

Karen Relief & Development Fund

(also known as Karenaid)
Year ending 5th APRIL 2017

Charity Information

Trustees of the fund during the year were:

Phillip Ambler	Chairman
Margaret Stamp	Secretary (until 24 th Sept 2016)
Liz Tilson	Secretary (from 24 th Sept 2016)
John Stamp	Treasurer
Mark Alder	
Hazel Alder	
Hilary Garven	
Max Derrick	
Fiona Derrick	

Karen Relief and Development Fund (KRDF), also known as Karenaid, is registered with the Charity Commission No 1059057.

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Website <http://www.karenaid.org.uk>

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Investment Manager Stewardship Services (UKET) Limited
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London
EC1Y 8AB

Monmouthshire Building Society
Monmouthshire House
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Virgin Money Savings
Jubilee House,
Gosforth,
NEWCASTLE upon TYNE
NE3 4PL

Independent Examiner: Peter Hammond FCIE, FCEA
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Karen Relief & Development Fund

(also known as Karenaid)
Year ending 5th APRIL 2017

Trustees' Report

The Trustees present their annual report with the accounts for the year ended 4th April 2017. The accounts follow the recommendations in Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015).

STRUCTURE, GOVERNANCE & MANAGEMENT

Karenaid is a UK Registered Charity whose governing document is a 'trust deed'. It is run by a board of Trustees, all of whom are eligible UK citizens and are listed on our Annual Report submitted to the Charity Commission.

The Trustees meet for one day every quarter to consider a published Agenda. Minutes are taken and those of the previous meeting considered and then signed as a true record at the subsequent one. We have a Chairman, Treasurer and Secretary. Decisions are made by consensus, and we have never had to use the Chair's casting vote. Reports are presented by Trustees on any areas of interest or responsibility, and actions are attributed to Trustees in the Minutes and checked subsequently for completion. The Trustees each help to prepare our Annual Report in a similar way. All of our Trustees have visited some or all of our projects on the Thai-Burmese border so have a familiarity with the setting. Our Chairman has been doing so up to three times a year for the past 20 years. We require regular reports from projects we support, without which payments are generally delayed until they are forth coming.

Karenaid regularly reviews its policies, which are updated as necessary. We have a written expenses policy and our administration costs are less than 4% of the Karenaid budget.

The Treasurer submits monthly reports to the Trustees by e-mail, outlining significant income and expenditure, balance of funds, and anticipated activity in the near future, with a projection of how long the funds can sustain our current activity. He also prepares, with outside assistance, our annual accounts and these are subjected to independent audit before submission to the Charity Commission. He can make international internet payments on his authority, with an e-mail trail for other Trustees to follow. Cheques require two signatures, and we avoid cash payments.

STATEMENT OF PURPOSE

The Karen Relief and Development Fund (KRDF), also known as Karenaid, is a Christian organization which exists to support the following activities:

1. To provide short term emergency relief aid to Burmese refugees living in Thailand and those displaced within Burma.
2. To support and encourage Christian pastors and provide Christian teaching material.
3. To fund medical and educational projects and to encourage such projects to become self-governing.
4. To work closely with Karen fieldworkers in providing such aid.
5. To provide grants to expatriate field workers.

Karen Relief & Development Fund

(also known as Karenaid)
Year ending 5th APRIL 2017

Trustees' Report

6. To act as an information resource for issues relating to relief-aid and human rights abuses.
7. To co-operate in a mutually beneficial way with other similar charities and agencies.
8. To promote just, ethical and responsible policies in regard to the activities of the charity.
9. To monitor, assess and evaluate the effectiveness of all endeavours on a regular basis.

RESULTS

The deficit for the year was £1,709 (2015 deficit £5,926), which was transferred from general reserves.

OBJECTS

1. To relieve hardship, need or distress, relieve sickness and advance education among displaced people living on the border of Burma and Thailand.
2. To advance public education in the difficulties experienced by refugees.

AREA OF BENEFIT

The border of Burma and Thailand (Area prescribed by Governing Document).

