

Laos CSO Partners Meeting

Date: 14/05/21

Background: In preparation of the Global Fund RAI RSC meeting scheduled on the 17th and 18th of May. The CSO platform has organized a Laos **CSO consultation on the 14th of May from 1 pm to 2 PM Bangkok time**. In this consultation we discussed the CSO's progress, updates, RAI3E Q1 achievement and issues and challenges that has arisen. The outcome of this consultation will be shared at the RSC meeting.

Objectives:

1. To understand the achievement (Q1), progress and main challenges for each of the CSO RAI3E Implementing partners.
2. To present and discuss the outcome of the Laos CSO consultation in the upcoming RAI RSC meeting.

Health Poverty Action (HPA) – Presented by Thet Lynn

List of Main CSO Activities Intervention in the 1st Quarter (Jan to March)

- Monthly incentive for VMWs
- Inhouse induction/trainings of field staffs
- Central supervision of VMWs
- Supervision and monitoring visits by CHIs Provincial Coordination to district facilitators and VMWs
- Supervision and monitoring visit by CHIs district facilitators to VMWs
- 6 monthly monitoring and supervision visits from provincial and district health office team
- Project orientation workshop with key stakeholders in the target district/provinces
- P.v patient assisted referral for G6PD testing and PMQ.
- Monthly travel cost for VMWs to visit HCs for reporting and stock collection.
- Training of VMWs for Integrated Community Case Management
- Procurement of cool box for district facilitators
- Lao IRB Approval (HPA)
- Bi-annual workshop at MoH for guideline development, village selection for pilot ICCM and continuous learning (HPA)
- Consultation meeting with central and provincial health staff to adapt/develop the guideline for scaled up ICCM (HPA)
- Procurement of LLINs (or ITNs) for continuous distribution (HPA)
- Procurement of consumable and antimalaria medicine for treatment (ICC kits) (HPA)

Progress Update/ Achievement under RAI3E

In the first quarter, 22,092 presumptive case testing was conducted by 6VMW per month. In total 117 positive cases of diagnosed were treated.

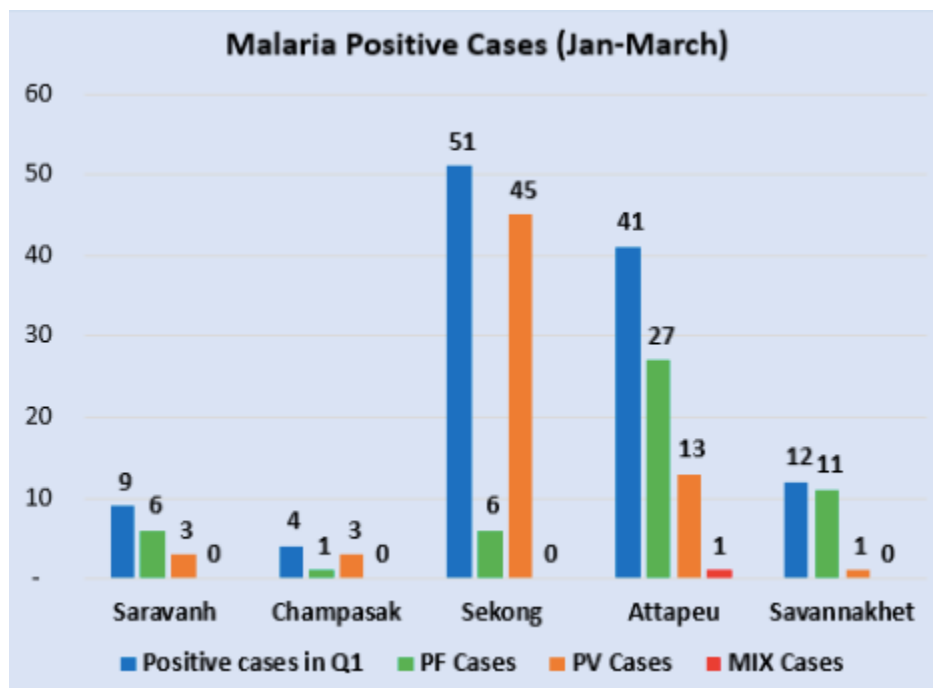
Annual targets vs achievement in Jan-March

The annual target for 2021 is 73,200 people to be tested for malaria. However, by the end of the first quarter we have treated 22,092 cases which amounts of 30.2%

