patients, their carers, and the medics who refer them to us. MTC provides in-kind support to our patients including onsite food and housing for those patients that must return to MTC at some point during their treatment. Below is a letter from Dr. Cynthia Maung founder and director of MTC, reflecting on the success of our partnership.



Dear BCMF supporters,

I would like to congratulate the Burma Children Medical Fund (BCMF) on another successful year and thank them for their continued partnership with Mae Tao Clinic (MTC). We have seen BCMF grow from a fledgling program in 2006, to its size today of a thriving program with 189 patients in 2012.

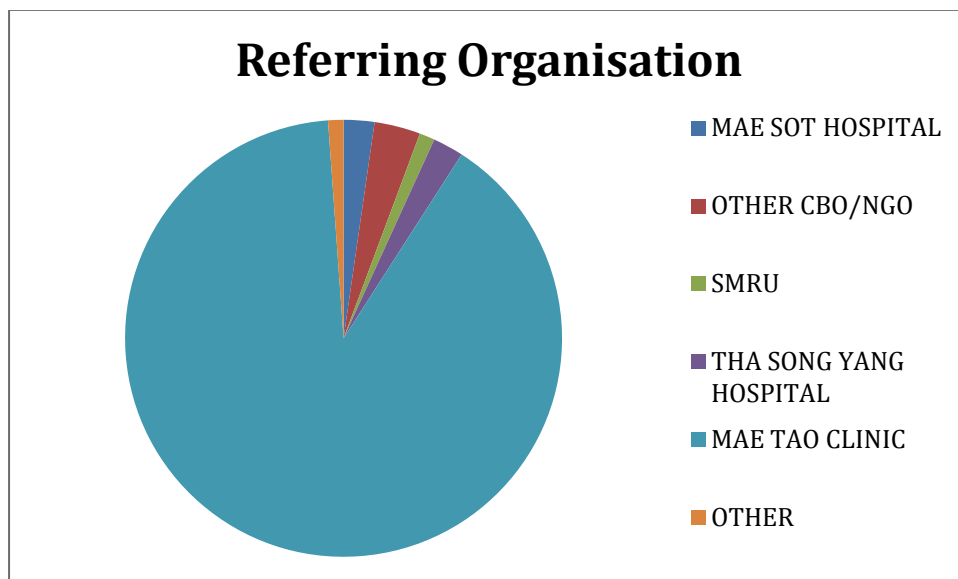
Mae Tao Clinic does not have the resources to perform complex surgeries and BCMF is an invaluable extension of our work. We continue to work in close and effective collaboration with BCMF to ensure that patients coming to MTC can access treatment beyond our capacity to treat. In 2012, of BCMF's caseload of 189 patients, 158 were referred from MTC. Mae Tao Clinic continues to provide in-kind support to BCMF through the provision of office space and MTC personnel. Further, the referral process now works two ways with BCMF now referring patients to the MTC counseling service for additional psychological support when needed.

We welcome this effective collaboration and see this long-standing partnership continuing into the future as BCMF and MTC together face the challenges of providing healthcare services to the people of Burma.

I look forward to facing these challenges together and wish BCMF all the best for the year ahead in 2013.

Dr Cynthia Maung

In 2012, Mae Tao Clinic referred 158 out of the 189 patients registered in our program.



We would like to thank Mae Tao Clinic staff for their ongoing support, cooperation and collaboration in 2012. Highlights of 2012 included a joint training on child protection issues for BCMF and Mae Tao Clinic staff in November. We would particularly like to acknowledge the following Mae Tao Clinic staff:

- * Naw May Soe – Child Outpatient Department
- * Dixie – Child Outpatient Department
- * Paw Pree – Child Outpatient Department
- * Tin Shwe – MTC Referrals Team
- * Naw Ree – Reproductive Health Outpatient Department
- * Muni – Medical Inpatient Department
- * Htike Htike – Medical Inpatient Department
- * Eh Ta Mwee – Surgical Department
- * Dr. Valentine Barbier (Volunteer)
- * Dr. Mary Boullier (Volunteer)

We look forward to another successful year working together with Mae Tao Clinic in 2013.

