



**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..18..Dec..2020

**Report of Oversight Field Visit**  
**In Xayabouly Province, Date 17–20 November 2020**

**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 Xayabouly Province from 17-20 November 2020. The objectives of the visit are to oversee the implementation of the project and find out the strength, weakness and challenges. In the meantime, to enhance the strength and address the issues and the challenges in order to make the Global Fund's projects are smoothly implemented and achieved as planned by focusing on five key areas such as finance, procurement and supply, implementation, reporting and results (output/ outcome).

**II. Participants**

1. Representative of CCM (Academic and Research Sub-sector);
2. Deputy Director of Center for Malaria Parasitology and Entomology (CMPE);
3. Technical Officer of National Tuberculosis Center (NTC);
4. Manager and technical Officer of PR PMU;
5. Representative of CCM (Civil Social Organization);
6. Representative of CCM Secretariat.

**III. Visiting Sites**

1. Provincial Health Department;
2. Provincial Hospital (TB Units);
3. Hongsa District Health Office;
4. Phoulaeng Health Center;
5. Napoung Health Center;
6. Xaiya District Health Office;
7. Nala Health Center;
8. Phonsaath Health Center (Unable to approach due to inconvenient road conditions).

**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 as below.



## HIV/AIDS Program

### 1. Key Achievements

1. Functioning Provincial and District Committees for the Control of AIDS;
2. Received some funds from the Global Fund from 2008 to 2017 and budgets from the government to carry out activities in the past such as budgets for procurement, administration and budget for coordinators, accountants, treasury and reports. In addition, the project provided the necessary equipment to the provincial hospital such as computers, laptops, LCDs and necessary equipment;
3. In the past, due to the sufficient reserve budget for the implementation of the activities, it was possible to expand the network of counseling and blood testing centers for HIV in 4 other district hospitals: Kaenthao, Boten, Xieng Hone and Hongsa;
4. Provided counseling room before and after testing for the HIV at provincial and district levels;
5. Accessed to target groups, especially FSW from the provincial and district levels;
6. Be able to provide counseling and blood tests for HIV infection at the provincial and district levels;
7. All HIV-infected persons have been tested for TB;
8. Conducted the walking for health on International AIDS Day with the leadership of the province and districts;
9. Disseminated in important national festivals, traditional festivals. Advocate for the risk groups such as MSM, FSW, migrant workers, factory workers, mobile blood tests for HIV and STIs, follow-up patients, and etc.;
10. Organized joint meetings with provincial and district HIV committees;
11. Provide counseling and STI training to district officials;
12. Tested for HIV (pregnant women, husband of pregnant women, prenatal, tuberculosis, STIs, MSM, FSW, Migrant workers, general population) at 9 areas, 3 provincial hospitals: Provincial Hospital, Provincial Military Hospital, Infantry Regiment Hospital II and 6 hospitals in district level: Phieng, Pak Laiy, Kaenthao, Bortaen, Hongsa and Xienghone District;
13. Patients diagnosed with HIV/AIDS were referral to the ARV Center in Luang Prabang or the Central Hospital, depending on the patients' proposal.
14. Provincial and district staffs are trained to use DHIS2 to report HIV information.

### 2. Key Issues

1. Overall, the budget received by the Global Fund and the government for HIV/AIDS is not enough to meet demand. Most of the budget can only cover for HIV blood tests and treatment. No operating budget at the district level and health centers;
2. Lack of budget for implementing activities and insufficient equipment such as blood test kits, IEC materials and computers. The numbers of activities have not been expanded to the districts and health centers. Blood tests in pregnant women are not yet in extensive scales due to insufficient HIV blood test kits;
3. Some people living with HIV/AIDS do not have accessed to the treatment due to poor family conditions;
4. Some counseling and blood testing facilities have not been expanded to 4 border districts at risk;
5. Some technical staffs in charge of HIV/AIDS at the district level have not been trained and insufficient staffs and frequent replacement as well;
6. Blood test for HIV is not enough to meet the needs, especially for risk groups;
  - No syphilis test, hepatitis B, C;
  - Awareness raising of risk groups such as MSM, FSW, Migrant workers, factory workers, as well as blood tests for HIV and mobile STIs;
  - There is no dispensary for people living with HIV who have been diagnosed but have not been able to take medication at the ARV center due to the patient's poor



- family condition;
- Insufficient advertising medias such as posters, brochures, etc.

