

Report of Joint Oversight Field Visit

**Activities supported by the Global Fund to Fight AIDS,
Tuberculosis and Malaria (GFATM)**

Sekong Province

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Prepared by: CCM Secretariat

Participants:

Representative of CCM Members, OC, CHAS, NTC, CMPE and CCM Secretariat:

1. Department of Health and Rehabilitation, CCM
2. Center for HIV/AIDS and STIs (CHAS), MOH
3. Center for Malaria Parasitology and Entomology (CMPE), MOH
4. National Tuberculosis Control Center, MOH
5. Lao Tropical and Public Health Institute, OC & CCM
6. Lao National Chamber of Commerce and Industry, CCM
7. Chair of APL+, OC and CCM
8. Champasak provincial Community Health and Inclusion Association (CHIAs)
9. CCM Secretariat.

Visiting Sites

1. Provincial Health Department;
2. Provincial Hospital, TB, and ARV center;
3. Thateng District Health Office/Hospital
4. Kapeu Health Center
5. Yeubmai Health Center
6. Dak Cheung District Health Office/Hospital;
7. Dak Duem Health Center
8. Xiengluang Health Center

Main Purpose:

To oversee the overall implementation progress, key issues and challenges of the activities supported by the Global Fund at provincial, district and health center levels by focusing on: Finance, Procurement, Implementation and Reporting.

HIV/AIDS

Key Achievements

- Under leadership from the central, provincial and district level, the projects were successfully implemented.
- Received budget of implementation Government and HANSA Project.
- Have Focal staff for DLI K and now has changed to PBC 6.
- The procurement has implemented based on the financial processes, if more than 5 million kip, it needs to get 3 quotations.
- The HIV/AIDS and STIs implementation at provincial level as following:
- Has the clear coordination in detail for the work implementations among district, provincial, and central levels.
- The work responsibilities were divided clearly and accurately.
- Received the work implementation direction and supports for the enhancement of health service networks, point of care at provincial level.
- The activities were implemented based on the notification letters of budget in detail from central level.
- Free provide HIV blood test services for people living in targeted group and follow up with giving the guidance before and after blood test.

Key Achievements (Conti.)

- Have the HIV blood test service networks at 5 health facilities: 2 at provincial level and 3 at district levels.
- Have the STIs testing service and treatment networks at 19 health facilities: 2 at provincial level, 3 at district levels, and 14 at health centers.
- Has implemented the principle of 95 95 95.
- Sekong province has Point of Care at the provincial hospital.
- The district staff implemented the activity of basic advice of HIV/AIDS and STI testing at FSW shops and restaurants with condom distribution.

Key Achievements (Conti.)

- **Thateng district:** from January to October 2024, the total number of HIV blood tests was 415 (no cases found), STI tests were 142 cases (cases found were 138).
- **Dak Cheung district:** In 2024, the total number of HIV blood tests were 267 cases and cases found were 3, ARV drugs provided were 3, and 1 person died.
- Staff were trained for VLAO and DHIS2 systems and are also available for recording and reporting at the provincial and district levels.

Key Issues

- Delayed in receiving budget from National levels (started the activity implementation in July 2024).
- The budget is insufficient for HIV/AIDS activity component such as workplan, and strategic activity plans for 2020-2025.
- Received the budget only from Government and Global Fund, but receive from another donors.
- Not have enough necessary equipment for HIV/AIDS activity e.g: STI drug treatment, condom, Brochures, flyers, media advertising AIDS and STDs, artificial genitals, gloves, 70% alcohol, cotton, etc.
- Infected patients are risky to get out of drug as they live remote area and it takes time to come to get the drug as inconvenient road for their travels.
- Dak Cheung district is undertaken on many economic development examples: having a company to invest on big fan for wind energy-wind turbines generate energy which has resulted in the expansion of the city and the increase in the number of migrant workers, including the number of female service worker shops.
- Some shop owners are not good in cooperation while implementing the HIV/AIDS activity, especially Vietnamese, mostly of the shops will have FSW inside 3-5 FSWs, including the students/teenagers, and they lack of the HIV/ STI prevention.
- No budget for implementing HIV activity at company's worker sites.

