

**Community network building in Srisawat, Sangklaburi, and Thong Pha Phum districts,
Kanchanaburi Province**

Kanchanaburi Province

Kanchanaburi province is one of the provinces reporting high malaria cases in Thailand. The province shares its international border with Myanmar on the west and has a significant number of migrant populations and ethnic communities. The Province has a large number of mon ethnic communities, most of the migrant workers in the province are from neighboring Myanmar.



1. Srisawat district, Kanchanaburi Province

The regional malaria CSO platform has selected three districts of the Kanchanaburi for the network building focusing district reporting high numbers of malaria cases and has high mobility. The Platform support from the American Refugee Committee (ARC) conducted a network building workshop in the Srisawat district on 10th September. Three different community networks will be connected to one provincial network during the next activities. Four sub-districts out of the six subdistricts in Srisawat district still reporting malaria cases. Data from the community shows that from May to mid-September

2020 a total of 23 malaria positive cases were found (data may not be recorded yet to the online system).

Sub-districts of Srisawat district

1. Na Suan
2. Dan Mae Chalaep
3. Khao Chot
4. Mae Krabung
5. Nong Pet (no case in 2020)
6. Tha Kradan (no case in 2020)

Community representative, Village volunteers, ARC volunteers from the community, Malaria Post staffs, a representative from the division of vector-borne disease (DVBD) Kanchanaburi, and district level government health officers joined the workshop. The main purpose of the workshop is to create a network of community workers and volunteers linking with local health authorities for information sharing and updates. The workshop was conducted in Srisawat sub-district hospital.

The workshop was divided into 3 part

- 1- Vector-borne disease situation in the province and the district
- 2- Training on communication and coordination for information sharing and update
- 3- Creating a communication platform as a network

In Thailand village volunteers under the government structure are responsible to provide awareness-raising and improve the prevention and treatment-seeking behavior of the community people. They are responsible to provide services (except treatment) for multiple health issues. ARC is implementing the Global Fund RAI2E grant in Srisawat district of Kanchanaburi working closely with local authorities and community people including village volunteers. ARC activities mainly focus on community engagement, awareness-raising, LLIN distribution, referral, and follow up. Among vector-borne diseases, dengue, malaria, and chikungunya are the main challenges in Srisawat. The majority of people in this district rely on agriculture and forest product. Children, students, and outdoor workers are at risk of malaria and Dengue. COVID-19 prevention is included in every community activity including malaria activities.

Participants expressed their challenge responding to Vivax treatment specifically increasing adherence. They also mentioned that implementing 1-3-7 strategy is difficult in the community. Community people do not use insecticidal net even though they are requested to use during the awareness session.

During the networking building workshop, Mr. Prakob Jamsri, a senior public health officer provided refresher training on the role of volunteers to respond to malaria in the community, available health services in the community hospital, the



importance of a community network in disease surveillance, and available local fund for the network to address community health issues.

The Government officer informed that every district administrative office has a budget in which community network can access health and other activities in the community. The community needs to fill the available templates and prepare a budget to apply the local fund. This funding support is part of Thailand building community resilience as the country is relying less on external donor support. After the refresher training session for malaria test, group work was organized to discuss the priority activities for community disease. The group identified mobile test and treatment services in remote villages and education sessions for Malaria, dengue, and chikungunya were in their high priority.

At the end of the workshop, the line group was created as a communication platform where most of the participants including ARC and government officers joined. Group agreed to use a line platform for Malaria information sharing and treatment follow-up. Some volunteers were unable to join the line group as they do not use a smartphone.

A voice from the community volunteer

MS. Pittaya Sunnvek (Tuk)



My name is Pittaya Sunnvek, I live in Mae Krabung sub-district village number 2 (Moo-2). I am working as a village volunteer for the last 20 years. Many people in my village speak Karen language. I speak Thai and can speak a little bit of Karen but my Karen language is not good enough to communicate. When I conduct activity in the community I ask my friend to translate.

In my village, this year many people got malaria, mainly ethnic communities. They work on the farm and forest and do not follow my advice for protection. Changing people's behavior for the prevention of malaria transmission is very difficult. I support health authorities to collect information from the community, inform them if there suspected malaria cases or anyone seriously ill in the village. I can not test for malaria and treat people, all I can do is to inform health authorities and ask them to come to the community and provide service or refer the suspected patient to the nearest health facility. The nearest health facility which provides malaria tests and treatment is around 70 to 80 Km far from my village. We are in the village, there is no regular transportation available to the hospital. Community people either rent a car or motorbike or join a villager's vehicle if they are going to nearby the health facility. Renting a car costs 600 baht (USD 19) for back and forth.

In addition to malaria, I also support awareness-raising activities for food safety, NCD, sugar, hypertension, infant health, and immunization, injuries, elderly care, dengue, and now COVID-19. For the elderly care, I need to regularly visit them and remind for regular medication and followup as many of them have an underlying disease, to those who don't have a disease, I facilitate for their regular health check-ups. Subdistricts hospital provides training to support community for the above health issues.

