

Minutes of the 105th Meeting of the Country Coordinating Mechanism, Sri Lanka held on 10th April 2015, at 2.00 pm, at the Conference Room of the Anti Malaria Campaign, Public Health Complex, 555/5, Elvitigala Mawatha, Colombo 05.

Participants

Members:

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| 1. Dr. D.M.R.B. Dissanayake | - Secretary/ Ministry of Health, Chair/CCM Sri Lanka |
| 2. Dr. Palitha Abeykoon | - Vice Chair CCM Sri Lanka - AIDS Foundation of Lanka |
| 3. Dr. K.N.G. Seneviratna | - Director / NPTCCD |
| 4. Dr. Risintha Premaratne | - Acting Director, AMC |
| 5. Dr. Sisira Liyanage | - Director / NSACP |
| 6. Dr. Dayanath Ranatunga | - UNAIDS |
| 7. Dr. Iyanthi Abeywickrame | - SLMA |
| 8. Ms. Swarna Kodagoda | - Alliance Lanka |
| 9. Dr. Panduka Wijeyaratne | - TEDHA |
| 10. Mr. Premabandu Jayathilake | - Tissajaya Children Welfare Foundation |
| 11. Mrs. Thushara Agus | - Family Planning Association |
| 12. Mrs. Kusum Jayalath | - KAP |
| 13. Mrs. Dilka Pieris | - World Vision Lanka |
| 14. Mrs. Princy Silva | - PLWD |

Alternative members:

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| 15. Mr. Anura Abeyawickrama | - Ministry of Education |
| 16. Mr. S.B Niyangoda | - Nation Builders Association |
| 17. Mrs. J. Shakila | - UNICEF |
| 18. Dr. Janakan Navaratnasingam | - WHO |

Observers:

- | | |
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| 1. Dr. Sudath Samaraweera | - Acting Director GFATM MoH |
| 2. Mr. Asitha Mallikarachchi | - LFA |

Excused:

- | | |
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| 1. Dr. P.G. Mahipala | - Director General of Health Service, Ministry of Health |
| 2. Dr. Arvind Marthur | - WHO |
| 3. Dr. Kumari Navaratne | - World Bank |
| 4. Mr. Shirley Tissera | - Congress of Religions |
| 5. Dr. Renuka Jayatissa | - UNICEF |
| 6. Mr. Dhanasena Hettiarachchi | - Nation Builders association |
| 7. Mr. B.A. Abeyratne | - Ministry of Education |
| 8. Mr. Karunarathna | - Ministry of social services |
| 9. Representative not nominated | - Ministry of Finance |

CCMSL Secretariat:

- | | |
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| 1. Dr. S. Yoganathan | |
| 2. Mr. Chanaka Walawwatte | - Programme Officer /CCMSL |
| 3. Ms. Hirusha Alwis | - DEO/CCMSL |

Absent :

- | | |
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| 10. Dr. N.C. Amarasinghe | - Ministry of Labour and Labour Relations |
| 11. Dr. Sarath Amunugama | - DDGPHS I, Ministry of Health |

Proceedings:

The meeting started at 2.15 pm chaired by Dr. Palitha Abeykoon Vice Chair, CCM Sri Lanka as Dr. D.M.R.B. Dissanayake , the Chair, has informed to start the meeting as he was getting late and he welcomed all the participants and observers and all the invitees.

1. Excuses: Dr. Palitha Abeykoon mentioned the names of excuses received. **(Please see the list above)**

2. Confirmation of the Minutes of the previous meeting – 104th Meeting held on 10th February 2015:

The Minutes of the 104th meeting which was circulated to the members were taken up for adoption and Dr. Abeykoon went through page by page and as there was no correction, the minutes were adopted as being in order, proposed by Dr. Pandu Wijeyaratne and seconded by Mrs. Swarna Kodagoda.

- **Declaration of Conflict of Interest:**

The Vice Chair informed the members that if any member is having COI related to any of the items in the agenda they should excuse themselves and leave the venue when the subject is taken up for discussion. The CCM members agreed to that.

