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The Borderland Health Foundation

ANNUAL REPORT OF YEAR 2023

MAE RAMAT DISTRICT, TAK PROVINCE
THAILAND

I. BOARD MEMBER AND FOUNDATION OBJECTIVES

1.1 List of Board Committee Member of Year 2023

Prof. François Nosten	Chairperson
Mr. Tip Ruchaitrakul	Vice Chairperson and Secretary
Ms. Wannee Ritwongsakul	Treasurer
Ms. Daraporn Yuwaphan	Board member
Ms. Ladda Kajeechiwa	Board member
Prof. Nick Day	Board member

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 OF PROJECT

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

This project is funded by L'Initiative and the implementing activities is in accordance with 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.

There are highlights for year 2023 include:

- CHWs conducting family planning training within migrant communities
- Achieving the projected target of new pregnant women enrollments
- Continued high demand for contraceptives

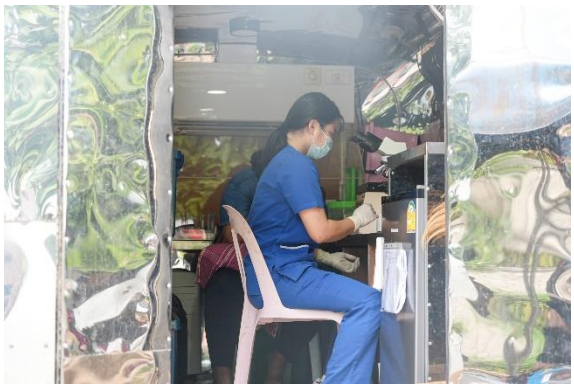
2.1.1 Maternal and Child Health (MCH) Outreach

BHF/SMRU's ongoing collaboration with community health workers (CHWs) in Mae Ramat and Phop Phra districts has been instrumental in providing essential healthcare services to underserved populations. Through mobile clinics and SRH services, we have been able to reach remote communities, offering vital screenings and interventions, particularly focusing on antenatal care to prevent mother-to-child transmission diseases. Throughout 2023, our Maternal and Child Health (MCH) outreach service has been operational across 16 sites, conducting nearly 33 visits per month. This consistent presence in the field has facilitated the enrollment of new pregnant women, surpassing our target of 1,600 for the period.

Our commitment to comprehensive reproductive health extends to contraceptive services, which play a crucial role in empowering individuals to make informed choices about their reproductive futures. With a primary focus on migrants aged 15-49, we not only provide access to a range of contraceptive methods but also prioritize education on family planning. Our training programs for outreach teams and CHWs emphasize the importance of sensitive and inclusive counseling, addressing the diverse needs and concerns of individuals seeking contraception. In 2023, our efforts yielded remarkable results, exceeding our initial target by reaching over 3,200 women for family planning services.

The success of our outreach initiatives in Mae Ramat and Phop Phra districts underscores the effectiveness of community-based healthcare delivery models. These areas witnessed a record number of contraceptive consultations, surpassing the performance of other BHF/SMRU sites in Myanmar and Thailand. Among the services provided, approximately 200 implants were inserted during the year. Notably, we observed shifts in the preferences for contraceptive methods, with a noticeable decrease in implant uptake and a corresponding increase in depoprovera usage. To better understand these trends and their implications, we are conducting a comprehensive review in collaboration with our staff. Considering the logistical requirements of depoprovera administration, we estimate that our contraceptive services have reached approximately 2,475 women, signifying a significant milestone in expanding access to reproductive healthcare. Furthermore, the rising uptake of contraceptives among nulligravid teenagers, nearing the 10% target, underscores the impact of our CHWs' dedicated efforts in promoting sexual and reproductive health in the community.



2.1.2 Capacity building of community members by CHWs

Over the past decades, considerable emphasis has been placed on combatting infectious diseases, often overshadowing the critical role of community health workers (CHWs) in addressing sexual and reproductive health (SRH) issues. Recognizing this gap, BHF/SMRU embarked on a collaborative effort to empower CHWs with the necessary skills and knowledge to address SRH concerns within their communities. Since the inception of this project, our focus has been on equipping CHWs with the tools and resources needed to effectively address SRH components where awareness and information improvement are crucial.

A pivotal moment in our initiative occurred on the 4th and 5th of February 2023, when a comprehensive training session was conducted in Karen and Burmese languages, catering to the diverse linguistic needs of the participants. A total of 164 individuals, including 84 dedicated CHWs, actively participated in these interactive sessions. The inclusivity of the training was intentional, with invitations extended to various organizations operating within the border region and specializing in SRH-related fields. Notable attendees included representatives from 14 youth groups and 14 individuals from Mae Tao Clinic, each contributing their unique perspectives and insights.

Building upon the success of a special activity Day held during Period 6, where activities were conducted exclusively in Burmese and Karen languages, CHWs leveraged their accumulated knowledge and skills to lead community-based initiatives focused on promoting family planning. These activities encompassed a range of topics, including the importance of contraception and the availability of emergency contraception options. By empowering CHWs to take the lead in disseminating SRH information within their communities, we aim to foster greater awareness and understanding, ultimately contributing to improved reproductive health outcomes for all.

