Malaria CSO platform field visit
Mandalay and Sagaing regions, Myanmar
18-22 March 2019

American Refugee Committee in partnership with Malaria CSO platform partner PSI, Save the Children, URC and IOM organized a cross learning visit in Mandalay and Sagaing regions of Myanmar from 18-22 March 2019. RAI RSC CSO representative Louis Da Gama together with RAI RSC CSO alternate representative Dr Soulany chansy and platfrom country representatives Alistair Shaw- Thailand, Sun Maysac-Cambodia,Triet Bui – Vietnam and platform secretariat joined the visit. Team had an opportunity to meet the government representatives from Mandalay region and PSI implementing site in Mandalay; and PSI and IOM community staffs and volunteer in their implementing sites in Sagaing region.

Objectives of the visit

a) To know the updated malaria situation and field level implementation by discussing with and learning from public, private and community sectors (government health officers, village malaria workers and volunteers, community leaders, and the malaria at-risk population)
b) To identify best practice, successes and challenges in RAI2E implementation, and share to platform network, the NMCP and malaria implementers in Myanmar and in the GMS in order to improve services

18th March 2019

Meeting with Mandalay region government staff

On the first-day of visit, team met government officer at Regional Health Department office responsible for coordinating all activities in the Mandalay. According to the government officers Myanmar has 14 states/regions plus the capital, Naypyitaw. Each administrative region in the country has a health department which is made up of 4 divisions; public health, disease control, finance and administration, and medical services. The disease control division is responsible for all malaria, HIV, TB, dengue, leprosy and expanded programme on immunization (EPI) programming.

Mandalay region has approximately 6 million people across 28 townships. Of these townships, 10 have active malaria transmission, all of which border with other states and regions in Myanmar. Most people access health services in the public health system, which is completely free to all people. There is also an option to access health services through registered GPs (more than 1400), PSI-supported 'sun clinics' (more than 200 clinics out of 1400), and PSI-supported non-formal providers. As per information received from the government officers and General Practitioners There is no control of the private fees by the regional government, as such, private clinic can determine their own fee for consultation and treatment.

Mandalay region had 421 malaria cases during 2018 and zero deaths. The government staff indicated that a majority of these cases were miners, working in the farm areas, near the river and forest. The API was 0.05%, which triggered a localized Pf elimination target by 2025 and also maintain the national target of all species by 2030. There was no commodity stockout reported in 2018.

There are two coordination meetings per year in Mandalay region which include NGOs/INGOs, government services, and other key actors. They discuss challenges and recommendations, and subsequently plan activities together. There is also one evaluation meeting per year in collaboration with the NMCP At the moment, PSI is the only non-government organization working in Mandalay region for malaria project.

The government staff indicated that their main challenge in reaching elimination was notification, investigation, and case reporting. There are not enough resources (financial and human) to manage all cases, therefore, there is an increasing reliance on volunteers to ensure all cases are reported and managed. The government staff mentioned that reporting from private clinics and hospital is weak, and INGO partners also are regularly delayed in reporting.

Regarding Integrated Community Malaria Volunteers (ICMV), there is only 1 per village and can be extended to 2 per village if the village is large. It is the decision of the NMCP on what villages require an ICMV.

Visit Private 'Sun' Clinic, Lat Pan Hla

The team visited a 'Sun Clinic' supported by PSI and met a doctor which is a registered private medical doctor Dr Aung Cho, who has been working there for 30 years. He was provided technical guidelines from public health and received training from the PSI.

The clinic included a waiting area, one private room, and consultation room including a small medicine cabinet, and a meeting and living area in the back of the property. PSI select GP from the business directory (GP Mapping) and government data and decides to work in consultation with the regional health department in disease burden township.

The doctor sees approximately 100 visitors per day during the rainy season and approximately 40-50 cases on average throughout the entire year. Township hospital is 5 miles from the clinic, but the community still chose to visit his clinic. He indicated that many people come to visit his clinic due to the long-established trust and relationship in the community, rather than a more detached service at a public health service. Further, the clinic is open more regularly and more convenient times than public services. Consultation fee is 3,000 MMK (approximately USD 2), depending on the disease. However, this will increase depending on any additional examinations, tests, and medicines that are required. Malaria is a

lower fee than many other conditions since test kits and medicines are provided by the PSI. The clinic covers HIV, TB, pneumonia, malaria, gastroenteritis and other common health conditions. PSI is supporting him on 3 diseases (TB, malaria, HIV) for commodities and medicines.