3. Matters arising from the minutes:

As most of the items of Minutes were listed under Agenda item only the following items were discussed

- **Page3: 3: Feedback from Oversight Committee:**

Appointment of new member for Oversight Committee: Ms. Chitralatha Renuka, DDG Finance II appointed as a new member to the Oversight Committee to the vacant place of Mr. Paththirathna DDG Finance I. It was also informed that she is appointed as a member of PR selection committee

- **Page 5: 6: Changes to the Sri Lanka Portfolio:**

It was informed to the Members that Ms. **Blanca** Gil Antunano Vizcaino is appointed as the new FPM with effective from 7th of April 2015, and Asabea Turkson Ellis is appointed as Fund Portfolio Assistant and Adonis Sebolino will continue as Programme Officer and this was informed by Luca Occhini Regional Manager, South and East Asia, by his letter dated 8th April 2015. This email was already circulated to the members.

- **Page 4: 5: Update on CCM Sri Lanka Membership changes.**

a. Changes in the representation from Ministry of Social Services

Dr. Abeykoon mentioned the name of the new representative from the Ministry of Social Service as Mr. Karunarathna Additional Secretary Development.

It was informed that the nomination from the Ministry of Finance was not yet received and decided to send a reminder.

Agenda Items

4. Feedback from last Oversight Committee Meeting and Oversight Visit:

Dr. Yoganathan readout the report of the last Oversight Committee meeting held on 8th April 2015 and mentioned that Dr. Mahipala, Chairman of Oversight Committee chaired the meeting and the meeting was started at 4.45 pm at the DGHS office. She also mentioned the names of the members and invitees who were present, and who were excused.

She also said that Ms. Hirusha made the dash board presentation of HIV Grant Round 9 PR 2 and Ms. Thushara gave her comments and the chair gave following comments,

1. A change in the mind set of MARPs has to be achieved through the next Concept Note. It is advised to make more comprehensive broad intervention through the project to achieve more of the behavioral change.
2. Currently a good amount of HJV testing is achieved but linkages to other health services should be established by PR 2.
3. A new initiative on HIV and hepatitis C integration on stream, Sri Lanka should adopt it.

She also commented that Dr. Mahipala wanted to know the feedback of the recommendations given at the last meeting and as Dr. Sudath Samaraweera Acting Director, GFATM was not present at the meeting he instructed the Focal Point to get the feedback from him.

Dr. Abeykoon Vice Chair, advised her to invite the observers including the PRs by name by a separate email.

She also informed the members about the date for next Oversight Visit was decided as 23rd and 24th of May 2015, to the Eastern Province and asked the members to keep the date free so that they can join the team during the visit.

When a query was raised the Vice Chair replied as, only the Member can attend the Oversight Committee meetings and if the member is unable go then the alternate can't attend the meeting. But if the PR or any other officer is invited and unable to attend then he should send his representative to the meeting after informing the Chair of the OC.

Report of Oversight Visit: Ms. Swarna informed the committee that she had prepared the report of the Oversight Committee visit and sent to the Vice Chair for any correction and also to the secretariat. It was decided to present it at the next the CCM meeting after it is presented at Oversight Committee Meeting.

5. KAP Pilot Project Update:

Feedback from the KAP Task-force Committee Meeting:

Mrs. Swarna read out the KAP report. She commented that the members' participation was low, not like in the beginning and despite the invitation to equal ground they didn't attend the meeting.

She also informed members as the following issues were discussed,

- Agustín has started to work at the CCM Secretariat.
- The Subcommittee decided to release the funds to CSDF which was a pending payment from last year.

- They have discussed about the issue of Ms. Kusum and how to arrive at a practical solution to the issues like these may be by the CN or some other way.
- Other issues like Gender issues, TG, MSM, and Community system strengthening were also discussed.
- Because many CSOs finding it difficult to manage their organizations, finding funds for their survival or there has to be some income generation activities to sustain their existence as a solution to their difficulties.
- Dr. Dayanath wanted to include the Gender issues and Human right issues in the CN and also discussed about IDU and to take action about Hepatitis B and C.
- PLHIV population and MSM organizations wanted to meet Dr. Liyanage and discuss about their needs to be included in the CN and a meeting was planned
- Also discussed about the KAP Pilot project and the summary of the reports have to be done and the information has to be included in the CN.

