



Burma Children

Medical Fund

operating to give
people a future



10th
Anniversary
Report

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Director's Overview



Dear friends,

When Burma Children Medical Fund (BCMF) was born ten years ago, its office was one backpack! In it, I carried a notebook and patients' documents as I moved between my home and a small desk in Mae Tao Clinic (MTC). I didn't know then that in the coming years we would help provide thousands of people in need with lifesaving access to healthcare and that I would be working with a team of dedicated staff.

This year, 2016, has marked an incredible 10 years since this journey began, a decade full of challenges and opportunities and it has been a momentous year in itself. We have brought together organisations across Burma and we have expanded our referral and service networks. Our willingness to engage with healthcare providers at all levels meant that in 2016 we were able to refer **345** new patients for tertiary care. And while children remained the main focus with **150** enrolled via the BCMF program, we continued to provide services to adults through our two auxiliary programs: Burma Adult Medical Fund (BAMF) and Burma Women Medical Fund (BWMF), enrolling **135** and **60** adults respectively. In addition, BCMF reached patients in Burma from the states of Kachin, Rakhine, Mon, Karen, Karenni and Shan; and the divisions of Sagaing, Magway, Bago, Ayeyarwady, Yangon, Tanintharyi and Mandalay; with most of the patients referred from these regions arriving from rural areas. This year as in the past, our patients residing in Thailand were mainly migrant workers from Burma or refugees from camps along the Thai-Burmese border. This year also marked three years since BCMF-B. K. Kee patient house has been in operation. In 2016, a total of **879** patients were transferred to the patient house via **65** weekly van trips. When I think back to our early days when we could organise only one trip a month in a pick-up truck, it makes me realise how far we have come.

In many ways, 2016 was quite significant for BCMF. We were able to carry out more activities inside Burma; we built new partnerships with local organisations and enrolled more patients inside the country; this is all the more remarkable given the country was inaccessible to us just two years ago. One such successful project inside Burma was the establishment of an eye screening program. We delivered eye screening training to **13** medics and community health workers, and distributed equipment to set-up eye screening clinics in six villages. This successful expansion and range of projects gave us confidence to register in Burma under the name of Myanmar Medical Fund (MMF). With the help of Union Aid Abroad-Australian People for Health, Education and Development Abroad (APHEDA), we also established an office in Hpa-An, Karen State, in July. In the near future, local staff will provide services more freely and effectively from this office, ensuring that more and more patients inside Burma receive access to all-important yet inaccessible medical services. In 2016, we continued the Wheelchairs for Kids project, distributing a total of **123** wheelchairs and training **17** village medics, who can now properly fit children for wheelchairs and repair them when necessary. Other successes also included the launch of a BCMF Internship Program preparing young adults for a long-term career in health services, and a School Stationery Project that delivered **8,343** stationery items to **six** schools in Burma and **5,400** stationery items to **seven** migrant schools along the Thai-Burmese border.

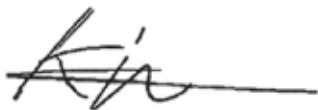
When we established BCMF ten years ago, our vision was for everyone to have access to quality healthcare. Since then, BCMF has registered **2,019** patients into our programs and assisted over **1,603** patients in completing their treatment; distributed **562** wheelchairs and **6,892** eye glasses;

and trained **88** people in eye screening and wheelchair fitting. Although we have helped facilitate access to health care for thousands of patients, we still have a long way to go; the healthcare system in Burma continues to face challenges, in particular, access to tertiary healthcare in rural areas remains severely limited. Thus, entering our second decade, BCMF is committed to working even harder to ensure that children and families everywhere, not just in urban areas, benefit from the country's rapid development.

I wish to thank our partners MTC, APHEDA, Watsi, B. K. Kee Foundation, Burma Border Projects, DAK Foundation, BNHA, Wheelchairs for Kids and all our countless supporters over the years who share our vision. Our work would not be possible without their continued commitment to our cause and spirit of partnership. I would also like to thank our hardworking staff, dedicated volunteers and donors, who help create a better future for the people of Burma.

I look forward to our next decade to continue our work in Burma, helping isolated communities that are in need of healthcare support and much more...

Yours Sincerely,

A handwritten signature in dark ink, appearing to read 'Kia' followed by a long horizontal flourish.

Kanchana Thornton- Director, Burma Children Medical Fund

Letter from Dr. Cynthia



Dear BCMF supporters,

In this ten-year anniversary since the founding of BCMF, we once again reflect on the strong partnership between BCMF and Mae Tao Clinic (MTC), to provide specialised treatment for people from Burma through collaboration and referrals. Without BCMF, over the past years many patients who came to MTC seeking health care would not have been able to receive advanced-level treatment. As in the past and since it was founded, Mae Tao Clinic continued to be the primary source of referrals to BCMF's program in 2016. This year, through this partnership, hundreds of patients from the Thai-Burma border and within Burma itself, have been able to receive

crucial care and treatment.

Over the past ten years there have been many challenges facing organisations working on the Thai-Burma border. Although Burma has undergone a process of transformation, political changes in recent years inside Burma have brought unprecedented challenges. Decades of divestment in health and social services have created long-lasting impacts which have impeded the progress of healthcare reform. Poor infrastructure and other obstacles to treatment have restricted the availability of healthcare services in post-conflict areas. To fill in this gap, community-based health providers have stepped in. While Mae Tao Clinic continues to provide services to those in need on both sides of the border, we unreservedly value the effort of the local health organisations and the impact that they have made in Burma.

Recognising and working with existing community-based health organisations is an important first step in addressing the healthcare challenges of Burma. We see an example of this as BCMF continues to expand their services inside Burma. By building onto existing networks of community-based health organisations, BCMF has expanded existing referral networks to increase access to vital health services for communities across Burma.

I once again look forward to continuing to work with BCMF in 2017, to serve the people of Burma with much needed medical care.

Sincerely,

A handwritten signature in blue ink, appearing to be 'C. Maung'.

Dr. Cynthia Maung - Director, Mae Tao Clinic

List of Acronyms and Abbreviations

APHEDA	Union Aid Abroad - Australian People for Health, Education and Development Abroad
AMC	Ananda Myitta Clinic
ARC	American Refugee Committee
AVI	Australian Volunteer International
BAMF	Burma Adult Medical Fund
BCMF	Burma Children Medical Fund
BWMF	Burma Women Medical Fund
CDF	Child's Dream Foundation
CHDN	Civil Health and Development Network
CMIRC	Chiang Mai International Rotary Club
ECBHO	Ethnic and Community-Based Health Organisation
HORC	Hpa-An Orthopedic Rehabilitation Centre
IDP	Internally Displaced Person
INGO	International Nongovernmental Organisation
ICRC	International Committee of Red Cross
IPD	Inpatient Department
KDHW	Karen Department of Health and Welfare
MTC	Mae Tao Clinic
MCLH	Mawlamyine Christian Leprosy Hospital
MMF	Myanmar Medical Fund
NCA	Nationwide Ceasefire Agreement
NFE	Non-Formal Education
NGO	Nongovernmental Organisation
NLD	National League for Democracy
OPD	Outpatient Department
PU-AMI	Première Urgence - Aid Médical International
RHD	Reproductive Health Department
RICD	Rajanagarindra Institute of Child Development
SMRU	Shoklo Malaria Research Unit
UN	United Nations
WFK	Wheelchairs for Kids

Mission

Improve lives by facilitating access to health care and human rights for displaced, vulnerable and remote communities in Burma and on the Thai-Burma border.

Vision

For all individuals to have access to quality health care.



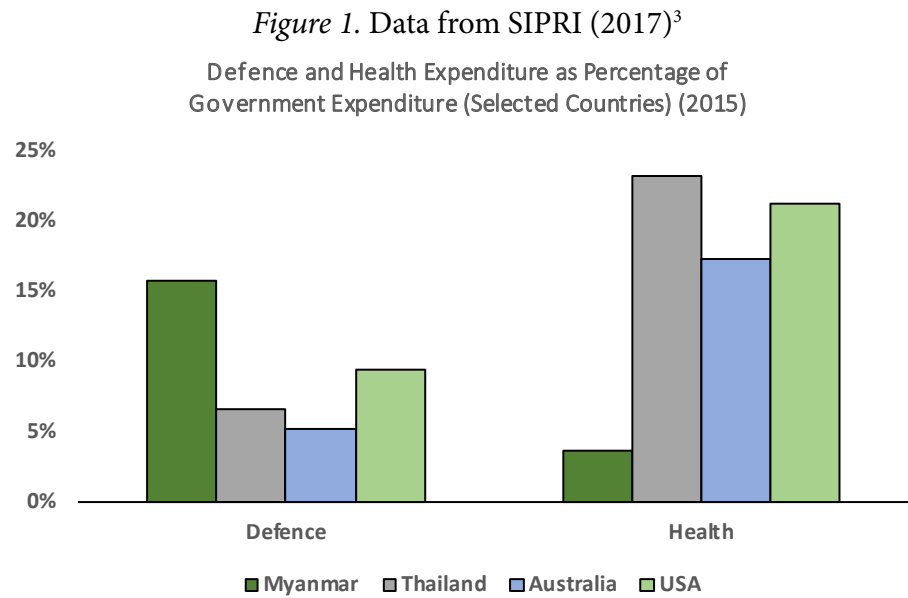
BCMF staff waiting to transport and assemble wheelchairs for children in a remote Karen village in Burma. It took three hours for our team to reach the village.

