Mid-Year Report 2026

Project concerned	**Children's Medical Fund (CMF)** *Providing life-saving operations and medical interventions for marginalised children and youth from Myanmar, Lao PDR and Thailand, who were diagnosed with critical, congenital birth defects*
Implemented by	**Child's Dream Foundation** 238/3 Wualai Road T. Haiya, A. Muang Chiang Mai 50100, Thailand www.childsdream.org | info@childsdream.org

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Vision

Educated and empowered people responsibly shaping and sustaining fair, just and healthy societies for generations to come

Mission

We exist to ensure that children and young adults in the Mekong Sub-Region, affected by inequality, grow up to be healthy and have access to quality education and better employment opportunities. Everything we do enables them to live empowered and self-determined lives as equal and active members of society, with the potential to become responsible leaders of change

Executive Summary

This report provides an overview of the Children's Medical Fund (CMF) and shares key progress made from 1 January to 30 June 2026. During this period, the programme supported 362 patients, of which 115 were newly accepted into the programme, while 247 were ongoing patients who continued treatment from last year. Among these numbers, 130 cases were closed in this period.

Overall, implementation proceeded smoothly, although global events affecting fuel prices had some impact on the programme. Even so, CMF continues to make a meaningful difference in the lives of children and their families.

We thank you for your continued support in helping ensure that critical medical care remains within reach for marginalised communities.

Sustainable Development Goals (SDGs) directly addressed by CMF

Child's Dream's strategic goals directly addressed by CMF

1. **Why We Do It:** Reducing Childhood Mortality and Long-term Disability

CMF supports the United Nations Sustainable Development Goals (SDGs) for 2030, specifically Goal 3: Ensure healthy lives and promote well-being for all ages. Since 2006, the programme has provided access to life-saving surgeries and medical interventions for children and youth who are unable to access care due to poverty, displacement, or legal status. The programme focuses on the treatment of congenital disorders, which remain one of the leading causes of child mortality. We prioritise care for congenital heart disease, anorectal malformations, and neural tube defects - conditions that are often complex, life threatening, and financially out of reach for the families we serve.

The majority of patients are from Myanmar and Lao PDR, and the programme expanded its services in 2021 to include marginalised populations in Thailand. The situation is especially severe in Myanmar. Since the military coup, the public health system has all but collapsed. Hospitals have been attacked, medical professionals have refused to work under the junta's regime, and essential medicines and services have become scarce and unaffordable, leaving many without basic healthcare, let alone specialised care for congenital disorders.

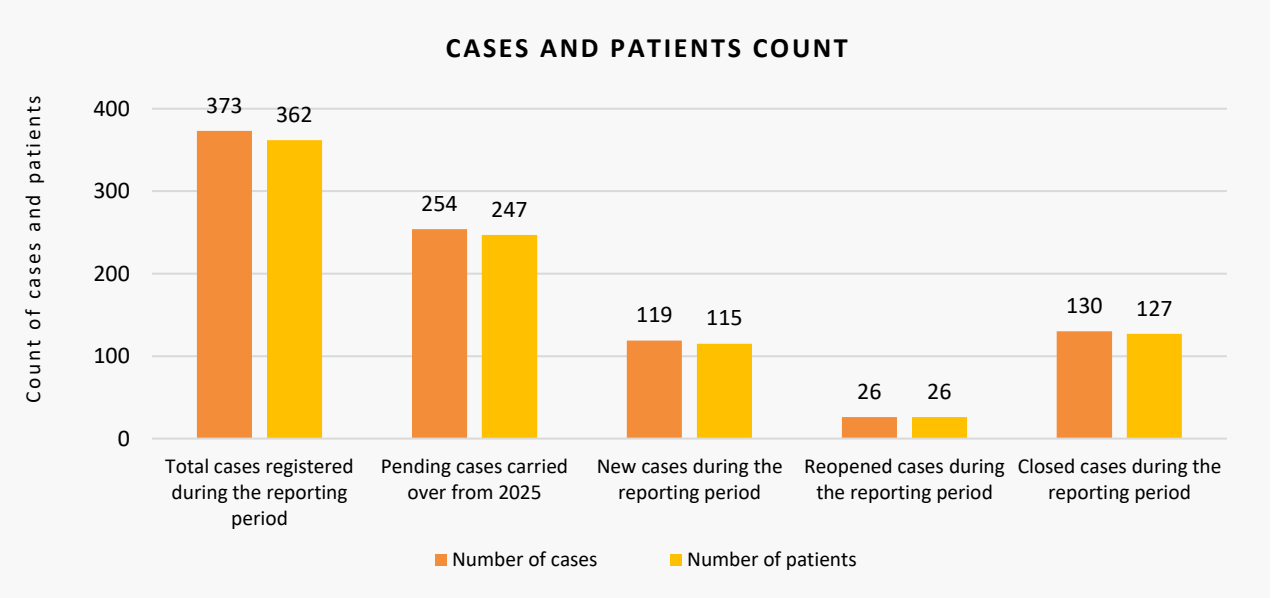
We work through a trusted network of referral partners, clinics, hospitals, and local community organisations to identify and support those who are most at risk. Without medical intervention, these children would die prematurely or live with crippling disabilities that prevent them from attending school, reinforcing cycles of poverty.

