

# MALARIA FREE MEKONG

## FIELD VISIT NOTE

8-10 MARCH, KANCHANABURI



## ABOUT THE MALARIA FREE MEKONG

The Malaria Free Mekong is a platform of Communities and Civil Society Organizations (CSO) in the Greater Mekong Sub-region. It is also known as the CSO platform. The platform was established in 2014, as a community constituency of the Global Fund RAI RSC. Currently, the platform is funded by the Global Fund RAI grant. The main objective of the platform is to provide a common space to share information on best practices, issues, and challenges from the communities in the implementation of the RAI grant. The platform also plays a key role in advocacy, communication, and community engagement through various activities such as consultations, cross-partner learning visits, strengthening the capacity of CSOs by training and sharing the new information and tools, and improving coordination at the national and regional level. The platform provides opportunities to communities to meaningfully engage and represent in the Country Coordinating Mechanisms and Global Fund activities. The Malaria Free Mekong is hosted by the ALIGHT.

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## VISIT OVERVIEW

During the 8th – 11th March, the Malaria Free Mekong secretariat organized a field visit in Kanchanaburi province along the Thai – Myanmar border. The purpose of the visit was to understand the reason for increased malaria cases in the province during 2021, especially malaria among children. Children are still at high risk in the community near the forested area and along the border. Due to the school closure following the COVID-19 prevention measures, school children spend most of their time outdoors for online study and playing. Some of the villages are located in the plantations with semi-open houses making them more vulnerable to a mosquito bite.

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## ABBREVIATIONS

ACD	Active Case Detection
ATK	Antigen Test Kit
CI	Community Isolation
COVID-19	Coronavirus Disease 2019
CSO	Civil Society Organization
DPH	District Public Health
GMS	Greater Mekong subregion
HPH	Health Promotion Hospital
LLIN	Long-Lasting Insecticidal Net
MC	Malaria Clinic
MP	Malaria Post
NGO	Non-Government Organization
OQ	Organizational Quarantine
PPE	Personal Protective Equipment
RDT	Rapid Diagnostic Test
VBDU	Vector Borne Disease Unit







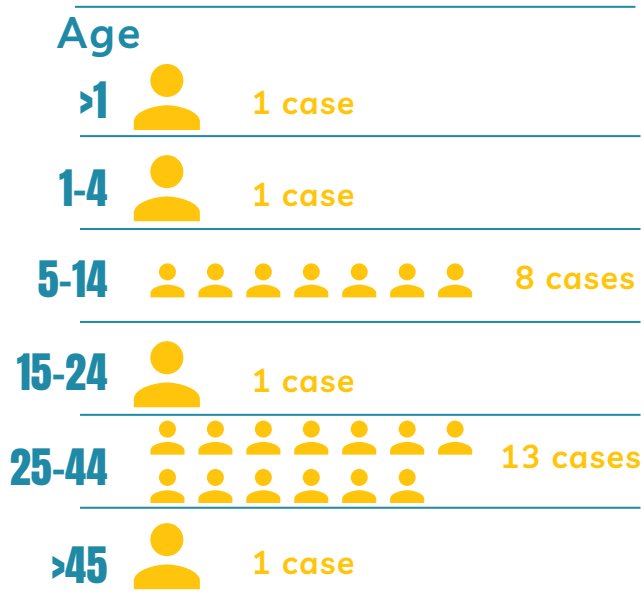
## VECTOR BORNE DISEASE UNIT (VBDU) 5.1.4 LUMSUM, SAI YOK, KANCHANABURI

### Somkiat Niemhom

VBDU 5.1.4 covers 4 areas, namely Lumsum, Sing, Srimongkol, and Bongti sub-district. Bongti subdistrict the area used to report high malaria cases in the previous year. The number of cases remain high even during the border closure to prevent COVID-19 transmission and high-security presence on the border. There are multi-ethnic communities in the area under VBDU 5.1.4 responsibility, Thai, Myanmar, Karen, and Rohingya. Some migrants who have lived on the Thai side for a long time have received Thai nationality or residency cards while waiting for their nationality approval.

