**M-CCM Oversight Field Visit 7-9 January 2013**

**Introduction:**

According to the M-CCM Oversight plan, the second oversight field visit was conducted between 07-09 January 2013 in Yangon and Mandalay Regions. The selection of sites were carried out in consultation with the Ministry of Health and GF PRs, with consideration for accessibility, number of projects for three diseases and managed by different PRs. Members of the mission were selected from the M-CCM constituencies. The ToRs of the oversight visit and mission member list are attached as Annex 1. The visit covered seven sites in Insein Township in Yangon and, Mandalay Town and Pyin Oo Lwin Township in Mandalay Region, with detailed programme in Annex 2.

**Yangon Region**

**1) MSF Holland HIV/AIDS Programme (ART Clinic) (SR of PR-STC)**

Programme achievements for GFATM:

- Standardized reporting but also linked to NAP and GF
- Extensive internal controls and patient care quality
- Senior national doctors (>10 years' experience at all sites)
- Standard training modules for all staff for all clinical areas e.g., management of TB, OIs and pediatrics HIV.
- High patient adherence and satisfaction

Challenges to programme implementation:

- Have to continue enrolling patient in current set-up of MSF clinics but need Hospital Initiative to start as soon as possible
- Promote partnerships e.g., sharing of technical expertise between MSF and NAP
- Current Insein Clinic needs to more secure location and best option would be to relocate within grounds of one of Yangon hospitals. This would be a good preparatory move in support of Hospital Initiative.

**Mandalay Region**

**1) Meeting at the Regional Health Department**

A briefing meeting was organized by Deputy Regional Health Director, Dr Myo Thant Khaing, during which three medical officers for HIV/AIDS, TB and malaria programmes provided updates.

A strong coordination mechanism is established between the three programmes and the Regional Health Director (RHD) by meeting every month along with all the NGOs working for the three diseases. Other sectors of the local administration are also invited in such coordination meetings. Union, one of the SRs of PR-UNOPS, which is currently working in Mandalay area, enjoys good cordial relationship with the Local Health authorities. Moreover, quarterly work plans of the programmes are regularly shared with the RHD.

GF support has helped to increase coverage, capacity and care for all the three diseases. Also, the three ROs showed their great satisfaction with the faster reimbursement system.

One of the most important achievements in Mandalay Region regarding malaria is the significant fall in mortality and the widespread increase of volunteers.

During the meeting, the team learnt the following challenges:

- HIV program requested for the development of temporary shelters for out of town patients to get their initial phase of intensive treatment
- The programmes have learnt to move from Push system of distribution of drugs to Pull system
- Monitoring system is needed in Phase II roll out.
- Test kits for PMCT programme are not sufficient to avoid stock outs. (This was explained to the group by PR-UNOPS that because the National Programme has to adopt more than 80 extra TSPs from UNICEF under PMCT programme, the supplies could not match the demand and hence this situation arose in Phase I. But, now in Phase II, all TSPs need have been accounted in the forecasting & quantification and hopefully no stock outs would occur. A meeting by NAP, WHO,UNFPA, UNICEF and PR in this regards will be held in NPT on 19th Jan to discuss specifically the issue of HIV test Kits.)
- Challenges anticipated include, sustainability once the GF support is withdrawn, LLINs replacement after 3 years, incentives to the volunteers, private sector involvement.

**2) Mandalay Teaching Hospital HIV/AIDS Programme (Drug Treatment Centre - MMT) (SR of PR-UNOPS)**

MMT center of Mandalay Teaching Hospital is opened in 2008. Mandalay DTC has 874 MMT patients out of which 140 report at this satellite outlet in the hospital. There are 10 female patients and 10% of the total is on ART.

There has never been any stock out of methadone in the last 3-4 years. The minimum dose of methadone is 5mg (for someone who is tapering to leave the drug) and maximum is 320mg/day. Two weeks take home dosage is now given.

