MALARIA CIVIL SOCIETY ORGANIZATION CAMBODIA, FIELD VISIT REPORT

6-9 October 2016

Organized by: Malaria Consortium, Cambodia

Raks Thai Foundation, Thailand

Supported By: The Global Fund RAI RSC Secretariat

Contents

Abbrevations

CSO	Civil Society Organization
RAI RSC	Regional Artemisinin Initiative Regional Steering Committee
MC	Malaria Consortium
PFD	Partners For Development
PSK	Population Services Khmer
KDHW	Karen Department of Health and Welfare
SCDI	Center for Supporting Community Development Initiatives
RTF	Raks Thai Foundation
KWWA	Khmer Women Welfare Association
CWPD	Cambodia Women Peace Development
HPA	Health Poverty Action
UOC	University Of California
URC	University Research Co.
CHADA	Community Health and Development Action
NGO	National Government Organization
USD	United Stated Dollar
NMCP	National Malaria Control Program
GF	Global Fund
VMW	Village Malaria Workers
DPA	Development and Partnership in Action
VHV	Village Health Volunteer
VHSG	Village Health Supporting Group
ICC	International Cooperation Cambodia
MC	Malaria Consortium
LLIN	Long Lasting Insecticidal Nets
LLIHN	Long Lasting Insecticidal Hammock Net
BCC	Behavior Communication Chain
RDT	Rapid Diagnostic Testing
UNOPS	United Nations Office for Project Service

CSO Site visit Summary

The Civil Society Organization (CSO) site visit was organized during 6-9 October 2016 in Cambodia. Representatives of the RAI RSC (CSO representative), Malaria consortium (MC), Partner For Development (PFD), Population Service Khmer (PSK), Karen Department for Health and Welfare (KDHW), Myanmar, Center for Supporting Community Development Initiatives (SCDI)-Viet Nam, ARC International, Thailand and Raks Thai Foundation (RTF)-Thailand joined the visit. The visit was organized in the Kratie, Mondulkiri, Ratankiri, Stung Treng and Preah Vihear province.

Field Visit (Kratie, Mondulkiri and Ratanakiri)

Field visit team met the local CSOs in the Provincial health office in Kratie. Purpose of the meeting was to find out how and what are function happening in the different level.

Representatives of CSO shared their malaria activities, situation in the province and the challenges they faced during the implementation. Following local organizations were participated in the meeting:

1. Malaria Consortium (MC)
2. Population Service Khmer
3. Khmer Women Welfare Association (KWWA), implementing HIV project
4. Partner For development, RAI Country implementer
5. Cambodia Women Peace Development (CWPD), implementing project targeting entertainment workers
6. Health Poverty Action (HPA), Cambodia, Implementing Malaria and TB project
7. University Of California (UOC)- Cambodia, Primary health care project
8. University Research Co. (URC) Cambodia
9. Community Health And Development Action (CHADA)

Migrant population is an issue in regards to the malaria, especially internal migrants. There are different organizations working through mobile and migrant volunteers for malaria testing, treating and case reporting. The majority number of malaria risk population works in forest for forest products and plantation in cassava and rubber plantation. The NGO workers are providing services to the mobile and migrant

CSO Meeting with CSO and government representative at Kratie

population through different activities such as health education and mobile services. Mobile SMS and case follow up had been piloted by CHADA for the case follow up and to provide malaria education. Mobile phone number of every reached MMP and patient was recorded in the system; voice message notification system was setup with prevention, test and treatment message. System could track either people are listening full message notification or not. If they do not listen full message, system re-sends notification three times until receiver listens complete message. This is also useful for case follow up through patient's location tracking.

