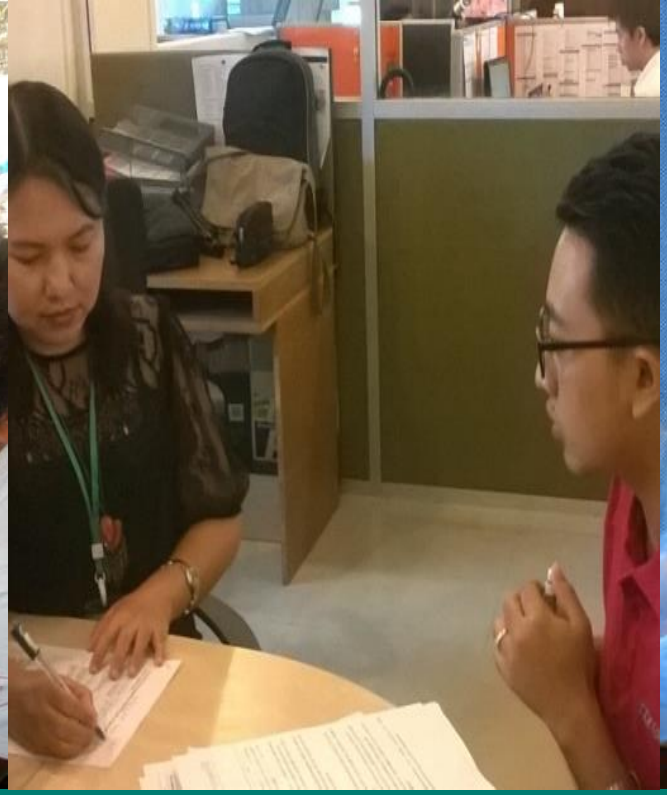

Community-based systems for the detection, treatment and reporting of malaria cases in Myanmar: Landscaping exercise with implementing partner organizations

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Introduction

- Community case management (CCM) of malaria through community health workers (CHWs) is an effective means of extending the reach of malaria case detection and treatment
- In Myanmar, CCM for malaria is delivered via networks of Village Health Volunteers (VHVs) managed by the National Malaria Control Programme (NMCP) and multiple Implementing Partners (IPs)
- Currently, VHV networks detect a substantial, and increasing, proportion of malaria cases reported through the public health system

Rationale

- VHV systems are fragmented with management delegated across multiple IPs
- There is a need for harmonizing the VHV systems across all IPs and to identify gaps and best practices of the IPs

Objective

To assess the current VHV management and data reporting procedures across all malaria implementing partners

Approach and methodology

NMCP list of IPs currently involved in CCM for malaria in Myanmar: 26 organizations

6 organizations excluded prior to interview

Reasons for exclusion:

- No VHV activities (2)
- No longer implementing malaria activities (2)
- Head offices not in selected areas (2)

30 key informants from 20 IPs were interviewed

Two more organizations excluded

Reasons for exclusion:

- Not directly implementing activities, provide technical and logistical support only

Total of 18 organizations provided information

Results outline

1. VHV coverage
2. Roles and responsibilities of VHVs
3. Recruitment, attrition and incentivisation
4. Data reporting, management, and analysis
5. Coordination and project evaluation

1. VHV coverage

Selection of state/region and township

- Selection of townships by each IP depends on approval from the Ministry of Health (MoH)
- More than one IP can operate in each township, especially along the eastern border areas

Selection of villages

- RAI = all villages
- Non-RAI = high caseload, no health facility, remote/inaccessible
- Non-state actor areas= criteria dependent on policy of NSA concerned
- National policy = 1 VHV per village
- Problem of overlapping of villages exist

2. VHV roles and responsibilities

Case management and referral

Directly observed therapy

Health education on malaria

Participation in LLIN distribution and bed-net treatment

- All IPs follow national malaria prevention and control guidelines
- The NMCP VHV manual forms the basis of most IP programs for defining roles and responsibilities
- As the VHVs are working in different settings, the current description of roles and responsibilities needs to be revised separately

3. Recruitment, attrition and incentivisation

Recruitment criteria

National criteria for VHV recruitment exist and include:

- Residency in the village, literacy level, ability to communicate in the local language
- IPs adapt the national criteria to their project objectives and needs

Challenges in selection of VHVs :

- Decreasing malaria caseloads, low literacy rate in Myanmar language, high mobility and migration in border areas, security issues in NSA areas

Attrition of VHVs

- Loss of VHVs was reportedly high and cited as a specific challenge in CCM programmes

