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The Borderland Health Foundation

ANNUAL REPORT OF YEAR 2025

MAE RAMAT DISTRICT, TAK PROVINCE
THAILAND

CONTENTS

I. BOARD MEMBER AND FOUNDATION OBJECTIVES

1.1 List of Board Committee Member of Year 2025

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 Maternal and Child Health Service for Vulnerable Populations Along the Thailand–Myanmar Border

Throughout 2025, the Maternal and Child Health (MCH) project continued to provide essential healthcare services to vulnerable, migrant, refugee, and conflict-affected populations living along the Thailand–Myanmar border. This border region remains characterised by high mobility, limited access to formal health systems, and ongoing insecurity, all of which contribute to heightened risks for pregnant women, newborns, and young children. The MCH programme, therefore, focused on delivering comprehensive, adaptable, and sustainable services across the border area, while strengthening linkages between community-based, facility-based, and referral care.

2025 Highlights / Key Achievements

- Delivered comprehensive MCH and sexual and reproductive health (SRH) services to migrant and displaced populations across **20 border communities**, maintaining regular service provision in **15 high-need clusters**.
- Provided integrated **antenatal, postnatal, neonatal, child health, and family planning services** through outreach clinics, fixed facilities, and collaboration with community health volunteers.
- Ensured **systematic screening and treatment** for malaria, tuberculosis, HIV, hepatitis B, syphilis, and anaemia for all newly registered pregnant women.
- Supported **skilled childbirth services** and maintained referral pathways for obstetric complications despite insecurity and access constraints.
- Expanded **health workforce capacity** through targeted training in midwifery, maternal and child health, and basic obstetric ultrasound.
- Sustained cross-border coordination and adaptive service delivery despite armed conflict, population displacement, and reduced financial protection mechanisms.

Since 2020, BHF and its partners have expanded access to maternal, neonatal, and young child health services for migrant, displaced, and conflict-affected populations along the Thailand–Myanmar border. In 2025, services were maintained across 15 high-need population clusters, reaching 20 communities through a combination of outreach clinics, fixed service points, and collaboration with community health volunteers. Integrated care included antenatal, postnatal, neonatal, child health, family planning, and broader sexual and reproductive health services, supporting continuity across the maternal and child health continuum.

Comprehensive antenatal care remained a cornerstone of the programme. All newly registered pregnant women received routine ANC combined with systematic screening and treatment for priority conditions, including malaria, tuberculosis, HIV, hepatitis B, syphilis, and anaemia. Outpatient services, counselling, and health education supported women throughout pregnancy, promoted early care-seeking, and strengthened birth preparedness, helping to reduce preventable maternal and neonatal risks.

Skilled delivery services were supported at clinic level, with referral pathways in place for obstetric complications. However, access to comprehensive emergency obstetric care continued to be constrained by insecurity, high referral costs, and declining financial protection, including reduced M-FUND coverage in 2025. Armed conflict and population displacement further disrupted service delivery, at times requiring clinic relocation and increasing travel distances for patients, while simultaneously driving greater demand for higher-level and trauma-related care.

In response, implementing partners adapted service delivery models and strengthened selected facilities to provide higher-level care, including surgical management of conflict-related injuries and uncomplicated caesarean sections. Following funding withdrawals in 2025, SMRU and BHF provided targeted technical support to maintain antenatal care and safe delivery services in refugee settings (Mae La refugee camp), while continuing to invest in health workforce development through training

in midwifery, maternal and child health, and basic obstetric ultrasound. Despite ongoing constraints, the programme remained committed to ensuring equitable access to life-saving care for mothers and children along the border.

2.1.1 Maternal and Child Health (MCH) Outreach

MCH outreach activities continued to play a central role in expanding service coverage for migrant and vulnerable populations in border areas of Tak Province, while generating critical evidence to guide future service planning. Through outreach antenatal care (ANC) delivered across multiple migrant communities, the programme developed a clearer understanding of population distribution, health needs, and patterns of documentation. These outreach activities highlighted important differences between communities with access to Thai Universal Health Coverage (UHC) and those comprising largely undocumented populations with limited access to public services. This improved mapping of community needs directly informed planning for the relocation of the Wang Pha (WPA) clinic in Mae Ramat District when environmental factors necessitated its closure, enabling identification of priority areas with the greatest unmet demand.

Outreach services were concentrated in high-need areas near the Mae Sot and Phop Phra district border, where three ANC outreach sites within close proximity (within 10 km) required weekly consultations, complemented by several additional sites supported on a fortnightly or monthly basis. These communities were identified as facing multiple layers of vulnerability, including high prevalence of sexual and gender-based violence, sex work and exploitation, sexually transmitted infections, and limited social support.

Family planning services further supported maternal and neonatal outcomes by promoting healthy birth spacing and reducing unintended pregnancies. High demand for contraception was sustained throughout the year, with **2,672 women** accessing family planning services through a total of 3,320 visits. Among these, 912 contraceptive implants were provided, more than half following a recent pregnancy, indicating successful integration of post-partum family planning within maternal health services. Continued uptake by women outside the antenatal care system also demonstrated the broader reach of these services.

Besides, throughout the year, sustained engagement with local health authorities and community leaders strengthened coordination, improved trust, and facilitated progress toward identifying an appropriate location for a new fixed clinic within these underserved areas. Once established, the planned fixed clinic is expected to significantly enhance access to care for marginalized populations by replacing multiple outreach ANC services with a permanent facility providing antenatal care, safe delivery services, and 24-hour referral capacity within the community. The new clinic is projected to manage up to four times the delivery volume of the current WPA clinic and would help relieve service pressure at the Mawker Thai clinic in southern Pho Phra District, which remains over capacity due to high delivery and emergency caseloads.

2.1.2 Strengthening Maternal and Neonatal Referral Systems

In 2025, efforts to strengthen maternal and neonatal referral systems along the Thailand–Myanmar border focused on improving continuity of care, reducing delays in emergency referrals, and safeguarding access for migrant, displaced, and conflict-affected populations. Ongoing population mobility, service relocation, and insecurity in border areas continued to pose significant challenges, making an effective and coordinated referral system essential for managing high-risk pregnancies and obstetric emergencies.

A key area of progress during the year was improved coordination between community-based services, primary care units, and referral hospitals. Engagement with public sector primary care units in Thailand helped lay the groundwork for integrating outreach antenatal care into existing health systems, particularly in areas affected by clinic relocation. This collaboration strengthened referral clarity and coordination among clinic staff, hospital antenatal teams, and district-level health authorities. It also enabled systematic identification of barriers affecting migrant access to care, including language constraints, financial limitations, insurance enrolment gaps, transportation challenges, documentation status, and differences in clinical practice standards. Addressing these barriers remains critical to ensuring equitable and cost-effective referral pathways.