Challenges and recommendations to programme implementation:

- As per the center in charge, the coverage of the IDUs in the area at present is only 10%. Some people would not like to be on MMT because being on MMT causes them restricted mobility.
- As the DTC is only place for MMT, which probably is out of accessibility of many IDUs. There needs to be opened more centers close to the areas where most IDUs are to have an easier access.
- After compulsory initial hospitalization has been stopped, the patient still has to come to the hospital for dose adjustment. If the medical officers at the TSPs hospitals can be trained then the patient does not need to come to the Psychiatrist in the hospital or DTC for dose adjustment.

Other issues discussed are:

- Evaluate success of approach for modeling

- Consider use of expanded package i.e., similar to that used by MANA's vocational training and social support
- Reviews of NAP strategy and scale-up strategy for MMT to look for barriers
- Advocacy to the relevant ministries e.g., Ministry of Home Affairs

**3) Union (TB-HIV Programme) (SR of PR-UNOPS)**

Union provides a very well organized integrated TB/HIV service to the beneficiaries and stakeholders involved in this IHC are NTB/NAP/TSHC. Close to 60-70 patients come to the clinic on each OPD day which are twice each week. The entry points are TB clinic, STD clinic, PMTCT services and indoor patients of the hospital.

Close to 350 patients put on ART every month. Default rate is 4% and death rate among cohorts is 12%. HIV positive among TB patients is close to 10%

Programme achievements for GFATM:

- Scaling up on ART in 2012 with GF support (Programme started in 2008 with 3DF)
- 10 sites expansion in Mandalay and 760 ART clients in Mandalay in 2012.
- The hospital has a TB DOTS corner which has recently started HIV testing.
- HIV testing at TB corner by trained nurses (TB/HIV collaboration started with GF and decentralization of HIV testing among TB patients and will start testing by trained nurse after they got approval from NAP.)
- More CD4 counter machine, more equipments and laboratories at hospital
- No restriction for ART enrollment and no waiting list for the hospital

Challenges to programme implementation:

- The hospital needs more lab and human support
  (ART clients have been in the process to start ART for at least two months.)
- Control of HIV transmission for core infection (20% of TB patient is HIV positive and there is no decline since 2005.)
- Quality control for CD4 testing if they do township expansion
- Decentralization for testing ART

Next Step:

- Will take technical role in ART and TB/HIV collaboration in the future (supporting NAP in trainings, supply chain management, etc.)
- Will expand to areas where there are more patients and is not far from existing areas

**4) MSI HIV/AIDS Programme (STI & RH Clinic & Outreach) (SR of PR-STC)**

MSI was established in 1998. It initiated with six regions in Myanmar which are Yangon, Mandalay, Ayeyarwaddy, Bago, Sagaing and Mon by providing services relating to reproductive health for poor community. All are national staff.

Two townships are expanded with GF funding and now total 18 townships in the whole country. Targeted key population of GF projects are MSM, SW and PLHIV and services including BCC, condom distribution, STI and VCCT, support SHG and special events are provided. Because of GF funding condom distribution can be promoted then before and some contribution can be made to SHGs and special events.

Programme achievements for GFATM

- Works with other parties: Save the Children and Care, in a consortium to provide a range of services
- 16,401 clients reached in 2011
- 171,000 condoms were distributed
- Syndromic STI care was provided to the clients

Recommendation made by the team:

- Should use peer staff for key affected population
- Should have collaboration and information sharing between partners to avoid overlapping
- Need to choose best indicator to capture good work being done

**5) Patheingyi TB Specialist Hospital TB Programme (SR of PR-UNOPS)**

This hospital is the specialist hospital for MDR-TB in upper Myanmar region. Total MDR TB patients at present enrolled are 46. Under the IHC (TB/HIV) programme, TB patients tested for HIV are 16.7% positive in this hospital. This hospital works under Public Public mix DOTS hospital initiative. It is a 200 bedded hospital but only 40 beds are used for MDR-TB. At present only 10 beds are occupied by MDR-TB patients because the National Programme has stopped compulsory admission at the start of treatment for MDR-TB for most of the patients. It allows wider coverage and easier to scale-up. Most of the patients now get DOTS plus services close to their door steps so only very old, very sick and co-morbid patients are admitted initially for 4-6 weeks.