In the wake of the CHW training conducted on February 4th and 5th, 2023, a remarkable initiative has emerged, driven by the proactive response of our dedicated CHWs. Inspired by the knowledge and skills gained during the training, CHWs have taken it upon themselves to impart invaluable Family Planning Information within their respective communities. This grassroots effort has yielded commendable results, with CHWs organizing and leading a total of 34 Information, Education, and Communication (IEC) sessions across fifteen sites. These sessions, conducted within the heart of local communities, served as vital platforms for disseminating essential information on family planning and reproductive health. Through engaging presentations, interactive discussions, and informative materials, CHWs effectively conveyed key messages to over 2,000 community members. The response from the communities has been overwhelmingly positive, underscoring the significance of these sessions in addressing critical SRH issues.

Intermittent monitoring and feedback mechanisms have provided valuable insights into the impact of these initiatives. Community members have expressed gratitude for the informative and empowering sessions, highlighting the practical relevance of the information shared. By fostering a sense of ownership and agency among community members, these sessions have not only raised awareness but also catalyzed positive behavioral change.

Moving forward, it has been committed to supporting and amplifying the efforts of our CHWs as they continue to champion SRH education within their communities. Through sustained collaboration and empowerment, BHF/SMRU aspired to create lasting improvements in reproductive health outcomes and contribute to the overall well-being of the communities BHF/SMRU serves.

2.2 PROJECT: Strengthen Maternal and Child Health Along the Border Area

The Health Equity Initiative (HEI) project operates along the Thailand-Myanmar border, with a primary focus on enhancing mother and child healthcare services. This initiative is particularly geared towards supporting pregnant women and addressing maternal emergencies, facilitated through collaborative efforts between local authorities and voluntary community health workers. The designated HEI MCH working areas encompass Walley and Maw Ker Thai in Thailand, as well as Koe Yaw Lay and Lay Kay in Myanmar.

Throughout the year 2023, the project has undertaken several key activities aimed at improving maternal and child health outcomes in these border regions. These initiatives and achievements include as follows:

2.2.1 Clinic-Based Antenatal Care (ANC) Services

In 2023, our clinic-based antenatal care (ANC) services made significant strides, with a total of 5,131 women registering for ANC appointments, ensuring they received care at least four times throughout their pregnancies. These visits included comprehensive screenings for HIV, Hepatitis B, syphilis, and other related conditions, ensuring the well-being of both mothers and babies. The successful achievement of our targeted activities can be attributed to the effectiveness of our community engagement actions and the cohesive teamwork demonstrated by our staff. Through proactive engagement with the community and seamless collaboration within our team, we were able to ensure that pregnant women received timely and comprehensive ANC services, contributing to improved maternal and child health outcomes in our region.

2.2.2 Family Planning Services and Sexual Reproductive Health Rights (SRHR) Counseling

In 2023, a total of 6,974 women received essential family planning services alongside comprehensive sexual reproductive health rights (SRHR) counseling. At BHF/SMRU, we prioritize the training and development of our staff members responsible for delivering these crucial services to communities. Through a structured coaching process, we ensure that our staff are equipped with the necessary skills and knowledge to provide effective counseling and support to individuals seeking family planning services. Our commitment to staff development extends to providing additional training sessions as needed, ensuring that our team remains up-to-date with the latest information and best practices in family planning and SRHR counseling. By investing in the continuous professional growth of our staff, we aim to enhance the quality of care provided to our communities, ultimately contributing to improved reproductive health outcomes for women in our region.

2.2.3 Skilled Birth Attendant-Assisted Childbirth

In 2023, a total of 2,241 childbirths were safely delivered with the assistance of skilled birth attendants, facilitated by the collaborative efforts of community healthcare volunteers. These skilled birth attendants, supported by dedicated community health workers, played a crucial role in ensuring safe deliveries and providing essential care to mothers and newborns during the childbirth process. Through coordinated efforts and effective teamwork, we were able to ensure that expectant mothers received the support and care they needed to navigate the childbirth journey safely. By leveraging the expertise of skilled birth attendants and the dedication of community healthcare volunteers, we continue to uphold our commitment to promoting maternal and newborn health in our communities.

2.2.4 Strengthening Maternal and Neonatal Referral Systems

A cornerstone of comprehensive maternal and neonatal care is the establishment of a robust referral system. In 2023, we dedicated efforts to enhance our referral system's capacity through regular meetings and collaborative problem-solving sessions. By addressing challenges and making informed decisions, we have refined our referral processes, resulting in a more efficient and effective system.

Throughout the year, a total of 163 referral cases were managed, comprising 153 maternal referrals and 9 newborn referrals. These cases were carefully assessed, and appropriate actions were taken to ensure timely and seamless transfers to the designated healthcare facilities. Notably, 21 cases were referred to Ethnic Health Organization (EHO) hospitals, 59 cases to hospitals in Myanmar, and 83 cases to hospitals in Thailand.

Timely referral of emergency obstetric cases and infants under five to the appropriate healthcare facilities, including government hospitals in Thailand and Myanmar and EHO-led hospitals, is crucial for saving lives. We recognize the importance of ongoing dialogue and collaboration with relevant authorities to address challenges and continually improve our referral processes. Through these efforts, we remain committed to ensuring that mothers and babies receive the critical care they need, when they need it most.

2.2.5 Strengthening Community Engagement for Health Promotion

Throughout the year, the Community and Public Engagement Department of BHF/SMRU actively promoted engagement activities aimed at conveying crucial health messages to the community. Utilizing diverse communication channels, including short video clips, health knowledge sharing sessions with community leaders, and engaging drama performances, we effectively disseminated information on topics such as the dangers of teenage pregnancy and the importance of maternal and child health.

