



Burma Children

Medical Fund operating to give
people a future



2015 Annual Report

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Director's Overview



Dear Friends,

In 2015, BCMF had a year of opportunities and challenges. Opportunities to provide treatment to more people, particularly in Burma's most neglected regions, and challenges in navigating relatively uncharted territory in Burma's long neglected health care systems.

This year, BCMF has built on the work we started in 2014. We worked closely with partners in Burma to develop referral networks that allow patients to have access to more treatment centres inside the country. Our strategy was to identify areas to improve and increase access to healthcare, and developing networks among these providers. BCMF now works successfully with several Burmese hospitals, international surgical missions, and community based organisations in remote areas. The benefits for the community with this program are multiple: it allows people to receive treatment in a familiar environment, in their own language, with their families around them; BCMF can support people to advocate for themselves within the health system; and it provides Burma's healthcare providers with experience in treating complex health cases. The priorities of BCMF's programs in Burma are 1) capacity training with local organisations and their staff to use technology to improve record keeping and accountability, 2) patient health and human rights advocacy, and 3) disability support services.

The impact of our expansion into Burma is reflected in BCMF's statistics for 2015. These statistics highlight the increasing number of patients treated within Burma and our increased access to patients before they reach a stage in their illness where they are compelled to travel to Thailand for treatment. Further, we have seen a continued trend, year-on-year of increased patient enrollment in the program and BCMF has worked hard in 2015 to ensure that we successfully manage the increase in patient numbers and workload. In 2015 we successfully adapted our program to include increased access to disability services with the expansion of services through our partnership with Wheelchairs for Kids in Perth, Western Australia. This enabled BCMF to distribute 106 wheelchairs through our partners' networks.

In 2015, BCMF continued to work closely with our Thai partners. We have seen great cooperation and interest among Thai hospitals to support the development of the health system in Burma and will continue to work closely with these organisations to increase the standard of care in Burma through increased cardiac screenings and other programs. I wish to sincerely thank our Thai hospital partners.

I wish to thank our partners Mae Tao Clinic, Union Aid Abroad-APHEDA, Burma Border Projects, B.K.Kee Foundation and Watsi whose long term commitment to our work has been invaluable. As well as our many other partners and organisations we have worked with in 2015. Finally, BCMF relies on the commitment of our staff, volunteers, individual donors, and many other individuals and I wish to thank them for their efforts.

The coming year will see further consolidation of our programs in Burma as we evaluate our successes and failures in 2015 and use this to learn, grow and effectively support our partners. I look forward to working with the BCMF team in 2016 to continue to improve access to healthcare for the people of Burma.

Sincerely,

Kanchana Thornton - Director, Burma Children Medical Fund

Letter from Dr. Cynthia



Dear BCMF supporters,

In 2015, BCMF and Mae Tao Clinic continued their ever-growing partnership to provide patients with specialized medical care through consistent collaboration and referrals. The ongoing relationship between BCMF and Mae Tao Clinic has resulted in vital treatment provided for hundreds of children, women, and men from Burma.

Mae Tao Clinic is able to provide a large spectrum of primary care for patients in need of medical attention. However, when patients need complex surgery, BCMF is there to organize all aspects of treatment and care in other facilities. By working together, BCMF and Mae Tao Clinic provide the care that is very much needed by the people of Burma.

Once again, Mae Tao Clinic was the primary referral source for BCMF patients. Strong collaboration has resulted in hundreds of patients being linked to the care they need. Complicated orthopaedic cases, young children with congenital heart defects, and women facing debilitating gynaecological conditions were all treated as a result of the partnership and close working relationship between BCMF and Mae Tao Clinic.

In 2015, we have seen important transformations in the Burmese government, however, there remains much to be done to provide comprehensive, quality healthcare for people on the ground. Decades of divestment in health and social services due to conflict means there is still a long road to recovery, despite positive political changes.

Community-based health providers continue to face many challenges in Burma. In many areas, they are the sole providers of healthcare and there is a need for their skills and services to be recognized as part of the broader solution for health sector reform. This will bring positive impacts on effective health referrals and coordination for jointly working to address the myriad health problems in the country. As BCMF expands its services into Burma, we see an example of the effectiveness of this model, as referral networks build on existing capacity within community health organisations and the hospital system.

I look forward to the continuing partnership between BCMF and Mae Tao Clinic and to serving the people of Burma with the medical care and compassion that is their human right.

Sincerely,

A handwritten signature in black ink, appearing to be 'C. Maung', written in a cursive style.

Dr. Cynthia Maung - Director, Mae Tao Clinic

Mission

BCMF provides access to health care regardless of age, gender, ethnicity, religion or legal status.



**BCMF Director Kanchana Thornton determining
Poe Si's candidacy for corrective surgery**

Vision

For all individuals to access quality medical care.

Burma Health Challenges

Following more than 60 years of military rule, Burma's health system is recognized as one of the world's worst. Years of neglect and underfunding has resulted in a broken and centralized health system that is over-bureaucratized and inaccessible for the majority of the country's population. In 2015, a glimmer of hope emerged for the people of Burma with the election of a National League for Democracy (NLD) government. The people of Burma have given the NLD, led by Aung San Suu Kyi, a mandate to make reforms that will improve the country's infrastructure including health, education, roads and transportation among others. However, despite the NLD's overwhelming election win, the military still retains power through the 2008 Constitution, retaining critical ministries crucial to the country's effective governance. Thus, the military currently has the power to restrict and undermine the NLD's planned reforms. Yet, it remains to be seen how the transition of power will occur.

The NLD government now faces the challenge of increasing funding to a health sector that has been devastated through decades of military rule and neglect. According to a World Health Organisation (WHO) report from 2015, Burma's general government spending on health as a percentage of their total government budget was 1.5% - the lowest rate in the world (World Health Organisation, 2015). The same report also stated that the per capita Burmese government spending on health was US\$5 - the lowest in the world, far below the global median of US\$211 per capita. This means that for those in Burma who seek medical care, they must have money available, after their daily living expenses, to pay for care.



Karen state village clinics such as this one in Theit Maw Khu serve approximately 300 patients

The majority of citizens in Burma live off an average annual income of less than US\$200 per capita. It is estimated that the average household spends 70% of their money on food (Phyu Phyu Thin Zaw, January 2016). In comparison, the average household expenditure on food in its eastern neighbor Thailand is 32%, allowing its citizens to spend their money on other basic necessities like education, shelter, and health costs. These statistics reflect the continual struggle of health denied as a human right in Burma where often people must choose between feeding their family and paying for basic healthcare.

The WHO Health Report data makes clear that most of Burma's population only has a minimal amount of money that can be used for their health needs. If they can afford to take time off work to attend a clinic or hospital, they must use what little money they have left over from their daily living and food costs. With virtually no government support, this is a near impossible task for many. In addition, there are often hidden costs involved with receiving care - BCMF patients report that they are often asked to pay for bed sheets and special "donations" to hospital staff. This is a further deterrent for many seeking health care. The consequence of this is that, when symptoms become acute and patients finally attempt to get treatment, many discover that it is either too late, as their condition has progressed beyond facility capabilities, or it has become too expensive.

The shortcomings of the current health system are demonstrated further by the shortage of healthcare staff and facilities in Burma. There are 6.1 physicians per 10,000 people in the total



**Ananda Myitta Charity clinicians conduct patient intake
at a local temple in Kyondoe village, Karen State**

population of Burma - less than half of the global median of 14 physicians (World Health Organisation, 2015) and when patients can afford hospital treatment, they are more often being looked after by underpaid medical staff. Healthcare professionals in Burma earn the lowest salaries amongst all ASEAN countries, making an average of US\$150-\$500 a month (Phyu Phyu Thin Zaw, January 2016). Burma has only 0.6 public sector hospitals per 100,000 people, compared to the global median of 1.1 hospitals per 100,000 (World Health Organisation, 2015). The disparities in Burma's healthcare system are even more pronounced when examining the uneven distribution of resources throughout the country. Hospitals in Burma are largely centered in urban areas (most notably Yangon), in spite of the fact that 70% of the population and 85% of the nation's poverty-stricken populations is concentrated in rural areas (WHO Country Cooperation Strategy for Myanmar, 2014-2018 and IHCLA survey).

In an attempt to confront the discrepancies in access to healthcare, local and ethnic community health organisations, many based along the Thai-Burma border have shouldered the responsibility of providing healthcare to these rural populations. For decades, ethnic health organisations such as the Mae Tao Clinic have provided an alternative for healthcare despite limited resources. For many in rural areas, this alternative has become their primary source of care. Health providers in these facilities have been sustained due to the combined efforts of local health workers and the financial support of international donors. However, due to the political changes in Burma and the redistribution of international aid inside the country, the work of this border-based health network now faces a funding crisis and this is a potential crisis for people seeking healthcare in these regions.

In 2015, the Health Information Systems Working Group, an alliance of community health based organisations, published the results of an extensive survey that highlighted the importance of this health network for people in Eastern Burma. The survey found that 70% of community members living in Eastern Burma used the ethnic and community based health providers when sick. The average travel

time to the nearest health facility for 75% of the surveyed population was 85 minutes (Long Road to Recovery 2015). The isolation, social exclusion and lack of protection for children in Eastern Burma is further highlighted by the fact that only 7.9% of children under five had official government birth records (Long Road to Recovery 2015). Unofficial or lack of documentation limits access not only to health services for these children, but also to education.

The community health organisations which have been providing healthcare for Burma's most neglected for many years must be integrated into the Burmese health system. In recognition of the need for an integrated system, BCMF has begun working with Burmese healthcare providers at all levels. BCMF is now in the process of identifying and establishing referral networks with and between health organisations and hospitals in Burma. In 2015, BCMF patients from Burma were referred to and received surgery at Pinlon Hospital, Shin Par Ku Hospital, Orthopaedic Hospital and Kwekabaw Hospital in Yangon; the Wachet Jivitadana Sangha Hospital in Sagaing Division; and Mawlamyine Christian Leprosy Hospital in Mon State.

Treatment provided by BCMF in Burma allows more effective patient-clinician communication, allows for ease of travel and familiar transportation, and reduces the amount of anxiety that patients and family members experience. This contributes to the empowering of the patient so that they maintain their independence rather than relying on BCMF to manage their life while being treated in Thailand. This not only benefits the patient, but benefits the hospitals as well.

In the future, the lack of experience in treating a variety of diverse cases and the expertise this requires will make it difficult to manage the health of the population in Burma, even if access to the system improves. Therefore, when BCMF refers patients to hospitals in Burma, not only are the patients receiving free treatment, but BCMF is contributing to strengthening the Burmese health system. Despite some improvement within Burma's political environment, limited access to health care ensures that BCMF will continue to play an important role.

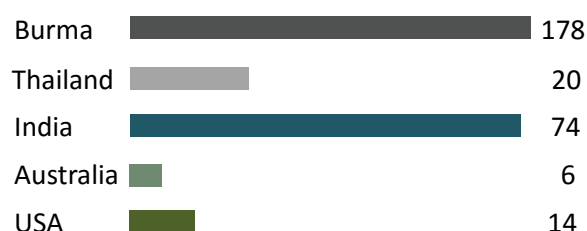
Burma's goal of universal health coverage by 2030 is to be applauded, but it will need to be properly resourced and funded.



Cardiac surgeon Dr. Tin Maung Aye assesses patient during a surgical mission at Pinlon Hospital

Burma Health Statistics

Maternal mortality ratio (per 100,000 live births)



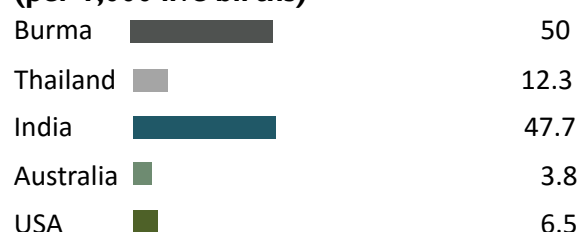
Per capita expenditure on health 2014 (USD)



Life expectancy at birth



Mortality rate for children under 5 years (per 1,000 live births)



Source: WHO World Health Statistics, 2016

WHO Global Health Expenditure Database, 2014

What We Do

When Burma Children Medical Fund was established, its primary focus was on providing healthcare for children. Since then, while still focusing primarily on children, BCMF has expanded its services. More than 50% of our patients are children and we have also established two additional auxiliary programs to treat adults - the Burma Adult Medical Fund (BAMF) and the Burma Women Medical Fund (BWMF). Below is some brief information about each of our programs.