Dr. Yoganathan informed the members that those who wanted to meet Dr. Liyanage didn't turn up for the meeting following day and only the representatives of three organizations came and they were already involved with the preparation of the Concept Note.

Dr. Liyanage informed the committee that their grievances and ideas were taken into consideration in the development of the Concept Note even in the last minute and he also said even yesterday the PLHIV community met him and their views were considered, and they were utilized to the maximum. Dr. Dayanath commented saying that if they can't come for the meetings they have to inform in advance.

Dr. Abeykoon commented the main thing is our organization has had opportunities to represent the views of the larger community that we are representing, and that has been duly considered not necessary included and he further said if accepted it is fine and if not accepted with some reason, justification and explanation that is what needed. He continued to say every one representation was there with some serious consideration, for inclusion or not with some reason. He also said if someone is unable to attend a meeting they have to inform. At this time Dr. D.M.R.B. Dissanayake the chair arrived and he was welcomed by the Vice Chair and the Members. As this is his first meeting the members were asked to introduce themselves mentioning their name and the organization they are representing. The Chair thanked for starting the meeting and continuing until he came and the meeting continued according to the agenda items.

6. Concept Note HIV-AIDS

6.1. Concept Note Discussion and endorsement

Dr. Abeykoon explained that there are 2 parts and the main part is the Concept Note that has been developed by a team and first the presentation will be done and after that the members has to take some decision about the endorsement and the selection of Principal Recipient will be done after that. He also explained that the CN has to be endorsed by everyone and if they don't want to endorse it they can do so with valid reasons.

Dr. Liyanage was asked to make the presentation and he gave the introduction and later Ms. Saba Consultant made the presentation.

He explained that they have been working as PR for past few years and they have prepared the CN to make the request for funds for 2016 and 2017 under NFM. He also said before preparing the CN they have to do some prerequisite works like midterm review and they have prepared the costed activity plan and done the gap analysis.

He further said that the CN was prepared according to the review report and he got the inputs from the representatives of all Civil Society Organizations and the other stake holders. He added saying that the WHO gave the financial assistance for all the work including hiring the consultant to prepare the CN.

Then Ms. Saba made the presentation and she explained about the process which has taken place during the development of the CN including analyzing the programme gap and the financing gap. She also mentioned that she will be providing a summary of the CN with the top level activities and the budget. She also explained how they have prepared the CN in align with the National HIV Strategic Plan 2015 - 2017 and based on that prioritizing the gaps in funding and the activities of NSP and between the activities carried out by the government and other donors and funding sources, and prioritizing these gaps in the actual response to HIV based on the epidemiological evidence and the midterm review and specific area review. In addition she mentioned that the process was collaborative with consensus driven with technical working groups for 5 programme areas including the members of the Government, Non Government organizations and Civil Society Organizations and other Multilateral Partners of national response and with the consensus agreement of the working groups about what the priority intervention should be to achieve the indicator targets to address these gaps. They will be seeking the stakeholders' approval with value for money for the outcome of the interventions.

The Chair thanked her for the presentation, and Dr. Abeykoon informed the members to ask questions if they want more information and also requested them to give their comments. Dr. Dayanath raised a question about the prevention budget and said 20% of the prevention budget is allocated for FSW and asked whether there is any particular evidence based reason for this.

Ms. Saba replied as, the distribution shown in the graph is not 100% exact value and some of the categories are overlapping and the real value will be around 15%. She further said that the amount of FSW predicted is lot more and they have to do more outreach work through outreach workers.

Dr. Liyanage gave some examples for overlapping activities like the programme for police officers which are included in the FSW component but actually it is not only benefitting FSW but others also.

Ms. Saba continued her comments saying that there is a problem with the modules and they are inflexible and she has to put the intervention somewhere but can change the modules and she said she will try to change it. Dr. Dayanath, raised another question and asked that in the previous proposals the IDU population came under the key population, but under NFM, it is shifted to the vulnerable group, and he wanted to know whether this decision was taken with any evidence based information and Ms. Saba replied saying that there were lot of problem in getting the IDU into this CN because of their number and there is no harm reduction programme so they kept them under the vulnerable group and planned some harm reduction programmes.

Dr. Liyanage also replied saying that the number of IDU in Sri Lanka is around 350 to 400 and also zero prevalence of HIV among IDU, but they wanted to reach the DU and because of that they were kept under the vulnerable group.