Breakdown by province

Province	Total of positive cases	% of cases who received treated
6,203 cases	9	100%
5,371 cases	4	100%
3,409 cases	51	100%
4,425 cases	12	100%

Breakdown by Month



Budget vs Expenditure Absorption (%)

Budget Q1				
CSOs	Q1 total Actual (USD)	Expenses Jan-Mar 2021 (USD)	COMMITMENT/ CARRIED FORWARD (USD)	% of Balance Q1
Chias	60,501.21	49,119.49	11,381.72	23.2%
PEDA	74,746.64	46,223.82	28,522.82	61.7%
HPA	83,607.00	58,058.00	25,549.00	44.0%
Total:	218,854.85	153,401.31	65,453.54	43%

Challenges

1. Human Resources/ Recruitment

In the first quarter, a total of 62 VMW were recruited in new target villages. The new recruitments needed training of Integrated community case management (ICCM). However, these activities are not yet implemented in their villages. Furthermore, all our new VMWs must be oriented by our district facilitators to familiarize them to indicators and functioning system this has not yet been achieved. Furthermore, there is an issue of safety and security of HPA staff travelling alone to remote villages by him/herself (which was an effect due to the COVID-19 measures)

2. Monitoring and Evaluation

The new indicators performance implemented by CSO in this period of funding cycle has proved to be a new challenge and hard work for HPA staffs and VMWs to achieve. HPA felt that mentoring and technical support are need. Furthermore, some VMWs did not submit F1 form on time due to difficulty in transportation and communication because of COVID-19. In addition, referral form of P.v cases in some healthcare centers (HC) was not very well kept and was sometimes lost (or there has been no records of when it was checked). There were also some mistakes in consolidating the data from F1 to F4 in some HCs, which made discrepancies in the data of DHIS2. In comparison to the VMW's F1 law report we can summarize that the filing of HC is not effective. Furthermore, VMW in some villages were careless in monitoring RDT/ACT stock or making in-accurate report of RDT/ACT.

3. COVID-19

Due to the lock down procedures following COVID19 staring in April, this has affected a few implementation activities and interventions.

4. Budget constraints

25 -30% more of annual budget for supervision visit at the VMW level to achieve the target. (~ 4,000 USD more) HPA

Plan for (April June)

- Monthly incentive and travel cost for VMWs is being prepared
- Conduct project orientation workshop in the near future
- Revised central supervision budget which will include meetings, trainings and workshops done in the province/ district/ village under the RAI grant
- Supervision and monitoring visit by Provincial Coordinator to districts and VMWs
- Supervision and monitoring visit by district facilitators to VMWs
- 6 monthly Supervision and monitoring visit by PAM, DAM and CSO staffs to VMWs
- Bi-Annual planning and review meeting
- RDT and other medicine will be delivered to health centers and VMWs
- PSEA training for VMWs
- P. v patient will have assisted referral for G6PD testing and PMQ
- Procurement of LLIHN & ICCM kits, Central level meetings for ICCM
- Annual planning and review meeting with programme partners will be conducted, this will include MoU orientation meeting in across 4 provinces.
- HPA will be attending the M & E training in VTE-UNOPS

Way Forward

- HPA will continue Passive Case Detection by sharing the guidance of covid-19 precautions in handing malaria suspected patients.
- For report collection and monitoring to VMWs, this will be conducted via mobile and social chat apps.
- For hardest-to-reach areas with poor mobile network, it will be reached by frontline VMWs to conduct these activities with personal protective measures.

Question and Answer

Question: What is difference between the F1 form and the F4 form?

Answer: F1 is the form from VMW, F4 is a consolidation data form made from F1 from VMW at the HC.

Question: What is the MOU process/ status for the RAI3E?

Answer: The MOU approval is not yet finalized. However, there is an agreement with SIMPAY. We have budgeted for training and coordination in the second half of this year. Therefore, this should not be a problem. We are waiting for an endorsement level from the provincial level and district level, this will then go under review with CDC and SIMPAY. However, they have been very supportive and instrumental to our work. Currently we are supporting public health staff in providing incentives and monitoring of volunteers. However, when it comes to major activity training or program specific workshop, this can only be done once the MOU is signed.

Question: Do you a date of when the MOU will be signed?

Answer: We think it will be early to mid-June. In more detail there is also this new fund flow in Laos during RAI2E. We received the funding for entry component through the ministry of health department of planning and coordination. However, this year, we received directly from UNOPS but not through the DPC coordination. We are currently working for the regional and country component to become one

MOU to reduce time and administrative processes. This is because the funding is from Global Fund which goes through UNOPS and then to the CDC.

