



Burma Children

Medical Fund

operating to give
Burma's kids a future



2014 Annual Report

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Director's Overview



Dear Friends,

As 2014 ends, we find ourselves reflecting on the fledgling reforms that have taken place in Burma and the challenges with regard to improving access to essential health services for the people of Burma.

In 2014, we enrolled a total of 295 patients in BCMF, up from 261 in 2013. Notably, we saw an increase in the number of patients travelling from further inside Burma to the Thailand-Burma border for treatment. This is in part due to the signing of ceasefire agreements between armed ethnic groups and the Burmese government in January 2012, which resulted in greater freedom of movement for people. As we have noted since the political changes in Burma, the continuing increase in the number of patients requiring our assistance reflects the current state of healthcare in Burma – that is, there has been no tangible difference in the lives of the majority of people. Burma's long neglected healthcare system is decades away from being able to deliver effective and affordable healthcare and government health expenditures in Burma continues to rank among the lowest of any country in the world. Few Burmese hospitals are able to provide treatment for complex cases, and at the facilities that do have the resources to provide care, treatment continues to be cost-prohibitive.

In order to better serve the people we aim to treat, BCMF implemented measures in 2014 to improve primary healthcare in areas that have been long neglected in Burma. Among other projects, BCMF commenced a pilot project in eastern Burma, providing support to a clinic that serves displaced people in Karen State. The risk of disease and death in eastern Burma remains substantially higher than in the country as a whole and is among the highest in Southeast Asia. Nearly half of our patients in 2014 claimed primary residence in eastern Burma, making it the ideal location to reach patients earlier in their illnesses.

We also made a significant contribution to assisting children suffering from severe physical disabilities in Thailand and Burma, improving their mobility and independence. This past year, BCMF received a donation of 166 wheelchairs from our Australian partner organisation, Wheelchairs For Kids, with the support of the Rotary Club of Wanneroo and Allied Pickfords Thailand. Recipients of the wheelchairs include patients with cerebral palsy, epilepsy and spinal damage.

BCMF also strengthened and expanded social support services offered at our patient house in Chiang Mai. The patient house, established in late 2013, underwent renovations to keep up with the increasing demand for the facility. Thanks to much international and local support, patients and caregivers can now enjoy an organic garden, playground, and language and art therapy classes while awaiting medical appointments and in between treatments.

BCMF constantly strives to improve its programs and the lives of people accessing them. In 2015, we plan to further expand our services and programs to reach more patients inside Burma. We will be collaborating more with health service providers and hospitals in Burma as well as with the numerous international surgical missions operating in the country. Identifying and establishing entry points for patients requiring treatment for complex conditions will be our biggest priority in 2015.

In conclusion, I would like to take this opportunity to thank all of BCMF's supporters in 2014. Without you, our work would not be possible. My staff and I look forward to the challenges and opportunities ahead in 2015.

Sincerely,

Kanchana Thornton - Director, Burma Children Medical Fund

Dr. Cynthia's Letter



Dear BCMF supporters,

In 2014, Mae Tao Clinic has continued to strengthen our partnership with BCMF and have once again worked with them on referrals for patients that need specialist treatment that they cannot receive either at the clinic or at Mae Sot General Hospital and as well as community health campaigns. Pertinently, Mae Tao Clinic was once again the primary source of referrals for the BCMF program in 2014. It is this ongoing relationship of support and collaboration which has allowed both organisations to best serve people from Burma and as both organisations adapt to the changes in Burma I look forward to a continuing robust partnership.

Burma is still in a process of reform, however, to date this progress has been slow and it may be decades before the government can provide quality healthcare to all the people of Burma. Indeed, there have been some positive changes, including the lifting of restrictions on travel, which has enabled people to freely travel to access healthcare. However, sustainable, systemic change has yet to be realised and during this interim period it is important to recognise the work of all the community-based organisations, including BCMF, that are providing vital services to communities across Burma.

While Mae Tao Clinic continues to address the primary health needs of people from Burma, patients with complex medical needs require facilities, equipment and expertise that is not available on the Thai-Burma border. Through BCMF's efforts patients from Burma have access to crucial health services that make significant, lasting impacts on improving their lives. This is especially true for the children and the families of the children who after treatment experience an improvement in their quality of life, not only physically but psychologically, socially and emotionally too. I once again look forward to another year working with Burma Children Medical Fund in 2015 as they provide much needed care to people from Burma.

Sincerely,

Dr. Cynthia Maung - Director, Mae Tao Clinic

Mission

BCMF's mission is to provide access to advanced surgical treatment for people living with complex health conditions in Burma and Thailand. BCMF believes everyone has a right to healthcare - regardless of age, sex, ethnicity, religion, citizenship, or financial status - and serves those who lack the resources to access the treatment they need.



About Burma Children Medical Fund (BCMF)

BCMF assists children and adults suffering from debilitating medical conditions. We give these patients the chance to live a healthy life by funding their medical treatment and providing a range of support services before, during, and after treatment. Our office is located on the grounds of the Mae Tao Clinic in Mae Sot, Thailand, near the Thailand-Burma border.

BCMF was established in 2006, in response to the increasing number of children on the Thailand-Burma border who required surgery that was not available at local clinics or hospitals. Before BCMF was founded, these patients would only have their symptoms treated, while the underlying cause of their illness remained unaddressed. Without the necessary surgery, their lives were either severely incapacitated or ended prematurely.

Since it was founded, BCMF has assisted over 1,300 patients.

Our Programs

When BCMF was established, its primary focus was on providing healthcare for children. Since then, while still focusing primarily on children, BCMF has expanded its services. 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). Below is some brief information about each of our programs.

Burma Children Medical Fund (BCMF)

BCMF provides treatment for children under the age of 18 suffering from a variety of diseases, including cardiac, orthopaedic, gastrointestinal, urological, and neurological conditions, as well as burns and other traumatic injuries. For the past several years, BCMF has partnered with Child's Dream, a charity organisation based in Chiang Mai to provide child healthcare services (see page 21). This partnership allows BCMF to refer children under 12 years of age with certain congenital conditions to Child's Dream for treatment. As part of this arrangement, BCMF funds all logistical costs related to patient housing and transportation to Chiang Mai, while Child's Dream funds the treatment and associated medical costs.



