

Update on Myanmar CSO Activities

Country dialogues for NSP (2021-2025) & priorities for 2021-2023

14th November, 2019 | Yangon

RAI2E Implementing CSOs in Myanmar (2018-2020)

Country Component (97 million USD)

	Myanmar Health Assistant Association		Myanmar Red Cross Society
	Health Poverty Action (Myanmar)		Population Services International
	Malteser International		Shoklo Malaria Research Unit
	International Organization for Migration		Myanmar Council of Churches
	Medical Action Myanmar		Save the Children International
	Myanmar Medical Association		American Refugee Committee

Regional Component (9.1 million USD) *

Improving Access to MMEV Package



Operational Research Package

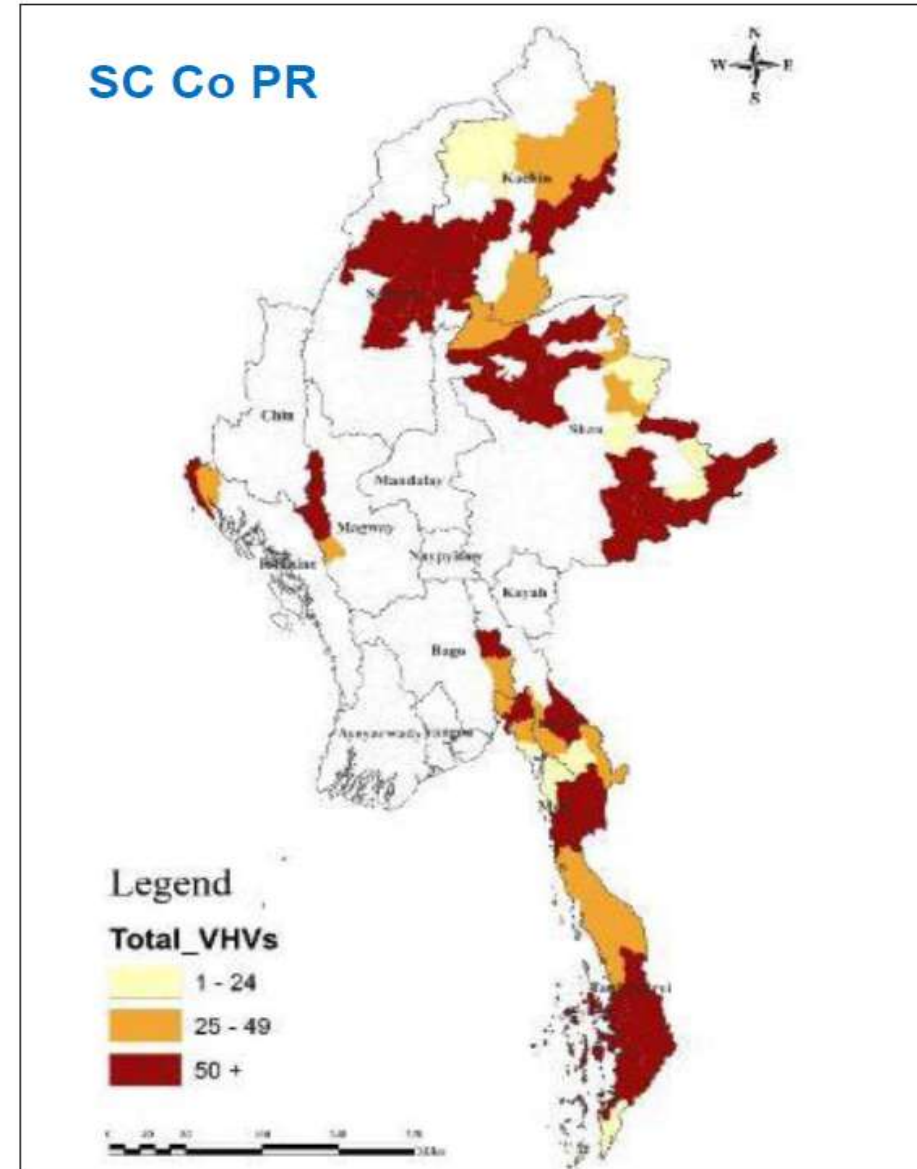
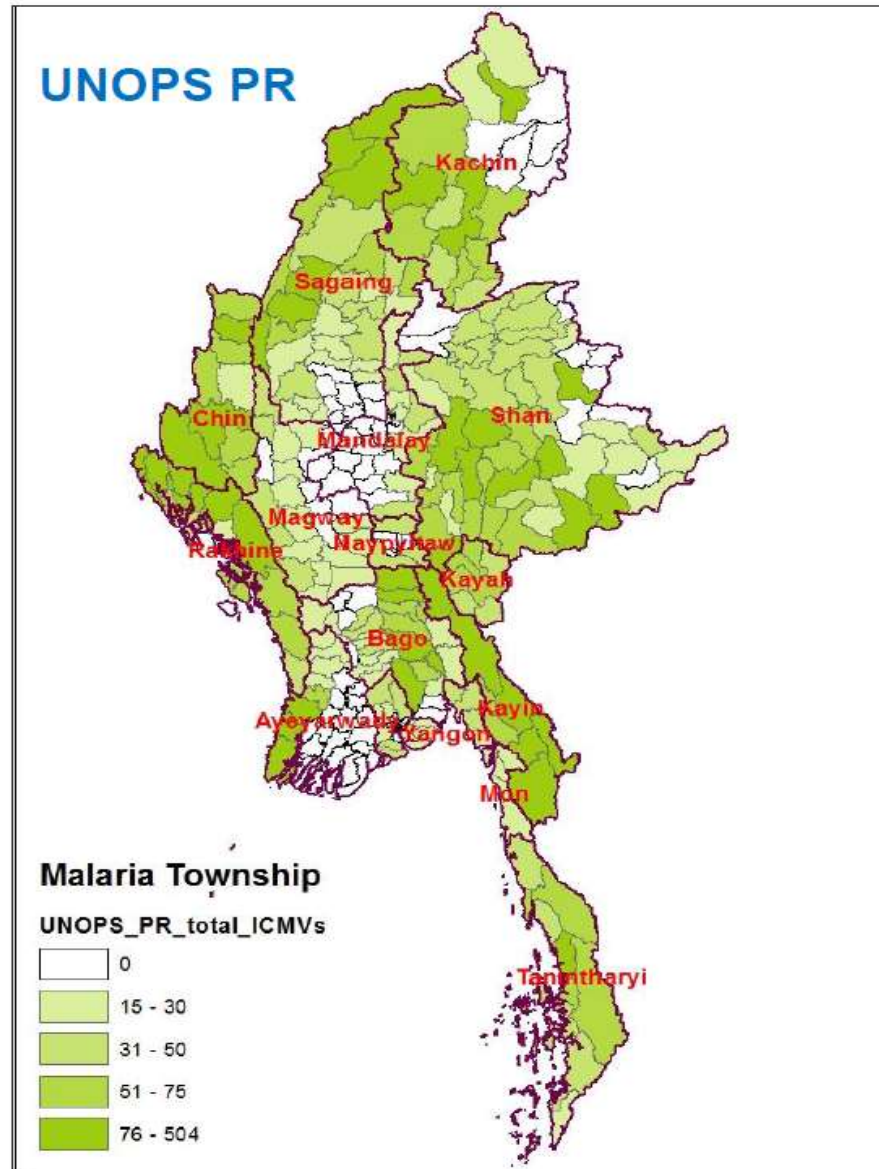