Referral follow-up outcomes in 2025 showed improved continuity of maternal care. The proportion of lost or unknown pregnancy outcomes and home births remained below target thresholds, even during the most challenging travel periods of the monsoon season. This improvement reflects strengthened follow-up systems and the active role of Migrant Community Health Volunteers (M-CHVs), who supported birth planning, facilitated access to health facilities, and conducted post-delivery follow-up. Reduced cross-border movement for childbirth during the year may also have contributed to improved outcome tracking.

Emergency obstetric and neonatal referrals were maintained through a coordinated cross-border network linking clinics with higher-level hospitals on both sides of the border. Complicated maternal and newborn cases were referred to appropriate facilities, including:

- Thai Referral Hospitals: Pregnant women with complications were referred to Mae Sot General Hospital, Phop Phra Hospital, and Mae Tan Hospital, which provide comprehensive obstetric and neonatal care.
- Myanmar Referral Hospitals: Referrals were coordinated with Myawaddy Hospital, Thitagu Chit Thu Hospital, and Klo Yaw Lay Hospital, serving both displaced and host communities.

This referral network was supported by 24-hour standby transport, direct clinician-to-clinician communication, collaboration with local authorities for checkpoint clearance, and formal coordination with public health institutions.

2.1.3 Clinic-Based ANC and SRHR Services

Comprehensive maternal, newborn, and sexual and reproductive health (SRHR) services were delivered to migrant, displaced, and conflict-affected populations along the Thailand–Myanmar border through a network of fixed clinics and outreach services. Care was provided in alignment with WHO recommendations, with a strong emphasis on continuity, quality, and accessibility in a highly unstable humanitarian context.

2025 Key Achievements and Impacts:

- Sustained comprehensive, WHO-aligned maternal, newborn, and SRHR services across the Thailand–Myanmar border despite escalating conflict, displacement, and funding disruptions.
- Enhanced community-based engagement and youth-friendly services, improving early detection of maternal and child health risks, expanding adolescent SRHR access, and ensuring continued support for GBV survivors.

Antenatal care (ANC) and safe delivery services remained central to the programme. Women received a full ANC package with at least eight contacts, including laboratory investigations, early ultrasound

for accurate gestational age assessment (<24 weeks), routine maternal and fetal monitoring, and universal infection screening at the first visit. Priority conditions addressed included malaria, anaemia, tuberculosis, HIV, hepatitis B, syphilis, gestational diabetes, and mental health concerns. Early diagnosis and treatment were emphasised to reduce preventable complications, and quality ANC coverage was sustained and extended to newly displaced populations throughout the year.

Skilled birth attendance and safe delivery services were provided at both fixed and outreach sites, supported by established referral pathways for obstetric and neonatal complications. High-risk pregnancies—such as previous caesarean section, twin pregnancies, placenta praevia, or abnormal fetal presentation—were managed through close coordination with referral hospitals to ensure advance booking and timely access to specialised care. Strengthened referral coordination, combined with the continued operation of clinics during periods of insecurity, contributed to increased facility-based deliveries, skilled birth attendance, and treatment of emergency maternal and newborn cases.

Comprehensive SRHR services complemented maternal and newborn care throughout the year. These included a full range of modern contraceptive methods, safe abortion and post-abortion care, and counselling provided with informed consent. Adolescent sexual and reproductive health (ASRH) remained a priority, with youth-friendly services integrated into fixed and outreach clinics and community-based education conducted with MHVs and local leaders. Gender-based violence (GBV) case management services were maintained, ensuring access to confidential medical care, psychosocial support, STI prevention, emergency contraception, and referrals despite ongoing insecurity and displacement.

2.1.4 Training and Workshop

A flagship achievement in 2025 was the delivery of a **midwifery course** at the Tak Border Health Learning Center (TBHLC). With co-funding support from the Swiss Embassy, BHF collaborated with the Boromarajonani College of Nursing and the Mae Sot General Hospital obstetrics department to co-develop a structured three-week curriculum. The course combined theoretical instruction with hands-on clinical practice at Mae Sot General Hospital and covered essential areas of midwifery care. Training content also provided an opportunity to reinforce updated clinical practices, including maternal and neonatal care approaches such as kangaroo mother care, supported by senior clinicians from BHF clinics and partner facilities.

2025 Key Achievements:

- Strengthened maternal and neonatal care capacity through delivery of a structured midwifery training programme and targeted MCH courses, resulting in demonstrated improvement in clinical skills and adherence to updated standards of care.
- Enhanced cross-institutional collaboration and professional recognition between migrant health providers and Thai public health institutions through joint curriculum development, hospital-based clinical practice, and shared learning platforms.

A total of 21 participants successfully completed the midwifery course, including 16 staff from BHF, four from Mae Tao Clinic, and one former SMRU staff member currently employed at Mae Sot General Hospital's Medina Clinic. All participants passed the course, with significant improvement observed in pre- and post-training evaluations. Beyond technical skill development, the training strengthened professional confidence and mutual respect, as participants were able to demonstrate their competencies in a hospital-based clinical setting alongside Thai counterparts. In addition to the midwifery programme, health workforce

development was further supported through participation in a short **maternal and child health (MCH) course** for medics delivered by the TBHLC. Three BHF staff attended the course, which, while not jointly designed, reflected continued momentum toward structured and accredited training at the TBHLC. Participation contributed to improved recognition of medic competencies within BHF and partner clinic systems and reinforced ongoing investment in strengthening human resources for health in the border area.

2.2 Tuberculosis (TB) Diagnosis and Treatment for Border Population

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.

2.2.1 TB Screening and Long-Term Treatment

2.2.1.1 Activities in Mutraw Area, Karen State

The tuberculosis (TB) screening and long-term treatment programme continued to improve access to TB prevention, diagnosis, and care for vulnerable populations in the Mutraw (Hpa-pon) area of Karen State. The programme operated in a highly constrained environment characterised by difficult terrain, transportation barriers, and ongoing armed conflict. Through close collaboration between the TB clinical team, Public and Community Engagement (PE/CE) teams, local authorities, community leaders, and the Border Health Foundation (BHF), TB services were delivered using an integrated clinic-based and community-based approach, ensuring continuity of care despite security and access challenges.

2025 Key Achievements

- Screened 6,401 individuals, diagnosed 27 drug-sensitive TB cases, and achieved an overall 90% TB treatment success rate.
- Strengthened community-based TB detection and referral through training, supervision, and on-the-job coaching of 179 MPWs/CHWs across multiple zones and villages in Mutraw District.
- Expanded TB prevention among vulnerable children through contact tracing and provision of tuberculosis preventive treatment (TPT) to 22 children under five years of age.

