

Minutes of the 94th Meeting of the Country Coordinating Mechanism, Sri Lanka held on 11th June 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. S. Deniyage	- Director/ AMC
Ms. Renuka Pieris	- Ministry of Education
Mr Shirley Tissera	- Congress of Religions
Dr. Indira Hettiarachchi	- ILO
Mr. S.E. Majeed	- UNICEF
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

Alternate Members.

Dr. K Buddhakorala	- NSACP
Dr Sudath Samaraweera	- NPTCCD
Dr. Janakan	- WHO
Ms. Sunanda Jayarathne	- PLWD
Dr Risintha Premaratne	- AMC
Mr Mahesh Nishsanka	- ADIC

Observers.

Ms. Sylwia Murray	- Global Fund
Mr. Adonis Sebolino	- Global Fund
Mr Simon Brotini	- EU
Ms. Maria Cecilia	- Global Fund
Dr. Pandu Wijerathna	- TEDHA
Dr Vinya Ariyaratne	- Sarvodaya
Dr. W.M.T.B. Wijekoon	- Director/GFATM
Dr Buddika Hapuarachchi	- Sarvodaya
Ms. Tikiri Rambukwella	- TEDHA
Mr. Ravindra Ariyawickrama	- Sarvodaya
Dr. M.A. Iffthikar	- Project Manager/GFATM/HSS
Mr. Madura de Silva	- LFA

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	- S/H, Ministry of Health (Chair /CCMSL)
Dr. F.R Mehta	- WR WHO

Dr. Sisira Liyanage	- Director / NSACP
Dr. K.N.G. Seneviratna	- Director / NPTCCD
Mr. Pubudu Sumanasekara	- Alcohol & Drug Information Centre
Ms. Priyanthi Kumari	- PLDW

Absent:

Mrs. Muriel Nilaweera - Women in Action
 Dr. N.C. Amarasinghe - Ministry of Labour and Labour Relations
 Ms. Chandani Wijewardana - Ministry of Finance & Planning

Proceedings:

The meeting started at 2.30 pm chaired by Dr Palitha Abeykoon, Vice Chair / CCM Sri Lanka - He welcomed all the participants specially the delegates from Global Fund including Ms Sylwia FPM.

1. Excuses: He mentioned the excuses received.

2. Confirmation of the Minutes of 93rd Meeting held on April 30th 2013

The Minutes of last meeting, 93rd meeting held on 30th of April 2013, which was circulated to the members were taken up and adopted as the correct record with the following corrections.

1. Page 5 under the remarks made by Ms. Sylwia she wanted to correct “they are trying to develop Standard Indicators” as “they have already developed Standard Indicators and that they are in the web site now”.
2. Mr. S. Tissera commented as on page 6, under 5.1, 1st line it is mentioned as “ was asked to present the case” and he asked to correct it as “was asked to make the presentation”
3. Mr. S. Tissera Commented as on page 9, under 8.1, - Filling the Vacancies of the Members of Disease Specific Technical Subcommittee - is not really about this particular individual but it is to fill the vacancy created by the other person who left the CCM or no more in the service.

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

3. Matters arising from the Minutes:

Page 3 – 3: As HSS grant is an Agenda item, it can be discussed later, also that the oversight plan, and the site visits was discussed in detail at the last meeting. .

Page 4 – 4: Presentation by Dr. Pandu Wijerathna, no issues were raised.

Page 6 – 5.1: Request from TB for reallocation of funds, FP informed that the document was forwarded to Global Fund for approval. Ms Sylwia mentioned that they are going through it and will inform asap.

The Vice Chair thanked the FPM for the good news.

Page 8 - 5.2: Reprogramming request for Malaria – as this is an Agenda item it was informed that it will be taken up later. Only 7 responded for the e-endorsement as it was decided at the last meeting.

Page 9 – 5.3: Reprogramming request of STD/HIV- since this was also submitted without any details and it was decided to resubmit it for discussion as an agenda item today.

Page 9- 6: Grant closure plan of Sarvodaya, it was informed by the Focal Point that the document was sent to Global Fund for approval.

Page 9 – 7 & 8: Filling the vacancy of one Member of CCM Oversight Committee and Vice Chair – this can be removed.

Page 9 – 8 - 1: Filling the Vacancies of the Members of Disease Specific Technical Subcommittees done, letters have to be sent, and Mr. Chanaka Walawwate to prepare the letters for Vice Chair’s signature.