Child's Dream Foundation (CDF) In 2012 BCMF continued to work closely with our partner organisation, based in Chiang Mai. BCMF refers those patients who fit CDF's criteria for treatment in Chiang Mai to their Children's Medical Fund (CMF) program. BCMF manages the patient's case, providing logistics and patient support, while CDF manages their medical treatment in Chiang Mai. Additionally, BCMF is responsible for processing all necessary documentation with the relevant Thai authorities.



Saw Thar when he first came to BCMF



Saw Thar after surgery in 2012, he was treated in partnership with CDF

The MAP Foundation is a partner of BCMF, with our patients staying at the MAP safe house while waiting for and recovering from treatment in Chiang Mai. BCMF pays for accommodation and food for our patients who stay there. Further, if MAP has a patient with a serious medical condition that requires treatment, they refer the patient to BCMF.

Australia

Union Aid Abroad – APHEDA has been a major partner of BCMF since 2006. With the ongoing help of APHEDA, the BCMF program has been able to expand and adjust program delivery to accommodate our increasing caseload and to help cover a portion of the essential administrative and patient support costs that keep our program running smoothly. In 2012, APHEDA provided significant support to BCMF in conjunction with the **AusAID NGO Cooperation Program (ANCP)** that contributed to major program costs such as medical expenses and additional costs such as capacity building of local staff.

In addition, our partnership with Union Aid Abroad – APEHDA enables BCMF to promote community fundraising efforts within Australia. This is essential given that BCMF's caseload is unpredictable and we sometimes have to launch emergency appeals when faced with funding shortfalls and unusual medical cases which involve greater logistical and treatment costs.

The United States

In the United States, our partner **Burma Border Projects (BBP)** processes donations from our supporters in the U.S. and ensures they receive a tax-receipt. This long-term partnership has been of great benefit to us over the years and we appreciate the long-standing support of BBP.

Also in the United States, our partner the **BK Kee Foundation** has provided support to BCMF for patient treatment costs, as well as providing a salary for our Management and Program Analyst role

which will be filled in 2013. The BK Kee Foundation recognises the value to an organisation, especially one like BCMF that is growing year by year, in having highly qualified personnel and has agreed to support this salary. Our many thanks to BK Kee for the support we have received in 2012.

The United Kingdom

The Karen Refugee Camps Women's Development Group (KRCWDG) is our partner organisation in the United Kingdom; they process donations from BCMF's UK donors and issue tax receipts, thus ensuring people are more likely to donate to us. We appreciate KRCWDG's ongoing support.

Collaboration

In 2012, we had much needed support from a variety of organisations, both locally and internationally. We would like to thank the following organisations for their support in 2012:

- **Alfrink College, the Netherlands**
- **Anna LeMasurier and Macquarie Group Foundation**
- **Australian Volunteers International (AVI)**
- **BNHA**
- **CRESSO**
- **International Rescue Committee (IRC) Border Eye Program**
- **Life Impact International**
- **Operation Smile**
- **Première Urgence-Aide Médicale Internationale (PU-AMI)**
- **Rotary International**
- **Shoklo Malaria Research Unit (SMRU)**
- **The Thai Children's Trust**
- **Women With A Mission**



Nam Zin came to BCMF with a retinoblastoma (cancer of the eye) BCMF worked with the IRC Border Eye program to get her treated and fitted with a prosthetic eye in 2012.



Thank you to all our supporters in 2012!

BCMF has so many individuals in Mae Sot and around the world who we wish to thank for helping us in 2012. There are too many of you to name individually but you know who you are – thank you! We love to hear your messages of support and encouragement - without you BCMF would not exist.

BCMF Visitors in 2012

Part of our work at BCMF is to promote awareness of our services to the local and international community. As such, we welcome any opportunity to meet visitors in Mae Sot and inform them about our work. Additionally, our volunteers come from all over the world; when they return home they can talk to their local communities about the work of BCMF.

In 2012, we had a high-profile visit from **former Thai Prime Minister Abhisit Vejjajiva** and **former Finance Minister Korn Chatikavanij**. Visiting the border to see the projects of various organisations involved in migrant education, they also visited our program to hear about our work.



BCMF's Program Manager, Kanchana Thornton, introduces former Thai Prime Minister Abhisit Vejjajiva and former Finance Minister Korn Chatikavanij to BCMF patients (above and below) and shows them around Mae Tao Clinic.



