Malaria CSO Platform
Greater Mekong Sub-region (GMS)

National CSO Consultation Meeting Report

Lao Front for National Construction, Vientiane, Lao PDR
6th November 2018

MALARIA FREE MEKONG
A Platform of NGOs

ARC American Refugee Committee

HEALTH POVERTY ACTION

PE

Positive Health ASSOCIATION

Table of Content

Abbreviation

API	Annual Parasite Incidence
ARC	American Refugee Committee
BFDI	Bureau of Food and Drug Inspection
CBO	Community-Based Organization
CCM	Country Coordinating Mechanism
CHAI	Clinton Health Access Initiative
CMPE	Center for Malariology, Parasitology and Entomology
CROSS	Cross Border for Overlooked, Stigmatized sub-populations in Laos and Cambodia
CSO	Civil Society Organizations
DAMN	District Anti-Malaria Nucleus
DHIS2	District Health Information System 2
FDD	Food and Drug Department
G6PD	Glucose-6-Phosphate Dehydrogenase
GF	Global Fund
HC	Health Center
HPA	Health Poverty Action
HR	High-risk
HRP	High-risk Population
ICCM	Integrated Community Case Management
IEC/BCC	Information Education and Communication/Behavior Change Communication
JICA	Japan International Cooperation Agency
KAP	Key Affected Population
Lao PDR	Lao People's Democratic Republic
LaoPHA	Lao Positive Health Association
LFA	Local Fund Agency
LLIN	Long-lasting Insecticidal Net
M&E	Monitoring and Evaluation
MEI	Malaria Elimination Initiative
MERCI	Malaria Elimination Realized through Community-focused Interventions
MERFAT	Malaria Elimination Risk Factor Analysis Tool
MMP	Migrant and Mobile Populations
MoFA	Ministry of Foreign Affairs
MoH	Ministry of Health
MoU	Memorandum of Understanding
NPA	Non-Profit Association
NSP	National Strategic Plan
PAMS	Provincial Anti-Malaria Station
PEDA	Population Education and Development Association
P. falciparum	Plasmodium falciparum
PLWD	People Living with the Diseases
PPM	Public-Private Mix
PQ	Primaquine
PR	Principle Recipient

PSI	Population Services International
P. vivax	Plasmodium vivax
RAI	Regional Artemisinin Initiative
RAI2E	Regional Artemisinin Initiative 2 Elimination
RSC	Regional Steering Committee
SUN CSA	SUN Civil Society Alliance Laos
TLS	Time Location Sampling
ToR	Terms of Reference
TPHI	Lao Tropical and Public Health Institute
UCSF	University of California, San Francisco
VHV	Village Health Volunteer
VMV	Village Malaria Volunteer
VMW	Village Malaria Worker
WHO	World Health Organization

Meeting Objectives vs Meeting Findings

Meeting objectives	CMPE	HPA	LaoPHA	PEDA
1. To discuss the effectiveness of RAI2E implementation including challenges, successes and lessons learnt	– **Natural disasters** in several districts and provinces – Difficulty in **coordinating several implementing partners** working in a specific geographic area – **Weak coordination** mechanism between CMPE and some implementing partners – **Weak follow-up** by some implementing partners on VMV compliance to national testing and treatment guidelines	• **Red tape** on the MoU application and getting new project started • **Delay in the MoU** created huge gaps in providing support to the point of care: – CROSS project: the project contract was signed on Aug-17 and the MoU was approved on May-18, which was a process of 9 months before the MoU was approved by MoFA – National RAI2E: the project contract was signed in Mar-2018, and after 7 months the MoU is still pending at the MoH and has not moved yet to MoFA for the final approval – RAI2E regional: the project contract was signed on May-18, and after 5 months it is still under the	• **No standard forms** - no consensus on the recording and reporting forms • **Planning and reporting** - training only focused on malaria technical aspects but not the planning and reporting of the activities and indicators • **Transportation** – motorbikes have not been provided to the project and after 10 months the delivery is still pending. • **Inexperience staff** – more supportive supervision is required for VMW after initiate training. Refresher training also necessary. • **Stock out** – PQ distribution has not yet reached point of care, many sites do not have the drug for treatment • **Data utilization** – very	• **Funding delay** – 1st quarter funding only received in Apr-18, and in Aug-18 for 2nd and 3rd quarter; effected all activities: – Rain came before funding, roads were cut off and not able to organize the trainings – Malaria program was not available to support the training activities due to outbreak responses – No reported data at present and the data will only be reported in November of October activities • **Unrealistic requirements** imposed by GF/LFA – required all incentive recipients to have bank account, provided name and last name. VMW live far from the district

