

## MEETING MINUTES OF OVERSIGHT COMMITTEE MEETING

### 1. INPUT FIELDS INDICATED BY YELLOW BOXES

MEETING DETAILS		(Place "x" in the Relevant Box)				
LOCATION/VENUE	1 <sup>ST</sup> Floor CCM Secretariat Meeting Room, MoH					
MEETING NUMBER	2 <sup>nd</sup>	TOTAL NUMBER OF PARTICIPANTS/ (INCLUDING ALTERNATIVES & CCM SECRETARIAT STAFF)	OC MEMBERS	4		
DATE (dd.mm.yy)	29/04/2015		ALTERNATIVE OF OC	1		
MEETING SCHEDULE START	9:00		CCM SECRETARIAT STAFFS	4		
MEETING ACTUAL STARTED	9:10		OTHERS	1		
MEETING ACTUAL ENDED	12:14		TOTAL	10		
<b>DETAILS OF PERSON</b>			<b>MEETING TYPE</b>			
HIS / HER NAME & ORGANIZATION	First Name	Dr. Philaysak				
	Family Name	Naphayvong			Regular Meeting	x
	Position/Title	Deputy Director			Extra-ordinary Meeting	
	Organization	Francophone Institute of Tropical Medicine			Other Meeting	
HIS / HER ROLE ON THE MEETING	Chair	x	LFA			
	Vice-Chair		FPM / PO			
	CCM Member		OTHERS			
	Alternate		NONE			

### 2. AGENDA OF THE MEETING

AGENDA SUMMARY		
AGENDA ITEM NO.	WRITE THE AGENDA TITLE OF EACH AGENDA ITEM/TOPIC	Responsible Person
Agenda #1	• Opening the meeting	OC Chair
Agenda #2	• Review and endorsement of OC Meeting Minute on 26 Feb 2015	CCM Secretariat
Agenda #3	• Report of site visit on 24-27 March 2015 in Attapeu Province	CCM Chair
Agenda #4	• Propose CCM Meeting Agenda on 6 <sup>th</sup> May 2015	CCM Secretariat
Agenda #5	• AOB and close a meeting	OC Chair

### 3. MINUTES OF EACH AGENDA ITEM

Agenda Item #1	Opening the meeting
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
The OC Chair officially opened the meeting, presented the agenda of the meeting and all participants have accepted. (No objection).	
<b>DICISIONS MADE</b>	
The meeting agreed with the proposed agenda.	

Agenda Item #2	Review and endorsement of OC Meeting Minute on 26 Feb 2015
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
The OC chair has made a brief review of the last OC meeting minute on 26 <sup>th</sup> February 2015 (No objection).	
<b>DICISIONS MADE</b>	
The OC meeting minute on 26 <sup>th</sup> February 2015 was endorsed	

