



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...12 Oct 2023

**Report of Oversight Field Visit
In Vientiane Province, Date 1-5 August 2023**

I. Introduction

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

II. Participants

Representative of CCM Members and CCM Secretariat:

1. Department of Health Care and Rehabilitation (DHC), MOH, OC member;
2. Centre for Malaria Parasitology and Entomology (CMPE), MOH;
3. Center for HIV/AIDS and STI (CHAS), MOH;
4. National Tuberculosis Control Center, MOH;
5. Lao Tropical and Public Health Institute, CCM and OC Member;
6. Inspection Department, Lao Federation of Trade Unions, CCM Member;
7. International Organization Division, DIC/MPI, CCM member;
8. Civil Society Organization Division, Department of Public Administration Development, MOHA, CCM and OC member;
9. Chair of APL+, CCM and OC Member;
10. CCM Secretariat.

III. Visiting Sites

1. Provincial Health Department;
2. ART center at provincial hospital;
3. Feuang District Health Office/Hospital
4. Phatang Community Hospital
5. Phonyaeng Community Hospital
6. Vangvieng District Health Office/Hospital
7. Namone Community Hospital
8. Somboun Community Hospital

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

- Under leadership from the provincial and district government, the projects were successfully implemented;
- ART center and ART team for HIV/AIDS patients are available at the provincial hospital;
- Received funding from HANSA in the 1st year of \$7,751, in the 2nd year of \$7,692, in the 3rd year of \$6,480, including the budget for Point of Care (POC)

In addition to ARV at the provincial hospital, POC is available for service

- A professional guest house has been used for POC Office
- POC officially provided the service on 08/09/2021 which received some budget from the HANSA project
- People infected with HIV receive free charge for blood tests and treatment

POC Implementation

- There are 10 staffs in charge
- Patients can access for services faster and easier
- Reduce the rate of patients who lost follow-up and lack of treatment
- Reduce costs of travelling, allowance and accommodation for patients who are taking the drug
- Strategy u=u
- 8 Sept 2021 to 30 Jun 2023, a total of 188 cases are taking ARV drug
- In 2022, blood test 1676 cases, HIV positive 59 cases (blood test for 865 pregnant women, HIV positive 3 cases)
- Jan – Jun 2023 blood test 912 cases, HIV positive 25 cases (blood test for 528 pregnant women, HIV positive 2 cases).

Cumulative number of AIDS cases in provincial hospitals from 2010-2023

- There are reported 11 places;
- Tested Numbers 149,815 cases;
- Number of infected HIV 717 cases;
- Number of infected AIDS 64 cases;
- Number of infected AIDS dead 21 cases
- From Jan to Jun 2023, a total of HIV testing 4,348 cases, infected HIV 37 cases
- Overall, the supply of test kit is adequate and timely
- Counseling service before and after blood test and before access to ARV drug treatment
- Enter data and reporting through DHIS2 system regularly from district to provincial level

Indicators that have been implemented to FSW Group

Year	Access to FSW			Blood testing in FSW			HIV positive Cases	
	Indicator	Achieved indicator		Indicator	Achieved indicator			
Year1	715	375	52,44%	715	375	52,44%	0	0%
Year2	1.125	1.122	100%	1.125	1.122	100%	3	0,26%
Year3	1.176	1.669	142%	1.176	1.669	142%	7	0,41%

Indicators that have been implemented to MSM

Year	Access to MSM			Blood testing in MSM			HIV positive Cases	
	Indicator	Achieved indicator		Indicator	Achieved indicator			
Year1	235	235	100%	235	235	100 %	2	0,85%
Year2	1,005	1,229	122%	955	1,229	129 %	18	1,46%
Year3	1,145	1,402	122%	1,090	1,402	129%	13	0,92%

2. Key Issues

- Some districts have delayed in entering data and do not on time and the data is still incomplete
- The IEC, mass media and materials are insufficient to access the risk target groups such as government staffs, soldiers, police officers and difficulties to reach the high-risk groups, for instance many FSW and MSM use smartphones, social-media and personal contact to communicate with their clients;
- The supply of condoms is still insufficient to meet the demand
- Volunteers has low skills to persuade the target group with risky behavior to come to the VCT center for blood tests and unable to refer all infected HIV cases for the treatment
- The target group often move to places, change their phone numbers, mostly they use internet sim-card that can only support the signal for social networks
- Difficult to reach the target group due to the outbreak of covid-19 and most of the restaurants are closed
- The number of restaurants/entertainment places within the province is increasing
- Migrant groups and clients of FSW do not think they are at risk of HIV infection and sexually transmitted diseases
- Some people living with HIV have not accessed to ARV treatment due to they are poor
- The target groups preferred not to have an HIV test at the hospital
- At the district level, the staffs are changed, the old retirees, the new comers have not been trained
- The patients who were diagnosed HIV positive cases in the district hospital have been referred to the provincial hospital, but many cases were lost, and those HIV infected cases have not accessed to ARV treatment
- Some HIV positive cases have the problem of not taking drugs continuously
- For the provincial hospital, there are insufficient staffs but they are responsible for