Throughout the year, **TB screening and diagnostic services were** delivered through both the ETT-TB clinic and mobile outreach activities. Between January and June, **595 individuals** (329 males, 266 females) were screened using chest X-ray (CXR), **141 individuals** received smear microscopy testing, and **84 individuals** were tested using GeneXpert, resulting in the diagnosis of **17 drug-sensitive TB cases**. From July to December, an additional **489 individuals** were screened by CXR, **103 individuals** underwent smear microscopy, and **40 individuals** received GeneXpert testing, leading to the diagnosis of **10 drug-sensitive TB cases**. No drug-resistant TB cases were detected during the reporting period.

Community-based TB activities were central to early case detection and referral. MPWs/CHWs conducted routine symptom screening and TB health education within their villages and referred presumptive cases to the ETT-TB clinic for assessment. In 2025, supportive supervision and on-the-job coaching visits reached **50 MPWs** across Zones 1, 2, 8, and 12, while **45 MPWs covering 45 villages** received hands-on coaching to strengthen practical skills. Community engagement meetings involving **92 participants** (56 males and 36 females), including village leaders, stakeholders, and local authorities, further strengthened community participation in TB control activities.

Mobile outreach screening was implemented to reach populations facing significant access barriers due to insecurity and transportation limitations. Following advocacy and engagement workshops in Bwah Del and Kar Nar Del villages, portable CXR-based screening was conducted among **453 individuals** (242 males, 211 females), resulting in the detection of **four TB cases**. These outreach

activities enabled active case finding and supported service continuity during periods of restricted movement.

TB prevention efforts were strengthened through systematic contact tracing and provision of tuberculosis preventive treatment. During 2025, **two children under five** received TPT in the first half of the year, and **19 additional children** received TPT in the second half, contributing to the prevention of disease progression among high-risk child contacts.

Despite ongoing challenges—including difficult geographic access, communication constraints, transportation blockages, frequent airstrike alerts, and insecurity—the programme demonstrated strong adaptability. Service continuity was maintained through flexible outreach strategies, strengthened coordination between clinic and community teams, and close collaboration with local health authorities. An annual evaluation meeting with stakeholders, health officials, and community leaders reviewed achievements, discussed challenges, and informed planning for the next programme period.

These achievements are summarised in Table below, which presents key TB screening, treatment, prevention, and community engagement results achieved during 2025.

Key TB Screening and Treatment Results, 2025

Indicator	2025 Results
Individuals screened for TB	6,401
Drug-sensitive TB cases diagnosed	27
TB treatment success rate	90%
Children under 5 receiving TPT	22
MPWs/CHWs trained and supervised	179
Community members reached with TB education	5,812

2.2.1.2 Outreach Mobile Screening along Thailand-Myanmar Border

Outreach mobile TB screening activities were implemented across border communities in both Thailand and Myanmar to strengthen early TB case detection among migrant, displaced, and hard-to-reach populations with limited access to routine health services. These activities were delivered through close coordination between TB teams, district health authorities, village leaders, community representatives, and migrant health volunteers. Advocacy and preparatory meetings were conducted in advance of each outreach activity to ensure community engagement, operational readiness, and local ownership of the screening efforts.

2025 Key Achievements

- Reached **1,115 community members** through mobile TB screening activities conducted in multiple high-risk border locations in Thailand and Myanmar.
- Identified and referred **confirmed and presumptive TB cases** through active case finding, enabling timely diagnosis and linkage to treatment.
- Strengthened **community awareness and participation** in TB prevention through on-site health education and collaboration with local leaders and health volunteers.

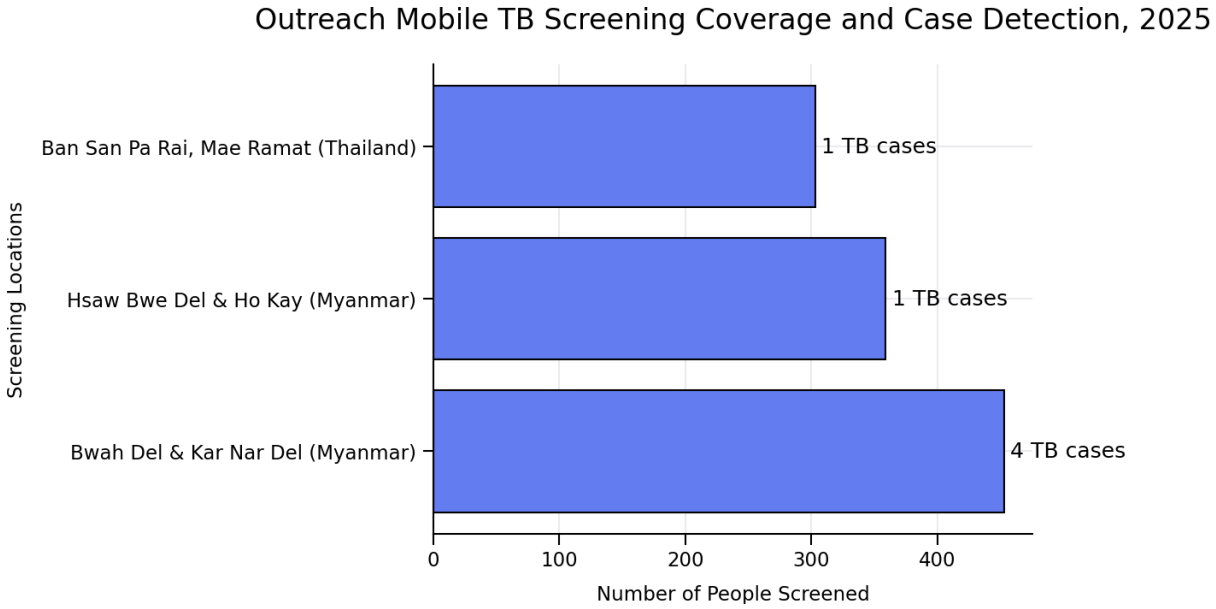
Outreach screenings followed a standardised approach across all locations. Participants received TB health education and underwent symptom screening using a structured questionnaire covering six key TB symptoms. Medical staff conducted basic physical examinations, including vital signs and blood pressure checks. Where appropriate, on-site chest X-ray (CXR) screening was provided, with pregnant women excluded from radiographic screening. Individuals with abnormal CXR findings or TB-related symptoms were referred for sputum testing, and confirmed TB cases were linked to the TB clinic for treatment and follow-up.

In Myanmar border areas, mobile outreach screening was conducted in Bwah Del, Kar Nar Del, Hsaw Bwe Del, and Ho Kay villages following advocacy meetings with local authorities and community leaders. In Bwah Del and Kar Nar Del villages, **453 individuals** (242 males, 211 females) were screened,

resulting in detection of **four TB cases**, corresponding to a **0.9% case detection rate**. In late 2025, outreach screening in Hsaw Bwe Del and Ho Kay villages reached **359 individuals** (140 males and 219 females) aged 13 to 80 years from a total catchment population of 1,272. Among these, **eight presumptive TB cases** were identified, with **one bacteriologically confirmed TB case** diagnosed and referred for treatment.