Question: How do we introduce COVID-19 proposal to your existing malaria services

Answer: Currently we have been working on risk assessment and continuation plan done by SIMPAY but supported by the WHO. This year we also have a community system strengthening component. Yesterday, we had a general agreement among all the partners including SIMPAY, WHO, CHAI and other CSO agreed upon the activities and is now working on the costing.

The community system strengthening will mainly focus on 2 things:

1. Malaria-focused COVID-19 infection prevention and control for volunteers in the community
2. Make more broader engagement through mapping needs assessment in the community especially in the five southern provinces where CSOs are working. We have also formulated some advocacy meeting or workshops either virtually or in person. We also make sure that the malaria volunteers or the village volunteers can carry out community level awareness and raising awareness of COVID-19 infection prevention and control vaccination campaigns e.g early screening of fever and referrals.

Educational materials have all been developed by the IEC department and we will make sure that they are inclusive and gender sensitive messages. They will also be available in local languages and ethnic languages, so they are more accessible to everyone. We will also make audio/visual tools to be broadcasted through existing villages such as by loudspeakers.

We will make sure that malaria specific ICCM have incorporated COVID-19 community activities and awareness.

PEDA - Presented by Santi Douangpraseuth

Overview

For RAI3E. There are 400 villages in 9 districts of Sekong (136 villages) and Champasak provinces (265 villages).

Target Indicator VS Achievement Q1 (Jan-March-2021)

No	Indicators	Target for 2021		Achievement: Jan-March-2021		Remark
		Year : 2021	Jan-June-21 Jan-March-21	# Achievement	% Achievement	
1	# malaria testing	25,344	11,600 5,800	8780	151.38%	151% of Jan –March-2021
2	% of positive case Treated	100%	100%	55	100%	100% were Treated
3	% of PV & Mixed referral to HF for G6PD test/PMQ	70%	70%	29	60.42 %	29 of 48 Cases were tested (18 remaining not yet confirmed)
4	# & % VMW report "no" stock-out" of RDTs	90%	90%	325	100%	VMWs 325 (Only the existing VMWs)
5	# & % VMW report "no" stock-out" of ACTs 6"4	90%	90%	325	100%	VMWs 325 (Only the existing VMWs)
6	# of VMWs trained for ICCM	400	0	75	19%	New VMWs 75
7	# & % of functioning VMWs	100%	100%	325	81%	Only existing VMWs
8	# of VMWs reached by supportive supervision	1300	650	288	89%	
9	# of staff and VMWs trained for PSEA (Prevention of Sexual Exploitation and Abuse)	# of staff varied by each CSO all VMWs	PEDA Rai 3 staffs	19	100%	PEDA staff for RAI3 all levels were trained
			PEDA Rai 3 VMWs 400	0	0	All VMW will be trained in Q4

The number of malaria tested cases is 25,344 cases which is an achievement of 151% over target. All 100% of the positive cases have been treated. Furthermore, the percentage of p.v or mixed strained that have been referred was at 70%. This included 29 out of 48 cases were treated with 18 remaining to be confirmed.

In Jan-March the target is 5,800 cases however the number of tested was 8,780 cases. This means that there is test rate % of 151.38%. The number of positive cases was 55 and all 100% of the cases were treated.

Challenges:

VMW of some villages in some districts such as Kaleum and Kong did not submit F1 report on time due to difficulty in transportation and communication. The VMWs in some villages of Mounlapamok and Kong has did not have the F1 form due to no regular supply from the district and province (Therefore the VMW resorted to taking note in their notebook instead). Referral form of P.V patient in some HC was not very well kept, sometimes it was lost. Some P. v cases did not want to go for G6PD test e.g. child cases, whereby their parents did not allow them to go with VMW. In the Kaleum district, P.v patients had to travel to get test and treatment in TaOey (Salavan) which makes difficulty for VMW to monitoring the case in different geographic area which does belonged to PEDAs as well as adding towards an additional cost.

The capacity of some VMWs in Kaleum and Dakcheung districts is still limited due to the new replacement VMWs.

Possible Solution

PEDA district facilitator will keep on coordinating with HC to conduct support visit to VMWs who did not submit report on time and/or advice VMW try to send the F1 report the best way they could do such as through telephone or WA in case they are facing difficulty in transportation.

