



Burma Children

Medical Fund operating to give
Burma's kids a future



Annual Report 2013

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The Director's Overview

As 2013 ends, we reflect on the changes we have seen over the last year and what those changes mean for BCMF. In 2013, we enrolled a total of 261 patients, up from 189 in 2012. This represents a 38% increase in patient enrollment.

We have seen a substantial increase in patients with complex diagnoses such as cardiac disease and cancer. In 2013, patients with cardiac disease represented 35% of our total caseload. Cancer patients

have increased from 3 patients in 2012 to 17 patients in 2013. While cases needing complex medical treatment has increased, BCMF has also seen more patients needing treatment for more readily treatable conditions, such as kidney stones or enlarged prostate. Early intervention is necessary because these patients are often unable to access treatment due to a lack of proper facilities, money and basic medical care – and without early treatment these conditions can become chronic.

BCMF has attributed the dramatic increase in patient enrollment to sustained ceasefires in Karen State. This has made it easier for patients to travel in search of treatment. The resource constraints in Burma's run down health care system, forced many patients to seek treatment in Thailand. These constraints include a lack of advanced medical equipment outside of Rangoon and Mandalay, and a limited number of specialists-cardiologists, neurologists, and oncologists. For patients attempting to get treatment for complex medical conditions such as cardiac disease or cancer, as well as those requiring relatively minor surgery, this can mean traveling long distances in search of treatment. Many people do not attempt the journey, knowing that they could not afford treatment. Patients that do travel to Rangoon or Mandalay in search of treatments find that they cannot afford the costs.



There is potential in Burma's recent political reform for improvement and the international community has pledged to assist Burma in its development. However, in the daily lives of our patients little has changed. Patients tell us they have to pay for almost everything at the hospital or clinic, including medication, syringes, wound dressing, and even assistance from hospital staff. This, according to Dr. Vit Suwanvanichkij, is because Burma is "probably the most privatized health system in the world", where the vast majority of people cannot afford to pay. In 2012, the World Bank reported that 67% of Burma's population lives in rural areas, and international reports estimate that up to 70% of the population in rural areas in Burma face significantly increased rates of poverty. In January 2014, the World Bank announced a pledge of \$2 billion in development aid, including \$200 million earmarked for helping Burma provide universal health coverage by 2030. For this to work it needs to be coupled with a coherent strategy from the government, ethnic community-based-organizations and health professionals. Building and sustaining the country's antiquated and underfunded healthcare system will take decades. Although the Burmese government made a modest increase in healthcare spending in 2013 to 3.9% of the country's total budget, this is ridiculously low when compared to the rest of the world.

This year's increase in patient enrollment reflects a new reality for BCMF and we have adjusted accordingly. Our enrollment criteria have not changed. BCMF believes that everyone has a right to healthcare and we strive to provide this regardless of age, sex, race, religion or legal status. BCMF does not have any restrictive criteria for admission to our program, however, funding constraints mean that we cannot accept patients who have come to us late in their illness and who have a poor chance of survival. The increase in complex cases, particularly cancer, means that if funding does not correspondingly increase, we will have to reject more of these cases. Nevertheless, BCMF aims to treat as many patients as we can who seek our help.

In addition to the increase in patient enrollment, 2013 proved to be an instrumental year for BCMF as our program continued to grow.

In 2013, BCMF established a house for our patients receiving treatment in Chiang Mai. The response from BCMF friends in supporting the establishment of the house was



overwhelming. The efforts of our staff members in Chiang Mai, Waan and Jan, along with patients and their caregivers, worked day and night, between hospital visits and daily tasks, to renovate the house. Their commitment and the energy to turn the house into their home away from home were inspiring.

BCMF again collaborated with a diverse range of Thai institutions and agencies. The mutual trust built up over the last eight years has ensured that Thai health facilities, health professionals and security organizations continue to support the work of BCMF.

Thank you.....

I would like to thank the many organizations and BCMF supporters that we worked with in 2013. Without your valued help we would be unable to do our essential work.

Looking ahead to 2014, BCMF plans to further expand our services and programs as we reach out to those patients without access to treatment in the major cities and towns in Burma. We are building partnerships with Thai border hospitals, such as Tha Song Yang Hospital and Mae Ramat Hospital, to allow Burmese patients with minor conditions to access treatment. BCMF is working on a pilot project in partnership with Ler Per Her Clinic in Burma. In 2014, we plan to build on that partnership, raising funds to provide essential

medications to the clinic and putting in place mechanisms to allow patients that come to Ler Per Her Clinic with minor and complex medical conditions to be referred to BCMF. We are working with medics from remote communities to speed up the referral of process patients to BCMF. In 2014 BCMF are working to ensure that documented migrant workers are aware of their legal entitlements to health care in Thailand and to support them to access treatment.

In 2014, BCMF will begin monitoring patients' immunization records to make sure both mothers and children are up-to-date on key vaccinations. BCMF regularly treats children with a variety of congenital birth defects, some of which can be prevented by ensuring that women of childbearing age are up to-date on their vaccinations.

In 2012 the Centers for Disease Control reported that women who have a rubella infection during their pregnancy have an increased risk of giving birth to children with congenital cataracts, glaucoma, heart disease, hearing impairment, and eye problems. Ensuring that women of childbearing age have had key vaccinations can help to prevent many of these congenital birth defects. UNICEF reported that, "Immunization is one of the most successful and cost-effective public health interventions. Global efforts to immunize children with vaccines against life-threatening diseases avert millions of deaths per year along with countless episodes of illness and disability."

BCMF has registered over 1,200 patients for treatment since 2006 - without treatment - many of these patients would have died or would have lived with a reduced quality of life.

Despite the challenges, with so many of our supporters committed to BCMF's work, both internationally and locally, we can look forward to 2014 in the hope that BCMF continues to deliver healthcare to people from Burma.

Thank you all for your support,



Kanchana Thornton

Dr. Cynthia's Letter

Dear BCMF supporters,

Once again the Burma Children Medical Fund and Mae Tao Clinic have had another year of successful partnership and collaboration, and I thank them for their support in 2013.

BCMF experienced an unprecedented 38% increase in their patient caseload in 2013, a total of 261 patients, of which 207 were referred by MTC. Mae Tao Clinic was once again the primary source of referrals for the program.

Together BCMF and MTC are facing the challenges of the changing political landscape in Burma as more patients with complex medical conditions face the challenge of accessing healthcare not available to them at home and travel to the Thai-Burma border seeking treatment. While at the same time, funding is being redirected inside Burma and away from the border.

Most of these patients with complex medical conditions travel to Mae Tao Clinic as their last hope of getting treatment. Without BCMF, the clinic would have no way of providing services to these patients with our limited funding. Thus, BCMF is an essential extension of the clinic's work. Together we will continue to face the challenges and complexities involved in providing access to healthcare for the people of Burma.

I once again look forward to another year working with Burma Children Medical Fund in 2014 as they provide much needed care to the people of Burma.

Sincerely,



Dr. Cynthia Maung

About Burma Children Medical Fund (BCMF)

The Burma Children Medical Fund (BCMF) was established at the Mae Tao Clinic 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 a tertiary hospital for treatment. The situation for the majority of these children and their families was further complicated by their lack of financial resources and their undocumented status in Thailand. As children of migrant workers in Thailand, or refugees, or people traveling cross-border from Burma, these children did not have access to the medical treatment they desperately needed.

Without 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.

It is important to remember that the choice to come to Mae Sot has very real consequences for the families of BCMF patients. When parents come to Mae Sot with a sick child, they may leave other children and family behind. Many parents report that they must temporarily stop working or quit their jobs to come to Thailand to seek treatment for their child. In other cases, parents may have borrow money from loan-sharks, friends and family to help sustain them during the course of their child's treatment. The choice to come to Mae Tao Clinic and BCMF has significant consequences for many families and shows the level of love, dedication, and desperation families feel trying to get treatment.

The reason the majority of our patients have to travel 400 kilometres to Chiang Mai for treatment in the Thai hospital system is because the complex treatment they need is not available at local hospitals or clinics. Patients who need simple surgery can be treated locally at Mae Sot General Hospital. BCMF has working relationship with many hospitals in the region to ensure our patients have access to quality care. These include Mae Sot General Hospital (โรงพยาบาลแม่สอด), Mae Sot Ram Hospital (โรงพยาบาลแม่สอดราม), Tha Song Yang Hospital (โรงพยาบาลท่าสองยาง), Mae Ramat Hospital (โรงพยาบาลแม่ระมาด),

Umphang Hospital (โรงพยาบาลอุ้มผาง), Lampang Hospital (โรงพยาบาลลำปาง), McKean Rehabilitation Center, and Maharaj Nakorn Chiang Mai Hospital (Suan Dok Hospital) (โรงพยาบาลมหาราชนครเชียงใหม่).

This year BCMF saw more ethnic Thai patients asking for assistance. It is worth noting that Thai hospitals and international organizations refer patients to BCMF for case management, as BCMF ability to facilitate the movement of patients in Thailand for treatment.

Our Programs

Since its foundation, BCMF has expanded its services beyond the treatment of children. While more than 50% of our patients are children, we have established two additional auxiliary programs to treat adults, the Burma Adult Medical Fund (BAMF) and the Burma Women Medical Fund (BWMF). In recent years it has become evident that BCMF could treat special adult cases (often young adults with families) who would die prematurely or who would have severely incapacitated lives without treatment.



