



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..15...DEC 2022

Report of Oversight Field Visit
In Champasak Province, Date 2–5 November 2022

I. Introduction

According to the annual oversight plan, the oversight committee of CCM and relevant stakeholders have conducted the joint oversight field visit with HANSA mission to oversee the project's activities implementation which supported by the GFATM and HANSA at Provincial, District and Health Center levels. The objectives of the visit are to oversee the overall implementation progress, key issues and challenges of the activities supported by the Global Fund focusing on: Finance; Procurement; Implementation; Reporting and Results.

II. Participants

Representative of CCM Members and CCM Secretariat:

1. Director General Department of Communicable Disease Control, MOH, CCM and ExCom member;
2. Deputy Director of Multilateral Finance Cooperation Division, Department of External Finance and Management, MOF, CCM and OC member;
3. Deputy Director, Civil Society Organization Division. Department of Public Administration Development, MOHA, CCM and OC member;
4. Chair of APL+, CCM and OC Member;
5. Peer Support Group Leader, Key Population, CCM Member;
6. TB Community Outreach Worker, CCM Member;
7. CCM Secretariat.

Representative of National Programs, SRs and partners:

1. Director of CHAS;
2. Deputy Director of NTC;
3. Chief of Administrative office of CMPE;
4. Country Director of CHAI, OC Member;
5. Chairman of PEDDA,

Representative of Joint HANSA Mission Team:

1. GF Country Team;
2. World Bank;
3. WHO
4. HANSA Evolution Team

Team compositions

1. Team A: Focused on HIV/AIDS Program
2. Team B: Focused on TB Program
3. Team C: Focused on Malaria Program

III. 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.

Team A: Focused on HIV/AIDS Program
Visiting Sites <ol style="list-style-type: none">1. ART center at provincial hospital;2. Provincial laboratory (HIV/TB);3. PSA oxygen plant (PSA);4. Phonthong district hospital;5. FSW activity;6. Samun health center and VHV.
1. Key Achievements <ul style="list-style-type: none">▪ ART center and ART team for HIV/AIDS patients are available at the provincial hospital;▪ There are some volunteers of AHF and HANSA;▪ ART registration (From 2010 – Sept 2022)<ul style="list-style-type: none">– Total registered patients: 1,751 (Female: 699);– Current taking drugs: 1,003▪ ART registration (Early 6 months of 2022)<ul style="list-style-type: none">– Total registered patients: 978– Dead: 41– Lost follow-up: 64▪ There is a building for infected-patients treatment and for monk-patients treatment; Unit's services provision <ul style="list-style-type: none">▪ Consultations and blood tests:<ul style="list-style-type: none">– Counseling before and after the blood test;– Counseling before ART treatment;▪ Index testing;▪ Recency testing;▪ PrEP;▪ PEP;▪ PMCT;▪ Same day ART;▪ MMD;▪ Viral load testing;▪ DHIS2;▪ Others... <ul style="list-style-type: none">▪ HIV testing services:<ul style="list-style-type: none">– Confirmation testing of HIV infection;– Viral load suppresses by GeneXpert;– Test for CD4;

- Recency testing;
- External Quality Assurance (EQA);
- 2 PCR machines and 1 GeneXpert are available with sufficient cartridges;
- Participated in regular External Quality Assurance (EQA), which CLE supervised lab performance regularly;
- PSA oxygen plant is under construction;
- The volunteer can reach the target group and provide useful information on AIDS/HIV for them regularly.

District Level:

- There is a person in charge of counseling and blood tests;
- Conducted joint activity with the provincial level;
- Conducted IEC and blood tests in target areas;
- There are regular treatment referrals and reports.

Health Center and VHV

- Able to provide services and counseling to patients;
- There is a joint monitoring with the provincial level or PEDDA;
- There are Village Health Volunteers (VHV) in each village;

2. Key Issues

- Most AIDS patients have come for the treatment with full-blown AIDS symptoms;
- Most people living with HIV / AIDS are poor and live far from ARV site and very hard access to treatment;
- Some PLHIV do not open themselves, stigma and discrimination still happen;
- Some PLHIV do not follow the treatment guideline;
- Some patients moved to other workplaces (Thailand);
- Some PLHIV cases were imprisoned. They changed their phone numbers and lost of contact;
- Insufficient staff and frequent turnover;
- Some risk groups access to the services after working hours and on weekend.
- Currently, only 1 GeneXpert machine is available, with 3 of total 4 modules are working, which may cause difficulty for providing service in the future;
- Small laboratory room;
- Patients come for confirmation test after working hours.