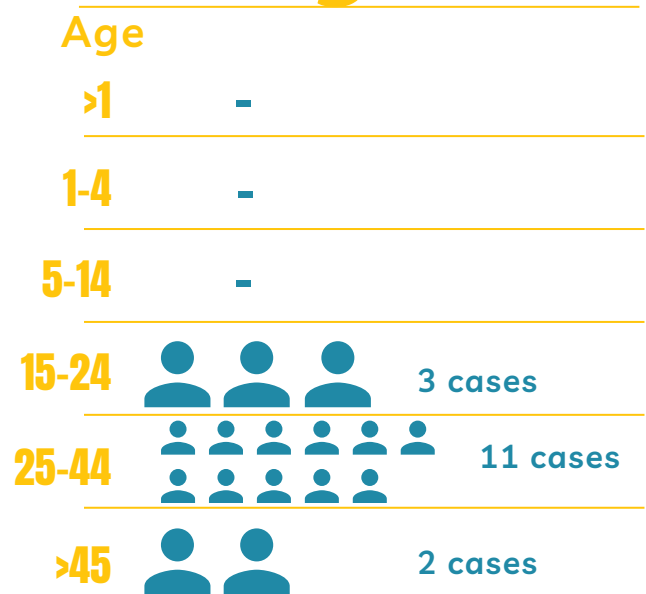
**Malaria case in children** in VBDU 5.1.4 area (Lumsum, Sing, Srimongkol, and Bongti sub-district) VBDU systems had disaggregated into 6 groups: >1, 1-4, 5-14, 15-24, 25-44, >45

## Thai



There is a total of 25 cases among the Thai population. 16 cases appeared between June and October which is considered the rainy season.

## Migrant



There is a total of 16 cases among the Migrant population. 11 cases appeared between June and October which is considered the rainy season.

Most of the malaria cases are among those working or spending a long time in the forest and kids nearby border villages and who follow their parents to the forest. VBDU officer mentioned that most of the forest goers have received malaria awareness-raising activities. When they have malaria symptoms they will go to MP or MC in their area. Thai and migrant children with legal documents in this area go to Thai schools. Due to COVID-19 prevention measures, those schools were operating online. Some of the migrant children go to a school operated by the Border Patrol Police, the school is located in the police camp on the border. In these schools, VBDU and MP have conducted the Active Case Detection regularly with coordination support from ALIGHT. The VBDU was able to conduct 100% treatment follow-up in collaboration with ALIGHT field staff and volunteers.

### **Challenges expressed by government officers**

- Government officers and CSOs have no information and updates about the malaria situation and case details on the other side of Myanmar, especially on the border reason.
- The insufficient budget allocated to the VBDU staff to travel to the community. Travel allowance (THB 500) doesn't cover all trip expenses especially, in remote areas.
- Malaria stakeholder's meeting is discontinued due to lack of budget for VBDU



VBDU officer and ALIGHT staff reviewing malaria data from the sub district in Kanchanaburi

## VISIT AT THE COMMUNITY ISOLATION (CI) AND ORGANIZATIONAL QUARANTINE (OQ)

Sai Yok district has recently seen a high number of illegal border crossers from Myanmar. Many of them were victims of traffickers on both sides. According to migrant workers, they have paid THB 20,000–30,000 to traffickers for border crossings. Some have paid extra to be carried from the Thailand border to the city where they could find work. Most of the migrants spent several days walking through the forested areas of Myanmar to get to the border. When they arrived at the border, they spent a few more nights waiting for their agent to facilitate their border crossing. The police station in Kanchanaburi has organised a temporary quarantine center for people who crossed the border illegally from Myanmar. The center contained approximately 200 migrants (when the platform team visited them) , isolated for COVID-19 prevention and an area for positive patients. The quarantine process takes 14 days or more (until they tested negative for COVID-19), they are tested COVID-19 ATK on the first day, third day and 5th day by Sai Yok hospital, the positive patients are isolated in an isolation center. Once Migrant workers complete their quarantine and get a negative COVID-19 test result, they are sent to the immigration office for the legal and administrative process for deportation.