Burma in 2016

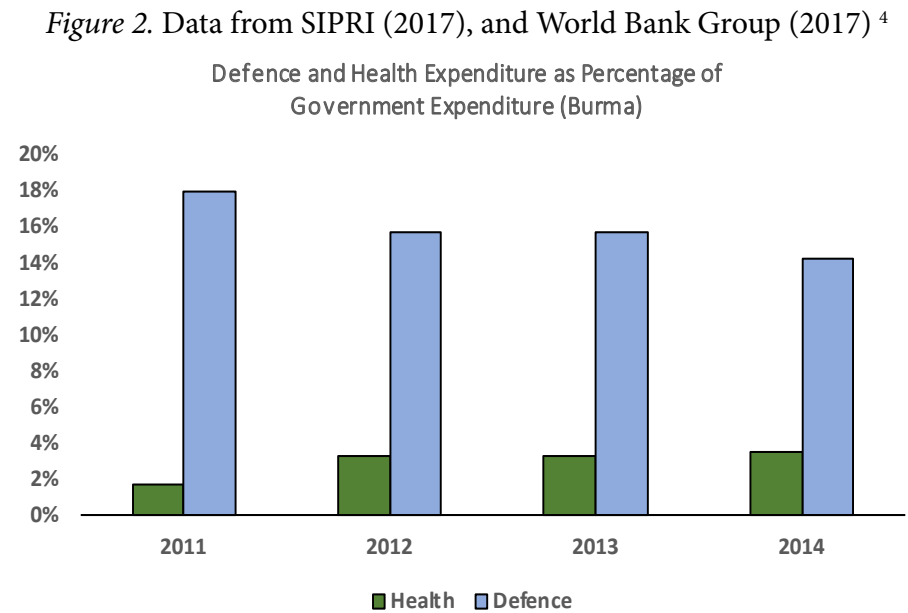
Burma's health care system continued to face many challenges in 2016. While expectations were high following the landslide victory of the National League for Democracy (NLD) in the 2015 general election, little has changed on the ground as the newly elected government formally assumed power. The elections initially brought hope of constitutional change that would pave the way for transition from military to civilian rule, and with it a major reallocation of government funds to the healthcare sector. Only a few months into the new administration, this hope evaporated as the new government came to terms with the limits of its power against the military establishment. Furthermore, many areas of active conflict still remain in the country, most notably in Kachin State as well as in Rakhine State, where the minority Muslim Rohingya population face what has been described by the United Nations (UN) as ethnic cleansing¹.

Public funding and a peaceful political environment are crucial to the provision of quality healthcare. Burma has endorsed the United Nations' goal of achieving universal healthcare by 2030, but the lack of public funding has been identified as one of the main obstacles to achieving this goal². After its initial increase from 1.8% to 3.3% during the first years of the 2011-2015 reform, Burma's health expenditure, as a percentage of total government expenditure, has stagnated at 3-4% in recent years. It remains to be seen if the 2017-18 budget, the first budget of the NLD-led government, will break

this trend. At the current level, it falls far behind its neighbour Thailand at 23.2%, Australia at 17.3% and the United States at 21.3%. In contrast, its share of the total budget allocated for defence is one of the highest in the world, at around 14-16% in the last three years, compared with 6.6% for Thailand, 5.2% for Australia, and 9.4% for the United States⁵.



* No data exists from 2016



*No data exists from 2015 and 2016

To further compound this problem, spending in healthcare continues to be concentrated in urban areas² of Burma. In rural areas, healthcare services are provided mainly by ethnic and community-based health organisations (ECBHO), whose facilities are only capable of providing primary healthcare⁵. As a result, access to tertiary healthcare in rural areas is virtually non-existent. Moreover, as government health services expand into previous areas controlled by ethnic armed groups, ECBHOs are essentially taken over and pushed out. As a result of this, minority ethnic groups remain distrustful, perceiving this as a possible attempt to assert control and undermine the autonomy of these ethnic groups. A true peace process that recognises the crucial need for trust in building Burma’s healthcare system, requires an integrative approach that incorporates existing services with government services.

As Burma continues to face many healthcare challenges, Burma Children Medical Fund (BCMF) is operating today to provide access to quality healthcare to people from all backgrounds who would otherwise have limited access to it. BCMF’s willingness to engage with health



In August 2016, BCMF met with CHDN and ICRC staff at ICRC's office in Loikaw, Karenni State, Burma. The meeting was about a wheelchair training workshop held in September 2016.

providers at all levels from the government to the community, has helped to expand our referral network in 2016 and bring together healthcare organisations in south-eastern Burma. With limited funds, local healthcare organisations have little resources to locate and work with other organisations in the same area, which limits the treatment options they can provide to patients. BCMF's presence in local communities, through its work on other health projects, enables local healthcare organisation to refer their patients to appropriate facilities.

BCMF looks forward to seeing an increase in public spending on healthcare and a more coordinated effort among local healthcare organisations. It is BCMF's vision for everyone to have access to quality healthcare. Until that happens, BCMF is working hard to fill the gaps that are left by the current system. For now, there are still lots of gaps that need to be filled.



Kanchana met with Kantarawaddy Times - Karenni news, to talk about BCMF's programs and projects.

What We Do

Burma Children Medical Fund (BCMF) was established to help children who were in need of advanced medical care that could not be provided by local, free clinics. With financial and other support services from BCMF, children were able to receive necessary higher-level care, which they otherwise would not have been able to afford or legally access. While children still make up the majority of BCMF patients today, BCMF has expanded to provide services to adults through two additional programs: Burma Adult Medical Fund (BAMF) and Burma Women Medical Fund (BWMF). Since BAMF and BWMF were established in 2009 and 2011, respectively, the number of patients accessing treatment annually has increased markedly.

BCMF supports individuals with a wide range of conditions and diseases. With a few exceptions, BCMF provides funding for conditions which fall under the following areas:

- Abnormal growth
- Cardiovascular
- Epithelial
- Gastrointestinal
- Gynaecological
- Haematology
- Neurological
- Ophthalmology
- Orofacial
- Orthopaedic
- Tropical disease
- Urological

While some of the cases BCMF takes on are very complex and unusual, others are fairly common, easily preventable or easily treatable if caught early. Unfortunately, many of the patients BCMF supports are from places with little to no access to affordable medical care and with little health education. Because of this, preventative measures are limited and individuals often do not seek care for a medical problem until it has become very severe, making treatment more challenging.

Burma Children Medical Fund (BCMF)

BCMF, the original program established in 2006, treats children who are 18 and under. The children supported by BCMF have a wide variety of conditions, ranging from congenital heart diseases to burns and neural tube defects. Many of them also have congenital conditions, while others have acquired diseases and conditions.

Myat Thu's Story



Myat Thu is a six-year-old boy who currently lives with his mother in Mae Sot, Thailand. One day, while his mother was away working, Myat Thu was playing outside when he slipped, fell heavily on his elbow and fractured it. Having heard him crying, Myat Thu's neighbours took him to Mae Tao Clinic (MTC). When his mother returned home she was told about the accident and immediately rode her bicycle to the clinic.

The fracture was beyond MTC's capacity, requiring surgical treatment, so MTC took Myat Thu to Mae Sot General Hospital for care. MTC also referred him to BCMF. Prior to his surgery, when BCMF staff met Myat Thu, he was in a lot of pain and visibly distraught. His surgery involved resetting his elbow and the insertion of three pins. About a month later, Myat Thu returned to Mae Sot General Hospital. The doctors there confirmed the fracture was healing well before removing the three pins.

Receiving care with the support of BCMF, relieved Myat Thu and his mother of a big financial burden. After having the pins removed, both Myat Thu and his mother were happy; Myat Thu was cheerful, laughing and talking about his dreams of working in the medical field when he grows up. His mother said, "I will continue working so he can be an educated person, and help me and other people in the future."

Over the past years, BCMF has partnered closely with Child's Dream Foundation (CDF) to increase the number of BCMF patients who can access treatment. CDF is a charitable foundation based in Chiang Mai, Thailand, which works with communities to improve healthcare and education for children and provide socio-economic opportunities for families. BCMF and CDF's partnership makes it possible for children under 12 years of age with congenital cardiac conditions, congenital anorectal malformation or hypospadias to receive life-saving treatment. Patients referred to CDF by BCMF stay in the CDF patient house in Chiang Mai while undergoing testing and treatment. BCMF is working with CDF to expand the number of patients treated under this partnership by broadening the age range and conditions accepted.

BCMF enrolled **150** children in 2016.

Burma Adult Medical Fund (BAMF)

BAMF was established to help the numerous adults who suffer from life altering and threatening conditions. Many individuals treated under BAMF have suffered work or transportation-related accidents and injuries. Others have congenital conditions, disorders which they have been living with since birth, such as Ventricular Septal Defect, a common defect of the heart. Often at times these conditions have had a great impact on their lives, limiting their ability to work, care for their family and participate in their community. This not only impacts their quality of life, but also that of their families. Nonetheless, many find ways to cope with their conditions and live the best life they can.

Individuals treated with the help of BAMF suffer from a wide variety of conditions, including cardiac, urological, gastrointestinal and orthopaedic. The support and treatment BAMF provides by helping these individuals access necessary healthcare, gives them the opportunity to lead healthy, comfortable and happy lives.

BAMF enrolled 135 adults in 2016.

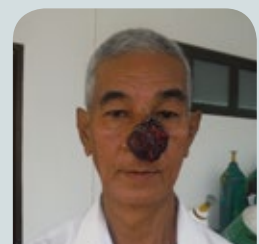
Lwin's Story



After surgery.

In August 2016, Kanchana and a BCMF staff member were on their way to Loikaw in Karenni State, Burma, to arrange an eye screening as well as a wheelchair fitting and training session in September 2016. Around noon that day, they stopped to have lunch with their taxi driver. During their meal, the taxi driver showed them pictures of his friend Lwin and asked if BCMF would be able to help him. When BCMF told him they would be able to help, the taxi driver happily called Lwin to tell him the good news.

With the help of BCMF, Lwin went to Chiang Mai Hospital for medical investigation before receiving surgery to remove the lesion. After recovering from surgery, he remembered what it felt like to breathe without the mass on his nose. "I am looking forward to going to any markets and pagodas I wanted to go to," said Lwin. "Not just the ones where people are familiar with me and do not stare."



Before surgery.

Burma Women Medical Fund (BWMF)

BWMF, the most recent of BCMF's three programs to be established, is now well off the ground and in full swing.

BWMF supports women of all ages who have the following gynaecological conditions:

- Cervical polyp
- Cystadenoma
- Ovarian tumour
- Perineal tear
- Urethra-vaginal fistula
- Uterine myoma
- Uterine prolapse

The majority of BWMF cases are referred by Mae Tao Clinic Reproductive Health Department (MTC-RHD). BWMF and MTC-RHD have a close working relationship, which allows for many women to receive quality care in a timely manner. Effective communication and close proximity facilitate this successful partnership.