Challenge

- Not having enough staff for HIV/AIDs and STI work. The total staff are 36 people (12 people at provincial level and 24 people at district level)
- The trained staff for HIV/AIDs and STI work are 5 staff at provincial level, equal 41%, 6 staff at district level or equal 25%.
- Not having IT equipment (computer) for supporting the work at each district.
- Blood test networks are not yet extended to health centers that are ready for the activity.
- The activities are supported by projects are not fully covered the target groups.
- Conducting the principle of 95 95 95:
 - Patients understand their infected condition 53 %
 - Patients access to drug treatment 35 %
 - Patients already recovere 91 %
- Sometimes receive the delay of report from distant district and internet signal is not stable

Proposals

Provincial level:

- Increase the budget for diagnostic Testing for HIV infected patients
- Increase the activities for targeted group especially at construction sites, industries, or infrastructures.
- Request for the training of treatment for HIV-Related causes, providing recommendation for HIV blood testing and providing ARV drug for district and provincial level twice a year.
- Request for mobile blood test constantly and regularly twice a year.
- Request for necessary equipment for HIV/AIDS activity e.g: STI drug treatment, condom and lubricant, Brochures, flyers, media advertising AIDS and STDs, artificial genitals, gloves, 70% alcohol, corn, etc.
- Request budget to conduct the activity of taking care of patients in communities, decreasing the discrimination-Stigma on HIV infected patients (PLHIV)

Proposals (Conti.)

District level:

- Request for IT equipment (computer) for HIV/AIDS work
- Extra equipment such as blood test reagent, Brochures, flyers, artificial genitals condoms and lubricant.
- Extend the HIV blood test networks down to health centers.
- extend the HIV/AIDS workplan to health centers.
- Request budget to conduct the activity at communities in order for them to increase self-awareness for health care.

Tuberculosis

Key Achievements

- Under leadership from the central, provincial and district level, the projects were successfully implemented
- Received budget from the government and HANSA project for conducting activities.
- Policy for free TB diagnostic test and treatment
- Sufficient testing equipment for the demand
- Sufficient TB drug can be provided regularly and on time
- Having DHIS2 for recording and reporting system and TB Tracker data entry
- Having GeneXpert in place for sputum test and diagnosis.
- Providing the advice to TB patient in all cases.
- Having the TB control networks from provincial level to district and health centers.
- Conducting supervision visit at communities (ACF)
- Using DHIS2 for reporting from district, provincial level, and central level.

Key Achievements (Conti.)

- District conduct the regular supervision visit health centers.
- Each health centers have refrigerator for containing the sputum sample.
- Extended the DOT network to cover all districts and 7 health centers which has the plan for new case for TB testing in FY 2024 for all provinces to achieve 156/100,000 people (for districts must accomplish 54/100,000 people and children under 5 years old access to drug prevention for TB must achieve 26 cases/year and already hit the indicators.
- The total sputum test within 11 months for suspected cases 1,038 cases, cases found 184 cases: Pb+ = 64 cases, EP = 11 cases, Pb- = 107 cases, recovered = 69 cases, dead = 4 cases.
- The Tuberculosis activities at health centers, were successfully implemented and completed as planned.