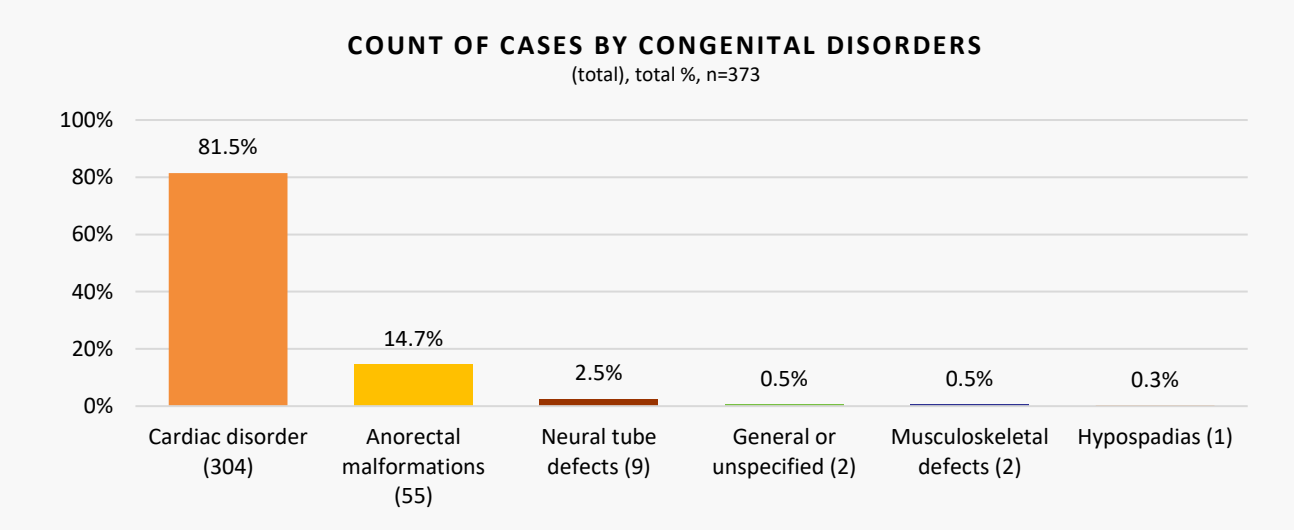
With your support, CMF is helping children and youth from the most marginalised backgrounds access the care they need, giving them hope and the opportunity to live healthier, brighter lives.

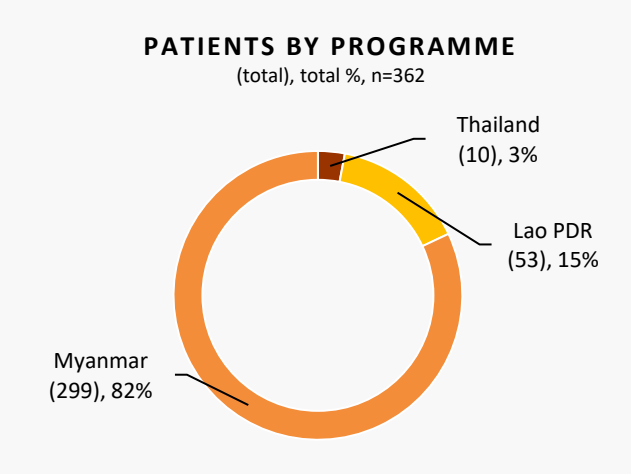
2. **Updates in Numbers** - January to June 2026

119	115	92%	2
lives saved during the reporting period	new patients accepted into CMF	treatment success rate this period	new hospital partnerships

