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# Training malaria volunteers to deliver integrated community case management: Lessons learnt from rural Myanmar

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# Contents

Section 1: Background information

Section 2: Key lessons learnt

Section 3: Open for discussion



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## Background information



# Integrated community case management

- Integrated community case management (iCCM) is a strategy to deliver life-saving, curative interventions for common childhood illnesses; in particular, where there is little access to facility-based services.



# Why iCCM in Sagaing region?

- The Ministry of Health in Myanmar aims to eliminate malaria by 2030.
- This requires finding every case and ensuring that parasites are completely removed.
- The National Malaria Control Programme (NMCP) has introduced a body of trained community malaria volunteers (MVs) to diagnose and treat malaria in all age groups and report cases to the township and central levels.
- As the number of malaria cases fall, MVs may become demotivated.
- Children in more remote areas have limited access to care for the common causes of fever and child mortality, especially pneumonia and diarrhoea.
- Child mortality, especially in rural areas, remains high (80 per 1,000 live births).
- Malnutrition underlies around 40 percent of under-five mortality.

# Objectives

- Improved quality of malaria services for all age groups integrated with treatment of common childhood illnesses, using the national iCCM toolkit.
- Improved demand and access to quality services for malaria (in all age groups) and common childhood illnesses (in under-fives) in target communities.
- Improved supervision of MVs by basic health staff (BHS).
- Community health management information system reporting and surveillance of malaria cases and childhood illnesses strengthened, and greater integration with the private sector.
- Coordinated department policy guidance to support and adopt iCCM implementation based on project lessons.

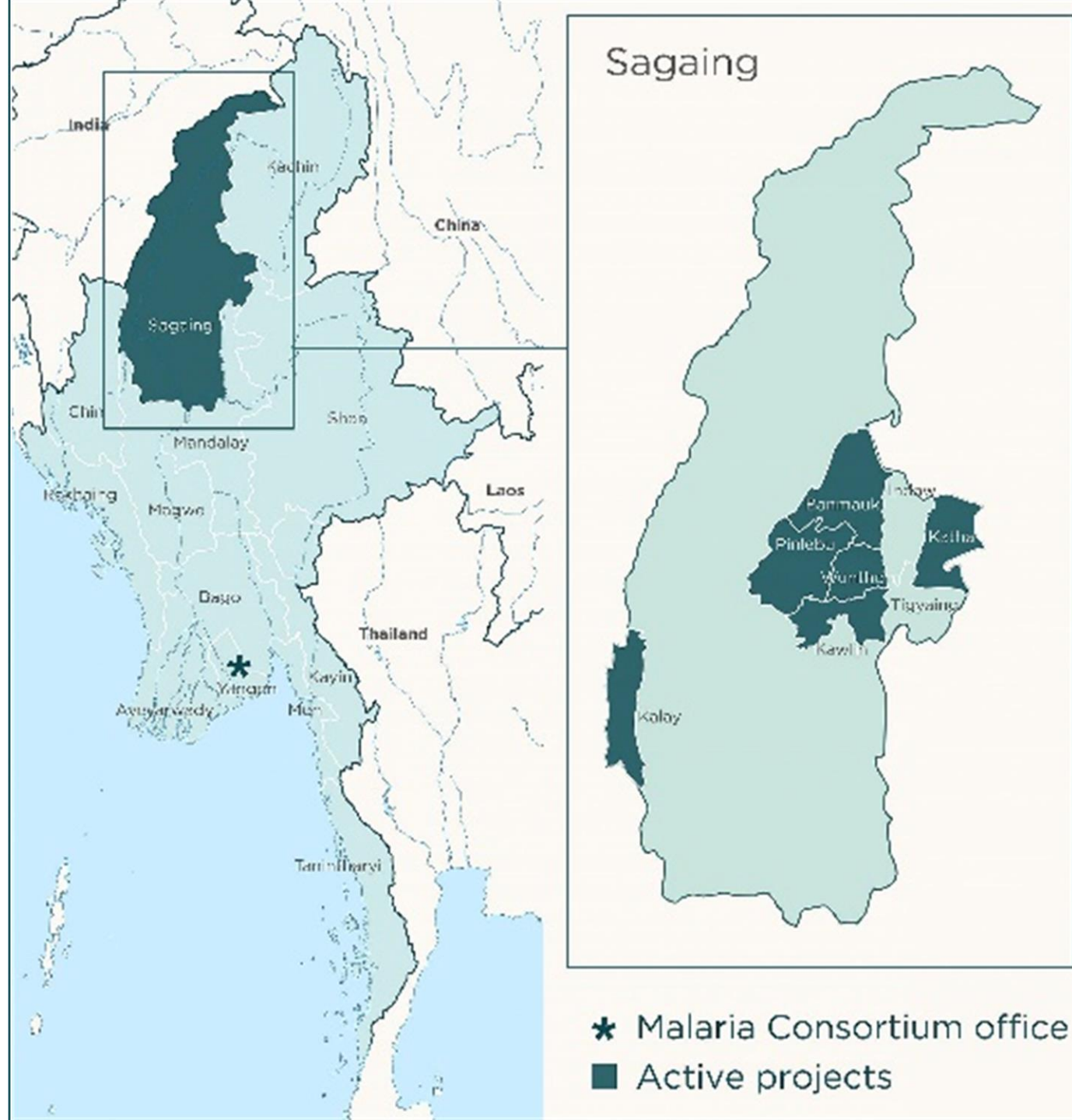
# Project history

- Malaria Consortium piloted the introduction of iCCM in three townships in Sagaing region (Bamauk, Kale and Pinlebu) in 2016–2017.
- The pilot built on the existing network of NMCP volunteers.
- Based on its success, Malaria Consortium scaled up to three more townships in the same region (Katha, Kawlin and Wuntho) with funding from Comic Relief (2017–2019).