Dr. Dayanath shared information gathered for National Dangerous Control Board (NDDCB) on IDUs. There are about 196 IV DU registered in one dropping center run by NDDCB in Slave Island and higher percentage of them were detected with Hepatitis. We can observe increasing trend of injecting. High prevalence of Hep C indicates the behavior of sharing the needles. This situation should be reconsidered within of the vulnerability towards HIV. We have reconsider on the compressive harm reduction intervention at least in pilot basis and new political leadership is much open to discuss on this.

Dr. Abeykoon queried whether the comments and suggestions which have been made today will there be a revision after this, and included in the Concept Note and will there be an opportunity see it again because the members are suppose to endorse it today and the members might agree to endorse it today or endorse it later electronically. Also if the members are going to endorse it today they might do it on the basis that they will be incorporated and he said that he was asking it because all members can understand. Ms. Saba responded by saying that this CN was prepared with the involvement of all the stake holders and minor changes will done but bringing in a new module will be difficult and about the IDUs it is under discussion and it will be reviewed.

Dr. Iyanthi Abeywickrame commented saying that according to the presented figures 7% of the budget is for MSM and TG and 27% is for FSW but if it is 15% for FSW it is agreeable, because the HIV prevalence among FSW 0.81 % and among MSM is 0.88 % and the coverage is also very low among MSM (19%). So we need to address the MSM issue also as much as the FSW. Ms. Saba replied saying that TGF funding is depended on the target population and the FSW population is twice higher than that of the MSM population. Dr. Iyanthi further said that MSM population is 50% of the FSW population (around 14,000 and 7,000) and the condom use also very much less (58%), they are the guidance about the epidemics. Dr. Liyanage said the figures they have taken into consideration are taken from the organizations working for them and the activities are also limited. He further said that they have identified some activities for legal aids and programme for police officers etc which are common for both components but they have classified them under the Sex Worker component and these divisions are basically an artificial division.

Ms. Saba also commented saying that the actual amount of funds going into each programme area can be changed even during grant negotiation period. Dr. Panduka Wijeyaratne commented saying that only 9% is allocated to the programme management being a programme manager myself and it should be higher around 20%. Ms. Saba replied saying that according to the GF, the Government is spending most of the programme management cost and presumably the total is around 20% and this is counted under government counterpart financing which is about 55%. Dr. Liyanage said because of the management circular there is a limit to the payment of salaries to each category and they can't go beyond that limit.

Dr. Dayanath raised concern of low testing coverage among key populations ,Community based testing should be encouraged by investing on community system strengthening of key populations and this is trustworthy way of approaching more members of key population for

testing. PLHIV and FSW community networks has been started now, and they need programme support cost to manage a small office or a dropping center in addition to their capacity building in office management to survive as credible organizations.

Ms. Swarna asked whether the Financial Gap is explained in the CN and Ms. Saba said it is very well explained. Dr. Abeykoon asked what is the breakdown or bottom line for the Government and NGO out of this 10.7 mil \$ and Ms. Saba replied saying that because there is an overlap of activities it is difficult to say but prevention is mainly NGO but prisoners programmes are done by the government so the figures are slightly distorted. She further said purchasing is done by the government like the rapid test kits and condoms are purchased by the government and it is not reflected in the budget. Ms. Kusum told that even now when they carry condom they are arrested and because of that sex workers are scared to carry condom. Most of the time they are fined by the police even without being produced before the magistrate.

Dr. Liyanage commented that there are activities identified for these issues and he also said the police officers are arresting Sex Workers while carrying condom but they can't charge for that and they charge them for public loitering. Ms. Kusum further said that she feels creating awareness to the police officers is not adequate and she told they have to take some FSW to the programme and by that they can get better outcome. Dr. Abeykoon explained that they have allocated money for that, and it can be decided later how the programme will be done.

