



LAO PEOPLE'S DEMOCRATIC REPUBLIC
Peace Independence Democracy Unity Prosperity

Secretariat of the Country Coordinating Mechanism
Global Fund to Fight AIDS, Tuberculosis and Malaria

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No...../CCM.Sec.GFATM

Vientiane Capital, Date **25 OCT 2016**

Report of Oversight Field Visit Champasak Province Date 25th – 28th September 2016

Main Purpose:

To oversight the implementation of the projects supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) at Provincial, District and Health Center level accordingly to the oversight schedules, and focused on five key issues: finance, procurement, implementation, results (output/outcome), and reporting system in order to supervise the implementation of the projects, activities executed according to plan and oversee the achievement of the targets.

Target Sites:

- **Date 26 September, 2016: Provincial Health Department**
 - ARV Center, Provincial Hospital
 - Health Office of Xanasomboun District
 - Khampaeng Health Center
 - Nakeo Health Center
- **Date 27th September, 2016: Health Office of Phonhong District**
 - Nonghaikhok Health Center
 - Kaokeung Health Center
 - Meeting with administrative committee of Provincial Health Department (PHD)

Summary of Results:

The teamwork has discussed with the Provincial Health Department, District Health Office and Health Centers about the status of the implementation of the GFATM, and additionally analyzed the progress of supported projects, strengths to learn, weakness to improve and key issues to resolve.

HIV/AIDS/STI

1. Key Progress

Provincial, District and Health Center

Project Implementation:

1. Under the guidance of Provincial Health Department, implementation of activities was conducted as planned
2. Effectively monitored on performance activities at District level: reporting system, documentation management, CSO, PEDA, LAOPHA and in addition, PEDA and LAOPHA.
3. Supported patients and families of patients that approached to receive treatment and continue taking their drugs

Technical:

1. In 2015, the number of HIV infections reported were 120 cases and 39 death cases. In 2016 (Up to September 2016) 54 positive cases and 14 death cases
2. In 2015, the number of people receiving counseling on HIV were 10,684; During the first six months of 2016, a total of 4,547 people
3. In the first six months of 2016, HIV protection infection from mother to child was approximately 6,156; pregnant women that attended for HIV test infection were 2,168 and within these 3 positive cases were reported
4. From 2010 to June 2016, the total of HIV patients registered in Champasak Province were 780: 737 adult cases and 43 children cases
5. From 2010 to June 2016, registered patients with HIV receiving ARV were 649 cases: 623 adult cases and 41 children cases.
6. Female Sex Workers (FSW) can carry out successfully their work as expected from Provincial to District level.
 - Training on HIV/STI to friends at restaurants and entertainment places in Pakse and Phonthong District
 - Distributed condoms and recommend on how to prevent and use condoms correctly and how to negotiate with their clients
 - Although the rate of using condom for FSW with their clients was up to 99.5%, use of condoms with their regular partners was 55%, leading to risks situation given most of FSW are infected with STIs
 - FSW who have been consulted and blood tested was 85.5% compared to set indicators
 - Number of FSW infected 7.7% compared to set indicators
 - From 226 FSW tested, 40% were positive in STIs
7. From Province to District level, activities for infected population were successfully implemented:
 - Activity for gathering group members (284 members), including 26 new members
 - Home visits to acknowledge families of the problem
 - Following up of patients lacking drugs and access to treatment, including 66 new patients to be treated
 - Conducted 459 advertising to make understand the community on how to live with people infected with HIV

Financial-Material and Procurement:

1. The HIV/AIDS network is covered from Central to local level; staff is trained, Provincial Hospital has an ARV center to treat infected HIV/AIDS patients.
2. During the first 6 months of 2016, received twice a grant from the Global Fund for NFM for a total amount of 181,418,000 Kip to perform activities such as home visit and follow up the patients that lacked ARV drug
3. The budget is from 3 sources: Global Fund, ADB and the government budget (for technical

support); The budget is largely paid for the treatment of patients at ARV Center, support to conduct IEC of HIV/AIDS lessons in communities at the District Level (Xanasomboun and Phonthong District). In addition, budget for management and monitoring for two quarters and organize quarterly workshop lessons, 4 times per year.