Most BWMF cases are treated at Mae Sot General Hospital, the local government hospital 25 minutes driving from BCMF's office. This is beneficial for a number of reasons. Many women seek medical care for their gynaecological conditions after suffering from them for many months, or even years. Often, by the time they arrive for treatment, their conditions are very severe and they are in urgent need of care. By having Mae Sot General Hospital nearby, these women are able to receive treatment in a much timelier manner than if they had to travel to Chiang Mai, where many of BCMF's patients are treated. Treatment at the local hospital is also much more cost effective, which ultimately allows BWMF to treat more women.

BWMF enrolled **60** women in 2016.

Ma Myint's Story



Meet Ma Myint. She is in her forties and from Dawei, Tanintharyi Division, Burma. She, her four children and husband live off of her husband's small income which he earns from fishing.

In late 2014, Ma Myint noticed a mass in her lower abdomen. For two years, she went without seeking medical care. In the meantime, it grew in size and increasingly caused her more pain. While visiting family in Myawaddy, a town on the Thai-Burma border, she was told about Mae Tao Clinic (MTC). She decided to seek medical care at the clinic, and left her three youngest children in the care of her oldest. At MTC she was diagnosed with a uterine myoma, a benign tumour, and referred to BWMF for treatment.

Ma Myint went to Mae Sot General Hospital for medical investigation, and eventually received surgery. She underwent a total abdominal hysterectomy, which removed the myoma and relieved her of all her previous pain and worries.

While she was sick, Ma Myint's oldest son had to stop attending school so he could help with the household chores. Her husband also had to take time off from work to care for her while she underwent treatment and during recovery. Ma Myint was relieved to be free of her condition, not just for herself but also for her son, who could return to school, and her husband who could go back to work.

The Ripple Effect

At BCMF we think of ‘what we do’ as not only helping an individual, but helping a whole population. Facilitating treatment for an individual relieves them not only of their own physical, emotional and mental difficulties, but it also has a positive ripple effect which spreads to everyone around them. A patient’s family, friends and community all suffer when they are sick. Stress, worry, guilt, income loss and lack of educational opportunity are among the many negative impacts our patients and their families report experiencing.

Treatment lifts a huge emotional and mental weight off patients, family and friends. It also reduces financial burdens; without having to pay for medical care, there is more money to cover basic daily expenses or to send a child to school. Individuals who depend on help and care from family members prior to treatment become more independent and self-sufficient, ultimately giving family members more time to work, go to school or dedicate time to other tasks.

Caring for an individual is caring for a family, for a community, for a population.

A Reunion One Decade On



May Poe first came to BCMF in 2006 at the age of 12. Suffering from Rheumatic Heart Disease and Mitral Regurgitation, she underwent surgery in Chiang Mai before returning to Burma. 11 years later, BCMF ran into May Poe in Yangon, Burma. At that time, she was working in an Italian restaurant while attending university. May Poe instantly recognised Kanchana, Director of BCMF, and excitedly told her about how her life changed after BCMF helped her receive surgery.

May Poe went back to school, eventually passing her grade 12 exams before starting university. A few months after this accidental encounter, BCMF learned that May Poe had taken a teaching position in a primary school.

*“I am so happy that I received treatment,” said May Poe Lin.
“I am very thankful to everyone who helped me!”*



BCMF - B. K. Kee Patient House

This year marks the completion of the third full year since the BCMF - B. K. Kee Patient House was established and became one of the cornerstones of BCMF’s services and operations. With the valued continued financial support of the B. K. Kee Foundation, the patient house has continued to provide a home away from home for our patients. At the most basic level the patient house, located in Chiang Mai, serves as a place for patients and their caregivers to sleep and eat while they are receiving medical care in Chiang Mai. However, and more importantly, the patient house provides a safe space for patients and caregivers; a place to find social, emotional and logistical support during a very difficult and gruelling time.

Once a week, BCMF organises a van to transfer patients and their caregivers from Mae Sot, Thailand

to Chiang Mai. Because many of BCMF's patients are in Thailand without legal documentation, BCMF coordinates closely with the appropriate local Thai authorities and negotiates for special travel documents. These allow the patients to travel from Mae Sot to Chiang Mai safely and without risk of being fined or deported.



A patient at BCMF - B. K. Kee patient house in Chiang Mai looking at pictures of Santa Clause. Santa Clause came to visit the patient house in December.

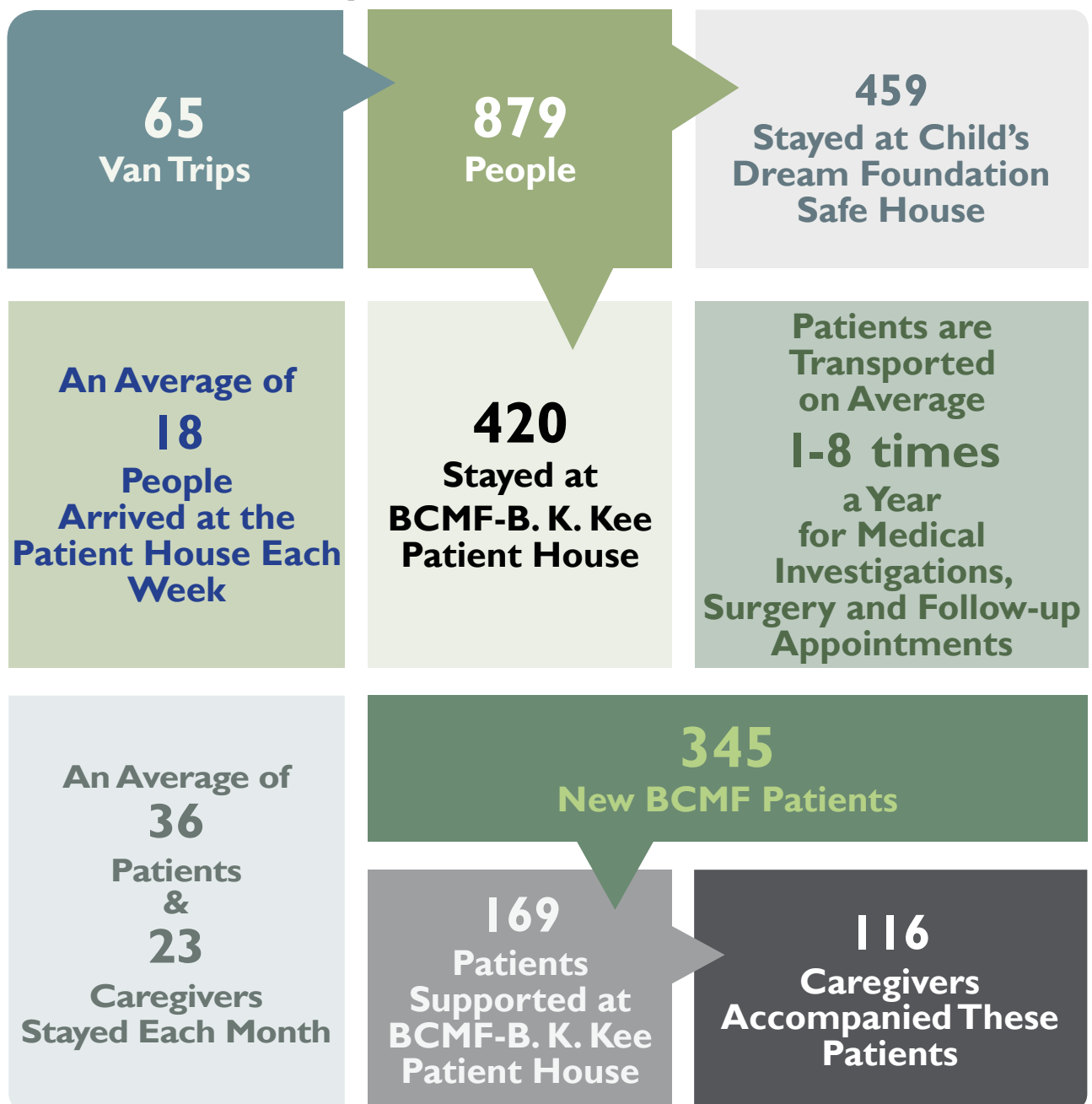
The patient house can accommodate up to **30** people. In addition to the patients and caregivers, two BCMF staff live permanently on site. They manage the house and assist those staying there. The staff are reliable, attentive and dedicated to serving the patients. They are available around the clock to ensure everyone's needs are met and to provide emergency support if required.

Since many of the patients arrive in Chiang Mai with little or no knowledge of their medical conditions or Thai language, BCMF's staff play an invaluable role in assisting patients throughout their stay in the city. Acting as translators between patients and hospital personnel, BCMF staff also assist patients in understanding their conditions, as well as the testing and treatment they are undergoing more thoroughly. In addition to this BCMF staff also coordinate transportation to and from the hospital, provide counselling when needed and teach patients and carers how to maintain a healthy lifestyle after they leave Chiang Mai.



Patients enjoy the communal lifestyle of the patient house, cooking and eating together.

BCMF - B. K. Kee Patient House by the Numbers 2016



Patient House Activities

Palliative Care Training

In May 2016, two BCMF staff members attended a two-day palliative care training hosted by Chiang Mai Hospital. The training offered lectures and workshops teaching holistic approaches to providing patient care and family support, through emotional and pain management services. This training provided the two staff members with the knowledge necessary to communicate more effectively with patients regarding symptom management, as well as patient and familial coping and education.

Chiang Mai International Rotary Club (CMIRC)



To finish off the year with a “jingle”, CMIRC sponsored the patient house’s first Christmas party.

Since early 2016, CMIRC has worked with BCMF to organise activities and help with various maintenance projects at the BCMF - B. K. Kee patient house. In 2016, members of CMIRC visited the patient house on a weekly basis. They brought snacks and played games with the patients, also bringing clothing donations whenever possible. Through funding provided by CMIRC, BCMF was able to repair the patient house roof, the ceiling and the front gate of the property, in addition to other routine maintenance needs.