		process at the provincial level of the 5 provinces, and not yet reached MoH and MoFA	limited usage of data for decision-making and field implementation	(where banks are), and travel to the bank costs more than the incentive • **Finding qualified persons** to be selected and trained for VMW is very difficult due to low literacy and mostly ethnic minority. • **Accessibility** to the targeted villages was extremely difficult during this raining season due to record rain.
2. To discuss outcomes of the highlighted issues and to provide strong representation of malaria-affected community from the field visit activity	– **Appointed the focal point person** with **clear ToR** and in-charged through assigned geographic area. This is to ensure the continuous support and sharing of information follow-up return to their respective provinces. – **WhatsApp** should be setup to feed information and challenges of malaria networks face in the field to principal and alternate members, allowing the topics to be raised and discussed at national (CCM included) and regional level. – **Capacity building** to equip network members to reflect on their own needs while at the same time develop their skills to better present real issues they face at the community with good speech and presentation.			
3. To identify areas of advocacy support and gather evidence for advocacy	– **Red tape** on the MoU application and getting new project started – **Funding delay** – for PEDA, the 1st quarter funding only received in Apr-18, and in Aug-18 for 2nd and 3rd quarters; effected all activities – **Data utilization** – very limited usage of data for decision-making and field implementation – **Unrealistic requirements** imposed by GF/LFA – required all incentive recipients to have bank account, provided name and last name. VMW live far from the district (where banks are), and travel to the bank costs more than the incentive – **Coordination** among CSOs and between CSOs and government counterparts			

Meeting and Presentations Minutes

Welcoming and introducing the key participants: Dr. Soulany Chansy – Vice Chair of CMM and Chairperson of NPA-KAP-PLWD (NPA CC) Coordinating Committee

NPA CC (Non-Profit Association, Key Affected Population and People Living with the Diseases), based at the Lao Red Cross, represents CSOs in Lao PDR to promote, strengthen and empower CSOs and communities' capacity. Presently there are 11 active representative members representing people living with the diseases and TB, HIV and malaria program.

NPA CC provides empowerment training to promote self-confidence and engagement, allowing each member to contribute ideas and lessons learnt. It also provides need assessment to identify and compile topics and issues faced by CSO and PLWD to advocate for changes through various meetings such as CCM and technical meeting.

The CSO Platform would enable us to increase knowledge of malaria in the region, good opportunity for our network to learn from one another, avoid overlapping and strengthen our capacity. A good opportunity for us as NPA CC and the members to exchange our experiences and discuss our challenges, good practices and lessons learnt from our neighbors.

