



# Burma Children

*Medical Fund* operating to give  
Burma's kids a future

**July - September**

**2015**

## **BCMF Quarterly Report**



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## Overview

The third quarter of 2015, like the previous two, has flown by. The patient statistics for this quarter remains comparable with the second, with patient intake at 66. Twenty-eight patients under the age of 18 were enrolled onto our program. Of those, 10 were referred to Child's Dream and 18 to the Burma Children Medical Fund program. The Burma Adult Medical Fund and the Burma Women Medical Fund program each maintain a high intake of 19.

In addition, ancillary support provided by BCMF saw 18 beneficiaries receive wheelchairs this quarter. All were children under the age of 18 who suffer from conditions such as cerebral palsy and polio. Nine of the children came from Karen State, Burma and nine from Tak Province in Thailand. Beginning with the third quarter of 2015, collection of program statistics will change to no longer include wheelchair recipients under 'diagnoses'. Data from children and adults who benefit from BCMF's wheelchair distribution will be recorded under 'ancillary support'. Please see BCMF's program statistics at the end of this report.

Cyclone Komen made landfall in Bangladesh on 30<sup>th</sup> July. It brought with it strong winds and heavy rains which affected nearly one million people across Burma (ReliefWeb). Twelve of Burma's 14 states were affected and, according to the government, 100 people have died and 1.2 million acres of rice fields have been destroyed (BBC News). As a result of flooding, patients were not able to travel from their homes in Burma to reach Mae Sot and be transferred to Chiang Mai for treatment.

Furthermore, in July, fighting broke out between the *Tatmadaw* (the Burmese army) and the Democratic Karen Buddhist Army (DKBA) over control of a recently completed section of the New Asian Highway, which is to link India, Burma and Thailand. The 25.6 kilometer strip of highway will reduce the travelling time between Myawaddy and Kawkereik from three hours to 45 minutes (AsiaBreifing). As a result of fighting, over 1,000 villagers were displaced from their homes and sought shelter at monasteries. In addition, two civilians were shot dead on the 6<sup>th</sup> of July by

Burmese soldiers, as was reported by the Karen Human Rights Group (KHRG).

Consequently, both a strip of the New Asian Highway and the old road between Myawaddy and Kawkereik were closed intermittently during this time. These disturbances stopped patients from traveling across the border to reach treatment, intake interviews were postponed, patients were unable to return home and a scheduled BCMF patient van trip to Chiang Mai was cancelled as patients were



unable to reach Mae Sot. These disturbances highlight the unpredictability of the region and the uncertainty under which organisations on the border continue to operate.

This quarter also saw a second delivery of supplies to Lah Per Her Clinic in remote Karen State. 90,000 THB (2,500 USD) worth of medicine, equipment and stationary was donated. This will last approximately 6 months and will benefit 29 villages with over 1,532 houses. Prior to the BCMF deliveries of medicines, villagers would have to walk for hours across the mountains to reach a primary healthcare facility. Special thanks go to Betty Berdan for sponsoring the donation and raising awareness through her fundraising campaign.

In July, BCMF was delighted to be able to reunite Naut Naut, a former BCMF patient, with her family four years after being separated from them as an infant. For now, Naut Naut is being taken care of with the help of [Life Impact](#) while she continues with her education. But now, she has the opportunity to stay in touch with her family and be able to support them in the future. Read more about Naut Naut's story here: <http://karennews.org/2015/08/mother-and-child-reunion-i-never-lost-hope.html/>

Furthermore, as part of BCMF's mobility program, on Thursday 27th and Friday 28th August BCMF and Mae Tao Clinic staff conducted a wheelchair fitting training at [The Leprosy Mission Myanmar](#) (TLMM) offices in Yangon and Dala. The training was attended by members of staff from TLMM and nine children were fitted for wheelchairs over the course of 2 days. Carers expressed their delight in the new freedom that the wheelchair has granted for them, and their children. BCMF took the opportunity to train local staff to deliver future wheelchair fitting workshops at disability resource centers around the country.

In August, BCMF Mae Sot team had opportunity to visit BCMF's operation at our Chiang Mai patient house and the hospital where we referred most of our patients. This is an opportunity for staff to get to know each other outside working environment and understand where we refer our patient too. This outing included a visit to the Doi Moo Ser Market, the Elephant Conservation Park and a trip around Chiang Mai with staff, patients and carers. Thanks go to Yvonne Ziegler for supporting the BCMF team visit to Chiang Mai.



