



# Comic Relief Grant



In 2017, PSI found that communities along the India-Myanmar border have a high burden of malaria, are extremely hard-to-reach and are not well-served by the public health system.

Patients would often seek care from private sector sellers who may not provide quality drugs or provide guideline-approved treatment.



# strengthening health systems, improving community health-seeking behaviors and capturing and reporting malaria data

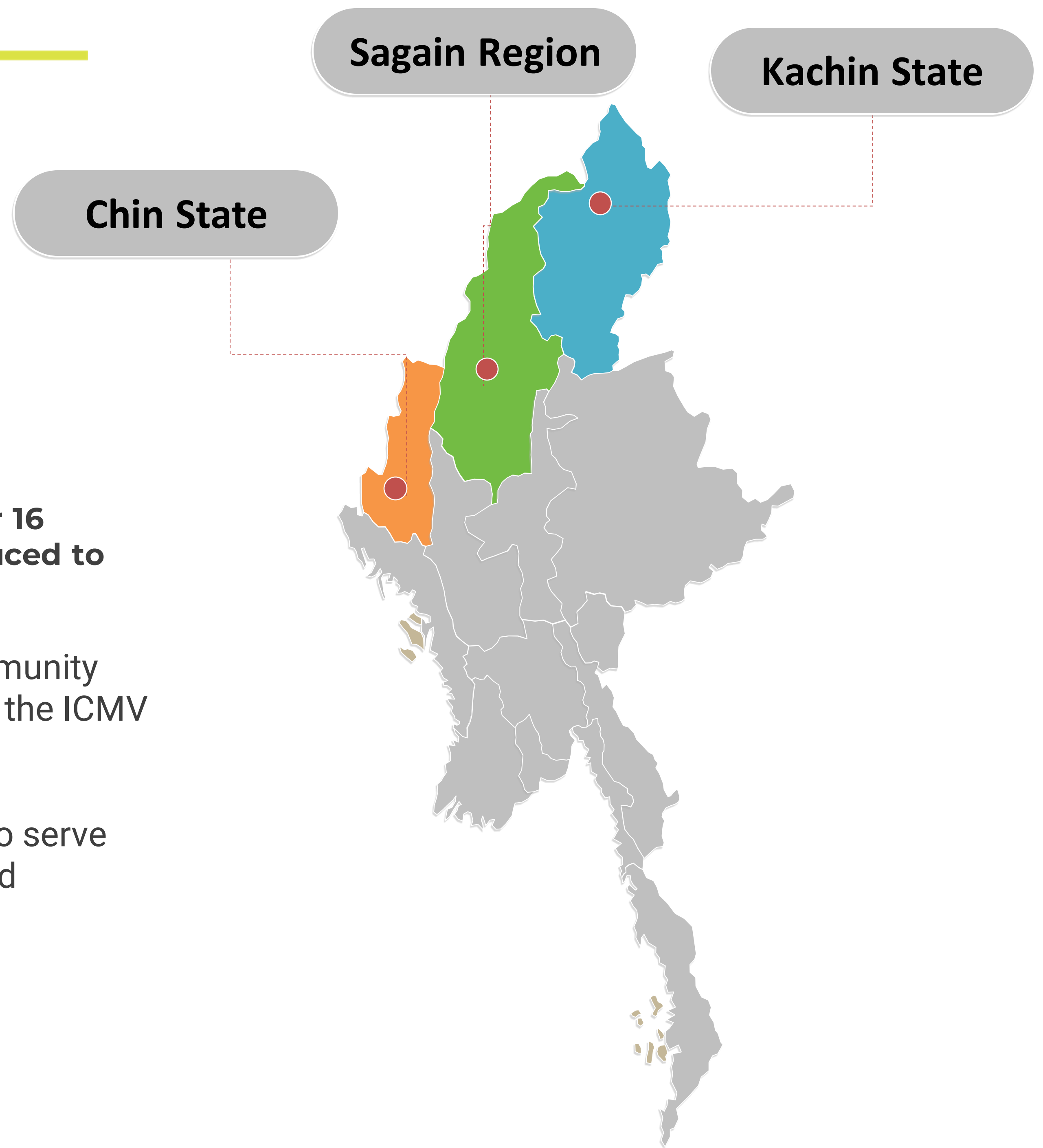
**In 2017, PSI teamed up with Comic Relief to:**

- (i) improve quality malaria and primary health-care services  
for at-risk communities,**
- (ii) increase access and demand for quality-assured malaria  
and primary health services,**
- (iii) improve collection, reporting and analysis of malaria  
caseload data.**

# 3 regions, 16 townships, 771 providers

**1,000 providers were initially selected by PSI to cover 16 townships in 3 regions. In 2019, the number was reduced to 771...**

- Informal AMTR providers were formalized into Community Health Service Providers(CHSP) by training them on the ICMV approach.
- PSI strategically recruited existing CHSP providers to serve communities not previously served by PSI in targeted townships.



# Provider Activities

Recruited providers were trained by PSI to improve quality and access to malaria services and through the following:



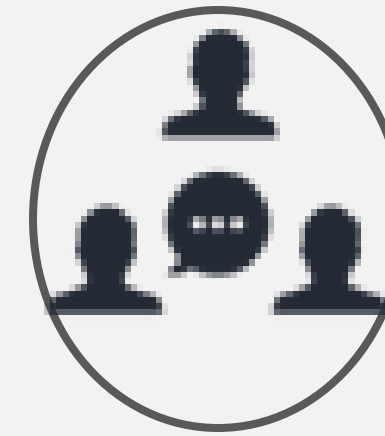
**Testing with RDT**



**First-line  
antimalarial  
treatment**



**Collecting and  
Reporting  
caseload data**



**Health behavior  
Change  
Communication  
through Health  
Education Sessions**



**ICMV Integrated  
Health Services**

# How does PSI support these activities?



## Testing with RDT

*Providers are trained to test in accordance with national guidelines. RDT's are provided for free*



