



Burma Children

Medical Fund

operating to give
people a future

BCMF Half-Year Report
July-December 2016



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Table of Contents

Overview.....	2
Partnership and Organisational Development Activities.....	2
BCMF-B. K. Kee Patient House Activities	2
Hpa-An Office Set-up	4
Volunteers	5
Capacity Building, Skill Development and Empowerment.....	6
Eye Screening Training.....	6
Wheelchair Training	8
Medical Supply Delivery	10
Patient Highlights!	11
BWMF: Daw San Kyi	11
BCMF: Tha Dah Poe	12
BAMF: Kaw We Da	13
Thanks to our Donors!	13
BCMF Program Statistics.....	14

Overview

The second half of 2016 was a busy period for Burma Children Medical Fund (BCMF). It was filled with organizational expansion and capacity building, in both Thailand and in Burma. Meanwhile, staff and patients were still acclimatizing to the new Mae Tao Clinic (MTC) facilities. As the rainy season turned to the dry season and patients became familiar with the new location, BCMF's patient numbers increased, relatively, in comparison to the previous half year.

BCMF also hit a major organisational milestone—this year marked BCMF's **10 year anniversary** of helping patients access health care. In celebration of the special occasion, and to thank the BCMF team for their hard work, the entire team went on a trip to Rayong, Thailand. The weekend was filled with cooking, singing, swimming, playing games and laughing together.



Above left: The team smiles for a picture while waiting for dinner after the cozy van ride from Mae Sot to Rayong.

Above right: Taking a break from a morning stroll on the beach for a group photo! Could the weather have been any more perfect?

Left: Enjoying homemade lunch at the guesthouse.

To everyone who has contributed to BCMF—whether through funding or donations, as an employee or volunteer—thank you for making these past 10 years possible.

Partnership and Organisational Development Activities

BCMF-B. K. Kee Patient House Activities

The B. K. Kee Patient House, located in Chiang Mai, remains an integral part of BCMF's work. Patients and their caregivers stay in the house while undergoing investigative tests, treatments and follow-ups in Chiang Mai. The house serves as a base for patient care, support and education. Because the house residents are vulnerable—in part due to their medical condition, but also often because of their social

background—and many stay at the house for a prolonged period of time, there is increased importance in maintaining a safe, supportive and positive space with a strong sense of community. With the help of B. K. Kee Foundation, the house’s primary funder and namesake, Project WIN, Chiang Mai International Rotary Club and other partners, BCMF is able to achieve and maintain this space.



Patients and caregivers at the B. K. Kee patient house working in the recently expanded vegetable garden.

Project WIN

Project WIN is a Thai grassroots organisation which works with village elders, university students and volunteers to conduct projects in and around Chiang Mai, Thailand. At BCMF’s B. K. Kee Patient House, Project WIN worked with Mae Jo University students to build on the house’s vegetable garden. Project WIN funded the purchase of organic plants and vegetables and, as part of the joint-activity, taught the patients who were residing at the house how

to plant vegetables and maintain the garden.

In addition to their contribution to the development of the garden, Project WIN helped to repair and secure the electrical system in the patient house for energy efficiency and safety. The supplies were provided by BCMF. They have also collected and donated clothing for the patients.

Chiang Mai International Rotary Club



Above: The patient house ceiling replacement underway.
Below: Improving the security of the patient house by repairing the front gate.



Since the partnership between BCMF and Chiang Mai International Rotary Club (CMIRC) was established in early 2016, CMIRC has contributed to several projects at the BCMF patient house—making the house a livelier and safer place for our patients, their caregivers and BCMF staff.

Members of the CMIRC visit the patient house on a weekly basis, bringing snacks and playing games with the patients. For patients who are in Chiang Mai for a prolonged period of time, these visits are a fun change of pace and uplifting in an otherwise stressful part of their lives. Clothing donations are also made to the patient house.

This fall, CMIRC assisted BCMF by funding a number of repairs and renovations to the patient house facilities. Renovations to the storage room, including a full replacement of the ceiling, were completed. The property's front gate was repaired to improve the security at the house, and several smaller repairs were also made around the property.

The patient house finished the year off strong and with holiday cheer, thanks to CMIRC's sponsored **Christmas Celebration**, the first of its kind at the patient house. CMIRC organized food, decorations and presents to be distributed to the patients by Santa Clause. The event was well received by patients and their caregivers, and built on the positive atmosphere at the house.



