

# Health Poverty Action

## Experiences and Achievements in Malaria Control in Communities

(January to December 2012)

Coverage Areas:

Preah Vihea and Ratanakiri Provinces)

Date: 21-22 March 2013

# Agendas

- ❖ Introduction
- ❖ Main Activities
- ❖ Results Achievement
- ❖ Problems/Challenges
- ❖ Conclusion
- ❖ Next Plan from 2013-2015

# Geographic Locations

	Preas Vihear	Ratanakiri
Communes	49	49
Villages	210	240
HCs	12	11
HPs		3
RHs	1	1

## Target of the Program

- ❖ Clan-Leaders, Migrant People, Under 5 child care takers, Traditional Birth Attendants (TBA), Community Youth Associations (CYA),
- ❖ Community members
- ❖ Health Staff from HC, HP and RH.

# Main Activities

- ❖ Train on malaria health education, and Health centre staff.
- ❖ Dissemination malaria information through local FM
- ❖ Conduct Monthly MHE to their community members
- ❖ Strengthening HCMC/VHSG network toward improves community participation and their ownerships
- ❖ Mobile Video Shows Exhibit
- ❖ Monitoring to VHVs for knowledge improvement and feedback

# Results Achievement

- ❖ Trained 55 TBAs on malaria health education and IEC use. (Achievement 100%)



- ❖ Trained 100 Clan-leaders on malaria health education and IEC use. (Achievement 100%)



- ❖ Trained 100 5 under care takers on malaria health education and IEC use. (Achievement 100%)



- ❖ Trained 100 CYAs on malaria health education and IEC use. (Achievement 100%)



- ❖ PHD provide the on-job training to Health Staff to improve diagnosis and treatment including microscopy

Topics	Results	Achievement
Improve diagnosis and treatment	85	101%
Quality improvement on microscopy	80	91%
Improve Health Information System and Basic Epidemiology	45	68%

- ❖ Monthly Strengthening  
180 VHSG/HCMC  
(Achievement 100%)



- ❖ Provide knowledge to 64/27F migrant people for malaria control and prevention





- ❖ Provide Monthly Malaria Health Education to the community members through Mobile Video Shows (68 Video shows = 105%)

Provinces	Villages	Male	Female	Total
PVH	15	1,523	1,644	3,167
RTK	53	2,527	3,593	6,120
<b>Total</b>	<b>68</b>	<b>4,050</b>	<b>5,237</b>	<b>9,287</b>



- ❖ VHV's and others provide monthly malaria health education to their community members

	Male	Female	Total
CYA	1,201	1,239	2,440
TBA	159	513	672
Clan Leaders	813	1,062	1,875
5 Under care takers	561	836	1,397
VHV's	7,768	18,896	26,664
<b>Total</b>	<b>10,502</b>	<b>22,546</b>	<b>33,048</b>

Thus **33,048 community member** in both provinces were received the MHE by VHV's and others, HPA was achieved 110%



On 15 May, 2012 Mr. Rous Samet, CCs member in Sangke I commune, conduct MHE & counterfeit drug use to their communities, in Sangke village, Sangke I commune, Chheb district, Preah Vihear Province.

VHVs and Others in provide MHE to their community members



Mrs. Din Doeun VHV's in Phnom Dek village, conducted Q.ly MHE & counterfeit drug use to their community villagers, in Phnom Dek village, Rommany Commune, Rovieng District, Preah Vihear Province.

- ❖ Provide Malaria Health Education to the community members through Radio Broadcasting

Provinces	Radio Station	Times/week	Sessions/Spots
PVH	FM 99 MHz	4	720
RTK	FM 89.5 MHz	6	1,386
Total		2,106	2,106

# Monitoring Net used by VHVs

- ❖ 2261 community members out of 2338 in RTK (97%) slept in the net at night time
- ❖ 352 community members out of 358 in PVH (91%) slept in the net at night time
- ❖ 100 trained Clan-leaders slept in the net at night time  
(This figure was reported by VHVs and others)

## Problems/Challenges

- ❖ Migrant people who work in companies were difficult to access because the employers did not NGO to meet them.

- ❖ The roads are difficult to access their local area during raining
- ❖ Lacking of IEC materials for community Malaria Health Education in villages. (Difficult to provide clear messages to communities)
- ❖ Small amount of community member used their net for different purposes.

# Conclusion

- ❖ Malaria situation in both provinces now was reduced especially the mortality rate if comparing the pervious years
- ❖ The knowledge of the community member were improved relating with Malaria. And traditional believe were also reduced because they always go to HC, HP and RH incase their suspects and got malaria disease.

# Plan from 2013-2015

- ❖ Increase the knowledge of existing and new VHVs through training, refresher training and monthly meeting
- ❖ Increase the malaria health education to community people through monthly meeting, video shows and radio broadcasting
- ❖ Monitor on bed net use and make orientation the advantage of net use.



Thanks for your attention