



LAO PEOPLE'S DEMOCRATIC REPUBLIC
Peace Independence Democracy Unity Prosperity

Ministry of Health
Country Coordinating Mechanism
Global Fund to Fight AIDS, Tuberculosis and Malaria

Vientiane Capital, Date **19 MAR 2019**

Report of Oversight Field Visit
Oversight Field Visit Team
Luang Namtha Province, Date 17th –23rd February 2019

I. Introduction

According to the annual oversight plan, the oversight committee and relevant stakeholders will conduct an oversight field visit to oversee the project's activities implementation which supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) at Provincial, District and Health Center levels on a biannual basis. This field visit mission was conducted in Luang Namtha Province from 17th-23rd February 2019. The objectives of the field visit are to oversee the implementation of the project and find out the strength, weakness and challenges. In the meantime, to tackle the weakness and enhance the strength, and overcome the challenges in order to make the Global Fund's projects are smoothly implemented and achieved as planned by focusing on five key issues such as finance, procurement, implementation, reporting and results (output/ outcome).

II. Visiting Sites

The sites of oversight field visit are:

1. Provincial Health Department of Laung Namtha Province;
2. Provincial Hospital (TB and HIV Units);
3. Long District Health Office;
4. Xiengkok Health Center;
5. BanThard Health Center;
6. Sing District Health Office;
7. Kokmuang Health Center;
8. Namdai Health Center.

III. Participants

The oversight committee and relevant stakeholders are involved in this mission as follows:

1. Vice-Minister of MOH, CCM chair;
2. The representative of Department of Communicable Disease Control, MOH;
3. The representative of Public Administration Development Department, MOHA;
4. The representative of External Finance Department, MOF;
5. The representative of CCM including CSO;
6. Director of Center of HIV AIDS and STI (CHAS);
7. Director of National Tuberculosis Center (NTC);
8. The representative of Center for Malaria Parasitology and Entomology (CMPE);
9. The representative of PR PMU;
10. Representatives of CCM Secretariat.

IV. Findings of the oversight field visit

The oversight field visit team has summarized the findings with recommendations to address the issues related to these three disease programs, in order to improve the implementation of project's activities in the future (see table below).

HIV/AIDS

| Summary of overall key progress and issues |
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| 1. Key Progress |
| Generally: <ol style="list-style-type: none">1. From provincial to Health Center level, key activities implementation have been supported by two funding sources, the GF and the Government;2. Under the guidance of the provincial and district leaders, the projects were successfully implemented;3. Local staffs from provincial to health center levels supported the project's activities. |
| HIV/AIDS <ol style="list-style-type: none">1. Functioning provincial and district committees of AIDS Control;2. Provided HIV counseling and testing for the HIV diagnosis at provincial and district levels;3. More patients accessed to the counseling, testing and treatment even though limited budget for the activities implementation;4. The HIV/AIDS prevention and control is collaborated from various stakeholders for instance government, CSO and international agencies;5. Despite budget constraints to conduct trainings, district team provided on job training during monitoring and supervision for HC staffs;6. From district up to provincial and national levels, DHIS2 has been used for reporting on HIV program. |
| Tuberculosis: <ol style="list-style-type: none">1. Received funds from the GF and the Government to implement key project's activities from province to health center level;2. Overall, the reports were submitted on time;3. Use of GeneXpert test to provide a rapid diagnosis and detection at provincial hospital;4. Health care services have been provided from Health Center up to provincial level;5. Most of the project's activities were implemented as planned and according to set indicators;6. The staff showed responsibility to perform their duties from HC up to provincial level;7. From district up to provincial and national levels, DHIS2 has been used for reporting on TB program8. As part of the Government co-financing agreement, health facilities have improved, e.g. TB IPD (In-patient Department) building in Long District hospital and TB coordinating office at Sing district. |
| Malaria: <ol style="list-style-type: none">1. Malaria training on surveillance, case management and vector control was provided at provincial and district levels;2. Malaria control network has been occupied from HC up to provincial level;3. The incidence rate for malaria has decreased in the entire province;4. DHIS2 has been used for reporting on malaria program from district up to provincial and national levels;5. The rapid diagnostic test has been provided at provincial, district and health center levels and the medicine is not out of stock;6. Long Lasting Insecticidal Nets (LLIN) have been distributed to the target villages. |

2. Key Issues

Generally:

1. Delayed implementation of some project's activities due to receiving delayed budget, road access issues and ethnic language communication barriers;
2. Limited budget to implement the project's activities in the remote areas;
3. Equipment and vehicles of some health facilities are very old and insufficient to support the work at the local level i.e. old ambulance cannot access to the mountains;
4. Insufficient human resources from HC up to provincial level.

