



MOBILE VENDOR TRAINED AS PEER EDUCATOR IN THE MALARIA PROJECT IN SOUTHERN LAOS
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OVERVIEW

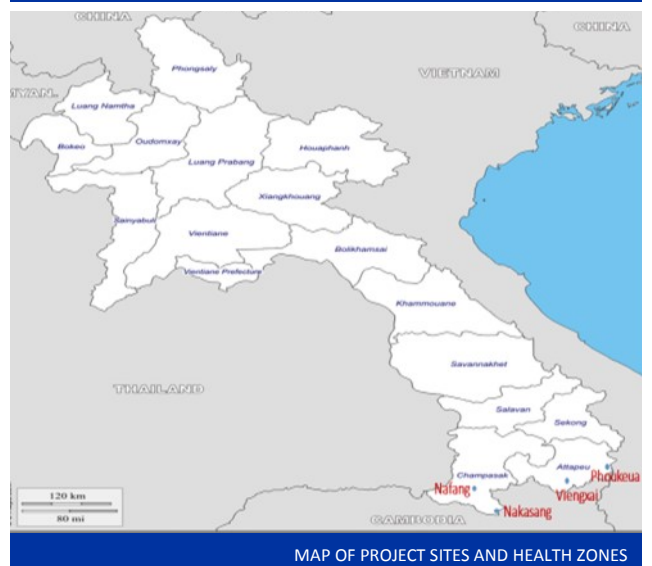
The malaria interventions among border communities project was funded by Asian Development Bank (ADB) in Lao PDR. The objective was to strengthen access to care for vulnerable populations that are not reached by current health systems by increasing access to prevention, testing and treatment for Mobile and Migrant Populations (MMPs) in border communities and strengthening regional coordination on malaria and communicable diseases control in the Greater Mekong Sub-region (GMS).

The project was implemented in Champasak and Attapeu Provinces. Khong District in Champasak Province encompassed 4 villages in Nafang Health Zone and 2 villages in Nakasang Health Zone. In Phouvong District in Attapeu Province, the project was implemented in 4 villages in Viengxai Health Zone and 2 villages in Phoukeua Health Zone. This was decided in consultation with the Department of Communicable Disease Control (DCDC), Center of Malariology, Parasitology and Entomology (CMPE) of the Ministry of Health (MOH), Provincial Health Departments and District Health Offices in July 2016.

The project concluded in June 2018, included a situational assessment, training of Village Health Volunteers (VHV) and Peer Educators (PE), health education and awareness sessions, distribution of bednets and protective commodities, malaria testing and treatment, regular reporting to CMPE and stringent follow-up and supervision.



REGIONAL KNOWLEDGE EXCHANGE WORKSHOP IN MAY 2018, BANGKOK



MAP OF PROJECT SITES AND HEALTH ZONES



BEHAVIOUR CHANGE COMMUNICATION AND COMMUNITY OUTREACH ACTIVITY IN KHONG DISTRICT, CHAMPASAK PROVINCE

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Project Components:

- Situational assessment and mapping of health facilities informed of internal and cross-border migration patterns, malaria knowledge among MMPs as well as health facilities available
- Training of VHVs and PEs on basic malaria knowledge based on CMPE guideline, behaviour change communication, patient referral and MMPs
- Develop of Information, Education and Communication (IEC) materials including posters, flipcharts, photocards, ladder games, training manuals for health promotion and education
- Behaviour Change Communication and community outreach activities through malaria events, campaigns, outreach, home visits
- Tracking movement of MMPs and forest-goers from July 2017—February 2018 with data collected from village chiefs and village security
- Distribution of mosquito prevention commodities—including hammock nets, mosquito coils, sprays and patches

According to data from project evaluation, the project managed to reach malaria risk groups. The qualitative component of the evaluation revealed that most participants feel that the most significant achievement was the partnership that was built, bridging policy-makers at the central level and the health education and service providers at the field level. The incorporation of MMPs into the national health system made the MOH recognize that malaria eradication 2030 cannot be achieved without tackling malaria in this population.



TRAINED VHVS CONDUCTING RDT IN PHOUVONG



MALARIA POSTER DEVELOPED IN LAO AND VIETNAMESE

Key Achievements

Trained & Built Capacity of 30 VHVs & PEs in Project Districts

Total 10,989 Reached Through Community Outreach Events

1,570 Units of IEC Materials Developed & Distributed

14,750 Units of Mosquito Protection Commodities Distributed

Incorporation of Data in to CMPE Reporting Data

61.4% High Risk Group Reached by Volunteers

99.2% of Reached MMPs Aware of Malaria Transmission

100% of Reached MMPs Know At Least 1 Method of Malaria Protection



LAO MOBILE VENDOR PROVIDING MALARIA INFORMATION

Challenges Encountered and Mitigation Measures

As this was a pilot project, the implementation period (18 months) was too short to observe or measure significant changes in MMPs' behaviour, attitudes or practice. As with most health interventions with MMPs, the target group is often difficult to reach as they move frequently, lack proper records and tend to hide in forests from authorities. Safety and security of women VHV's were also of concern if they were required to travel to remote areas alone. Cross-border migrants and ethnic groups have varying legal status, significant cultural and language differences and were reported to lack trust towards trained VHV's/PEs. Geographical challenges such as high malaria risks in forests, plantations and camps were also significant.

