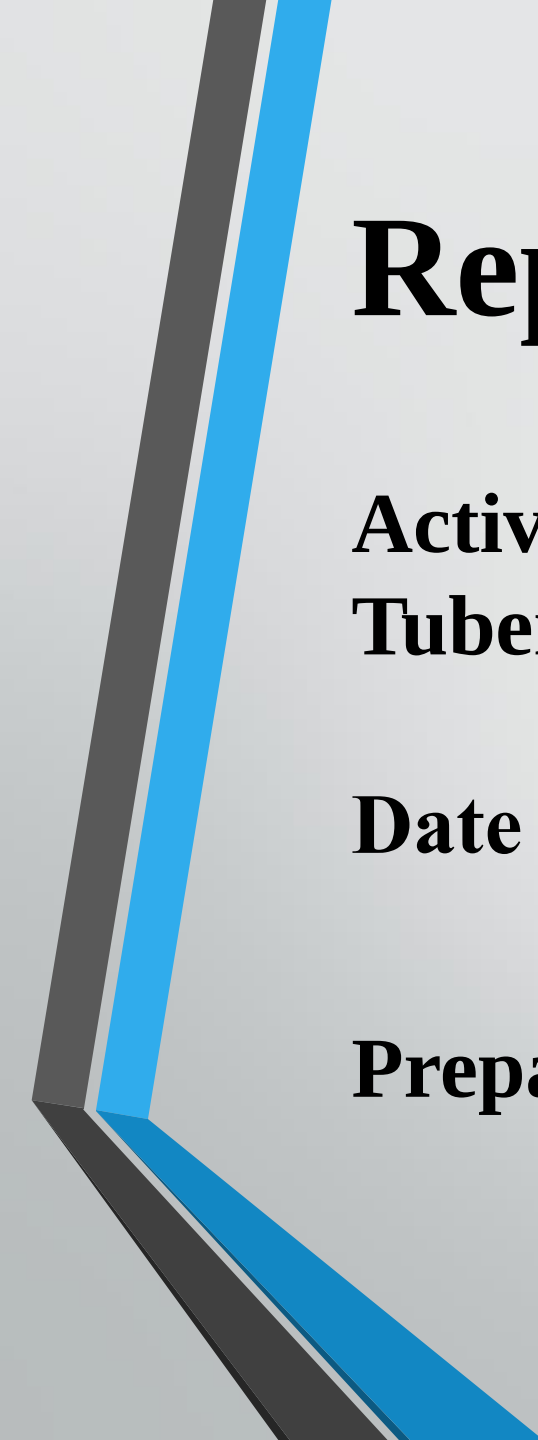




Report of Oversight Field Visit

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

Date 11-17 May 2025

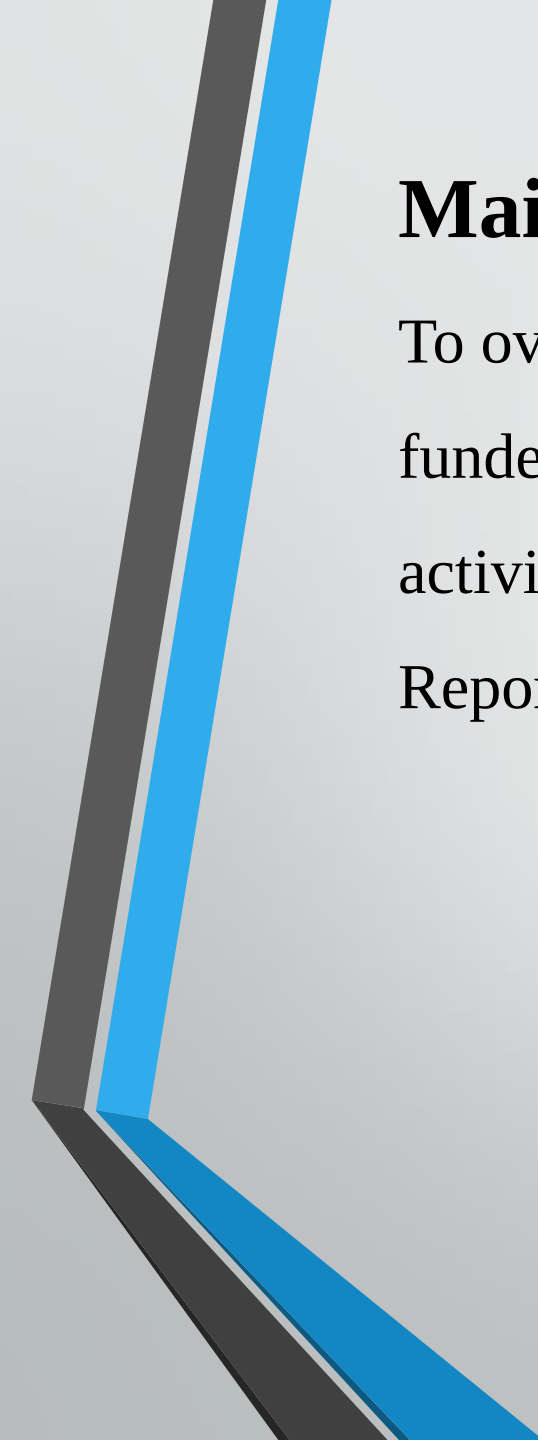
Prepared by: CCM Secretariat

Visiting Sites

1. Provincial Health Department;
2. Provincial Hospital (TB Unit and POC Center)
3. Ta-Oy District Health Office/Hospital
4. Pachoudone Health Center
5. Houay Ngoua Health Center
6. Samouay District Health Office/Hospital
7. Avao Health Center
8. Axing Health Center (couldn't access as hard rain and road block)
9. Lakhonepheng District Health Office/Hospital
10. Phouthumphuang Health Center
11. Taphan Health Center

Participants:

1. Director General of Department of Communicable Disease Control, MOH & CCM
2. Deputy Director of Department of Planning and Finance, MOH
3. Center for Malaria Parasitology and Entomology (CMPE), MOH
4. Center for HIV/AIDS and STIs (CHAS), MOH
5. National Tuberculosis Control Center, MOH
6. Director of UN Division Department of International Cooperation(MPI), CCM
7. Lao Tropical and Public Health Institute, OC & CCM
8. NPCO (HANSA), Department of Planning and Finance, MOH
9. President of APL+, OC and CCM
10. CCM Secretariat.



Main Purpose:

To oversee the overall implementation progress of HIV, TB and Malaria funded by the Global Fund as CCM Workplan to evaluate the result activities by focusing on: Finance, Procurement, Implementation and Reporting at the provincial, district and health center levels.



HIV/AIDS

Key Achievements

1. Under leadership from the central, provincial and district level, the projects were successfully implemented.
2. Received budget of implementation from Global Fund and Government.
3. Payments from the provincial level to health centers were made through the banking system.
4. Provided the consultation and blood test for HIV at provincial and district levels.
