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<b>MINUTES OF EACH AGENDA ITEM</b>	
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<b>AGENDA ITEM #2</b>	Summary results of the GF Country Team mission on 10-18 March 2016
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CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

There was no COI for this agenda item

WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >

No

**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED**

The CCM Secretariat highlighted the results of recently GF mission in Lao PDR that presented in the debriefing meeting on the last day of the mission:

**Immediate Focus Needed:**

- Increase Program Implementation and Grant Expenditure
- Future Allocation is tied to Program Expenditure at end 2016
- Funds not expended now will be deducted from future country allocations
- It is critical to address any bottleneck delaying program implementation
- Identify activities where it is possible to scale up & implement

**Critical Actions for PR Program SRs Agreement:**

The PR to be responsible for organizing:

- Regular Weekly Skype meetings with the GF, PR & each Program SRs - to alternate.
- At least monthly meeting: PR and SRs to address MAs and facilitate performance. (held immediately prior to the monthly meetings scheduled with the Global Fund).
- Weekly meeting PR Finance Team with SR Finance Officer focal points to address budget/financial issues; timetable for individual inputs to PUDR reporting to be agreed Monday 21 March.
- Planning meeting once/month - PR Procurement Team with each SR PSM focal point to plan: inventory management, quantification, & potential procurements.
- Quarterly planning meeting: PR with Program SRs strategic planning for program management eg recruitments. Finance, PSM, M&E guidance, or grant deliverables
- Weekly meetings with each program: PR M&E staff &TA & SR M&E focal point to address issues and build capacity.

The PR to:

- Work to support DPIC-PMU with concentrated assistance from Finance and M&E teams over the next month.
- Ensure PR Finance & Procurement teams coordinate regarding procurement commitments and expenditures
- Finalize the management manuals (Financial Management, Procurement, HR, COI, SR Oversight) with SRs, and lead development of SR manuals to ensure consistency and application.
- Commit to turnaround time of maximum of ??XX?? for SR submissions to the GF
- Address Grant requirement to provide organogram of PR staff needs to manage programs and a plan how PR will assume funding of positions from 1 January 2018

All SRs to :

- Plan in advance and commit time to meet with the PR
- Coordinate by Program on a weekly/monthly /needs basis to determine budget savings, priority activities and how to scale up.
- Advise PR in advance of key program activities that may require PR input eg procurement, recruitment and re-budgeting of savings etc
- Agree jointly with PR on communication protocol

**Critical Actions going forward:**

The Global Fund to:

- Enable LFA visits over the next 2 weeks to follow up finance issues; and provide for financial technical



assistance to assist PR Finance Manager and DPIC PMU.

- Consolidate, prioritize and close outstanding Management Actions (MAs) from past Performance Letters (OSDVs, Spot checks, PU/DRs)
- Reduce the number of MAs to address material actions while ensuring clarity and reducing overlap
- Issue timely advice of disbursements together with detail on disbursements
- Q2 disbursement to include a buffer (ie Q2+Q3) for Malaria and HIV (TB already provided) to be disbursed to Implementers

#### **Expected Outcomes from Improved Coordination:**

- The Global Fund will expect to see improved performance by June 2016 as measured by meeting the following deliverables
- PR and each SR to collaborate to deliver all 3 Disease Program PU/DRs by 15 April 2016 – providing quality complete reports with appropriate supporting documentation.
- PR to develop audit TORs, tender, contract and manage the auditor to ensure completion of the Malaria and HIV audits and submission of audit reports by 31 May 2016.
- Timely PR Disbursement to SRs on receipt of GF disbursement (timing to be discussed and agreed with programs/PR)
- The Global Fund will conduct a review of the PR structure & TORs to ensure this is as effective as possible in meeting implementation needs.

#### **CCM Oversight:**

Priority to:

- Increase members understanding and engagement in grant oversight
- PR to submit PUDR documents in advance and be available to brief CCM on program progress at each CCM meeting. Plan to use the PR dashboard for reporting to CCM.
- Provide mechanism for CSO-KP Forum advice to be heard (eg CCM standing agenda item; participation in TWG)
- Global Fund to advise on TA mechanism to assist with Eligibility Performance Assessment and possible additional reforms including senior level engagement of appropriate representatives.