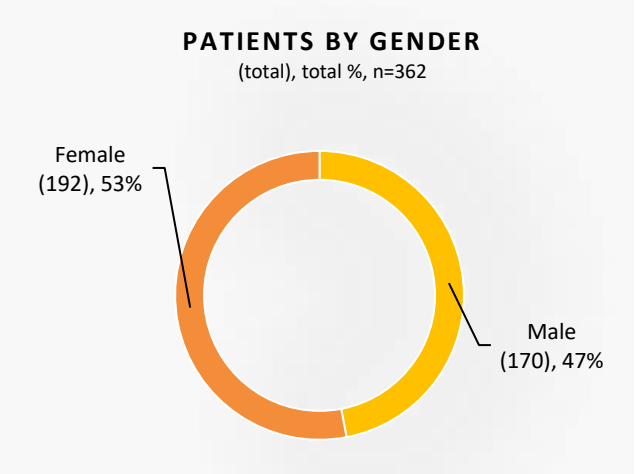
Output Analysis



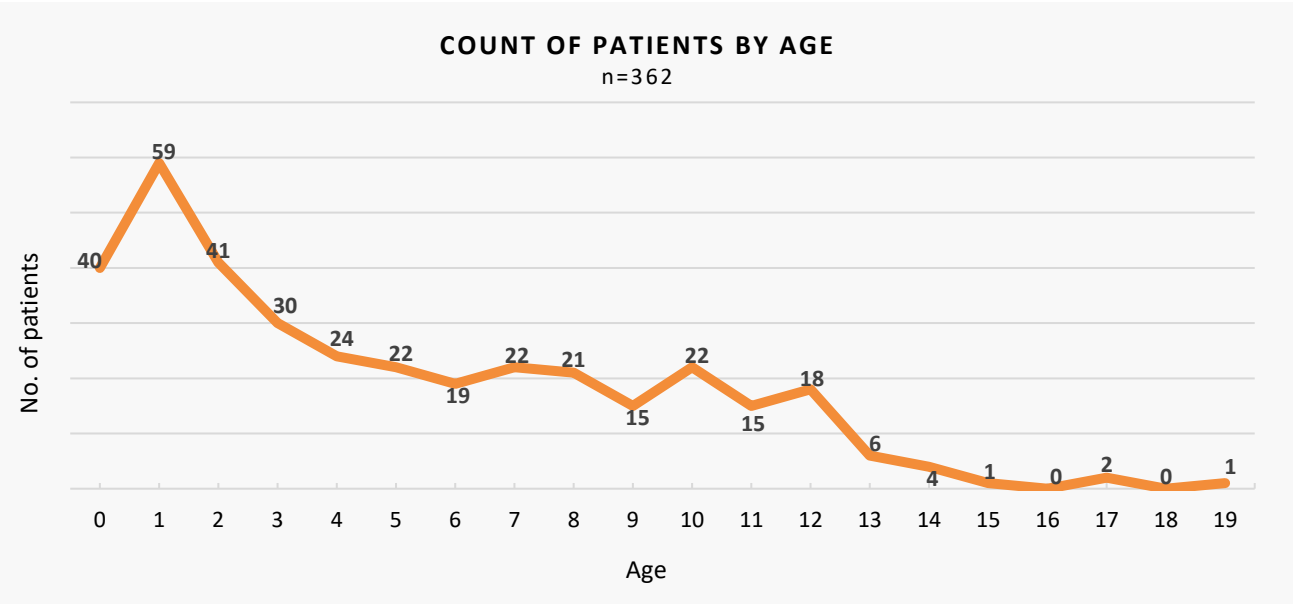




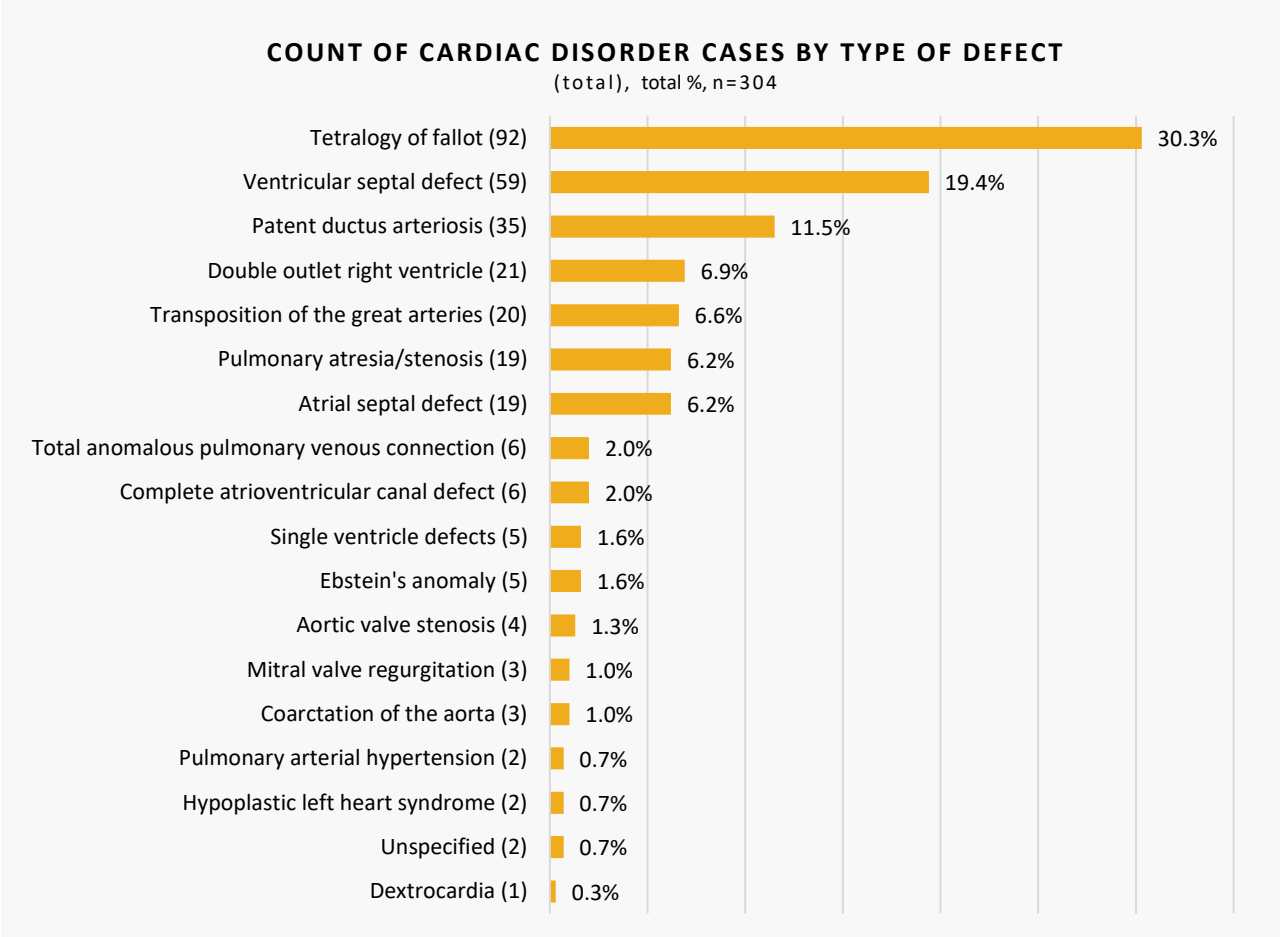
Country of origin of patients during the reporting period