The district facilitator has advised the VMWs to take note of information in their note book in cases where F1 is not available. The district facilitator and provincial coordinator will also coordinate with PAM and DAM for ensuring regular and sufficient supply of F1 for VMWs. PEDAs district facilitator will support HC staff and VMWs to set up a proper filing to avoid losing of P.V referral documents.

The district facilitator will keep on advising the VMW and encourage them on the importance of G6PD test and treatment for PV in the community, and also advise the PV patients to seek treatment at the facilities where the the VMW can monitor and support. Regular advice and support for the VMW will be given during monitoring and supervision visit conducted by PEDDA/DAM/HC to ensure the proper and accurate report on RDT/ACT stock is available in F1 report.

The district facilitator will collaborate with HC and DAM to conduct on job capacity building and/or refresher training to VMWs whose capacity is still limited for ensuring malaria service delivery sustainability. During the COVID19 lock down, starting in April PEDDA staff will work from home rotating to the office to support and ensure the project activities and coordination is ongoing. The provincial coordinator and district facilitator will keep on coordinating with PAM, DAM and HC to implement on ground activities including VMW follow up and support for ensuring ongoing malaria and health service delivery in the community.

Questions and Answers

Question: What is the MOU process/ status for the RAI3E?

Answer: There are 2 packages. The regional package for RAI3E led by HPA is the supplement activity under the national health programme. For the country programme there is no problem, the MOU is signed by the government and the CDC. However, the activities under the regional package led by HPA is still in the process of being signed and we have attended several consultation meetings with government. When the MOU is signed then, activities can be immediately implemented in the target areas. In summary the regional package will focus on some activities which are additional to the country component. We hope that this will be signed within the coming months.

Question: If you can communicate one message to the RSC what would that be?

Answer: We would like for the development of the funding request for COVID-19 application activity in malaria endemic areas. This includes getting COVID-19 activities integrated into malaria-related activities. This is to ensure continuation of malaria activities and make sure that the VMWs are well protected. The first priority supporting our staff and VMWs with PPE, hand-sanitizers and facemasks.

SYMPAY has asked CSO to prepare an emergency plan for 3 months starting from now to estimate the number of hand-sanitizer and facemasks to support our VMWs. The plan will be sent to SYMPAY and reviewed by the CDC to distribute to different partners under the malaria program.

There should also be regular coordination and work between CSOs for the new funding request for COVID-19 mitigation activities. This will tie all the key interventions to support ongoing healthcare delivery in the community.

CHIAs Laos – Dr. Viengkhone Souriy & Phouthakone Norphansy

The CSO activities

Intervention in the first quarter included:

- Monthly incentives for VMWs
- In-house induction/trainings of field staffs
- Central supervision VMWs
- Supervision and monitoring visit by CHIAs Provincial Coordinator to district facilitators and VMWs

- Supervision and Monitoring visit by CHIs district facilitators to VMWs
- 6 monthly monitoring and supervision visits from provincial and district health office teams
- Project orientation workshop with key stakeholders in target districts/provinces
- p.v patient assisted referral for G6PD testing and PMQ
- Monthly travel cost for VMWs to visit HCs for reporting and stock collection

