



Child's Dream Foundation

Improving health and education for sustainable development

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年末報告2021

Good Holdings Corporation

関連プログラム

小児医療基金 (CMF - Children's Medical Fund)

このプログラムは、深刻な先天性先天性欠損症と診断されたミャンマーとラオスの0～12歳の子供たちを対象に救命手術と医療の提供を行います。

活動及び支援者

Child's Dream Foundation
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Chiang Mai 50100, Thailand

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Vision

権限を与えられた人々が責任をもってコミュニティを形成する

Mission

持続可能な開発のための健康と教育の改善

CMFが直接取り組む持続可能な開発目標 (SDGs)



1. Executive Summary

2021年1月1日から12月30日までの報告期間中に、合計118件の新しい症例(117人の患者)がプログラムに追加され、295件の症例が終了、そのうち55%が正常に治療されました。その結果、2021年には161人の命が救われました。

報告期間中のCMFの総費用は、7%の管理間接費を含めて370,881米ドル(11,868,168バーツ)でした。

新型コロナウイルス感染症の影響により、2020年の第1四半期に追加予定であった新しい患者の受け入れを大幅に低下しました。タイとミャンマーおよびタイとラオスの国境検問所は閉鎖されたままであるため、CMFプログラム下で2つの新しい活動を一時的に追加することとなりました。(P5参照)

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2. 私たちがサポートする理由：乳幼児死亡率と長期障害の削減

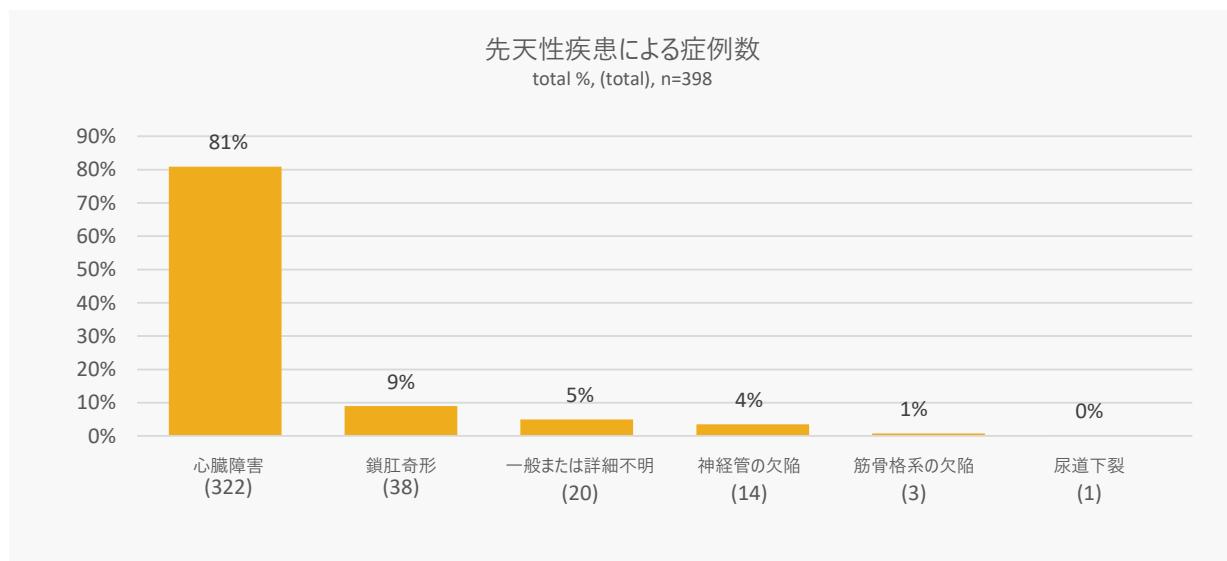
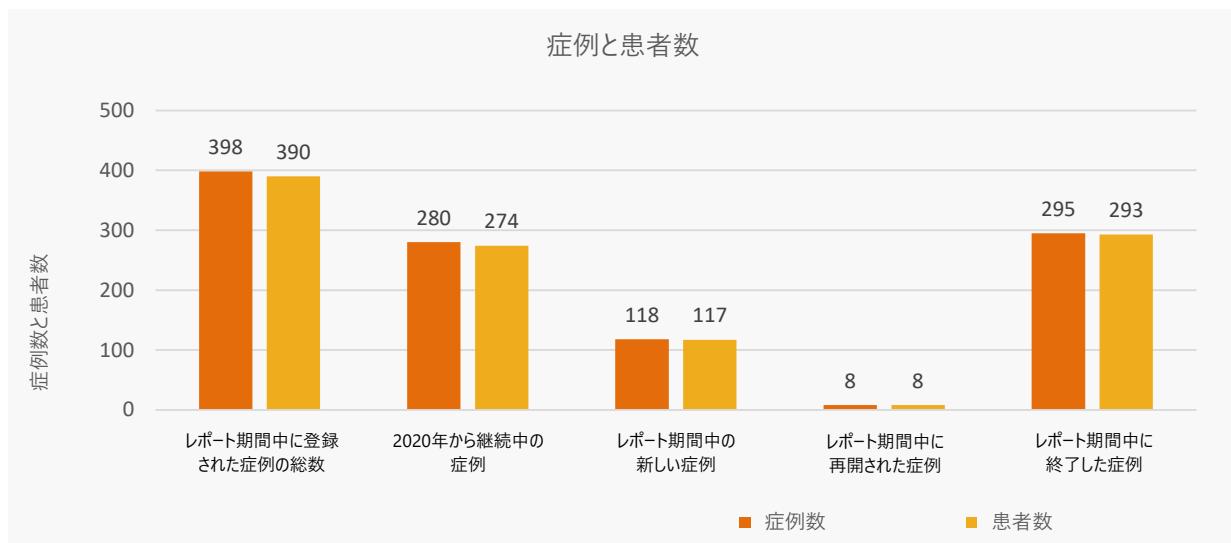
CMFは、2030年の国連持続可能な開発目標(SDGs)特に目標3：健康的な生活を確保し、すべての年齢層の福祉を促進することを支援するため2006年の設立以来、乳幼児と子供に救命手術と医療提供を行っております。