Key Issues

- People in communities still use the same bamboo tube for smoking cigarette and not send the sputum to health centers.
- Delayed in receiving budget and health Advocating and IEC equipment are insufficient.
- TB screening and sending the sputum sample from health centers to district and district to provincial level for GeneXpert test is not fully implemented.
- Difficulty in accessing to target groups for new TB cases and the existing patients has not hit the targets.
- TB screening for contacted people with TB infected patients, especially children under 5-year-olds for drug prevention was not fully reached.
- Always have Staff turned over and new staff are not yet trained for TB work.
- Some community people in remote areas are unaware of TB testing and treatment as TB awareness raising are not fully reached.
- Limited participation from local authorities for TB work.
- Villages in remote areas are hard to access to health centers to get the medicine

Proposals

- Computer Notebook for provincial staff responsible.
- Advocating media for tuberculosis and other diseases.
- Budget for conducting TB work in communities.
- Conducting supervision visit at communities (ACF) twice a year.
- New TB Building to isolate infected patients.
- Refresh training for provincial, district and health center staff for data entry and technical work.
- Budget for supervision visit for provincial, district, and health centers.

Malaria

Key Achievements

- Under leadership from the central, provincial and district level, the projects were successfully implemented
- Received technical guidance, project management from donors and provincial Health Department for conducting all activities.
- Received good cooperation from health center staff for activity implementations.
- Health centers conducted malaria testing for suspected people 171 cases, children under 5 were 11 cases, case found was 0.
- For district levels, provided blood test with RDT for malaria from January to December, 2023 total number was 3114 cases, PF= 1 case and PV = 2 cases.
- For 10 HCs, conducted blood test with RDT for malaria from January to December, 2023 total number was 36 cases, cases found PF = 13 cases and PV = 0.

Key Achievements (Conti.)

- District levels implemented activities as following:
 - Supervision visits and health advocacy.
 - Received mosquito net for migrant workers and distributed them to 5 companies.
 - Received mosquito net for pregnant women and completed the distribution.
 - Provided the training HC staff for diagnosis and treatment, TB control, integrate health education, pandemic, equipment, data entry into DHIS2.
 - Trained Village health workers.
 - Provided training to clinics and pharmacies.
 - Conducted quarterly supervision visits to health centers.
 - Conducted quarterly supervision visits to Village health workers.
 - Conducted F1 data collection at clinics and pharmacies.
 - Surveyed worms water at 5 targeted villages in each quarter.
 - Thateng district conducted blood test for 14,169 cases and no case found.

Key Issues

- The communication system between the village, the health center and the district is still not working well.
- Transportation is still difficult and inconvenient in some health centers, especially during the rainy season
- Staff turned over at health centers.
- Health center staff are still lack of experience for the treatment.

Proposals

- District requests for Laptop Notebook.
- HCs request 1 motorbike and computer notebook.
- Advocating media for malaria, gloves, alcohol 70%, cotton, etc.
- Request budget for malaria activities at communities.

Recommendation 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 at provincial, district and health centers
3. Strengthening integration and collaboration between units and partners concerned at provincial, district and health centers.
4. Ensure the health information system is integrated between health centers, districts, and provincial levels that enable to access to the health information and can be updated accordingly.
5. Conduct orientation workshop to build common understanding on the program's implementation
6. Prepare detail work plan and share responsibility with units and partners concerned

Recommendation from OFV Team

7. Provincial level, regularly monitoring and supervision districts and health centers
8. Provincial and district level, to review, verification and approve data in DHIS2 system regularly.
9. Should be provided with adequate tools especially computers to ensure timely reporting
10. To ensure that there's no expired medicine, stock out and out of RDT.
11. Focus on TB suspected case finding among the risk groups and all their relatives in districts and health centers, especially children under 5 years-old.
12. District and health center level as well as volunteer workers, to use the government's promotional budget portion to implement the activities
13. Integrate TB activities with other activities to provide TB information to the community

PHOTOS OF SITE VISIT TEAM

Provincial Health Department



Galaxy A54 5G

Provincial Hospital, and ARV center



Provincial Hospital, and ARV center



54 5G

Thateng District Health Office/Hospital



Galaxy A54 5G

Kapeu Health Center



Galaxy A54 5G

Yeub Mai Health Center



Galaxy A54 5G

Dak Cheung District Health Office/Hospital



Dak Deum Health Center



Xiengluang Health Center



Providing comments

Thanks