# National Country Consultation in Preparation for the RAI RSC Meeting

## Background

From the **13th of Sep 2021 to the 4th of Oct 2021**, The Malaria Free Mekong CSO platform secretariat and our two representatives Maxine Whittaker and Josselyn Neukom, individually met with 31 CSOs working across the GMS region. In the consultations, the CSO were asked to provide an update of their RAI3E and C19RM grant implementation along with a discussion on their challenges to the implementation and innovative approaches to these challenges. The CSO platform secretariat also had a bilateral discussion on how to support efforts in maximize each CSO's impact in their implementation area, which will be presented in the upcoming RAI RSC Meeting in November.

Note: This report does not include Myanmar.

**Objectives**

- To get update from our partners on the RAI3E and C19RM grant implementation
- To prepare for the CSO update in the RAI RSC Meeting in November

# Cambodia Consultations

## Clinton Health Access Initiative (CHAI) Cambodia

Date: 23 Sept 2021

### Background

CHAI is providing technical support to the national malaria program in Cambodia. The CHAI staff have embedded themselves within the national malaria programs and sub-national programs to provide direct day-to-day operational support and it is CHAI's objective to strengthen government's ability to achieve national goals and accelerate current timelines. Currently there has been an increase in the number of provinces that CHAI supports.

**CHAI's role at the national level**

CHAI's central team is to provide day-to-day basic technical assistance to support the national malaria programme as follows. CHAI's technical assistance is focused on sustainability and does not play a role in directly implementing activities.

- Developing workplans and operational SOPs; monitoring progress on the national strategic plan (MEAF2)
- Providing holistic support to VMW and MMW program, M&E, Surveillance, MIS and financial management team.
- Providing training and follow-up support to CNM's finance team and M&E unit on grant and budgeting management – tracking fund absorption
- Providing TA on updating advanced surveillance system including the guidelines and training materials and monitoring of the active case detection, case/focus investigations, data for decision making
- Operational planning and monitoring for scale up of P.v radical cure

**CHAI's role at the sub-national level**

CHAI has 10 staff based in 6 provinces who provide support so that PHD/OD can manage by themselves for the following task:

- Case management: supervision of HC and oversight of VMW /MMW for test and treat according to NTG and P.v radical cure implementation
- Surveillance: case notification, investigation and classification and foci investigation and response, MIS reporting, data visualization during the monthly or quarterly meeting
- Vector control: planning for distribution of LLIN/LLIHN (mass campaign and continuous)
- Supply Chain: monitoring reporting rates at points of care and OD, preventing stockouts
- Program Management: Developing and monitoring semester and quarterly workplan following the PMG; Developing quarterly progress report.

### General Situation

COVID-19 Situation

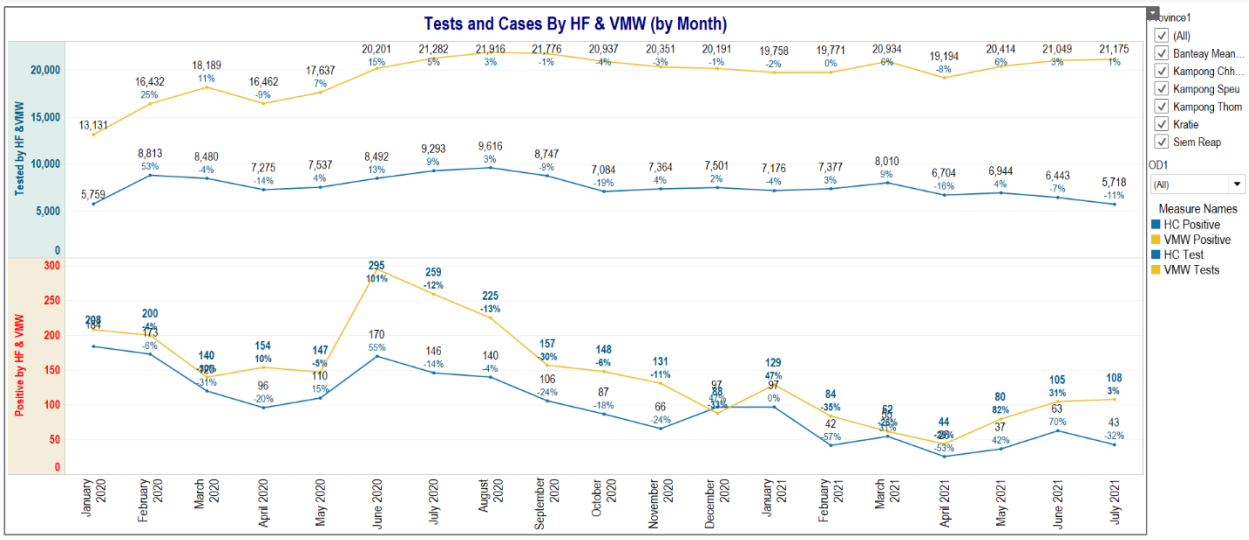
- Currently 96,935 cases, 1987 deaths (Data obtained: 8 sept 2021)
- Ongoing community transmission following Feb 20, 2021, incident
- MOH maintains daily updated online dashboard
- CHAI operates from the office (with safety measures) and from home depending on the current guidelines

### Data from Implementation

CHAI contributed to the following:

- Supported CNM to review and finalize the RAI3E MoA agreement with PR-UNOPS, SSRs and PHDs
- Worked with UNOPS and CNM to revise PMG for a new simplify procurement process and TRC guideline to align with Anukret No. 06 MEF.
- Provided support to subnational level (PHDs/ODs) in conducting semester workplan development of 2021
- Supported CNM's case management unit to organize the virtual refresher training of trainers to PHDs/ODs on "Pv radical cure"
- Provided support to CNM in conducting ToT surveillance training to PHDs/ODs in the 18 provinces
- Worker with UNOPS and CNM to conduct LLIN/LLIHN microplanning virtual workshop with PHDs/ODs
- Support CNM's Pharmacy Unit and subnational level in monitoring stock of malaria commodities in order to avoid any stockouts at HFs.

The following data shows the test done and the number of cases of malaria conducted by both the VMW and HF




**CHAI has supported the Malaria Programs during COVID-19 by:**

- Assisted CNM in updating the standard operating procedure (SOP) for continuing Malaria Activities during COVID-19
- C19RM – COVID-19 response mechanism additional funding to CNM was approved in July 2021 by GFATM for US 194k
- Conducted meetings through alternate channels (in-person or remote working technologies)
- PPE for C19RM will be procured by MOH and supplied to partner PHD (Provincial Health Department), OD (Operational District), HF (Health Facility), and VMW/MMW through routine supply by CMS (Central Medical Store)

## LLIN Distribution, community engagement and awareness raising

1. **Microplanning**
    a. Subnational level has been completed and micro-planning is currently conducting census and sharing this back to CNM for approval; this is expected to be completed soon and mass campaign distribution will take place in Nov 2021
2. **LLIN Distribution by VMW and HC staff**
    a. Provided support to CNM to revise the way of distribution to be a door-to-door ITN distribution, leaving the ITN at the door.

   b. Ensure VMW, HC staff follow prevention measures and wear PPE during distribution
   c. Special arrangement for ITNs PPE was added to the micro plan to be procured at Operational District level and microplanning is now complete

3. **Community Engagement by VMW and HC staff**
   a. Sessions were conducted in the malaria high-risk villages with social distancing and wearing masks
   b. In the last mile villages in Kampang Speu, there was door to door for community malaria awareness raising

**Challenges and Mitigation Measures**

1. COVID-19 related measures and restrictions impact on the implementation of key activities including various trainings planned in Jan-June 2021
   a. Mitigation Measures – Conducting virtual training and field monitoring sessions online
2. PHD/OD/HC staffs have multiple priorities (treatment, vaccination, quarantine) to implement at the ground level during COVID-19 pandemic, which led to a delay in some activities and report submissions related to Malaria
   a. CNM/CHAI initiated discussions with PMS/ODMS/HC to mobilize some staff to support Malaria Program Activities

**Innovative approach**

- Some workshops have been moved to semi-online using remote working technologies (RWT), OD is planning in-person with PHD while CNNM is hosting the workshop from central. E.g., Annual malaria conference, LLIN/LLIHN micro plan workshop and PMG training
- Door to door approaches for ITN mass campaign distribution, leaving the ITN at the door of the household.

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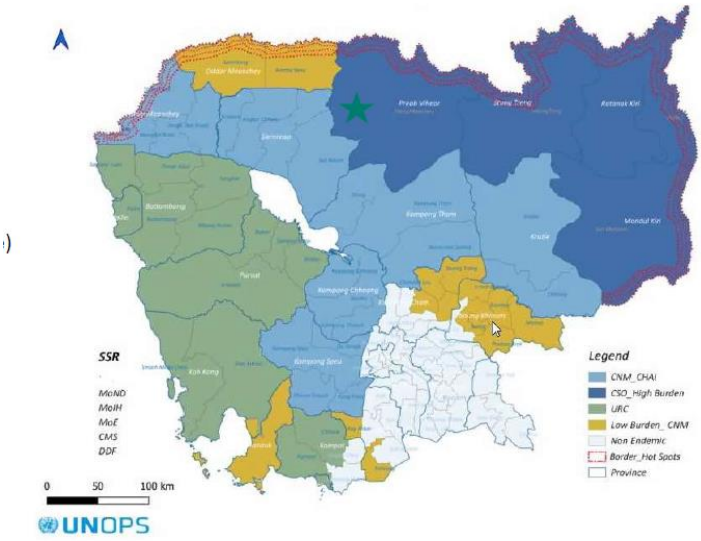
## Malaria Consortium (MC) Cambodia

Date: 23 Sept 20219

**Background**

The Malaria Consortium is implementing their project on the borders of 6 provinces (Banteay Mean Chey, Oddor Mean chey, Preah Vihear, Stung Treng, Ratanakiri, and Mondulkiri) which are linked to the international borders of Thailand, Laos, and Vietnam. Their target population are hard-to-reach Communities within 10 kilometers from the border mainly forest goers; plantation workers; families in new settlements; remote army bases with families; migrant population; and legal/illegal border crossing.

The key intervention in the MC project is offering malaria services (health education, testing, treatment, vector control) for those populations living/working short/long term (local, mobile, migrant) in very remote areas where health facilities and community testing where village malaria workers (VMW) are not available.




## General Situation

Most of the MMW is vaccinated, but during the COVID-19 regulation, all the activities would be conducted individually instead of gathering a group of people. During the malaria activities, MMW also gave COVID-19 information, encouraging people to get vaccinated, and conducted COVID-19 material such as posters. The number of malaria cases decreased compared to the same period last year.

## Availability of commodities:

- In 2021 MC requested 8,000 LLIN from the national program, if there is any movement along the Laos - Thailand border that will increase the incidence of malaria MC would request more from CNM.

## Implementation status:

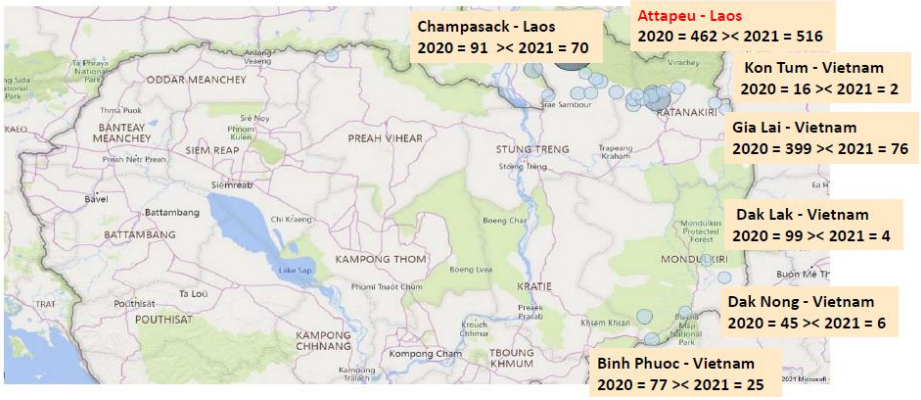
- Total 85 active MMWs: 42 MMW (⅓ female) active working in 22 Malaria posts, open 7 days per week, divided to 17 national components, 5 regional components, 43 active outreach MMW (¼ female)
- Distributed 5,073 LLIN: 2,777 for national component, and 2,296 for regional component MC will ask a few questions to check either clients have received the LLIN from the other distributor or not, MC planned to distribute 3,000 LLIN more at the end of the year.
- 179 confirmed cases were treated by MMW
    - 160 cases from active selection such as malaria post, outreach, and co-traveler: 5 Pf/Mix cases and 155 Pv cases, the positive rate for active detection is 0.40%
    - 19 cases from passive detection such as at the MMW house: 2 Pf/Mix cases and 17 Pv cases, the positive rate for passive detection is 1.18%
    - more 13 cases referred to health facilities and followed up by MMW, but besides those cases, the MMW can provide 100% treatment.
    - 14,916 tests in malaria post could find 110 positive cases, this result is influenced by the high presence of the Royal Cambodia Armed Forces along with the Thailand - Laos border (Stung Treng).
    - The highest case incidence is in Strung Treng, Ratanakiri, and Mondulkiri respectively.
    - 63 of 179 are female, 20 Pv cases in Stung Treng , 38 Pv cases in Ratanakiri, 4 Pv cases and 1 Pf/Mix in Mondul.
- 41,198 RDT test for suspected malaria cases: 23,126 for national component, and 18,072 regional components.