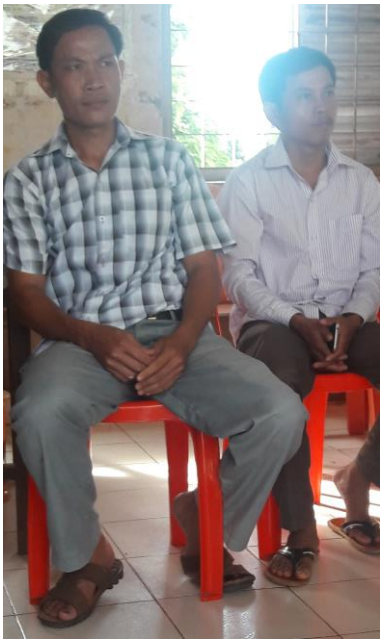
The system of mobile usage was piloted in partnership with local telecommunication company. Project was piloted only in Kratie. Even though it had good response and impact; it was not continued due to availability of fund.

NGOs are working through Village malaria workers and volunteers in the community. Volunteer receives 10-15 USD incentives depending on their work load and performance. There has been some interruption mobilizing village health volunteer due to financial issues with the Global fund.

Meeting with volunteer

Khsuem health center- Kratie

This health center covers 7 villages and this area was identified as drug resistance in 2014. There are several ethnic people in this area and they speak their own languages. They work mostly in plantation area. There are many internal migrants working in plantation. Since they work at night in plantation, they are at high risk of malaria. In September 2016, health center found 8 malaria cases (5 pf, 3 vivex and 1 mixed).



Meeting with volunteers in Kratie

They mentioned few challenges, such as difficult road to reach populations and lack of 24 hours services in the health centers. However, pharmacy provides test and treat facility. Costs of service range from USD 2 to10, but the pharmacy do not follow up the test. Patients need to go by themselves to health center for the follow-up. People go to pharmacy because health center does not provides regular and complete services. Visiting team observed that the government officers run some of private clinics and pharmacies and encourage patients to visit their clinics for services where people need to pay higher cost for the freely available malaria test and treatment services. Most of the people who visited the private facilities are forest goers and farm workers.

In the health service center, 8 cases were detected of which 5 pf, 3 pv and 1 mixed. However, there has never been a death cases. The peak season for the malaria cases are seen in September, as the flooding covers the forest. For malaria detection, private providers also work where they had

found 7 cases and gave medicine. According to CSOs, drug resistance was found in 8 provinces out of 25 in Cambodia.

VMW in Cambodia

Cambodia National Malaria Control Program (NMCP) had recruited village malaria workers (VMW) to work for malaria project in the community level with the Global Fund (GF) support. VMW are trained by government and able to provide malaria test and treatment services. The VMW are not functioning since one year due to ongoing negotiation between GF and NMCP for their payment.

According to the local CSOs, in general communities are receiving malaria services through 3 sources in Cambodia.

1. Government facilities
2. VMW
3. Private sector

Meeting with CSOs at HPA office- Ratanakiri

Meeting was held in HPA provincial office- Ratanakiri The main purpose of the meeting was to understand the issues they were dealing in the community and to know how these organizations are addressing the malaria issues through their activities at the community level.

Following organizations were participating in the meeting. Their works are described below:

Development and Partnership in Action (DPA)

DPA is implementing TB project in 5 provinces. TB project is run in the health facilities. DPA are working with Village Health Volunteer (VHV) & Village Health Supporting Group (VHSG); VHSG helps in intensive case finding, collect sputum and send it to government expert and government expert helps in confirming the result within a day.

International cooperation Cambodia (ICC)