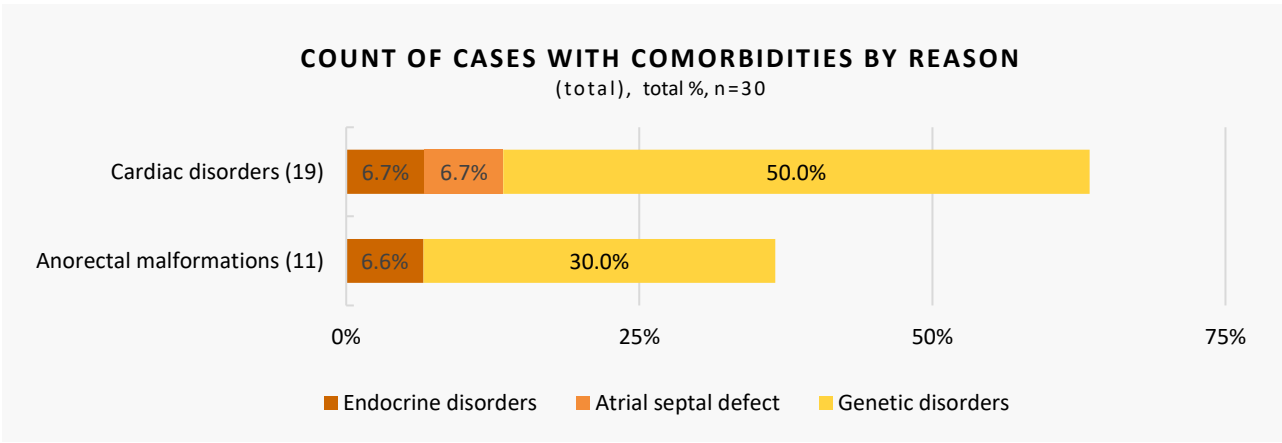


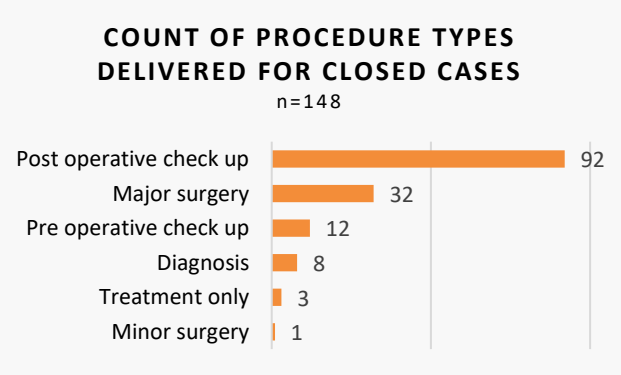
Count of patients by gender during the reporting period

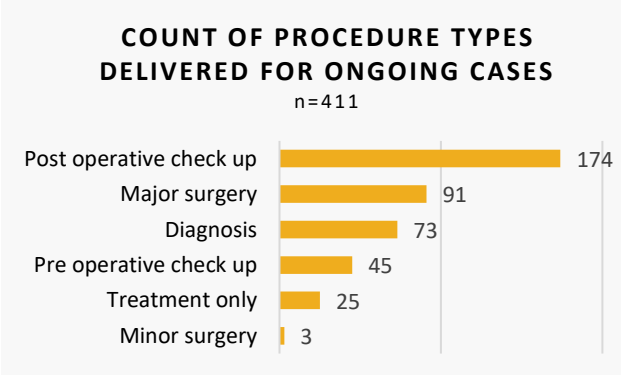


Please note that older patients may reflect cases where complications arose after treatment and the patient was readmitted to the programme.


COUNT OF CARDIAC DISORDER CASES BY TYPE OF DEFECT
(total), total %, n=304
Tetralogy of fallot (92) 30.3%
Ventricular septal defect (59) 19.4%
Patent ductus arteriosis (35) 11.5%
Double outlet right ventricle (21) 6.9%
Transposition of the great arteries (20) 6.6%
Pulmonary atresia/stenosis (19) 6.2%
Atrial septal defect (19) 6.2%
Total anomalous pulmonary venous connection (6) 2.0%
Complete atrioventricular canal defect (6) 2.0%
Single ventricle defects (5) 1.6%
Ebstein's anomaly (5) 1.6%
Aortic valve stenosis (4) 1.3%
Mitral valve regurgitation (3) 1.0%
Coarctation of the aorta (3) 1.0%
Pulmonary arterial hypertension (2) 0.7%
Hypoplastic left heart syndrome (2) 0.7%
Unspecified (2) 0.7%
Dextrocardia (1) 0.3%


COUNT OF CASES WITH COMORBIDITIES BY REASON
(total), total %, n=30
Cardiac disorders (19)
6.7%
6.7%
50.0%
Anorectal malformations (11)
6.6%
30.0%
0%
25%
50%
75%
Endocrine disorders
Atrial septal defect
Genetic disorders


COUNT OF PROCEDURE TYPES DELIVERED FOR CLOSED CASES
n=148
Post operative check up 92
Major surgery 32
Pre operative check up 12
Diagnosis 8
Treatment only 3
Minor surgery 1


COUNT OF PROCEDURE TYPES DELIVERED FOR ONGOING CASES
n=411
Post operative check up 174
Major surgery 91
Diagnosis 73
Pre operative check up 45
Treatment only 25
Minor surgery 3

Programme Reflections

Challenges

During the first half of 2026, Child's Dream faced budgetary challenges linked to global events and rising fuel prices across the region. Although the CMF budget remained unchanged, the programme had to use resources more efficiently and sought collaboration with relevant partners to help share patients' medical expenses.

These pressures also affected patient access. There were approximately 15 fewer patients than anticipated during this period, as families whose children were registered for screening with project partners or scheduled for surgery were unable to travel due to insufficient funds.

