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The Borderland Health Foundation

# ANNUAL REPORT OF YEAR 2024

## MAE RAMAT DISTRICT, TAK PROVINCE
## THAILAND

# CONTENTS

## I. BOARD MEMBER AND FOUNDATION OBJECTIVES

### 1.1 List of Board Committee Member of Year 2024

| | |
|---|---|
| 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 are 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 2024 include:

- Goal of 4 ANC visits, safe delivery care, and effective family planning reached for 65% of enrolled women
- 8 stakeholder meetings
- Adolescent drama evaluation has been reviewed and revised version is in preparation
- Adolescent drama has been shown in the community
- Uptake family planning continues to increase
- Number of nulligravid teens accessing family planning is increasing

#### 2.1.1 Maternal and Child Health (MCH) Outreach

For the first time since the project's inception, the ambitious goal of providing comprehensive sexual and reproductive health (SRH) services to at least 60% of enrolled women was surpassed in year 2024. This package includes a minimum of four antenatal care (ANC) visits, safe childbirth with skilled birth attendants at clinics or hospitals, and postpartum contraceptive services. Despite one sudden and unexpected maternal death during this period, these services remain critical for reducing pregnancy-related risks, managing complications, and preventing unintended pregnancies.

Continued outreach efforts in Mae Ramat and Phop Phra districts resulted in a 20% increase in pregnancy registrations in year 2024, with 90 additional pregnant women enrolling. This increase was most significant in Phob Phra. Early ANC attendance also improved, with first-trimester ANC visits rising by 20%, largely due to the efforts of community health workers. While the Thai national target for first-trimester ANC attendance is 75%, SMRU-BHF reached 64% in this period. The consistency of key indicators, such as skilled birth attendance exceeding 90% for two consecutive periods and ANC-4 attendance maintaining above 90% for three consecutive periods, highlights the program's sustained impact.

Family planning services also saw a significant increase in uptake, particularly in contraceptive implant use. More than 150 implants were inserted in Phop Phara outreach, and nearly 150 were provided outreach in Mae Ramat district. This increase follows a renewed focus on strengthening the family planning program after a decline in the previous period due to staff retirement. The rapid upskilling of a senior staff member to fill this gap underscores the vital role of local healthcare workers. Additionally, 1,417 Depo-Provera injections (effective for 12 weeks) were administered, the highest provision recorded in the project, marking a significant rise from 1,237 injections in the previous period.

Among adolescents, contraceptive use improved substantially. The proportion of nulligravid (never pregnant) teenagers using contraception increased to 10%, a significant rise from the baseline of 1.9%. This positive trend indicates greater awareness and accessibility of family planning services among young people.




**2.1.2 Community Engagement and Stakeholder Collaboration**

A film adaptation of an adolescent drama, created and performed by the Public and Community Engagement (PE/CE) Team, was screened 25 times in the community. The film addressed themes such as adolescent relationships, family dynamics, unwanted pregnancy, and unsafe abortion. A total of **480 community members** participated in post-screening discussions, with over one-third of the audience (171 individuals) being adolescents. Female participation accounted for 53% (256/480). The positive response to the film and discussion sessions encouraged community health workers to plan additional screenings and discussion forums in the future.

To strengthen collaboration, **six stakeholder meetings** were conducted during this period, involving healthcare professionals from public health, hospitals, community-based organizations (CBOs), non-governmental organizations (NGOs), and community members. The largest meeting included 58 participants from Thai public health institutions, hospitals, and NGOs working on maternal and child health along the border. Discussions emphasized the need for improved coordination and communication among stakeholders. Additionally, plans for establishing a Learning Centre were introduced. This center aims to enhance healthcare professionals' understanding of maternal and child health issues specific to the region and provide structured training for NGO/CBO staff to build essential maternal healthcare skills.

Besides, BHF expanded its engagement in SRH networking and knowledge exchange. Discussions focused on identifying barriers and enablers to migrant SRH access and developing joint strategies with organizations such as the Tak Border Health Learning Centre and Planned Parenthood Association of Thailand (PPAT). The project's extended duration has allowed stakeholders to gain a deeper understanding of SRH services' impact on migrant communities, helping to refine approaches for improving health outcomes. Additionally, an analysis of regional differences, particularly between Mae Ramat and Phop Phra, has provided valuable insights for planning future projects.




**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 improving maternal and child healthcare services. The initiative is specifically designed to support pregnant women and address maternal emergencies through the collaborative efforts of local authorities and voluntary community health workers. The HEI MCH working areas include Walley and Maw Ker Thai in Thailand, as well as Koe Yaw Lay and Lay Kay in Myanmar.

In 2024, the project has carried out several key activities aimed at enhancing maternal and child health outcomes in these border regions. The following are the initiatives and achievements:

**2.2.1 Clinic-Based Antenatal Care (ANC) Services**

In 2024, clinic-based antenatal care (ANC) services made significant progress, with **1,277 women registering for ANC appointments**. Each received care at least four times throughout their pregnancies, ensuring comprehensive maternal health support. These visits included essential screenings for HIV, Hepatitis B, syphilis, and other related conditions, safeguarding the health of both mothers and babies.