Burma Children Medical Fund (BCMF)

BCMF treats children under the age of 18 with a variety of conditions including cardiac disease, cancer, blood disorders, gastrointestinal conditions, urological problems, burns, and neurological conditions. Our partner organization, Child's Dream Foundation (CDF), funds treatment for a portion of our BCMF patients. Specifically, for those children under the age of 12 that have one of five congenital conditions: anorectal malformations, congenital heart disease, congenital Hypospadias, Meningocele, and congenital musculoskeletal deformities such as cleft lip and palate.

Burma Adult Medical Fund (BAMF)

BAMF was established to treat special adult cases that have a good prognosis with surgery or treatment. Every year, we have seen an increase in patients of all ages, and demand always outpaces the available resources. Adults who are strong, healthy, and able to work can better maintain households and make positive contributions to their communities. We see many adult patients with health problems related to living and working in an unsafe environment. Others have congenital conditions that they have lived with their whole lives, some without realizing it. We treat adults with a wide variety of conditions including heart disease, urological and kidney conditions, cancer, severe burns, and gastrointestinal conditions.

Burma Women Medical Fund (BWMF)

The BWMF program aims to treat women with gynaecological conditions that leave them severely debilitated. Gynaecological conditions are not always seen as serious because they are often not life threatening; however they severely impact a patients' quality of life. BWMF aims to fund the surgical and support costs involved in common gynaecological conditions such as uterine prolapse, ovarian cysts, and uterine myoma (fibroids).

The majority of BWMF patients can undergo surgery at a relatively low cost at the Thai hospital in Mae Sot. BCMF works closely with Mae Tao's Reproductive Health Department to manage this program. Because the majority of BWMF patients can undergo surgery at Mae Sot Hospital, costs are usually lower and as a result, more patients can be treated.

A report, Chronic Emergency, published by the Back Pack Health Worker Team presents a direct correlation between human rights abuses in eastern Burma and reproductive health outcomes, showing that these abuses are directly related to the “downstream effects of war and poverty.” The debilitating gynaecological conditions women on the Thai-Burma border suffer from are directly linked to poverty and lack of access to resources.

BCMF Patient Criteria

BCMF 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.



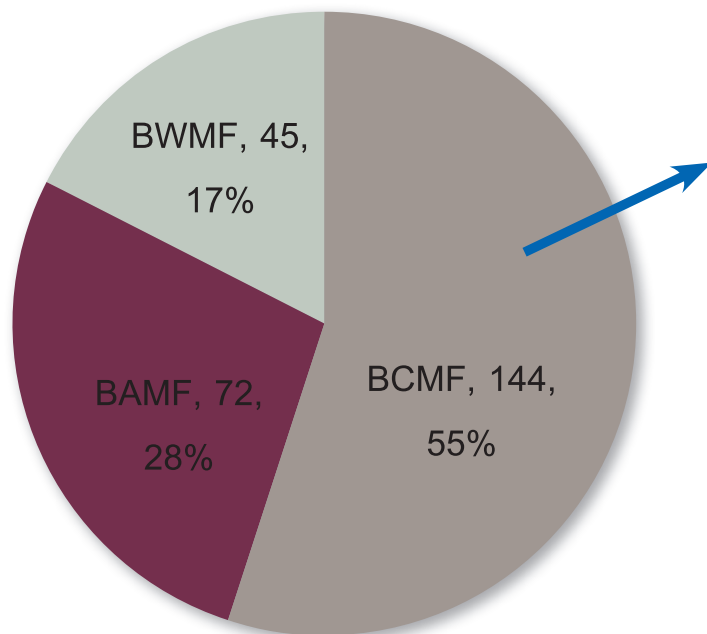
Patient Statistics for 2013 – Program Impact and Coverage

In 2013, BCMF enrolled 261 patients into the program. Each year, our caseload continues to increase and we anticipate this trend will continue in 2014. We transported a total of 342 patients to Chiang Mai for treatment in 2013. This number represents patients enrolled in previous years that are still undergoing treatment as well as new patients registered in 2013.

BCMF received referrals from many organizations in 2013; however, Mae Tao Clinic remained our main referring agency with 207 patients referred to BCMF. We are also getting referrals coming from Thai hospitals and refugee camps as a result of increased cooperation. In 2013 our patients came from all over Burma and Thailand, the majority came from Karen State, reflecting our proximity to this region. In total, 67% of our patients came from Burma, and 115 of these patients from Burma came from Karen State.

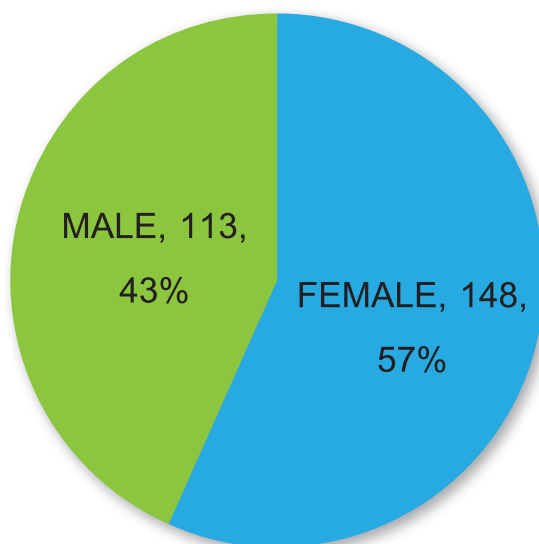
Following are some program statistics for 2013

New Patients Enrolled in 2013



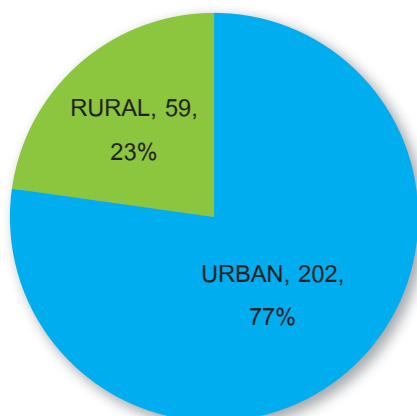
In total, 48% of BCMF patients are children under 12 with one of 5 congenital conditions. While BCMF provides logistical, medical, and social support to these patients in Mae Sot and covers the cost of their transportation to and from Chiang Mai, the cost of their surgery is funded by our partner, Child's Dream Foundation

Gender

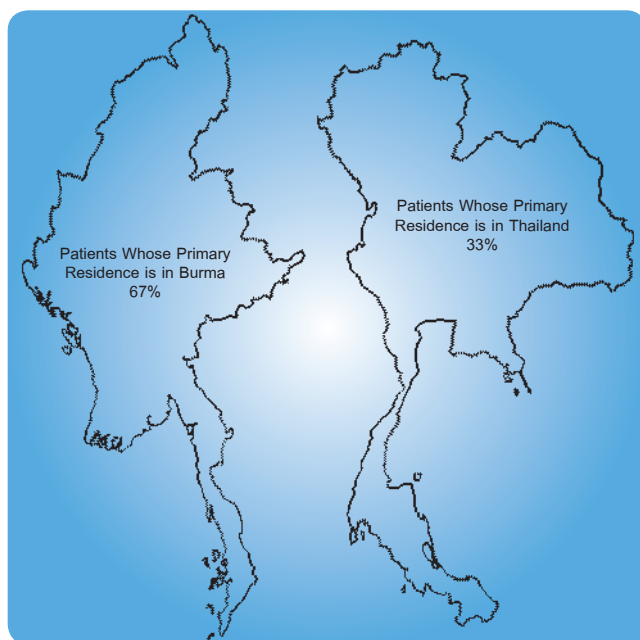
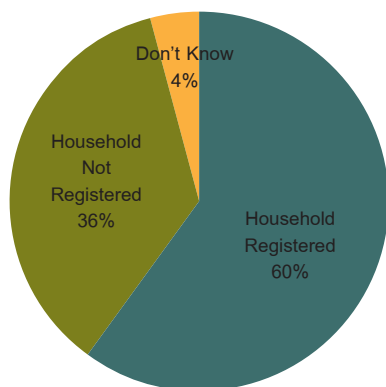


**In total, 17% of our patients were women with gynecological conditions funded under our BWMF program. This accounts for the slightly higher percentage of women than men treated in 2013.*

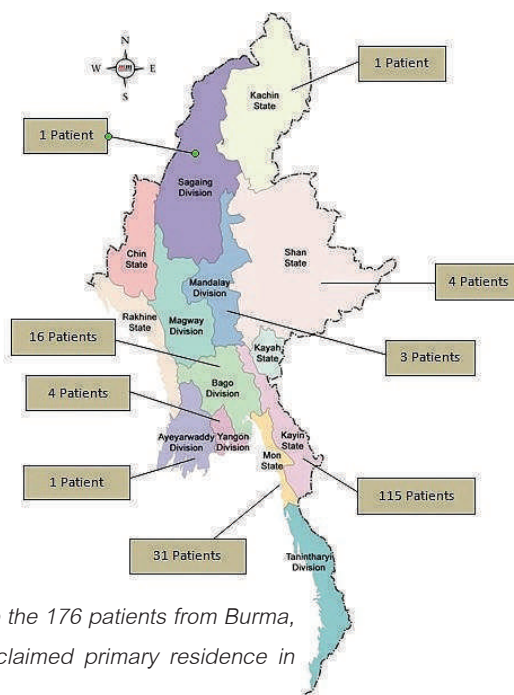
Urban vs. Rural



Household Registration Status in Burma



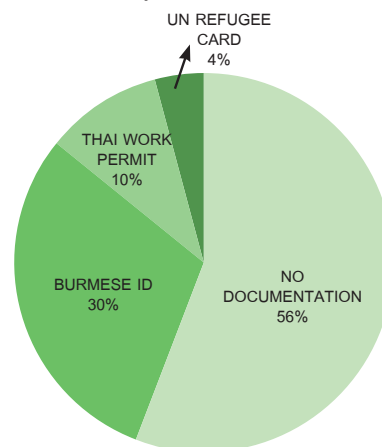
In 2013, 67% patients claimed their permanent place of residence as Burma. Another 33% claimed their permanent residence as Thailand.