Burma Adult Medical Fund (BAMF)

BAMF was established in recognition of the fact that treating adults protects the well-being of the entire family and contributes to the welfare of the community as a whole. Adults who are strong and healthy are better able to support their families and to be active and productive members of society. BAMF provides treatment for patients over 18, many of whom have struggled with congenital conditions their entire lives without receiving medical treatment. Adults with health problems related to living and working in unsafe environments also comprise a large part of our caseload.



Burma Women Medical Fund (BWMF)

BWMF cares for women with debilitating gynaecological conditions that severely impact their quality of life. Mae Tao Clinic's Reproductive Health Department works closely with our team to refer and manage patients diagnosed with various conditions, including uterine prolapse, ovarian cysts, and uterine myoma (fibroids). Unlike BCMF and BAMF, the majority of BWMF patients receive treatment at nearby Mae Sot Hospital, as the types of procedures needed to treat these conditions are generally available locally. Providing treatment locally reduces medical and logistical costs, thereby increasing the number of women whose treatments we are able to fund. For more complex gynaecological conditions, we refer patients to Maharaj Nakorn Chiang Mai Hospital.



System Failure – Healthcare Challenges Facing Burma

Despite the recent political reforms that have taken place in Burma, healthcare continues to lag far behind neighbouring countries and the rest of the world. A highly-publicised report produced by the World Health Organisation (WHO) in 2000 ranked Burma second to last out of 191 countries in “overall health system performance” (*The World Health Report 2000*, 2000) and little has changed in the years since. The Burmese government increased spending on healthcare to 3.15% of total government expenditures in the 2013-2014 fiscal year (The Republic of the Union of Myanmar Ministry of Health, *Health in Myanmar*, 2014), but public health spending relative to Gross Domestic Product remains the lowest of any country in the world (The World Bank, *World Development Indicators*, 2013). Furthermore, there is concern that widespread corruption will ensure that the government’s increased funding for healthcare will evaporate before it reaches its intended targets. According to the World Bank, Burma ranks in the lowest percentile for government effectiveness, regulatory quality, and control of corruption (*Worldwide Governance Indicators*, 2013), all factors that are key to ensuring that the increased money allocated for healthcare reaches the intended population.

Decades of underinvestment and mismanagement have wrecked Burma’s health system, while poor infrastructure and civil war have made reaching ethnic populations especially difficult. The situation is made worse by a chronic shortage of trained health workers, particularly in rural areas. On average, as of 2012, Burma had 6 doctors and 10 nurses and midwives (16 health workers total) per 10,000 people in the total population (*World Development Indicators*, 2013). The WHO critical shortage threshold is 22.8 health workers per 10,000 people (*The World Health Report 2006*, 2006) and health workers in Burma are largely concentrated in urban areas.

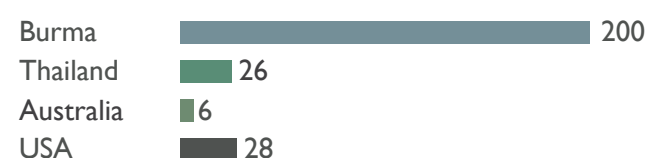
In regions where healthcare services are offered, patients are often unable to afford the cost of treatment. In the absence of any national health insurance coverage, out-of-pocket expenses in Burma are among the highest globally, accounting for 93.7% of all private health expenditures in 2013 (*World Development Indicators*, 2013). Coupled with widespread poverty - approximately one quarter of Burma’s estimated 55 million people live on less than 2 United States Dollars (USD) per day (*World Development Indicators*, 2013) - this makes healthcare unaffordable for most. For those patients requiring specialist treatment, access is limited. Few hospitals outside of the large cities of Rangoon or Mandalay are able to provide treatment for complex cases, and even if they can, treatment costs are high.

Burma Health Statistics

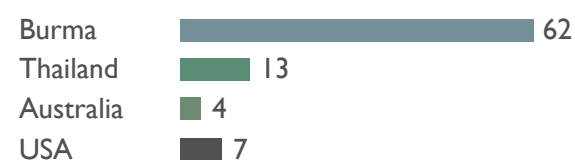
Life expectancy at birth



Maternal mortality ratio (per 100,000 live births)



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



Source: WHO Country Profiles, 2013



Data and interviews collected by BCMF show that the majority of our patients first seek treatment in Burma before embarking on a journey to the Thailand-Burma border to find healthcare. BCMF patients coming from local health clinics often report paying a small fee for very basic care and covering 100% of the costs of any medication they receive. In many situations, patients are incorrectly diagnosed and given medication that is ineffective in treating their condition. Those patients who are diagnosed with complex medical conditions are typically referred to a larger hospital in Rangoon or Mandalay. BCMF patients often report having to sell belongings or borrow from a local moneylender just to pay for transportation to healthcare facilities. Many give up at this point, well aware that they cannot afford the journey or the treatment available in a major city.

Those who seek treatment in the larger cities often pay for initial evaluation and diagnostic testing, only to be told that the only viable treatment option is expensive surgery. In cases where the patient opts to have surgery, the doctor will provide a written script listing all disposable materials to be used in the procedure, even down to the gauze and syringes. The patient must then source the necessary materials at a wholesaler before coming back to the hospital for the operation. At smaller hospitals, patients may even be required to pay for fuel for the generator if a power outage occurs. When added to the costs of the medical team, the equipment used during surgery, and the operation itself, the overall cost of the procedure is often more than a patient could ever hope to save in a lifetime. Out of options and hope, patients and their families return back home in debt and without treatment. It is often only after they hear about Mae Tao Clinic or BCMF that patients attempt to make the journey to the border in a last-ditch effort to get treatment.

Community-based health facilities, like Mae Tao Clinic, can offer basic healthcare interventions to refugees, migrants, and internally displaced persons from Burma. However, they often lack the capacity and specialised staff needed to provide treatment for patients with complex medical issues. Until

Burma has the expertise, physicians, and equipment required to serve people in need of complex medical care at affordable costs, it is essential that BCMF continue to help patients access life-improving and often life-saving treatment.