4. The budget was provided to the secretariat for administration and management within the ARV Center and for the administration at the District Level (some districts)
5. Budget of PCCA activities has the amount of 41,902,000LAK, already been disbursed 28,903,000LAK and remains 12,999,000LAK
6. Budget for group activities has the amount of 124,253,665LAK/already paid 119,017,500LAK and remains 5,236,165LAK
7. In 2015-2016, received rapid test kits: Determine 14,800 units (distributed completely); Unigold 500 units and distributed 207 units; expired 33 units and remained 260 units
8. In 2015-2016, received 198,720 condoms and distributed 133,558 units, remaining 332,278 units
9. Ensured that the medicines will not be out of stock in the warehouse

Reporting, Monitoring and Assessment:

1. There is a team responsible to regular report on VCT and treatment information
2. Report from Health Center to District and District to Province and Province to Central
3. Reports were usually submitted on time
4. Overall, the implementation of the activities was conducted as planned.

2. Key Issues

Provincial, District and Health Center

Project Implementation:

1. Lack of coordination between HIV/AIDS units and partners; Province unknown activities operated by the partners; there is no share of learned lessons
2. Number of FSW is increasing in restaurants, bars and entertainment places
3. Less activity has been conducted to access FSW groups
4. HIV/AIDS activities can be extended only to District level
5. Most of infected patients are needy population with high difficulties to access treatment and drugs

Technical:

1. Although the rate of use of condoms by FSW with their customers is up to 99.5%, use of condoms with their regular partners was 55%, leading to risks situation given most of FSW are infected with STIs
2. The STIs treatment is also difficult to access for the couple
3. Analysis of opportunistic infection can not be test for everyone
4. Since 8 months ago, lack of rapid test kits, especially in Nonghaikhok and Kaokeung Health Center.

Financial, Materials and Procurement:

1. Budget for project implementation is insufficient
2. No budget for activities to access target population (FSW, MSM and MMP)
3. Budget for the activities is limited and not sufficient enough to access remote areas
4. Lack of vehicles for visiting the patients at home
5. HIV/AIDS rapid test kits are not sufficiently provided

Reporting, Monitoring and Assessment:

1. Some village volunteers do not share lessons
2. Incomplete reports on number of patients with co-infection TB/HIV

3. Recommendation of OFV Team

Provincial, District and Health Center

Project Implementation:

1. Provide general counselling to population
2. Provide counselling to pregnant attending health services
3. Provide counselling to target groups FSW & MSM
4. Continue to conduct activity with risk groups and enable free distribution of condoms
5. Treatment for sexual transmit infection diseases
6. AIDS treatment center
7. Disseminate IEC on HIV/AIDS and volunteer for peer education (CSO)
8. Merging infection groups (CSO)
9. Office Management Budget
10. Enable to gather groups regularly and continuously
11. Conduct regular home visits

Financial, Materials and Procurement:

1. ARV Center should have a cabinet to classify documents
2. The provincial secretariat and ARV Center should coordinate actively and regularly to supply medical equipments, ensure drugs stock, and facilitate treatment on time.
3. Enhance the treatment services for sexually transmitted infections
4. Improve the follow up of patients during their treatment avoiding disappearance
5. Budget management should be provided to the network of District and Health Center
6. New staffs should receive training for technical and administrative management
7. Make a budget plan to request budget support from the Government for HIV/AIDS projects
8. Improve counseling
9. Improve treatment services on STI diseases
10. Ensure timely and complete reporting as work scheduled
11. Improve on keeping documents and files copies of each reports
12. Increment the cooperation with other organizations and involved partners in the activities to control HIV/AIDS.
13. HIV/AIDS should share the conduction with TB activities