Mr. Jayathilaka suggested including some representative from the Ministry of Defense as CCM member but even then it will not be effective when it goes down to the low ranking officers. Dr. Abeykoon commented saying that it can be decided when the next election come in February 2016 and can be done after changing the governance manual. He further said most of the issues discussed are included in the Concept Note and these issues can be discussed and make changes about the allocation of fund during grant negotiation period. The chair requested the members if there are no more changes needed and if they are happy about the Concept Note to endorse it. Ms. Princy from PLHIV said she is very happy that they were involved in the discussions for the Concept Note development and PLHIV organizations were involved from the beginning and they hope they will be involved in future too. And all the members unanimously decided to endorse it. The Vice Chair informed members that the signatures are being collected in the endorsement sheet and if they don't want sign without seeing the final document they can sign later and the documents will be circulated by email but it should be signed by 20th of April 2015.

6.b. PR Selection:

When the agenda item PR selection was taken up for discussion, the members who are having COI were asked to recues them self from the meeting venue and the names of the CCM Members who have applied to work as PR and the organizations they are representing were mentioned as follows,

1. Dr. Liyanage, Director NSACP
2. Ms Thushara, ED of Family Planning Association
3. Ms. Dilka Pieris, World Vision
4. Dr. Palitha Abeykoon Aids Foundation Lanka

At this time Dr. Palitha Abeykoon informed the committee that he does not want to contest to work as PR even though they have shown EOI to develop the Concept Note and he said he will

withdraw the application to work as PR because office people may have done it as routine without his knowledge and he remained inside while others went out.

5. Dr. Sathya Herath Consultant working at NSACP also went out. The process of PR selection was explained to the members by the Focal Point.

She mentioned that the CCM Sri Lanka Secretariat called for Expression Of Interest by publishing newspaper advertisement in the local newspaper in all three languages and it appeared in Dinamina -Sinhala newspaper and Daily News – English newspaper on January 21st January 2015 and in Thinakaran - Tamil Newspaper – on 22nd January 2015 and 18 responses were received and of that 4 were duplicates. This was informed to the CCM Members and KAP Task-force members by email also with a copy of the paper advertisement. They were given a time period of 2 weeks to apply.

Then the secretariat had organized a meeting on 19th of February 2015, at the NSACP Auditorium for the interested parties and the NSP for control of HIV was presented and explained to the participants. All 14 organizations who responded initially were informed through email if they want to work as PR and were asked to submit supporting documents to assess their capacity and 6 organizations responded.

A Marking scheme was developed according to the GF guidelines and a special committee was appointed with experienced retired officers and CCM members by the chair. Dr. Amunugama was appointed as the Chair of the Principal Recipient selection committee and the names of the other members were also mentioned.

The committee had decided that because Sri Lanka is a small country to select only 2 PRs and NSACP as PR 1 and one NGO as PR 2, and also recommending the other organizations to work as SR in the respective fields where they are strong.

The committee met 4 times and marks were given according to the marking scheme they have developed.

Accordingly NSACP came 1st and FPA came 2nd PSL came 3rd and world vision 4th and Wishwa Consolidated did not submit any supporting documents and their application was rejected.

It was also informed to the members that first there will be a secret voting to decide the number of the members accepting NSACP and FPA working as PRs, and if any of the organization get more 'NO' voting than 'YES' then that organization will be rejected and the organization came 3rd will be taken up for voting. This was accepted and agreed by all members as fair election procedure.

Then the Ballot paper was shown to everyone and the members have a chance to say 'YES' or 'NO' for the selection of PR, and it was mentioned NSACP as PR 1 and FPA as PR 2 and they can mention whether they agree or not agree the selection by crossing against 'YES' or 'NO'. The total participants of the meeting including the Members and Alternates were 18 and 4 recused themselves because of COI and others took part in the voting. One vote was spoiled by marking all 4 squares and

All other 13 have voted 'YES' for NSACP as PR 1 and 11 members voted 'YES' and 2 voted 'NO' to FPA as PR 2. Then the decision was informed to the members as NSACP was selected as PR 1 and FPA selected as PR 2 and all members agreed. The members who went out were allowed to come in. Dr. Abeykoon Vice Chair explained why he withdrew their application because they are

week in certain aspects but strong in certain aspects and similarly other organizations also strong in some areas and weak in some areas. But now everyone has a chance to work as SR in the respective fields. He further explained both the Government and FPA will work as PRs and others will have the chance to work as SR in the areas where they are strong and continue to contribute to the NFM.

