

# Malaria Free Mekong Community network building and field visit, report

**Date: : 22<sup>nd</sup> – 26<sup>th</sup> Nov 2021**

**Country: Thailand**

**Province: Kanchanaburi**

**Participants from ALIGHT:**

Name	Role
Suchart Sangphaijit	Field Supervisor
Songrit Noirin	Field Liaison Officer (FLO)
Saowanee Klinhom	Field Liaison Officer (FLO)
Ratchani Charoenthitiphong	Finance Admin Assistance
Janjira Lintong	Communication Officer
Warisala Chatuchinda	Project Officer
Raprakan Kawphong	Human Resource – Administrative Officer
Thanadon Chanthathadawong	Project Manager
Rachel Sismar	Head of Program

Abbreviations:

- ARC – American Refugee Committee
- BeCom - Behavior Changes Communication and Community Mobilization
- FLO – Field Liaison Officer
- MP - Malaria Post
- MHV - Malaria Health Volunteers
- RAI3E – Regional Artemisinin-resistance 3 Elimination
- SHPH - Sub-District Health Promoting Hospital
- VBUDU - Sangklaburi Vector Bourne Disease Unit

## Background:

ALIGHT (previously known as ARC) Kanchanaburi team (RAI3E) is working to expand and strengthen Malaria network to Provincial (and District) Administrative Organization to seek for collaboration and sustainability of the Malaria prevention project in terms of funding and community's sense of ownership. This activity is organized as part of the followup activity of network building initiated in RAI2E under the CSO platform project.

Kongmongtha village is one of a few villages in Kanchanaburi which still reporting high malaria cases in 2021. Kongmongtha village is in Raivo subdistrict, Sangklaburi, it is on the Thai-Myanmar border with a lot of natural (illegal) border crossing points nearby. Many ethnic Karen people from Myanmar cross in and out in though this area, which is presumed to be the main reason of why Malaria cases are still being reported in this area. Kongmongtha village area is in the center and connect 4 villages: Kohsadueng, Sanaypong, Yangkaw and Lainam through 4 difference routes. There are Sub-District Promoting Health Hospital controlling 3 Malaria Posts which supporting by Global Fund budget.

Thus, the ALIGHT RAI3E team requested the CSO platform to co-facilitate and support community network strengthening activity bringing stakeholders in the village including, Malaria Post (MP) and Malaria Health Volunteers (MHV) in Kongmontha and Raivo subdistrict, Kongmongtha village leader, Kongmongtha Sub-District Health Promoting Hospital(SHPH), Sangklaburi Vector Bourne Disease Unit (VBDO) in Sangklaburi area focusing Kongmongtha village to led them towards establishing a need assessment and working together on creating the project Behavior Changes Communication and Community Mobilization (BeCom) on Malaria prevention. The BeCom project is a local initiative and led by the community.

## Objective

1. Strengthen the stakeholder network at the community allowing them opportunity to come together and discuss issue and challenges of Malaria prevention and response to patient in remote area in Thongpapum district in Kanchanaburi
2. Supporting Behavior Changes Communication and Community Mobilization (BeCom) project for Kongmontha, Raivo subdistrict by the village agencies (MP, MHV, Raivo Sub-District Health Promotion Hospital and Villages leader)

## Key Activities

Date	Activity	Participant
November 22 <sup>nd</sup> 2021	Meeting with Pilok District Administrative Organization	ALIGHT team ALIGHT CSO platform team Pilok Admin Organization
November 23 <sup>rd</sup> 2021	<p>Travelled by boat to Bo-Aong (Pilok Sub-district)</p> <p>Interview session with 1 MHV/MP</p> <p>Travelled to Pilok Poh Village (Pilok Sub-district)</p> <p>Interview session with 1 MHV/MP, Villagers, Village head, 1*ALIGHT staff</p>	<p>ALIGHT team ALIGHT CSO platform team 2* MHV/MP Villager Village head</p>

November 24 <sup>th</sup> 2021	Travelled to Sangklaburi district  Interview session with 2 MMW and 2 Ex-Malaria Patients	ALIGHT Kanchanaburi Team ALIGHT CSO platform team 2 MMW 2 Ex-malaria patient
November 25 <sup>th</sup> 2021	Meeting with the Sub-district Health Promoting Hospital  Meeting with the Malaria Working Group in Raivo Sub-district  Presentation of RAI3E and CSO platform  Interview with OVBDU staff	ALIGHT Kanchanaburi Team ALIGHT CSO platform team Kongmongtha Sub-District Health Promoting Hospital MP MHV, Villager leader
November 26 <sup>th</sup> 2021	Travel back to Bangkok	ALIGHT CSO platform team

### Challenges observed during fieldwork

- Geographical difficulties – areas are very remote which required a lot of transportation preparation including car, off-road truck and long-tail boats
- Handing out care packages and registration – some participants are uneducated, whilst handing care packages to COVID-19 patients staff has had either to sign or stamp for this.
- Language barriers – Some participants in the interview required a translator
- Phone/Internet Signals – was poor due to the remoteness of the area. This caused difficulties for the MHV/MP in terms of reporting and also to our field visit team in terms of logistic planning
- Last minute Changes to plans due to the Royal Visit – some staff were unable to meet us due to preparation for the royal visit which was happening at the end of the month.
- Adjustment to the visit schedule due to reported infection among staffs in health facility

### Key achievement of the activity

The community network building activity bring all stakeholders from community together and provide opportunity to discuss challenges faced by frontline malaria workers and volunteers and how they can support each other the address. In addition to this, the activity also created the opportunity to communicate with multiple stakeholders to strengthen local coordination and address malaria situation. Community people and volunteer had an opportunity to share their experience and opinion as a lesson learnt and advocacy message. Interviews with multiple stakeholders including: MP, MHV, MMV, Village leaders, SHPH were captured through voice recording/videos which will be used to create advocacy and communication footage.