Private sector Package



* Only include approved budget for MMEV package

Coverage with malaria volunteer



CSOs' malaria interventions

Integrated community case management

- Malaria diagnosis and treatment services through **Integrated Community Malaria Volunteers**
- **Integrated package** (TB, HIV, Malaria, Dengue, Filariasis, Leprosy)
- Intensified case finding in high burden, hard-to-reach areas by mobile teams
- Referral support for severe malaria patients from the community

Private sector case management

- Diagnosis & treatment services through GP, EHO health facilities, malaria microscopic stations

Active case detection

- Case notification and investigation
- Supporting NMCP for foci investigation

IEC/ BCC

- Health education and BCC sessions

CSOs' malaria interventions (Contd.)

Vector control - LLIN

- *Mass distribution* targeting high risk population in 3a,3b and 3c areas
- *Continuous distribution* to cover migrant and mobile population (MMEVs, forest-goers, construction workers, etc.)
- BCC

Program management

Policy, planning, coordination and management

Grant management

RSSH, HSS M&E

– *Routine reporting*

- Data collection, reporting from the service providers
- Real-time, case-based reporting using mobile application at volunteer level
- Supportive supervision and monitoring visits

– *Analysis, review and transparency*

- Meetings (ICMV, private providers, staff meetings, cross-border meetings)
- Migrant mapping
- Operational research

GF CSO Achievements at a glance (Jan-Jun 2019)