The successful achievement of targeted activities was driven by effective community engagement and strong teamwork among staff. Through proactive outreach and seamless collaboration, pregnant women received timely, high-quality ANC services, contributing to improved maternal and child health outcomes in the region.

The targets for maternal care were met, with **596 women completing at least four ANC visits** and 391 delivering with skilled birth attendants at healthcare facilities. Since 1986, the community has placed its trust in the standardized ANC and safe delivery services provided by BHF. Additionally, collaboration with key partners, such as the Karen Department of Health and Welfare (KDHW), has played a vital role in sustaining and enhancing these services. In the Lay Keh Ko (LKK) area specifically, 198 pregnant women completed a minimum of four ANC visits, while 81 were delivered under the care of skilled birth attendants at a health facility.




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

In 2024, a total of **10,108 women** received essential family planning services along with comprehensive sexual and reproductive health rights (SRHR) counseling. At BHF, priority is placed on training and developing staff members responsible for delivering these crucial services to communities. A structured coaching process ensures that staff are equipped with the necessary skills and knowledge to provide effective counseling and support for individuals seeking family planning services.

BHF delivers quality healthcare services—including standardized antenatal care, safe delivery, postnatal care, and SRHR-related services—to vulnerable populations along the Thai-Myanmar border. These services are provided through both fixed and mobile antenatal care clinics in remote areas. Family planning options include short-term methods such as oral contraceptive pills, injectable Depo-Provera, and male condoms, as well as long-term methods like implants, intrauterine devices, and female sterilization. Interval female sterilization cases are referred to Thai hospitals for further care.

To address teenage pregnancies, BHF produced a short video highlighting the risks of teenage pregnancy and prevention strategies. This video is shown in designated locations where migrant workers live during health knowledge sessions organized by the Public and Community Engagement (PE/CE) Team, with support from migrant health volunteers (MHVs). MHVs are also trained to recognize danger signs during pregnancy, understand the importance of family planning methods, and address traditional or cultural misconceptions surrounding contraception. Their role is essential in improving community awareness and access to reproductive health services.

**2.2.3 Skilled Birth Attendant-Assisted Childbirth**

In 2024, more than **1,059 childbirths** were safely assisted by skilled birth attendants, supported by the collaborative efforts of community healthcare volunteers. These skilled professionals, alongside dedicated community health workers, played a vital role in ensuring safe deliveries and providing essential care to mothers and newborns. Through coordinated efforts and effective teamwork, expectant mothers received the necessary support and medical care to navigate childbirth safely.

In addition to ensuring safe deliveries in the LKK area, the Karen Department of Health and Welfare (KDHW) aims to improve newborn care under the HEI support. Observations during the 48-hour postnatal period indicate that neonatal jaundice, a condition that can lead to neonatal morbidity and mortality, is relatively common in this population. In response, KDHW has introduced phototherapy for neonatal jaundice in this area. SMRU/BHF remains available to provide technical support to KDHW as needed. There were 62 newborns have been monitored for at least 48 hours, with 9 cases receiving phototherapy treatment.

**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. The majority of migrant pregnant women are covered by the Migrant Health Insurance Fund (M-Fund), which covers hospital costs when referrals are required. For those without health insurance and unable to afford medical expenses, SMRU/BHF provides financial support for referral costs. A total of **165 emergency obstetric cases** have been managed under this system.

## 2.3 PROJECT: Tuberculosis (TB) Treatment for Migrants

BHF 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.

In short, the impact of these collective efforts was tangible. In 2024, a total of **504 TB patients** found solace and healing in the TB villages, while **2,305** cases being screened (passive case detection) by OPD service at all BHF clinics; **7,046** 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.

**Community Engagement and Awareness**

On the Thai side, on 26-29 March, BHF and Umphang Hospital focused on **increasing tuberculosis (TB) awareness** among migrant populations in the Umphang District, particularly those who have limited access to healthcare. The activities were carried out in four communities, with a key focus on educating people about TB and the importance of X-ray screening. Information was provided in Burmese and Karen languages to ensure better understanding and engagement among the migrant populations.

The collaboration aimed to address the TB burden in the Thailand-Myanmar border area. The mobile CXR screening program was emphasized to raise awareness about TB prevention and to encourage early treatment, helping reduce the risk of TB outbreaks in the community. The health education sessions were well-received, and participants were encouraged to guide their loved ones toward timely screening and treatment. While the community engagement was partially successful, with attendees gaining valuable knowledge about TB, there are challenges.

