



**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. 13... Dec. 2023

**Report of Oversight Field Visit**  
**In Borlikhamxay Province, Date 6-10 November 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. President of Lao Red Cross, CCM Chair
2. Department of Planning and Finance, MOH
3. Department of Communicable Disease Control, MOH
4. Inspection Department, Lao Federation of Trade Unions, CCM Member
5. Center for Malaria Parasitology and Entomology (CMPE), MOH
6. Center for HIV/AIDS and STI (CHAS), MOH
7. National Tuberculosis Control Center, MOH
8. Chair of APL+, CCM and OC Member
9. President of Association for the Development and Promotion of Women's Leadership, CCM
10. CCM Secretariat.

**III. Visiting Sites**

1. Provincial Health Department;
2. ARV center at provincial hospital;
3. Viengthong District Health Office/Hospital
4. Houyhoi Health Center
5. Chomthong Health Center
6. Borlikhan District Health Office/Hospital
7. Phouhomexay Health Center
8. Houykhoun 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
<b>1. Key Achievements</b>
<ul style="list-style-type: none"><li>● Under leadership from the central, provincial and district level, the projects were successfully implemented</li><li>● Received some budget from the government and HANSA project</li><li>● Supported of 5 project volunteers</li><li>● Provincial level, there are two working units for the implementation of HIV/AIDS and STI namely: Secretariat Unit and Treatment Unit for infected patients.<ul style="list-style-type: none"><li>○ <b>Secretariat Unit</b><ul style="list-style-type: none"><li>– A comprehensive center for HIV/AIDS and STI</li><li>– Reports on VCT and STI testing services</li><li>– Project management, financial and activity planning</li><li>– Organize partnership meetings, coordinate with relevant departments and district secretariats</li><li>– Monitor and encourage the district team</li><li>– Summarize the VCT/STI data recorded in the DHIS2 system and send a report to CHAS monthly.</li></ul></li><li>○ <b>Treatment Unit</b><ul style="list-style-type: none"><li>– There are some service units such as POC, VCT/PICT and ARV treatment</li><li>– Provide blood test and treatment services for HIV patients free of charge</li><li>– 1 volunteer (PEER)</li><li>– Record data into the HIVCAM/DHIS2</li></ul></li></ul></li><li>● Supported by the HANSA project in 2023<ul style="list-style-type: none"><li>○ Mobile activities to provide knowledge to change the behavior of target groups in the community and blood tests for HIV infection among MSM, TG quarterly</li><li>○ The activity implementation of DLI-K Y2 and Y3 has met the target<ul style="list-style-type: none"><li>– Volunteers find target groups to educate and mobilize for the blood tests</li><li>– Secretariat, colleagues, districts and volunteers are promoting for mobile health education information for target groups</li><li>– Monitor to promote preventive work in risk groups (2 times/year)</li></ul></li></ul></li></ul>
<b>2. Key Issues</b>
<ul style="list-style-type: none"><li>● The budget is limited and the HIV/AIDS activity has not yet reached health centers</li><li>● The supply of condoms is still insufficient to meet demand</li><li>● Difficulty in reaching target groups due to:<ul style="list-style-type: none"><li>○ the outbreak of Covid-19</li><li>○ Most restaurants are closed</li><li>○ Some FSWs are in remote areas where volunteers cannot reach</li><li>○ Some FSWs are frequent moves to work in other places</li><li>○ Some FSWs do not cooperate, for example, they do not voluntarily accept blood tests for HIV</li></ul></li><li>● Frequent turnover of staffs, old staff have retired, new ones who have not been trained</li></ul>



yet

- Provincial hospital does not have enough bedroom and counselling room for patients and a staff is responsible for many tasks
- Devices such as computers are insufficient to support their work
- Due to the delay in procurement planning, it caused the patients lack of drugs to treat complications, but not lack of ARV drugs and the patients were suggested to buy the drugs for themselves
- The problem of incentive disbursement to some volunteers who work to achieve the target and some do not achieve the target but they received the same amount of incentive
- Disbursement for the volunteers of HANSA project is different from other projects that disburse by PBC salary and do not have incentives.

### 3. Proposals from local levels

- Request more budget to support in HIV/AIDS and STI activity
- Request more budget for retraining staff in the HIV/AIDS and STI
- Provincial hospital needs bedrooms and counseling rooms for TB and HIV patients and requests more staffs
- Increase incentive to access, find target groups to access health services and refer more infected people for treatment
- Increase the supply of condoms to meet demand
- 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
- There should follow-up evaluation every period from the central, provincial, district and health center regular and continuous
- District level requests for a laptop to support in reporting.