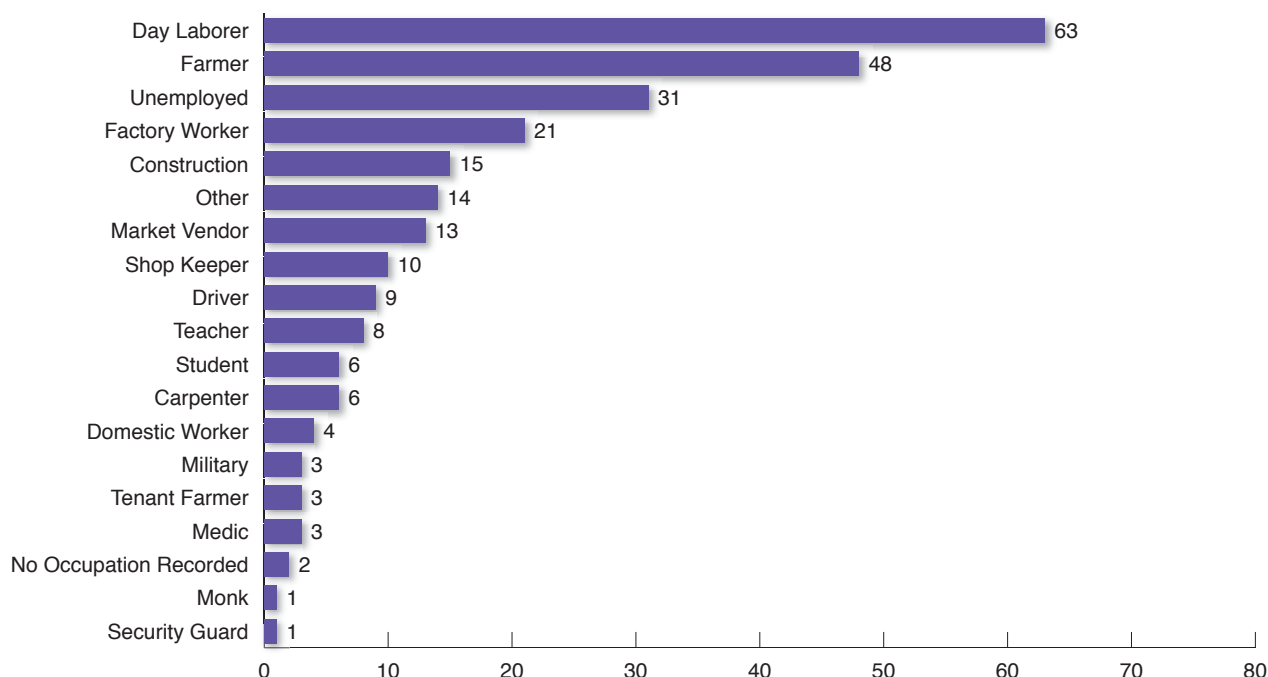
In addition to the 176 patients from Burma, 85 patients claimed primary residence in Thailand:

- A total of 60 patients came from Tak Province. Tak Province is on the Thai-Burma border and is within two hours drive of Mae Sot where Mae Tao Clinic and BCMF are located.
- Another 12 patients reside in refugee camps along the Thai-Burma border. The largest refugee camp in Thailand, Mae-La, is about an hour away from the BCMF office
- A total of 6 patients were living in Bangkok. Many people from Burma find jobs in Bangkok as migrant workers, working in factories, construction, and as domestic laborers.
- Another 6 patients came from other regions in Thailand

Primary Documentation



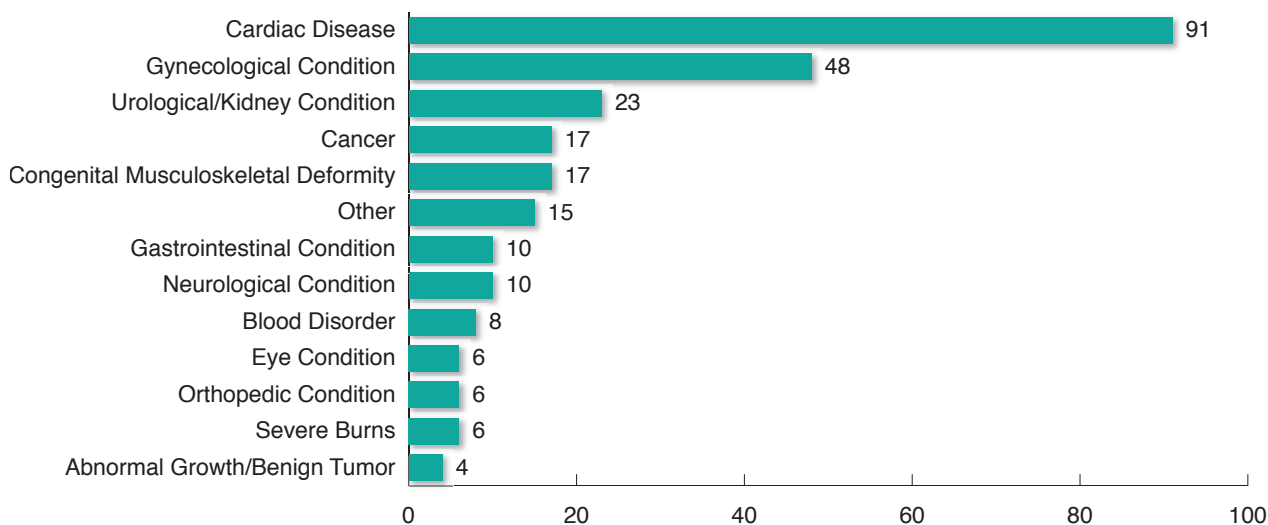
Occupation¹



¹ BCMF tracks the occupation of the primary income earner in the family.

The majority of our patients work in low-income occupations earning on average between 3,000 and 4,000 kyat (\$3.50 USD) per day. In 2012, the World Bank reported that 67% of Burma's population lived in rural areas and international reports estimate that up to 70% of the population in rural areas in Burma face significantly increased rates of poverty, making it impossible for many to pay for even basic health care expenses, let alone advanced investigative procedures or treatment.

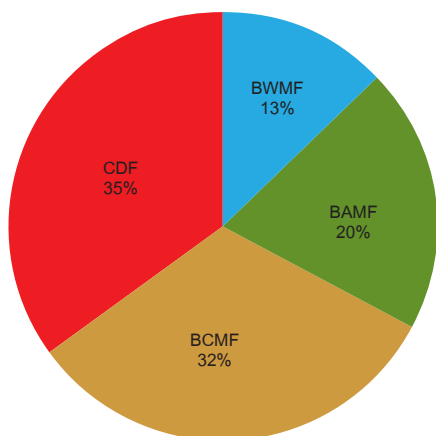
Diagnoses 2013



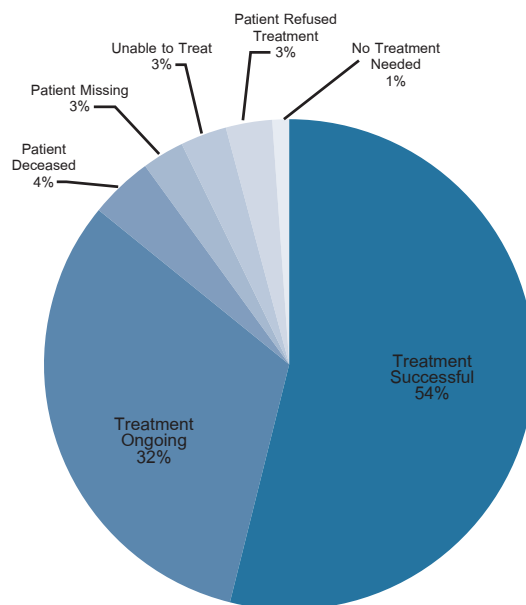
Patient Outcomes

¹ BCMF provided initial testing, support, and transportation to 342 patients in 2013. BCMF provided funding for the treatment of 221 patients, while our partner in Chiang Mai funded treatment for the remaining 121 patients. CDF funds treatment for children under 12 years of age that have one of five congenital condition including cardiac disease, anorectal malformation, hypospadias, meningocele, and musculoskeletal deformities such as cleft lip and palate.