According to CSO and Isolation center staff and quarantine centers, they are having funding shortages to manage migrant workers' food, hygiene and sanitation activities to boost their mental health. There is a lack of other health related activities except for COVID-19 prevention and management. ALIGHT provincial team is supporting local authorities for COVID-19 prevention and local level coordination to support migrant workers until they back to their home country.



COVID-19 ATK test at the Sai Yok police station.





COVID-19 ATK test at the Sai Yok police station.



Sai Yok police, ALIGHT team, and Malaria Free Mekong team at the Organizational Quarantine.

## MALARIA CLINIC MUANG, KANCHANABURI

One full-time staff member manages malaria clinic in Muang district. Clinic is located near the border checkpoint and offers both malaria testing and treatment. Severe cases are referred to the nearest hospital. According to the clinic staff, most of malaria cases are among military, Border Patrol Police, and villagers near the border. For the dose of malaria medicine in the children's case, he has followed [SOP for malaria case follow-up published in 2018 by the ministry of public health](#). At this MC, they keep a stock of 15 mg Primaquine. Primaquine has to be broken down manually into 5 mg, which practically is challenging to do.

## SUB DISTRICT HEALTH PROMOTION HOSPITAL (HPH) – HUAY NAM KHAO, KANCHANABURI

In this sub-district malaria test by RDT is available. This hospital is also known as the malaria post where they provide testing, treatment, and awareness-raising activities for malaria prevention. Most of the malaria patients in this center are adults, aged 40 years old, and more live in the villages near the forest or work in the forest. Many patients have had malaria more than one time. The malaria post worker refers a negative RDT test patient with symptoms to the nearest hospital for further diagnosis and testing.



Malaria Post in Huay Nam Khao Subdistrict Health promotion hospital



## EXPERIENCE SHARING FROM MALARIA INFECTED COMMUNITY

### Suphita

Suphita-5, lives with her parents in a small hut in Bongti village of Kanchanaburi. The village is very close to the border and surrounded by mountains and forest. She tested Malaria positive 2 times, one in 2020 and another in 2021. Suphita shares her experience saying she went to stay in her relatives home where her relative had malaria. After 2 days she started showing malaria symptoms and went to test in the nearest health facility, her test result was negative. Despite a negative malaria test she was continuously showing malaria symptoms, she went for test three times and tested malaria positive in the third test. The village she lives is showing high number of malaria cases. Due to COVID-19 prevention measures and government announcement schools were teaching online. Being at home gives children more flexibility and time to spend with their friends and family outdoors. Children also spend significant amount of time outdoors in the evening searching for a better internet connection, while they are doing homework.



Suphita and her mother in the family's shop

## Maew

Maew is 14 years old, lives in Bongti village of Kanchanaburi province. Her village is close to the Thai-Myanmar border. Due to COVID-19 Maew and her friends have been studying online for many months. Maew said she and her friend always sit together outdoors to study, sometimes keep changing locations to find better internet signals. As her village is at high risk of malaria, they follow malaria prevention measures, including sleeping under the bed nets, but because of their livelihood and lifestyle, they are often at risk when they are outside home. Maew had malaria symptoms last year, she went for malaria testing 3 times in 7 days as the first 2 tests were negative. She tested positive for malaria in third test.