CHARITY COMMISSION CLASSIFICATION

What:	Education/Training. Medical/Health/Sickness Overseas aid/Famine relief Religious activities
Who:	Children/Young people Elderly/Old People People with a disability/Special Needs People of a particular ethnic or racial origin
How:	Makes grants to organizations (incl. schools, charities etc.) and individuals Provides human resource (e.g. staff/volunteers) Provides advocacy/advice/information

AREAS OF CONCERN

Karenaid's projects can be roughly grouped into eight categories. These are:

1. Healthcare
2. Mission
3. Development
4. Education

Karen Relief & Development Fund

(also known as Karenaid)
Year ending 5th APRIL 2017

Trustees' Report

5. WelfarePromotion
6. Administration
7. Contingency

Karenaid is a UK based charity, which exists to channel support to refugees living close to the Thai Burmese border.

The recipients of our funds fall into three main categories:

1. Refugees from Burma who have crossed the border into Thailand and are living in camps.
2. People still living within Burmese border but are known to be internally displaced and/or materially needy.
3. People who have migrated to Thailand from Burma in order to find work. Most of these people are economically disadvantaged and dependent upon outside support for nutritional support, schooling and medical care for themselves and their children.

WORK OF THE KARENAID TRUSTEES

In the UK the charity is managed by a group of honorary Trustees who have a concern for the plight of the recipients, accept the aims and objectives of the charity and work with them.

Throughout the year the Trustees continued to carefully monitor the financial situation and respond proactively to the situation on the border. On the financial front the Trustees aimed to:

- Keep the operating reserves for the 'general fund' so that there is just sufficient to meet the planned payments / grants. (The Trustees are aware of a plan to close within 2 years and therefore do not feel it judicious to continue to hold large reserves.)
- Keep the operating reserve for the 'eye fund' at 1.6 years. (It has been at this figure for last 2 years and has not caused us any operating difficulties.) Note the bulk of the eye surgery takes place at Mae Tao Clinic and during the year other non-camp based satellite clinics were trialled in anticipation of the camps closing. As no let up in the demand for the eye work is expected no reduction in financial reserves is considered necessary or wise for this work.
- Make all project donations on time in Thai Bhat at agreed amounts regardless of currency exchange rate changes.
- Place all designated gifts where requested by the donors.
- Obtain reports & undertake visits to review the effectiveness of projects
- Take note of Charity Commission guidance

PUBLIC BENEFIT

Karenaid is a UK based Christian NGO, working to relieve hardship and distress, and promote education and good health, among refugees and displaced people living on the Thai/Burma border. It has a strong interest in eye surgery. Karenaid endeavours to advance UK public education in the difficulties experienced by refugees.

In setting our programme each year, The Trustees have regard to both the Charity Commission's general guidance on public benefit, and prevention and relief of poverty for the public benefit. We always ensure that the programmes we undertake are in line with

Karen Relief & Development Fund

(also known as Karenaid)
Year ending 5th APRIL 2017

Trustees' Report

our charitable objects and aims. This is achieved by quarterly Trustee meetings and close management of funds going to the supported projects. The project leads are required to submit regular reports on their activity and outcomes. In addition, the Trustees make visits to the projects on border when possible.

Public benefit, subject to resources and prioritization, is made available to refugees and internally displaced peoples of all ages along the Thai/Burma border regardless of their ethnic or religious background or ability to pay.

The Karenaid Annual Report details the activities and outcomes illustrating the Public Benefit aspect of the Charity.

CONFLICTS OF INTEREST

There are no declared conflicts of interests by any Trustee for this reporting period.

FINANCIAL CONTROLS

In accordance with good financial practice, the following procedures are in place:

- Preferred means for UK payments is by cheque requiring two signatures.
- International payments can be by Internet banking but with an electronic acknowledgement to 'secretary@karenaid', which can be read by other Trustees.
- Cash is not to be held; it is to be banked. Cash is not to be used as a means of payment.
- Preparation of the annual accounts is to be undertaken by an independent person
- Accounts to be audited as required by the Charity Commission
- Treasurer to make regular financial statements to all Trustees including all significant donations and expenditures
- Any Trustee is authorised to stop any payment if they feel that is the prudent course of action.

