

# 114th CCM Meeting Minutes of CCM Sri Lanka

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MEETING DETAILS									
COUNTRY (CCM)		SRI LANKA			TOTAL NUMBER OF VOTING MEMBERS PRESENT (INCLUDING ALTERNATES)			17	
MEETING NUMBER (if applicable)		114			TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS PRESENT (INCLUDING CCM SECRETARIAT STAFF)			10	
DATE (dd.mm.yy)		16 <sup>th</sup> February 2017			QUORUM FOR MEETING WAS ACHIEVED (yes or no)			Yes	
DETAILS OF PERSON WHO CHAIRED THE MEETING				DURATION OF THE MEETING (in hours)			3		
HIS / HER NAME		First name	Palitha			VENUE / LOCATION		AMC Auditorium	
ORGANISATION		Family name	Abeykoon			MEETING TYPE		Regular CCM meeting	
		Organization	Private			(Place 'X' in the relevant box)		Extraordinary meeting	
HIS ROLE ON CCM (Place 'X' in relevant box)		Chair				Committee meeting			
		Vice-Chair	X			GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING (Place 'X' in the relevant box)		LFA	
		CCM member						FPM / PO	
		Alternate						OTHER	
HIS / HER SECTOR* (Place 'X' in the relevant box)				GOV		MLBL		NGO	
				EDU		PLWD		KAP	
				FBO		PS		NONE	
				X					

LEGEND FOR SECTOR*			
GOV	Government	PLWD	People Living with and/or Affected by the Three Diseases
MLBL	Multilateral and Bilateral Development Partners in Country	KAP	People Representing 'Key Affected Populations'
NGO	Non-Governmental & Community-Based Organizations	FBO	Religious / Faith-based Organizations
EDU	Academic / Educational Sector	PS	Private Sector / Professional Associations / Business Coalitions

AGENDA SUMMARY		SELECT A SUITABLE CATEGORY FOR EACH AGENDA ITEM (Place 'X' in the relevant box)															
AGENDA ITEM No.		WRITE THE TITLE OF EACH AGENDA ITEM / TOPIC BELOW	GOVERNANCE OF THE CCM, PROPOSALS & GRANT MANAGEMENT RELATED TOPICS														
			Review progress, decision points of last meeting - Summary Decisions	Review CCM annual work plans / budget	Conflict of Interest / Mitigation	CCM member renewals	Constituencies engagement	CCM Communications / consultations with in-country	Gender issues	Proposal development	PR / SR selection / assessment / issues	Grant Consolidation	Grant Negotiations / Agreement	Oversight (PUDRs, management actions, LFA debrief, audits)	Request for continued funding / periodic review / phase II / grant consolidation / closures	TA solicitation / progress	Other
AGENDA ITEM #1	Excuses				X												X
AGENDA ITEM #2	Confirmation of the Minutes	X															
AGENDA ITEM #3	Matters arising from the last Minutes	X			X												
AGENDA ITEM #4	Discussion on EPA Improvement plan and Operational Plan	X															
AGENDA ITEM #5	CCM Budget 2017, and CCM Staff extension																
AGENDA ITEM #6	Issues faced by Programme Directors																
AGENDA ITEM #7	Updates- Oversight Committee activities													X			
AGENDA ITEM #8	KAP Project update					X											
AGENDA ITEM #9	Any other business																X
AGENDA ITEM #10	Date for next meeting																X

MINUTES OF EACH AGENDA ITEM			
<b>AGENDA ITEM #1</b>		<b>Excuses and COI</b>	
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)			
No COI issue			
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)>			Yes
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED			
Meeting was started at 2.15 pm, The Chairman (Secretary Health) couldn't attend the meeting due to his official commitments and he wanted Dr. Abeykoon to Chair the meeting and the meeting was Chaired by the Vice Chair and he conducted according to the agenda. Excuses were mentioned as Mr. A. Jayawickrama and Prof Vajira Disanayake. It was informed by the Chair about the COI situation and if there is any to inform him.			
SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM			
GOV			
MLBL			
NGO			
EDU			
PLWD			
FBO			
KAP			
DECISION(S)			
No decision was taken			
ACTION(S)		KEY PERSON RESPONSIBLE	DUE DATE
No action to take			
DECISION MAKING			
MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*		IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS
	VOTING		VOTING METHOD (Place 'X' in the relevant box)
		SHOW OF HANDS	
		SECRET BALLOT	
		ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF THE DECISION</u>	
		ENTER THE NUMBER OF MEMBERS <u>AGAINST THE DECISION</u>	
		ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u>	>
*Consensus is general or widespread agreement by all members of a group.			