Maew and her friend hang out in the hammock in front of her house

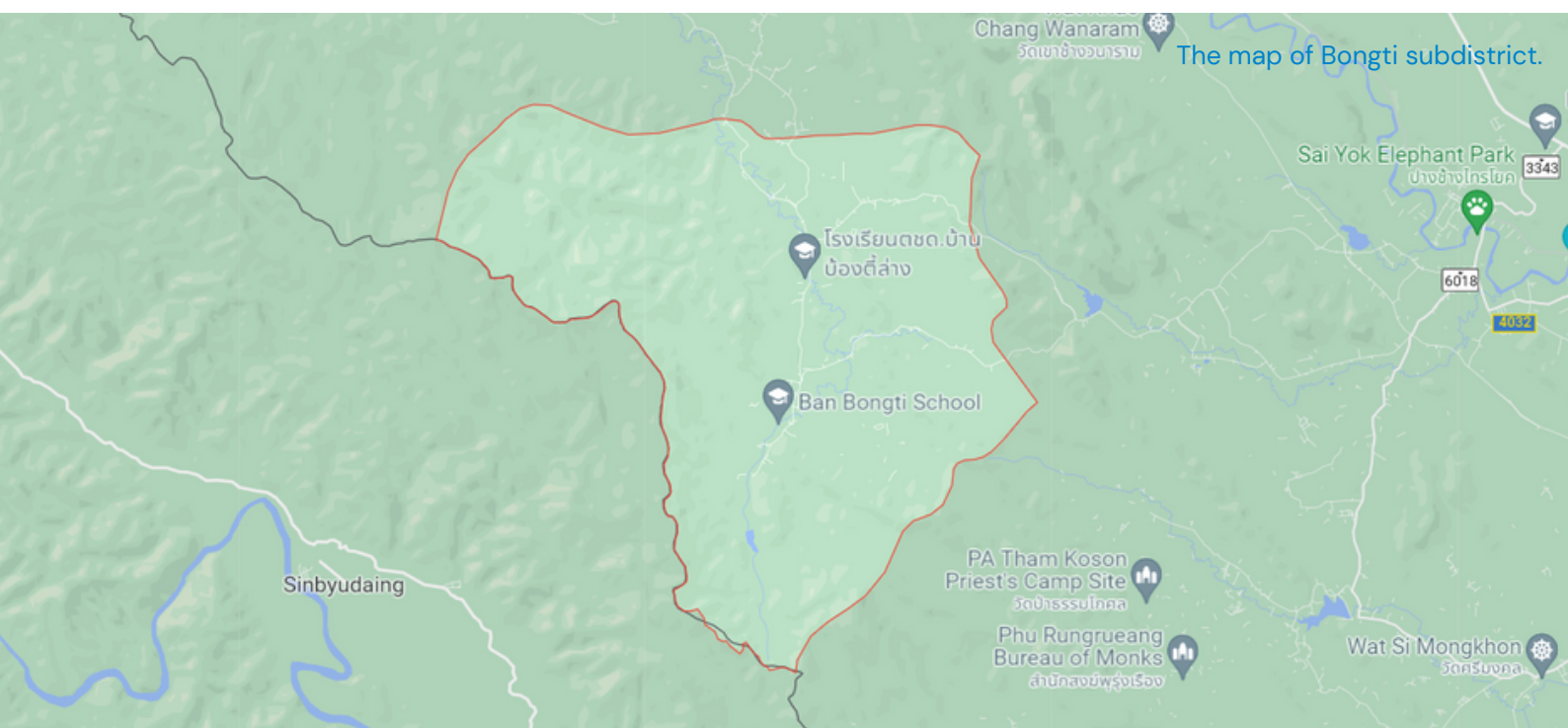


## Thanyarat

Thanyarat – 16 years old lives in Muang district of Kanchanaburi. Thanyarat house is surrounded by the forest. They often have floods in the village especially in the rainy season. In 2022 she had malaria symptoms and went for a blood check. Her first test was negative, she again went for the 2nd test in 3 days which showed malaria positive (P.vivax). She also had P.Vivax infection 2 years before, she stopped medication as she had an allergy when she started medicine for Vivax treatment.



Thanyarat meets ALIGHT team at Malaria Clinic in Muang district



## Sam

Fifteen-year-old Sam is a charming and energetic migrant from neighboring country Myanmar. He lost both his parents in Myanmar and currently lives in a migrant village in Muang district with his relatives. In this village all the villagers are migrants with a temporary residency document provided by the local authority to legally stay in Thailand. Most of them are working on farms. Sam is studying in a Thai government school where he can get free education and stationery. After school Sam helps his relatives on the farm. Some day he also helps his friends at work, they go to the forest together to collect forest products for daily consumption. His relatives and some villagers also often go to the forest for forest products.