## **Tuberculosis Program**

### **1. Key Achievements**

1. Received funds from the GF, Damien Foundation and the Government to implement key project's activities from province to health center levels.
2. PSI provided and supported for health education campaigns and the establishment of a network of private clinics from 2011 to the end of 2015;
3. From late 2015 to early 2016, PEDA supported for training village volunteers to detect TB cases to guide people with suspected TB to be screened in hospitals and community hospitals. Currently, this organization is continuing to advertise health education in 4 districts of Xayaburi province such as: Pak Lai, Phieng, Hongsa and Xieng Hon districts by conducting mobile advertisements in the target villages and collecting sputum samples to be sent to the provincial hospital.
4. For TB work on the Lao-Thai border, there was a coordination meeting to exchange information on a regular basis in the past; If any Lao people go to Thailand for testing, they will report and start treatment in Laos;
5. Budget for the year 2019: The total budget received: 112,604,000 Kip has been used;
6. Budget for the year 2020: The total budget received: 155,559,500 Kip has been used 116,699,500 Kip and the remaining total: 38,860,000 Kip is still being implemented;
7. There is no shortage of vehicles, equipment and medicine;
8. There are diagnostic centers and GeneXpert at provincial level to perform accurate diagnostic;
9. TB service networks are available from provincial to health center levels. Most of the activities have been achieved the targets and indicators;
10. Some TB patients were tested for HIV;
11. DHIS2 has been used for reporting on TB program from district to provincial and central levels. The reports were generally submitted on time;
12. The persons in charge of the tuberculosis program at the central and provincial levels have supported and provided regular technical training to the local staffs.

### **2. Key Issues**

1. The involvement of the key stakeholders in the program has been declined, resulting in less performing of case finding, recording and reporting;
2. Information and awareness campaign on TB are not accessed to the target groups, especially people in remote areas.
3. The TB infection rate is still relatively high and some patients have loss follow-up, resulting in multi-drug resistance (MDR) and declined the treatment;
4. The sending of sputum samples from health center level for testing at the district level has not yet met the expected level;
5. Delivering sputum samples from remote areas for diagnosis has not well performed, resulting in low detection rate and high mortality rates due to other complications;
6. The number of blood tests for HIV in patients with tuberculosis is low due to some districts do not have a test kit;
7. TB staffs are less and responsible for many duties, some districts have frequent replacement as well;
8. Quarterly reporting is not timely (DHIS2), individual patient information entry (TB Tracker) is delayed, some districts are not yet proficient and incomplete reporting;
9. Budget for health education and advertising materials is limited;
10. Insufficient vehicle causes the difficulty in monitoring;
11. In-patient wards of TB patients at the district level are not sufficient and there is no ambulance.



## **Malaria Program**

### **1. Key Achievements**

1. Malaria control activities are funded by the Global Fund and the government in implementing activities, which has a control network from the provincial to the health center levels;
2. The project regularly supplies blood test kits and drugs to the districts and health centers;
3. In the last 5 years, the infection rate of malaria has decreased throughout the province and no malaria case has been reported;
4. DHIS2 system has been used for reporting at provincial and district level;
5. 100% response to antimalarial drugs, test kits at service facilities;
6. Health center staffs are trained on diagnosis, treatment, reporting, information management, transportation and other diseases;
7. Provincial meetings in conjunction with the summary of work and malaria plans for the first six months of the year and the last six months of the year;
8. Encourage and monitor from the provincial malaria unit (PAMS) to the district level, for the area (project management);
9. Encourage and monitor from district malaria (DAMS) to health centers, for the area (project management, case management, vehicle control, surveillance and IEC / BCC);
10. Health centers send reports on malaria control to district malaria;
11. Investigate cases of malaria in the village in accordance with Principles 1.3.7;
12. The budget for 2019 is 100% used up.
13. Budget for the year 2020, has been used up 95% and the remaining 05% will be transferred to the district for the last installment.

### **2. Key Issues**

1. Difficulty in data collection of migrants;
2. Technical knowledge and project management of technical staff is limited;
3. District officials who have been trained for malaria in some districts have been replaced;
4. **Challenge:** Migration: There are a number of people looking for work in the provinces with high malaria rates.

### **Overall Key Achievements:**

1. Under close guidance of the provincial and district leaders, the projects were successfully implemented;
2. Receive funding from the Global Fund and the government to implement the main activities of the projects from provincial to local levels, especially tuberculosis and malaria control projects. Despite of limited budget, the projects can allocate the funds to implement the main priority activities;
3. Good cooperation between the three disease programs and other key stakeholders, such as PSI and PEDDA;
4. Each program has the project management guidelines and some equipment. Most technical staffs from provincial to district and health center levels have been trained;
5. All three programs used DHIS2 to report data from district to provincial and central levels;
6. Overall, the activities of the three programs have been achieved the targets and indicators.

