

Minutes of the 96th Meeting of the Country Coordinating Mechanism, Sri Lanka held on 8th October 2013, at 2.30 pm, at the Conference Room of the Anti Malaria Campaign, Public Health Complex, 555/5, Elvitigala Mawatha, Colombo 05.

Present:

Members.

Dr. Palitha Abeykoon	- AIDS Foundation of Lanka (Vice Chairman/CCMSL)
Dr. P.G. Mahipala	- Director General of Health, Ministry of Health
Dr. Sisira Liyanage	- Director / NSACP
Dr. K.N.G. Seneviratna	- Director / NPTCCD
Mrs. Chandrika Senanayake	- Ministry of Finance & Planning
Mr Shirley Tissera	- Congress of Religions
Dr. Dayanath Ranathunga	- UNAIDS
Prof. Sanath Lamabadusuriya	- Sri Lanka Medical Association
Ms. Swarna Kodagoda	- Alliance Lanka
Mrs Thushara Agus	- Family Planning Association
Mr. H.A Lakshman	- CSDF
Mr. D.A.D.N.C. Wimalaratne	- Rural & Community Development Association
Mr. Chamika Rasintha De Silva	- KAP
Ms. Priyanthi Kumari	- PLDW

Alternate Members.

Dr.Sudath Samaraweera	- NPTCCD
Dr. Deepika Atigala	- UNICEF

Observers.

Ms. Sylwia Murray	- Global Fund
Dr. Pandu Wijerathna	- TEDHA
Dr. Buddika Hapuarachchi	- Sarvodaya
Mr. Channa Manoharan	- LFA
Mr. Saman Algoda	- Sarvodaya
Mr. Saman Kumara	- LFA
Mr. Asitha Mallikarachchi	- LFA
Mr. Sathiesh Kumar	- FM/GF/MoH
Dr. A.D. Ranaweera	- AMC

CCMSL Secretariat.

Dr. S. Yoganathan	- Focal Point CCMSL
Mr. Chanaka Walawwatte	- Programme Officer /CCMSL
Ms. Hirusha Alwis	- DEO/CCMSL

Excused:

Dr. Y.D. Nihal Jayathilaka	- Chair /CCMSL (S/H, Ministry of Health)
Dr. F.R Mehta	- WR WHO
Mrs. Muriel Nilaweera	- Women in Action
Dr. Indira Hettiarachchi	- ILO
Dr. S.E. Majeed	- UNICEF

Absent:

Dr. Sarath Amunugama	- Ministry of Health
Ms. Renuka Pieris	- Ministry of Education
Dr. N.C. Amarasinghe	- Ministry of Labour and Labour Relations
Mr. Pubudu Sumanasekara	- Alcohol & Drug Information Centre

Proceedings:

The meeting started at 2.30 pm chaired by Dr. Palitha Abeykoon, Vice Chair / CCM Sri Lanka as the Chairman has informed that he will be getting late, and he welcomed all the participants and the observers.

Before starting the regular meeting Vice Chair shared the sad news that Dr. Sarath Deniyage, Former Director AMC passed away 4 days back quite suddenly but peacefully and the funeral was held on the previous day and requested the members to observe 1 minute silence as a mark of respect to Dr. Sarath Deniyage. He also requested Focal Point to write a note to the family on behalf of the CCM conveying our condolences and the sentiments of the members.

1. Excuses: Dr. Palitha Abeykoon mentioned the names of the excuses received.

2. Confirmation of the Minutes of 95th Meeting held on 29th August 2013

The Minutes of the last meeting, 95th meeting held on 29th August 2013, which was circulated to the members were taken up for adoption and adopted as the correct record with the following correction.

