

Cross Learning Field Visit Kampong Speu and Pursat, Cambodia 10th to 12th September 2018

American Refugee Committee (ARC) as a host of the Malaria CSO platform, with support of platform partner Partners for Development (PfD), Population Service International (PSI), University Research Center (URC) and Malaria Consortium (MC) in Cambodia. The visit was organized during 10-12 September 2018, in Kampong Speu and Pursat province of Cambodia.

The main objectives of the visit were to interact with community people malaria volunteers, community leaders, and malaria risk population and service providers and identify the success and challenges at the field level, and document evidence of success and challenges in RAI2E implementation and share to the RAI RSC. Meeting/discussion with RAI2E implementing CSOs, public health officers, village Malaria Worker, Mobile Malaria Worker and community people were organized during the visit.

This report was developed as part of a collaborative cross learning field visit activity coordinated by RAI RSC CSO platform in GMS. The activity enabled RAI RSC CSO representative and other CSOs to interact with and learn from each other, allowing them to view and share practical experience of best practice, challenges and success in malaria response. This report is based on observation in the RAI implementing districts of Kanchanaburi and cannot be generalized for other areas.

ARC on behalf of Malaria CSO platform would like to thank you for the generosity of the individuals and partners for their support to this visit.

About the platform

The Regional Malaria CSO Platform in the Greater Mekong Sub-region (GMS) is a network of Civil Society Organizations (CSO) from the Global Fund RAI implementing countries: Myanmar, Thailand, Cambodia, Lao PDR, and Vietnam. The Platform serves as the CSO constituency engagement mechanism for the RAI RSC. ARC is the host of the platform for 2018-2020. For more details, please visit www.malariafreemekong.org

Visit Summary

Kampong Speu Province:



www.wikipedia.com

Kampong Speu province is located to the west 48 kilometers from Phnom Penh and shares its border with Pursat and Kampong Chhnang to the north, Kampot, and Takeo to the South and Koh Kong to the west. Composed of 8 districts. The area of the province is 7017 square kilometers, the total population is 716 517 (2008).

The topography is variable from a large area of lowland paddy fields in the east to lowland/upland mosaics and upland forested areas in the west. Cambodia's highest mountain, the Phnom Aural with 1,813 meters tall is located in the very North of the province. Kampong Speu is classified as a rural province. Kampong Speu province has 4 provincial hospitals, 4 operation districts (OD), and

59 health facilities (HFs). As a subrecipient, PSI Cambodia is supporting PHD and ODs in this province in implementation of RAI2E grant as a grant recipient.

Meeting with Provincial Health Department (PHD)

On 10th of September, field visit team met PHD director Dr. Or Vanthen, Dr. Say Savy and team at the provincial health department office, Aoral district, together with local CSO partners Population Service International (PSI)/Cambodia, CDMS, and Partner of Development (PfD) attended the meeting. The purpose of the meeting was to understand the malaria situation and response from the PHD.

Out of 8 districts in this province, 6 are reported as malaria endemic districts. Approximately 300 villages are in the malaria endemic areas. No malaria death was reported from January to August 2018, only 1 severe malaria case was reported during that period. Most malaria cases were diagnosed among forest goers and farmers. It is estimated approximately 67% of cases were imported from the other provinces, 40%



Visiting Provincial Health Department (PHD), Kampong Speu Province

of them from border provinces such as Pursat or Koh Kong.

Most of forest goers are living in the “Annex villages” where these are villages not registered in the government administration system, these villages are mainly developed by the seasonal forest and farm workers. When workers living in the annex villages get malaria they often return back to their original village to utilize health services which is increasing case in Pursat. Total 111 annex villages are estimated in the Kampong Speu province. PHD is responsible to provide all health services to the annex villages.

The Village Malaria Workers (VMWs) program was inactive in Cambodia for nearly 2 years in the past. VMWs are back to work since the RAI2E had started in April 2018. OD team had mentioned that it has been real challenge for them to complete 1-day payment as the GF allows travel cost for only 1 staff. OD team mentioned that they need 2 persons to support with administrative work and payment to the VMWs.