- 118 cases have been investigated, not all cases have been investigated because the training was just conducted in March. Case classification/identification is conducted by a health center or operational district.
- The MMV will follow up the Pv case for 14 days for their radical cure.

RAI2E and RAI3E in Jan- Aug in comparison
RAI2E: 4 provinces, 50 MMW
RAI3E: 6 provinces, 85 MMW

| Indicator | Jan – Aug 2021 (RAI2E) | Jan – Aug 2021 (RAI3E) | % Change |
|---|---|---|---|
| Number of suspected malaria cases tested | 22,627 | 41,198 | +82% |
| Number of confirmed malaria cases treated | 357 | 179 | -50% |
| Number of LLINs distributed | 2,557 | 5,073 | +98% |
| Number of confirmed malaria cases fully investigated | 0 | 118 | Initialed in this grant |

**Malaria data Sem1 2020 >< Sem1 2021: bordering Vietnam – Laos provinces**




*Data from WHO

- Conducted refresher training for 85 MMW
- Conducted SBC/community dialogues this activity also add COVID-19 information and prevention, MC also plan to conduct community dialogue at the PV hotspots to advocate active fever screening and Pv cases radical cure.

**Challenges to implementation**

- The last mile activities are conducted by the health care center, but the army could not get permission to leave their bases to the health care center for case classification and radicle cure to avoiding relapse for Pv cases, MC will keep advocate to CNM

- The challenges in Odder Meanchey and Banteay Meanchey are due to the new activities, new MMW, low incidence of malaria, less forester, and Covid-19.
- Difficulties regarding traveling in the rainy season for MMW.

**Data collection and accessible**

- Everyone can access the MIS but there is access restriction depending on each level of information. The MC does not have an account that can access the details information such as location, health center per case, MC is working with UNOPS to advocate MIS access for NGOs.
- Mc has their own database to analyze their work but also cross-check that information to the MIS on a monthly basis.
- Last year MMW put the data through the program's smartphones, but since most of those are broken MMW will use their phone and download the app. For positive case will be reported immediately to the health center and the OD within 24 hours either via entering information through the app or report directly to the healthcare center.

**Needed support for maximizing the impact**

- Many patients not going for the G6PD test regarding the distance between their house and health care center, MC mentioned that it would be helpful if the program could support transportation for this.
- Regarding the point above, MC is also looking for alternative ways to follow up the Pv radical cure process, such as training MMW for G6PD
- The clarity of C19RM fund status for Cambodia.

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## Catholic Relief Services (CRS) Cambodia

Date: 23 Sept 2021

**Background**

The CRS Cambodia office is located in Phnom Penh. CRS has joined the government's efforts to eliminate malaria in Cambodia by 2025. They are a subgrant of the national programme. Key activities include:

- CRS provides support in case management and vector control to a network of Village Malaria Workers and Mobile Malaria Workers, who play a crucial role in the distribution of insecticide-treated bed nets, health education, and first-line testing and treatment.
- The health staff at Provincial Health Departments and Operational Districts have also received CRS' technical and management training that equips them to make evidence-based decisions and optimally allocate resources for malaria elimination.
- At the community level, CRS organizes awareness raising activities to promote good health-seeking behaviors.

**General Situation**

Over 98.43% of 10 million target population (age 18 and up), 88.33% of children (age 12-18) and 47.61% of children (age 6-12) have received the COVID-19 vaccine countrywide.

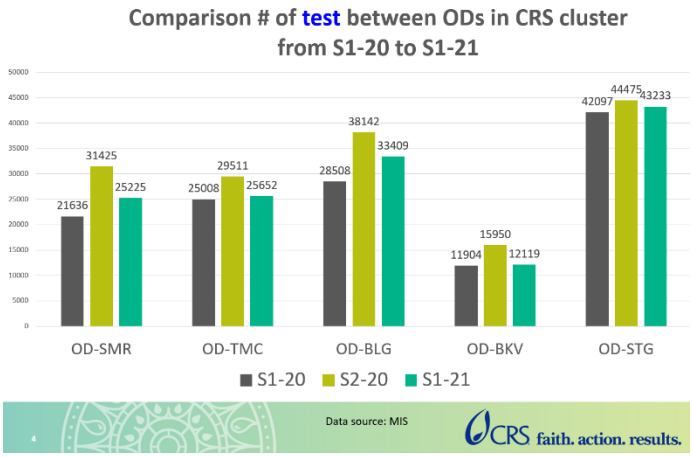
**Implementation status:**

The number of malaria cases are declining therefore the total tests to confirmed malaria cases in 5 OD has decreased in the first quarter of 2021 (13,9638) in comparison second quarter of 2020(159,503). For the confirmed cases, the

majority of confirmed cases is P.v (712 cases) with a small proportion of P.f (8 cases) and an even smaller detected of mixed malaria cases (5 cases).

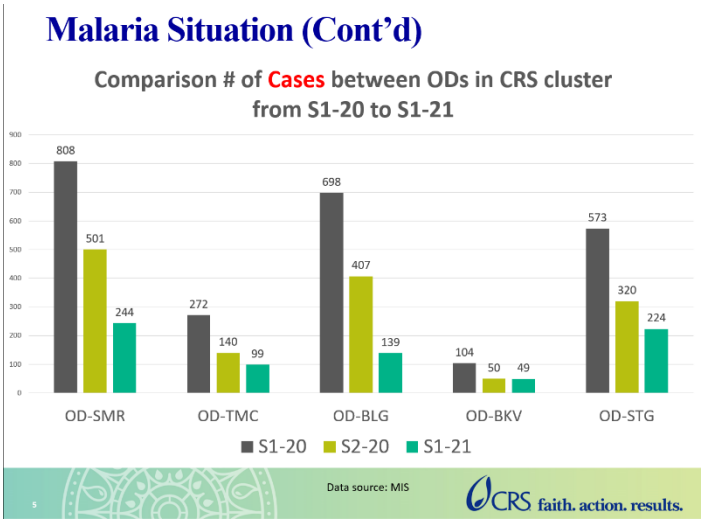
The comparison of test between the 5 ODs and a comparison of malaria cases between ODs can be seen below:

## Malaria Situation (Cont'd)




The number of malaria cases have declined due to the COVID-19 pandemic. Many are afraid to leave their home for fear of infection. Furthermore, healthcare staffs are occupied with COVID-19 positive cases especially in OD that are under CSI. In the addition to this, the government has also imposed lockdowns to restrict access to different services – this explains why the figure for malaria cases have gone down.

## Malaria Situation (Cont'd)




In terms of the case detected between different OD shows that overall, the cases are dramatically decreased due to effective detection by HFs and VMWs.

**Vector Control and Community Engagement and Awareness.**

Mass LLIN campaign has been done in Preah Vihear province with a total of 77,893 nets (LLIN 54,548 nets and LLIHN 23,345 nets). This activity has been running since Q2 of 2021. The continuous net distribution is going to be implemented in Strung Treng province with a total of 3700 nets being distributed. A mass campaign was run last

year. A mass campaign implemented in Mondokiri and Ratanakiri province has been initiated. The total net division is as follows:

- Ratanakiri: 120,173 nets
- Mondolkiri: 63,590 nets.

Both provinces plan to finish distribution of nets in Oct 2021.

Furthermore, an awareness raising campaign has been done in which CNM provided the village to conduct the community mobilization and awareness raising which demonstrates that 95 villages were at high risk.

**COVID-19 response update:**

There are currently 4 provinces under CRS cluster in which the COVID-19 pandemic is having the most effect in the rural communities. CRS are implementing the activity to comply to COVID-19 SOP from the national program and MOH as well as to the provincial governor as well. CRS are collaborating with PHD, ODs and HC to implement mass campaigns with VMW meting and community awareness raising according to SOP, as door-to-door service. The project has provided mask and alcohol to the CRS team as well as to the PHD, OD, VMW/MMW for using during implementation of the activity on the ground.

## Availability of commodities:

There are no commodity issues. Everything is fully stocked.

## Challenges to implementation

1. Not enough staffing resources to sufficiently implement the last mile project. Leading to an overburden workload during implementation on last mile activity and RAI3E
    a. This issue has been raised to CNM and UOPS in the relevant meeting. Furthermore, analysis of LOE of staff who are still involved in last mile activities, and finally CRS has developed a proposal note to be submitted to CNM on the 5th of July 2021.
    b. Another planned action was to have a meeting with the national malaria program to discuss in more detail the proposal notes and clarification for additional information.
2. Most HC tablets ad VMW phones are broken ad not working, resulting in some activities and data entry not being implemented on time.
    a. CRS has worked closely with PHD/OD/HC to motivate some HC staff and VMW who have GF broken tablets and smart phones to use their personal phone for data entry and still support 5USD per month for internet fee
    b. There is a follow-up with CNM to distribute a new tablet and smart phone that has already been procured and plan for delivery in quarter3 of 2021
3. Only 33% compared to the target of confirmed malaria cases that received first-line antimalarial treatment in the public sector health facilities. This is due to community people know more about malaria prevention; people are staying home due to the COVID-19 pandemic lockdowns; net distribution via mass campaign and continuous during RAI2E project and finally; HC test only high suspect of malaria cases while other cases go to VMW/MMW close to their house.
    a. An analysis of data has confirmed malaria cases at each of the public sector health facilities which has informed HFs that have low malaria cases to increase testing based on the national guidelines/SOP/protocol.
    b. CRS team and PHD/OD will continue to motivate HFs staff to increase more testing and diagnosing more malaria cases based on the national guideline/SOP/protocol
4. Only 11% compared to the target of malaria foci were fully investigated and classified. This is due to surveillance TOT training and cascade training has been provided to PHD/OD/HC at the end of March 2021

leading to late implementation. There has also been a lockdown at the village level due to COVID-19 community transmission which has led to difficulties in detected in the village active foci within 12 months.

   a. After receiving the orientation from CNM, CRS has worked closely with PHD/OD/HC to make plans to conduct foci investigation
   b. CRS are also planning to continue working with OD/HC to complete data entry into the MIS system on case investigation data from HC&VMW. Furthermore, CRS as planning to provide day to day orientation to HC staff and VMW on MIS Case investigation data entry during monthly meeting and supervision
   c. CRS is also planning to collaborate with PHD/OD/HC to organize the FOCI response team to improve the FOCI implementation in the next quarter. Finally, CRS continues to provide feedback to CNM-MIS team to improve the M&E report function on CIFI result and report function on investigation

5. Only 5% target was reached (13/238) in terms of the number of sub-national health staff receiving training on case management. Due to COVID-19 restriction, there are only 4 remaining trainings on clinical CM training planned to be conducted this semester (such as VMW CM training to PHD/OD/HFs; microscopy training; MIS App tablet training and PMG training).
   a. There has been communication with CNM and UNOPS for any available training that can be conducted online. CRS has also joined the training with CNM on PMG to be trainer for providing a cascade to PHD and OD
   b. CRS are planning to collaborate with CNM/PHD/OD to conduct those remaining training when the restriction is lifted and discuss alternative ways if COVID-19 situation does not improve and/or worsens.

## Innovative approaches applied to the project

1. **Data management** – Job-aid for data management was provided by CRS and also CRS helped to facilitate an easy method of recording a report for VMWs. In cases where the reporting is slow, CRS has organized group call to ask for information from the community to get timely information.

## Is there any unfunded need from existing projects?

Tablets are broken and therefore affecting the timeliness of the data. Currently, CRS has asked WHO staff to help but there should be more recruitment of new staff to support the last mile activity.

Participant

| Name (as per zoom display) | Organization | Role |
|---|---|---|
| Shree Acharya | Malaria Free Mekong CSO platform | Project Manager |
| Warisala Chatuchinda | Malaria Free Mekong CSO platform | Project Officer |
| Janjira Lintong | Malaria Free Mekong CSO platform | Communication Officer |
| Sovann Peng | CRS | Senior MEAL Officer |
| Josselyn Neukom | Malaria Free Mekong CSO platform | CSO representative |
| Maxine Whittaker | Malaria Free Mekong CSO platform | CSO representative |

# Lao PDR Consultations

## Community Health and Inclusion Association (CHIAs)

Date: 24 Sept 2021

### Background

Community Health and Inclusion Association (CHIAs) is community led for Health, Rights and Gender of Key Vulnerable Population and People Living with Diseases in Lao PDR. CHIAs is implementing in Salavan Province in which there are 7 implementation districts: Salavan, Vapy, Lakhonepheng, Khongsedon, Toumlan, Taoi and Samouy district.