many tasks that causes to their report is delayed

- Devices such as computers are insufficient to support their work
- Some new staffs have not understood their work, and no training has been provided to them yet;
- Some staffs still understand that the HIV/AIDS works the activities with additional compensation from their salary
- The coordination of referring patients from the district to the province is not consistent according to the system

3. Proposals from local levels

- Requesting for the participation of many parties to raise funds and increasing more budget for HIV/AIDS activities
- Increase motivation to access, find target groups to receive health services and refer more infected cases for the treatment
- Increase the supply of condoms to meet demand
- At the district level, proposed to have a retraining on counseling due to the new staff have not been trained especially in HIV/AIDS work
- At the health center level, proposed to have a training for the staff on counseling and blood tests as well as the reporting system because the HANSA program suggested to have blood tests for pregnant women and their spouses, but health workers have not yet been trained
- There should be a follow-up of patients referred for verification at the provincial hospital and patients who are taking drug to prevent drug shortages, incorrect taking drugs and lost follow-up patients
- To have access to families and communities of infected people to educate them not to discriminate and stigmatize.
- The internal sector in the Provincial hospital requests to increase 1 more nursing staff
- Requests for 1 laptop for the provincial hospital's team
- Requests the Provincial HIV/AIDS Secretariat to organize a training workshop with the persons in charge of HIV/AIDS throughout the province to discuss and agree on the testing, writing the VCT code, and the coordination process in referral patients to the province
- Sambon Health Center in Vang Vieng District request a HIV test kits/reagent to test because there are many migrant workers in that area

TB Program

1. Key Achievements

- Under leadership from the provincial and district government, the projects were successfully implemented
- Engagement by PEDDA to mobilize those with suspected TB symptoms to participate in ACF activities at the central and provincial levels as well as health education in the community
- In 2022, PEDDA implemented TB cases finding and achieved a total of 37 cases and 10 cases in the first 6 months of 2023
- The provincial hospital can support the treatment of patients from 11 districts and 2 community hospitals are available for DOTS network, with 2 staff in charge of TB work
- There is 01 isolated building including 08 beds to treat TB and TB/HIV patients, especially Pb+
- The policy of free diagnosis and treatment of TB

- Analytical equipment is sufficient to meet the demand
- Sufficient TB drug can be provided regularly and on time
- There is a recording system and TB Tracker data entry
- There is a GeneXpert to for sputum testing to find TB suspecting case to diagnose
- All TB patients received voluntary counseling for HIV testing
- There is a TB control network from the provincial, district and community hospital levels
- Reporting is using the DHIS2 system at the district/province/central level;
- The district level has monitored the community hospitals within the district regularly
- The management and following-up TB patients in DHIS2 system with individual data entry (TB Tracker) is comfortable in reporting and data usage
- Strong in planning and implementing activities
- Each community hospital has a refrigerator to collect sputum samples;

2. Key Issues

- 2022 TB patient data of PEDDA that carried out activities in 04 districts (Kasi, Hinherp, Muen and Feuang District) have not yet been entered into the DHIS2 system;
- Some districts still do not enter information, do not evaluate the treatment of patients that transferred to the TB Tracker system, causing a delay in the evaluation of treatment
- Patients receive a delayed diagnosis and combined with co-infection (TB/HIV) resulting in a high mortality rate at provincial level
- The person in charge of tuberculosis at the district level has not fully updated the information on patients transferred from the provincial hospital who continue to be treated at the district level
- Receive a delayed budget
- The budget for IEC materials and monitoring activities at the village level is still limited
- Screening for TB suspected cases and sending sputum samples from health centers and district hospitals to diagnostic testing at provincial hospitals with GeneXpert have not yet reached the expected rate compared to 1% of the population, so the finding of TB suspected case is still low; $(2,304 / 4,787 = 48\%)$
- The number of notified TB cases all form (new and relapse) did not meet the targeted indicator in condition 1: $484/555 = 87\%$
- Insufficient staff at TB unit, one staff is responsible for many duties, the staffs have been replaced frequently in 2 districts and the training has been provided to them, but the practical experience is not enough
- The community hospital screened for TB suspected cases, but less sent samples for diagnosis
- Closed members/persons of Pb+ and Pb- TB patients with suspected TB have not been systematically screened
- TB information has not yet reached local people in remote areas
- The involvement of local authorities is also limited
- TB case management is not good enough, resulting in a high rate of lost follow up at the provincial hospital level (7%).