4. Local Proposal

Provincial, District and Health Center

1. PEDDA should intensify cooperation with the Provincial Secretariat; the previous quarter meeting was never organize and there is no implementation workplan in 2016
2. Activities should be address to reach FSW in restaurants, bars, entertainment, guesthouses and massage centers.
3. Allowances and incentives should be increase for staffs from provincial to local level

ARV Center:

1. Request budget to construct new building for HIV/AIDS and provide necessary equipment to treat HIV/AIDS
2. Request budget to spread activities to other districts and not only the specific risk target group
3. Request for device to do media advertising: TV, Video, LCD for Treatment Center
4. HIV/AIDS rapid test should be provided suffiently
5. Request for equipments for ARV Center (a cabinet to store documents and a laptop to use Software Mers)
6. Request a vehicle for ARV Center

MALARIA

1. Key Progress

Provincial, District and Health Center

Project Implementation:

1. Under the guidance of the leaders and provincial health committee, the projects were successfully implemented
2. Although the number of staff is reduced there is an effective performance of the activities at each level (Province, District, Health Centers and Villages)
3. Good cooperation and assistance from Health Office of District, Health Center and Local Administrative Authority
4. Conducted the activity for malaria control regularly in center service over the province
5. There are some international organizations in this province such as HPA and PEDDA working in partnership to control Malaria.
6. RAI Project included: CMPE and HPA
7. ICC2 Project included: CMPE, HPA and PEDDA
8. NFM included: CMPE, HPA and PSI

Technical:

1. The status of malaria illness and deaths in Champasak province has decreased 40% in the first 6 months of 2016 comparing to 2015.
2. With the support of CMPE distributed 218,350 LLNs units to 824 target villages and population, covering over 98% (578,671/588,270)
3. There are more facilities available at the Provincial, District and Health Center level as well as the additional volunteers available to provide services to target population: PPM, MMP and MP.
4. Conducted monitoring at all level and as planed
5. Most of the activities achieved the expected targets.

Financial, Material and Procurement:

1. Medical treatment and diagnosis inventory are not available in the warehouse
2. Staffs in health centers and village volunteers have been trained to provide basic medical treatment for malaria.
3. Sufficient materials (bednets, medicine, diagnostic equipment) vehicles and administrative tools
4. The central (Ministry of Health, CMPE and Department) has given suggestions and provided proper tools to the local health office
5. Procurement and employment has followed regulations of the Government and programs
6. Mobile medical package for emergency service: provided 60 bags to the military and 140 bags to MMP group (total 200 bags)
7. Received grant from several fund sources such as: NFM, RAI, ICC2, obtained from the Central as the amount proposed plan through the banking system.
8. In 2016, received grant from the Global Fund
9. Received amount of 78,031.76USD from RAI; RAI-ICC2 received amount of 14,440.29USD
10. Received amount of 35,005.30USD for transportation fee for bednets distribution and some other devices
11. Received amount of 430.56USD for conducting IEC on malaria via radio and television
12. Received amount of 24,182.42USD for implementing activities Q1-3
13. Received amount of 795.95USD for sending samples to analyze

Reporting, Monitoring and Assessment:

1. Staff at Provincial and District level have been trained on using DHIS2 system to collect and report information of malaria in 2015 and received a similar training this year
2. It was agree by the CMPE to start using the DHIS2 system and replace the previous system.

3. Ideally, the province uses M-Supply and ODK that is the tool to support monitoring and reporting materials
4. Overall, the implementation of the activities was conducted as planned.
5. The system report has been improved on each level
6. Malaria situation tends to decrease, already in the first six months of 2016 was reduced 40% compared to 2015, except in some districts and remote areas
7. Malaria control network covers Provincial, District, Health Centers and Village Volunteers
8. No death-patients reported by malaria

2. Key Issues

Provincial, District and Health Center

Project Implementation:

1. Limited quantity and quality of staffs at all levels of government
2. Task and good performance of projects is limited, particularly for the local implementers
3. Coordination with other partners is not good neither continuous
4. Insufficient staff with practical experience. This year in particular after the dengue occur, staff was allocated to work for the epidemic and affect their focus malaria work
5. Malaria work is based on vertical working system, and failed to coordinate between provincial health department and health office of district
6. The documentation classification is not systematic at health center level

Technical:

1. Champasak province received grant from the Global Fund with multiple formats (NFM, RAI, ICC2), the data collection to report on the indicators is not show in detail as for RAI program, which is critical for surveillance and malaria control MDR
2. The determination of MMP in the province is difficult and confusing to plan malaria control
3. Difficulty in access treatment for malaria infections in P.vivax (not only in Champasak province).
4. Unknown number of MMP
5. Difficulty to access villages and control of MMP

Financial, Materials and Procurement:

1. Delay in receiving grants from the central; activities can not be implemented in time
2. Use of budget is not achieved as expected goals
3. IEC was not implemented regularly

Reporting, Monitoring and Assessment:

1. Overall, in every Province, Districts and Health Centers there is no understanding on project funding
2. Delay in implementation
3. Using the new DHIS2 system including computer lesson in district level has not been well understood, more training is needed
4. The report system of the district to provincial level is very unefficient (incomplete and not timely)
5. The status of malaria is increasing particularly in Xanasomboun District

3. Recommendation of OFV Team

Provincial, District and Health Center

Project Implementation:

1. Enhance weekly and monthly work procedures, performance and responsibilities of the staff
2. Should coordinate with other sectors to support and help implement existing malaria control programs
3. The staff should work closely with upper level management and get guidance from them to successfully implement the projects

4. Improved coordination with partners
5. Province and district have a plan to build capacity of staffs from 2016 to 2020, this capacity should improve their technical knowledge and is focus on upper level staff from Provincial Health Department
6. Continue on expanding malaria control over the remote areas

Technical:

1. CMPE encouraged Provincial Health Department and Health Office of District to share lessons learned
2. CMPE also encouraged to better understand about the NFM, RAI, ICC2 projects (name, goals, objectives, amount of grant, indicators, activities, responsibility and performance of each project)
3. Follow up the surveillance for malaria epidemiology
4. Focus on IEC in order to engage local people to understand the transmission of malaria disease and how to prevent it. If a suspected case, to urgently seek for a medical or health worker to provide the right diagnosis and treatment on time
5. Follow up on the diagnosis and treatment in public, private, community and mobile units
6. Provincial health department should monitor district, health center and villages
7. Monitore the distribution of LLNs
8. Provide training on investigation and outbreak response

Financial, Material and Procurement:

1. Disbursement of funds should be done through banking system
2. Provincial Malaria Station should inspect grants that have already performed the activities of the projects from NFM, RAI ICC2, in order to don't have repetitive activities.

Reporting, Monitoring and Assessment:

1. Monitore and evaluate periodically to collect and report the information from DHIS2 system
2. CMPE propose to reinforce monitoring
3. Try the evaluate all of the responsibilities at each level to clarify the strengths, weaknesses, pending issues and find solutions quickly when events occurs
4. Monitore the diagnosis and correct treatment in public, private, community and mobile units
5. Financial reports should be elaborated on each activity

Additional Attention:

1. Submission of samples for analysis should be done regularly
2. Follow up the medical treatment list and ensure the warehouse does not lack medical treatment
3. Follow up the surveillance for malaria epidemiology
4. Focus on IEC in order to engage local people to understand the transmission of malaria disease and how to prevent it.
5. Ensure timely and completely reporting
6. Ensure to keep safe copies for each report
7. Should use the designed-installed-trained tools such as M-Supply and DHIS2 on a regularly basis

4. Local Proposal

Provincial, District and Health Center

Provincial:

1. Staff allocated for malaria control should suit responsibilities according to experience and knowledge
2. Technical and administrative training should be provided to staffs at the provincial, health center and the target village levels
3. Improve reporting system to be used easier
4. Improve the treatment of malaria infection, particularly P.vivax
5. Study and survey on malaria infection through MMP
6. Propose the Global Fund to continue supporting the grant to control malaria in Lao PDR