POLICIES

The charity has written policies for the following aspects:

- Public Benefit
- Links to Proscribed Organizations
- Complaints Handling Policy
- Vetting Procedure for Trustees
- Disqualification of a Trustee
- Volunteer Management Policy
- Protection of Children & Vulnerable Adults Policy
- Travel & Personnel Expenses
- Investment and Risk Management
- Donations from an Unknown Source
- Conflict of Interests
- Fraud, Theft or Loss
- Compliance with Charity Commission's requirements

Karen Relief & Development Fund

(also known as Karenaid)

Year ending 5th APRIL 2017

Trustees' Report

HEALTHCARE PROJECTS

H1 Report on Eye Surgery undertaken on Thai-Burmese Border

Background

Dr Phillip Ambler reports: "Burma has been subject to political and social injustice since the end of the Second World War. This has resulted in widespread poverty and the persecution of many of the ethnic groups in that country. Eastern Burma is home to the Karen, one of the larger groups who defended themselves and others who fled to them after the 1988 crackdown on the pro- democracy movement. In 1990, Mr Frank Green, a Consultant Eye Surgeon in Aberdeen, and me, Dr Phillip Ambler, a GP trained in Ophthalmology, were invited by their leaders to assess the eye needs of the population living in the remote forests on the Thai- Burmese border. Since that initial visit we have returned twice a year to train their "medics" in primary eye care, and to perform cataract and other eye surgery. Although our initial introduction was through the Karen, hence our name, our work extends to all the ethnic groups regardless of nationality, gender, race, or religion, and is provided unconditionally.

There is now a clearly stated intention to close these camps in the near future, and move the population back into Burma. We are evaluating options to deliver eye care there, and have started work in one location with plans for two more in the coming year.

In 1995, the area in which we worked fell to the Burmese military forces, leading to a surge in refugees crossing into Thailand. 120,000 of these people still live in the 10 camps along that border see Appendix 1 for map. Their basic health and welfare needs are met by a variety of NGOs/Aid Agencies, and one of the larger and more active of these is an American based organisation, The International Rescue Committee, IRC. In 1995 they appointed an Optometrist with Public Health training, Dr Jerry Vincent, to establish the Border Eye Programme. Its purpose was to train the refugee "medics" who work with the NGO's in the camps, in the diagnosis and treatment of simple eye conditions, including Vitamin A deficiency. We were able to link up with Jerry that year, and it became clear that our programmes could complement each other. By establishing regular visits to the camps, in co-operation with the relevant NGOs, we could operate on those his medics had identified as suitable. That same year we purchased a portable operating microscope and Frank Green moved from doing ICCE to Extra Capsular Cataract Extraction with the insertion of an implant, which was a significant improvement. This has now developed into Small Incision Cataract Surgery, SICS, which is the technique now recognised globally as the best alternative to Phacoemulsification, producing comparable results at a fraction of the cost.

We were also introduced to Dr Cynthia Maung, a refugee doctor who had established Mae Tao Clinic in the Thai border town of Mae Sot. She invited us to work there treating people who had crossed from Burma.

In the intervening years, the service has developed, particularly at Mae Tao Clinic. It draws patients from within Burma, where health care is so poorly available that patients will make the difficult, dangerous and expensive journey for up to 3 days to attend. The demand is therefore unquantifiable and seems limitless, but is addressed thanks to the commitment and increased presence of Mr Frank Green. Having now retired from the NHS, Frank is spending about 36 weeks a year based in Mae Sot and operating at Mae Tao Clinic. With the help of Prof. John Forrester from Aberdeen, he has trained a particularly able "medic", Nayhser, in Small Incision Cataract Surgery, SICS. Having completed over 2000 of these with great competency, he can work alongside Frank at Mae Tao, and is also now working independently for the local Karen authorities in an area of Eastern Burma. This is an exciting development as Burma opens up and more can be done on that side of the border, and we are pleased to be collaborating with these new initiatives. It would be an ideal venue for Nayhser to apply his considerable surgical skills.

Karen Relief & Development Fund

(also known as Karenaid)
Year ending 5th APRIL 2017

Trustees' Report

The equipment at Mae Tao Clinic is of a high standard and includes two teaching microscopes, slit lamp, YAG laser, auto-refractor, and keratometer and Biometry ultrasound. It affords an excellent base for other surgeons who express interest in this work to adapt their techniques to this setting.

I travel to Thailand to assist Frank with the work in the camps, where we take the equipment including the operating microscope and Biometry equipment. I am also Chair of the Trustees of Karenaid, a small UK Registered Charity (1059057) that we formed to maximise the efficiency of donations and the purchasing of supplies. Many of these come from Aurolab in India. I also use my time there to meet with personnel and visit other projects that Karenaid support. As the report of activity below demonstrates, the number of operations is now significant and the resulting logistics appreciable. Maintaining this service has been possible only due to the generosity of donors, both individual and organisations such as CBM, Allergan, the British Council for the Prevention of Blindness, and IRISAsia.