Malaria situation has changed significantly during his 30 years of work. In 2006-2007 around 35% of cases were positive, and now he only identifies approximately 1-2 per month. Since July to December 2018, there were 355 suspected cases, 49 confirmed Pv, 26 confirmed Pf. From January 2019 to mid-March, 53 suspected cases with 4 positives. Of the 75 positive cases in Q3 and Q4 2018, most people were within 20 miles of the clinic and were migrant workers. Many traveled from northern Shan state, where there were no public health services due to the protection of the area.

The highest transmission Township in Mandalay region is Singu which is 5 minutes (drive) away from the private clinic. This Township has a larger public health hospital, and severe cases are referred to that hospital for free of charge if required. The Township Medical Officer checks the medical and business license one per year, and no continuing medical education is required for re-certification. *Treatment guidelines are rarely updated, with the last major update in 2016*, so the doctor indicated that continuing medical education was not required. When PSI visits the 'Sun Clinic' monthly, they check the data, case reporting files, provide any additional technical guidance, and check commodity supply.

19th March 2019

Meeting with Non-Formal Health Provider, Maw Lu Village, Indaw Township

In the morning of 19th March, the site visit team drove to Maw Lu village of Indaw township to meet with a PSI-supported non-formal service (health) provider Mr. Maung Lwin.

Mr. Maung Lwin was a farmer in Bago region, later he joined the military in 1980 where he received basic medical training and was in charge of providing medical service to troops. He later received further medical training with the army which allowed him to use needles and syringes, and he supported malaria prevention activities. Following his training, he was relocated to Kachin state during the period of fighting, where he also participated in as a soldier.

In 1990, he resigned from the military and moved to Maw Lu village. He has 6 children, two of whom still live in the house. When he moved to the village, there was a lot of malaria but as the area has developed, the malaria situation rapidly changed and now remained at the forested areas with low incidence. The areas of higher incidence include people who travel to Kachin State to work in watermelon and banana plantations.

Mr. Maung Lwin now covers 9 villages in addition to some smaller satellite communities. These villages range in size from 100 households to 150 households. Before joining PSI, he provided informal health services from his military training knowledge, which made him a unique candidate for PSI partnership. He indicated that even if PSI was not supporting him, he was treating malaria based on symptoms, even without an available test. There is a station hospital nearby (approximately 200 meters) which he refers people to if they are serious or he cannot support. He uses his own referral form which he developed according to his prior experience with the military. He received training in Indaw Township in 2018 and attends monthly refresher lectures from PSI.

His normal working times are 8am-11am and 3pm-5pm, where he travels to the villages and allows people to visit his home. During the consultation, he provides services for pneumonia, TB (refer), Hepatitis C virus, influenza, trauma, hypertension, measles, HIV and malaria. In 2018 he tested 138 suspected cases with 3 Pf and 4 PV confirmed cases. In 2019, February, 5 suspected cases were tested and found no positive. According to Mr. Maung Lwin, LLIN is provided by the government health facilities. *The mobile population who visits him is not receiving LLIN*.

Although he receives an incentive from PSI based on malaria tests, his family also collects rent from boarding students who travel to his village from smaller villages, from cattle farming, and his wife has her own business.

PSI community mobilizer provides coordination support and responsible for collecting data from the providers. PSI Community mobilizer in this area covers 28 villages and 34 non-formal providers.

Meeting with Integrated Community Malaria Volunteer (ICMV), Khaung Tone Si village

From Maw Lu Village village, visit team traveled to Khaung Tone Si village, Indaw township to meet with an Integrated Community Malaria Volunteer (ICMV) Mr. Cho Win. Khaung Tone Si village is particularly hard to reach given its geographic location, and political sensitivities as it shares a border with Kachin state and was under the authority of the Kachin Independence Army (KIA). As such, there are no regular public health services available to the community. The nearest health center is approximately 5 miles away, which can take a lot of time, particularly during the rainy season, for approximately 6 months of the year. The road is also destroyed during the rainy season, making it almost completely inaccessible by car or motorbike. *Villagers either carry by themselves or use an elephant to take sick people to the health center during the rainy season.*

The Mr. Cho Win (ICMV) is the head of the village and he was previously a teacher for 35 years. He taught approximately 60-80 primary students per year. He was not a formally trained teacher, but there was no alternative. When he first arrived in the village, he got malaria and had to self-treat using traditional methods. After that experience, he decided to become a community health volunteer and continued to use traditional methods, as the villagers were not accepting of modern public health

services due to spiritual beliefs. As a result, many people got malaria and died. He is well recognized by the community and the government. In his leadership role, he personally travels to the forest areas to oversee timber collection for the community use including the construction of a monastery.