Three-year-old Tha Dah receives his present from Santa! Tha Dah has been undergoing treatment with BCMF to release his burn contracture since December 2015. He is gradually regaining the use of his arm and hand.



Moh Moh Zaw (right) is in the process of receiving treatment for her congenital encephalocele for the first time in her 15 years of life. She sits with the caregiver (left) of another patient after they received their gifts from Santa.

Hpa-An Office Set-up

BCMF has established partnerships with several organisations and health facilities in Burma with the aim of improving patient's access to care. Over the past few years, these partnerships and projects have blossomed and now constitute a large portion of BCMF's work and have significantly increased and diversified BCMF's patient caseload. Because of this rapid expansion, BCMF had been exploring the idea of opening an office in-country. Ultimately, the decision was made to open an office in Hpa-An, the capital of Karen State.



The Hpa-An office after new flooring and screen doors were installed.

After exploring the Hpa-An area, a small office was selected and rented—the lease is a year-long and started July 9, 2016. As of the year end, the office set-up process was still in the beginning stages. In October, new flooring was put in and screen doors were installed. Other office equipment, which will be used to develop and maintain patient databases and perform administrative work connected to BCMF projects, are yet to be purchased.

Among other things, the Hpa-An office will serve as:

- an office for BCMF's soon-to-be-established Burma-branch team
- a base for BCMF's Mae Sot team to use while working in Burma
- a site for training courses

The registration of BCMF in Burma is still being processed by the government. This has caused the official opening of the office to be delayed. However, BCMF is actively working at the national-level to push the registration through to enable BCMF to provide more services for the people inside Burma more quickly. Ultimately, we hope that this expansion will help us reach more patients and help them access their right to health and medical care.

Volunteers

BCMF wants to thank all of the volunteers who dedicated their time and skills to helping BCMF flourish between July and December of 2016. Each and every volunteer contributed new enthusiasm and diverse experience during their time in Mae Sot. They enriched patient interviews, staff knowledge, project execution, and much more.

David

Caitlin

Jason

Eva Maria

Kiang

Phoebe

Jintana

Thank you for your contribution!

Capacity Building, Skill Development and Empowerment



The trainees, BCMF team members and trainer pose for a photo at the start of the Eye Screening Training in Loikaw, Karenni State.

In addition to BCMF's core programs which provide funding and support services to patients with complex medical conditions, BCMF implements projects aimed at increasing and improving access to healthcare for vulnerable, remotely located patients in Burma. These projects are designed to build capacity, develop skills and empower local communities to provide quality healthcare

services in a sustainable and context-appropriate manner. Between July and December, BCMF delivered two training courses—one eye screening and one wheelchair fitting—and delivered medical supplies in remote areas of Karen and Karenni States.

Eye Screening Training



Trainees had the opportunity to practice their newly developed skills under the supervision of the trainer at two clinics which were represented in the training. In the two days of screening, 119 patients were screened, 59 pairs of glasses were prescribed and 13 patients who had complex eye conditions were referred for further treatment.

People in Karenni and Karen States primarily live in remote areas of the jungle, in poverty, with little access to healthcare services. In most cases, clinics in these states are the only healthcare facilities providing care to many villages within hours. While these clinics provide crucial basic healthcare, their capacity is limited—they have small numbers of staff with limited training, insufficient medical supplies and little reliable, ongoing funding. When clinics are unable to provide the care patients need, the patients use their limited financial resources to seek care elsewhere (in Burma or Thailand) or live with their medical conditions. Although eye conditions are not often life threatening, they can have a devastating impact on quality of life—preventing the individual from participating in community life, attending

school, working or caring for their family.

Because of the extent to which eye conditions can impact an individual and their family, and the lack of eye care services in remote areas of Karenni and Karen State, BCMF partnered with the Civil Health and

Development Network (CHDN), a local non-government, community based organisation in Loikaw, the capital of Karenni State, Burma, to address this gap in care. With funding from Australian Volunteers International (AVI), BCMF and CHDN coordinated the delivery of an Eye Screening Training (EST) and the supply of equipment to enable the set-up of Eye Screening Clinics in six pre-existing village health clinics—five in Karenni State and one in Karen State. The goal of the training was to ensure sustainable eye care in the regions serviced by the six clinics.