Compared to previous years malaria is decreasing, we had a Malaria Post (MP) in the village which is no more working because of decreased cases. Going to the hospital is far, I want MP to be back to my village and standby for the services.

Mr. Anupong Timroi (Chang)



I am Anupong, I am 36 years old and working as a village volunteer in the Khao Chot sub-district. I am helping for 2 villages (Moo6 and Moo2) as the village near my home, has less households and no one is helping them as a volunteer. There was a volunteer but he always out of the village for work and the telephone network is not good to contact most of the time. Both villages I serve has different culture and community, one village is a mix of Karen, Mon and Thai, and another village is a mix of

Karen and Mon. Villagers work on the farm and do fishing in the nearby dam and stream. Some of them also often go to the forest to collect forest products.

In my community, there was a respected Karen medical officer who like to help people but he was already passed away. He asked me to serve the community as a volunteer as most of the community people are an ethnic community who doesn't speak the Thai Language well and need support. Since then I am working as a village volunteer, it has been 7 years already. I provide health education in the community. For malaria I teach them how to use a mosquito net, I encourage them to sleep under the nets, wear long sleeves, and use mosquito repellent. I receive an allowance of 1000 Baht per month from the government, but I spent more than that amount to do my job. I have to use a boat, car, and motorbike to provide service. Sometimes, I arrange a car by myself and take villagers to the nearest hospital which is 26 KM from the village. Some villagers can not afford to pay for their transportation, I am happy to help them when I can.

Malaria case is decreasing gradually since we have ARC come to work in the village. Their team is supportive of my work and our villagers, they can respond to our needs very quickly. I am working with them to reach people in the village and also a remote area for service. They help me to coordinate with the local authorities and plan the activities. I hope we can bring malaria cases to zero, although it is very challenging.

2. Sangklaburi district, Kanchanaburi Province

Sangklaburi district shares a direct border with Tanintharyi Division, Mon State and Kayin State of Myanmar on the west. In Sangklaburi, Myanmar ethnic Mon and Karen population are working in gardens and farms and forest-related work. Sangklaburi District is the second-highest malaria burden in Kanchanaburi province with 152 cases until September 2020. Malaria cases are found in all three subdistricts of Sangklaburi, namely Nong Lu, Prangphle, and Laiwo.

To create a network of community workers and volunteers linking with local health authorities for information sharing and updates, the workshop is conducted in Sangklaburi public health department. The Public Health Chief, Community development representative, head of National Vector Borne Disease and control program, Sangklaburi, Malaria Posts, community volunteers, ARC staff, CSO

platform secretariat joined and discussed the community issues in the district. The workshop was organized on 16th September in the district public health department.

The workshop prioritized into 3 main sessions –

1. Update of Malaria situation in Sangklaburi district
2. Training on establishing strong networks and how to utilize effectively including training to develop a work plan for local funding
3. Forming a communication network as a platform

In Sangklaburi, ARC volunteers focus on community engagement, awareness-raising, LLIN distribution, referral, and follow up for malaria. Mrs. Tat ta, a representative from the public health department acknowledged the strong support from ARC and volunteers in tackling malaria, dengue and COVID-19. As a public health department, they are confident to bring down malaria cases with strong malaria response teams and CSO.



Mr. Prakob, head of VDBU, Sangklaburi explained that malaria cases are increasing in 2020 compared to 2019. Most of the cases are in the younger age group, within 5 and 15. One of the possible reasons could be the school children get contracted from the family members who regular cross border and work forest-related activities. During the workshop, the volunteers discussed the difficulties of following up on the patient due to the available budget for treatment followup and availability of the time of volunteer and patient. They also observed patients do not

adhere to the treatment course. During the meeting, the Head of VDBU demonstrated and refreshed conducting blood films to MPs and ARC volunteers.

Mrs. Juree, the representative from the community development of Nong Lu subdistrict, shared how to build a strong and resilient community network using communication channels through identifying the root cause of issues and implementing solutions collaboratively within the community as a team. She also provided information on the availability of budget to implement prevention activities on mosquito-related diseases such as malaria and dengue requested to submit the proposal to the local administrative department.

At the end of the meeting, Line communication group as a network is formed with representatives from the public health department, malaria unit, and community development, Malaria Post, community volunteer, ARC staff, and CSO platform secretariat. This line group will essentially share the malaria knowledge, malaria situation in the village, particulars of positive patients with photo to follow up, and information of people who cross the Thailand and Myanmar border.

A voice from the Malaria Post worker



My name is Pontit wongngamchai. I am 37 years old mother of one daughter. Now, I am currently working as Malaria Post worker for almost one year in the village of Nong Lu subdistrict. Before that, I was volunteering to help the community for 12 years on various diseases such as malaria, dengue, and other Non-communicable diseases. I see malaria increases in the community compared to last year, even my daughter got vivax this year.