“In Thai hospitals, everything is clean and the nurses treat you well. You don’t get that kind of treatment in Burma.”

Cho Cho (BWMF Patient)



BCMF patient Wout Yee and mother (treated for cleft lip and palate)

Patient Statistics for 2014

New Patient Enrolment 2012 – 2014

	2012	2013	2014
BCMF	110	144	183
BAMF	44	72	58
BWMF	35	45	54
Total	189	261	295

In 2014, total new patient enrolment increased by 13% from the previous year. The largest increase occurred in the BCMF program, which saw an increase of 27%. This was partly due to a large donation of wheelchairs (see page 19), which were provided to 46 mobility-impaired children. Of the 183 new patients enrolled in BCMF, 56 were referred to our partner organisation, Child’s Dream.

New enrolment in the BAMF program declined from 72 patients in 2013, to 58 patients in 2014. This can be partly attributed to funding limitations which meant that only adult patients with a good prognosis for surgical intervention were accepted into the program. However, the number of BWMF patients increased by 20% from the previous year.

Enrolment by Gender

Male - 37%	Female - 63%
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In total, 18% of our patients (54 total) were women with gynaecological conditions that were funded through our BWMF program. This accounts for the significantly higher percentage of women than men treated in 2014.

Enrolment by Geographic Distribution

Urban - 15%	Rural - 85%
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Ceasefire agreements between armed ethnic groups and the Burmese government (signed in January 2012) have increased patients’ ability to travel safely, especially in Karen State, Burma. The increase in patient mobility contributed to an 8% increase in the number of patients accessing our services from rural areas in 2014. Access to health services in these areas is generally very poor; most villages lack basic healthcare and patients may travel for hours or days to reach hospitals or clinics located only in larger towns.

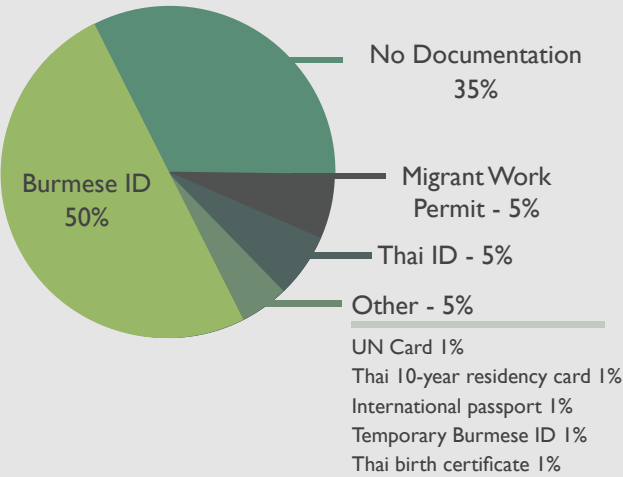
Enrolment by Country of Residence

Burma - 65%	Thailand - 35%
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The percentage of patients crossing the Thailand-Burma border to receive treatment is comparable to the percentage in 2013, underscoring the reality that health services are still largely unavailable and unaffordable in Burma.

The 35% of patients residing in Thailand largely represent Burmese migrants. BCMF advocates on behalf of these patients to ensure they receive care in the Thai health system.

Enrolment by Documentation



Of the patients enrolled in 2014, 87% do not have legal access to the Thai hospital system. Only those with a Thai ID, Thai 10-year residency card, Migrant Work Permit, international passport, or Thai birth certificate are legally entitled to access healthcare in Thailand. BCMF advocates for the right of all patients to receive treatment, regardless of their legal status, and subsidises their treatment costs as required. To this end, BCMF has negotiated agreements with Thai law enforcement, military officials, and hospitals to allow patients without legal status to be referred for treatment.

Enrolment by State/Division/Province of Residence – Thailand

Tak Province	101
Chiang Mai Province	2
Total	103

Of the 103 patients residing in Thailand, 17 patients came from refugee camps along the Thailand-Burma border in Tak Province.

Enrolment by State/Division/Province of Residence – Burma

Karen State	122
Mon State	29
Yangon Division	1
Shan State	18
Ayeyarwady Division	1
Mandalay Division	5
Sagaing Division	2
Bago Division	12
Thanintharyi Division	1
Rakhine State	1
Total	192

As in previous years, the largest number of patients (122) came from Karen State in eastern Burma. The risk of disease and death in eastern Burma remains substantially higher than in the country as a whole and ranks among the highest in Southeast Asia.

A total of 18 patients came from Shan State, up from 4 in 2013. This was due to the establishment of a referral system with an ethnic community health facility that directly referred 11 patients to the BCMF program.

Another patient came from Rakhine State, located more than 1,000 kilometers away, marking the furthest distance travelled by a patient to receive treatment at BCMF in 2014.

Enrolment by Diagnosis

Cardiac Disease	64
Gynaecological Condition	56
Urological/Kidney Condition	10
Cancer	5
Congenital Musculoskeletal Deformity	19
Gastrointestinal Condition	16
Neurological Condition	24
Blood Disorder	8
Eye Condition	11
Orthopaedic Condition	7
Severe Burn	5
Abnormal Growth/Benign Tumor	21
Other	49
Total	295

Cardiac patients represented the largest group of enrolments, accounting for 22% of new cases; however, the total number of cardiac patients decreased from 2013, when 91 such patients were enrolled. The decrease can be attributed to the growth of BCMF's free echocardiogram screening initiative (see page 18). These free echo-screenings, hosted at Mae Sot Hospital with cardiologists from Lampang Hospital, decrease the duration of treatment for many patients. Prior to this screening initiative, patients would need to enrol in BCMF and be sent to Chiang Mai for diagnostic testing to determine whether surgery was necessary for their condition. Now, patients are referred to BCMF only after they have received the echo-screening and been given a surgical schedule. This prevents patients from spending significant time and money travelling to and from Chiang Mai and means that patients are not enrolled until they have received their surgical schedule. Thus, the decrease in cardiac patients in 2014 is a reflection of the successful implementation of these new procedures and increased cooperation between BCMF and the Thai health system.