TUBERCULOSIS

1. Key Progress

Provincial, District and Health Center

Project Implementation:

1. Improved health strengthening system
2. Party members have showed unity and enthusiasm to perform their assigned duties
3. Under the guidance of the provincial health department, the projects were successfully implemented
4. Tuberculosis network control is covered from provincial to health center
5. Staff at all levels have been trained
6. Overall, successful implementation of the activities according to the plan
7. The coordination and cooperation is both, vertically and horizontally
8. Most patients have access to treatment
9. The patients with HIV/AIDS and TB have access to the treatment at the center
10. Good location
11. Shared learn experiences to enhance coordination in the health field and related sectors from provincial to local level
12. Enhance IEC advertising in order to make local people understand the importance of prevention and health promotion
13. Replacement staff are effective and qualified to perform their responsibilities

Technical:

1. Most of the activities achieved the expected targets
2. Detailed report
3. There is a Gen-Xpert machine to provide tuberculosis diagnosis in provincial level
4. Patients with tuberculosis can be treated
5. Monitoring at the health centers and counseling to patients
6. IEC was conducted at health centers and villages under health center
7. TB activities coordinated with HIV/AIDS are well implemented. All TB cases have been tested for HIV/AIDS
8. Health center are sending samples for regular analysis
9. Overall, the tuberculosis situation is decreasing

Finance, Material and Procurement

1. Received the implementation budget for the province, district and health centers
2. Received the grant from the Global Fund
 - Medicines and diagnostic tools: 81,355.55 USD
 - TB Sector: 343,088,000 Kip to perform activities:
 - Monitoring district and health centers
 - Maintenance office equipments for provincial, district and health center level
 - Conducted technical training courses
 - Conducted home visit by district level
 - Provide the fee for sending examples
 - Conducted IEC by partners
3. Enough budget to implement the activities from Province to Health center
4. Vehicles, medical devices, tests and drugs are sufficiently allocated from province to health center
5. Ensure that the medicine is available in the warehouse

Reporting, Monitoring and Assessment:

1. Has a system to completely and regularly report from provincial to district level
2. Quarterly report based on the existence plan from health center to district, district to province

- and province to central
- 3. Statistics report is done every 3 months
- 4. Financial report is monthly and used the NTC form

2. Key Issues

Provincial, District and Health Center

Project Implementation:

- 1. Administration, management and working method are not good enough
- 2. Knowledge and abilities of staff is limited
- 3. MDR-TB is increasing

Technical:

- 1. The suspected detection cases is not achieved as expected targets
- 2. The implementation strategy for DOTS (direct observed treatment short course) has not been well practiced and as consequence MRD-TB will be increase
- 3. Detected TB in children is low and limited
- 4. Due to lack of coordination, IEC is not accessible to ethnic and minority communities; particularly in remote areas
- 5. Lack of budget for IEC implementation

Financial, Materials and Procurement:

- 1. The budget for fiscal year 2015-2016 is been decreased therefore activities implementation is limited and insufficient
- 2. During the first 6 months of 2016 received twice a grant from the Global Fund for NFM for 140,362,000 kip
- 3. Lack of budget for IEC implementation

Reporting, Monitoring and Assessment:

- 1. Although the reporting system is facilitated, reporting submission of some district and health centers is still delayed.