Burma Children Medical Fund (BCMF)

Burma Children Medical Fund (BCMF) provides treatment for children under the age of 18. The children that BCMF treat have a variety of health conditions including cardiac disease, congenital musculoskeletal deformities, gastrointestinal, urological, neurological, and orthopaedic conditions, severe burns and other injuries. For the past few years, BCMF has partnered with Child's Dream Foundation (CDF), an organisation based in Chiang Mai. This partnership allows BCMF to refer patients under 12 years old with congenital cardiac conditions, congenital anorectal malformation and hypospadias to Child's Dream Foundation to receive medical treatment in Chiang Mai.

In 2015, for the first time, BCMF provided patients from Burma with the opportunity to receive medical care in their home country, rather than being referred to a Thai hospital. There were seven BCMF patients referred for treatment to healthcare facilities within Burma in 2015 as part of BCMF's newly established referral network within Burma. Furthermore, the changing political environment and greater freedom of movement has increased access for BCMF to reach new patients. In 2014, 100 BCMF patients were residents of Burma. In 2015, 139 patients were residents of Burma (excluding wheelchair patients). Below are stories of BCMF patients from 2015:

Kee Lar's Story



Kee Lar is a 15 year-old girl with a genetic blood disorder called *Thalassemia* (a blood disorder that renders the patient severely anaemic and requires regular blood transfusions). She currently lives with her parents in Myawaddy, Burma. She had two older brothers and one younger brother but they all passed away from *Thalassemia*. When Kee Lar was eight years old and living in her home village in the Ayeyarwady Division, she was diagnosed with the blood condition. She had painful aches in her bones, no appetite and little energy. She became very frail and required blood transfusions at the local hospital, costing her family between 50-80 USD each time.

At first, the transfusions occurred every eight months and would rejuvenate Kee Lar for a brief time, but after several years she needed them more frequently. To afford the treatment, her parents had to sell pieces of property and livestock until they had no land left to sell. Then in 2008, Cyclone Nargis hit and destroyed their home, livestock, and food supply.

Due to her condition, Kee Lar dropped out of school when she was 12 years old. Her family has had to leave their home on several occasions to find more affordable treatment and her father has been forced to find employment in each new place. When Kee Lar turned 15, she had a swollen abdomen, heart palpitations, body pain, and an unusually small body for a girl her age. After receiving transfusions from the Mae Tao Clinic on a monthly basis for three years, she was finally referred to BCMF. Under the care of BCMF, she had surgery to remove her spleen which saw rapid results. She immediately had an increased appetite and more energy.

Kee Lar is a clever girl who would like to return to her studies at bible school. She enjoys singing and painting. After her surgery, her parents' anxieties are much relieved and her family will reestablish their financial footing while spending time with their daughter.

Mother and Child Reunion



Naut Naut visiting with her mother

A mother had been carrying her newborn daughter, Naut Naut, seven hours through the Burmese jungle to reach a hospital in Thailand, only to be told by doctors there was nothing they could do.

Burma has one of the highest infant mortality rates in Asia. Living in a country whose government invests so little in health care, mothers with sick infants often seek help across the border in neighboring Thailand. Such was the case with Naut Naut, a newborn too ill to be operated on and a mother without the funds for her to stay with her child let alone to pay for her treatment. Naut Naut's mother was turned away at multiple clinics and hospitals in Karen State and Thailand before she made the difficult decision to leave her daughter behind in order to force medics to treat her and provide the care she needed. Naut Naut was suffering from pneumonia, respiratory distress, and liver failure and was in desperate need of medical care.

After BCMF was contacted by the Thai hospital caring for the baby, it was arranged for Naut Naut to be treated for her liver problem at Maharaj Nakorn Chiang Mai Hospital in Chiang Mai. BCMF arranged for her medical care and with the support of Life Impact International (a local NGO) provided for her ongoing care in the absence of her parents. Four years later after Naut Naut's successful treatment, BCMF Program Director, Kanchana Thornton, coordinated with a local clinic in Burma to help locate Naut Naut's family. After much communication through a network that extended into the villages in the area the family was found. BCMF and Life Impact International arranged for a healthy Naut Naut to visit her parents and siblings back in Burma, a joyful and long awaited reunion. "She cannot have a good life living in the jungle," said her father, "she is better off being taken care of by someone else where she can have a good life and go to school."

For now, Naut Naut will stay with her caregivers and begin her education back in Thailand. With the assistance of Life Impact and BCMF, she will be able to maintain contact with her family and let them know what she is learning in her Thai school.



Naut Naut reunited with her family

Burma Adult Medical Fund (BAMF)

The Burma Adult Medical Fund (BAMF) was established with the goal of providing treatment to adults in recognition of the contribution they make to the welfare of their families and communities. Many BAMF patients are diagnosed with untreated congenital conditions that they have lived with their entire lives. The conditions that BAMF treats include congenital and acquired heart disease, urological and kidney conditions, severe burns and contractures, and gastrointestinal conditions. After receiving treatment, BAMF patients return home to lead more productive, healthy lives.

We have seen substantial growth of the BAMF program during 2015. In 2014, patient enrollment was at 58; this number increased to 91 patients in 2015, a staggering 57% increase. To improve healthcare access for many of these patients, we have continued to build partnerships with local community based organisations (CBOs), international non-governmental organisations (INGOs), clinics and hospitals in Burma. In 2015, 30 BAMF patients were referred to healthcare facilities in Burma for treatment.

BAMF has also seen an increase in the number of patients who live in Burma. In 2014, 38 BAMF patients were residents of Burma; in 2015, that number nearly doubled to 69 (excluding wheelchair patients). The growth of patient enrollment affirms BAMF's importance, especially in Eastern Burma. Although there have been gradual improvements, healthcare in Burma is still not easily accessible or affordable for all, resulting in many patients seeking the support of BAMF. Here are two of their stories:

Pyae Son's Story



Pyae Son is a 27 year-old man from a village near Yangon, who was in need of a heart valve replacement. A university student, he dropped out and took on a job in construction in order to support his parents. However, his heart condition affected his ability to breathe and he had to stop working soon after. Pyae Son could not afford to see a cardiac specialist in Yangon.

By chance, he read about free echocardiogram screenings in Hpa-An, Karen State in Burma. He traveled to Hpa-An where an echocardiogram was performed, and he was subsequently referred to BAMF through the newly established referral network. Pyae Son was tired of "living as a patient" and was overjoyed to be supported for admission to Pinlon Hospital in Yangon for surgery. After successful surgery, he feels much better and can resume normal activities.

Tha's Story



Tha, 29, lives in Mae La Refugee Camp with his wife and children. When he was a soldier, was struck by a landmine and required a colostomy after. He returned to his military service but several years later a second landmine incident resulted in the loss of his left leg. He is unable to work due to his injuries. His wife works in the camp while he stays at home to look after the household. Tha was referred to BAMF for the treatment of two large bladder stones that caused him considerable pain that made it very difficult for him to look after his four children.

With support from the BAMF program, Tha had his bladder stones removed at Maharaj Nakarn Chiang Mai Hospital. He was so happy to have his bladder stones removed after surgery care that he kept them as a souvenir in a small jar. The BCMF patient house staff in Chiang Mai explained to Tha how to manage his post-operative care and he recovered well from surgery and no longer feels pain. He still lives with a colostomy, a prosthetic leg, and shrapnel in his belly but he is so appreciative of the support of BAMF, the donors, and the medical staff.

Burma Woman Medical Fund (BWMF)

The Burma Women Medical Fund (BWMF) treats women diagnosed with gynaecological conditions that have deleterious effects on the quality of their lives. Some of the common cases that BWMF encounters are uterine prolapse, ovarian cysts, and uterine myoma. The Reproductive Health Department at Mae Tao Clinic has a close working relationship with BWMF, diagnosing and referring major cases to BWMF. A unique characteristic of BWMF is that the majority of patients are treated locally at Mae Sot Hospital. As medical and logistical costs are relatively cheaper, large numbers of patients can be treated cost effectively through this program.

Since the establishment of the program over four years ago, BWMF has surpassed its nascent phase and is now thriving. Total patient enrollment in BWMF has increased from 54 patients in 2014 to 73 patients in 2015, a 35% increase. This can be attributed to the close relationship with Mae Tao Clinic's Reproductive Health Outpatient Department, the efficient referral process to Mae Sot Hospital, and streamlined administrative management. Additionally, a key factor in this increase is BWMF's growing role in Burma. In 2014, 35 BWMF patients were residents of Burma; in 2015, 56 BWMF patients were residents of Burma. This 60% increase of patients living in Burma accounts for BWMF's overall growth and is again attributable to gaining more access to patients earlier in this illness through our referral network, rather than waiting for them to present at Mae Tao Clinic in the late debilitating phase of their condition.

The flexibility of BWMF and its patients have proved to be vital to the effectiveness of the program. Here are two BWMF patient stories.

Daw Ma's Story



Daw Ma, a 36-year-old woman, was referred to BWMF due to a large mass in her pelvis. She lives in near Thaton Township in Mon State, Burma. She and her husband are farmers, earning 2,000 kyat a day. They are 300,000 kyat (300 USD) in debt after seeking medical treatment for Daw Ma.

In 2013, Daw Ma began experiencing terrible abdominal pain, forcing her to stop work. She visited many clinics but could not afford surgery, forcing her to rely only upon painkillers. By 2015

Daw Ma could no longer walk and her family had to carry in a stretcher-like hammock to a doctor which referred her to Mae Tao Clinic and then on to the BWMF program. Under BWMF's care, Daw Ma had surgery at Mae Sot Hospital in Thailand. After the procedure, her pain disappeared and her strength has returned, allowing her to return to work so she can repay her debt.

Daw San San's Story



Daw San San is 42 year-old and works as a seamstress in Myawaddy, Burma. Her husband works as a driver. When San San began to experience abdominal and back pain caused by a uterine mass, her pain kept her from sitting down for long periods of time, which directly affected her income and ability to work. Work requires her husband to spend weeks away from home. One month, her abdomen became enlarged and she sought out care at the hospital. However, no doctor there could treat her.

Fortunately, a neighbor brought San San to Mae Tao Clinic and she was then referred to the BWMF Program. With the support

of BWMF, she had the mass removed from her uterus at Mae Sot hospital and began a gradual recovery. San San knows dozens of women with gynaecological issues and will inform them of BWMF. Otherwise, she says, "they just die, they have no money and no knowledge, they don't know anything so they just die." inform them of BWMF. Otherwise, she says, "they just die, they have no money and no knowledge, they don't know anything so they just die."

Wheelchairs for Kids



Khu Yu Paw and Hse Khu Moo's parents take their children for a stroll for the first time

In April 2015, BCMF welcomed its annual donation of 166 wheelchairs benefiting children with special mobility needs in Thailand and Burma. The life-changing wheelchairs were generously donated by Wheelchairs For Kids, an organisation based in Perth, Australia.

The current model of the WFK wheelchair has been designed for rough terrain; it has a strong steel chassis and puncture-proof tires. The wheelchair was designed in accordance with WHO recommendations and is completely adjustable to suit the different sizes and growing needs of children. This means that each wheelchair must be made to fit the specifications of the child. As such, health care workers must be trained how to appropriately do this.