7. Update of SEA Regional Constituency EOI

It was explained by the Focal Point that there were 3 EOI submitted by the region on 1st of April 2015 to the GF requesting for funds and the copy of the EOI documents were circulated to the members by email.

1. 1st one was submitted by APN + and Lanka plus is working on that.
2. 2nd one was submitted by SEA regional constituency involving regional countries for HIV and TB co- infection and it was submitted by ... on behalf of SEAR constituency.
3. 3rd one is by a regional organization based in India – name of the organization is **KAMG Advisory Services & Public Health Foundation of India** and the **components included HIV, TB and HSS integrated – Healthy Cross – border Migrants** and the countries involved are **India, Bangladesh, Nepal, Sri Lanka and Myanmar. Fund requested \$65.0mil.**

Dr. Panduka said what he wants is their concerns and comments has to be conveyed to the constituency and they want all three diseases to be included in the Concept Note and they are very positive but Malaria should be included because it is in the elimination stage and it is important to us because of migration and importation and he wanted the feedback of that decision.

The Focal Point informed him that she had forwarded the email with their comments to the SEAR Constituency and they have clarified with the GF and it was informed by the GF that only one disease can be included in one Concept Note and it may be HIV or HIV with TB co-infection. The constituency members have discussed this at the regional meeting held at Indonesia and decided not to include Malaria in that proposal and their response was circulated by email. Dr. Panduka again said he is emphasizing that malaria should be included and he wanted these comments should be submitted. Dr. Risintha also commented saying that the issues that are going to be tackled by this regional initiative are same whether it is HIV and TB or Malaria because they are border related issues and migrant issues. Dr. Dayanath made his comments and said the CCM has to take a decision whether we are going for it or not if all three diseases not included and also has to take a decision if all decide at least we will go for even one disease. He also said the amount budgeted is not clear and without knowing the financial impact of this proposal we can't comment on that. Dr. Risintha further said there are certain issues that have to be tackled through a regional initiative because it is beyond our borders. He also said that there is an initiative in the Asia Pacific region to eliminate Malaria by 2030. As Sri Lanka is one of the country in the Asia Pacific region there is a need for regional initiative, and even in the recent SARC meeting it was highlighted.

Dr. Abeykoon said now our consensus is that we don't seem to agree to a proposal with one disease and we have 2 options. One is to write to the GF through the constituency or directly and

say for these reasons it should be like this. If the GF still say that it should be for one disease and can't include more diseases we will forget about it or we will ask them whether we can submit a separate proposal which is a regional proposal which include malaria and we have to go through the process.

8. Reprogramming request of PR 2 HIV Round 9:

Ms.Thushara explained about it and said it is an annual training plan which was already approved by the GF and she had made some adjustment to make it cost effective. The approval came last week but it is also customary and mandatory that the CCM endorse it. She also said that they have cut down the training for 2 days instead of 5 days because they are in the last stage of implementation and many of them are already been trained. In Puttalam district there is a non performing SSR and they have decided to discontinue their service and the target will be achieved through Kurunagale District. She further said similarly in the DU component ADIC has decided to remove this district on their own and those are the key element in the reprogramming request and the GF has accepted it. Ms. Swarna wanted to know whether this reprogramming request went with the PUDR and Ms Thushara replied as it was sent with the PUDR. All members agreed to endorse it.

9. Any other business:

9.1. Report of review meeting of PR 2 with LFA:

Ms. Swarna read out the report of the meeting she attended on the previous day. It was a review meeting of PR 2 with LFA. She represented CCM and it was PUDR discussion meeting. They discussed about the Progress Update of the 1st quarter and they were mainly discussing about data collection and reporting, and services provided by FPA. The number of people reached for condom distribution, PLHIV deaths and dropouts. They need to find out monthly dropout rate of MARPs.

They discussed about the data collected from 23 SSR through an on line system and LFA requested FPA to generate the monthly report of the services provided by each peer educator. So their performance and their payment can be decided easily. There was a small discrepancy in the figures of FPA and LFA about the condom distribution to the FSW and MSM groups. Some of the figures were manually adjusted because the system doesn't allow any changes. FPA has requested for additional resources from the GF to upgrade the on line electronic system to get the monthly reports and LFA agreed to that. There was an issue about the capacity assessment of SRs and if the capacity assessment is properly done when selecting the SR these performance issues will not arise and this is an eye opener for future SR selection. She also said they have discussed 5 major action points in the management letter and the GF requested the PR to rectify for these 5 points and find solutions.