Thirteen medics and community health workers completed the training. They built on their technical skills, which benefits them and, in turn, benefits the clinics they work with and the communities they serve. The six clinics now have the capacity to deliver basic eye care, assess patients with complex eye conditions and appropriately refer those patients for further assessment and treatment.

This training brought access to quality eye care and referral services to...

107 villages

6,410 households

33,263 individuals



Above: Individuals in need of eye care travelled from the surrounding villages for the eye screening. These patients were on their way back to their village after being screened and receiving a new pair of glasses. The proximity of the screening to their homes saved many of them a lot of time and money.

Right: A woman from Karenni State received glasses for the first time after having poor eyesight for around 20 years.



A referral network between CHDN, the participating clinics, BCMF, and hospitals in Karenni and Shan State has also been developed as a result of this training. The network will link patients needing further treatment to a BCMF funded surgery in Loikaw General Hospital and other local hospitals or to nearby eye surgical missions.

Meet Saw and Than:

In the month prior to the Eye Screening Training (EST), a medic from Kye Ka Daut Clinic in Karen State was attending a training seminar at Mae Tao Clinic. When he heard about the EST, he requested that he and a fellow Kye Ka Daut Clinic medic join the training. Saw and Than, the two medics, were accepted to the training and BCMF made the necessary arrangements so they would have a set of eye care equipment to take back to their clinic.

Saw and Than are two of six medics who work at Kye Ka Daut Clinic. Kye Ka Daut is the only clinic serving a population of 3,600. The village in which the clinic is located is situated on a hill in a very remote area—villagers must travel five hours to obtain cellular service and, depending on the season and which tributaries have dried up, they must carry water 15-60 minutes to their homes. In a low resource healthcare setting, these factors compound the difficulties the clinic medics face in treating and referring patients.



Saw (*left*) and Than (*right*) evaluate patient's eye sight during the practical at the end of the EST.

Although they were very eager to join the training, it was not an easy task for Saw and Than. They were accepted to the training just a few days before the start of the program and had to travel over-night for eight hours by motorbike through roads that would not have been accessible in the rainy season, in order to reach the training site in time. This was their first opportunity to receive any eye-related training. In the past, they have felt “helpless” because they have come across many patients requiring eye care but all they were able to do was provide medication and counselling. This helplessness is what motivated them to pursue and attend the training. Their clinic lacks the funds required to purchase eye glasses and eye screening materials, but they said, “*If our clinic can receive glasses [and supplies], we will make sure to charge patients [a nominal fee for the glasses] so we can keep giving care.*”

Wheelchair Training

In the remote, low income, jungle and mountain areas of Karenni State, individuals with disabilities face numerous barriers which limit them from participating in community life. Because mobility assistance tools, like wheelchairs, are largely inaccessible to these individuals, once they are older than a few years old and too heavy to carry, they are often home-bound and unable to attend school, work or participate in the community. In this context, individuals often become an undue burden on their family.

To address this issue in Karenni State, BCMF partnered with CHDN in September to deliver a wheelchair fitting training course for health workers in Loikaw and to establish a supply of jungle-appropriate wheelchairs to these remote areas. The training was designed to build on health workers' skills and to benefit individuals—both children and adults—who are living with physical disabilities in rural areas of Burma.

In total, 14 trainees from Shan and Karenni States—from CHDN supported clinics, Mettashin Association (Taunggyi-based) and the Myanmar Red Cross Society—were trained to:

- Assess disable individuals' conditions
- Appropriately fit both adult and child patients for wheelchairs
- Distribute wheelchairs
- Educate patients and their families on wheelchair care and maintenance, the importance of properly fitted chairs, and how to avoid sores

This collaboration between BCMF and CHDN would not have been feasible without the support and assistance of BCMF's long-term partner, Wheelchairs for Kids (WFK), who donated children's wheelchairs. An additional donation of adult wheelchairs was made from Rajanagarindra Institute of Child Development (RICD) and the families of Maung Maung Kyi and Ko San Min of Mae Sot.



Above: Push! The truck piled high with wheelchairs stalled just as it was leaving Mae Sot for the training.

Below: Trainees use their new skills to fit wheelchairs for adult and children patients with disabilities.



Wheelchairs were fitted and given out to...

35 children

24 adults

A man balances his three-year-old son's new wheelchair on the back of his motorbike. Now that his son, who has cerebral palsy, has a wheelchair, he will be able to leave the home without being carried—giving his family and himself more independence and freedom to interact in the community.