#### **Financial Outcome:**

Reporting Requirements

- PU/DR once a year covering periods January –December plus buffer
- PU once a year covering periods January-June (no finance information)
- Cash Balance quarterly template to be used for finance for January-June
- Tax Report to be completed
- External audits to be undertaken as per the respective grant cycles
- Internal audit-once every two years

Budgets for all grants

- Budgets can be amended to correct errors but there will be no re-negotiations of agreed salaries included in the budgets
- Amendments to forecast can be undertaken through the PU/DR to reflect implementation realities
- Training Plans which are a duplication of the budget are not required by the Global Fund (Note this is different from Training Strategy)
- WHO / Third party disbursements can be made by the Global Fund by request, if this is considered easier
- Funds for Technical Assistance is required-to be sourced from the three grants where there are savings

Malaria Grant

- Error related to the 5% ICR for HPA is to be corrected
- DSA cannot be increased above the maximum amount but can be reduced

HIV Grant

- Savings from “old” grant of US\$9K has been included in the NFM cash in country
- Program Income of US\$80,000 needs to in part fund the shortfall that exists for the identified cash in country. Additional funds will require further clarifications prior to use
- IBBS additional funds will need to be reviewed from a programmatic level prior to funds of US\$40,000 being



allocated

**Tuberculosis**

- Any non-significant budget changes in terms of costs can be included in the annual forecast as part of the PU/DR
- ACCPAC solution for Chart of Accounts –To be followed up

**HSS Grant**

- Ensure support from PR and all SRs for finance

After the presentation made by the CCM secretariat, the PR has informed the meeting on the update actions in response to the GF questions and comments regarding the PR management responsibilities in addressing the points that have been raised and discussed during the recent visit to Lao PDR of the GF Country Team.

There were several questions and comments raised and discussed:

- It was proposed that the income generated from condom sold as part of condom social marketing should be used by the program in the country. It is not fair if the money from the condom sold has to be returned to the Global Fund in Geneva, while the Malaria program informed that they can use the money from its program income.
- Some participants complained about unequal treatment of the GF among different disease programs regarding to the use of program incomes.
- Responding to a question about the plan of using the money generated from the program income, the CHAS has already submitted the plan to PR.
- Needed clarification from the Global Fund regarding to the CHAS-PSI contract, is it whether the contract during the SSF which ended in December 2015 or the new one under NFM. As the CHAS teams has already informed the GF in their response to the performance letter and during GF's last mission, PSI is no more handling condom social marketing under NFM 2016-2017. The CHAS has never discussed about the new contract with PSI under the NFM and PSI is well aware of this.
- The CHAS will send the GF an update on the 6.2 million condoms and the CSM income as PSI just recently reported the PR.
- Responding to a question about the tax report required by the GF, the PR clarified that there are 2 categories of tax, such as: Import tax for health products, vehicles, equipment, etc that purchased by the PR which mainly got tax exemption; and value added tax (VAT) which is a small part of procurement of the PR and SRs.

**SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM**

GOV			
MLBL			
NGO			
EDU			
PLWD			
FBO			
KAP			
DECISION(S)			
No decision			
ACTION(S)		KEY PERSON RESPONSIBLE	DUE DATE