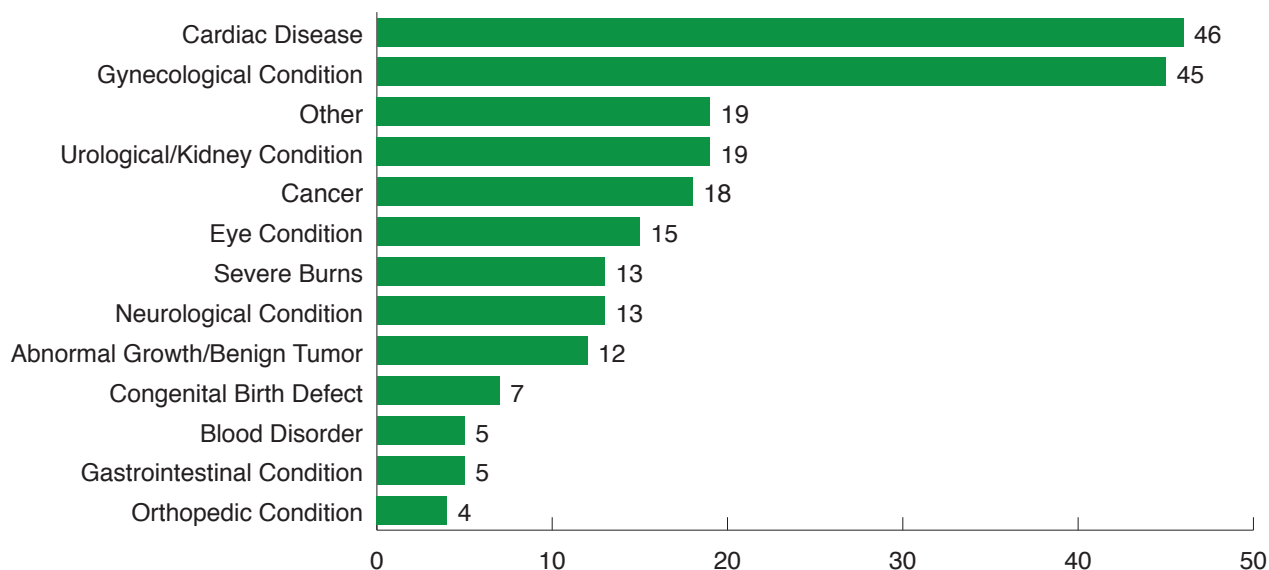
BCMF provided treatment support to a total of 342 patients in 2013*



Patient Refused Treatment



Patients Treated in 2013 (by diagnosis)



Procedures

Outpatient Investigation and Testing	132
Outpatient Follow-up	75
Echocardiogram	47
Cardiac Surgery ¹	35
Chemotherapy	30
CT Scan	30
Hysterectomy	37
Urological Procedure/Surgery	23
Other	21
Gynecological Surgery - Other	20
Ophthalmological Procedure/Surgery	17
Orthopedic Procedure/Surgery	13
Burn Care/Skin Graft	10
Biopsy	9
Cardiac Catheterization	9
MRI	9
Surgery to Release Burn Contracture	9
Surgical Removal of Mass/Abnormal Growth	8
Surgery - Other	7
Gastrointestinal Procedure	6
Inpatient (Other)	6
Radiation	5
Angiogram	4
Plastic Surgery - Other	4
Ultrasound	4
Neurological Surgery	4
Closure of Spina Bifida	3
Myomectomy	3
Repair of Cleft Lip	3
Total	579

¹ Cardiac surgery includes aortic valve replacement, ASD closure, PDA closure, total correction, valvuloplasty, mitral valve repair, VSD closure, etc.

Highlights in 2013

Looking back at 2013, there have been many highlights – but perhaps the greatest is the number of patients we have managed to help. Patients like San San, U Tu, and Ma San who, without our programs, would live severely debilitated lives or die prematurely.

We would like to spotlight the fundraising efforts of some of our supporters in 2013; without support like this, BCMF would not be able to treat so many patients. Thank you for your efforts.

Thai Children's Trust—The Big Give Appeal

In 2012, the Thai Children's Trust selected BCMF to be its designated recipient of funds raised in the UK's annual Big Give Appeal. The Thai Children's Trust is the largest UK charity working for disadvantaged and disabled children in Thailand and surrounding countries, supporting projects in Pattaya, Rayong, NongKhai, and Burmese migrant communities on both sides of the Thai-Burma border. The Big Give appeal gave donors a chance to double their donations to BCMF over a three-day period in December 2012. Thanks to Thai Children's Trust, the appeal was a huge success and raised nearly £50,000 for BCMF. The funds helped to cover 17% of our patients' medical costs in 2013. Thanks to the Thai Children's Trust and all donors who helped make the appeal such a success.



Htet Wai

Htet Wai is a 16 year-old boy with Tourette syndrome who came to BCMF in early 2013. When Htet Wai was 11, his parents noticed that he developed a tic in his right eye that over time became worse. He soon experienced tics all over his body, unable to control his legs and arms from twitching and kicking. As his condition deteriorated, his parents sought treatment at various clinics and hospitals in Burma. Htet Wai's condition would improve then decline time and time again. Due to the severity of his

condition and regular hospital visits, his parents went into debt.

Htet Wai got a head injury when a severe tic caused him to hit his head on his bicycle causing his head to swell. His parents took him to Mae Tao Clinic on the Thai-Burma border, travelling 24 hours to get there. Htet Wai's case was referred to BCMF. While waiting at the MTC to return to Mae Sot Hospital for a head CT scan Htet Wai's cyst burst. ~ treatment, his symptoms eased. When Htet Wai first arrived his eyes were droopy, his lips were swollen, and it took great effort to hold his head up for very long due to the weight of the cyst. When Htet Wai came to BCMF he was shy and embarrassed about the appearance of his large cyst. After treatment he was walking around the clinic, talking excitedly and telling animated stories to patients, medics, and BCMF staff. His tics have also decreased.

Htet Wai underwent therapy with the Mental Health Department at Mae Tao Clinic – learning exercises aimed at strengthening his focus and to help his tics. Htet Wai says he hopes to study medicine and become a doctor, just like the doctors he met at Mae Tao Clinic.





Echocardiogram Screenings

Suandok and Lampang Hospital teams visited Mae Sot Hospital to run free, echocardiogram screenings for children and adult patients with suspected heart disease. A large number of patients came from Mae Tao Clinic for the screening and once diagnosed, many patients were referred to BCMF for treatment. BCMF with our partner organization, the Child's Dream Foundation supported many of these patients.

Watsi

In 2013 BCMF established a partnership with Watsi, a pioneering global crowd-funding platform that allows supporters to pledge as little as \$5 to fund treatment for patients around the world in resource poor environments. In 2013, Watsi committed to funding (either wholly or partially) 81 BCMF patients.



How Donations Make a Difference



BCMF had a beautiful reunion with one of her earliest patients. Pwin Hnin came to BCMF in 2006 with cardiac disease. She was at the clinic with her mother who was giving birth to her third child and we were delighted to see how Pwin Hnin has grown.



Kwa Nyo is one of BCMF's earliest patients. Kwa Nyo saved up her pocket money for months to buy Kanchana a "longyi" (traditional Burmese sarong) as a gift. Kwa Nyo, now a healthy 12-year-old and who intends to study very hard to fulfill her dream of becoming a doctor



Tha La returned to BCMF concerned that she may be having some recurring health problems after her treatment in 2006 for a meningocoele (a type of spina bifida). After examination her problems could be addressed with some simple daily exercises. Tha La is doing well since treatment and excels at school. Her parents said that they "dare not to think what her future would have been without treatment"



Donations

BCMF are thankful for the many donations we received in 2013. Many of our supporters took the trouble to knit, weave, make quilts and raise funds to help us take care of our patients.



A Big Thank You to the Migrant Assistance Program (MAP) Foundation

BCMF thanks our long-time partner, the Migrant Assistance Program (MAP) Foundation for its help over the year.

The work that MAP does is essential to documented and undocumented migrants workers in Thailand. MAP goals are to advocate for migrant rights, working together with migrant communities to stand up for their rights and to strive to educate and empower themselves.

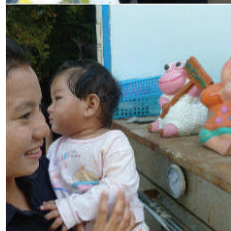
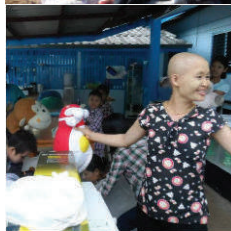
Among their many activities, MAP runs an emergency safe house in Chiang Mai to provide a place of refuge for migrant workers in crisis. In 2006, MAP agreed to allow BCMF patients and their caregivers to stay at its safe house while undergoing medical treatment in Chiang Mai. In addition to providing patients with food and accommodation, MAP also provided a variety of activities and classes, including art and craft activities, language classes, and health education seminars. As part of its agreement, BCMF reimbursed MAP for the costs of patient's food and accommodation. Providing our patients and their caregivers with a safe place to stay in Chiang Mai has always been a key element of BCMF's program.

We would like to thank MAP for its support over the years.

Our Move - BCMF Patient House



In addition to funding patients' medical treatment and support services, BCMF provides patients with food and accommodation for as long as they are undergoing treatment. BCMF previously paid each patient for food and accommodation provided by a partner organization in Chiang Mai. Due to the increase in BCMF's patient caseload our needs expanded beyond what our partner organization was able to provide.



In 2013 BCMF set up its own patient house. BCMF supporters rallied to the cause and raised enough funds to set up the patient house. The response we got from our supporters was overwhelming. Debbie Singh in Australia, after months of fundraising, raised \$10,000 and the Japan Association of Mae Tao Clinic (JAM) raised \$3,000. In October 2013, BCMF launched a fundraising campaign to fund the \$5,000 for start-up costs - we raised \$5,285.