Computer and English Classes

Two students from Chiang Mai University volunteered with BCMF - B. K. Kee Patient House twice a week in 2016, helping to improve staff’s computer and English language skills. The computer classes had given staff the skills necessary to use computers for patient data entry, online sharing and communication with BCMF’s main office; while English classes assisted the staff in communicating with donors, volunteers and visitors.

Project WIN



Patients with the founder of Project WIN.

Project WIN, a Thai organisation based in Chiang Mai, started a partnership with BCMF in early 2016. Since then they have organised projects which promote health, safety and foster a sense of community at BCMF - B. K. Kee patient house. Project WIN and students from Mae Jo University re-bedded the patient house’s vegetable garden, which provides fresh produce for those staying at the house, while teaching patients and carers how to tend to and maintain the garden themselves.

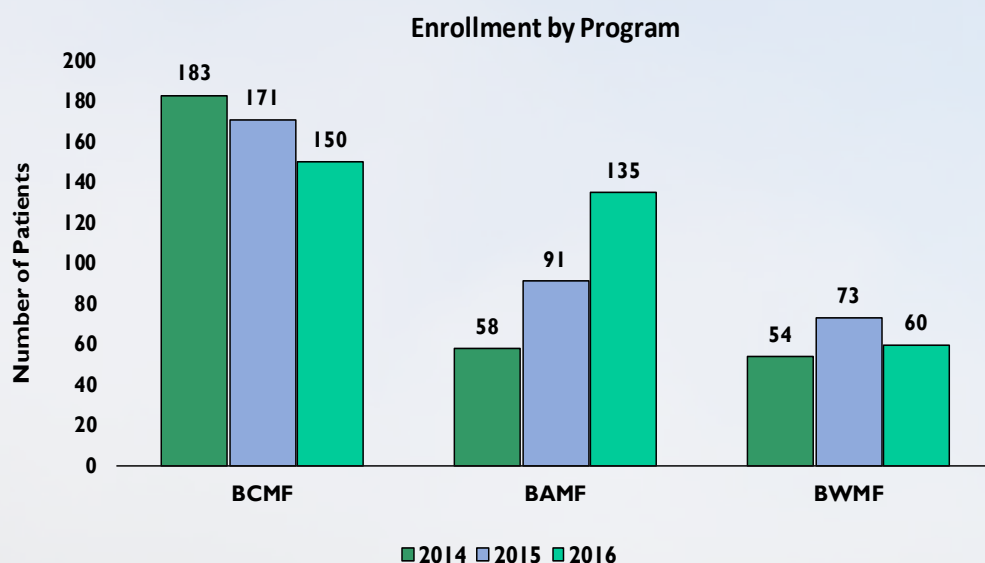


Patients and caretakers enjoy working in the garden together during their stay at the patient house.

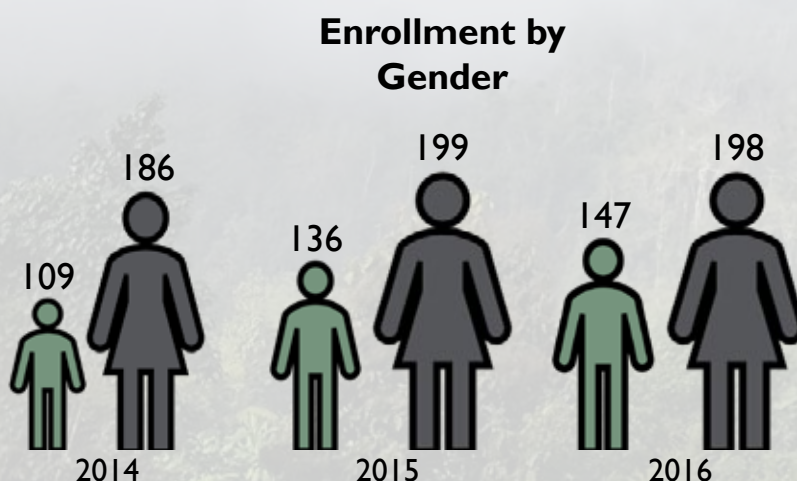
With supplies provided by BCMF, Project WIN also helped to repair and upgrade the electrical system of the house, while also donating clothing for patients staying there.

2016 Program Review

The total number of patients who were referred to BCMF for tertiary care in 2016, increased slightly to **345** patients from **335** the year before. The number of intakes into the Burma Adult Medical Fund (BAMF) program, our adult-specific program, rose from **91** in 2015 to **135** in 2016, an increase of around **50%**. This was offset by a small drop in in-takes from both the Burma Children Medical Fund (BCMF) and the Burma Women Medical Fund (BWMF) programs. This increase in intake to the BAMF program is largely attributable to our increased outreach to rural areas of Burma in 2016. Most notably, during a visit to the Karen Department of Health and Welfare (KDHW) clinic at Htee Ka Haw, Karen State, **30** patients were referred to BCMF. These patients were primarily referred to the BAMF program. As a result, the number of in-takes for the BAMF program increased significantly in 2016.

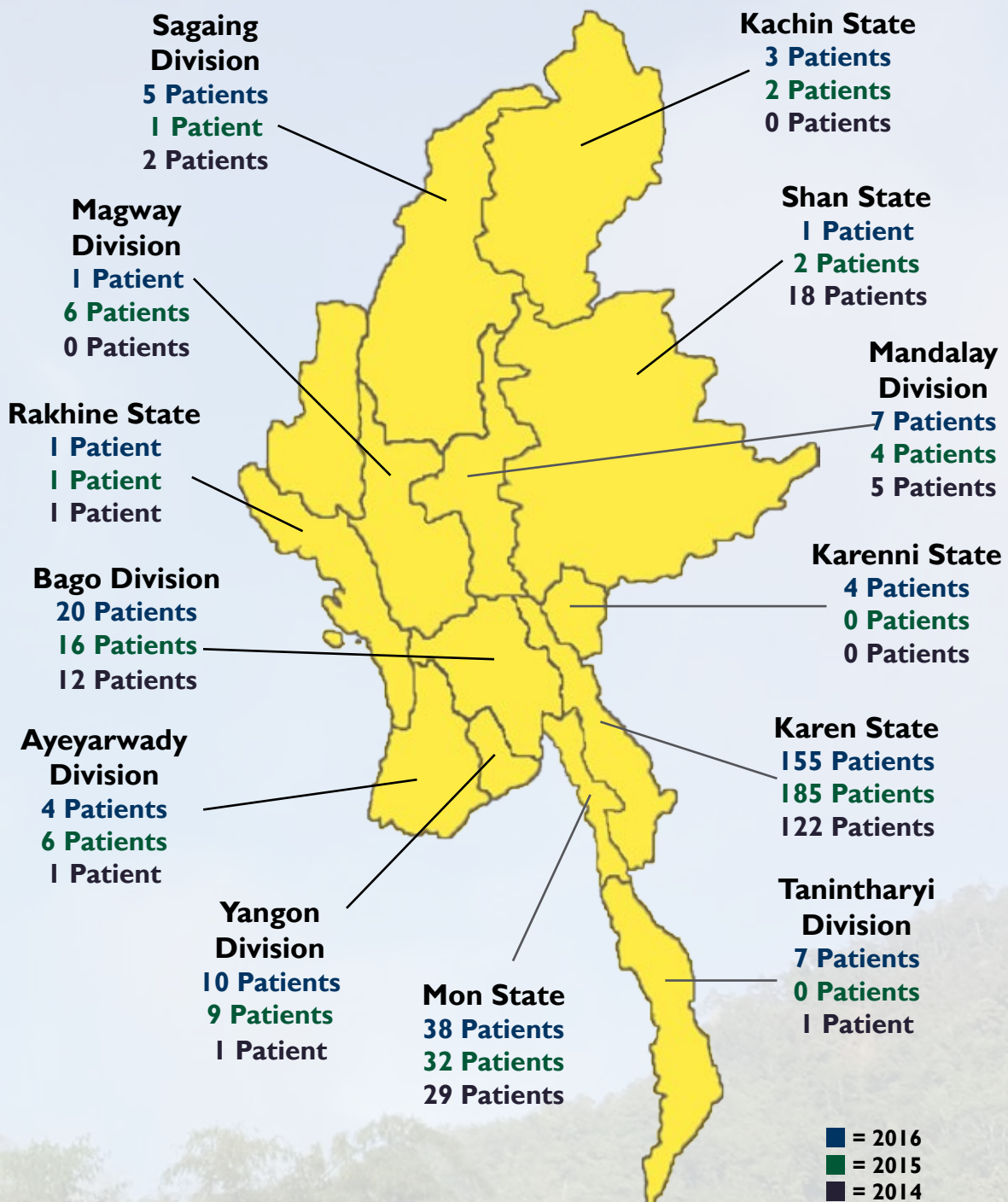


Total Number
of Patients
345
in
2016
335
in
2015
295
in
2014



The gender ratio of intakes was consistent in 2016. The reduced number of in-takes to the BWMF program represents the distribution of female patients between the general adult program (BAMF) and the gynecological program (BWMF), rather than a reduction in intake of female patients.

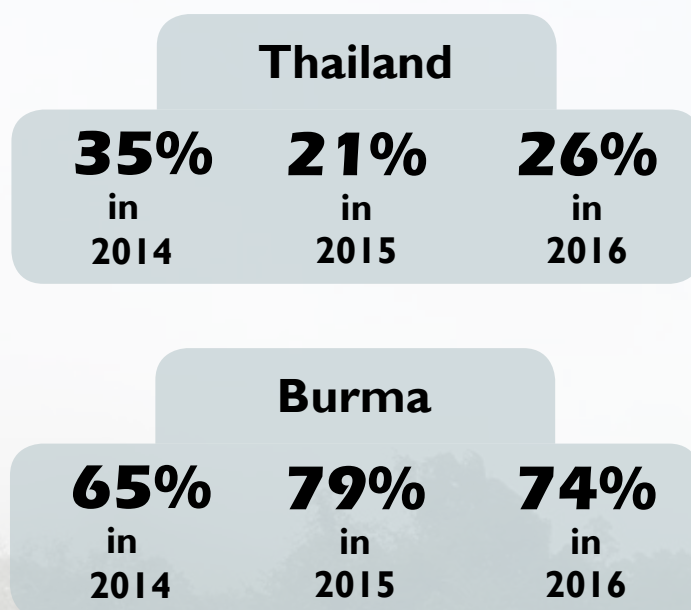
Enrollment by State and Division



In 2016, BCMF continued to see patients who primarily resided in Karen State. The surge in patients from Karen State in 2015 was due to an outreach project in Hpa-An, the capital of Karen State. Of all the patients from Burma, **45%** were from Karen State, bordering Mae Sot District in Thailand, where BCMF's office is located. In 2016, the number of patients from Karen State reverted to regular levels, where **155** patients out of a total of **345** indicated that they resided in Karen State.

