

Minutes of the 80th meeting of Country Coordinating Mechanism Sri Lanka held on 17th December 2010, at 11.00am, in the Conference Room of the Anti Malaria Campaign, Public Health Complex, 555/5, Elvitigala Mawatha, Colombo 05.

Present:

Dr. Ravindra Ruberu	- Secretary / MoH (Chairman/CCMSL)
Dr. R. R. Abeyasinghe	- Project Director/GFATM Projects MOH, Focal Point/CCMSL
Dr. Nimal Edirisinghe	- Director / NSACP
Dr. S. Deniyage	- Director/ AMC
Mr. David Bridger	- UNAIDS Country Representative for Sri Lanka
Dr. F.R Mehta	- WHO Country Representative for Sri Lanka
Mr. Gamini Wanasekara	- The Family Planning Association
Dr. L. P. Chandradasa	- Sarvodaya
Ms. Swarna Kodagoda	- Alliance Lanka
Ms. Kaushalya Navaratne	- Sewa Lanka Foundation
Ms. Kusum Wasala	- Wason Foundation
Mr. D.A.D.N.C. Wimalaratne	- Rural & Community Development Association
Ms. W. Prasadika	- Central Chest Clinic
Ms. Sherin Rodrigo	- Lanka Plus

Observers :

Dr. Panduka Wijeratne	- TEDHA
Dr. S.L.G Jayasuriya	- IMPA
Mr. Channa Manoharan	- PWC- LFA
Ms. Gill Sviyer	- CCT-PWC-LFA
Ms. Nilakshi Fonseka	- PWC- LFA
Mr. Lalith Pieris	- PWC- LFA
Mr. Saman Kumara	- PWC – LFA
Mr. Saman Kalupahana	- Sarvodaya
Mr. Chanaka Walawwatte	- Programme Officer /CCMSL
Ms. Hirusha Alwis	- DEO/CCMSL

Excused:

Mr. Shirley Tissera	- Congress of Religions / CFPA (Vice Chairman/CCMSL)
Dr. P.G. Mahipala	- Addl. Secretary, Ministry of Health
Dr. AKSB De Alwis	- Director / NPTCCD
Dr. S. Gopalan	- World Bank
Dr. Chris Nonis	- Ceylon Chamber of Commerce
Dr. Moazzem Hossain	- UNICEF

Absent:

Dr. Ajith Mendis	- Ministry of Health
Prof. Carlo Fonseka	- University Grants Commission
Mr. S.K.D. Dassanayake	- Sri Lanka Red Cross Society
Dr. N. Punchihewa	- SLMA
Dr. G. Weerasinghe	- College of Venereologist
Dr. K. Buddhakorala	- College of Venereologist

Proceedings

Dr Mehta was elected as the preterm Chair of the meeting till the arrival of the Chairman CCMSL. Dr Abeyasinghe welcomed all the participants to the meeting.

2. Confirmation of the Minutes of 79th Meeting

Dr R. Abeyasinghe pointed out that the draft minutes circulated at the meeting were different from the draft electronic version circulated earlier as changes suggested by Mrs. Swarna Kodagoda, Dr Edirisinghe and Mr Shirley Tissera had been included. He therefore urged members to peruse the these draft minutes carefully. Dr. Lalith Chandradasa expressed the view that the draft minutes should not have been changed as per the comments received from members electronically. Dr. Abeyasinghe explained that as the members had suggested changes to accurately reflect the proceedings of the meeting and as the minutes were still in draft format there should be no issue in amending the draft minute to correctly reflect the proceedings of the meeting. Dr. Chandradasa however insisted that he was of the opinion that the circulated draft minute should not have been changed, and requested for his views to be minuted. Subsequently the members went through the current draft minutes circulated at the meeting and the draft minutes were proposed as being in order by Mrs Swarna Kodagoda and seconded by Mr David Bridger subject to the changes discussed.

3. Matters arising from the 79th minutes.**New Representative of Sewa Lanka Foundation**

Ms Kaushalya Navaratne handed a letter from Sewa Lanka Foundation nominating her as the new representative of Sewa Lanka Foundation on the CCMSL. CCMSL accept the nomination and Dr. Abeyasinghe on behalf of all CCMSL members appreciated the contributions of Mr. MIM Iqbal the former representative of Sewa Lanka to the CCMSL.