- i. In Page 09**, the last Para “At this time Dr. Pandu Wijeratne from TEDHA PR3 informed that they are in the final review of the Malaria Round 8 and they are having lots of issues with staff leaving and with the Grant closure work.” This should be corrected as “At this time Dr. Pandu Wijeratne from TEDHA – **PR 2 for Malaria informed that they are in the final year** of the Malaria Round 8 and they are having lots of issues with staff leaving and with the Grant closure work.”
- ii. In page 10**, under the heading ‘**Nominations for the Disease specific subcommittee**’, “At this time Dr. Deniyage nominated two new names for the Malaria Disease Specific Technical Subcommittee” should be corrected as “Dr. Deniyage nominated **three names including Dr. Pandu Wijeratne with two new names** for the Malaria Disease Specific Technical Subcommittee”.
- iii. In page 11**, under the heading ‘**Suggestions of Vice Chair**’: There are 2 issues, 1st they are trying show that they are normal people only in MSM group it is normal, it is not an issue,” it should corrected as “ There are 2 issues, 1st **the people of MSM group are normal people**, it is not an issue,”
- iv. In page 11, 1st Ms Swarna Kotagoda** wanted some correction, she wanted it instead of “Mrs. Swarna Kodagoda suggested when they were working with drug users, and sex workers, before doing the project before going to the field, they have to go to the Divisional Secretary office, and educate the officers there, about the project and the activities which will be done and then they will give their full support, specially on the day they have their office meeting with other department staff but they didn't spent much funds just gave the snacks for DS office meeting” she wanted it to be “Mrs Swarna Kodagoda described her experiences working with drug users and sex workers saying that Alliance Lanka used to educate important stakeholders in the project locations before a project commenced its implementation by working in close association with the Divisional Secretariat office in the area to mitigate possible threats to project delivery. These meetings are attended by all stakeholders in the area including Grama niladhari, Health Officials, Police, Prison officials, Civil Society leaders etc. and it is easier to obtain support from many officials and leaders in the area during project implementation. It is also cheaper for the NGOs to use these meetings, which are organized by the DS office”. This correction was requested through email by Ms Swarna.

The amended minutes were adopted as being in order- proposed by Ms Thushara Agus and seconded by Ms. Swarna Kodagoda.

3. Matters arising from the Minutes:

Page 2. – 6.4: Releasing of Three Wheeler.

Ms. Thushara Agus stated referring to the payment for the people living with HIV also commenced retrospective from the date of the project commencement, technically on paper the project commenced from 1st of January but the implementation of activities is from 1st June when money was released and she wanted the word “from the date of the project activities commencement “to be included.

Page 3: 4.1 Oversight minutes Item 3.1 working hours of focal Point CCM.

Dr. Palitha Abeykoon queried whether found a space for work for the focal point. Mr Tissera reminded that Dr. Sarath Amunugama promised to solve that issue. However it was not discussed further since Dr. Amunugama was not available at the meeting.

Page 3: 4.2. Fixed asset inspection- COJ

Dr. Yoganathan explained the current situation and members discussed about that. Dr. Mahipala mentioned that as these items are not the assets of CCM, and belong to Regional Budget it is not a role of the CCM Sri Lanka and CCM Sri Lanka need not take any responsibility on that but if possible to facilitate.

Mr. Tissera raised a query since the selection of SR has to be done by UNDP, won't it be the responsibility of the UNDP to take over and store the items until the new SR is selected because of the storage cost.

Dr. Ranatunga explained that as this a GF matter and they have requested the CCM for a help as a support and we can have an in-depth understanding when Mr. Edmond visit Sri Lanka.

Dr. Abeykoon further explained on the matter that when PSI Nepal made the request for a help the CCM Staff had done some initial work such as inspecting the assets in the ware house and reported to the UNDP through CCM Sri Lanka.

At this time Ms Thushara explained as there are 2 issues and one is appointment of a SR and the other one is taking over of the assets and let the UNDP and SR to sort out the issue since we don't have budget to pay storage facility till the end of the process. She further mentioned that CCM can support the selection of new SR and they should find the budget line to pay the storage etc.

Members agreed to facilitate when possible.

At this time Dr. Yoganathan tabled an email letter from PSI Nepal requesting to take over of a laptop which was used by Dr. Lasantha Kodithuwakku who was the former SR of Diva project. She explained that she was requested to take over the laptop as a help and she further said that it does not need a big storage facility to keep a laptop. Dr. Palitha Abeykoon explained that this is out of our TOR directly and let the two parties to sort it out but it is part of the GF activity.

Page 5: 5. HIV reprogramming request

Dr. Yoganathan stated that it is not necessary to discuss at the CCM Meeting since that is not exceeding 5000 USD which is the ceiling and it was informed by Ms. Sylwia by email that this request can be submitted directly with PU and no need to discuss at the CCM meeting.

Page 8: 8. Interim Application for TB under NFM

Dr. Sudath Samaraweera explained about the available fund under NFM which is about 3 Million USD which we can use from 2014 till 2016 and he also said that they are planning to use it.

Page 9: 9a Letter from PD/GFATM

Dr. Abeykoon informed the members that after the resignation of Dr. Wijekoon, Dr. S. Samaraweera has temporarily taken over the responsibility of the GFATM Project as acting Project Director.

