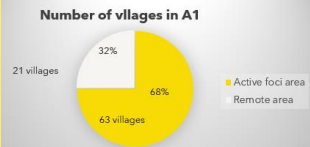


Introduction

Malaria infections remain an important public health Problem for the Thai-Myanmar border population, despite a plan for the elimination by the end of 2026 (Thailand). Kanchanaburi province is a one of province with high malaria cases with poor infrastructure, numerous barriers of geographical access, availability, affordability, and acceptability hamper access to government health services and such a strategy is simply not feasible. Improving access to malaria treatment in rural remote areas remains a major challenge for us.



How many remote areas in Kanchanaburi?



From total 63 villages active foci area (village). There are 21 villages around 32% of

A1 village (in 4 districts) are settled in remote area which some of these villages can't be accessed because road to village is not good, no mobile network and far from health service point around 20 km. from village. Those 4 districts are including Sangkhla Buri, Thong Pha Phum, Si Sawat, Sai Yok districts which the number of remote villages are 7, 11, 2 and 1 respectively



Access to malaria diagnostics and treatment in rural remote areas in Kanchanaburi, Thailand



By ALIGHT Southeast Asia Program, Thailand.



REACH

- Using community health volunteers in village. Providing the training and build their capacity on SBCC and screening on door-to-door method.



- Providing some incentives for health volunteer to finding the case, refer to malaria post and also follow up activity.



- LLINs distribution in community.



TEST

- Referring the malaria case to testing at malaria post.
- Mobile clinic 1-3-7 measure activity for active case detection.
- Using RDT and G6PD testing in government facilities



TREAT

- Treatment adherence by DOT watcher.
- Follow up on Day14 Day28 Day60 Day90 for periodic blood malaria checks by community health volunteer.
- Educate the patient and family about preventive measures.