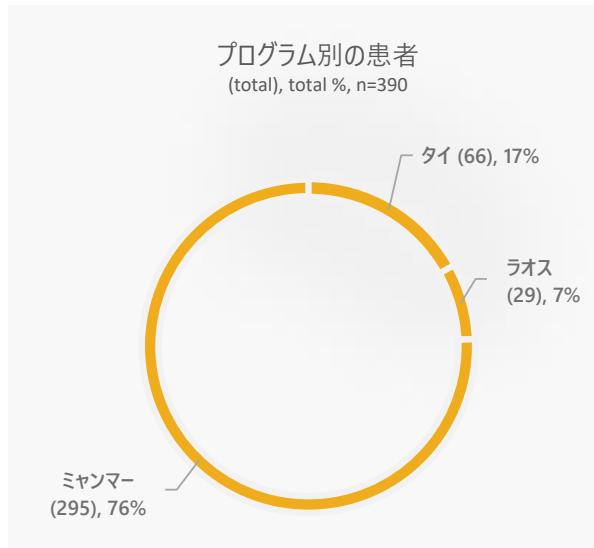
先天性疾患は乳幼児死亡の主な原因の1つであるため、医療サービスの推進では先天性疾患の治療を優先しています。外科的処置は通常費用がかかり複雑であるため、費用のかかる手術は言うまでもなく、家族の誰も必要な薬を買う余裕がありません。

年間約150人の患者を抱える私たちの対象となる受益者は、心臓障害、鎖肛、神経管欠損症と診断された0～12歳の乳幼児です。経済的支援と質の高い医療支援がなければ、これらの子供たちのほとんどは早期に死亡するか、障害によって不自由になり学校に通うことができず貧困の悪循環を永続させます。

