มูลนิธิ เดอะ บอร์เดอร์แลนด์ เฮลท์

The Borderland Health Foundation

ANNUAL REPORT OF YEAR 2021

MAE SOT, TAK PROVINCE
THAILAND

I. Board Member and Foundation Objectives

1.1 List of board committee member of Year 2021

Prof. François Nosten	Chairperson
Mr. Tip Ruchaitrakul	Vice Chairperson and Secretary
Ms. Wannee Ritwongsakul	Treasurer
Dr. Chirapong Uthaisin	Board member (resigned on 30th April 2021)
Ms. Ladda Kajeechiwa	Board member
Prof. Nick Day	Board member
Ms. Daraporn Yuwaphan	Board member (newly joined)

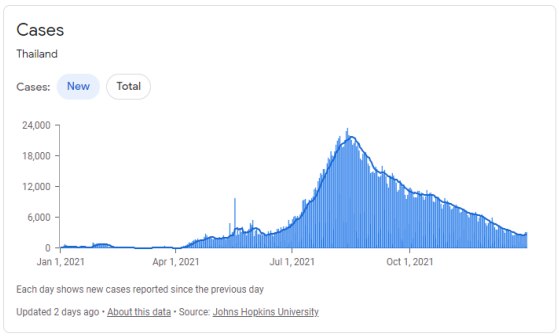
1.2 Objectives of foundation

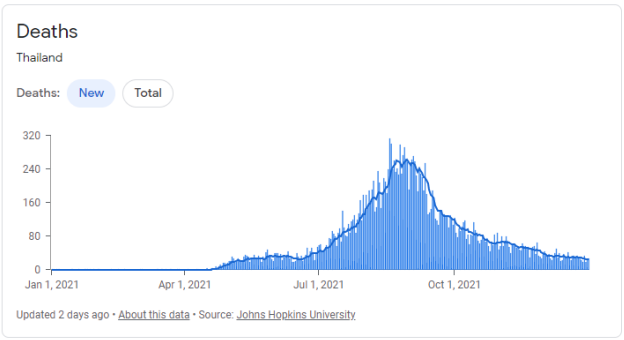
Objective 1	Promotion of public health service work and health at the border.
Objective 2	Support and coordination for study and research, professional development of the public health work and health at the border.
Objective 3	Development of personnel for public health and health at the border in cooperation with related working units.
Objective 4	Support for disadvantaged people so that they acquire knowledge on public health and care for their health in the sustainable way.
Objective 5	No activities related to politics.

II. Activities Report

Background of Year 2021

The most important problem to-date in year 2021 was the COVID-19 pandemic, which is no doubt and changed everyone's life somehow. Lockdowns in Thailand officially began at the end of March 2020 with subsequent extensions. The border closure, and restricted movements of people resulted in less activity than planned. The COVID-19 situation, driven by the delta variant and low vaccination rates, brought the greatest impact to the border population. Thailand was in the midst of its first big wave, largest number of deaths, and most restrictive lockdowns (particularly for migrants), with misinformation and lack of vaccination programs in rural area, significantly impacting the remote area and marginalised population.





Like most of western border of Thailand, Tak Province has remained a 'dark red zone' where the highest grade of restrictions applied. Restrictions have been rolling and extended. The following issues brought large-scale impact on BHF's activities in year 2021:

1) Border closure due to COVID which intensified with the coup d'etat 1-Feb-2021 following elections in Myanmar
2) Restricted movements of migrants and health service gap to this population
3) Slow vaccine roll out to Thai Nationals and for migrants

2.1 PROJECT – Expansion of malaria surveillance along eastern, western and southern borders of Thailand

BHF acts as one of sub-grant recipients of this project which Shoklo Malaria Research Unit (SMRU) is the recipient to manage the project implementation. Besides, this is a two and half year project funded by Dhanin Tawee Chearavanont Foundation (DTCF), used to be DT Families Foundation (DTFF), through The Global Fund and managed by United Nations Office for Project Services (UNOPS) to comprehensively collaborate with Thai health authorities and community-based organisations to share the work of malaria elimination in high prevalence border area of Thailand.

In this project, BHF is mainly in charge of a few technical supportive trainings for activity partners and collaborates with Tak Provincial Health Office (TPHO) to directly implement malaria case surveillance and reporting work. Moreover, BHF also assists SMRU in progress monitoring and management with all project partners as well as in managing human resource of the project. The following paragraphs give a summary of main achievement of the project year 2021, January to June.

