Report on Regional Workshop to Establish Cross Border Working Group (CWG) To Develop BCC Approaches and Communication Messages For Mobile Migrant Population

1-3 December 2014
Hip Hotel, Ratchadapiset Bangkok, Thailand

Raks Thai Foundation

185 Pradipat Rd., Soi Pradipat 6, Samsen Nai Phayathai
Bangkok, Thailand

Abbreviations

ACD	Active Case Detection
AFRIM	Armed Forces Research Institute of Medical Sciences
BCC	Behavior Change Communication
BMP	Border Malaria Post
BPHWT	Back Pack Health Worker Team
BVBD	Bureau for Vector Borne Diseases
CSO	Civil Society Organization
DOT	Directly Observed Treatment
ERAR	Emergency Response to Artemisinin Resistance
FHI	Family Health International
GMS	Greater Mekong Sub-region
HE	Health Education
HPA	Health Poverty Action
IEC	Information Education and Communication
IoM	International Organization for Migration
KIA	Kachin Independence Army
LLIN	Long Lasting Insecticidal Net
MC	Malaria Consortium
MHV	Malaria Health Volunteer
MHV	Migrant Health Volunteer
MHW	Migrant Health Worker
MMA	Myanmar Medical Association
MMP	Mobile Migrant Population
MoPH	Ministry of Public Health
MP	Malaria Post
NMCP	National Malaria Control Program
PF	Plasmodium Falciparum

PSI	Population Service International
PV	Plasmodium Vivax
RAI	Regional Artemisinin Resistance Initiative
RBM	Roll Back Malaria
RDT	Rapid Diagnostic Test
SC	Save The Children
SMRU	Shoklo Malaria Research Unit
URC	University Research Centre
VHV	Village Health Volunteer
VHW	Village Health Worker
WHO	World Health organization

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BCC Workshop Photos

1. Introduction

1.1 Background

Regional Artemisinin Initiative (RAI) Thailand project emphasizes on cross border collaboration with CSO, public & private sectors for information sharing, treatment, and case follow-up. BCC and other key project activities were being finalized in consultation of national and regional partners especially RAI implementing border countries with Thailand for maximum impact of the project. A three day workshop was organized from 1-3 December 2014 at Hip Hotel, Ratchadapiset Bangkok, Thailand. A total of 43 participants from Thailand, Myanmar, Cambodia, Lao PDR and Vietnam participated in the workshop. Representatives from MoPH, Bangkok, Thailand; Global fund, Geneva and Roll Back Malaria were also present in the workshop.

2. Objectives of the workshop

The main objective of this workshop was to bring government and CSO representatives from the neighboring countries in one platform and discuss on suitable BCC approaches and communication messages for Malaria response. This workshop was expected to identify and assemble neighboring stakeholders to develop BCC approaches and communication messages focusing migrant's occupation, language and origin country context.

Following are the key specific objectives of the workshop

1. To share existing BCC strategies and communication messages and gap identifying appropriate BCC approaches and communication messages for mobile and migrant population focusing key activity and challenges.
2. To Establish a cross border working group to develop cross country collaboration framework for joint BCC approaches and message sharing for the mobile and migrant populations.
3. To identify role and responsibilities of health volunteers in implementation of BCC and health education activities.

3. Activities

3.1 Day 1, December 2014

The modality of the workshop was based on presentation, group discussion and field experience sharing by the participants. Ms. Monica Posada from Malaria Consortium gave a brief overview on working towards harmonization of BCC under the Emergency Response to Artemisinin Resistance (ERAR) in the GMS region. She also shared provisional key findings of the BCC assessment collected through FGD, IDI and KII methods. According to presentation,it was found that in Thailand, there is a vast difference between Thai and migrant population regarding malaria knowledge, along with the main barriers among them were lack of health facility service during weekend, language barriers, cost of transport /check points and fear of illegal migrants to be caught by police. Whereas in Myanmar, peoples still have misconceptions about malaria infection like- drinking dirty water, showering in the stream or eating dirty food. Along with that, pharmacy drugs and traditional medicines are commonly used for malaria treatment. Similarly in Cambodia some misconceptions persist on malaria transmission like - eating banana, moving to a new land etc., In Lao PDR, Migrant workers, farm workers and forest goers are considered a most vulnerable group. The finding showed that monks are also mobilized as health information provider as they are the most trusted by locals and migrant population both. Results showed people have complained about LLIN strong smell, hard texture and small size that is not appropriate for their family and it also causes eye allergy.

3.1.1 Country presentation on BCC and Communication strategies, activities, gap, challenges and recommendation

Country presentations were presented by country representatives focusing on their national strategies, activities, gap, challenges and recommendation for Malaria BCC activities.

Thailand

Thailand BCC/IEC Strategies, Progress & Challenges as well as status of malaria were presented by Dr. Rungrawee Tipmontree, Senior Public Health Technical Officer, BVBD, Thailand. In Thailand different BCC strategies like- Health education, community participation, advocacy, capacity building and creating supportive environment are being implemented focusing on three keys messages (Early seeking for malaria diagnosis and treatment, full compliance [DOTs] & follow up and personal protection). The major challenges

faced in Thailand are low compliance, lack of tailored messages for target group and low literacy rate among the migrants. In 2014 confirmed malaria case is 25% higher than previous year, whereas the proportion of P.V cases to that of P.F is in increasing trend. MoPH tests the IEC materials during pre-production and post-production stages. The prototype is developed during pre-production and once it is tested, then it goes for post-production.

Cambodia

Health Education, Community mobilization, capacity building and M & E are major BCC strategies of Cambodia. The major risk groups for malaria are forest fringe inhabitants, forest goers, hunters and seasonal workers. The communication challenges and gaps were found as budget constraint, people being afraid to use chemical LLINs, not having script/words for ethnic minority Cambodians to create IEC materials for them. In coming days Cambodia have plans to expand bilingual IEC material with Lao and Vietnam.

MOH Cambodia is collaborating and coordinating with other related Ministries for Malaria control. Cambodia is using pictorial IEC materials for the ethnic minority people to avoid language barriers.