Activity also strengthened capacity and provided technical support to ALIGHT team by co-hosting a group meeting with the malaria working group at the sub district level. In this meeting working group member had an opportunity to better understand overall malaria situation, elimination strategy and how they can meaningfully support malaria elimination at the community level.

Line application to communicate and share information was utilized and discussion on improving stickers with malaria messages were discussed. Raks Thai is leading the sticker development work in different languages including Thai, Khmer, Laos, Karen and Burmese.

## Recommendation for follow up activities

- Training activities – Due to the COVID-19 pandemic, only one training session has been conducted between the MMV and RAI3E team. Therefore we would like to encourage further training sessions and perhaps create a document to assess and evaluate the training sessions for MMVs.
- Visual Aid for MHV and MPs – Create more visual tools for MHV/MP and MMV to use during their work to increase knowledge of malaria and how to prevent malaria in the future. One idea would be to create flipcharts that is portable and easy to understand in multiple languages. This may also need to be waterproof due to the terrain and weather conditions in which MHV and MP operates
- Posters – We heard from the Malaria Working Group that they would like to have multiple waterproof visual posters in both Thai and Burmese language put on in the Raivo Sub-district to remind people around prevention and places where they can get checked for malaria. Potentially, our RAI3E team can work together with the Malaria Working Group and let them design the poster to make the community feel like part/ownership of the malaria elimination campaign.
- Communication LINE group – the application LINE is used as a form of communication between the MMW/MP but not with the MMVs. We would like to increase MMVs their participation in communication application. Furthermore, there is need to increase the capacity of the LINE group through LINE stickers which is currently being developed through RaksThai. These stickers can help generate a visual notification/reminder for patient to increase adherence to medication and follow-up.

## 3 Key Message shared by the community

1. Project team heard from multiple stakeholders that **LLINs are not practical**, and a multitude of reasons has been reported including; unpleasant smell, the corrosive material that has been used on the nets burns their skin especially for children, the net's hole diameters are too wide therefore they let in smaller insects which can irritate the skin, they are unsuitable for a family, villagers believe that the insecticide on nets are harmful for their health. The villagers think that insecticide spray is more beneficial and practical for their livelihood and would like to advocate on the use of insecticide spray. The Malaria Working Group directly ask for support for insecticide for spraying. They would like to do insecticide spraying twice monthly for 6 months and research on the cases of malaria due to this.
2. **Screening migrant cases** – Another issue that shared is illegal crossing from Myanmar due to the political situation. Illegal immigrants are detained for no longer than 3 days (due to financial constraints) and sent back to the borders. However, there is prosecution of Thai citizens who benefit from illegal immigration. The SHPH could not afford to screen for COVID-19. However they emphasize that if any illegal immigrant needs medical treatment and aid then they will be treated. There is no screening for malaria when immigrants cross over the border. Therefore, the creation of cross-border malaria and COVID-19 treatment centers are vital and will serve vulnerable populations.
3. **Training, monitoring and evaluation** – The MP/MHV that training can be difficult to access. This is because they have to use their own finances to hire a boat (can cost up to 1200baht) to reach the mainland to attend training. There no cost reimbursement and the MP/MHW have to pay out of pocket to attend training sessions. Due to the COVID-19 situation, training has been postponed and there has been no training sessions this year. We have also heard that each month, the MP/MHW

have to travel to give their handwritten reports to the SHPH using their own finances. Perhaps alternative reporting strategies can be adapted such as through SM applications (Facebook, LINE) to facilitate these reportings. There is a need for regular follow-ups/ refresher training and regular monitoring and supervision including evaluations of the MP/MHV for quality assurance and quality control.

Annex:



*Picture 1: ALIGHT team getting on a long-tail boat to travel to Bo-Aung Village which took 1.5hours.*



*Picture 2: One of the Malaria Post worker at his clinic. Villagers at Bo-Aung village are able to see this MP for a blood test and dispense of medication if found to have contracted malaria.*



*Picture 3: ALIGHT team trekking through mud and long grass to go to Pilok Poh Village*





*Picture 4: ALIGHT Kanchanaburi team giving information around malaria and dispensing care packages to a 80 year old villager at Pilok Poh village*



*Picture 5: Malaria Health Volunteers (MHV) demonstrating how they conduct social behaviour change communication (SBCC) in Thai, Karen and Burmese languages using visual aids*



*Picture 6: Ex-malaria patient. During the interview she was told that she had malaria and was given medication but no further information. She tells the team that she is afraid to get malaria again. The family is staying within the rubber plantation site.*

**Structure of Kanchanaburi Malaria Control**