The success of our BWMF program in 2014 is represented by the fact that gynaecological problems accounted for the second-most-treated type of condition, accounting for 19% of patients enrolled. BWMF facilitates women's gynaecological treatment at Mae Sot Hospital. Two BWMF patients required

further specialised treatment that could not be provided at Mae Sot Hospital and were transferred to Chiang Mai. These patients were placed in the BAMF program, accounting for the discrepancy in enrolment by diagnosis and enrolment by program.

There was also a significant increase from 2013 in the number of patients treated for neurological conditions (from 10 to 24 patients) and benign tumors (from 4 to 21 patients). This is largely attributable to new restrictions in the intake criteria for Child's Dream. As of August 2014, Child's Dream no longer accepts cases of musculoskeletal deformities commonly experienced by our patients. The loss of Child's Dream's support for these conditions makes it more difficult for BCMF to meet the demand for our medical services and places increased strain on our financial resources.

Additionally, 46 patients came to BCMF presenting with a physical disability such as cerebral palsy, and required wheelchairs to help their mobility. Patients were assessed and fitted in the wheelchairs by trained Mae Tao Clinic and BCMF staff members in compliance with WHO standards and the requirements of the donor organisation for the wheelchairs, Wheelchairs For Kids (see page 20).

Patient Treatment Completed (by diagnosis)

Cardiac Disease	49
Gynaecological Condition	52
Urological/Kidney Condition	12
Cancer	9
Congenital Musculoskeletal Deformity	3
Gastrointestinal Condition	9
Neurological Condition	6
Blood Disorder	6
Eye Condition	5
Orthopaedic Condition	8
Severe Burn	4
Abnormal Growth/Benign Tumor	7
Other	2
Total	172

Note: This includes patients enrolled in previous years that completed treatment in 2014.

Enrolment by Occupation

Day Labourer	75
Farmer	63
Unemployed	16
Factory Worker	18
Construction	7
Market Vendor/Shop Keeper	14
Driver	12
Teacher	1
Carpenter	1
Tenant Farmer	5
No Occupation Recorded	55
Monk	1
Student	2
Domestic Worker	1
Other	24
Total	295

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 around 2 USD per day.



Treatment Procedures Provided

Biopsy	3
Cardiac Angiogram	6
Cardiac Balloon	3
Cardiac Catheterisation	3
Cardiac Echocardiogram	31
Cardiac Surgery	22
Chemotherapy	71
Colostomy	2
CT Scan	45
Fistula Repair	1
Gastrointestinal Procedure	1
Hysterectomy	6
Inpatient - Other	18
Medication	98
MRI	9
Obstetric/Gynaecological Surgery - Other	46
Oophorectomy	1
Outpatient - Dental Work	17
Outpatient - Follow-up	637
Outpatient - Investigation	104
Ophthalmological Procedure/Surgery	31
Orthopaedic Procedure/Surgery	8
Plastic Surgery	2
Radiation	6
Reverse Colostomy	1
Shunt for Hydrocephalus	8
Surgery to Release Burn Contracture/ Burn Care/Skin Graft	5
Surgery - Other	8
Surgical Removal of Mass/Abnormal Growth	9
Ultrasound	14
Urological Procedure/Surgery	36
Uterine Prolapse Surgery	1
Other	3
Total	1256

Note: Cardiac surgery includes aortic valve replacement, atrial/ventricular septal defect closure, patent ductus arteriosus closure, total correction, valvuloplasty, and mitral valve repair, among other cardiac procedures.

Patient Services



BCMF patients and caregivers await van transfer to Chiang Mai

62 patient van trips from Mae Sot to Chiang Mai

Transport

Each week, approximately 18 people, including 9-10 patients and their caregivers, are transported in a private van to Chiang Mai to receive vital medical treatment at Maharaj Nakorn Chiang Mai Hospital (MNCMH). Patients often require multiple trips for initial investigations, surgery, and post-operative care. Additionally, BCMF transfers single patient emergency cases to Chiang Mai when required. The van driver has been trained by BCMF staff to ensure that they are aware of the particular needs of our patients and provide safe transportation.

Saw Eh's Story



Clinic, Saw Eh was referred to BCMF and is currently awaiting surgery. Despite the pain caused by his condition, he is as playful and cheery as any other 6 year old. Once he receives treatment, his parents are hopeful that he will be able to start school for the first time.

At only 6 years of age, Saw Eh was diagnosed with stones in both kidneys. His parents first brought him to a local clinic when he developed a fever and began to excrete cloudy urine. He was given medication that made him feel better temporarily, but his symptoms repeatedly returned. Saw Eh's parents are subsistence farmers living in Burma, and the frequent clinic visits pushed the family into debt. They even borrowed money to take Saw Eh to a large government hospital, only to be told that the surgery he needed could not be performed there. Out of options and money, the family crossed the border into Thailand to seek treatment at Mae Tao Clinic. At Mae Tao

Over 1,180 consultations provided to patients and their families

Consultations

BCMF conducts consultations with patients and caregivers prior to being accepted into the program, during their treatment, and after treatment. In addition, BCMF staff in Chiang Mai play a significant role in patient support, counselling patients and their caregivers on a range of issues as well as providing emotional, financial, and practical support when patients face complications or difficulties with their treatment.

Accommodation

BCMF provides patients and caregivers with a safe and comfortable house to stay in for as long as they receive treatment in Chiang Mai. Patients undergoing long-term treatment or scheduled for multiple follow-up appointments may stay at the house for weeks and even months at a time.

Approximately 82,080 meals provided

Food

Approximately 20 patients and 10 caregivers are provided three nutritional and balanced meals per day at the patient house.

BCMF Patient House



BCMF Director Kanchana Thornton with patients and caregivers at the BCMF Patient House in Chiang Mai

BCMF established our patient house in late 2013, and with much support it has flourished in 2014. In addition to providing patients with food and a place to stay while they are undergoing treatment, the patient house is a place of refuge where patients and their caregivers can find social and emotional support for as long as they are in Chiang Mai. With an average of 26 people staying in the house at any given time, the house accommodates a diverse range of people with varying medical needs. In addition to housing BCMF patients, the house also provides accommodation and social services to patients referred from Thai Hospitals who come from disadvantaged backgrounds.