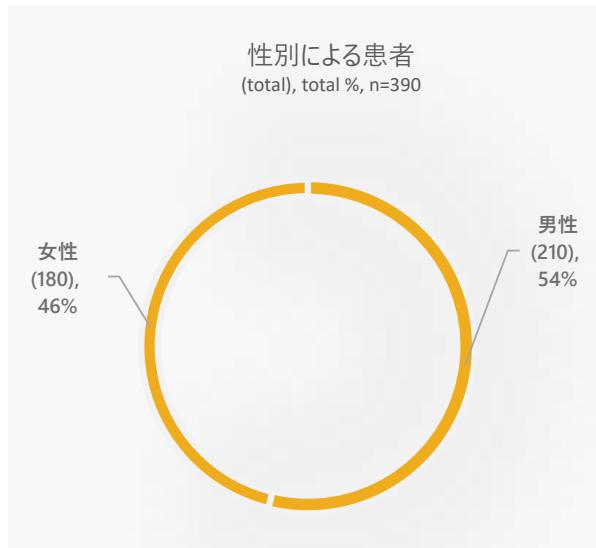
3. 更新情報 - 2021年1月～12月

評価グラフ

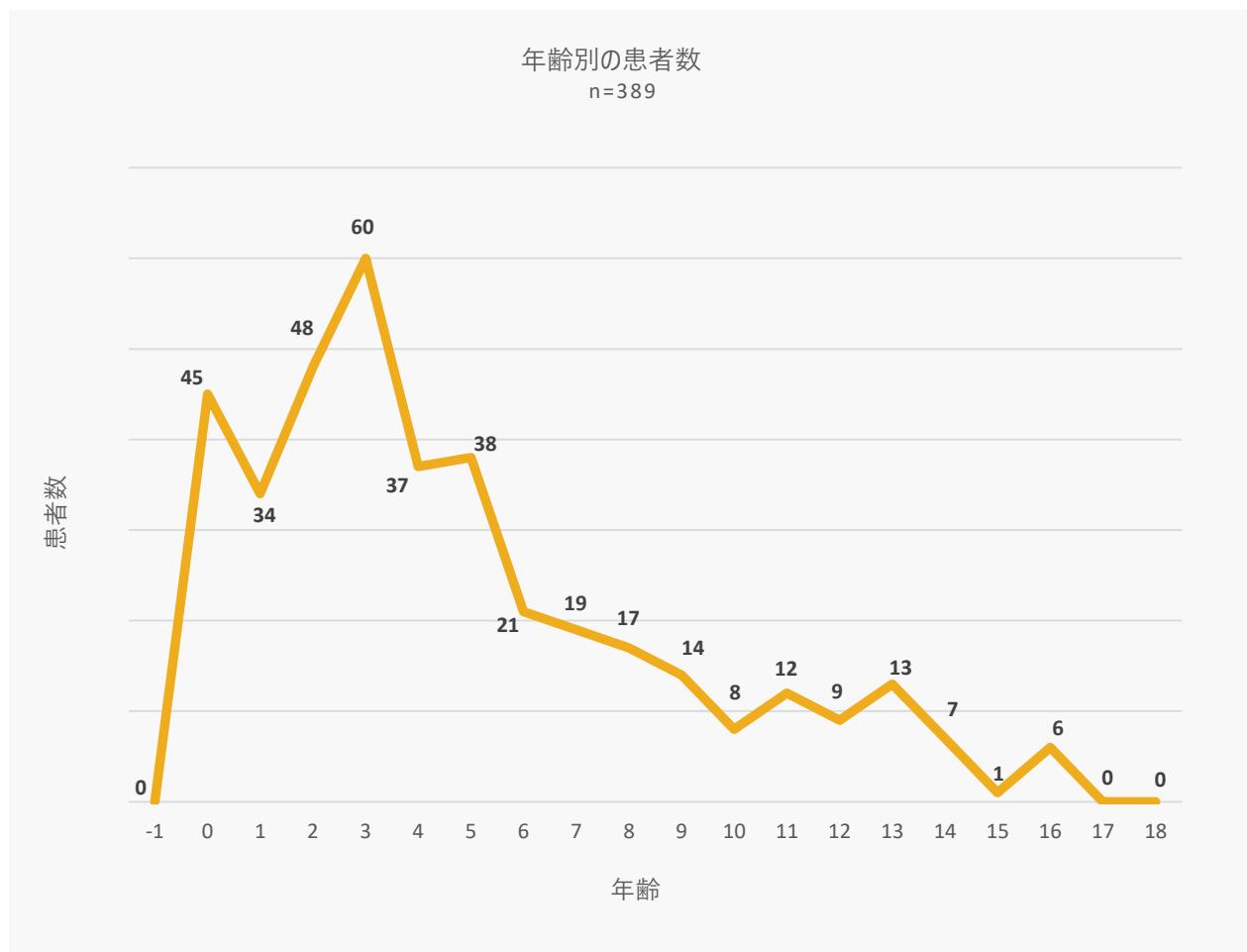


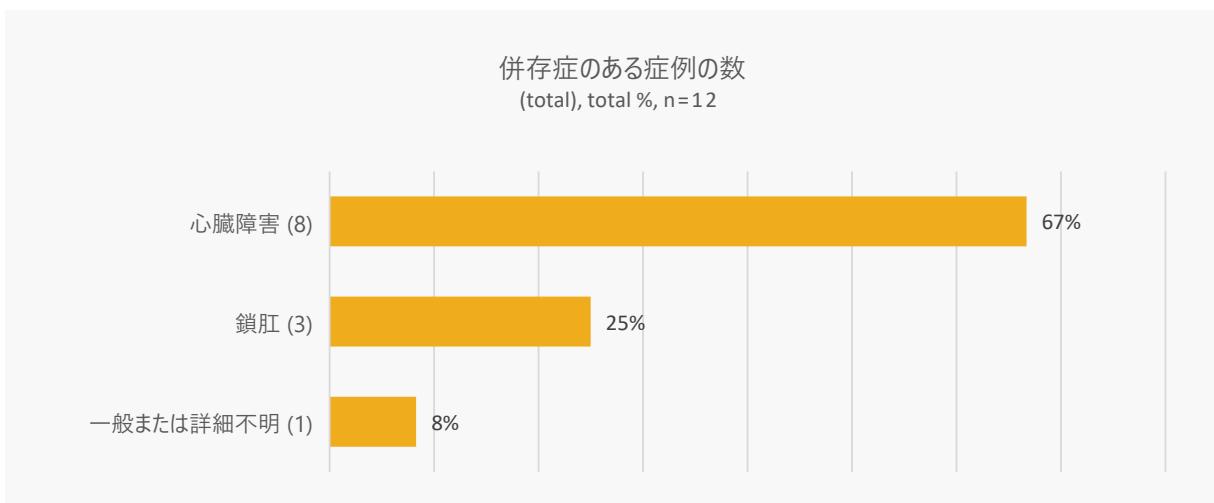
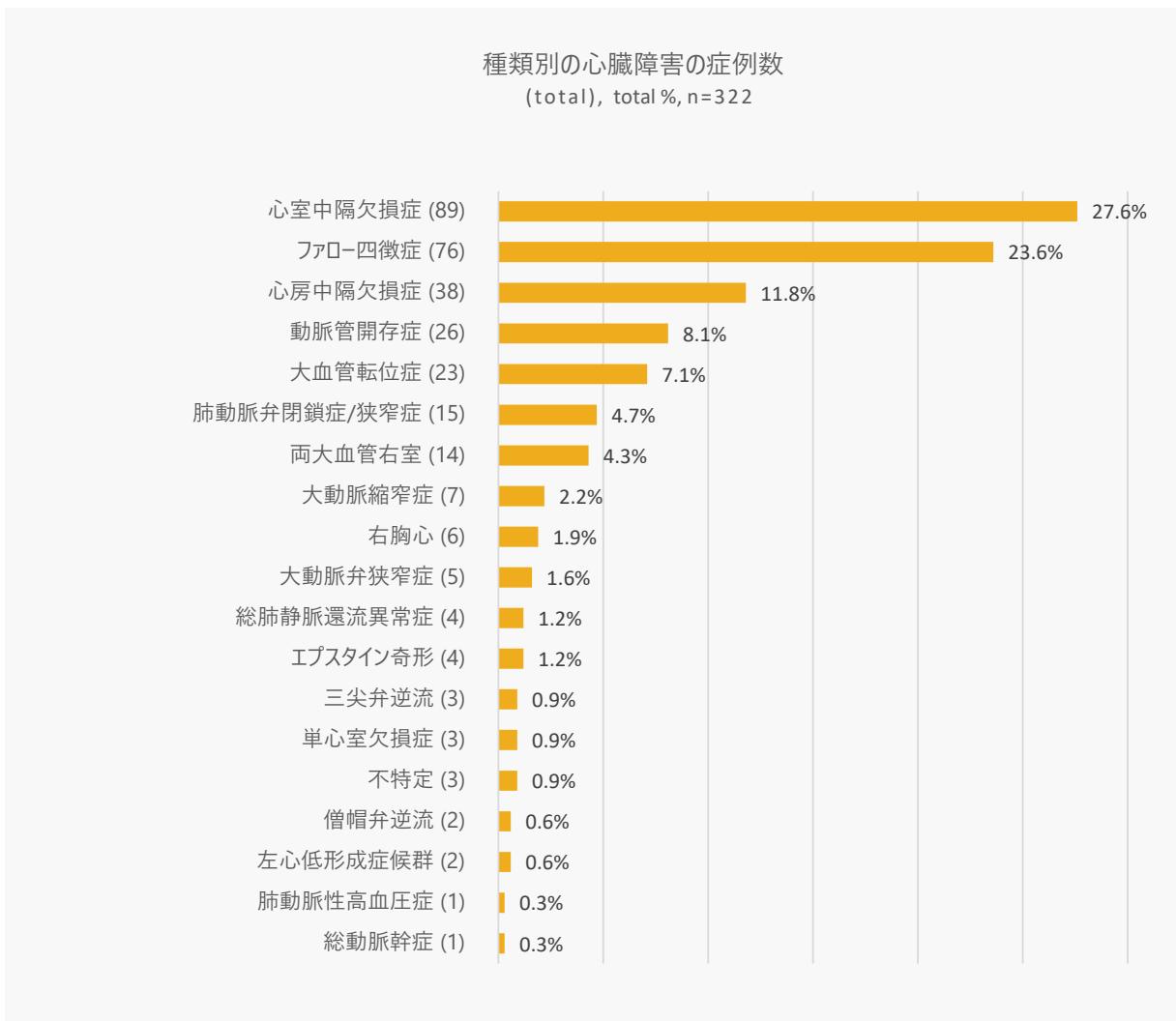