We are sincerely grateful to IRIS Asia for their generous support over recent years. They have now ceased their work and we will be seeking alternative sources of funds.

Activity 2016-17 report from Frank Green

“Approximately 12,000 patients were seen in MTC and I saw 3,850 between MTC and the camps.

The number of surgeries performed during the year was 1,865. I did 1,723 of them and NayHser 113 and a UK trainee 29.

Nay Hser is now working almost exclusively inside Burma. He has taken the initiative and has formed his own programme very successfully with various groups who are supporting him so his role at Mae Tao clinic has almost ceased.

Of these surgeries approx. 1,464 were for cataract, 204 for Pterygia, 22 eye removals, 40 glaucoma surgeries and 135 others

During the year 2 visits were made to the clinic at 3 Pagoda pass where 143 cases were operated on, 2 visits to Htam Hin camp where we did 41 cases and 2 visits to Thay Ba Boe where 50 cases were performed.

One visit to each of the following: Mae Hong Son camps 27 cases, MaeLa Maluang 24 cases, Mae La Oon 26 cases, Maela camp 36 cases and Umpien Mai camp 30 cases.

Cost of operations

A cataract operation costs approximately £30 in consumables including:

- Anaesthetic agent
- Sutures
- Intraocular Lens
- Viscoelastic
- Balanced Salt Solution
- Vision Blue
- Pre and Post op eye drops

Karenaid Trustees meet their own expenses, though these are accounted for in our annual return on the advice of our auditor. We have received funds from Sight by Wings for airfares in the past, for which we are most grateful.

Karen Relief & Development Fund

(also known as Karenaid)
Year ending 5th APRIL 2017

Trustees' Report

Staffing

The local team has been led by Thai nurse, Satja Netek (known as Goong). He was first employed by IRC (International Rescue Committee) in 2005 to take over the lead of their Border Eye Programme, and speaks Thai, English, Karen and some other tribal languages. He had four workers under him responsible for teaching the camp and clinic "medics", glasses distribution, and the Vitamin A programme. He has provided an invaluable service linking with IRC and the NGO's responsible for care in the camps, preparing for our regular visits. When, due to a reduction in their USAid allocation, IRC were no longer able to support this role, Karenaid sought to take over.

Goong's role for us is:

- to deliver the Border Eye Training Programme;
- to oversee the clinical standards of Mae Tao Clinic, where somewhere in the region of 22,000 patients a year are seen and 2,000 operations undertaken
- to liaise with local Thai authorities and NGOs, in particular to arrange our visits to the camps, and accompany us when we work there.
- his role is to establish contacts with the groups controlling the areas in Burma with whom we are starting to work, and he and Frank attend regular meetings with Dr Cynthia and her staff who are co-ordinating these programmes.
- to undertake stock control and ordering of supplies.

Frank has also been assisted by his daughter Anna Green, who is an experienced Optometrist. Her role has been especially valuable in screening new patients when she has accompanied us on several occasions working in the camps.

It should be mentioned that Stephen Cuddy, an optometrist in Fraserburgh, Scotland will make glasses up for free if Frank sends him a prescription for a few special cases such as highly myopic children.

Audit & Governance

Regular audit is undertaken on all aspects of the work, with input from Prof. John Forrester, Anna Green who is an Optometrist and doctors and medical students who spend time at Mae Tao. Service improvements, looking at safe practice and patient information are ongoing. As a UK Registered Charity, Karenaid submits annual audited accounts and a report to the Charity Commission and to our donors.

The future

The Thai Government has made a clear plan to close the camps in the near future, moving the population back into sites in Burma, though there has been no definite date as yet. Many NGO's are withdrawing from the border area and working more centrally in Burma. However, there remain very many vulnerable people who need eye care in the interim and will continue to need it when they leave Thailand. We are exploring new ways of working with the various groups controlling the areas of Eastern Burma to which these people will go, and have identified 3 sites where we could work. It is important to have a properly supervised, structured and co-ordinated approach to establishing an eye programme there, including funding and logistics, and we are working on that with the relevant bodies. It may have a profound effect on the way that Karenaid works in this area.

We have been in discussion with the Karen Department of Health and Welfare (KDHW) trying to get clinics set up in Burma where trained medics, such as NayHser, could work. To this end 3 clinics in Burma have been identified and their staff given training.

Karen Relief & Development Fund

(also known as Karenaid)

Year ending 5th APRIL 2017

Trustees' Report

It is being a very slow process getting KHWD to take ownership of the programme and to establish a route for the procurement of consumables and a proper workplace and salary scale for NayHser.