Dr Chandradasa said that at the last CCMSL meeting Dr Gopalan had requested that detailed information regarding suggested reprogramming including activity numbers and budgets be included in the minutes in addition to the website. Dr Abeyasinghe stated that this request has

already been addressed in the minutes of the previous meeting (78th meeting) which were approved by the membership. However Dr Chandradasa requested that his concerns regarding this issue be included in the minutes of the current meeting, as it related to financial matters of reprogramming activities. It was agreed that activities posted for reprogramming on the website be included in the formal minutes after approval by the CCMSL.

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4. GFATM Round 6 HIV component- Plantation Sector activities

Dr Chandradasa said that Sarvodaya has yet to make a final decision regarding being the PR for the round 9 HIV grant due to recent developments. He said that though Sarvodaya agreed at the last meeting to accept Alliance Lanka as a SR /SSR once it had settled all the back log with the PR1, in the light of the subsequent incidents (complaints to the Police), even if Sarvodaya becomes the PR following the on going negotiations with the GF, Sarvodaya was not in a position to manage Alliance Lanka as a SR.

Dr Abeyasinghe inquired who will then manage the plantation sector activities under round 6 and Dr Edirisinghe said that his 2nd option will be for NSACP to carry out the implementation.

Dr Abeyasinghe reminded that in Phase 1 it was Dr Edirisinghe who had said they cannot implement in the plantation sector through NSACP and had requested an NGO. Dr Edirisinghe explained that in 2008 the NSACP was prepared to implement the project in collaboration with the Plantation Trust as the PT has the experience and capacity to carry out health related interventions for plantation workers. However, there was political pressure on him to appoint various persons from the plantation area to the project who had no experience in carrying out HIV/AIDS interventions and also to use large amounts of project funds to launch the project ceremonially. It was due to this that he wanted to obtain the services of a SR to implement the plantation sector activities. The phase one of the project was implemented with the support of the medical officers in STD clinics in the relevant areas and with technical inputs from the consultants of the NSACP. In this background the NSACP is now in a position to implement the activities as the plantation sector workers are not a hard to reach group. Further he said that most of the activities which should have been completed during the phase one were not completed. When questioned the SR has always pointed out that PR was not releasing funds. The PR was not in a position to release funds as SR has failed to submit settlement requests on time with all the necessary documents. Progress of the other two components of the project was over 95% and there was no funding problem and the NSACP was able to achieve the targets for the 2 components (education and ART). Therefore he said that the NSACP is not in a position to continue with Alliance Lanka as their SR as they do not want to take the blame of future failure. Members had a wide discussion regarding this.

Dr Edirisinghe explained that with the experience gained during phase 1 implementation he was now confident that NSACP can implement the plantation sector activities in phase 2. Members had a wide discussion regarding this.

During the discussion Mrs Kodagoda said that it is pathetic to note that the Civil Society PR has changed its decision made at the last CCM to work with Round 6 SR under them and reminded that at the last CCM meeting a decision was taken to appoint an independent committee to look into the issues pertaining to PR/SR working relationships. A decision was however not taken at the last CCM with regard to who is going to implement round six SR activities.

Dr Mehta expressing his views in this regard, said that there is a conflict of interest within the CCMSL on this issue. Therefore he suggested that measures to mitigate the conflict of interest be implemented. He further said that as the CCMSL we must ensure that the ultimate objective which is service to the public is ensured. Accordingly the CCMSL decided to appoint a independent subcommittee to report on PR/SR issues pertaining to round 6 HIV grant. The following members were nominated to the subcommittee,

Mr. David Bridger (Chairman)

Dr. S. Deniyage,

Ms. Kaushalya Navaratne

Dr R R Abeyasinghe (as Focal Point, constitutional provision)

Page 6 Item 6. Selection of Sub Recipients- Round 9 PR2

Dr Abeyasinghe stated that a lot of communication had been exchanged between members following the last meeting regarding this matter. Dr Chandradasa said that comments received from Ms Swarna Kodagoda and Mr Shirley Tissera in this regard had been submitted to the selection committee who had been requested to re examine their previous decision. The selection committee has informed that there is no change to their original decision and a final report from the committee will be submitted to the CCMSL at the next meeting of the CCMSL.