BCMF has developed a comprehensive training program, translated into both Burmese and Thai, in order to appropriately train partner organisations to fit and distribute the wheelchairs. The wheelchair training includes learning how to assemble the wheelchair correctly, ensure appropriate sitting support, preventing pressure sores, assessing and measuring a child for the wheelchair, fitting the child in the chair, checking the pressure, caring for the wheelchair and teaching vital mobility skills to the child and their carer to ensure best use of the chair. The training uses the principles of Training of Trainers (TOT), creating a positive flow-on effect in which trainees then go on to train others.

This past year, BCMF distributed 153 wheelchairs to children suffering from conditions such as cerebral palsy, quadriplegia, down syndrome and meningitis across Thailand and Burma. Further, the “training of trainers” program increased the capacity of partner organisations in Burma. In 2015, this program trained more than 40 health care workers from 12 different organisations to assess and fit children in wheelchairs.

Children with physical disabilities living in Thailand and Burma are extremely vulnerable, often living with limited access to healthcare and education. In many cases, children with disabilities do not have wheelchairs and thus are housebound, their caretakers forced to stay home as well to care for them. Improving the mobility of children with physical disabilities has a transformative effect on the whole family. BCMF distributes wheelchairs to partners and trains staff to care for and disseminate crucial information to improve the everyday lives of children with disabilities.

Accompanying the trainings, BCMF distributed vital information on how to continue the transmission of knowledge regarding wheelchair maintenance and care for children with disabilities on topics such as bedsores prevention. BCMF translated learning resources into Burmese and Thai to enable local

hospitals and clinics to provide a high quality of care for children and to ensure that healthcare workers can incorporate these vital resources into their care.

BCMF would like to thank the many links in the chain for making this program so successful. Without the ongoing support of the Rotary Club of Wanneroo in Perth this program would have been impossible. They saw the value in supporting it and through their financial and organisational support have ensured that BCMF can receive regular shipments of the chairs from Perth. Further, Allied Pickfords Thailand have provided free transportation for the wheelchairs so that they can be transported to Mae Sot from Bangkok and their consistent generosity is greatly appreciated and valued. Also, we wish to thank the Suwannimit Foundation in Mae Sot who have given their valuable time and energy to ensure that the appropriate documentation has been completed to allow the chairs to pass customs and the Mae Tao Clinic for their continued support on this project

Patient Highlights

Chit and Chan's Story



Five-year old twins Chit and Chan were born in the mountainous and isolated region of Mon State, Burma. Both Chit and Chan have Cerebral Palsy, a neurological disorder that affects their ability to walk, move, and keep their balance. Caring for them on her own has been extremely challenging for their mother, especially as they grew older.

In 2015, she learned about Mae Tao Clinic (MTC) and the health services they provide. With that hope in mind, she carried her two sons, traveling 200 km (125 mi) by bus and ferry to reach MTC in Thailand. They were immediately assessed and referred to BCMF.

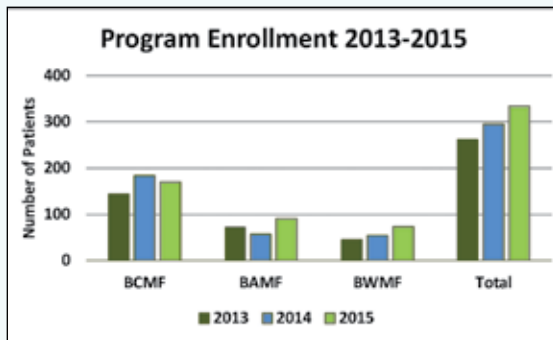
Considering the physical challenge of Chit and Chan's mother returning home with her sons now fitted in wheelchairs, BCMF arranged for them to travel to Mawlamyine, Mon

State, Burma – along their way home – where a BCMF-trained team from the Mawlamyine Christian Leprosy Hospital provided her with wheelchairs and fitted them there. Chit and Chan's mother was taught how to use and care for the wheelchair and was also given an information booklet in Burmese regarding safe practices, wheelchair repair and pressure sore prevention.



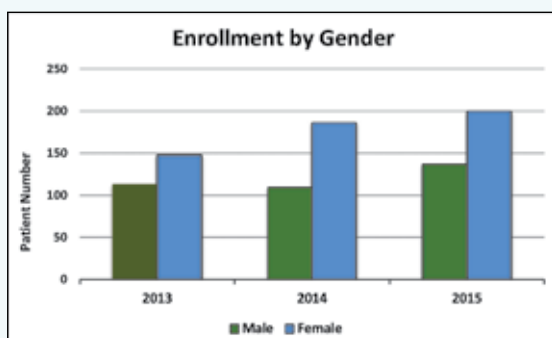
Our apologies for the poor quality of this photo. The image was taken by their mother on her mobile phone and received by BCMF via text.

Program Statistics for 2015

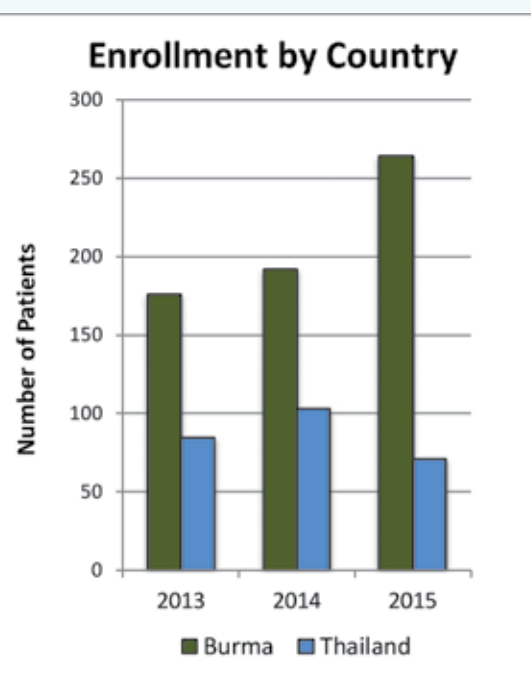


Enrollment across all three programs has increased substantially in the last two years, with a 13% increase in 2014 and a 13.6% increase in 2015. This growth is largely attributable to the following factors in Burma: fewer restrictions on travel, ceasefire agreement, accessible transportation. Other contributing factors to the increase in cases are the expansion of echocardiogram screenings in Hpa-An, Burma and two neurological screening offerings in Mae Sot, Thailand. The screenings helped identify 20 new cardiac and two neurological patients respectively. The 2015 statistics show a 6.6% decrease in BCMF enrollments from 2014; however, the other two programs had substantial increases – 57% increase in BAMF and 35% increase in BWMF. Another contributing factor was the way we calculated wheelchair patients. Wheelchair patients were previously included in the BCMF programs; since 2015, those cases are reported separately.

The inclusion of wheelchair cases in the 2014 statistics inflated the total number of enrollees when compared to 2015. For instance, 42 enrollees from 2014 were wheelchair patients. The total number of wheelchair patients for 2015 was 106 - and this number is not included in 2015 total patients enroll figures.

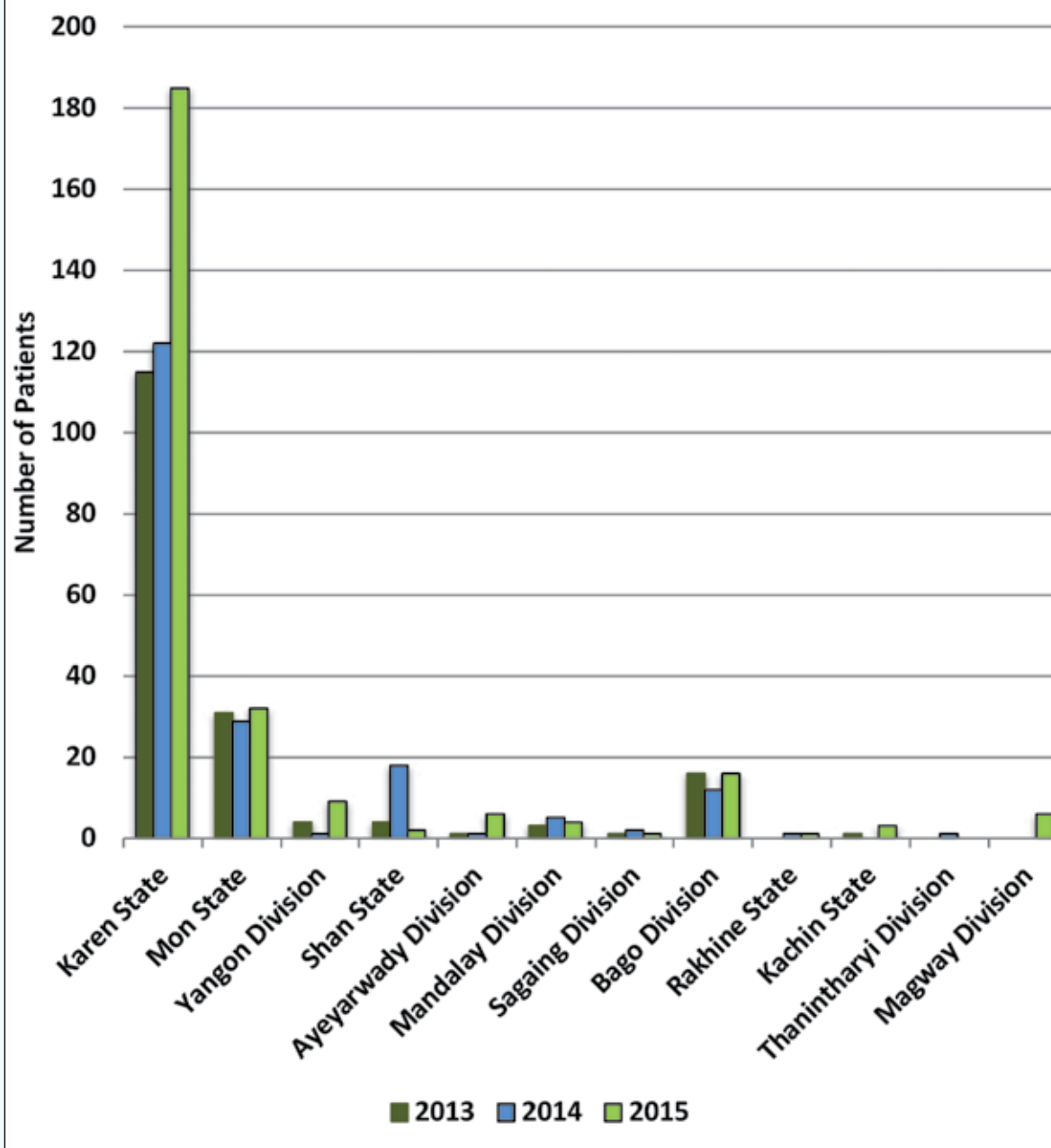


In the past three years, BCMF enrolled more female than male patients. In 2013, 57% of enrollees were female, 63% in 2014 and 59% in 2015. The higher number of females is due to the BWMF program that provides care for gynaecological conditions. BWMF is our only gender-specific program and it skews the gender ratio towards females. Removal of the BWMF component from the gender analysis results in a more even spread of males and females in the patient population.