Dr. Cynthia Maung and former Thai Prime Minister Abhisit Vejjajiva (below left); Kanchana presents BCMF Annual and Quarterly reports to former Thai Prime Minister Abhisit Vejjajiva and former Finance Minister Korn Chatikavanij (below right).





Kanchana and Dr. Cynthia show former Thai Prime Minister Abhisit Vejjajiva around Mae Tao Clinic.

We also had three visits from our partner organisation **Union Aid Abroad-APHEDA** in Australia in 2012. APHEDA initially organised one study tour in April to highlight the work of its partners on the Thai-Burma border; however the demand for the tour was so large that they had to put on two separate trips in September and October to cope with demand! APHEDA visited BCMF three times



Union Aid Abroad-APHEDA study tour group listens to a presentation by BCMF staff

and BCMF was delighted to have the opportunity to speak about our work. As a result of the tours we have had ongoing contact with some of the participants who have returned to Australia and continued to promote BCMF's work in their communities.



Union Aid Abroad-APHEDA study tour group with BCMF patients.

We also get many visits from university students keen to learn about the situation on the border. In 2012, we had visits from law students from Naresuan University in Thailand, as well as the Australian National University in Australia (below).



Staff and Volunteers

BCMF would like to thank the following staff and volunteers for their hard work in 2012:

Staff

Kanchana Thornton: Program Director

Ma Myai: Patient Liaison

Roda Htaw: Assistant Program Administrator

Si Thu Aung: Assistant Program Administrator

Htoo Htoo: Assistant Program Administrator

Jaan: Chiang Mai Patient Liaison

Samantha Carter: Management and Program Analyst



Volunteers

BCMF receives much dedicated support from volunteers around the world, some of this is long-term and some short-term. This type of support is a great help to BCMF as we manage our workload in a resource limited environment. Also, some of our volunteers continue to provide long-distance support to BCMF when they return home.

Linda O'Brien: Long-term

Grace Eickmeyer: Long-term

Luke Palmer – Internship (Australian National University)

Ali Kinsella: Short-term

Pari Chowdhary: Short-term

Liz Smith: Short-term

Alex Popper: Short-term

Anna Apps: Short-term

Katie Camarena: Long-distance

Jacqui Whelan: Long-distance







Annex 1: BCMF 2012 Financial Statement

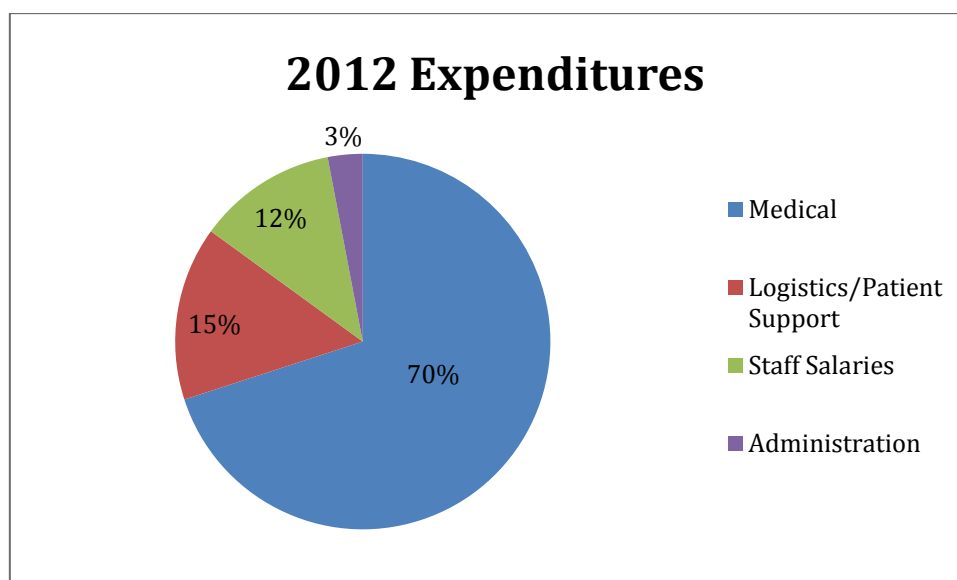
<u>Revenues</u>	<u>2012 (Baht)</u>	<u>2012 (U.S. Dollars)¹</u>
AusAid NGO Cooperation Program (ANCP) & APHEDA	1,231,419 THB	\$41,047
Private Donations via APHEDA	1,536,921 THB	\$51,231
BNHA	1,000,000 THB	\$33,333
Thai Children's Trust: 2012 Big Give Campaign	624,000 THB	\$20,800
Alfrink College	602,219 THB	\$20,074
B.K.Kee Foundation	579,400 THB	\$19,313
Thai Children's Trust	294,975 THB	\$9,833
International Rescue Committee	218,959 THB	\$7,299
Private Donations via Burma Border Projects	160,512 THB	\$5,350
Rotary International	119,271 THB	\$3,976
All Other Donations/Private Donors	939,925 THB	\$31,331
Carryover (Surplus) from Previous Year	-	-
Total Revenues	7,307,601 THB	\$243,587 USD
<u>Expenditures</u>	<u>2012 (Baht)</u>	<u>2012 (U.S. Dollars)</u>
Medical Costs	4,513,766 THB	\$150,459
Logistics/Patient Support	1,009,170 THB	\$33,639
Staff Salaries	816,000 THB	\$27,200
Administration	197,603 THB	\$6,587
Outstanding Obligations (Medical Costs) from Previous Year	55,075 THB	\$1,836
Total Expenditures	6,591,613 THB	\$219,720 USD