Page 7 Item 8 b Fixing a date for Retreat

Mr David stated that following submission of the completed Application Form to GSM, the team may be here in early 2011.

4. Round 10 Proposals – Current Status

Dr Abeyasinghe stated that the TB proposal had been rated as a category 3 proposal by the TRP. Hence the proposal will need to be resubmitted in Round 11 after addressing the concerns of the TRP. He suggested that this be done following receipt of comments from the TRP/ GF Secretariat.

5. CCMSL Funding for 2011– Approval for the proposed budget.

Dr Abeyasinghe explained that as per the GFATM secretariat instructions it is necessary to submit the application for funding in 2011 before 31st December 2010. He further explained that the last funding application was submitted for March 2010 – February 2011, but that this needs to be brought in alignment with the calendar year and hence the need to apply at present. Mr. Chanaka Walawwatte, Programme Officer CCMSL presented the proposed budget which had already been circulated to the members. Then members discussed the proposed budget item wise.

Mr. David Bridger suggested that the proposed NGO and Private sector meetings should be under the constituency consultation category and this was done. Mrs. Kodagoda suggested to have allocation to Sinhala translation since there few members who have difficulty of understanding English language. Mr. David Bridger suggested conducting the meetings in Sinhala and any critical points can be translated into English by members. Dr Ravindra Ruberu, Chairman CCMSL suggested to explore the possibility of introducing auto translation facility. However members were of the opinion that this would be too costly. Dr. Abeyasinghe agreed to explore the costs of such a facility and also pointed out the need to carry out audio recordings of proceedings of all CCMSL meetings. The members agreed to this suggestion.

Dr Chandradasa said that there are 86 civil society organizations have been registered with them. Dr. Abeyasinghe explained that although the civil society representatives were supposed to provide a feed back to their constituency this was not happening to date. However following civil society constituency consultations carried out by the CCMSL Secretariat a total of 90 civil society organizations had now registered with the CCMSL secretariat. Dr Abeyasinghe stated that the secretariat will now ensure that all civil society organizations are kept informed regarding CCMSL & GFATM activities, irrespective of the information provided by individual civil society organizations. Dr. Chandradasa informed the CCMSL that as of late the civil society members of the CCM have being meeting immediately prior to the CCM meetings to discuss about the progress of the activities and the response to the papers that will be taken up at the CCM meeting. He also said that this forum is now opened up to all the members of 85 other organizations (NGOs) which meets once a month to look at how it is possible to broad base the representation at the CCM.

Dr. Lalith Chandradasa said he had several concerns regarding the functioning of the CCMSL and the GFATM activities being implemented in the country. Dr Lalith Chandradasa made the following concerns/allegations;

- a. He stated that at the beginning of the GF projects in Sri Lanka the CCM was housed in the building of the Ministry of Health and Nutrition where the then Hon. Minister of health imposed himself and chaired the CCM meetings. He however expressed concerns that the

CCMSL Secretariat was still housed in the Public Health Complex, a government building. He suggested that a separate office should be rented out to house the CCMSL Secretariat.

- b. In addition he expressed his concerns regarding Dr. Abeyasinghe functioning as the CCMSL Focal Point as he was the Project Director for the GFATM Project in the Ministry of Health. He stated that there is a clash of interest when the same person who is the CCM focal point is also the project director of a PR and was the previous acting Director of the malaria campaign. He however also said that Dr Abeyasinghe's name was originally proposed by him as the focal point of the CCMSL.
- c. Dr. Lalith Chandradasa said that the Management Letter regarding the Round 8 malaria grant addressed to Sarvodaya had been copied to all CCMSL members by Dr. Abeyasinghe, while the Management letters addressed to the MOH & TEDHA were shared with the members after much delay.
- d. Dr Lalith Chandradasa also said "that according to the Management Services Circular no 33 of 2007 Projects over USD 5.0 million has to have the approval of the Cabinet of Ministers and wanted a clarification as to whether it has been followed with regards to the GFATM projects."
- e. Dr. Lalith Chandradasa also wanted to "know whether the appointing procedures laid down in the circular was being adhered to in appointing personnel including Dr. Rabindra Abeyasinghe".
- f. Dr. Lalith Chandradasa also emphatically stated that large scale misappropriation of funds was occurring in the Ministry of Health GFATM Project due to PR 1 not following the laid down rules and procedures in some instances.
- g. In addition Dr. Lalith Chandradasa stated that there have been appointments made to the Ministry of Health contravening the open, transparent, competitive and documented procedures that was required by the GFATM, mainly to impress and curry favors from politicians including the Hon. Minister of Health.