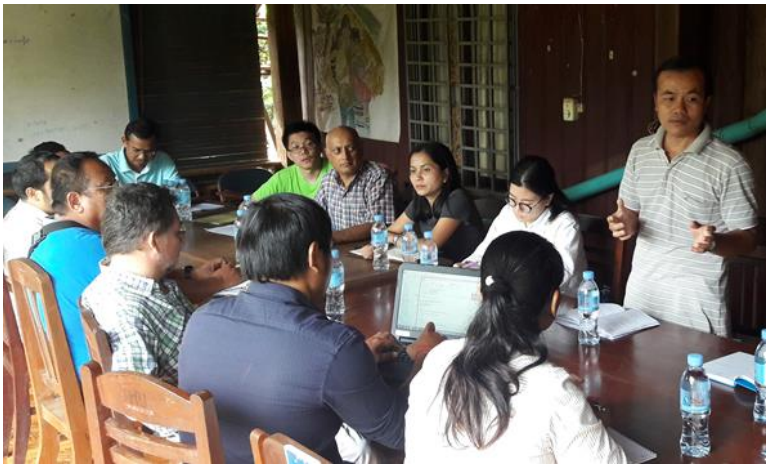
The main focus of ICC are concentrated in 3 main areas such as health literacy program, community wellbeing project, improve livelihood as well as health and human rights.

Partner For Development (PFD)

PFD mentioned that prominent ways to set up NGO network is meeting these NGO every month and see the possibilities of malaria integration in their activities. There is an existing CSO network in the province that includes ten NGOs in network. Besides, there were organizations from different sectors such as education, health, economy and environment.

Health Poverty Action (HPA)

The field visit was done in Tui Village- Tinchok Commerce Bo-Kaw. The village had Timpoon indigenous people. They had performed intense case finding. In this health center, staffs provide TB education regarding cause, symptoms and treatment. People in the community speak their own language (not the Khmer).



Meeting at HPA office, Rattanakiri

HPA works for malaria and TB project. They have separate staff for each; malaria and TB. Volunteer collect sputum and HPA pays USD 5 incentive for collection and transportation; the payment depends on number of sputum sample.

Malaria Consortium (MC)

MC-Cambodia works in Ratanakiri. They work in collaboration with three health center under RAI ICC that focus on MMP. They set up malaria border checkpoint where they test/treat/track on the border of Cambodia and Viet Nam. They have mobile malaria post which works 5 days/week- 8 hours/day. Cambodia and Viet Nam has many unofficial crossing points and there is a need for extension of reach. From May-august 2016, they had tested 200 tests. 15 cases were found, out of which 4 were found from RDT and 11 from PCR. However, PCR was used for 3 months only because of budget constraints.

Malaria Consortium volunteers testing malaria on the Cambodia Vietnam Borde

The MC works with 15 MMW, which pay by electronic transfer.1900 cases, was found from plantation area this year (2016). Government has allowed them to work with registered private provider.

PSK Malaria work

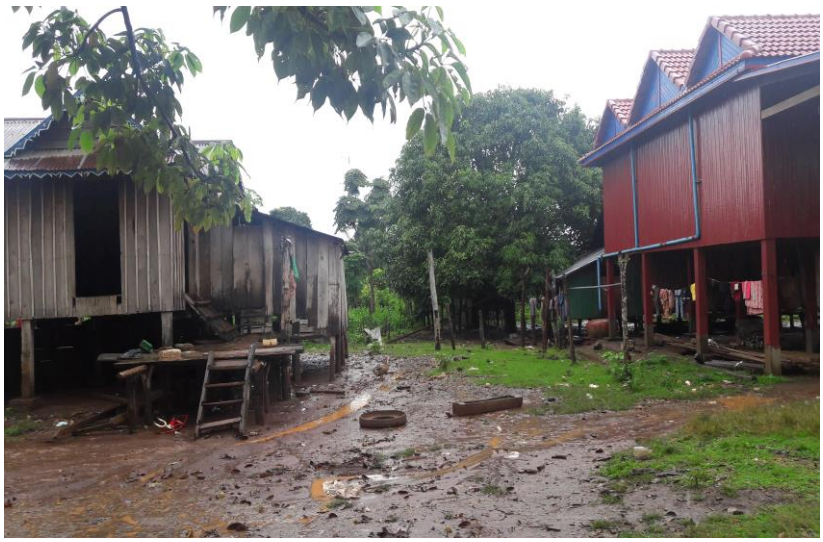
PSK works for malaria and HIV in Ratanakiri. It has 73 private providers for malaria services. They also distribute net in the plantation they cover. PSK is also working in Kratie, they are working with more than 800 private providers. From January to May 2016, total 2,600 malaria cases were recorded from private service providers (700 cases) and health facilities (1,900 cases) in Kratei.