Key activities include:

- Supervision and monitoring visit of VMWs
- P.v patient assisted referral for G6PD Testing and PMQ treatment
- ICCM training

### General Situation

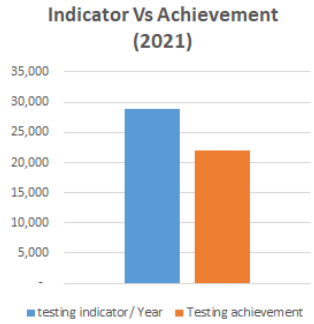
From July to August implementation plans continued as normal, this included: Project Orientation workshop with district and province authorities; bi-annual meeting, review and making plan forward for malaria implementation I the next 6 months in 2021. Monthly report collection (however, a face-to-face monthly meeting had to be avoded due to COVID-19 safety precautions) and finally, he distributions of PPEs (which includes gloves, masks and hand gel) to VMW in order for COVID-19 prevention during testing. Whist the last activity was conducted there was also a provision of a monthly health education.

In the last quarter of implementation volunteer training has not been conducted but currently CHIAs is in the process of recruitment and is training all 400 volunteers to create a network of volunteers with PEDA and HPA.

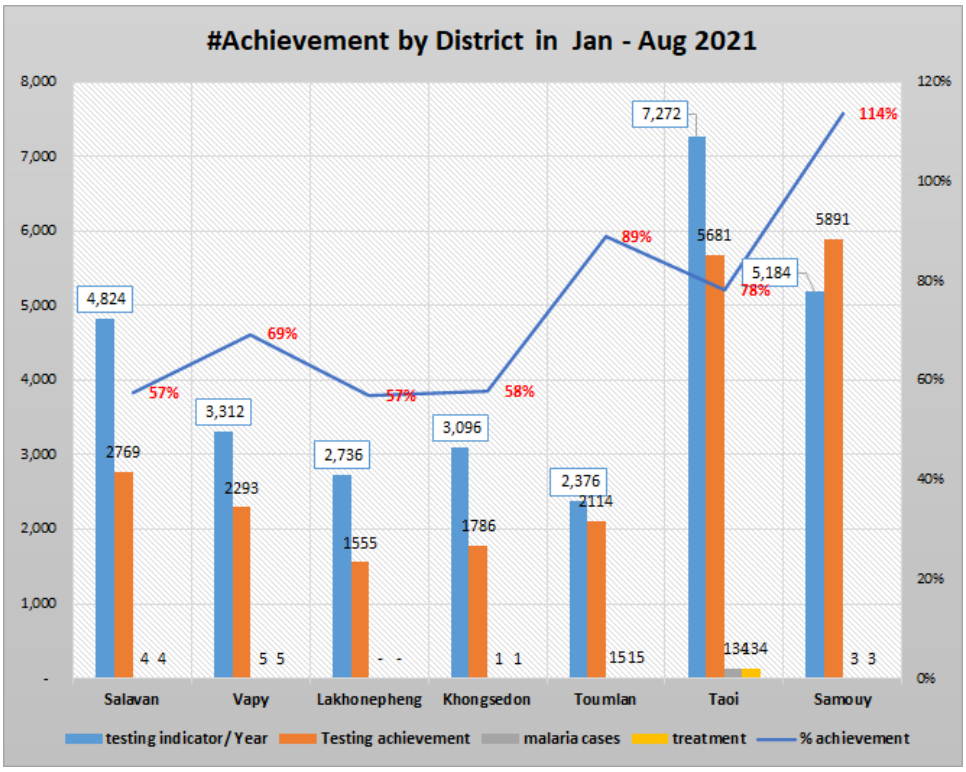
### Implementation status:

From Jan to Aug 2021

Overall CHIAs are doing well in terms of achievement of testing. The overall indicator is 28,000 per year and CHIAs has already achieved 22,000 at the end of August.




The other graph shows the breakdown of testing and treatment of malaria cases in the 7 provinces. By the end of August Salavan has achieved 57% of their overall target; Vapy has achieved 69%; Lakhonepheng has achieved 57%; Kongsedon has achieved 58%; Toumlan has achieved 89%; Taoi has achieved 78% and Samouy has achieved 11% (above target).




In terms of Malaria Positive cases that were found between the periods of July-August 2021, the majority of cases are P.v. with one case being p.f. and 1 case being mixed. 105 malaria cases were found by VMWs and all 103 P.v. cases were referred by VMW. The rest of the cases were referred to by national health program. In terms of cost of referring patients to the health centers CHIAs covered only 15 cases out of the 105 cases due to the rest of them being covered by COMBAT (which is a programme research done by CIMPE) and includes reactive case detection.

## Availability of commodities:

When compared with last period during July-August 2020, the number of RDT stockouts decreased this year. There was a total 8 villages had stockout (4 villages in Lakonpeng; 1 village in Vapy; 2 villages in Saravanh and 1 village in Toumanh).Only Khongxedone, Taioy and Samouy district did not experience any stockouts.

In terms of ACT there has been 24 stockout in one village in Salavan (Tongsuay village) due to the number of P.v cases. The reason is because the cases were found at the end of the month before submitting for replacement which resulted in a stockout.

## Challenges to implementation

- Covid-19 cases in Saravan province and VTE. This has led to difficulties in testing, supervision and meeting in target area especially for central staff to travel.
- Due to Raining season, there has been flooding which has made it difficult to VMWs travel to submit report and district facilitator. In addition to this the bridge is broken and is currently being repaired.

## Innovative approaches applied to the project

- Distribution of PPEs for VMW to do testing and provide health education
- There is planning for a training workshop which will focus on both Malaria and COVID-19
- COMBAT strategy operational research to improve surveillance and M&E

**Is there any unfunded need from existing projects?**

- COVID-19 prevention for VMWs

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## Population Education and development Association (PEDA)

Date: 27th September 2021

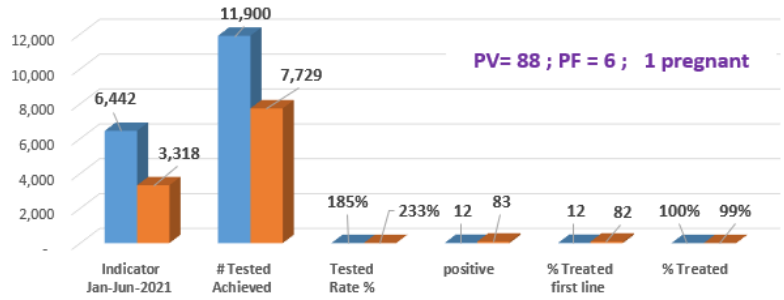
**Background**

PEDA is working in 400 villages in 9 districts of Sekong (136 Villages) and Champasak (264 Villages), number of VMW working with PEDA: 136 VMWs in Sekong (101 male, 35 female), 264 VMWs in Champasak (180 male, 84 female)

**Implementation status:**

- Reach 201.12% of the target for malaria testing 19,629 cases from 9,760 targets.
- 98.95% of positive cases are treated (94 cases). Could not provide ACT to 1 case due to pregnancy so the VMW referred to the health center, the 95 total positive cases could be divided to 53 male cases and 42 female cases.
- The total of 95 positive cases could divide into 6 cases of Pf and 89 cases of Pv & Mixed cases. All Pv and Mixed cases have referred to the health facility for G6PD/PQM

| Province | Indicator Jan-Jun-2021 | # Tested Achieved | Tested Rate % | positive | % Treated first line | % Treated | Remark |
|---|---|---|---|---|---|---|---|
| Champasak | 6,442 | 11,900 | 185% | 12 | 12 | 100% | |
| Sekong | 3,318 | 7,729 | 233% | 83 | 82 | 99% | 1 Pregnant |
| Total | 9,760 | 19,629 | 201% | 95 | 94 | 99% | - |




- PEDA conducted most of the activities from January - June despite the difficulties of the COVID-19 situation. The activities:
  - Capacity building training on project planning, implementation, M&E for PEDA Provincial coordinator and district facilitators
  - Supervision and support visits by district facilitators PEDA to VMWs
  - Monitoring and Supervision visits by PEDA central level, including attendance of meetings/training organized by PEDA /other partners PEDA, in this situation this activity has been conducted through the online channel.
  - Monthly travel cost for VMWs to visit the health center for reporting and stock collection, this activity is conducted regularly among the malaria CSOs
- The activities that will be conducted in Q3-Q4

- Training of VMWs for Integrated Community Case Management, this activity will integrate COVID-19 information to ensure that VMW will have sufficient knowledge and be able to work despite the COVID-19 situation, The ICCM curriculum developed by National Program incollabolation with WHO and CSOs.
- Supervision and support visits by Provincial level to VMWs
- Conduct Annual review, local coordination, and partnership meetings with project stakeholders such as CMPE, national malaria control program, and CSOs.

**Availability of commodities:**

- 90% of mRDTs no stockout, and 90% of ACTs 6*4 no stockout. VMW has a regular supply of commodities.
- LLIN distribution, VMW will work with local health facilitators to distribute the LLIN in communities during the high-risk season, those LLIN will be stocked and supported by the national program.

**# of VMWs with no"stock out" of malaria RDTs/ACT 6x4 by District (1-6/2021)**

| No | Province/District | # VMWs | # VMWs with no stock out "RDT/ACTs 6x4" of malaria | | Target # &% VMW report "no" stock-out" of RDTs/ACTs6*4 | # VMWs with no stock out "RDT/ACTs 6x4" of malaria | | % Result"no stock out" RDT/ACT 6x4 of malaria | |
|---|---|---|---|---|---|---|---|---|---|
| | | | RDT | ACT | | RDT | ACT | RDT | ACT |
| | **Champasak Province** | **264** | **10** | **45** | **90%** | **96%** | **83%** | **107%** | **92%** |
| 1 | Champasack | 42 | 0 | 0 | 90% | 100% | 100% | 111% | 111% |
| 2 | Khong | 77 | 0 | 13 | 90% | 100% | 83% | 111% | 92% |
| 3 | Mounlapamouk | 28 | 0 | 8 | 90% | 100% | 71% | 111% | 79% |
| 4 | Pathoumphone | 86 | 8 | 0 | 90% | 91% | 100% | 101% | 111% |
| 5 | Sukhuma | 31 | 2 | 24 | 90% | 94% | 23% | 104% | 25% |
| | **Sekong province** | **136** | **0** | **0** | **90%** | **100%** | **100%** | **111%** | **111%** |
| 1 | Dakcheung | 42 | 0 | 0 | 90% | 100% | 100% | 111% | 111% |
| 2 | Kaleum | 21 | 0 | 0 | 90% | 100% | 100% | 111% | 111% |
| 3 | Lamam | 51 | 0 | 0 | 90% | 100% | 100% | 111% | 111% |
| 4 | Thateng | 22 | 0 | 0 | 90% | 100% | 100% | 111% | 111% |
| | **Grand total** | **400** | **10** | **45** | **90%** | **98%** | **89%** | **108%** | **99%** |

**Challenges to implementation Innovative approaches applied to the project**

- The limited capacity of VMW in some areas due to the difficulties of language and culture in the etnic minority area or in the new VMW, for these challenges PEDE will provide refresher training, coaching/supervision, and technical support.
- The travel difficulties due to the rainy season in Kaleum and Dakcheung affected the activities' performance, VMW could not access the communities and could not submit their monthly report in time.
- Due to COVID-19 situation and travel restriction some activities could not be conducted in time, this may affect the performance rate for this year.
- 90% of implementation villages have limited access to telephone signals. This limitation constrains VMW communication and their ability to submit timely reports including stock reports.
- G6PD test and Primaquine support in Pv cases, the need to strengthen and monitor the financial support on transportation, the involvement of VMW, and community encouragement/advocacy to raise awareness of Pv cases.
- PEDA have not received the PPE yet, this will put VMW at risk for operating ICCM activities in the communities, in this issue PHD suggested PEDA to request CMPW/DCDC individually.

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Health Poverty Action (HPA) Lao

Date: 24 September 2021

## Background

## General Situation

There have also been a few outbreaks in May and June in Savannakhet – which HPA has responded well to. HPA has been encouraging the district and provincial level to distribute more stock to the VMW to cover for the next 2-3 months.

Most of the awareness raising activities have stopped because of the governmental ban on gatherings. Whilst for LLIN distribution, this has been mainly taken care of by CMPE.

However, there is a personal protection package in which LLIHN, mosquito repellent and IEC will be distributed as a package. LLIHN distribution is currently going through regional components especially in high burden areas which will be a part of the operational research. There is a routine intervention to ensure that all the LLIHN are continuously distributed in higher malaria areas to the forest goers and their families. UNOPS will give CSOs the LLIHN in the middle of Oct along with mosquito repellents to be distributed. Within the operational research there will be training of trainers to do the following: data collection, distribution, monitoring and evaluation, refilling of the nets and the repellents in the coverage areas. This will include 400 villages in Laos PDR and 60 villages in Cambodia.