**MINUTES OF EACH AGENDA ITEM**



AGENDA ITEM #3	Review and comment on the Performance Update and Disbursement Request (PUDR)
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
There was no COI for this agenda item	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	No
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
<p><b>Malaria Program:</b>  The CMPE Director has provided updated information on a progress of Malaria program in terms of geographic coverage, meeting the MDG targets, decreasing annual parasite index and the numbers of Malaria positive cases. The Director has also provided a summary of the key achievements and issues of the program implementation during a period of July-December 2015 which are outlined below:</p> <ul style="list-style-type: none"> <li>• 1 out of 3 impact indicators reached the target- the two other could not be achieved because of the outbreak situation in the southern provinces prevailing since 2012. Outcome indicators could not be measured since no survey was done.</li> <li>• 8 Coverage indicators: <ul style="list-style-type: none"> <li>✓ 3 achieved the targets</li> <li>✓ 3 not achieved the targets</li> <li>✓ 2 indicators not measured and will be reported under NFM</li> </ul> </li> <li>• The funding absorption is 92%</li> </ul> <p><b>HIV Program:</b>  The PR Manager updated a progress of HIV program based on the current PUDR – SSF for a period of 1st.July - 31st. December 2015.</p> <p>Summary key achievements:</p> <ul style="list-style-type: none"> <li>• 9 out of 13 indicator results had exceeded their set targets. (&gt;90% and more )</li> <li>• 4 of the indicators had results as a percentage of target (achievement) of 90% . Among these “Number of male condoms free distributed to FSW and MSM through prevention education activities” is under target</li> </ul> <p>Summary key programmatic challenges:</p> <ul style="list-style-type: none"> <li>• Male condoms sold under the social marketing program - as a result of condom stock shortage of early 2015 - PSI could not achieve the target of male condoms sold under the social marketing program. However, in compare with previous PUDR achievement (Jan-June 2015) which was 28% achievement of the target, PSI could improve its target during the last six months of 2015 as 73%.</li> <li>• Free condom distribution to FSW and MSM through CHAS, PR, PCCAs, NGOs and CSOs- did not achieve the target. Previous PUDR achievement (Jan-June 2015) of this indicator was 41% and the target during the last six months of 2015 which is 44%.</li> <li>• Therefore, to improve that achievement of this indicator, it needs more collaboration between CHAS, PCCAs and Local NGOs/ CSOs to enhance the areas of condom free distribution through prevention and peer education activities to the targeted risk groups.</li> <li>• The financial absorption is 122.4%</li> </ul> <p><b>TB Program:</b>  The PR Manager updated a progress of TB program based on the current PUDR for a period of 1st.July - 31st. December 2015.</p> <p>Summary key achievements:</p> <ul style="list-style-type: none"> <li>• 12 out of 26 total indicators achieved 90%-100(+)</li> <li>• The rest are under achieved &amp; below target (&lt; 90%)</li> </ul> <p>Summary key programmatic challenges:</p> <ul style="list-style-type: none"> <li>• The remaining gap in TB case detection and start on treatment</li> <li>• To increase the diagnosis and treatment of child TB including follow up of Under 5 children with TB contact to begin the IPT and</li> <li>• Increase the contribution of TB notification by all stakeholders particularly community referral</li> </ul>	



(performance of CBOs) and private sector and these indicators achievement is lower than the expected target. And further significant improvements need in the areas of retreated TB patients to receive DST and HIV positive patients to be screened for TB

- The financial absorption is 69.7%. The TB program coordinator clarified that the financial report for this period not included the committed fund for procurement and renovation of building. However, the TB center will establish an ad-hoc task force to discuss and plan in order to address this issue.

**HSS Program:**

The HSS program has begun early this year. The HSS PMU Director provided some progress that has been made so far.

- PMU and SSRs staff recruited
- Office of the PMU located in the Nutrition Centre building
- PR and PMU have trained SSRs on GF Governance, M&E, Finance
- Financial , M&E. Systems established and operating
- First PMU-SSRs quarterly meeting conducted on 31st March
- M&E training from PMU to SSRs conducted on 7<sup>th</sup> April
- Disbursement request for Q2 and Q3 were submitted to the PR 18<sup>th</sup> April
- Quarterly report from PMU to PR submission on 20<sup>th</sup> April
- Pool Procurement conducted by PR (minivan, computers and office furniture)
- Disbursed fund Q2-3 to SSRs
- Finance TA for PR, PMU and SSRs arrived this week and will stay for 3 months
- Implementation activities are at input/process level, the agreed output indicators of the performance framework will yield results from Q2 and on-going

Some key challenges:

- PMU and SSRs are new to GF rules and procedures (In additional, even we have the challenge but we can build the capacity for the government staff to learn how to develop their own plan, setup indicators and implementation, M&E and reporting by themselves with support from TA)
- Funding for TA went to the SSRs instead of going to WHO (delay in TA recruitment)
- Long procurement process put at risk the teams performance
- Limited financial capacity at PR/PMU

Next step:

- PMU M&E field visits
- Procurement commodities arrive in mid-May
- Submission first PU to PR (in July)
- 2<sup>nd</sup> Quarterly meeting (SR and SSRs) together with HSS taskforce, inviting Dept. and Div. Directors
- New TA support PMU (SR)

After the presentation, some questions were raised and discussed regarding to CHAI became SR, e.g. What is a criteria used by the GF CT to decide CHAI as a SR? CHAI has applied for the NFM as TA provider under the MPSC component. CHAI has no legal status in Lao PDR and CHAI has not applied through an open and transparent process for a SR status. It was proposed that the CCM should also ask the GF CT about this and it should have a meeting between the PR, HSS PMU, MPSC and CHAI before having an upcoming teleconference with the GFCT for seeking clarification. A question about unequal treatment (two standardized practices) was raised and discussed again during the meeting.

**SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM**

GOV	
MLBL	
NGO	
EDU	
PLWD	



FBO		
KAP		
DECISION(S)		
No substantial decision.		
ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE

#### MINUTES OF EACH AGENDA ITEM

AGENDA ITEM # 4	Update on Performance Framework of the four programs	
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)		
There was no COI for this agenda item		
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)?		No
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED		
<p>The national program representatives presented the performance framework of the new funding model (NFM) for a period of 2016 – 2017 as below:</p> <p>Malaria Program:</p> <ul style="list-style-type: none"> <li>The program covers 18 provinces, 144 districts, 850 health centers, 2,000 reporting villages and 5,156 bed net distributed villages. There are 8 modules with 4 impact indicators, 5 outcome indicators and 15 coverage/output indicators. Total budget for 2 years is USD 7,834,849.</li> <li>The CMPE Director has stressed his concern about the time consuming for transferring of fund by showing the date from disbursement notification from GF, PR allocated amount and inform CMPE, CMPE request to PR, 1st fund received from PR, and CMPE transferred the fund to province. Although the time consumption of the 2<sup>nd</sup> disbursement has been improved compares to the first disbursement, the time spent for transferring of fund still need to be shorter.</li> </ul> <p>HSS Program:</p> <ul style="list-style-type: none"> <li>The HSS program manages by 1 SR (DPIC PMU) and 7 SSRs (namely: MPSC, FDD, BFDI, DHP/DTR, DOF, DPI/DIC, HMIS) with a total budget of USD 3.7 millions.</li> <li>There are 5 modules with 10 coverage/output indicators.</li> </ul> <p>Due to the time constrain, 2 disease programs (HIV and TB) did not make a presentation. The Chair advised the participants to read later the documents that already had circulated to them.</p>		
SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM		
GOV		
MLBL		
NGO		
EDU		
PLWD		
FBO		
KAP		
DECISION(S)		



No substantial decision		
ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE

**MINUTES OF EACH AGENDA ITEM**

**AGENDA ITEM #5** Review and endorse on RAI reprogramming for 2015 - 2017

**CONFLICT OF INTEREST.** (List below the names of members / alternates who must abstain from discussions and decisions)

There was no COI for this agenda item

**WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >** No

**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED**

In response to the requests by UNOPS and the RAI project coordinator for proceeding the endorsement from the CCM on the RAI reprogramming proposal for Lao component for 2015 - 2017, the Ex-Com advised to include this topic into the last OC and this CCM meeting. The full document was firstly reviewed during the OC meeting held on 21 April and the OC members recommended some changes in the presentation before submitting the proposal to the CCM members in this meeting for further review and endorsement.

During the meeting today, the RAI coordinator has presented background of program's budget saving, summary budget by cost grouping; payees; module and interventions, and major change in budgeting as outline below:

**Major changes in budget**

**Case Management: VMWs**

- VMWs increased from 593 to 886
- 2016- Monthly incentive will be provided to VMWs in all strata in 4 provinces in Q3 and Q4 which previously was budgeted for VMWs in strata 3 only.
- 2017- Monthly incentive will be provided to the VMWs in all strata in 3 provinces. (Champassack province is assumed to be added under NFM reprogrammed budget for 2017).