Solutions and Learnings

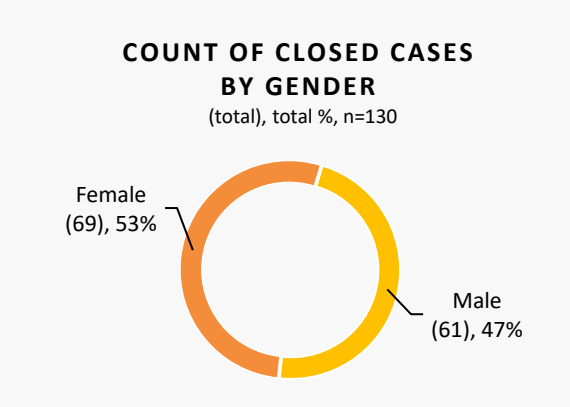
Despite these pressures, CMF focused on strengthening partnerships and continuing to identify and support patients. During this period, the programme conducted three outreach clinics: two at Mae Sot General Hospital and one at Sakon Nakhon Hospital. Together, these clinics reached 243 patients, 88 of whom were identified as requiring surgery.

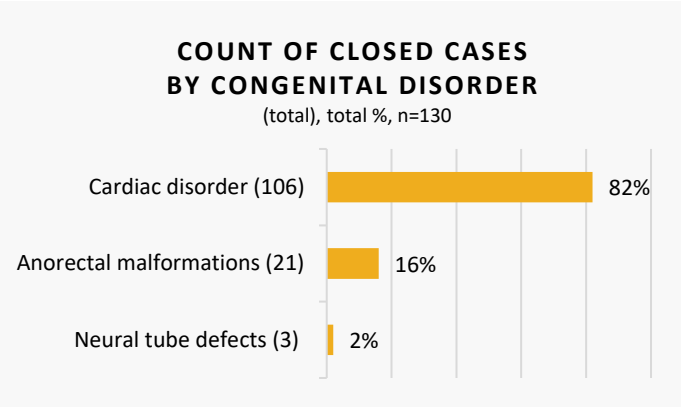
New partnerships included Sakon Nakhon Hospital in the Isan region of Thailand and Chonburi Hospital, located east of Bangkok. Through its new partnership with Sakon Nakhon Hospital, the hospital provided its first Patent Ductus Arteriosus (PDA) device closure for a Laotian patient. The surgery was successful, with no post-operative complications reported. This encouraging milestone shows how partnerships can strengthen our network and make support more accessible to the communities we serve.