The effort put in by patients and BCMF staff in Chiang Mai was impressive. Our patient liaison in Chiang Mai, Jan, a former builder, took on the job of renovating the new house. Staff along with patients who were well enough and their caregivers worked to build their new home. Many patients said this was their way of contributing to BCMF. Patients have told us that if we ever need their support again they will come back and put another house together.

The patient house opened in December 2013 and patients getting treatment in Chiang Mai moved in. Thanks to all who contributed to get the house up and running and who helped spread the word about the fundraising campaign.



Debbie, Yvonne, and Gale all made visits to the patient house as it was being renovated and even rolled up their sleeves to do some of the work, shopping for supplies and helping the patients and staff to plant a garden.

Many household goods were donated including furniture, appliances and toy. Thank you to the Internews Chiang Mai team and John Manning for their support.



Patient Activities and Education

BCMF patients took part in health and welfare education and other social activities at the patient house in Chiang Mai as part of our social support provided to patients. This included sex education and family planning, disease prevention, HIV prevention, Thai language classes, arts and crafts, and patient outings in Chiang Mai.



Social Support

One of the challenges BCMF faces is to make sure that patients from Burma successfully complete their treatment. 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 stops work to travel to Chiang Mai with their child for treatment. Adult patients have to leave children behind with family or neighbors as they undergo treatment. Patients who live deep inside Burma need help arranging accommodation in Mae Sot.

When accepting a patient into the program, BCMF conducts a thorough interview to understand if the family has any major problems that will need to be considered before, during, or after treatment, this includes 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 access schooling during treatment.

Patient Stories

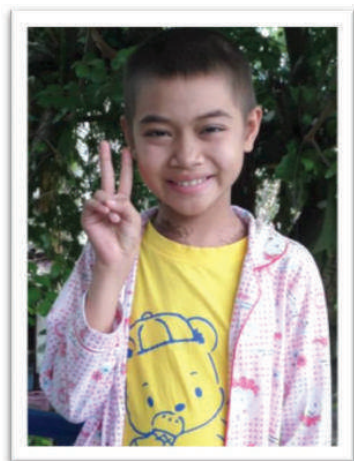
Burma Children Medical Fund (BCMF)



San San, 11, came to BCMF with a mass on the right side of her neck that she had since she was seven year old. She had frequent bouts of fevers and fatigue. Her parents took her to a local medical clinic in Mon State where she was prescribed tuberculosis medication for six months. After no improvement, her parents took her to a hospital in Rangoon, San San had an x-ray and was told to return for a follow-up appointment five days later to remove the mass. The travel and hospital visit cost her family 200,000 Kyat (\$200 USD). Following the procedure, San San's neck looked normal. She was told to return to the hospital for two more follow-up appointments.

15 days after surgery, the mass re-appear and within three months, it was larger in size than it had been prior to surgery. San San returned to the same hospital and went through a second surgery. Two weeks after the second procedure, the mass once again appeared. Seven months later, she had a third procedure at the same hospital with the same doctor. After, her parents could not afford more treatment. San San's now suffered fevers and nosebleeds.

Her parents made the journey to Mae Tao Clinic after referral, BCMF sent San San to Chiang Mai for investigation, doctors diagnosed the mass on her neck was cancer. On January 11, 2013 San San was admitted for chemotherapy. After chemotherapy, the mass became smaller. After the third round of chemotherapy, the mass disappeared. The doctor told her father that the chemotherapy was successful. San San began radiation treatment five times a week for three weeks-she had difficulty eating and also lost her hair. Once radiation was complete, more x-rays were taken to make sure the cancer had not spread.



San San father was stressed, but after speaking with the Thai doctors and nurses he was told that they would be able to treat his daughter. He said he felt as if he had won the lottery. He said that there is no comparison between the care and treatment she received in Chiang Mai and the experience they had at the hospital in Burma.

San San, father thanked BCMF, the donors, the nurses and doctors at Suan Dok Hospital for “giving his daughter a new life”.

Burma Adult Medical Fund (BAMF)

U Tu from Naung Lone Village in Karen State, quit farming because of his family's financial situation – he needed money so he left his home and went to Bangkok to work as a security guard. In Bangkok, he earned 7,000 baht (\$215 USD) a month, just enough to cover his expenses and to send money home.



In April 2013, U Tu noticed that the vision in his left eye was blurred so he went to a private clinic in Bangkok. The doctor gave him medicine and recommended he go to a hospital to get his vision checked. Since he did not have documentation and was afraid of being stopped by the police, he did not go.

U Tu wanted to get treatment in Bangkok, but as he was undocumented he had no entitlement to medical care. U Tu returned to Burma to get treatment. He went to a private clinic in Hpa-an, the clinic was run by a local surgeon/specialist, had more equipment than a government hospital and cost 15,000 kyat (\$15) a visit. The clinic did an x-ray of his eye and nose and gave him three days of medication. Doctors asked U Tu to come back three days later to get the results of the x-ray. The x-ray was unclear and the doctor could not draw any conclusions. He was told to go to Mawlamyine (3 hours away) to get a better x-ray. In Mawlamyine, he had an x-ray that cost 110,000 kyat (\$117 USD) and was sent

back to the original doctor in Hpa-an. After reviewing the x-ray, U Tu was told he could not be treated in Hpa-an. The doctor told him that he had nasal polyps that were interfering with his vision and added that the polyps could also have neurological side effects. U Tu was told that if he went to a bigger hospital the treatment would cost 4 or 5-million-kyat (\$4,560 USD).

U Tu decided not to go to Rangoon and thought, “if I am going to die, I will die in my village, or I will simply live with my condition for as long as I have to”. On the bus from Hpa-an, a passenger from his hometown also told him that he should go to Mae Tao Clinic.

U Tu intended to work as a guard, cleaner, or cook to pay for the treatment cost. BCMF assured U Tu that his treatment was its first priority and that it was free of charge.

BCMF sent U Tu to Chiang Mai in July, 2013. He stayed six months while he underwent chemotherapy and radiation for malignant nasal polyps. In August, 2013, U Tu began six months of chemotherapy and radiation. The doctor explained to him that his treatment would take time and that he would need to recover slowly. U Tu lost the vision in his left eye, but says his overall health has improved.

U Tu says that if his only option had been to receive treatment in Burma, his family’s money would have been wasted and he is convinced he would have died.

Burma Women’s Medical Fund (BWMF)



Ma San, 47, was referred to BCMF after being diagnosed with a cervical polyp and a fistula (an abnormal opening between her bladder and vagina). She has three children. Ma San worked as a farm day laborer, but due to her health problems was forced to stop working. The family’s income is about 3,000 baht (\$100 USD) a month, while it is enough to cover their basic expenses they are not able to save. Their boss provides a small tent for the family to live in.

Ma San's condition began 11 years ago when she gave birth to her son at home with the help of a traditional birth attendant (TBA). During her delivery, the TBA needed to cut an episiotomy (a cut made to the opening of the vagina to make it bigger so that it's easier for the baby's head to come out). However after giving birth the cut was never stitched as the TBA didn't have the skills to do so. Ma San has been living with the fistula for 11 years. She says she has many day-to-day difficulties and constantly struggles with bowel incontinence. Her husband sometimes complains, but tries not to say too much, as he knows that there is no way to get treatment in their village and they can't afford to go to a hospital in a big city. The village where they live is in an isolated area and there are no midwives or nurses. Last year, only one midwife from the government came to her village and there are no health-related NGOs in the area.

Ma San came to Mae Tao Clinic and a medic tested her urine and found that she had a UTI (Urinary Tract Infection). She received medication for her symptoms and returned home. In June, her menstrual cycle began and it continued for three months, sometimes with very heavy bleeding. During this time she experienced dizziness and fatigue. She visited MTC again in September and her blood pressure was extremely low due to her blood loss. The medic discovered that as well as her fistula she had a cervical polyp. When the medic inspected the polyp, it began bleeding heavily. She had an ultrasound test which revealed blood clots in the uterus so she was given medication and told to come back for a follow-up appointment. Her case was referred to BCMF.

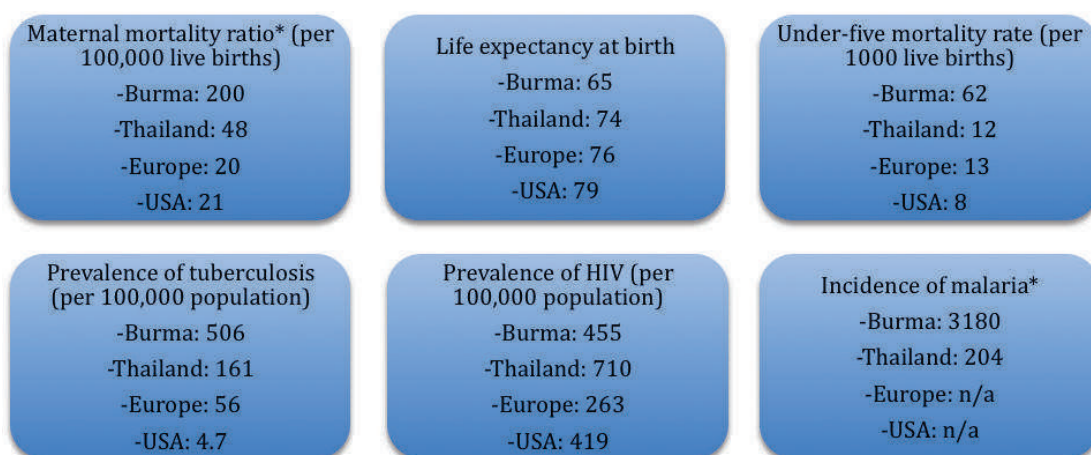
Challenges for 2013

Change in Burma - Why Patients Still Need Our Help?