# Project coverage

- High annual parasite incidence and geographically hard-to-reach townships in Sagaing (Bamauk, Kale, Katha, Kawlin, Pinlebu and Wuntho townships).





# Project model

	Antibiotic townships	Non-antibiotic townships
Townships	Kale, Bamauk and Pinlebu	Katha, Kawlin and Wuntho
Malaria testing and treatment according to national malaria treatment guideline	√	√
Diagnosis and treatment of simple pneumonia	Antipyretic + antibiotic + follow up	Referral
Simple pneumonia with diarrhoea, without dehydration	Antibiotic + oral rehydration salts (ORS) + zinc	ORS + zinc + referral
Diarrhoea without dehydration	√	√
Severe pneumonia/diarrhoea/malaria/other fever	Referral	Referral
Nutrition	√	√
Quality supervision	√	√
Community dialogue (CD)	Bamauk and Kale	Kawlin and Wuntho



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**Key lessons learnt**

# iCCM closes services gaps for malaria and common childhood illnesses and is widely accepted by the community and BHS

- **From unqualified practitioners to volunteers:** In the past, community members used to go to unqualified practitioners (quacks) or rely on over-the-counter or herbal medicines, as health centers were far from their communities. Now, they visit MVs for the treatment of simple pneumonia and diarrhoea among under-fives in townships where MVs can prescribe antibiotics.
- **Closing the service gap:** Allowing volunteers to prescribe antibiotics has increased communities' access to healthcare in areas that were not reachable by BHS. Many BHS acknowledged that there were less complicated cases visiting the clinics due to increased healthcare access at the community level.

## CHALLENGE

- Some MVs, from late-phase 3 townships, complained that they were losing patients due to their inability to prescribe antibiotics.

# Volunteers can safely administer antibiotics if there is adequate supervision and feedback

- MVs asserted that iCCM has equipped them with knowledge and skills to treat under-fives with antibiotics for pneumonia.

## CHALLENGE

- BHS were concerned about MVs potentially misusing antibiotics; continuous supervision was needed.

# Regular training and introduction of standard checklists improves BHS supervision quality

- MVs were highly satisfied with the quality of supervision by the BHS and believed that continuous supervision had enhanced their confidence, improved their knowledge and skills, and improved the quality of data reporting.

## CHALLENGE

- Frequency and MVs' perceptions of the supervision they received from BHS.



# iCCM is a promising intervention to prevent testing fatigue

- Even in the setting of declining malaria transmission, rapid diagnostic test (RDT) testing is still widely accepted by the communities, by integrating with iCCM for children.

## CHALLENGE

- Low interest in testing RDT for children by some parents due to mis-belief of less likely to be contracted by malaria in children

# Community dialogues are an effective approach to health education

- Interactive community dialogues were highly accepted by communities than the conventional one-way health education session, as the dialogues allowed them to participate, ask questions and share their concerns.
- The volunteers were able to generate discussion during community dialogues and successfully addressed communities' negative perceptions regarding health seeking-behaviours.

## CHALLENGE

- Some MVs found that it was difficult for them to organise community dialogues to gain confidence and trust from their communities.

# iCCM facilitates successful referral, but some barriers remain

- Early diagnosis of severe cases could be referred by the MVs to the nearest health facilities for further prompt treatment. Successful referral improved the health outcomes in the community.

## CHALLENGE

- Referral without any financial support.
- Disconnect between referred volunteers and health centre or township health department.

# Training and supervision by BHS improved the quality of data reported by MVs, but room to improve GPs' real-time data reporting in elimination settings remains

## Community sector reporting

- Continuous supervision and immediate BHS feedback on reports has improved the quality of reporting.
- Difficulties in filling the details in reporting forms.

## CHALLENGE

- Suggest reviewing reporting forms to make them more user friendly.

## Private sector reporting

- The Open Data Kit application improved GPs' reporting of malaria cases to the township level. This, in turn, facilitated regional elimination efforts.

## CHALLENGE

- GPs had limited interest in using the app due to the large number of negative cases and busy clinic hours.

# iCCM increased MVs' motivation, making the MV role more sustainable

- Due to their enhanced role, most of the volunteers were highly motivated.
- Continuous interaction between MVs and BHS increased communities' trust and acceptability to volunteers, which is key for the sustainability of the role in the malaria elimination phase.

## CHALLENGE

- Overlapping of volunteers in some areas created confusion for the communities.



# Policy and programme implications

- Prescription of antibiotics for simple pneumonia with supportive supervision of basic health staff by MVs improves health seeking from trained providers and may reduce the misuse of antibiotics.
- The institutionalisation and phase-based scale-up of iCCM will bridge service delivery gaps, leading to adoption of the iCCM approach in Maternal, Newborn and Child Health programmes.
- Township health departments and local malaria teams should continue to support the existing training curriculum on supportive supervision.
- The existing one-way health education strategy should be revised and replaced with an interactive community dialogue approach.
- A mapping of the volunteers should be carried out at the community level to avoid overlapping of volunteers.
- The national programme should build on the existing volunteer structure, clarify their roles and responsibilities, develop their capacity on new diseases to enhance their interest and motivation, and ensure sustainability.

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**Discussion**

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**Thank you**

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