Cambodia has three BCC and communication strategies for MMP

a. *On pre-departure*- giving information to people using mass media.
b. *On travelling* – putting messages in taxi and buses so that migrants can read them while travelling.
c. *On destination* – providing information when they reach destination like border.

Myanmar

Uneasy access to services due to geography, economy, subjective norms, peer pressure and less experienced volunteers on BCC activities are major barriers of BCC in Myanmar. The gaps were identified as prolonged process for approval of activity from the government, weak coordination mechanism for BCC and lack of bilingual IEC materials with neighboring countries. It was suggested making BCC approach to be based on BCC strategy, formative and evaluative research, priority target group and community.

The current BCC approach in non-ethnic state Karen like small group health talks and mass media aids are not really applicable in these areas. Mostly visual aids and messages like pictures and posters are being used. Representatives from Myanmar shared that due to lack of collaboration among INGOs, there is not any relevant information about which organization is producing what type of IEC materials for migrant people.

Lao PDR

The presentation was based on CSO work experience. Before 2010, Lao PDR used to have only PF, but after that cases of PV are also occurring. The major risk groups identified were forest goers (for logging, hunting and non-timber product collection), mobile population/workers to work (working in factory, coffee & rubber plantation and mines, mobile groups (soldiers, police, civil servants and businessmen, students, tourists). The major challenges found were limited skilled health staff and village malaria workers, limited cooperation from other sectors, difficult access to MMP and inconsistent conduction of IEC/BCC activities. Presentation emphasized strengthening BCC/IEC component under existing collaborative mechanism i.e., twin city projects and establish pilot buddy health clinics.

Public-private collaboration in border countries

Regarding issue of collaboration with private sector and its role in malaria control, Cambodia has partnership with companies where most of migrants are being employed. They have strategy to train factories regarding treating malaria cases and monitoring use of LLINs among migrant populations. Whereas in Myanmar PSI collaborates with different pharmaceutical companies to limit the import of mono-therapy medicine for malaria treatment. In Thailand, there isn't any information on public private collaboration for Malaria. Participant emphasized to increase collaboration between public and private sector in Thailand. None of the counties was found to have any cases of discrimination towards malaria patients in their country.

3.1.2 Mapping of mobility, high malaria risk area, vulnerable population and their occupation, existing CSOs, malaria services and BCC activities in cross border area

Group work were conducted, participants were divided into three groups Thai-Cambodia, Thai-Lao and Thai-Myanmar.

Thai-Cambodia group identified 10 and 13 border-crossing and malaria high risk areas in Thailand and Cambodia border respectively. The major high risk mobile migrant populations were forest goers, construction workers and farmers (seasonal workers & pregnant women). Migrant who usually works at plantation farms in Thailand uses trucks for travelling and border crossing. HC, RH and VMWs/MMWs and post/clinic and district hospital are prime health service providers. NGO/CSO working on migrant health issue are URC, AFRIM, Raks Thai,

FHI, MC, URC, PSI, AFRIM, KIA, IoM and PFD. Working at night, not using bed net at night, late treatment seeking, late after evening working are major malaria risk factors for MMP.

Thai-Lao group identified all total 14 border-crossing and high risk areas, Forest goers are considered high risk groups and farming is the major occupation of these people. Mostly Cross River or walk for border crossing. In Thai-Lao border, a total of 24 Sukusala health center and 27 MP have been proving health services. HPA and Raks Thai are the only organizations working in Thai-Lao border. Not wearing full sleeved clothes, lack of positive attitude regarding malaria and free availability of health care are risk behaviors identified through the group discussion.

Thai-Myanmar group identified a total of 16 border-crossing and high risk areas along Thai-Myanmar border. The major high risk group is plantation worker, construction worker, traders, forest goers and wood cutters. Usually MMP cross-border using motorbike or walking. The health services are being provided in Myanmar border by malaria clinics, NMCP, WHO, PSI, URC, MMA, SMRU, BMA, SC, BPHWT and Karen Klohtoobaw Org, whereas in Thai border health promotion hospital, malaria clinic, SMRU, BMP, MP, malaria post and Mahidol University clinic provided the services. Working inside the forest area and not using net while sleeping were recognized as risk behaviors for malaria infection among MMP.

3.2 Day 2, 2nd December 2014

BCC Activities by ARC

The second day workshop started with sharing of ARC Thailand key malaria BCC activities for mobile migrant population in the Ranong and Kanchanburi province. ARC is using bilingual IEC materials in these areas. Billboards are planned to display at border crossing points focusing on transmission and prevention of malaria. Pictorial approach is used to delay information to target group as most of them are uneducated to read the words

IEC materials used in Thailand Neighboring countries

The representatives shared the information about the variety of IEC materials used their country for malaria control among MMPs. Thailand has IEC materials for adults and for children too. Other IEC material used were t-shirts with the bi-lingual message (Thai and Myanmar language); billboards, animated posters and pamphlets. Representatives from Myanmar shared that they use different IEC materials for conflict affected area (Karen state in ethnic language)

and other parts due to language barrier and culture. In Myanmar, IEC in ethnic language is still not sufficient and it was suggested to include all ethnic languages of high malaria risk areas. Cambodia use the vest with malaria information in the taxi and bus drivers which they can wear to disseminate BCC message to travelers, and stickers on taxi targeting MMPs who could read it while travelling. Other IEC materials used in Cambodia includes leaflets, flip chart (use while IPC and community information HE program), fliers informing about counterfeit drugs.

3.2.1 New BCC approaches and communication messages for malaria prevention and control to fulfill gap and challenges

Thai-Myanmar

For Thai-Myanmar border, the target groups identified are ethnic minorities, farm workers, daily cross-border, seasonal worker, armed forces, people in the conflict areas, construction worker, forest goers and traders. Traditional beliefs, lack of proper information regarding malaria and one way communication are acknowledged as major gaps in current BCC approaches. Community radio, TV, billboards, broadcasting car, printed materials (sticker, pamphlet, and poster) and IPC are identified as channels to reach migrant population.