Page 10 – 9.1: Funding of CCM secretariat – Funds received and this can be removed

Page 10 – 9.2: Contract and the Increment of CCM staff.

1. Recording of the Minutes:

Mr. S. Tissera commented regarding recording any discussion taken place in a closed door meeting and said that those matters should not be minuted, Vice Chair also expressed the same view and said that only the decision taken should be minuted the Focal Point expressed her view that the reason should also be indicated.

Dr. Mahipala added by saying that usually all the discussion taking place are not recorded, and finally the decisions are very briefly mentioned, because this can be a legal document, and better to say as “after a detail discussion this is the decision arrived”, unless somebody s makes a very specific objection

Mr. Simon Brotini from EU suggested that if there is a presentation in between or a field visit report that conversation can be an attachment or annexure so the minutes will be short, and the actionable decision and responsible person for the follow up action can be mentioned.

The Focal Point mentioned that even at present the presentations are given as attachments and only the important information of the presentation and the discussions are recorded in the Minutes because the LFA is used to ask for the minutes for their reference and their decisions are always based on the minutes, so that it will support the PRs request in any decision making.

Ms Sylwia added by commenting that the structure of the Minutes is the most important with the theme of the discussion because when they have a doubt, everybody at LFA and GF are looking for the CCM minutes for the decision so the presentation can be an attachment but the key points in the discussion and the decision can be in the minutes.

The decisions taken:

- i. The Chair or the Vice Chair should communicate separately, with the respective person, regarding discussions on personal issues without recording them in detail in the minutes.
- ii. Agreed for a balance in preparing the minutes. Presentation and field visit reports – will be included as attachments, but the decisions taken and the name of the responsible person who will be following up will be mentioned.
- iii. The standard format for CCM minutes which can be downloaded from GF Web and a copy of which was given by Maria will be used with necessary improvements.

2. Getting e- voting from the Members:

There was a detailed discussion about the course of action when a document is circulated among the members for e-voting or endorsement where consensus is necessary and when most of the members have not responded.

The decision made was on any issue where consensus is necessary the email will be circulated with the foot note that “if you don’t respond to this email by a certain date or within a time period it will be taken as a positive response and we assume that you agree” and this is accepted as a general principle by all the members, and also it was decided that the time period is 10 days.

3. Meeting of CCM Members with Board Members:

Mr. S. Tissera mentioned that at the last meeting he made a request about a meeting of CCM members with Board Members as some of the Board members would like to meet some of the CCM members.

Dr. P.G. Mahipala explained it by saying that, this was the response to the GF circular to the constituencies - and some constituencies like Germany and France have written to GF and it was copied to us and some emails from some other countries, like European Union and Switzerland said and they wanted to meet the CCM members. They wished to know how CCM meetings are managed and to get some insight about it, and the decision process. A few African Countries also wrote to us wanting to see how the CCM meetings are conducted in Sri Lanka. Some wanted to organize a CCM meeting side by side when the main meeting is on, a very brief meeting of 30 min to 1 hr, without disturbing the normal proceeding of the meetings. When he discussed this with the GF secretariat Ms. Pola told that it might disturb the normal proceedings of the Board Meeting. He further suggested the possibility of having it as a side event in the same venue on 17th, the day the pre-board meeting will be held, and also meet the youth organizations.

Dr Mahipala further said as a reply to a question raised by Ms Sylwia that what they exactly want is to know what kind of CCM we have, What is the kind of participation / representation and how many from Civil society, how many from the Government, how we interact, and what is our decision making process. Some wanted to go into the detail to see whether this is a good model to be duplicated in other countries, others wanted to interact with the CCM members.

One option is to invite the CCM members to participate in the site visit so that there can be some interaction of the delegates with the CCM members, but the GF has to give us the OK because this is a GF meeting.

Dr. Mahipala further suggested that instead of a meeting somebody can make a presentation about the composition, how the members are selected and the general conduct and can respond to their questions and Ms Sylwia agreed to this suggestion and she further said to include the progress achieved and about the Oversight Committee. Mr. Simon Brotini commented saying that he wasn't copied to the communication, and he will communicate with the Secretariat and make the things clear and all the members agreed.

Mr. S. Tissera provided details of the logistics that are proposed for these meetings.

Dr. Dayanath Ranathunga informed the members that the Executive Regional Director, UNAIDS wanted an informal meeting with the civil society because most of the meetings are with the Government Counterparts. It is tentatively fixed on 17th at 10.0'clock and he invited all of the civil society members of the CCM to attend the meeting.