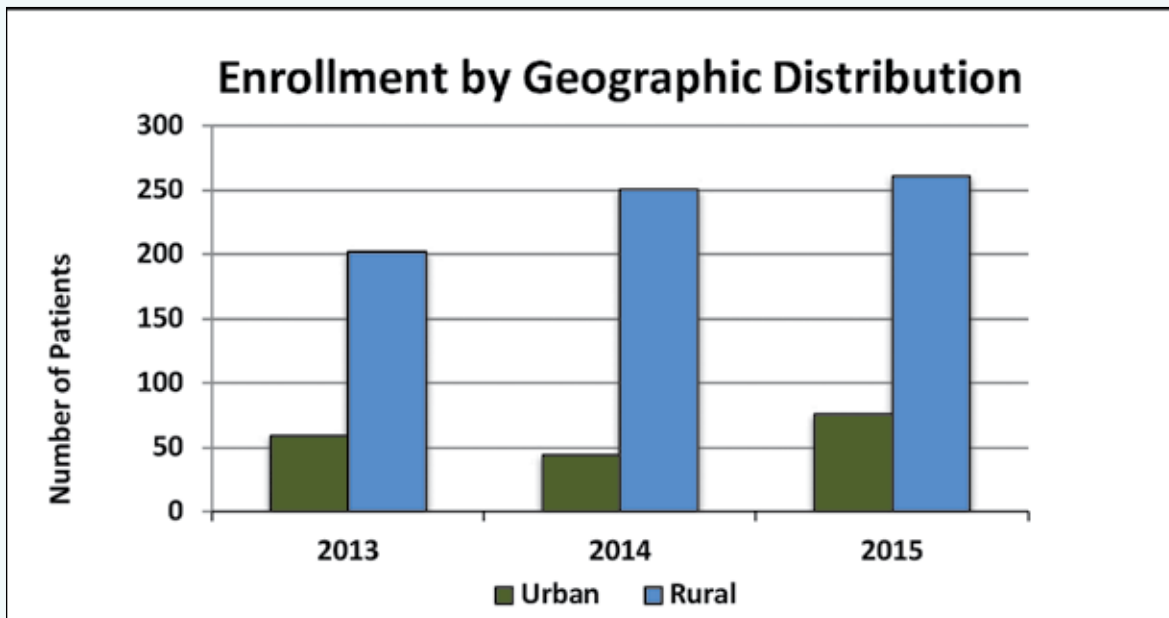


The majority of patients seen by BCMF live in Burma. In 2015, 79% of patients were from Burma. In the two previous years, approximately two-thirds of those enrolled by BCMF were Burmese residents. The percentage increase for 2015 can be attributed to a greater number of Burmese enrollees and a decline in number of Thailand-based enrollees. The majority of Thai enrollees are Burmese migrants who have been displaced or are migrant workers. The current increase in Burmese residents reflects our efforts to expand our services into Burma. Programs such as the wheelchair and eye training courses and visits to remote areas have allowed us to build partnerships with village clinics that refer patients to BCMF. The village visits have also identified people in need of surgical care.

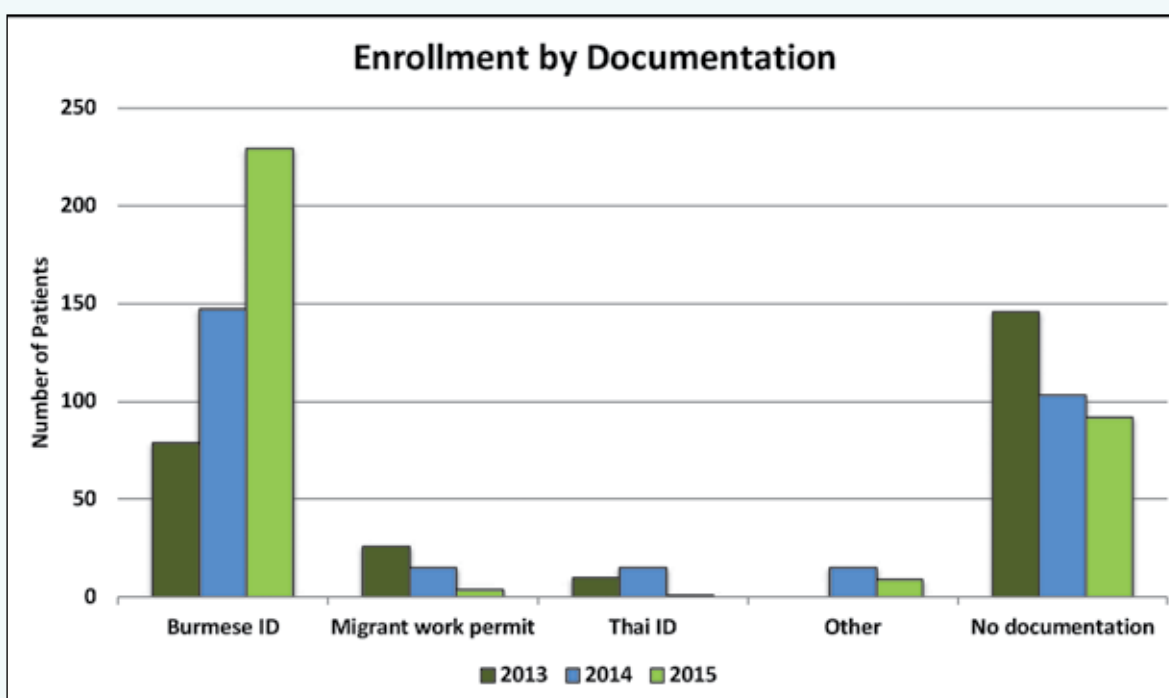
Enrollment by State/Division of Burma Residence



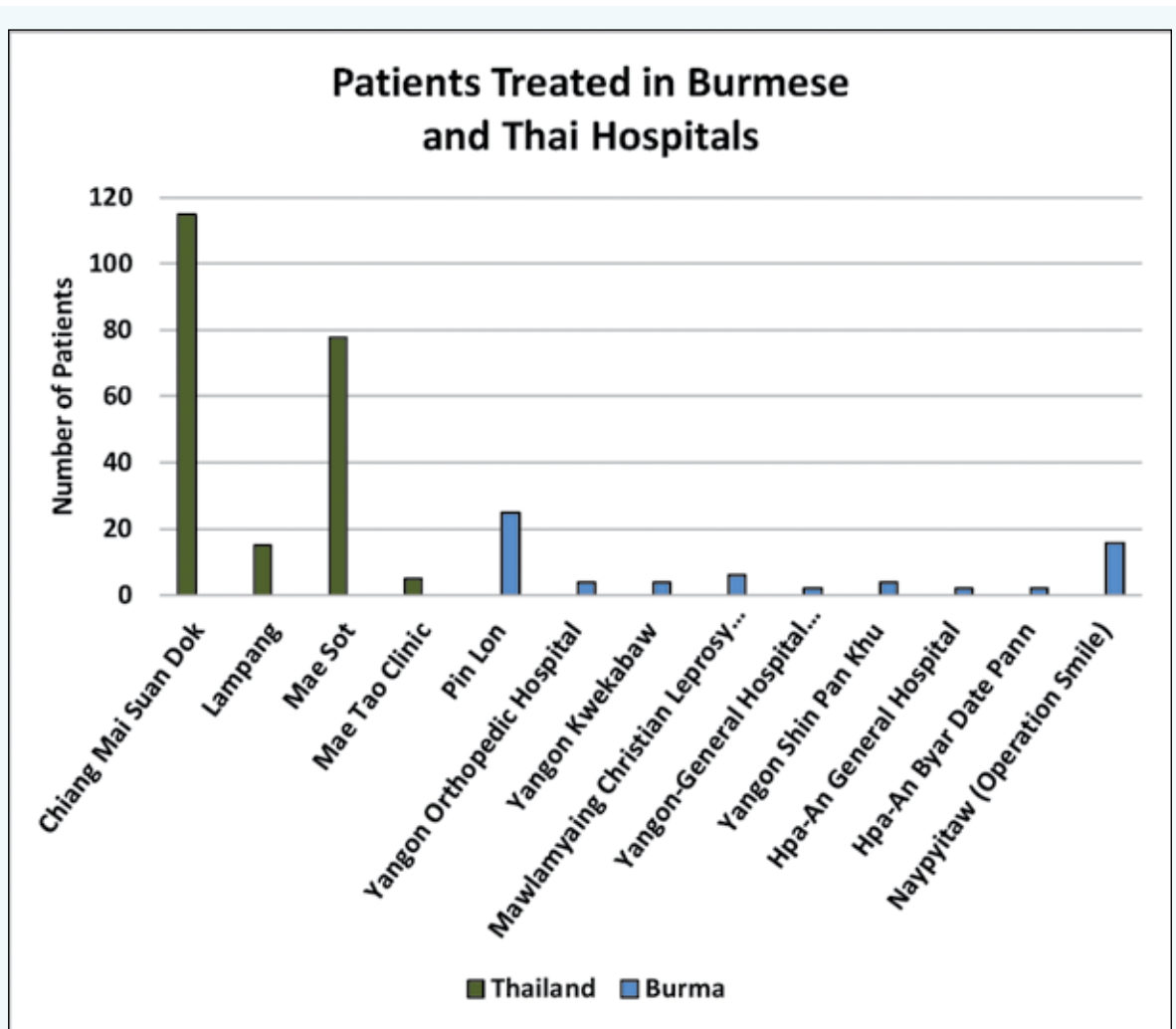
The largest numbers of BCMF cases come from Karen State due to its proximity to the border town of Mae Sot. In 2013, 44% of our patients were Karen State residents, 41% in 2014 and increasing to 55% in 2015. The next largest group was from Mon State, approximately 10% of the patient population in all three years. A significant percentage of patients (4-6%) live in Bago Division. Several factors influence our patient enrollment numbers including: geographic distance, restrictions on movement within the country, and armed conflict. The improved political situation has allowed people greater freedom to travel within and outside of Burma. In 2015 we enrolled three patients from Kachin State and six patients from Magway Division - both of these areas are a long way from Mae Sot (1,500 and 700 kilometers respectively). Armed conflict in 2015 is responsible for the marked reduction in number of enrollees from Shan State, from 18 in 2014 to just two this year. BCMF's current emphasis on working with health care partners within Burma will be a key factor in extending our range of care and we anticipate increasing numbers of patients within Burma accessing our services.



Over three quarters of BCMF patients live in rural areas. In 2014, 85% of our enrollees were from villages or small towns in Burma or the Thai border. In 2013 and 2015, 77-78% of enrollees were rural residents. This suggests a lessened availability of health care in those regions.