Two BCMF staff members live on-site and provide ongoing support services to patients, including helping to monitor diet and medication and monitoring to ensure treatment and post-treatment care plans are being followed. Staff members also coordinate transportation for patients and caregivers to the various hospitals and health facilities in Chiang Mai and provide translation services in consultations with medical professionals.



A patient's father waters the new organic garden at the BCMF patient house

To make the patient house the comfortable and nurturing environment it has become, we have had much help in 2014. In February, students from Alfrink College in Amsterdam raised funds to help create a sustainable organic garden that will support the food needs of the house. Willing patients and caregivers rolled up their sleeves to help out, turning over the soil, building garden beds, and making plant trellises. The patient house now enjoys seasonal fresh fruits and vegetables and the garden also serves as a source of recreation for patients. The garden also provides an opportunity for patients with an agricultural background to share their skills with other patients.

In August, five post-graduate students from Chiang Mai University provided Thai language lessons to

the staff, patients, and caregivers at the patient house. Many patients do not speak Thai, and staying in Thailand even temporarily while they receive treatment is made significantly less alienating and disorientating with a basic grasp of the local language.

During the course of 2014, the house underwent renovations to improve the quality of care provided. Renovations included the installation of additional toilets and bathing facilities as well as the construction of a drainage system to prevent the house from flooding during the rainy season. The kitchen and eating area were expanded to create a large communal space protected by an overhead awning. Renovations were also made to make the facilities more accessible for patients with limited mobility. In addition, the house is now equipped with a washing machine, cooking equipment, and a jungle gym thanks to the generosity of donors. We also had regular visits from our supporters Debbie, Yvonne, and Gale who always bring their wonderful energy and plenty of donations to the house!



Patient liaisons Chan and Thae Cho with their daughter

Throughout the year, patients and caregivers have also enjoyed planned activities ranging from making arts and crafts to learning about child protection. Patients also take part in social outings to surrounding gardens and play centres. These recreational activities further support patients' recovery and grant them an opportunity to experience a part of Thailand they would otherwise not have the opportunity to see.

Some patients spend a period of several months at the house during their treatment and develop relationships with the local community. BCMF encourages long-term patients and caregivers to volunteer their skills where appropriate at the local monastery and community centres. This has benefits for patients' mental and physical health and fosters community integration.

"I realised that I was the oldest in the patient house and took it upon myself to organise the house chores for everyone. I enjoyed getting up and cooking for everyone in the early morning. I helped patients who were not able to do things for themselves after surgery. It felt good to be useful!"

—San Yu, mother of patient Zaw Linn (treated for cardiac disease)



Over the years, BCMF has learned that there is a close spirit of cooperation among our patients and their caregivers. Recognizing the common challenges that they all face, patients often bond together by working collaboratively to support one another, advising each other on dealing with complex medical conditions, and providing each other with emotional support. While BCMF staff attend to the primary needs of all patients, the house creates a family environment where patients not only live together, but support each other throughout the treatment process. Additionally, patients and staff work together to help care for those patients in the house who may not be strong enough to care for themselves. This shared spirit of cooperation creates a strong sense of community and caring within the house.



"Everyone at the patient house treated me like family. I met a lot of people who suffered from different illnesses, which at first made me sad, but then I realised we are lucky to have the opportunity to get treatment."

— Ei Nandar (treated for congenital heart disease)



Moe's Story

Moe is a 7-year-old girl who was referred to BCMF after being diagnosed with a rectovaginal fistula and imperforate anus. Moe and her family live in northern Shan State, close to the border with China. When she was 2 days old, her parents noticed her condition and did not know what to do, as there were no medics in their village.

When Moe was 5 years old, a travelling medic visited the village and her parents seized the opportunity to have Moe examined. The medic recommended they try to get treatment at the closest hospital, which required the family to cross the border illegally into China. There, they were told the surgery would cost 4,000 USD – more than Moe's family could ever hope to afford on their yearly income of 200 USD. Out of other options, the medic, who was familiar with the work of Mae Tao Clinic, advised the family to travel to Thailand to seek treatment.

Once at Mae Tao Clinic, Moe was referred to BCMF for case management. Under BCMF's care, Moe has already received the first of several surgeries needed to correct the fistula and her family is grateful to finally have their daughter receive treatment. After treatment, her father wants her to continue to go to school and complete her education.

Projects and Activities



Rubella Vaccinations

BCMF is furthering efforts to not just treat, but prevent congenital conditions from occurring. At the start of 2014, BCMF introduced a rubella screening and vaccination program for women of childbearing age that provided immunisation for 40 patients and their family members. The rubella vaccine is not a part of the routine immunisation schedule in Burma and is only available in private hospitals. If a woman contracts the virus in her first trimester of pregnancy, the baby has a 90% chance of developing congenital rubella syndrome (CRS), which can result in a range of congenital conditions, including heart disease, hearing and visual impairments, and developmental disabilities. BCMF routinely provides treatment for children with these conditions. A two-part vaccination series against rubella can prevent the transmission of CRS. As part of the initiative, patients and their family members are asked about their vaccination histories and referred to Mae Tao Clinic staff to administer the immunisations.

Dengue Campaign

A public health information campaign, *Stop Dengue, Protect Your Family*, was run in the Mae Sot District of Tak Province, Thailand during August and September of 2014. BCMF worked with the campaign organisers to help raise funds and distribute informational materials. Dengue fever is classified as a Neglected Tropical Disease by the WHO, and 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 plans to continue its support for the *Stop Dengue, Protect Your Family* campaign by raising funds for mosquito nets and distributing educational materials.



Smile Train



BCMF patients Ma Htun and Ma Aye show off their new smiles after cleft lip correction surgery

Children's charity Smile Train and our Thai partner, Umphang Hospital, coordinated a surgical mission specialising in cleft lip correction surgery in August. Cleft lip is a major problem in developing countries, where millions of children are currently suffering with unrepaired clefts. Many struggle to eat and speak, which affects their performance and attendance at school and employment prospects later in life. BCMF collaborated with the surgical mission to bring cleft lip corrective surgery to three of our patients at Umphang Hospital, located in one of the least accessible districts in Thailand.