(Global fund is not happy to provide mosquito repellents as it is not in the pre-qualified WHO guidelines, but they are part of the operational research therefore they can secure the funding for mosquito repellents from other sources. Therefore, the Benete Institute from the Australian Financial Services have secured this financial funding for mosquito repellents.)

There was a budget for all the staffs and volunteers to get vaccinated so that they are not left out from our health system. In addition to this HA is rolling out COVID-19 antigen testing at the village level in coordination with CIMPE (this is not funded by Global fund)

## Implementation status:

Testing rates have not been reduced in the last six months, especially in terms of community sectors whilst the private sector testing rates have also continued. In terms of the public sector, HPA still has some targets to be met e.g., in health facility levels and district hospital levels because there are lower BD visits compared to the same period last year.

## Availability of commodities:

HPA has experienced some stockout issues due to the provincial and district level lockdowns and COVID-19 control and response activities have created a burden on the healthcare system.

In outbreak areas HPA is monitoring RDT and ACT very closely to ensure that they are well supplied.

## Challenges to implementation

- Internet infrastructure – only 30% of the villages in malaria burden areas have access to the internet.
- Stockout – due to miscommunication (needs to strengthened soft skills of stock calculations and stock projections)
- Volunteers do not have PPEs available, putting them at risk of COVID-19. The provincial level task force controls the PPE and therefore needs more coordination and communication.

## Innovative approaches applied to the project

**CSOs malaria dashboard and data sharing mechanism in Lao PDR**.

- HPA has advocated the use of KOBO as a data entry tool – The advantage of this application is its simplicity in data entry (for testing and treatment data and availability of malaria commodities).
- Traditionally, the F1 form comes from the villages from each individual volunteer and then the F1 form is organized in their respective health facilities. So, the health facilities use the F2 form to enter the total number of testings from their catchment area. Then the form is stamped and entered into the DIS system directly. However, with KOBO, volunteer has a unique ID and can enter the data directly into the KOBO platform which gives them access to data segregation from the village level up. However, in reality HPA collects the paper report from their volunteers as usual and they have meetings which include the volunteers that help center staff and the district focal person in the health centers enter this data.
- For the 1000 volunteers working under CMPE, the volunteers enter data directly into Google Sheet (they do not use KOBO) but for the three CSOs, particularly, HPA and CHIAs, they do not need to enter into google sheet they just enter their data into KOBO and the data is automatically transferred into Google sheet in those implementation areas. KOBO and Google sheet is able to synchronize the data and can help reduce data discrepancies. However, KOBO is not as powerful in terms of data analysis. Therefore, googlesheets is able to support this.
- Centralization of KOBO is underway and eventually, the plan is to access key partners such as the CSO platform. Currently there is a shared responsibility among all three CSOs however a CSO M&E focal person can provide technical assistance and for creating infographics and creating the dashboard itself HPA will need an additional support.

**Is there any unfunded need from existing projects?**

- Visualization capacity strengthening of the data on the dashboard.

# Thailand Consultations

## Shoklo Maru Research Unit (SMRU)

Date: 30th September 2021

**Background**

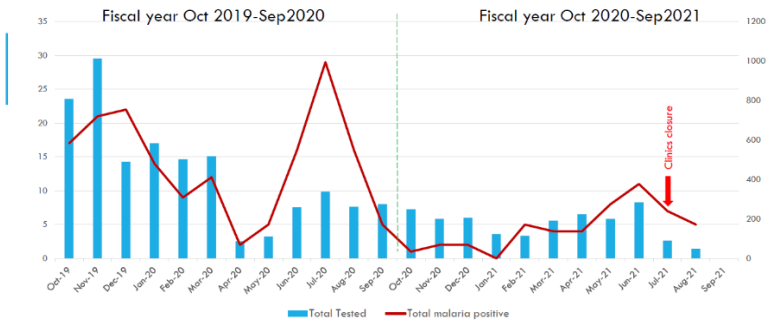
SMRU is a field station of the faculty of Tropical Medicine, Mahidol University, Bangkok, Thailand, and is part of the Mahidol-Oxford Research Unit (MORU) supported by the Wellcome Trust (UK). SMRU is operating in 2 migrant clinics in Tak province which provides malaria services (diagnosis and treatment) alongside TB and Mother and Child health (MCH) and other emergency services. The 2 districts in Tak are Wang Pha and Maw Ka Thai.

**General Situation**

There has been a lot a smaller number of patients who come to visit SMRU's clinics which translates to a decline in RDT testing in 2021. This is because most of SMRU's patients are migrant or seasonal workers. However, due to COVID-19 there has been travel restrictions and border closures with tighter security. This is reflected by a lower number of consultations and a lower number of malaria cases as well.

During Jul and Aug 2021, there was overcrowding in other hospitals which has led to a few patients being sent to SMRU's clinic. The result was that one of the healthcare staffs contracted COVID-19 and had to close for a few weeks. As the number of consultation rates declined so did the number of positive malaria cases. This is seen in following graph in Jul 2021. Another observation is the average monthly consultation rate is reduced to half since the start of the new fiscal year.

**Implementation status:**




The data is for p.v cases and shows a decline in malaria cases however this does not imply that there are less malaria cases or a reduction of malaria in the border areas but it might signify that people may have more difficulties in crossing the border to seek for help and getting treatment. SMRU predicts that when the borders open that the number of malaria cases will also increase as well.

March-April and May show a higher number due to the seasonal peak – these are locally contracted malaria cases.

There has been no distribution of LLINs due to a bottleneck situation which delayed the arrival to the site. They are currently in the shipping process.

## Availability of commodities:

There are no shortages of commodities. SMRU Myanmar and SMRU Thailand have two different supply channels however, if there was a shortage on the Myanmar side there is deep understanding with the local authorities on either side and they are allowed to transport medicines and other supplies across the border.

## Challenges to implementation

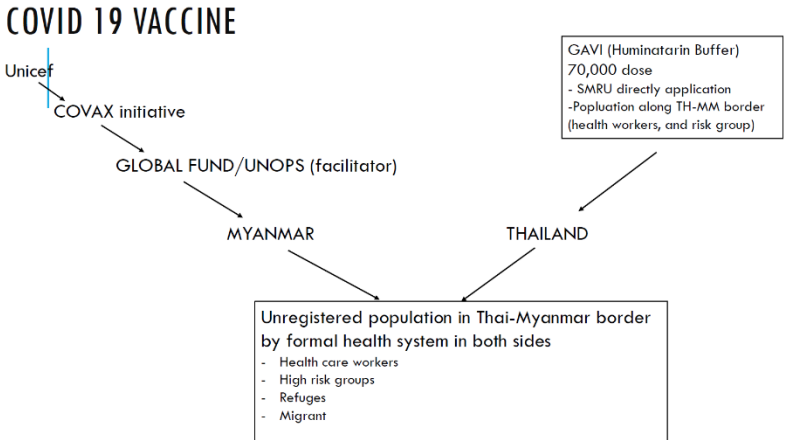
Due to the COVID-19 pandemic and lockdown measures, the number of consultations visited to the clinics has decreased. Healthcare staff have been affected by clinics shutdowns for several weeks. SMRU work refocused on COVID-19 vaccination campaigns in the following upcoming months.

## Innovative approaches applied to the project

### COVID-19 vaccination campaign

SMRU are working on both sides of the borders and therefore there are two separate channels that SMRU are able to get the COVID-19 vaccination. On the Thailand side, SMRU has applied to GAVI about the vaccinations who has agreed to the request three weeks ago. GAVI is going to give 70,000 vaccine doses which will be covering the population along the borders including refugee camps, migrants, healthcare workers along the borders. When the vaccination comes there will be consultations and discussions with the Ministry of Public Health Thailand and the Foreign department.

Whilst on the Myanmar side, SMRU has applied to UNICEF for the vaccination campaign. This is, however, still under discussion.




There will also be a community mobilization and communication activity to help tackle the vaccine hesitancy in both Thailand and Myanmar side. This is still under the planning and discussion phrase.

**Is there any unfunded need from existing projects?**

The Gates Foundation will end this year, therefore there will be less funding for local needs – this may mean that SMRU will need to scale down their programs in Myanmar e.g., from 900 to 600 villages. SMRU are looking to do some stratification to save and negotiate which villages are most in need which will help in the remapping phrase.

## Malteser International (Thailand)

Date: 15th September 2021

**Background**

There are only two implementation area for MI Thailand, Mae la Oon Camp and Mae Ra Ma Luang Camp which is both located in Mae Hong Son Province. Key activities for MI include:

- Training of IRC project staff in 4 provinces (field-office staff responsible for malaria activity) on malaria elimination and all intervention, information system and reporting form to MIS system
- Conduct 1-3-7 elimination activities including investigation of unclassified cases from the day 3 investigation, and targeted health education during day 7 response (RACD) including blood mass screen and indoor residual spray in patient and surrounding houses and the conduction of behavior change communication (BCC).
- Conduct active case detection in refugee population through coordinated community activities in the refugee camps (PACD in A1)
- Train camp-based stipend workers on National Treatment Guidelines, use of RDT, patient follow-up and blood film preparation in 9 refugee camps (camp based)
- Set up (refugee) Camp Malaria Posts in 9 refugee camps (temporary shelters)
- Transport LLINs to refugees' camp
- Conduct focal spray in indigenous cases
- BCC campaign for prevention and treatment adherence
- Ensure radical cure through an intensive follow-up scheme by CSO for P.falciparum cases (Day3, Day 7, Day 28 and 42) and P. vivax cases (Day 14, 28, 60 and 90)

**General Situation**

The population within both camps is around 18,000. Currently, the two camps are seeing a peak in the number of COVID-19 cases, especially in Mae la Oon camp. There are 45 cases within this camp. This has made proactive case detection within the camp exceedingly difficult due to COVID-19 precautions.

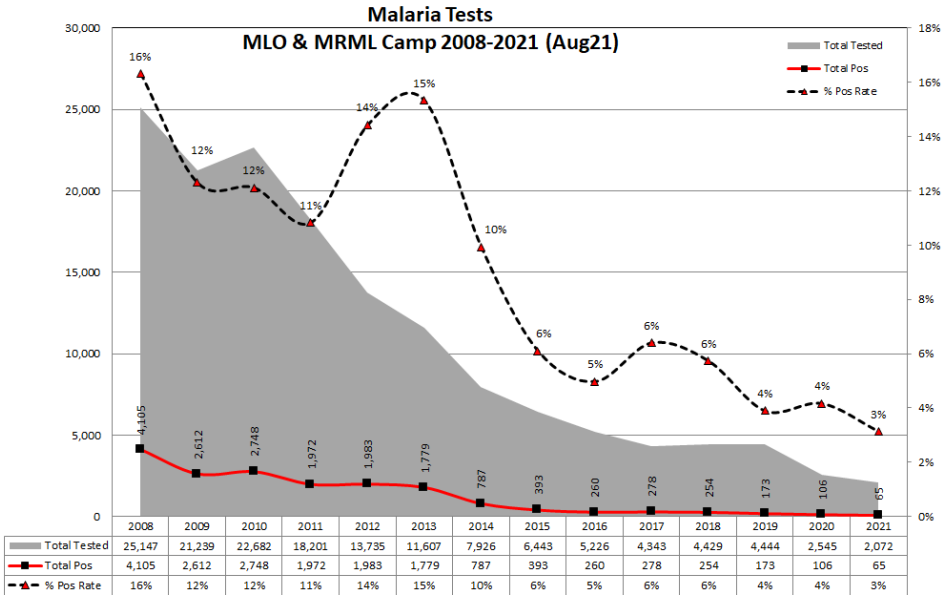
In terms of C19RM grant – MI is currently recording the cases of COVID-19 in the camps but there have been no mentions of C19RM activities in the camp. MI has started COVID19 vaccination last weekend and has started the vaccination campaign for all the staff and have started to vaccinate the people in the camp. However, there is still some vaccine hesitancy. Nevertheless, MI has distributed around 1600 vaccines within the camps.

There is no free movement in and out of the camps. The government has stopped river travelling. For a merchant to enter the camp to sell his product – he/she must be tested for COVID-19 first.

**Implementation status:**

| Year | Testing | Positive Cases | Classification |
|---|---|---|---|
| 2019 | 173 cases | 4% | P.v 90% |
| 2020 | 106 cases | 4% | P.v 99% |
| 2021 | 65 cases (Jan - Aug) | 3% | P.v 100% |

The following graph shows the total number of testings, positive cases, and the positive rates. As we can see there is a decline in the number of positive cases.




The number of LLIN distributed is as follows:

| | Mae La Oon | Ma Ra Ma Luang |
|---|---|---|
| Total LLIN Received | 700 | 600 |
| Total Distributed | 111 | 106 |
| Q2 | 74 | 54 |
| Q3 | 37 | 52 |

Implementation activities started in the middle of June for both camps. This was conducted at 1 main HC located at section 6B in Mae La Oon Camp and 1 HC located in section 4 of Mae Ra Ma Luang Camp. MI also set up malaria post in each of the camps and recruited 4 malaria post workers for each camp.