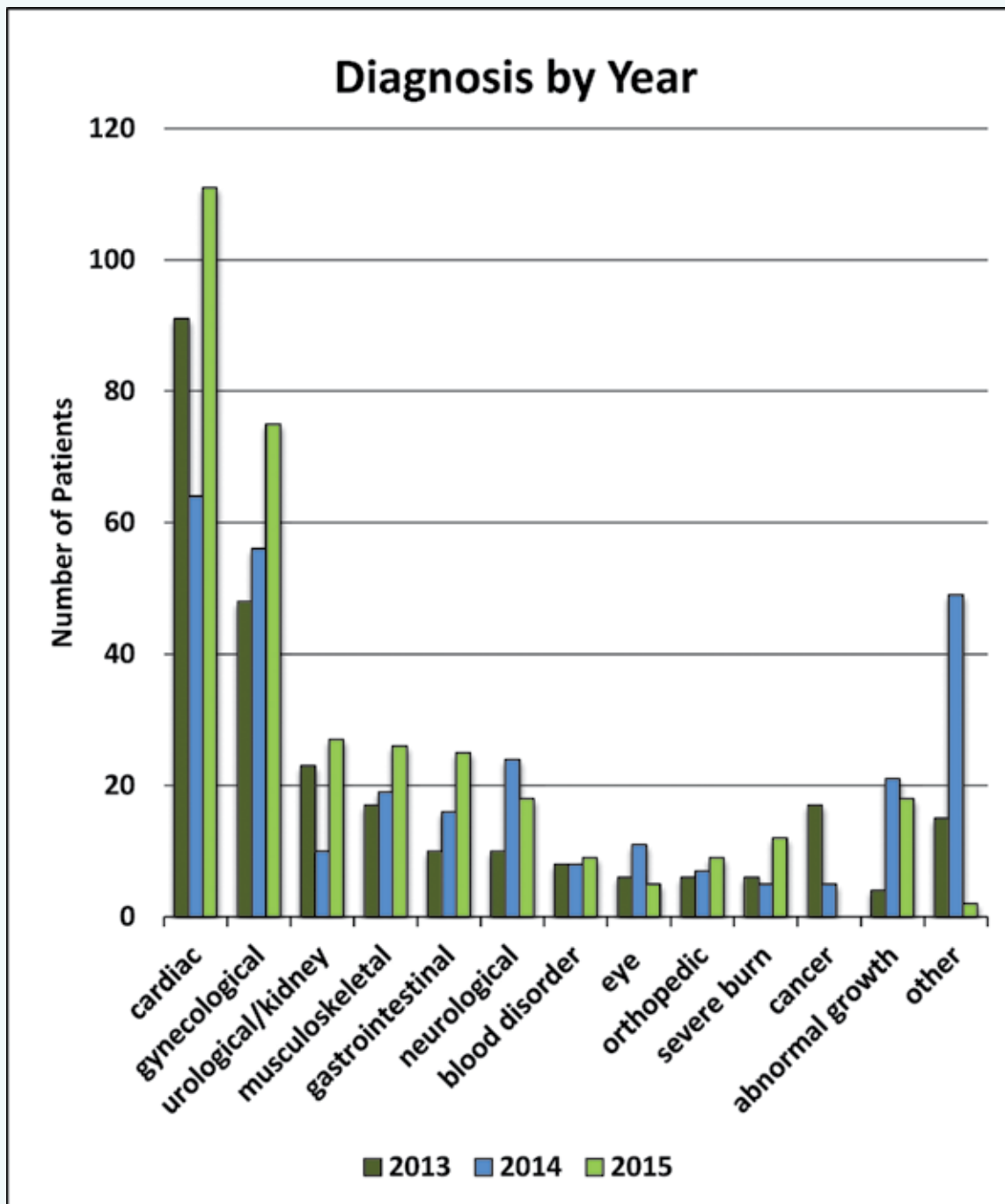


Patients at BCMF are identified by the form of documentation they hold. Generally, these are: a Burmese identification card, a migrant work permit, a Thai identification card, or an assortment of other forms of identification, including a Thai 10-year residency card, international passport, temporary Burmese identification or Thai birth certificate. Finally, there is always a group of patients that lack any form of documented identification. A large number of our patients who fall into this group are from very remote regions of Karen State. For the past three years, the two largest groups have been those with Burmese identification and those lacking documentation. Much smaller numbers of enrollees are found in the other three groups. It is encouraging that an increasing percentage of our patients carry identification and this trend has been pronounced in the last three years. In 2013, 44% of enrollees possessed identification. This percentage has increased in the past two years to 65% in 2014 and 73% in 2015.

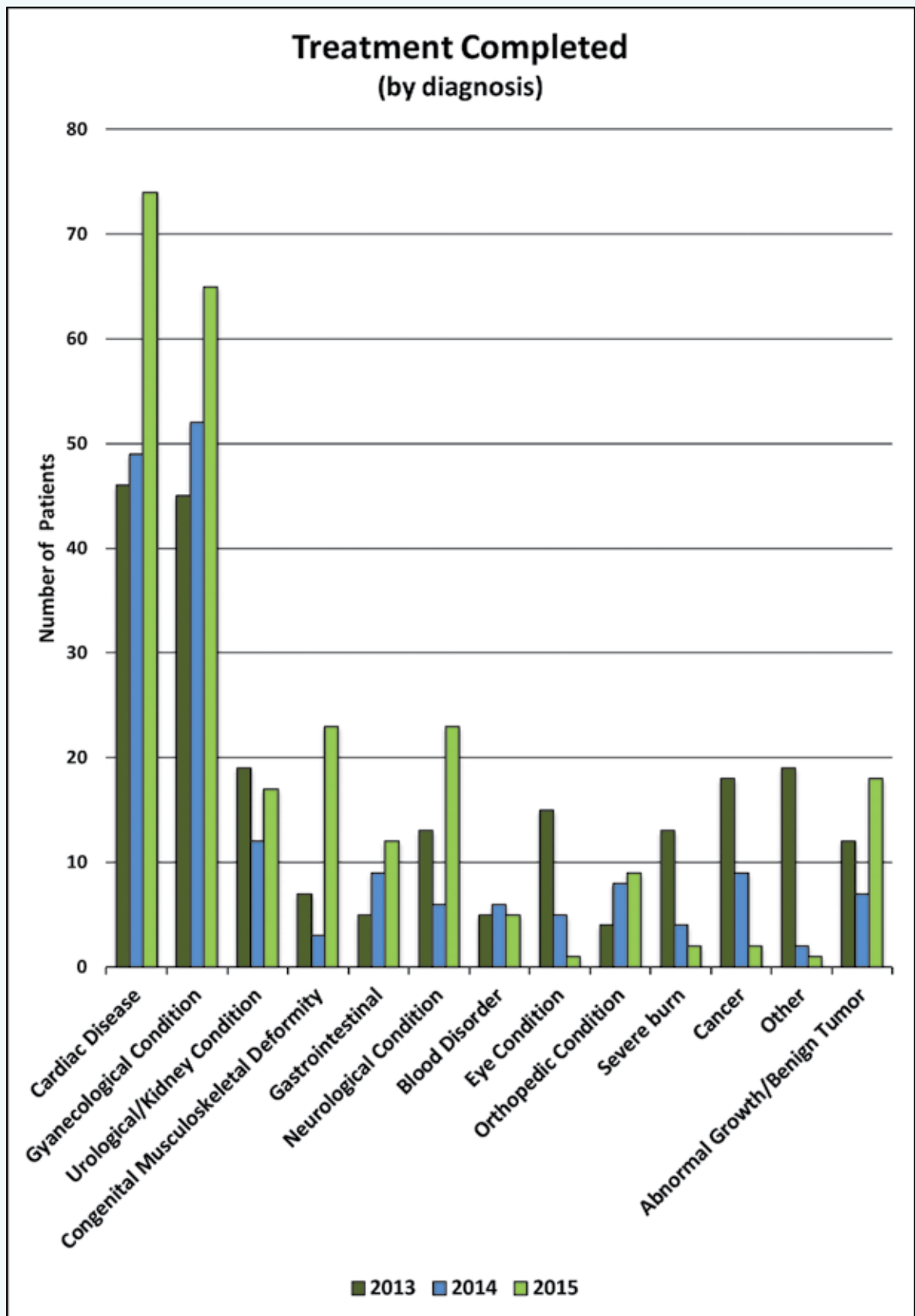


As in past years, the largest numbers of surgeries (107) were performed at Maharaja Nakorn (Suan Dok) Hospital in Chiang Mai. The next largest surgical group (75), primarily gynecological procedures, were treated at Mae Sot Hospital. However, what made 2015 a particularly important year for BCMF is that it was the first year that patients received treatment in Burmese hospitals. Five of the nine hospitals where patients received treatment are in Burma - Pinlon, Shin Par Ku, Kwekabaw, Yangon General Hospital, and Yangon Orthopedic - are located in Yangon. Mawlamyine Christian Leprosy Hospital (MCLH) is located in Mon State and Hpa-An General and Byar Date Pann are in Karen State. Naypyitaw receives Operation Smile Patients. Twenty-seven BCMF cardiac patients were operated on in Pinlon Hospital in Yangon. Of these, five patients received free surgeries from Cardiac Mission with BCMF providing logistics. Fourteen Operation Smile patients received treatment for cleft lip/palate in Naypyitaw and MCLH provided surgery for multiple patients including five burn cases, two clubfoot cases, and one tendon injury case. Children Action sponsored one patient with bowed legs to receive treatment at Yangon Orthopedic. Although the number of surgeries performed at the other Burmese hospitals were small, it is notable that BCMF has been able to establish partnerships with nine surgical facilities in the country. This highlights BCMF's commitment to developing strong ties with hospitals within Burma and the number of surgical cases completed in Burmese facilities will undoubtedly increase in the years ahead.

In 2015, BCMF also, for the first time referred three patients to the Mae Tao Clinic. BCMF had been referred these patients from partner organisations in Burma - they were then supported by BCMF to come to Thailand for investigations. It eventuated that MTC had the capacity to treat these patients and BCMF continued to support their logistical costs. BCMF anticipates that this will occur with other patients in the future as we receive more referrals from our partners inside Burma.



Cardiac disease was the most frequent diagnosis for BCMF patients over the last three years. In 2013 and 2015, a third of our enrollees were cardiac cases. In 2014 when the percentage of cardiac cases dropped to 22%, it was still the most frequent diagnosis within our patient group. The three echocardiogram screenings held in 2015 increased identification of those in need of cardiac surgery. The gynaecological disorders characterizing the BWMF population comprise the second largest group by diagnosis. Approximately a fifth of our patients present with a gynaecological condition, 18% in 2013, 19% in 2014 and 22% in 2015. Equivalent numbers (25-26%) of urological, musculoskeletal or gastrointestinal diagnoses were recorded in 2015. The diversity of cases is reflected by the significant, although small, numbers of blood disorders, eye disorders, orthopedic conditions, abnormal growths and severe burns. In contrast to the two previous years, in 2015, BCMF did not enroll any cancer patients, a group requiring extensive treatment and time, with often uncertain prognosis. There was a marked decrease in diagnoses characterized as “Other” in 2015 (2 cases) compared to 2014 (49 cases), reflecting a continued refinement of diagnostic criteria. Another factor contributing to the increase in diagnoses was the emphasis on strong, continued cooperation with our health partners in Burma.



BCMF completed treatments for 252 cases in 2015 – the highest number over the past three years (182 cases in 2014 and 221 cases in 2013).

The increasing closure of patient cases reflects the organization's emphasis on optimizing the steps in the process: identification, interviewing, transporting, and treating patients with follow-up care. The procedures have been streamlined to more effectively deliver health care to those who need it.

Programs in Burma

With the goal of improving access to healthcare for patients regardless of their ethnicity, sex or religion, BCMF has established partnerships with several local organisations, hospitals, and clinics, including the international surgical missions (ISMs) in Burma. This has resulted in the development of a referral network that has increased the communities' ownership over their healthcare and has created more points of access for marginalised and under-represented populations in Burma. This has enabled BCMF to offer better quality, decentralised care that will reach more people in need. This program is still in its early stages; as the capacity of the healthcare system improves, this network will help facilitate treatment for the increasing numbers of BCMF patients. In the immediate term, we have already noticed an increased caseload and a diversification of our referral partners. BCMF has established good relationships with international surgical teams working inside Burma and also with local hospitals and community based organisations to refer appropriate patients for treatment. BCMF will continue to provide financial and logistical support to ensure patients can successfully receive and complete treatment. The following is a breakdown of our current projects and activities in Burma.

Karen State (Eastern Burma)

Ler Per Her and Htee Ka Haw

The Ler Per Her Clinic (LPH) is located in a remote area of eastern Karen State in Burma and provides primary healthcare to 29 villages. The population served is approximately 8,960 people, of whom 37% are children under the age of five. In 2014, BCMF initially provided the LPH Clinic with medical supplies and assisted with the development of a sustainable strategic plan.

In August 2015, BCMF delivered a second donation of medical supplies to LPH. This year, 90,000 THB (2,500 USD) worth of medicine, equipment and stationary was donated. This will provide 1,532 houses in 29 villages with sufficient supplies to last for 6 months. Included in the donation were medical supplies, dengue campaign posters, stationary and mosquito nets.

In addition to medicine provision, BCMF has also worked with the LPH Clinic to develop a referral system to connect patients with the Tha Song Yang Hospital and Mae Sot Hospital in neighboring Thailand. LPH Clinic experiences logistical difficulties when referring patients due to transportation and funding obstacles, especially when assisting patients with more complex conditions. As a result, BCMF will subsidise the cost of transportation and food while patients free undergo treatment. LPH has since begun referring patients who need surgical intervention to BCMF. This is in accordance with BCMF's intervention model that focuses on treating conditions before they become so severe that they require expensive emergency treatment.

Building on BCMF's successful partnership with LPH, we were invited in early December, 2015 to the opening ceremony of another clinic in this area, Htee Ka Haw Clinic (HKH). Following the opening of the clinic, BCMF provided information about our referral network and services and began a working relationship with HKH. The aim is to have an early intervention program that can reach patients at the beginning stages of their illness and to share resources, including medical donations and wheelchairs.