Dr. Bouasy Hongvanthong, Director of CMPE presentation

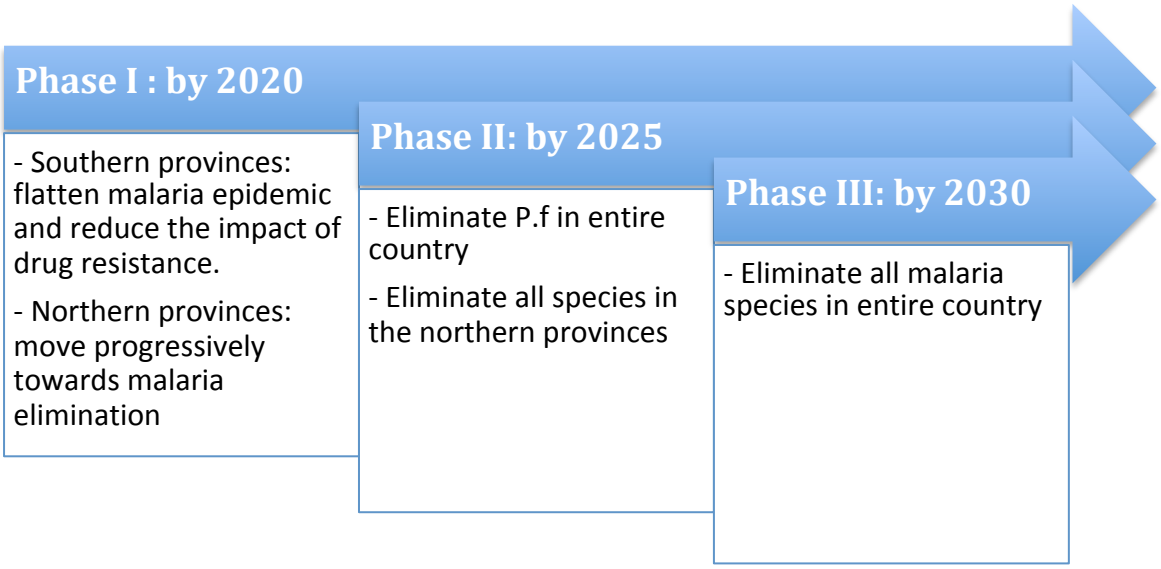
"The focus should be on how we could work together and support each other"

Lao PDR is a land-linked country bordering with China, Cambodia, Vietnam, Thailand, and Myanmar with estimated population of 6.5 million, 72% of these population lives in rural areas.

National Stratification 2016 shown 95% of malaria burden (Strata 3) is concentrated in 5 southern provinces: Savannakhet, Salavan, Attapeu, Sekong and Champasack. The remaining 13 provinces from central to the north of the country were classified in Strata 2b and below. The country is divided in two parts: 13 Northern provinces are malaria elimination areas and 5 southern provinces are malaria burden reduction areas.

CMPE is responsible for the overall management of malaria program, providing management and technical expertise to implement the malaria control and elimination in Lao PDR. **Lao PDR Malaria National Strategic Plan** was developed, in collaboration and support of partners, a pathway for the malaria strategy and policy from 2016 to 2030.

This National Strategic Plan consists of 3 phases:



The National Strategic Plan Phase I covering the period from 2016 to 2020 and has 5 objectives, with each objective for ***program management and coordination, case management, vector control, surveillance system and IEC/BCC***.

Currently there are **10 active malaria partners** on the ground supporting CMPE in the fight against malaria. UCSF is active in the north supporting malaria elimination while LaoPHA, PEDA, HPA, and CHAI are active in the 5 southern provinces on the malaria burden reduction. PSI engages only in the PPM sector, originally covering the southern provinces but in the process of expanding to cover more provinces in the north. Technical partners include WHO, JICA, Pasteur Institute, and FDD and BFDI.

Malaria epidemiology is concentrated in the 5 southern provinces (95% of all malaria cases reported in the country) with API ranges between 2.4 to 9.8. The remaining provinces' API are all less than 1/1000 population.

Case-detection strategy had recently been updated and staff just have been trained on these new recommendations. This includes the new testing criteria to **"test everyone with fever"**, and two combined of **symptoms** (nausea, vomiting, diarrhea, rigors, chills and headache) and/or **travel history** (had malaria in the last 28 days, come from malaria areas, come from forest and contact of malaria case) must also be tested for malaria.

New **Treatment strategy** with single low dose primaquine (PQ) for *P. falciparum* and *P. vivax* has been formally introduced. *P. vivax* cases have to be tested for G6PD and patients have to be referred to district hospital where G6PD testing is available and where full dose of PQ treatment can be prescribed.