Dr. Abeyasinghe replying to the concerns/issues raised by Dr. Chandradasa pointed out that the CCMSL secretariat is housed at the Public Health Complex at no cost to the CCMSL or the GFATM, as part of the Government commitment to facilitate implementation of GFATM funded activities. In fact the government does not even charge utility fees for housing the CCMSL secretariat. Shifting the CCMSL secretariat to an independent location would have unnecessary additional financial implications on the GFATM Secretariat and the CCMSL. He questioned the usefulness of such a move as there was unrestricted access to the CCMSL secretariat to all wishing to visit the secretariat.

Replying to allegations that the Management Letter addressed to Sarvodaya was circulated to CCMSL members, Dr Abeyasinghe stated that all management letters addressed to Principle Recipients (including the Ministry of Health & TEDHA) were shared with members of the CCMSL considering the collective oversight responsibility shared by CCMSL members. Dr. Abeyasinghe stated that facilitating proper oversight in such a manner should not be taken personally by an individual or organization (irrespective of their poor performance) as transparency was a requirement of the GFATM. Replying allegations that only the Sarvodaya letter was circulated early to CCMSL members Dr Abeyasinghe stated that the Sarvodaya letter was sent by the GF Secretariat on 20th November and circulated to members on 1st December, but the MOH & TEDHA letters received on 6th December from the GFATM secretariat were circulated to CCMSL members on 15th December. Accordingly Dr. Abeyasinghe pointed out that the sharing of management letters was done with CCMSL members 10 days after the receipt of the Sarvodaya letter and 9 days after the receipt of the MOH & TEDHA letters, which was earlier than the Sarvodaya letter was circulated as falsely alleged by Dr. Chandradasa. As regards to Dr. Abeyasinghe functioning as the CCMSL Focal Point, Dr. Abeyasinghe reminded Dr. Chandradasa that it was he who proposed the name of Dr. Abeyasinghe to act as the CCMSL Focal Point at the 55th meeting of the CCMSL on 20th November 2006. He suggested that the appointment of the Focal Point was a matter for the wider CCMSL to decide.

Replying to allegations that the Ministry of Health had not kept the Cabinet of Ministers informed regarding the GFATM grants, Dr Abeyasinghe stated that this was the responsibility of the Secretary to the Ministry (who is also the Chairman CCMSL) and the Hon. Minister of Health. Dr. Abeyasinghe stated that he was sure this would have been done accordingly by the Secretary & Hon. Minister.

Dr. Abeyasinghe also produced a copy of the Management Services Circular no. 33 dated 5th April 2007 according to which as per clause 2.2.5 (b) the Project Director will be appointed by the Secretary of the line ministry for grants up to 30 Million USD. Dr. Abeyasinghe pointed out the grants of the Ministry of Health do not yet total 30 Million USD and hence his appointment by the Secretary of the Ministry was in accordance with the Management Services Circular. The circular was shown to Dr. Lalith Chandradasa during the meeting.

The allegation that large scale misappropriation of funds was happening in the GFATM Project of the ministry was not substantiated by any specific details. Dr. Abeyasinghe pointed out that the Ministry grants were routinely audited by the Audits of the Ministry of Health, and the Auditors of the Auditor Generals Department. In addition the Inspector General of the GFATM had just concluded a country audit and no such misappropriations had been reported by all these three agencies or the Local Fund Agent. Therefore Dr. Abeyasinghe pointed out that Dr. Chandradasa allegation in question was an insult to the competence and professional integrity of all these

parties, including the Team from the OIG of the GFATM. Dr. Abeyasinghe therefore urged Dr. Chandradasa to provide evidence of such misappropriations to the Secretary Ministry of Health if available and to refrain from making unsubstantiated allegations in future if he cannot do so.

As regards to appointments to the GFATM Projects, Dr Abeyasinghe explained that all appointments are done through the calling of applications, and through duly appointed interview boards as per the government regulations. He also reminded that in the case of all appointments the respective Directors of Programmes or their nominees constituted the interview boards. The requisite documentation is available for perusal of interested individuals in the Human Resources Division of the GFATM Project.