Furthermore, our team conducted tailored engagement activities with local Thai authorities and ethnic health leaders to ensure alignment with community needs and preferences. By employing a multifaceted approach to community engagement, we seek to empower individuals with the knowledge and resources needed to make informed decisions about their health and well-being. Through ongoing collaboration and dialogue, we remain committed to promoting health equity and improving healthcare outcomes in the border area

2.2.6 Enhancing Maternal and Child Healthcare Through Midwifery Training

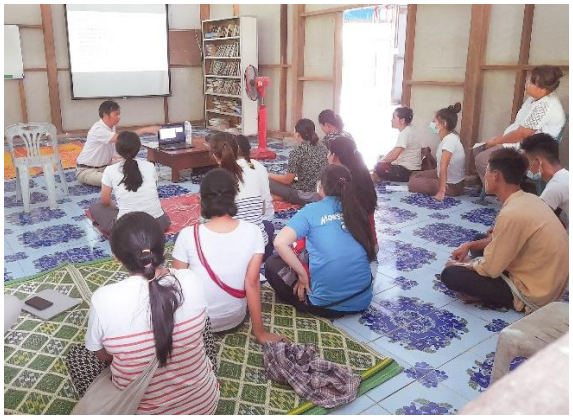
BHF/SMRU is dedicated to providing essential support and improving maternal and child healthcare along the Thailand-Myanmar border. One key aspect of our commitment is the provision of technical support and medical equipment to perform cesarean sections for pregnant women in need. Over the past decade, BHF/SMRU has developed a comprehensive midwifery curriculum aimed at training skilled birth attendants to deliver high-quality maternal and child healthcare services. This curriculum has been continuously refined and improved over time to ensure its effectiveness. The training program consists of eight months of rigorous theory and practical training, designed to equip midwives with the necessary knowledge and skills to provide optimal care to expectant mothers and their babies.

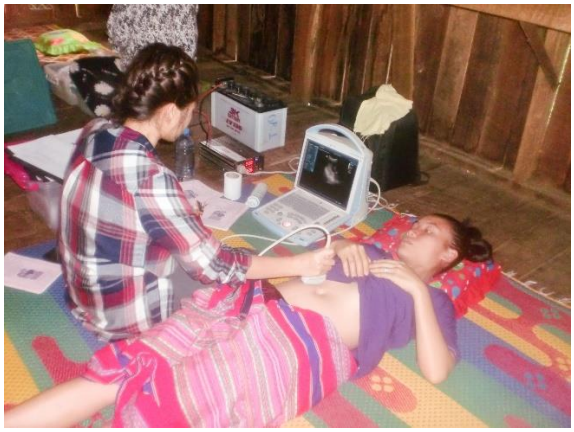
In the reporting period, BHF/SMRU conducted technical training as part of the Midwifery course, with a total of 36 midwifery students from local communities expected to complete their training by the end of the year. Led by SMRU obstetric doctors and the training department team, the curriculum covers a range of topics essential for maternal and child health, providing comprehensive education from the initial stages to practical application. The midwifery training typically spans one year, comprising three months of theoretical instruction followed by nine months of practical training. Candidates for the training program are selected based on stringent criteria established by SMRU. Our partners, including Ethnic Health Organizations (EHOs) like the Karen Department of Health and Welfare (KDHW), are informed about the midwifery training opportunities, and candidates are accepted based on their qualifications and readiness to undergo the training.

2.2.7 Emergency Support for Asylum Seekers Amidst Conflict

In April 2023, BHF/SMRU responded swiftly to an urgent humanitarian crisis as more than 1,000 people sought refuge at the SMRU Wang Pa clinic following clashes between a Myanmar military-backed Border Guard Force (BGF) and opposition militias in the Shwe Ko Ko area. Among the displaced were SMRU staff, their family members, and local villagers, highlighting the gravity of the situation. Recognizing the immediate need for assistance, BHF/SMRU mobilized resources from the Health Equity Initiative (HEI) to provide emergency support to the asylum seekers. With HEI's approval, a total of THB 576,787 (approximately USD 16,763) was allocated to address various essential needs, including daily living expenses, hygiene and sanitation supplies, clinical supplies, and other materials crucial for their well-being.

Throughout their one-week stay at the BHF/SMRU Wang Pa clinic, the asylum seekers received comprehensive support to ensure their safety and dignity amidst the turmoil. BHF/SMRU coordinated closely with local authorities and community leaders to manage the situation effectively and provide the necessary assistance to those affected by the conflict. Following the resolution of the military conflict and the return of relative stability to the Shwe Ko Ko area, the asylum seekers were able to safely return to their homes. However, in light of this incident, SMRU recognized the importance of being prepared to respond to similar emergencies in the future. As a result, they requested HEI to allocate a specific budget line for emergency response activities in the second half of 2023, ensuring that resources are available to provide timely assistance to vulnerable populations in times of crisis.





2.3 PROJECT: Tuberculosis (TB) Treatment for Migrants

BHF/SMRU is dedicated to delivering integrated, comprehensive, and patient-centered care through its TB Clinic. Beyond merely administering medical treatment, the clinic offers a range of support services aimed at addressing the multifaceted needs of TB patients. In addition to medical care, patients can access counseling services, providing them with emotional support and guidance throughout their treatment journey. Moreover, the clinic extends psychosocial support to help patients navigate the psychological and social challenges associated with TB. This comprehensive approach ensures that patients receive the holistic care they need to overcome the disease effectively.