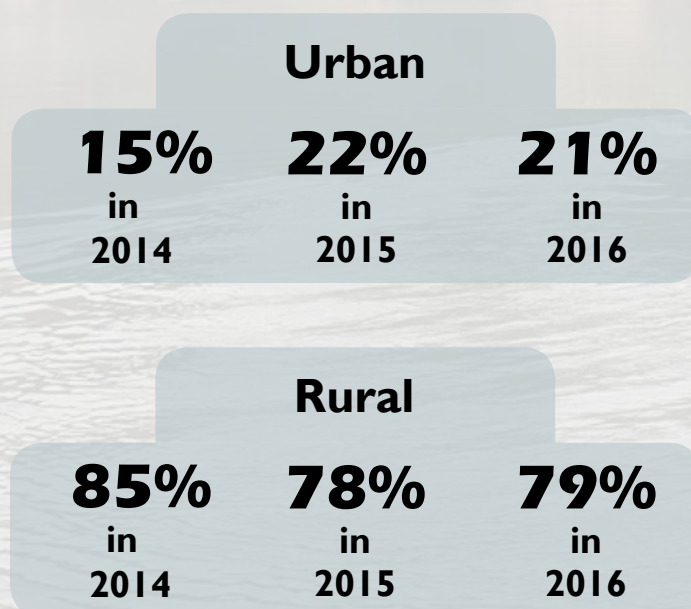
On the other hand, there was a significant increase in the number of patients coming from the surrounding states and divisions, namely Mon State, Bago Division, Mandalay Division, Tanintharyi Division, and Sagaing State further north. This is due in part to the expansion of BCMF outreach programs in Burma, an increase in partners in Burma as well as patient referrals from them, and the increasing stability in these areas allowing for easier travel.

Enrollment by
Country of Residence



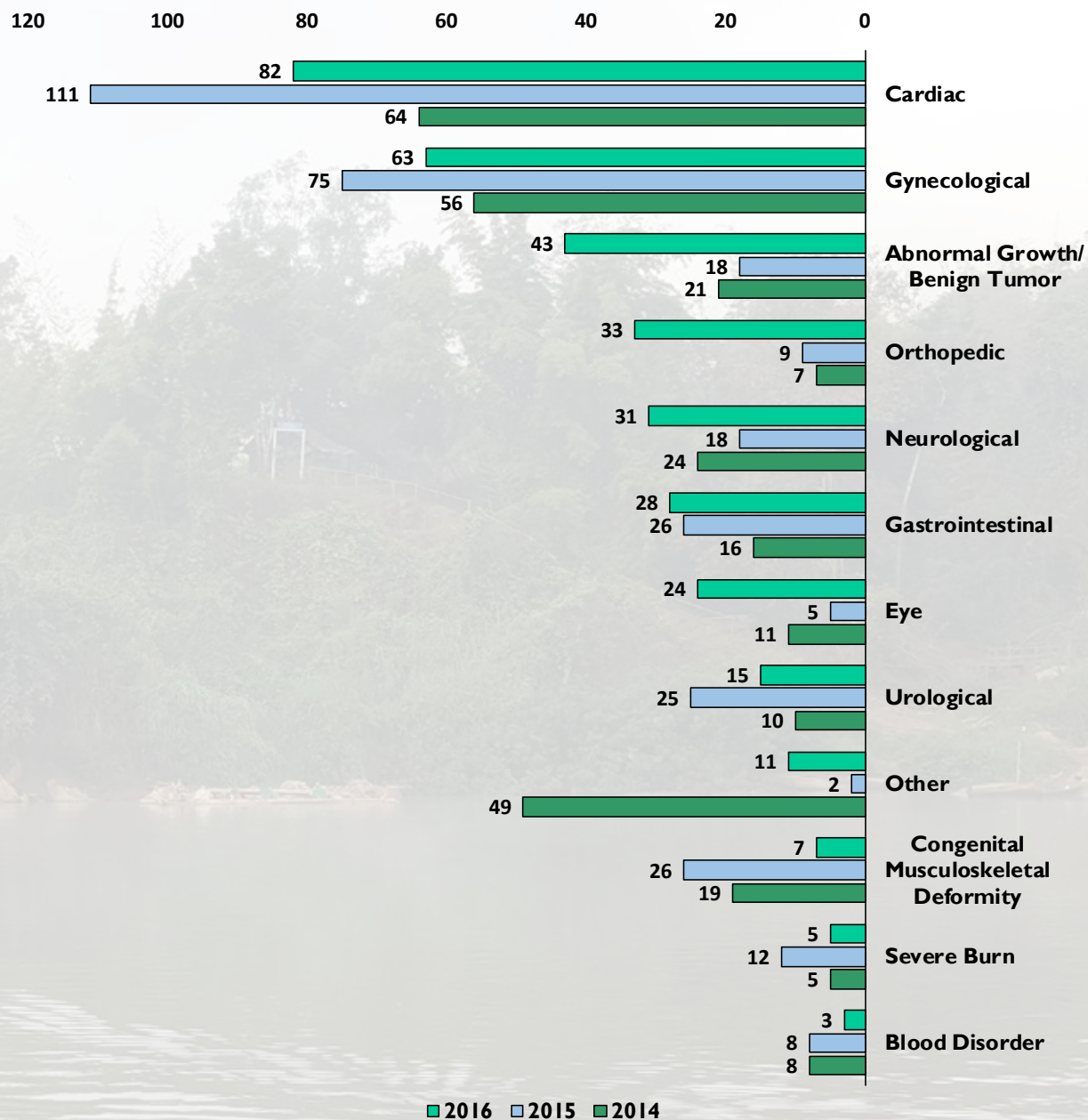
In 2016, BCMF saw a slight increase in the number of patients residing in Thailand. This was partially due to an increase in patients referred from refugee camps around the Thai-Burmese border. A total of **8.1%** of all patients in 2016 were referred from refugee camps. The increase in the number of patients residing in Thailand was also impacted by the continued increase in migrant workers from Burma in Thailand. As the number of migrant workers in Thailand continued to increase, the number of migrant workers without healthcare coverage also increased. As a result, more patients residing in Thailand required financial assistance to treat medical conditions.

Enrollment
by Population
Distribution



In 2016, **79%** of patients resided in rural areas, where access to proper affordable healthcare continues to be a challenge. There are still many villages without access to nearby community clinics, and the majority of community clinics in rural Burma are not equipped to provide primary let alone secondary care to patients. Lacking proper administration and funding, community clinics can usually only offer basic medication such as paracetamol. As a result of this, patients often wait until their health has deteriorated significantly before seeking care in faraway health facilities.

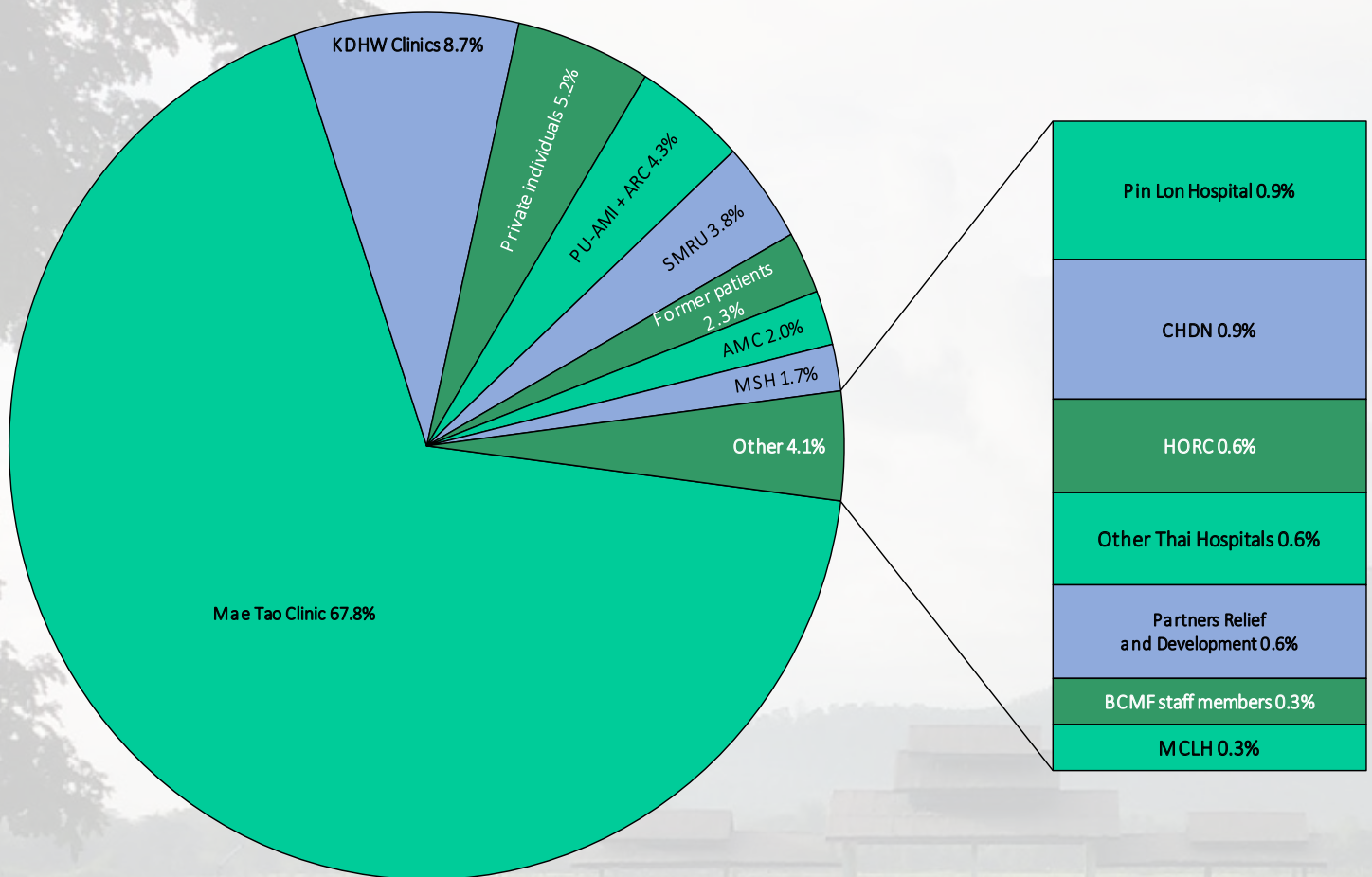
Number of Patients by Diagnosis Classification