Thai-Cambodia

Thai- Cambodia cross-border group identified two target groups; forest goers and cross-border migrants. It was felt that mostly prevention messages are focused on LLIN use and wearing long sleeve clothes, but it should now focus on use of repellant as well. Not using bed nets, long sleeve, mosquito repellent in the evening and night as well as poor health service seeking and treatment compliance are major risk behaviors among forest goers. Group identifies a variety of mass media approaches to address the gap.

Cross-border migrants do not know information on existing cross border malaria services (malaria clinic, border malaria post, hospital). Similarly revised messages were created for this group too. It was emphasized to conduct HE programs at check-points develop bi-lingual billboards and proving health information to them through migrant volunteers.

Thai-Lao PDR

Illiteracy among the target populations, use of technical words in IEC materials and a variety of ethnic groups within the target population that uses different language are identified as major

gaps in current IEC/BCC. It was emphasized to use simple language and to address those ethnic groups which are not being covered by current IEC message language.
Giving Health Education directly by health staffs, information sharing in village community meetings, home visit by health volunteers, and use of mass media are methods to reach target populations.

3.2.2 Regional Information sharing platform

Lacking of regional Malaria information sharing platform and its need was highlighted by all countries participants. It was recommended conducting bi-annual cross-border meeting to make a regional information sharing platform functional and update. The possible recommended platforms were website, cross-border meeting and field visits. Regional high level annual meeting/workshop at National level and INGOs and Key CBO's focal points could be done to share information. It was also recommended that the platform should enable users to browse by audience/area/message, channel, and be able to download and print the desired content of any member country. It was recommended having a bi-lingual or content translation system so that it can cover all the member countries and ethnic minorities too. Possible joint BCC activities such as bilingual IEC material development, campaign for malaria control and cross-border collaboration for case management could be done.

3.2.3 Cross border working group for regional information sharing platform

A group of eight members in addition with 2 advisors for cross border working group was identified through discussion among participants. The group includes two members from each Thai border countries except Lao PDR. The roles and responsibilities of the cross border working group were also identified.

3.2.4 Role and responsibilities of health volunteers, and community and employers

Health volunteers
A total of 11 responsibilities were recommended for health volunteers (detail see annex 5).

Type of Volunteers in countries

- Migrant Health Volunteers (Thailand)
- Village Health Volunteers (Cambodia) / (Thailand)
- Mobile Malaria Workers (Cambodia)
- Village Malaria Workers (Myanmar) / (Cambodia)

- Migrant Malaria Workers (IOM/Myanmar)
- Volunteer Health Workers (Myanmar)
- Other volunteers from the community (e.g. Taxi Driver in Cambodia, etc.,)

The primary role is the role of using rapid diagnostic test (RDT) and doing microscopic investigation, where the health facility is farther from the community. Other recommended roles were community mobilizer to mobilize community people for distribution of LLIN, and participate in HE activities as well as health education provider through IPC and to provide treatment using DOTS technique. Referral of malaria patients to upper health facility is another role, as well as they could monitor the use of LLINs among the target populations and ensure the consistent use. Reporting is very importing to develop further plan and to document progress, so they could also be a reporter of health activities, and share the real needs of community to upper level so that it could be addressed properly. Another role includes routine attendance of meetings and checking the inventory of supplies like- IEC materials and malaria drugs. Networking among the volunteers also considered an important role to provide information about the updated situation continuously.

Role and responsibilities of community and employers

Community

The role of community starts from the village leader to gather target groups for HE activities and disseminate information to target population. They could also participate in campaigns and help in monitoring of cross border migration.

Another role can be played by teachers to amplify the messages by providing it to students and helping program persons to disseminate messages through children to their home. They can assist in monitoring process and educate the target populations about malaria infection. Government officials can conduct mobile clinics, provide trainings, celebrate world malaria day, and do campaigns. Government sector can conduct meetings with border countries for collaborations. Community radio can disseminate the information about malaria to general populations and also to target groups in remote areas.

Employers

Rubber plantations, Sugar Company, Milk Company, livestock industries, traders, construction contractors, shops, restaurants, hotels and resorts are the major employers who hire migrant workers. Some employers don't allowed their employees to go out to receive the health services

and if they get out then they visit private pharmacy shops and pay high charge there. They don't go to public health facilities in the fear of being caught by police.

Employers can help the health personnel by allowing them to provide HE to their employees regarding malaria and letting them to carry our BCC activities. Employers could also play the role of monitor to ensure the consistent use of LLIN by employees and disseminate information for their employees. Referral to the nearest health facility can also be done by the employers. It was recommended to educate employers for more collaboration between health sector and business sector.

3.3 Day 3

3.3.1 Framework of collaboration, understanding of vulnerability and information sharing and joint BCC activities by working group

Vulnerability in target population was identified in two levels; prevention and treatment. The framework explains the vulnerable factors, type of target groups vulnerable to the factor and type of joint BCC activities that could be conducted.

Major vulnerable factors in prevention level are people not using LLINs in forest, not receiving enough nets for their all family members, non-use of repellant while working in forest area, sitting outside in open in evening time which increases mosquito biting risk and no space to hang net in the dwellings.

The treatment level includes less information sharing along borders, rapid movement of migrant groups, traditional beliefs among MMPs, poor access to health services. Possible joint BCC activities are exchange visit for public officers and volunteers for experience and information sharing, Joint malaria case detection along the border, coordination with employers to allow their workers to get treatment and development of joint BCC strategy.

3.3.2 Roles and responsibilities of cross border working group (CWG)

Group work was conducted to draft the goal, objectives and roles and responsibilities of CWG. Following are the key outcomes of the group work.

Goal

- To strengthen the cross-border harmonization of BCC strategies in GMS region with the focus on Mobile Migrant Population (MMP) and Ethnic Population.