Mr. Cho Win has been regularly providing malaria services to the community across 4 villages (approximately 1000 people in total), one gold mine (unknown population size) and one elephant camp (90 people across 9 logging sites). He estimated that approximately 700 people visited him in 2018 with malaria being the biggest concern. In the same year, he conducted 265 tests of which 69 were positive (44 Pf, 25 Pv).

One particularly memorable case in 2018 for him was in the nearby elephant camp. The case was a pregnant woman and due to the difficult location, she traveled by elephant to the closest health center. Due to the severity of the case, she received a transfusion and eventually recovered.

PSI engaged him 10 years ago with other programs as well, but now only focus on malaria**.** PSI provides malaria guidelines and supported by staff through monthly monitoring for data verification and kit/box for RDT, medicine and other supplies. The ICMV refers to a patient with other health issues to the nearest health facilities. He does not have other data for those referred cases with other diseases to the government facility**.**

Community health service provider, Thila village, Indaw

From Khaung Tone Si village, Indaw visit team moved to the Thila village, Indaw township and met community health service provider Mr. Win Shwe, he is also a head of village. Being based in this village community health service provider provides service to 5 villages. Two villages are

from the same township where he lives and other 3 villages are from another township. Mr Win Shwe had 6 months training for CHW in 1998 in Indaw and he received first aid kit as part of incentive from government. He started working with PSI in 2009 for other programs till 2011. H rejoined PSI in 2012 as a community health service provider focusing on malaria.

Mr Win Shwe provides service other basic health problem including firstaid and he charge for his services except for the malaria. Medicines are replenished from own pocket. He reports test and treatment case by phone and paper. PSI community mobilizer collect the hardcopy of report every month and submit to the government (township).

In 2018, he tested 185 suspected malaria cases with 23 confirmed cases. Most of positive case are among gold mine workers. As he mentioned, LLINs were distributed in 2019 in the villages he covers and most of people are using regularly. Mr Win Shwe said its been difficult for him to find successor to carry the work he is doing as many young people tend to go for other work because of income.

20 March

Visit in Gaung Kaik village, Banmauk Township, katha district

Baunmauk township is surrounded by Indaw township to the East, Paungbyin and Homalin township to the west, Wuntho and Pinlebu township to the South and Kachin state to the North. Total area of township is 1319.78 SQM, with 111,309 total population, 50 villages tract and 219 villages. Township has 1 township hospital (25 Bed), 2 station hospital, 1 MCH/UHC, 5 rural health center and 30 rural sub-center. Peak malaria transmission session is before and after monsoon, which is around May-June and October-November each year. The area is one of the IOM implementing townships.

Since 2005, IOM implemented Malaria programs mostly in the southeast of the country, however due to geographic reallocation during RAI2E negotiations, IOM was assigned 4 townships in Sagain region in 2018. The key challenges identified include geographically hard-to-reach and dispersed locations, a low incidence of malaria and trend towards elimination activities, and coordination with multiple CSOs in the same region.

IOM works with 140 volunteers across the 4 townships. These townships and associated villages were identified by the township medical officers due to active transmission. The Township Medical Officer also selected the organization that would be responsible for the village. IOM's work also focuses on worksites within these villages, for which the criteria is:

- More than 50 employees
- Presence of a willing volunteer
- Support from the worksite manager
- Accessibility of the worksite
- Mobile phone coverage as posibble

Upon further clarification, the worksites were identified as a point of access to migrant and mobile populations. These populations, in some areas,live and work within the target villages. Active transmission is presumed because of the nature and location of worksites, i.e., forest, foot hill, movement of workers, i.e., gathering firewood in forest.