In February 2022 Sam had malaria symptoms but the test was negative until he became severe. He was taken to the hospital and tested malaria positive (P.Vivax). He was hospitalized for a week because of severe symptoms. Sam has received treatment and blood transfusion. As he does not have an income source he could not afford migrant health insurance. Even though malaria tests and treatment is free in Thailand, his one week hospital bill was about THB 10,000. His relatives helped him to settle the hospital bill, but Sam is worried about his next visit to hospital if he gets reinfection. Having this painful experience, Sam said he is willing to play a role model to increase awareness among teen age and youth if he has a chance to learn more and strengthen his knowledge about malaria and other common preventable diseases.



Sam at his house



### Suddan Chudngam

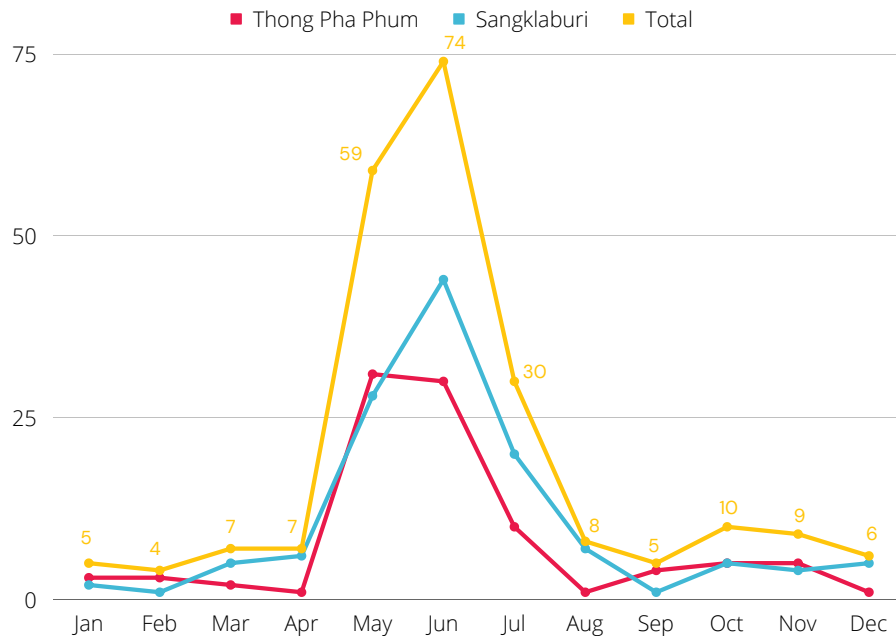
Suddan Chudngam – 15 years old, Muang district, Kanchanaburi. Suddan lives near the forested area close to the Thai Myanmar border. He often goes to the forest approximately 3 times a week, sometimes to work with his parents and sometimes to hang out with friends. He had malaria (P.vivax) 3 times in 2021; first time in July, second time in August, and third time in October. He took medicine as advised by the health worker. Every time he went for a followup test after completing medication, the test came negative. It was not clear to him whether his infection was new or relapsed.



Suddan – 15 years old.

## VISIT TO THONG PHA PHUM AND SANGKLA BURI

Malaria case in Thong Pha Phum and Sangkla Buri district in 2021 (All age)



The highest number of cases occurred in June (74 cases) followed by May (59 cases) which is considered as the beginning of the rainy season.