Cardiac conditions continued to be the most common category of diagnosis for BCMF patients in 2016. Compared to levels in 2014, the number of in-takes in this category increased by **28%** percent in 2016. This was due to the increase in the number of partner organisations in Burma, as well as the expansion of BCMF outreach programs in Burma. The unusually high level of patient in-takes in some categories in 2015, namely cardiac and congenital musculoskeletal deformity, was the result of our outreach program in Hpa-An. As such, the number of in-takes in these two categories fell in 2016. In contrast, the eye screening programs in 2016, created a surge in patient in-take in eye and abnormal growth/benign tumour categories. The number of orthopedic in-takes almost quadrupled thanks to the irregular number of trauma cases referred from Mae Tao Clinic (MTC).

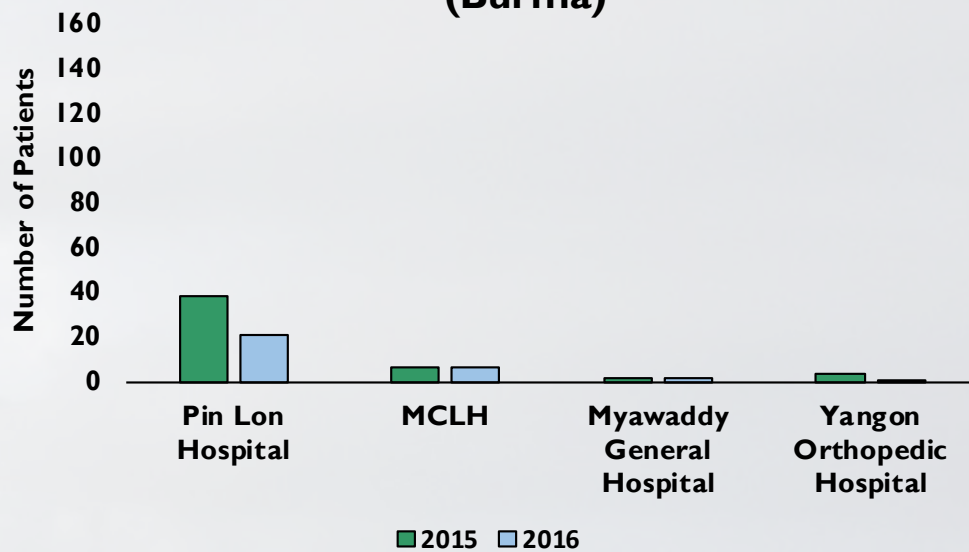
This year also saw a large increase of patients with congenital neurological conditions such as meningocele, encephalocele, and hydrocephalus; while gynaecological and urological categories registered a significant decrease in patients. This increase of patients in 2016 with congenital neurological conditions was due in part to one of BCMF's partner organisations no longer assisting patients with this condition. Accordingly, BCMF has since taken on these patients. Simultaneously, the decrease in gynaecological and urological patients was due to medical facilities in Burma providing easier access to treatment for these conditions.

Number of Patients by Referral Partner in 2016



MTC continues to be our key referral partner, with around **70%** of the patients enrolled this year visiting MTC for initial examination before being referred to BCMF for tertiary care. The direct referral from local care centres remains the second largest component of our patient in-takes, which comprises another **17%** of the total enrolment this year. The local care centres that referred patients directly to BCMF in 2016 included the KDHW clinics in Karen State, Civil Health and Development Network (CHDN) clinics in Karenni State, Ananda Myitta Clinic (AMC) in Hpa-An, and Première Urgence-Aid Médical International (PU-AMI) and American Refugee Committee (ARC) in the refugee camps in Thailand. There was also a growing number of referrals from tertiary care centres, both for treatment at the same care centre and at a more advanced care centres. The patients referred from Shoklo Malaria Research Unit (SMRU), Mae Sot General Hospital, Pin Lon Hospital, Mawlamyine Christian Leprosy Hospital (MCLH) and other Thai hospitals, account for **6%** of the total in-takes. The referrals from private individuals, individuals not connected to organisations, also constituted an important part of the patient in-takes, with an increase in percentage from **5%** in 2015 to **8%** in 2016.

Treatment Center & Hospitals (Burma)

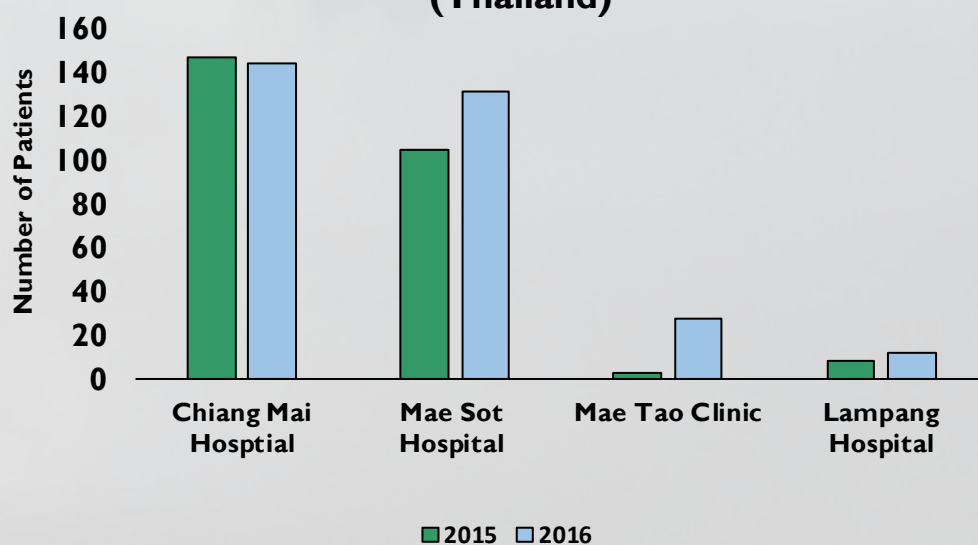


The majority of the community clinics in rural Burma are not equipped to provide secondary or basic tertiary care to the patients. In 2016, during our visit to a KHDW clinic in Htee Ka Haw, Karen State, BCMF helped facilitate the transport of patients to MTC to receive the required treatment. This resulted in a large increase of patient referrals to MTC this year.

Out of the 345 patients enrolled this year, around **80%** of the patients had surgery or were scheduled for surgery at Maharaj Nakorn Chiang Mai Hospital or at Mae Sot General Hospital. There was a sharp increase in the number of patients admitted at Mae Sot General Hospital due to an unusually high number of accident-related cases from MTC. Generally, when a migrant is injured in an accident in the Mae Sot area, the rescue services transfer the patients to MTC for emergency trauma care. Some of these patients then need to be referred to Mae Sot General Hospital for surgery. BCMF understands the long-term impacts of an untreated traumatic injury, and helps support these patients' operations when possible.

In 2016, more patients were treated at Mae Sot General Hospital as their capacity to take on more complex cases also increased. BCMF preferred to send patients to nearby Mae Sot General Hospital, since it decreased treatment time as well as logistical costs. For similar reasons, more patients were also treated in Pin Lon Hospital, in Burma. Thanks to our echo screening project in 2015, which BCMF undertook in partnership with AMC in Hpa-An, the number of cardiac patients sent to Pin Lon Hospital increased in 2016.

Treatment Center & Hospitals (Thailand)



Capacity Building

Myanmar Medical Fund (MMF) Office

BCMF has been continuously proactive in our expansion process into Burma, establishing and fortifying partnerships within. As the nation becomes ostensibly more stable, BCMF has continued to see increasing patient enrollments. This has prompted BCMF to register in Burma. The aim of this is to carry out our work inside Burma more freely and effectively with staff available to monitor our projects onsite. However, with a limitation on the use of the word Burma in the country, BCMF has applied for registration under the name of Myanmar Medical Fund (MMF). In 2017, BCMF is planning to seek national level registration of the organisation to enable the provision of more services for people inside Burma where we hope more patients will benefit from our expansion.



Myanmar Medical Fund

Health for All

The new logo for MMF.

On the 9th July 2016, BCMF rented a small office for MMF in Hpa-An, Karen State, with an initial one-year lease. Since then new flooring and screen doors have been installed. The MMF office will be used by BCMF's team based in Burma and our Mae Sot team when working in Burma. It will also be used as a training office for our Burma partner organisations.

Projects in Burma

As the number of BCMF's projects expanded, more activities were also carried out in Burma. During 2016, BCMF built new partnerships with a few local organisations in Burma, as well as continuing our work with some of our partners from 2015. BCMF ceased working directly with some of the organisations we worked with in 2015, as we had been able to link them directly with the services they required. The table below shows BCMF's partners and the projects we had worked with in Burma during 2016. Project activities are further expanded upon in later sections of this report.