There has been no reported/confirmed case of primary contact infection in this hospital. PAS is only included in the regimen if the patient is Cat II failure or has previous exposure to quinolones. Otherwise most of the patients receive 5 drug regimen for 2 years.

The gains through GF support include MDR drugs, Lab equipment and reagent support, infection control support, X-rays, Gene Expert, Trainings and Transport support for the BHS.

The Hospital Medical Superintendent asked for support for the patient's nutrition, transport and ancillary drugs. The MS praised the start of investigation support for the MDR patients under GF.

**6) Pyi Oo Lwin General Hospital HIV/AIDS Programme (ART) (SR of PR-UNOPS)**

The visit to the hospital was a revelation for the whole mission. The ART department is very well organized and looks highly professional unit. Highly motivated staff led by Dr Aung San Oo, Senior Consultant physician who is also carrying out various research activities with his own initiative that have been published as well.

The ART started in 2007 with 10 patients and now with GF support has a quota of 90 patients and all GF targets met in time. The hospital can cover urban and rural as access is fairly easy and it can cater for many more.

The hospital needs more human and Lab support. There are no INGOs or NGOs in the area working for the HIV patients except the positive group network. The ART

unit needs human resource development, CD4 machine, HIV test kits for PMTCT, OI drugs and quota of second line drugs.

The Union can be one choice to support this unit with further technical assistants, as they are already working in Mandalay Region and can easily work here in collaboration that can solve many of the technical, supplies and capacity issues of this wonderful unit. The NAP manager agreed in principal for allowing The Union to work here in collaboration with NAP and would consult with the RO.

The mission recommended this ART- site for any of the GF future visits as the National Programme can proudly present this to any of the visiting donors.

**7) CESVI Malaria Prevention & Control Project (Community based) (SR of PR-STC)**

CESVI started in 2007 with 3DF funding and extended with GF funding in 2011 – 2012 in Pyin Oo Lwin. In 2012, total 621 villages reached. Three project sites extended in Shan State were closed in 2012.

Programme achievements for GFATM:

- 3 more townships expansion
- Coordination and relationship with National Malaria Programme to avoid overlap
- Supporting NMP by transferring trained VHW in two townships
- Reduced death rate of malaria and severe case of malaria
- Able to reach the population in the remote areas through mobile clinic
- Readjust and change strategies according to the needs

Challenges to programme implementation:

- There are overlapped townships/villages between implementing partners
- There are some gaps between estimated targeted implementation and reality
- Pyin Oo Lwin and Naung Cho project sites were closed and handed over to National Malaria Programme because of decline in malaria

**Annex 1**

Objective of the M-CCM Oversight field visit

As part of the M-CCM oversight function, the oversight visit aims to provide an opportunity for CCM members to directly observe the SRs' work in a real case scenario, and get an understanding of their achievement, challenges, suggestions and to identify any signs of "risks" to prevent fraud, possible conflict of interests and other misconducts, in areas which has been documented in common lessons learnt of the Global Fund Office of Inspector General.

Terms of Reference of Site Visit Team Members

1) Participate in site visit organized by the M-CCM secretariat (location, dates and duration to be confirmed for each site visit);
2) Together with other Oversight Visit Team members, obtain information about grant implementation (program management; financial management; procurement, achievements of program targets; constraints and recommendations for resolving issues);

3) Prepare visit reports including completing the standard questionnaire and report form;
4) Submit the final report of the site visit to the M-CCM (may also require making presentation at the M-CCM meeting on the site visit).

