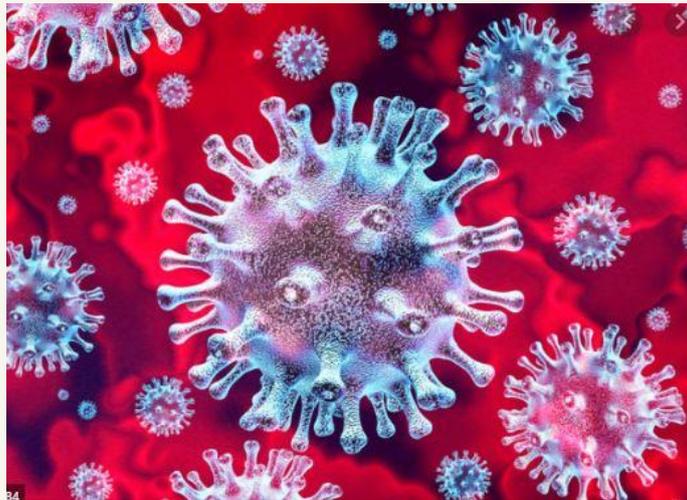




**MALARIA**  
**FREE MEKONG**  
A Platform of NGOs

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# **RAI2E IMPLEMENTATION CHALLENGES AT THE COMMUNITY LEVEL IN THE CONTEXT OF COVID-19 EPIDEMIC IN THE GMS**

**REGIONAL MALARIA CSO PLATFORM, GMS**

# Contents

Cambodia .....	2
Laos .....	3
Myanmar.....	3
Thailand.....	4
Vietnam.....	5
Overall Challenges.....	5
Potential Solution .....	6
Malaria CSO Platform Advocacy .....	6

# RAI2E IMPLEMENTATION CHALLENGES AT THE COMMUNITY LEVEL IN THE CONTEXT OF COVID-19 EPIDEMIC IN THE GMS

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## Response from malaria CSOs in Cambodia, Laos, Myanmar, Thailand, and Vietnam

This snapshot is prepared based on information received by the RAI2E implementing CSO partners through calls and emails. This does not reflect the situation of all CSOs in the GMS but provides an overview of the situation in each country and challenges CSOs are facing due to COVID-19 in the implementation of the RAI2E grant.

The situation in each country is reflected as of 9th April 2020.

## Cambodia

### A. Situation

Cambodia has announced travel restrictions across the borders and within the country. Some provinces started blocking people's movement for those, not from the same province (or district). The government prohibited large gatherings, meetings, and campaigns in the community. CSO field staff are still doing their work from home and coordinating with Village Malaria Workers and government staff. Most of the staff are concerned with their safety and are hesitating to go to the field. Several VMWs/Migrant Malaria Workers are still providing services including malaria test, treatment, LLINs distribution, and reporting to the health center and receiving malaria commodities (RDT and ACT). The VMW still received an incentive, per-diem, and transportation support. Implementation strategy targeting mass gathering is changed to the individual (IPC).

Perceived fears to get exposed while providing malaria services among Village malaria workers VMW/MMW to provide services as some province has found COVID-19 case. CSO staff, VMW/MMW, and selected Health Center staff do not have adequate prevention materials. CSOs are in discussion with the government to purchase masks and hand sanitizer and distribute.

### B. Challenges

- The VMWs are afraid of traveling in the village and communicating with the target population to provide tests and treat malaria. Especially, they are afraid of working with fever cases. Some of VMW have stopped services as they don't know people coming with fever have malaria or COVID-19
- Monthly VMW meetings have been impacted following the government's guidelines for large gathering which are now changed to individual meeting/call
- VMW fear they might not be able to submit the report; potential data issues and unable to prevent commodity shortage.
- Difficulties to implement monitoring activities by CSO staff to the volunteers and support the local government for data verification and input them into the system
- Stakeholder's coordination is affected and decisions for malaria activities delayed as government staffs are fully focused on COVID-19 response.

### **C. CSO engagement in COVID response**

CSOs are supporting the local health center and VMW/MMW in the distribution of COVID-19 prevention information. CSOs received information/IEC materials from the government, printing those materials in A4 paper and distributing them to the community while doing malaria activity.

