



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 *27 June 2022*

**Report of Oversight Field Visit
In Luang Prabang Province, Date 23–27 May 2022**

I. Introduction

According to the annual oversight plan, the oversight committee of CCM and relevant stakeholders have conducted 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 Prabang Province from 23-27 May 2022. 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 Oversight Committee;
2. Director of Center of HIV AIDS and STI (CHAS);
3. Representative of Department of Communicable Disease Control;
4. Representative of CCM (Private Sector);
5. Representative of CCM (Civil Social Organization);
6. Representative of National Tuberculosis Center (NTC);
7. Representative of Center for Malaria Parasitology and Entomology (CMPE);
8. Representative of USCDC
9. Representative of CCM Secretariat.

III. Visiting Sites

1. Provincial Health Department;
2. Provincial Hospital (HIV and TB Units);
3. Muang Ngoi District Health Office;
4. Hard Khib Health Center;
5. Num Bak District Health Office;
6. Nayang Health Center;
7. Numthouam Health Center;
8. Ban Nae Health Center).

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

- HANSA provides the organizational support to:
 - CHias accessed to MSM and achieved 236% of the target indicators;
 - APL+ provided care and support services for PLHIV;
- Received funding support from US-CDC which focus on:
 - Quality improvement, Index Testing, Recency Testing and Strategic Information;
 - Index Testing has been found positive cases (45%);
 - Recency Testing can also found 4 new positive cases
- AHF (AIDS Health Care Foundation) focuses on HIV testing services, providing patients with access to treatment, DSA, travel, poor patients and Event ...;
- Provincial level provides Voluntary Counseling and Testing (VCT) and refer HIV positive case to ARV site;
- HIV positive cases have been screening for TB and TB cases have also been screening for HIV;
- Provides home delivery of MMD ARV refill during COVID – 19 lockdown;
- ARV site coordinate and work closely with unit concern:
 - Provide new treatment for LTD = 92,5%;
 - Viral load suppress < 1000 copies = 96,8%;
- Provincial, district staffs are trained and used DHIS2 to collection data and report;
- District level provide Voluntary Counseling and Testing (VCT), confirmation and refer HIV positive case to ARV site;
- Pregnant women and husband had been tested for HIV during ANC service;
- Out patients who had HIV risk and Blood donor are also advice to screened for HIV;
- Participated on External Quality Assurance (EQA);
- Reagent for HIV testing are available;
- Integrated HIV/AIDS and STI awareness and communication in to Health sectors concern.
- Enter data and reporting through DHIS2 system regularly.
- Health Center Level: Provide daily check-up patients, STI examination and treatment services and provide condoms to prevent HIV/AIDS and STIs and birth spacing program;
- Provide ANC service for pregnant women and advice for HIV testing;
- Learning by doing for knowledge of HIV/AIDS and STI;
- Raising awareness and communication for other diseases but is not HIV, because lack of knowledge;

2. Key Issues

- Overall, Global Fund and government support is focus for ARV, OI, Equipment and Reagent;
- Lack of budget to conduct comprehensive activities for FSW, general population etc.
- Lack of budget to support Districts and Health facilities;
- Insufficient staff at ARV Site;
- Some technical staffs in charge of HIV/AIDS at the district level have not been trained and staffs always turnover;
- Most people living with HIV / AIDS are poor and live far from ARV site and very hard access to treatment;
- Some PLHIV do not follow regulation for ARV treatment (LTFU)
- Lack of budget for raising awareness, campaign and access to high-risk target groups and the general population;
- At the district level, there is no specific Voluntary Counseling and Testing room (VCT);
- Lack of equipment and IEC materials on HIV/AIDS and STI;

- Sometime lack of reagents for HIV testing;
- Collecting and entering data into the DHIS2 system was difficult due to the system was not yet completed;
- Stigma and Discrimination still happen;
- PLHIV do not open themselves.