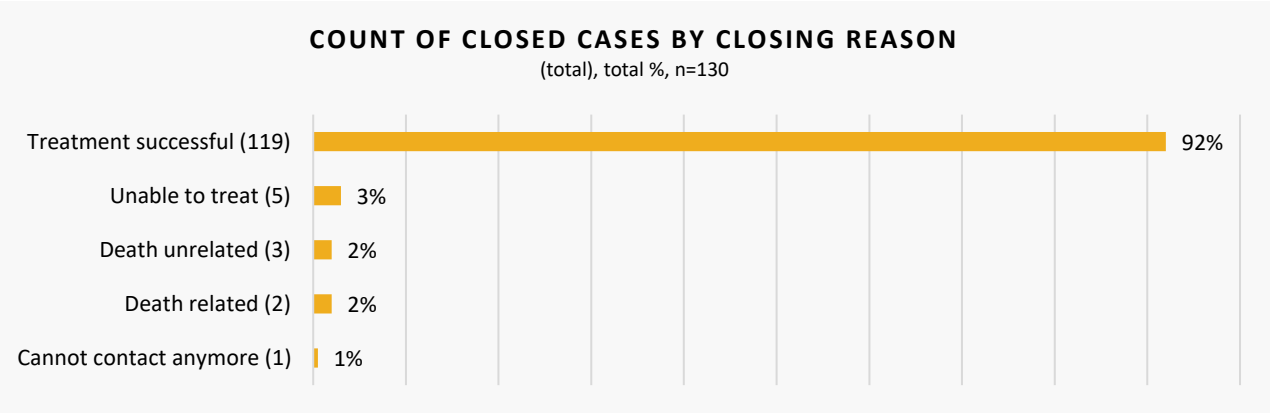
Outlook

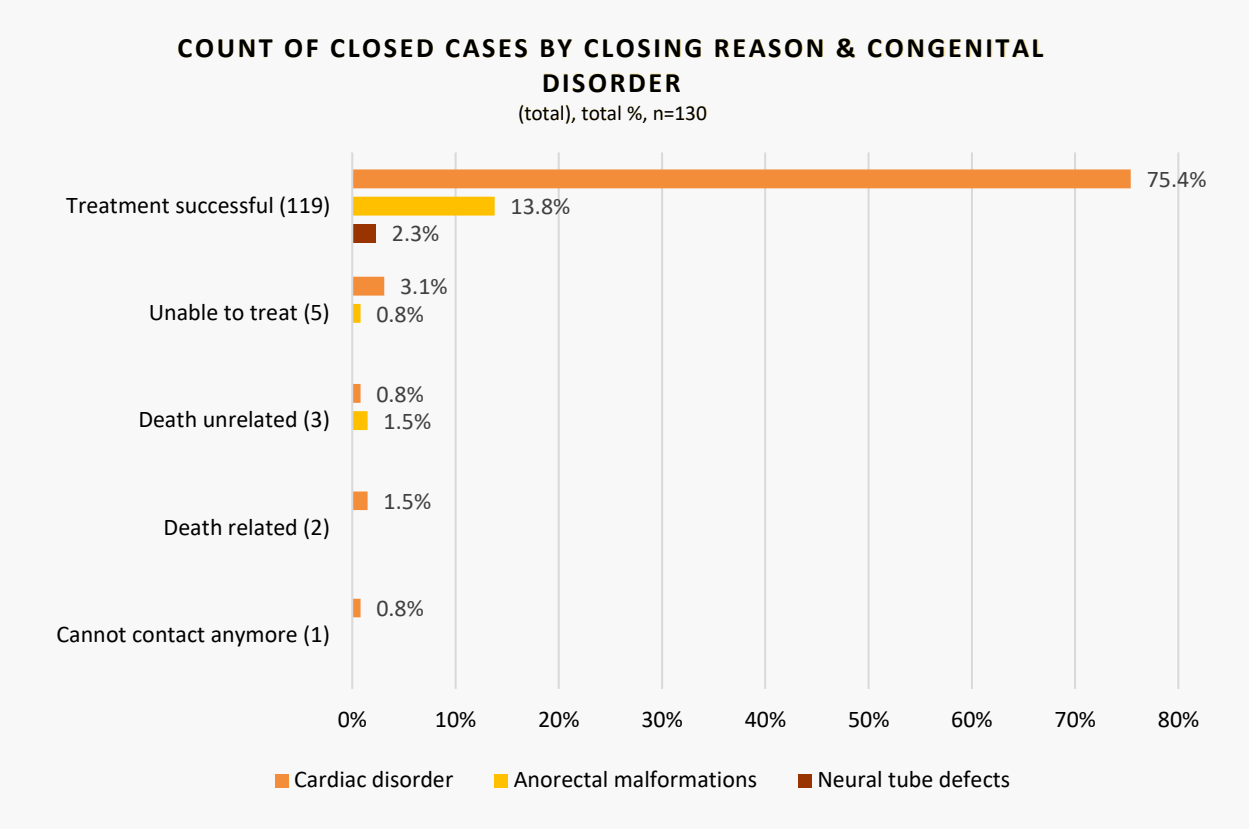
In the second half of 2026, CMF will continue focusing on patient support, careful resource use, and close coordination with partners and hospitals to help children access the medical care they need. We look forward to sharing additional progress in the end-year report.

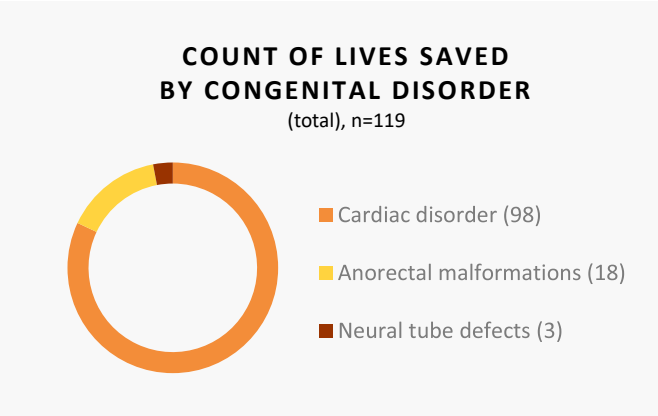
Outcome Analysis











Children at the CMF Safe House in Chiang Mai learn about toothbrushing through a hands-on activity

3. Financials

For the first half of the programme cycle, CMF spent **USD 875,846** maintaining a clear focus on patient support:

- 90% of funds were spent on medical intervention such as surgeries and treatment
- 3% covered accommodation, transport, and related needs for patients and their caregivers
- 2% went toward food expenses
- 5% was used for administrative overhead

Please note that the budget remains open and these figures are not yet final. Final figures will be provided in the end-year report.

We remain committed to maximising impact, ensuring that the vast majority of donor contributions directly benefit the children and families we serve.

4. Case Highlights

Attached are three patient reports written by our local programme coordinators, extracted directly from our Patient Case Management System. These staff members play a crucial role in the delivery of care: they assess patient needs, liaise with hospitals and community partners, coordinate services, support caregivers, and monitor progress throughout the course of treatment.

While English is not their first language, we have preserved the original text, as it remains sufficiently clear and understandable. We believe these unedited reports provide valuable and authentic insight into both the challenges faced by our patients and the dedication of the teams supporting them.

In Closing

We would like to express our deepest gratitude for your unwavering trust. Your commitment is especially meaningful during an uncertain global and regional environment, where rising costs continue to affect patients and their families. Thanks to your support, CMF has been able to continue providing critical medical care to children and young people who would be unable to access treatment.

As the need for life-saving care remains significant, your support plays an important role in helping us continue responding to urgent medical cases and supporting families through these difficult circumstances. Securing the necessary funding remains a challenge, and we hope we can continue to count on your partnership.

On behalf of the children and their families, thank you for your generosity!