DHIS2 has now been fully scaled-up covering all provincial and district hospitals in Lao PDR. There has been significant progress in the timely reporting (meeting the report deadline) from 49% a year ago to reach 91% in September this year from all malaria reporting sites. The DHIS2 system is continuing to improve, the **case-tracking system** has now been

integrated into the system and two provinces (Xiengkhouang and Luangprabang) are currently piloting this malaria case-based system. The **alert system** has also been part of the system, providing real-time alert for the outbreak of all the areas in the 5 southern provinces of Lao PDR.

CMPE is in the process of harmonizing all partners that are providing support to the malaria programme through the **combined activity plan approach: one plan for all partners**. The province of Salavan and Champasack are the first two provinces to take lead in this initiative.

Program key achievements:

- Completed the **Integrated Community Case Management** trainings for all provinces, districts, health centers in the country and 1,159 village malaria volunteers (VMVs) in Strata 3
- Completed the **Surveillance and Elimination** trainings for all provinces and districts in the country
- Completed the **roll-out of single low dose primaquine for *P. falciparum* cases** to all malaria point of care, including village level
- Initiated the **coordination mechanism among several implementers** (one plan for all partners), starting in Champasack and Salavan province
- Development of a comprehensive **national VMVs database**

Challenges and program impact:

Challenges	Impact on the program
• Natural disasters in several districts and provinces	• Delayed implementation of activities
• Difficulty in coordinating several implementing partners working in a specific geographic area	• Inefficiency and potential overlap
• Pending entry of VMVs data into national VMVs database by some partners	• Ineffective tracking system
• Weak coordination mechanism between CMPE and some implementing partners	• Fragmented national response
• Weak follow-up by some implementing partners on VMV compliance to national testing and treatment guidelines	• Missing potential malaria cases and potential treatment failure

Q&A

Questions	Answers
• Reasons for the number of malaria tested by PPM increases two fold from 2017 to 2018 for PPM?	• Due to new testing criteria and expansion of PPM sites
• Weak coordination?	• No access to partners' detailed activity plan
• Who is helping with unifying plan?	• CHAI is leading in supporting the compilation and combining all partners' activity plans into one single plan
• What can CSO Platform do to support the coordination?	• Ensure CSOs engaging in malaria activities should share their detailed work plan
• Are the partners work in the same geographic area funded by same donor?	• Mostly but not all funded by same donor
• Is there a problem of stock out and accessibility to PQ?	• Stock out remains as an issue, particularly at point of care level. PQ just recently been distributed and may not have reached yet all the villages
• Is G6PD test available for testing at district hospital?	• Test kits are now in the country but not sure if these have been distributed already

The Regional Malaria CSO Platform (CSO Platform), presented by Mr. Shreehari Acharya, Project Manager - American Refugee Committee

CSO Platform is a network of civil society organizations (CSO) from the Global Fund RAI implementing countries: Myanmar, Thailand, Cambodia, Vietnam and Lao PDR. Presently there are **50 members** of CSO, CBO and community network at national and regional level.

The Platform was established in 2014 with the initiative of Louis Da Gama and Promboon Panitchapakdi (CSO representatives at the RAI RSC (2014-2017)) serves as the CSO constituency engagement mechanism for the RAI RSC. It's also to fill the gap of coordination and communication and community advocacy at the national and regional levels. The Platform has received Global Fund grant for the period 2018-2020 under the RAI2E and it is currently being hosted by the American Refugee Committee (ARC). Secretariat is in Bangkok, Thailand.

The Platform advocacy agenda is focused on strengthening and empowering communities, with adequate resources, regardless of their identity, legal status and geographic location. There are three thematic areas of advocacy:

- Community engagement and community-led service

- Multi-sectoral collaboration and domestic resources for universal health coverage
- Surveillance and data utilization

The Platform is governed by 15 Steering Committee Members (3 from each country) and 2 Advisors. Key activities for 2018-2020 are:

- Regional and national consultations
- Field visits
- Training and coordination for technical support to CSOs
- Community network building
- Development of integrated disease manual

Progress report of LaoPHA – Jan to Sep 2018, presented by Viengakhone Souriyo, Director

LaoPHA is implementing malaria project in **Salavan and Champasack** province with the financial support from RAI2E. The project covers **150 villages in 15 health centers**: 143 villages and 14 health centers in Salavan and 7 villages in 1 health center in Champasack province. The discussion is currently ongoing with the possibility of switching 7 villages in Champasack back to CMPE and pick-up 7 more villages in Salavan province.