¹ All conversions are 30THB=1USD

Notes on BCMF Financial Statement 2012

1. Medical costs include all charges for medical services incurred directly by BCMF. It does not include the costs related to those cases that are funded by our partner organization, Child's Dream Foundation (CDF). CDF covers medical costs for those children under 12 years old that meet a specific set of diagnostic criteria.
2. Logistics and patient support costs include weekly vans from Mae Sot to Chiang Mai, local transport to and from the hospital, accommodation and patient food. Other logistical expenses can include items such as baby formula, diapers, and wheelchair rental.
3. Staff salaries are paid exclusively through pre-existing arrangements with designated donors. Individual donations made in support of medical costs or patient logistics are not used to support staff salaries.
4. Administration costs include items such as IT equipment, office supplies, telecommunication costs, and bank fees.
5. BCMF receives donations from all around the world in many denominations that are then converted into Thai Baht upon transfer. We have used U.S. Dollars as a comparative baseline of the value of the program and 30THB=1USD as an average of the conversion rate given the fluctuations in the dollar throughout the year.
6. The total program expenditure of 6,591,613 THB is equivalent to \$216,118 AUD (30.5THB=1AUD) and £ 148,126 GBP (44.5THB=1GBP).
7. ANCP/APHEDA totaled 2,462,838THB for the period June 2012-July 2013. BNHA funding totaled 2,000,000THB for the period August 2012-July 2013.

Below is a percentage breakdown of our 2012 Expenditures:



*Note: Medical and Logistics/Patient Support are direct patient costs and 85% of our budget went toward these costs in 2012.

Annex 2: BCMF 2013 Financial Projections

<u>Revenues</u>	<u>2013 (Baht)</u>	<u>2013 (U.S. Dollars)²</u>
1. AusAid NGO Cooperation Program (ANCP) & APHEDA	1,231,419 THB	\$41,047
2. Private Donations via APHEDA	540,000 THB	\$18,000
3. BNHA	1,000,000 THB	\$33,333
4. Thai Children's Trust: 2012 Big Give Campaign	1,488,000 THB	\$49,600
5. B.K.Kee Foundation (See note 4)	439,138 THB	\$14,638
6. All Other Donations/Private Donors	351,315 THB	\$11,711
7. Carryover (Surplus) from Previous Year	715,987 THB	\$23,866
Total Revenues	5,765,860 THB	\$192,195 USD
<u>Expenditures</u>	<u>Projected 2013 (Baht)</u>	<u>Projected 2013 (U.S. Dollars)</u>
1. Medical Costs	6,692,735 THB	\$223,091
2. Logistics/Patient Support	1,479,609 THB	\$49,320
3. Staff Salaries	1,327,139 THB	\$44,238
4. Administration	200,000 THB	\$6,667
5. Outstanding Obligations (Medical Costs) from Previous Year	To Be Determined	To Be Determined
Total Expenditures	9,699,483 THB	\$323,316 USD