Medical Supply Delivery

At the beginning of October, four BCMF staff travelled to Ler Per Her (LPH), Karen State to deliver medicines to a local clinic. Like many clinics in rural areas of Burma, LPH Clinic has very limited funding and supplies. The three-hour journey from Mae Sot started early in the morning when BCMF staff loaded the supplies into the van. Upon arrival in LPH, the staff unloaded and carried the supplies to the clinic with the help of the villagers. The clinic to which the supplies were delivered has three sub-clinics throughout the area, all of which benefited from the delivery.



In rural, poor infrastructure settings, transporting and delivering medical supplies is a challenge. To reach the LPH clinic, boxes had to be hand carried up and down steep embankments and ferried across the river.

The medicine and supplies that BCMF delivers changes how people approach and think about their medical care. The people who live in the LPH area are very far from the city (where most medical care is found) and it is hard for them to travel the long distances, especially when they get sick. Most villagers who get sick walk through the mountains to the Thai border and cross the border illegally to access care in Thai hospitals. Although Thailand is closer and easier to reach than hospitals in Burma, in the rainy season it is very difficult for villagers to leave their village and cross the river to Thailand. The poor infrastructure, combined with torrential rains causes mudslides on the mountains and flooding. Despite these challenges, villagers help each other and will even carry a sick person in a hammock, from the village to a hospital or clinic.



BCMF staff and local villagers help carry the medical supplies into the clinic. In remote, jungle areas, clinics are on stilts and constructed of wood.

The clinics which received medical supplies serve...

28 villages

1,690 households

10,207 individuals

A medic from the clinic summarised the impact the clinic and the medical supplies have had on the community:

"This medicine that BCMF helped provide is very beneficial to the communities here because, in the past, there were no clinics and they [the community] couldn't afford to buy medicine. But, with the help of BCMF, we have established this [and three other] clinics and many villagers who get sick can seek help at the clinics which are closer by. They now have no need to come and cross the border if their condition is not complex or severe."

Patient Highlights!

BWMF: Daw San Kyi



Daw San Kyi was enrolled in BCMF's Burma Women Medical Fund (BWMF) program for support in treating a prolapsed uterus, a condition from which she had been suffering for a number of years.

Originally from Mon State, Burma, Daw San Kyi moved to Mae La Refugee Camp in 2000. As with many individuals living in the camps along the Thai-Burma border, Daw San Kyi's family has no regular source of income—she has worked a variety of jobs off and on in the past but her family primarily relies on food rations from the camp, which are often not enough. When she does not have work, she works around her home and cares for her husband, who is often ill.

Several years ago, Daw San Kyi was doing intensive agricultural work when she started to have symptoms associated with uterine prolapse. Her symptoms gradually got worse so she visited the camp clinic. Unfortunately, they were unable to help her but after her persistent visits to the clinic, she was eventually referred to Mae Sot Hospital (MSH). At the hospital, Daw San Kyi was told her condition required surgery.

Because she was not in pain and financial resources were scarce, Daw San Kyi's husband suggested she wait before undergoing surgery. Gradually her discomfort worsened and she developed extreme pain—which forced her to stop working—but it was only after her husband became sick and sought care at Mae Tao Clinic (MTC) that she presented her case at MTC. After more examinations and consultations with MSH, she was referred to BCMF for financial support for a total abdominal hysterectomy.

Since receiving her hysterectomy, Daw San Kyi has been pain free and can sit, stand and walk without discomfort. She laughed joyously when she shared, *"I no longer feel heavy [emotionally or physically]. I will return to the camp and be able to start working again selling snacks and work on my meditation practice."*

BCMF: Tha Dah Poe



Tha Dah Poe, a 13-year-old Karen boy, was referred to BCMF for support in treating his congenital cataracts. He lives in a village in Karen State, Burma with his parents and older brother. Due to poor health, neither of his parents are able to work. His brother has been working on the family's small farm to support the family since dropping out of school. They do not make any money from their farm but just eat what they grow and sell their chickens if they need cash.

Since he was young, Tha Dah Poe held books close to his face to read, but it was not until this year when his vision started to deteriorate, that his parents and teachers became worried. His vision became so poor that he had to stop studying. He sought care in Mawlamyine, Mon State, Rangoon and then in Mae Sot, Thailand. In Mae

Sot, he was diagnosed with congenital cataracts in both of his eyes. When he was referred to BCMF, Tha Dah Poe had already received a lens replacement in his right eye. BCMF funded the lens replacement in his left eye in November.

