

Capacity Development and Mentorship Training Workshop Report

ARC as a host of Malaria CSO platform had organized the capacity development and mentorship training workshop in Avani Atrium Bangkok Hotel, Bangkok and Moo 1 Bon village in Sai Yok District, Kanchanaburi Province from 30 July to 2 August 2019. The training is provided by expert trainers from the Myanmar Oxford Clinical Research Unit, Asia Pacific Leaders Malaria Alliance, University of California, San Francisco, APCASO, Population Services International, University Research Co., LLC, Royal University of Phnom Penh, and RAI2E PR UNOPS. The training targeted the mid-career public health professionals working for malaria elimination implementation activity for the community in the GMS. On behalf of the CSO platform, ARC would like to thank following trainers and facilitators for their contribution and support.

Alistair Shaw	Raks Thai Foundation (RTF)
Bopha Seng	Royal University of Phnom Penh
Dr. Htin Kyaw Thu	RAI RSC CSO representative
Dr. Min Htet Zaw	Population Service International (PSI)
Emily Dantzer	University of California, San Francisco (UCSF)
Frank Smithuis	Myanmar Oxford Clinical Research Unit
Jeffery Smith	Asia Pacific Leaders Malaria Alliance (APLMA)
Jennifer Ho	APCASO
Lorina McAdam	Population Service International (PSI)
Linna Khorn	University Research Co., LLC, Cambodia (URC)

Background

Regional Malaria CSO Platform, GMS

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 aims to provide common space to all the CSOs from the GMS that are working on malaria or working with malaria-affected communities in the region through other development programs. The Platform serves as the CSO constituency engagement mechanism for the RAI RSC. To date, the platform has been able to create a network with more than 50 CSOs, CBOs, and community network at the national and regional level. American Refugee Committee (ARC) is the host of the platform and received the global fund grant to support platform activities for 2018-2020.

Regional Malaria CSO Platform objectives and activities:

1. To provide an enabling environment for civil society actors to deliver and advocate for the delivery of adequate services to affected communities currently beyond the reach of mainstream services;
2. To ensure a strong 'last-mile' response in national and regional elimination programs, thus safeguarding the Global Fund return on investment, ensuring program quality and relevance, and progressing elimination in the hardest to reach areas and populations;
3. To improve the coordination of CSO actors at all levels (national/regional, with national programs, with CCMs, etc.) and linking them with other networks in the GMS region;
4. To improve the technical capacity of CSO actors, where they sit outside the capacity-building systems of national governments (peer support and formal training);
5. To ensure that program interventions are targeted to the populations most in need and are based on principles of human rights and equality in access to health, including a strong program focus on strengthened community systems through engagement with malaria volunteers.
6. To bring the unique insight of CSOs to malaria elimination efforts, and in doing so, provide a voice to affected communities.

Purpose of training

According to the objective number 4 of the Regional Malaria CSO platform “to improve the technical capacity of CSO actors, where they sit outside the capacity-building systems of national governments (peer support and formal training),” training needs assessment survey was conducted in the GMS among malaria implementers. The Training Needs Assessment survey was facilitated by the platform steering committee members and country focal persons. The questions of assessment were developed and then reviewed by the RAI RSC CSO representatives and the platform steering committee members to ensure the questions are relevant to the each country contexts and needs. The online survey to assess the needs of implementing CSOs in the RAI implementing countries were distributed throughout the platform network. Total of 47 CSO representatives participated in the assessment.

The data were analyzed to identify the areas where capacity building is most needed. The following three main topics were identified by the CSOs for the training;

- (1) Collect, analyze and interpretation of data for evidence-based decision making
- (2) Assessing communities needs and resources
- (3) Behavioral change communication (community advocacy)

Of the above three topics; training on topic (1) Collect, analyze and interpretation of data evidence-based decision making was advised to be focused at country level aligning with country's monitoring and data recording and analyzing system. Therefore, this training was

conducted covering number 2 and 3 of above-identified training topics at regional level, bringing malaria project implementing CSOs from 5 countries in one place.