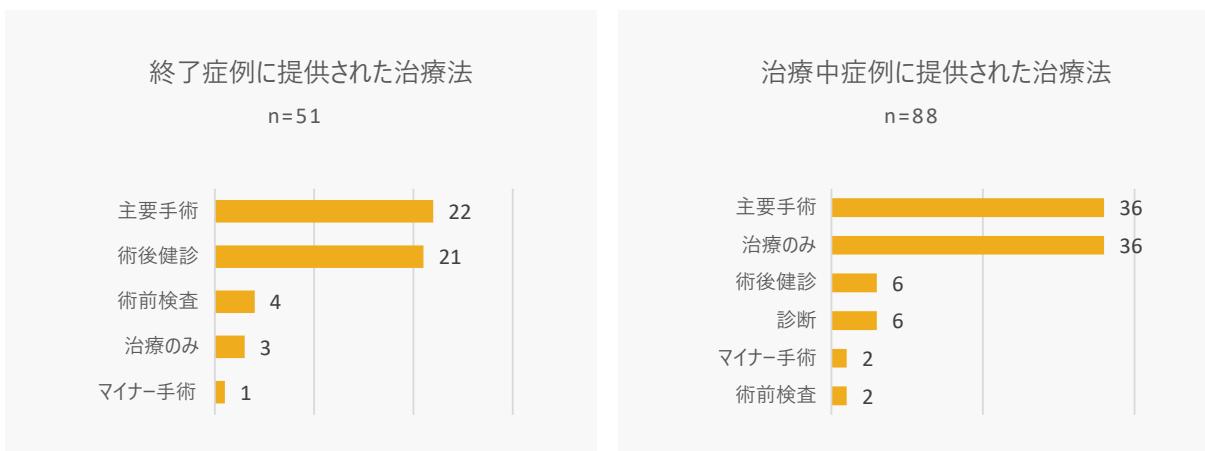
報告期間中の患者の出身国



レポート期間中の性別による患者数







新たな活動

タイとミャンマー、タイとラオスの国境が2020年4月以降閉鎖されている影響でこれらの国からの患者を受け入れることができないため、タイで新型コロナ感染症が原因の貧困による緊急的な健康ニーズに対処するために新たに2つの一時的な活動を追加することにしました。

1. 0～12歳のタイの小児心臓病患者への財政支援

2021年2月末に、私たちは0～12歳のタイの小児心臓病患者を受け入れることに同意しました。これらの患者は、高価な医療処置や手術のための特別な機器および乳児の術後治療用の特別な薬や粉ミルクを買う余裕がありませんでした。これらの費用はタイの社会保障基金によってカバーされていないため両親は借金をして支払う必要がありました。

家族が本当に困っているということを明確にするために、社会福祉部門を通して私たちに紹介されなければなりません。患者1人あたりの平均費用は約27,000バーツ（820米ドル）です。CMFは2月から今年の終わりまでこれをサポートすることに同意いたしました。

2. 0～12歳の難民の子供のための地元の病院紹介に対する財政的支援

6月に私たちは難民キャンプ（ビルマ）へ紹介料を支援し、キャンプからメーソート、メーサリアン、ウンパン、メーホンソン（すべてタイの病院）の地元の病院までパートナーを紹介することに合意しました。