At this time Dr. Yoganathan pointed out about Dr. Amunugama's request about training some volunteers as Microscopic Assistants which was in the minute and wanted to know about the number included in the PUDR. of HSS project under training activity for all three diseases for record purpose. However Dr. Mahipala clearly stated that the Health Ministry has not taken any policy decision to train any Microscopic Assistants because it will be a trade union issue but if they want to recruit any TB assistants they can do so and he didn't want to discuss these issues at the CCM Meetings.

Agenda Item

4. Feedback from last Oversight Committee Meeting

Mr. Tissera, Vice Chair, Oversight Committee presented the summary and the recommendations of the Oversight Committee meeting held on 4th October 2013.

He mentioned that as usual the meeting was started with the presentation of PRs and the Presentation was done by Dr. Asitha Punchihewa who represented FPA – PR2 for HIV on the progress made. Oversight Committee's observation was that progress was not satisfactory and LFA commented that they need some time to show the progress as there is a delay in starting the project. He also informed the Oversight Committee later decided to wait until January 2014 to see the improvements.

He also informed about the Sarvodaya LLIN issue, when it was taken up the Chairman informed the Oversight Committee that the Ministry had setup an independent committee to investigate into the allegations and all parties will be given equal chance make their representation including Sarvodaya.

Mr. Tissera also pointed out that it was clearly stressed to the PRs that the Oversight Committee is not a place to watch dog or finding fault with people but to help and guide them and make sure the things are on the correct tract and also the PRs were requested to make one presentations per meeting. TEDHA and FPA both have already made the presentation and Sarvodaya was asked to make the presentation at the next Oversight meeting.

Dr. Abeykoon also positively commented by adding that they wanted to make sure the projects to move well and that to achieve the outcome that are expected by the projects not only the Oversight Committee but the whole CCM needs to can help.

At this juncture Dr. Pandu Wijeratne expressed his views about the New Malaria proposal and he mentioned the importance about the new proposal from the CCM point of view and he further said that it should be ready by now without any delay and the TWG should meet and it has to be a solid proposal and it should be prepared with the involvement of all experts and at present TEDHA is not aware of what is happening and Sarvodaya also brought this matter up and their concern.

Dr. Mahipala explained that the appointment of the Technical Working Group and preparation of the National Strategic Plan is not a CCM matter, and it is a Health Ministry administrative process but linked with the CCM activities. So MoH has appointed a Technical Working Group to come out with a strategic plan for the next 5 years and that committee is chaired by Prof Kamini Mendis and members with some other Professors and experts in this particular subject area. They have already started the work and they will come out with a 5 year Strategic plan and once the plan is finalized there will be a stakeholder meeting probably with all the PRs, and then CCM have to follow it up with the proposal to the GF with the help of Ms. Sylwia. He also said that they have given 2 months period to come out with a Draft proposal which will be discussed in a wider forum to share the others experience as well so once it is done we will finalize it and everybody will be given a copy of the next 5 year Strategic Plan and then CCM can come out with the proposal to the GF.

5. Reprogramming -Malaria Grant.

Description in the Original Work Plan		Description to be implemented		
Activity No.	Description	Activity No.	Description	Amount (USD)
1.3.4.	Savings from activity -Salary for 135 labourers for vector control	Not available (New activity)	Research project titled "Defining Parasite Genetics : A Necessity to Prevent Re-emergence of malaria in Sri Lanka"	50,000
1.1.2	Savings from activity -Two regional-level consultative workshops per year for inter -sectoral partnerships with the participation of technical staff of AMC, all RMOO, NGO, Authorities from Agriculture, Irrigation, Fisheries, Gem mining, Mahaweli, etc. departments(Training plan)	1.1.3	Awareness programmes for doctors	15000

Dr. Palitha Abeykoon tabled a Malaria reprogramming request which was circulated earlier for the perusal of the members. He informed the members that in addition to that one additional activity has been included in the reprogramming request. It was received by him during the meeting which involves 15,000 US\$ which was a saving from 1.1.2.

Dr. Devanee CCP from the AMC explained the need of the request and Dr. Mahipala further explained the requirement. In summary she said that since October 2012 Sri Lanka didn't have any new indigenous Malaria cases, and have started the WHO Certification process to get it by 2016. Sri Lanka targeted the rate for elimination by 2014 but which we have already reached. Now Sri Lanka has to do genetic branding to clarify the cases whether they are really indigenous or imported for which these genetic markers are necessary. Also there is a wide spread of ACT resistance Falciparum Malaria cases. For these two reasons we need to have these genetic markers. The numbers of imported cases are on increase and the fact that the Anopheles Vector is in the country and many people are coming from the countries where Malaria is prevalent and when considering these factors establishment of Genetic Bank is essential and we have to get the external expertise as well. To establish and handle the genetic bank the capacity of the AMC staff in terms of the knowledge and skills and the facilities have to be improved.