**Case Management: PPM**

- PPM sites increased from 193 to 222. (CMPE)
- Refresher training on the case management and reporting including review meeting for PPM expansions sites are added for 2016 and 2017. (CMPE)

**ACSM**

- IEC/BCC activities including printing of developed materials and radio broadcasting of radio spot through 1 national and 4 provincial channels.
- Working with 3 cross border bus companies to provide HE- Cancelled (HPA)

**Surveys**

- TES added for 2016 for the new drug ( DHA-PPQ) in Champasak.(CMPE)
- Ento-Epidemiological survey cost revised as per the 2015 actuals. (CMPE)

**Vector Control**

- 20,151 number of single sized LLINs is budgeted for the mobile migrant population for 2017. (CMPE)

**Program Management**

- Additional 4 laptops is added for PAM and 4 LCD projectors for each province.(CMPE)
- Four double cab for each province and one forklift. ( Forklift for provincial warehouse is added at the findings of field visit by MSH TA at CMPE).(CMPE)
- Additional budget line for reprogramming workshops, preparation of concept notes workshop, finalization



of NSP.(CMPE)

- Pocket Wi-Fi device for HCs, Districts and provinces for real time communications. (CMPE)
- Procure one vehicle (FDD)
- Refresher training to FDQCC on minilab testing. (FDD)

The participants concurred with the proposal and no substantial question or comment was raised. Unfortunately, the meeting did not reach the quorum. Only 50% of the CCM members - 12 out of 24 members (including 10 members and 2 delegated persons from the CCM members) attended the meeting, which is the first time that we found. Therefore, it was agreed that the CCM secretariat to circulate the documents to the CCM members after the meeting for their further reviewing and making a decision by voting through Email on a "No Objection" basis within one week time.

**SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM**

GOV	
MLBL	
NGO	
EDU	
PLWD	
FBO	
KAP	

**DECISION(S)**

The CCM secretariat to circulate the documents to the CCM members after the meeting for their further reviewing and making a decision by voting through Email on a "No Objection" basis within one week time.

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
The CCM secretariat to circulate the documents to the CCM members	CCM Secretariat	After the meeting

**MINUTES OF EACH AGENDA ITEM**

<b>AGENDA ITEM #6</b>	Update from CSO-KAP-PLWD Forum
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**CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)**

There was no COI for this agenda item

<b>WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) &gt;</b>	No
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**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED**

Due to a time constrain, the CSO's representative has presented only the key part of their activities, e.g. the member lists of the CSO-KAP-PLWD Coordinating Committee, Chair and Deputy Chairs of the committee, structure of the committee, and next steps.

After the presentation, a question was raised about the structure of the committee which regards to the task groups. It was clarified that the CSO-KAP-PLWD Coordinating Committee's structure has been developed in conjunction with the CCM structure and similarly function has been designed. However, the participants suggested to change the name of the task group in order to make it a different from the CCM task forces and to avoid misunderstanding.

**SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM**

GOV	
MLBL	
NGO	
EDU	



During the last CCM meeting held on 18 February 2016, the representative from France Embassy has expressed their interest to be considered as a member of the Oversight Committee in order to increase its support to the GF activities in Lao PDR. Following the meeting, an official letter from the France Embassy has been sent to the Ministry of Foreign Affairs and copied to the Ministry of Health reiterates its proposal for consideration as OC membership.

Since there is only a member who is a representative of the bilateral constituency currently sit in the Oversight Committee and the alternate is still vacancy, the Ex-Com agreed in principle during its last meeting to welcome MrsAurelie Chun, Health Policy Officer, Embassy of France as an alternate member of the Oversight Committee. However, according to the TOR of the Oversight Committee, the OC member should be approved by the CCM. Therefore, the Ex-Com proposed to include this topic into this CCM agenda for further consideration and approval. Again, as the meeting did not reach the quorum, it was agreed that the CCM secretariat to circulate the documents to the CCM members for reviewing and making decision by voting through Email on a "No Objection" basis within one week time.

SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM

GOV	
MLBL	
NGO	
EDU	
PLWD	
FBO	
KAP	

DECISION(S)

The CCM secretariat to circulate the documents to the CCM members for reviewing and making decision by voting through Email on a "No Objection" basis within one week time.