Objectives

1. To regularly coordinate among all stakeholders, National Programs, NGOs, Ethnic Health Organizations and partners and to link with the existing cross border networks in GMS region towards improving BCC quality and efficiency
2. To continuously review the existing BCC strategies (gaps, challenges, solutions and technical supports) and develop joint innovative BCC approaches in GMS region
3. To develop and maintain communication channel in order to keep and share the updated information and joint BCC activities in GMS region
4. To gather the evidence-based findings and advocate in front of policy makers

Four major roles and responsibilities were acknowledged for the CWG;

1) To regularly coordinate among all stakeholders, National Programs, NGOs, Ethnic Health Organizations and partners and to link with the existing cross border networks in GMS region towards improving BCC quality and efficiency, like - communicate and inform WHO about TWG, conduct regional BCC meeting.
2) To continuously review the existing BCC strategies (gaps, challenges, solutions and technical supports) and develop joint innovative BCC approaches in GMS region.
3) To develop and maintain communication channel in order to keep and share the updated information and joint BCC activities in GMS region.
4) To gather the evidence-based findings and advocate in front of policy makers.

Responsible persons from the group were also identified for variety of roles mentioned above.

4. Overall outcomes of the 3 days' workshop

The major outcomes of the three days' workshop were:

1. Mapping of mobility, high malaria risk area, vulnerable population and their occupation, existing CSOs, malaria services and BCC activities in cross border area.
2. BCC approaches and communication messages for malaria prevention and control
3. Roles and responsibilities of health volunteers, and community and employers.
4. Formulation of Cross Border Working group for Malaria BCC
5. Framework of collaboration, understanding of vulnerability and information sharing and joint BCC activities by the working group

5. Key issues of the workshop

The major key issues from the workshop discussed were:

a. Need of a regional information sharing platform for drug resistance malaria high risk countries.
b. Developing a more standard IEC materials and BCC messages through formative researches.
c. Focusing on use of mosquito repellants too along with LLINs use by target group.
d. Creating a better public private partnership to involve private sector in malaria infection control.
e. Covering ethnic minority groups to achieve objective of malaria elimination and containment.

6. Recommendations

a) To further finalize the drafted cross border working group filling vacant members.
b) Better sharing of information and experiences between countries establishing information sharing platform.
c) Develop bi-lingual IEC materials for MMPs in consultation with neighboring countries.
d) Enhance the role of volunteers in malaria program.
e) Use of more standard BCC messages in Health Education program.
f) Introducing technology and social media for awareness creation and information sharing.

Annexes

Annex -1 Agenda of the workshop

Workshop agenda

1 December, 2014

SN	Time	Topics	Speakers	
1	8:30-9:00 hr	Registration		
	9:00-9:15 hr	Opening, workshop objectives expectation and agenda	Shree	
2	9:15-9:30hr	Participants introduction		
4	9:30-10:00hr	Overview on harmonized regional BCC approaches, challenges and way forward	Monica Posada Malaria Consortium Thailand.	
Country presentation; overview of country strategies, activities, gap, challenges and recommendation for BCC and communication messages for Malaria prevention among mobile migrant population.				
5	10:00-10:30hr	BVBD, Moph Thailand	Dr. Rungrawee Tipmontree Public Health Technical officer, BVBD, MoPH, Thailand	
6	10:30-10:45hr	**Coffee Break**		
7	10:45-11:15hr	Cambodia	Dr Boukheng Thavrin, Chief of health education unit, National malaria control program MoH, Cambodia	
8	11:15-11:45hr	Myanmar		
9	11:45-12:15hr	Lao PDR	Dr. Chansamone, HPA	
10	12:15-01:00hr	**Lunch Break**		
11	01:00-01:45hr	QA on Morning presentation		
12	01:45-03:45hr	Mapping of mobility, high malaria risk area, vulnerable population and their occupation, existing CSOs, malaria services and BCC activities in the cross border areas	Group	3 groups for each country border
13	03:45-04:00hr	**Coffee Break**		
14	04:00-04:45hr	Presentation on mapping	Group	
15	04:45-05:00hr	QA on mapping		
End of day one				

2 December, 2014

SN	Time	Topics	Speaker	
1	9:00-10:45hr	Identify new BCC approaches and communication messages for malaria prevention and control to fulfill the gap and address the challenges focusing Mobile Migrant Population and their occupation.	Group	**4 groups,** 1. for Thai-Myanmar 2. Thai-Cambodia 3. Thai-Lao PDR 4. Regional Information Sharing platform
2	**10:45-11:00hr**	**Coffee break**		

3	11:00-12:00hr	Continue group work and Establish Cross border working group (maximum 8 members in working group)		
4	12:00-01:00hr	**Lunch Break**		
5	01:00-02:00hr	Presentation of group work	Group	1 combined presentation
6	02:00-02:30hr	QA on group work presentation		
7	02:30-04:00hr	Identify roles and responsibility of health volunteer (by different type); and community and employer involvement on Behavior Change Communication and health education activities for mobile migrant.	Group	**2 groups,** 1. for Health volunteer 2. for community /employer involvement)
8	04:00-04:15hr	**Coffee Break**		
9	04:15-04:45hr	Group work presentation		2 groups combined presentation
10	04:45-05:00hr	Discussion and QA		
End of day two				

3 December, 2014

SN	Time	Topics	Speaker	
1	09:00-10:45hr	Group work to identify role and responsibility of working group (this session will focus on framework for collaboration, understanding of vulnerability and information sharing and joint BCC	Group	**2 groups,** 1. For role and responsibility 2. for understanding of vulnerability, information sharing and joint BCC activities
2	10:45-11:00hr	**Coffee break**		
3	11:00-11:30hr	Group work presentation	Group	
4	11:30-11:45hr	QA		
5	11:45-12:00hr	Summary of workshop		
6	12:00hr	Lunch Break		
End of Workshop				

Annex – 2 Group work to identify mapping of mobility, high malaria risk area, vulnerable population and their occupation, existing CSOs, malaria services and BCC activities in cross border area