Tuberculosis Program

1. Key Achievements

- TB staffs and TB service networks are available from provincial to health center level. Most of the activities have been achieved the targets and indicators;
- Global Fund funded to:
 - Integrate funding with HANSA on DLI-J for TB control;
 - Tuberculosis program (Regional Grants); This budget is implemented by PEDDA at the provincial level;
 - Provincial level received budget for C19RM 17,604,000 LAK in Q2 of 2022;
- TB Unit received activity budget for 2022 and provincial technical staffs are able to implement ACF;
- There are diagnostic and treatment units at the provincial and district levels, and GeneXpert is available at provincial hospital for diagnosing tuberculosis, testing for HIV (Viral load) and testing for Covid19;
- HANSA year 2 (June 2021 - May 2022) in the province:
 - Requirement 01: 86% of notified TB cases all forms (new and relapse) were reported in DHIS2;
 - Requirement 02: 100 % of the total number of TB suspected cases or Multi-MDR TB have been tested with GeneXpert (Samples are sent from district to province);
- Some TB patients were tested for HIV;
- DHIS2 (TB Tracker) is used to track individual TB cases and reports on TB at the district, provincial and central levels. Overall, the report was submitted on time;
- The persons in charge of the TB Program at the central and provincial levels have regular supervised and provided technical training to the local staffs;
- Overall, the district level has delivered samples for testing by GeneXpert at the province 100%;
- Ngoi District: TB case finding is increased in 2022 and tested suspecting case by GeneXpert 100%. Nambak District have delivered samples for testing by GeneXpert at the province 100% and TB detection rate was high 15% (expected 10-15%);
- In 2021, regularly received budget of HANSA from the provincial level to carry out the sample delivery activity and to supervise health centers;
- Had Khib Health Center: The district health office conducted the supervision to this health center at the end of April and allocated the money for delivery samples from district to the provincial level;
- Num Thouam Health Center: In May 2022, a technical team of NTC has conducted ACF, which tested 379 suspecting cases and found 55 new TB Cases. Currently, totally 62 TB patients including new and old cases were treated. The TB patients continuously take the TB drugs and have been cured and re-tested the sputum as defined by the central level;
- There is no stockout of TB drug and the treatment is in accordance with the manual;

2. Key Issues

- In general, the involvement of the key stakeholders in the program has been declined, resulting in less performing of case finding, case management, recording and reporting;
- Information and awareness campaign on TB are not accessed to the target groups,

especially people in remote areas;

- TB infection rate is still relatively high and some patients have lost follow-up, and the patients declined the treatment;
- Delivering sputum samples from health center level for testing at the district level has not yet achieved as planned;
- Delivering sputum samples from remote areas for diagnosis has not well performed, resulting in low detection rate;
- The screening TB of suspecting cases and case finding are still low;
- Less TB staff and are responsible for many duties, Staffs have frequently replacement in some districts;
- The number of blood tests for HIV in patients with TB is low due to some districts do not have a test kit;
- DHIS2 quarterly reporting is not timely, and entering patients' data (TB Tracker) is delayed;
- Budget for health education and IEC materials is limited;
- The patients have lost follow-up and do not receive the services as scheduled;
- The preparation of budget plans for the implementation of activities at district level was delayed and this caused the budget expenditures have not achieved as planned;
- Difficulty access to remote patients, patients do not come to receive the drugs by themselves and some do not cooperate in treatment;
- Health Center level: Due to the outbreak of Covid19, the samples could not be delivered in some quarters;
- Hard Khib Health Center: No budget and no sputum delivery for testing since early 2022. No supervision conducted by the TB units from district and provincial level since 2018;
- Nayang Health Center: No TB Poster and medication record is not followed the technical manual;
- Num Thouam Health Center: some patients do not cooperate during the treatment and can not be contacted at the scheduled time.

Malaria Program

1. Key Achievements

- Malaria control program are funded by the government and the Global Fund in implementing the activities, and have the network from the provincial to the health center levels and target villages;
- The Malaria Control Program is supported by the PSI/PMI for Malaria elimination preparation from the provincial to health centers;
- The national program regularly supplies blood test kits and drugs to the province, districts, health centers and villages zone 3;
- Last 5 years, the infection rate of malaria has decreased throughout the province and since 2021 there is no malaria case has been reported;
- The technical and financial reports at provincial, district and health centers levels are regularly submitted monthly, quarterly and annually;
- DHIS2 system has been used for reporting at provincial and district level;
- At the provincial, district and facility service levels have been regularly trained on case management, vector control, reporting outbreak and equipment supplies in DHIS2 systems;
- CMPE plans to recruit and select a RAI3E project finance staff to be in charge of Malaria work in Luang Prabang in order to better utilize the budget in the province;
- Fully supply anti-malaria drugs and test kits for Malaria to service facilities;
- In 2022, the districts and health centers received budgets for submitting the reports;
- The facilities received the updated Diagnostic and Treatment Guidelines
- Integrated Malaria activities with the other diseases;

2. Key Issues

- Blood tests for malaria do not follow the national treatment guidelines because the number of blood tests is still very low if compared to the number of patients who come to the service according to the out-patient record;
- Difficulty in data collection of migrants;
- Technical knowledge and project management of technical staff is limited;
- The preparation of budget plans for the implementation of activities at the district level was delayed and this caused the budget expenditures not achieve the planned;
- Implementation at the district level was delayed due to the difficulty of withdrawing cash in some districts which do not have the specific bank account. It has to wait withdrawing the budget with another budget line;
- Staffs at district and health center level are frequently replacement, one staff is responsible for many duties that caused delaying the implementation of malaria activities and summarizing reports (some months);
- Reporting budget expenditures on implementation of activities at the district level is delayed, sometimes erroneous, so it takes long time to correct;
- The project regulations have updated the financial documents, causing difficult to summarize the report, which may be a problem in preparing the documents to be included in the summary of activities (problems when preparing documents for the auditors) from different partners;
- Provincial project finance officer has been relocated that makes the process of coordinating expenditures and budgeting difficult;
- Hard Khib Health Center, Ngoi District: Malaria drugs are expired. The technical staffs at the health center are replaced, the new recruits have not yet been trained.