## **Laos**

### **A. Situation**

The government of Lao PDR recently issued multiple decrees to forbid gathering of people, events, encouraging people to minimize exposures, school closure, control of borders. Repatriation or return of the migrant workers from the countries in the region hit by COVID-19 over the past days have concerned the risk of COVID-19 outbreak in Laos and triggered a response in the community. Weak or inefficient screening, testing, and the appropriate response (contact tracing, isolation, quarantine) are poor at the community level has raised concern on volunteers and staff's protection. Starting from 23-Mar-2020, following the government announcement CSO recommended their partner and staff should not be implementing any activities until further notice; therefore all activities are postponed except case management. Virtual monitoring approaches should be adopted.

### **B. Challenges**

Community gathering and conducting awareness sessions, screening, monitoring, and evaluation activities are no longer possible. Some project activities, including field data collection, might be delayed, postponed or canceled during this critical period.

### **C. CSO engagement in COVID response**

CSOs are in discussion with the Government for support to continue Malaria screening and treatment services. There are no activities under the CSOs related to COVID for now, CSOs are in discussion with the government (Malaria national program) to utilize some of the GF RAI2E project savings for COVID-19 response. CSOs are waiting to receive government guidance for COVID-19 response and ready to support the government. Priority will be to make sure prevention of COVID-19 to volunteers and staff and dissemination of prevention messages to the community. Procurement of mask and hand sanitizer to health workers and volunteers are requested.

CSOs and CMPE to distribute via an online platform (WhatsApp, FB) the COVID-19 health knowledge (such as how to wash the hands, how to follow other preventive measures) to all VMWs who have mobile network coverage.

## **Myanmar**

### **A. Situation**

Project activities in Myanmar are still ongoing. The government has imposed restrictions and announced a social distancing policy and recommended to avoid public events and gathering. Field staffs are in an anxious state and started asking for working from home or leave to prevent themselves from the possible transmission. Some CSOs central and regional level staff are already working from home, and some organizations are adopting alternate day work at the office.

## **B. Challenges**

- LLINs Mass distribution campaigns are no longer possible
- Malaria awareness session in a group can not be organized and changed to Inter-Personal Communication, which requires a long time and unable to reach a broader population
- Malaria workers, volunteers are afraid of the situation and hesitating to respond to fever cases. In addition, there will have fewer case investigation visits due to local and area wise restrictions happening in the field.
- Stockout problem may happen, essential antimalaria commodities should be provided in advance to ICMVs through possible channels to avoid stock out.

## **C. CSO engagement in COVID response**

CSO staff are collaborating with Township Health Staff, distributing IEC materials regarding COVID-19 prevention, and doing individual health talks about cough etiquette, personal hygiene, and handwashing for preventing infection transmission. These activities are integrated with malaria activities.

# Thailand

## **A. Situation**

Thailand's government has announced an emergency decree which limits people's movement. All the border has been closed; several migrant workers went back due to COVID-19 impact in their work. Due to travel limitations at the border, the caseload of patients is expected to drop. CSOs are still implementing activities following government guidance on social distancing. Raks Thai Foundation has created virtual project M&E tools for its project including partners.

Unless there is curfew CSO staff in northern Thailand is still working. Starting from April, strict measures are expected from the government and Ministry of Public Health as well as the respective provincial governors. Governors are delegated to have a full authority to monitor/decide what measures need to be taken, without waiting for the central government's order.

## **B. Challenges**

Given the uncertainty and unexpected situation, the entire implementation - not only a few activities - will surely be affected. Many staffs start working from home and some are requesting leave. Below are the challenge due to COVID-19 in RAI2E project activities

- Activities implementation on the border is challenging due to border closure and travel restriction
- Border malaria Post activities (government) is affected and other activity with large gathering such as network meeting, stakeholder meeting has become impossible.
- Likely to have a big impact on overall implementation or may need to stop activity implementation once the emergency decree is strictly implemented, likely from April
- Travel for Central staffs for M&E and training is no longer possible.
- Staff safety is a big concern as there is no face mask and hand sanitizer available in the market.
- No masks and hand sanitizers are available to frontline staffs including volunteers, CSOs are working to procure mask and sanitizer

### C. CSO engagement in COVID response

CSOs are integrating COVID-19 prevention messages during malaria activities. COVID-19 messages are mainly focused on giving awareness on handwash, using a mask, sharing government, and MOPH released law and regulation related to COVID-19. World Vision Foundation in collaboration with government and community health volunteer produce masks (Patho District) and spray for mosquito repellent, hand gel locally.