Thailand - Lao Cross border

Border crossing and Malaria high risk areas		**High risk Mobile migrant Population**	**Border crossing point (name)**		**Migration route means of travel**	**Mobile Migrants occupation in the area**		**Available health services** (name and number)		**NGO/CSO working on Migrant health issues**		**cover malaria**	**Malaria Risk factors for Mobile Migrant Population (How people get malaria/risk behavior)**
Thai side	**Lao side**		**Formal**	**Informal**		**Lao**	**Thailand**	**In Loa border**	**In Thai border**	**Lao side**	**Thai side**	**Yes/No**	
Ubonratcha Thani	**Jampa Sak**	Foreset goers and work at night											
Khong Jiam	Chana somboon			There are one point	Cross the river	Farmer	Farmer / Forest goer	6 Suksala (health center)	2 MP	HPA	1. SHARE Organization (มูลนิธิสุขภาพเพื่อสุขภาพและการแบ่งปัน) 2. Raks Thai	HPA is not cover malaria areas	1.When they go to forest, clothes are not covet body. 2.They know about malaria but don't have positive practice. 3.They don't afriad malaria because they can get treatment and don't have to pay money.
Sirinthorn	Phon Thong		Chong Mek		Can cross by walk or car			7 Suksala (health center)	2 MP				
	Jampa Sak				Can cross by walk or car			4 Suksala (health center)					
Boontharik	Sukuma			Ta-U	Can cross easily			4 Suksala (health center)	8 MP				
Sri Muang Mai	Kong Se Don		Pak Saeng		Cross the river				3 MP				
Pho Sai	Nakhon Peng								1 MP				

Na Ja Luay	Moon La Pamok				Can cross by walk			4 Suksala (health center)	11 MP				
Num Yuen								11 MP, 1 BMP					

Thailand - Cambodia Cross Border

Border crossing and Malaria high risk areas		**High risk Mobile migrant Population (ethnic group, daily border crossing, internal mobile/migrants, seasonal worker, forest goers etc.**	**Border crossing point (name)**		**Migration route means of travel**	**Mobile Migrants occupation in the area**		**Available health services** (name and number)		**NGO/CSO working on Migrant health issues**		**cover malaria**	**Malaria Risk factors for Mobile Migrant Population (How people get malaria/risk behavior)**
Cambodia side	**Thai Side**		**Formal**	**In-formal**		**Cam-bodia**	**Thai-land**	**In Cambodia border**	**In Thai bor-der**	**Cam-bodia side**	**Thai side**	**Yes/No**	
1) Oddar Mean Chey	**1) Srisa-ket**				Truck of Chamka owner.	Plantations	Plantations	HC, RH and VMWs/MMWs and private providers	Malaria post and clinic, district hospital				Working at night; No using bed net at night; late seeking treatment; late evening after working time.
Samrong	Phusing	Forest goers, construction workers and farmers (seasonal workers; pregnant women)	Cham Sangan							URC; AFRIM	Raks Thai;	Yes	
2) Oddar Mean Chey	**2) Surin**												
Onlong Veng	Kap Cheng	Forest goers; construction workers; farmers (seasonal workers; pregnant	Chhong Chom							URC; AFRIM	Raks Thai;	Yes	

		women); daily border crossing											
3) Battam Bong	**3) Trat**												
Samlot	Bor rai	Construction workers and farmers (seasonal workers; pregnant women)	Ban Mamoun g/Nern 400							URC	KIA; Raks Thai	Yes	
Thmar Dar (Pursat)	Moeung			Tha Sen									
Mondolsey ma (Koh Kong)	Klong Yai		- Had Lek/Cha m Yeam	- Khao Wong/ Kiri Wong						PFD			
4) Battamban g	**4) Chanta buri**									URC	URC; IoM	Yes	
Pailin/Sam pov Loon	Pong Nam Ron	Forest goers; construction workers; farmers (seasonal workers; pregnant women); daily border crossing	Ban Lem Pak Kad (Prom)							MC; FHI; URC	URC		
Sampov Loon	Soi Dao			Suptari (o'La Lov)									
Phnom Preuk				Phom Preuk									
5) Banteay Meanchey	**5) Sra keav**												
Poi Pet	Aranya prathet	Seasonal workers, daily border crossing.	Poi Pet							FHI, MC, URC, PSI and AFRIM	URC, IOM	Yes	
Sampovloo n	Klong Had			Khao Din/Ph nom Dei									
Thmar Pork	Ta Praya			Beung Takou n									

Poi Pet				O' Bey Chon									
Malai	Klong Had			Malai									

Thailand - Myanmar Cross Border

Organization	Area		Border	High Risk Group	Occupation	How they cross border	Available Health Services		Malaria Risk factor/behavior
	Myanmar	Thailand					Myanmar	Thailand	
Raks Thai Foundation	Mudon	Moo 6, Rai Klao, Muang, Prachuap	Sinkon	plantation worker, construction worker, traders, forestgoer, wood cutting		motorcycle, walk, car	rural health center, religious leaders run a small clinic,	Malaria Clinic	working nearby forest, do not want to sleep inside net,
	Monsaiya	Moo 11, Chong Chi, Bansanpan, Prachuap	Border Patrol Unit 147	plantation		motorcycle, walk, car	Nil	BMP	working nearby forest, do not want to sleep inside net,
Pattanarak Foundation	Myitta	Suan Puen, Ratchaburi	Bong Heng Takopithong Wang Kho	Forestgoer, agriculture, KNU soldier		motorcycle, walk	Unknown	MP, a clinic by Mahidol Uni	do not want to sleep inside net
ARC International	Hpayarthonesu	Moo 9 Nongloo, Sangklaburi, Kanchanaburi	3-Pagoda Pass	Factory workers, plantation workers		motorcycle, walk	Hospital, malaria clinic	Health Promotion Hospial, BMP	border crossing,
	Halockhani	Huaymalai, Sangklaburi, Kanchanaburi	Halockhani	Forestgoer, agriculture		motorcycle, walk	MNHC	Health Promotion Hospial, MP	border crossing,
	Myitta	Bong Ti, Sai Yok, Kanchanaburi	Huay Mong Pass	Forestgoer, agricuture		motorcycle, car	NMCP, WHO, PSI, URC, MMA	BMP, MP, Health Promotion Hospital	border crossing,