Furthermore, the TB Clinic plays a crucial role in identifying socioeconomic barriers that may hinder patients' ability to adhere to treatment plans. By conducting thorough assessments, the clinic can pinpoint underlying issues such as financial constraints, housing instability, or lack of social support that may contribute to treatment interruptions.

2.3.1 TB Screening and Long-Term Treatment

Located in the Mae Ramat district of Tak province, Thailand, the TB Clinic stands as a beacon of hope for those afflicted with tuberculosis (TB). Supported by multiple funding sources, this clinic serves as a lifeline for individuals battling this infectious disease. Offering a wide array of services, the clinic ensures that patients receive the comprehensive care they need to combat TB effectively. At the heart of the clinic's services is the provision of clinical and nursing care, administered with dedication and compassion. Additionally, the clinic operates daily Directly Observed Treatment, Short-course (DOTS) services, a cornerstone in the fight against TB. Through meticulous monitoring and support, patients undergoing DOTS treatment can experience improved outcomes and a smoother recovery journey.

Recognizing the intersecting challenges faced by TB and HIV patients, the clinic extends its support to provide HIV testing and facilitate referrals to local hospitals for Antiretroviral Therapy (ART). This integrated approach addresses the complex needs of individuals living with both TB and HIV, ensuring they receive tailored care that addresses all aspects of their health. Beyond the borders of Thailand, collaboration knows no bounds. On the Myanmar side of the border area, another treatment center stands in solidarity, extending care to those in need. This cross-border partnership exemplifies the shared commitment to addressing TB on a regional level, transcending geographical barriers in the pursuit of health equity.

In short, the impact of these collective efforts was tangible. A total of **312 TB patients** found solace and healing the TB villages, while **1,682** case being screened (passive case detection) by OPD service at all BHF/SMRU clinics; **4,884** community members benefited from TB outreach activities through proactive screening initiatives (active case detection), the clinic ensures that TB does not go unnoticed, empowering communities with knowledge and access to care.

2.3.2 Psychosocial Support In TB Village

The treatment of cases was effectively maintained through a comprehensive approach that involved patient-centered strategies. These included diligent follow-up with TB patients, providing consultations, health education, adherence counseling, and conducting regular psychosocial support activities to further assist their treatment journey. The aim is to help them learn how to cope with their illness, gain a better understanding of the disease, and find motivation to comply with the necessary duration of the treatment course.

The Public Engagement Team regularly organizes fun activities, such as storytelling and games, for children living in the TB village. During the first visit, the focus was on improving the children's storytelling abilities so they could share stories with their friends and enhance their mental well-being while accompanying their parents for long-term treatment. The children were divided into two groups

and shown how to play pick-up games and have fun together. After the storytelling session, the facilitator asked the children about their favorite and least favorite parts of the story and what they had learned from it.

Moreover, most of the activities are designed to support and encourage TB patients to stay committed until the completion of their treatment. Many of these activities are centered around daily life, such as vegetable cultivation for personal consumption, training for hair-cutting, hand-made crafts, and education for the children of patients, ensuring a holistic approach to the patient's well-being.

BHF/SMRU also dedicated teaching sessions for children with tuberculosis and family members of TB patients at our TB clinic, and our curriculum design is comprehensive. We prioritize providing continuous education and support to children and their families throughout their entire treatment course. Daily teaching sessions are conducted with the aim of equipping children with essential knowledge and life skills that will enable them to lead sustainable and fulfilling lives once they leave the TB clinic. It is organized the learning point for these children by providing them with the necessary tools and education, ensuring they have the resilience and capabilities to thrive beyond their time at the clinic. By nurturing a strong bond between patients and their families and integrating education into their daily routine, we strive to create a supportive environment that encourages growth and development for these young individuals.

2.3.3 World TB Day

Through collaboration with Mae Tao Clinic (MTC), the TB team organized a World TB Day event focused on raising awareness of TB and conducting screenings for the migrant community. A total of 171 participants attended health education sessions, where the public engagement team presented a TB short film and conducted question and answer quiz sessions. Additionally, a World TB Day activity was held at the Mae Ramat TB clinic, with approximately 100 TB patients and caregivers receiving health education on TB awareness from the TB team. During this event, one TB patient and one MDR-TB patient shared their personal journeys and experiences overcoming TB treatment.

The TB team also conducted mobile CXR screening in collaboration with MTC for the migrant community in Mae Sot district as part of an integrated active case-finding activity for World TB Day, implemented on March 24, 2023. Over the course of three days, TB screening services were provided to migrant patients visiting the outpatient department (OPD) of MTC. A total of 200 migrants participated in verbal and CXR screening, resulting in the identification of two suspected TB cases.

2.3.4 Essential Training And Capacity Building

2.3.4.1 Integration Training for TB Clinic Staff on TB Diagnosis

Throughout the year, a series of three training sessions were organized to empower the staff and augment their pivotal role in managing the TB program effectively.

In May, a **comprehensive training of TB program management** session was convened, bringing together 23 participants, including medics, nurses, health workers, and counselors from Mae Ramat TB Village. This session focused on two critical aspects: TB patient mortality case review and patient cohort review. The overarching objective was to elevate the capacity and quality of care by leveraging insights gleaned from thorough case cohort analyses, understanding the intricacies of TB-related deaths, delving into disease pathology, and recognizing opportunistic infections. Moreover, the training integrated a deep dive into knowledge surrounding MDR-TB drugs and their associated side effects. This inclusion equipped participants with the necessary tools to administer tailored care for TB patients, ensuring adherence to effective treatment protocols.