Main objectives of the training are as follow:

1. CSO representatives understand how to collect and analyze evidence on community needs, and methods for increasing utilization of services by the community.
2. CSO representatives develop communication skills to strengthen behavior change communication activities and advocate on behalf of the affected community

Training Topics:

Topic: 1. Assessing the community's needs and resources

- a. Topics for community assessment (including tools)
 - Identifying good practices and methods for engaging with the affected community and other key stakeholders (including service providers, government, civil society, private sector)
 - Barriers and challenges faced by the affected community and other key stakeholders (including service providers, government, civil society, private sector)
 - Inclusive governance and community engagement in the decision-making process
 - Cultural competencies and skills required to work with people with different cultures
 - Gender and Rights assessment, including impact on community programming, in addition to broader social needs assessment for various malaria-vulnerable groups (migrants, women and girls, men and boys, pregnant women, local population, etc.)
- b. Use of strategic information
 - Use of secondary information and research for activity and policy development
 - Adapting activities using evidence and routine activity data from the community
- c. Community engagement in malaria programming
 - Community mobilization and participation (inc ownership) to improve uptake of services
 - Working with/through partners at the community level to scale-out services
 - Encouraging community self-organization and network building

Topic: 2. Effective communication for behavior change and community advocacy

- a. Creating a plan
 - Developing a BCC and advocacy strategy
 - Mapping of key stakeholders for targeted advocacy
 - Developing advocacy messages and effective channels to deliver targeted campaigns
- b. Communication skills and mediums
 - Developing communication skills for engaging with different stakeholders
 - Linking the voices of communities to policymakers to frame the issues in developing national strategic plans and national policies

- Communication tools and techniques for effective communication through social media and other mass media
- Writing case studies to highlight community stories
- c. Monitoring change and facilitating learning through community engagement
 - Monitoring change and impact and advocacy process
 - Creating platforms and fora for affected communities to share learnings and coordinate

Training documents

Training documents can be seen in this [link](#).

Participants

Total 43 participants, including RAI implementing CSO participants, Trainers, facilitators, and CSO platform secretariat team participated in the training workshop. The detail list of participants can be seen in *Annex*.



Group photo, Capacity development and Mentorship Training workshop, Avani Atrium Bangkok Hotel, 30th July, 2019

A total four-day training workshop, including one-day field visit (in Bong Ti Promotion hospital, Malaria Clinic, Malaria Post, Moo 1 Bon, and Moo 2 Bong Ti Lang villages), provides an opportunity to practice the acquired skills with the community, which will empower choosing right intervention approaches for the affected and vulnerable community. Moreover, the training

allowed the participants for sharing their own experience, networking, and learning from not only expert trainers but also fellow participants of different countries.

As a result, this capacity development and mentorship training workshop equip the training participants with the practical skills on conducting a community need assessment and developing the tailored BCC strategy for the targeted populations to improve the uptake of utilization of services by the community and ultimately aims to achieve the malaria elimination within the GMS.

Outcome from the training:

- All participants actively participated in the training and shared their experiences during the training sessions and group work discussion.
- Tools for community assessment skills, community engagement, and BCC strategy with clear instructions was shared to use in the site visit.
- Take-home messages were given to the participants by the trainers at the end of each session.
- The certificate of completion on capacity development and mentorship training workshop was given to each participant.



Certification Ceremony, CSO capacity development and Mentorship training, Avani Atrium Bangkok Hotel, 31st July 2019



Site visit to Bong Ti health Promotion hospital, Sai Yok District, Kanchanaburi Province on 2nd August, 2019

Training outputs:

- Total 24 RAI implementing CSO participants from Cambodia, Lao PDR, Thailand, Vietnam, and Myanmar attended the training which aims to improve the technical capacity of CSOs implementing RAI grant.