	Dawei	Phu Nam Ron, Muang, Kanchanaburi	Phu Nam Ron	Forestgoer, agricuture		motorcycle, car	NMCP, WHO, PSI, URC, MMA	Malaria Clinic, Health Promotion Hospital,	border crossing,

Save the Children, KDHW, BMA, NMCP, WHO, MMA, PSI, SMRU, BPHWT, IOM, MHAA	Myawaddy	Mae Sot	Myawaddy - Mae Sot	daily pass, seasonal, M1, health worker		Formal cross point (daily pass), car, motorcycle, on foot, boat	Health Center (gov), Hospital (gov), MP (SMRU)	Mae Tao Clinic, Hosp (gov), border malaria clinic, malaria post, SMRU clinic	border crossing, occupation, internally displaced
			Shan Ywa Thit - Thasongyang				GP clinic, ethnic health center, VTHC, KDHW, medic, MP, mobile health clinic	malaria post, SMRU	nearby forest, favourable environment for mosquito breeding
			Tar Lel (Hlaing Bwe) - Mae Tan (Thasongyang)				SMRU	Malaria clinic, hosp	
			Thar Lot - Mae Ramat				SMRU	Health Promotion Hosp,	
			Htoopyinnyar (Thar Lel) - Maela				SMRU, BMA, SC	Health Promotion Hosp	
			Shwe Kokko - Wanpha (Mae Ramat)				SMRU, BMA, SC	Health Promotion Hosp	
			Lay Gaw (Myawaddy) - Popphra				BMA, BPHWT, Karen	Health Promotion Hosp, Hosp	

							Klohtoobaw Org		
			War Lay Myaing - War Lay				BMA, BPHWT, NMCP	Health Promotion Hospital	

Annex – 3 Group work to identify Regional information sharing platform and joint BCC activities

	Regional information Sharing Platform			
	Malaria Information from each countries	**Sharing Platform (online)**	**Possible Joint BCC activities**	**Possible funding sources**
	Malaria service in border areas, referral service, case follow-up etc.	Website, Cross border meeting, Field visit etc.	Bilingual IEC, campaign, cross border collaboration for case management etc.	
Existing resources	**Twin city projects:** Myawaddy- Mae Sot/ Cambodia- Thai. Non regular basis, depending on availability of governments.	**Regional:** we suggest to conduct Regional quarterly meeting at lower level involving CSO's/ CBO's focusing on malaria elimination, BCC approaches, IEC, MMPs issues/needs, recent researches/surveys and results of malaria prevalence, **Regional high level annual meeting/workshop** at National level and INGOs and Key CBO's focal points. **Possible Constrains**: how to report/ share to everybody at the same time. Remote areas such as Myanmar ethnic minorities. Focal point can share results of the platform through group discussions at township/ village level.	Establish Information Post in every informal pass. Recruit volunteers in the border area. Give IEC materials to those people to be shared.	Global Fund/ Bill and Melinda Gates/ USAID/ WHO
Existing resources			**Cross border meetings:** government officials and policy makers (every 6 months)	**Create BCC/IEC Online Repository Platform (BORP)** The platform will be stratified geographically.

	Myanmar-Thai border: Convergent meetings. to align government and Ethnic Groups working together. Include CBOs/CSOs and EHOs. (To consider: community does not accept nothing from inside Myanmar, just cross-border services due to cultural/social post-stigmatization. Also consider that the current main topic is to agree on peace talks. Moving further to that goal can be sensitive.)			Appoint on/two BCC focal points from each NGO/ partners to upload BCC/IEC, surveys, lessons learnt, evidence based results, etc. The platform will enable users to browse by audience/area/message, channel, even health topic. IEC materials can be downloaded and printed customized to the new goal. Facebook Page linked to share personal stories, cases successes/weak points. Update on the platform a Regional BCC focal points/ contact list book.	
Existing resources		**Myanmar- Thai border**: HISWG			Global Fund/ Bill and Melinda Gates/ USAID/ WHO
		Cambodia- Thai: cross collaboration are mostly at government level, military and police through routine meetings. Suggestion: Set up technical working group: CSOs, Community council, Chief of District. How?: take advantage of existing HIV working group (integrate Malaria)			

Annex – 4 Group work on new BCC approaches and communication messages for malaria prevention and control to fulfill gap and challenges

Thailand - Lao

Target population	Current message	Gap	Revised message	Targeted behavior change	Method/channel to reach Mobile and Migrant pop (Outreach medium)	Periodicity/frequency
Forest goers Farm workers General workers Merchant at cross border	Prevention messages - สาเหตุของโรค ยุงก้นปล่อง ตอนกลางคืน (Factor of malaria especially mosquito) - นอนในมุ้ง LLIN (Sleep under the bed net) - ใช้ยากันยุงทั้งชนิดทา และจุด (Use mosquito repellent) - สวมเสื้อผ้ามิดชิด (Wear long sleeve shirt and long pants) - สุมไฟไล่ยุงเวลาเข้าป่า (Making fire when be in forest) - ใช้สมุนไพรท้องถิ่น (Use local herb)	1.บางคนไม่รู้หนังสือ (Some people cannot read) 2.บางคนไม่ชอบอ่านหนังสือ (Some people don't like reading) 3.ใช้ภาษายาก เข้าไม่ถึงประชากร (People don't understand messages because of using formal/technical wording) 4. ความแตกต่างทางภาษา และวัฒนธรรมท้องถิ่น (Difference between many of ethnics, local culture and languages)	**พัฒนาวิธีการสื่อสาร** **(Improve the approach method)** ใช้ภาษาชาวบ้าน (Use the simple language) เพิ่มภาษาท้องถิ่น/ภาษาชนเผ่าที่หลากลาย (Add the other language)		1.การให้ความรู้โดยเจ้าหน้าที่หรืออาสาสมัคร (Giving education directly by staff or volunteer) 2.ให้ความรู้เมื่อมารับบริการ (Giving education when patient get treatment at health facility) 3.วิทยุ / วิทยุชุมชน (Radio / Mass media) 4.สื่อสิ่งพิมพ์ -> แผ่นพับ โปสเตอร์ (Printed materials) 5.ป้ายประชาสัมพันธ์ (Billboard) 6.Mobile clinic 7.การประชุมหมู่บ้าน (Village/community meeting)	สามเดือนครั้ง (One time per quarter and every quarter) ทุกครั้งเมือมารับบริการ (Every time when they come to get treatment) ทุกวัน (Every day) เมื่อทำกิจกรรม (Every time when conduct activities) ตลอดเวลา (All the time) สามเดือนครั้ง (One time per quarter and every quarter) ทุกครั้งที่มีการประชุม (Every time when they have meeting)