The healthcare services facilitated by BCMF reach beyond corrective surgeries. BCMF works to improve the quality of life of all its patients. We believe that working with partner organisations consistently will have a big impact on projects aimed at increasing and improving access to healthcare for vulnerable, remotely located patients in Burma. To be able to provide quality healthcare services in an appropriate and sustainable manner, BCMF is moving further into projects that are designed to build capacity, develop skills and empower local communities.

Partner Organisations in Burma

Partner Organisation	Location of Organisations	Projects Delivered with BCMF's Support	Population Impacted by Partner Organisation *
Ler Per Her Clinic and Htee Ka Haw Clinic	Karen State	- 6, 326 school stationery supplies donated - 11 wheelchairs delivered -medical supplies delivered - 2 interns participated in BCMF internship program	100,000 and 1,205 students
Ananda Myitta Charity Clinic (AMC)	Karen State	- 10 wheelchairs delivered - 1 ambulance donated	13.09 million
Hpa-An Orthopaedic Rehabilitation Centre (HORC) **	Karen State	- 20 wheelchairs delivered - 3 adults trained in fitting patients for wheelchairs and in repairing wheelchairs	10.09 million
Mawlamyine Christian Leprosy Hospital (MCLH)	Mon State	- 20 wheelchairs delivered - 5 medics trained in fitting patients for wheelchairs and in repairing wheelchairs - 6 patients referred to BCMF	2.12 million
Pinlon Hospital	Yangon Division	- 21 patients referred to BCMF	5.9 million
Children Action	Yangon Division	- 3 patients referred to BCMF	5.9 million
Civil Health and Development Network (CHDN)*	Karenni State	- 113 patients screened for glasses - 13 medics trained in primary eye care and refraction - 69 wheelchairs delivered - 1 wheelchair fitting training session	280,000

***Partner organisations serve all of the populations from the states and divisions they are located in**

****New partners**

From Clay to Ambulance



Kanchana, the monk and Jim in front of the new ambulance.

In early 2016, Jim McNalis was staying in a guesthouse in Chiang Mai, when he picked up a copy of the Bangkok Post and read the story of a monk from Karen State, Burma. The monk was in need of an ambulance to support the work of Ananda Myitta Clinic in Hpa-An and the many mobile clinics associated with his work. Jim, a sculptor and regular visitor to the region contacted BCMF and visited the Mae Sot office in late January. It was agreed that Jim would donate \$30,000 USD for the purchase of a fully fitted ambulance, and BCMF would support the process.

After returning home to USA, Jim forwarded his generous donation and in July 2016 the purchase of the ambulance was finalised. In December Jim returned, and accompanied by Kanchana he travelled to Karen State, to meet the monk and his new ambulance.

During the five months to the end of the year, the ambulance has rarely been idle: supporting patient transfers; travelling from Burma across the Thai border to Mae Sot; transferring emergency patients to Yangon Division; moving patients within Karen State; as well as across Mon State, Shan State and Mandalay Division.

Wheelchair Fittings and Repair Trainings

Another service that BCMF provides, in addition to helping patients receive surgical treatment, is to improve the quality of life of people living with certain mobility impairments and facing barriers which prevent them from participating in their communities. For instance, children living with a physical disability and without access to mobility aids are unable to attend school, interact and play with other children, or participate in the daily life of their communities.

In 2016 BCMF continued our wheelchair project, bringing wheelchairs to children living with physical disabilities. This year BCMF distributed a total of **123** wheelchairs, with **102** of these wheelchairs given to children in Burma. Furthermore, to ensure that the project is sustainable, BCMF organised a total of **four** wheelchair fitting and repair training sessions. A total of **17** village medics were trained to properly fit children for wheelchairs and to repair wheelchairs.



BCMF training CHDN staff to assemble and properly fit wheelchairs for patients in Loikaw, Karenni State.

Aung's Story



Aung is a 25-year-old Shan man, who cannot walk due to a congenital disability. He lives with his 84-year-old father in a village in the north of Karenni State, Burma. Due to his disability, Aung is unable to work, and is only able to help his father at home by preparing their meals.

With the help of Civil Health and Development Network (CHDN) Aung was able to travel to the location where BCMF was assisting patients by fitting them with wheelchairs. "I am very grateful to have this wheelchair," said Aung. "Since my father cannot afford to buy me one, I have to crawl [everywhere]. Now I can travel wherever I want."

"Thank you so much [for the wheelchair]," Aung expressed happily. "I do not even know how to express my thankfulness!"

To help individuals with disabilities in the remote, low income, jungle and mountainous areas of Karenni State, BCMF organised a three-day wheelchair fitting training for healthcare workers, right after an eye screening training, at a temple in Loikaw, Karenni State. The training was designed to build on health workers' skills, and to benefit both children and adults who are living with physical disabilities in rural areas of Burma. In total, 14 trainees from Shan State and Karenni State were selected from clinics supported by Civil Health and Development Network (CHDN), Mettashin Association (Taunggyi-based) and the Myanmar Red Cross Society, to participate in the training. The trainees were taught to assess the condition of disabled individuals, fit both adults and children for wheelchairs appropriately, and distribute wheelchairs. They also educated patients and their families on wheelchair care, maintenance, and the importance of properly fitted chairs in preventing pressure sores and other complications.

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 wheelchairs. An additional donation of adult wheelchairs was received from Rajanagarindra Institute of Child Development (RICD), along with the families of Maung Maung Kyi and Ko San Min from Mae Sot.

San's Story



San is a six-year-old boy who lives in a village in the southern region of Shan State, Burma. Months after San was born, he became very sick. Worried about him, his father took him to the hospital, where the doctor told San's father that San suffered from weak bones. As a result of his illness, San's parents must carry him everywhere on their back since San is unable to walk by himself.

One day, a friend who worked at a Karenni news organisation, told San's parents that a team from BCMF was visiting Loikaw in the neighbouring Karenni State, where they were fitting children for wheelchairs. San's father decided to take him there so that his son could also be fitted for the wheelchair. After making the three-hour journey and meeting with BCMF staff, San finally received a wheelchair.

"I am happy," said San's father. "I am sure the wheelchair will help me and my wife a lot. It's another way of opening the world up to my son."

Primary Eye Care and Basic Refraction Trainings



One of KDHW staff member screening an eye patient.

basic refraction and providing readymade eyeglasses in three clinics in three different locations.

Furthermore, the trainees were instructed to create a list of patients who would require further treatment at larger and better-equipped hospitals. At the end of the training, BCMF provided a refraction trial lens set, eye charts and hundreds of eye glasses in different amounts to Day Boh Noh Village Tract Health Centre, Klæ Phoe Kloe (Ler Per Her) Village Tract Health Centre and Htoo Koh Ko Village Tract Health Centre. To ensure the sustainability of the project, KDHW will try to collect a small contribution from patients who are provided with readymade eyeglasses. The money collected will go towards buying more eyeglasses.



Staff members from CHDN and Satja, the ophthalmic nurse, during the two-week training session.

This year, BCMF also expanded its services in Burma, reaching out to the eastern region of the country. Working together with our new partner Civil Health and Development Network (CHDN), a local non-government community based organisation in Loikaw, Karenni State, Burma, BCMF organised a primary eye care and basic refraction training in Loikaw, with funding from Australian Volunteers International (AVI). The delivery of an eye screening training and the supply of eye screening equipment, enabled the set-up of eye screening clinics in **six** pre-existing village health clinics. Five of the clinics are located in Karenni State and one in Karen State.



A patient in his 60s, happy to receive his first ever pair of eyeglasses.

The intensive 10-day training session on primary eye care and refraction for CHDN staff started in early September 2016. **13** medics and community health workers completed the training. They now have the capacity to deliver basic eye care, assess patients with complex eye conditions and appropriately refer patients requiring further assessment and treatment. Between September 14 and 15, the trainees also had the opportunity to practice their newly developed skills under the supervision of the trainer at two clinics. During the two days that the screening took place, **119** patients were screened, **59** pairs of eyeglasses were prescribed and **13** patients who had complex eye conditions were referred for further treatment.

Stationery Project



"Now I can go to school and my mom can use our money for something else!"

As part of its medical and health education expansion into Burma, BCMF received an initial request in 2016 for assistance from **six** schools in Karen State, Burma. These schools were unable to provide basic school supplies for their students, due to a lack of infrastructure, the schools' remoteness and lack of funds. The initial response by BCMF was to set up the Stationery Project. This was fully funded by generous donations from

Thailand, Ireland, UK and Australia.

In 2016, BCMF delivered a total of **8,343** stationery items to **six** schools in Burma.

BCMF also received requests for assistance in procuring stationery items from migrant schools around Mae Sot, Thailand. Due to a lack of funds, many migrant schools struggle to provide basic stationery items to their students.

In total, BCMF delivered **5,400** stationery items to **seven** migrant schools around the Thai-Burma border.



BCMF delivered stationery supplies to a village school in Karen State, that can only be accessed by boat.

Internship Program



The interns also participated in wheelchair training and fitting workshops.

BCMF's internship program is aimed at supporting capacity development of staff members from our partner organisations in Burma. Specifically, staff members' health service related skills are developed to ensure that these can then be transferred to a career in health services as well as to BCMF's work. In this program, interns are provided training in administration, utilising social media and computer technology for their work, human resources and patient referrals. Interns are also exposed to BCMF's operations within our Mae Sot office, our Chiang Mai patient house and the Thai hospital system; thereby broadening proper healthcare access to the most remote areas of the eastern region of Karen State, while also shortening the referral and treatment timeframe.

In 2016, the first **two** interns were from Htee Ka Haw Clinic and Ler Per Her Clinic in Karen State. They spent eight weeks at BCMF's office and went through various training sessions to build on existing skills, while preparing them to work hand in hand with us. BCMF also hosted **two** additional interns this year. These two interns were of Karen descent and originally from Burma, and were studying at Chiang Mai University. The first intern arrived in mid-May and the second in early August.

Training interns about BCMF's work and on referring patients, has significantly increased BCMF's access to rural clinics. Additionally, the training of local medics has also helped create trust between BCMF and people from the interns' villages. This is important because often patients from remote areas are afraid of travelling to big cities, especially to a different country for healthcare services. As the two interns are able to see some of BCMF's projects, in addition to experiencing the patients' journey from referral to treatment to recovery, they can relay this information to villagers, easing their fear of receiving care at large urban hospitals.