On the Thailand side, mobile CXR TB screening was conducted in Ban San Pa Rai village (Moo 2 and Moo 9), Mae Ramat District, Tak Province, from 11–12 March 2025. Implemented in collaboration with public health agencies, village leaders, migrant health volunteers, and community health workers, the two-day outreach targeted migrant workers and residents who had missed previous screenings. A total of **303 individuals** (135 males, 168 females) participated. **Eight individuals** (4 males and 4 females) were identified as presumptive TB cases and referred for sputum testing, resulting in **one confirmed TB case**, with treatment arrangements initiated promptly.

The scale and distribution of outreach mobile TB screening activities conducted in 2025 are illustrated in **Figure** below which highlights screening coverage across the main border locations in Thailand and Myanmar.



Across all outreach sites, these mobile screening activities played a critical role in reaching underserved and often undocumented populations who face barriers to accessing facility-based TB services. By bringing diagnostic services closer to communities, strengthening community engagement, and ensuring referral to care, the outreach programme contributed to earlier TB detection, reduced transmission risk, and strengthened cross-border TB control efforts.

2.2.2 Supervision and Assessment of Trained MPWs/CHWs

Supervision and assessment of trained multipurpose workers and community health workers (MPWs/CHWs) remained a core component of sustaining high-quality, community-based TB care along the Thailand–Myanmar border. Supervision visits aimed to ensure effective implementation of TB activities at community level, reinforce skills acquired during capacity-building training, and maintain the quality of case finding, referral, data recording, and reporting. These visits also provided an important platform for identifying operational challenges and offering targeted on-the-job support.

2025 Key Achievements

- Conducted structured supervision and performance assessments for **50 trained MPWs** (26 males, 24 females) across four priority zones in Mutraw (Hpa-pon), strengthening community-level TB service delivery.
- Reinforced **TB case finding, referral, and reporting practices**, with most MPWs demonstrating active engagement, regular record-keeping, and confidence in their roles.

Field supervisors conducted supervision visits with 50 MPWs in Zones 1, 2, 8, and 12 of the Mutraw (Hpa-pon) area. These visits focused on monitoring implementation of TB-related activities following training, reviewing performance using standard supervision checklists, and providing tailored feedback. The majority of MPWs were actively involved in TB symptom screening, community awareness activities, referral of presumptive TB cases, and routine data reporting. Most maintained logbooks and submitted monthly reports, and many demonstrated confidence in discussing TB-related issues and seeking guidance from supervisors when challenges arose.

Supervision visits also highlighted several operational constraints affecting MPW performance. These included limited access to vehicles, high transportation costs, poor mobile network coverage, and reliance on Wi-Fi connectivity available only in selected areas. In addition, insecurity and ongoing armed conflict further constrained movement and communication in some locations. These challenges directly affected the frequency of community outreach, follow-up of presumptive cases, and timely submission of reports.

Performance gaps were identified among a smaller number of MPWs. Some did not consistently maintain records or initiate referrals independently and relied on TB staff for follow-up. Others reported difficulty recalling reporting procedures due to extended periods without detected TB suspects in their communities, while incomplete or inconsistent use of forms and logbooks was also observed. Communication barriers and transportation challenges were key contributing factors.

As part of the supervision process, MPWs provided feedback and practical recommendations to improve community engagement. Several suggested greater use of visual aids, such as posters and TB educational video clips, to better capture community attention during health education activities. These insights are being used to strengthen future community outreach strategies and enhance the overall effectiveness of community-based TB services.

2.2.3 Community Engagement and Awareness

Community engagement and awareness-raising activities played a central role in strengthening tuberculosis (TB) prevention and control along the Thailand–Myanmar border. These activities aimed to build trust with communities, increase knowledge of TB, address stigma and misconceptions, and mobilise community support for outreach screening, referral, and treatment. Engagement activities were implemented through close collaboration among TB teams, community engagement staff, local authorities, village leaders, health workers, migrant health volunteers, and employers, ensuring locally appropriate and culturally sensitive approaches.

2025 Key Achievements

- Engaged community leaders and stakeholders from **more than 40 villages** across border areas to support TB screening, referral, and early care-seeking behaviour.
- Reached **275 community participants** through structured TB awareness meetings and campaigns, including targeted engagement in remote and low-literacy settings.
- Strengthened **community ownership of TB control** through dialogue on stigma reduction, referral pathways, and community-based care options.

Community engagement activities in Myanmar focused on preparing communities for outreach screening and reinforcing understanding of available TB services. In Zone 2 and Zone 3 of Mutraw District, community leaders from **40 villages** participated in two stakeholder meetings held in Bwah Del and Kar Nar Del villages during the first half of 2025. A total of **92 participants** (56 males and 36 females), including village leaders, women and youth groups, health workers, and township representatives, attended these meetings. Sessions included presentations, TB education, open discussion, and question-and-answer sessions. Leaders expressed strong support for upcoming outreach activities and committed to disseminating information, mobilising villagers to attend screening, and referring suspected TB cases to clinics.

Follow-up community engagement meetings were conducted later in the year in Dae Bu Noh, Ma Ngel Lu, U Wai Klo, and Oo Dar Hta villages. These discussions focused on current TB programme activities, diagnostic and treatment services available at the Ei Tu Hta TB clinic, and plans for subsequent programme phases. Participants raised challenges related to access, stigma, follow-up, communication barriers, and transportation difficulties. The meetings also explored opportunities for strengthening community-based TB care, including family-supported directly observed treatment (DOT) and clinic-based DOT options in additional areas, further reinforcing local commitment to TB control.

Targeted **TB awareness campaigns** were conducted in Hsaw Bwe Del and Ho Kay villages in December 2025—areas with limited access to health information and formal health services. Given low literacy levels, a video-based health education approach was used to deliver clear and culturally appropriate messages in local languages. These sessions were facilitated by TB programme managers, medics, field supervisors, and health workers. A total of **147 participants** (31 males and 116 females) attended. The interactive video format enabled participants to better understand TB symptoms, transmission, prevention, and the importance of early diagnosis and treatment adherence, while also creating space to address stigma and misconceptions through open discussion.

In Thailand, community engagement activities supported preparation for mobile TB screening among migrant and host communities. On **28 February 2025**, an engagement and TB awareness session was conducted at Ban Huai Pong Health Promoting Hospital, bringing together **36 participants**, including Village Health Volunteers, Migrant Health Volunteers, village leaders, and migrant employers. The purpose was to introduce the upcoming mobile CXR screening, highlight its importance, and equip community representatives with accurate information to encourage participation. Additional coordination meetings were held with district public health offices, health-promoting hospitals, community health volunteers, village leaders, and employers to align roles and responsibilities for TB outreach implementation.