On the Myanmar side, on 3 November, the PE/CE team, Malaria team, and TB field supervisors visited Nar Ko Hta village to begin **preparations for a TB screening operation**. This initial visit involved meetings with local authorities, village leaders, section leaders, and health leaders to discuss the planned activities. Afterward, the team organized an advocacy meeting in Htee Thel Lay Village, which was attended by 78 representatives from 20 villages across the Ka Ter Ti and Lay Poe Hta village tracts.

On 10-11 November, BHF team visited Nar Ko Hta village again to continue preparations for the TB screening operation. During this time, an advocacy meeting was held at Htee Gaw Hta Village on November 11, with 91 participants from the Nar Koh Khee and Mae Thu Village Tracts. Another workshop was organized in Lay Kaw Hti Village with 64 individuals attending. Further community engagement continued in Law Poe Der Village on 15 November, where additional outreach was conducted. From 20 to 24 November, 2024, the team held a series of TB awareness sessions in various villages, targeting specific sections of the population.

| Date | Activity Description | Location | Participants/Details |
|---|---|---|---|
| **Nov 3** | Initial visit for TB screening preparation, meetings with local authorities, village, section, and health leaders. | Nar Ko Hta Village | PE/CE team, METF team, TB field supervisors |
| **Nov 7** | Advocacy meeting | Htee Thel Lay Village | 78 representatives from 20 villages across Ka Ter Ti and Lay Poe Hta village tracts |
| **Nov 9** | Community engagement session | Blal Per Village | 98 individuals from nearby village tracts |
| **Nov 10** | Follow-up visit to Nar Ko Hta for continued preparations | Nar Ko Hta Village | PECE and METF teams |
| **Nov 11** | Advocacy meeting | Htee Gaw Hta Village | 91 participants from Nar Koh Khee and Mae Thu Village Tracts |
| **Nov 13** | Workshop | Lay Kaw Hti Village | 64 participants |
| **Nov 15** | Community engagement session | Law Poe Der Village | Participants engaged in TB awareness |
| **Nov 20-24** | TB awareness sessions across various villages | Various villages | Specific target sections of the population |

**Mobile TB Screening**

On the Thai side, a comprehensive tuberculosis (TB) active screening program was conducted across several villages in Tak Province, Thailand, targeting high-risk and underserved populations. These initiatives aimed to detect TB cases early, particularly among migrant communities who face significant healthcare access challenges. A total of **2,241 individuals were screened**, with **178 identified as suspected TB cases**. Subsequent diagnostic testing confirmed 6 active TB cases, including 1 case of multidrug-resistant TB (MDR-TB), highlighting the urgent need for continued medical follow-up, treatment, and preventive measures.

| Date | Location | Participants | Male | Female | Suspected TB Cases |
|---|---|---|---|---|---|
| **Jan 22-27** | Bann Che-di Kho, Mae Sot | 773 | 351 | 422 | 117 |
| **Feb 24-29** | Bann 18, Phrop Phra | 400 | 208 | 192 | 18 |
| **Sep 17-21** | Ban Roam Thai Pattana 3 | 461 | 231 | 230 | 23 |
| **Oct 14-18** | Ban Roam Thai Pattana 2 & 4 | 607 | 325 | 282 | 20 |

This screening initiative prioritized vulnerable groups, including undocumented migrants, who often lack access to formal healthcare systems. By providing proactive screening and early diagnosis, the program played a crucial role in reducing TB transmission and improving health outcomes. The activities were carried out in close collaboration with local health authorities, village leaders, and community health workers, ensuring a well-coordinated and community-driven approach.


On the Myanmar side, A series of tuberculosis (TB) screening activities were conducted across multiple villages in Mutraw Area. These regions hosted nine VTHC clinics and had an estimated population of 12,000. Due to poor mobile and internet connectivity, communication was challenging. The initiative aimed to provide early TB detection and treatment, particularly for underserved communities.

The screening took place in three locations: Baw Tho Hta, Nar Ko Hta, and Law Poe Der villages. From 25-29 November, 332 individuals (140 males, 192 females) were screened in Baw Tho Hta. A total of 33 suspected cases were identified, with all providing sputum samples for further analysis. Of these, 27 cases were referred for PCR testing, leading to the confirmation of 3 TB cases. Additionally, 4 male patients were scheduled for follow-up visits.

Further screening was conducted from 1-11 December, in Nar Ko Hta and Law Poe Der. A total of 746 individuals (327 males, 419 females) underwent chest X-ray screening. Among them, 46 were identified as suspected cases, and 39 were tested using the Gene X-pert method. This resulted in 6 confirmed TB cases, with follow-up plans for 3 additional patients.