In the morning of 20 March, team visited in the IOM implementing area in Gaung Kaik village which is a high burden area within Banmauk township. At the village, visit team met with an Integrated Community Malaria Volunteer (ICMV) Mr Maung Lwin, a 47 year old farmer.

According to ICMV, the nearest health facility (sub-center) is 5 miles away from the village. Most of villagers are farmer and work in the forest. Some of them also go to

work in the mining in the nearest villages. Prior to joining IOM he was working with Myanmar Medical Association as a volunteer for 4 years and has good relation and trust with his community. Mr Maung Lwin had received 5 days training on malaria case management from the government (township). Since he started working with IOM in April 2018 to Feb 2019 he had tested 373 suspected case and found 11 positive cases. Majority of positive cases are forest goers and gold mine workers. In 2018 June he had distributed 328 LLINs to his villager, the village has 125 households and 779 population.

The Township Community Project Assistant who is responsible for coordinating in Gaung Kaik village is also covering 45 other providers. He is normally able to cover half of the villages in one month, and half in the following month. Incentives are provided to all ICMVs according to performanace based incentive schedule and it contains below criteria;

1) Number of cases tested
2) Reporting timeliness
3) Completeness of the report
4) Accuracy of the report and
5) Stock management.

Meeting ICMV and community at Naung Put Gold mine- Naung Kan Village tract

After visiting the Gaung Kaik village team moved to the gold mining area in Naung Kan Village tract in **Banmauk** township, two and half hour away from Gaung Kaik village. IOM provided an update on the mining situation in Sagaing and nearby states. Gold mines are generally small and harder to reach. This is because they are in more remote areas, and a majority of gold mines are illegal. These mines are established by a local 'investor' who purchases the land and then pays local laborers to work in the mine. Jade and amber mines are different, in that they are normally deep mines that are managed by companies with official approval, in addition to smaller scale informal mining at individual level in the surrounding area. Many of the people in the area migrated from upper Sagaing region, Yangon, Mandalay and other parts of the country. Their main population is gold mining and support services/business that cater to the informal gold mining sector.

Team had an opportunity to meet Mr Naing Myo Thant, 27 year, IOM volunteer (ICMV) also works as a Mechanic in a shop where they sale and repair tools for the gold mine, approximately 1km from the Naung Put gold mine site. He joined IOM since August 2018, and only covering workers from the gold mining and temporary residence near the mining areas. He was trained to provide malaria services and provided kits with RDT and medicines. He mentioned leaflets and brochures for malaria education was out of stock and

already distributed to community. Since he joined IOM he has tested approximately 30 people per month (mostly women), yet found no positive cases to date. Although he indicated malaria was lower during his work time due to the transmission cycle, he did work within the high transmission months of October-November so it was unclear why no cases were identified. IOM plans to go in nearby gold mines sites as ACF activity via floating volunteer to find more positive cases. Depending upon working time of mine workers and working nature, the shift schedule of workers for day and night are considered as they can't receive regular health services unlike other communities. The ICMV had been living in the area for 5 years. He has been working with IOM since August 2018.

He indicated that mines can be nearby or up to 7-8 miles away. When gold mines are established, they are 'temporary' for approximately 1 year while they see if the site is viable. If gold is found, the site will remain active for 4-5 years, after which time the investor will identify a new location and repeat the cycle.

Visit to the gold mine site

Following the interview, the ICMV and local community members ushered visit team to the nearby gold mine site to observe. The mine site was approximately 1km, drove through an area that was clearly heavily mined and not particularly well-hidden. Team has a chance to observe the process of gold mining, which required digging approximately 30-50 meters deep to reach the darker shale level of the ground. Water was then pumped from a surface level pool to the bottom of the pit to break up the soil. Broken soil was then pumped up to a 3rd pool and filtered through artificial grass which is treated with mercury/lead to chemically separate the gold from the soil. Overall, the mining operation, although small-scale mining, had significant environmental impact and required hard-labor during the initial phase.

Story of – Community Mobilizer (Alistair)

Name: Nu Nu Hliang

Sex: Female

Age: 27 (1992)

Contact: 09-977-890-695, nunuhlaing@psimyanmar.org

1. **Please tell me about yourself**

Nu Nu Hliang was born in Thu Yang village in Indaw Township in 1992. She attended primary school in the same village, but later travelled to Maw Lu village for middle and high school. She then attended Maw Ne University in Kachin State where she studied Physics. Her family is still located in Thu Yang village, however since it is in Indaw Township where she works, she is still able to visit home regularly.

