# Cambodia Network building report

With the support and coordination from Cambodia CSO partners (Partners for development, Malaria Consortium, Catholic Relief Services, and Care), the regional malaria CSO platform secretariat team conducted the community consultation for community network building together with village malaria workers, mobile malaria workers, government and CSOs in Memang Health Centre, Mondulkiri province, O'Krieng Health Centre, Kratie province and Chamkar Andong Chamkar Leu Health Centre, Kampong Cham province in Cambodia during 16-18 September 2019. The main objectives of the community consultation for network building includes –

- To provide an opportunity to the community malaria volunteers/workers to connect each other and share the information among themselves and occasionally from the regional malaria CSO platform
- To strengthen community advocacy for increased access to services

This consultation will empower community and engage them in different levels of dialogue and easier access to health services by the community. Total 28 participants joined in the network building consultation and will be expanded gradually. This network will play a crucial role in national and provincial level advocacy for access to health and malaria services at the community level.

## 1. VMW meeting, Memang Health Center, Mondulkiri Province

**Date** - 16.9.2019
**Participants** – 9 Village Malaria Workers, Mr. Heng Socheat (Care provincial staff), CSO platform secretariat team, translator
**Mondulkiri province** – high malaria cases in some villages (Plasmodium vivax dominance), 5 districts, 11 HC, 1 OD, 1 PHD
**Memang health center** – covered 7 administrative villages and 8 annex villages, 44 km away from Mondulkiri province to Memang Health Center (HC) (about 1 and half hour drive), the distance of volunteer house to HC range from 1 km to 12 km. Most villagers work in a forest or farm.

### Malaria Situation in the area

Generally, malaria cases are declining. However, in some villages, there can still be seen as an increase number of Plasmodium falciparum (Pf) and Plasmodium vivax (Pv). Malaria season starts at the rainy season. Adult populations whose work related to forest activity are the main risk population for the area. Pregnant women and children under 5 are also a risk group for malaria.

### Challenges in day to day work

Transportation – difficult, especially during the rainy season. Sometimes, difficult to reach to risk group population. Normally, the patient comes to the VMW place and test for malaria. If the condition is difficult for VMWs to treat, VMW can refer the patient to HC.

Malaria commodities – enough for the month. VMWs joined VMW meeting at HC every month, and commodities can be refilled. Sometimes, villagers get angry when VMW cannot provide service because

of stock out. However, when the commodities run out, VMWs can come to HC and refill stock. There was LLIN distribution in July 2019 at villages, but LLIN is not enough for all risk population. VMW prioritize household and member for LLIN distribution.

VMWs do not have updated BCC materials and information and do not have enough materials to distribute.

Most villagers do not complete medication of treatment. In vivax case, they encounter relapse cases and wonder how they can improve the situation.

**Communication**

VMWs update the situation of malaria in the VMW meeting at HC once in a month. Volunteers inform the health center through mobile if they found increased cases in the village. Other than that, there is no regular mechanism to share information among themselves and health center staff except one time in VMW monthly meeting.

**Suggestions to improve**

In order to reach the forest goer (risk group population), there should be mobile malaria workers in the village. There should be enough distribution of mosquito nets in villages. (Only new families get mosquito nets). There should be a new strategy for vivax case treatment. VMW need regular training. There is a need to direct observe treatment for complete medication either by volunteer or friend or family.

**Contact Person**

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Focal person (Memang HC) – Mr. Soeung Theng, Oklor village, 0884622514

Alternate person (Memang HC) – Mr. Dinsaoan, Pouhoung village, 0884623347

## 2. VMW meeting, O'Krieng Health Center, Kratie Province

**Date** - 17.9.2019
**Participants** – 4 Village Malaria Workers, 3 Mobile Malaria Workers, Mr. Ormngot (Care provincial staff), CSO platform secretariat team, translator
**O'Krieng health center** – responsible for 4 VMWs, 3 MMWs, 77 Km from Kratie Province (1 hour drive)

**Situation in the area**

Generally, malaria cases are decreasing. However, Pf and Pv cases can still be found. The majority of transmission is happening in the forest and a few in the village. Risk group – forest goer (adult), woman, and children under five.