Activity Type	**Location**	**Participants**	**Key Outcomes**
Stakeholder & community leader meetings	Mutraw District (multiple villages)	92 participants	Community mobilisation, referral commitment, screening support
TB awareness campaigns (video-based)	Hsaw Bwe Del & Ho Kay (Myanmar)	147 participants	Improved TB knowledge, reduced stigma, early care-seeking
Community engagement for outreach screening	Mae Ramat District (Thailand)	36participants	Improved participation in Mobile CXR screening
Total reached through engagement activities	**Thailand–Myanmar border**	**275 participants**	**Strengthened community participation in TB control**

2.2.4 Lifesaving and Nutrition Support

Lifesaving care and nutrition support remained a critical component of comprehensive tuberculosis (TB) treatment and patient care along the Thailand–Myanmar border. Recognising that successful TB outcomes depend not only on medical treatment but also on adequate nutrition, psychosocial well-being, and social protection, the programme continued to provide integrated support services for patients and their families residing in TB villages during the treatment period. These interventions aimed to improve treatment adherence, physical recovery, emotional well-being, and long-term health outcomes.

2025 Key Achievements

- Provided **daily nutritious meals** to an average of **110–114 TB patients per quarter**, contributing to improved nutritional status and visible weight gain for most patients by the end of treatment.
- Supported **10–15 children under five years of age** residing in TB villages, including TB patients and children receiving TB preventive therapy (TPT), through basic education and child-appropriate care.
- Strengthened **psychosocial support and livelihood-oriented activities**, promoting treatment adherence, social inclusion, and patient well-being during prolonged TB treatment.

During the third quarter of 2025, an average of **110 TB patients** stayed in TB villages while undergoing treatment. Patients received daily nutritious meals, and most demonstrated weight gain by the end of their treatment period, indicating improved nutritional recovery. Among the residents were **10 children under five years of age**, including both TB patients and children who were family contacts receiving TB preventive therapy for latent TB infection (LTBI). As these children were unable to attend school during treatment, a basic education programme was provided to ensure continued learning and developmental support. In the final quarter of 2025, the average number of TB patients residing in TB villages increased slightly to **114 patients**. The nutrition support programme continued uninterrupted, with daily meal provision and ongoing monitoring of patient well-being. During this period, **12–15 children under five years of age** remained in TB villages and continued to receive basic education support alongside their caregivers. These combined interventions helped mitigate the social and developmental impacts of prolonged treatment and isolation.

Beyond nutrition, patient-centred support activities were a core feature of implementation. Patients and caregivers participated in a wide range of social, vocational, and daily-life activities designed to promote physical and mental well-being, strengthen peer support, and maintain motivation throughout treatment. These activities included traditional weaving, sewing, hand-made craft production, and preparation of essential household items such as soap and dishwashing liquid for personal use and clinic sharing. Vocational skill development, including hair-cutting and basic livelihood training, further supported patient empowerment and future reintegration.

Group-based cooking activities were also organised to promote healthy nutrition practices, teamwork, hygiene education, and waste management. Psychosocial support was integrated throughout these activities, addressing isolation, stigma, discrimination, and emotional stress commonly associated with TB. Through shared routines, peer learning, and structured psychosocial support, patients and caregivers were able to build resilience, increase health literacy, and reinforce adherence to long-term care plans.

2.2.5 Psychosocial Support in TB Village

Psychosocial support remained an essential component of comprehensive tuberculosis (TB) care provided in TB villages along the Thailand–Myanmar border. Recognising the prolonged duration of TB treatment and the significant emotional, social, and economic challenges faced by patients and caregivers, the programme integrated structured psychosocial and livelihood-aligned activities into routine care. These interventions aimed to **reduce isolation and stigma**, strengthen coping mechanisms, and support treatment adherence and overall well-being during and after the treatment period.

Throughout the year, clinic and field teams actively facilitated a range of psychosocial activities for patients and caretakers residing in TB villages. These included monthly prayer services, monthly TB health education sessions, and group gatherings designed to foster a sense of community and mutual support. Recreational and social activities—such as crafting hammocks, playing carrom and volleyball, weaving traditional Karen dress, watching television or educational documentaries, and gardening—provided opportunities for relaxation, social interaction, and emotional expression in a supportive environment. Livelihood-aligned and skill-building activities were also an important element of psychosocial support. Patients and caregivers participated in vocational activities such as weaving, sewing, gardening, hair-cutting, and production of essential household items, including soap and dishwashing liquid, for personal use and sharing within TB villages and clinics. These activities helped patients maintain a sense of purpose, acquire practical skills, and strengthen peer learning while aligning daily routines with treatment schedules.

Psychosocial support activities also addressed broader social determinants of health. Group-based gardening and daily-life-oriented tasks served dual purposes by promoting nutrition, physical activity, and community sharing, while simultaneously reducing emotional stress and feelings of isolation commonly associated with TB. Regular TB health education sessions reinforced understanding of the disease, treatment importance, and prevention measures, contributing to improved health literacy and confidence in managing long-term treatment.

2.2.6 Essential Training and Capacity Building

Essential training and capacity-building activities focused on strengthening the skills, confidence, and performance of community-based TB workers and volunteers along the Thailand–Myanmar border. Recognising the critical role of multipurpose workers and community health workers (MPWs/CHWs) in early TB detection, referral, and treatment continuity, the programme invested in structured review meetings, on-the-job coaching, practical training, and community-level advocacy. These efforts aimed to improve service quality while responding to feedback from field teams operating in challenging and insecure environments.

2025 Key Achievements

- Strengthened TB case detection and community-based service delivery through review meetings and on-the-job coaching for **61 MPWs/CHWs and supervisors** across multiple zones and villages.
- Delivered targeted **hands-on training and refresher support to 45 MPWs** covering **45 villages**, improving skills in TB screening, referral, recording, and reporting.
- Expanded TB awareness and community capacity through **large-scale advocacy and education activities**, reaching **273 students** and supporting women-led community TB volunteering initiatives.

In March 2025, TB department conducted a **review workshop** with **16 CHWs/MPWs** (5 males and 10 females), including MP supervisors and Zone Coordinators from Zones 2 and 3. Participants shared field experiences, implementation challenges, and lessons learned, highlighting that TB case detection had improved year by year through strong collaboration with community workers. Group discussions focused on strengthening health education, improving screening and referral processes, and refining workplans. Field teams also requested more frequent on-the-job training to support practical skill development.