Chiang Mai, 20 July 2026

Child's Dream Association

Marc T. Jenni
Founder & Managing Director Operations

Daniel M. Siegfried
Founder & Managing Director Programmes

Child's Dream Foundation

Improving health and education for sustainable development

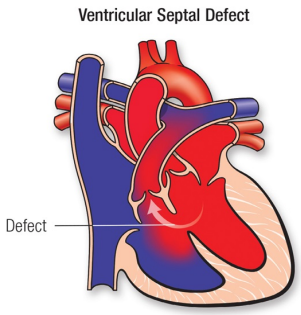
Patient No: 10365

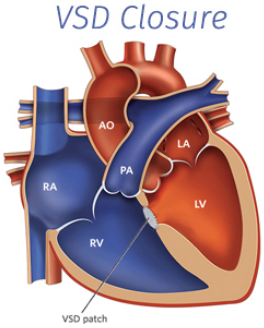
CASE SUMMARY REPORT

Patient name: Thidamew Keov **Sex:** Female **Date of birth:** 10 August 2023

Hospital Nr: 4274367 **Date of submission:** 02 August 2024 **Date of closure:** 06 May 2026

Final diagnosis: Cardiac disorder - Ventricular septal defect (VSD)





Pre-treatment

Post-treatment

Pre-treatment profile

Thidamew Keovilai is an 11-month-old baby girl who lives with her parents and brother in Luang Prabang District, Luang Prabang Province. There are four members in her family, and Thidamew is the second child. She is not yet old enough to attend school.

Her father works as a mechanic and her mother is a kindergarten teacher. The family's main income comes from their salaries, which varies month to month and is just enough to cover their daily living expenses.

Her parents knew she had a Ventricular Septal Defect while she was still in her mother's womb. She was also born prematurely. Her mother had hypertension, and after Thidamew was born, doctors found that she also had an Anorectal malformation. She underwent surgery at the Lao Friends Hospital for Children, stayed in an incubator for approximately 24 days, and had monthly follow-up appointments with the doctors.

The expectation for treatment: They want to see their kid to be safe in surgery and getting better, have normal heart like other kids.

Post-treatment profile

First of all, on behalf of Thidamew's parents and family, we would like to express our sincere gratitude to the Children's Medical Fund and all the staff. We are deeply thankful for your generous help and kindness, and for providing Thidamew with such excellent medical care and treatment. We truly appreciate how caring and supportive you have been to us throughout this journey.
Before bringing her here, we were very worried. We were anxious about her health, and we also struggled with money because our family doesn't have much money to support for the medication and surgery. We feel so lucky that the Children's Medical Fund helped us, so our daughter could get the treatment she needed.
Now, after the surgery, we can see that she is much better! She is growing and developing well, gaining more weight, eating well, and being very active. This makes us very happy and relieved. She still has a few small things to watch out for, like her digestion not being fully regular yet and her bottom still being a little red and sore, but we know she is getting better every day.
Our hearts are overflowing with gratitude. We are deeply touched and so thankful to the Children's Medical Fund and everyone who took such good care of her. Thank you once again, from the very bottom of our hearts!

Procedures

Date	Treatment information
15 June 2024	The first investigation with PCSF doctor at LFHC. She recieved the echocardiogram and the study shows VSD, and she will be recieved the surgery at Kasemrad Hopsital. Thailand.
31 January 2025	The first consultation with a cardiologist, echo reveals VSD.
19 February 2025	First consultation at CMU, doctor give her surgery schedule.
11 April 2025	A doctor stating that her condition is not good regarding VSD Pulmonary Arterial Hypertension
16 May 2025	RT. Transaxilly thoracotomy to VSD closure c PTFE patch 0.66 mm.
27 May 2025	General pediatrician appointed her for Complete Blood Count/Platelet, Chemistry and blood urea nitrogen (BUN)
18 August 2025	Tentatively, the patient has been informed.

Total cost

Medical cost	USD 12,419.23
Non-medical cost	USD 1,442.87
Administration cost	USD 0.00
Overhead	USD 970.35
Total cost	USD 14,832.45
Estimated cost	USD 14,925.37

Child's Dream Foundation

Improving health and education for sustainable development

Patient No: 10609

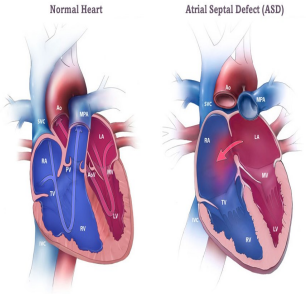
CASE SUMMARY REPORT

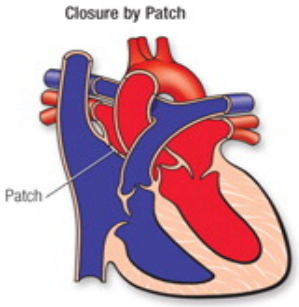
Patient name: Eaint Phoo Cho- **Sex:** Female **Date of birth:** 01 June 2019

Hospital Nr: 68017579 **Date of submission:** 16 June 2025 **Date of closure:** 11 June 2026

Final diagnosis: Cardiac disorder - Atrial septal defect (ASD)

Pre-treatment





Post-treatment

Pre-treatment profile

Four-year-old Eaint Phoo Cho lives in Pyigyitagon, Mandalay Division, Myanmar, with her parents and two older brothers. Her childhood has been affected by both conflict and illness. After attending kindergarten for only six months, Eaint's education was interrupted by ongoing fighting in her community. Her brothers were also forced to leave school and have not been able to return. Eaint's parents work as farm laborers and earn around 150,000 MMK per month, making it difficult to cover their family's basic needs, healthcare, and education expenses.

When Eaint was three years old, frequent fevers led to medical examinations that revealed a large Atrial Septal Defect (ASD), a congenital heart condition caused by a hole between the upper chambers of her heart. Doctors recommended surgery, but the cost was beyond her family's reach. For several years, Eaint's condition was managed with medication. In 2024, the Health for All Foundation – Burma Children Medical Fund (HFA-BCMF) agreed to support her treatment, then HFA requested support from Child's Dream Foundation respectively. Although political instability delayed her journey, she was finally able to travel to Thailand in 2025 for a heart screening. Doctors confirmed that she still requires surgery and arranged follow-up care. Today, Eaint tires easily and sometimes struggles to breathe, but she remains cheerful and hopeful. She loves playing with toys and dreams of becoming a fashion designer. With the support of donors and HFA-BCMF, Eaint now has the opportunity to receive the treatment she needs and look forward to a healthier future.