Malaria education and screening in the Community

PSK is allowed to work only with registered private providers and there are around 80 registered private providers in their area. PSK pays USD 15 per month as incentives; however, it is not possible to pay to volunteers through bank transaction as they stay far from bank and ATM.

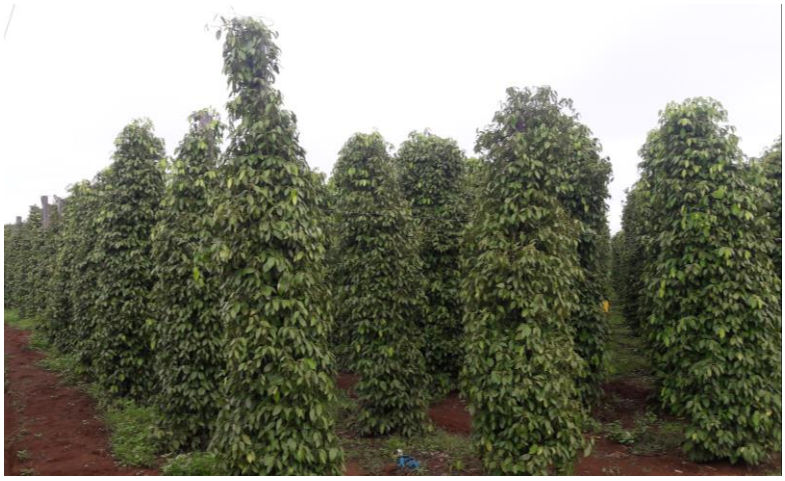
PSK plantation Site visit (Ratanakiri province)

CSO team had visited Ye Tak Group- a Cambodian plantation group in Pok Por village, Oyadav district of Ratanakiri province. The plantation is in huge area covered with rubber and pepper plants. More than 250 workers with 200 families are working in the plantation. Plantation provides housing and 20kg rice per month in addition to their monthly wage USD 125. Most of workers in the plantation are Khmer Muslim. There is no school within 5 km from the plantation site.



Residential area near plantation site

The CSO visit team had noticed very poor housing condition for the worker where they were working more than 12 hour a day and 7 days per week except public holiday. Plantation provides leave to the worker if they get sick and need to visit health facilities case by case. The plantation manager provides transportation to workers if they are in serious health condition and need to go to the hospital/clinic but they do not provide other service and treatment fee to the worker.



Pepper plantation

The PSK is working in this farm since 2015, PSK had trained plantation manager to provide malaria test and treatment service integrating with HIV and condom use. Volunteer in plantation is trained for 1 & ½ day. One day for malaria and other remaining for diarrhea and condom usage. As plantation does not provides Long Lasting Insecticides Hammock Net (LLIHN), PSK had distributed Long Lasting Insecticide Nets (LLIN) to the worker through the plantation volunteer (plantation manager). The PSK received net from the national program. Three plantation workers were infected in past 6 month (by October 2016), one case was severe in seasonal mobile worker in the farm.

Identified best practices of CSOs in Cambodia

1. Private providers are able to provide malaria services covering all population entire week (PSK)
2. Malaria post at the Cambodia-Vietnam border is providing service to daily cross border population. Cross border population are able to receive test and treatment services including malaria education.
3. Real time reporting through mobile application.
4. CSO outreach activities are effective; they are able reach indigenous community and speak their language.
5. Mapping strategies are helpful to identify high risk area, population and provide services to them.