HIV/AIDS:

1. Limited budget for the HIV/AIDS activities implementation, especially for HIV campaign, prevention and follow-up patients;
2. No HIV/AIDS prevention and control activities implemented in the area of railway construction, border areas and for the migrants;
3. The coordination between the HIV/AIDS control committee and relevant stakeholders is not functioning enough for example information sharing and reporting;
4. HIV test kits is not enough;
5. HIV infection has a trend to gradually increase and found a lot of STI cases, and not all STI patients have done HIV testing;
6. Insufficient human resource and their knowledge and capacity are limited;
7. Limited understanding on HIV/AIDS in the community and individual including medical staffs.

Tuberculosis:

1. The majority of population are ethnic groups, cooperation is very limited as they tend to obey to their customs;
2. Due to language barriers, communication with the ethnic patients is difficult;
3. Low TB suspected cases finding for the children;
4. No figure reported on TB case finding through TB campaign from the partners;
5. Poor patients management which showed the patients took the TB drug for some period and then disappeared including patients who moved to work in another places which caused the treatment processes is not properly completed as planned causing more MDR patients;
6. Direct Observe Treatment (DOT) implementation at HC is not functioning well as the patients are in the remote areas;
7. Limited HIV test kits and TB preventive drugs;
8. HIV testing for the TB patients is not achieved 100%;
9. Limited budget for implementation the prioritized TB activities.

Malaria:

1. The staffs of some districts are regularly changed their duties and the replaced staffs have not been trained;
2. Delayed report and information submission of some districts due to internet connection constraint;
3. Limited budget for monitoring and supervision of pharmacies and clinics;
4. Cannot collect data on the number of migrants.

3. Propose from province, district and health centers

1. Request more staff to support provincial, district and health center levels;
2. Request more funds to support the 3-disease programs from provincial to health center levels;
3. Request to develop the IEC materials through radio and TV with ethnic language for instance AKHA and Kuir language;
4. Request to increase the supervision budget for the province, district and HC;
5. Provide sufficient HIV test kits and TB preventive drugs;

6. Request budget to construct three more TB IPD buildings at provincial hospital, Sing district hospital and Nalae district hospital;
7. Malaria: Request budget for organizing a refreshment training for pharmacies and clinics.

4. Recommendation/Solution of OFV Team

Generally:

1. In relation to the human resource: Propose the province and district to streamline the division of labors and budget, for example one staff in charge of various duties and conduct on the job training to the staff who have limited skills and knowledge in specific areas;
2. Given the GF budget limited, the province should allocate state budget for training and monitoring;
3. The province and districts should make a work plan with estimated budget for the three-disease programs;
4. The province and districts are requested to collect data on migrant population from related offices for using as the baseline data in the cases finding;
5. The districts and HC are requested to have a joint action planning;
6. The Ministry of Labour Social Welfare should work in collaboration with the MOH and IOM to provide data related to the migrant situation. This will enable MOH and LuangNamtha provincial health department to develop their action plan effectively.

HIV/AIDS:

1. The province and districts are requested to conduct more HIV rapid test in order to achieve the set targets, particularly to access the migrants working in the speed railway construction, rubber and banana plantation, and others.

Tuberculosis:

1. To timely implement the project's activities, especially budget spending for sputum transportation in order to increase more TB cases screening as planned;
2. Increase case finding of TB patients in children, adults, migrants, closer-contacted people with TB patients and high-risk groups by providing more IEC, and conducting ACF;
3. The province and districts are requested to encourage and explain to the patients that are rejected for treatment, and talk with key persons in the family to understand the importance of treatment;
4. Enhance the sputum transportation from HC to district in order to increase more TB cases diagnoses;
5. The district and village authorities are requested to influence the MDR-TB patients to have access to the full treatment;
6. Due to high migrant population in this Province, it is recommend to include LuangNamtha in the upcoming GF regional TB grant.

Malaria:

1. The province and districts are requested to conduct more Malaria rapid test in order to achieve the set targets, particularly to access the migrants working in the speed railway construction, rubber and banana plantation, and others;
2. The local authorities are requested to pay attention to malaria surveillance in each level, if found malaria cases, then timely follow the 1-3-7 response.

The Oversight field visit team of the Country Coordinating Mechanism of the Global Fund to Fight AIDS, Tuberculosis and Malaria would like to express our sincere appreciation and thanks

to the leaders of Provincial Health Department of Luang Namtha Province, TB and HIV Units of Provincial Hospital, Long District Health Office; BanThard and Xiengkok Health Centers of Long District, Sing District Health Office, Kokmuang and Namdai Health Centers of Sing District as well as all related officials who participated in this field visit for your kind hospitality and cooperation to carry out this oversight field visit successfully.

Team Leader of OFV



Assoc. Prof. Dr. Phouthone Muongpak
Vice-Minister of MOH, CCM Chair

Reporter



Noukorn Thalangsy
Coordinator and Finance Officer
CCM Secretariat, GFATM

Some photos of Luang Namtha field visit:

Meeting with LNT PHO and provincial hospital



Debrief meeting with LNT PHO and provincial hospital



Meeting with Long DHO, district hospital and Xiengkok health center



Visited Long district hospital



Visited BanThard Health Center (Ket Muang Nung)



Meeting with Sing DHO and Kokmuang
and Namdai health centers