Dr. Abeyasinghe also explained that certain technically qualified staff with special trainings had been reemployed in the GFATM Projects as there was no provision for training such staff in the existing grants (Public Health Laboratory Technicians, Public Health Inspectors etc. with special training in Malaria or Tuberculosis). Dr Abeyasinghe stressed that no political appointments were requested or carried out in the GFATM project in the Ministry. He urged Dr. Lalith Chandradasa to provide information available to him in this regard so that an independent inquiry and report on it could be facilitated.

Dr. Ravindra Ruberu, Chairman CCMSL suggested that these are serious allegations and that they should be discussed and resolved transparently.

Dr Mehta stated that this is was not a very healthy situation within the CCMSL and that the responsibility of the CCMSL, Government, Civil Society, BL/ML must be work together to improve services to the people of the country.

Following discussion on the CCMSL funding application the members decided to endorse the funding application. Subsequently Dr Abeyasinghe requested the members to endorse the funding application by signing the signature sheet. The members agreed to sign the endorsement.

Round 6 HIV Plantation Sector activities

Mrs. Swarna Kodagoda, Alliance Lanka requested that she be given an opportunity to make a statement. She said that she wanted Mr Shirley Tissera to take this matter up with the CCM as the a representative of the civil society constituency, but since he was absent, she herself decided to speak on behalf of the SR. She said that she was summoned to the Maradana Police Station on 6th December on the instructions of Dr Ediriisnghe and subsequently the Police had threatened to arrest her on 14th of December for not returning the vehicle used by AL for project activities, which was procured using Global Fund grant funds for Round six plantation sector activities. She was sad that a CCM member representing the civil society was taken to police in such a manner. Mrs

Kodagoda also thanked the Secretary Health for his intervention which led to her not being arrested by the police, paving way for her to be present at the CCM meeting.

She further said that she wanted to know what the MOH was going to do with regard to the funds yet to be released to Alliance Lanka as many suppliers and the Counselors have not been paid so far due to non availability of funds with the SR. The excuse given by the MOH was that funds were not available until the grants are signed. These activities were still under phase one and she questioned why the phase one funds are not available with the MOH. Ms Kodagoda wanted all the project related issues to be considered together as a whole and requested that the MOH should not only think of getting the vehicle back without making arrangements to release funds due to the SR and without planning on how to conduct the rest of the activities under phase one. She said that the vehicle can be returned. However, in the meantime the funds due to Alliance Lanka too should be released forthwith. Steps should also be taken to implement plantation sector activities in phase 1 that were not yet concluded due to non availability of funds with the SR. She explained that although AL had problems functioning as a SR to the government PR, the organization had achieved many of the targets and had obtained a B1 rating from the GFATM. Mrs. Kodagoda at this point shared with the CCM members, a document she had prepared including the main proceedings that took place in chronological order and a few challenges faced, with regard to the project, from the inception up to 14th December 2010, for their information.

In reply to this, Dr. Edirisinghe explained that at the CCM meeting held on 15.11.2010 it was decided to hand over the implementation of phase two of the plantation sector activities to the non government PR Sarvodaya. Therefore on the 16th November 2010 he requested Mrs. Kodagoda to return the vehicle given to them by the NSACP as this vehicle (PB 1902 WP) is registered in the name of the DGHS as a government vehicle. On the 26th November 2010 he again informed Mrs. Kodagoda that he will be compelled to take legal action in this regard as felt responsible as the officer who handed over the vehicle to Mrs. Kodagoda. Then on the 2nd of December he lodged a complaint at Maradana police station and sought their assistance to get the vehicle back. He had to take this course of action as he was a government administrator and it is an offence to allow an outsider to use a government vehicle without authority. Subsequently when he was on overseas leave the Maradana police had summoned Mrs. Kodagoda and the deputy director of the NSACP to the police station where Mrs. Kodagoda had agreed to return the vehicle within three days(as stated in writing in the police book). However as this was not done by Mrs. Kodagoda as agreed even after a week the police had wanted to arrest the vehicle and not Mrs. Kodagoda. Then the Secretary Health said that Mrs. Kodagoda came to him and said the police is going to arrest her and requested him to intervene. The Secretary had informed the police not to arrest Mrs. Kodagoda. Secretary Health further stressed that the vehicle should be handed over to the NASCP immediately. Dr. Abeyasinghe explained that as was requested at the meeting with Secretary Ministry of Health he had already issued a letter to Alliance Lanka guaranteeing that the Ministry

will reimburse all expenditure borne by AL no sooner funds are received from the GFATM for the HIV grant. Finally Mrs. Kodagoda said that if CCMSL agreed she will return the vehicle.