Operation Smile

In November, surgical charity Operation Smile Thailand provided cleft lip and palate surgery to more than 100 children, including nine BCMF patients. These patients and their caregivers travelled all the way from Shan State near the Burma-China border to receive surgery in Thailand. The convoy of volunteers included surgeons, nurses, and patient support staff. During the five-day mission, BCMF staff assisted in filling out patient information forms, translating for patients, and entertaining the children with face painting and toys. BCMF also provided logistical and financial support to the patients to assist with travel.



BWMF Turns Three!

In October, BCMF celebrated the 3-year anniversary of the Burma Women Medical Fund (BWMF). BCMF recognises that women are vital to the survival and prosperity of their communities and their medical care has benefits that extend far beyond the women themselves. Gynaecological conditions are not always seen as serious because they are often not life-threatening; however, they can be extremely debilitating and severely impact women's quality of life. Since October 2011, our BWMF program has assisted 148 women with various gynaecological conditions.

The continued support from our individual and corporate donors has contributed to the success of BWMF. A special thank you goes out to Anna Le Masurier, who helped to kick-start BWMF and continues to provide on-going support through generous personal monthly donations that are matched dollar-for-dollar by the Macquarie Bank Foundation. Furthermore, this program is also supported by our partners at Watsi (see page 24), who either wholly or partially fund treatment for the majority of our BWMF patients.

"I've been given a new life!"

– Mi Cho (BWMF patient)



Daw Khin's Story

Daw Khin, 41, had been suffering from painful ovarian cysts for 14 years before being treated through our BWMF program.

Daw Khin and her husband are parents to seven children and make a living by harvesting sesame seeds and beans on their family garden plot. They have a combined income of 6 USD per month, which provides them with enough money to send their children to school, but leaves them with no money to save for emergencies or healthcare expenses.

Daw Khin says life in her village in Karen State, Burma, is made more difficult due to the presence of soldiers. Despite there being a ceasefire agreement in place, there is still a heavy military presence in her area. Soldiers have moved their base closer to her village, forcing Daw Khin and fellow villagers further into the jungle, where access to healthcare facilities is very limited. She described the instability within her village, commenting, "It's common for people from my village to move around in order to get affordable healthcare services, avoid conflict, or to find employment."

Daw Khin first noticed her symptoms shortly after the birth of her fifth child. At the time, she felt a hard mass in her abdomen accompanied by dull pain. The pain spread to her neck and back, and she learned to treat the symptoms with traditional pain relief medication, as she did not have enough money to pay for services at a clinic. It was not until the crippling pain made it impossible for her to work and take care of her family that she sought medical attention at Mae Tao Clinic. Daw Khin had neither the money nor the proper documentation to go to Thailand, but with the help of a cousin she made the trip to Mae Sot. After her evaluation, she was referred to our BWMF program and received the necessary surgery and treatment under our care.

Daw Khin is both happy and grateful to have received treatment at BWMF, saying, "I don't have the words to express my gratitude. When I go home, I will rest for a few months, but when the monsoon season comes I will plant rice again with my family."

Health Literacy

BCMF believes education is vital for our patients to maintain good health before and after surgery. With permission from the MNCMH cardiac department and support from AusAid and our partner, Australian People for Health, Education, and Development (APHEDA), BCMF translated an educational booklet on cardiac health and treatment from Thai to Burmese. The booklet is now given to all of our cardiac patients so they can be well-informed about their condition and how to maintain good health after surgery. In partnership with MNCMH, we also developed three cardiac videos dubbed into Burmese to prepare cardiac patients for their upcoming surgery and to provide instructions for post-operative care. These resources have served as an especially important tool for our patients because risks can be greatly reduced if basic preventative measures are adopted and potentially dangerous behaviors are avoided after surgery. Both the booklet and the videos have been shown to improve patients' knowledge and have been shared and adopted by clinics and hospitals in Burma. BCMF has since received requests from other Thai hospital departments to translate health information for Burmese patients and their caregivers. Providing this service allows BCMF to increase health literacy and improve health outcomes for an even greater number of patients.



Mu Lar's Story



Mu Lar is a 20-year-old woman who was referred to BCMF for treatment for Tetralogy of Fallot (TOF) – a congenital heart defect involving four anatomical abnormalities of the heart.

Mu Lar comes from Ko Ko village in Karen State, Burma, where she and her family are subsistence farmers. They grow beans and corn and earn an average of 4 USD per day selling their crops. Without enough money for healthcare, Mu Lar never sought medical intervention, despite often falling sick. It was normal for her to feel constantly fatigued and experience heart palpitations even when making small movements. She eventually sought medical attention at a local clinic run by the Shoklo Malaria Research Unit (SMRU) when her symptoms became too severe and she was then referred to Mae Sot Hospital for cardiac testing as part of the Lampang-Mae Sot Hospital free echocardiogram screening program (see below). Once diagnosed with TOF, Mu Lar was referred to BCMF.

Under BCMF's care, Mu Lar was transferred to Chiang Mai and underwent two procedures: a cardiac catheterisation and a total correction of all four abnormalities. Although she was nervous and in an unfamiliar city, BCMF staff in Chiang Mai accompanied her to all her appointments and were there every step along the way to reassure and support her. Following surgery, she recovered at the BCMF patient house and was able to return home with her family soon after. Mu Lar now looks forward to starting a family with her husband, an impossible option if not for her surgery.



Echocardiogram Screenings

BCMF collaborated with cardiologists from Lampang Hospital and Mae Sot Hospital to screen hundreds of patients living on the Thailand-Burma border with suspected heart disease. These patients received a free echocardiogram – a diagnostic test that uses sound waves to create pictures of the heart. In 2014, three free screenings were held at Mae Sot Hospital and 24 patients with heart disease that required surgery were referred to BCMF from these screenings. Unfortunately, several of those who received the echocardiogram screening were at such an advanced stage in their illness

that surgery would have been too dangerous to attempt. These patients were prescribed appropriate medication by a cardiologist and given health education to better manage their condition. The high number of cases requiring intervention detected at these screenings demonstrates a great need for improvement in Burma's cardiovascular testing and treatment facilities.