With the recent political reforms that have taken place in Burma, many people might wonder why patients still need our help. Despite these reforms, the Burmese health care system has been run into the ground after decades of insufficient funding, mismanagement and neglect. To better understand the challenges facing our patients and the quality of health services available in Burma, in September 2013, BCMF staff conducted a series of field trips, interviews with health professionals and patients that allowed us to analyze the state of the healthcare system in Burma.

Burma's long-neglected healthcare system faces a number of challenges before it can deliver effective and affordable care to its people. Although the government increased spending on healthcare in 2013, that brought healthcare spending to 3.9% of the country's total budget. While the increase is cautiously regarded as promising, Burma remains one of the world's lowest countries in terms of total money allocated to healthcare. In comparison, spending on the military remains high. In 2013, spending on the military represented 20.1% of the country's total budget. A 2013 Reuters report noted that Burma was the only developing country in Southeast Asia where spending on the military is higher than combined spending on healthcare and education.

WHO Global Health Observatory (GHO) Country Statistics 2011



**data refers to 2010*

An article in The Lancet (June 2012), noted that Burma has some of the worst health indicators in the world. 40% of all children under the age of 5 are moderately stunted, and Burma has more than 50% of all malaria-related deaths in Southeast Asia. Health care professionals in Burma acknowledge that more investment is needed and have stated that the goal will be to increase healthcare spending to 6% in 2014. Healthcare professionals report that the country has limited numbers of specialists such as cardiologists and neurologists. The majority of these specialists only work in Rangoon or Mandalay (with no hope for improvements in the short term since it takes more than 10 years for a doctor to specialize in a particular field).



Than Zin suffered from a meningocele (a type of spina bifida causing a fluid-filled sac) so severe that she had to lie on a specially made bed her parents constructed prior to making the journey from their small village in south-eastern Burma to the Thai-Burma border. Prior to her treatment her parents managed her condition as best as they could as they could not afford medical care in Rangoon.

The country's long history of conflict and unrest adds another layer of complexity to the challenges Burma will face on the road to healthcare reform. According to Karen News, before the Karen National Union and the Burmese government reached a cease-fire in 2012, ethnic health workers were at risk of arrest and detention. In government designated 'blackzones' 'shoot on sight' orders are still in place, and in recent years health workers risked death for providing health service to ethnic communities. Karen State, which has a population of 1.3 million people, is one of the most resource-starved regions in Burma. (Many of BCMF's patients come from Karen State since it is the region that is closest to Mae Sot on the Thai-Burma border).

Widespread corruption can mean that the government's increased spending on the health-care system may disappear before it reaches its intended target. According to the World Bank, Burma is in the lowest percentile for government effectiveness, regulatory quality, and control of corruption—all key factors when it comes to ensuring that the increased spending on healthcare reaches intended targets.

In addition to the upfront costs of doctor visits, medication, and supplies, patients pay for everything from extra blankets to using the washroom. Patients report that to ensure they receive adequate care in the hospital, they must be prepared to pay extra. Those that are not prepared to pay extra can expect longer wait times and poor treatment.

For BCMF, an additional challenge is making sure that migrant workers from Burma, living and working in Thailand, know and understand their entitlements when they are in possession of a work permit. Many migrants unaware that they can buy basic Thai health insurance and that they are able to access low cost healthcare, often return to Burma when they become ill. Unable to afford treatment in Burma, many return to the Thai-Burma border seeking treatment. BCMF is helping these workers access their entitlements and supports the logistical costs associated with treatment, such as accommodation in Chiang Mai.

What All of This Means for BCMF Patients

Many BCMF patients report that they first sought treatment at a local clinic or hospital in Burma where they received limited care. In many cases, they may have been sent home with medication ineffective for their condition such as paracetamol, multivitamins, or antibiotics. For those patients who are diagnosed with complex medical conditions, they are typically referred to a larger hospital in Rangoon. Few hospitals outside Rangoon or Mandalay are able to provide treatment for complex cases, and even at those facilities in Rangoon that do offer care, treatment continues to be cost-prohibitive.

BCMF patients and their families often report having to sell belongings or borrow money from a local moneylender to pay for the trip to Rangoon. Patients have to find money for investigating and testing, only to be told that the only viable treatment is surgery. Inevitably the cost of surgery is more than they can ever hope to save in a lifetime. In Burma, patients must pay up front and in full before doctors will proceed with surgery or any kind of medical treatment. Out of options and hope, patients and their families return back home in debt and without treatment.

It is only after they hear about Mae Tao Clinic or BCMF that patients attempt to make the trip to the Thai-Burma border in a last-ditch effort to get treatment. After arriving at Mae Tao Clinic, patients with complex medical conditions are then referred to BCMF.

According to the UNICEF Report *Natural Resources to Human Capital: Practical, feasible, immediate resourcing solutions for Myanmar's children* (August, 2013):

0.87% of the government's revenue from new Shwe and Zawtika natural gas projects would provide for the purchase of all the vaccines (6.76 million) needed annually in Burma.

Just over one quarter of Myanmar's 2010 sales from the auction of precious and semi-precious stones could have provided for a universal child benefit of 500 Kyat per day for all Myanmar children under 5.

Burma has increased its budget for FY 2013-14 considerably. While these figures are an improvement on previous years, they are still small in comparison to the needs of the country. For example, government health expenditure is budgeted to be less than USD9 per person per year in FY13/14.

Note: It is widely understood that the quality of statistical data coming out of Burma is insufficient and often times inaccurate. As more INGOs and non-profits continue to establish operations inside Burma, a higher quality of information is expected to become available.

Patient Highlight



Yu Ya came to BCMF in 2013 in the final stages of thyroid cancer. She was unable to breathe for long periods without an oxygen tank. She had been in palliative care in the adult in-patient department at Mae Tao Clinic for six months. Knowing that there was no more that could be done to save her, the Mae Tao Clinic and BCMF community mobilized support from around the world to provide some relief to Yu Ya.

Staff from the Mae Tao Clinic Adult IPD asked BCMF to get involved in Yu Ya's case and find funds to buy a mobile oxygen extractor machine that would allow Yu Ya to leave Mae Tao Clinic and return home. Heather Alkon and friends in the United States funded a mobile oxygen extractor machine. At this time Yu Ya was still too weak to return home and long-time BCMF supporter Silvia Lin offered to accommodate Yu Ya and her mother.

At Silvia's home, Yu Ya found peace and regained her strength. Yu Ya's fighting spirit and strength of mind impressed all as she was now able to go for longer periods without oxygen, could go for walks around the grounds of the compound where she, and regained her appetite. After a few months of respite and with her renewed strength, Yu Ya told her mother that her last wish was to return to their home village to be with her younger sisters, grandmother, aunt, and cousins and to eat seafood in their village .

Her mother told BCMF staff of Yu Ya's wish. The father of a former BCMF patient offered to drive Yu Ya to her village in Hpa-An, Karen State (a day's journey away), Mae Tao Clinic provided an oxygen tank for her to travel with, and BCMF provided the funding for the journey home.

Yu Ya returned home in May 2013 - her wish fulfilled. Yu Ya died at home peacefully, surrounded by her family in August 2013 at the age of 21. Yu Ya left an indelible imprint in the memories of all she met.



In Memoriam: Our Fighters

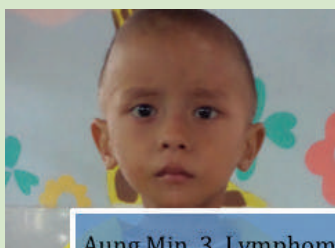
In some cases, patients only come to Mae Tao Clinic and BCMF after they have been sick for a long time. Many sought treatment in Burma but were unable to afford the cost. With no other options, many patients simply live with their symptoms until they hear about the Mae Tao Clinic and BCMF. BCMF would like to remember the following patients who despite the odds showed great courage and dignity.



Aye Su, 30, Cardiac Disease



Ah Htwe, 6, Cardiac Disease



Aung Min, 3, Lymphoma



Htun Mya, 2, Eye Cancer



Moe Sandar, 6, Brain Tumor



Naw Daw, 40, Uterine Mass



Sai San, 2, Cardiac Disease



Wanni Day, 2, Cardiac Disease

Partnerships

Thailand

Since 2006 Mae Tao Clinic (MTC) has been our local host and our main operational partner. Our team works from the MTC compound, which allows us to have daily contact with patients, their caregivers, 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. In 2013, MTC referred 207 patients to BCMF.

We would like to thank Mae Tao Clinic staff for their ongoing support, cooperation and collaboration in 2013. We would like to acknowledge the following Mae Tao Clinic staff:

Naw May Soe – MTC Referrals Team

Dixie – Child Outpatient Department

Paw Pree – Child Outpatient Department

Pan Aye – Child Inpatient Department

Tama La Wah – Eye Department

Naw Ree – Reproductive Health Outpatient Department

Kyaw Kyaw Win – Medical Inpatient Department

Htike Htike – Medical Inpatient Department

Eh Ta Mwee – Surgical Department

Kyaw Kyaw Win – Medical Inpatient Department

Lois – Adult Outpatient Department

Dr. Valentine Barbier – Clinical Supervisor

Dr. Mary Boullier – Clinical Supervisor

Dr. Deborah Chan – Reproductive Health Outpatient Department

We look forward to working with Mae Tao Clinic in 2014.