Following this, in June, a **refresher training** session was conducted specifically tailored for nurses and medics stationed at MRM-TB Village. The session honed in on the critical aspects of managing drug side effects and complications commonly encountered in TB treatment, including electrolyte imbalances and hypoglycemia. Through interactive discussions and practical scenarios, participants gained a comprehensive understanding of these concepts, along with practical protocols for addressing and mitigating associated risks, thereby fortifying their ability to provide holistic care to TB patients.

As the year progressed, in September 2023, a specialized **nutrition training** session was organized for medics and health workers stationed at MRM-TB Village. This session placed a significant emphasis on the nutritional management of TB patients, recognizing the pivotal role of diet in supporting treatment outcomes. Participants engaged in detailed discussions covering various food groups, their classifications, and the principles of crafting a balanced and nutritious diet. Practical demonstrations underscored the importance of healthy diet preparation tailored to the unique needs of TB patients. Moreover, the training underscored the imperative of closely monitoring the health status and Body Mass Index (BMI) of TB patients, thereby ensuring comprehensive care and support throughout the treatment journey.

2.3.4.2 Data Training

In September 2023, a comprehensive training session focusing on **TB data recording** was organized for the staff of the TB Center, comprising medics, nurses, health workers, and counselors from Mae Ramat TB Village. The primary objective of this training was to provide participants with a thorough understanding of TB case finding strategies, which encompassed the outreach screening algorithm and the utilization of associated monitoring tools. Additionally, the session aimed to bolster participants' proficiency in delineating variables within TB case finding report forms and ensuring accurate completion of TB-related case report forms and registers, thereby upholding the standards of data quality and integrity. To achieve this, the training delved into practical techniques for data entry, with a particular emphasis on implementing data validation measures and maintaining quality assurance protocols.

Subsequently, in November 2023, another **pivotal data recording training** session was conducted, this time targeting the nursing staff, medics, health workers, and outreach personnel of TB Clinic. The overarching goal of this session was to cultivate best practices in paper-based data recording methods, thus facilitating accurate and efficient data collection, management, and reporting processes. Moreover, the training sought to deepen participants' understanding of TB definitions and treatment protocols, empowering them to navigate their roles with enhanced competency and efficacy. Furthermore, the session fostered an environment conducive to the exchange of insights and experiences, with a specific focus on highlighting exemplary performances in TB operational endeavors, optimizing patient data management practices, and harnessing informational resources to enrich treatment methodologies and advance research initiatives.

2.3.4.3 Program Review and Capacity-Building for TB Department

This event, held in December 2023, gathered 40 participants including TB doctors, project officers, nurses, members of the general support team, health officials, and other indispensable roles from TB Clinics. The primary objective of this workshop was to not only enhance the performance of the TB team but also to catalyze development within its ranks.

The workshop was meticulously designed to **address a spectrum of challenges commonly encountered in the field**, fostering discussions and analyses of potential issues that may arise during the course of their work. Through interactive sessions, participants delved into problem-solving techniques, aiming to devise sustainable procedures tailored to the unique needs of the TB Department and the well-being of TB patients. The overarching ambition was to contribute meaningfully to the eventual resolution of the TB problem, envisioning a future where the burden of TB is significantly reduced.

One of the key outcomes of this well-orchestrated workshop was the formulation of an action plan by the TB department for operations in 2024. This action plan underscores the importance of collaboration and sustainability, aiming for effective and impactful results in the fight against TB. By systematically outlining strategies and initiatives, the department seeks to maximize its efforts in tackling TB, ensuring that every action taken contributes meaningfully to the broader goal of eradicating this disease.

2.4 PROJECT: Malaria Elimination Along the Border

In 2023, the culmination of the Malaria Elimination project funded by the Regional Artemisinin Initiative 3 Elimination (RAI3E) grant marks a significant milestone in the ongoing efforts to combat malaria in the Greater Mekong Subregion. This initiative, dedicated to advancing malaria elimination, places a strong emphasis on active case finding and surveillance, particularly among hard-to-reach, mobile, and migrant populations residing in border areas.

Within the framework of this initiative, BHF extends its unwavering support to BHF/SMRU's malaria elimination endeavors along the Thailand-Myanmar border. These collaborative efforts encompass a range of key activities aimed at combating malaria effectively. This includes managing malaria cases within mobile and migrant populations, implementing targeted case detection in persistent vivax hotspot and high-burden villages, and delivering tailored interventions tailored to the unique needs of mobile communities. Additionally, community engagement and participation are prioritized to foster a sense of ownership and collective responsibility in malaria elimination efforts. Furthermore, systematic data collection and epidemiological analysis play a crucial role in guiding decision-making and optimizing resource allocation for maximum impact.

By addressing the specific challenges posed by mobile and migrant populations, and employing a multifaceted approach that integrates active case finding, targeted interventions, and community involvement, BHF/SMRU's malaria elimination initiatives are poised to make significant strides in reducing the burden of malaria and moving closer towards the ultimate goal of malaria elimination in the region.

