



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...*06 October 2020*

**Report of Oversight Field Visit
In Savannakhet Province, Date 27 –30 July 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 Savannakhet Province from 27-30 July 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. Deputy Director General, Department of Health Care and Rehabilitation, MOH;
2. Director of Center for Malaria Parasitology and Entomology (CMPE);
3. Deputy Director and Technical Officer of Center of HIV/AIDS and STI (CHAS);
4. Technical Officer of National Tuberculosis Center (NTC);
5. Manager and technical Officer of PR PMU;
6. Representative of CCM (Private sector);
7. Representative of CCM (Ministry of Finance);
8. Representative of CCM (Civil Social Organization);
9. Representative of CCM Secretariat.

III. Visiting Sites

1. Provincial Health Department;
2. Provincial Hospital (HIV and TB Units);
3. Outhoumphone District Health Office;
4. Phintai Health Center;
5. Nongbouathong Health Center (Visited ACF team of NTC);
6. Xayphouthong District Health Office;
7. Nakham Health Center;
8. Anon Restaurant (to oversee the activities of FSW volunteer of PEDA/AIDS).

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 and the Government to carry out activities, especially blood tests and treatment;
3. HIV/AIDS prevention and control has cooperated with various stakeholders, such as the government, civil social organizations and international organizations, and has coordinated with the relevant sectors, especially tuberculosis and maternal and child health;
4. Accessed to target groups, especially FSW from the provincial and district levels;
5. Provided counseling and testing for the HIV at provincial and district levels;
6. ARV treatment center is available at the provincial hospital and patients have accessed to the treatment;
7. All HIV-infected persons have been tested for TB;
8. The district health offices received blood test kits regularly;
9. The number of patients using counseling, blood tests and treatment have increased even though the project does not have the budget for other activities such as health education promotion;
10. The provincial level had sent the team to provide health education against discrimination in the target villages when needed;
11. Despite budget constraints to conduct trainings, district teams had provided on job training during monitoring and supervision for health center staffs;
12. HIV prevention activities are not carried out at the health center level, but the health center recommends the high-risk groups or the general population at risk of HIV infection to have a blood test at the district level and also provided health education on HIV and STI prevention;
13. Provincial and district levels have been used DHIS2 to report on HIV activities.

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. 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 counseling facilities are not suitable and are still used in conjunction with other purposes, especially at the district level;
4. Knowledge and awareness of communities and individuals on HIV/AIDS are limited. Inconsistently use of condoms when having unsafe sex. HIV-infected persons have also self-stigma and declined to access for the treatment;
5. Insufficient staffs with low technical skills and frequent replacement;
6. No coordination meeting was held between the Provincial AIDS Secretariat and its partners;
7. Frequent changes of CSO staffs at the provincial level, making coordination discontinuously.

Tuberculosis Program

1. Key Achievements

1. Received funds from the GF and the Government to implement key project's activities from province to health center levels. The budget from the central-provincial-district level was transferred quarterly;
2. There are 16 TB diagnostic centers and 2 GeneXpert at provincial level to perform

- accurate diagnostic;
3. TB service networks are available from provincial to health center levels. Most of the activities have been achieved the targets and indicators. More TB suspected cases were screened, covering 50% in 2018, 98.4% in 2019 and 47.48% in the first six months of 2020. In addition, a team from the TB Center conducted on-site TB screening (ACF) in Outhomphone district;
 4. All TB patients were tested for HIV;
 5. DHIS2 has been used for reporting on TB program from district to provincial and central levels. The reports were generally submitted on time;
 6. 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);
4. Delivering sputum samples from remote areas for diagnosis has not well performed, resulting in low detection rate. Insufficient vehicle causes the difficulty in monitoring;
5. In-patient wards of TB patients at the district level are not sufficient;
6. Some people are still not taking care of their health, for example, when they have prolonged cough and bleeding cough, but do not come to the health center or hospital. Often treated with traditional medicine or going to see a health provider who has not been properly trained and often comes in late.

