The Situation

Despite the recent progress in Myanmar, the situation in remote communities has not changed. The government is still not able to provide health and education services to the ethnic communities in remote areas. This results in poor health and education standards in these communities. Myanmar has one of the highest under-five mortality rates in South-East Asia, but “most of these deaths could be prevented through effective interventions, delivered through a strengthened health care system” (UN, 2018).

Some of the main problems faced by schools and its students are:

- Students suffer from poor health and hygiene in schools
- Students lack nutrition and sometimes arrive hungry to school
- Students cannot fully participate in education due to health reasons
- Poor health and hygiene increases the risk of communicable diseases.
Border Health Initiative (BHI)

A community-based health organisation that provides medical assistance to isolated communities on both sides of the Thai-Myanmar border, targeting areas that are inaccessible to other service providers due to political or geographical barriers.

The target area of BHI is in Eastern Myanmar, where most if its residents are IDP (Internally Displaced Persons). The violence and political instability in this part of the country has led to underdevelopment in the medical and educational fields. As a result, literacy and health measurements for children in Eastern Myanmar rank among the lowest anywhere in the world.

BHI has been based in the Thai/Myanmar border region of Sangkhlaburi since 2008 and is staffed with experienced and motivated medics and health workers. BHI provide services to children aged 4 to 18 in Mon, Karen and Burmese controlled areas with equal determination.
School Health Education and Health Screening Programme

Child’s Dream supports BHI to implement a school health and screening programme in 15 communities along the Thai-Myanmar border. The programme directly benefits 950 students and 57 teachers, while about 8,000 other residents in the community will also see the benefits of the initiative.

How It Works

Today BHI operates a monthly mobile clinic service to 15 poor and isolated communities. The team, with almost 3 decades’ experience, offers a first line health service free of charge to around 10,000 marginalised people who would otherwise face considerable challenges accessing basic healthcare. There are 4 main components of its programme:
How It Works

Collaboration between the government and the communities

• BHI has a good relationship with political groups in the area who allow them to access the target areas.
• The support and cooperation of these political will ensure sustainability of future projects.

Workshops

• Health workshops for teachers about first aid, dental care and common disease prevention.
• Kindergarten and lower primary school students receive workshops on proper dental and hand hygiene.
• Teenage students participate in life skill workshops about adolescent health, HIV/AIDS, drugs, etc.
How It Works

Medical treatment and materials

• Health screening for nursery and primary students and dental screening for older students.
• Students with serious health conditions are referred to hospitals.
• All schools receive first-aid kits which will be replenished every 9 months.

Hygiene facilities and healthcare

• Nursery and primary students given supplementary nutrition provisions such as milk and eggs.
• Hand basins built in 3 schools which had had no washing facilities.
• Installation of water fountains in 4 schools to provide clean, safe drinking water for students and teachers.
• Construction of waste disposal facilities in 5 nursery schools.
Objectives of the Programme

- to provide healthcare access to the children studying in remote and isolated schools across the border in Mon State, Eastern Myanmar
- to promote health awareness among the school children and their communities
- to provide healthcare materials to children and healthcare professionals in the target communities
- to ensure the students get access to personal hygiene and sanitation.
Budget

The annual budget for execution of this programme is **USD 45,000**. Transfers from Child’s Dream to BHI are made in four instalments (quarterly) during the financial year (April - March).

Monitoring and Reporting

Payment is proceeded quarterly at reception of narrative and photo reports as well as monthly financial & activity reports. Feedback is also obtained directly during regular visits by our Yangon based team.

We report to donor(s) on a semester basis.