## Vietnam

### A. Situation

The government restricts all unnecessary travel as a method of social distancing from the 1st of April. In Vietnam CSO provincial offices are still operating as normal while all Hanoi staff are working from home. Community Malaria Volunteers and malaria workers are still implementing their activities except for the group activities for health awareness. The situation is unpredictable in the future; continuation of project activities depends on if the COVID-19 situation. However, PSI private clinics and pharmacies in Highland still operational including malaria care.

### B. Challenges

- Group gatherings, malaria workers, and volunteers are canceled including group IEC/BCC sessions.
- All meetings are postponed
- Training and M&E activities are on hold

### C. CSO engagement in COVID response

SCDI and consortium are distributing face masks and hand sanitizers to their malaria workers from their funds. SCDI is in a discussion to distribute masks and hand sanitizer to project target populations based on their needs. PSI private clinics and pharmacies are likely the first point of people who got a fever and helping to COVID response as the trusted information points for the community.

## Overall Challenges

1. No or inadequate knowledge about COVID-19 and supply of sanitizers for community-level volunteers and project staff who are in the front line
2. Confusion and fears among community malaria volunteers when patients with fever attended to them as part of their routine malaria care in their communities
3. CSOs are still implementing project activities having a different strategy for project implementation due to travel restriction and government announcement on social distancing
4. M&E staff cannot implement the field data collection activity which could affect the routine malaria surveillance
5. Disruption stakeholders coordination (which usually happened through physical meeting) and delayed in malaria activities decision at various levels of the health system including training
6. Disruption of malaria activities on the international borders, and putting the communities at risk those relying on these border malaria services
7. Commodity shortages are foreseen immediately or at least in next quarter if the in-country supply chain is disrupted and restrictions imposed to any part of these supply chains

## Potential Solution

1. Collect volunteer contact list (Phone number, WhatsApp, Viber, Line, Facebook) as practical in-country and create a social media group to provide support and COVID-19 related information and messages. The group should include local health authorities, CSO responsible field staffs and community malaria workers/volunteers. To those in low internet signal areas, the additional mobile top-up budget should be available for them to call frequently. *(In Laos CSO is effectively engaging volunteers and field staff through WhatsApp group for information sharing and supporting them in their day to day work. This can be replicated in other countries to communicate and support volunteers if it is not in practice.)*
2. Ensure the PR or Co-PR and Malaria national program in-country is aware of the need for essential COVID-19 preventive tools and materials (hand sanitizer, mask etc.) for volunteers, and those requests are included in the Global Fund flexibility for 5% saving reallocation.
3. Create/use existing virtual communication tools/groups among all RAI2E implementing CSO project managers for information sharing, monitoring activities and surveillance. It should also include tracking for commodity supply at the field level.
4. Provide the volunteer with reference and support letter from the local government authority allowing them to travel from their village to the health center for reporting and re-fill stock in area where travel restriction is strictly imposed.
5. Plan door to door LLIN distribution following social distancing.
6. Promote the use of delivering malaria prevention messages within the communities using loudspeakers– together with COVID – 19 prevention messages

## Malaria CSO Platform Advocacy

1. Protecting front-line malaria workers and field project staff at the community level with an adequate supply of medical masks, hand sanitizer, IEC/BCC materials, and applying feasible communication strategies to keep everyone connected and informed.
2. Ensuring no disruptions in malaria commodity supply chain throughout all levels - Governments need to ensure the travel restrictions, import delays, clearances are exempted to all malaria commodities. The donor (and PR) need to provide coordination with the government to strategize the most feasible supply mechanisms down to the community level.
3. Provision of the universal coverage of malaria services to those vulnerable populations (hard to reach areas, regardless of legal status in particular geography) considering human and gender rights amidst of COVID-19 challenges by Government
4. Ensure project monitoring activities to collect malaria surveillance data through existing online tools or phone call