Two Trustees, Max and Fiona Derrick, visited the Mae Tao Clinic and reported as follows:

“The Mae Tao Clinic has been built in a new location about 5km outside Mae Sot, and 5km from the border, offering improved buildings, layout and facilities. The old Mae Tao clinic is still open for another 14 months and houses some patients and some facilities.

We visited the Eye Clinic and met with Dr. Frank Green and the Eye Border team as they screened and triaged the patients. We saw the new operating theatre with two beds, each with their own microscope, and a YAG laser and other equipment for biometric testing and treatment. We delivered the new ultrasonic probe for the Tomey AL-100 ultrasonic machine and have removed the old probe and will investigate if it can be repaired.

The eye clinic sees about 10,000 patients annually. Of these approximately 3,000 are referred to Frank and around 2,000 receive surgery. The rest receive treatment from the other eye clinic staff.”

H2 HIV, Primary Care and Feeding Programme: Mae Sot

The care is delivered by Drs Jonathan and Elisabetta. These projects are in addition to Dr Jonathan's role in caring for patients with leprosy. They work with the most vulnerable people who have no legal status and very restricted access to health and other resources where clinics are not available. 40kg Rice sacks are distributed monthly to families who are undernourished and with health problems. These visits enable the team to see each patient and check their health status and treat accordingly similar to a local GP.

Jonathan & Elisabetta have maintained these invaluable services against a background of political change, population movement, economic pressures and complex relationships between the various parties involved with work on the border. We are deeply grateful to them for their devoted care.

The HIV funding all goes towards medicines, which keep these patients alive. (Without it they would die as sadly far too many others still do.) These patients have no other source of this medicine available. There are no other overheads included and this is as effective and efficient as it can be. Any one patient like this costs thousands of pounds a year to treat in UK. Currently, the Karenaid contribution is keeping 12 people alive and designated giving another one person. A further 10 patients are on treatment using funds from other sources. Treatment is provided for other opportunistic infections such as tuberculosis, pneumocystis, candida, syphilis etc. as required.

In the last year, Jonathan and Elisabetta have continued to provide basic health care to Karen people and people of other ethnic groups on the Thailand-Burma border. Some examples are as follows:

- Money from Karenaid was used to fund general medical expenses including medicine, tests, patient transport and protection, Antibiotics, worm medicine, iron, vitamin A, Aprednisolene and TB medicine.
- Worming medicine was given to thousands of children as schools started back and with donations received started a simple lunch scheme of rice and beans at Elpis school.
- Anti retroviral drugs are given to people with AIDS at a cost of just 30 cents a day to keep them alive.

Jonathan and Elisabetta continue to do valuable this work, with Karenaid contributing towards their financial costs. For 2017/2018, Karenaid plans to continue to fund the

Karen Relief & Development Fund

(also known as Karenaid)
Year ending 5th APRIL 2017

Trustees' Report

purchase of rice, the provision of treatment for several people and the salary of one health worker.

Two Trustees, Max and Fiona Derrick, visited Elisabetta and reported as follows: "We met with Elisabetta and her healthcare worker and visited a school to administer weekly ferrous sulphate and vitamins and then we saw a number of patients in the villages surrounding Mae Sot where Elisabetta works.

The houses were situated in remote villages, which required a 4x4 vehicle/motorbike and walking to access them. It was observed that each of the homes had a water filter enabling the residents to obtain water from the local source (river, lake, well) and filter it to provide clean drinking water. The patients visited had symptoms of asthma, diabetes, hypertension, HIV, leprosy and bad foot ulcers. Elisabetta treated all the symptoms with a range of medicines that they have procured, ensuring that the patients understood that the tablets had to be taken at regular intervals.

We also visited a couple of handicapped children. One of the children that we visited had very bad epileptic fits and was being treated by Elisabetta.

All patient information and updates were entered onto a database on her iPad, enabling her to track all the necessary information. Any major healthcare problems Elisabetta takes to Mae Sot Hospital."

H3 Projects based at River Christian Hospital (KRCH)

H3.1 Preamble. Towards the end of this reporting period the Trustees learned that the hospital's long serving Director / surgeon and the long serving full time physician were leaving April / May. (They have taken up appointments with other hospitals.)

The Business Manager and two new doctors from abroad are now running the hospital.