3. Recommendation of OFV Team

Provincial, District and Health Center

- 1. Prepare a plan, contact the center and report timely after activities are completely implemented
- 2. Increase the samples sending to cover all districts especially target groups
- 3. Distribute the sputum box to all districts and health centers and advise on correct usage
- 4. The rate of tuberculosis cases remains high in Champasak province, detecting cases should be improved and increased
- 5. Enhance to implementation of DOT from provincial to health center to avoid causing MRD-TB patients
- 6. The IEC should access communities and ethnic groups in remote areas
- 7. The staff should be responsible allocated
- 8. Make the budget plan to submit to the government
- 9. Send suspected cases, follow up the treatment and risks groups
- 10. Visit in villages patients with TB
- 11. Training on the implementation of DOT should be provided to health center staff and village volunteers
- 12. IEC of TB should be promoted via radio and television
- 13. Monitoring should be conducted from province to district, and district to health center

Additional Attention:

1. Intensify case finding of TB patients in order to have a better detection rate and achieve national targets.
2. Improve the case detection of children with tuberculosis
3. Improve case detection for close relatives of tuberculosis patients
4. Follow up the treatment to ensure an effective of treatment and reduced the death of patients
5. IEC advertising for local people to know and understand the symptoms, counseling and prevention, including advises, diagnosis and treatment for people close to TB patients.
6. Ensure timely and completely reporting
7. Ensure to keep safe copies for each report
8. Ensure support cooperation with organizations and/or other partners involved in the activities to control the tuberculosis disease.

4. Local Proposal**Provincial, District and Health Center**

1. Propose the GF to continue the support to the TB grant to control and expand the activity to remote areas
2. Propose to provincial leaders to be considered for governmental budget to support the tuberculosis work
3. The budget should be provided on time

Summary of findings on oversight field visit evaluation of the projects supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria in Champasak Province focused on the key progress and issues as below:**1. Key Progress****Provincial, District and Health Center**

1. Under the guidance of the leaders and active officials, the projects were successfully implemented.
2. The HIV/AIDS network is covered from central to local level, staff is trained and provincial hospital has ARV center for treatment of HIV/ AIDS infected patients.
3. The budget was supported by 3 sources: Global Fund, ADB and Lao government (budget for technical promotion)
4. Most of the budget is for patient's treatment at the ARV Center
5. Successfully monitored the activities performed at the district level such as reporting system, documentation management, civil social organization and monitoring PEDTA, LAOPHA
6. Good cooperation among project team leaders and partners at all levels
7. For the patients: the access to ARV treatment resulted in the reduction of transmission and death rate
8. From the provincial to district level, FSW and KAP activities were achieved as expected
9. Ensured that the medicines will not be out of stock in the warehouse
10. There is a team responsible for regularly reporting on VCT and treatment information
11. Monitoring on implementing activities such as IEC materials have been broadly disseminated as well as condoms distribution
12. Work in partnership with international organizations such as HPA and PEDTA to control malaria in Champasak Province.
13. RAI includes CMPE and HPA
14. ICC2 includes CMPE, HPA and PEDTA
15. NFM includes CMPE, HPA and PSI
16. The status of malaria illness and death in Champasak province decreased to 40% compare to the past year
17. LLNs supported by CMPE were distributed to target areas; population is covered over 98%

18. The IEC process team has submitted the CMPE report
19. Surveillance system for malaria at the provincial level
20. No death case for malaria
21. Champasak province use M-Supply and ODK as monitoring tool and reporting materials
22. The RAI, ICC2 project has allocated the staff, equipments as planned
23. Tuberculosis patients were tested for HIV/AIDS
24. Most of the activities achieved the expected targets
25. Tuberculosis case detection rate was increased
26. Reports were usually submitted on time
27. Ensure that the medicine will not be out of stock in the warehouse
28. Staff in Health Centers are trained professionals
29. Good coordination between HIV&TB
30. The malaria network has been expanded to Health Center and conducted the monitoring for those patients in villages
31. There are sufficient devices to provide medical diagnose and to support activity implementation