Proactive case detection activities started in June 2021.

| | Mae La Oon | Ma Ra Ma Luang |
|---|---|---|
| Conduct 1-3-7 activities | 17 cases | 9 cases |
| Reactive case detection (RACD) in Q2 | 122 | 0 |
| Reactive case detection (RACD) in Q3 | 745 (2 positive cases) | 450 |

Due to COVID-19, MI had to stop RACD testing in August and September. There is a prediction that the number of cases will increase in July. They are hoping that the COVID-19 situation improves before then.

When a case is detected, the staff will go to the section and take a blood test for analysis. Then they will gather around 50 people to give information and educate on how to look after themselves.

**Availability of commodities:**

There were not enough RDTs for RACD, as MI only received 1000 test kits. MI had to use this for both active case detection and passive case detections and therefore there was stockout. When the malaria post worker takes blood samples and bring it to the hospital – they will bring around 50 slides per each time. This became a burden leading to an increased workload for lab workers to examine the slides e.g., 670 slides for microscopic exam in MLO.

**Challenges to implementation**

- MI reported the positive number to PR; however, they did not plan for microscopy – therefore there is stockout of RDT.
- COVID-19 Situation: To avoid COVID-19 transmission RACD activities were stopped in August and September.
- Since April there was an outbreak of dengue outbreak, the number of which peaked in July. The staff had to refocus efforts to focus on the control of dengue.
- **Medicine provided by PRs is not practical.** For Chloroquine MI received 250mg tablets and for primaquine MI received 50mg tablets. When checked with the national guideline – the medication needed to be divided into impractical parts. E.g. For a patient under 11kg the national guideline asks for patient to give 300mg – however the chloroquine given is 250mg therefore, the pharmacist needs to give 11/5 pill for the patient. There used to be 150mg of chloroquine but when MI asked PR they were told that there is none left in the market.
- There was possible PV relapse in patient under 15kg under the Thai national guideline – MI was unable to give primaquine after 60 days, a follow up was conducted and the child was very jaundice and pale. The doctor retreated with Chloroquine again. The doctor does not know how to manage this case.
- Patients do not come for follow-up due to losing appointment cards and due to the distance of the malaria post or HC. Even though MI provides incentives such as refreshments – this is not enough to entice patients to come for follow-up.
- In some sections of the camp – there is no loudspeaker available to call patients for follow-up. (Maxine has suggested that there should be a buddy system who could travel with them and act as a reminder)
- Communication within the camp is hard to access due to a lack of electricity and phone signals are only available in some areas of the camp. Furthermore, MI has to buy internet for data collection as there is no WIFI available due to geographic location of the camp.
- MIS program – the program cannot extract negative cases for analysis – therefore in some cases it doubles the work for data entry. As the information will have to be replicated to excel to suit PR's request. This version is installed in July and will be the program that all Thai CSOs will be using.

**Innovative approaches applied to the project**

Mobile data collection offline e.g., KOBO collect application to minimize workload and document work. MI M&E team recently went into the camp to train their staff on how to input data onto KOBO. However, there are not enough data collection devices for KOBO.

## World Vision Foundation Thailand (WVFT)

Date: 29th of September 2021

### Background

World Vision Foundation Thailand (WVFT) has been implementing in Tak (within 6 districts/30sub-districts/119 active foci) and in Mae Hone Son (within 7 districts/29 sub-districts/67 active foci). Their key activities include:

- Community Mapping
- Health education through social evidence and behavior change modification approach
- CSO support active case investigation, foci investigation, and 1-3-7 response and passive case referrals
- Coordination and advocacy with local authorities and/or business owners
- Continuous LLIN distributions
- Community-based monitoring for treatment adherence management.

### General Situation

There has also been flooding in the Tak provinces, however currently the water is declining and in the next 5-7 days there will be no more flooding.

In terms of COVID-19 from June to Sep 2021

- Tak – 15527 were found positive with 250 of whom have died
- Mae Hong Son – 234 were found positive and there is an increasing trend at the end of Sep

There have been planned activities to provide nutritional packages to villages along with PPE to the hospital and district provincial health office in the next quarter under the C19RM Global Fund grant.

### Implementation status:

Progress of task: LLIN Distribution

| Province | 1 Apr 21 to 30 June 21 | | 1 Jul 21 to 30 Sep 21 | |
|---|---|---|---|---|
| | Target | Results | Target | Results |
| Mae Hong Son | 1,500 | 530 (35% of target) | 0 | 970 |
| Tak | 1,000 | 1,000 | - | - |

From 1st of April to 30th of June. All the LLIN has been distributed in Tak province, however all 530 LLINs have been distributed in Mae Hong Son the rest of the LLINs (970 pieces) are to be distributed in the following quarter. The LLINs are on hand already, however, WVFT is waiting for the district and provincial health authorities to approve.

In Tak province from Q1-3:

| Activity | Target/Results Q1-2 (Jan-June 2021) | Target/Result Q3 (July-15 Sep 2021) | % Result Year 1 |
|---|---|---|---|
| Quarterly meetings with VMWs and field-based staff | 180pp/75pp | 90/0 | 20.83% |
| Develop capacity of civil society organizations staff at the community level to deliver effective | 90/0 | 0/70 | 78% |

| | | | |
|---|---|---|---|
| interventions, and access to utilize malaria information systems | | | |
| CSO support of 1-3-7 elimination activities focusing on day 7 of community mobilization and education | 3026/510 | 1,816/2182 | 47.47% |
| Mapping of A1 villages and worksites (geolocations, population, behaviours, risk analysis, net use and demographics) | 76 communities / 0<br>82 WS / 82 WS | 0/68 communities (8,211 survey. These surveys are linked with the dashboards) | 89.47%<br>100% |
| CSO support for active case detection (ACD) in at-risk population through BMC or other community coordinated activities | 1920/0 | 1,152/ 1,720 | 44.53%<br>(This is due to Q1 not being able to implement ACD activities, most of this activity was implemented in Q3) |
| Health education through evidence-based social and behaviour change communication theories in communities and worksites | 48 communities 576 pp/0 | 48 communities 576 pp / 2,184pp | 113.75% |
| Coordination and advocacy to worksite owners/managers and people in decision making positions to build good relationships and encourage health services for employees and migrant workers | 33 communities 328 pp/ 0 WS 0WK | 25 WS 246 PP / 80 WS 400 PP | 97.56% |
| Community-based passive case detection through assisted referral of symptomatic or high-risk people to malaria clinics for confirmatory microscopy test and treatment | 78 Cases/ 0 cases | 78 cases – 108 cases | 41.53% |
| Distribution of LLIN/LLIHN among non-Thai populations A1 areas | 1000 pc/1000pc | 0 / 0 | 100% |
| Ensure treatment compliances for CSO for all malaria cases (supervised treatment) | PF 11 / 0 Case<br>PV 120 / 0 | PF 5 / 0 case<br>Pv 67/107 case | 0%<br>50.47% |
| Supervise and monitor implementation efforts at all levels (central to province, province to sub-district) | 6 times /0 | 3/11 | 122% |
| Meeting of provincial partners for information exchange and lessons learned in relations to operations, activities and strategies for malaria elimination, including central government, private sesctor, communities, CSO partners and LAOs | 70pp/71pp | 35 pp/0 | 71.42% |
| Border Malaria Education and Consultation Corner (BorMECC) | 600pp/0 | 300 pp/0 | 0% |
| Community-based and community-led research to support local solutions for malaria elimination | 0/0 | 45/0 | 0% |
| Build capacity of communities and malaria taskforce to identify local health needs, develop strong and clear proposals and engage with | 0/0 | 90pp / 24pp | 13.33% |

| | | | |
|---|---|---|---|
| LAOs to receive and manage funding for community-based activities | | | |
| Subdistrict campaigns in response to outbreaks to engage in the community and prevent ongoing transmission | 300pp/153pp | 225pp/279 | 82% |
| Develop collaboration among partners and networks at international borders and twin-cities | 0/0 | 70/0 | 0% |

In Mae Hong Son province from Q1-3:

| Activity | Target/Results Q1-2 (Jan-June 2021) | Target/Result Q3 (July-15 Sep 2021) | % Result Year 1 |
|---|---|---|---|
| Quarterly meetings with VMWs and field-based staff | 102pp/9pp | 51pp/0 | 10% |
| Develop capacity of civil society organizations staff at the community level to deliver effective interventions, and access to utilize malaria information systems | 51pp/0 | 0/50pp | 98% |
| CSO support of 1-3-7 elimination activities focusing on day 7 of community mobilization and education | 510pp/164pp | 369pp/203pp | 41% |
| Mapping of A1 villages and worksites (geolocations, population, behaviours, risk analysis, net use, and demographics) | 43 communities 60WS /0 | 0/50 communities | 116% |
| CSO support for active case detection (ACD) in at-risk population through BMC or other community coordinated activities | 1200pp/0 (60 communities) | 720pp/1,450pp | 74% |
| Health education through evidence-based social and behaviour change communication theories in communities and worksites | 360pp/0 | 360pp/1,720pp | 238% |
| Coordination and advocacy to worksite owners/managers and people in decision making positions to build good relationships and encourage health services for employees and migrant workers | 50 WS 500pp / 0 | 38 WS / 67WS | 8% |
| Community-based passive case detection through assisted referral of symptomatic or high-risk people to malaria clinics for confirmatory microscopy test and treatment | 93/0 | 93/3 | 3% |
| Distribution of LLIN/LLIHN among non-Thai populations in A1 areas | 1,500pcs/530pcs | 0/970 pcs | 35% |
| Ensure treatment compliance by CSO for all malaria cases (supervised treatment) | 20/0 | 12/3 | 9% |
| Meeting of provincial partners for information exchange and lessons learned in relations to operations, activities, and strategies for malaria elimination, including central government, private sesctor, communities, CSO partners and LAOs | 70pp / 0 | 35pp/23pp | 22% |

| | | | |
|---|---|---|---|
| Border Malaria Education and Consultation Corner (BorMECC) | 300 pp | 300pp / total 3 places | 0% |
| Community-based and community-led research to support local solutions for malaria elimination | 0 | 1742 pp/0 | 0% |
| Build capacity of communities and malaria taskforce to identify local health needs, develop strong and clear proposals and engage with LAOs to receive and manage funding for community-based activities | 0/0 | 84pp/25pp | 30% |
| Subdistrict campaigns in response to outbreaks to engage in the community and prevent ongoing transmission | 280pp/0 | 210pp/538 pp | 109% |

In summary, Tak's performance is better due to the geographic of the population. The population lives closer together and it is easier to access these villages in comparison to Mae Hong Son. There are also other limitation factors such as stigma and discrimination of non-Thais from their communities and from the health center from the government-side. The comparison is that Mae Hong Son is more of a closed province in comparison to Tak province.

Central level activity

| Activity | Target/Results Q1-2 (Jan-June 2021) | Target/ Result Q3 (July 15-Sep 2021) | % Result Year 1 |
|---|---|---|---|
| Orientation for central and provincial staff | 26pp/9pp | 19pp | 107% |
| Develop collaboration among partners and networks at international borders and twin-cities | 0/0 | 105pp/0 | 0% |
| Procurement of IT equipment | 1/1 | | 100% |
| Procurement of furniture for establishment of new offices | 1/1 | | 100% |

Planned activities:

- Collaboration with Covid-19 related activities in A1 areas
- Plan for malaria activities COVID-19 low-risk areas

**Availability of commodities:**

No stockout problems. There has been a lot of input from the previous RAI1E and RAI2E therefore, WVFT was able to receive commodities in time.

**Challenges to implementation**

- Due to the COVID-19 outbreak in the area, the community has closed the village, including not allowing CSOs to organize any activities in the area
- Various activities must request permission from the district public health or local administrative department. If any area is at risk, they cannot be allowed to organize activities
- During this period, there is no entry and exit of labour groups due to border closure from the security department.

- Even if meetings can be organized, only a limited number of people can attend according to the district public health permit only and must comply with the specified conditions.
- Hard to reach out to target communities, authorities, and community leaders in COVID-19 situation
- Increase in time to get to geological distance and for personnel to response in a timely manner to various measures during the rainy seasons.

**Innovative approaches applied to the project**

- Mapping of A1 villages and worksites (geolocations, population, behaviours, risk analysis, net use, and demographics)
- Community-led research – these are participatory learning research activities as qualitative research to support local solutions for malaria eliminations. WVFT comes with the project design, however this may not fit with the community needs, therefore, WVFT adapts to the community needs.