Community engagement was a key component of the initiative. The PE/CE team conducted TB awareness sessions a week before screenings, while local advocacy efforts were carried out in Zone 6 to ensure community participation. These efforts helped raise awareness and improve early detection rates among the targeted populations.

| Location | Screening Period | Participants Screened | Suspected Cases | Confirmed TB Cases | Follow-up Patients |
|---|---|---|---|---|---|
| **Baw Tho Hta** | Nov 25-29 | 332 (140M, 192F) | 33 | 3 | 4 |
| **Nar Ko Hta & Law Poe Der** | Dec 1-5, 7-11 | 746 (327M, 419F) | 46 | 6 | 3 |

### 2.3.2 Psychosocial Support in TB Village

Most activities are designed to help TB patients stay committed to their treatment. These include daily life activities like vegetable gardening, hair-cutting training, crafts, and education for patients' children, ensuring a holistic approach to their well-being. The team organizes social activities for patients and caretakers, such as monthly prayer services, community gatherings, hammock making, carrom games, weaving traditional Karen dress, gardening, and watching TV.

BHF/SMRU also provides educational sessions for children with TB and their families. The curriculum is designed to offer continuous support throughout treatment. Daily lessons equip children with life skills and knowledge to lead fulfilling lives after leaving the clinic. These activities strengthen family bonds and help create a supportive environment for growth.

### 2.3.3 World TB Day

This event was held on 22 March, at the BHF office building in Mae Ramat District, Tak Province, and was organized to commemorate World TB Day. The event saw the participation of approximately 50 attendees, including migrant workers, the general public, TB coordinators, local government officers, and hospital staff.

World TB Day served as an important platform to raise global awareness about tuberculosis and further efforts to end the epidemic. Under the theme "Yes, we can stop TB," BHF emphasized the collective commitment needed to combat the disease worldwide. The event highlighted significant achievements in reinforcing TB initiatives, particularly in the context of HIV/AIDS prevention and control. As the global health community works toward the 2030 goal, there is a growing need to address the resurgence of tuberculosis, malaria, and tropical diseases, which could be overshadowed by other health priorities. At the same time, efforts to combat hepatitis and other infectious diseases are ongoing, through collaborations with various organizations in the Tak area.

### 2.3.4 Essential Training and Capacity Building

#### Training 1: TB Data Recording and DOT Training

On 29 June, a training session was held in Mae Sot. Approximately 30 participants attended, including TB Program officers, medical doctors, data entry officers, data managers, TB clinic staff, and outreach staff. The purpose of the training was to enhance understanding of TB symptoms, diagnosis, and treatment protocols, clarify the DOT protocol, workflow, and recording procedures, and foster a culture of continuous improvement in data collection processes. The training also addressed common mistakes in TB data recording and promoted best practices in paper-based data recording.

The morning session included topics such as TB recording logbooks, definitions, and contact screening data recording, which was followed by group work. A comprehensive overview of DOT, its workflow, and recording procedures was also covered. In the afternoon, participants focused on TB data workflow and recording, followed by exercises on correcting data errors, improving ACD, and enhancing TB data flow and monitoring. The session concluded with a post-test and a wrap-up.

As a result of the training, key agreements were made regarding data management and recording practices. These included the use of unique patient identifiers, consistent data entry, regular data quality checks, and accurate recording of symptoms and updates for NTP/MDRTB patients.

#### Training 2: On-the-Job Training and Coaching for MPWs/CHWs

During 7-13 August and 7-18 October, TB field supervisors provided on-the-job training and coaching for 19 MPWs/CHWs in the TB project villages in Hpa Pon (Mutraw) District. Supervisors visited several villages, including Htee Mee Kwee, Chaw Lae Del, Law Pla Thay, and others, where they met with MPWs individually or in small groups to provide training tailored to the needs identified during prior visits. The training focused on TB guidelines, screening algorithms, sputum collection, transportation methods, and completing required documents such as monthly reports and MPW logbooks.

The training was designed to ensure that MPWs/CHWs could effectively apply their newly acquired knowledge to daily TB clinic activities, improving accuracy in screening, diagnosis, and documentation. This approach helped enhance the capacity of local healthcare workers in managing TB cases.

**Training 3: Capacity Building of Local Community Women for TB Volunteering**

From 20-28 September, the TB team conducted a series of basic TB training sessions for local women across the TB project areas in Hpa Pon (Mutraw). The goal was to build the capacity of women to actively participate as volunteers in TB-related activities within their communities.

The training covered fundamental topics such as TB symptoms, prevention, identifying TB suspects, and referring them for proper treatment. The importance of community engagement in raising TB awareness was also emphasized. By the end of the sessions, five groups of local women were formed, who would work alongside MPWs to support TB activities and promote health education within their communities. These women, including members from various EHOs and CBOs, now play a vital role in educating others about TB prevention and treatment.

**Training 4: Advocacy Workshop for TB Screening with Community Leaders**

Between January and June 2024, advocacy meetings were conducted with community leaders in five villages—Khel Pa, Law Kaw Wah, Th'per Del, Tae Thu Del, and Daw Pel—and one high school, Ei Thu Ta, in Hpa Pon (Mutraw) area. These meetings aimed to organize TB awareness campaigns and discuss TB activities with the leaders and residents. The TB and PE/CE teams provided information about the project's activities, including capacity-building training for MPWs/CHWs and women's groups

The meetings were successful, with community leaders expressing strong support for the TB activities and committing to assist in reducing TB and malaria in the region, and agreed to collaborate fully with the project and help ensure that communities receive the necessary healthcare services.

