

Active case detection in Paletwa Township, Chin State during COVID-19 pandemic

Medical Action Myanmar (MAM) provides healthcare services including prevention and treatment of malaria to the vulnerable populations of both local and mobile migrant communities in remote, very hard-to-reach areas via integrated community malaria volunteers (ICMVs) and medical mobile teams under RAI2E grant. MAM provided healthcare services in Paletwa, Chin State since 2016 covering population around 50,000 in 200 villages. During unprecedented times of COVID-19 situation in Myanmar, the provision of healthcare services by the CSOs at the community level was somewhat impacted by the travel restrictions and physical distancing practices. Nevertheless, MAM thrives on continuing the implementation of malaria services to vulnerable populations by changing the strategies as below.

- Physical distancing and door-to-door healthcare services instead of a big crowd at the same place.
- Volunteer trainings/meetings in small group instead of large group.
- Risk communication and engagement of Covid-19 health messages to villagers by hand speakers.
- Training of health volunteers for infection control measure and provision of hand gel and surgical masks.



Fig 1: MAM team transporting medical supplies to prevent stock out at field sites during travel restrictions due to Covid-19 and conflict



Fig 2: MAM medical mobile team supplying medical commodities to prevent stock out at field sites during travel restrictions due to Covid-19 and conflict



Fig 3: MAM medical mobile team struggling difficult transportation routes to the villages



Fig 4. Small group volunteer training with physical distancing and protective surgical masks



Fig 5. Volunteer providing consultation with infection control measures

In April, MAM identified 118 hot spot villages, which has more than 5% Pf positivity rate out of 200 villages in Paletwa Township, Chin State. MAM medical mobile team and ICMV conducted door-to-door active case detection for malaria and individual health education sessions. These

activities have been done in 62 out of 118 hot spot villages with 81% coverage within April to June 2020.



Fig 6, 7: Door-to-door malaria testing and treatment by following infection control measures



Fig 8, 9: Door-to-door malaria testing and treatment by following infection control measures



Fig 10, 11: Door-to-door malaria testing and treatment by following infection control measures

As a result, MAM managed to test 14,605 RDTs and found 154 positive cases (109 Pf plus mixed and 45 Pv). Among the 109 Pf and mixed cases, 91 cases were asymptomatic, 15 were under-five children, and 41 were age group between 5 and 14 years. These achievements were obtained due to the existing community trusts toward CSOs and dedicated efforts of government and civil society organizations. COVID19 could not stop our healthcare services for the community to fight against Malaria!