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## International Rescue Committee (IRC)

Date: 28th September 2021

**Background**

IRC signed an agreement with the Thai CO PR- Department of Diseases Control (DDC) and MOPH at the end of March 2021 and have started working with PR-DDC in April. IRC is working in 7 temporary shelters located in 3 provinces:

- **Ratchaburi**: Tham Hin, Ban Ton Yang
- **Tak**: Mae Lah, Um Piem, Nu Po
- **Mae Hong Son**: Ban Mai Nai Soi, Ban Mae Surin

**General Situation**

- One hospital near Mae Lah camp is closed due to COVID-19.
- The population movement near the camp area along the Thailand - Myanmar border is not significantly affecting the number of clients who come to receive services, 2-3 clients in each camp.

**implementation status:**

**Malaria project**

- The total number of tests (Apr - Aug) carried out in 7 camps is around 1,530. With 64 positive cases in total (2 Pf cases, and 44 Pv cases)
- The total number of LLIN distributions (Apr - Aug) carried out is 603. Baan Ton Yang received the LLIN last year, so they will not receive it again this year.
- Conducted BCC campaign in 5 camps in May, and will continue again in November or December.
- 1,400 were tested during active case detection. This activity was conducted in the community via mass blood testing. (There were no positive cases)

**COVID-19 response**

- Sign APW agreement with PR-DDC in September 2021. 99% of this will focus on procurement. The procurement and training will start in October.
- Only 2 camps in Mae Hong Son did not have a COVID-19 outbreak. For the camps that had COVID-19 outbreak, IRC will conduct cases detection and isolation.

- In terms of vaccination: most of the workers/providers are vaccinated but residents are still not covered, Nu Po camp has received the first dose in the middle of August.

**Data collection and accessibility:**

- The MIS system does not record the refugee population, IRC has to fill the data to the MIS separately by collecting the data into an excel sheet and sharing it to PR-DDC, IRC will keep a hard copy as primary evidence to cross-check the accuracy of the data
- PR-DDC will update the MIS software to include refugees in the system.
- In case some Thai clients received services from IRC in the camp, that person should be reported as a refugee.
- The MIS system is more focused on the Thai population rather than migrant population.

**Challenges to implementation**

- In addition to the COVID-19 outbreak, the limited number of healthcare workers and health facilities in each camp as well as not enough vaccinations provided led to a health crisis, especially in Mae Lah which had a high number of positive COVID-19 cases.
- Limitation in some activities such as foci investigation in the camps due to lack of epidemiologists, currently, health care workers conduct this activity but due to the COVID-19 outbreak, the camp leaders does not allow outsiders to enter the camp, this will be ongoing until the end of the year.

**Innovative approaches applied to the project**

- After COVID-19, IRC changed the method from providing services in health facilities to door-to-door services, this helps clients to access services such as LLIN distribution and more testing.

**Is there any unfunded need from existing projects?**

- COVID-19 training and personal protection materials such as PPE for every level of health care worker. Recently the PPE is only provided to medics and nurses. IRC is part of C19RM, but the first shipment of supplies will arrive in the upcoming month.
- Despite the national guideline, positive cases need G6PD testing, but IRC have not received the test kit from the program, the current G6PD kits are provided from the other donors.

## Young Muslim Association of Thailand (YMAT) and Stella Maris (STM)

Date: 29th September 2021

**Background**

Implementation areas: Yala and Songkhla province

YMAT and STM have a strong vision to promote and empower communities to protect themselves from malaria. The key activities focus on capacity building to strengthen the community and prepare them to be able to work sustainably after the RAI3E program

YMAT and STM have set 3 indicators with the community according to the malaria national strategy in 2023:
1. Eliminate malaria in the community, Zero new cases in 2023.
2. 100% of malaria positive cases received treatment.
3. Improve coordination between communities, CSOs, and the government sectors

The key activities focus on:

- Training/ capacity building for Malaria Risk Communicator in the community
- Providing information/education related to malaria to the community and focusing on youth and students.
- Providing malaria tests.
- Follow-up positive cases on treatment adherence.
- Set up a working group/ committee to get funded by the local government organization.
- Vector control, IRS (Indoor Residual Spraying) in households, and ultra-low volume (ULV) aerosol spraying at breeding sites

YMAT and STM working mechanism are separated into 3 teams:

- Support team: this team is made up of government partners such as provincial health, provincial immigration, VBDU, malaria post, etc.
- Facilitator Team: this team consists of 4 pillars such as religious leaders, community leaders, local leaders, and local wise persons. This team will support communicators to coordinate and facilitate between communicators and communities
- Malaria Risk Communicators: 50 communicators were selected from more than 200 villagers; this is a core team to coordinate YMAT work with the communities. The role of communicators is providing malaria information to the community, follow up and support treatment adherence, distributed LLIN.

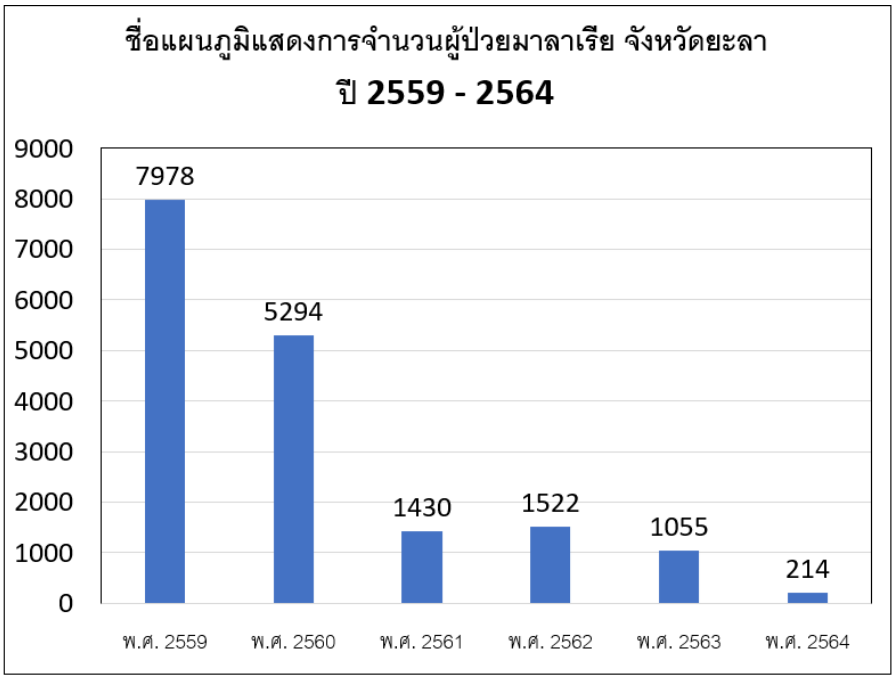
**Implementation status:**

LLIN distribution

- YMAT and STM received 1,000 LLIN in May at the same time as the provincial health center, provincial immigration.
- In the beginning of the year, the target population for CSOs to distributed LLIN was to migrant workers, however due to the pandemic there were few migrants in the implementation area, but in Q2 PR informed that YMAT and STM can distribute LLIN to both Thai and migrant populations in the implementation area, nevertheless due to the travel restriction the distribution is still on hold.
- YMAT conducted a survey last year, the result found out that almost 100% of the houses in the focus areas have already received LLIN. However, the number of people in each household might not have sufficient LLIN, and the LLIN may have already expired.

Malaria Situation

- YMAT and STM found one Pv case in Sabayoi district, Song Kla province near Thai - Malaysia border in August.
- The number of epidemic areas is decreasing compared to the same period last year in Yala and Song Kla. YMAT and STM could not find the systematic reason yet, but from the interview with the villagers, they assumed it might be linked to the travel restrictions that froze population movements for workers in plantations and rubber fields which are an at-risk population.
- The first malaria season of the year in the south of the country began in May-August, usually, in this period the number of malaria cases would rise to around 800 cases but this year only 214 cases in Yala were recorded, there are no records of cases in Songkhla, but overall numbers have significantly decreased as well. The second malaria season will begin in November, YMAT and STM will closely monitor the situation.




This graph illustrates the number of malaria positive cases in Yala provinces from 2016 - 2021. The number of cases has significantly decreased from almost 8,000 cases in 2016 to 214 cases in 2021 (Jan - Sep)

**Availability of commodities:**

This year YMAT and STM do not have stock for mRDT, the testing activity and mRDT stock were conducted in collaboration with VBDU

**Challenges to implementation**

Due to the COVID-19 outbreak and restriction the activities that need to be conducted in the community have been suspended from April – July

**Innovative approaches applied to the project**

Involving a team compromising '4 pillars' such as religious leaders, local wise persons, local leaders, and community leaders in malaria work. In the deep south of Thailand, the community trusts these 4 groups of people. YMAT working with them to point out how malaria could affect the community, and how they are important for supporting this mission of malaria elimination. The 4 pillars help YMAT and communicators in facilitating activities in the community, for instance, persuading the villagers to join educational activities or testing.

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## Raks Thai Foundation

Date: 30th September 2021

**Background**

Raks Thai Foundation is working in 3 districts of Sisaket: Kantharalak and Phu Sing, and Khun Han.

Key activities:

- Support 1-3-7 protocol with VBDU

- Support active case detection and passive case detection
- Follow-up positive case and support treatment adherences
- Vector control

**COVID-19 responses**

- Integrated COVID-19 information/key messages and prevention such as face masks and alcohol gel to the target population during implemented malaria activities with health agencies and communities.
- Documented migrant could register for the vaccine provided by the Thai government, this system does not cover undocumented migrants. Thai Red Cross have plans to provide vaccinations to undocumented migrant groups, but the decision is still unclear.
- RTF produced IEC material both offline and online about COVID-19 information and education on vaccine hesitancy.

**Implementation status:**

- MHV could not conduct malaria tests in Thailand, RTF has supported 1-3-7 protocol in partnership with VBDU, with the CSO focusing on providing health education on day 7.
- Applying new normal practices during implementation of malaria activities, for instance, conducting activities in small groups, following DMHTT measure (Distancing, mask-wearing, hand washing, testing, Thai Chana).
- Support active case detection for both malaria and COVID-19 cases.
- RFT coordinated with government officers to conduct passive case detection and follow-up treatment adherence.
- Distributed 100 LLIN, 100% of the target for this key activity from RTF and all CSOs partners has been achieved.
- Most of the activities are still being conducted, except the cross border activities such as BorMECC and cross-border activity among the twin cities due to the border closure.
- The number of treatment adherence supervised cases in Sisaket is very low because there is a low number of positive cases.

Number of malaria cases detection by CSO & partners

| Province | Active case detection (ACD) in Q1-3 | | | | Referral for passive case detection from VUDU/MC MP and Hospital (PCD) in Q1-3 | | | |
|---|---|---|---|---|---|---|---|---|
| | Target | Result | % | Positive | Target | Result | % | Positive |
| Kanchanaburi | 2,720 | 2,343 | 86.14 | - | 360 | 108 | 30.00 | 88 |
| Tak | 3,072 | 1,710 | 55.66 | - | 156 | 96 | 61.54 | 96 |
| Maehongson | 1,920 | 1,450 | 75.52 | 4 | 186 | 4 | 2.15 | 4 |
| Sisaket | 720 | 366 | 50.83 | 1 | 28 | - | - | - |

Number of malaria cases supervised treatment adherence by CSO CHV

| Province | ACD | PCD | VBDU/ MC | MP | Hospotal | Result Q1-3 | Target Q1-3 | Q1-3% |
|---|---|---|---|---|---|---|---|---|
| Kanchanaburi | - | - | 20 | 3 | 12 | 35 | 360 | 9.72 |
| Tak | - | - | 33 | 53 | 22 | 108 | 243 | 44.44 |
| Maehongson | - | - | - | - | - | 4 | 32 | 12.50 |
| Sisaket | - | - | 7 | - | 6 | 13 | 26 | 50 |

The data from VDBU

**Availability of commodities:**

Since RTF has reached the 100% LLIN distribution target since September, the LLIN for the remaining month will be supported by VBDU and the provincial health office if needed during the malaria season.

**Challenges to implementation**

- The COVID-19 situation and restrictions are affecting the work plan and performance.
- RTF needs more advocacy on CHV standard certification and MHV capacity building for MHVs to be able to conduct malaria blood tests.
- There is no progress for the LAOs funding for community-based activities such as capacity building and setting up a malaria taskforce to identify local health needs.
- Despite the border closure, the collaboration between twin cities and cross-border malaria interventions have been suspended.
- RTF tried to conduct malaria activities online, for instance, using a google form to gather information and/or refresher tests, using zoom for supervision and meetings. This activity is still challenging due to the difficulty accessing the internet in some areas.

**Innovative approaches applied to the project**

Capacity building in the community, encouraging them to participate in the malaria elimination process. To build sustainability, for the community to continue malaria elimination by themselves once the NGOs have left.

Recently CSOs have worked with the community and local authorities on malaria elimination at the sub district level. This malaria task force consists of 10-20 members in each area, community leaders, health volunteers, field staff, health promotion hospital, VBDU. CSOs take responsibility for conducting meetings, leading the discussion and keeping an open space for exchange.