Finally Mr. S. Tissera took the responsibility of informing the GF that the CCM has no objection and that the CCM suggested that it can be a side event a brief meeting or a presentation and get the approval.

Decision taken: Mr. S. Tissera will do the logistic arrangements and inform the Secretariat to inform the Members.

With that the matters arising from the minutes were concluded.

Agenda item:

4.1. Reallocation of funds for HSS Grant:

Dr. Iffthikar - made a short presentation of the reallocation request of HSS Grant which had been already circulated to the members.

He mentioned that under the HSS Grant Component in Phase 2, one of the activities is Refurbishment of Laboratories, they have proposed 8 locations, and later when they were reviewing the locations while preparing the phase 1 -year 2 activities and prioritizing the allocations they have found 2 locations are already included into the year 2 activities and they wanted to change those 2 locations to 2 new locations.

Old locations are 1), DH Chankanai in Jaffna, 2), PMCU Veppankulam in Vavuniya, 3), DH Sampathnuwara, 4), PMCU Kalabogawewa 5), PMCU Kiribenwewa, in Mullaitivu District, 6), PMCU Pandaraveli 7), PMCU Tharapuram 8), DH AkkarayanKulam, in Kilinochchi District.

The new locations they have identified are replacing DH Chankanai with BH Keys in Jaffna district and DH Akkarayankulam in Kilinochchi District with DGH Mullaitivu in Mullaitivu District.

Both these locations are already there in year 2 of Phase 1 and they are proposing the new locations to avoid duplication and, in term of Budgetary implications, the average cost is 7989 US\$ for all of these locations, therefore, even the 2 new locations also will have the average of 8000 \$ each therefore there is no budgetary implications associated with these change, and also in terms of Performance Frame Work they have included only the number of refurbishment locations, so therefore changing these two locations will not change the Performance Frame Work. He also said that this is only infrastructure, like painting, not the equipment.

Ms. Sylwia wanted to know how they have calculated the average costing of 8000 \$ per location and Dr. Iffthikar explained it saying that they have identified 42 locations for refurbishing activity and took the BOQ of each location and found out the average amount for one location. He further explained that 8000 US \$ is roughly around Rs 1,000,000/.

Ms. Sylwia wanted to know the cost breakdown of 8000\$ and Dr. Iffthikar explained as most of these institutions have already existed labs, damaged due to war, so the amount is for refurbishment like painting , partitioning, and tiling of some of the rooms.

Ms. Sylwia commented saying, basically here the change is very minimal, it is about changing the locations, and this is small amount of money but in other cases talking about changing refurbishing locations is always significant and lot of money involved.

Dr. Dayanath Ranathunga questioned whether this BOQ includes any STD clinics labs, and Dr. Iffthikar replied not STD clinic lab as such because DGH Mullaitivu has an already existing STD clinic and a lab as well and they do the HIV work also.

Dr. P.G. Mahipala explained it by saying that the diagnostic facilities in these few districts, are very much less and when they were discussing about the provision of health care services, specially the diagnostic services they thought that these are the important places to improve, and as there was some money available they thought of reprogramming and utilizing it in such a way that the entire population in the area will be benefited. It is a very important activity, and some HIV, and TB testing also will be done in these labs, and by that way other programmes also will be very much benefited and all this will improve the quality of care.

Dr. Dayanath Ranathunga also strongly endorsed these ideas.

Mr. Simon Brotini from EU made clarification by asking “Is it just want to change the location of refurbishment from ‘X’ place to ‘Y’ place, there is no any budgetary implication there is no change in the number of the locations, only it is a changing the location”

Ms. Sylwia further commented after checking the budget of HSS and she said it is coming around 7000 \$ but the average was 8000 \$ and she said it is tremendous improvement and everybody else can understand what is shown on the presentation and it is very easy to everybody to follow,

The Vice Chair commented by saying that to include the comments made by Dr. Mahipala, DGHS and Dr. Ranathunga when submitting the proposal to strengthen the justification and concluded by saying that the unit cost is same, and only changing the location and take it as endorsed with the added justifications that came out from around the table.

4.2. Reallocation of funds for Malaria Grant:

The Vice Chair invited Dr. Deniyage to make the presentation about the reallocation request for Malaria Grant which was tabled at the last meeting and due to lack of information for certain clarifications and as it was decided it was circulated for e-endorsements with necessary information. Since the response was inadequate it is being taken up today for discussion and to have it endorsed formally today.

