RAI3E (2021 – 2023) Update for period Jan – Sep 2021

CCM Meeting 9 DEC 2021



Coverage Indicator CM1: Testing – all sectors

Target (Jan-Jun 2021)	Result (Jan-Jun 2021)	Achievement %	Grant rating
289,507	274,402	95%	A2

Target (Jul-Dec 2021)	Result (Jul-Sep 2021)	Achievement for 50% of period
353,842	183,786	52%

Improvement recorded in testing rates in Jul – Sep, compared with Jan - Jun

Coverage Indicator 1: Testing – all sectors - Detail

Jan – Jun 2021		Jul – Dec 2021					
Sector name	Target	Result	% achievement	Sector name	Target	Result Jul - Sep	Achievement for 50% of period
Public sector	196,865	169,573	86%	Public sector	240,612	110,890	46%
Community sector	60,796	72,441	119%	Community sector	74,307	53,865	73%
Private sector	31,846	32,388	102%	Private sector	38,922	19,031	49%
Total – all sectors	289,507	274,402	95%	Total – all sectors	353,841	183,786	52%

Public sector represents hospitals and health centers. Community sector represents village malaria volunteers. Private sector represents private clinics and pharmacies.

Coverage Indicator CM2: % positive cases treated

Target (Jan-Jun 2021)	Result (Jan-Jun 2021)	Achievement %	Grant rating
100%	100%	100%	A2

Target (Jul-Dec 2021)	Result (Jul-Sep 2021)	Achievement for 50% of period
100%	100%	100%

Coverage Indicator CM5: % cases investigated & classified in 3 days

Target (Jan-Jun 2021)	Result (Jan-Jun 2021)	Achievement %	Grant rating
75%	64%	85%	B1

Target (Jul-Dec 2021)	Result (Jul-Sep 2021)	Achievement for 50% of period
75%	88% (53/60)	117%

Coverage Indicator CM(other): % foci investigated & responded

Target (Jan-Jun 2021)	Result (Jan-Jun 2021)	Achievement %	Grant rating
75%	45%	60%	B1

Target (Jul-Dec 2021)	Result (Jul-Sep 2021)	Achievement for 50% of period
77.78%	53% (9/17)	68.14%

Coverage Indicator VC3: Number of long-lasting insecticidal nets distributed to targeted risk groups through continuous distribution

Target (Jul-Dec 2021)	Result (Jul - Sep 2021)	Achievement %	Note
99,605	26,933	27%	There are no MMP & Militaries net available in country this year because delay of procurement from supplier suspension by GF

Description	Target (Jul-Dec 2021)	Result (Jul-Sep 2021)
MMPs	24,605	-
Pregnant Women	25,000	17,906
Militaries	50.000	-
Covid Quarantine	20,000	8,961

Grant rating: RAI2E Laos Jan-Jun 2021

Indicator	Grant rating
# Tested – all sectors	A2
% positive cases treated – all sectors	A2
% cases investigated and classified	B1
% foci investigated and responded	B1
Overall grant rating	B1

Reference				
A1	> 100%			
A2	100-90%			
B1	60-89%			
B2	30-59%			
С	<30%			

Key Programmatic Updates: Jan – Sep 2021



ICCM Trainings

- Completed up to HC level for southern provinces;
- Ongoing for VMW's, interrupted by C19;

Surveillance

- Surveillance and DHIS2 trainings are ongoing;
- Outbreak responses are conducted in the southern provinces;
- CIFIR conducted in the elimination areas;
- Weekly SMS reporting is ongoing in high burden villages & health facilities
- Entomological surveillance



Commodities forecasting for 2022

- Submitted and approved by GF
- Procurement is ongoing

Key Programmatic Updates: Jan – Sep 2021 – cont'd



Meetings

- Bottom-up planning meetings (from district/ province to central) were conducted for 2021 (Jan-Jun and Jul-Dec) and are planned for Jan- Jun 2022;
- Weekly meetings with provinces conducted by CMPE;



Pf elimination acceleration

- Pilot project was conducted in Khammouane: TDA 2 rounds completed; Pyramax is required for IPT
- Scale up plan to southern provinces is approved by GF and planned to start in Jan 2022;