2.4.1 Malaria Case Detection

In the year 2023, the malaria landscape presented a concerning surge in suspected cases, highlighting the growing challenge of combating this infectious disease. A total of **128,164 individuals underwent testing for malaria**, revealing **39,836 positive cases (31%)**. Among these cases, 7,960 (19%) were diagnosed as P. falciparum and mix, while the majority, comprising **31,876 (81%) cases, were identified as P. vivax**. This uptick in cases, particularly in P. vivax infections, can be attributed to various complex factors that have compounded the existing challenges in malaria control efforts.

The weakened state of the public health system in Kayin State has been a significant contributing factor, prompting individuals to seek assistance at malaria posts rather than government health facilities. Additionally, the region has been grappling with ongoing armed conflict and political instability, further exacerbating the situation. These factors have led to population displacement, disruptions in formal health services, and an influx of at-risk populations, including displaced persons, migrants, and military personnel, into the program area. This influx has significantly contributed to the higher-than-anticipated number of tested cases, as evidenced by population displacement reports from Myanmar (Kayin State) and conflict-related events.

2.4.2 Community Health Workers for Malaria

Despite these formidable challenges, efforts to combat malaria have persisted. Throughout the reporting period, **991 malaria posts** remained operational, tirelessly delivering essential malaria-related services to communities in need. Although some posts faced stock shortages, concerted efforts were made to address these issues promptly through resupply initiatives, ensuring that all suspected cases received Rapid Diagnostic Testing (RDT) and appropriate medical care.

2.4.3 Capacity Building for Community Health Workers

Comprehensive training initiatives were launched to bolster the capabilities of frontline healthcare workers in malaria diagnosis and treatment. A meticulous approach was adopted to ensure that these initiatives were thorough and effective in equipping healthcare personnel with the necessary skills and

knowledge. A total of **199 Integrated Community Malaria Volunteers (ICMVs)** underwent extensive training sessions, covering a wide array of topics ranging from malaria management protocols to the latest advancements in treatment methodologies. The training sessions were designed to be interactive and engaging, providing participants with practical insights and hands-on experience to enhance their proficiency in combating malaria effectively.

Moreover, to reinforce the efficacy of these training efforts, regular supervision visits were conducted to monitor and evaluate the implementation of established guidelines and protocols. These visits served as opportunities to provide ongoing support, identify areas for improvement, and address any challenges or barriers encountered by healthcare workers in the field. By fostering a culture of continuous learning and improvement, these supervision visits played a vital role in maintaining high standards of care and ensuring optimal outcomes in malaria management.

2.4.4 Distribution of Long-Lasting Insecticidal Nets (LLINS)

In addition to capacity-building initiatives, a concerted effort was made to strengthen malaria prevention measures through the distribution of Long-Lasting Insecticidal Nets (LLINS). A total of **22,930 LLINS** were strategically allocated to displaced communities, mobile populations, migrants, and areas identified as high-risk for malaria transmission. This targeted distribution approach aimed to maximize the impact of LLINS in areas where they were most needed, effectively reducing the incidence of malaria and safeguarding vulnerable populations from the threat of mosquito-borne diseases. By providing essential tools for prevention, such as LLINS, communities were empowered to take proactive measures in protecting themselves against malaria, thereby contributing to the broader goal of malaria elimination efforts.

Despite the overall increase in malaria cases across all townships, changes in trends were challenging to discern due to the predominance of P. vivax cases. Nonetheless, ongoing surveillance efforts underscore the unwavering commitment to combat malaria and protect vulnerable populations in the region. Through collaborative and targeted interventions, stakeholders remain steadfast in their pursuit of malaria elimination and the ultimate goal of ensuring health and well-being for all.

2.5 PROJECT: Supporting Medical Care for Thailand-Myanmar Border Health

In 2023, a dedicated and ongoing project, funded by The Global Fund, aims to strengthen healthcare provisions for marginalized populations living in border areas, with a particular focus on HIV, TB, and Malaria control, as well as Primary Health Care services. In support of this crucial initiative, BHF has procured a comprehensive range of items to be donated to Mae Tao Clinic (MTC) and its partner organizations. These items are essential for delivering vital healthcare services to vulnerable communities along the border.

The procured items encompass a wide array of essentials, including basic medicines, HIV test kits, HBs test kits, malaria Rapid Diagnostic Tests (RDTs), and various medical consumables. Additionally, patient monitors and ECG machines have been acquired to enhance diagnostic capabilities and improve patient care. To ensure the safe transportation and storage of these items, a selection of cold chain equipment has also been included in the procurement.

Furthermore, recognizing the importance of efficient project management and coordination, BHF has also procured ICT equipment to facilitate seamless communication and collaboration among project stakeholders. These investments in essential resources and infrastructure underscore BHF's commitment to supporting healthcare initiatives aimed at addressing the health needs of marginalized populations in border areas. Through these concerted efforts, BHF and its partners are working towards improving access to quality healthcare and reducing the burden of infectious diseases in underserved communities.