<b>AGENDA ITEM #2</b>		<b>Confirmation of the Minutes</b>	
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)			
No COI issue			
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >			Yes
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED			
The Minutes was confirmed and adopted as the correct recording of the last meeting proposed by Dr. Herath and seconded by Dr. Kanthi Ariyaratne.			
SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM			
GOV			
MLBL			
NGO			
EDU			
PLWD			
FBO			
KAP			
DECISION(S)			
The Minutes was adopted as the correct recording of the meeting, and it was proposed by Dr. Herath and seconded by Dr. Kanthi Ariyaratne.			
ACTION(S)		KEY PERSON RESPONSIBLE	DUE DATE
No correction and No action to take			
DECISION MAKING			
MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*	X	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS
	VOTING		VOTING METHOD (Place 'X' in the relevant box)
		SHOW OF HANDS	
		SECRET BALLOT	
		ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF THE DECISION</u>	>
		ENTER THE NUMBER OF MEMBERS <u>AGAINST THE DECISION</u>	>
		ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u>	>
*Consensus is general or widespread agreement by all members of a group.			

<b>AGENDA ITEM #3</b>	<b>Matters arising from the last Minutes</b>		
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)			
No COI issue			
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >			Yes
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED			
<b>3.1. Member Nominations</b>			
<ul style="list-style-type: none"> <li>○ <b>Nominations from CNAPT</b>; It was informed by the FP that the Nomination letter from CNAPT is received and Dr. Sooriyarachchi is nominated as the member and Dr. Wijekoon is nominated as alternate.</li> <li>○ <b>Member Nomination - 2<sup>nd</sup> Private Sector Organization</b>; <b>Waiting for the response to the Letter written to the National Chamber of commerce</b> for the nomination of the Organization. We didn't receive any response from them even after repeated reminders.</li> <li>○ <b>Members Nomination - Multilateral Partners</b>; According to the decision taken at the last Oversight Committee meeting, letters were written directly to the UN Organizations- WB, UNICEF and IOM; Waiting for the nominations.</li> </ul>			
<b>3.2. Update of MIS</b> ; Presentations by MO Bioinformatics of all 3 programmes			
SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM			
GOV			
MLBL			
NGO			
EDU			
PLWD			
FBO			
KAP			
DECISION(S)			
Decided to remind the National Chamber of commerce			
ACTION(S)		KEY PERSON RESPONSIBLE	DUE DATE
To remind the National Chamber of commerce		AO	
<b>DECISION MAKING</b>			
MODE OF DECISION MAKING Place 'X' in the relevant box)	CONSENSUS*	<input checked="" type="checkbox"/>	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS
	VOTING	<input type="checkbox"/>	VOTING METHOD (Place 'X' in the relevant box)
			SHOW OF HANDS
			SECRET BALLOT
			ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF</u> THE DECISION
		ENTER THE NUMBER OF MEMBERS <u>AGAINST</u> THE DECISION	
		ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u>	
*Consensus is general or widespread agreement by all members			

<b>AGENDA ITEM #3</b>	<b>3.2. Update of MIS; Presentations by MO Bioinformatics of all 3 programmes</b>		
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)			
No COI issue			
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >			Yes
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED			
<p><b>3.2.1. Dr. Pramil Liyanage TB - MO Bio- informatics</b>, made the presentation about the developments in patient information management system in the TB Campaign. Initially they have done the network, and then they have started a new strategy to use an open source platform <b>DHIS2</b> for the MIS. It is proven as success and the Family Health Bureau also using it. In 2014 they developed <b>DHS 2</b> and WHO wanted to revamp the system, so they did that in 2015 and upgraded to the latest version of the platform.</p> <p>They have a server and it is accessed through the Internet, data entry operators of the Chest Clinic were entering the data, he also showed login screen and the organization structure.</p> <p>They have a mobile platform also and last year they have shifted to individual records. They can capture the location data also. He showed the patient registration screen and the captured results. TB programme registration, HIV testing results screen, routine clinics and the treatment outcome all can be seen.</p> <p>He showed the screenshot of network information; ICD classification, lab investigation reports, patient's location, contact screening details and Treatment outcome.</p> <p>They have facility to analyze the bars and charts, GIS they have up to chest clinics and boundaries up to MOH areas and the mobile device can capture the patients information so we have customized to our need. PHI and Public health midwife also can enter the data. We have entered the current record through the</p>			

dashboard. They have done the training to the data entry operators.