Nu Nu Hliang also received nurse-aid training following university, which demonstrated her continuing interest in science and health care. She has also grown up in an environment of health providers, as her mother is a midwife and her mother was also a Community Mobilizer with PSI.

2. **Why did you join PSI?**

Nu Nu Hliang noticed the PSI advertisement as she was graduating from University. She applied for the position, which included a panel interview and was successful. The first posting was away from Indaw Township but later requested a transfer to a new area where she is more familiar and has a clear link with the community given her upbringing.

Her interest in PSI was sparked by her observation of her mother's role with PSI. It was clear that her mother had gained trust and respect from the community, and her mother was someone that Nu Nu Hliang aspired to be in relation to the role as community mobilizer.

3. **Who are the people you cover?**

Nu Nu Hliang explained details of the ICMVs that she works with, of which there are 38. 30 of the 38 had previously received accelerated midwifery training. A majority were between 30-50 years of age. 5 were male, 33 were female.

Using Khaw Ton See as an example, a majority of the community members were rice farmers, and people generally stayed isolated in the village during rainy season. If they travel, it is only to the nearest village to purchase supplies, but they rarely travel further to Indaw Township.

Generally, the younger population leave the village and many men work in the surrounding areas, so a majority of people she engages with are young children, women and the elderly.

4. **What training did you receive? Do you have all the information you need to do your job?**

Nu Nu Hliang received training from PSI which included malaria, pneumonia, diarrhea, and other disease included in the integrated volunteer manual. She also had some technical health knowledge from her nurse-aid education and university course. She believes that PSI's training was sufficient to complete her job, however requested additional practical training.

Although Nu Ni Hlaing is required to travel long distances by motorcycle, carry large amounts of incentive money and stay overnight away from her home, she has not received any information or

training on personal safety and security. Further, she has not received any training on communication or facilitation – which would be particularly useful as she is required to engage and motivate health providers in 38 villages.

In addition to training, she receives support from her supervisor by telephone and attends quarterly meeting in Mandalay with all community mobilizers. This is their opportunity to influence program disease, tools and conduct any administrative activities.

5. Can you describe your role? What is a usual day for you?

Nu Nu Hliang explained, in detail, her role as a community mobilizer. She was responsible for 38 villages in Indaw Township, which were the highest incidence villages in Indaw. Her colleagues covered 28 and 41 villages respectfully, which had a lower malaria burden. Nu Nu Hliang and one other mobilizer worked with ICMVs, and another worked with private providers. On days with good weather conditions, she can visit approximately 2-3 villages.

Key activities during a village visit require setting an appointment with the provider and then:

a) Check monthly client records
b) Check the completed RDT test kits
c) Cross-check the mobile application data with client records
d) Provide incentives
e) Technical refresh where required
f) Replace stock and commodities

6. What have you gained from joining the project?

Nu Nu Hliang indicated that she has personally grown after gaining independence. She also feels empowered because she has her own income which is not common for other women in her community. She also feels happiness from helping her community. She has received feedback that in the past, many people have died from malaria and it has previously been stigmatized as a mental and spiritual disorder, so her involvement at the community has made a significant important.

7. Can you describe any particular story from your work?

In 2017, the community mobilizers came together to coordinate their activities for the month. It became clear from their records and the malaria data that there was a spike in malaria incidence in Khaw Ton See village and 4 other high burden villages. Khaw Ton See is speerated into ‘old’ and ‘new’ village. As Khaw Ton See was under her portfolio, she coordinated with the ICMV to conduct a mobile testing session.

Upon arrival in new Khaw Ton See, it became clear that the road to old Khaw Ton See was complete inaccessible by car or motorcycle. The only option was to walk. The distance was 5 miles by very difficult terrain. The total trip time was 4 hours by foot, one-way.

Once they arrived, the conducted mobile screening. Testing was conducted by the ICMV, and she supported with the health education session.

Nu Nu Hliang was particularly proud of this activity as it was something that she initiated based on her personal analysis of the malaria data, and, despite the hardship, she was able to successfully conduct the activity.