## TB Program

### 1. Key Achievements

- Under leadership from the central, provincial and district level, the projects were successfully implemented
- Received budget from the government, HANSA project and humanities project
- 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 health center level
- Reporting is using the DHIS2 system at the district/province/central level
- The district level monitor and supervise health centers regularly
- Management and follow-up TB patients in the DHIS2 system by individual data entry (TB Tracker) which is very convenient in reporting and using data
- Each health center has a refrigerator to collect sputum samples



## 2. Key Issues

- Patients receive a delayed diagnosis and combined with co-infection (TB/HIV)
- Receive a delayed budget and 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 met the target
- The number of notified TB cases all form (new and relapse) did not meet the targeted indicator
- Insufficient staff at TB unit, one staff is responsible for many duties, the staffs have been replaced frequently and some staff in the district level have not yet understood the policy of sputum sample delivery due to their new duties
- Some reports are not on time, there is a discrepancy between the number in hard-copied and the system is different
- Tuberculosis information has not yet reached the local people especially in remote areas, there are still many people who do not know and understand about tuberculosis.
- The involvement of local authorities is also limited

## 3. Proposals from local levels

- Request central level to conduct a quarterly monitoring
- Request for a budget for retraining TB work for health center levels
- Request the central level to implement ACF together with the provincial, district and health centers and at the prison and detention camp
- Request more budget for sending samples or incentive for collecting samples ( health center to collect samples at villages or sending samples from villages to health center)

## Malaria Program

### 1. Key Achievements

- Receive technical guidance, project management from the DCDC, CMPE and Provincial Health Department
- RAI3E projects support the budget such as: surveillance, response, malaria elimination areas
- Received support from KOFIH to survey mosquitoes in villages in 4 target districts in 2022
- The technical staffs at provincial and district level participated in the seminar meeting and learned lessons
- The provincial and district levels have a quarterly meeting for learn lessons to supervise and monitor on project management
- There is a surveillance system. The tests and drugs for Malaria treatment are available
- No Malaria cases were reported and no death cases of Malaria were reported
- The implementation of the activity has achieved the goal according to the plan
- Timely reporting and the reporting is using the DHIS2 system
- There is joining WhatsApp group together with central, provincial and district levels to daily report to the group.

### 2. Key Issues

- The budget for monitoring at the provincial, district and health center levels is limited
- Blood tests in some months are still low in some health facilities



- Malaria infection is transmitted from other provinces that causes difficulty to prevent and control
- There are still some areas that have not been regularly surveyed, especially the target villages of the district
- The government has not provided LLINs and there is still not enough liquid insecticide in some areas and some districts
- Local people still have not intended to surveillance and control mosquitoes continuously
- Malaria control and prevention is still the responsibility of the public health sector and not the responsibility of the general public
- Malaria officials at the district level in some districts have not well done their responsibilities
- Preparation of Malaria elimination document uploaded on google drive, some districts are still facing difficulty.

### 3. Proposals from local levels

- Propose to the MOH to arrange for anthelmintics and provide a budget for malaria prevention and control activities in a timely manner and request for spraying machines and liquid
- Request the budget for emergency cases such as investigating cases, monitoring the creation of processes and spraying anthelmintics in villages where there is an epidemic
- Request communication materials for IEC such as: , USB and advertising material speaker;
- Request for medicine, chemicals and materials to control the occurrence of various diseases
- Increase the incentive for sending the report.

### 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. Provincial level to create a management mechanism for volunteer workers to achieve the goal
11. Increase budget absorption in 4<sup>th</sup> quarter
12. Focus on TB suspected case finding among the risk groups and all their relatives
13. To use the existing staff in the CDC sector to work as integrated manner;
14. District and health center level, to use the government's promotional budget portion to implement the activities
15. Integrate TB activities with other activities to provide TB information to the community

**PHOTO OF SITE VISIT TEAM**  
**Provincial Health Department**



**Provincial Hospital**





**Viengthong District Hospital**



**Houyhoy Health Center**





**Chomthong Health Center**



**Borlikhan District Health Office**





**Houykhoun Health Center**



**Phouhomxay Health Center**



16. There was a lesson learn on PBC budget disbursement model in the HANSA2 project, create a management plan and monitoring the project activities, recommend the input of information in the system and the hard-copy accurately and completely.

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 Borlikhamxay 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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CCM Chair

**Reporter**



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