以下の基準を適用しますが、月に15人の患者に制限しています。 現在までに、私たちは呼吸窮迫症候群と低出生体重児を伴う早産児を主に受け入れています。

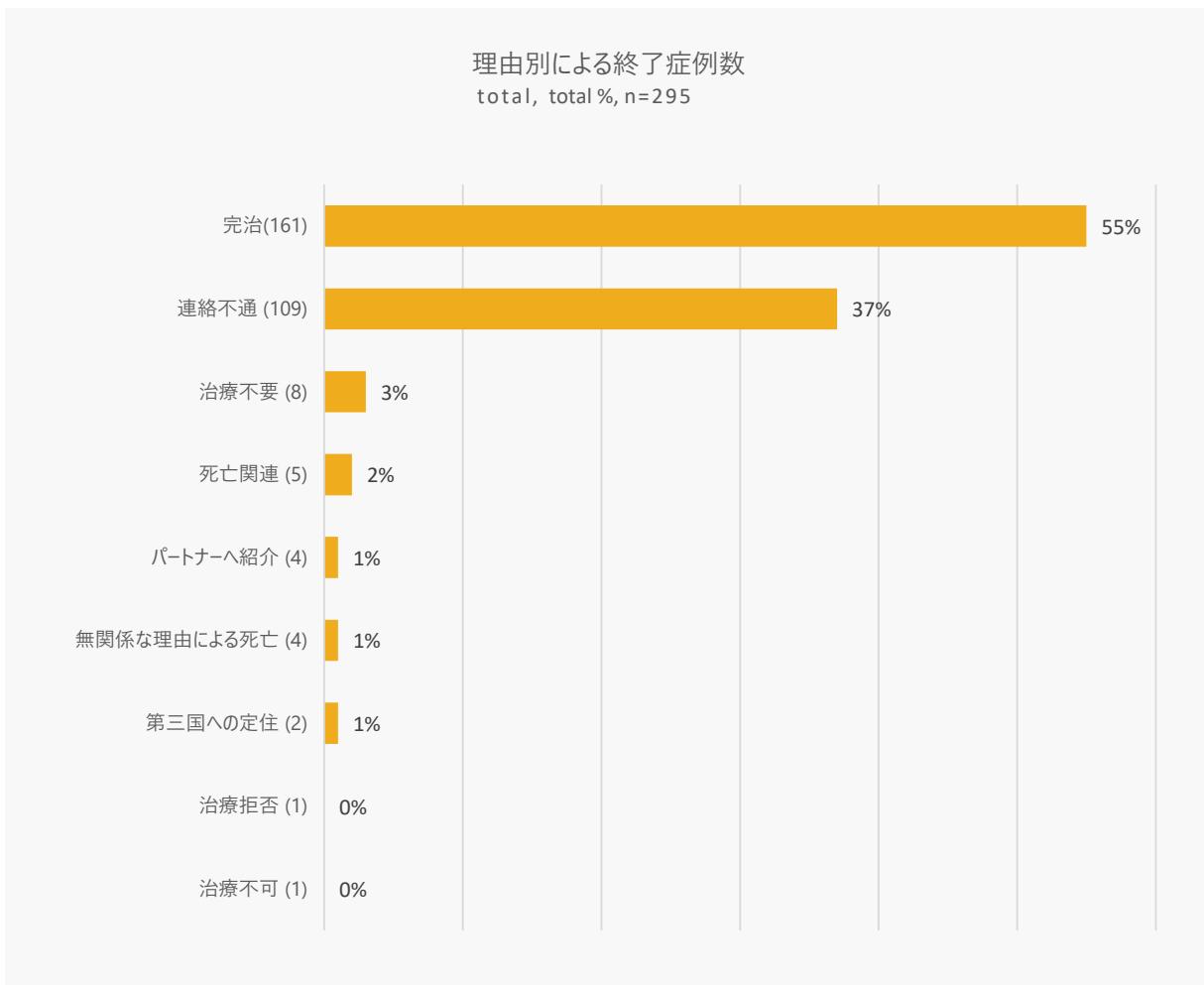
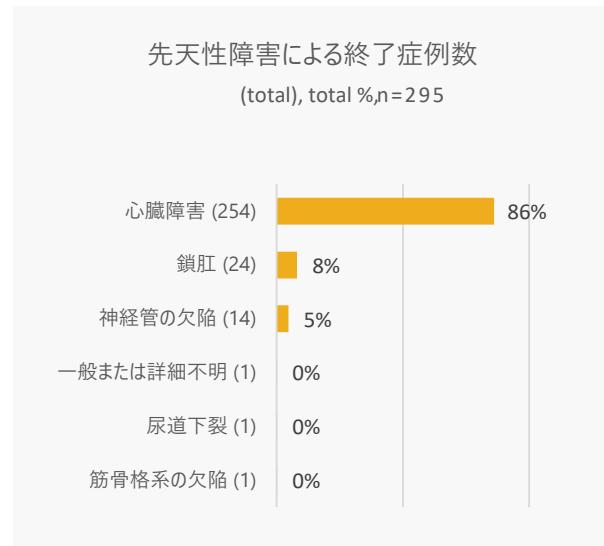
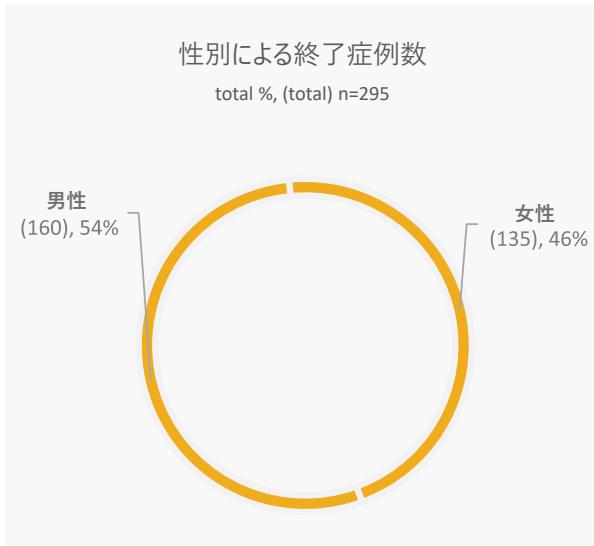
治療基準