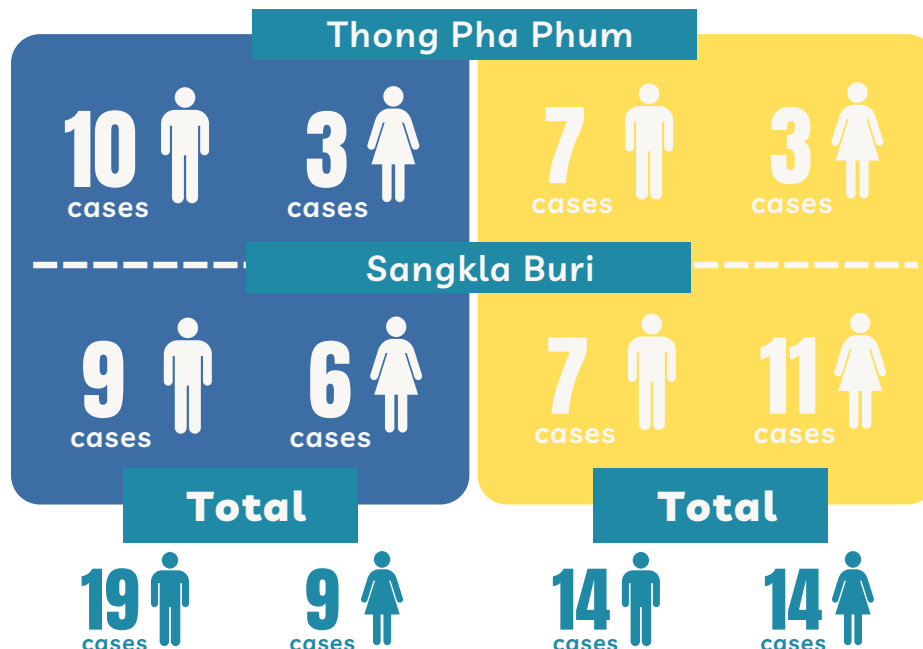
The total number of case in 2 districts – 224 cases

Pv – 214 cases, Pf – 5 caes, Mix – 5 cases

## Malaria case in children in the year 2021

**Thai**

**Migrant**



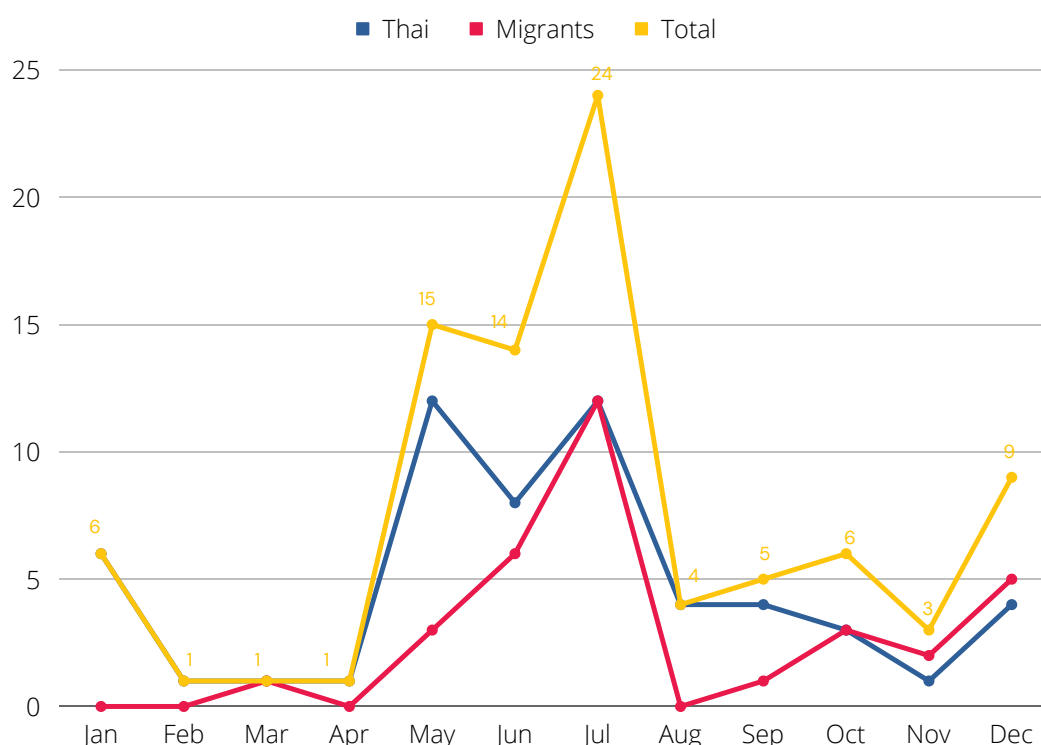


ALIGHT Thong Pha Phum team informed that malaria cases among children (under 18 years) in 2021 has increased in their implementation areas compared to 2020. The villages with increased malaria cases are located in the forest / by a river, a breeding ground for mosquitoes. The open spaces around the village also make the prevention of malaria difficult. The schools have been closed since 2020 due to COVID-19, children spend most of the time at home for online study. Some will have the internet at home, some need to go to other areas to find internet and WiFi connection. Children are also likely to follow their parents to the forest or plantation field for work due to the school closure. Some families have members who have had malaria several times, but they also mention that they are not scared of it because they can receive tests and treatment in their community.

