Children’s Medical Fund (CMF)
Reduce childhood mortality and long-term disability in remote Myanmar and Laos
Challenge

In remote areas of the Mekong Sub Region, 6 out of 100 children die before their sixth birthday, most of them from diseases which are preventable and treatable. Therefore, our work starts here by providing health interventions and improving the probability of survival.

Our core focus is to tackle the limited access to health care and personnel among the disadvantaged communities of rural Myanmar and Laos. According to WHO data (2014), there was an average of 1.09 hospital beds per 1000 patients across the states of Myanmar and as low as 0.8 per 1000 population in Laos.
Children’s Medical Fund (CMF)

CMF supports the United Nations Sustainable Development Goals (SDGs) for 2030, specifically Goal 3: **Ensure healthy lives and promote well-being for all ages.**

Established in 2006, CMF provides access to life-saving operations and medical interventions for infants and children. In promoting the health service, we prioritise treatments of congenital disorder as it is one of the leading causes of the nations’ child mortality and the surgical procedure is normally expensive and complex that the majority of the families cannot afford the necessary medication, let alone the costly operations.

With approx. 150 patients annually, our targeted beneficiaries are children aged 0 - 12 who have been diagnosed with cardiac disorder, anorectal malformations, and neural tube defects. Without access and financial support to quality health care, many of these children either die prematurely or crippled by disability, and are unable to attend school, perpetuating the cycle of poverty.
How It Works

- CMF adopts a patient referral system with community health organisations and hospitals as referral sources from along the Thai-Myanmar border and Laos.

- CMF administrative and financial support serve as a conduit in ensuring that patients are admitted and have their condition treated at expert hospitals of their case. Within our northern zone of Thailand, our partner hospitals are in Chiang Mai, Chiang Rai and Lampang.

NB: While Myanmar and Laos struggle to cover local healthcare sector, Thailand which is their immediate neighbour, is a world’s best for medical tourism that is able to provide international standard treatments with cutting-edge technology that are cost-efficient and responsive.
How It Works

- Each patient is associated with a family member/carer who also receive board, lodging, and basic nursing at our Safe House in Chiang Mai for as long as they are undergoing treatment.

- Our medically trained team coordinates the patients’ care and hospital admission, translates between Thai medical workers and carer about the condition of their child, and educates them in medication.
How It Works

Sensible recovery procedure is ensured to prevent postoperative complications. Each patient would remain at the hospital ward, on average, for 2 weeks after surgery, followed by further wound care at the Safe House until final follow-up at hospital.

During this period (2 weeks – 1 month), we also conduct further Health Educational Trainings about the potential side effects and complications, child and maternal healthcare and nutrition to ensure understanding and sustainable practices among the carers. Our Safe House remains staffed around the clock.
CMF Achievements So Far

- 1,779 patients have been admitted for diagnosis and treatment.
- The successful treatment rate has remained steady between 91% - 92% for four consecutive years, from 2015 to 2018.
- As a very impactful side effect, the programme with its over 1,500 patients, allowed many new surgeons to get the needed training to become professional surgeons for hospitals all over Thailand. If the situation permits, we would aim to provide such opportunity for doctors in Myanmar and Laos.
Medical Conditions of Patients in 2018
Total cases supported: 452

- Cardiac disorder: 83%
- Anorectal malformations: 10%
- Neural tube defects: 4%
- Musculoskeletal defects: 1%
- Hypospadias: 1%
- Hydrocephalus: 0%
- General or unspecified: 0%
Reasons for Cases closed in 2018
Closed cases 147

- Treatment successful: 77%
- No treatment required: 8%
- Cannot contact...: 5%
- Death related: 4%
- Treatment postponed: 2%
- Referred to partner: 1%
- Refused treatment: 1%
- Resettlement: 1%
- Unable to treat: 1%

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**Budget**

Depending on the medical condition, the treatment cost varies from patient to patient. At the end of 2018, the CMF had spent a total of **USD 869,634**, an increase of 32.6% compared to 2017, which can largely be attributed to the higher number of highly complex heart surgery cases and an increased number of patients.

As with all our programmes, Child’s Dream reporting will be provided on a semester basis.

Visits can be easily arranged for donors.