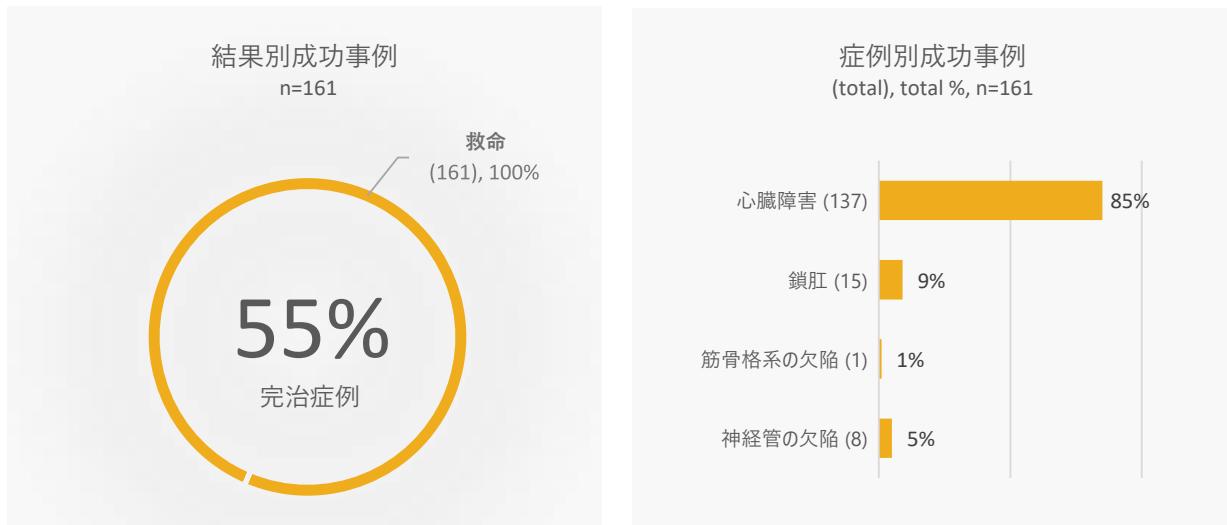
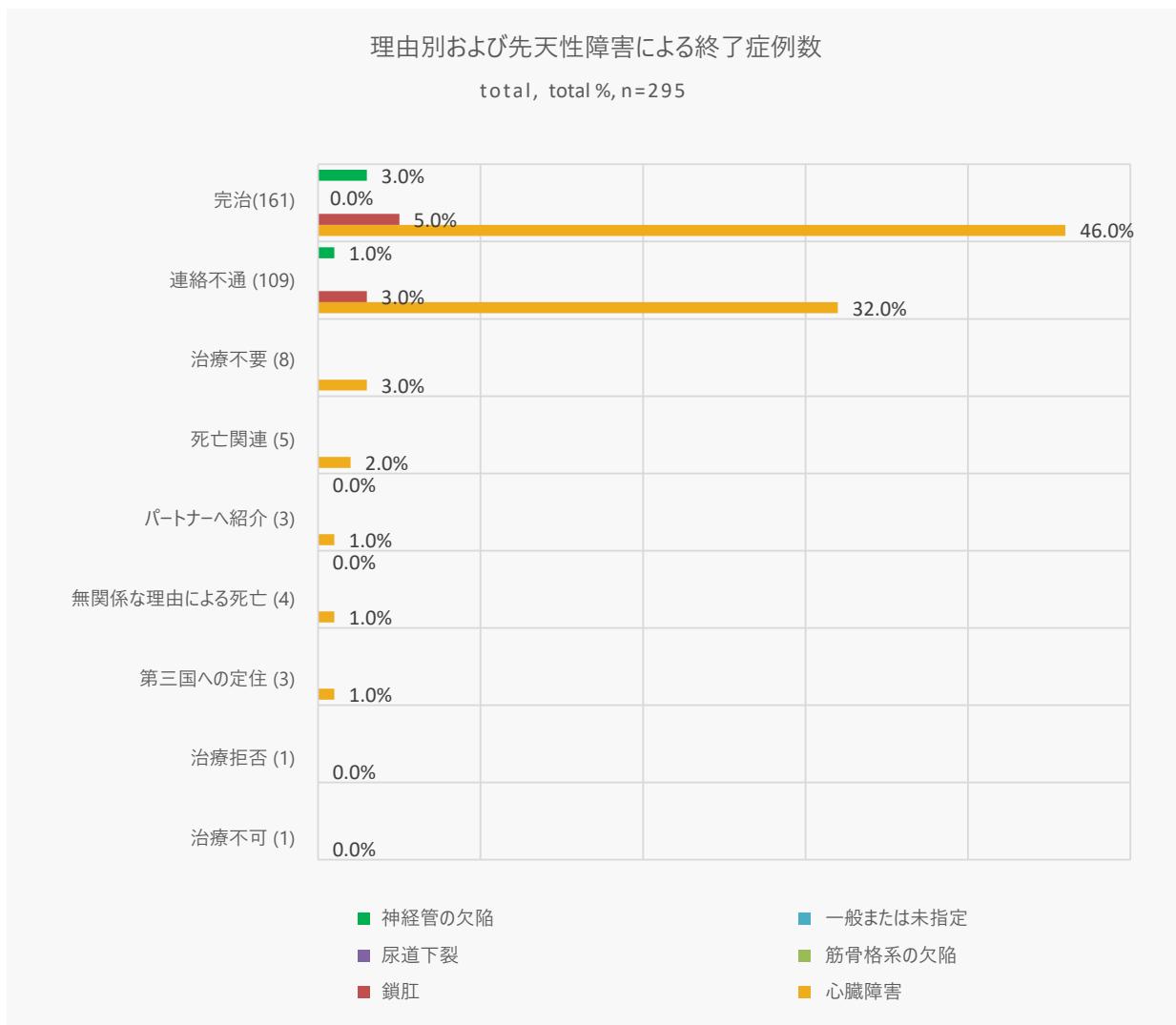
1. 手術の入院をサポートする
2. 関連する状態の早産児をサポートする

病気の理由

1. 水頭症シャント
2. 尿道下裂とヘルニア修復
3. 減量または外科的除去のための水腫、膿瘍、および異常な成長塊（癌性を除く）
4. 脾臓、胆管などの除去などの消化管手術。
5. 呼吸困難、敗血症、低出生体重児を伴う早産児
6. 骨折

評価グラフ





4. 財務情報

報告期間中、CMFは7%の管理間接費を含めて合計370,881米ドル（または2021年の平均為替レートで11,868,168バーツから32米ドル）を費やしました。

総支出の91%（315,625米ドルまたは10,100,007バーツ）は、患者関連の費用（諸経費を除く）に充てられました。

内訳として、93%は治療と手術に、1%は食費、6%が介護者の宿泊、交通費、その他の関連費用に費やされました。

一方、予算の9%（30,992米ドルまたは991,738バーツ）は、スタッフの給与、通信、交通費、その他のスタッフ関連の費用を含むプログラムの管理費に充てられました。

5. プログラムの考察

課題

タイ政府は、新型コロナ感染症の蔓延を抑えるために近隣諸国間の国境を越えた旅行を一時的に禁止しており、結果多くの患者はCMFプログラムを通じて必要な医療を受けることができません。

また、機能しているヘルスケアセンターが慢性的に不足しており最近ではミャンマーでの政治的および軍事的紛争により大規模な避難が発生し、小児の罹患率と死亡率が劇的に上昇しているという悲しい現実に直面しています。

一時的な解決策

現在ミャンマー患者へのサポートはできませんが、タイとミャンマーの国境沿いに住むミャンマー人移民の子供たちや難民キャンプの患者を支援するタイ側の危機に、私たちのチームとパートナーは次の方法で対応しています。

1. 0～12歳のタイの小児心臓病患者を財政的に支援する

2021年2月以来、私たちは0～12歳のタイの小児心臓病患者を支援してきました。これらの患者は、高価な医療処置や手術のため特別な機器および乳児の術後治療用の特別な薬や粉ミルクを買う余裕がありませんでした。これらの費用はタイの社会保障基金によってカバーされていないため両親は借金をして支払う必要がありました。

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2. 0～12歳の難民の子供のための地元の病院紹介に対する財政的支援

6月に私たちは難民キャンプ（ビルマ）へ紹介料を支援し、キャンプからメーソート、メーサリアン、ウンパン、メーホンソーン（すべてタイの病院）の地元の病院までパートナーを紹介することに合意しました。

月に15人の患者に制限しています。現在までに、私たちは呼吸窮迫症候群と低出生体重児を伴う早産児を主に受け入れています。

今後の見通し

最終的に国境が再開するとミャンマーでは大量の患者が流入すると予想されます。私たちはプログラムがより多くの患者を受け入れできるように計画しており、渡航状況が改善されたら遅滞なく行動できるように財政的準備金を構築する必要があります。