### **Overall key Issues:**



1. The budget for the three disease programs is still limited and insufficient to implement all activities as plan, especially in remote areas;
2. Insufficient vehicles and equipment that causes difficulty for implementing the activities;
3. Insufficient staffs with low technical skills and frequent replacement. In addition, many officials have retired but no replacement;
4. Some patients are living far from the treatment facilities that causes difficulty in following up for their treatment;
5. Reporting through DHIS2 in some districts has been delayed due to inconvenience of using the Internet.

### **Overall Proposal of the local partners:**

#### **HIV/AIDS Program:**

1. Budget to expand counseling and blood testing facilities in 4 more districts;
2. Central level should provide the training for those staffs in charge at the district level at least once a year;
3. Budget to hold a joint workshop with the district at least once a year;
4. Equipment at the district level, such as computers, internet;
5. Provide more blood test for HIV;
6. Provide more test kits for syphilis, hepatitis B, C;
7. Budgets for activities such as raising awareness of at-risk groups such as MSM, FSW, migrant workers, factory workers, as well as mobile blood tests for HIV and STIs;
8. Establish the dispensary for people living with HIV in order to have accessed to the drugs on time and to monitor their health;
9. Provide more IEC materials such as posters, brochures, etc.;
10. Global Fund to continue providing budget, especially for the district level to conduct awareness campaign for at the risk groups.

#### **Tuberculosis program**

1. Continue health education campaigns for the community by providing adequate budgets, communication tools for district staffs to conduct mobile campaign in target villages and collecting samples of suspected patients for early diagnosis and timely treatment;
2. There should have technical training for new assigned TB staffs and lab technicians;
3. At least twice a year training should be provided to the staff responsible for entering data into the DHIS2 and TB-Tracker system to upgrade skills of the staff in reporting on time;
4. Request for a refrigerator to store samples at the district level and computers for the TB unit to report and enter data, as some districts still use with other sectors.
5. Na Pong Health Center, Hongsa District: Request training for TB staff because they have not been trained for 5 years.

#### **Malaria program**

1. Budget for Malaria Control Review Meeting 2021;
2. Training on malaria eradication for district technical staff;
3. Follow up and support malaria control activities at the district level and health centers;
4. Budget for the district level to supervise health centers and health centers to supervise the target villages;
5. Investigate and respond to areas where malaria case is found and blood tests for malaria at the village or area where the malaria is found;
6. Additional budget to monitor malaria program during the rainy season;
7. Request for equipment for data inputs at the district level, such as computers, Internet;
8. Vehicle for malaria work;
9. Budget for training on diagnosis and treatment of malaria for staffs at health center level;
10. Phu Laeng Health Center, Hongsa District, asked for more quotas of governmental staff who will be in charge of malaria work. Request for mosquito spraying equipment and the



district level to quarterly monitor and health education for the local people.

#### **General Recommendations of the OFV team:**

1. The activity implementation of each program should be integrated in order to save money;
2. Upgrade the knowledge and technical skills for staffs in each unit to strengthen the technical staff in each field in order to contribute to the appropriate works by giving a staff with many responsibilities;
3. The provincial level should allocate the government budget for training and monitoring due to limited budget from the Global Fund;
4. Provincial and district's programs to identify approach for reaching the risk groups, especially migrant workers and female sex workers in order to provide information, preventive measures, blood tests and refer patients for treatment (especially the HIV-positive case found in Hongsa since January 2020 has not been treated);
5. Implement activities in a timely manner, especially the budget for delivery of sputum samples of all suspected cases from health centers to districts and province for testing with Gene-Expert at the provincial level to achieve the targets for screening of suspected cases;
6. Provincial, districts and health center levels should explain to the patients who refuse for TB treatment, especially talking to the senior family members to understand.

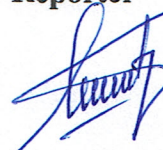
On behalf of CCM Secretariat, we would like to express our sincere thanks and appreciation to the oversight field visit team, the leaders of Provincial Health Department of Sayabouly Province, TB Units of Provincial Hospital, District Health Offices and Health Centers as well as all related officials who participated in the mission for your kind hospitality and cooperation to carry out this oversight field visit successfully.

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#### **Reporter**



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