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 as well as clinics;
3. In 2018-2020, Long Lasting Insecticidal Nets (LLIN) have been distributed to the target groups and carried out FTAT (Focal Test and Treat) activities that focus on detecting and treating active groups in the infection risk areas;
4. In the last 2 years, the infection rate of malaria has decreased throughout the province and no malaria case has been reported;
5. DHIS2 system has been used for reporting at provincial and district level.

2. Key Issues

1. Difficulty in data collection of migrants;
2. No budget for transporting Malaria drug to pharmacies and clinics;
3. No budget for telephone fee to contact pharmacies and clinics;
4. Most of the malaria-endemic zones are in remote areas, living in contact with forests and poor economic conditions;
5. People living in high-risk areas still have low level of education, lack of knowledge and care about disease prevention.

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, civil social organizations and international organizations, and has coordinated with the relevant sectors;
4. Each program has the project management guidelines and 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:

Provincial level:

1. To organize a coordination meeting between the Provincial AIDS Secretariat and CSO in implementation of HIV/AIDS program in the province;
2. The selection of CSO field staff in the province should be in consultation with the relevant partners to ensure the quality of work;
3. Increase budget for activity implementation from provincial to health center levels;
4. Provide training and upgrade on project management and technical skills, including basic knowledge on three diseases for district and health center staffs;
5. Request more TB lab technicians or incentive the existing staffs for the provincial hospital, as starting from the third quarter of 2020, all sputum samples from districts will be sending to test by GeneExpert at the province for analysis, the existing staffs may not be able to perform the tests on time;
6. Regular supervision from the centers to province especially on the financial management that needs to be discussed and updated when any financial guidelines and manuals have been changed;
7. Request for additional budgets for administration at provincial and district levels, health education for districts and health centers, home visits and follow-up on treatment and training for health center staffs who are replacement;
8. Increase the government budget for the sustainability of the three disease programs from provincial to health center levels.

District and health center levels

1. Outhomphone District Health Office: Request budget for staff who distributes medicine, fuel fee for transporting sputum samples, case finding and implementing ACF for TB patients. Request for ambulance, laptop and motorbike to conduct outreach awareness raising;
2. Xaiphouthong District Health Office: Propose higher levels to support the construction of community hospitals/health centers such as Nakham, ThaPho, and Phoumajedi;
3. Health Centers: Request for additional training on health education for the three diseases,

HIV testing, and training on HIV/AIDS and STIs. District-level official who is in charge of tuberculosis control and HIV/AIDS should visit and explain on sputum delivery remittances and budget for implementing health education.

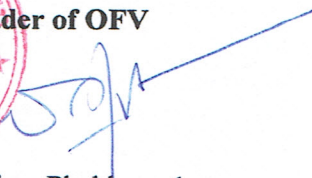
General Recommendations of the OFV team:

1. All units under supervision of the communicable disease control sector should have a joint planning based on the real situation in the area;
2. The budget of three disease programs should be consolidated in the provincial health department, the activity implementation of each program should be integrated in order to save money;
3. Upgrade the knowledge and technical skills for staffs in each unit, such as short-term and long-term upgrading to strengthen the technical staff in each field in order to contribute to the appropriate works by giving a staff with many responsibilities;
4. Organize a coordination meeting between the Provincial AIDS Secretariat and the CSO. In addition, enhance coordination between health sectors, partners and local authorities to avoid duplication of activities implementation;
5. Based on the actual working conditions, it would be helpful if the Provincial Health Department could kindly consider the requests for computers from the district level;
6. The provincial level should allocate the government budget for training and monitoring due to limited budget from the Global Fund;
7. 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;
8. Prepare a comprehensive work plan to mobilize the funding from the government and/or international mobilizations;
9. 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 GeneExpert at the provincial level to achieve the targets for screening of suspected cases;
10. In providing health education for people in the COVID-19 detention centers should include the information on 3 diseases and dengue fever;
11. 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;
12. Before distributing LLINs, IEC materials should be disseminated to the people in order to increase understanding and properly use of LLIN.


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 Savannakhet Province, TB and HIV 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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