The first batch of wheelchairs provided to patients in this region of eastern Burma took place at HKH Clinic in December 2015. Donated by Wheelchairs for Kids, BCMF delivered four wheelchairs to children and one to an adult. BCMF also conducted wheelchair training for HKH's staff to provide them with the skills to put together and appropriately fit a wheelchair on their own. By the end of the visit, in addition to the wheelchair training, 13 patients needing a variety of treatments were referred to BCMF.

Tha Dah



A two-year-old boy, Tha Dah, from a village near the Thai-Burma border, lives with his parents, uncle, grandmother, and one-week-old baby brother. When he was one-year-old, Tha Dah was crawling in the kitchen near where his mother was cooking soup. He accidentally slipped and knocked over the boiling soup, spilling it over his arm. His parents took him to the clinic in Ta Karet village where medics bandaged his arm and hand.

Initially, the burn contracture was not so bad. Tha Dah's arm was straight and he was able to hold out his hand. Gradually it has become worse until he can no longer extend his hand.

Tha Dah's hand no longer causes him pain but he cannot use it, thus impeding his mobility and independence. If he is unable to receive treatment, the problem will get worse. His parents are anxious for him to receive treatment. His mother has to look after his younger brother and is no longer able to give Tha Dah the care that he needs. If function is restored in his hand, his quality of life will be significantly improved. It is scheduled for Tha Dah to receive surgery at Chiang Mai Hospital in 2016.

BCMF has also agreed to train two staff members, one from LPH Clinic and one from HKH Clinic. Training will help build capacity and give the staff skills in documenting patient cases and using computer programs that will benefit the clinics and ensure efficient record keeping. This will ensure that staff can process the necessary documentation for patient referrals as required by BCMF. This cooperation between BCMF and HKH will be further developed in 2016, enabling BCMF to receive more patient referrals and to disseminate resources.

Ananda Myitta Charity (AMC) Clinic

BCMF's referral program in Burma was developed out of a successful partnership with the Hpa-An based Ananda Myitta Charity Clinic (AMC) in late 2014. Since then, BCMF has expanded its referral network, increasing treatment options for patients from inside Burma.

In late March 2015, BCMF coordinated a free echocardiogram screening in Hpa-An in Karen State, Burma. BCMF worked closely with a cardiac team from Lampang Hospital in Thailand to facilitate the screening of 142 patients from Hpa-An, Mandalay and Yangon. Of those patients, 50 received an echocardiogram screening while the remainder had a consultation and were prescribed medication for their conditions. From this caseload, 19 patients were then referred to BCMF to organize their surgical care in Burma and Thailand.

After the echocardiogram screening in Hpa-An, two BCMF staff and one Mae Tao Clinic staff member went to Mawlamyine Christian Leprosy Hospital (MCLH) and conducted a wheelchair fitting training for both MCLH and AMC staff. Since then, BCMF has been providing both facilities with wheelchairs for children donated by Wheelchairs for Kids.

To extend BCMF's services in Burma, MTC ophthalmologist Dr. Frank Green traveled with the BCMF team to the Kyondoe Mobile Clinic, run by the Ananda Myitta Charity Clinic (AMC) in Hpa-An, in June 2015. During the day, the Kyondoe Mobile Clinic saw 105 patients who came to receive treatment and medication and 80 patients were screened by Dr. Frank. Of those 80 patients, 72 were given reading glasses and 9 of those were referred to MTC for further investigations and surgery.

Upon request from AMC, BCMF organised and funded an eye care and refraction training course at the Ananda Myitta Clinic (AMC) in October 2015 as a further capacity building initiative. Satja Netek, an ophthalmic nurse specialist with over 10 years experience in eye care and refraction training with the International Rescue Committee (IRC), developed and delivered the training. Six participants, five from Ananda Myitta Clinic and one from Hlaing Bwe Eye Clinic, attended the course. All six trainees successfully completed the training course as assessed by pre- and post-training examinations. In addition to written exams, practicums were routinely conducted to ensure concepts were captured with appropriate corresponding techniques.

The intensive 10-day course included normal eye anatomy, visual acuity checks, detection of common defects, such as trachoma, glaucoma and cataract, and basic refraction tests which are required for correct eyeglasses prescription. On completion of the course, the trainees possessed the knowledge and skills required to provide appropriate primary eye care, treatment, and prevention and health education to villagers in their assigned target areas.

At the end of the training, BCMF provided AMC with a refraction trial lens set, eye charts and hundreds of eye glasses in different powers. This initial support will enable AMC to begin their vision screening program. To ensure the sustainability of the project, AMC plans to charge patients a nominal fee for the eye glasses in order to create enough income for the clinic to purchase more eye glasses.

With the newly trained staff, AMC can now perform assessments and help diagnose eye patients both at the clinic in Hpa-An and at remote mobile clinic sites in surrounding areas. AMC staff can now test the patients' eyesight and give out the correct power glasses. Additionally, AMC staff are now able to detect eye conditions early and refer patients to the appropriate care center.

Min Htun



During the echocardiogram screening, Min Htun was diagnosed with a large AAA (Abdominal Aortic Aneurysm) measuring over 20 cm in diameter. AAA refers to an abnormal balloon-like bulging from a weak area in the wall of the abdominal aorta of the heart. If left unnoticed or untreated, there is a high risk of burst aneurysm, massive bleeding, and even death.

After the screening, the cardiac team from Lampang Hospital and BCMF arranged for transferred and operation for Min Htun at Mae Sot Hospital (MSH) and he received surgery in April 2015. After surgery, Min Htun stayed in the ICU (intensive care unit) for nine days.

Min Htun and his wife were stressed for a long time because of his illness. Min Htun felt guilty for not being able to work and support his family. His stress often kept him from sleeping at night. Since surgery, Min Htun feels much less stress. His back pain and other symptoms, including difficulty breathing and fatigue, have disappeared. Min Htun appreciates the help he received and said, "Thank you for sharing my burden."

Min Htun hopes to find work as a farmer so that he will be able to pay his debt back quickly and save money for his family's future and for his children's education. Min Htun said he wants to make it his mission to help other patients get treatment. He plans to start by telling other people in his village about BCMF.

Mon State (Southern Burma)

Mawlamyine Christian Leprosy Hospital

BCMF visited the Mawlamyine Christian Leprosy Hospital (MCLH), located in Mon State, Burma, in February, 2015. MCLH has a rehabilitation center for patients with neurological and developmental problems who cannot walk or sit up on their own. The BCMF team saw MCLH's need for wheelchairs for children with disabilities and agreed to set up a wheelchair project, including training, at MCLH to distribute wheelchairs from Wheelchairs for Kids.

To further expand the distribution network for our wheelchairs for the children project, BCMF worked with AMC and the MCLH to conduct a training at MCLH in Mon State in March 2015. The training was attended by participants from clinics in Thaton, Hpa-An, Chaung Zone and Mawlamyine. After the training, over 70 wheelchairs were distributed to these four clinics in Mon and Karen State, a strong reflection of the prevalent need for mobility resources in those areas.

Furthermore, in 2015 BCMF learned about MCLH's capability to perform some surgical procedures, such as releasing tendon tightness. BCMF also learned about MCLH's relationship with a hand surgical mission. BCMF worked with MCLH to develop a referral system and in August 2015, BCMF sent two patients to MCLH for surgical treatment.

Shin Shin



Shin Shin, an eight-year-old Burmese girl, was not even born before her family was worrying about her medical conditions. A routine ultrasound of her mother revealed that the baby might not survive delivery, as the medic explained to Shin Shin's mother that the baby had many serious medical conditions. Shin Shin did in fact survive delivery, but she was born with several handicaps including hydrocephalus, spinal meningocele and clubfeet.

Shin Shin's surgeries began when she was two-years-old after her parents brought her to Mae Tao Clinic (MTC) who then referred her to Burma Children Medical Fund (BCMF). Her family made many grueling trips back and forth to Chiang Mai for multiple surgeries to treat her painful conditions. Throughout her surgeries, Shin Shin faced possible paralysis and even death. Although the procedures were very taxing on such a young girl, Shin Shin's strength and perseverance shone through.

Although not all of Shin Shin's conditions have been fully cured, her quality of life is greatly improved. Three years since her many surgeries, she is a very bright, energetic girl that loves spending time with family and friends. She enjoys going to school and learning her lessons. Her ability to move around is still limited so BCMF provided her with the very first wheelchair from Wheelchairs For Kids to assist her in and out of the house.

In late 2015, Shin Shin received another surgery to correct her clubfeet at the Mawlamyaing Christian Leprosy Hospital (MCLH). She had surgery to correct her feet and underwent physiotherapy at MCLH to get her more comfortable with her feet's new position. Shin Shin has started walking again and she will continue to go for her physiotherapy at Hpa-An Orthopaedic Rehabilitation Center in 2016.

Shin Shin's sunny, spontaneous smile belies her hard life as a young girl. It is a testament to her resilience that the constant procession of visits to doctors and surgeons has not dampened her spirits. Her mother is very happy with the decisions that she and her husband made concerning their daughter. Even though she was uncertain as to whether her daughter would survive and thrive, she says that, as a Buddhist, her religion provides her with strength during troubling times. During her conversation with BCMF, she beamed with pride as she spoke of plans for Shin Shin's future: "Before, we didn't even know whether our daughter had a future."

Yangon Division (Central Burma)

Pinlon

Since the easing of restrictions in Burma, many international surgical missions have been providing free surgical treatment to patients, improving the capacity of local staff and providing higher quality care. Unfortunately, hospitals within Burma, specifically in rural areas, are not aware of the international surgical missions (ISMs) and their services. In February, a cardiac surgical team from Open Heart International in Australia introduced BCMF to the head cardiac surgeon of Pinlon Hospital in Yangon and a referral arrangement was established whereby BCMF would refer patients for surgery.

The first collaboration between BCMF and Pinlon Hospital began in March when Cardiostat International (CI), an international surgical mission from the USA, held its free surgical mission at Pinlon Hospital. To address the high numbers of patients presenting with cardiac conditions, BCMF referred 19 patients for cardiac surgery with CI. Five adult patients underwent surgery with the team but unfortunately 14 child patients were unable to receive care due to the inability of the Burmese hospital system to handle complex cardiac conditions. Those patients were referred to BCMF for surgery in Thailand.

BCMF is trying to help the Pinlon cardiac team to build capacity in the area of paediatric cardiac surgery by introducing a Thai cardiac team into the program. Since the first collaboration, BCMF has been sending cardiac patients to Pinlon and in 2015, a total of 23 cardiac patients, were treated at Pinlon Hospital.

Saw Maung



Saw Maung, a 49 year-old male from Myawaddy, Karen State, Burma, was a day laborer on a construction site until a year ago when he was forced to stop working due to his health problems. His oldest son, 23, assumed his position at work and is now the main income earner for the family. Saw Maung's wife occasionally supplements their income by washing clothing.

Saw Maung first became aware he had a heart condition when he began experiencing constant nose bleeds, sometimes daily. He sought medical treatment at a private clinic run in Myawaddy. The doctor told him he suffered from a heart problem and advised him to go to Mae Sot Hospital for an echo screening. A neighbor who used his wife's laundry service heard about his poor health and offered to pay for his transport and medical testing.

Saw Maung attended a free echocardiogram screening at Mae Sot Hospital in February 2015. He was referred to BCMF following the results of the screening. BCMF arranged for him to get a surgery with Cardiostat Mission, in Yangon. In March 2015, Saw Maung underwent cardiac surgery for a valve replacement, at Pinlon Hospital by Burmese surgeon and Cardiostat's team. Since the operation, Saw Maung has seen an improvement in his health. Prior to the surgery, Saw Maung had to put up with nosebleeds and fatigue. As a painter, he was not able to withstand the fumes without feeling faint. Now, he looks forward to being able to work again in order to support his family.

Children Action

Another significant relationship was built in 2015 with Children Action, a Swiss charitable foundation whose mission is to provide health services to children. Projects are set up and run by expert teams to provide medical and surgical care, psychological support, and teenage suicide prevention.