They have got the approval from the GF under NFM for module development, training and hardware purchasing. They have prepared the ToR for procurement, it was advertised and TEC also appointed, soon they will call for detail proposal.

**For future;** They are planning to have the drug information, lab information and MDR TB MIS, also to have a data sharing platform with other programs like NSACP

They have got another Project proposal by a MSc student, which they will start soon; it is for dashboard and other uses.

**Human Resource Issue;** He will be leaving for his MD and the post will be vacant, and the IT officer also already left.

The reason for using the open source platform is DH12 platform itself has the facilities to capture from global access map.

Dr. Kanthi said the IT officer went for his career development, but it was informed to the PMU to fill the vacancy. It was also informed that the next batch of MSc Biomedical informatics would be passing out in September and until then Dr. Pramil will look after.

**DGHS's query;** If the PHI go to GIS and attend to a defaulter patient, can we identify it through the system, whether the PHI actually gone to the place, the input data is it real time from the site, or the patient came to the office and the data was filled from the office, how to differentiate this. It was informed at least the mobile device should go to that house for it to be real time.

DGHS also wanted to know whether they can add something to check whether actually the PHI has gone to the location, and the MO said the infrastructure should be developed to do that.

DGHS said the guidelines also must be there to say that PHI should input the real-time data.

**The Chair's comments;** he warned if the HR constraints were not resolved this would run into difficulty, he also advised there might be many things they have to do but they have to make sure they plan systematically and nicely written out and make it a good example. He further said because these are very fragile system and they can break down, then you loose the contact with the patient for long time.

### **3.2.2. Dr. Ziya - ICT Coordinator, MO from NSACP made the presentation, (PPT attached)**

He is working at NSACP as ICT Coordinator and coordinating MIS of the GF project,

**Objective of this project** is to develop an Web based Electronic IMS - design development and implementation of the Electronic IMS of NSACP including a comprehensive Electronic Medical Records (EMR) for HIV patient care and monitoring, with the ART and other Pharmacy Management System (PMS), Laboratory Information Management System (LIMS) and the STD clinic management system. There will be an overall interaction between all components, like pharmacy, lab etc, and also with the private sector.

The Central NSACP is the only place where they do the main HIV confirmation test and it supports 30 peripheral STD clinics and they want to get the private system also send their requests to the NSACP clinic. Now it takes about 2 weeks to get the report, but in the electronic form it will be very short.

**Specific objectives;** - Please see attach PPT

Now they are in the procurement stage; TOR and EOI documents drafted and finalized by TEC and waiting for the approval of CPCP.

Dr. Sisira explained it further and said at present they are doing all these process manually, they have 30 STD clinics, and 15 ART centers and from these ART centers they collect the AIDS statistics to give to the GF and the WHO. Their drug management is done with an electronic system and they can review the statistics at any time. They have a patient defaulter rate of 50%, that is the patients who are already diagnosed but don't come to the clinics, it will be easy to coordinate with the people in the districts through this electronic system.

Also, it will be useful to compare the statistics internationally with other countries and to publish our reports annually or monthly without much delay. But the Financial system is not included. He said the funds was allocated from round 6, the GF suggested to do all three programmes together but it was reviewed and we understood it cannot be done and they advised to do like this.

Dr. Sisira said their project they have already discussed with D/information and DGHS has already given the approval.

### **3.2.3. Dr. Janaka Wickramanath from MoH Disaster management unit gave the AMC Update;**

He gave a brief description of what they are doing at the AMC for MIS. **DHS ? DMS files**, He said they have 3 projects, all are running based on this platform and about the compatibility issue, this is an open

source platform software recommended by Health Informatics Society of Sri Lanka, and they are following their instructions and having an understanding with the FHB and Epidemiology unit and communicating with them while doing this. Yet they don't have a proper mechanism to share the information and practically it is difficult to share every month. It is not implemented in SL.

They need some equipments to proceed with this, now they are using a BKN server but they can't use it continuously and they must have their own server. They have to purchase the server and to maintain it they have to appoint a server manager and other necessary equipments to run the MIS.