Post-treatment profile

In May 2025, Eaint and her mother were finally able to travel to Mae Sot for another screening. Doctors confirmed that she urgently needed surgery. With support from HFA-BCMF, she traveled to Bangkok and successfully underwent heart surgery on 20 June 2025. The operation closed the hole in her heart and repaired two heart valves.
Since the surgery, Eaint's health has improved greatly. She can now walk by herself, breathe normally, play longer, and eat better. Her mother is very grateful to the doctors, donors, and the HFA-BCMF team for helping save her daughter's life. Inspired by the doctors who treated her, Eaint now dreams of becoming a doctor one day so she can help other children like herself. She said that " I would like to thank you to donors from Child's Dream Foundation although I never met them, including all BCMF, Child's Dream and PCSF staff in Bangkok who had involved my treatment"

Procedures

Date	Treatment information
17 May 2025	Diagnosed with Atrial Septal Defect in Mae Sot hospital

19 June 2025	Direct closure of Atrial Septal Defect, Mitral Valve repair, Tricuspid valve repair
18 January 2026	Eain Phoo Cho did not come for floow up in January 17, 2026. So CMF will close her case.

Total cost

Medical cost	USD 4,477.61
Non-medical cost	USD 219.87
Administration cost	USD 0.00
Overhead	USD 328.82
Total cost	USD 5,026.31
Estimated cost	USD 5,373.13

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Child's Dream Foundation

Improving health and education for sustainable development

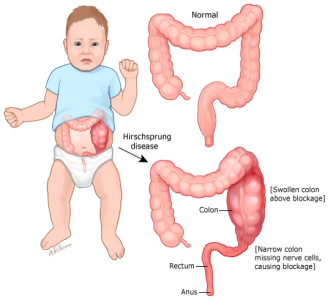
Patient No: 10715

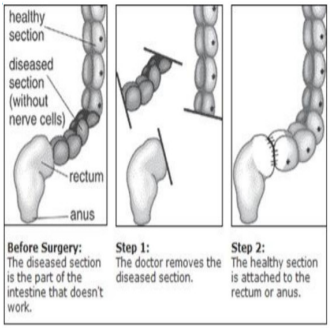
CASE SUMMARY REPORT

Patient name:	Saw Myint Myin	**Sex:**	Male	**Date of birth:**	19 September 2024
Hospital Nr:	4320381	**Date of submission:**	24 November 2025	**Date of closure:**	12 June 2026

Final diagnosis: Anorectal malformations - Hirschsprung's disease

Pre-treatment





Post-treatment

Pre-treatment profile

The baby was born at local clinic in Karen state, Myanmar. After birth he could not passed stool, the abdomen was getting bigger. The doctor there had performed colostoplasty on his first week of life, but unfortunately, he had infections after surgery. She was referred to Thailand border to get proper management. After the infection was solved, he went back Myanmar for a year, he had normal growth and development and did well with his colostomy.

At the local clinic facility, he underwent a reduction of a double loop colostomy with a successful end-to-end re-anastomosis on 2 November 2025. He was initially managed antibiotics for ten days but he was not improved. Regretfully, he returned in less than 24 hours with crying, vomiting, and returned abdominal distention. The clinic doctor was again given with continued breastfeeding, and neostigmine was re-initiated. Abdominal function has waxed and waned consistent with a sub-ilieus, continuing to require glycerin suppositories and neostigmine for regular stooling.

He fevered on 19 November, and tested positive for malaria, which we have treated for three days with a chloroquine protocol. Completing malarial treatment, his fever has continued, and we have re-initiated combination antibiotics. He now has a persistent watery diarrhea, diminished feeding, activity, and responsiveness, and persistence of gaseous distension with air/fluid levels. The clinical impression is of steady decline since his re-admission 5 days ago. Given his non-response to our recent and ongoing treatment prompt referral for assessment and management at a tertiary care children's hospital is requested. So then the Free Burma Ranger contacted Child's Dream Foundation to refer him to get treatment in Chiangmai.

Post-treatment profile

The patient had a successful surgery and is recovering well. The child is in good condition and can now play normally.
The patient's mother would like to sincerely thank the Child's dream Foundation and all staff members for their support and help with the surgery costs, as well as the care and assistance provided throughout the treatment.
She is very grateful for the kindness and generosity that made her child's treatment possible.

Procedures

Date	Treatment information
22 November 2025	Admit for observation and treatment
17 November 2025	The woound is good condition. This appointment is for a post-operative wound check and suture removal.

14 January 2026	A large part of the colon protruded, and the doctor put it back for patient.
28 January 2026	The test result are positive for infection.
21 February 2026	Admit for Dumahel with Nathin colon patch. His appointment has been postponed because he had a fever.
08 April 2026	The doctor advised the patient to dilate anus with candle N. 16 twice a day (Morning and evening)
22 April 2026	He is good condition.
20 May 2026	Post-op check up, doctor apoint him next month, dilate anus with candle no 17 BID

Total cost

Medical cost	USD 10,396.01
Non-medical cost	USD 1,356.35
Administration cost	USD 0.00
Overhead	USD 822.66
Total cost	USD 12,575.02
Estimated cost	USD 8,955.22