The main challenge is our main partners, health authorities, they are more occupied by dealing with COVID-19 case tracking, investigation, and screening. Thus, some of malaria-related activities were delayed to implement, which it is understandable and acceptable during such COVID-19 global battle. However, integration of malaria- and covid-related field work was also organised in order to complete the field visit work at once.

2.1.1 BHF and SMRU: Technical support and monitoring

- **Case investigation and monitoring review workshop**

  BHF has co-organised a training with Mae Sot vector-borne disease center (VBDC) at local level to upgrade capacity of case investigation reporting and mapping skill by using Google Map, which was on 15th and 16th March 2021.

  The lecture was to review the case investigation reporting by group work, and to summarise the missing information, then in order to construct a better content of case report. Further, this is related to implement 1-3-7 strategy which demands a detailed and correct information to complete the whole cycle of case investigation. Moreover, mapping of malaria case by powerful tool, Google Map, was one of highlight in this workshop, which was demonstrated by the lecturer based at the inter-provincial VBD regional office, Phitsanulok Province. Thus, how to use pivot table in EXCEL program to further organise the raw data to be automatically converted to be a figure or table was also another highlight for participants to learn, in order to analyse the raw data listed on spreadsheet.

- **Technical training of G6PD deficiency detection**
  BHF organised a G6PD screening training for government health staff on **31st March2021**, as a technical support training in this Malaria program; G6PD screening biosensor device practice workshop. The participants were government health workers/officers who are at VBD Center (VBDC) Mae Sot and VBD Unit (VBDU) across 5 border districts in Tak. Besides, Umphang hospital public health officers and medical technician also joined this meeting, which there were 30 participants trained.

  Besides the hardcopy manual and handout shared during the workshop, a step-by-step instruction video file, an online link, was also shared with all the participants after the workshop, so each of participant can refresh/review how to proceed G6PD deficiency detection by the biosensor device anytime when needed.

- **Malaria detection and treatment workshop at border area**
  BHF and SMRU M&E team delivered a 2-day workshop in remote area in Umphang District, which was arranged by Umphang Hospital public health department. The purpose of this workshop is to train the community health workers on how to correct proceed RDT usage and result reading. Besides, slide making for positive cases and malaria knowledge refreshing for participants were included.

  This workshop brought an opportunity for around 30 MPWs and health workers working along Thailand-Myanmar border together to share their unique experience and cases they met, as well as to refresh the knowledge and skill on malaria detection and treatment. Thus, training team also prepare the package of slide making for every trainee, so they can bring the tool with essential knowledge altogether to implement in their malaria work on a daily basis for villagers. This workshop was in late April, 2021.



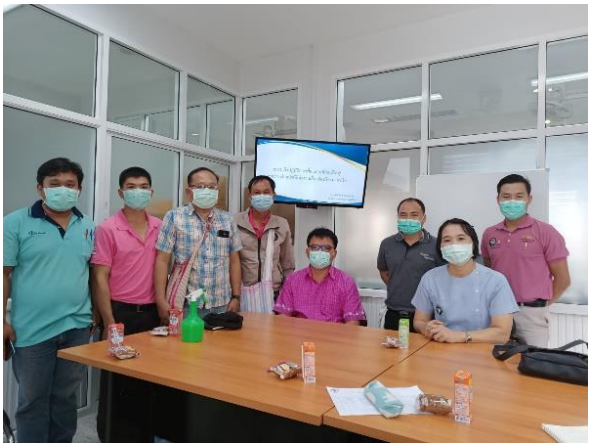

2.1.2 BHF and SMRU: Malaria detection and treatment

In terms of case screening with local Thai health authorities in Umphang District, Tak Province. BHF and SMRU were invited to join a few field visits and work with Umphang vector-borne Unit (VBDU), Umphang Hospital, and Umphang local health authority to proceed malaria case screening and material distribution to target remote villages in Mae Jan sub-district, Umphang. Cross-border health care and malaria treatment service are also existed in those area with the support of Thai local health authorities and NGOs both in Myanmar and Thai side. Especially, with this project's support, Thai VBD conducted anti-epidemic malaria knowledge sharing and training as well as the Thai health center acting at the frontline for malaria control hub to the local in some


remote villages.

2.1.3 TPHO: Community engagement and malaria monitoring

Under the community engagement approach, TPHO conducted quite many activities on the ground level, including training for community health volunteers at high risk areas, anti-epidemic exhibition, knowledge sharing at migrant learning center, exchange and learning platform for malaria control, active malaria case screening and follow up. Those activities benefited about **4,164** people in target area.