5. People Living with HIV access to free treatment.
6. Have Point of Care at the provincial hospital for PLWHIV.
7. The number of patients for HIV consultation and blood test are increasing even though there is no budget for the implementation.
8. Provincial and district teams provide the On-site training for Health center staff while conducting supervision visit.
9. HIV prevention is cooperated from Government, Civil Society, and international Organizations.
10. DHIS2 system and also available for HIV recording and reporting at the provincial and district levels

Key Issues

1. Budget for conducting HIV activities is limited, especially advocating campaign, prevention and patient supervision visits.
2. No bank and ATM for cash withdraw in districts and health centers
3. The coordination between provincial level and district levels are not good enough
4. There's no standard activity implementation approach for HIV prevention at provincial, districts, and Health center levels and lack of posters/flipcharts
5. HIV prevention networks are still not reached Health Center level
6. Community people are still lack of knowledge for HIV/AIDS prevention
7. Staff at each level are still not well-trained for HIV prevention work
8. Not having enough staff and always facing staff turned over for HIV work.
9. HIV Patients discriminated themselves and not come to get ARV drug for treatment
10. Hardly access to population with higher risk for HIV especially in the border areas and migrants and hidden FSWs

Proposals

1. Increase the budget for HIV activities from provincial level to health centers
2. Propose provincial level to consider the way to solve the issue of cash withdraw for districts and health centers.
3. Request the Refresh Training for reporting, program management, treatment and prevention approaches.
4. Materials, poster/flipcharts for HIV and equipment (computer and internet).