Agenda Item #3	Report of oversight field visit on 24-27 March 2015 in Attapeu Province																				
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED																					
<p>The OC chair has made a brief presentation on the oversight field visit implementation on last 24-27 March 2015 in Attapeu Province which focus on some key points as below:</p> <p><b>Main Purpose:</b></p> <p>The oversight field visit to encourage the implementation of the Global Fund to Fight AIDS, Tuberculosis and Malaria in a provincial, district level and health centers as the scheduled laid that stresses on tasks such as finance, procurement, implementation, results (output/outcome), and reporting system and work assessment during 24-27March 2015.</p> <p><b>Expected Results:</b></p> <p>The monitoring of implementation tasks actually follow the plan regularly to learn strengths and weaknesses, improve and solve problems, progressive promotion exchange together to make the three diseases, AIDS, Tuberculosis and Malaria (ATM) have been helped from the Global Fund to successfully target laid.</p> <p><b>The CCM Oversight Field Visit Team includes the following:</b></p> <table border="0"> <tr> <td>1. Dr. Philaysak Naphayvong</td> <td>OC Chair.</td> </tr> <tr> <td>2. Dr. Bounlay Phommasak</td> <td>Director General, Department of CDC, MoH</td> </tr> <tr> <td>3. Dr. Chanmay Sramany</td> <td>Head of PR Office</td> </tr> <tr> <td>4. Dr. Phongsavanh</td> <td>Center of Malaria,Parasitology,Entomology(CMPE)</td> </tr> <tr> <td>5. Ms. Dalavone Sengamphone</td> <td>Logistic Officer, PR Office</td> </tr> <tr> <td>6. Ms. Alanya Borliboun</td> <td>WLHIV</td> </tr> <tr> <td>7. Ms. Pany Kindavong</td> <td>Dep.Dir.Gen.Dept. of Lao Youth Revolutionary Union</td> </tr> <tr> <td>8. Mr. Inpong</td> <td>Dept. of Staff Management, MoH</td> </tr> <tr> <td>9. Mr. Budhsalee Rattana</td> <td>Coordinator Assistant, CCM Sec. GFATM</td> </tr> <tr> <td>10. Mr. Phetsamone Thongsine</td> <td>Representative of TB</td> </tr> </table> <p><b>Target Sites:</b></p> <ol style="list-style-type: none"> <li>1. Provincial Health Department, (ATM Sector) Provincial Level (proposed the main purpose of oversight field visit).</li> <li>2. ATM Units of Phouvong District and Phouhome Health Center</li> <li>3. ATM Units of Saysettha District and Vatneua Health Center</li> <li>4. After visited the target sites mentioned above, the team of oversight field visit reported the findings to the Public Health Division to be acknowledged.</li> </ol> <p>Through the listening and reporting on work procedure of Provincial Health Department in the past and the present Action Plan task of three diseases project as AIDS, Tuberculosis and Malaria is recognized that the implementation of the project mentioned have been carried out base on the plan and well done. After checking the documents actually, there were some comments reflect to the outstanding issue performance and findings that need to be additionally paid more attention for improvement.</p> <p>Therefore, the field visit team has summarized the findings with recommendations to rectify problems related to these three diseases such consistency and success in implementing a work further (see table below).</p>		1. Dr. Philaysak Naphayvong	OC Chair.	2. Dr. Bounlay Phommasak	Director General, Department of CDC, MoH	3. Dr. Chanmay Sramany	Head of PR Office	4. Dr. Phongsavanh	Center of Malaria,Parasitology,Entomology(CMPE)	5. Ms. Dalavone Sengamphone	Logistic Officer, PR Office	6. Ms. Alanya Borliboun	WLHIV	7. Ms. Pany Kindavong	Dep.Dir.Gen.Dept. of Lao Youth Revolutionary Union	8. Mr. Inpong	Dept. of Staff Management, MoH	9. Mr. Budhsalee Rattana	Coordinator Assistant, CCM Sec. GFATM	10. Mr. Phetsamone Thongsine	Representative of TB
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1. Finance			
Issues	Provincial Level	District Level	Health Centers
<b>Progressive</b>	<ul style="list-style-type: none"> <li>• In 2014 Received budget on time/ amount received as requested</li> <li>• Budget transferred through banking system</li> <li>• Budget is well allocated to all relevant implementers within 3 components ATM.</li> <li>• The disbursement will be paid base on the actual work plan of each sector.</li> </ul>	<ul style="list-style-type: none"> <li>• In 2014 received the budget on time according to the work proposal.</li> </ul>	<ul style="list-style-type: none"> <li>• In 2014 received the budget by cash according to the activity plan.</li> </ul>
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• In 2015 the planned budget has been set for: <ul style="list-style-type: none"> <li>- Activity of NCA is 6,165\$</li> <li>- Activity of HIV/AIDS is 10,080\$</li> </ul> </li> <li>• This budget has not been transferred.</li> </ul>	<ul style="list-style-type: none"> <li>• The disbursement to district level was done by cash (Reported by Public Health Office of Phou Vong District, and Phou Home Health Center.</li> <li>• In 2015 some district has not received the budget</li> <li>• The budget is not enough for implementing activities</li> <li>• Propose to have training budget for permanent staffs.</li> <li>• Propose to have budget for purchasing new vehicles and electronic equipment.</li> </ul>	<ul style="list-style-type: none"> <li>• In 2015 the budget has not been received</li> <li>• The budget was not enough for activities covering rural area.</li> </ul>
<b>Recommendation</b>	<ul style="list-style-type: none"> <li>• All financial documents should be kept to report when is needed.</li> <li>• The budget should be allocated suitably for the essential activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to follow up a regular plan</li> <li>• Make the budget plan for 2015 should be submitted to the provincial level.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to follow up a regular plan</li> <li>• Make the budget plan for 2015 should be submitted to the district level.</li> </ul>
2. Procurement			
Issues	Provincial Level	District Level	Health Center
<b>Progressive</b>	<ul style="list-style-type: none"> <li>• Responsible by the central level</li> <li>• Received drugs and medical supplies on time,</li> <li>• Distributed drugs and medical supplies to all sectors such as distributed from province-to-district-to-health center-to-villagers on time</li> </ul>	<ul style="list-style-type: none"> <li>• Received drugs and medical supplies and distributed to all health centers.</li> <li>• Consumptions are happy to use health products</li> </ul>	<ul style="list-style-type: none"> <li>• Responsible by the central level</li> <li>• Received drugs and medical supplies and distributed to the target people.</li> <li>• Drugs and medical supplies were received as requested on time</li> </ul>