The project's target for 2018 is to train 150 VMW to test 6,404 patients. Below table summarizes the activities to-date:

Activity	Status		
	Done	On-going	To be done
Selection and trained VMWs	✔		
Provided health education at community		✔	
Incentive payments to VMWs		✔	
Malaria testing and treatment			✔
Supportive supervision to VMWs		✔	
Quarterly supervision: PAMS and partners		✔	

Latest results from the project implementation: **1,893 tested for malaria** or 29% of the target (6,498). Among these tested, **53 were malaria tested positive**, 19 women, 34 men and 10 children under 10 years-old.

Challenges:

- **No standard forms** - no consensus on the recording and reporting forms
- **Planning and reporting** - training only focused on malaria technical aspects but not the planning and reporting of the activities and indicators
- **Transportation** – motorbikes have not been provided to the project and after 10 months the delivery is still pending.

- **Inexperience staff** – more support supportive supervision is required for VMW after initiate training. Refresher training also necessary.
- **Stock out** – primaquine distribution has yet reached point of care, many sites do not have the drug for treatment
- **Data utilization** – very limited usage of data for decision making and field implementation
- **Delay funding** – 1st quarter funding received quarter ended in April while 2nd and 3rd quarter were received in September, resulted in delay activities implementation and only 55% budget absorption.

HPA, presented by Ronaldo Estera, Country Director

HPA is currently implementing **2 projects (RAI2E national and CROSS)** in 5 highest malaria burden provinces of Lao PDR: Savannakhet, Salavan, Sekong, Attapeu and Champasack. The **MERCI project is delayed** but it is expected to start soon, and this project will be implemented together with LaoPHA and PEDA.

HPA partnered with CMPE, UCSF and TPHI (Lao Tropical and Public Health Institute) on **mobile and high-risk population research** through focal test and treat and mass test and treat, using both high sensitive and conventional RDTs.

HPA malaria network coverage in Lao PDR:

Year	Health Centers	Village Malaria Workers	Malaria Post Volunteers	Development Site Volunteers
2014-2017	98	553	96	44
2018-2020	102	426	160	30

In additional to Lao PDR, HPA also works in Vietnam and Cambodia that share borders with the high malaria burden provinces of Lao PDR.

HPA's works are targeted on the vulnerable and at-risk groups such as mobile and static population through the network of volunteers that were trained to provide: awareness and education campaigns, LLIN distribution, malaria test and treat, patient referral, identify at-risk mobile and migrate population to provide malaria test and treat, manage the forest survival kits, recording and reporting of cases and commodities.

A significantly high proportion of all the detected positive malaria cases are from the rapid diagnostic tests done by the trained community health workers, reaching as high as 61% in 2015 and 59% in 2016 which dropped to 8% in 2017 when the RAI project was ending.

The significant contribution of the trained community health workers in reducing the cases of malaria from 19% in 2014 to 6% in 2017 in the 5 high endemic provinces in Laos cannot be discounted. While this success is something to celebrate for, it also indicates an important concern because the data indicates a very high proportion of fever cases that are due to other illnesses, which the trained community health workers do not have the

capacity and tools to provide care beyond malaria. This is a big concern for **service provider's trust and service quality.** The community health workers' role should expand to cover common illnesses of the population in the community to maintain their relevance, trust and expand their capacity to provide comprehensive quality health services.

Overall malaria situation in the regional is stable and in declined stage, the malaria cases however have been on the rise and concentrated in Cambodia's provinces bordering with Lao PDR, and indicating similar trend in Attapeu province of Lao PDR. This should be a wake-up call for stronger and **more collaboration** from all partners in the country and in the region.