The second one is the education of our clinicians and with the reduction of the case load the clinician have forgotten the disease and it is important to raise the awareness of the clinician specially now we are in the process of revising our guidelines of management. Initially this awareness programme was planned to be done by the AMC staff but with the advice of our Technical Support Group it was decided to give this activity to be handled by a more Technically Expert people. Also there is a demand from the clinicians. So to hire the external experts we need additional money and the allocated money is adequate for half of the programme and for the rest we need this reprogramme.

To enlighten the members Dr. Mahipala also added by saying that we have to revitalize the elimination programme because it was planned in such a way that there will be indigenous cases and the programme was focused on that. We didn't plan much for Malaria cases coming from other countries and now our main issue is that. So we have to identify whether these cases are indigenous or imported and enlighten the medical professionals and Malaria is no longer considered as a differential diagnosis for fever and we have to make them to think as a differential diagnosis. To do that we have to have these two specific important activities in place for the malaria elimination programme and it is also in line with the recommendation of the WHO expert committee. Even WHO and GF have considered this as a naval programme because none of the other countries are undergone this set of issues which we are now facing and they are new set of issues. The experience of Sri Lanka can be taken as an example for the other countries to setup the elimination programme. We need the approval of the CCM to be forwarded to GF.

Vice Chair explained this in Sinhala to the benefit of the members who can't understand English. After considering justifications members approved the request to forward request to the GF for approval.

6. Presentations and Observations by Ms Sylwia Murray

6.1. Observations:

Ms Sylwia explained the objectives of the visit to SL. She mentioned that she came with a procurement expert and an M&E expert but the programme officer got sick and couldn't continue the trip and due to ill health she also couldn't make the field visits to Jaffna. However she will go to Galle and it will give some opportunity to see the implementation of HIV programme activities especially by FPA at Galle.

Ms Sylwia presented a slide which was showing the current issues she had identified after the meetings with the PRs before the presentation of the NFM to make the members aware of the issues.

6.1.1. Malaria:

- She pointed out that the AMC is operating without a Director or Deputy Director and she said that she got assurance from Dr. Mahipala that it will be sorted out soon. She expressed that the country has a tremendous achievement in Malaria control so she congratulated for that. She also pointed out that Sri Lanka had not reported any Malaria case since October 2012. Therefore Sri Lanka has to ensure the momentum is kept and there is a leadership is to ensure that you are towards elimination of Malaria from the country.
- Ms. Sylwia congratulated for setting up the Technical Working Group which is an excellent initiative and she mentioned that she had already met Prof Kamini Mendis with another member and they have already put the TOR together and they are concerned about elimination of malaria and help the programme and the country. She also said that she understand that they will be responsible for revising National Strategic Plan (NSP) and revision of National M&E Plan which is relatively urgent with the New Funding Model and the key basis to apply further.
- Ms Sylwia said that there are 127,000 LLINs have to be disbursed and funds are available under the Sarvodaya grant agreement, but to do so there is a condition precedent in the Grant agreement that they have to provide all the necessary information but so far she has not received it. She also expressed that the country does not need the bed net but if do the possibility is that and can make the request. Now nobody knows that how the number 127,000 derived but now you need to do an analysis and come out with the exact number of bed nets you need to provide and the budget can be arranged but we have money for 127,000 bed nets.

6.1.2. TB:

Ms Sylwia mentioned that 3 Million USD immediately available under NFM interim application. She said that there was a very fruitful meeting held in Bangkok organized by WHO SEARO, Dr. Sudath and Dr Gamini were there and have made some progress towards NFM interim application. She explained how to apply the interim application and stressed the need of the covering letter providing the rationale for the application where particular questions need to be addressed. She also informed that she will be working on it with Dr. Sudath about the budget, work plan, performance frame work and PSM Plan.

She welcomed the GLC Mission which is a good initiative and the organisation of the mission was accelerated and she had a meeting with them and there are some recommendations of this GLC Mission. She got the Draft recommendation and the full final report will be shared with the CCM also.