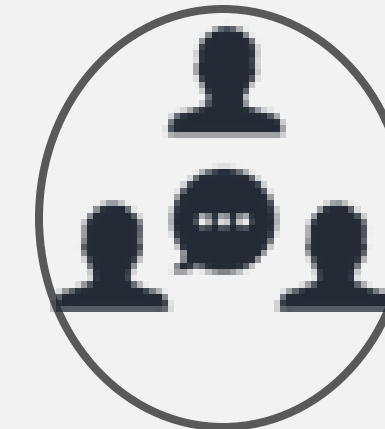
## First-line antimalarial treatment

*Providers are trained to treat in accordance with national guidelines. All antimalarial drugs are provided for free.*



## Collecting and Reporting caseload data

*Providers conduct monthly supervisions visits to collect routine data and conduct routine quality assessment of provider care.*



## Health behavior Change Communication through Health Education Sessions

*Train providers on beneficiary engagement dialogue and support them with IEC materials and other commodity incentives.*



## ICMV Integrated Health Services

*PSI trained all involved providers on the ICMV approach to treat Dengue, Malaria, TB, HIV, Hemorrhagic fever and Leprosy.*

What have we achieved?

# Malaria Testing and Treatment Results



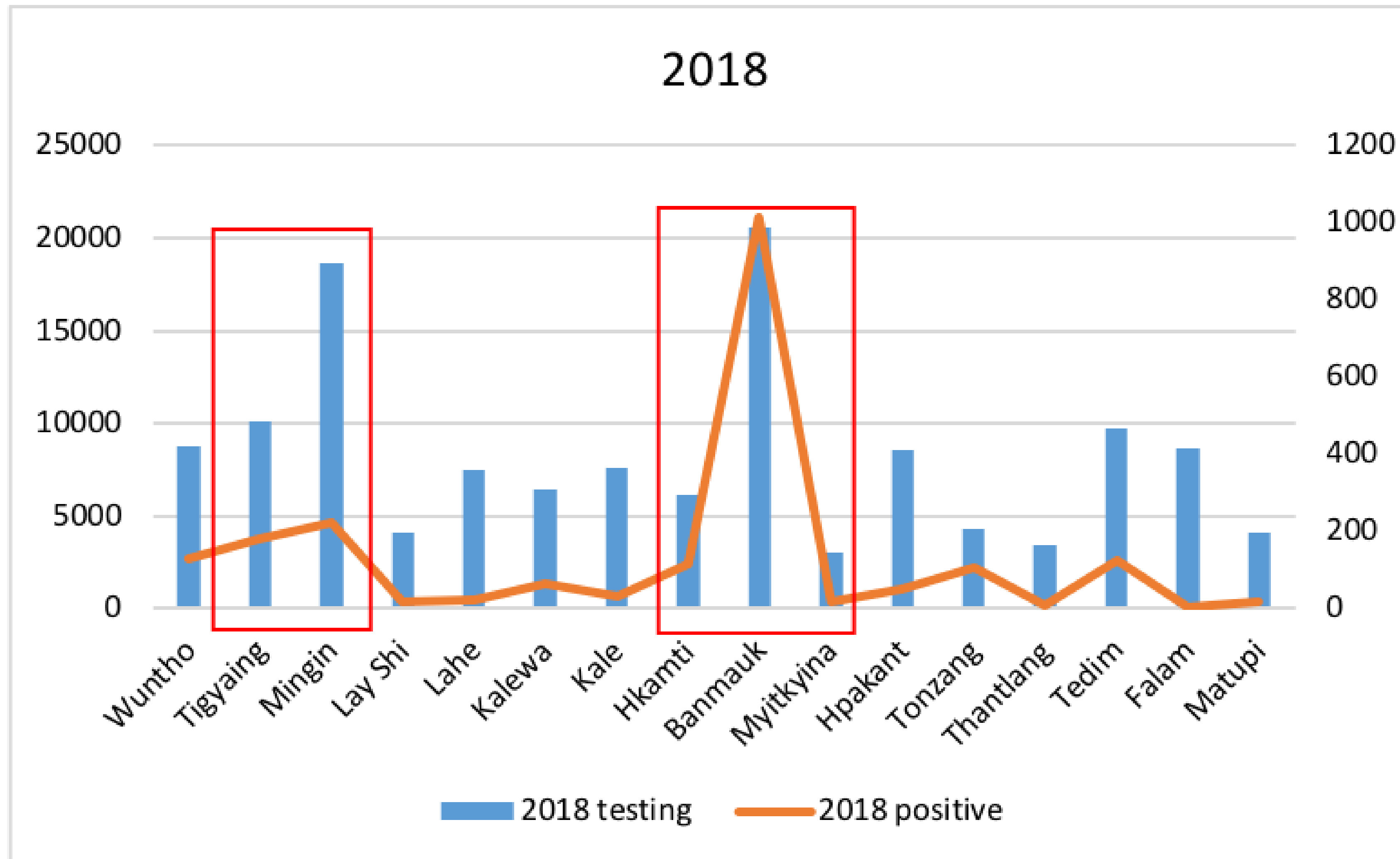
From July 2017-November 2019:

**275,644** Number of suspected malaria cases were tested by RDT.

**4,069** Confirmed cases received first-line antimalarial treatment as per national guidelines.

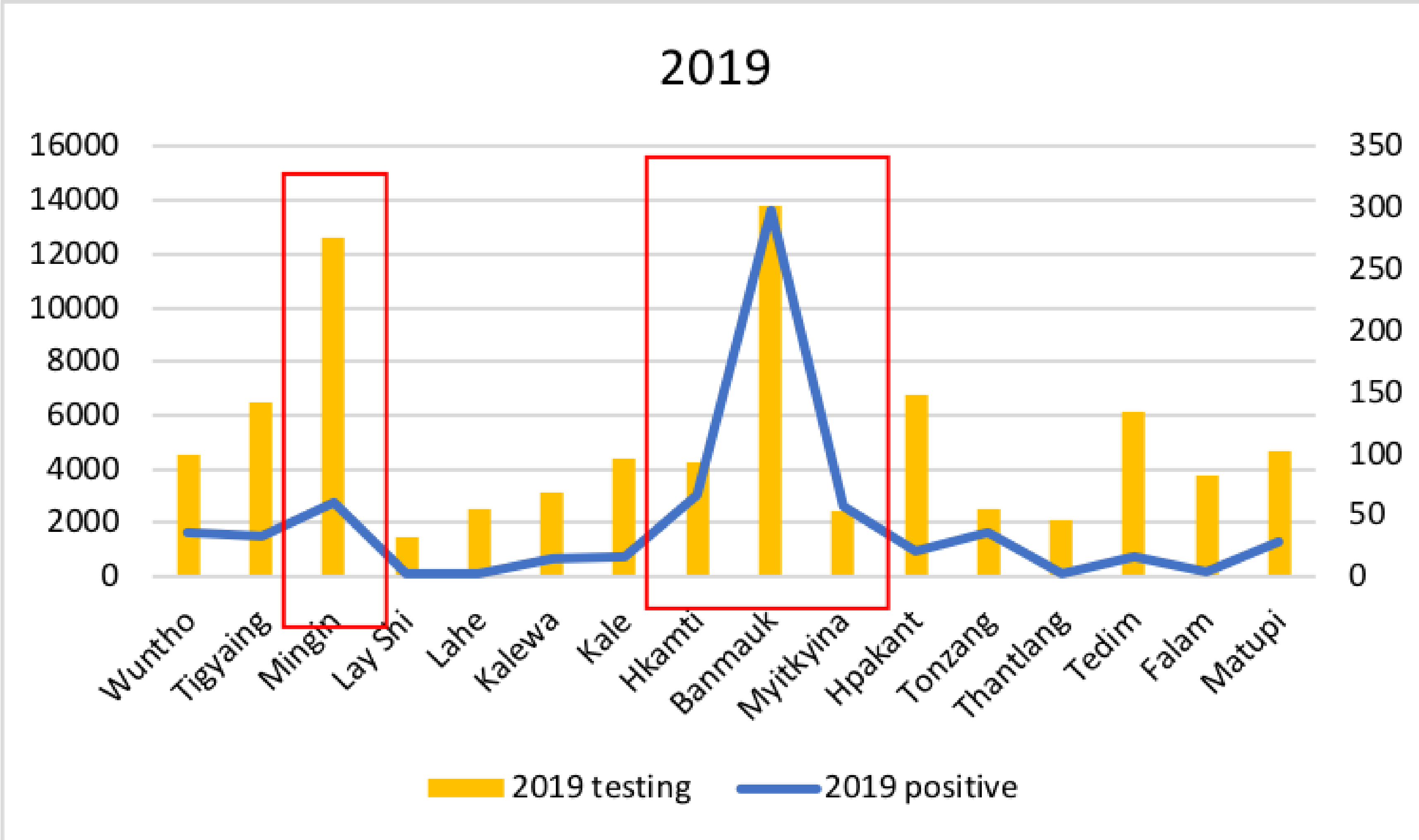
**97%** Of all confirmed cases received first-line antimalarial treatment as per national guidelines.

# 2018 Testing and Positive cases by Township



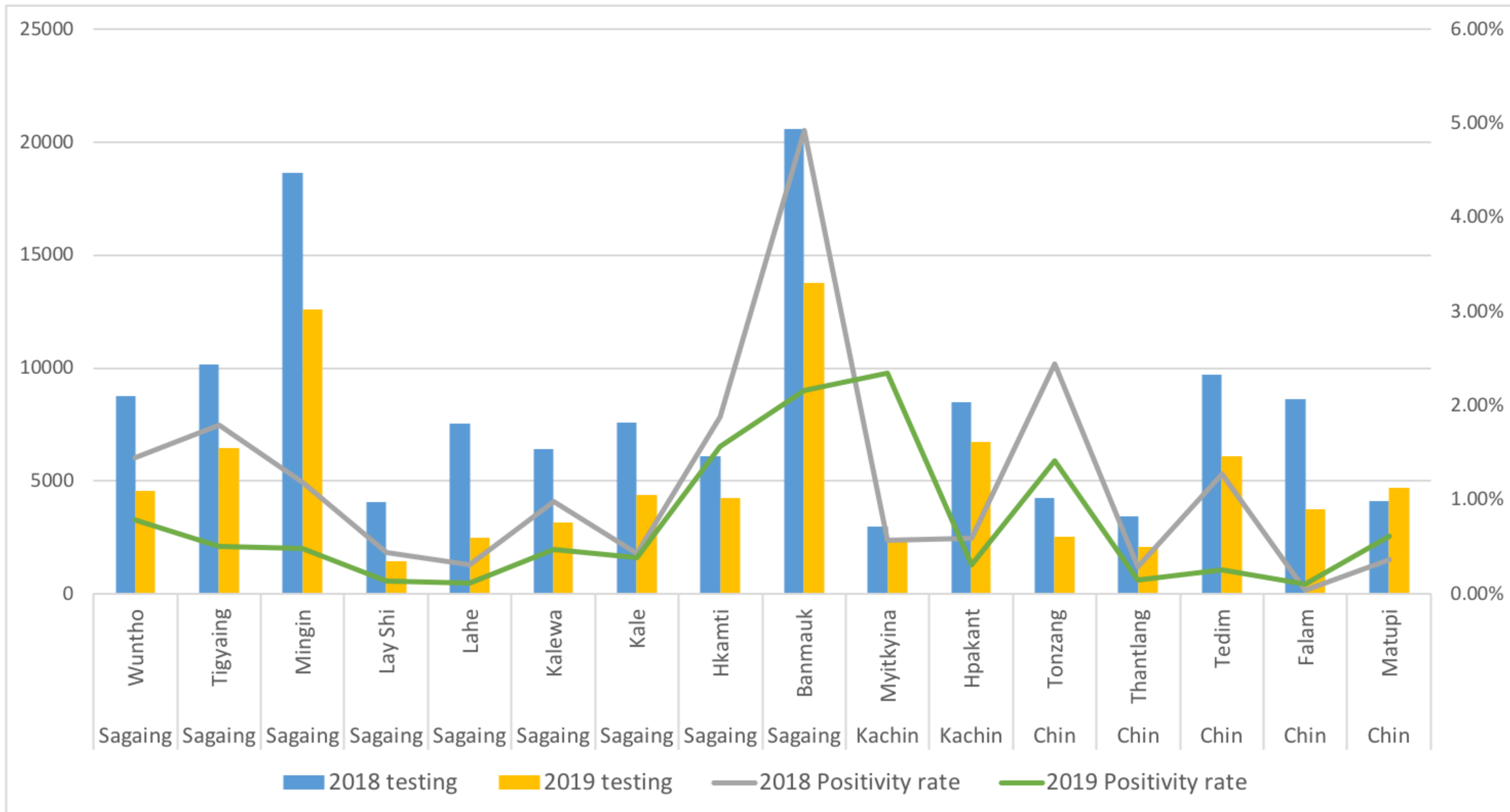
**Banmauk, Tigyaing** and **Mingin** have the highest number of reported cases in 2018.