2nd Site Visit Team Members

| Participant | Day 1 (7 Jan 2013) | Day 2 (8 Jan 2013) | Day 3 (9 Jan 2013) |
|---|---|---|---|
| **CCM Members** | | | |
| Mr Eamonn Murphy (UN) | ✓ | ✓ | ✓ |
| Mr Mohamed Abdel-Ahad (UN) | ✓ | | |
| Dr Paul Sender (INGO) | ✓ | ✓ | |
| Prof. Samuel Kyaw Hla (NNGO) | | ✓ | ✓ |
| Daw Nwe Zin Win (CBO/FBO) | ✓ | ✓ | ✓ |
| U Thiha Kyaing (PLWD) | ✓ | ✓ | ✓ |
| **NPMS** | | | |
| Dr Myint Shwe (AIDS) | ✓ | ✓ | ✓ |
| Dr Thar Tun Kyaw (TB) | ✓ | ✓ | ✓ |
| Dr Moe Zaw (Malaria) | | ✓ | ✓ |
| **PRs** | | | |
| Dr Myo Kyaw Lwin / Mr Ricard Lacort (PR-STC) | ✓ | ✓ | ✓ |
| Dr Faisal Mansoor (PR-UNOPS) | | ✓ | ✓ |

**Annex 2**

**Programme of M-CCM Oversight Visit**
(7th – 9th January 2013)

**Monday, 7 January 2013 (Yangon Region)**

| Time | Description |
|---|---|
| 15:00 | Start from Traders Hotel |
| 16:00 – 17:00 | MSF Holland (ART Clinic) – Insein Tsp (*HIV) (PR-STC)*<br>No 503, Bu Tar Yone Street, Insein Township.<br>Dr Kyaw Naing Tun (Clinic Manager)<br>Ph 641025 |
| 17:00 – 18:00 | Mission members go back to their respective places |

**Tuesday, 8 January 2013 (Mandalay Region)**

| Time | Description |
|---|---|

| | |
|---|---|
| 04:00 | Go to Yangon airport from members' respective residences (YH909 RGN-MDL 06.00-07.25) |
| 7:30 | Arrive Mandalay airport |
| 09:30 – 10:00 | Courtesy call visit to Regional Health Director<br>70 St, between 27 x 28, Chanayetharzan Tsp<br>Dr Kyaw Soe, Ph 09 200 3233 |
| 10:30 – 11:30 | Mandalay Teaching Hospital (Drug Treatment Centre - MMT), Chanmyatharzi Tsp *(HIV) (PR-UNOPS)*<br>South of Theit Pan St, Chanmyatharzi Tsp<br>M. S. Dr Nwe Nwe Win<br>Ph 09 2000 142, 02 80391 |
| 11:30 – 12:30 | Union (TB-HIV site) *(TB) (PR-UNOPS)*<br>Mandalay Teaching Hospital, Chanmyatharzi Tsp. Ph 02 71082 (Union Office) |
| 13:00 – 13:30 | Lunch at MSI |
| 13:30 – 14:30 | MSI (STI & RH Clinic & Outreach) – Pyigyitagon Tsp *(HIV) (PR-STC)*<br>No. 594, Zay Tan Ward, Tagontaing, Pyigyitagon Tsp. Dr Zaw Zaw Win (Centre Manager)<br>Ph 09 910 28727, 02 5154783 |
| 15:00 – 16:00 | Patheingyi TB Specialist Hospital – Patheingyi Tsp *(TB) (PR-UNOPS)*<br>Ph 02 57014 |
| 16:30 | Arrive back at the hotel<br>**Golden Country (Shwe Naing Ngan) Hotel**<br>65 st, Between 31x32, Chanayetharzan Tsp.<br>Ph 02 72002, 02 74662 |

**Wednesday, 9 January 2013**

| Time | Description |
|---|---|
| 07:00 | Start from hotel |
| 09:00 – 10:00 | Visit Pyi Oo Lwin General Hospital (ART) – *(HIV) (PR-UNOPS)*<br>Ph 085 22720 |
| 10:30 – 11:30 | Visit CESVI Malaria Prevention & Control Project (Community based) *(Malaria) (PR-STC)*<br>No. 3, Golf Club Street, Quarter 5, Pyin Oo Lwin<br>Dr Myo Min Latt, Ph 085 23198, 09 4730 8085 |

| | |
|---|---|
| 11:30 – 12:30 | Lunch at Pyi Oo Lwin |
| 16:10 | Arrive Mandalay airport (4 persons)<br>(YH738 MDL-RGN 17.10-18.35) |
| 17:00 | Arrive back at the hotel<br>**Golden Country (Shwe Naing Ngan) Hotel** |