## **BCMF's Hydrocephalus Patients: Facing the Challenges**

This quarter, BCMF enrolled three patients who were diagnosed as suffering from hydrocephalus. In light of this, we wanted to highlight some of the challenges that face patients and families such as these.

Infant hydrocephalus is one of the most common abnormalities affecting the nervous system of children around the globe. Left untreated, in addition to pain and suffering, infant hydrocephalus leads to significant brain damage, severe developmental delay, blindness, and ultimately death.

Hydrocephalus is characterized by an excessive accumulation of fluid in the brain. This fluid is cerebrospinal fluid (CSF) - a clear fluid that surrounds the brain and spinal cord. Hydrocephalus may be congenital or acquired. Congenital hydrocephalus is present at birth and may be caused by either events or influences that occur during fetal development, or genetic abnormalities. Acquired hydrocephalus develops at the time of birth or at some point afterward and can be caused by an accident, disease or infection. The role of infection in both congenital and acquired hydrocephalus is the subject of a number of recent and current studies, given the large number of cases found in developing countries.

Many children with hydrocephalus in Burma are not taken to health care facilities for treatment. Reasons include poverty, difficult access, lack of transportation, and lack of understanding of the condition. Early signs and symptoms of hydrocephalus are either ignored or misunderstood.

When treatment is available, infant hydrocephalus is almost always treated by implanting a tube, called a shunt, which drains the fluid from the brain into the abdomen. For patients seen by BCMF a further challenge is shunt failure. Shunt failure is a real risk for many reasons, not the least of which is infection and blockage. Even in developed nations the average patient requires 2-3 operations because of shunt failure during their childhood.

Early diagnosis and treatment, however, improves the chance of a good recovery.

### **Patient Highlight: Thaw Zin**

Thaw Zin, is from Nyaung Lay Pin in Bago, Burma, and received successful surgery for hydrocephalus two days before his first birthday.

His mother told BCMF staff that Thaw Zin appeared healthy at birth, however, she said that his head had increased in size by the time he was one and a half months old. His skull became progressively larger every month. The local Bago hospital was unable to treat Thaw Zin and suggested the family take him to the Yangon Children's Hospital. His family was unable to afford the expense for travel and treatment in Yangon, and had to rely on the traditional medicines available in their village.

When Thaw Zin was 8 months old his family was supported by a visiting military medical unit to travel to the Defense Hospital in Yangon. A shunt was inserted but the surgery was not successful and there was no improvement in Thaw Zin's condition. The shunt was removed and his family returned home a month later. Thaw Zin's mother knew of the Mae Tao Clinic (MTC) on the Thailand-Burma border and decided to travel with her baby 11 hours to MTC where he was referred to BCMF for surgery.



The surgery at Mae Sot General Hospital was successful and his head was decreasing in size. His mother reported that she could now support her child's head with one hand whereas previously it required two. Thaw Zin is more active, his eye movement shows awareness of people around him and he plays with toys and smiles at his mother.

Prior to coming to BCMF, Thaw Zin's mother was resigned to having her son live out his short life at home in their village. With the surgery, she is confident that a life of promise will be available to her son. She applies *thanaka*, a traditional Burmese cream, to her son's face and sings. She encourages him to grow and to seek an education.

## Patients

The two patients chosen this quarter are pertinent examples of people who have been unable to access treatment due to the disproportionate cost of health care in Burma. Without treatment these patients would have lived a severely decreased quality of life, or even died prematurely.

### Patient Spotlight: Tha Moe

When Tha Moe first came to Burma Children Medical Fund (BCMF), he was a 3-month-old baby who suffered from meningocele, a neural tube birth defect involving an abnormal opening in the spine.

His family lives in a village in Burma near the Thailand border; his parents work as day laborers and he has one sister.



After Tha Moe was born at home, his family noticed a small mass on his back that grew larger each day. Upon taking the child to a local clinic, the staff told them the mass would have to be surgically removed.

His mother discovered that a medical group from the Mae Tao Clinic (MTC) was going to visit a clinic in a nearby village so she took Tha Moe for an evaluation. The medical staff assessed the boy's condition and referred him to BCMF so he could receive surgical treatment.