Challenges:

- **Red tape** on the MoU application and in getting a new project started
- **Delay in the MoU** created huge gaps in providing support to the point of care:
  - CROSS project contract signed on Aug-17 and the MoU approved on May-18 (a 9 months process before the MoU was approved)
  - National RAI2E project contract signed on Mar-18, and after 7 months, the MOU is still pending at MOH and has not moved yet to MoFA for the final approval
  - RAI2E regional project contract was signed on May-18, and after 5 months, it is still under the process at the provincial level of the 5 provinces, and it has not yet reached MoH and MoFA

Q&A

Questions	Answers
• Implication in the referral of mobile and migrate population, especially of those illegal?	• Further discussion and exchange of experiences from the field would be required
• Will malaria training be more inclusive of common illnesses?	• The malaria training also integrates diarrhea and acute respiratory infection including other common illnesses in the future

PEDA, presented by Santi Douangpraseuth, Director

PEDA is **active in 3 provinces** on malaria: Savannakhet, Champasack, and Sekong covering **150 Strata3 villages** and **1 district hospital**. PEDA focuses on **3 strategies**: advocacy, strengthen on community integration case management, mobile community outreach (test – treat – track) focusing on the MMP, and high-risk population, those who have no accessible to the service at the village level.

Project implementation update – 6 months

Activity	Status		
	Done	On-going	To be done
Project staff training on planning, implementation and M&E	✔		
Targeted village mapping	✔		
IEC materials development and printing	✔		
Training of VMW	✔		
Community leader advocacy and mobilization workshop	✔		
Google village master sheet data entry (village and VMW data)	✔		
Mobile community outreach		✔	
Procurement of basic medicines and medical supplies to support VMW-ICCM activity	✔		
VMW routine ICCM			✔
Joint monitoring and supervision visit (PEDA, PAMS, DAMN, and HC)			✔
Annual review and partnership meeting			✔

Challenges

- **Funding delay** – 1st quarter funding only received in Apr-18, and in Aug-18 for 2nd and 3rd quarters; effected all activities:
  - Training was not able to implement before raining reason, due to funding delay, roads were cut off and not able to organize the training
  - Malaria program was not available to support the training activities due to outbreak responses
  - No reported data at present and the data will only going to be reported in November of October activities
- **Unrealistic requirements** imposed by GF/LFA – required all incentive recipients to have bank, provided name, and last name. Impossible in reality as villages are far from the district (where banks are), and travel to the bank costs more than the incentive
- **Finding qualified persons** to be selected and trained for VMW is very difficult due to low literacy and mostly ethnic minority.
- **Accessibility** to the targeted villages was extremely difficult during this raining season due to record rain.

Q&A

Questions	Answers
• Why funding were delayed?	• CSO level of effort connected to the salary was not matched with GF/LFA audit and assessment

SUN-CSA Network, presented by Ms. Vanmina Phanthavong, Executive Secretary

SUN CSA is a global movement committed to scaling-up nutrition with focus on reducing hunger and under-nutrition in children and other vulnerable groups. The Network presently has 63 members and the Network has **5 core strategic functions**:

- Capacity building (organized 1/year if funding available)
- Knowledge hub (info bank on nutrition, food security, agriculture and IEC materials as well as implementation materials and tools)
- Partnership broker (help provide info of organizations that could support the nutrition)
- Policy dialogue (testing and collect feedback on the policy implementation to further improve the strategy
- Management and governance (create network with transparency: with 6 Committees (4 from INGO and 2 Lao CSO)

The Network's **overall key actions**:

- Influence – ensure National Nutrition Strategy and Action Plan and revised the plan
- Ensure civil society is included in the nutrition dialogue
- Raise awareness and technical capacity
- Organize study tours
- Gender inclusive

Q&A

Questions	Answers
• How can we work with you, especially the pregnant women and children who tended to have higher malaria mortality rate?	• PEDA and LaoPHA are member of Sun CSA network, integration and promotion of 22 inventions approved by MoH which include health, water and sanitization

UCSF – MEI, Presented by Valerie Scott

MEI toolkit developed in collaborate with MoH and partners and designed to **support the program decision making**. There are 11 modules in the toolkit, but only high-risk population module was presented: need up-to-date knowledge on high-risk population, and integrated high-risk population in the program surveillance and response activities.