Recommendation from OFV Team

1. Update the provincial and district work plan for HIV prevention to be more accurate, identify, and prioritize the activity implementation based on the budget limitation and to be the reference for upcoming fund request
2. Request the budget from government to integrate with HIV prevention activities in all health sectors.
3. Recommend health center staff to record when providing the HIV counselling service to pregnant women
4. Propose provincial and district levels to consider ways to access the population with HIV high risk group, especially people living in border areas, migrants by advocating HIV prevention, blood test provision and treatment for patients.
5. Conduct data collection in detail for key population with HIV high burden areas to be the reference for creating activity workplan
6. Activity workplan and financial workplan must be accurate in order to use as annual budget plan or fund mobilization from international donors



Tuberculosis

Key achievements

1. Received budget from the Global Fund and government.
2. Having the TB control networks from provincial level to district and health centers.
3. Having GeneXpert in place for sputum test and diagnose TB faster and get accurate result.
4. All TB patients were tested for HIV and get free treatment.
5. Children under 5-year-old, contacted with TB patients, received drug preventive treatment
6. The majority of activities were successfully implemented and completed as indicator planned.
7. Using DHIS2 for reporting from district, provincial level, and central level and report on time.
8. Under leadership, training, and guildances from the central, provincial and district level, and received grant from Global Fund, the projects were successfully

Key Issues

1. Delayed in receiving budget. The budget received from provincial level to districts were transferred through Banking system in a quarter. However, no bank and ATM service for cash withdraw in Ta-Oy and Samouay districts; each activity implementation, district and health centers need to withdraw cash in provincial level for a month in advance.
2. The coordination between provincial level and district level are not good enough
3. District staff are still not well-trained for the payment of sample and delivery from health centers
4. There's international and domestic investment within province, impacts the increasing of migrants, which are not yet in good cooperation for TB diagnostic test and preventive treatment
5. Community people in remote areas still don't understand well about taking TB drug prevention
6. (District level); TB staff are always turned over, which impacts the delayed activity implementation such as: new case finding, low DOTS management, patient lost and high-rate dead
7. Districts are located in mountainous area, inconvenient road for conducting activities and some could not access.

Key Issues (Conti)

8. The Majority of population are minor tribes, so it's hard to communicate and understand them when providing the health activities
9. TB Staff were unaware of TB prevention, which caused them infected TB.
10. The lack of coordination from provincial level about commodities distribution, which impacts districts are facing stock out for N95.
11. TB is still discriminated/stigma in the community.
12. Not have enough staff for TB work
13. Population with TB symptom are unaware for TB diagnosis
14. Budget monitoring from provincial and district on budget receiving and expenditure are not fully monitored especially the Quality Practice Service (QPS)
15. The TB infection rates are increasing.
16. Staff who are on duty, are not yet trained for TB work, but staff were trained are turned over.

Proposal

1. Propose provincial level to consider the way to solve the issue of cash withdraw for districts and health centers.
2. Mask, Medicine container, gloves.
3. Refresh training for TB work
4. Computer and a set of printer
5. Budget for patient visit during their treatment.
6. Internet for TB unit.
7. Vehicle (Motorbike) for TB Unit
8. Propose the modern TB diagnostic test for district levels.

Recommendation from OFV Team

1. Propose to conduct the program activities on time, especially the sample collection in order to increase the sample screening as planned and send all sample collection for all suspected cases to diagnose with GeneXpert at provincial level.
2. Enhance the TB screening for children, adult, and migrants, household contacted and high TB burden areas by providing the health education and Active Case Finding (ACF)
3. Propose provincial level, district, and local community authorities to provide health care and explain the TB service treatment to patients' family members.
4. Increase the sample collection delivery from Health centers to district level to diagnose TB.