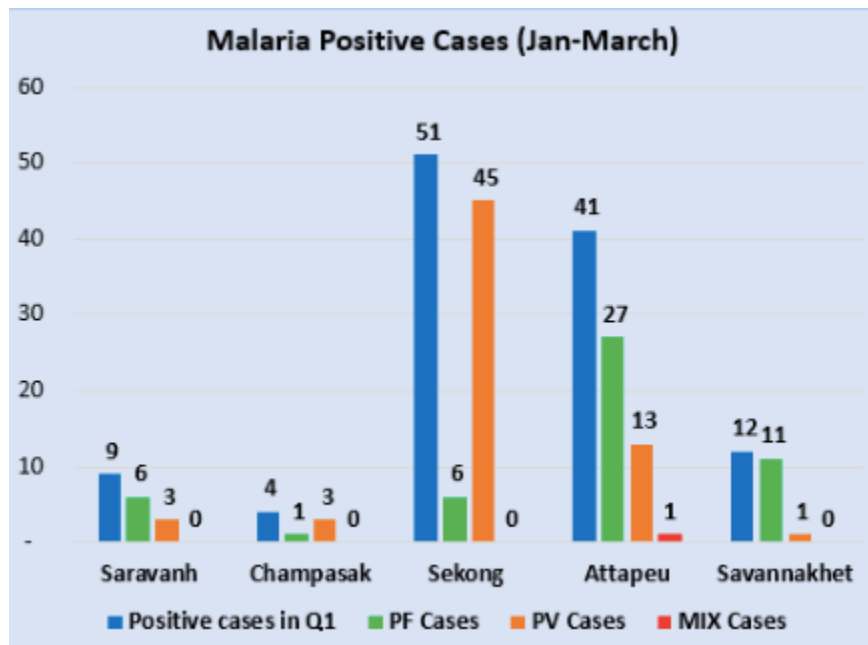
Progress

In the first quarter 22,092 presumptive case testing was made with 6 VMW per months. Out of the case testing 117 positive cases were found, diagnosed and then treated. The achievement of 22,092 case testing is around 30.2% of the annual indicator for 2021. The total annual indicator is 73,200.

The project is tested in 5 provinces

Name of Province	Testing	Total of positive cases in Q1
Savannakhet	4,425	12
Attapeu	2,684	41
Sekong	3,409	51
Champasak	5,371	4
Saravanh	6,203	9

Malaria positive Cases



Challenges in the first quarter (Jan-March)

In the first quarter, a total of 62 VMWs in new target villages were recruited and they need training of ICCM. Therefore, ICCM activity in their village were not yet implemented. All new VMWs that were handed over by CMPE then had to be oriented by our district our facilitators regarding to indicators and functioning system. The new indicators performance implemented by CSO in this period of funding cycle 2021-2023 is a new challenge and hard work for our staffs and VMWs to achieve. Both mentoring and technical support are needed. Furthermore, some VMWs did not submit F1 on time due to difficulty in

transportation and communication. Referral form of P.V patient in some HC was not very well kept, sometimes were lost.

There is a mistake in consolidating the data from F1 to F4 in some HCs, making discrepancies of data in DHIS2 when compare with VMW's F1 law report and filing of HC was not a good system. VMW in some villages were careless in monitoring RDT/ACT stock, making in-accurate report of RDT/ACT. Due to the lock down on COVID19 starting in April, which might limit and affect the implementation of few interventions. In terms of human resources management: Safety and security of travelling at the remote village is not appropriate, especially only 1 HPA staff allow to visit village by him/herself, so on. Finally, there are budget constraint. 25 -30% or more of annual budget for supervision visit at the VMW level to achieve the target. (~ 4,000 USD more) were not being used.

Plan for 2nd Quarter (April-June)

There are extensive plans for the next quarter. Monthly incentive and travel cost for VMWs have been budgeted. There is also Central supervision budget including attending meetings/ trainings/ workshops done in the province/ district/ village under the RAI grant. CHias plans to conduct project orientation workshop and have supervision and monitoring visit by Provincial Coordinator to districts and VMWs. There will also be supervision and monitoring visit by district facilitators to VMWs and a 6 monthly supervision and monitoring visit by PAM, DAM and CSO staffs to VMWs. CHias will also conduct a bi-Annual planning and review meeting. RDT and other medicine will be delivered to health centers and VMWs. In addition, there will also be PSEA training for VMWs.

In normal protocol we shall also continue P.v patient assisted referral for G6PD testing and PMQ, OR protocols, Procurement of LLIN & ICCM kits, Central level meetings for ICCM and the conduction of annual planning and review meeting with program partners-MoU orientation meeting in across 4 provinces. Finally we plan to attend the M & E training in VTE-UNOPS.

Way Forward for Malaria activities with COVID-19 in the 2nd Quarter

CHias strives to continue Passive Case Detection by sharing the guidance of covid-19 precautions in handing malaria suspected patients. In terms of report collection and monitoring to VMWs, it will be conducted via mobile and social chat apps such as Facebook messenger. For hardest-to-reach areas with poor mobile network, it will be reached by frontline VMWs to conduct these activities with personal protective measures and information of the contact person will be shared from field to the VMWs who can access where place to replenish the stocks.

Questions and Answers

Q: Do you see any migrant movement coming into Laos from Myanmar due to the political situation?

A: No, this is because the government have made a strict law to shut down the borders. For those who need to come in there is a mandatory 14 days quarantine.

Q: What do you think the CSO platform could to help your organization

A: I think that it would be better if there is a clear format or template that can be produced so that we know exactly what the CSO platform needs from us. This needs to be replicated not only for Laos but for every country in the GMS. Thus, we can better prepare and give you the correct information.