6. Case Highlights

添付されているレポートはタイのスタッフによって作成され、患者症例管理システムから直接抽出された患者レポートです。私たちは理解できると信じ、彼らの英語を訂正せず原文のまま掲載しております。

この場をお借りして、皆様のご支援、ご信頼に心からの感謝を申し上げます。

私たちは一緒にすることでさらに多くの子供たちの生活に大きな影響を与えることができるようになります。どうもありがとうございました！

2022年 1月 18日 チェンマイより

Child's Dream Foundation



Marc T. Jenni

Co-Founder & Managing Director Operations



Daniel M. Siegfried

Co-Founder & Managing Director Programmes



Child's Dream Foundation

Improving health and education for sustainable development

Patient No: 9749

CASE SUMMARY REPORT

Patient name: Nanthida Arunr

Sex: Female

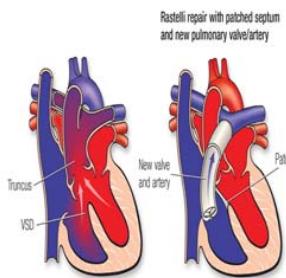
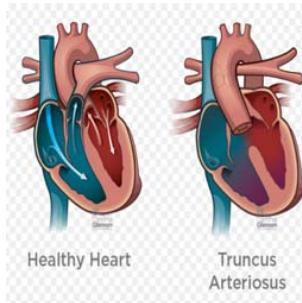
Date of birth: 03 April 2019

Hospital Nr: 3933086

Date of submission: 28 June 2021

Date of closure: 15 September 2021

Final diagnosis: Cardiac disorder - Truncus arteriosus



Pre-treatment

Post-treatment

Pre-treatment profile

She was born at Sobmei district hospital in Mae Hong Son Province. Her parents are Karen-Thai. She is a Thai citizen and also Thai government gives her a gold card for free treatment in the government hospital. Since she was born she had been admitted to the district hospital and was urgently referred to Mae Hong Son hospital due to the shortness of her breathing, oxygen concentration level was very low. Then she was referred to Nakorping hospital in Chiang Mai Province. A doctor at the Nakorping hospital also referred her to Chiangmai University hospital because her condition was multi-complicated defects. She got three heart surgery, the last one was the total correction of all defects which was risky, and she could die. She had been on ECMO machine- the heart-lung by-pass machine used in open-heart surgery. It pumps and oxygenates a patient's blood outside the body, allowing the heart and lungs to rest. When a patient is connected to an ECMO, blood flows through tubing to an artificial lung in the machine that adds oxygen and takes out carbon dioxide; then the blood is warmed to body temperature and pumped back into the body. The expense for ECMO was not covered by government service. The doctor and social worker asked Child's Dream to support her for non-essential costs but to reduce risks and save her life.

Post-treatment profile

After receiving the final surgery, she recovered well. She has more energy to play, eat a lot, and sleep well. She could go to the farm with her parents and stay at a hut close to her parent's workplace. Her mother said that "we had debt at the hospital for THB 60,000 before the last surgery because in the previous surgery we didn't have money to pay hospital bills. I thought my family could not pay for the surgery but the doctor told me that if the child did not get the surgery she could have died. The social worker promised to help us with the debt. I never knew Child's dream before. We are indebted to all of you. Thank you very much for giving new life to my daughter. We will pray for you."

Procedures

Date	Treatment information
09 June 2021	
21 January 2021	follow up, her condition is well. She need follow up once a year.
11 January 2022	follow up, her condition is well.

Total cost

Medical cost USD 6,943.65

Non-medical cost USD 13.68

Administration cost USD 39.48

Overhead USD 489.78

Total cost USD 7,486.59

Estimated cost USD 3,870.97

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Child's Dream Foundation

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Patient No: 9693

CASE SUMMARY REPORT

Patient name: Apinya

Sex: Female

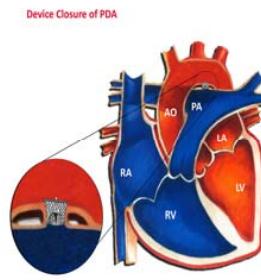
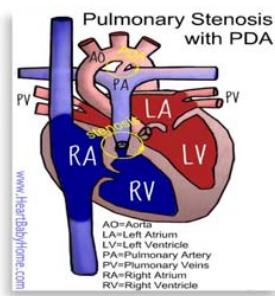
Date of birth: 20 November 2020

Hospital Nr: 4020369

Date of submission: 13 December 2020

Date of closure: 15 September 2021

Final diagnosis: Cardiac disorder - Patent ductus arteriosus (PDA)



Pre-treatment

Post-treatment

Pre-treatment profile

Apinya is a 14-day-old girl who lives with her sister, parents, uncle, and grandfather in Mae Sot District in Tak Province, Thailand. Her parents are originally from Myanmar but moved to Thailand in search of better job opportunities. Her mother is a homemaker, while her father works at a hardware. Her father earns just enough for their household and day-to-day expenses. They can afford basic health care, however, they cannot save any money. She was born at Mae Sot Hospital and was sent to the special baby care unit (SBCU), separated from her mother. The doctor told her mother that she had difficulty breathing because of her heart disease and needs surgery. She was referred to Chiang Mai University Hospital. Her parents worried about money to pay the hospital bills. Her parents went to Mae Tao Clinic and BCMF to seek support for their baby's treatment. The BCMF then referred the case to Child's Dream.

Post-treatment profile

Apinya was rushed by Mae Sot hospital ambulance to Chiang Mai with her father because her mother was weak due to post-delivery conditions. Echocardiography was done, the result showed that her heart had patent ductus arteriosus with severe pulmonary artery stenosis. The doctor told her father that she required surgery to fix PDA with a device through cardiac catheterization technique. It's safe for a small baby but it's costly. Finally, she underwent surgery and it was successful. Her mother came to Chiang Mai alone by public bus to breastfeed her. Her mother said, "I hope my baby will recover and in the future I want her to go to school. I want her to become a nurse or a health worker because if she learns about health care, she will be able to look after herself and other sick people." Her father said, "We deeply appreciate the help of the donor, who gave her a new life and a great opportunity to my family. We will look after our baby the best that we can do for her. We wish you the very best, good health, and happiness."