# 2019 Testing and Positive Cases by Township

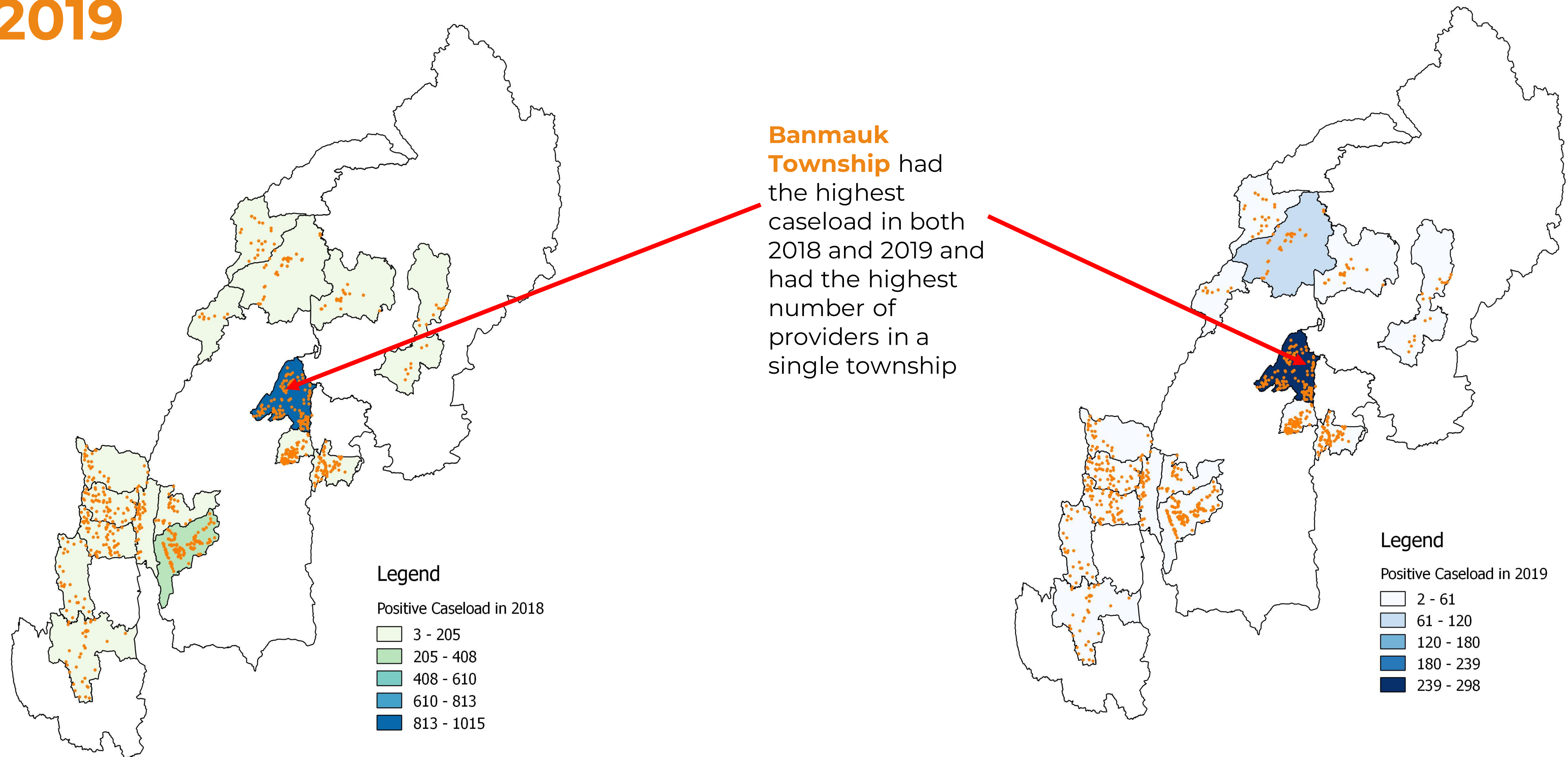


**Banmauk, Hkamati, Myitkyina and Mingin** have the highest number of reported cases in 2019.

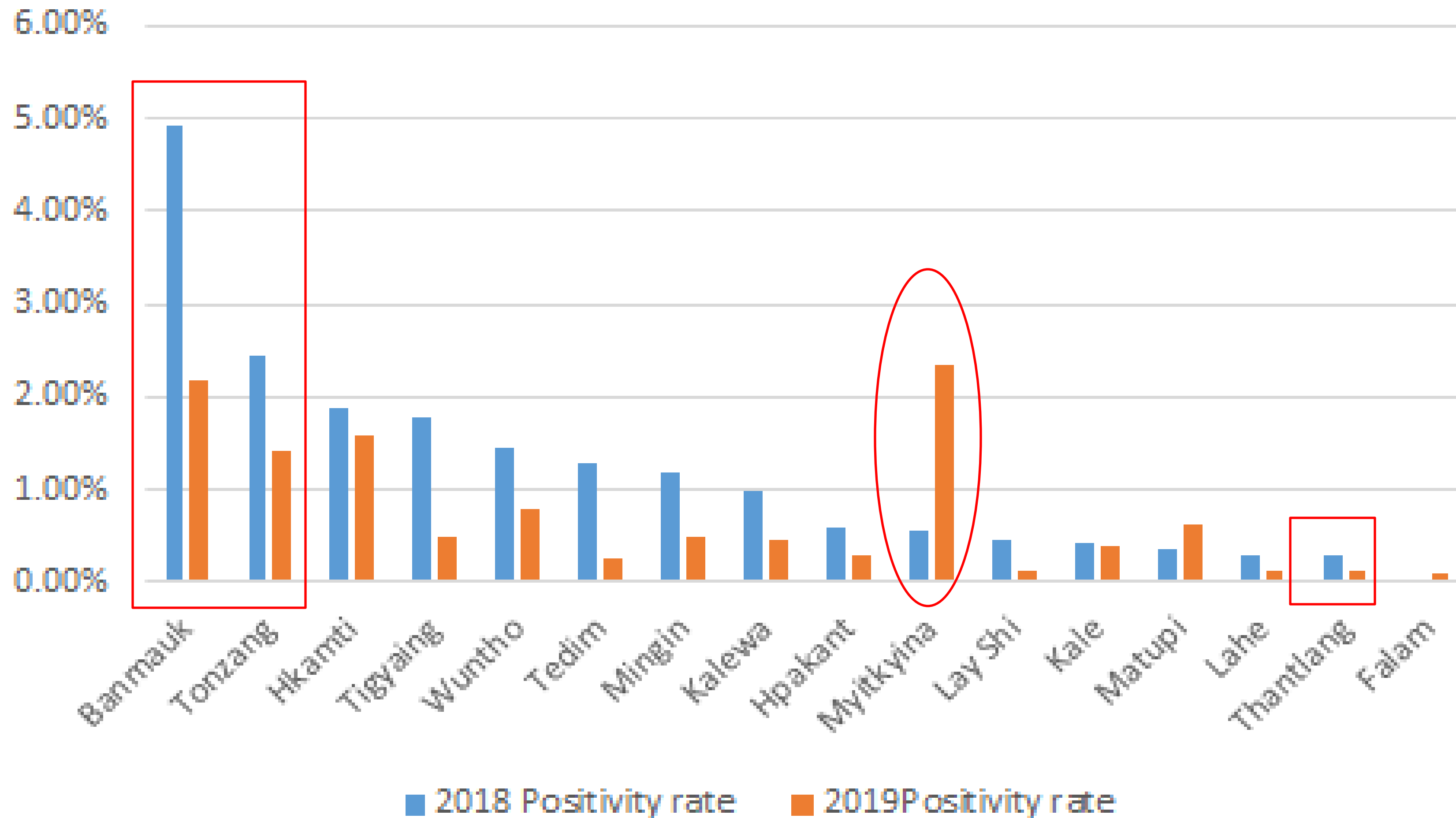
# 2018 v 2019 Testing and Positivity Rate



# Provider and caseload by township in 2018 and 2019



# Positivity Rate between 2018 and 2019



- **Banmauk** saw the highest decrease in positivity rate.
- **Tonzang** was next, and then **Thantlang**.
- **Myitkyina** saw a jump in positivity rate of **1.77%** from 2018 to 2019.....

# Reporting & Surveillance : What is MCBR?

MCBR is a **Malaria Case-Based Reporting app**, created in collaboration with Save the Children, for PSI health providers that allows for **real-time reporting** of malaria case data into the PSI data software, DHIS2. The app was created to **strengthen malaria surveillance** and **improve private sector malaria reporting**.



What data does it collect?



Where is this data collected?



How is this real-time data useful?

Malaria Case-based Reporting  
Volunteer: ifoche\_test

NEW CASE | Symptoms

Malaria symptoms present? \*

Yes ☒ No ☐

Care sought within 24 hours?