2.2 PROJECT – Health Systems Strengthening for marginalized and undocumented migrants in Tak Province, Thailand: a focus on sexual and reproductive health needs

This project has the following specific objectives: (1) support networking and coordination of sexual and reproductive health (SRH) stakeholders in Phop Phra and Mae Ra Mat districts of Tak Province, Thailand; (2) strengthen capacity of rural community health workers (CHWs) and scale up outreach in SRH activities; and (3) establish a surveillance system for SRH activities including SRH emergencies.

2.2.1 Pilot training of CHW and outreach team

The training of using the developed curriculum was piloted by Jun 2021. Through M&E process, it demonstrated that trainees were comfortable with the material. Feedback from trainees and trainers to improve sessions in the future was also collected during the training. Practical training for outreach activities is important to solidify knowledge and prepare for outreach services.

Fortunately, such training for CHW was completed while restrictions were loose enough to bring CHW to join the pilot training (the original plan was to bring both districts together but this was forbidden). These workshops were well received and a learning process for project staff as well, as the level of literacy affected depth of content, and how it could be presented (some CHW do not read at all but remain very active and motivated to support their communities).

2.2.2 Pilot SRH outreach activity

The preparation required significant effort in public and community engagement. Delayed due to COVID restrictions were in place as well as working with Thai public health officials at provincial and district levels to receive approval for outreach work took quite long time to achieve. Internally, it required logistics and supplies preparation and management, data and IT support for monitoring patients and data collection.

Outreach teams from BHF clinic in Mae Ramat district began outreach in Feb 2021 at two sites. Another 2 sites were identified in Phop Phra district and being outreached in Mar 2021. Given delays, the overall pilot period was shortened to end around late June or early July 2021. Logistics have been the primary issue and it's found limited sanitation in outreach sites. limited working space was also an issue to be resolved. However, those were expected for the pilot phase. Re-programming will allow to address a number of these issues.

In addition, border closure and COVID restrictions were the most likely reasons for lower numbers than expected of pregnant women but demand for family planning has been high. This created some logistical issues as more women wanted implant than sterilized kits that were brought on outreach.

Those issues were brought to discuss between outreach teams and operational support staff to seek a solution.

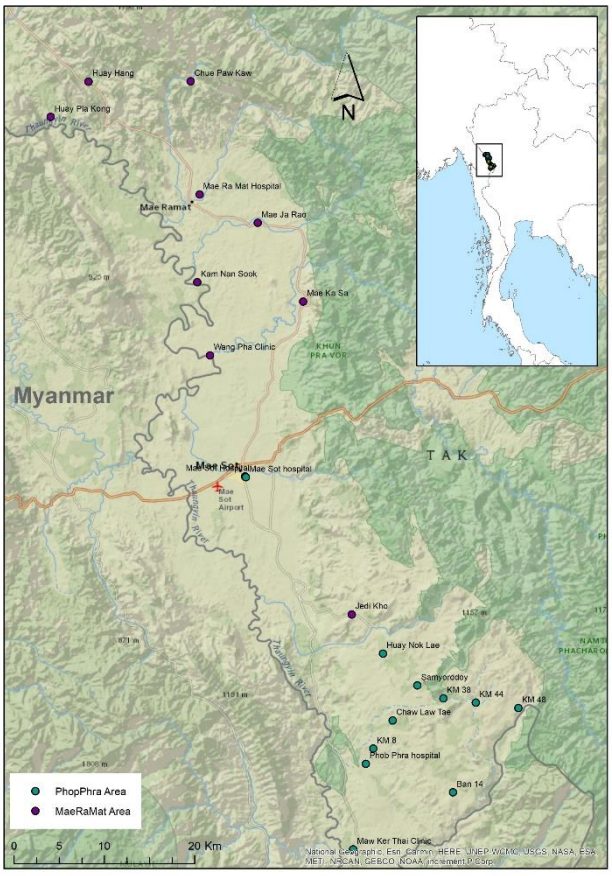
2.2.3 Training for scale-up of outreach activity

The training for scale-up was planned as a block (including accommodation etc), but has not been possible to bring too many people together for training for scale up due to COVID. Most CHWs do not own smart phone, so online training was not possible. This has not been implemented and cannot be implemented in the curriculum that was developed for group teach. Given COVID is here , to speed up this activity, outreach team had to adapt rapidly. Curriculum video for small group sessions have been made 'portable' and delivered to CHW during outreach, which such training of CHW has been transferred to a video package being delivered in small groups at each outreach visit. However, this became far more time consuming for the staff (trainers involved).