Recently, some areas are able to have preliminary meetings to set targets and outcomes for activities in the upcoming year budget for the local government office. Thailand National control Program has set the quantitative indicator for a number of communities, funded by the local authorities. Resilience and accountability need qualitative measuring during the designing process.

**What can the RSC and the GF do to support maximizing the impact?**

- Advocate collaboration among partners and networks along the borders and twin-cities.
- Support and advocate malaria testing by CSOs.

**Is there any unfunded need from existing projects?**

- Limited budget for community leader training, currently this activity is set to be conducted once per year, it would be beneficial if it were to be conducted more often.
- Lack of funds for CBO empowerment, RTF plans to add this activity from savings after reprogramming at the end of this year.

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## ALIGHT

Date: 15th September 2021

**Background**

ALIGHT operates malaria implementation in Kanchanaburi province, in 6 districts, Tongphaphoom, Sangklaburi, Srisawat, Sriyok, Muang, Dan Makamtia, 46 A1 villages and 28 A2 villages.

ALIGHT MHV work closely with Provincial Administrative Office, Health Promoting Hospital, VBDU, and community leaders.

Key activities:

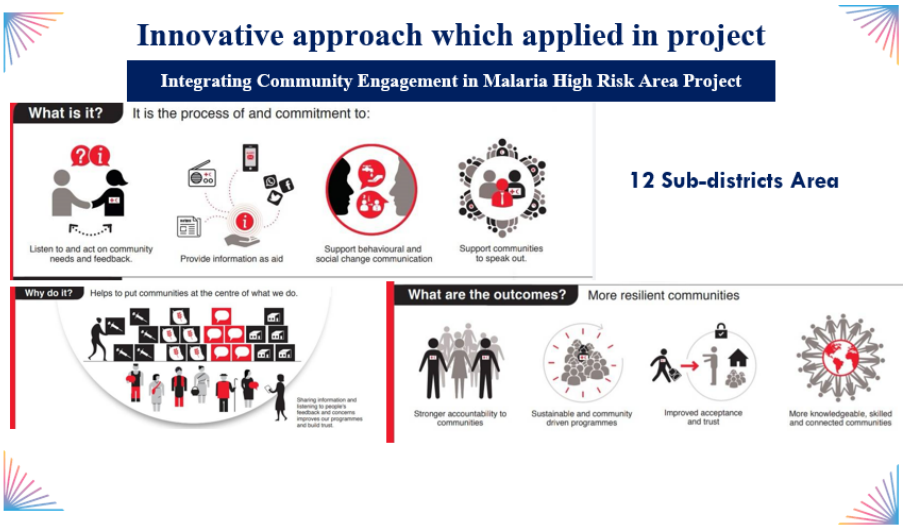
- Support 1-3-7 protocol with VBDU
- Support active case detection and passive case detection
- Follow-up positive case and support treatment adherences
- Vector control


**Implementation status:**

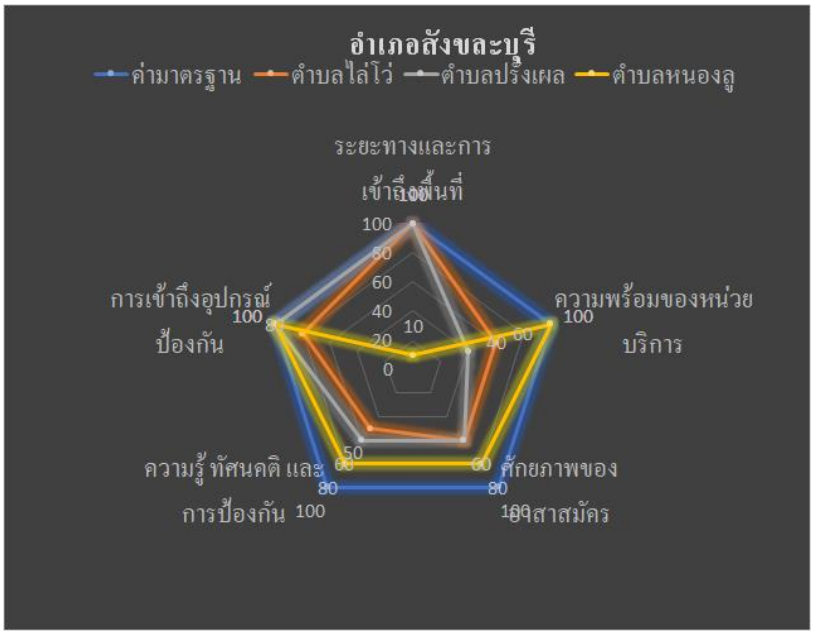
- Lack of communication with the health care center on the number of malaria cases, the MHV could not follow up positive cases that have not been referred by CSO in foci area.
- To improve the implementation performance and activities, the MHV needs capacity training on data collecting, data analysis.
- The testing kit provided by VBDU is sometimes stock-out, especially in the malaria season.

**Innovative approaches applied to the project**

- Use Google Form and SurveyMonkey to collect the data of malaria incidents in school, community, and workplace to analyze high-risk assessment areas which are not related to the program budget.
- Integrating community engagement in malaria high-risk area for community's resilience and sustainability




- Conducted capacity assessment in sub-district level, information will include:
  - Distance and the difficulty to access the community.
  - Availability of health centers or health services.
  - MHV capacity
  - Community knowledge and attitude
  - Accessibility to prevention materials.




**Is there any unfunded need from existing projects?**

- Lack of budget for community health volunteers and community leader training.
- Support and advocate for community health volunteer certification for using rapid test kits.

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# Vietnam Consultations

## Health Poverty Action (HPA)

Date: 1st October 2021

### Background

Health Poverty Action (HPA) is an international NGO founded in 1984, with its head office based in the UK. HPA has been operational in Vietnam since 2016 and is currently implementing projects related to malaria control and elimination. The national grant was signed on the 31/12/20 and is being implemented in 5 provinces: **Binh Phuoc; Dak Nong, DakNong, Daklak, Phu Yen and Binh Thuan**. Whilst the regional grant was signed on the 5/2/21 and is being conducted in 2 provinces: **Gia Lai and Quang Tri** since Feb 21.

### General Situation

All implementations have been approved.

HPA actively are engaging and collaborating with SCDI and other CSOs in early April 2021. HPA also proposed a monthly meeting and coordination at the community and provincial level. At the monthly meeting at the community level HPA will invite CMAT and other CSOs to join the meeting and they will work together with the head of the community health center to clarify the data (e.g., the number of cases, the number of deaths) which will give a clear illustration of their performances amongst the CSOs and at the grassroot levels. For the provincial level HPA has reserved some budget for the quarterly coordination meeting within the province. HPA have requested the CDC of each province, the health department officials and other CSOs to discuss the challenges and difficulties that they face. Whilst at the central level coordination meeting and will actively participate in such meetings.

Collaboration activities are currently being implemented in Gia Lai Province where there is 36-40 CMAT – if this shows positive results between CMAT and MOH in Gia Lai province this can be further replicated in the rest of the 6 provinces.

### Implementation status:

**Malaria Project**

- HPA organized online meetings to implement the project with the Department of Health, CDC of 7 target provinces. After the online meeting, the provinces signed a 3-year project implementation contract with HPA.
- HPA has completed development of financial, monitoring and implementation guidelines. This will be printed and sent to the individual staff.
- HPA also organized training for 15 CHC coordinators, volunteers, and VHWs in Quang Tri province. For the rest, HPA organized online training sessions for 37 MOTs, CHCs of the remaining 6 provinces.
- Despite the fourth wave of COVID-19 pandemic in Viet Nam starting from late April 2021, active case detection and following-up treatment in community continued to be carried out from July 2021. This resulted in 15,622 MMPs being tested, 4 people were identified as positive cases (P.f: 3 and P.v: 1) in 39 communes.

**COVID-19 Response:**

- Developed Guidelines for malaria control in the context of the COVID-19 pandemic in Vietnam. This has been approved by the National Malaria Program in Vietnam and collaborated with the NIMPE to organize 3 trainings for 187 staff (male: 135; female: 52) out of which 36 were CDCs in 7 provinces.

- Coordinated with NIMPE to organize three online training courses on "Guidelines for the provision of essential malaria services in the COVID-19 pandemic situation" for 455 staff of 7 CDCs, 19 DHCs, 39 CHCs & VHWs.
- Provided 230,100 facemasks: 23,400 pairs of gloves and 9,204 bottles of antiseptic solution for frontline health staff in 39 communes, 14 districts in 7 target provinces.

**C19RM**

The C19RM 2020 which started from Feb to May – conducted all the training. However, from May till Sept HPA has been waiting for the procurement plan for approval from the government and was unable to complete any activities. HPA is expecting approval by early Oct and will carry out these activities in the last quarter of 2021 and perhaps the beginning of 2022.

**Availability of commodities:**

No stockout but COVID-19 has affected the supply chain so there is some delay in commodities.

**Challenges to implementation**

- Launching workshop and training courses have been postponed several times due to COVID. Monitoring trips carried out by central and provincial levels were also delayed.
- Localities do not allow mass events, so village meetings, quarterly provincial coordination meetings and especially media events cannot be held in locked-down areas.
- COVID-19 has affected the supply chains. Suppliers have not been able to deliver goods on time (such as motorbikes, smartphones, recording books and guidelines.).
- Active case detection and interpersonal communication activities cannot be carried out in locked-down communes and villages.

**Innovative approaches applied to the project**

- Make the most of information technology and digital solutions to carry out project activities.
- Organize online training courses or semi-online for project staff at the field and at the commune level.
- Prioritize doing favorable/fast-acting activities first. These are the activities that are less affected by social distancing such as handbook/guideline development, procurement activities.
- Organize events/activities series in the form of online or semi-online: Training activities, organizing communication events are planned in the form of a combination of online and in-person (offline training).
- Taking the advantage of the releasing of social distancing in locality, project staff carry out field activities.
- Prioritize taking advantage of local/local human resources to move to and from the community.

HPA is very quick to adjust their planning according to the situation. E.g. If a province informs HPA that they are no longer in lockdown, then HPA will immediately go to that province. HPA also utilizes all the effective communications for meetings rather than training. This is because HPA found that online training is not as effective. Concentration during training can sometimes be poor. Therefore, HPA would prefer to do semi-online training and is always prepared to go to the province in an instant.

# Vietnam Public Health Association (VPHA) Vietnam

Date: 1st October 2021

## Background

The Vietnam Public Health Association (VPHA) is a social, professional organization of volunteers who work in Public Health field. They are implementing in 149 communes of 4 provinces including Gia Lai; Dak Lak; Binh Phuoc and Dak Nong. Their key activities include:

- Baseline survey (completed interview 736 HHs, 23/24 in-depth interview)
- Completed developing and printing communication materials
- Completed recruiting at 4 provinces and training for migrants, ethnic minorities and vulnerable group (MEVs) at ¾ provinces (69/80 MEVs trained)
- In progress mapping activities to select PSPs involved in the project
- Started implementing case detection with the participation of the trained MEVs
- Started screening health check at the communes with high malaria rate
- In progress engagement PSPs participate in the project

## General Situation

VPHA has received the letter of approval from all 4 provinces. VPHA has applied for the final approval from the Ministry of Home Affairs (MOCHA) and will be receiving the approval next week. VPHA has private sector partnership (PSP) which means that they work closely with private clinics and pharmacies. There is also mapping with non-heath private sectors as well, however this is still in the early stages.

## Implementation status:

**Baseline survey:**

- VPHA has developed an outline for the baseline survey (this includes the data collection toolkit and getting permission from an ethics committee before proceeding with the research). VPHA has also done online training for 23 data collectors and 4 supervisors in the 4 provinces
- VPHA has done the data collection with 746 people in the community (quantitative survey) and 15/24 in-depth interviews (qualitative survey). This has not been completed due to the subject's availability. However, VPHA hopes to finish this activity by the end of Oct.
- Finally, VPHA has done data quality supervision at 3/4 of the provinces (through both online and offline applications)
    - VPHA plans to do the data collection with private clinics and pharmacies and write the final report by the end of Oct-Nov.

**Developed communication materials**

- VPHA has completed their communication material which includes 3 leaflets, posters and handbook ready for distribution locally. The handbook has a map of the private healthcare clinics and private pharmacies. The guidebook will be used to interview around the project activity and on the knowledge of malaria and management of the disease. A brochure is also created on how to prevent malaria and advice on how to communicate with their PSP. This has been translated into five ethnic languages.

**Recruitment of MEVs in 2021**

- 76 MEV was recruited even though the target was 65 MEV

**Training of MEV in Gia Lai**

- 27 MEV were trained in Gia Lai
- Planning training for MEVs in Dak Lak, Dak Nong and Binh Phuoc

**Mapping activity for redefining and selecting PSP facilities**

- This is 80%completed of the project communes and thus is currently in progress. Our target is all private clinics and pharmacies at 148 communes will be mapped at the field and VPHA hopes to finish this work within the first 2 weeks of Oct.