**2.4 PROJECT: Malaria Elimination Along the Border**

BHF/SMRU has been implementing malaria control and elimination activities consisting of early case detection and treatment, surveillance, and vector control for migrant and ethnic communities. This program is funded by the Global Fund as part of the Regional Artemisinin Initiative. Malaria services are provided through two migrant clinics in Thailand and 553 community-based malaria posts in Kayin State, Myanmar. These services allow communities living in malaria risk areas to access malaria screening and treatment as well as surveillance of the outbreak. The program covered approximately 350,000 people along the border (Figure 1).

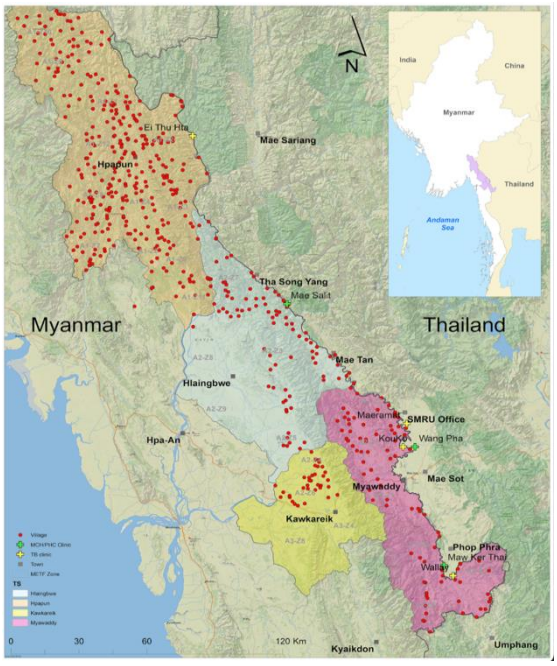


Figure 1 Map showing the SMRU/BHF health services network along Thai-Myanmar border

### 2.4.1 Malaria Case Detection

The health system in Kayin State, Myanmar, continues to deteriorate, impacting public health services and disease control programs, including malaria. This situation has been exacerbated by armed conflicts, leading to a significant displacement of the population. Consequently, the number of malaria cases reached its peak in 2023. The malaria post network, supported by BHF/SMRU in collaboration with local health authorities, became the primary service point for accessing malaria-related services. In 2024, the malaria posts network in Kayin State tested 128,686 patients exhibiting symptoms of malaria, of which 24% (30,858) tested positive consisting of *P.falciparum (Pf)* 20% (6,058), P.vivax (Pv) 77% (23,828) and Mixed (*Pf/Pv*) 3% (972) all received treatment accordingly to the national treatment guideline.

### 2.4.2 Distribution of Long-Lasting Insecticidal Nets (LLINS)

To reduce malaria transmission and protect vulnerable populations from mosquito bites, a total of **270,000 Long-Lasting Insecticidal Nets (LLINs)** were distributed among mobile, migrant, and internally displaced populations along the Thai-Myanmar border. This distribution aimed to enhance vector control measures by ensuring widespread coverage of LLINs in high-risk areas.

### 2.4.3 Border Health Cooperation Meeting

BHF also provided support for the Border Health Cooperation meeting held in Mae Ramat district and Sob Moei district. The meeting aimed to enhance coordination and collaboration among various stakeholders, including provincial, district, and local health and administrative authorities, as well as relevant international non-governmental organizations (INGOs) and agencies. The primary focus of the meeting was to develop a coordinated response to address the significant increase in malaria cases observed along the Thai-Myanmar border in 2024. By facilitating discussions and promoting multi-sectoral cooperation, the meeting sought to strengthen preparedness, improve resource allocation, and enhance the effectiveness of interventions aimed at controlling and reducing malaria transmission in the affected areas.

**2.5 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 are in accordance with specific objectives:

1) To strengthen the capacity of rural community health workers and village administrative leaders to respond emergencies 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.

**2.5.1 Workshops on Strengthening Self-Help Groups**

In 2024, a total of 25 workshops were conducted for key stakeholders and community members, engaging 647 participants. These workshops aimed to foster collaboration and strengthen networks among self-help group members, enabling them to identify and address existing emergency and health-related challenges within their communities.

Through interactive discussions and experience-sharing sessions, participants reflected on past emergencies—including floods, droughts, the COVID-19 pandemic, and airstrikes—analyzing the strategies each group had employed to navigate and overcome these crises. The workshops also facilitated knowledge exchange on best practices for disaster preparedness, response, and recovery, equipping participants with practical skills to enhance resilience in the face of future emergencies.

[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.