In Burma, children with orthopaedic malformations are treated by adult orthopaedic services or in children's hospitals: paediatric orthopaedic wards do not exist. Children Action organises burn and orthopaedic surgical missions four times a year, allowing access to quality health care for disadvantaged children. Due to BCMF's large caseload of paediatric patients needing orthopaedic treatment, Children Action offered to assist and BCMF referred two cases to Children Action in 2015.

Tha Dah



Tha Dah is a 10-year-old girl from a village near Hpa-An, Karen State, Burma. When she was about 8 months old and starting to stand up, her parents noticed that her legs were unnaturally bent. Gradually, her legs became more bent. Her parents tried massage, but it did not help. The doctor at Hpa-An Hospital told her parents that she needed to have surgery when she turned 10.

Tha Dah learned to deal with her bowed legs as well as she could. She learned to walk, run, climb trees and even ride a bicycle. Sometimes her legs caused her physical discomfort and if she walked for too long she experienced pain and had to rest. Sometimes her father had to carry her.

Tha Dah returned to Hpa-An Hospital when she turned 10, but the doctor told her they did not have the expertise to treat her condition and advised her to go to Rangoon Hospital. The family did not have enough money to go to Yangon or afford the cost of surgery. Tha Dah later came to BCMF on the advice of an acquaintance.

BCMF partnered with Children Action and the Helping Children Hospital in Yangon to organise corrective surgery for Tha Dah in October, 2015. Tha Dah had to wear a cast for weeks and was unable to walk after she was discharged from hospital.

Now, Tha Dah is back at school. She isn't fully walking yet, as per advice from the doctor, but she enjoys going to school and is happy. She knows she will be able to walk again soon. She no longer feels embarrassed as her legs have been straightened. Her next surgery is scheduled for October 2016.

The Leprosy Mission Myanmar

Through the Mawlamyine Christian Leprosy Hospital (MCLH), BCMF was able to expand its referral network and offer its assistance to the Leprosy Mission Myanmar (TLMM). TLMM is an international Christian development organisation whose mission is to provide specialist care to people suffering from leprosy.

In addition to being a communicable disease, leprosy remains a leading cause of peripheral neuropathy and disability in the world. To help assist with their work, BCMF provided TLMM with information on Wheelchairs for Kids (WFK) and agreed to provide wheelchair training.

In August 2015, BCMF conducted wheelchair training at TLMM's office in Yangon and at a TLMM Disability Resource Centre (DRC) in Dala township, Yangon which was attended by physiotherapists from TLMM. The Leprosy Mission Myanmar has 17 Disability Resource Centres (DRCs) across Burma. TLMM works to reach out to people with disabilities and, through their community based rehabilitation (CBR) approach, they implement and support disability-inclusive development. TLMM, therefore, is in an excellent position to be able to distribute wheelchairs across Burma. BCMF not only provided the wheelchair training, but also connected TLMM to WFK, enabling TLMM to receive the wheelchairs for children directly from WFK. By working together, BCMF, TLMM and partner organisations will be able to offer a quality service to more children with mobility needs.



BCMF and TLMM working together to fit children to their wheelchairs

BCMF continued its efforts in 2015 with the public health information campaign Stop Dengue, Protect Your Family based in the Mae Sot District, Thailand to combat dengue fever. Classified as a Neglected Tropical Disease by the WHO, dengue fever is the world's fastest growing mosquito-borne illness, with almost half the global population now at risk. The disease is one of the leading causes of serious illness and death among children worldwide. In 2015, BCMF worked with the campaign organisers from Karen News to help raise funds and distribute mosquito nets and informational materials in Yangon, Mawlamyine, Hpa-An, and other remote populations of Karen state vulnerable to the virus.

This year has been successful for BCMF in the expansion of services across the Thai-Burma border. BCMF's aim is to provide access to healthcare for as many patients as possible, and the solidifying of Burmese partnerships in 2015 is crucial to this aim. In 2015, BCMF enrolled 72 patients from partner organisations inside Burma. This number is a more than threefold increase from 23 the year before. A total of 38 patients were referred to a Burmese hospital or clinic for treatment in 2015. BCMF will continue to build relationships with critical partners on the ground across the border.



Villager stopping to read information on dengue prevention

BCMF B.K. Kee Patient House



Patients and carers at the BCMF patient house in front of a colorful wall mural

The B.K. Kee Patient House continues to be an important part of BCMF's operation, providing a hub of patient care and education in Chiang Mai. Accommodating up to 40 people, it provides a safe and supportive environment for patients and their caregivers while they undergo investigative procedures, treatment and follow up. Patients and carers are able to stay at the house for weeks or months at a time. Staff teach residents about basic hygiene, what to expect in the hospital, and provide nutritious meals every day. A sense of community is created by collective care of the patient house, including patients and their families coming together daily to cook, clean, and garden.

Two BCMF staff members live and work at the patient house to facilitate smooth logistics for patients and their carers. They provide a holistic environment that includes education and social welfare provision as well as assistance at hospitals and medical facilities.

In 2015, 54 van journeys transferred 860 people (patients and their carers – some making multiple trips) from the BCMF office in Mae Sot to both the BCMF B. K. Kee Patient House (393 people) and the Child's Dream Foundation (CDF) patient house (467 people) in Chiang Mai. The consistent transfer of large numbers of patients and carers once or twice weekly highlights the resources that BCMF invests in logistics management and patient liaison.



"I feel like I'm at home. Food is good and everyone cares for each other. Everyone helps cleaning the house as their own. The staff are also very kind, always ready to help us. Whenever I get here I feel like this is my second home."

-Saw Wah's mother



139 patients and 97 caregivers were hosted at B.K. Kee Patient House in 2015



Approximately 5,310 meals provided each month



54 van trips and 860 people transferred to Chiang Mai in 2015

In 2015, the patient house accommodated on average 34 patients and 25 caregivers each month. This was a 33% decrease compared to 2014 and is primarily due to the BCMF expansion of services into Burma, as previously reported. However, the patient house remains an essential part of the BCMF program. BCMF anticipates a very slow transition of our program into Burma as capacity in the country expands – thus the patient house will remain a crucial element of the support we provide to patients while undergoing treatment in Chiang Mai.

BCMF staff at the patient house provide regular feedback and reports on house operations, financial expenditures, property maintenance, and patient progress. This information is recorded, analysed, and then included in regular BCMF program reporting. Program data gathering was made easier in 2015 through the introduction of internet to the patient house and the use of social media platforms such as Dropbox and Viber to share data and send instant updates on patient's status.

BCMF is very appreciative of the ongoing support we receive from the B.K. Kee Foundation for the running costs of the patient house and look forward to our continuing partnership that has ensured the sustainable operation of the house.

Patient House Activities



Child Rights Workshop

A diverse range of activities took place at the patient house in 2015 that allowed for capacity building opportunities for staff, volunteers, patients and caregivers. Highlights include the BCMF Art Project, the delivery of a Child's Rights workshop, and BCMF's participation in the City Life Garden Fair.

BCMF was fortunate to host Bonnie Mitting, an art teacher from Perth, Australia as a volunteer twice in 2015. Bonnie has Burmese heritage and this combined with her love of art influenced her decision to run an art auction in Perth which raised \$6000 AUD for the BCMF Patient House Art Project.

In June 2015, two BCMF staff based in Mae Sot were granted scholarships from Save the Children to attend the Foundational Course on Children's Rights held the week of June 15th. BCMF believes that an understanding of children's rights is paramount for our patients, caregivers and staff. The course focused on the international framework for children's rights and how it is implemented including international laws and regional mechanisms for children, updates on recent legal developments, and relevant aspects of child development.

Following attendance at the training, BCMF staff prepared and delivered comprehensive, interactive Child Rights Training workshops at the patient house in October. The patients and caregivers were provided an opportunity to explore four fundamental rights of non-discrimination, best interests of the child, survival and development, and participation. They discussed early marriage and the potential social and health implications for girls who marry young. Other discussion points included child labor, armed conflict, and associated abuses including child soldiers and forced portering. Local staff translated the training discussion and materials from English to Sgaw Karen and Burmese language. The feedback from all who attended was very positive and participants reported that it was both a fun and informative experience through which they developed a better understanding of child rights and caregiver responsibilities.



The BCMF Team at the Citylife Garden Fair in Chiang Mai

This year, staff also received ongoing training in computer skills and technology to assist in the advanced reporting and communication required by the organization, for rapid response on patient health and welfare during treatment at Chiang Mai.

In November, BCMF was selected by Chiang Mai Citylife Garden Fair as one of two charities to receive the proceeds through donations, goods sold, raffles, and auctions. In total, 120,000 baht (3,300 USD) was raised and donated to BCMF. Additionally, BCMF developed Christmas postcards, gift cards incorporating patient artwork, and collected donations of longyi's and thanaka from patients. Patients contributed towards BCMF fundraising efforts and viewed the opportunity as a way of expressing their gratitude. On the day of the fair, BCMF sold products and raised awareness about its efforts. The donations from the Citylife Garden Fair proceeds will go towards future patient treatment and a vegetable garden project at the B.K. Kee Patient House.

Project Win also became involved with the patient house at the end of 2015. Ajarn Win and his volunteers are working on a plan to reinvigorate the house's garden, enriching the soil before planting fruit and seasonal vegetables. Patients and carers are becoming involved with the daily tasks and harvesting, providing them with a sense of purpose and social responsibility. Future plans include installing raised garden beds so that they can be tended more easily by patients with limited physical abilities.

BCMF received many donations in-kind from individual donors for the patient house in 2015. Debbie Singh from the Rotary Club of Wanneroo made multiple trips to the house in 2015 and as always brought donations and house supplies with her. Further, the British Women's Group (BWG) in Bangkok continues to support patients and staff by visiting and donating provisions of toiletries, clothing, and treats for children. Also, long time supporter John Manning made in-kind donations in 2015. In addition, some patients also brought food with them to Chiang Mai, contributing in their own way to the running of the house.

Health Literacy

BCMF believes it is vital for patients and their families to become educated about their treatments and conditions both before and after surgery. In 2014, BCMF developed a booklet on cardiac health and treatment that was translated from Thai to Burmese to provide patients with in-hand materials to refer to at home. In 2015, BCMF continued to develop a comprehensive set of literature to be made available to patients.

Working with doctors and volunteer nurses from Taiwan, BCMF staff created materials from an array of medical conditions that patients face. Staff then translated all materials from English into Burmese and Karen in order to provide fully inclusive materials for all patients. Providing these materials allows BCMF to increase health literacy and improve health outcomes for an even greater number of patients.

Materials were developed on the following topics: diabetes and hypertension education, as well as homecare after surgeries including: encephalocele, hysterectomy, uterine surgery, hydrocephalus, heart surgery, gastrointestinal surgery, and hip replacement. All materials included information that emphasized maintaining a healthy lifestyle including eating nutritious meals. Homecare information included directions on how to care for incisions after surgery, how to recognize post-operative complications, what to expect after treatment, and exercises to help the body recover.

BCMF's goal is for patients to be fully informed about their aftercare in order to maintain health after surgery. BCMF understands the importance of patients being able to take informative materials from home to refer to during their recuperation and in the future.

In 2016, BCMF plans to create videos incorporating these homecare materials in order to provide a more interactive and engaging conduit for transmitting information to patients.

BCMF Patients Giving Back

Eh Moo



Eh Moo against the backdrop of Moei River

Burma Children Medical Fund (BCMF) staff recently met up with Eh Moo during an opening of a new clinic in Karen State, Eastern Burma, seven years after she was first referred to BCMF. At the age of 18, she suffered horrific burns in a tractor accident and needed extensive treatment, care, and support. In her village, they first treated her injuries with raw eggs to try and relieve her pain. After that, she spent 6 months at Mae Sot General Hospital.