Dr. Deniyage mentioned that they have reprogrammed some activities, to match the present situation of Malaria, because they are going for elimination and the indigenous cases have come down, the

foreign cases are going up, so they have reprogrammed some training plan for the officers who are working at the ports of entries and orientation programme for the clinicians.

Dr. Mahipala commented by saying, that this year up to now, no indigenous cases of Malaria reported, so the main challenge of elimination is the cases coming from outside, and because of that have to change the focus, and do the testing at the airport, and have to give more attention and that is the reason for reprogramming, and the last year case load is only 24 indigenous cases and more than 75 from other countries, and we are now on the verge of elimination of Malaria, and need to focus attention on that, need to reorient the entire health staff, also the programme has to be reoriented, and focus has to be shifted and that is the reason for this reprogramming request.

The Vice Chair raised some clarifications, about the impact due to the consequence of this reprogramming on their original work plan. Dr. Deniyage said if we miss a foreign case, means one case coming inside the country, the vector mosquito is there in Anuradhapura and north of that side so it can spread to another disaster.

Dr. Mahipala further commented that the majority of the cases which came from other countries are P.Falciparum malaria, and we have to detect them at the port of entries, without allowing them to come inside. He also said that there are 2 groups of migrant, one is Sri Lankans who had gone for jobs and migrated and coming back of this who had gone to African countries, for gemming and that kind of things, and the 2nd group is IDPs who have gone and settled down in Tamil Nadu for the last 18 years and now they are coming back and some time they come and go and some settle down again in Kilinochchi, Northern Province, so we need to screen all of them.

Dr. Deniyage added that they are going to give prophylactic drugs to each and every person who is going to the endemic countries, but as they haven't budgeted that much, and now they wanted to budget for that. Also they wanted to give some training programmes for the immigration officers and issue some leaflets - at least 6000 leaflets per year, which was not in the original plan – so that they will read the leaflet, at least if they develop fever and they will force their doctor to look for malaria, even the doctor forgets it.

Ms. Sylwia started with the comments, saying the 1st request was submitted at 91st meeting and then resubmitted today and the 2nd one is submitted today, and she further commented by saying the resubmission request is better today, because it has got the necessary information they are going to ask from the PR when they review with GF and necessary details about the activity or new activity and from what the saving are coming. She also commented about the PR presenting the request and explaining to the members, what exactly is the request with very detail description of the budget lines and she thanked for the improvements and she also said when Dr. Yoganathan and CCM staff writing to GF they she can refer back to the discussion we had earlier.

The Vice Chair thanked Ms. Sylwia for her comments, and said from the next meeting it will be introduced and we will be insisting on making a short summary on a power point presentation, from the PRs who are making the request for a reprogramming.

Mr. Simon Brotini said basically in reprogramming it is trying move the fund from one activity to a new one and basically if it is from savings, it is fine because it is saving which will not be needed any longer, like 4-5, 6-7 items and two of them were trainings, it is transferring the funds to some other activity that was saving, but if it is transferring from one activity like from training take that money and use it for monitoring and supervision, here what will happened to the training, he would worried only about cancelling or postponing it.

Dr. Deniyage replied that they have already submitted the training plan and this training activity is already included in the new training plan, and this is not cancelling or postponing, it is shifted under some other section/activity and wanted to continue with those training activities.

Ms. Sylwia further stressed the fact by saying that the request for reallocation should be submitted with PUDR and this time for Malaria it is perfect timing, she will communicate her decision with the management letter.

The Vice Chair concluded by saying that it is satisfying every one, it is written better and if there is anything further that need to be clarified it can be done, and also said close the subject, saying we endorse it collectively and forward it. He stressed that it is very good that Sylwia is with us today as she gets a firsthand understanding our thinking.

4.3. Reallocation of funds for Malaria Grant -TEDHA PR 2:

Dr. Pandu Wijerathna was requested to make the presentation about the reprogramming request from TEDHA, which was also been circulated to the members. Ms. Tikiri Rambukwella started the presentation on behalf of Dr. Pandu Wijerathna, by explaining the requests,

1st item 4.2.1 – this activity they wanted it to be shifted to another quarter T – 13, because of the delay in receiving the disbursement for it, and the 2nd item they were asking to shift it to quarter 16 and they wanted to use that available money by shifting to 4.6.1. Because of their field visits allocation and shortage of disbursement of these two periods they are shifting this 10,191\$ to cover the field visits for 2 quarters, this shortage will be requested in this time PUDR.