In view of the changes the Trustees made the decision to withhold funding against projects directly based at the hospital after April 2017 until our Chairperson could meet the new staff in Dec 2017 & reassess the situation and ascertain if new lines of accountability / communication could be established.

It is understood the projects affected had at least 9 months contingency funding.

H3.2 Medical Care (Ex Elderly Health Care): Kwai River Christian Hospital. (KRCH)

During the year donations were used to assist the most needy regardless of age, sex or religious background'; see H3.1 regarding on-going support.

H3.3 Food Programme (Ex Children's Feeding programme) at Kwai River Christian Hospital (KRCH)

During the year donations were available to assist the most needy regardless of age, sex or religious background; see H3.1 regarding on-going support.

H4 Miscellany: Location of Kwai River Christian Hospital

There are plans to move the hospital but with the Director leaving we are no longer kept informed on this matter, so until our Chairman visits in Dec 2017 we do not know the state of play for this development. However the following will continue to be a concern:

Karen Relief & Development Fund

(also known as Karenaid)
Year ending 5th APRIL 2017

Trustees' Report

- Future staffing levels is a major concern. KRCH find it difficult to attract & retain good calibre people to the area due to the lack of social facilities including good schooling. It is a requirement of the Government that at least one doctor is licensed to practice in Thailand, which necessitates them taking an exam in the Thai language. The two replacement doctors are preparing for this.
- There are potential issues regarding the level of service provided and the fees the hospital can charge.

Sangklaburi is expected to grow considerably with the construction of the 'Asian Highway' (see W3 Safe House update).

MISSION PROJECTS

M1 Bible College: Kho Loh Traw Camp

This is a report, which Karenaid received from Saw K'Hser Moo who is the Principal of Kho Loh Traw KKBC Bible School in Mae La Oon Camp.

"May God bless our brother and sister in Christ those who supporting us from abroad but never see each other, we know that without love in Christ this could not happen. We thank you very much for support us year by year and we can serve God and can continuously do His mission without any problems.

This year again we have safely received a support from you through Mr. Tawan and he is the person who always helping us any time when we need him. We thank God for giving us for our lovely brothers and sisters like you.

Each year we have seen the improvement of our school but if without your help it could not happen. Your input is highly appreciate.

Please see some update information as mention below

Teachers and staffs

No	Name	Role
1.	Saw K' Hser Moo	Principal
2.	Saw Law Plet Poe	Vice Principal
3.	Saw Leh Lo	Look after food
4.	Saw Wiligray	Music
5.	Naw Eh K' Paw	Mission
6.	Naw Eh Gree	Sport
7.	Naw Htoo Wah Paw	Head Of Dormitory
8.	Naw Bway Gay Soe	Social Committee
9.	Naw Juedy	Part Time
10	Naw Hay Bay Nee Ya	Health
11	Naw Hser Ku Paw	Note taker
12	Saw Eh Ger	Security

Class and Subject

There is only KTS [Karen Theological Studies] program in this year. Because we do not ready to teach the [BTS] program but we have a planned. When we ready we will start [B.Th.] program.

Karen Relief & Development Fund

(also known as Karenaid)
Year ending 5th APRIL 2017

Trustees' Report

Classes	Female	Male	Total	Subject
K.T.S-First year	2	6	8	Life of Christ, Christian Education, How came Bible, Introduction of new Testament, Golden book, Christian and Note.
K.T.S- Second year	2	3	5	Life of Paul, Evangelism face to face, Prophets, Introduction of old testament, Letter of Paul, Christian leader and Note.
K.T.S Third year	5	4	9	Theology, Christian ethic, Preaching, Church history 1, Para pal of Jesus, Church management and Note.
K.T.S-Final year	3	3	6	Psychology, Revelation, Church history 2, 12 disciples, Special day, Poetry and Note

Activities of the school

- Group Competition- Once a Month, the students have a competition such as Talent, Choir, Debate, Bible quiz, Brain storming and to show the Bible story.
- Once a Month, the students and teachers have a Prayer and Fasting.
- Groups sport- competition, such as Football, Volleyball and Cane ball.
- Mission (Campaign)

Once a year in December, the students will divided into groups with some teachers as a seriously time, go for God mission campaign village by village as much as possible according to time in side Karen state and Thai villages

- The students have a prayer time in every evening started from Monday to Sunday at 6:00pm but Friday to Sunday evening after prayer time, they have to continue to practice the Choir until at 9:00pm.
- The students were divided by groups and each group will have their own group leader to lead them.”