Meeting with Tropeang-Cho Health Center (HC), Kampong Speu province

The visit team met the head of the HC and staff to discuss malaria situation and available health services in the health center. The Health Center has total 10 staff, no medical doctor available staffs are nurse and administrative. The Tropeang-Cho Health Center serves 30 villages, providing services to approximately 12,342 people. The farthest distance village within coverage of this HC is 53 kilometers, costing USD 3-5 round trip by a car transport to come to receive the health services as there is no public transportation to reach the village.

This health center provides daily out-patients services to roughly 30 - 40 people every day, out of them around 10 people come with malaria symptoms. From January to the 10th August 2018, there was a total of 1,167 cases tested and 117 were diagnosed malaria positive (10%) (*P.f*/38, *P.v*/72, and mixed 7 cases). The treatment is provided following the national treatment guideline (NTG) which is Artesunate + Mefloquine (ASMQ) for 3 days course. Of these, most of malaria cases were among mobile migrants populations (MMPs) working in forest and farm. HC staff mentioned malaria test is increased at the HC as there was commodity shortage between January-July 2018, therefore VMWs were not able to test and treat. The VMWs receives a monthly incentive of USD 20 per month, VMWs meeting is organized monthly at the health facility where they report case and receive commodities. HC staff emphasized need for the increased awareness in the community to prevent themselves from the malaria. There is no regular awareness building activities under RAI2E except by VMWs and the community IEC/BCC mobilization with 25% total villages with high caseloads. VMWs provide health education to those visit them with Malaria symptoms.

Meet with Volunteer Malaria Worker (VMW) in Kampong Speu province

The discussion with a VMW was organized in Peamlvea Village to understand their work and malaria situation in the villages. Mon Nim, 27 a mother of 3-year child has been working as a volunteer in the community for more than 10 years. She is happy to serve the community providing malaria testing and the treatment to malaria patients as well as giving health education session to her patients. She refers negative case to the Health Center nearby village. According to Mon Nim, villager spend 2 weeks on average when they go to the forest. From 1-10 September she has tested 2 case and both were Malaria positive.

VMW mentioned that awareness raising activities to forest goers need to increase as they are spending longer time in the forest and coming back with malaria infection. She also highlighted need for refresher training to volunteer to perform their job better.



Villagers are gathering during the day time in the village

Pursat province



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Pursat province is located in the western part of Cambodia, 174 kilometers North West of Phnom Penh. It shares the border with Thailand (Trat province) in the western part of the province. The size of the province is 12,692 square kilometers with total population 397,107 (2008).

Geography of the province encompasses many bioregions ranging from densely forested mountains to fertile plains, forests cover approximately 58% of the province. The province consists of some typical plain wet areas near the Tonle Sap Basin, covering rice fields and other agricultural plantations.

Visiting the mobile population in the forest, Pursat province

The team visited URC-Cambodia malaria project implementation sites in Pursat province. URC is implementing malaria project with funding support from the USAID/PMI. The team had visited annex village at the entrance of the forest and inside the forest in Dam Nak Trop area, Phnom Kravanh district. Everyone in this annex village are working as a wood cutter, living with family including their children creating a temporary shelter. Visit team found 32 family living in temporary shelter with poor housing and sanitation condition. All of them are coming from the neighboring provinces. Family living in this annex village are farmer and come to work in this area after finishing rice plantation. They come to stay in this village 2 times a year spending 2 – 3 months each time. Most people living in the temporary shelter had experienced malaria infection in their life.



Living condition in one of the shelters in Dam Nak Trat area, Kro Tanh district, Pursat province



URC-Cambodia team, using an interactive poster to discuss health issues

USAID/PMI Cambodia Malaria Elimination Project (CMEP) is providing malaria services to this populations through it's local project partner. Their activities include net distribution, health education session, Malaria test and treatment. USAID/PMI CMEP had created a peer educators among the forest-goers, they have the committee and scheduled a meeting every 1-2 weeks called "Peer educator" meeting. URC-Cambodia project team participate in the meeting and meet with the head of shelters and map for the LLINs needed and distribution as well as getting update from villagers on their health situations.