3. Recruitment, attrition and incentivisation

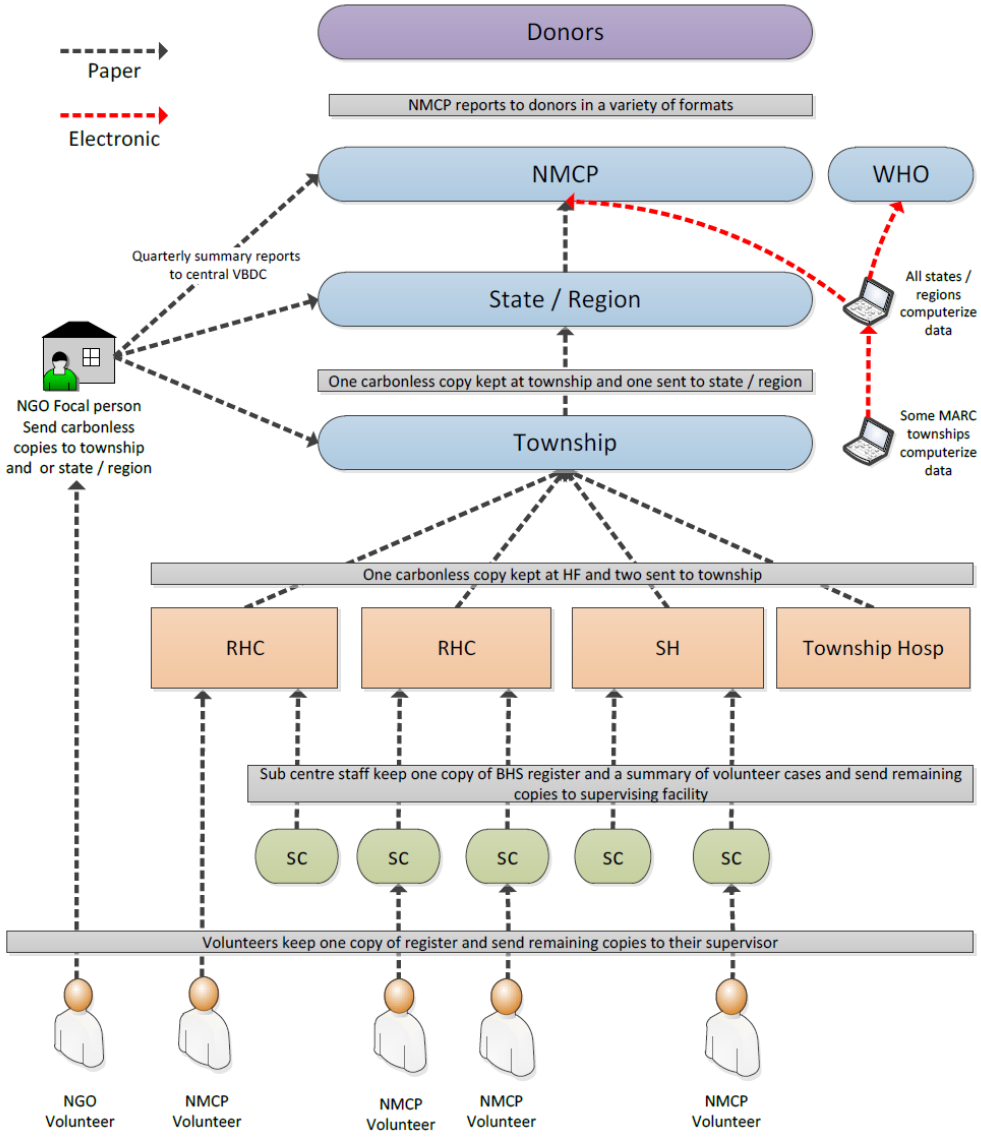
Incentives

Incentive method	No. of IPs	
1. Cash incentive		
a. Monthly fixed incentive	6	Variable: 6.5 - 40 USD per VHV
b. Performance-based	5	By # blood tests: 0.5-0.8 USD
		By # treatments: 0.2-0.4 USD
		DOT Completion: 2.5-5 USD
		Day 3 slide collection: 4 USD
		Others – facilitating group discussions, meeting attendance: 1-2.5 USD
3. Monthly fixed + performance based	3	As above
4. Quarterly fixed incentive	2	Variable: 25-50 USD
5. No cash incentive	2	Provision of non-financial incentives only

4. Data reporting, management and analysis

- All IPs uniformly use the standard national carbonless malaria case register
- Different data monitoring, supervision and management methods by IPs exist
- Zero-reporting reportedly implemented by all 18 IPs Zero-reporting, but there is no proper mechanism to monitor this practice
- Late reporting cited as a problem

Reporting flow of VHVs



5. Coordination and project evaluation

Coordination between IPs/NMCP/local health facilities

- Coordination mechanisms have been set up at:
  - Township/district level
  - State/region level
  - Central level
- Coordination **between IPs** appears to be lacking and problems of overlap of villages in some townships still exist
- Clearly defined rules are needed e.g. one sub-RHC area should not be served by more than one non-government IP

Project evaluation

- Most IPs do not have formal plans for evaluation of their VHV projects as a whole

Recommendations

1. Donors, NMCP and all IPs to **discuss options for harmonizing key aspects of VHV systems**, including volunteer selection criteria, incentive systems, and protocols for diagnosis and treatment
2. **Coordination meetings at central level** for all IPs to be held on a regular basis to map and track VHV program coverage and activities, use existing epidemiological data to guide deployment of VHVs and develop mechanisms to avoid overlap
3. **Formally defined roles and responsibilities** of VHVs need to be established across all IPs
4. **Address attrition** due to decreasing malaria caseloads, by giving greater responsibilities e.g. using an integrated community case management approach and incorporating other health and development programs like livelihood and WASH

Recommendations

5. **Develop harmonized guidelines on VHV incentives** that incorporate alternative motivation strategies like sharing of strategic information and seeking program suggestions and feedback from VHVs
6. **Harmonization of IP data** monitoring, supervision and management systems, as well as methods of data aggregation at different levels and data entry formats is required
7. **Late reporting** is common and the **use of mHealth**, where appropriate, should be considered for timely reporting
8. **Set-up of a data management team** at central level and employment of data monitors at township level to monitor the reporting system of all IPs at township level

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Thank you

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