<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• Drugs and medical supplies received on time, but they will be expired sooner</li> <li>• There are plenty of pregnant mosquito nets remained due to: <ul style="list-style-type: none"> <li>- Distributing based on the center's policy which focused only the target villages</li> <li>- Less pregnant used health facilities.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Drugs and medical supplies in are not met the demand, especially in remote areas.</li> <li>• There are plenty of pregnant mosquito nets remained due to: <ul style="list-style-type: none"> <li>- Distributing based on the center's policy which focused only the target villages</li> <li>- Less pregnant used health facilities.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• There are plenty of pregnant mosquito nets remained due to: <ul style="list-style-type: none"> <li>- Distributing based on the center's policy which focused only the target villages</li> <li>- Less pregnant used health facilities.</li> </ul> </li> </ul>
<b>Recommendation</b>	<ul style="list-style-type: none"> <li>• Propose for distributing mosquito net to all pregnant women when visited health facilities although they came from outside target areas.</li> </ul>	<ul style="list-style-type: none"> <li>• Same as provincial level</li> </ul>	<ul style="list-style-type: none"> <li>• Same as provincial level</li> </ul>

### 3. Implementation

Issues	Provincial Level	District Level	Health Center
<b>Progressive</b>	<ul style="list-style-type: none"> <li>• Accessed more target population</li> <li>• Less staff but can responsible for many duties</li> <li>• Most staffs were trained</li> </ul>	<ul style="list-style-type: none"> <li>• Less staff can responsible for many duties</li> <li>• Most staffs were trained</li> <li>• Malaria activities can access to some rural area</li> <li>• TB case rate is decreasing</li> <li>• HIV/AIDS can reach some risk-group.</li> </ul>	<ul style="list-style-type: none"> <li>• The target population received some drugs and medical supplies</li> <li>• Some activities were held in some rural areas.</li> <li>• Some of village volunteers were trained</li> </ul>
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• Coordination between provincial level and all concerned sectors has not been continuously.</li> <li>• Less number of cases finding due to lacking of staffs and turnover of coordinator and Lab technicians.</li> <li>• Need more financial staff.</li> <li>• The performance of actual work is not consistent with job description and plan of activities.</li> <li>• Some training is slow and discontinuous</li> <li>• Some guidance from central and provincial level to district is unclear and coordination between all concerned sectors at central, provincial and district level still need to be improved.</li> <li>• The permanent staffs were</li> </ul>	<ul style="list-style-type: none"> <li>• The permanent staffs were always changed/replaced/abdicators.</li> <li>• Some work was not carried out and was delayed due to one staffs are responsible for many duties</li> <li>• Asking for more permanent staffs particularly financial</li> <li>• Lack of vehicles, all old vehicles were not function</li> <li>• The electronic equipment are not enough for use</li> <li>• IEC campaigns are not been help over the rural areas, some people do not realize and understand the danger and protection of the three diseases</li> <li>• 3 diseases are not synchronized <ul style="list-style-type: none"> <li>- Malaria implemented activity as Peer Education</li> <li>- TB and Malaria can</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• There are plenty of pregnant mosquito nets remained due to: <ul style="list-style-type: none"> <li>- Distributing based on the center's policy which focused only the target villages</li> <li>- Less pregnant used health facilities.</li> </ul> </li> </ul>