Recommendation from OFV Team (Conti)

5. Discuss with provincial level on money transfer mechanism or request to use money in advance from district level to solve the issue of monthly cash withdraw for districts that don't have Bank and ATM.
6. Enhance the coordination among provincial, district, and health centers for commodities request and distribution as some health facilities are facing stock out, recommend to contact the focal person using mSupply could check stock on hand and stock out and be able to distribute stock on time.



Malaria

Key Achievements

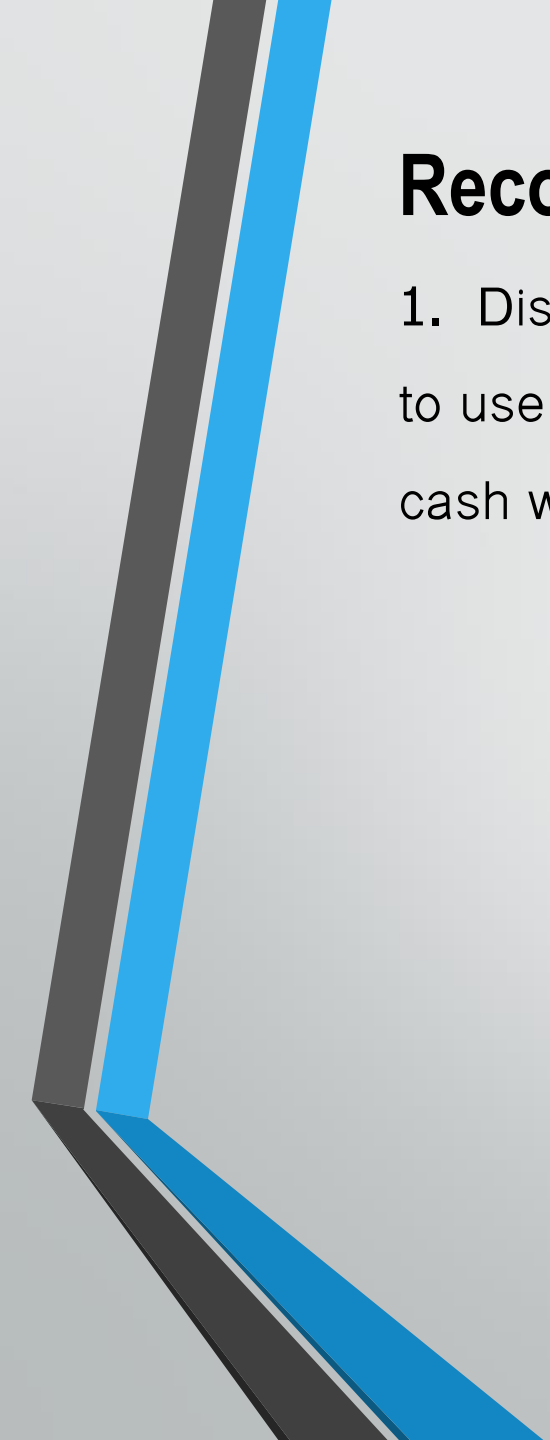
1. Received grants from Global Fund, Government, WHO, CHAI and Technical Assistants from WHO, CHAI, CHIAs, HPA for key program activity implementations from provincial level to health center levels.
2. Having the malaria prevention network from communities, HCs up to provincial levels.
3. Received the training of malaria surveillance, case treatment and infected carrier control for staff at all levels.
4. Infected patients were treated by taking **Coartem** at health facility services, covered 100%.
5. Completed report of activity expenditure and routinely report to provincial level.
6. Using DHIS2 for reporting from district, provincial level and district levels, but some HC levels still use offline & log book for reporting.
7. Distributed bed nets to target villages, which population rate is covered >95%.
8. Malaria positive rate is decreased across province.

Key Issues

1. Budget from provincial level to district level are quarterly transferred through banking system, but Ta-Oy and Samouay districts don't have any Bank and ATM services, each prior to activity implementations, district and health centre staff must travel to provincial level to withdraw the cash for a month in advance.
2. Could not collect the data for migrants
3. The cooperation for malaria prevention is not fully conducted at district, provincial-cross borders, and neighboring countries.
4. Population in remote areas don't fully understand the PV infected treatment.