8. What challenges/barriers do you face?

During dry season, the nearest village to Nu Nu Hliang's home was 15 minutes, and the longest was 1 hour by motorcycle. However during rainy season, it takes up to 3 hours one-way to travel to the furthest village, named Khaw Ton See. On many occasions, Nu Ni Hliang has falled off her motorcycle as the conditions are quite poor.

Further, Nu Nu Hliang also indicated that she is required to spend approximately 5 nights per month away from her home, staying with the health provider due to the difficulty and time required to reach the village. She initially felt uncomfortable doing this as she was very young and didn't feel that she had the respect of the community during this time.

9. What are your recommendations for the malaria services/psi/platform?

Nu Nu Hliang indicated that she wants to expand her role, either through integration or additional responsibilities. At the moment she is mostly limited to data checking and stock replenishment. PSI had provided them with a lot of training on malaria and other diseases, but they do not necessarily apply it at a community level.

Story – Villager, a malaria patient (Rachel and Shree)

interview, 20 March 2019.

Daw Ohn Tin, 55 Years

Daw Ohn is mother of 4 children 3 are living with her and 1 is staying out for university study. She is living in the Gaung Kaik village and working as farmer. Her farm is 1 hour away from her home, during farming season she lives in her small hut in the fam with husband. In 2018, Daw Ohn was working in the farm, suddenly she got headache and fever, she was feeling dizzy and chill. She thought it is common cold or seasonal flue, she knew that in her village volunteer can test and treat if it is malaria. She back to home and went to the volunteer for malaria testing and it was positive. Volunteer gave medicine and instruct her family to take medicine and complete treatment. Daw Ohn said she does not understand how she got malaria even though she was sleeping under the bed net.

She remembers going to government health facility only one time in her life when she had knee injury. She said she believes in traditional and spiritual healers and goes to them if she has any health problem. She went to government facility after she did not feel better getting treatment from the traditional healer. She also mentions that near her village pharmacy and some grocery shops sale cetamolol and other general medicines, villager including herself go to buy medicine from those shops when they have fever or minor health issues.

Daw Ohn said, volunteer in her village only test malaria and provides medicine for that. I would be easy and comfortable for villager if the volunteer also can provide services for other diseases. If it happens, we can get health service in the village and we don't have to go anywhere. I and my community members also need more knowledge to prevent other disease not only Malaria.

Case Study – Community Member (Maysac)

Aung Win Naing is 17 years old (single) live in Gaung Kaik village village, Banmauk township, Sagaing state/region. He works rice farming near forest for last two years. He has to work two months for farming very year and other months during year, he worked as road constructors and took rest some months. He went to work a lone and brought LLIN with him when worked in farm and he slept under LLIN every night. He went to sleep at 6 evening in farm shelter but he needed to get up 3 AM or 4 AM early morning to work farming. He does not know about cause of malaria and how to prevent malaria.

He had malaria when worked for rice farm during rainy season then he went to hospital for malaria treatment but was not cured. He decided to meet the volunteer for malaria testing and treatment because he had not enough money to travel back to public hospital again. During that time, he also received malaria health education by volunteer. He can not explain how to prevent malaria as he received malaria education in few minutes from volunteer.

About the platform

The Regional Malaria CSO Platform in the Greater Mekong Sub-region (GMS) is a network of Civil Society Organizations (CSOs) 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. The Platform was established in 2014 with the initiative of the RAI RSC CSO Representatives, to fill the gap of coordination and communication at the national and regional levels. It also aims to address the issue of malaria vulnerable and at-risk populations who are not always reachable through health facility staffs due to their legal status or nature of work. To date, the Platform is able to create a network of more than 50 CSOs, CBOs and community network at national and regional levels.

The Regional Malaria CSO Platform aims to provide a common space to the community, and the CSOs from the GMS that are working on malaria or working with malaria vulnerable and affected communities in the region through other development programs (e.g. for education and other health services). It is a Platform for sharing good practices, lessons learned, challenges and capacity strengthening and coordinated actions for advocacy and policy change to address malaria issues in the community.

During the establishment phase, the Platform was hosted by Raks Thai Foundation with support from the RAI RSC Secretariat and APLMA. The Platform has received Global Fund grant for the period 2018-2020 under the RAI2E and it is currently being hosted by the American Refugee Committee (ARC) in Bangkok, Thailand.