The training for scale-up and the results of the training were progressing well: of 68 CHW there were now more than half of the expected trainings for 15 sites completed: 82/150 (54.7%). The pre-test results average were 1.6 compared to 3.3 at the post-test, which full marks are 4. Competency for pregnancy testing was taken place at all sites. Some CHWs needed to repeat this because of simple mistakes e.g. did not wash hands, used the wrong side of the pregnancy test. This type of training was far more effective than the what was originally planned. However, this brought an opportunity for outreach team to have a better understanding of what CHWs understand, literacy, interest and language.

2.2.4 Scale-up outreach activity

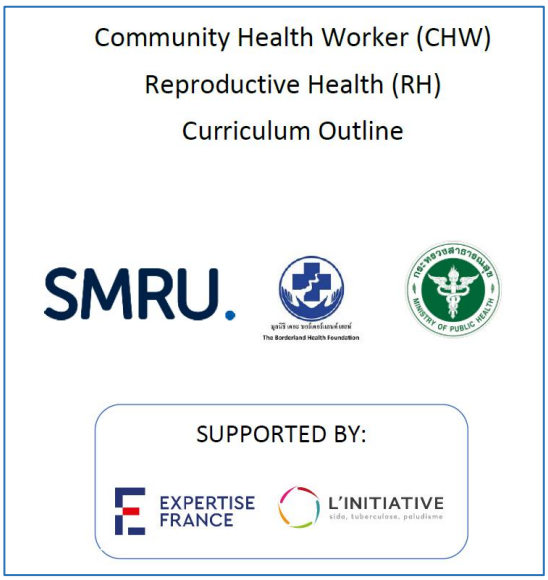
The project outreach teams activated in working at 8 sites in Mae Ramat and Phop Phra districts on a bi-weekly basis for reproductive health activities. At each outreach visit, new pregnant women were enrolled and screened for malaria, HIV, TB, syphilis, Hepatitis B, anaemia and for gestational age by ultrasound. Information on M-FUND and plans for delivery were made based on gestation and previous obstetric history. Family planning activities were also operationalized at each of these sites.



During year 2021, there were 15 of the 16 proposed sites operationalised. Each site has its own challenges e.g. far for project outreach team to drive, COVID lockdowns, less participation, etc. Altogether there were 125 outreach visits completed, which there were 66 in Phop Phra district and 59 in Mae Ramat 59 district.

2.2.5 M&E for CHW curriculum

This M&E started with preparation of curriculum evaluations, including session evaluations, guides for feedback discussions with trainees, observation of sessions for evaluation, and CHW proficiency test.



Through the M&E on the topics above, the results showed that 1) languages of training session should be in Karen and Burmese, with materials translated across three languages (Karen, Burmese, or English), 2) mix of adult education activities were favourable for learning, 3) key components of community engagement and awareness raising and counselling were important for staff knowledge. Those findings will be used to revise training sessions to target migrant health volunteers.

<u>Lessons learned during year 2021</u>

The strengths are that the internal cross-department collaboration to utilise special skill sets for service provision and public/community engagement is an obvious strength for our outreach work. The Outreach team, in the face of COVID-19, has strong potential and has provided stop gap service provision despite border closures and restrictions on migrant movements.

In terms of challenge and solution, it can be concluded that COVID-19 pandemic in Thailand was a critical issue and our proposed outreach activity, some meeting/conference were asked by Thai authorities to halt, due to limits on gathering too many people in one place. However, our team has tried to shift the strategy by providing multiple smaller-group visits, meeting and trainings, when feasible. The public space in some pilot target communities for MCH outreach was too small for physical distancing (COVID19 requirements) and without sun/rain protection facility. So, to deal with this issue, the management team decided to purchase a few sets of tents in order to extend waiting and service area.

2.3 PROJECT –Tuberculosis(TB) Treatment for Migrants

The TB patients able to access to regular treatment, their treatment success rate is around 90%. However, this kind of success seems very challenging to the migrants along the border. To tackle this issue, the TB program aims to improve access to diagnosis and treatment facilities for the marginalized communities along the Thai-Myanmar border. BHF assists SMRU in providing an integrated service of comprehensive patient-centered care.

2.3.1 TB Clinic and TB Village for Long-Term Treatment

The TB centres located in Myanmar and Thailand (established in 2009 and 2013 respectively by SMRU) have been supported by multiple funding source. The centres provides clinical and nursing care, a daily DOTS service, and support for TB/HIV patients through HIV testing and referral to local hospitals for ART (Antiretroviral therapy). The shelter-based TB centers (or called village) support the qualified health care to TB patients with free provision of accommodation and food, which good nutrition is essential for TB patients to recover.