The simple lens replacements have made an immense difference in Tha Dah Poe's life. After his second surgery, Tha Dah Poe said, *"Before I couldn't even see my parents clearly, now I can see my mother. I cannot wait to go back to see my father who is waiting at home in the village and to start school again."* His sister added, *"Even though I live apart from my little brother, I am at ease now knowing he is more independent and can take care of himself and our parents. Before, our mother was sad because she thought her son would never be able to see again. So, now that her son can see again it is like a huge weight being lifted from her heart. Now she is so happy, her own health condition has even improved."*

BAMF: Kaw We Da



Kaw We Da has suffered from urinary tract problems since he was a toddler he has had difficulties passing urine since he was two years old, his urine was always cloudy, and he sometimes had urinary tract infections. Despite this, his family did not try to seek treatment for him because they did not think the symptoms were an indication of a big problem and they could never afford modern medicine. Instead, he relied on traditional medicines.

As he grew up, the symptoms worsened but he continued to use traditional medicines. At the age of 7, Kaw We Da passed two stones and he felt better. However, at the age of 18, his condition deteriorated he developed a high fever, his face became swollen, his eyes were red and he had sharp pain in his lower abdomen. The pain caused him to pass out twice. When traditional medicines did not help, he was taken to a clinic where he was stabilized. The pain subsided a bit, but the symptoms persisted a few months later and he decided to seek care at Mae Tao Clinic. An ultrasound revealed a stone in his bladder and he was referred to Mae Sot Hospital for treatment and BCMF for support in receiving his treatment.

The bladder stone, which was almost the size of a tennis ball, was removed and he was catheterized. After the surgery, Kaw We Da was no longer in pain, his fever had subsided and he felt like the burden he had been living with his whole life was lifted. Now he can walk with ease, sit with comfort and urinate whenever he wants to. Kaw We Da said, *"I am considering moving to Bangkok to work, but when I am fully recovered I would like to continue my religious studies at the monastery for a while before moving to Bangkok."*

Thanks to our Donors!

In October, BCMF had a special visit from Tom Addy, Union Aid Abroad-APHEDA's Myanmar-Thai Region Organiser. He came to see the work BCMF does first hand. Tom visited Ler Per Her, Karen State with some of the BCMF team to deliver wheelchairs to the clinic there and fit a wheelchair for a patient.

Union Aid Abroad-APHEDA has been a significant partner of BCMF's since BCMF began. They support BCMF in administrative and direct patient services costs. Without their support, BCMF would not be where it is today. Thank you!

BCMF would also like to offer a big "Thank you" to our other partners and donors who have helped us achieve all that we have from July-December, 2016. Your support has helped BCMF assist and support hundreds of patients.

BCMF Program Statistics

July-December 2016

Number of New Cases by Program

Program	1st Half	2nd Half
	2016	2016
BCMF	51	48
CDF	21	31
BAMF	58	76
BWMF	32	28
Total	162	183

Number of New Cases by Diagnosis

Diagnosis	1st Half	2nd Half
	2016	2016
Cardiac Disease	32	50
Obstetric/Gynecological	33	30
Gastrointestinal Condition	19	8
Severe Burns	4	1
Urological/ Kidney Condition	6	10
Neurological Condition	13	17
Congenital Musculoskeletal Deformity	7	0
Haematology Condition (Blood)	1	2
Orthopedic Condition	12	21
Ophthalmology Condition (Eye)	11	13
Abnormal Growth/Benign Tumor	18	25
Other	6	6
Total	162	183

Number of New Cases by Patient Place of Residence

Place of Residence	1st Half	2nd Half
	2016	2016
Ayeyarwaddy Division	0	4
Bago Division	7	14
Kachin State	0	3
Karen State	92	63
Kayah State	0	3
Mandalay Division	2	5
Mon State	18	21
Rakhine State	0	1
Sagaing Division	1	4
Shan State	0	1
Taninthayi Division	2	4
Magway	1	0
Yangon Division	2	8
Tak Province (Thailand)	33	49
Other (Thailand)	4	3
Total	162	183

Number of New Cases by Treatment Location

Country Where Treatment Was Given	1st Half	2nd Half
	2016	2016
Thailand	149	163
Burma	13	20
Total	162	183

Ancillary Support

Type of Support	1st Half	2nd Half
	2016	2016
Wheelchair	49	56