	<p>always changed/replaced/abdicators.</p> <ul style="list-style-type: none"> <li>Some work was not carried out and was delayed due to one staffs are responsible for many duties</li> </ul>	<p>access to rural area</p> <ul style="list-style-type: none"> <li>HIV/ AIDS only implemented in the city and targeted risk-groups</li> </ul>	
<b>Recommendation</b>	<ul style="list-style-type: none"> <li>The actual work implementation should be done according to job description and plan of activities.</li> <li>The central and provincial level should coordinate together for supplying drugs as appropriately.</li> <li>Provincial level need to report the remain of drugs and medical supplies regularly.</li> <li>IEC campaign should be expended over the remote areas.</li> <li>Director of provincial health Department should pay more attention on classification of permanent staffs appropriately with their technical skills.</li> <li>Ensure continuation of training for staffs in their specific duties.</li> </ul>	<ul style="list-style-type: none"> <li>The actual work implementation should be done according to the schedule laid.</li> <li>Ensure continuation of training for staffs in their specific duties.</li> </ul>	<ul style="list-style-type: none"> <li>Propose for distributing mosquito net to all pregnant women when visited health facilities although they came from outside target areas.</li> <li>Vatneua Health Center request more assistance from provincial or district level: <ul style="list-style-type: none"> <li>(1)classify more male staffs due to have only 4 female staffs</li> <li>(2)arrange more fund for health centers</li> <li>(3)select the village volunteers who are literacy</li> </ul> </li> </ul>

#### 4. Result (output/outcome)

Issues	Provincial Level	District Level	Health Center
<b>Progressive</b>	<ul style="list-style-type: none"> <li>Provision of services for the three diseases (ATM) are improved; people have opportunity to use the services, patients are under diagnosed and treated</li> <li>Most permanent staffs were trained</li> <li>The activities of HIV/AIDS, Tuberculosis, Malaria has been improved and accessed more areas</li> <li>HIV/AIDS can access to more target population</li> </ul>	<ul style="list-style-type: none"> <li>Most permanent staffs are active, highly responsible and cooperate in performing tasks of the three diseases</li> <li>IEC campaigns were held in some target and remote areas</li> <li>Numbers of local people have accessed more services</li> <li>The consumers are happy to use the health products provided.</li> </ul>	<ul style="list-style-type: none"> <li>Most village volunteers were trained</li> <li>Many activities were implemented according to the plan</li> <li>The rate of malaria patients are decreasing and they were diagnosed and treated correctly</li> <li>The reporting is usually submitted on time</li> </ul>

#### 5. Reporting System

Issues	Provincial Level	District Level	Health Center
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<b>Progressive</b>	<ul style="list-style-type: none"> <li>The reporting is based on the guideline</li> </ul>	<ul style="list-style-type: none"> <li>Reporting is usually based on the actual activities and mostly submitted on time</li> </ul>	<ul style="list-style-type: none"> <li>Reporting is completed and submitted on time.</li> </ul>
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>The reporting sometimes is late and uncompleted due to: <ul style="list-style-type: none"> <li>- Waiting for the reporting from district level.</li> <li>- The permanent staffs are always changed/replaced/abdicators</li> <li>- A staff is responsible a lot of duties</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Sometime the report is delayed due to waiting for the report from health centers which located in rural area or difficulty in the rainy season.</li> </ul>	<ul style="list-style-type: none"> <li>Sometime is late due to waiting the report from village volunteers: <ol style="list-style-type: none"> <li>(1)Some of volunteers are illiteracy</li> <li>(2)Some of volunteers were doing rice field far away.</li> </ol> </li> </ul>
<b>Recommendation</b>	<ul style="list-style-type: none"> <li>Reporting need to be completed and submitted on time and follow up the work schedule.</li> </ul>	<ul style="list-style-type: none"> <li>Reporting need to be completed and submitted on time.</li> <li>District level need to advise to the health centers on how to improve reporting system.</li> </ul>	<ul style="list-style-type: none"> <li>Select one more literacy-volunteer to be responsible for particularly writing report.</li> </ul>

## 6. Summary of Findings

### 1. Strength and facilities

- Provision of services for the three diseases (ATM) are improved; people have opportunity to use the services, patients are under diagnosed and treated
- Employees provincial, district, health center workers have been more technically upgraded
- IEC campaigns were held in some target and remote areas
- Sick people in remote areas can also diagnose and treat properly
- All consumers are happy to use those donated health products
- The surveillance and coordination with each sector and authorities also paid attention and cooperation as well.
- Encouraging campaigns to prevent outbreaks of malaria.