Mobility Service - Wheelchairs For Kids



BCMF director Kanchana Thornton and Mae Tao Clinic director Dr. Cynthia Maung receive a delivery of wheelchairs

In July, BCMF welcomed a donation of 166 wheelchairs benefitting children with special mobility needs in Thailand and Burma. This shipment of wheelchairs was generously donated by Wheelchairs For Kids, an organisation based in Perth, Australia. Due to the hard work of many organisations and individuals, BCMF was able to provide wheelchairs to Camillia Home in Bangkok, Thai hospitals in Tak Province, a community home in Mae Sot, and several organisations that support children with disabilities in Burma. Children receiving the wheelchairs include sufferers of spinal damage, cerebral palsy, and epilepsy.

This delivery of wheelchairs provided BCMF with a valuable opportunity to expand our services for children living with disabilities that cannot be treated by surgery. The vast majority of children with disabilities in developing countries have no access to rehabilitation or support services, and many are unable to acquire a formal education due to mobility restrictions. Children with physical disabilities living in Thailand and Burma are extremely vulnerable, often living isolated lives, and have very limited access to education. In many cases, a child without access to a wheelchair can be housebound. The child's caregivers, often the mother or grandparents, then become housebound as well and are unable to earn an income and contribute financially to the family. In other cases, some children are left immobile and unattended for most of the day. Improving the mobility of children with physical disabilities has a transformative effect on the whole family and BCMF looks forward to further expanding our disability services in Burma in 2015.

BCMF would like to thank the Rotary Club of Wanneroo in Perth, Allied Pickfords Thailand, the Suwannimit Foundation in Mae Sot, Beth Leece, and Debbie Singh for their support on this project.



Cho's Story

Four-year-old, Cho is a lively girl who has been diagnosed with cerebral palsy. She lives with her parents in a village just outside of Mae Sot, Thailand. The wheelchair she received enables her mother to transport Cho to her special education classes twice a week. The classes are run by Star Flower, a centre that supports children with disabilities in Mae Sot. Her mother says the chair has made the family's life much easier and she loves the colour!



Zan Min's story

Two-year-old wheelchair recipient Zan Min suffers from spinal cord injuries. He has no sensation from his waist down and cannot sit up by himself. He has also developed muscle contractures on his ankles as a result of his condition. Before receiving the wheelchair, Zan Min would stay at home for most of the day or be carried around by his mother. The wheelchair has now improved both his and his mother's mobility. His mother is confident that with time he will be able to push himself in the chair.

Wheelchairs For Kids

Wheelchairs For Kids is a charity organisation based in Perth, Australia that is made up of over 100 mostly-retired volunteers who machine assemble wheelchairs, assess quality control, box wheelchair components, and load the boxes into sea containers bound to children in need living in developing countries around the world.

To learn more about Wheelchairs For Kids, go to <http://www.wheelchairsforkids.org>.



Ei Yadanar's Story

Ei Yadanar, 9, arrived at BCMF suffering from congenital heart disease. Her mother supports their family of four with the money she earns selling charcoal and firewood. Her income of 10 USD per day allows her to send the children to school, but leaves the family with no money for emergencies or healthcare costs.

When Ei Yadanar arrived at Mae Tao Clinic in September 2014, she was displaying symptoms indicative of severe cardiac distress - chest pain, cyanosis, and difficulty breathing. Mae Tao Clinic did not have the resources to assist her, so she was referred to BCMF for further treatment. Under BCMF's care, Ei Yadanar was transferred to Chiang Mai where she stayed at the patient house of our partner organisation, Child's Dream. After routine diagnostic testing, she was deemed ready for surgery. The operation was a success, and within weeks she was up and walking and ready to return to school the following semester.

Child's Dream

BCMF has a funding arrangement with our partner organisation, Child's Dream, based in Chiang Mai. BCMF refers 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 pre-operative investigation before the patient is transferred to Chiang Mai, where Child's Dream manages their medical 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.

Kyaw Linn's Story

Kyaw Linn is a 6-year-old boy who came to BCMF to receive treatment for thalassemia. Thalassemia is an inherited blood disorder categorised by abnormal formation of hemoglobin.

Kyaw was a healthy baby until he started having seizures when he was nine months old. When he was two years old, he was prescribed tuberculosis medication by a local pharmacist, which only served to make his condition worse. The pharmacist recommended that he be taken to a government hospital; however, the hospital was not able to diagnose his condition and provided the family with very poor care, so they travelled to Thailand to seek treatment at Mae Tao Clinic.



The trip from the family's home in Kawkaik to Mae Sot was made difficult due to an outbreak of fighting between the Burmese army and ethnic insurgent groups along the way. It was only at Mae Tao Clinic that Kyaw was properly diagnosed with thalassemia and referred to BCMF for assistance. His condition had caused his spleen to become enlarged and require removal. Under BCMF's care, Kyaw was given several blood transfusions and underwent a splenectomy. The surgery was success and once the fighting in Burma ended, Kyaw and his mother returned home and he was able to return to school.

Capacity Building - Staff Training



BCMF staff member Jan removes a patient's stitches at the patient house

Building the capacity of local staff to serve their own communities is a fundamental component of our work. For BCMF, capacity-building means strengthening the ability of local staff to educate and inform patients about their medical conditions in their own language, and strengthening health programs operationally. As part of this, local staff members ensure patients are able to obtain and understand health information in order to make appropriate decisions and follow instructions for their treatment.

In early 2014, a Mae Tao Clinic physician held an afternoon training and refresher course on identifying different symptoms associated with cardiac disease. Four BCMF staff members attended the session in an effort to better understand the complications associated with the diseases that many patients seeking treatment with BCMF face. Following this training, our staff members were able to better identify how different forms of cardiac disease affect patients in different ways and what can be expected from the various treatment options.

BCMF's capacity-building efforts have also included training local staff based at the Chiang Mai patient house on how to monitor patient treatment plans. Staff were trained to provide basic healthcare, including administering injections, monitoring dosages, and changing bandages. Staff members also received emergency response training, enabling them to respond appropriately to urgent health situations that may arise for our patients at the patient house.