1. Spot checks and selection of the peer educators.
2. The information material that was distributed was not sure whether they were the GF supported information material. The material produced for the GF project or produced for some other project of FPA
3. Justification for salary increment of the staff members
4. Peer educators incentive payment

5. Verification of financial side and the internal auditors,

She also mentioned her observation about the incentive payment of the peer educators which was vague and there is no hard and fast rule to pay the incentive. When they complete 10 services they pay the increment. When the visits are less than 10 they make the decision how much to pay.

9.2. Letters from the Members requesting for funds:

Letters written by Ms. Princy Mangalika and by Ms. Kusum's Abhimani women organization were tabled, and both letters were appealing for funds. Ms. Thushra commented saying that Abhimani still not a registered organization and it has to be registered, and then they can try to work as SSR for the future programme. She also said they need people working for FSW population and they will get the chance of more community groups working in this arena and they will get the benefit of that. She also said that she can help them with the registration part.

Ms. Swarna also volunteered to support them with the procedures and also support her by providing some office space. The vice chair said getting the organization registered and also providing the office space is a major step.

Ms. Princy said they are also finding it difficult to run the organization because of lack of funds now they find it difficult even to pay the light bill and water bill etc. and they need some sort of financial support. Ms. Thushara suggested making some reallocation request to the GF asking for enhanced over heads reviewing the current grants and she said she can try if the CCM permits. It was checked with LFA whether it is possible to utilize the saving of the current funds of HIV which will not be used. It was decided that Ms. Thushara will be preparing the necessary document and circulate with the members.

9.3. Disbursement issues faced by PRs:

Dr. Risintha informed the members that their grant was over by 30th of September last year and they have submitted one NCE to manage up to 30th March 2015 and they received the performance letter on 31st of March which was copied to the Chair and the CCM Members and he read the letter informing that from 1st of October 2014 until 31st March 2015 the grant end date, during the implementation period, because they have sufficient cash balance in hand and it is more than the forecasted amount they will not disperse any funds.

He also informed that they have performed A1 and A2 for the last few quarters and for the last year disbursement period and for the 6 month period of NCE they didn't receive any funds and this information they have received only after spending all the funds they had which was allocated for PSM plan. They have to finish the PSM plan by 31st of March and they have finished the process but they have finished those funds for NCE, and if they have not worked the PSM plan their performance will be less.

He also said it is the responsibility of the Ministry to sort out the ineligible expenditures and reimburse them and work out a way to use that money for malaria.

He further said that they have stopped some of the activities which need funds they can only pay the salaries. Dr. Risintha also said that ineligible for all three grants is around \$ 450,000 and total plan for NCE is \$ 711,000 and disbursement they have to receive is around \$ 940,000 and the

total the GF has to pay is \$ 2,000,000. He also suggested requesting the GF to review the disallowed expenditures.

Dr. Abeykoon informed members the Finance Subcommittee had discussed this issue and prepared a report and this report was sent to the GF, and he suggested to wait for their action, and in the mean time the Chair can write the current situation to the GF after having a discussion with all 3 directors and the Chair can write the recommendation and the CCM will endorse and recommend to do that.

9.4. Issue of OIG report PR2 Malaria:

Dr. Panduka informed the CCM that TEDHA as PR 2 of Malaria owe some money to the GF and his part was \$ 81,000 and now they gave 7 days time to repay. He has been communicating this with the GF he agreed for some of the findings and agreed to pay back and he is in the process of paying it back. They have some issues in paying back because of the procedures of Central Bank. We have to change rupees into \$ and then, He also said that they have already handed over the vehicle and he is committed to pay the balance money and he is planning to write to the GF again today and he is informing the CCM also that he is in the process of making the payment and as the vehicle is handed over to the ministry he will not make any payment for that.

10. Date for Next Meeting:

It was decided to have the next meeting in 9th June 2015.



Dr. Palitha Abeykoon
Vice Chair/CCM Sri Lanka