# Site visit report of the Global Fund supported program implementation in Uvurkhangai, Bayankhongor provinces

22-26 of April, 2019 CCM Secretariat

### Visited sites and working group components

#### **Covered areas:**

#### Uvurkhangai province

- General Hospital
- >STI cabinet
- TB clinic
- **MAFMS**

#### **Bayankhongor province**

- General Hospital
- >STI cabinet
- TB clinic
- **MAFMS**

#### \*Team members:

- 1.J.Munkhjargal- Governmental org. representative of CCM
- 2.A.Tsetsegmaa, Representative of the CCM
- 3.B. Suvd, Representative of the CCM NGO
- 4.N.Tsogzolmaa PCU coordinator
- 5.S.Ganzaya, PCU, TB project specialist
- 6.B.Oyunbeleg, NCCD STI physician
- 7.D.Dorjmaa, PhD doctor, NCCD
- 8.B.Oyundari, CCM Coordinator

### Department of Health in Uyurkhangai province

Condition 2019-04-23

- \*Uvurkhangai aimag has a high incidence of STIs among highly mobile populations and pregnant-syphilis cases are recorded every year.
- \*In October 2018, a "Child Protection" campaign was organized among senior high school students. It is difficult to detect sexually transmitted contacts. Lack of human resources.
- \*Since receiving the portable X-ray from the Global Fund, more than 2,000 people have been screened in 4 soums and discovered two cases of TB. According to the schedule, 5 soums will be screened.

#### STI cabinet and VCT center

#### **Suggestions**

- \* Make arrangements for organizational arrangements promptly and enable a customer-friendly environment;
- \* Inadequate contact detection in the cabinet should review the need for a full-time staff;
- \* Employes, practitioners review the statistical records and increase their skills to undertake evidence-based preventive measures;
- \* Replace and use the supplied computer

#### **Obstacles**

Observed that customers hesitate to get advises, because of awareness of the loss of personal confidentiality.



### \*TB dispensary of the General Hospital

#### General condition

- \* TB dispensary has 13 employees: 2 doctors, an outpatient nurse, 5 shift nurses and 5 care workers.
- \* The TB department has 10 beds, of which 2 of those for DR-TB.
- \* The TB department and outpatient are located in the same building. A room for the physician, inspection patient inspection and hygiene examinations together with a laboratory.
- \* In 2018, GF supported project provided a portable X-ray apparatus and was placed at the RDTC (at that time). In March and April of 2019, 3,000 soum and 3 aimag were screened and 2,400 people were involved and 2 cases were detected, and 900 people with a high risk of tuberculosis were screened in Kharkhorin soum but nothing suspected sputum specimens were found. The next visit will be held for 2 soums on May 2.
- \* In 2012, the former building of the DR-TB unit was established in 2012 and installed a mechanical ventilation system with the support of the GF project. In 2015, re-installed the ventilation system in the new infectious and tuberculosis building. The filters in the ventilation system has been replaced in January 2019. The ward and other rooms have a natural ventilation system. Installation of sputum cabinets at the outpatient venue, but no exterior and pipes are below the building standard. There is no air-conditioning system in the patient's room, it is impossible to open a window to ventilate. In November 2018, the "Lumailer" apparatus was not being used, which can operate 24 hours.
- \* TB pharmacy situated on the 2nd floor of the warehouse, with humidity and temperature gauges. There were 18 patients who had the treatment as the day and their medicines were packaged.

#### TB Dispansery

#### **Achievements**

- Take into account the use of portable X-ray apparatus in full capacity, and conduct chest X-ray on TB screening as part of an Army recruiting examination;
- \* Procure medicines and reagents not supplied by the project;
- \* Integrate policy, planning and budgeting at aimag level;
- The doctors will need to study the methods of colearning and raise the issues and propose;
- \* Cooperate with professional organizations on regular operation of mechanical ventilation systems;
- \* Maintain equipment supplied by the GF project in accordance with the standards, operate regularly and monitor the officials concerned;
- \* Improve linkages between Family Medical Center and Health Department;
- \* Keep records of pregnant mothers.