### 2.5.2 Training of Trainers (TOT) and Capacity Building

In August 2024, a Training of Trainers (TOT) session was conducted for the BHF project team and representatives from self-help groups in collaboration with a community-based organization (CBO). The training aimed to equip participants with knowledge of community-based responses to sustainable development in health and livelihoods, enabling them to apply this knowledge within their communities. The program was designed with a strong emphasis on case study-based exercises and project design activities.

In addition to the workshop content, trainers shared their experiences, success stories, and insights in a common language, fostering a highly engaging and interactive environment. This approach significantly enriched the learning experience, encouraging participants to be more involved. Furthermore, the workshop's methodologies helped participants refine their perspectives and generate innovative ideas for implementing key community initiatives.

Throughout 2024, a total of 13 capacity-building sessions were organized for target groups, including senior Community Health Workers (CHWs), Malaria Post Workers (MPWs), and community leaders. These sessions focused on identifying local challenges related to primary healthcare, disease outbreaks, and natural disasters. A practical exercise called the "Waste Management Cycle" was introduced as part of the training, helping participants not only identify local issues but also develop solutions and strategies to ensure project sustainability.

## 2.6 Grassroots and Coordination Activities

### 2.6.1 Annual Border Health Meeting

On August 27-28, 2024, BHF/SMRU hosted the 33rd Border Health Meeting at the Mae Ramat Primary Healthcare Unit Hospital in Mae Ramat District, Tak Province, Thailand. This esteemed gathering brought together over 250 participants, including representatives from the Thai Ministry of Public Health (MOPH), ethnic health organizations (EHOs), community-based organizations (CBOs), non-governmental organizations (NGOs), and other key stakeholders working along the Thai-Myanmar border. The meeting served as a vital platform for sharing knowledge, experiences, and challenges, fostering discussions, and strengthening cross-border collaboration to enhance healthcare services for migrant populations.

The first day featured plenary discussions on three critical health topics: Malaria, Maternal and Child Health (MCH), and Tuberculosis (TB).

- **Malaria:** BHF/SMRU and partner organizations presented updates on the Vivax epidemic in Kayin State, Myanmar, and the malaria situation in Tak Province, Thailand, emphasizing disease surveillance and response strategies. Discussions focused on the evolving epidemiology, emerging drug resistance, and collaborative efforts for case detection and treatment.
- **Maternal and Child Health (MCH):** Presentations covered reproductive health services for migrant communities, access to family planning, and gender-based violence (GBV) response

mechanisms. Participants exchanged insights on improving healthcare access for mothers and newborns, including sexual and reproductive health promotion and GBV prevention.

- **Tuberculosis (TB):** Experts from various health organizations provided updates on TB prevalence along the Thai-Myanmar border, challenges in diagnosis and treatment among migrants, and strategies for strengthening TB control through cross-border collaboration.

The second day featured five parallel roundtable discussions, each facilitated by an expert and documented by a rapporteur. These interactive sessions encouraged deeper engagement on pressing public health concerns:

1. **Maternal and Child Health on delivery certificate and other birth documents:** Discussions focused on birth registration, issuance of delivery certificates, and other essential birth documents for migrant and stateless populations. Participants explored barriers to registration and potential policy solutions.
2. **Expanded Programme on Immunization (EPI) in Myanmar:** Stakeholders examined the current status of vaccination coverage, data and documentation recording challenges, and coordination efforts to sustain immunization programs for children in the Myanmar side.
3. **Gender-Based Violence (GBV) on the Border:** Participants shared experiences, challenges, and best practices for addressing GBV in migrant communities, including access to legal protection, supports, and healthcare services.
4. **Climate Change:** This discussion focused on the effects of climate change, the difference between weather and climate change, climate justice, and climate change communication.
5. **Mae Sot Learning Center: Empowering Public Health for Migrants:** This session highlighted the background of Mae Sot Learning Center and Joint Information and Coordination Center (JICC) and the collaboration and support from the health network organizations.

The 33rd Border Health Meeting underscored the importance of multi-sectoral collaboration in addressing health challenges along the Thai-Myanmar border. Through shared experiences and strategic discussions, participants reaffirmed their commitment to improving healthcare accessibility, strengthening disease surveillance, and enhancing health equity for vulnerable populations. The insights and recommendations from this meeting will contribute to ongoing efforts to develop more coordinated and sustainable border health interventions.


### 2.6.2 Twin-Village for Community Health Network

The "Twin Village Project" was established in 2014 and has been highly successful, particularly in communicable disease surveillance and control for cholera, diphtheria, rabies, vaccine-preventable diseases, and COVID-19. To ensure continuity, sustainability, and efficiency, BHF/SMRU collaborates with Mae Ramat Hospital to broaden training initiatives, and approximately 70 Community Health Volunteers (CHVs) in villages on both the Thai and Myanmar sides of the border are expected to directly benefit from this program. The initiative focuses on refreshing knowledge and skills on infectious disease prevention and control, strengthening relationships and continuous collaboration, and enhancing community participation in disease surveillance and prevention, especially for emerging infectious diseases.