ALIGHT team mentioned that despite ongoing awareness raising activities for malaria prevention, communities especially children lack personal protection behavior: They use mosquito repellent if provided, but they would not consider buying it after it runs out. The reason is because of their priority to other things because of poor economic conditions.



## Malaria case in Sai Yok district in 2021



The highest number of cases occurred in July (24 cases) followed by May (15 cases) and June (14 cases).

Malaria in children are 33 cases. 5 cases in Srisawat subdistrict, 23 cases in Bongti, Wangkrajae, Srimongkol subdistrict, and 5 cases in Sai Yok subdistrict

Sai Yok is close to Myanmar border, not far from the Dawei, which has a large movement of people through the official border, however movement and travelers flow is decreased because of border closure to prevent COVID-19. While official borders are closed, there are still many illegal migrants crossing through unofficial border crossings for work in Thailand.

### The main reason for increased malaria case in Sai Yok district

- The closure of schools and businesses due to COVID-19 makes the villagers stay at home or move back from town after losing their jobs.
- Many of them rely on forest products for their livelihood
- Limited knowledge to prevent malaria infection. Some villagers have malaria more than one time or have family members who had malaria, but they are not scared of it because it can be cured by taking medicine from the local Malaria Post.
- The patients who currently live on the Myanmar side cross the border to receive malaria services on the Thai side because of the limited access to health services in Myanmar.

## EXPERIENCE SHARING FROM MALARIA INFECTED COMMUNITY

### Pitak

Pitak, a 5 years old child lives in Nong Lu sub district in Sangkla Buri. His village is one of the malaria risk villages and 20 KM far from the border. He lives with his mother and 2 years old brother. His family moved to Kanchanaburi 10 years ago as migrant workers, they are currently staying in a small hut built in public land allotted to the stateless population. The local administration has provided Pitak's family with a temporary legal document to stay in the province. Pitak's father lives in Bangkok for work and to take care of his family. Despite having a temporary stay permit they are not covered by the health security system. Pitak's mother said they have the option to buy migrant health insurance but it is too expensive for them as they have to buy it for all 4 members. Migrant health insurance in Thailand costs 2,750 THB per person.

Pitak's mother said her son visited relatives in the village who had malaria at that time. He started showing symptoms after 3 days when he returned from the relative's home. Malaria Post staff came to Pitak's home and did an RDT test, which diagnosed malaria positive. Pitak is studying online at the moment. Besides studying, he plays with other kids in the village or watches TV in a semi-open hut putting himself at high risk of malaria infection.



Pitak is watching TV from the solar cell power.







## DISTRICT PUBLIC HEALTH, SANGKLA BURI

**Malaria Free Mekong and ALIGHT Kanchanaburi team visited the district public health office in Sangklaburi.**

**According to officers,**

- Most of the malaria cases in children in this areas are P.v cases, among those who live in the high-risk area
- They are working closely with the Vector-Borne Disease Unit and NGOs in the local area for malaria services. For the past 2 years, the public health office focused more on COVID-19 prevention and management. However, the stakeholder meeting for the 2022 action plan, will bring up the issue of how to distribute the public health capacity beyond COVID-19.
- The District Public Health has no plan to conduct malaria tests among illegal migrants in the detention center or isolation center, however, the DPH is ready to support if the ALIGHT team has a plan for this activity. The DPH is supporting for COVID-19 prevention and response, if they are to support malaria tests to detained migrants they need support on the COVID-19 prevention set such as masks and PPE for the staff who conduct malaria tests and also malaria test kit.
- Malaria activity for illegal migrants is still new for DPH, if the CSO platform can share lessons learned or some similar activities from another country that would be helpful.