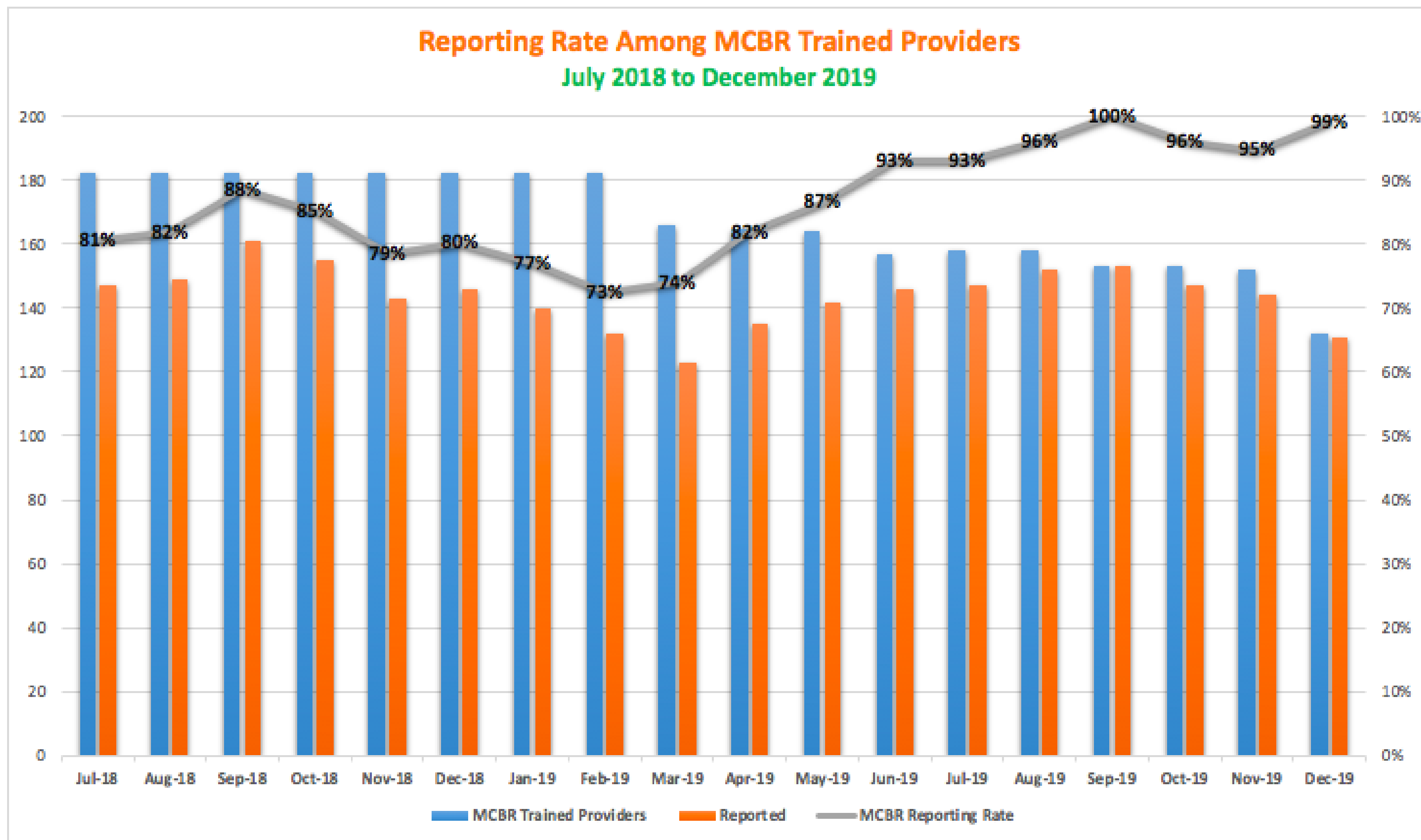
Yes ☐ No ☒

Severe symptoms present? \*

Yes ☒ No ☐

PSI has trained its providers to use this app to enable real-time reporting of malaria case data into the PSI data software called DHIS2. For areas with lower internet connectivity, Paper-Based Reporting is used.

# Reporting Rate between 2018 and 2019



- Providers were trained to use a digital malaria reporting application called MCBR to provide **real-time data** on case notification.
- Reporting rates **increased** as providers continually used the application which began in July, 2018.
- Highest reporting rates in 2019, providers reached **100%** reporting in **September 2019**.



## Communities reached by Health Education sessions

**A total of 103,940 participants were reached by Health Education Sessions conducted by PSI providers in the targeted townships.**

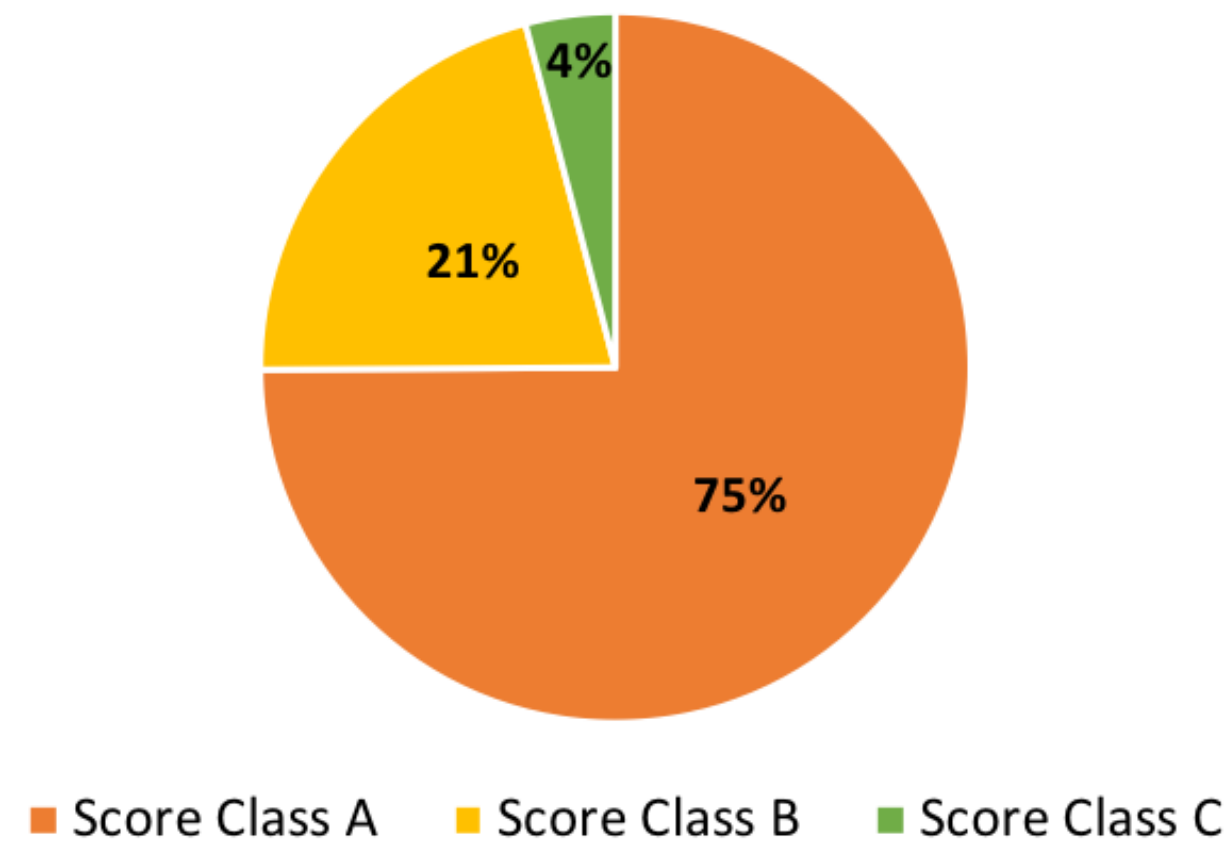
- These sessions targeted health education messaging on Dengue, Malaria, HIV, TB, Leprosy and Lymphatic Phyllaries disease to involved participants.
- Providers also provided IEC materials and other commodities with Health Education messaging, all aiming to spark health behavior change.