District Level/Health Center and VHV

- There are no specific activities, but joined activities with the provincial level;
- Insufficient staffs, one responsible for many tasks;
- Limited budget and no budget for implementing activities other than integrated with the provincial level;
- VHV has only on the job training, their knowledge and skills are limited;
- Insufficient IEC medias and old computer was broken at HC;
- Lack of vehicles to facilitate for implementing activities.
- There are insufficient materials for awareness campaign, in particular condoms, and some incentives to engage people in joining the raising awareness on AIDS/HIV.
- The support for volunteer's transportation cost and other per diem during taking care of urgent cases to/in hospital

Photo of Team A



Team B: Focused on TB Program

Visiting Sites

1. Provincial Health Office (PHO);
2. Visit TB and MDR-TB at provincial hospital;
3. Visit provincial warehouse;
4. Visit CSOs project at Pakse: PEDTA FSW activities;
5. Visit Bachieng district hospital: HIV (PEDTA FSW work), TB, supply chain;
6. Visit Lak 21 HC, and VHV at Lak 22 village;
7. Debriefing with PHO: the results of site visit, progress, key challenges/emerging issues, and lessons learnt, actions for improvements and suggestions for changes and proposal for new phase.

1. Key Achievements

MDR-TB at provincial hospital

- Good space arrangement for patients and there is ICU room for TB urgent cases;
- There are 6-7 outside patients/day;
- There are 16 patients/day that need to stay overnight;
- TB drugs are supplied sufficiently;
- Medical equipment is sufficient;
- There is no lost follow up case since small hospitals and clinics at district level help to follow up registered patients who take TB drugs;
- Registration fee is 15,000 kip/person and there is no other cost for treatment;
- Medicines are maintained and provided regularly and timely.

Provincial warehouse

- There is space for storage
- Distribution is effective and responsive to the real-needed situation
- mSupply electronic system used to record stock in and stock out
- Integrated management of vaccines and essential medicines

Photo of warehouse



District / Health Center Level

- District level supervised all the community hospitals to clear understanding and ownership of targets and results, in partnership with PHO;
- Very good management of TB data system including TB Tracker, high knowledge of TB management
- Good awareness of budgeting processes and ability to use HANSA funds;
- There is an IEC, OPD and Mobile team
- Received a quarterly budget from NCHI fund of 19 million kip (80% for drugs and equipment and 15% is administrative cost)
- There is a refrigerator to keep sputum specimen
- There are also 3 patients who continue for TB Treatment;
- VHV is able to collect the sputum specimen for analysis;
- VHV has weekly provided IEC to villagers

2. Key Issues

- Budget for health education and IEC materials and monitoring activities at village level is limited;
- TB infection rate is still relatively high and the screening TB of suspecting cases and case finding are still low;
- Delivering sputum samples from health center level for testing at the district level has not yet achieved as planned;
- Less TB staff and are responsible for many duties, Staffs have frequently replacement in some districts;
- GeneXpert running at full capacity, 1 module were broken;
- The real performance for medicines storage is not well organized;
- The storage is scattered and unorganized;
- Medicines and equipment for COVID 19 outbreak have overwhelmed the warehouse, which caused the space messiness and being unorganized;

- The personnel and storage space are limited;
- The missing calculation and record happen sometime due to the approval process
- The vehicle is in poor condition and cannot be fully taken use of it, which causes poor delivery or supply
- Storage of non-medical goods (floor mats, mattresses, jugs for water) taking up >30% of total space
- Oversupply of masks and gowns

Photo of Team B



Team C: Focused on Malaria Program

Visiting Sites

1. CDC Sector, Provincial Health Office
2. Xanasomboun District Health Office;
3. Khampeang Health Center;
4. MHW at Nangam Village.

1. Key Achievements

RDTs for Malaria case findings from Jan to Aug 2022

- There are 117 confirmed cases including Pv 97;
- The period of 8 months in 2021, increased from 80 cases to 117 cases (31.6%), and most of them are from Paksong and Khong District, and Military Hospital;
- 125,208 cases were tested by RDTs cover 64% of the target (195,838);
- Follow-up Pv cases
 - 17 cases without G6PD test, most of the patients are from the PPM section and did not continue for treatment at the hospital.
- 24 hours reporting achieved 96%;
- Case investigation within 3 days reached 98%;
- The transmission foci response reached 85% because some people were not at home
 - Education Health promotion on Malaria given to the people when they come for

RDTs, it is difficult to gather in one place because most of them enter the forest, doing farm and garden.

Distribution of LLINs

- Distribution of LLINs to the general public in the risk areas achieved 100%;

Reporting system

- DHIS2 system is available for reporting from the provincial and district levels;
- There is a budget to rent internet Wifi to facilitate for entering data into the DHIS 2.

Budget from RAI3E

- Budget from the Global Fund Program can be implemented Q1: 136%; Q2: 106%; Q3: 62% respectively;
- The government transfers the budget through the bank account to the District Health Office in accordance with workplan;
- Timely financial reporting;
- There are 2 project staffs: coordinator and finance. Both of them received training in administration and project management.