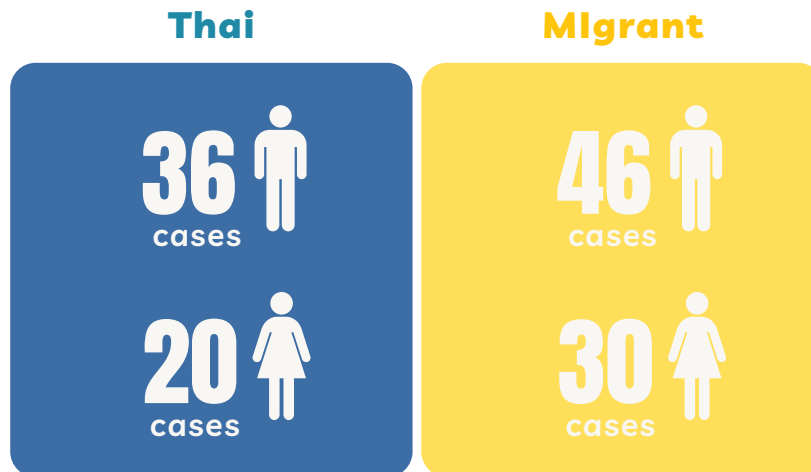
## VBDU SANGKLA BURI

Sirichai Thakengkul, VBDU Sangkla Buri

Chalermpol Yiplum, Subdistrict Promotion Hospital (Kongmongtha)

Porntip Wongngamchai, MP, Kongmongtha

### Number of Malaria case in Sangklaburi



There is a total of 56 cases among the Thai population. The highest number of cases are among males, aged between 25 – 44 (13 cases) and between 5 – 14 in females (7 cases).

There is a total of 76 cases among the Migrant population. The highest number of cases are among males, aged between 25 – 44 (17 cases) and between 5 – 14 in females (12 cases).

- Children in Kongmongtha area usually hang out at the internet spot for their study/entertainment during the day and stay outside near the house before bedtime; their houses are semi-open and located in the remote area surrounded by the forest and rubber plantations. Due to school closure they have more time to spend outdoors, including frequent traveling to the forest with their parents.
- Kongmongtha Subdistrict Promotion Hospital has conducted malaria prevention measures in the village. The key activities are insecticide spraying, LLIN distribution, distribution of mosquito repellent. The frequency of these activities depends on the quarterly budget. Even though the Subdistrict Promotion Hospital has put in prevention measures, a few more uncontrolled following factors keep malaria cases rising.
  - Location – The village is located in a high-risk area near the forest and has standing water.
  - Occupation: The villagers have rubber plantations, the rubber bucket is a breeding ground for mosquitoes in the rainy season.



- Structure of the houses – Most of the villagers' homes are semi-open, even though they use a mosquito net for bedtime, they are still at risk in the evening.
- Behavior – The villagers don't see malaria as a threatening disease. They work in the forest, some also live in the forest for a few days for work without following preventive measures.
- High mobility – the villagers still cross back and forth between both sides of the border through the forest for work and to meet their relatives. They are not carrying their bednet when they travel because of the inconvenience to carry.
- No cross-border activities and information sharing activities are happening officially, however, because of volunteers and a local staff network they are able to get some information from the Myanmar side regarding malaria and other health situations.
- ALIGHT, VBDU, and Kongmongtha Subdistrict Promotion Hospital have set up a disease control group in Kongmongtha. The members of the group will receive the training conducted by ALIGHT. The Subdistrict Health Promotion Hospital has submitted the project of purchasing an insecticide spraying machine and fuel, this activity will be run by the hospital with support from ALIGHT. The purpose of the group is to support the malaria team, especially VBDU which lacks staff. This project is still in pilot, if it is successful, it will be applied to other areas.
- Due to the border closure and restrictions from security agencies, the area of Kongmomgtha which is usually a crossing spot for undocumented populations has less movement compared to the past. There are still a few illegal migrants crossing but it is not possible to approach them to conduct any activities as they are hiding being afraid of getting arrested.



The Malaria Free Mekong, ALIGHT provincial team, and, VBDU officers after the meeting

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