**Challenges**

Transportation – (VMW) Distance is too far to reach the risk group population for VMWs. Difficult, especially in the rainy season, to travel to HC and patient house. Transportation fee is not enough because VMWs have to go to the patient house sometimes.

(MMW) – Difficult to reach the forest goers as one group to one group is very far. Sometimes, it is difficult to convince the forest goer to take a blood test even if they have malaria signs and symptoms.

Malaria Commodities – enough for the month. VMWs joined VMW meeting at HC every month, and commodities can be refilled. In case the commodities run out, VMWs can come to HC and refill stock.

**Communication**

VMW and MMW update the situation once a month in HC. There is no other mean of mechanism for communication.

Supervision for MMW – once in two months and VMW – once in three months. Sometimes, HC visit the villages every month.

**Suggestion**

If HC/NGO staff can support during the Health Education session, this will help to improve the VMW confidence and community trust in the VMW.

No suggestions for training materials and Behavior change communication (BCC) materials

**Contact person**

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Alternate person (O'Krieng HC) – Mr. Heng Ravy, Opreah village, 0976680298

### 3. VMW meeting, Chamkar Andong Chamkar Leu Health Center, Kampong Cham Province

**Date** - 18.9.2019
**Participants** – 7 Village Malaria Workers, Mr. Kheng Phyreth (PfD provincial staff), CSO platform secretariat team, translator and 3 government staff
**Chamkar Andong Chamkar Leu health center** – the area surrounding with rubber plantation, there are group of people moving around villages; (3-4 days stay in the village), 65 km away from Kampong Cham province (1 hour drive)

## Situation in the area

*Malaria infection*

Overall, malaria cases and transmission in the village has gradually dropped since 2011, said Vann Heang, director of Chamkar Kaosou Chamkar Andong HC. In 2011, the HC received about 60 patients with malaria. The HC sees 10 fewer patients each year since then. By 2018, the HC received and treated only two patients with malaria (vivax).
Vann Heang, worked at the HC for 31 years, according to Vann, 1988 to 1989 was a bad year for the villages because of malaria outbreak. In one year, he saw between 50 to 60 people died from malaria. He said it was because of the lack of access to treatment at that time, and most villagers still had the perception that they become sick because of the forest spirit make them sick.
Vann Heang said that August and September are the periods that high rate of malaria incidence for his area.
By September 2019, HC has not yet received a patient positive for malaria. This is echoed by VMWs in the 7 villages. By September 2019, the VMWs did 69 rapid tests but found not a single case of positive malaria.
The dropping number of malaria in the village is due to increasing awareness among villagers about the preventive measures, malaria transmission, and treatment, said Vann Heang, the director of HC. This is hugely contributed by the work of VMWs, who play an important role in educating villagers about malaria, its prevention, and treatment. There has been an increase of trust among the village on VMWs to treat malaria as well, said deputy director of OD.

*Risk population & where the transmission is happening*

About 10 years ago, villagers were the risk population, said director of HC, because malaria transmission took place in the village. Now villagers are no longer the risk population because of the increasing awareness about the prevention of malaria cases among villagers and ITNs are being distributed to villagers regularly (once every three years), said Deputy Director at OD. All the VMWs agreed on this point.
The risk populations are the villagers who go to find work in plantations in other provinces such as Kratie, Mondulkiri, Rattanakiri, Steung Treng, and Kampong Thom…etc.
Most VMWs agreed that Chi Mountain in Kampong Thom province is an area of high risk for workers to contract malaria. Two villagers said most workers who went to work as gold miners are most likely to test positive for malaria (vivax case). Although they are informed about preventive measures and given ITN and followed all these preventive measures, they are still facing the high risk of mosquito bite when working outdoor; therefore, this puts them at risk of contracting malaria.
Deputy Director of OD said there are only VMWs in his area, no MMW. That is why it is a challenge to prevent malaria cases for villagers who go to work outside of the village.