3rd item they have identified some savings in 4.2.6, and they are asking that be reallocated to 4.5.4. for Kilinochchi infrastructure and for the shortage of funds in the vehicle maintenance, they are reallocating 51,202 \$ which was allocated for vehicle purchases, this was the original plan, now because the prices of vehicle have gone up and won't be able to purchase to this amount as the result they have revised their requirement and they will be purchasing only part of it which the fund will cover, the allocation will cover.

The Vice Chair requested for the comments from the members.

Ms Thushara made a comment by asking some clarifications from Ms. Sylwia - she said when looking at the process for such approval, from the members point of view, who are not ready to the Malaria picture and it is just numbers and she is wondering whether this process could slightly vary or when it goes to GF and comes back with certain comments if possible or else the FPM give us the reasons.

Ms. Sylwia answered by saying that as a continuity of what she said at the last meeting, there will be a different approach depending on the amount of money involved, if something less than 5000 \$ it is not necessary for all the CCM to debate and the request can come straight to GF, they will review it and then if some issue is there they will request the PR to submit to CCM and discuss, because it is not with enough material for discussion and this is the easiest way to do it, e.g. if it is about just 1000 \$ although in relation to 4 bicycles which were not purchased and those 4 bicycles what kind of impact it will have in Kilinochchi, so from the money perspective it is not very significant but actually from the implementation point of view it may have significant importance, also they can refer back to CCM and request to discuss at CCM and all the CCM members, will have the understanding what the PR is trying to do. Normally the amount of money we are talking about is simply moving from one activity to another, some time it might be very important because when something is not done which may have some impact and some activities may be crucial.

She also said that they are working on changing the operational policy of reprogramming and PR presenting the request and explaining the detail description of the budget line and this document will be distributed to CCM and later she will send a letter on reprogramming with the details of what important issues should be discussed at the CCM and where the PR seek the endorsement of the CCM, she also said that all have to agree on the material that actually discussed.

Ms Sylwia further said replying to a query raised by the Vice Chair, that they wanted the CCM to have a strategic high level discussions and don't want to use the CCM time to discuss about 1000 \$. Dr. Pandu Wijeratne added saying in this particular case the variance is very small amount, but they wanted to get it off the procedure but Ms. Sylwia wanted to follow the procedure. The Vice Chair expressed his view by saying as a matter of procedure it should come to CCM before it go to GF, may be CCM don't have to spend much time to discuss about it otherwise it become little difficult decide whether to come to CCM or not.

Ms. Sylwia assured that whenever something is material and if the CCM endorsement is not there she will immediately request the PR to submit to the CCM for discussion and get the endorsement by the CCM. Also if the PR feels that they want the CCM guidance even though it is not material it is also a very good opportunity. She also said any way as long as the presentation are short and concise may be quickly first see the amount and the materiality and everybody will immediately know what they are talking about, 1000\$ or about 50,000 \$.

Ms. Sylwia further explained the difference between the endorsement by the CCM and the approval of the GF, the CCM endorse something and GF approves and that is the difference, sometime CCM all members may agree and endorse it but the GF may still disagree or question because of various reasons and GF go into much more detail, because CCM can't go into details, but Adonis is going into every single budget line and going to question everything and find the reason from PR, why it cannot be approved or why it should be approved,

The Vice Chair made it clear that if the PRs want to do reprogramme all should go through CCM and CCM will endorse it and send to the GF for approval.

5. HIV Reprogramming request - it was not taken up for discussion because it came to CCM late and didn't have adequate time for circulation among the members and also it didn't have adequate information.

6. Any other business:

6.1. PSM Training plan: Dr. K. Buddhakorala made a short presentation about a training plan which was already circulated among the members. He explained about a plan for a workshop to be done in Sri Lanka about PSM. Most of the PRs are new members, and procurement is a big issue for them and they are not familiar with it. There is one organization from India which does training for WHO and GF and they are willing to do a work shop for 1 week or 5 working days for us on procurement and supply chain management. He wanted to explore the funding for this activity. Ms Sylwia replied by requesting to identify the budget line and make the request, with the details of which grant and how much fund available under training activity. Dr. K. Buddhakorala further explained the proposal is for 3 members from each PR from all three components - HIV, TB, Malaria under the training plan, and this is a very good opportunity. He said that the cost is about 2500\$ course fee/ person and some of the participants may be 18 will be from the region and about 12 candidates will be from Sri Lanka. Dr. Buddhakorala explained that it need not be international and it can be done locally in Sri Lanka and he also asked about course fee / person 2500 \$, nearly 50,000 Rs / person and asked whether it is too much, and it for 5 days.