	Early diagnosis and treatment - ถ้ามีอาการไข้ ปวดหัว หนาว สั่นให้ไปสถานบริการภายใน 24 ชั่วโมง (Go to health facility when get cold and headache) - สถานที่บริการตรวจรักษา MP, BMP, โรงพยาบาลอำเภอ, โรงพยาบาลจังหวัด, Health promotion, Village malaria worker/volunteer, PPM (Where they can get treatment) Compliance/follow-up - กินยาให้ครบวัน และขั้นตอน (Take medicine) - ปฏิบัติตัวให้ถูกต้องเพื่อไม่ให้กลับมาเป็น (Having good practice to don't get malaria again) - แนะนำให้บอกต่อเพื่อบ้าน คนใกล้ชิด (Tell to family members or community member about malaria)				8.การเยี่ยมบ้านโดยอาสาสมัคร (Home visit by volunteer)	เดือนละครั้ง (One time per month and every month)

Thailand - Myanmar

Target population	Current message	Gap	Revised message	Targeted behavior change	Method/channel to reach Mobile and Migrant pop (Outreach medium)	Periodicity/frequency	Comment
Ethnic minorities, farm workers, daily cross border, seasonal worker, Armed forces, people in the conflict areas, construction worker, forest goer, trader,	Sign & symptom, prevention, diagnosis and treatment,	traditional belief, info on prevention mosquito bite before going to bed, insufficient services, lack of security, one way communication	no self-medication, no medicine sharing with others, no mono-therapy	Sleeping inside bed nets, wear long sleeve, apply mosquito repellent, accomplish treatment, prompt health seeking behavior	Community radio, TV, Boards, broadcasting car, Printed materials (sticker, pamphlet, poster…..), IPC, social media (Facebook, LINE, Viber)	Depend on local condition	1. Train staff how to utilize BCC materials effectively 2. Emphasize to use bed sheet inside bed net when sleep 3. Learn more on mosquito's behavior 4. Develop M&E tools to assess behavior change

Thailand - Cambodia

Target population	Current message	Gap	Revised message	Targeted behavior change	Method/channel to reach Mobile and Migrant pop (Outreach medium)	Periodicity/frequency
Forest goers	***Prevention messages:*** 1) Wear long sleeve when you work in forest 2) Malaria transmitted in the forest, if you visit the forest, please use LLIN/LLIHN. 3) Where ever we are, LLIN/LLHIN can prevents malaria 4) LLIN/LLIHN prevents you from malaria ***Early diagnosis and treatment:*** 1) If you get headache, fever, and sweat after returning from forest, doing blood test. 2) When you suspect malaria, doing blood test. 3) If you get fever, doing blood test before treatment. ***Compliance/follow up:*** 1) completing malaria treatment course and following appointment of health provider 2) Coming back to do blood test on appointed date to ensure you are cured	***Prevention messages:*** *Forest goers use long sleeve and LLIN/LLIHN are not enough for preventing malaria, so repellent should be recommended.* ***Early diagnosis and treatment:*** *Forest goers do not know existing VMW/MMW.* ***Compliance/follow-up:*** Forest goers do not know disadvantage of drug resistant. **Private sector health provision (How employee support their worker for health seeking):** Employer does not care much about their worker's health	***Prevention messages:*** 1) Repellent protects mosquito bite, prevents malaria 2) Use repellent while you are out site of LLIN/LLIHN ***Early diagnosis and treatment:*** 1) When you suspect malaria, seek treatment with VMW/MMW immediately. ***Compliance/follow up:*** 1) Please take three days malaria drug in front of VMW/MMW/Health staff 2) If you feel not better with malaria after three days treatment, returning back to VMW/MMW/HS **Private sector health provision** (How employee support their worker for health seeking): 1) Good employer, worker do not get malaria 2/ Bring your worker to treat malaria on time, saving time to increase your productivities.	Use of bed nets, long sleeve, mosquito repellent, health service seeking and treatment compliance	IPC: VMW/MMW/village chief/farm owner/employer/taxi driver/monks/grannies/ forest package sellers Mass Media: TV, radio and billboard Mobile platform : hotline, IVR system/SMS Printed Materials: Poster, leaflet, t-shirt, banner, etc.	IPC activities are routinely conducted Mass media: TV and radio spot are broadcasted before and during the peak season Mobile platform: routine activity.

Cross border migrant	**Prevention messages:** 1) Wear long sleeve when you work in forest 3) Where ever we are, LLIN/LLHIN can prevents malaria 4) LLIN/LLIHN prevents you from malaria **Early diagnosis and treatment:** 1) If you get headache, fever, and sweat after returning from forest, doing blood test. 2) When you suspect malaria, doing blood test. 3) If you get fever, doing blood test before treatment. Compliance/follow up: 1) completing malaria treatment course and following appointment of health provider 2) Coming back to do blood test on appointed date to ensure you are cured **Private sector health provision** (How employee support their worker for health seeking): 1) Good employer, worker do not get malaria	**Prevention messages:** Using long sleeve and LLIN/LLIHN are not enough for preventing malaria among cross-border migrant, so repellent should be recommended. **Early diagnosis and treatment:** Do not know existing malaria services (malaria clinic, border malaria post, hospital). Encourage malaria patient to get treatment on spot **Private sector health provision** No message to motivate employer to care their employee about malaria	**Prevention messages:** 1) Repellent protects mosquito bite, prevents malaria 2) Use repellent while you are out site of LLIN/LLIHN **Early diagnosis and treatment:** 1) When you suspect malaria, seek treatment with VMW/MMW immediately (Cambodia) 2/When you suspect malaria, seek treatment at malaria clinic or border malaria post (Thailand) **Compliance/follow up:** 1) Please take three days malaria drug in front of VMW/MMW/Health staff (Cambodia) 2/ Please take three days malaria drug in front of health facility staff (Thailand) 2) If you feel not better with malaria after three days treatment, returning back to VMW/MMW/HF staff **Private sector health provision** (How employee support their worker for health seeking): 1) Good employer, worker do not get malaria 2/ Your worker is healthy from malaria, increase your productivities	Use of bed nets, long sleeve, mosquito repellent, health service seeking and treatment compliance	- Conducting health education at the check-point - Establish mobile education team to conduction health education at cross-border migrant shelters - Develop bilingual billboard install at the check-points - Organize malaria week in Thailand where migrant stay - Malaria education through migrant volunteers	-Routine - 4 times/month - Routine - Before raining season - Routine activity.