Proposal:

1. Request budget for malaria outbreak prevention at provincial level.
2. Request budget for PV patient supervision visit and drug treatment.
3. Request 1 laptop computer for data collection and other related work use.
4. Request mosquito sprayer machine or repairing machine as current 60% of machine are broken.
5. Strengthen and promote the financial management work
6. Request 1 motorbike

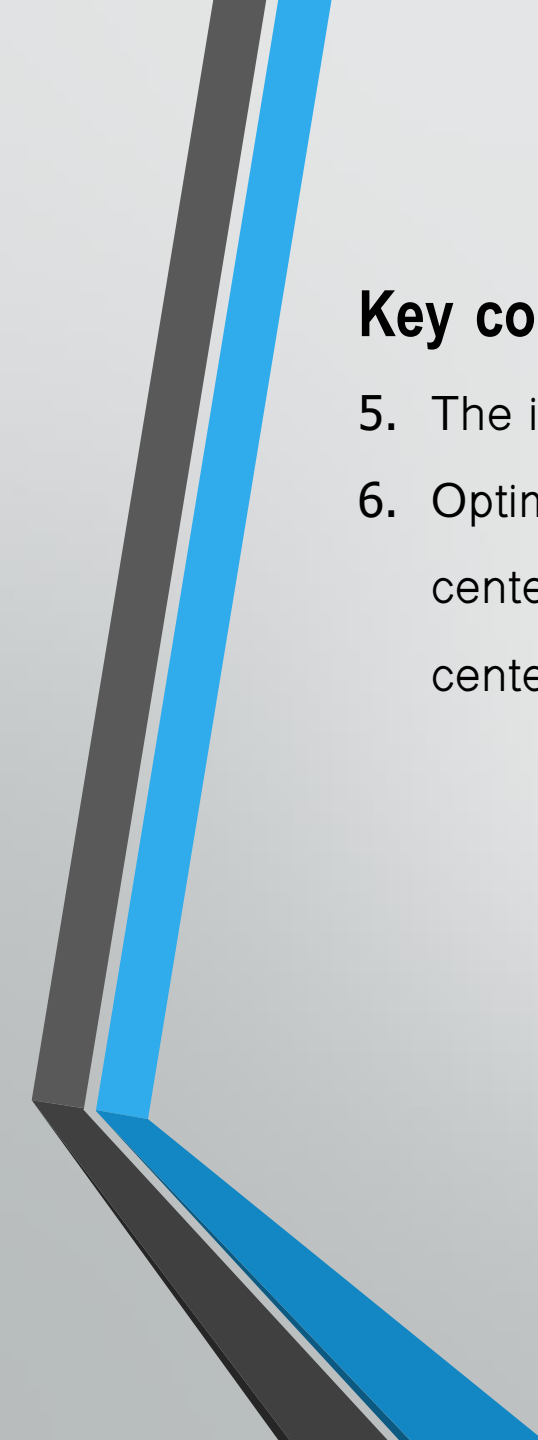


Recommendation from OFV Team

1. Discuss with provincial level on money transfer mechanism or request to use money in advance from district level to solve the issue of monthly cash withdraw for districts that don't have Bank and ATM.

Key comments and recommendations from OFV team

1. Regarding to the human resources: propose the provincial and district levels to integrate the workplan, staff, and the budget, especially one staff should be responsible for several works and train staff who still lack of technical approaches of work he/she is responsible for.
2. Provincial staff should provide the training budget and conduct supervision visit program activities, especially the budget from the government as the budget from Global Fund is limited.
3. Propose provincial and district levels conduct the data collection for migrants along with relevant sector in order to have data for case finding activities.
4. Propose provincial level to work closely with district levels to review the existing plan in order to influence the responsible person to conduct the activities in the workplans and complete as timelines as some districts still haven't implemented any activities and has not much progress.



Key comments and recommendations from OFV team

5. The integration work should have standard and specific form for HIV/AIDS, TB, and malaria.
6. Optimize the coordination/collaboration between provincial and district levels down to health centers for 3 disease work integration especially Lakhonepheng district as currently health centers haven't involved the village activities implemented by district levels.

Thank you