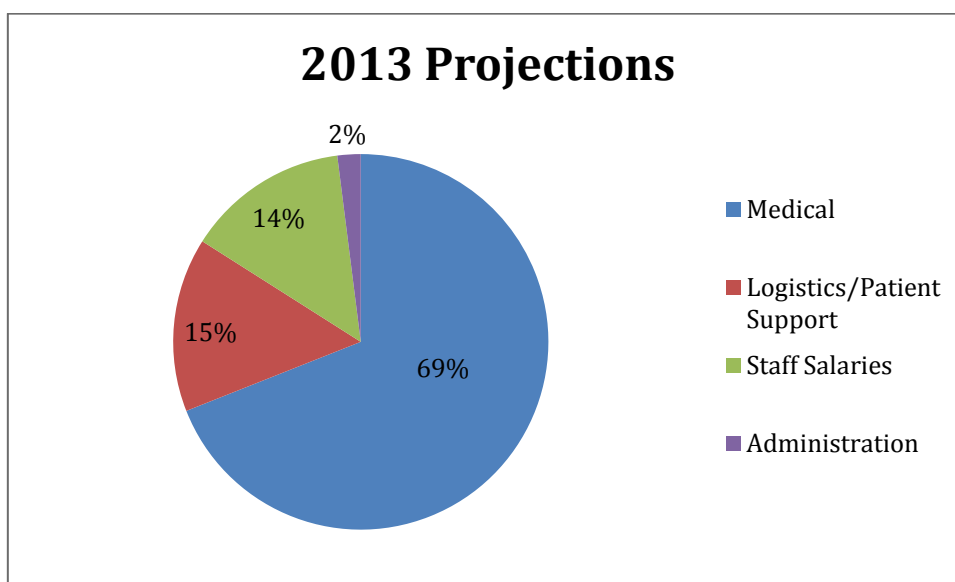
Notes

1. All revenues for 2013 are actual revenues received to date. Expenditures for 2013 are projections based on a) current staff salaries, b) estimated medical and patient support costs based on projected patient caseload, and c) a modest projected increase in administrative costs.
2. In 2012 at least 145 patients' medical expenses were funded directly by BCMF which means our medical costs averaged 31,129.42 THB per patient. We used this figure along with our projected annual caseload (based on our current rates of enrollment) in order to estimate our medical costs for 2013.

² All conversions are 30THB=1USD

3. In 2012 we paid logistical and patient support costs for 266 patients which means our patient support costs averaged 3,793.87 THB per patient. We used this figure along with our projected annual caseload (based on our current rates of enrollment) in order to estimate our patient support costs for 2013.
4. In 2013, we received support from our partner, the B.K. Kee Foundation, to add a staff position to assess and redesign BCMF's monitoring, evaluation and data systems, which contributed, in part, to the increase in the staff salary budget in 2013. This role is necessary in order for BCMF to better manage our patient data and to improve our accountability to donors, especially in light of BCMF's increasing caseload. This includes expanding existing systems for tracking key data on patients and their treatment, establishing monitoring systems to track project activities, revising interview protocols, developing performance indicators to report on patient outcomes, assessing data reliability, and conducting data analysis. This staff member is also assisting with a significant number of program administration and management tasks.
5. BCMF receives donations from all around the world in many denominations that are then converted into Thai Baht upon transfer. We have used U.S. Dollars as a comparative baseline of the value of the program and 30THB=1USD as an average of the conversion rate given the fluctuations in the dollar throughout the year.
6. The total program projected expenditure of 9,699,483 THB is equivalent to \$318,016 AUD (30.5THB=1AUD) and £ 217,966 GBP (44.5THB=1GBP).
7. ANCP/APHEDA totaled 2,462,838THB for the period June 2012-July 2013. BNHA funding totaled 2,000,000THB for the period August 2012-July 2013.

Below is a percentage breakdown of our 2013 Projections:



*Note: Medical and Logistics/Patient Support are direct patient costs and 84% of our budget is projected to go toward these costs in 2013.