569,881

LLINs distributed



527,253

Suspected cases tested



10,010

ICMV & Private Providers trained



22%

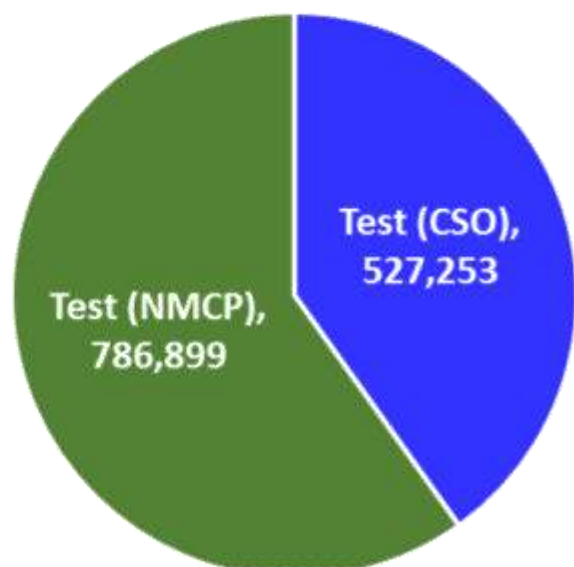
Positive cases investigated



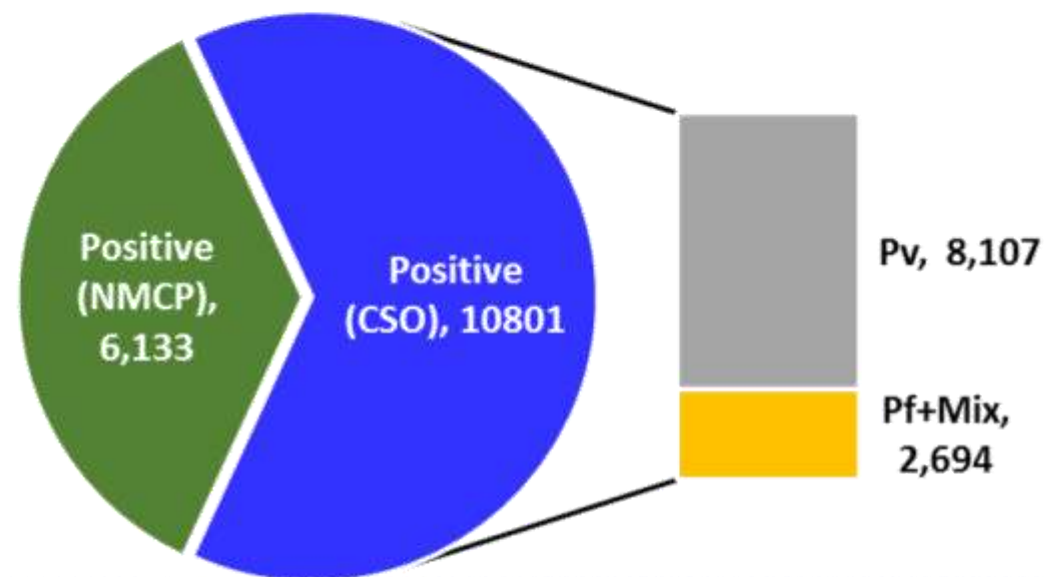
10,801

Confirmed malaria cases treated

GF CSO contribution to National Caseload (Jan-Jun 2019)



Suspected cases tested (total/ national)	1,314,152
Suspected cases tested (GF CSO)	527,253
Proportion of total/ national tests reported by GF CSO	40%



Confirmed positive cases (total/ national)	16,934
Confirmed positive cases (GF CSO)	10,801
Proportion of total/ national positives reported by GF CSO	64%

Implementation challenges

- **Overlapping of CSOs coverage areas:** village selection, coordination amongst partners, fragmentation of funding sources
- **Gaps in service coverage:** especially in very remote areas/conflict areas and certain high risk populations (e.g. MMPs, forest goers) in need of robust mapping and service packages
- **ICMV methodology:** the relevance of service included in the package still need to be reviewed in different contexts whether it can address community health problems e.g. Leprosy is included in ICMV package but may not be relevant in all areas (need to change from *project orientation to need-based orientation*)
- **Role of ICMVs:** still needs advocacy within different departments of Ministry of Health, streamlining policies and guidelines and identify linkages with broader Public Health infrastructure (e.g. how to link with CHW policy)
- **Integration of services:** still need to operationalize (resource and referral mechanism) e.g. how an ICMV can successfully refer if a suspected TB case is found in community, follow up and case holding, etc.

Implementation Challenges (Contd.)

- **Data sharing and utilization:** timely and completeness and quality data reporting from service providers under NMCP or CSOs, from different channels (public, private, community)
- **Surveillance and response for malaria elimination:** Need to improve case/foci investigation and timely response and need task sharing and collaboration between NMCP and CSOs
- **Conflict and security constrains:** on-going armed conflicts in Shan, Rakhine and Kachin State (program interruptions)

Proposed strategies to strengthen elimination efforts

Modify/update ICMV by geographic areas/epidemiology and by the needs of community (Respiratory illness +Nutrition)

Identify the effective forest related malaria transmission control tools or forest goer packages

Expand the Safe Radical Cure of *P. vivax*

Session plan for CSO group work

- World café method
- Total 6 groups
 - What is the CSO contribution in regard to malaria case-based surveillance? **URC (Dr. Ye Hein Naing)**
 - What is the CSO contribution in regard to malaria case management? **SCI (Dr. Pyae Phyo Htoon)**
 - What is the CSO contribution in regard to malaria prevention? **ARC (Dr. Thet Myo Tun)**
 - What implementation research the CSO thinks relevant for contribution to malaria control/elimination? **(MAM)**
 - What enabling environment that CSO needs for implementing the CSO related activities? **SCI (Dr. Min Min Thein)**
 - How CSO can support to reach in the unreached areas to provide malaria intervention? **(CPI and HPA)**
- The time slot for discussion for each group is 15-20 minutes for CSO (every 15 min each team will rotate)
- The group work will follow by plenary presentation for 10 minutes and followed by discussion for 10 minutes