Budget from other sources:

- There is a budget from PMI to follow up on malaria elimination activities in January – September 2022 and a budget from PSI for PPM which project will end in December 2022.

Procurement:

- Follow the guidelines on the procurement of the project.

District and health center level

- There are 2 district malaria staff;
- RDTs for cases finding in 2022 reached 97%;
- From 2020 until the present, no cases of infection reported;
- LLINs Distribution in 2022 achieved 100% which covers 96.25%;
- The budget in the 1st-3rd quarter has been used 100%;
- The 1-3-7 activities was not implemented due to no case findings;
- Drugs and RDTs kits are sufficient;
- The budget was transferred by the province through the district bank account and can be implemented on time;
- RDTs in September 2022 reached 984 people; cases were not found;
- MHW conducted activity once per quarter which reached out around 4-6 villages;
- Replenishment for medicine and RDTs are requested from the districts every month when they go to the district for attending monthly meeting;
- Each village submits regular and timely reports;
- Review and check the reports from the village every time before submitting it to the district;
- Disburse the allowance to MHW on a quarterly basis;
- Budget from the district level to implement activities has been received in cash.
- MHW has high experience in malaria activities, and provided health education and RDTs to people who come from the forest;
- RDTs for 5-6 people per month which can reach the target;
- Submit regular and timely reports;
- Since 2018, no cases have been found;
- Receive a quarterly allowance.

2. Key Issues

- Drugs and RDTs are not sufficient as requirements;
- Distribution of LLINs for pregnant women has not achieved as targeted;
- RDTs for Malaria have not reached as planned, especially in the PPM sector that was transferred from PSI to the public sector;
- The detection of Pf and Pv antigens is higher compared to the same period of the last year (35 cases of imported antigens have been investigated)
- Follow-up intake of PQ and test with G6PD has still not achieved 100%;
- Referral of Pv and Mix patients from MHW and PPM to service facilities point is still difficult;
- Staff turnover affects continuity of the work;
- Investigation and response to Malaria Transmission Foci, some districts have not yet fully implemented and some do not understand how to implement;
- Computers and other facilities for Malaria activities are old and damaged.

Photo of Team C



Key comments and proposal from the local partners

1. Request for additional staff to implement the program in some unit;
2. Capacity building on technical aspect including DHIS2 for staff in each level;
3. Request more budget to implement the program activities;
4. Request Ministry of Finance review DSA, travel rate...
5. Request for vehicle, motorbike, equipment, IEC material and reagent.
6. Strengthening internet system especially in health centers.

Key comments and recommendations from OFV team

For Provincial Level:

1. The CDC sector shall report regularly on the project implementation to Provincial Health office;
2. Strengthening integration and collaboration between units and partners concerned at provincial, district and health centers;

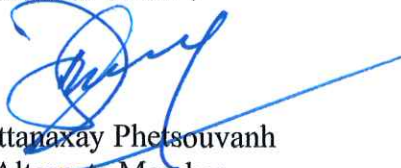
3. Conduct orientation workshop to build common understanding on the programs;
4. Prepare detail work plan and share responsibility with units and partners concerned;
5. Regularly monitoring and supervision districts and health centers;
6. Review, verification and approve data in DHIS2 system regularly;
7. The center should distribute RDTs and medicine on times and the local level are encouraged to have blood tests to meet the expected indicators;
8. Infected cases must be treated quickly to stop transmission, especially PV infection, G6PD must be tested and treated it completely;
9. Adequate tools should be provided, especially computers to ensure timely reporting;
10. Distribute LLINs to pregnant women in the target village as well as conducting the integrated activities with other projects so that pregnant women are universally protected;
11. The areas that are not in the distribution target or areas that have not received enough LLINs, it should speed up the process for using LLINs reserved in stock in the warehouse;
12. To ensure that the medicine and RDTs are sufficient;
13. Increase budget absorption in the 3rd and 4th quarter;
14. PHO to coordinate with the DHO to report the items in the warehouse and prepare a plan to request the needed-items and consider to distribute these items as needed;
15. Focus on TB suspected case finding among the risk groups and all their relatives;
16. Official notification from the MOH is required for guiding the integration of the ATM programs;
17. To use the existing staff in the CDC sector to work as integrated manner;
18. Administration unit of PHO to monitor CSO activities and other organizations;
19. For the disbursement of incentive, PHO to transfer directly to the volunteers;

For District and health center levels and MHW

1. Create a mechanism to follow up the report from the PPM section after the PSI transfers their project activities to the public sector;
2. Coordinate with the Provincial Health Office for timely implementation of activities 1-3-7, when confirmed case reported;
3. To use the government's promotional budget portion to implement the activities.

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 Office of Champasak Province, Provincial Hospital, District Health Office, 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.

Team Leader of OFV



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Reporter



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