Ms. Sylwia asked to send the proposal with all the details and then they will evaluate and see whether that is reasonable or not and they will ask the LFA to check whether it is reasonable or not, etc, if it not excessive they will approve it and also she asked to prepare a comprehensive request from the beginning with all the details.

The Vice Chair explained this in Sinhala for the benefit of all the members and asked whether every one understood it.

Dr Rsintha Premaratne Deputy Director AMC wanted give further explanation about the Malaria Training programme; he said that they have been requested to submit a future training plan for the entire year, and there was a delay in submitting the training plan which was submitted last year for the next 6 months, and which was effective until 31st of march 2013. However, they didn't get the approval for that and then they were asked to resubmit it with an extension which runs up to the end of the year or possibly until the end of the grant period. This training plan was circulated to the members and it is the same one which was submitted last year and they have added only about 2 items to that, which they have decided specially after the WHO external review meeting, such as clinical training for the clinicians

Ms. Sylwia asked whether this new training they are trying to introduce based on the review of external review of the malaria programme and asked whether they received the report, and he replied that he received the 1st draft in the morning from the leader of the delegation.

6.2. Letter from CSDF regarding their issues:

The Vice Chair requested Mr. H.A Lakshman to present the issues he is facing and his letter was already circulated among the members.

He said that they have been working for the last 14 months as SR and now they have stopped for last 6 months, again they have signed agreement with the PR recently, but they are facing some problem,

1st, during the last 14 months they have registered 1200 sex workers and provided the services, but now at the discussion they had with PR they have been asked to start from the beginning, and to reregister the 1200 whom they have already provided services and to provide the services from the beginning;

2nd, Condom issue is limited and they can give only 27 condoms to one person;

3rd, The peer educators training, last time they trained only 10 at a time and now they have asked to train 20 at a time and they have to take 2 districts together for the training, and when they are doing that they don't have accommodation facilities for them and it is difficult to do;

4th, Last year they were working in 4 districts, and this year they are expected to work in phase 2 in 13 Districts but have approval for only 4 coordinators. Because of this they will face some problems and he wanted discuss these issues at CCM and get advice from CCM.

The Vice chair asked for comments from Ms. Thushara PR2 about the problem, and she replied saying that they are working within the performance frame work of the former PR 2-Sarvodaya, and had discussion with them and she received the performance frame work and the work plan very late and they aware these issues and agreed and signed the document. She also said that so far they have not started any ground level work and this should have been a discussion between the SR and PR and need not to be brought to CCM.

The Vice Chair explained that this should be discussed with PR, and tries to solve the issues with them, and may be with Ms. Sylwia.

But Mr. H.A Lakshman wanted to discuss it at CCM meeting and wanted to solve the issues in the beginning itself.

Ms. Thushara further explained the reprogramming budget of SR for pear training of sex workers the budget is 4.1 mil, and when the budget was approved with so many deduction, and they can't go back on that and correct it. There are some sections for which money is not approved.

Mr. H.A Lakshman further explained the effects of cutting the Condom distribution and said that they have to re-negotiate it without cutting. Dr Dayanath commented that they have serviced 1200 female sex workers, and if they have to restart with them that mean the work they have done for this 1200 was not successful. If they have received the services in the correct way until now they must go to these STD clinics for the services and also they have condoms there, and we can get condoms through some other ways also.

The Vice Chair expressed his view by saying, everyone agrees that there are problems but the issue is how to continue the work. He didn't want to reduce a little from all what they are expected to do, but to identify the priorities and get together and discuss and the solve issues by finding the needed resources. When reducing certain items all can't be reduced the same way, there are some important one and non important ones, there are some things you can postpone, some you can stop we have to identify them, those things we can't do at CCM because we don't have necessary information. He finally suggested that it will be taken up for discussion at the next CCM meeting or if possible can solve before that and all agreed to it and Ms Thushara suggested to include LFA and PR 1 in the discussion.

The Vice Chair wanted to summarize this for the benefit of Ms. Sylwia and Ms. Thushara summarized it by saying, CSDF is SR for HIV activities, and they have some concerns about the performance framework, although it was clearly explained to them before they signed the agreement. She thinks it is too premature to discuss it now but they can go through it try to solve the issues. CCM and the CCM members are not equipped to answer his questions immediately and since 13th is the inception meeting of the project Ms. Sylwia also said to have further discussion and solve it and everyone agreed to it.