He said he did this project proposal with the budgeting about 4 months back for 3.2mil and GOSL is giving 4 lacks and the rest 2.69 mil is from the GF. Secretary approved it and the GF also approved it but still he didn't receive the equipments because of the delay in the procurement and the MO said he doesn't know where the delay is.

**DGHS requested Dr. Herath and Dr. Janaka to come to his office and he will sort out the delay and all agreed to take it up with DGHS.**

Dr. Herath said he doesn't have a MO Bio-informatics, as they didn't get a replacement when the MO who was appointed went on transfer for some reason. The MO who did the presentation is working at the Disaster Management Unit and helping him at AMC. He also said there is no one to cover the system work, and still they don't rely on this information system and everything is done manually.

Dr. Amunugama said they are going for electronic system even for other programs and some hospitals entirely they are going for electronic system, even for X-rays they will no longer use X ray films. They have to see the information unit of the Ministry approves these projects and they are using the same platform. Otherwise there will be a miss match of the software and it will be a problem in future.

The Chair thanked them for making the presentations and enlightening the CCM. He also said in the medical field, it is a good development, normally the doctors are not expected to go into IT field and do higher degrees and get MD in IT, but now they doing IT and making a big change in the Health System and these MO are very skilled and very essential but if one of them goes out for 3 or 4 months it will cause damage.

**SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM**

GOV	
MLBL	<p><b>Dr. Kumaresan WR comments;</b> what they are doing is a very useful and he made two suggestions, 1st - the value of this is only useful to them if they get quick data for decision making and also they need to have a monitoring system which is a improvement of the paper based system, you do data analysis and you have to make quick management decisions based on that. You have to develop a system for this regular monitoring, otherwise the data will be in the computer and nobody will use it. 2<sup>nd</sup>when it is completely operational my suggestion would be to look at the key indicators, and see what is your current data, then develop some targets for the next year, otherwise you will never improve your data management.</p> <p>This is a wonderful tool but of course if you don't use it for management purpose, again it will be a bottleneck and additional work.</p>
NGO	
EDU	
PLWD	
FBO	
KAP	

**DECISION(S)**

Dr. Herath D/AMC and Dr. Janaka MO Bioinformatics working at AMC to meet DGHS and sort out the delay in procurement.

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
Dr. Herath D/AMC and Dr. Janaka MO Bioinformatics working at AMC to meet DGHS and sort out the delay in procurement.		

DECISION MAKING			
MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*	<b>X</b>	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS
	VOTING		VOTING METHOD (Place 'X' in the relevant box)
			SHOW OF HANDS
			SECRET BALLOT
			ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF THE DECISION</u>
		ENTER THE NUMBER OF MEMBERS <u>AGAINST THE DECISION</u>	>
		ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u>	>

\*Consensus is general or widespread agreement by all members of a group.

<b>AGENDA ITEM #4</b>	<b>Discussion and endorsement of EPA Improvement Plan and Operational Plan</b>
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CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

No COI issue

WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	Yes
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SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The FP informed that she has circulated these documents to all the CCM Members. This EPA Improvement plan has to be endorsed by all the members and the endorsement has to be uploaded to TGF web site. The document was shown to the members and explained. The hard copy was not given, as it was a big excel document. She said that this CCM Performance Assessment Tool is Light version, it is an excel document, sheet 1 is instructions, sheet 2 is Performance Assessment, sheet 3 is Results of Requirements, sheet 4 is Results of Minimum Slandered and sheet 5 is Improvement plan. If you see sheet 2 - Performance Assessment - there are 6 requirements and the first 2 are checked only while submitting the Fund request and now have to achieve other 4 requirements, under each Requirement there are Eligibility requirements (ER) and Minimum standards (MS) and all the activities are completed. The requirements were explained. **Requirement 3** is about Oversight body, Oversight activities, Oversight Plan and using Oversight Tool. **Requirement 4** is about the CCM Composition, adequate representation of KAP and PLWD and balanced Female representation in the CCM, among Members and Alternates both together must be 40%. **Requirement 5** is about the Composition and the selection of Non Governmental constituency members. The Civil society organizations should be 40% and the Chair and the Vice Chair should be from different constituencies and they should change on rotation. **Requirement 6** is about the Conflict of Interest. All CCM Members and Alternates should sign the **COI declaration** forms and the CCM Minutes demonstrate the CCM follows the procedures and manage COI. The Chair informed the members that this is a process everyone must know about it and if all the eligibility criteria are not achieved it will block the funding, and the CCM has to clear it and he wanted the members to go through the document and get familiarized. The CCM Members decided to endorse the completed improvement plan. Director GFATM proposed to have more Oversight visits and it was decided to discuss it at the next Oversight meeting. The FP informed the Oversight Visits are planned according to the available funds and can have only 2 visits per year and this is the way it is done for last 5 to 6 years.

SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM

GOV	
MLBL	
NGO	
EDU	
PLWD	
FBO	
KAP	

DECISION(S)

1. The Members decided to endorse the EPA Improvement Plan and the operational Plan
2. To discuss about the number of Oversight Visits at the next Oversight Meeting

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
1. The CCM Members endorsed the EPA Improvement Plan and the operational Plan		
2. To decide about the number of Oversight visits		

DECISION MAKING

MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*	<b>X</b>	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS		
	VOTING				
			VOTING METHOD (Place 'X' in the relevant box)	SHOW OF HANDS	
				SECRET BALLOT	
			ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF</u> THE DECISION	>	
		ENTER THE NUMBER OF MEMBERS <u>AGAINST</u> THE DECISION	>		
		ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u>	>		

\*Consensus is general or widespread agreement by all members of a group.

<b>AGENDA ITEM #5</b>	<b>5. CCM Budget 2017 and Extension of CCM Staff contracts</b>
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CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

No COI issue

WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	Yes
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**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED**

Soft copy of the Budget was already circulated to the CCM Members and hard copies were distributed at meeting.

CCM Secretariat staff and non-CCM members were asked to rescue themselves and leave the room, as it is a matter the CCM members should discuss privately.

The Budget was taken up for discussion and after discussion all members agreed to the proposed budget and to endorse it.

The Chair informed the CCM, that the FP has informed that she wanted to finish her contract by August/ September 2017, but they have to give the extension for Hirusha for one year and everyone had agreed to endorse the extensions of both for another year. He also informed the FP post has to be advertised in June or July to select a new person. He thanked everyone for endorsing and called the Secretariat staff to come in.

***He announced that the budget is endorsed and the CCM wants renew the contracts of both for another year,***

SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM	
GOV	
MLBL	
NGO	
EDU	
PLWD	
FBO	
KAP	

**DECISION(S)**

ALL CCM Members decided to endorsed the budget and to renew the contracts of both for another year,

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
CCM Budget 2017 was endorsed and the contracts of the CCM Staff extended for another year		

DECISION MAKING			
MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*	<b>X</b>	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS
	VOTING		
		VOTING METHOD (Place 'X' in the relevant box)	SHOW OF HANDS
			SECRET BALLOT
		ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF THE DECISION</u>	>
		ENTER THE NUMBER OF MEMBERS <u>AGAINST THE DECISION</u>	>
		ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u>	>
*Consensus is general or widespread agreement by all members of a group.			

<b>AGENDA ITEM #6</b>	<b>6. Issues faced by Programme directors</b>
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CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

No COI issue

WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	Yes
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**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED**

**6.1. Overall GFATM status:** D/ GFATM started the presentation with the Overall Status; (PPT attached)

The chair asked to do a quick presentation only a summary due to lack of time.

- Overall status of fund investment up to 31st Dec 2016; AMC - 16mil US\$, TB - 15mil from 2003, HIV - 2007
- The Overall achievement is below 30 % with Malaria 26%, TB 22.5%, HIV 31%, and HSS 27%.
- The utilization of Treasury allocation of the GF fund is 61% and SL fund 39%, and 15mil LKR was returned to the Treasury at the end of 2016.
- She also mentioned that she received the funds from the Treasury only by 20th of January, due to the faults of our programmes, as they were not able to send the correct report to the Treasury till end of January.
- Fund allocation from the Treasury for 2017 is 680mil LKR.
- When it was pointed out the NSACP figures shown in the OC meeting are different to her figures, she said they are with errors and these are the correct figures.

Dr. Sisira informed the CCM, even the external auditors verified and said their figures are correct and this is the first time he hear this figure. He further said for 2016 the amount they have agreed to disburse is 1.9mil US\$ and he had utilized 900,000 US\$ including the Direct procurement amount, it is almost 44% of the



agreed disbursement.