Besides medical treatment, counseling service and psychosocial support in the centres help on identifies TB patients' socioeconomic problem(s) which may cause the interruption of treatment.

TB, Multidrug-Resistant TB (MDR-TB) and TB/HIV patients participated the social support activities, such as gardening, traditional weaving, and sewing, arranged in the centres. In addition, health education for TB patients were also organised, including experience sharing on how to overcome side effects and difficulties during the course of the treatment.

2.3.2 Mobile outreach TB screening

By comparing to year 2020, passive TB case finding in the target migrant population through SMRU/BHF clinic-based facility reduced about 25% in early 2021, which was mainly due to COVID pandemic resulting traveling difficulty to this population. To cope with such long-run COVID-19 situation, providing a mobile OPD service to routinely reach the community will brings another pathway for migrant community to easily access to health care. So, BHF and SMRU started with active case detection of TB in the existing target area along the border.

However, to improve active case finding, the new strategy of outreach TB screening is to reach the target villages with the portable chest x-ray machines to examine the people there. In collaboration with local health authorities through public engagement approach, community leaders and community health volunteers, the outreach TB screening was implemented in Mae Sot and Mae Ramat districts, plus a few in Phop Phra districts too. However, frequency and access were quite limited in year 2021 due to the COVID-19 pandemic and various level of lockdown in target area.

2.4 GRASSROOTS ACTIVITY - Public Engagement

2.4.1 Twin-Village for Community Health Network along Thailand-Myanmar border

The border length between Mae Ramat District and Myanmar is more than 97 kilometers and there is only Moei River as the natural boundary between two countries. Migration and border crossing are quite easy along this area, especially dry season people can just walk to cross the border. Such convenience also leads a higher prevalence of some communicable diseases, for example, malaria, dengue fever, cholera, TB, and other diseases being able to be prevented by vaccine. Disease outbreak may happen if there is no any active monitoring or prevention work being implemented.

Based on the above, The Borderland Health Foundation directly supports and plans with Mae Ramat Hospital to further expand the training activity to community health volunteers (CHVs) inhabiting in villages in both Thai and Myanmar sides along this border area. Further, this activity is mainly organised by Mae Ramat Hospital based on the local need assessed by public health officers of Mae Ramat Hospital and there will be around 46 CHVs as direct beneficiaries. In year 2021, this activity was held for one time to target some health-related and environmental problems plus COVID pandemic and vaccination inside participants' communities.

Due to covid this year, there was only one workshop organised at Mae Ramat Hospital, which was in middle of December. An overall review on border health issues, including outbreak of COVID-19 pandemic along Thai-Myanmar border. Prevention of covid spreading out and access to vaccination was still a critical issue and this workshop brought an opportunity for CHVs and health authorities to enhance the networking on how to prevent and report covid.

2.4.2 Health Care Promotion and Coordination

<u>Community Visits – Mae Ramat District</u>

This activity includes provision of health information and basic supplies to the families in need. As during the Covid-19 epidemics, the public engagement team together with community leaders and local public health officers made randomly visits to some of vulnerable households. during each visit, the team provided the information regarding prevention of the coronavirus, listened to their thoughts and anxiety about the shifts of rules and regulation due to COVID. It was an opportunity for our team to clarify the misinformation to the households and they were also being encouraged to receive COVID vaccine when available in the area.

There were more than **30 visits to around 470 people** being visited during year 2021 by our public engagement team and local partners.

<u>Community Consultation for TB and MCH Service – Mae Ramat District</u>

With the aim to create and foster understanding and relationship with the local communities in Mae Ramat, the public engagement team constantly seeks consultation with the local community stakeholders, including the district officers, subdistrict and village leaders, public health officers and community health volunteers, to investigate the nature of communities and needs, to discuss and consult on further joint activities and collaboration of the Tuberculosis program (TB screening and treatment and care), Maternal and Child Health (MCH), and to ensure that migrants living in the area aware of health services available in the area and strengthen support and collaboration with local communities.

Based on clear aim, BHF works with Mae Ramat Hospital to visit a cluster community in Khane Chue sub-district for a community consultation specific for *"discharge plan and care of patient undergoing alcohol withdrawal"*. As far as the alcohol-related issue is a concern, it is undeniable that the involvement of the local community members is a strong force to empower the patients who are reducing alcohol dependence, once they return to the community. This joint activity was part of the effort to promote a healthy community along Thailand-Myanmar border.






III. Audited Financial Statement

Please see the annex.