The project has shown that working with private sector stakeholders can be effective but project team has to respect companies' working hours and identify the right people to engage. PEs-mobile vendors have been instrumental in this operation as they tend to reach more remote settings compared to VHV's. Future projects should also consider recruiting more diverse demographics of volunteers such as Vietnamese PEs. IEC materials should also be bilingual and innovative, such as utilizing folk songs. Reporting to the national system has seen to be a sustainable way to ensure MMPs are taken into account in the national health system—future projects should identify potential partners in non-health settings as well such as military at border areas, community leaders and schools.

"We don't have any medical staff in the camp and similarly to other sub-contractors except Chinese. They have their own medical staff and they also have an ambulance. When staff get sick we refer them to the nearby health center 'Nakasang', around 10 km from here or to district or provincial hospital. However, this is based on the severity of the patients. The company pays for all associated costs such as transportation and medicine. I don't know how Chinese treat their own staff as I have never asked them and they have never told me about it."

— **Bounthan Heu, Volunteer from Donesahong Hydropower Plant**

Bounthan works as a camp manager and the company has more than 400 workers from many countries such as Laos, Vietnam, China, Philippines and Bangladesh. He enjoyed his training and was happy to be able to provide health education and blood tests to his co-workers.



Key Lessons Learned

1. Taking local contexts, beliefs and culture into consideration when designing activities.
2. Engagement of private sector is the cornerstone of establishing and expanding malaria services into worksites.
3. Engaging multiple but relevant stakeholders, identifying the right stakeholders with clear roles is important for project success.
4. Sufficient human resources and capacities for scaling-up, sharing resources among implementing partners should be a solution when resources are limited.
5. Identify the intervention areas with high malaria burden and high density of risk groups for scaling-up.
6. Engaging in grass-root/community level and building their capacities, ensure enough support in terms of knowledge, skills, transportation, necessary tools and reasonable incentive.



RAPID DIAGNOSTIC TEST PROVIDED BY TRAINED VHVS IN KHONG



RECOMMENDATIONS FOR SCALING-UP OF PROJECT

1. Project sites were jointly selected with all parties including DCDC/MOH, CMPE, Provincial Health Departments, District Health Offices and IOM. This joint decision-making can help generate involvement, sharing of responsibility and ownership of project partners.
2. Situational assessment on MMPs and malaria and mapping of health facilities generates evidence-base to inform project design and approaches to address the needs and gaps of situations in the field.
3. Clear operational definition of 'migrant' and 'mobile population' should be explained clearly to project stakeholders so there is common understanding on MMPs and able to reach the right target population.
4. Tailoring of IEC materials and BCC strategies through fun activities like games, folk songs, traditional performances are good methods to attract attention of target population and local communities.
5. Distribution of appropriate malaria protection measures need to take into consideration of effectiveness and availability in the local market, these also need to be suitable for beneficiaries' lifestyles.
6. Engagement of private sector as VHV/PEs is an efficient strategy as they can work voluntarily when convenient for them.
7. Community engagement in planning and implementation is important. Main players in communities can be VHV/PEs and village chiefs/village security as they know the local contexts and traditions, and can integrate health activities with community events such as local cultural or religious festivals.
8. Reporting of malaria activities and cases into national system is important to ensure continuation once project has completed.



ASSESSMENT OF MALARIA AND MMP SITUATION, PHOUVONG



MALARIA EDUCATION AT THE MALARIA EVENTS, PHOUVONG



DISSEMINATION WORKSHOP HELD AT END OF PROJECT, SAVANNAKHET, 21 JUNE 2018

"The project has built capacity of staff especially at district levels, with VHVs and village chiefs. They understand the work and are able to organize BCC activities and can diagnose and treat uncomplicated cases,"

– Dr. Chansamone Thanabouasy, Deputy Head of CDC Section, Provincial Health Department Champasak

"In the past, we did not coordinate with other sectors, but in this project we worked with village chiefs and security to collect information about MMPs,"

- Ms. Pingkham Bounnaseng, Head of Malaria Section, District Health Office Phouvong



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