2.6 PROJECT: Strengthen Emergency Support in Myanmar[1]

This project targets the vulnerable population in Karen State who are constrained from basic human rights privileges, including access to essential health services. Its aim is to engage and empower communities, as well as local healthcare providers, by strengthening communities' intrinsic resilience in selected townships. Community engagement is the core approach to co-create and strengthen community ownership, capacity, and action to meet the needs of the most vulnerable. The project will also promote community access to and utilization of local and emergency healthcare services and mechanisms, particularly in scenarios of humanitarian crises. Moreover, it is also funded by L'Initiative and the implementing activities is in accordance with specific objectives:

1) To strengthen capacity of rural community health workers and village administrative leaders to respond emergency and to promote gender equity
2) To increase accessibility and utilization of local/emergency health care services and mechanisms
3) To increase resources for vulnerable groups in the facilitated local/emergency health care services and mechanisms

This project commenced in March 2023, with the initial activity focused on enhancing the capacity of community health workers (CHWs) and administrative village leaders. The primary objectives were to increase accessibility and utilization of healthcare services and to engage and empower communities, as well as local healthcare providers, by strengthening communities' intrinsic resilience in the target area.

2.6.1 Community Consultation

In line with the pilot phase, the project's activities commenced in the first semester of 2023. Before initiating the core activities, BHF facilitated community consultations involving stakeholders, local authorities, community leaders, local health workers, teachers, and other relevant leaders from selected target villages. These consultations served as crucial forums for gathering insights, aligning objectives, and fostering collaboration within the community. Following these consultations, BHF proceeded to conduct a comprehensive needs assessment through various data collection methods. This included focus group discussions (FGDs) to gather perspectives from community members, in-depth interviews (IDIs) to delve deeper into specific issues, stakeholders mapping to identify key players in the community, and mapping of existing healthcare facilities to assess the current infrastructure.

During the survey of geographical terrain and transportation, observations were made to assess the landscape and logistical challenges faced by the community. Following the completion of data collection, the project team embarked on the development of training materials for the Training of Trainers (TOT) sessions. These sessions were designed to empower core staff, community leaders, and stakeholders with the necessary knowledge and skills to strengthen the healthcare system within their community. The training materials were tailored to address specific needs identified during the needs assessment phase, aiming to equip participants with practical strategies for improving healthcare delivery and fostering effective collaboration. By engaging community leaders and stakeholders in this capacity-building initiative, the project sought to ensure their active involvement and support throughout its implementation.

[1] **Political Uncertainty** emerged as a significant obstacle, imposing limitations on movement and posing challenges to transportation and communication for the project team during operational activities. Villagers themselves were compelled to remain vigilant, cognizant of the potential for conflict to erupt at any moment. Transportation emerged as a critical issue hindering healthcare delivery, particularly as the target villages were situated at considerable distances and faced poor road conditions. Accessibility was further compounded during the rainy season, with certain villages rendered unreachable by motorcycle or truck. Tragically, this resulted in the loss of lives, as severe patients, pregnant women, and individuals requiring urgent medical attention were unable to access clinics in a timely manner.

In summary, the project conducted a total of five community consultations, involving extensive engagement with stakeholders and local authorities. Additionally, 18 focus group discussions (FGDs) were held, with a total of 205 participants, to gather insights from community members. Furthermore, 20 in-depth interviews (IDIs) were conducted with partner organizations and stakeholders in the target area, ensuring a comprehensive understanding of the healthcare landscape and community needs.

2.6.2 Training of Trainers (TOT) and Advocacy

In August 2023, the Training of Trainers (TOT) was conducted for the BHF project team, empowering them to serve as trainers for target groups, including community leaders and Community Health Workers (CHWs). These training sessions were meticulously designed based on findings from the need assessment report, ensuring they addressed the specific health challenges identified within the community. The comprehensive TOT covered various essential topics aimed at enhancing community health and well-being. This included emergency preparedness, encompassing first aid skills to equip participants with the ability to respond effectively to emergencies. Additionally, the training focused on promoting personal and environmental hygiene practices to prevent the spread of diseases.

Furthermore, participants were educated on the prevention of seasonal illnesses prevalent in the region, such as dengue fever, malaria, diarrhea, and food poisoning. Practical strategies and preventive measures were discussed to minimize the risk of contracting these illnesses, particularly during peak seasons. Moreover, the TOT sessions delved into broader aspects of community health, including management, leadership, gender, and health, as well as sexual and reproductive health (SRH). These topics aimed to empower participants with the necessary knowledge and skills to lead health initiatives within their communities and promote gender equality and reproductive health.

Following the TOT, the BHF project team and trainers collaborated to develop a TOT manual guideline for field facilitators and Information, Education, and Communication (IEC) materials for seasonal disease prevention. These materials, including posters on malaria, dengue, diarrhea, and tuberculosis (TB), would be utilized during community engagement activities to raise awareness and facilitate training sessions for the target groups.

In September and October, the BHF project team conducted advocacy meetings with stakeholders to garner support for conducting TOT sessions at the field level in the target area. These sessions aimed to recruit self-help groups and emergency response teams to assist with emergency issues, natural disasters, and health-related challenges. Facilitated by the BHF project team, the TOT training sessions were based on the topics covered during the central-level TOT. Facilitators tailored the training content to the specific needs and priorities of the community, identified through prior assessments.

Furthermore, the TOT equipped participants with the knowledge and skills to organize and deliver health-related activities through community engagement. This included conducting health education sessions focused on infectious and seasonal diseases in collaboration with the project team. As a result of the TOT training, self-help groups were established to respond to emergencies, disseminate health-related knowledge, and serve as focal points for vulnerable individuals to access healthcare and resources. These groups also served as channels for reporting urgent needs and emergency issues to the project team, facilitating timely responses and interventions.