Procedures

Date	Treatment information
03 December 2020	Emergency transfer to get Sx at CM. S/P.ballooning.
15 January 2021	f/u & continue medicine.

Total cost

Medical cost USD 6,268.03

Non-medical cost USD 849.57

Administration cost USD 130.26

Overhead USD 507.35

Total cost USD 7,755.22

Estimated cost USD 3,870.97

Child's Dream Foundation

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Child's Dream Foundation

Improving health and education for sustainable development

Patient No: 8673

CASE SUMMARY REPORT

Patient name: Htoi Aung

Sex: Male

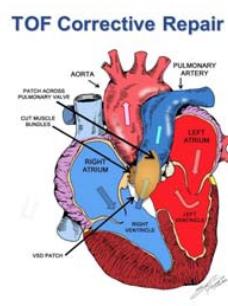
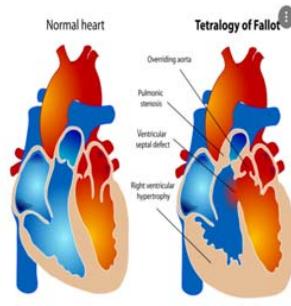
Date of birth: 01 May 2006

Hospital Nr: 3480734

Date of submission: 31 January 2012

Date of closure: 31 December 2021

Final diagnosis: Cardiac disorder - Tetralogy of fallot (TOF)



Pre-treatment

Post-treatment

Pre-treatment profile

Htoi Aung, an 8-year-old boy, who came to the BCMF program in January 2013 suffering from Tetralogy of Fallot (TOF) which is a cardiac anomaly that refers to a combination of four related heart defects that commonly occur together. His mom traveled for 4 days and 3 nights from their home in Kachin State, an area severely affected by conflict in recent years, to seek help at Mae Tao Clinic. Htoi Aung came to Mae Tao Clinic in severe condition. Incredibly fatigued and experiencing extreme discomfort, he was unable to sit up for long and was breathing heavily throughout his intake interview. His condition is congenital and his first symptoms became apparent when he was 7 months old when his lips began turning blue and he came down with a severe fever. From the age of 7 months to 3 years old, Htoi Aung was constantly lethargic - experiencing extreme fatigue and coming down with high fevers regularly. He and his mother would periodically travel back across the border to China to seek medical attention at the Chinese clinic, where he was given an injection and an IV infusion on each visit to reduce his fever. Htoi Aung's condition was fairly stable throughout the following years; however, at the age of seven and a half, it began to deteriorate rapidly. His joint pain became so severe that he was unable to sleep at night. He was unable to play with his friends and could only walk for short periods, experiencing rapid breathing, feeling dizzy and faint, and ultimately having to lie down to relieve his symptoms. His mother took him to a small clinic in the village next to theirs. The nurses at the clinic told them about the Mae Tao Clinic and helped arrange the trip for Htoi Aung and his mother to travel with them by bus to the Clinic. Mae Tao Clinic refers him to BCMF and Child's Dream respectively.

Post-treatment profile

They traveled to Chiang Mai in January 2013, then Htoi Aung underwent open-heart surgery in March 2014 for total correction and pacemaker installation. After that, he came to Chiang Mai twice a year for follow-ups. On his last visit in March 2020, the doctor had a plan to replace his pacemaker in 2021. Unfortunately, traveling across the border was impossible as it closed due to the Covid-19 pandemic. They could not come back to Chiang Mai to get surgery on the appointment date. His condition got worsened. His parents had a hard time finding a hospital in Myanmar where he could get surgery. Although they are against the coup, left no choice but to go to the military hospital. The military hospital can perform the surgery to replace his pacemaker and is the only hospital in Myanmar that can do at that time because the staff in another hospital stopped working to protest against the coup. His parents made contact with BCMF and Child's Dream to support his medical cost in Myanmar. He got a successful surgery and recovered well in his hometown.

Post-treatment profile

His mom wants to see his son recover and be in good health, hoping his condition will improve and he will become an educated person who will contribute back to the community, helping others in the future. She does not want to see her son become a soldier. She said "We would like to thank you very much to all who gave us a giant opportunity. Myanmar is a cursed land. We hold on to the hope that Myanmar will one day be a stable country with peace, adequate social welfare including healthcare, education, job opportunities, etc. We hope that we will be able to live in Kachin State in peace."

Procedures

Date	Treatment information
05 February 2013	Investigation with ECHO. The study shows Atrioventricular discoedance, TGA, ASD,VSD.
13 February 2013	OPD visit due to difficulty breath. Doctor has been prescribed propranolol.
19 July 2013	Admit for cardiac cath
19 August 2013	Get CTA schedule
03 November 2013	Admit for CTA
17 December 2013	Get surgery schedule
07 March 2014	Admit for Total correction 12/3/14
20 June 2014	PO f/u, his condition is not good.
04 July 2014	His condition is improved
19 December 2014	follow up & get medicine
19 June 2015	f/u & check pacemaker & PT/ INR level is in normal range, pacemaker should be work for 4-5 years onwards. PT/INR level is in controlled.
04 December 2015	f/u & get medicine. His condition is stable. Pacemaker is work well.
27 May 2016	Follow up, his condition is well & pacemaker is work well. Doctor prescribed him ASA instead Warfarin.
14 October 2016	Post op f/u, pace maker is work well.
31 March 2017	Follow up, his condition is well, pacemaker is still work well.
06 October 2017	follow up & get medicine
09 October 2018	Appointment date is postponed due to measles outbreak, medicine was sent.
01 March 2019	follow up, his condition is good.
06 March 2020	Next year need replace pacemaker.
18 November 2021	Admit at Kan Thar Yar, YGN, Myanmar hospital to replace pacemaker.

Total cost

Medical cost	USD 32,430.97
Non-medical cost	USD 1,369.81
Administration cost	USD 1,181.00
Overhead	USD 2,448.72
Total cost	USD 37,430.50
Estimated cost	USD 11,290.32

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