Annex – 5 Roles and Responsibilities of Health Volunteers

No.	Roles and Responsibilities	MHV (T)	VHV (T)	VHV (C)	MMW (C)	VMW (C)	VMW (M)	MMW (M)	VHW (M)	Other (Taxi Driver in Cambodia)
I.	**Diagnosis**	-	-	-	√	√	√	√	√	-
	Rapid Diagnosis test									
	Microscope									
II.	**Community mobilization/ Community Engagement**	√	-	√	√	√	√	√	√	√
	Mobilize to get LLIN/LLIHN distribution									
	Mobilize to attend Health Education									
III.	**Health Education**	√	√	√	√	√	√	√	√	√
	IPC									
IV.	**Treatment**	-	-	-	√	√	√	√	√	-
	DOT									
V.	**Refer**	√	√	√	√	√	√	√	√	-
	Offer the referral slip									
VI.	**Monitoring**	√	-	√	√	√	√	√	√	√
	e.g. Monitor the LLIN usage									
VII.	**Reporting**	√	√	√	√	√	√	√	√	√
VIII.	**Get the voices of real needs from the community and deliver message to related organizations**	√	√	√	√	√	√	√	√	√
IX.	**Attend regular meeting**	√	√	√	√	√	√	√	√	√
X.	**Check the availability of stocks and supplies**	√	√	√	√	√	√	√	√	-

Annex – 6 Framework of collaboration, understanding of vulnerability and information sharing and joint BCC activities by working group

Vulnerable Factors	Cross-border migrant	Ethnic Minority along the border	Joint Activities
Prevention (cross-border migrant)			
- When man go to forest, they don't care about mosquito bite - People don't use net because it is not convenient, smell and small - People received not enough net for their family members - Lack of knowledge of correct use of net - People don't use net at the forest and do not apply repellent because they are a hurry - Migrant who do not have permanent address not receive LLINs - Migrant delay sleeping time - The shelter has no space to hang the net	√ √ √ √ √ √ √ √ √ √ √	√ √ √ √ √ √	- Joint develop update BCC strategy for mentioned groups - Advocate to GF to distribute more LLINs for migrants - Conduct malaria awareness raising campaign - Develop bilingual BCC material for distribution - Exchange visit for public officers and volunteers
Treatment (cross-border migrant)			
- Cross-border illegally, difficult access to public treatment service in Thailand (CA-Thai). Security, they afraid of police (Burma) - Limited information sharing in both sites (T-B) and no local coordination at T-B Border - Unaware where are services delivery points located (CAM) - Moving quickly so difficult to get information about treatment - Get back to get service at home country because language barrier - Low knowledge of malaria and having traditional believe and road condition and transportation - Undocumented of migrant worker. Employer does not want to share information - Lack of participation of employers. They not allow their employee to get treatment - Need support from national level or multi-level collaboration	√ √ √ √ √ √ √ √ √ √ √ √ √ √ √ √	√ √ √ √ √ √	- Advocate to policy makers to allow illegal migrant to get malaria treatment service - Advocate to all level strengthen cross-border coordination to share malaria information - Joint malaria case detection along the border - Use Thai malaria volunteer to bring malaria patients to get treatment service - Coordinate with employers to allow their workers to get treatment

Annex-7 Regional BCC Working Group (BCCWG)

1. Goal

- To strengthen the cross-border harmonization of BCC strategies in GMS region with the focus on Mobile Migrant population (MMP) and ethnic minorities.

2. Objectives

(i) To regularly coordinate among all stakeholders including National Programs, NGOs, Ethnic Organizations and partners; and link them for the continuous review of existing BCC strategies (gaps, challenges, solutions and technical supports) and develop joint innovative BCC approaches in GMS region.

(ii) To develop and maintain communication channel in order to keep and share the updated information and joint BCC activities in GMS region.

(iii) To gather the evidence-based quality findings and advocate in front of donors, governments and policy makers.

3. Working group members

S. N	**Name**	**Designation**	**Organization**	**Country**
1	Dr. Boukheng Thavrin	Chief of HE Department	National Malaria Program	Cambodia
2	Kharn Lina	BCC Regional Advisor	CAP-Malaria, URC	Cambodia
3	National Malaria Program, Myanmar ***(pending confirmation)***		National Malaria Program	Myanmar
4	Dr. Ye Win	Field Program Coordinator	American refugee Committee	Myanmar
5	Dr. Thin Myat Khine	Public Health Institute Project Manager	Karen Department of Health and Welfare	Myanmar
6	Dr. Rungrawee Tipmontree ***(pending confirmation)***	Public Health Technical officer	BVBD,Thai MoPH	Thailand
7	Wanna Buthahane	Project Manager	Raks Thai Foundation	Thailand
8	Thet Myo Tun	Project Manager	World Vision Foundation of Thailand	Thailand
9	Dr. Chansamone	Provincial coordinator	HPA	Lao DRP
10	Monica Posada	BCC specialist	Malaria consortium	Asia office, BKK
	Facilitators			
1	Muhammad Shafique	BCC specialist	Malaria Consortium	Asia office, BKK
2	Maria Mutya Frio (TBD)	Communications and Advocacy Consultant	WHO	Thailand