Overall Key Achievements:

- Under leadership from the provincial and district government, the projects were successfully implemented;
- Received funding from the Global Fund, development partners and the government to implement the main activities of each level;
- The three-disease program also has multi-stakeholder collaboration and response;
- Available management project guidelines and equipment to run the project;
- Health care provider and stake holder had been trained on technical;
- Data collection and report through one channel (DHIS2);
- Overall, the three programs have been achieved the targets and indicators.

Overall key Issues:

- Insufficient Health care provider and always turnover;
- Some Health care provider, stake holder and volunteers are not yet fully trained skill of 3 diseases (HIV, TB and Malaria);
- Limited and insufficient budget to run program especially HIV activities in district and Health center;
- Insufficient vehicles and equipment to implement the activities;
- Intergration and cooperation from provincial, district and health center is not good enough;
- Patients are poor and living far from the treatment facilities is hard to access for the treatment service;
- Monitoring and evaluation from each level is not regular;
- Data collection and report through DHIS2 has been some difficulty due to internet and the system is not yet complete.

Overall Proposal of the local partners:

1. Request to support staff for implementing program in some unit;
2. Capacity building on technical including DHIS2 for staff in each level;
3. Request budget to run the program activities;
4. Request Ministry of Finance review DSA, travel rate...
5. Request for vehicle, moto bicycle, equipment, IEC material and reagent.
6. Strengthening internet system especially in Health center.

General Recommendations of the OFV team:**Provincial Level:**

1. Get advice and report implementation result, strengths, weaknesses to Provincial Health office;
2. Strengthening integration and collaboration between unit and partner concern districts and Health centers;
3. Orientation workshop to explained more details activities to run the program;
4. Prepare detail work plan and share responsibility with unit and institution concern;
5. Capacity building, integration, collaboration for staff and partner concern;
6. Regularly monitoring and supervision districts and Health centers;
7. Review, control and approve data in DHIS2 system regularly.

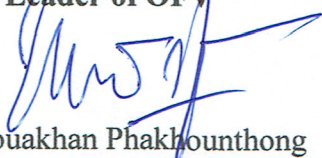
District Level:

1. Strengthening integration and collaboration between unit, partner concerns and Health centers;
2. Prepare detail work plan and clear responsibility and submit to provincial for get approval with follow up work plans;
3. Clear TOR and clear responsibility;
4. Monitoring and supervision Health center regularly;
5. Report implementation result, strengths, weaknesses to Provincial Health office regularly;
6. Data entry and report through DHIS2 system regularly and on time.

Health Center Level:

1. Prepare detail action plan and submit to the district on a regular basis;
2. Follow up on the approval of action plan from the district;
3. Integration and collaboration with unit and partner concern during implementation;
4. Data entry and report through DHIS2 system regularly and on time.

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 Luang Prabang Province, Provincial Hospital (ARV Site), Health Office of Ngoi and Numbak District, Health Center of Hardkhib, Nayang, Numthouam and Bannae 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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ປະຊຸມຮ່ວມຄະນະພະແນກສາທາແຂວງ
Meeting with Health Provincial Department



ຢ້ຽມຢາມໂຮງຫມໍແຂວງ (ໜ່ວຍງານປິ່ນປົວ ເຮສໄອວີ ແລະ ວັນນະໂລກ)
Visit Provincial Hospital (HIV and TB Units)



ປະຊຸມຮ່ວມຄະນະພະແນກສາທາເມືອງອຍ
Meeting with Ngoi District Community Hospital



ຢ້ຽມຢາມສຸກສາລາຫາດຄີບ
Visit Hard Khib Health Center



ປະຊຸມຮ່ວມຄະນະພະແນກສາທາເມືອງນ້ຳບາກ
Meeting with Nambak Community Hospital



ຢ້ຽມຢາມສຸກສາລານາຍງ
Visit Nayang Health Center



ຢ້ຽມຢາມສຸກສານ້ຳຖ້ວມ
Visit Numthouam Health Center



ຢ້ຽມຢາມສຸກສາບ້ານ ແນ່
Visit Ban Nae Health Center



ເຂົ້າລາຍງານຜົນການຕິດຕາມກວດກາ ແລະ ປຶກສາຫາລືກັບພະແນກສາທາລະນະສຸກແຂວງ
Briefing the results of site visit and consultation with PHD



ຂໍຂອບໃຈ!
THANK YOU!