In 2024, the first twin village training was held in August, aimed to address various health-related issues and environmental challenges within the participating communities. The session brought together 45 CHVs from villages on both sides of the border. In addition to tackling community health concerns, this training provided an opportunity to refresh the CHVs' knowledge and skills in preventing and controlling communicable diseases, ensuring they were well-equipped to serve their communities effectively.

Following this, another training session was organized in December, 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.

### 2.7 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 **8,022** suspected malaria cases screened, with **397** positive cases (Pv 350, Pf 26, and mix 21) detected and **379** received treatment.

Throughout the reporting period, a significant outreach effort was made to ensure that pregnant women received comprehensive antenatal care (ANC) counseling. A total of **13,846** 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 **2,504** 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 **677** 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.


**Annex 1**

**Financial Statement and Auditor's Report**

**The Borderland Health Foundation**

**For the year ended December 31, 2024**

**NAKORN ASAVAPRATHUANGKUL** **TAX ID 3101402262811**
99/479 Sukhaphiban 2 Soi 25, Dokmai Subdistrict, Pravet District, Bangkok 10250

# REPORT OF THE INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

## TO THE BOARD OF COMMITTEES AND CHAIRMAN
## THE BORDER LAND HEALTH FOUNDATION

### Opinion

We have audited the financial statements of The Border Land Health Foundation, which comprise the statement of financial position as at December 31, 2024, and the statement of income for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of The Border Land Health Foundation as at December 31, 2024, and its financial performance for the year then ended in accordance with Thai Financial Reporting Standards for Non-Publicly Accountable Entities.

### Basis for Opinion

We conducted our audit in accordance with Thai Standards on Auditing. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Company in accordance with the Federation of Accounting Professions under the Royal Patronage of his Majesty the King's Code of Ethics for Professional Accountants together with the ethical requirements that are relevant to our audit of the financial statements, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Thai Financial Reporting Standards for Non-Publicly Accountable Entities, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the foundation's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the foundation or to cease operations, or has no realistic alternative but to do so.

### Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Thai Standards on Auditing will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Standards on Auditing, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the foundation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the foundation to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with management regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Nakorn Asavaprathuangkul
Certified Public Accountant (Thailand)
Registration No. 6829

Bangkok
March 17, 2025

**BORDER LAND HEALTH FOUNDATION**

**BALANCE SHEETS**

**AS AT DECEMBER 31, 2024**

**UNIT : BAHT**

| | 2024 | 2023 |
|---|---|---|
| **ASSETS** | | |
| **CURRENT ASSETS** | | |
| Cash and cash equivalent (Note 3) | 45,149,683.44 | 84,074,424.06 |
| Other current receivable (Note 4) | 19,053,665.71 | 4,285,415.42 |
| **Total current assets** | 64,203,349.15 | 88,359,839.48 |
| **NON CURRENT ASSETS** | | |
| Property Plant and Equipment (Note 5) | 75,831,664.83 | 72,983,710.34 |
| Other non current assets | 250,000.00 | 3,000.00 |
| **Total non-current assets** | 76,081,664.83 | 72,986,710.34 |
| **Total assets** | 140,285,013.98 | 161,346,549.82 |
| **LIABILITY AND SINKING FUND** | | |
| **Current Liability** | | |
| Other curren tpayable (Note 6) | 68,345,821.93 | 67,113,504.48 |
| Income tax payable | 86,910.30 | 97,408.82 |
| Other current liability | 82,205.53 | 47,165.82 |
| Total current liability | 68,514,937.76 | 67,258,079.12 |
| **Non-Current Liability** | | |
| Employee welfare fund | 11,434,600.00 | 7,199,712.00 |
| Total non-current liability | 11,434,600.00 | 7,199,712.00 |
| **Total Liability** | 79,949,537.76 | 74,457,791.12 |
| **Sinking Fund** | | |
| Sinking Fund | 1,269,000.00 | 1,269,000.00 |
| Income more than (less than) expense | 59,066,476.22 | 85,619,758.70 |
| **Total Sinking Fund** | 60,335,476.22 | 86,888,758.70 |
| **Total liability and sinking fund** | 140,285,013.98 | 161,346,549.82 |

# BORDER LAND HEALTH FOUNDATION

## INCOME STATEMENT

## FOR THE YEAR THEN ENDED DECEMBER 31, 2024

UNIT : BAHT

| | 2024 | 2023 |
|---|---|---|
| **Revenue** | | |
| Donation | 412,765,960.45 | 341,902,327.54 |
| Interest received | 107,671.69 | 102,087.72 |
| Other income | 848,000.00 | 872,000.45 |
| **Total revenue** | 413,721,632.14 | 342,876,415.71 |
| **Expense** | | |
| Cost of project | 421,366,673.38 | 299,144,513.02 |
| Administrative expense | 18,812,674.07 | 12,296,571.74 |
| **Total expense** | 440,179,347.45 | 311,441,084.76 |
| Revenue more than (less than) expense | (26,457,715.31) | 31,435,330.95 |
| Income tax expense | 95,567.17 | 97,408.82 |
| Net Revenue more than (less than) expense | (26,553,282.48) | 31,337,922.13 |
| Revenue more than (less than) expense B/F | 85,619,758.70 | 54,281,836.57 |
| Revenue more than (less than) expense for the year | (26,553,282.48) | 31,337,922.13 |
| Revenue more than (less than) expense C/F | 59,066,476.22 | 85,619,758.70 |