On-the-job training and coaching remained a central capacity-building approach in 2025. Between 11–21 January and 9–20 May 2025, field supervisors conducted structured coaching sessions with **45 MPWs** (19 males and 26 females) across Zones 1, 2, 3, 6, 7, 8, and 12 of the Mutraw (Hpa-pon) project area, covering **45 villages**. Supervisors worked with MPWs individually and in groups to reinforce TB case finding, symptom screening, referral criteria, data recording, reporting procedures, and TB awareness activities. Logbook reviews and refresher TB education sessions supported skill recall and improved documentation practices. These visits also helped clarify referral criteria, particularly for patients presenting with fewer symptoms, and reinforced confidence in field decision-making.

Advocacy and community education activities complemented technical training throughout the year. On **20 June 2025**, ETT-TB clinic staff, field supervisors, medics, and health workers conducted a TB awareness session at **Ei Tu Hta High School** in Htee Ler Pu Village Tract, Bu Tho Township, Mutraw District. A total of **273 participants** (56 males and 217 females), including students in Grades 8 to 10 and teaching staff, attended the session. The interactive programme covered TB symptoms, transmission, diagnosis, treatment, prevention strategies, and misconceptions, including the limitations of traditional medicine in curing TB. Posters, open discussions, and question-and-answer sessions encouraged active participation and demonstrated strong engagement and understanding among students.

Table. Summary of Training and Capacity-Building Activities, 2025

Activity Type	Participants / Coverage	Key Focus Areas
Review meeting with CHWs/MPWs	16 participants	Programme review, challenges, workplan improvement
On-the-job training and coaching	45 MPWs, 45 villages	Screening, referral, reporting, TB awareness
Women-led TB volunteering groups	10 groups, 6 villages	Community awareness, referral support
TB advocacy & awareness session	273 students & teachers	TB knowledge, prevention, stigma reduction

2.2.7 Special Visit

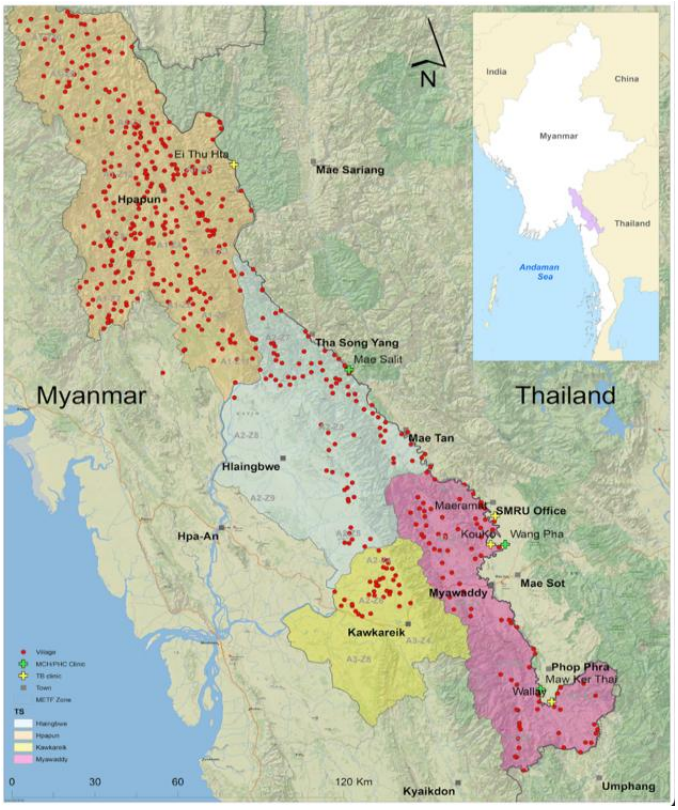
MRU/BHF welcomed several high-level and academic delegations to its office and TB Village as part of ongoing efforts to strengthen understanding, advocacy, and collaboration around health service delivery along the Thailand–Myanmar border. These visits provided opportunities to highlight the complex humanitarian context, share programme experiences, and explore avenues for sustained support and long-term partnership in a period of significant funding uncertainty.

On **11 June 2025**, SMRU/BHF had the honour of welcoming **H.E. Mr. Jean-Claude Poimboeuf, Ambassador of France to Thailand**, together with representatives from key public health agencies, to the SMRU office and TB Village. The visit focused on gaining a deeper understanding of healthcare delivery challenges along the Thailand–Myanmar border, particularly in light of recent reductions of up to **90% in U.S. foreign aid**, which have significantly affected health services and support systems in refugee camps across Tak Province. The delegation was received at the SMRU TB Village by **Prof. Dr. Rose McGready, Deputy Director of SMRU**, who presented an overview of SMRU's clinical and community-based services. Discussions highlighted the organisation's sustained commitment to delivering essential healthcare for migrant, displaced, and refugee populations, despite increasing resource constraints. The visit provided an important platform for dialogue on the implications of funding reductions and the need for continued international engagement and support.

On **13 June 2025**, SMRU/BHF further welcomed delegates from the **Faculty of Tropical Medicine, Mahidol University**, in coordination with representatives from the **University of Ottawa (Canada)** and the **University of Minnesota (USA)**. The primary objective of this visit was to explore opportunities for academic collaboration, including potential placements for students, trainees, and staff at SMRU's TB Village and field sites. SMRU/BHF shared an overview of the health context along the Thailand–Myanmar border, outlining key challenges, operational realities, and areas of ongoing intervention.

2.3 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 554 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.



2.3.1 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 2025, this network in Kayin State tested **98,101** patients exhibiting symptoms of malaria, of which 22% (21,903) tested positive and received treatment.

2.3.2 Malaria services for the IDP

SMRU/BHF also provided the assistance to health promotion hospital (also called “Anamai”) in the Mae Salid where the 211 local residents were displaced from Kayin State. With SMRU and the Anamai team provided the malaria screening and treatment of positive cases and health education.

2.3.3 Lymphatic filariasis detection and treatment

Following the military coup in Myanmar, disruptions from armed conflict and the civil disobedience movement led to a breakdown of the healthcare system, contributing to a resurgence of infectious diseases, particularly vector-borne diseases such as malaria and lymphatic filariasis. A lymphatic filariasis survey was conducted in Myawaddy and Hpapun townships. Fourteen villages were screened using a rapid diagnostic test for filarial antigen. In total, 2,115 individuals were tested, of whom 15.0% (317/2,115) were positive. All antigen-positive individuals were treated with the first-line three-drug regimen. This intervention prevented progression to severe outcomes, such as limb disfigurement and disability, and reduced onward transmission of microfilariae within the affected communities.

2.4 Strengthen Emergency Support in Myanmar

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.

2.4.1 Workshops on Strengthening Self-Help Groups

To enhance community-led health action and resilience, a series of capacity-building workshops were implemented to strengthen the skills, knowledge, and collaboration of Self-Help Groups (SHGs), community health workers, and local leaders across project areas.