**PSP engagement (convince through mapping activities and through the telephone)**

- 150 private clinics and pharmacies have been selected in 2021. The target is 130 private clinics and pharmacies.

**LLIN distribution**

- NIMPE has not provided any LLIN for distribution yet.

**Other activities**

- PSP training has not yet been implemented due to COVID-19

## Availability of commodities:

As below. (VPHA did not receive LLIN and RDT)

## Challenges to implementation

1. Project approval process - took longer than expected due to the new regulation from the Vietnam Government. This has been carefully and meticulously explained and provided clear evidence for the relevant ministries to speed up the approval process
2. COVID-19 – The COVID-19 pandemic broke out and developed into complicated situations in 4 project provinces and in Hanoi. Almost all the planned activities have had to be delayed including field trips and workshops were not allowed to be in-person; difficult to recruit and train MEV and PSP and, it was difficult to engage with PSP. VPHA tried to address this by applying online methods to try and maximize the advantages of working online as much as possible. These activities include:
    a. Interview and selection of MEV online.
    b. MEV training was divided into small groups within each district and held online
    c. Engage and convince public sector partnership (PSP) through telephone
    d. Engage and convince PSP through telephone
    e. Combination of online and offline during quality data supervision (baseline survey)
    f. Using local field partners as much as possible in some needed cases.
3. VPHA did not receive LLIN and RDT from NIMPE. This is difficult to conduct case detection after setting up the system. VPHA tried to work with PSPs and still have RDT from PSI. VPHA also tried to borrow RDT from local health systems such as the CDC and health stations.

## Innovative approaches applied to the project

- Maximizing advantages of IT in controlling activities in the field
- Online training for data collectors
- Online training for MEVs
- Increasing quality control in data collection
- Increasing quality control in discussion and planning with people working in the field.

**Is there any unfunded need from existing projects?**

- Combining COVID-19 pandemic control activities
- Flexible Global Fund for unrealized budget transfers from 2021 to 2022

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## Supporting Community Development Initiatives (SCDI) Vietnam

Date: 4th October 2021

**Background**

Established in January 2010, the Center for Supporting Community Development Initiatives (SCDI) is a non-governmental, non-profit organization registered under the Vietnam Union of Science and Technology Associations. Their key activities include:

- Support the organizational development of the target populations in terms of both quality and quality, with the aim of helping these groups to build the capacity to be able to propose and implement initiatives that benefit their own communities.
- Advocate for policies to eliminate the barriers to the establishment and development of community groups and/or opportunities that enhance the quality of life for the community, including barriers in policy, awareness, social issues and resources.
- Design, experiment, implement, disseminate, promote, and replicate models and initiatives that aim to enhance the quality of life of target populations.
- Maintain and improve SCDI to be a strong NGO with the capacity to attract resources to fulfill its mission.

**Implementing activities:** In RAI2E activities are still being continued in 2 provinces: Gia Lai, Binh Phuoc, Dak Lak and Dak Nong. However, SCDI was able to visit but was unable to implement activities within the 2 new provinces: Phu Yen, Binh Thuan.

**General Situation**

**Approval status:** Up to the end of June, VietMCI project was not approved by VUSTA. However, this has now been approved.

There has been a big outbreak of COVID-19 occurred in April 2021, this has been the biggest wave of COVID-19 in Vietnam and the city that has been most effected is Ho Chi Minh City. Despite this, CMATs have contributed to the following:

- Contributing positively case detection and treatment adherence support. Total positive case finding by CMATs are 35 cases (~1.6% of total referring cases), accounted for 44% project district target and 32% of the total positive cases finding in project districts and in project provinces.
- Contributing to IEC/BCC sessions to target populations (If community gathering is allowed then a group session will be held)
- Distributing LLIHN, hats, protective clothing and mosquito repellent cream

**Strengthening system of CMATs, towards CBO models:**

The objective of training CMAT to work under the CBO model is to help strengthen the system. Firstly, SCDI assesses the capacity of CMATs and their CMAT groups. Thus, SCDI can then develop a support plan for CMATs and CMAT groups according to the findings. SCDI then selects the 10 best CMAT groups for piloting the CBO model after which SCDI helps strengthen capacity for CMAT and project staff (including COVID-19)

Note: CMATs that are normally recruited are former forest-goers who understand the geography well and are able to locate population at risk.

**Coordinating with Partners**

There has been signing s of MOU between SCDI, Phap Bao and CHD. In the beginning of the year, SCDI had planned to go to all 6 project provinces. However, SCDI was able to make 3/6 project provinces (Gia Lai, Binh Thuan and Phu Yen). Furthermore, there was participation and collaboration in meeting/consultations and campaigns on organizing with UNOPS CCM, NIMPE and others.

## Implementation status:

| # | Coverage and other key indicators | Targets | Results | Note |
|---|---|---|---|---|
| 1 | Number of LLIN distributed to targeted risk groups | 2,000 | 1,731 | 87% |
| 2 | Number of suspected malaria cases referred by CMAT to heath facilities | 2,800 | 2,210 | 79% |
| 3 | Number and Percentage of confirmed malaria cases received counselling and support by CMAT for adherence to first-line | 208<br>829 | 35<br>111 | Accounted for 44% and 32% total case finding in project districts (80 cases) &4 provinces (111 cases) |
| 4 | Proportion of patients under treatment supported by CMAT (until finishing treatment) | 208<br>208 | 35<br>35 | |
| 5 | Number of Health education sessions for target populations | 604 | 610 | 101% |
| 6 | Number of communes with functional CMAT | 79 | 72 | 91% |
| 7 | Number of communes with CMAT receiving training/ technical assistance/ supervision | 34 | 72 | 212% |
| 8 | Proportion of female employees at Central/HQ level | 0<br>0 | 10<br>14 | |
| 9 | Number of staff and volunteers in the organization who have attended PSEA training | | 2<br>6 | |

**COVID-19 Response:**

- Developed "SCDI COVID-19 Action Plan". This Action Plan guilds SCDI's staff and CMAT/CBO on how to respond to COVID-19 situation.
- Continued to provide PPEs including Facemasks, Face shields and Hand sanitizer for CMAT and project staff
- Providing and up-dating COVID-19 information on prevention, treatment, vaccination.
- Updating health, social assistance and other policies related to COVID -19
- Produced videoclip on how to wear face mask correctly
- Working with CDC in the provinces for COVID-19 vaccination: 85/157 CMAT and staff 1st dose; 55/157 people 2nd dose.
- Participating of CMAT in "Community fighting again COVID": activities including provide information to community on COVID testing, prevention, quarantine, 5K message; referring to COVID testing

*VietMCI is not included in C19CM funding for GF Malaria*

## Availability of commodities:

No stockout of commodities.

## Challenges to implementation

**Project was not approval** => implementing project in 4 of RAI2E provinces

**Covid Restrictions**

- Limitation of travelling (CMAT cannot enter/exit forest, project staff cannot travel to project sites…)
- Limitation on number of gathering people => reduce number of people, individual communication if allowed, change to online,
- Mobilization of local health staff to COVID-19 outbreak
- VietMCI staff has no experience of training/mentoring online
- CMAT and staff need tools to work online/work from home
- Effecting mental health

## Innovative approaches applied to the project

- Developed a plan responding to COVID situation

- Flexible on implementing activities: implementing activities even that project was not approved by Vietnamese authority yet, changed from direct to online training, meeting, monitoring
- Pilot of CMAT to develop CBO model

**Is there any unfunded need from existing projects?**

- VietMCI is not included in C19RM requests for Malaria. There is no approved funding for VietMCI in response to COVID-19. Example: no funds for purchasing PPE for CMAT and project staff
- With COVID-19 outbreak, CMAT groups and project staff need to be equipped with tools and new skills to be able to work online, such as: zoom, laptop with camera and microphones, training for project staff.

**"SCDI Vietnam feels left out as they are not allowed testing and are also not included in the C19RM funding"**

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## Center for Health Consultation and Community Development (CHD) Vietnam

Date: 4th of October 2021

**Background**

Center for Health Consultations and Community Development (CHD) is an NGO established by the Vietnam Union of Science and Technology Association (VUSTA). CHD' mission is to improve health and quality of life for people living in difficult and poor provinces in Vietnam through creative and community-based interventions and approaches targeting sustainable impact. **MOU** between 3 CSOs: SCDI and PhapBao and the SCDI and CHD signed. The **Approval status:** VietMCI project was approved by VUSTA on 06, Sep 2021.

Currently CHD is implementing in 4 RAI2E provinces (Gia Lai, Binh Phuoc, Dak Lak and Dak Nong) but not yet in 2 new provinces (Phu Yen and Binh Thuan)

**General Situation**

Despite COVID-19, CMATs have been able to contribute to positive case detection and treatment adherences. The total positive case findings by CMATs are 35 cases (which is around 1.6% of the total referring cases) and accounts for 44% and 32% of the total positive case findings in project districts and in project provinces. Since the VietMCI project was only approved in September – there has only been only one month of approval. CHD has provided capacity building training for four provinces between August and September. CHD works together with SCDI to provide refresher training in communication skills and interpersonal communication as a two-day online training short course.

Due to the COVID-19 situation, CHD was unable to conduct offline training and only online training was conducted. However, CMATs were not used to the online training platforms therefore CHD did face some technical challenges and CHD required CMAT leaders to help assist and support the other CMAT on the field and conduct small group discussions.

As there is only three months left, CHD had a meeting with SCDI and shared their concerns of finalization and approval of SOP protective clothing so that they can bring this to hand to field staff by Oct-Nov in order to achieve project activity deadlines. This year due to COVID-19, less people are going into the forest due to travel restrictions. Therefore, it is projected that the malaria cases will go down. However, in the last upcoming three months this will be malaria season and CHD hopes that by that time, COVID-19 will be under control and CHD may be able to provide SBCC and getting high risk group for testing and treatment as more people move into the forest.

SCDI also has a new management team which and the meeting with SCDI to share concerns and lessons learned has improved project coordination and management. There has been an increase in coordination meetings and CHD has felt that people listen to each other. CHD would like to provide more technical support for CMAT I order to help time

provide better quality communication activity and follow-up treatment adherence. CHD has not had any coordination meeting with CMPE for 3 months.

## Implementation status:

**Development and printing of communication materials:**

- Redesign images and design of communication materials
- Unify the content of printed materials in 2021

**Development and production of communication items:**

- Unify communication messages and items
- Next quarter, CHD has a plan to product 1500 sets of protective clothing, and 1500 hats and 2000 repellent cream.

**Coordinating with Partners:**

- Participated in internal meetings with SCDI and Phap Bao frequently
- Participated in CMAT group meetings to enhance CMAT's capacity

**Capacity building training for CMAT**:

- In Jun 2021, CHD Collected training needs from CMATs which was used to develop training contents for CMATs based on findings on the field.
- CHD also developed a semi-online training plan for CMATs in the context of Covid-19 outbreak
- In Aug 2021, CHD conducted 1 training course for 32 CMATs about teaching assistant skills to conduct online and offline training courses in the future
- In Aug and Sep 2021, CHD conducted 3 training online and offline courses for 54 CMATs in 3 provinces: Gia Lai, Binh Phuoc, Dak Lak.

**Strengthening systems of CMAT towards the CBO model -** this is implemented by PhapBao but is supported by CHD and SCDI**:**

- Assessed capacities of CMATs and CMATs groups
- Developed a support plan for CMAT, CMAT groups based on findings
- Selected 10 best CMAT groups for piloting the CBO model
- Strengthened capacity for CMAT & project staff (including on COVID-19)

There is planning for training in the two new provinces which included SBCC and update on malaria elimination guidelines. CHD had developed communication materials with collaborations from SCDI and PhapBao to finalize key message and focused on protective clothing/uniform for forest-goers. CHD hopes to bring commodities and uniform to the new provinces by November. The VietMCI also had some additional savings, CHD hopes to buy mosquito repellents and face masks for forest-goers. This year, CHD is working closely with SCDI to strengthen supervision activities around 23$^{rd}$ of Oct for provincial staff – which they hope will increase the quality of supervision of staff. - For 2 new provinces the CSO platform can help support materials for 30 CMATs.

## Challenges to implementation

**As the project was approval quite late (06$^{th}$, Sep 2021)** => implementing project in 4 of RAI2E provinces only started in Sep 2021.

**Covid Restrictions**

- Limitation of travelling (CMAT cannot enter/exit forest, project staff cannot travel to project sites)
- VietMCI staff has no experience of training/mentoring online
- Online training has limited interaction between trainees, reducing the effectiveness of communication skills practice
- CMAT and staff need tools to be trained online
- Delay field monitoring plan

## Innovative approaches applied to the project

- Developed a plan responding to COVID situation
- Learn more training methods for more effective online training

## Is there any unfunded need from existing projects?

- With COVID-19 outbreak, CMAT groups need to be equipped with tools and new skills to be able to train online, such as: zoom, laptop with camera and microphones. Need additional budget to support this items.