BCMF hopes this opportunity will not only encourage the personal development of the interns and our organisation, but also a greater understanding of what career path the interns would like to continue on. Furthermore, BCMF believes that this program has created opportunities for the interns to build connections and relationships with professionals, that can be very beneficial for their future careers. With the experience gained from working at BCMF, interns will be able to increase their employability, as they make their transition into the workforce following their graduation from university.

Dengue Health Literacy Program



BCMF staff and the head teacher of a Karen school, presenting the poster on dengue provided by Karen News.

In 2016, BCMF organised a program to raise awareness about dengue and its prevention. BCMF received a template of a poster about Dengue from Karen News, and with their permission reprinted and distributed the posters to schools and partner organisations in Burma and Thailand, as well as villages in Karen State, Burma. In addition to distributing the posters, BCMF also gave out mosquito nets while explaining their proper use.

BCMF Fighters

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.



Kaung Khant Pai



Ma Aye Aye



Naw Hser Paw



U Shwe Yin



Win Naing



Ye Yint Htun



Ye Zar Ni Kyaw



May Waddy

Partners

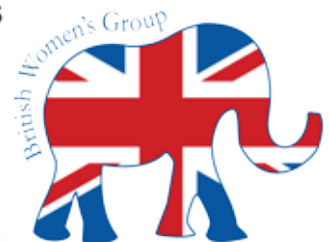
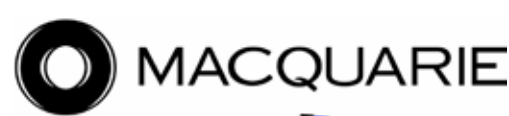
To meet the demand for our services, we increasingly rely on building partnerships with organisations, clinics, hospitals, businesses and governments to ensure we can assist as many people as possible. We want to thank the institutions below for their support in 2016. BCMF could not operate without their generous collaboration.



B C T F N

ช.อ.ท.พ.อ.

มูลนิธิชุมชนชาวอังกฤษ
ในประเทศไทยเพื่อผู้ด้อยโอกาส



Australian Government
Department of Foreign Affairs and Trade



Myanmar Medical Fund
Health for All

Referral Organisations



โรงพยาบาลท่าสองยาง
THASONGYANG HOSPITAL



Union Aid Abroad - APHEDA

Union Aid Abroad - APHEDA (Australian People for Health, Education and Development Abroad) has been a major partner of BCMF since our inception in 2006. Funds received from APHEDA are used to support administrative and direct patient service 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 is, “a family foundation dedicated to the development of vulnerable communities in and around Myanmar.” B. K. Kee continued to support the Chiang Mai patient house by providing funding for operational costs and staff salaries. Their support has contributed to the sustainability of the patient house and in turn, BCMF itself. In honour of this support, the patient house is called the BCMF - B. K. Kee Patient House.

Burma Border Projects

Burma Border Projects (BBP) continues to be a vital partner of BCMF and processes tax deductible donations from BCMF supporters in the United States. BBP facilitates the transfer of funds for patient support costs and medical treatment, including funds from our partners Watsi. BCMF appreciates 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.

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 our patient house in Chiang Mai, Project WIN worked with Mae Jo University students to expand the house's vegetable garden. Project WIN helped to repair and make the electrical system in the patient house safe and energy efficient. They have also collected and donated clothing for the patients.

Watsi

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. Contributing to BCMF patient treatment costs since 2013, 100% of all donations are spent on patient access and treatment.

Wheelchairs for Kids

Wheelchairs for Kids (WFK) 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 through the generous donation of the shipping costs by the Rotary Club of Wanneroo, the wheelchairs are shipped to Thailand. From Bangkok, Allied Pickfords' moving company transports the wheelchairs to Mae Sot.

Finance Summary

BCMF 2016 Cash Based Revenues and Expenditures

Revenues	2016 (Baht)	2016 (U.S. Dollars)¹
Carryover (Surplus) from Previous Year	5,423,758.00	150,659.94
AusAID NGO Cooperation Program (ANCP) & APHEDA (Jan-Jun 2016) *	502,650.77	13,962.52
AusAID NGO Cooperation Program (ANCP) & APHEDA (Jul 2016-Jun 2017) *	1,940,058.00	53,890.50
APHEDA-Community Fundraising	1,725,827.50	48,022.99
Bangkok Nursing Home Association (BNHA)	4,000,000.00	111,111.11
B.K. Kee Foundation (2016) *	1,086,000.00	30,000.00
B.K. Kee Foundation (2017) *	888,945.55	25,000.00
Donation for Dengue Campaign	19,960.00	554.44
Chiang Mai City Life	120,000.00	3,333.33
Jim McNalis (AMC – Ambulance)	1,050,530.00	29,181.39
Shoklo Malaria Research Unit	112,500.00	3,125.00
The People from Ballinacree Community	71,046.00	1,973.50
Watsi/BBP	6,408,206.60	178,005.74
Individual/Organisation Donations	659,708.79	18,325.24
BCMF Patients	103,100.00	2,863.89
Bank Interest	31,013.90	861.50
Total Revenues	24,394,236.04	677,758.07
Expenditures		
Medical Costs in Thailand and Burma	9,933,318.35	275,925.51
Logistics/Patient Support	1,343,470.25	37,318.62
Direct Support to Dengue Campaign	28,600.00	794.44
Donation to Support Partners' Projects in Thailand and Burma	24,926.00	692.39
Jim McNalis (AMC Ambulance)	1,050,530.00	29,181.39
MMF Office Set-Up in Burma	93,187.00	2,588.53
Direct Expenditures for Projects in Burma	1,246,692.33	34,630.34
Administration	1,828,939.96	50,803.89
Bank Fees and Tax	7,270.60	201.96
Total Expenditures	14,970,584.49	415,849.57

* BCMF received funding for 2017 at the end of the 2016 calendar year

** All conversions are 1 US Dollar = 31 Thai Bath

Notes on 2016 Financial Summary

1. Medical costs included all charges for medical services incurred directly by Burma Children Medical Fund (BCMF) in Mae Sot, Lamphang, Chiang Mai and Burma. The medical expenses of patients who were funded by our partner organisations, Child's Dream Foundation (CDF) and Operation Smile, were not included under this category. CDF funds medical and related logistical costs for patients once in Chiang Mai. However, BCMF pays for all logistical and incidental medical costs prior to their arrival in Chiang Mai and during their stay in Mae Sot. In total, 459 out of 879 people transferred to Chiang Mai in 2016 were funded by CDF. BCMF transferred 9 % more people to CDF's patient house than to our own. This is due to BCMF providing assistance to partner organisations, from INGOs to local hospitals, that register patients directly to CDF. In 2016 the number of BCMF patients referred to CDF continued to decrease by 15 %, from 56 patients in 2015 to 52 in 2016. This was due to CDF's reduction in the type of patients they help. CDF funds treatment for children under 12 years of age that have one of three congenital conditions including cardiac disease, anorectal malformations and hypospadias (down from six conditions originally in 2013). BCMF is currently renegotiating with CDF to expand their criteria.
2. In 2016, 345 patients were treated by BCMF and 256 patients completed treatment in Thailand and Burma. An additional 44 patients underwent medical investigation but required no further treatment or could not receive further assistance from BCMF. 66% off the total expenditure went towards patients' medical costs. The average medical cost per patient was 28,792.23 THB per and the average cost per patient decreased by 17%. From the total medical cost in 2016, 20% went towards paying for patients' medical treatment in Burma.
3. Compared to 2015, in 2016 BCMF's medical costs decreased by 6%. However, the number of patients registered in the program increased by 3 %. This can be attributed to BCMF's strategy of building partnerships with hospitals and international surgical missions in Burma. Altogether, 34 of BCMF patients received treatment in Yangon Division, Mon State, and Karen State in Burma. Out of these 34 patients, 21 adult patients received cardiac surgery and one patient received orthopaedic surgery in Yangon, and six patients received surgery in Mon State by our partner organisation. BCMF also referred four patients to Children Action for free orthopaedic treatment in Yangon. With support from Lamphang hospital, 12 patients received relatively quick cardiac surgery in Thailand, that reduced logistical costs associated with follow-ups and longer waiting times for treatment. In 2016, patients with cardiac problems represented 25% of all cases sent for treatment.
4. Logistics and patient support costs include weekly vans from Mae Sot to Chiang Mai, emergency transfers between and in Thailand and Burma, local transport to and from the hospital, accommodation, and patient food. In 2016, running costs for our patient house in Chiang Mai was fully funded by B. K. Kee Foundation, and supplementary costs were funded by individuals and organisations. BCMF gratefully received donor support from individuals, organisations and groups keen to support our patient house in 2016.
5. BCMF has expanded into Burma to create partnerships, helping to 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 16% of total expenditure in 2016. BCMF's expansion in Burma has necessitated the establishment of an office in Burma under the name 'Myanmar Medical Fund (MMF)'. Our office in Burma will serve our partners and patients with: access to cardiac missions; wheelchair deliveries into Burma; a location for wheelchair fitting and eye screening training; an office to help coordinate patients' access to craniofacial surgery and orthopaedic surgery, as well as capacity building projects, medical mission, stationery and health information distribution, an early referral network and an internship program. Opening an office in Burma has resulted in the creation of health and welfare networks in and between Burma and Thailand.

6. Administration costs included nine staff salaries (seven in Mae Sot and two in Chiang Mai) as well as items such as IT equipment, office supplies, transport, accommodation, telecommunication costs, and bank tax and fees. In 2016, staff salaries, volunteer support, legal documents and medical support totalled 1,322,000.00 THB. This represented 72% of total administration costs. This staff cost 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 salaries or administrative costs.
8. BCMF receives donations from all around the world in many denominations that are then converted to Thai Baht upon transfer. We have used U.S. Dollars as a comparative baseline to demonstrate the value of the program. For the purposes of this report, we used 1 U.S Dollar = 31 Thai Bath. However, actual exchange rates vary throughout the year.
9. In 2016, BCMF received funding from APHEDA for BCMF's expenditure in Burma.

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