6. Appointing of disease specific subcommittees (for HIV,TB ,Malaria) for CCMSL

Dr Abeyasinghe stated that as discussed at last meeting and as suggested in the CCMSL Governance Manual it was necessary to appoint the above subcommittees. The TOR for each committee has been developed and shared with the members. Accordingly Dr Mehta suggested the following criteria for appointment of disease specific subcommittees;

- Each committee to be composed of five or six members who are experts in different aspects of the disease
- Each committee to be chaired by a CCMSL member with experience in disease control but should not be the programme manager for the disease or a representative of ML/BL organizations.

Accordingly the CCMSL following discussion decided to appoint the following disease specific subcommittees;

1. HIV Disease specific Sub Committee

Dr. P.G. Mahipala – Chair

Dr. G. Weerasinghe

Dr. K. Buddhakorala

Mr. David Bridger

Mr. Gamini Wanasekara

Dr. H. Yakandawala

Dr Janaki Vidanapathirana

2. Malaria Disease specific Sub Committee

Dr Sunil De Alwis* Chair

Prof. Nadeera Karunaweera

Prof. Rajitha Wickramasinghe

Dr Gawri Galappaththy

Prof. Wimal Abeyawickrama

Dr Kamini Mendis

Dr Supriya Warusawithana

* Dr. Vinya Ariyaratne's name was proposed as Chair, by Dr Chandradasa stating that Dr. Vinya Ariyaratne was a member of the CCMSL. Dr. Abeyasinghe pointed out that Dr. Ariyaratne is not a member of the CCMSL. However Dr. Chandradasa insisted that Dr. Ariyaratne is the CCMSL member from Sarvodaya and that he Dr. Chandradasa is only Dr. Ariyaratne's alternative. However perusal of records at the CCMSL Secretariat later confirmed that the CCMSL member

from Sarvodaya vide their letter dated 7th July 2006 was Dr. Lalith Chandradasa and not Dr. Ariyaratne as claimed by Dr. Chandradasa. Accordingly it was decided to omit Dr Ariyaratne's name as Chair of this subcommittee).

3. TB Disease specific Sub Committee

Dr. Kapila Suriyaarachchi –Chair

Dr. R.M.D. Medagedara

Dr. Bandu Gunasena

Dr. Amitha Fernando

Dr. Sudath Samaraweera

Dr. Chandra Sarukkali

Dr. Rabindra Abeyasinghe

Dr Abeyasinghe said that subcommittees for Finance and HSS will be appointed following the development and adoption of Terms of Reference for these subcommittees.

7. Management Letters sent by GF Secretariat

Dr Lalith Chandradasa said that the Sarvodaya feeling is that certain factors raised by the LFA has been taken out of context by the GFATM Secretariat in drafting the management letter. He said that Sarvodaya will be replying officially to the management letter and that the reply will be shared with CCMSL members.

Dr Abeyasinghe also raised the issue that the overall ratings of both MoH & TEDHA had been downgraded by the Secretariat following initial higher ratings with no clear reasons attributed to this downgrading by the secretariat. The CCMSL membership following discussion requested that the CCMSL memberships concern regarding this be conveyed officially to the FPM and Team Leader.

8. Fixing Dates for

a) Private Sector Meeting

Dr Abeyasinghe said that it is planned to have private sector constituency meeting in January following discussions with the private sector representatives. He explained that the programme will be as similar to the one conducted for civil society in November.

b) Training programmes for CCMSL members, PRs and SRs

It was decided to discuss this in the presence of Vice Chair who will be organizing this activity on behalf of the CCMSL.

9. Reprogramming of Funds.

Dr Abeyasinghe stated that programme managers had requested the reprogramming of several activities without impacting on the achievement of agreed targets. Accordingly the reprogramming of activities tabled below has been approved.