Working with Thai Institutions

In 2013, BCMF worked with a diverse range of Thai institutions, including local and national security authorities as well as Thai hospitals. This cooperation and understanding is keys

to our program and the reason BCMF is able to 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 in Thailand. The continued success of BCMF is the understanding and cooperation we have with Thai hospitals. BCMF works closely with a number of Thai hospitals, including Mae Sot General Hospital (โรงพยาบาลแม่สอด), Mae Sot Ram Hospital (โรงพยาบาลแม่สอดราม), Maharaj Nakorn Chiang Mai Hospital (Suan Dok Hospital) (โรงพยาบาลมหาราชนครเชียงใหม่) Lampang Hospital (โรงพยาบาลลำปาง), McKean Rehabilitation Center, Umphang Hospital (โรงพยาบาลอุ้มผาง) and Tha Song Yang Hospital (โรงพยาบาลท่าสองยาง). We maintaining a high level of communication within the hospital system for each and every case we refer. BCMF is now receiving increasing numbers of referrals from Thai hospitals that rely on BCMF expertise in facilitating treatment for those patients who are undocumented in Thailand.

In 2013, BCMF assisted 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 accessing specialist treatment. BCMF supports these Thai patients by arranging transportation to Chiang Mai and providing them with a safe place to stay while undergoing treatment.

In 2013 BCMF continued to work closely with our partner organization, the Child's Dream Foundation (CDF). BCMF refers those patients who fit with CDF's criteria for treatment to Chiang Mai. 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.

The MAP Foundation is a partner of BCMF, up until the end of 2013 our patients stayed at the MAP safe house while waiting for and recovering from treatment in Chiang Mai. BCMF paid 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 2013, APHEDA provided significant support to BCMF in conjunction with the AusAID NGO Cooperation Program (ANCP) - contributing to major program costs such as medical expenses and additional costs for capacity building of local staff.

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 run emergency appeals when faced with funding shortfalls and unusual medical cases which involve greater logistical and treatment costs.

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 B.K. Kee Foundation has provided support to BCMF Management and for a program analyst position in 2013. In 2013, B.K. Kee agreed to support operating costs in 2014 for our patient house and staff salaries. Our many thanks to B.K. Kee for the support we have received and continue to receive.

Watsi, is a global crowd-funding platform for healthcare based in the United States that enables anyone to donate directly for fund life-changing medical care for people in need. Watsi aims to provide healthcare for patients all over the world. Our partnership with Watsi in 2013 enabled BCMF to better manage our increased caseload as often a portion if not all of a patient's treatment is guaranteed. Having medical partners worldwide, Watsi is aware that cases can often be complicated or unpredictable and are extremely receptive to our often complex cases. We are thankful for their support and look forward to further collaboration in 2014.

The United Kingdom

The Karen Refugee Camps Women's Development Group (KRCWDG) is our partner organization 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.

Support

In 2013, we had much needed support from a variety of organizations, both locally and internationally. In addition to the following organizations, we would like to thank the following individuals:

Anna LeMasurier and the Macquarie Group Foundation workplace grant matching program; The People of Ballinacree community; BNHA; Debbie Singh, Yvonne Ziegler and Gale Bailey; Yvonne Earl; Roger Jeffcoat and Springbrook quilts; John Manning; Carl and Ann Gross and The Trefoil Club; Pei Ling Chan Charitable Trust; Rotary Eastern Seaboard



Wheelchairs For Kids

BCMF established a relationship with Wheelchairs For Kids through longtime BCMF supporter Debbie Singh. In 2013, Debbie coordinated an initial batch of 10 wheelchairs for patients including Nyein Shin. Going forward, the Rotary Club of Ronaroo has agreed to fund shipment for 166 wheelchairs in 2014.

Thanks To All Our Supporters

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 struggle to exist.



BCMF Volunteers

BCMF would like to thank volunteers for their support in 2013:

BCMF is grateful for its dedicated support from volunteers from around the world who work on a short-term basis. This support is a great help to BCMF as we manage our workload in a resource-limited environment. Many of our former volunteers continue to provide long-distance support to BCMF when they return home.



Alex Popper (Australia)

Anna Paps (Australia)

Anri Toyohara (Japan)

Chloe Lanzara (US)

Chloe Levine (US)

Dr. Hein (UK)

Emma Herrington (Canada)

Katherine Kemp (US)

Katie Camarena (Australia)

Kristen Lawrance (US)

Liz Smith (Australia)

Owen Thwaites (Australia - IT support)

Richard Burford (Australia - IT support)

Rin Fujimatsu (US/Japan)

Si Thu Aung (Burmese intern)

Simon with Border Media (website support)

Viju Hullur (US)



Annex 1: BCMF Financial Summary

2013 Revenues and Expenditures

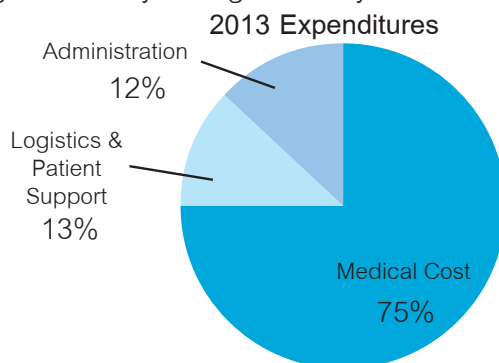
<u>Revenues</u>	<u>2013 (Baht)</u>	<u>2013 (U.S. Dollars)</u> ¹
Carryover (surplus) from Previous Year	3,386,545.12 THB	\$104,982.90
AusAID NGO Cooperation Program (ANCP) & APHEDA	2,325,700.00 THB	\$72,096.70
Bangkok Nursing Home Association (BNHA)	2,000,000.00 THB	\$62,000.00
Thai Children's Trust: Big Give Campaign (Second Transfer from 2012 Campaign)	1,488,000.00 THB	\$46,128.00
APHEDA—Community Fundraising Funds	1,438,990.00 THB	\$44,608.69
Watsi	410,626.65 THB	\$12,729.43
Pei Ling Chan Charitable Trust	260,839.20 THB	\$8,086.02
Foundation for Local Development	106,428.00 THB	\$3,299.27
Korn Chatikavanij, Dr. Sodsai Vejjajiva, and M.R. Mallika Vorawan	100,000.00 THB	\$3,100.00
The People from Ballinacree Community	100,000.00 THB	\$3,100.00
All Other Donations/Private Donations	820,352.37 THB	\$25,430.92
Bank Interest	24,135.00 THB	\$748.19
Total Revenues	12,461,616.34 THB	\$386,310.12
<u>Expenditures</u>	<u>2013 (Baht)</u>	<u>2013 (U.S. Dollars)</u>
Medical Costs	9,006,214.77 THB	\$279,192.66
Logistics/Patient Support	1,592,565.09 THB	\$49,369.52
Administration	1,411,729.77 THB	\$43,763.62
Total Expenditures	12,010,509.63 THB	\$372,325.80

¹ All conversions are 1 Thai Baht = .031 U.S. Dollar

² Carryover funds include 439,138 THB received from the B.K.Kee Foundation in 2012 in support of 2013 funding needs.

Notes on 2013 Financial Summary

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 funds treatment for children less than 12 years of age with congenital conditions that meet a certain set of diagnostic criteria. In total, 121 out of 342 BCMF patients were funded by CDF. While BCMF provides logistical, medical, and social support to these patients and covers the cost of their transportation to and from Chiang Mai, the cost of their surgery is funded by CDF.
2. Our medical costs doubled from 2012 to 2013, due in part to the increase in patient enrollment as well as the fact that we are taking on increasingly complex patients including a significant number of patients with cardiac disease and cancer. In 2013, patients with these two diagnoses represented 29% of all cases sent to Chiang Mai for treatment.
3. 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. In 2013, logistic costs also included the costs associated with setting up BCMF's new patient house in Chiang Mai.
4. Administration costs include staff salaries as well as items such as IT equipment, office supplies, telecommunication costs, and bank fees. In 2013, we also incurred additional expenses associated with relocating to a new office space on the grounds of Mae Tao Clinic.
5. In 2013, staff salaries totaled 831,150.00 THB. 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 or administrative costs.
6. BCMF receives donations from all around the world in many denominations that are then converted to Thai baht upon transfer. We have used U.S. Dollars as a comparative baseline to demonstrate the value of the program. For the purposes of this report, we used 1 Thai Baht = .031 U.S. Dollar. However, actual exchange rates vary throughout the year.