6.3. Issuing Identity Cards to the CCM members:

Mr. Chamika made a request for a CCM member Identity Card, and he said most of the members have their own Professional or Official Identity Card, but he doesn't have an Identity Card to show when he goes to some places to say that he is a CCM member. He has given his photo also but the Identity Card was not issued. The Vice Chair inquired from Mr. Chanaka about the issues in issuing the Identity Card, and he replied by saying that they made the request to the members to give their details with a photo and only 4-5 people have given the details. Vice Chair took the decision to issue the Identity Cards to the Members who have given the details, as early as possible and instructed Mr. Chanaka to take necessary action to issue within 1 week with the validity date.

6.4. Releasing of Three Wheeler to :

Ms. Sunanda Jayarathne from PLWD – said that she is speaking on behalf of 3 institutions who are working for PLWD and they have 3 center.

1st issue is some time back in 2012 they were given 3 three wheelers, and out of these 3, 2 are already issued to 2 institutions, and they gave the keys, and photos also taken, but still the 3rd three wheeler was not given to the particular institution and even for those were given from November 2012 up to now, the payment was not made for the salary of the drivers and fuel.

The 2nd issue is the people living with disease HIV are paid some allowance for the drugs and that was not paid from November 2012, but all three institutions are working. FPA give only the food packets for them . The light bill is paid by us, by selling the King coconuts grown in the compound; we don't know when they will start to pay. She also said Sarvodaya has taken all the original documents.

Ms. Thushara gave the answer by saying, last year till November, as PR2 Sarvodaya paid them, after that, the project was managed with difficulties until the new PR is selected, the time period of 5 month was a difficult period for everybody, all the payments were stopped, now they have been appointed as PR 2 and they will get the fund only from this month onwards, as soon as they get the funds and the approval to release the funds they will make the payment immediately. She also said that they have sent the letter and are awaiting funds to come to the accounts, and then they will receive the funds till end of the year.

the 2nd issue is three wheeler, it should be with Sarvodaya, and she has to check the asset list which they have taken over from them and there must be some short comings for not releasing it so they have to rectify that and release. She assured that they will do it with the help of Sarvodaya and LFA. She also said that there is an official date they have signed the agreement and from that day they will make the payment and they can reimburse from that date after getting approval.

As this discussion was in Sinhala Vice Chair explained it in English to Ms. Sylwia by saying there are some issues that they are having because of the changing over of the PR 2, some of the activities they were doing till last year have come to a stay because of this changing over. Now her question is when she can expect to resume them. Ms. Sylwia said that these issues need not be the discussed at the CCM, it can be discussed outside the CCM with PR and SR and have to explain what exactly to be done.

Vice Chair commented that her points are very valid, and he also said that he also was thinking in the same way to have the discussion with the people who are directly relevant to the issue. He further said that he allowed the discussion because now they understand the temporary difficulties of the change over from one PR to another and it need not happen in future.

Then the Vice Chair invited Ms. Maria Cecilia from Global Fund to make the presentation.

Ms. Maria Cecilia made the presentation and copy of it is attached with the minutes. The training will be in Tuesday and commitment was needed from the CCM members to get the best out of this.

After that Ms. Sylwia made her presentation about Additional Funding for Interim Applicant for TB, she informed the members that she has already informed the CCM in February, 2013, that Sri Lanka has been selected as Interim Applicant for TB component, and this is part of the new Funding Model which

the GF is planning to launch, and she also said that they are still working on the details of the Funding Model.

She informed that the funding amount is up to 3 million for the transition period of 2013 and 2014, and Sri Lanka has already sent the intent to access the funding the request, now the request have to be submitted to FPM through CCM, and after the Country Team reviewing and negotiation they will recommend it to the Grant Approval Committee for approval. After it is approved it will further go to the Executive Committee, which will confirm the additional funding, and once it is confirmed, the request will be sent to the Board for approval and the Board grant the approval on monthly basis. We will then amend the existing TB TFM grant to extend the period of the grant and to increase the total grant amount through an Implementation Letter.

The following documents have to be submitted

1. Budget & work plan
2. Performance Framework
3. PSM Plan
4. A covering letter providing the rationale for the application for up to US \$3 million.