There are four modules in the high-risk population module:

1. Formative
    - Reviewing of existing data
    - Qualitative data collection – focus groups and KII to identify MMP

- HRP venue mapping enumeration where MMPs hangout and gather

2. Case control study
   - Identify risk factors of malaria
   - Risk factor assessment
   - Use case-control studies
   - Include guidelines, example and question for the program to implement the case-control studies
3. Sampling approaches
   - Monitoring malaria transmission and intervention coverage
   - Guidelines on the implementation time-location sampling
   - Quantitative survey
   - Household survey
4. Adaptive reactive case detection
   - Case detection where HRPs gather and hangout, where transmission of malaria happened outside villages

Findings from the recent studies		
Lao PDR	Namibia	Indonesia
– Recent decline in large-scale forest work – Few likely HR access points – Major forests are likely small scale – Possible to recruit peer as malaria work	– Formative assessment and case-control (MERFAT) identified new key risk groups – TLS sampling identified congregation/potential access points for high risk individuals – Proactive surveillance of high risk populations included in NSP	– Malaria case detection at non-village based sites were higher with 6.38% PR through peer, venue 2.48% and 0.25% at villages

UCSF in partnership with HPA through MERCI grant is carrying out this research study in Lao PDR and Cambodia.

- Formative assessment
- Mapping of HRP venues/access points
- Movement survey
- Case control studies
- Active case detection in border crossing areas and transmission hotspot

Lessons learnt:

- Provides clear steps
- Technical support required from USCF
- Help identify hidden HRP not yet identified by the program

Q&A

Questions	Answers
• Who are your implementing partners?	• Laos, Vietnam and Cambodia: HPA • Thailand : national malaria program • Namibia: national malaria program
• What can UCSF offer?	• Currently being discussed for providing training and workshop, template, form and guidelines but currently will require in-country support
• When will the toolkit be officially launched?	• hopefully will be available in a coming week
• Will the toolkit be translated?	• Possibly, depending on partners request

Group Work – Network and Communication:

Question	Group I: Provincial Coordinator	Group II: Village Malaria Worker/Volunteer
1. If network is created in Lao PDR, what do you see as the most priority difficulties and issues?	– Coordination between government and CSOs – Ownership of partner, the government – Lack of plan to indicate high-risk groups or areas – Capacity of all partners (government and CSOs): collect and analyze data, program planning and report	– To use it for exchange the lessons learnt to disseminate information at the village level
2. Who should be involved and at which level?	– All levels: VHV, village leaders, Youth Union, Women's Union, health authorities and other related departments, and CSOs (HPA, LaoPHA and PEDA)	– VHV – Village Chief – Lao National Front for Construction – Women's Union

3. Which methods of communication are the best?	– WhatsApp – Line – Messenger – Partners' meeting	– House visit – Telephone – Village meeting
4. At which level should the network be initiated	– Should be from the top down: central to province, province to district and district to village	– Community through targeted villages – Select targeted group and appoint volunteer

Summary of group discussion:

- **WhatsApp** is the preferred App and should be organized by the central level - key implementing partners need to discuss and assign the Admin person to set the group up.
- **Process of setting up** - should be organized by district, province and national level by appointing members who will be responsible for collection and be the Admin person for their responsible area.
- CSOs should take the leading role at national level in organizing this

NPA CC: how to integrate malaria into this at CCM?

ToR of the members should be developed and **appointed the focal point person** and in-charged through assigned geographic area. This is to ensure the continuous support and sharing of information follow-up return to their respective provinces.

WhatsApp should be set up to feed information and challenges of malaria networks face in the field to PA and AM, allowing the topics to be raised and discussed at national (CCM included) and regional level.