Take-home key points from the training sessions

Training Session	Take-home points
Advocacy for malaria elimination	<ul style="list-style-type: none"> • Financing of malaria is important CSO can play a critical role in advocacy for sustainable resources for malaria elimination including increasing domestic resources. • Communities should be encouraged to support with more information and data in M2030 movements. • We should look at the country who had resurgence of malaria and prepare our self from those experience. • Malaria is not invisible.
Community assessment skills	<ul style="list-style-type: none"> • High Risk Population (HRP) toolkit provides practical operational guidance to design, implement, and evaluate data-driven and targeted surveillance and response activities in populations at highest risk of malaria. • There should be more engagement with a diverse group of stakeholders including overlooked or marginalized populations

	<ul style="list-style-type: none"> • The friendly consulting tool is a useful and practical tool for a consulting process for collaborative exploration, planning, and learning through presentations, questions, and feedback designed for program/ project managers.
Gender and rights	<ul style="list-style-type: none"> • The relationship between malaria and gender and rights should be considered while planning a project. • Powerwalk group exercise is a great exercise to show gender imbalance in a malaria care setting. It helps malaria workers to understand what is the reason for imbalance in access to services, and reason for not getting quality health service
Community dialogue facilitation skills	<ul style="list-style-type: none"> • Seven facilitation tools (active listening and speaking, great starting question and full-toolkit of follow-up questions, powerful note-taking, managing dysfunctions, managing the group energy, designing and following the process, and guide to consensus building) are great tools to become a good facilitator for the community. • Be respectful to the people culture; it can improve social, business, and health benefits, community dialogue facilitation is one of the most effective methods to get the job done. • Being culturally competent can open doors to every community development work.
Effective use of information for the community	<ul style="list-style-type: none"> • Early detection of malaria is important to maintain the spread. • Findings from the published paper should be used as evidence for advocacy purposes. • Effectively analyzing data is important for implementing appropriate intervention. There should be consideration of contextual factors while interpretation of data and should plan the intervention strategies according to the community needs. • The higher number of positive malaria cases may not necessarily indicate the area as high transmission area.
Community engagement	<ul style="list-style-type: none"> • Community engagement is very important to achieve the project goal. • Community engagement is useful for the community to aware of available services, intervention and sense of ownership. • EIP – Empathy, Insights, and Prototyping is a useful tool for community engagement. • Ladder of participation is a useful tool to reach community.
Creating a Behavior Change Communication plan and strategy at the community level	<ul style="list-style-type: none"> • The message should be limited to 30 words. • Keep the message short and concise, powerful, and engaging. • Develop messages for the targeted stakeholder. • Social media is a good and cheap tool for health education.

	<ul style="list-style-type: none">• To change behavior is difficult, but we can achieve if we have a targeted process of developing BCC strategy.
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Summary of feedback and recommendation

Seventeen out of 24 training participants provided the feedback on the training sessions and organization of the training. Overall, the participants were satisfied with the training and believed that the topics in the workshop were useful and relevant for their work. Effective use of data, advocacy for malaria elimination, and community engagement sessions were the top interesting sessions by the participants.

1. Main comments on the training topics

- Some of the training contents are not deep enough to get a comprehensive understanding, whereas, in some sessions, the heavy contents on one topic make participant difficult to concentrate.
- Require more time for gender and right session to understand more clearly.
- Timing for the training sessions is too tight for both trainers and training participants.

2. Recommendation to improve the training

- Speaker should answer the questions with clear explanation.
- The training should be within 8 hours a day.
- The allocation of time for the site visit should be at least two days to capture the points and analyze the data.
- In the site visit, there should be a time to interview the ARC field staff and villager.
- There should be more energizer game throughout the training.
- Tables should be mixed with different countries.
- Facilitators should provide the training participants with more learning material and tools. Because of the tight training session schedule, only one or two important tools should be selected as a learning per sessions.