What are we proud of?

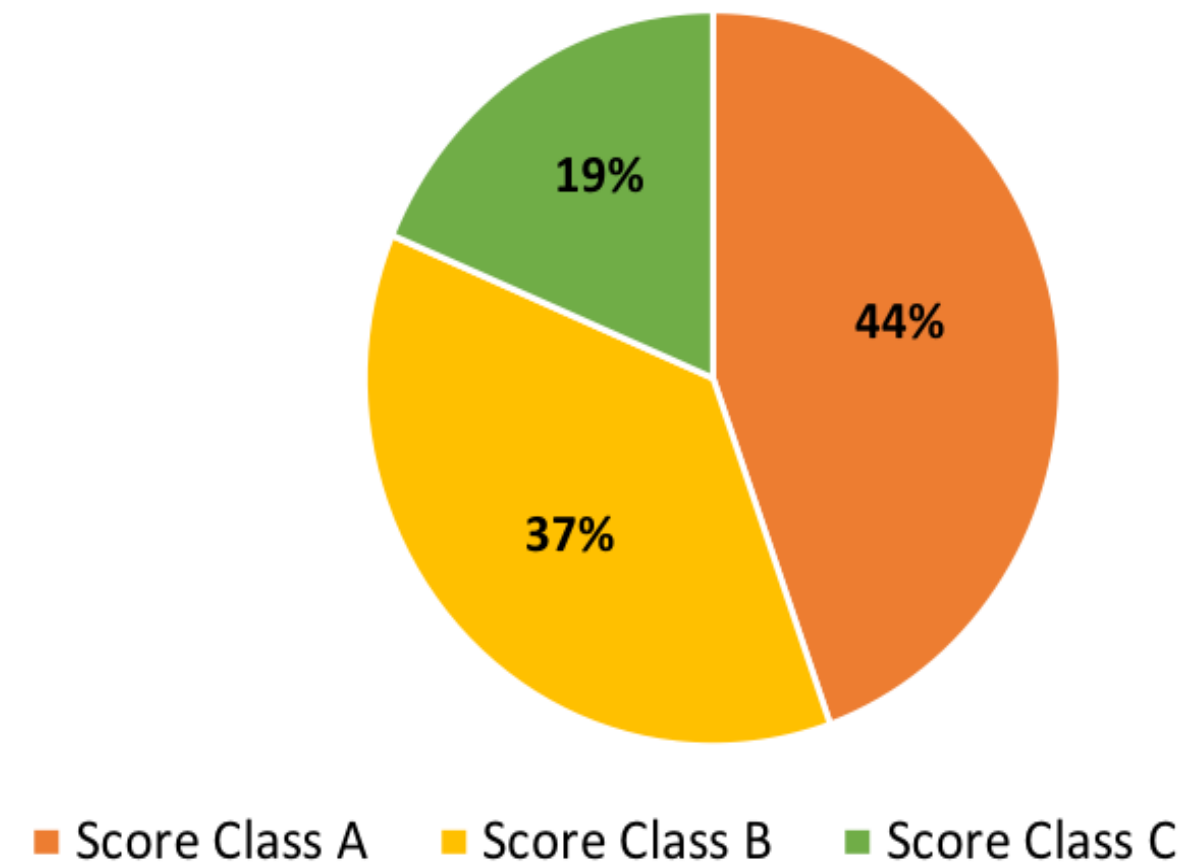
# Reporting & Surveillance : What is HNQIS?

HNQIS is a **quality of care assesment**, created to asses the quality of care provided by PSI health providers. It asses whether providers follow national guidelines for testing, treating and quality of reporting. It donates a score that corresponds to a letter grade of A, B or C, with A being the best performance.

2018 HNQIS Score



2019 HNQIS Score



The assesment is conducted on a mothly basis during the provider's supervised visits to ensure whether testing, treatment and reporting was conducted in accordance to national guidelines.