Capacity building to equip network members to reflect on their own needs while at the same time develop their skills to better present real issues they face at the community with good speech and presentation.

Group Work – Priority and Possible Solution

Group I	
Priorities	**Solutions**
1. Capacity to treat ***P. vivax*** cases with primaquine as patients do not have means to seek treatment	– Refresher training – Strengthen village health committee capacity
2. Patients do not seek for health service	– Provide health education – Organize village meeting to encourage villagers to seek health service
3. Villagers don't use LLIN distributed	– Procure a larger size bed net or provide more LLIN

Group II	
Priorities	**Solutions**
1. Coordination between CSOs and government counterpart and CSOs among CSOs in the malaria program	– Appoint focal point person with clearly defined ToR for both CSOs and government – CSOs' District Coordinator need to strength the coordination
2. Community still lack awareness in seeking early health care service (when conditions get severe before they seek care at hospital)	– Emphasize health education on malaria
3. Stock out of some drugs at district and health center level	– Increase the distribution quantity of RDT and ACT to the VMW
4. Lack of treatment follow-up on malaria patient, not completed treatment course	– Train VMW and village leaders annually

General questions	
Questions	**Answers**
1. Are there more than one VHV in a village?	– Normally only one volunteer in the village who would be responsible for Malaria, MCH, nutrition, immunization
2. Do VHV received incentive?	– Only from malaria
3. Average hours spent on malaria work?	– Available 24/7

4. Any other activity or occupation VHV engaged in?	– Village authority – Women Union – Youth Union – Farming
5. How do you convince the patient to go to district for treatment?	– Personally take the person to the hospital
6. How many of you even seen anyone died from malaria?	– No

The meeting was closed by Dr. Soulany Chansy – Vice Chair of CMM and Chairperson of NPA-KAP-PLWD (NPA CC) Coordinating Committee, thanking everyone for their active participation, good exchange from the community and from the regional – future network to feedback issues, challenges that can be raised and addressed.

Annex 1: List of Participants

Organization/ Network/ Group	No. of Pax	Contact Person	Position
CCM /Lao Red Cross	1	Dr. Soulany Chansy	CCM Vice-Chair/ CSO
CMPE	1	Dr. Bouasy Hongvanthong	Director
PR UNOPS	1	Ioana Badescu	Program Coordinator
RAI RSC Secretariat	1	Severine Calza	Executive Secretary
RAI RSC	1	Louis Da Gama	RAI RSC CSO Rep
Regional Malaria CSO Platform Secretariat	3	Shree Acharya	Project Manager
LaoPHA	2	Viengakhone Souriyo	Director
PEDA	2	Santi Douangpraseuth	Director
HPA	2	Ronaldo Estera	Country Director
PSI	1	Eric Seastedt	Country Representative
CHAI	1	Garrett Young	Country Director
UCSF	1	Emily Dantzer	Program Manager
SUN CSA	1	Vanmina Phanthavong	Executive Secretary
HI	1	Benoit Couturier	Country Director
ChildFund	1	Ms. Phonesamay Mouanortou	Gender and Ethnic Group Coordinator
Attapeu VMW/VHV	1	Mr. Khamkeng Siboinhueng	Village Volunteer
Attapeu Field Staff	1	Mr. Khamphou	District Field Staff
Champasak VMW/VHV	1	Ms. Phoukiew	Village Volunteer
Champasak Field Staff	1	Mr. Phouly Xayavong	District Field Staff
Salavan VMW/VHV	1	Mr. Jouk Thammavong	Village Volunteer
Salavan Field Staff	1	Mr. A-Thou Xayasane	District Field Staff
Savannakhet VMW/VHW	1	Ms. Vangchai Sihavong	Village Volunteer
Savannakhet Field Staff	1	Ms. Khommaly	District Field Staff
Sekong VMW/VHW	1	c/o PEDA	Village Volunteer
Sekong Field Staff	1	c/o PEDA	District Field Staff