Malaria consortium malaria Checkpoint in the forest

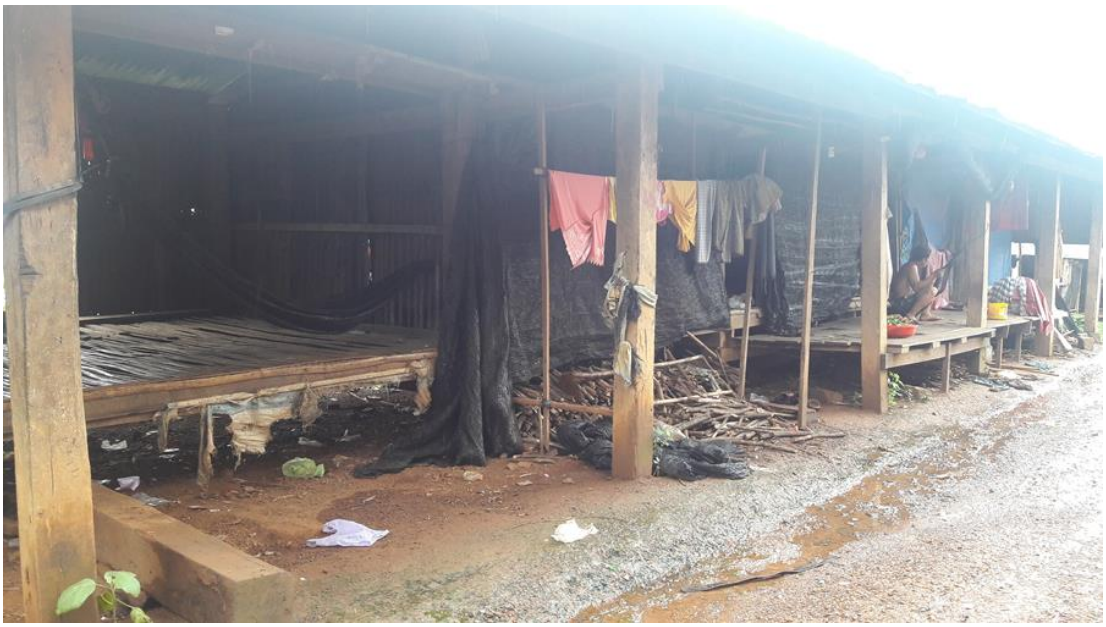
Challenges

1. All malaria service system is linked to the village health volunteer, none of VHV are active, everything is much more challenging to implement
2. Private providers are charging different price to the client, 2-25 USD. They are taking all the benefit of nonfunctional VHV
3. Service coverage to mobile Migrant population is limited because of available fund
4. Opening malaria clinic at border checkpoint every day
5. RDT is not capturing all the malaria, there is an example of 300% high detection using PCR test compare to RDT
6. No malaria implementing partner in the Viet Nam side
7. None of CSO are doing case follow-up because of government project design
8. Community does not have sufficient LLIN
9. Shortage of RDT, medicine and record form, government is not supplying all in one time
10. PSK Pilot project voice message through SMS seems effective but no continuation due to budget limitation
11. Transportation: road ways are not good and difficult t o commute

Billboard for malaria awareness in the forest

Recommendations

1. Strong CSO advocacy for the monitoring of the services including private providers
2. To explore network in Viet Nam side
3. Strengthen cross border collaboration
4. UNOPS and National program should urgently provide RDT and medicine supply
5. Do alternative test for asymptomatic case rather than using RDT for all
6. Explore more role for CSO with government for referral and case follow-up
7. Border malaria post is not capturing all Vietnamese MMPs, expand service to both countries population
8. Increase volunteers role and provide sufficient incentives based on their performance
9. Better monitoring of private providers, especially their price and quality of service
10. Establish reporting system for the real time reporting for all CSO activities
11. Expand services to other border cross and/or community
12. Need for better collaboration and communication between other CSOs in the implementing areas



Migrant worker's home at the farm site

Visit team at the Cambodia-Viet Nam border

Report prepared by;

Mr. Shree Hari Acharya, Program officer, Raks Thai Foundation
Mr. Bijaya Shrestha, Mahidol University, PHD candidate