The covering letter should address the following 4 questions:

1. what is the interim funding provided for? And what activities will be supported by this additional funding? (Describe how this additional funding is linked to the exciting supported programmes - TB, TFM)
2. How is the funding additional to and how does the funding fit the current scope and scale of the supported program(s)?
3. what are the potential implementation risks arising from the additional funding that need to be considered and how can these be managed?
4. what is the amount recommended by in-country partners and what is the basis for this recommendation? Please consider absorption capacities, past performance and budget assumptions.

She also said that there is no specific proposal form and she wanted the CCM to have a discussion as to how this be best invested in the country to save lives and to make a difference, and the changes to the performance frame work, and the impact on targets, regional coverage and diversity, and on quality of the service packages.

This is a relatively small amount given as additional funding and the aim is to use this amount with an existing grant (TB TFM) as an extension or possible reprogramming and for additional activities needed to be funded. She also said that already Dr. Sudath Samaraweera Deputy Director – NPTCCD knows, how much detail, the GF need and asked to follow the GF budget guidelines in providing the required information, to make the negotiation process easy.

She also said that this is only for TB in addition to TFM, because the GF didn't have much funds, and GF could only give money for the very necessary activities, that need to be continued, cannot be given anything more than that and there is no possibility of scaling that, it was not to increase any of the target. She also asked to start working by discussing and consulting with partners and develop a request supported by these documents, performance frame work, work plan, budget, and PSM.

Dr. Sudath Samaraweera asked, previously there was a process of developing proposals, like calling for expression of interest, conducting meeting, getting information and suggestions from other partners, and developing the proposal, and the submit to CCM, and then to GF, should undergo the whole process, or to adopt a own process and submit the proposal.

Ms. Sylwia replied saying that this is a very good question, because what we are trying to do in theory is do this based on your National Strategic Plan, and we are encouraging all the countries to ensure that their proposals are based on National Strategic Plan which is in place, so in theory looking at the National Strategic Plan and identifying the gaps, and fill out those Gaps. She also said that GF couldn't

give much from TFM and it was only for the essential activities of TB programme to the countries and now this is an opportunity and sees how this money can be used for whatever you couldn't do.

Dr. Sudath also asked that one of the GF requirements is that there should be at least 2 PR, and for the TFM we have only one PR, and the other one should be civil society or private sector.

Ms. Sylwia replied by saying it is really the Frame work what you need, and the other requirements should be driven by the national requirement. National TB programme should drive it, whether you decide to have a new PR or not is another question, but to decide about it you may have a discussion among yourself to see how it should work, having an additional PR just for the sake of having it I won't advice it, then you have to sign a new agreement, and also we will have to do the assessment to check whether they have the necessary capacity. Also she said it is very specific and there is a limit for funds 3 mil \$ and it is difficult to divide the money.

The Vice Chair commented by saying the message is clear, we can negotiate, and it must go before December or October, this year and already 6 months gone and the funding is up to 2014.

Ms. Sylwia replied by saying it is for this year and next year, and can do with some extension of the programme because TFM is only for 2 years, so sooner the better, so if you want you can simply ask this money and try to add this money to expand the whole of TFM, because there were certain things that you could not cover, but there were certain activities, which you can consider for the new funding model

Dr. Sudath asked if this is new funding model whether this funding can be extended beyond 2014, or it is only up to 2014, and Ms. Sylwia replied saying the money is available but if you just decided to use it in the current year you can use it, and if you have enough money for 2013 and 2014 and the worry is whether you will get the funding after that then we can put it as for 2015 and 2016. It is also dependent on what is good in new funding model, and what the GF board is going to decide about the money allocation per country, whether you will get additional money or not, and once we know that it will be for you to decide.

Ms. Sylwia further said that we are going to sign the agreement soon and when you are reading it if you notice that something is not covered and if it is critical then we can immediately try to add it to this, but if you are covering all the key activities and if the worry is what will be the position when we try to discus and then we can have a joint discussion or we can have a phone call with my people and my technical expert in Geneva, so as I said first do the brainstorming among yourself as to what kind of need we have and which direction want to go and then we can have a discussion with my colleague in Geneva and also we can talk in much more detail, and this is for to just kind of initiation to you.

6.5. Presentations by Global Fund officials

The Vice Chair thanked Ms. Sylwia and Ms. Maria Cecilia for their wonderful presentations, and Ms. Sylwia distributed a document about reprogramming which is attached to the minutes and it is also available in the GF Web site under reprogramming.

Date for Next meeting 29th August 2013

Thank you


Dr. S. Yoganathan
Focal Point/CCM Sri Lanka