Annex

No	Country	Name	Position	Organization
1	Myanmar	Dr. Yu Yu Lwin	National coordinator	Health Poverty Action
2	Myanmar	Dr. Myat Wint Than	Malaria Program Manager	Karen Department of Health and Welfare (KDHW)
3	Myanmar	Dr. Ye Nay Aung	Deputy Project Manager	Myanmar Medical Association
4	Myanmar	Dr. Thinn Thanda Win	Regional Lead, Mandalay	Population Services International
5	Myanmar	Dr. Myat Ko Ko	Technical and Training Monitoring and Evaluation Officer (Head office/Yangon)	Myanmar Council of Churches
6	Myanmar	Dr. Thiha Lin	Malaria Project Manager (RAI2E) Eastern Shan State	Malteser International
7	Myanmar	Dr. Aung Phyo Hein	Project Coordinator/ Field Office	Save the Children
8	Myanmar	Dr. Hla Phyo Wai	National Coordination Team Leader	Medical Action Myanmar (MAM)
9	Thailand	Korakod Intaphad	Program Officer – RAI2E Project	Raks Thai Foundation
10	Thailand	Sai Ti	Project Manager	American Refugee Committee
11	Thailand	Amaralak Khamhong	Project Coordinator (RAI2E)	International Organization for Migration
12	Thailand	Dr. Aung Myint Thu	Program Officer – RAI2E Project	Shoklo Malaria Research Unit
13	Laos	Mr. Seryang Yengchongva	Monitoring Evaluation Team Leader	Health Poverty Action
14	Laos	Khonesavanh BOUNMA	Malaria Coordinator	Population Services International (PSI), Laos
15	Laos	Amassme Phaixekong	Medical Detailing Supervisor	Population Services International (PSI), Laos
16	Laos	Ms. Keosai Xaymoungkhoun	Provincial coordinator	Health Poverty Action
17	Vietnam	Bui Van Nam	Project Officer	Center for Health Consultation and Community Development (CHD)

18	Vietnam	Nguyen Thanh Huong	Project officer	The Center for Supporting Community Development Initiatives
19	Vietnam	Nguyen Luong Hien	Coordinator	Vietnam Public Health Association
20	Cambodia	Ossophea Sam	Project Manager	Malaria Consortium Cambodia
21	Cambodia	EM Savy	Project Manager	CATHOLIC RELIEF SERVICES
22	Cambodia	Sirititiya RATH	Monitoring and Evaluation Officer	Partners for Development (Pfd)
23	Cambodia	Duk Pun	Deputy Program Director	CARE Cambodia
24	Cambodia	Nguon Sokomar	Technical Advisor	University Research Corporation (URC)
25	Cambodia	Linna Khorn	Trainer	URC Cambodia
26	Cambodia	Bopha Seng	Trainer	Royal University of Phnom Penh
27	Myanmar	Dr. Min Htet Zaw	Trainer	Population Services International
28	Myanmar	Lorina Mcadam	Trainer	Population Services International
29	Myanmar	Frank Smithuis	Trainer	Medical Action Myanmar (MAM)
30	Singapore	Jeff Smith	Trainer	Asia Pacific Leaders Malaria Alliance
31	US	Emily Dantzer	Trainer	University of California, San Francisco
32	Thailand	Jennifer Ho	Trainer	APCASO
33	Thailand	Dr. Htin Kyaw Thu	Facilitator	Malaria Consortium
34	Thailand	Alistair Shaw	Facilitator	Raks Thai Foundation
35	Senior Program Coordinator	Rachel Sismar	CSO platform secretariat	American Refugee Committee
36	CSO platform secretariat	Shreehari Acharya	CSO platform secretariat	American Refugee Committee
37	CSO platform secretariat	Sai Nay Min Shein	CSO platform secretariat	American Refugee Committee

38	CSO platform secretariat	Paweena Orachon	CSO platform secretariat	American Refugee Committee
39	CSO platform secretariat - Support	Buchita Binrabo	CSO platform secretariat	American Refugee Committee
40	CSO platform secretariat	Raprakan Kawphong	CSO platform secretariat	American Refugee Committee
41	Myanmar	Dr. Tin Me Me Aung	Program officer (Malaria)	United Nations Office for Project Services
42	Myanmar	Mr. Hein Thu Aung	Program Associate (Malaria)	United Nations Office for Project Services
43	Thailand	Nisanee Chaiprakobwiriya	M&E	Raks Thai Foundation