#### **Obstacles**

- \* The mechanical ventilation and sputum specimens cabin is not fully functioning;
- \* Tuberculosis outpatient preservation, medication and testing rooms, along with poor ventilation, are inadequate for the protection of infectious disease and tuberculosis infectious disease transmission;
- \*In the 2017 and 2018 NCCD, the recommendations provided to the Department of Health were provided with six recommendations to supplement ambulatory care, to improve outpatient infections (health checks, diagnose rooms for infectious sites) not fulfilled.
- \* When conducting a mobile screening, one technician works without a turn-by-turn, taking over 900 photos simultaneously, which is a great deal. That also means that the quality of the X-ray image is at risk.

### TB dispensary of the General Hospital





### Mongolian Association of Family Medicine Specialists (MAFMS)

- \* Three TB patients were treated at a family centre. Providing first aid and care services for 12 000 people.
- \* In 2018, training for TB care and services was attended by doctors and nurses. All procedures are maintained and monthly patient medicines are received from TB dispensaries.
- \* Potential TB patients are sent to the dispensary for sputum and other tests.
- \* The project supplied refrigeration bag and specimen containers for sputum and specimens.

## \*Department of Health in Bayankhongor province

Condition 2019-04-24

- \*Bayankhongor aimag has an area of 116,000 square kilometres and has a population of 85,331. There are 101 administrative and territorial units in the 20 soums.
- \*At aimag level, tuberculosis is high and STI morbidity has been high. Annual inspections are organized.
- \*In 2016, the "Fight Against Communicable Disease" campaign in the aimag since unable to find a contact, as it was not effective. There are a lot of mobile population and mine in the aimag. At the aimag level, STI is decreasing among young people, but the rate of pregnancy is high.

#### \* TB dispensary of the General Hospital

#### **Condition**

- \* The TB dispensary staffs: 2 doctors, 1 pharmacist, 5 nurses, 5 carers. The TB department has 10 beds, of which 2 beds for the MDR-TB. The tuberculosis department and outpatient are at the different place. The clinical examination cabinets are located in a general outpatient clinic, tuberculosis laboratories are operated by a general hospital.
- \* The hospital has been actively conducting the detection.

### TB dispensary of the General Hospital



#### **Obstacles**

- \* Nursing-care tuberculosis nurses are housekeeping, outpatient rooms, storing medicines in standard-standard warehouses, pharmacy nurses provide monthly travel expenses, and adequate storage and utilization of equipment supplied.
- \* The use of portable X-ray apparatus was insufficient and no approval from the radiation commission was received during the 5 months supply;
- \* The fact that a large number of vacuums in the ward of the tuberculosis has caused a detrimental effect on the flow of air;

#### \* Mongolian Association of Family Medicine Specialists (MAFMS)



#### **Obstacles**

- \*Plans to provide laboratory services to HIs in an integrated manner (existing ones are inaccurate).
- \*The Aimag Health Department has not been monitored and orders have been monitored by the HMC laboratory, rapid diagnosis and safety testing.
- \*Implement measures to prevent tuberculosis in some soums and to analyze their local situation in STIs.
- \*To train doctors and medical staff in STIs and tuberculosis to identify problems, influence, analyze data, and train skills and skills to prevent prevention.

#### STI cabinet CCM suggestions

- \* Provide STI Cabinet Inspection, Inspection, Delivery, Counseling, Dressing and Waiting Room for immediate resolution of the quality of the STI Cabinet, ensuring the client needs meets the standards, maintains a safe and secure room and provides confidential advice.
- \* It is advisable not to keep the dressing room together with the screening room, and if a room is not available, set up a piece of clothing room by vacuum wall.
- \* Maintain the treatment room for separation and keep the standard.
- \* Resolve and support the staffing of nurses and nurses for the purpose of improving STI contact and treatment.
- \* Increase the number of nurses and nurses who provide STI / HIV / AIDS services in accordance with the HF order No. 305.
- \* Provide conditions for bacteriological analysis of saxaul, as required by Order No. 305, to provide the necessary equipment and thermostat in the examination room to ensure proper storage of culture and transporting containers.
- \* Provide diagnostic and equipment to specific IgM and IgG as required by a sermon and congenital syphilis diagnosis according to Order No. 305 and regularly conduct tests.
- \* To improve the accessibility of antenatal care to prevent congenital syphilis and improve the quality of antenatal care, use the "Pregnant Woman Guide" in the control room of the Hospital.

# \*Thank you for your consideration.