In the past year, Tha Moe has been to Suandok Hospital in Chiang Mai four times for investigations and surgery. His meningocele was then removed in September of 2015.

Tha Moe is now more active and playful. As a consequence of the meningocele, he has not fully recovered feeling in his right leg. However, his mother says that this is improving, and he can now walk a short distance.

His mother said, *"Thank you so much everyone! I feel so happy and relieved now that the mass is gone."*

## Patient Spotlight: Phyu Lwin

Phyu Lwin is a 34-year-old woman who lives in Ye Thae Pyan village outside Hpa-an in Burma. She lives there with her father, her husband and her two daughters. Her husband is a mechanic and earns 45,000 kyat (45 USD) per month. Phyu Lwin used to have a shop where she sold snacks, but she had to close the shop one year ago due to her medical condition.

Phyu Lwin says that she knew about her heart problem for many years. When she was a child, her mother told her that she had a congenital heart condition. However, her mother passed away when she was 11 years old and her father didn't know anything about her heart condition.

One week after she gave birth to her youngest daughter, her legs and abdomen started to swell up and she felt tired at the smallest exercise. She went to a clinic one hour from her village where she received medicine. She returned to the clinic almost every week for about three months. When her condition still hadn't improved, she was admitted to the Hpa-an General Hospital where she stayed for five days. The doctors recommended her to get heart surgery quickly or else her condition would deteriorate. The surgery would cost about 4 million kyat (4,000 USD). Phyu Lwin had no way to come up with such a large amount of money, so she could only return home.



However, a friend of her husband's had been treated with BCMF before. He advised Phyu Lwin to come to here to seek help. She made the journey in September 2015 and is now waiting for the free echo screening to be held at Mae Sot Hospital on the 7<sup>th</sup> November. Once her cardiac condition has been diagnosed, she will be given a surgical schedule.

Over the last few years, Phyu Lwin has had to borrow money for her treatment and so she incurred a lot of debt. She feels depressed and thinks that she is a burden for her family. Phyu Lwin cried during her intake interview with BCMF – from the grief that she has experienced trying to get treatment.

Please consider making a donation in support of Phyu Lwin's treatment, allowing her to return to her family and live with health and dignity.

## Looking forward...

On the 21<sup>st</sup> November, Citylife Garden Fair 2015 is happening at the JJ Hobby Market. Every year, the proceeds from the fair is donated to two charities and this year BCMF has been chosen to be one of them. If you're in Chiang Mai or know anyone who is then come and join us for some food, drink, shopping and *thanaka* face painting!



**BCMF Program Statistics**  
**July – September 2015**

	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter
<b>Total number of new cases across the program</b>	<b>124</b>	<b>88</b>	<b>66</b>
Children- BCMF	52	42	18
Children- CD	17	15	10
Adult- BAMF	33	13	19
Gynecological cases – BWMF	22	18	19
<b>Diagnoses</b>			
Cardiac Disease	49	18	12
Obstetric/Gynecological Condition	22	19	20
Gastrointestinal Condition	4	4	6
Ophthalmology Condition	0	0	2
Neurological Condition	5	3	5
Benign Growth/Benign Tumor	4	6	6
Congenital Musculoskeletal Deformity	19	2	1
Urological/Kidney Condition	4	4	10
Cancer	0	1	0
Severe Burns	0	1	0
Haematological Condition	1	2	1
Orthopedic Condition	2	2	1
Plastic/ Reconstruction	0	0	1
Other (severe jaundice)	0	0	1
Wheelchair	14	26	N/A**
<b>Ancillary Support</b>			
Wheelchair	N/A	N/A	18
<b>Patient's home state/division</b>			
Karen State	70	36	43
Tak Province	18	20	26
Bago Division	5	3	7
Mon State	8	24	5
Mandalay Division	1	0	0
Shan State	1	1	0
Ayeyarwady	3	0	1
Sagain	1	0	0
Yangon	6	2	0
Rakhine	1	0	0
Magway Division	6	0	0
Kachin State	0	1	0
Thailand Other	4	1	2

\*\* From the third quarter 2015, distributed wheelchairs now fall under 'ancillary support.'