Key Approaches

2.7 Grassroots and Coordination Activities

2.7.1 Annual Border Health Meeting

XXXII SMRU/BHF Border Health Meeting took place on August 17, 2023, at the 5th Floor meeting room of the Mae Ra Mat Primary Healthcare Unit Hospital, located in the Mae Ramat District of Tak Province, Thailand. This meeting served as a pivotal platform for various healthcare organizations to convene, deliberate, and exchange insights, knowledge, and experiences pertinent to border health issues.

Against the backdrop of prevailing challenges, including the resurgence of infectious diseases, the significance of such gatherings cannot be overstated. In an era where global health threats loom large, the opportunity to assemble and engage in collaborative discourse becomes increasingly invaluable. By fostering an environment of open dialogue and knowledge sharing, the Border Health Meeting facilitated a comprehensive understanding of the prevailing health landscape along the border regions.

Participants, comprising healthcare professionals, researchers, policymakers, and representatives from diverse health organizations, converged to deliberate on a wide array of topics. From emerging infectious diseases to existing health disparities and healthcare access challenges, the agenda encompassed multifaceted discussions aimed at addressing the pressing health concerns facing border communities.

Moreover, the meeting served as a platform for stakeholders to receive updates on major health issues, exchange best practices, and explore innovative strategies to enhance healthcare delivery and mitigate health risks. Through interactive sessions, presentations, and workshops, participants had the opportunity to glean insights from one another's experiences, thus enriching their collective knowledge base and fostering synergistic collaborations.

2.7.2 Twin-Village for Community Health Network

The border stretching between Mae Ramat District and Myanmar extends over 97 kilometers, facilitating relatively easy border crossings, especially during the dry season when individuals can simply walk to the Moei River. However, this accessibility also heightens the risk of certain communicable diseases, potentially leading to outbreaks in the absence of proactive prevention measures. In order to engage with local communities and healthcare providers effectively, BHF/SMRU collaborates with Mae Ramat Hospital to broaden training initiatives, now encompassing community health volunteers (CHVs) in villages on both the Thai and Myanmar sides of the border. These activities are primarily coordinated by Mae Ramat Hospital, tailored to address the specific needs identified by public health officers. Approximately 50 CHVs are expected to directly benefit from this program.

The twin villages training activity, held in June, aimed to address various health-related issues and environmental challenges within the participating communities. It brought together a total of 45 Community Health Volunteers (CHVs) from villages spanning both sides of the border. In addition to addressing community health concerns, this training served as an opportunity to refresh the CHVs' knowledge and skills in preventing and controlling communicable diseases, ensuring they were equipped to effectively serve their communities.

Following this, another training session was organized in September, focusing on environmental health, disease control, epidemiology, and Border Health Services. Mr. Pitak Sila, a public health officer from Mae Ramat Hospital, led the session, providing a comprehensive overview of the roles and responsibilities of CHVs. He also engaged participants in discussions about monitoring tasks for the upcoming year. The training proceeded smoothly, with detailed plans outlined for future meetings and activities aimed at enhancing community health and well-being.




2.8 Support of Administration and Operation of SMRU

In the array of services delivered by SMRU clinics and the Head Office, BHF has played a pivotal role by partially covering the costs associated with various aspects, including human resources, procurement of medical supplies, administrative functions, and coordination of logistics. Moreover, BHF has actively participated in co-managing institutional grants alongside SMRU's administration- and operation-related departments. This collaborative approach ensures the efficient functioning and sustainability of essential healthcare services provided to the communities in the border area.

At SMRU clinics, continuous on-site case detection and treatment of malaria and other common diseases, as well as specialized care for the baby unit (SCBU), are implemented. According to OPD and IPD service records, there were **8,265** suspected malaria cases screened, with **521** positive cases (Pv 489, Pf 30, and mix 2) detected and **513** received the treatment. In addition to malaria, the clinics provided screening for common diseases, with **10,944** cases screened (consultation) and **3,348** cases detected with respiratory infections. Furthermore, **610** cases were referred for admission to the SCBU.

Throughout the reporting period, a significant outreach effort was made to ensure that pregnant women received comprehensive antenatal care (ANC) counseling. A total of **14,840** pregnant women were registered for these sessions, which were conducted both on-site and through outreach initiatives. These sessions went beyond routine check-ups to include thorough disease screening for a range of conditions, including malaria, HIV, tuberculosis, anemia, hepatitis, and syphilis. These screenings were crucial for identifying and addressing any health issues that could affect maternal and fetal well-being.

Pregnant women accessing ANC services also benefited from outpatient services provided at SMRU clinics, ensuring continuity of care and access to necessary medical support throughout their pregnancies. This integrated approach aimed to address not only the immediate health needs of expectant mothers but also to promote overall maternal health and well-being. In terms of childbirth,

a total of **2,498** deliveries took place at SMRU clinics during the reporting period. These deliveries were managed by skilled healthcare professionals trained in maternal and neonatal care, ensuring safe and hygienic birthing conditions for both mothers and babies. However, in cases where complications arose during childbirth, swift action was taken to refer the affected individuals to higher-level healthcare facilities for further evaluation and management.

A total of **571** cases were identified as complicated deliveries requiring referral to hospitals in both Thailand and Myanmar. Collaborating hospitals on the Thai side included Mae Sot Hospital and Mae Ramat Hospital, which have the necessary facilities and expertise to manage obstetric emergencies effectively. Similarly, Myawaddy Hospital served as the primary referral center on the Myanmar side, ensuring that pregnant women received timely and appropriate care, regardless of their location along the border.