2025 Key achievements:

- **Strengthened the technical capacity and leadership** of SHGs, CHWs, MPWs, and community leaders across multiple townships through targeted, context-specific training on hygiene, disease prevention, emergency response, and community health sustainability.
- **Expanded community-based health education** by equipping SHG members with practical facilitation skills and locally developed educational materials, enabling them to act as peer educators and health promoters within their villages.
- Enhanced **long-term community health resilience** by fostering collaboration between SHGs and key stakeholders and supporting the development of shared sustainability plans to continue health activities beyond the project period.

A series of **capacity-building workshops** were conducted to strengthen the knowledge, skills, and leadership of Self-Help Group (SHG) members, Community Health Workers (CHWs), Malaria Programme Workers (MPWs), and community leaders across project areas in Karen State, Myanmar. These workshops were designed to enhance community ownership of health initiatives, improve health literacy, and reinforce sustainable, community-led health actions in conflict-affected and hard-to-access settings.

Based on consultations with SHGs and key stakeholders, poor hygiene and waste management were identified as major contributors to disease transmission within communities. In response, hygiene and sanitation training sessions were organised in permitted locations across Myawaddy and Hlaingbwe Townships. The trainings provided practical guidance on personal and household hygiene, emphasising individual responsibility, community participation, and preventive health behaviours. Participants included SHG members, community leaders, teachers, local health committee representatives, women's groups, and youth, strengthening cross-sector collaboration at the community level.

To ensure inclusivity, an intensive **grassroots workshop** was conducted for SHG members and junior CHW/MPWs who were recruited later or were unable to attend earlier sessions due to transportation challenges. Participants from five villages in Hlaingbwe Township received hands-on training using real-life scenarios relevant to their local context. With guidance from project staff, participants developed their own health education materials, including posters summarising key hygiene messages, and practised facilitation techniques to support effective community health education. This approach strengthened local capacity and enabled participants to act as peer educators within their villages. In addition, thematic workshops were held to address priority health issues and emergency preparedness. A **TB/HIV co-infection workshop** was conducted from 8–14 November 2025 at Klo Law Plo, Ta Kwee Htoo, and Paw Bu La Hta Clinics, covering Hlaingbwe, Kawkareik, and Myawaddy Townships. The workshop enhanced participants' understanding of TB/HIV epidemiology, transmission, signs and symptoms, and the broader impact of co-infection on individuals and communities, using a mix of lectures, visual materials, and interactive assessments to strengthen learning outcomes.

To further build resilience in communities with limited access to formal healthcare**, first aid workshops** were organised in December 2025 in collaboration with the Karen Department of Health and Welfare (KDHW). Held in two locations in Hlaingbwe Township and attended by SHGs, community health volunteers, and leaders from fifteen villages, the trainings equipped participants with practical emergency response skills, including CPR, wound management, and the use of locally available materials when medical supplies are scarce. These workshops improved community confidence and readiness to respond to injuries and medical emergencies prior to referral.

Finally, a **community health sustainability and collaboration workshop** was conducted in early December 2025 across multiple project sites. The workshop provided a platform for SHGs and community stakeholders to reflect on achievements and lessons learned from the previous three-year project cycle, clarify future roles and responsibilities, and develop a shared vision and practical sustainability plan to ensure continuity of community health activities beyond the project period.

Collectively, these workshops significantly strengthened SHG capacity, enhanced collaboration between community actors, and improved community-level preparedness to prevent disease, respond to health risks, and sustain health initiatives independently.

2.4.2 Community engagement with stakeholders and target population

To strengthen community participation and promote sustainable health behaviours, the project prioritised community-led awareness activities, empowering Self-Help Groups (SHGs) to engage directly with target populations and local stakeholders.

2025 Key achievements:

- Enabled SHG members to independently plan, lead, and facilitate health awareness sessions across multiple villages, demonstrating increased confidence and ownership compared to earlier project phases.
- Reached diverse community groups, including children, caregivers, teachers, youth, and local service providers, with practical and culturally appropriate messaging on personal hygiene and preventive health.
- Promoted sustainability and community ownership through hands-on hygiene activities and the provision of shared materials to support the continuation of practices beyond the sessions.

From May to July 2025, the project team and SHGs conducted twelve **community-based health awareness sessions** across project implementation areas. Unlike in project Years 1 and 2, trained SHG members independently led and facilitated these sessions. With light guidance from the project team during preparation, SHGs developed informational content, designed handmade posters, and assumed full responsibility for organisation, facilitation, presentations, and demonstrations. The project team primarily attended as observers and provided technical support only when required.

Building on this approach, additional **personal hygiene awareness sessions** were conducted from 1 to 27 September 2025 across 15 villages in Hlaingbwe Township, Karen State, Myanmar. These sessions focused on equipping communities with knowledge on hygiene practices and highlighting the importance of personal hygiene for individual well-being and public health. Prior to implementation, the project team worked with SHGs to review key messages on hair, oral, hand, nail, body, and menstrual hygiene, and to ensure communication methods and examples were culturally appropriate and locally relevant. During the sessions, SHG members took the lead in delivering awareness messages, explaining the functions and health benefits of good hygiene practices, and outlining the risks associated with poor hygiene. Practical demonstrations on handwashing and tooth brushing were conducted to reinforce learning. For younger children, SHG members used storytelling methods tailored to their age group to improve engagement and understanding, including a dedicated storytelling session focused on oral health.

Following each awareness session, practical hygiene activities were organised by designated SHG members and community volunteers, including teachers, youth, barbers, and other local stakeholders. Female SHG members and female teachers were responsible for nail cutting for children, while male SHG members and volunteers provided haircuts for boys and men. These activities reinforced key messages from the awareness sessions and supported immediate improvements in daily hygiene practices. To promote continuity and community ownership, hair clippers, nail clippers, and hand sanitiser were left in each participating village for ongoing use. These materials enable SHGs and community volunteers to continue hygiene-related activities independently, reinforcing sustained behaviour change beyond the project-supported sessions.

2.5 Expanded Program of Immunisation (EPI)

The Expanded Programme on Immunisation (EPI) project aims to deliver essential immunisation services to conflict-affected border communities, targeting 6,750 children under five years of age and 1,400 pregnant women.

Despite ongoing insecurity and access constraints, the project has achieved the following key results:

- Successfully reached conflict-affected and hard-to-access border communities, enrolling **4,601 children under five years** of age and **492 pregnant women**, achieving 78% of the revised under-five target of 5,881.
- Maintained safe and effective immunisation service delivery throughout the reporting period, with no severe adverse events following immunisation reported and high age-appropriate full vaccination coverage among enrolled children, particularly at SMRU clinics (**91%**).

Implementation began in March 2025 and is scheduled to continue through December 2025. This report covers the period from March to October 2025. During this time, a total of 4,601 children under five years of age—2,082 from KRRC-supported areas and 2,519 from SMRU/BHF-supported areas—and 492 pregnant women were enrolled. This represents 78% of the revised under-five target and 35% of the target for pregnant women, demonstrating substantial progress in service delivery within a challenging operating environment.