TB Component-Round 06-Phase 11 (1 USD –Rs 113)

Activity No. & Description in the Work plan	New Activity No. & Description to be implemented	Amount (USD)
1.4.14.7 Programme Assistants monthly payments	Training on basic computer applications and statistical applications to officers attaches to DCCs.	3,978.18
4.11.6.1 Production of brochures	Production of a digital banner and annual fellowship	141.59
1.2.3 Procurement of second line drugs from GLC	Procurement of 02 no's of tissue processors to the NRL.	10,619.47
1.5.8 Supplementary maintenance/fuel costs for vehicles		11,415.93
4.11.6.5 Development of Communication Strategic plan	Procurement of Capnographs (02 no's) to the chest hospital Welisara	7,743.36
1.4.13 External technical assistance	Procurement of 02 no's of Rotary Microtomes	12,035.75
1.1.2 Procurement of reagents and other items needed for microscopy and culture facilities		7,787.61
5.13.1 Maintenance and the updating the software package		2,920.00
1.4.7 Training of DOT Providers at district level	Procurement of furniture to DCC/Polonnaruwa	1,499.87
1.4.6 Training of nurses and PHIs attached to DCCs	Conducting a training programme on practicing of TB formats to the officers attached to the DCCs	391.59
5.13.5 Bi-monthly review meetings at central level with DTCOs	Production of posters	345.13
5.13.4 half yearly review meetings at district level		2,654.87
5.13.7 Quarterly review meetings at central level with other stakeholders		787.61
5.13.6 Half-yearly evaluation meetings with PHIs		283.19
5.14 Programme Management		106.19
1.1.4 Strengthening culture and drug sensitivity testing	Printing of TB suspected registers	1,573.41
5.13.10 Introduction of an Information System at Private Hospitals DOTS centers	Production of leaflets	1,149.73
5.13.12 Factors associated with delayed sputum conversion	Study on detection of non Tb micro bacterium (NTM) by using microbiological and molecular typing methods.	4,978.76
1.4.6 Training of nurses and PHIs attached to DCCs	Foreign mission on preparation of inflectional control plan in Sri Lanka	378.54
1.3.4 Updating the National Manual	procurement of LCD screens	5,193.63
1.5.13 Strengthening of TB control activities among IDP's.	Procurement of automatic film processor to prison hospital/Welikada	3,628.32
1.5.9 Improving communication between central and district level	Conducting annual laboratory	2,464.82
		82,077.55

Malaria Component Round 8

Activity No. & Description in the Work plan	New Activity No. & Description to be implemented	Amount (Rs)
1.7.4. Conducting Malaria mobile clinics	Conducting Malaria mobile clinics among forces in Thunukkai Army camp	660,000
1.9.5. Entomological teams carrying out 14 additional entomological days	Recruitment of 1 no Cross checking Lab - PHLT	560,000
1.9.5. Entomological teams carrying out 14 additional entomological days	Recruitment of 1 no PCR lab Research Assistant	672,000
1.9.5. Carrying out Entomological surveillance	Monthly review of vector control activities for 12 months	480,000
1.9.5. Carrying out Entomological surveillance	Purchase of 100 numbers hand spray machines	790,000
2.3.14 Purchase of computers and accessories	Purchase of 3 computers, 4 numbers of UPS	300,000
		3,462,000

10. Other matters

- **Requests from TEDHA**

Dr Abeyasinghe tabled a letter from TEDHA regarding problems in conducting field surveillance activities in Trincomalee district and AMCs Entomological Resource persons. Dr. Sarath Deniyage, Director AMC agreed to address these issues and resolve them.

- **CCMSL Field Visit -Travel cost for members and secretariat staff**

Dr Abeyasinghe stated that as per the GF requirements CCMSL has carried out a field visits to Mannar district. He said that as per the approved budget there was provision to pay an equivalent of 30 USD per day for each CCMSL member participating in the field visit for up to ten members. However as only 4 CCMSL members had participated in the field visit he requested permission for payment of this amount to the CCMSL Programme Officer who also participated in the field visit. The members agreed to this request.

11. The Next CCM meeting

The date for the next meeting will be notified to the members in due course.



Dr R.R. Abeyasinghe
Focal Point/CCMSL
01.06.2011

Dr Rabindra R. Abeyasinghe
Focal Point
Country Coordinating Mechanism
Sri Lanka