M2 Bible College: Ban Surin Karenni Bible School Number 2

There have been no Karenaid Trustee visits this year. It is understood there are now 47 students at the College. The student's day begins at 4.00am with prayer and routine work while it is cool, before studies begin. The students also work with other Churches in the camp, and go on missions locally.

The qualification offered by the Bible School is called Christian Theology Studies. On completing their studies, the academically inclined students do not go onto Pastor Simon's Bible College at Mae La camp for further education due to travel restrictions & the cost of getting there. The alternative is to study in Toungoo, just over the border of Karen State to the West of Burma.

Karenaid funding includes providing for diesel fuel for generators so the students have light in the evenings to study. In addition, the generators provide power for the computers.

Projects to Support Refugees from Burma (PSRB) is a major donor and their chairperson visited in Jan 2017. The covering e-mail to her visitation report stated 'my impression was extremely positive, there were so many more students, the place was very lively and cheerful, and also there were more staff'.

Karen Relief & Development Fund

(also known as Karenaid)
Year ending 5th APRIL 2017

Trustees' Report

DEVELOPMENT PROJECTS

This year, no significant building projects were funded.

EDUCATION PROJECTS

E1 Small Education Projects inside Burma

Two Trustees, Max and Fiona Derrick visited the Border Health Initiative (BHI) group running some education projects in Burma and reported as follows: "Travel to Tewado takes about 2 - 3 hours depending on the season. The team visits monthly and takes medicines and supplies to the school and clinic. Malaria is not treated and any malaria patients are treated by another programme.

There are 4 teachers in the primary school teaching 105 children, and 2 teachers for the nursery class. Once a week, BHI provides lunch. They also provide a "hygiene" pack and eggs. Vitamins are not supplied to the school. At the clinic, they check children's weight and height every 6 months. There are only a few malnourished children at the school and they will be checked monthly. The families often work on the farms harvesting the grass used in the brushes. Family planning training is also given to parents, but often this advice is ignored as some families have up to eleven children!

Karenaid funding provides money for some teacher's salaries, some drugs for the clinic and contributes to a volunteer person who provides some healthcare. Karenaid money is only spent in Tewado. It has sent paper plates with drawings from St John's Church, Grove Café Church in the past to brighten up the classroom in the school. The children have since painted the Karen alphabet onto paper plates and have hung them in the same classroom. Child's Dream charity also supports Tewado."

E2 Education Projects near Mae Sot

Originally started by Mrs Ruth Green (wife of Frank Green of the Eye work), this work has continued and prospered. Two Trustees, Max and Fiona Derrick visited Ruth and reported as follows:

Ruth has 2 roles:

1) Brighter Futures teacher training to enable students to go back to their villages in Burma to teach the children. For 6 months they are taught, and for 6 months they have placements in migrant schools. We visited 3 schools where the students are doing their placements: a) a village migrant school near the border. They teach classes of around 8 children, b) a school where exams were taking place and c) a school in Mae Sot. There was a class of 30 Grade 1 and learning English. All the teachers live at the school, where they also supervise the children in the dormitories and help cook their meals. All the children seemed happy.

2) Teaching one to one to help students obtain their GED international qualification in Maths, Science, English, Literature and Social studies. This enables them to get further education within the Thai system, and hopefully, eventually university. We also visited the house where 16 male students live and study.

WELFARE PROJECTS

W1 Candlelight Project: Sangklaburi

Candlelight was established in 1986 to assist teenagers with special needs & slow learning abilities in the location of Kwai River Christian Hospital Sangklaburi. Within a few years children were included in the programme and it now includes adults.

Karen Relief & Development Fund

(also known as Karenaid)

Year ending 5th APRIL 2017

Trustees' Report

The Thai government does provide Special Education Centres in each provincial city to provide educational and training facilities for children and adults with special needs. At the moment no such facilities exist outside the cities in rural areas; Candlelight is in a rural area.

Regarding 2016/2017, the status is as follows:

Candlelight is being run by the accountant (Poy) at KRCH at a cost of THB3,000 per month. She visits the families of disabled children weekly to deliver milk and to check that all is well with the families and children and any income generation projects. The vision for Candlelight is that they become self-funding after being given "seed" money to initiate the income generation projects.