Pv radical cure – G6PD quanti roll out

- Health centers south: completed
- Health centers north and hospitals: delayed due to COVID-19

Key Programmatic Updates: Plan for 2022



Case management

- Improving testing rate
- Scale up of Pf elimination acceleration activities
- Continue TES and iDES

Vector control

- LLINs mass campaigns
- LLINs continuous distribution
- Entomological surveillance



Surveillance

- Outbreak responses and CIFIR
- Weekly SMS reporting and outbreak alert system in high burden villages and health facilities
- Entomological surveillance

Overview Budget vs. Expenditure Jan-Sep 2021 by SR

SR name	Budget Jan – Sep 2021	Expenditure Jan- Sep 2021	Unspent budget Jan – Jun 2021	Budget absorption Jan – Sep 2021 %	Note
СМРЕ	\$ 1,844,324	\$ 1,255,677	\$ 588,647	68%	Savings from procurement (nets and G6PD)/ Savings from FX gain/ Reduction in travel costs for supervision and planning meetings (delayed or organized online)/ Delayed trainings of HC and VMW
MPSC	\$ 73,827	\$ 29,679	\$ 44,148	40%	Delayed trainings and supervision
НРА	\$ 237,090	\$ 198,395	\$ 38,695	84%	
CHlas	\$ 176,281	\$ 139,070	\$ 37,211	79%	
PEDA	\$ 183,202	\$ 157,771	\$ <mark>25,431</mark>	86%	
WHO	\$ 392,775	\$ 371,275	\$ 21,400	95%	
DPC - HMIS	\$ 69,720	\$ 50,324	\$ 19,396	72%	
DCDC	\$ 27,965	\$ 24,376	\$ <mark>3,58</mark> 9	87%	
Grand Total	\$ 3,005,184	\$ 2,226,668	\$ 778,516	74%	

Overview Budget vs. Expenditure Jan-Sep 2021 by Module

Module	Budget Jan – Sep 2021	Expenditure Jan-Sep 2021	Unspent budget Jan – Sep 2021	Budget absorption Jan – Sep 2021 %
Case Management	\$ 1,261,177	\$ 936,256	\$ 324,921	74%
Vector Control	\$ 180,338	\$ 10,007	\$ 170,331	6%
Program Management	\$ 905,236	\$ 781,852	\$ 123,385	86%
RSSH: Health management information systems and M&E	\$ 345,894	\$ 273,344	\$ 72,550	79%
RSSH: Health products management systems	\$ 73,827	\$ 29,679	\$ 44,148	40%
RSSH: Health sector governance and planning	\$ 219,081	\$ 191,154	\$ 27,927	87%
Specific prevention interventions (SPI)	\$ 19,631	\$ 4,376	\$ 15,255	22%
Grand Total	\$ 3,005,184	\$ 2,226,668	\$ 778,516	74%

Government Co-Financing : Amount Committed for 2021 - 643,836 US\$





LLIN Procurement- 168,731 Units:

- 125,730 units were delivered;
- 43,000 units to be contracted (PO) by 10 December;
- The total amount allocated for LLINs procurement is expected to be spent by the end of 2021 (5.7 Billion KIP/ 621,044 US\$)

Major Risks and Management Actions

Risk	Management Action
Not meeting the 2023 PF elimination target due to increased PF cases in a few districts in the south	PF Elimination activities (TDA, IPTF) to start ASAP in high burden districts
Disruption in testing at treatment at the community level due to lack of PPE for Village Malaria Workers, HCs or PPMs	Coordination between CMPE, DCDC, CSOs and Provincial authorities for timely provision of PPEs to all malaria workers
Delays in trainings, meetings and supervision visits due to Covid restrictions	 Remote coaching provided continuously by electronic means; Planning meetings conducted online
Reduced testing rates due to Covid 19 travel restrictions and reduced availability of staff	Testing of all fever cases;Continuous supply of commodities
Outbreak responses are delayed due to the Covid 19 travel restrictions	Districts will lead the outbreak response if provinces cannot travel. HCs will lead the outbreak response if districts cannot travel. VMWs will conduct the RACD if HCs can't travel to villages.

Thank You!