6.1.3. HIV:

- **Observation about the STD Clinic:** Ms. Sylwia explained about certain recommendations came from her observation following a field visit of STD clinic at Galle and speaking with the Most at Risk Population. She mentioned certain concerns; STD clinics staffs are not working friendly with MARPs. Some of them are afraid or reluctant to go to the STD clinics because they are not treated appropriately and looked down on them because they are sex workers or they are MSM because they are transgender. They saw there are lot of Driven by doctors themselves. Everybody was extremely positive about one particular doctor, and also she mentioned that almost all wanted to go to consult the same particular doctor, but not the other doctors. She expressed her view as she hope NSACP will consider to ensure that the doctors have adequate training and adequate open mind set and they are able to work with the MARP and they are enabling the environment so that the MARP are not afraid to go for testing and consultations.
- **SR working under FPA** – Ms. Sylwia said although the progress update doesn't show results they are extremely engaged in the ground and they are very positive, they all knew what they have to achieve and what are their targets, extremely knowledgeable, committed and she thanked FPA for organising the visit and letting them interact with the MARP but they were putting them at risk because they were creating some kind of guttering in the hot spots, and it is little bit disturbing. But she said it is a very good experience to interact with them.
- The STD clinics are coming directly under the NSACP and Ministry of Health, and the law enforcement officers and the related issues also need to address more by focusing on awareness, and it is much harder and beyond the Ministry of Health but by working closely with Ministry of Justice. But at the STD clinics all aware of the issues that there are stigma, lot of discrimination, violence, that something that can be addressed but difficult. It has to be done indirectly and gently. Dr. Mahipala was concerned about her remarks and he said about 2-3 years back it was better but may be the earlier staff changed now with the transfer of new staff it may have changed but he said he will look into that.

Ms. Sylwia further commented that some kind of refresh programme may be necessary. Dr. S. Liyanage Director NSACP made a comment that they have already started some regular programmes and even on the previous day they had one programme.

Ms.Sylwia also said as HIV programme is the most difficult programme it need some strong leadership and commitment from the HIV programme.

She added and wanted to show from the website that when Luice Dep. Director of UNAIDS was in Sri Lanka and met the President of Sri Lanka, the President of Sri Lanka has confirmed the country's commitment by saying that "Sri Lanka is fully committed to help and to be a champion in HIV / AIDS response, it is time act and we welcome your effort to support communities and people living with HIV", it is a good thing the country has the commitment from the highest level and we have to build on that may be by creating general awareness.

Dr. Mahipala gave examples about the different orders given by the Judges and how it was brought to normal by having discussions with Judges, Justice Ministry and Judicial Service Commission and enlighten them about the programmes and getting their support and he further stressed that we have to restart the same programme again.

- **OST Expansion Plan ATR expansion plan:** She said that after the discussion they had the previous day with the programme director and other staff of NSACP she understand that they will not go for OST Expansion Plan. This OST expansion plan was proposed and included by CCM Sri Lanka in the proposal and it is included in the grant agreement and included a significant amount of funds. Now in the

programme they are supposed to do the pilot, if this is not going to be implemented it is will be a problem and she wanted that to be discussed at the CCM and the Oversight Committee Meeting.

Dr. Mahipala responded by saying ART Expansion is one of the objective of the GF, and any document coming from GF about the management of ART we are accepting that but the issue is with the methadone, because we have had several discussions with the other stake holders and some concerns were raised by very senior people and we have to streamline these things. Certain things which are not used in other countries we can't directly implement it here and we need some changing in that. ART expansion we are 100% for it but Methadone we need little time to come out with our decision.

6.1.4. HSS Grant:

She said that she noticed some delay in tendering and awarding of contracts even with the no cost extension which ended last month. She pointed out that we need to urgently start the grant negotiation process and we need to have a full time Director for GFATM to additional support to Dr. Iffthikar and to oversee all the programmes and to ensure the progress is in place.

Ms Sylwia expressed that in overall all the programmes are doing very well, there is a tremendous achievement especially in Malaria Elimination and improvement in the performance in all programmes.

At this time Dr. Dayanatha Ranathunga made a request to include **National Dangerous Drug Control Board (NDDCB)** which is a Government Body having better understanding about the drug user pattern in Sri Lanka and they have made a request for the possibility to include them as a member if not possible at least as an observer. They have formed an interim group with some experts and they have some technical expert knowledge to support us in the HIV prevention programme, and can contribute.

Dr. Mahipala explained that there is no reason why they should participate as observer and they can work with STD/HIV program.

At this time Dr. Liyanage responded saying that he is already going for their meetings and they are strongly opposing the implementation of OST programme and in other programmes they want to rehabilitate them. Ms. Thushara also added by saying that she is attending the strategic meeting as member and they also a member and they are strongly against to OST programme even on a pilot project.