Once Eh Moo was discharged from the hospital, she returned to her village in Karen State, feeling very sad and self-conscious about her facial scarring. She could feel people staring at her. She stayed at home with her family and did not go back to the Karen Department of Health and Welfare Clinic (KDHW) in Htee Ka Haw where she had previously been volunteering. Eh Moo stayed at home and took care of her seven siblings, working in the family fields. But she said that she missed the clinic where she had hoped to study to one day become a health worker.

In 2009, BCMF provided Eh Moo with surgical treatment at in Chiang Mai for the contractures caused by the healing of the burns on her neck, arms and feet. As a result of surgery, she was able to move more freely and with less pain.

Now 26 years old, Eh Moo still lives with her mother and her seven siblings. Although the accident was life changing, she returned to her volunteering and completed training at the Htee Ka Haw and Ler Per Her village clinics. She now works as a health worker with the KDHW.

Eh Moo says that she is still conscious of the appearance of the scarring, but has accepted that it will always be with her. She doesn't like to be around lots of people but she enjoys her work at the clinic where she vaccinates babies and children. She also likes to go into the jungle with her work team when they do community outreach.

Eh Moo enjoys going home after work and cooking for her family. In the future, she wants to continue her studies so that she can become a medic, improve her skills, and get a promotion at the clinic.



Moo Htee at the former Mae Tao Clinic

Moo Htee

BCMF staff recently met up with Moo Htee to talk with her about her life 3 years after she was first referred to BCMF in 2012.

In 2002 and from the age of 11, Moo Htee had experienced severe pain in her left side, bouts of nausea and vomiting after eating, joint pain, dizziness and severe headaches. At the age of 16, Moo Htee left Burma and moved to Umphiem Refugee Camp to attend Kaw La Junior College (KLJC) and earn a degree in Public Health. Moo Htee missed many days of school going to clinic appointments due to her poor health.

Finally, after suffering for more than 10 years, she learned about BCMF, and she was referred for treatment in Chiang Mai in 2013 for renal surgery. Her symptoms were caused by hydronephrosis, or swelling of her kidney. After surgery she told us, “My life changed overnight. Before my treatment I was in pain, I lived with a catheter for five months. Now I can focus on school.” Soon after surgery she completed her final year of college, including a six month internship at Mae Tao Clinic.

When BCMF staff spoke to Moo Htee in 2016, she told us she married in January 2014. She met her husband six years earlier while studying at KLJC, and gave birth to her daughter two years later. She lives in Mae Sot at the moment, but hopes to join her husband in Australia where he was resettled six years ago. He has visited Moo Htee a number of times, and Moo Htee is hopeful that she will be granted her visa to join him before the end of 2016.

Partners

To meet the demand for our services, we increasingly rely on building partnerships with organisations, clinics, hospitals, businesses, and governments to ensure we can assist as many people as possible. We want to thank the institutions below for their support in 2015. BCMF could not operate without their generous collaboration.





โรงพยาบาลท่าสองยาง
THASONGYANG HOSPITAL



Watsi

A small team in San Francisco on a mission to provide healthcare for every person in the world, Watsi has contributed to BCMF patient treatment costs since 2013. Watsi is a crowd-funding platform with a mission to fund high-impact, low-cost surgeries for patients around the world from resource-poor settings. 100% of all donations are spent on patient access and treatment. Watsi is a valued BCMF partner.

Union Aid Abroad – APHEDA

(Australian People for Health, Education and Development Abroad)

Union Aid Abroad – APHEDA has been a major partner of BCMF since its inception in 2006. Funds received from APHEDA are used to support administrative and direct patient services costs. APHEDA also secures funding for BCMF through the Australian NGO Cooperation Program (ANCP), an Australian Government program administered by the Department of Foreign Affairs and Trade, in partnership with Australian NGOs. The ANCP grant assists BCMF with medical and operational costs and capacity building efforts.

B.K. Kee Foundation

The B.K. Kee Foundation supported BCMF in 2015 by providing funding for operational costs for the patient house as well as salaries for staff in Mae Sot and Chiang Mai. Their assistance has greatly improved the sustainability of the program, ensuring we have long-term staff and can provide a safe and caring house for our patients in Chiang Mai. This past year, the patient house was renamed the “B.K. Kee Patient House” in recognition of their valued and ongoing support. We look forward to continuing a long and meaningful partnership with them well into the future.

Burma Border Projects

Long term partners, Burma Border Projects (BBP) continued to provide vital support to BCMF in 2015. BBP processes tax deductible donations from BCMF supporters in the United States. This past year, BBP facilitated the transfer of funds for patient support costs and medical treatment, including funds from our partners Watsi. The generosity and constant support from BBP is valued and we appreciate the significant time and effort that BBP and its Director, Michael Forhan, put in to ensure that BCMF funds are processed and received by BCMF in a timely manner.

Child's Dream

Child's Dream was established in 2003 as a charitable organisation working to support underprivileged children in the Mekong Sub-Region. Based in Chiang Mai, BCMF began partnership in 2007 by referring patients under the age of 12 that meet specific diagnostic criteria to Child's Dream. After referral, BCMF continues to manage the patient's case, providing logistical support. Additionally, BCMF is responsible for funding per-operative investigation before the patient is transferred to Chiang Mai, where Child's Dream manages their treatment and housing. BCMF is also responsible for organising all necessary documentation with the relevant Thai authorities and transportation to and from Chiang Mai for patients and their caregivers. We are grateful for the support and partnership with Child's Dream.

Wheelchairs for Kids (WFK)

This year marked the third year of partnership between Wheelchairs For Kids and BCMF. Wheelchairs For Kids is a charity organisation based in Perth, Australia that is made up of over 100 mostly-retired volunteers who design, assemble, assess quality control and box wheelchair components. The wheelchairs are then loaded into sea containers and sent to children in developing countries around the world who desperately need them. Hundreds of families have benefited from provisions from WFK and BCMF is grateful for their generous donations and to the Rotary Club of Wanneroo who generously donates the shipping costs (often with the support of private donors) to ensure the wheelchairs reach Thailand.

Patients that Passed Away

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



K'Tee Soe



Daw Lar Lel Tee



Myat Phone Thit



Myo Naing



Saw Eh Myo

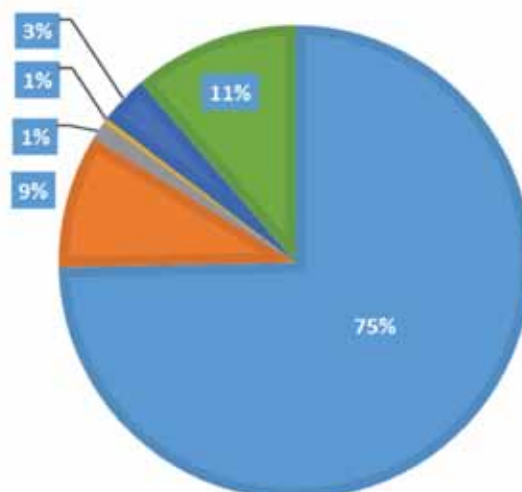
BCMF 2015 Cash Basis Revenues and Expenditures

Revenues	2015 (Baht)	2015 (U.S. Dollars)¹
Carryover (surplus) from previous year	4,312,982.48	139,128.47
AusAID NGO Cooperation Program (ANCP) and APHEDA (For 2016)	1,511,184.00	48,747.87
APHEDA-Community Fundraising	2,259,353.10	72,882.36
BNHA	3,998,980.00	128,999.35
B.K. Kee Foundation	507,121.00	16,358.74
Donation for Dengue Campaign	137,511.00	4,435.84
Operation Smiles Thailand	156,853.00	5,059.77
Shoklo Malaria Research Unit	172,500.00	5,564.52
The People from Ballinacree Community	95,700.33	3,087.11
Watsi/BBP	5,934,564.40	191,437.56
Individual/Private Donations	394,646.77	12,730.54
BCMF Patients	155,016.00	5,000.52
Bank Interest	13,866.91	447.32
Total Revenues	19,650,278.99	633,879.97
Expenditures	2015 (Baht)	2015 (U.S. Dollars)¹
Medical Costs in Thailand and Burma	10,582,683.53	341,376.89
Logistics/Patient Support	1,196,882.50	38,609.11
Direct support to Dengue Campaign	185,486.00	5,983.42
Donation to support partners' projects in Thailand & Burma	45,902.00	1,480.71
Direct expenditures for project in Burma	470,186.50	15,167.31
Administration	1,589,912.10	51,287.49
2016 Patient house rent (Jan-June 2016)	90,000.00	2,903.23
Bank fees and tax	12,524.96	404.03
Total Expenditures	14,173,577.59	457,212.18

All conversions are 1 US Dollar = 31 Thai Baht

BCMF 2015 EXPENDITURES

- Medical (in Thailand and Burma)
- Patient House Rent (Jan.-June 2016), Logistics and Patient Support
- Dengue Campaign
- Support to Partners' Projects (in Thailand and Burma)
- BCMF Projects in Burma
- Administrative, Tax and Bank Fees



Notes on 2015 Financial Summary

1. Medical costs include all charges for medical services incurred directly by Burma Children Medical Fund (BCMF) in Mae Sot, Lamphang, Chiang Mai and Burma. It does not include the medical costs related to those cases that are funded by our partner organisation, Child's Dream Foundation (CDF). CDF funds medical and patient related logistical costs for patients once in Chiang Mai, BCMF pays for all logistical and incidental medical costs prior to this. In total, 467 out of 860 people transferred to Chiang Mai in 2015 were funded by CDF. BCMF transferred 16 % more people to CDF's house than our own. This is because BCMF provides assistance for partners organisations from INGO's to local hospitals that register patients directly with CDF. In 2015 the number of BCMF patients referred to CDF decreased by 25 % from 56 patients in 2014 to 42 in 2015. This is due to a continued reduction in CDF's criteria since 2013. CDF funds treatment for children under 12 years of age that have one of three congenital conditions: cardiac disease, anorectal malformations and hypospadias (this is down from six conditions in 2013).

2. In 2015, 304 patients were treated by BCMF and 252 patients completed treatment (Thailand and Burma) with an average medical cost of 34,811.15 THB per patient.

3. In 2015 BCMF's medical costs decreased by 7% from 2014. This can be attributed to BCMF's strategy of building partnerships with hospitals and international surgical missions in Burma. In all,

37 of BCMF patients received treatment in Burma, five patients received free cardiac surgery and one patient received free orthopaedic surgery with logistical support from BCMF. With support from Lamphang hospital, eight patients received relatively quick cardiac surgery in Thailand that reduced logistical costs associated with following up and longer treatment waiting times. In 2015, patients with cardiac problems represented 40% of all cases sent for treatment. Further, in 2015 BCMF has stopped taking on cancer patients or patients that present late in their condition and who have an unfavourable post-treatment prognosis.

4. Logistics and patient support costs include weekly vans from Mae Sot to Chiang Mai, emergency transfers in Thailand and Burma, local transport to and from the hospital, accommodation, and patient food. In 2015, running costs for our patient house in Chiang Mai was fully funded by B.K.Kee Foundation and supplementary costs are funded by individuals and organisations. BCMF gratefully received donor support from individuals, organisations and groups keen to support our patient house in 2015.

5. BCMF has expanded into Burma to create partnerships, help link local organisations with international surgical missions, to build capacity of local organisations and to create more options for patients to access treatment in Burma. This expansion represented 6% of total expenditure in 2015.

It has provided BCMF, our partners and patients with access to cardiac missions, wheelchairs and a wheelchair training program, eye screening training, craniofacial surgery, orthopaedic surgery, capacities building projects, an early referral network and has resulted in the creation of health and welfare networks in and between Burma and Thailand.

6. Administration costs include staff salaries as well as items such as IT equipment, office supplies, transport, accommodation, telecommunication costs, and bank tax and fees. In 2015, staff salaries, volunteer support, legal documents and medical support totaled 1,277,742.00 THB. This represented 80% of total administration costs. This increase in staff costs has allowed BCMF to sustainably manage an increasing patient caseload and workload, as well as to support BCMF's program expansion into Burma.

7. 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.

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