3. Proposals from local levels

Provincial Level

- Request central level to conduct a quarterly monitoring
- Request the district hospital pay more attention to follow-up testing (Especially for infected patients: end of February, May and June) and evaluate the treatment results of patients who have been referred to the district level to continue treatment, as well as update the data in the TB Tracker system until complete the treatment deadline
- Integrate TB work with other work to help in providing TB information to the community
- Request for budget to organize the annual TB Workshop with DTM and analyze unit from all districts within the province
- Request for a budget for retraining TB work for community hospital
- Request for computers, printers for the provincial level and computers for the district level to support TB work

District Level

- Propose the provincial level to advise and assist the staff in charge of TB at the district level who are newly replacement and have not been trained
- Request for a budget to organize the annual TB consultation workshop with community hospitals and village health volunteers.

Malaria Program

1. Key Achievements

- RAI3E projects support the budget such as: surveillance, response, malaria elimination areas
- Receive technical guidance, project management from the DCDC, CMPE and Provincial Health Department
- The technical staffs at provincial and district level participated in the seminar meeting and learned lessons from provinces and districts
- The provincial, district and community hospital levels have a quarterly meeting for learn lessons (follow-up on project management)
- Trained iccm for staffs in charge of Malaria at community hospital (diagnosis, treatment, package, surveillance and monitoring, case management, vector control, surveillance and health education) for each staff from 50 different places
- Monthly meeting between the district and the community hospital (set work plans and submit monthly reports)
- The task of investigating transmission points and malaria elimination response areas have not yet been implemented due to no malaria case has been reported
- Delivery (QA)
- The maintenance cost for vehicles of RAI3E
- Capacity building for communication skills
- Office supplies

2. Key Issues

- The budget for monitoring at the provincial, district, and community hospital levels is limited, resulting in difficult to implement activities
- Blood tests in some months are still low in some health facilities due to no patients who meet the criteria for blood tests or health provider do not order for the tests
- Some health providers still do not pay attention to ordering blood tests according to the poster recommended in the blood test conditions

- Some messages in the site visit form are difficult to understand and make confusing
- Inadequate devices, especially computers or laptops in some districts have poor connection quality
- The entry of epidemic data packages into the DHIS2 system is not timely in some districts due to one staff at district level is responsible for many tasks, which complicates the administration of work
- Some service points have replaced new staff in charge without experience, have never been trained, causing mistakes in filling in the monthly report summary form
- Vang Vieng district has a lot of malaria infections and based on the results of the survey, the density of water worms in each village is still high, so will have a high risk of an outbreak in a large area.

3. Proposals from local levels

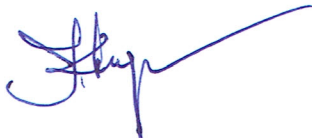
- Propose to the central level to arrange for anthelmintics and provide a budget for malaria prevention and control activities in a timely manner and request for spraying machines and Insecticide
- To organize an annual training (or seminar) to exchange lessons on the site visit form at the provincial, district and community hospital levels and train on how to enter the database into the DHIS2 system and other work related to malaria
- Request for computers (laptops + printers) 15 high-speed internet for 11 districts and 4 high-speed internets for provinces
- Request for 50 mobile phone that can collect data and forward information to community hospitals across the province
- Request for 1 pick-up car to serve the activities of malaria work
- Request to increase more budget ceiling so that monitoring activities are implemented quarterly in 11 districts and 50% of community hospitals
- Propose to improve the site visit form to be easy and understand.

Key comments and recommendations from OFV team

1. Provincial level, to add more staff to some units in the operation work of 3 diseases;
2. Central level, capacity building on technical aspect including DHIS2 for staff in each level
3. Strengthening integration and collaboration between units and partners concerned at provincial, district and health centers;
4. Conduct orientation workshop to build common understanding on the programs;
5. Prepare detail work plan and share responsibility with units and partners concerned
6. Provincial level, regularly monitoring and supervision districts and health centers
7. Provincial and district level, to review, verification and approve data in DHIS2 system regularly
8. Should be provided with adequate tools especially computers to ensure timely reporting
9. To ensure that the medicine and RDTs are sufficient
10. Increase budget absorption in the 3rd and 4th quarter
11. Focus on TB suspected case finding among the risk groups and all their relatives;
12. To use the existing staff in the CDC sector to work as integrated manner
13. District and health center level, 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 Vientiane Province, Provincial Hospital, District Health Office, Community Hospitals 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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