Dr. Mahipala further added saying that they are already working HIV/AID control programme and one senior officer from Ministry of Health is there in the board as well, but they don't have to come to CCM as member or observer. There is one group supporting and another group opposing the OST programme; both have lot of supporting evidence from other countries, and we are in between and we have the fear that even if we start as a pilot project people might get used to it and we will get the blame. That is why the delay is, we have to have discussion and come to a conclusion before implementation.

Ms. Thushara said the size estimation of IV drug users is only 126 and the number is small, but it is not that they are not important but whether to create a seat for them is a question.

Mr. Chamika Rasintha de Silva replied to a question raised about the strength of the injectable opioid that the drug users are feeling that whatever they are getting as injections are already mixed with some chemicals or impurities which is dangerous and they are scared to use it and also in terms of potency the drug available in Sri Lankan market is high.

Dr. Deepika Atigala from UNICEF mentioned that there are about 75 to 76 HIV + ve babies who are born to HIV +ve mothers who were missed during the screening and given birth. Tomorrow NSACP and Family Health Bureau jointly launching an advocacy meeting chaired by DGHS to initiate a dialog for a universal screening for HIV for the pregnant mothers, and she wanted to explore the possibility of getting any funding to strengthen this programme.

Dr. Liyanage replied that WHO will fund in 2013 and WB will be funding that expenditure from 2014 to cover 300,000 pregnancies and deliveries.

Dr. Mahipala further explained that we are already spending on logistics for STD screening and we need the funding for the test kits, counselling, getting the consent, Media Campaign and sponsoring etc.

Dr. Deepika further said even though our numbers are few now we are looking at quality survival and prevention and for that we have to give the services.

Ms. Sylwia also said that she can remember the doctor at Galle clinic said they need only the test kit and they can do the testing for HIV also, so definitely the country can take forward to take the full coverage.

At this time Dr. Mahipala made an appreciation to Ms. Sylwia. He said that she become a part of our CCM and the Health Ministry as well and she is doing lot of work for us and after she took over the things are streamlined and issues are sorted out. He also said that as Dr. Palitha Abeykoon mentioned at the beginning of this meeting she has participated three consecutive meetings and he thanked Ms. Sylwia for the feedback on behalf of the CCM and the Ministry of Health.

At this juncture Mr. Tissera said and requested the acceptance of the CCM that there will be a presentation on Global fund activities in the forthcoming CHOGM peoples meeting at Hikkaduwa, Galle and members agreed. This was translated in Sinhala to the benefit of all the members by Dr. Abeykoon.

6.2. NFM Presentation by Ms. Sylwia: Ms. Sylwia made the presentation on New Funding Model and the briefed the time line of the current grants and explained the future activities in the NFM. She stressed again to revise the NSPs in order to ensure the funding availability with NFM (full Presentation attached)

6.3. Pilot Project for KAP & PLWD: Ms. Sylwia also explained about the pilot project which is for KAP and PLWD under New Funding Model. She wanted the representatives of the civil society to fully involve and wanted the Key document to be translated so that they can fully understand the process. She also said that they will provide the Oversight support and Technical assistance and suggested some names of the Regional NGOs because they have the experience, capacity and knowledge to work with the civil society and this was translated by Ms. Thushara in Sinhala. Ms. Sylwia further said if they are not happy with this list of names they can consider some other organisation they can inform her and she will do the need full. Members discussed about that and mentioned when they bring someone from outside Sri Lanka they have the language problem to understand. Ms. Sylwia also explained that only 9 countries were selected for this pilot project and Sri Lanka is one of that and GF also wanted to know the feasibility of the project and this was translated in Sinhala by Ms. Thushara. Dr. Palitha Abeykoon pointed out that although we get the technical support from abroad finally at the end of it we need to be much stronger and develop our capacity and need not get the outside support all the time. Ms. Swarna Kodagoda shared her previous experience in a similar work and agreed to help as Ms. Sylwia and the members made the request.

7. Any other Matters.

Dr. Abeykoon read out the letter informing the change of the person representing the Ministry of Finance and Planning. Mrs. Chandrika Senanayake, Director as the new member/CCMSL and Mrs. Disna Niharepola as the Alternate Member for the CCM Sri Lanka. Members accepted the replacement.

8. Date for Next meeting – 10th December 2013


Dr. S. Yoganathan
Focal Point/CCM Sri Lanka