# Insight Study: Strategic Program Intervention

**PSI conducted two insight studies at the end of 2018 and 2019, respectively, to identify provider barriers to providing malaria services and understanding beneficiary health-seeking behaviors.**

By conducting interviews with both, providers and beneficiaries, the insights from the studies were used to formulate strategic program intervention targeting:

- Barriers for malaria services
- Health-seeking behaviors
- Knowledge of malaria

## Key Findings:

- Low knowledge of mRDT made it hard to test every fever case.
- HE talks lacked interest and awareness
- Patients typically first self-medicate and then visit quacks and pharmacies If symptoms persist due to difficulty in finding transportation.
- Communities do not know proper malaria prevention methods and often confuse Dengue and Malaria.

## Strategic Program Intervention

- Update IEC and HE messaging to align with gaps in communities' knowledge.
- Community engagement for malaria testing and treatment and awareness to malaria elimination by 2030.
- Conducting refresher trainings and updating providers on malaria knowledge.

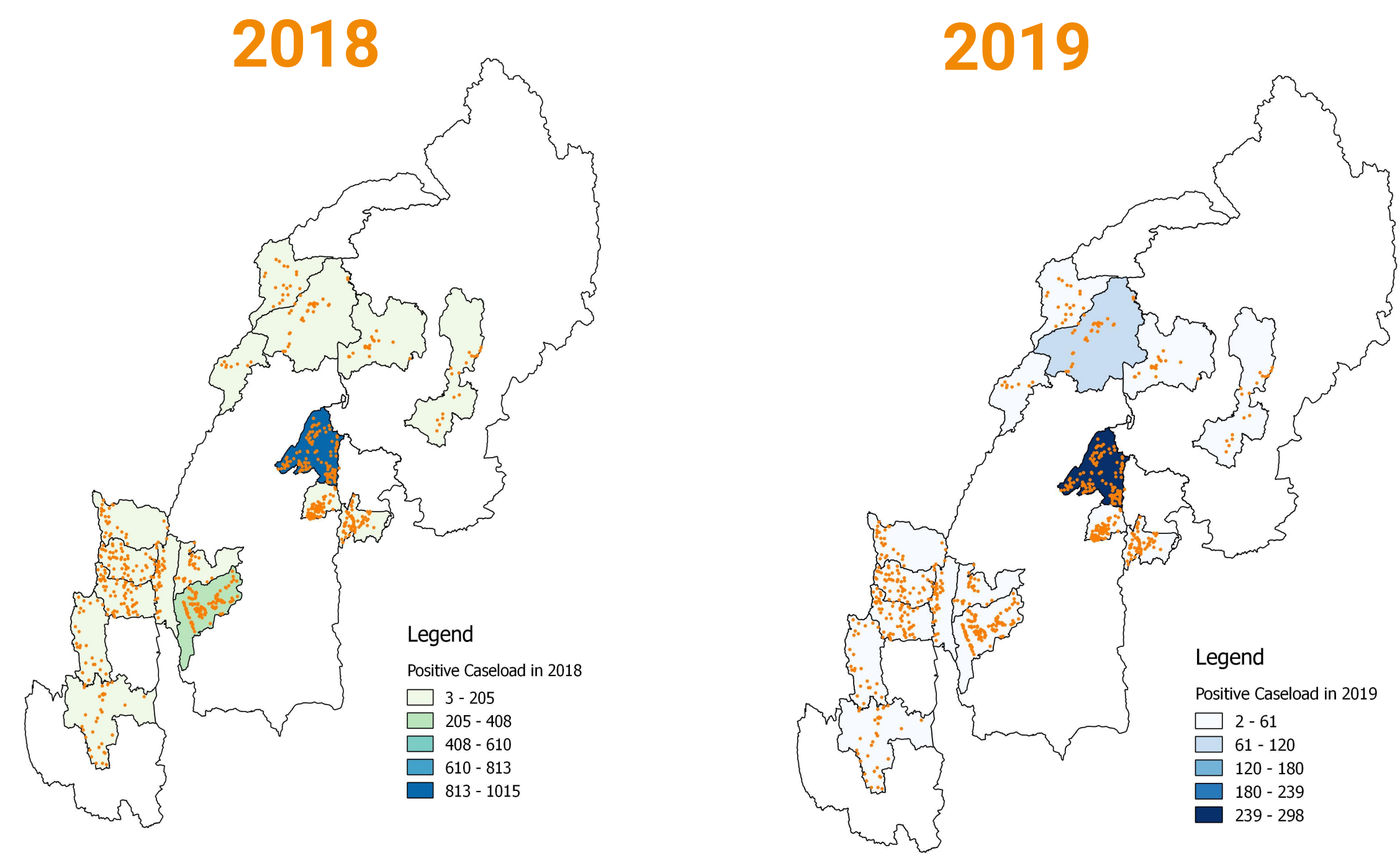
created a network of  
motivated providers in spite of  
hard-to-reach communities  
and declining malaria

**In November 2019, the PSI Malaria team travelled to Chin  
State to speak with their providers and hear from the  
communities they serve.**

**After three days of travel through turbulent flights, narrow  
streets and bumpy roads on steep mountains, the team  
finally arrived at the communities.....**

**\*Insert link to the video\***

# How has malaria changed in the selected townships?



From Jan 2018-November 2019:

**2018 - 2,120** Confirmed cases received first-line antimalarial treatment as per national guidelines.

**2019 - 698**

**13 out of 16** Townships saw a drop in positivity rate of malaria from 2018 to 2019.

**97%** Of all confirmed cases received first-line antimalarial treatment as per national guidelines.

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What next?



# Leaning Forward

**Since the beginning of the project in 2017, PSI's contribution to malaria elimination in these hard-to-reach communities has continually seen indicator improvements...**

Health Education sessions have sparked Health Behavior Change in these communities

Provider Motivation continues in spite of reducing malaria burden.

PSI strategically places provider in high-burden, hard-to-reach communities to target these populations.



**PSI will continue working on Malaria in these hard-to-reach communities by continuing to support all of the provider activities for targeted providers in these high-burden areas.**

Thank you, Comic Relief!