In 2013, BCMF developed a Child Protection Policy that was made effective in early 2014. Seven local staff members and volunteers undertook Child Protection training, provided by the psychosocial and mental health organisation Burma Border Projects, to assist them in the identification and reporting of cases of abuse.

Burma Expansion



A BCMF van provides medicine and supplies to Ler Per Her clinic in Karen State, Burma

Ler Per Her Clinic

In 2014, BCMF started implementing measures to increase the capacity of healthcare providers in Burma in an effort to provide accessible and quality care to more children and adults. In September, BCMF brought much needed medicine and medical supplies to Ler Per Her Clinic, located in Karen State, on the eastern border with Thailand. The surrounding area has been devastated by 60 years of civil conflict and has yet to benefit from government or INGO investment in healthcare. Supplies of medicine, vitamins, gauze, and syringes were donated by the philanthropic organisations Sunshine Action and the BETULA Asian Aid Foundation, as well as by long-term supporters of BCMF in Bangkok. Ler Per Her Clinic currently supports six medics who transport medicine and supplies through the dense jungle to 13 villages only accessible by foot. This donation will support 10,000 villagers for six months, the majority of whom are subsistence farmers living on less than 1 USD per day.



BCMF staff transport medicine and supplies over the river into Burma

Establishing partnerships with local organisations, such as Ler Per Her Clinic, Pa Hite Clinic - located in rural eastern Burma - and Ta'ang Mobile Medical Clinic in northern Shan State allows BCMF to reach patients at an earlier stage in their illness and refer them to the appropriate medical facility for treatment. Doing so reduces out-of-pocket costs for patients and results in better treatment outcomes. In 2014, BCMF accepted 23 cases from Ler Per Her, Pa Hite, and the Ta'ang Mobile Medical Clinic, and facilitated their medical treatment within the Thai healthcare system.

Financial restraints, a lack of health literacy, and limited access to services often deter patients from seeking treatment in Burma. With the logistical and financial support of BCMF, medical community-based organisations (CBOs) and clinics in rural Burma will be able to improve their capacity to refer patients in need of surgical treatment to larger hospitals. By considering key developmental goals and enhancing the sustainable capacity of healthcare providers, BCMF aims to facilitate achievable and measurable outcomes among our partner organisations. Our efforts thus far have resulted in the development of a formal referral system between Ler Per Her Clinic, Tha Song Yang Hospital in Thailand - located across the border from Ler Per Her Clinic - and BCMF. We plan to continue to expand our operations in Burma in coming years as we work to ensure that more patients are able to access the treatment they need.



Watsi

Through BCMF's partnership with Watsi, 225 BCMF patients had their treatments partially or wholly paid for in 2014. 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.



To learn more about Watsi and donate to BCMF patients' treatment costs, go to www.watsi.org.

Strategic Planning – 2015 and Beyond

During the second half of 2014, BCMF focused on building strategic partnerships with clinics, hospitals, and surgical missions working in Burma in an effort to increase patient access to complex medical treatment. Of the 295 patients enrolled in our program this past year, 65% stated that they permanently reside in Burma. This means that 191 patients, along with their caregivers or family members, travelled from Burma to Thailand in the hope of receiving surgical treatment for a medical condition. Following from this, BCMF conducted contextual research that identified three clear obstacles to healthcare inside Burma; 1) access to treatment; 2) access to health information; and 3) financial ability. Moving forward, BCMF will work to increase cross-border cooperation with partner organisations to enable us to improve access to healthcare inside Burma, ensuring that less people have to travel to Thailand to seek treatment. This will be accomplished by establishing a referral network involving six key stakeholders: patients from Burma requiring surgical care, BCMF, international surgical missions (ISMs), medical CBOs in rural Burma, and clinics and charity hospitals in urban centres and rural townships, such as Rangoon and Hpa-An.



BCMF representatives meet with staff members at the Ananda Myitta Clinic in Hpa-An, Burma

Eventually, clinics and charity hospitals will be able to refer patients directly to ISMs and government and private hospitals in Burma. While this capacity is being developed, BCMF will continue to utilise our unique position on the Thailand-Burma border to provide treatment through our well-established relationship with Thai healthcare providers. Additionally, BCMF will help communities understand their rights in regards to healthcare services and provide support to patients to ensure they are able to access their entitlements. BCMF currently does this in Thailand for documented Burmese migrants and aims to provide the same support in Burma as the country develops its healthcare and social security systems.

This expanding referral network will increase treatment options, improve existing local capacity, streamline cost efficiency, and facilitate cooperation and support among Burmese healthcare providers. It will also allow us to decentralise our services and increase Burmese communities' ownership over their own healthcare. BCMF will continue our capacity-building efforts in 2015 with the goal of making the services we provide more sustainable and durable in the long-term as healthcare in Burma continues to expand and improve.

In Memoriam

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.



Saw Ka Yin



Htoo Khant Kyaw



Myo Thi Ha



Zin Zin Mu



Chit Yin Htoo



May Tha Gyan



Kaung Kaung



Lone Lone



Than Aung Linn



Mi Nar



Lin Htet Oo



Hnin Thi Ri



Charry Moe Baby

Partnerships

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 2014.

BCMF has many individual supporters all over the world that we also wish to thank. There are too many to name individually, but you know who you are – thank you!



Union Aid Abroad - APHEDA

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), a program run by the Australian government in partnership with Australian NGOs. The ANCP assists BCMF with medical and operational costs and capacity-building efforts. Additionally, APHEDA enables individual and corporate supporters within Australia to make tax-deductible donations to BCMF.

B.K. Kee Foundation

Our partner, the B.K. Kee Foundation, supported BCMF in 2014 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. Beginning in 2015, the patient house will be renamed the "B.K. Kee Patient House" in recognition of their valued support. We look forward to continuing a long and meaningful partnership with them well into the future.

Burma Border Projects

Our long-time partners, Burma Border Projects (BBP), continued to provide vital support to BCMF in 2014. In addition to providing child protection training to BCMF staff, they also process tax-deductible donations from our supporters in the United States. In 2014, BBP facilitated the transfer of vital funds for patient support costs and medical treatment. We are thankful for their generosity and constant encouragement and look forward to working with them again in 2015.



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