### 2. Weaknesses and key issues

- The budget is not enough for implementing activities, especially in remote areas.
- IEC is not yet cover all affected areas; some people do not realize and understand about prevention of the diseases.
- The reporting sometimes is late and uncompleted.
- Providing drugs and medical supplies in remote areas is not enough compares to the demand
- Some training is slow and discontinuous
- Some guidance from central and provincial level to district is unclear and coordination between all concerned sectors at central, provincial and district level still need to be improved.

### 3. How to Solve

- To coordinate regularly with the departments and agencies concerned to encourage more participation
- IEC should be more spread out over remote areas. Target population including migrant population should

- be reached by IEC campaigns in order to increase their awareness on disease prevention
- To provide mosquito nets, drugs and medical supplies sufficiently and timely
- Need to monitor continuously.
- Share lessons learned on how to control outbreak of malaria to avoid death from malaria.
- Implementation activities should be continued and keep up with conditions

**4. Work Plan of Provincial Health Department (Year 2014-2015)**

- Develop action plan for malaria control aligning with Global Fund targets
- Monitor and supervise quarterly in the provincial level 3 times/year, district level 12 times/year
- Control vectors in villages zone 2 and 3 by using LLINs as a main tool
- Reporting ratio and location of services for Artemisinin-based Combination Therapy/Rapid Diagnostic Test (ACT / RDT).
- Mobilize participation of community in health education campaign in villages zone 3
- Build capacity of Laboratory technicians to improve quality of diagnosis and treatment.
- Continue to hold training activities in target villages zone 2,3, pharmacies (Public Private Mix: PPM model) as planned
- Monitor and supervise the involvement of pharmacies in the Public Private Mix (PPM) model.
- Plan of Action of RAI Project which will be implemented over 2 years (2014-2016)

**DICISIONS MADE**

- The meeting agreed to improve the coordination from central level to health center level. The new policy for distributing bed nets to all pregnant in-out target area will be also considered.
- The next oversight field visit is Xayabouly Province between 16<sup>th</sup> -19<sup>th</sup> June, 2015 and a preparation meeting among the visit team should be held before the due date.

Agenda Item #4	Proposal of CCM Meeting Agenda on 6 <sup>th</sup> May 2015
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
The TA of CCM Secretariat has presented the CCM Meeting Agenda on 6 <sup>th</sup> May 2015 All participants agreed with no objection.	
<b>DICISIONS MADE</b>	
The meeting agreed and the CCM Meeting Agenda on 6 <sup>th</sup> May 2015 was endorsed	

**4. SUMMARY OF DICISIONS AND ACTION POINTS**


AGENDA ITEM NO.	WRITE IN DETAIL THE DICISIONS	KEY PERSON RESPONSIBLE	DUE DATE
Agenda Item #1	The meeting agreed with the proposed agenda.		
Agenda Item #2	The OC meeting minute on 26 <sup>th</sup> February 2015 was endorsed	CCM Sec	
Agenda Item #3	<ul style="list-style-type: none"> <li>• The meeting agreed to improve the coordination from central level to health center level. The new policy for distributing bed nets to all pregnant in-out target area will be also considered.</li> </ul>	OC/CCM Sec/Disease Programs	16-19 June 2015

	<ul style="list-style-type: none"> <li>The next oversight field visit is Xayabouly Province between 16<sup>th</sup> -19<sup>th</sup> June, 2015 and a preparation meeting among the visit team should be held before the due date.</li> </ul>	OC/CCM Sec	
Agenda Item #4	The CCM Meeting Agenda on 6 <sup>th</sup> May 2015 was endorsed	CCM Sec	6 <sup>th</sup> May 2015

#### 5. NEXT MEETING

LOCATION/VENUE	1 <sup>st</sup> Floor CCM Secretariat Meeting Room, MoH
DATE:	
TIME	

#### 6. OC MEETING MINUTES PREPARED BY:

TYPE/PRINT NAME	Budhsalee RATTANA/ Phouvichit XONGMIXAY	DATE:	20 AUG 2015
FUNTION/ POSITION	Coordinator Assistant/ Technical Assistant	SIGNATURE	

#### 7. OC MEETING MINUTES APPROVED BY:

TYPE/PRINT NAME	Dr. Philaysak Naphayvong	DATE:	20 AUG 2015
FUNTION/ POSITION	OC Chair	SIGNATURE	