## Challenges in day to day work

*Reaching out to risk population:*

Lack of transportation: VMWs complaint on the lack of transportation for traveling to the houses of villagers. One VMW requested for a bicycle to ease her traveling within the village as of now she travels to villagers' houses on foot.
Time constraint: VMWs identify villagers who seek work and go to work outside of the village as risk population, therefore VMWs try to meet them to provide information about malaria prevention, but most of the time, and this group of population is not willing to participate in the session.

*Providing services & Commodity and supply:*

Ten years ago, a shortage of rapid tests and medicines were common, but it is not the case now, said the deputy director of OD.
Compared to three years before, VMWs said a majority of the villagers are cooperatives during the diagnosis and treatment stage. This has to do with increasing trust in VMWs in their work and awareness about Malaria. One VMW said that before, the patient would deny a rapid test and ignore any recommendation by VMW.

*The available time of volunteers*

All VMWs said the work is manageable, giving them enough time to focus on their other occupations, including working on their plantations or farms and working for wage in rubber plantations around the area.

**How do they communicate with relevant partners to discuss/update the situation?**

*Mobile Phone:*

VMW was provided with a smartphone and a monthly budget for phone service. The mobile phone is used for communication among VMWs, HC, and OD staff and for VMWs to submit their monthly reports by entering data on the MIS mobile application into a data system managed by CNM.
VMW enter data about malaria situation in their village onto MIS app => Data goes to HC => Provincial Health Department => National Malaria Control, said Deputy Director of Chamkar Andong HC.
One VMW said with that mobile phone; she can call to HC or Referral Hospital for an ambulance for patients with server malaria case.
Several VMWs said they use the phone to call other VMWs to share information or asking questions when they face challenges.
Deputy Director of OD said that VMWs also use mobile phones to call the HC for advice on how to treat a patient when they deal with a complicated malaria case or when they need to confirm about malaria drug dosage for patients as children and teens.

*Monthly Meeting at HC:*

Update & Supply check: this is a meeting where VMWs, HC, and OD discuss the situation about malaria in the area. Via this meeting, HC and OD staff will check and count the supply each VMW has, looking if they are label properly and if they reach the expiration date.
Refresher training: the meeting also allows VMWs to raise a question or discuss challenges that they face in the previous month in their work. HC and OD staffs and the VMWs discuss the case study and providing recommendations/solutions.
Technical support: VMWs who do not know how to enter data into the HMIS system also get help from fellow VMWs to do it.

**Any suggestions to improve**

*Training*

One-time training for VMW when they begin work is 3 days. The training days should be extended to accommodate older volunteers who might need more time to catch up with younger volunteers.
Refresher training is a 02-day training conducted once per year. Refresher training should be done at least twice a year to increase the skillfulness and effectiveness of VMWs' work. The refresher training should focus on technical skills, i.e., malaria drug dosage for different age groups …etc. The refresher training should also focus on using technology in reports and data management for VMWs, so to make sure the accuracy of data collection.

*Materials*

In some cases, patients do not allow VMWs to take blood tests on them. VMWs request for lancing device to help ease patients' fear of blood lancet when they take a blood test. This also prevents some patients from being collaborative during the diagnosis stage.

*Proposed solution the outdoor malaria transmission:*

Pfd staff, Mr. Phyreth, said he has heard of an approach that is testing in Kratie province now that is to use treated karma (Cambodian Scarf) as mosquito repellent. The Kramas are treated in some chemical, then provide to the workers for them to wear on any part of their body to prevent mosquito bites. This treated Krama lasted for 06 months.
Deputy Director of Chamkar Andong HC said some villagers asked if there is a malaria vaccine.

**Contact person**

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Alternate person (Chamkar Andong Chamkar Leu HC) – Ms. Emg Splimtjea, village 33, 010582198

Facebook messenger group is created. Group name "Chamka Keovson Chamka Andong HC – VMW"

Members – PFD provincial staff, 4 VMWs