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
The CCM secretariat to circulate the documents to the CCM members	CCM Secretariat	After the meeting



**MINUTES OF EACH AGENDA ITEM**

<b>AGENDA ITEM #8</b>	<p><b>AOB</b></p> <ul style="list-style-type: none"> <li>• Reminder on calls for project proposals: (1) French 5% Initiative (Deadline: 23 May 2016; (2) UNITAID (Deadline: 24 June 2016)</li> <li>• Schedules for a next CCM meeting and close the meeting</li> </ul>
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**CONFLICT OF INTEREST.** (List below the names of members / alternates who must abstain from discussions and decisions)

There was no COI for this agenda item

<p><b>WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) &gt;</b></p>	<p>No</p>
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**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED**

- The participants were reminded about the calls for two project proposals: (1) French 5% Initiative (Deadline: 23 May 2016; (2) UNITAID (Deadline: 24 June 2016).
- The chair informed the meeting on the results of the election of the new GF board member and alternate for the Western Pacific Region constituency and congratulated Dr.PhilaysakNaphayvong for his new role as the alternate member.
- The chair also introduced Ms. Silvia Illescas, who is recently recruited to undertaking a WHO/UNV position which will be working with the CCM Secretariat for a period of one year.

**Schedules for a next CCM meeting**

- The CCM Secretariat informed the participants about the plan for the next two CCM meetings in connection with the recommendation and TA provision of the GF Country Team.
- The first session is scheduled in late July 2016 which focuses on the CCM's structure and function review and election of the new CCM chair and deputy chairs. The second session is scheduled in late September 2016 which focuses on the orientation for the new CCM members.
- The TA may come to work with CCM 2 times before and during of each meeting taking place.
- The participants occurred with the plan and look forward to working with the TA.

**SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM**

GOV	
MLBL	
NGO	
EDU	
PLWD	
FBO	
KAP	

**DECISION(S)**

- No substantial decision

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE




	to the CCM members for reviewing and making decision by voting through Email on a "No Objection" basis within one week time.		
AGENDA ITEM #8	No substantial decision		

SUPPORTING DOCUMENTATION		Place an 'X' in the appropriate box	
ANNEXES ATTACHED TO THE MEETING MINUTES		Yes	No
AGENDA CIRCULATED ON TIME BEFORE MEETING DATE		X	
ATTENDANCE SHEET COMPLETED		X	
DISTRIBUTION OF MINUTES WITHIN ONE WEEK OF MEETING		X	
FEEDBACK INCORPORATED INTO MINUTES, REVISED MINUTES ENDORSED BY CCM MEMBERS*		X	
MINUTES DISTRIBUTED TO CCM MEMBERS, ALTERNATES AND NON-MEMBERS		X	

CHECKLIST (Place 'X' in the relevant box)			
	YES	NO	
AGENDA CIRCULATED ON TIME BEFORE MEETING DATE	X		The agenda of the meeting was circulated to all CCM members, Alternates and Non-CCM members <u>2 weeks</u> before the meeting took place.
ATTENDANCE SHEET COMPLETED	X		An attendance sheet was completed by all CCM members, Alternates, and Non-CCM members present at the meeting.
DISTRIBUTION OF MINUTES WITHIN ONE WEEK OF MEETING	X		Meeting minutes should be circulated to all CCM members, Alternates and non-members within <u>1 week</u> of the meeting for their comments, feedback.
FEEDBACK INCORPORATED INTO MINUTES, REVISED MINUTES ENDORSED BY CCM MEMBERS*	X		Feedback incorporated into revised CCM minutes, minutes electronically endorsed by CCM members, Alternates and non-members who attended the meeting.
MINUTES DISTRIBUTED TO CCM MEMBERS, ALTERNATES AND NON-MEMBERS	X		Final version of the CCM minutes distributed to CCM members, Alternates and Non-members and posted on the CCM's website where applicable within <u>15 days</u> of endorsement.



CCM MINUTES PREPARED BY:			
PREPARED BY	DrKhamlayManivong	DATE	12 May 2016
		SIGNATURE	

CCM MINUTES APPROVAL:			
APPROVED BY	DrSoulanyChansy	DATE	
		SIGNATURE	