I regularly share the health messages to the villagers on preventing mosquito bites, the importance of vaccination (immunization) for newborn babies, danger signs of cervical cancer and urge women to take pep smear. When the COVID starts in Thailand, I share the COVID-related information and using preventive measures such as masks, alcohol hand sanitizers/ hand washing and physical distancing. Even though I shared quite regularly, the villagers are not listening to my advice seriously. I also found challenges following up patients because I couldn't find them when I visited their house. We need to ensure patients to be in their houses when we visit them to follow up.

One moment I am very proud of myself is that I was able to convince one patient who has repeated malaria infection to complete his treatment for vivax infection. Now, he is free from malaria. I like to recommend providing enough repellent to the forest goers and risk groups.

3. Thong Pha Phum District, Kanchanaburi Province

The Thong Pha Phum district, Kanchanaburi Province shares the direct border with Tanintharyi Division on its west. The district is divided into seven sub-districts, namely Tha Khanun, Pilok, Hin Dat, Linthin, Chalae, Huai Khayeng, and Sahakon Nikhom. ARC is closely working with the government, public health department, division of vector-borne disease program and supporting the community engagement activities, health education, LLIN distribution, and follow-up through community volunteers. Apart from malaria, the district faces dengue, chikungunya, and other NCDs. Even though many health service providers from the public and CSOs in Thong Pha Phum district, regular meetings to discuss community issues with all stakeholders rarely take place and plan appropriate interventions collectively.



There is a need to create a network of community workers and volunteers linking with local health authorities from different layers to share important information and plan necessary actions tackling community issues. The regional malaria CSO Platform with the support of ARC conducted a workshop in the Public health department office in Thong Pha Phum with the chief of the Public health department, representatives from community development,

vector-borne disease unit, malaria posts, community volunteer, village chiefs, ARC staff, CSO platform secretariat. Three main sessions discussed in the workshop can be seen as follow:

1. Malaria situation in Sangklaburi district
2. Training on establishing strong networks and how to utilize effectively
3. Forming a communication network as a platform

Mr. Ma Malapong, chief of the public health department, recognized the effort of the district public health staff together with ARC staff and volunteers controlling the situation of malaria, dengue and COVID-19. He discussed the worrying situation of COVID-19 infection in Myanmar and requested volunteers and public health staff to be vigilant in the cross border movement between Thailand and Myanmar.

Thong Pha Phum District, Kanchanaburi province, reported 126 malaria cases until September 2020, increasing compared to 70 cases in 2019. Out of 126 malaria cases, Huai Khayeng and Pilok subdistricts found more positive than other subdistricts with totaling 82 cases. More cases are found in Thai national. However, in Huai Kayeng subdistrict, the border with Myanmar, most cases are non-Thai. One of the possible reasons could be a group of migrants from Myanmar who come to work in gardens and forest-related work before border closure. Mr. Ni Khon, head of vector-borne disease units explained the process of malaria testing by Malaria Posts and malaria clinics with support from ARC volunteers.

During the meeting, Mrs. Juree, representative of the community development department discussed the community problems with the village chief and volunteers. The village chief explained the threat of COVID-19 and shared concerns of villagers on not wearing masks appropriately. She also provided the information on the available budget for villages to conduct prevention activities for malaria and dengue and urge the village chief to submit the proposal after exploring the intervention activities with the villagers to bring down the mosquito-related diseases. The village chief agreed that volunteer is essential to include in the proposal.

The volunteers expressed the challenges of shortage of MP for their villages to conduct blood testing. Mr. Ni Khon explained the setting up the malaria post mainly based on the malaria burden for the villages. He also urged volunteers to help to encourage the patients to stay in their house for the day when District public health staff follow up and conduct a mobile services.

As a result, the participants formed a communication group to share updates and inform the situation in a real-time via Line group. The MP and volunteer will share the patient photo and names for each case within the volunteer village to facilitate the patient follow up activities.

A voice from the volunteer



My name is Mrs. Thatsani. I am 45 years old, and I am Pi Lok village volunteer for more than 14 years. I have an opportunity to help my village and people for malaria, TB, dengue, and other health issues. I closely work with Malaria Post in my village for the blood testing to check malaria.

Malaria cases are increasing in my village in 2020 compared to last year. I occasionally provide malaria prevention messages to the villagers to take precautions avoiding mosquito bites and

encourage the forest goers to take a blood test when they have a fever. I faced some challenges during my routine work because the forest goers do not follow my suggestions and advice strictly and do not complete the treatment as guidelines.

However, I love helping my community because they are very poor in health knowledge, and I want them to stay in a healthy environment. I want to share my happy moment with you. Last month, I took one forest goer with a fever to the malaria post in my village. After checking the blood test result, he got infected with vivax malaria. The next day, I support his boat fare and food to visit Thong Pha Phum district hospital for the treatment and I supervise throughout his treatment course. This month, he rechecked the blood test and free from malaria. One healthy person in the village with my help. I am very happy about it.