**BORDER LAND HEALTH FOUNDATION**
**NOTES TO FINANCIAL STATEMENTS**
**FOR THE YEAR THEN ENDED DECEMBER 31, 2024**

## 1. General information

Foundation registered on December 28, 2017 and registered no. 65/2560. The Company's registered office are located at 78/1 Moo 5 Mae Ra-mat Subdistrict, Mae Ra-mat District, Tak Province and the main purpose is.

- To promote health services and border health.
- To promote and coordinate research education Health and Border Health Development
- To develop health and border health personnel in cooperation with relevant agencies.
- To encourage the underprivileged to have knowledge of public health and sustainable health care.
- Do not do anything related to politics

## 2. Basis for preparation of the financial statements and significant accounting policies

Foundation prepares its statutory financial statements in the Thai language in conformity with accounting standards and practices generally accepted in Thailand.

These financial statements are prepared in accordance with the Financial Reporting Standards for Non-Public Interest Entities (Revised 2022) as announced by the Accounting Professions Council and the Department of Business Development's Announcement on the Requirements for Summary Items in Financial Statements B.E. 2566, effective for financial statements for fiscal years beginning on or after January 1, 2024 onwards.

The significant accounting policies are as follows:

2.1 Revenue and expense recognition

Revenue and expenses are recognized on an accrual basis.

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The Borderland Health Foundation

.....Chairman

2.2 Equipment

Equipment are stated at cost less accumulated depreciation

Provision is made for depreciation of all fixed assets (except land), when it is ready to use, using the straight-line method based on the estimated useful lives of the assets as follows

| TYPE OF ASSETS | YEARS |
|---|---|
| Building | 20 |
| Equipment | 5 |
| Vehicle | 5 |

## 3. Cash and cash equivalent

As at December 31, 2024 and 2023 Cash and cash equivalent consist of

| | 2024 Baht | 2023 Baht |
|---|---|---|
| Cash on hand | 86,458.00 | 147,811.00 |
| Cash at bank | 45,063,225.44 | 83,926,613.06 |
| Total | 45,149,683.44 | 84,074,424.06 |

## 4. Other current receivable

As at December 31, 2024 and 2023 Other current receivable consist of

| | 2024 Baht | 2023 Baht |
|---|---|---|
| Prepaid expense | 3,095,961.44 | 125,141.42 |
| Advance payment | 15,957,704.27 | 4,160,274.00 |
| | 19,053,665.71 | 4,285,415.42 |

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## 5. Property Plant and Equipment

Property plant and equipment are consisted of:

| | Balance As at December 31, 2023 Baht | Increase Baht | Decrease Baht | Balance As at December 31, 2024 Baht |
|---|---|---|---|---|
| **Cost** | | | | |
| Land | 12,283,320.00 | 595,000.00 | - | 12,878,320.00 |
| Building | 60,882,085.16 | - | - | 60,882,085.16 |
| Vehicle | 2,490,000.00 | 6,444,000.00 | - | 8,934,000.00 |
| Equipment | 700,869.00 | 249,756.00 | - | 950,625.00 |
| Building in construction | - | 426,817.00 | - | 426,817.00 |
| | 76,356,274.16 | 7,715,573.00 | - | 84,071,847.16 |
| **Accumulated Depreciation** | | | | |
| Building | 2,552,043.57 | 3,044,104.26 | - | 5,596,147.83 |
| Vehicle | 425,687.67 | 1,692,351.63 | - | 2,118,039.30 |
| Equipment | 394,832.58 | 131,162.62 | - | 525,995.20 |
| | 3,372,563.82 | 4,867,618.51 | - | 8,240,182.33 |
| **Net property Plant Equipment** | **72,983,710.34** | | | **75,831,664.83** |

| | |
|---|---|
| Depreciation | |
| 2024 | 4,867,618.51 |
| 2023 | 3,086,881.48 |

## 6. Other current payable

As at December 31, 2024 and 2023 Other current payable consist of

| | 2024 Baht | 2023 Baht |
|---|---|---|
| Advance received | 67,683.434.44 | 61,800,040.92 |
| Advance rental | 195,068.72 | 995,068.72 |
| Accrued expense | 467,318.77 | 4,318,394.84 |
| | 68,345,821.93 | 67,113,504.48 |

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The Borderland Health Foundation

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