- *Medical costs, logistics, and patient support are all direct patient costs and constituted 88% of our expenditures in 2013.*

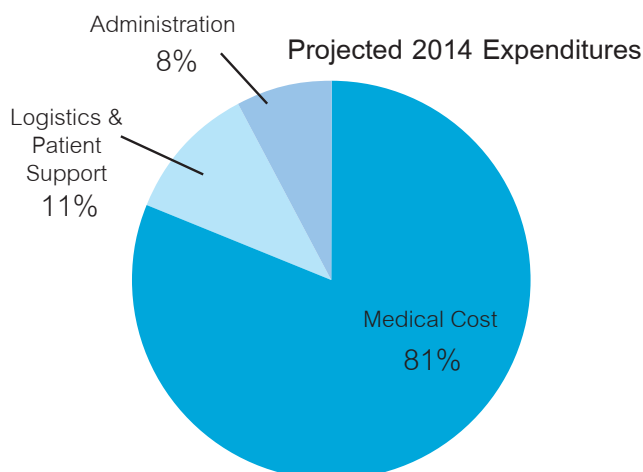
2014 Financial Projections

<u>Actual Revenues</u>	<u>2014 (Baht)</u>	<u>2014 (U.S. Dollars)</u>
Carryover (surplus) from Previous Year	774,381.78 THB	\$24,005.84
APHEDA—Community Fundraising	585,305.00 THB	\$18,144.46
Watsi	2,009,677.42 THB	\$62,300.00
B.K.Kee Foundation	1,410,185.00 THB	\$43,715.74
<i>Total Actual Revenues</i>	4,779,549.20 THB	\$148,166.04
<u>Anticipated Revenues</u>		
AusAID NGO Cooperation Program (ANCP) & APHEDA	2,325,700.00 THB	\$72,096.70
Bangkok Nursing Home Association (BNHA)	2,000,000.00 THB	\$62,000.00
APHEDA—Community Fundraising	672,408.40 THB	\$20,844.66
Watsi	4,438,447.00 THB	\$137,591.86
All Other Donations/Private Donations	500,000.00 THB	\$15,500.00
<i>Total Anticipated Revenues</i>	9,936,555.40 THB	\$308,033.22
<u>Total Projected Revenues</u>	14,716,104.60 THB	\$456,199.26
<u>Projected Expenditures</u>	<u>2014 (Baht)</u>	<u>2014 (U.S. Dollars)</u>
Medical Costs	13,651,920.00 THB	\$423,209.52
Logistics/Patient Support	1,929,158.89 THB	\$59,803.93
Administration	1,316,890.00 THB	\$40,823.59
Outstanding Medical Bills from 2013	379,971 THB	\$11,779.10
Total Projected Expenditures	17,277,939.89 THB	\$535,616.14

³ Projected revenues are calculated based on past trends in community fundraising efforts in Australia, individual patient support from Watsi, private donations, and an anticipated renewal of our ANCP contract with APHEDA.

Notes on 2014 Projections

1. In 2014, the B.K.Kee Foundation pledged \$43,000 in support of the monthly running costs of our patient house in Chiang Mai and one of our staff's salaries.
2. As we launched a special fundraising campaign in support of the start-up costs of the BCMF patient house in Chiang Mai in 2013, we anticipate a slight decrease in private donations in 2014. However, private donations vary from one year to the next and can be very difficult to predict.
3. In 2013, we received increasing support from the crowd-funding website, Watsi. Watsi is a nonprofit healthcare crowdsourcing platform that collects online donations from individual donors to directly fund medical care for individuals in developing countries without access to affordable medical care. BCMF submits requests to Watsi to fund individual patients on a case-by-case basis. Watsi in turn funds a portion of each BCMF patient's medical costs, ranging between \$540 and \$1500 per patient depending on the diagnosis and treatment needed. Based on current agreements, we anticipate increasing the number of patients for which we request support in 2014.
4. Projected expenditures for 2014 are based on a) current staff salaries, b) estimated medical and patient support costs based on projected patient caseload, and c) a slight reduction in administrative costs.
5. In 2013, out of 342 patients that were sent for treatment, 221 patients' medical expenses were funded directly by BCMF. These include both new patients enrolled in 2013 and patients who were enrolled in prior years that are still undergoing treatment. Our medical costs averaged 40,752 THB per patient. The number of patients whose treatment was funded directly by BCMF (excluding CDF patients) increased 52% from 2012 to 2013. If we anticipate the same increase in 2014, we can expect to fund 335 patients' medical treatment in 2014.
6. Based on last year's costs, we can expect logistic expenses to average 5,758 THB per patient.



2013 Audited Financial Statement

Independent Auditor's Report

To the Project's Manager of Burma Children Medical Fund

We have audited the statements of financial position of Burma Children Medical Fund as at December 31, 2013 and the related statements of income and cash flows for the year then ended and a summary of significant accounting policies and other explanatory notes.

Management is responsible for the preparation and fair presentation of this financial statement for the purpose of providing information to BCMF's donors. This responsibility includes: determining that the fund receipts and disbursements basis of accounting is an acceptable basis for preparing and presenting the financial statement in the circumstances; designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial statement that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates, if any, that are reasonable in the circumstances.

Our responsibility is to express an opinion on the financial statement based on our audit. We conducted our audit in accordance with generally accepted auditing standards which follow International Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the financial statement is free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statement. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statement, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statement in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, made by management, as well as evaluating the overall presentation of the financial statement.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

In our opinion, the financial statement presents fairly, in all material respects, the statements of financial position of Burma Children Medical Fund as at December 31, 2013 and the related statements of income and cash flows for the year then ended in conformity with generally accepted accounting principles.

Mr. Dhanatat Hattakitthatree
Authorized Auditor No. 5018

BANGKOK

February 4, 2014

**Burma Children Medical Fund
Statement of Financial Position
As at December 31, 2013**

Assets		Baht
Current Assets		
Cash at bank		774,381.78
Cash advance for logistic expenses		<u>56,695.93</u>
Total Current Assets		<u>831,077.71</u>
Total Assets		<u><u>831,077.71</u></u>
Liabilities and Fund Balance		
Liabilities		
Outstanding medical bills		379,971.00
Fund Balance		
Excess of Income over Expenses		<u>451,106.71</u>
Total Liabilities and Fund Balance		<u><u>831,077.71</u></u>

**Burma Children Medical Fund
 Statement of Income
 For the Year ended December 31, 2013**

	<u>Note</u>	Baht
Income		
Grants		11,617,128.97
Private donations		820,352.37
Bank interest		<u>24,135.00</u>
Total Income	2	<u>12,461,616.34</u>
Expenses		
Medical		9,006,214.77
Patient Logistic		1,592,565.09
Administration		1,411,729.77
Total Expenses	3	<u>12,010,509.63</u>
Excess of Income over Expenses		<u>451,106.71</u>

**Burma Children Medical Fund
Statement of Cash Flows
For the Year ended December 31, 2013**

	<u>Note</u>	Baht
Funder carry forward from 2012		3,386,545.12
Received from grants	2	8,230,583.85
Received from private donations	2	820,352.37
Received from bank interest	2	<u>24,135.00</u>
Total cash Received		<u>12,461,616.34</u>
 Payment for Expenses	 3	 11,630,538.63
Payment for Advance for logistic		<u>56,695.93</u>
Total Cash Payment		<u>11,687,234.56</u>
Ending Balance		<u>774,381.78</u>
 Cash at Bank		 774,381.78

Burma Children Medical Fund Notes to Financial Statements As at December 31, 2013

1.) Accounting Policies

1. The Company records the accounts on a cash basis
2. The business procedures, registration routine and internal control procedures provide a reliable basis for preparation of the accounts.

2.) Burma Children Medical Fund Major Funders in 2013

Funders	Baht
Funding carry forward from 2012	3,386,545.12
ANCP	2,325,700.00
Bangkok Nursing Home Association (BNHA)	2,000,000.00
The Big Give-2nd Transferred via Thai Children's Trust	1,488,000.00
APHEDA-Community Fundraising	1,438,990.00
Watsi via Burma Border Projects (BBP)	410,626.65
Burma Border Projects (BBP)-Pei Ling Chan Charitable Trust and Deborah Chan	260,839.20
Foundation for Local Development-Philanthropy Connections-SuAhShee	106,428.00
KornChatikavanij, Dr.SodsaiVejjajiva and M.R.MallikaVorawan-Nan Hnin Yee	100,000.00
The People from Ballinacree Community	<u>100,000.00</u>
Total Grants	11,617,128.97
Private donations	820,352.37
Bank interest	24,135.00
Total	<u>12,461,616.34</u>

3.) Expense:

Medical (Including outstanding bills)	9,006,214.77
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Patient Logistic:

Patient accommodation and food	655,550.50
Patient house - Renovation	315,680.00
Transportation	598,934.59
House Rent	15,000.00
Volunteer stipend	7,400.00

Administration:

Staff Support	865,589.80
Stationary and supplies	107,020.27
Computer and IT equipment	95,853.00
Office Furniture	56,395.00
Communication	47,218.50
Publication	34,180.00
Bank Fee	5,621.00
Other	199,852.20

Total	<u>12,010,509.63</u>
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Letter of Recommendation-BCMF

Confident of documentation:

- The Project well prepares Payment Voucher which can trace to Expense Report. Payment Vouchers are attached with invoice/receipt or details of expense for all payments with authorized signature.
- The expense report is correctly and completely prepared.
- Expense Report noting date, patient name, expense type, description, and amount, w/o/e. It is prepared on a monthly basis.
- The Project prepares Payment Voucher noting date, description categorized by expense types (local transport, food, food allowance, volunteer, other), patient name, amount, and authorized signature (receiver and approver), w/o/e. The Payment Voucher is filing separately by month.
- Accounting and Finance staffs can support our audit by giving more details to support our inquiring.

Recommendation:

We recommend the Project

- Prepare running number on each Payment Voucher, and use this number to be the reference on the Expense Report, so it would be easier to track to the Payment Voucher during an audit.
- Prepare details summary of expenses grouping by each expense type throughout the project period.



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