2. Key Issues

Provincial, District and Health Center

1. Lack of coordination between HIV/AIDS units and partners; Province ignore activities implemented by partners, no sharing of the lessons learned
2. Any HIV/AIDS activity have only been extended to District level and not directed to health center level
3. The budget for the activity is limited and did not accessed remote areas
4. The buget transferred from central to province to district is delayed
5. Provincial and district level did not submit the activity report on time
6. Lack of staff to be responsible for the tuberculosis unit (only 2 staff at the provincial level and one staff is prepared to be retired)
7. Secretariat for HIV/AIDS in the province has never participated in meetings with PEDDA and working situation is not transparent
8. Difficulty for controlling MMP
9. Any payment from the province to the district is pay on cash due district has not opened a particular bank account
10. Although the rate of using condom of FSW with their customers is up to 99.5% but usage with their boyfriends is only 55% and most FSW are being infected STI
11. Lack of test kits (especially in Kaokeung Health Center)
12. The reporting on number of coinfectd TB/HIV patients is not the same
13. The harmonizing and coordination with partners is not good neither continuous.
14. Champasak province received the grant from the Global Fund with multiple formats (NFM, RAI, ICC2); Data collecting report on the indicators is not showed in details
15. The Determination of MMP is limited, causing difficulties for malaria control
16. The rate allowances of staff is low at the provincial and health center level
17. The MDR patient is increasing and is very difficult send those patients for treatment
18. Lack of the budget to conducte IEC and TB
19. The tuberculosis patient is quite high in Phonthong district
20. Lack of staff to be responsible for TB Unit
21. The rate of patient with TB has increased, some of those patients are MDR TB and most of them have not been cooperative
22. Working through vertical position and missing harmonization of the three diseases
23. Conselling services and general treatment
24. The implementation of DOT at a Health Center has not been standardized as the health center provided the TB medicines directly to the patients
25. District level did not submit on time and the maim activities were not completely conduct

- 26. Limited budget to implement the activities
- 27. Deficient documentation management of some programs causing difficulties for monitoring

3. Recommendation

Provincial, District and Health Center

- 1. Provincial Health Department should continue to guide the three disease
- 2. Central level should continuously guide the provincial level
- 3. Provincial level should regularly guide the district level
- 4. Health Center should provide and support village volunteers
- 5. District, health center and village should provide budget sufficiently
- 6. In case of using DHIS2 database, IT equipment should be provided at all level
- 7. Arrange proper staff distribution for each project activity
- 8. Make budget plan to submit for Government support

4. Local Proposal

Provincial, District and Health Center

- 1. PEDDA should work closely in cooperation with the Provincial Secretariat; previously the quarterly meeting was never organized and there is no implementation workplan for 2016
- 2. Activities should be accessed to FSW in each crucial point (restaurants, bars, entertainment, guesthouses and massage center)
- 3. Allowances and incentives should be increased for staff from provincial to local level
- 4. Propose to GF to continue to support grants in Lao PDR
- 5. Improve/arrange staff for malaria control program
- 6. Staff should be provided with technical and administrative training
- 7. Improve reporting system
- 8. Improve treatment of malaria infection, particularly PV
- 9. Study/survey on malaria disease, particularly MMP

ARV Center Requested:

- 1. Request for budget to construct a new building for AIDS treatment
- 2. Request budget for spreading activities to another districts not only the specific risk target groups
- 3. Request for device to advertise: TV, Video, LCD for Treatment Center
- 4. Request for equipments for ARV Center (a cabinet for document and a laptop for storing information Software Mers)
- 5. Request a vehicle for ARV Center (car)

5. Photos of Oversight Field Visit Team



Provincial Health Department of Champasak



ARV Center (Provincial Hospital)



Health Office of Xanasomboun District



Khampaeng Health Center



Nakeo Health Center



Health Office of Phonthong District



Nonghaikhok Health Center



Kaokeung Health Center

Thanks:

Oversight field visit team of the Country Coordinating Mechanism of Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria would like to express our thanks to the guidance of the Provincial Health Department of Champasak Province, ARV Center (Provincial Hospital), Health Office of Xanasomboun and Phonthong District, Health Center of Khampaeng, Nakeo, Nonghaikhok and Kaokeung as well as all related officials who participated and be hospitality cooperation to carry out this oversight field visit.

Capital Vientiane, Date 25 OCT 2016

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