For example, a family is given some piglets and pig food at the start (total cost THB 10,000 to Candlelight). The pigs grow and then are sold for THB16,000 - 20,000 per pig. This money buys another piglet and some food and the profit is spent on supporting the children in the community. 10 deaf children and children with Downs Syndrome have been sent to Kanchanaburi and they were provided with clothes, shoes and transport. Using this model, of the THB200,000, which is required to fund Candlelight each year, THB180,000 funds the children directly and THB20,000 funds the administration. The school is free. One 18-year-old deaf boy completes his schooling this year and will go on to do a 2-year electrician's course so he can work in the future.

Lanternlight, run by Jan and funded from Australia, is complimentary to Candlelight in that Lanternlight runs education and training courses and visiting children, where Candlelight provides transport, income generation support and physiotherapy. In addition, One Sky assists Lanternlight and all three charities work together to support these vulnerable children. Candlelight has about THB800,000 in savings (to buy a new car, equipment etc.). It costs THB200,000 per year to run. Therefore, Candlelight is sufficiently financed for the next few years and so Karenaid has decided not to support Candlelight after April 2017.

W2 Safe House: Sangklaburi

The Sangklaburi Safe House was established about 25 years ago to look after sick and mentally ill migrant workers who had been deported at the Thai/Burma border near Huay Malai and were found to be wandering in the area unable to take care of themselves.

The Safe House is being run by Da Soh efficiently. The finances are reasonably healthy even though TBBC and TEAR Australia no longer fund the project. Originally, there were 20 staff running the Safe House. Now there are only 12 staff managing 29 residents. Currently, the Safe House runs at THB1.65 million per year (previously THB3million), thanks to gifts, especially a one off gift from the American Presbyterian Church, which will keep the Safe House running for one year.

The bakery is now up and running and producing bread and cakes. One of the KRCH new doctor's husbands, who is Thai, runs the bakery and is working hard to develop it and the land surrounding it

The Chair of Trustees, Dr Phillip Amber, will be visiting the Safe House in December 2017 and will report on his findings. In the meantime, Karenaid plans to continue funding this work

ADMINISTRATIVE EXPENSES

Karenaid has no paid officials. All publicity, secretarial and bookkeeping work is done by volunteers.

Karen Relief & Development Fund

(also known as Karenaid)
Year ending 5th APRIL 2017

Trustees' Report

Allan Green of Aberdeen maintains our website at no charge to the Charity.

Charity expenses are less than 3.5% of the total outgoings.

The Trustees will endeavour to keep the operating costs of the charity to a minimum.

The Trustees cover the above operating costs of the charity.

BENEFIT IN KIND

During the reporting period the charity received for the eye team a year's supply of intraocular lens, suture & needles & various eye drops to the value of £10,605 including freight costs.

INVESTMENT POLICY

Keep the operating reserves for the 'general fund' so that there is just sufficient to meet the planned payments / grants. (The Trustees believe the camps will be closed within 2 years and therefore do not feel it judicious to continue to hold reserves.)

Keep the operating reserve for the 'eye fund' at 1.6 years. (It has been at this figure for last 2 years and has not caused us any operating difficulties.) Note the bulk of the eye surgery takes place at Mae Tao Clinic and during the year other non-camp based satellite clinics were trialled in anticipation of the camps closing. As no let up in the demand for the eye work is expected, no reduction in financial reserves is considered appropriate.

RISK POLICY

The Trustees have examined the major strategic, business and operational risks which the charity faces and confirm that systems have been established to enable regular reports to be produced so that the necessary steps can be taken to lessen these risks.

STATEMENT of TRUSTEES RESPONSIBILITIES

The Trustees are responsible for preparing the Trustees Report and the financial statements in accordance with applicable law and regulations.

In preparing those financial statements, the Trustees are required to:

- make judgements and estimates that are reasonable and prudent
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- and prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

INDEPENDENT PREPARATION OF ACCOUNTS

This year, the accounts for the annual report were prepared by Mr John Wilson, based on the nominal ledger prepared by the treasurer. Mr Wilson has expressed a willingness to provide the same service next year. A resolution proposing his services will be sought at the March meeting.

Karen Relief & Development Fund

(also known as Karenaid)

Year ending 5th APRIL 2017

Trustees' Report

INDEPENDENT EXAMINER

Mr Peter Hammond was re-appointed as the charities' independent examiner during the year and has expressed his willingness to continue in that capacity. A resolution proposing his re-appointment for a further year will be raised at the March meeting at which next year activities are formally reviewed.

Signed on behalf of the Trustees

Mrs. Liz Tilson

Date.....