Throughout the implementation period, no severe adverse events following immunisation were reported, reflecting strong adherence to immunisation safety protocols. On the Myanmar side, vaccination coverage was 30% for Penta1, 24% for Penta3, and 36% for MCV1, calculated as the number of vaccinated children divided by the under-five target population, multiplied by 100. Coverage varied across sites, largely due to differences in access, population movement, and service availability. The dropout rate between Penta1 and Penta3 was 20%. Among enrolled children, 51% of those in Kayin villages (1,055 out of 2,053 children) and 91% of those attending SMRU clinics (2,233 out of 2,453 children) were fully vaccinated for their age, including doses received through other service providers on both sides of the border. These results demonstrate improved vaccination completeness and continuity of care across community- and clinic-based service delivery points.

Table. Number of under-5 children enrolled by site and immunization round

Cold chain site	Township	VTHC	Enrollment by round				Total	U5 target	Enrolment rate (%)
			1st	2nd	3rd	4th			
Htee Wah Klu	Kyarinseikgyi	Htee Wah Klu	147	27	17	26	217	380	57
		Lel Daw Gyi	119	42	11	12	184	187	98
		Mae Ta Raw	58	18	17	6	99	164	60
							500	731	68
SKK	Hlaing Bwe	Kwee Kyel	63	39			102	382	27
	Kawkareik	Naw Ta Yar	30	10			40	241	17
	Myawaddy	Htee Wah Klay	114	29	6	27	176	124	142
		Loh Baw	52	25	10	5	92	81	114
		Mae Plet Wah Khee	122	42	20	25	209	303	69
		Ker Gaw	127	64	27	7	225	379	59
		Kone Ma Lay	64	23	15	20	122	130	94
		Shwe Koke Ko	65	60	18	17	160	422	38
		Chaung Hsone	101	66	33	27	227	190	119
		Hta Law	68	40			108	162	72
		Ta Kwee Htu	6	2			8	89	9
							1,469	2,503	59
Mae La	Mae La	Mae La	87	26			113	131	86
							113	131	86
Total							**2,082**	**3,365**	**62**

Cold chain management and community engagement

Cross-border vaccine delivery and cold chain management were effectively coordinated during the reporting period, with no critical disruptions observed. The rotavirus (Rota) vaccine accounted for 77% of the total vaccine volume, necessitating expanded cold chain capacity for field distribution. However, limited freezing capacity at some Village Tract Health Centers (VTHCs) required field teams to source ice packs from alternative cold chain points.

Despite ongoing community engagement efforts led by KRRC and the SMRU/BHF public engagement (PE) teams, irregular service delivery limited consistent participation by families in immunisation sessions. These findings highlight the importance of establishing more predictable and regular service schedules to support community attendance and to improve immunisation coverage in target areas.

2.6 Grassroots and Coordination Activities

2.6.1 Twin-Village for Community Health Network

The Twin Village Community Health Network is a cross-border public health initiative jointly implemented by Mae Ramat Hospital and BHF/SMRU to strengthen disease surveillance, prevention, and community-level response along the Thailand–Myanmar border in Mae Ramat District, Tak Province. The programme addresses health risks arising from high population mobility across a porous border and seeks to enhance collaboration between paired villages on both sides.

Mae Ramat District shares more than 95 kilometres of natural border with Myanmar, where cross-border movement occurs year-round, particularly during the dry season. This mobility increases the risk of communicable disease transmission, including cholera, diphtheria, rabies, tuberculosis, dengue fever, malaria, vaccine-preventable diseases, and COVID-19, as well as emerging and re-emerging infections. The Twin Village model connects community health volunteers across the border to support early disease detection, information exchange, and timely public health response.

In **June 2025**, the network was further strengthened through a targeted capacity-building programme that expanded the participation of migrant and cross-border health volunteers, including **25 volunteers from the Myanmar side**. Approximately **70–75 volunteers** received refresher training on vector-borne diseases, food- and water-borne diseases (with emphasis on cholera), vaccine-preventable diseases, and outbreak monitoring, alongside essential disease-control materials. Overall, the Twin Village Community Health Network has contributed to stronger cross-border collaboration, improved early warning and response capacity, and increased community participation in disease surveillance and prevention. The programme continues to serve as a practical and effective model for border health cooperation, enhancing health security for vulnerable populations on both sides of the Thailand–Myanmar border.

2.7 Support for Administration and Operation of SMRU

To support the effective delivery of healthcare services across SMRU clinics and the Head Office, BHF continued to provide partial financial support for key administrative and operational functions. This support covered a range of essential areas, including human resources, procurement of medical supplies, administrative operations, and logistics coordination. In addition, BHF worked closely with SMRU's administration and operations departments in the joint management of institutional grants. This cooperative arrangement contributed to the smooth functioning of services and helped sustain access to essential healthcare for communities living along the border.

At the clinic level, SMRU maintained continuous on-site case detection and treatment for malaria and other common illnesses, alongside specialised services at the Special Care Baby Unit (SCBU). Based on outpatient (OPD) and inpatient (IPD) records, **6,874 suspected malaria cases** were screened during the reporting period. Of these, **289 cases tested positive** (comprising 271 *Plasmodium vivax* cases, 17 *Plasmodium falciparum* cases, and one mixed infection) and all confirmed cases received appropriate treatment.

Significant efforts were also made to ensure comprehensive antenatal care (ANC) services for pregnant women. Throughout the year, **14,340 pregnant women were registered for ANC counselling** through both clinic-based services and outreach activities. These sessions extended beyond routine ANC visits and included systematic screening for priority health conditions such as malaria, HIV, tuberculosis, anaemia, hepatitis, and syphilis. Early detection through these screenings played a critical role in safeguarding maternal and fetal health.

Pregnant women receiving ANC services also had access to outpatient care at SMRU clinics, supporting continuity of care throughout pregnancy. This integrated service delivery approach aimed not only to address immediate health concerns but also to promote longer-term maternal health and well-being. During the reporting period, **2,599 deliveries** were conducted at SMRU clinics. All deliveries were attended by trained healthcare staff, ensuring safe and hygienic conditions for both mothers and newborns. When complications occurred, timely referrals were arranged to higher-level healthcare facilities for advanced care.

In total, **879 complicated cases** (comprising 864 women and 15 newborns) required referral to hospitals in Thailand and Myanmar. On the Thai side, Mae Sot Hospital and Mae Ramat Hospital served as key referral facilities with the capacity to manage obstetric emergencies. In Myanmar, Myawaddy Hospital functioned as the primary referral centre. These cross-border referral arrangements ensured that women and newborns with complications received prompt and appropriate care regardless of location.