Visiting the touch point in Pursat

Team visited once of CMEP managed touch point in Kampong Krouch area of Kra Kor district. This touch-point is in a strategic location at the entrance of forest in volunteers' home. This is also near the intersection which many festgoers pass while going to the forest and back. Team met touch point volunteer who is working in farm and also providing malaria services to the forest goers. This touch point was opened in November 2017 and providing service regularly since then.

Approximately 10 people come and go through this point every day. In August 2018, volunteer tested 35 forest goers and found 8 malaria positive cases at this touch point (*P.f*/2, *P.v*/4, and other *Plasmodium spp.*/1). From 1-11 September 2018, there were 2 malaria positive cases found from 35 tested.

The challenges:

1. Lack of staff who are working at ground level for instance lack of staff to facilitate VMW meeting and the payment
2. 1-day payment to VMW is challenging due to documentation and accuracy in document requirement from bank and poor internet in the province
3. Human resources such as data entry and data analysis. Data capacity based on the worked related mentioned are needed.
4. Frequent changes the Global Fund travel policy and travel cost is confusion staff in day to day implementation.
5. Malaria response is passive, service is provided only at the facility.
6. Commodity stock out (not and medicine). A new drug is not available widely as Cambodia have been changed to Artesunate plus Mefloquine (AS-MQ) as the first-line ACT
7. Service provision to vivax is inadequate. Government is not providing 14 days treatment course for malaria plasmodium vivax cases. Malaria vivax caseload is high
8. Training of trainer is taking a long time, delaying in the rollout of activities.
9. No budget is allocated under RAI2E for the malaria education at the community

Recommendations to RSC and National program:

1. Increased community engagement by CSO (between community, health volunteer and health center)
2. Finding a practical solution for malaria vivax treatment and to prevent relapse
3. Increase target intervention in all areas where transmission is coming from the forest
4. Ensure timely delivery of commodities.

Appendix 1: Agenda

Time	Activities	Location	Contact persons & Tel.	By Whom
10-Sep-18				
8.00 - 10.00	Leave from Phnom Penh to HC/HP in Kampong Speu Province	Trapeang Chor HC/HP	Name: Chea Socheat Tel: 093727100	All
10.00 - 10.10	Meeting with PHD Director	PHD meeting room	Name: Prak Dara Tel: 016 865 425	All
10.10 - 11.00	Meeting with HC/HP staff	HC/HP		PSI/C
11.00 - 12.00	Meeting with village chief	- Peamlvea village - Plovkor villages	1. Name: Houy Hoeun, Tel: 071 8803431 2. Name: Say Run, Tel: 0974964208	PSI/C
12.00 - 13.00	Lunch			
13.00 - 15.00	Meeting with VMWs/MMWs and key population (MMPs or Forest goers)	- Peamlvea village - Plovkor villages	1. Name: Sok Chanthoeun, Tel: 088 212 9833 2. Keo Sunthai, Tel. 096 2681460	PSI/C
15.00 - 18.00	Travel from Kampong Speu Province to Pursat Province			
11-Sep-18				
8.00 - 10.00	Travel from hotel to malaria endemic village and HC	Village, to be confirmed	To be confirmed	URC
1.00 - 11.00	Meeting with HC/HP staff	HC/HP, to be confirmed	To be confirmed	URC
11.00 - 12.00	Meeting with Village Chief	Village, to be confirmed	To be confirmed	URC
12.00 - 13.00	Lunch			
13.00 - 15.00	Meeting with VMWs/MMWs key population (MMPs; forest goers	Village, to be confirmed	To be confirmed	URC
15.00 - 17.00	Travel back to hotel			
12-Sep-18				
8.00 - 11.00	Travel back to Phnom Penh			
12.00 - 14.00	Coffee break			
14.00 - 17.00	Meeting with CSOs to share findings/lesson learn	MC/PSI office	To be confirmed	MC/PSI



Pair of cow hauling logs out of the forest



The green scenery on the way deep into the forest in Pursat province to visit one of the shelters under URC/Cambodia malaria implementing sites