Dr. Kanthi also informed for TB also the external auditors said it is 31%, but today in the presentation it is less.

D/ GFATM was explained it by saying all other presentations were made prior to the final bank reconciliation and this is after the final bank reconciliation.

Dr. Sisira said she is doing the things on her own and there is no financial specialist assistance for her, this has to be done by an accountant, she is project director. There should be a financial specialist to advice about these and then they can do it monthly. He further said, are they going to believe what their accountants are saying or the Project Director saying, if there is an accountant then they can agree.

It was decided to sort out this at the Ministry grant review meetings by looking at their data and how they have calculated rather than discussing it here.

**The Chair's concern:** the issue of showing different figures in the presentations is there at every meeting and while discussing they have to consider what is going wrong. There are accountants for each grants and LFA with all that they have this arithmetic problem. It is a serious issue. If one figure is reported this month and then next month it goes down then something is not right, it has to be sorted out and all agreed. The Chair further mentioned ultimately the CCM should know about this but the solution has to be taken outside the CCM.

He also said it doesn't look nice for the CCM and the Oversight committee, after coming to the Oversight committee and say these figures are wrong then there is no Oversight.

DGHS was concerned about the low figures of utilization and said they have not spent the amount they were expected or what they have proposed and their performance should go up and have to work for that.

The Chair invited the 3 Programme Directors to give their briefings without doing a presentation.

#### **6.2. Dr. Herath D/AMC**

He requested the Treasury support for the procurement of 6 vans, they got the approval for the vehicles for certain value but after the TEC, the value has gone beyond the approved amount. Unfortunately they can't reduce the specifications of the vehicles to reduce the amount therefore he need additional allocation to pay the duties and taxes to import those vans and he wanted this to be minuted

He also informed the CCM, last year they had some difficult time and their performance was not satisfactory. This year they have already started their activities, identified 94 activities, already got the approval for 55 activities and they have submitted for approval for 77 activities. Some of these activities are shifted from last year and some procurement are continuing from last year.

The staff turnover is still a problem, they got the new accountant and he will be reporting tomorrow and the procurement officer already left.

**Dr. Herath's concerns about Malaria funding;** they have planned to terminate their funding dependency from 2018 onwards. Now the GF has indicated that there will be another round; For the next round unless they can get their priorities focused on infrastructure development at least for Malaria, he feels they should not think about getting funds for their routine activities for Malaria component, otherwise they will always be fund dependant. So that at least until the world eradicate Malaria they can continue their activities. What is required is some kind of infrastructure that will be there for another 30 yrs or so. He wanted this to be minuted

The Chair commented what he said is very important and when the next round comes the CCM will participate and when the experts are coming to develop the proposals with our local experts this has to be highlighted.

#### **6.3. Dr. Kanthi D/NTPCCD**

She informed that they also have some activities postponed from 2016 to 2017, they have already started and lot of procurement process, which they have initiated last year are going on and will be completed this year and they would be able to show much more progress than last year.

They have to buy 4 vehicles; She thanked Ms Ajitha for giving the approval for the Motorbikes within a week after the last Oversight meeting and the Chair asked to minute it.

**The World TB day;** She also mentioned about the World TB day, which is on 24 of March. She also informed that Dr. Kumaresan agreed to give funds for this and thanked him. The theme is "**Unite to end TB**". The main programme will be in Kalutara, planning to have a walk and Art exhibition for school children, and a conference at which all different stakeholders will be participating. She extended the Invitation to all. A formal invitation will be sent to all CCM members and she wanted the participation of especially the NGO sector on March 24<sup>th</sup>.

The Chair said if anything can be done by the CCM, the CCM is prepared to give the support and they



could organize a bus for the CCM members to go to Kalutara.

Dr. Sisira said T-shirts are prepared as IEC material, as a lot of people will see it, especially when they wear it.

#### **6.4. Dr. Sisira D/NSACP**

He mentioned his issues are mainly 2, they are IBBS and Patient Database, both tender limits are above his level and there is a delay in both cases. One is at Ministry level and other one is at Project director level. Everything is done but the delay is more than 6 months. Now the new committee is formed and he feels it will work.

He informed that he also needs more allocation under Vote 17 to pay the taxes and duties for the vehicles.

#### **6.5. HSS project updates,**

**Project Director** made the presentations.

The contracts, which were given to army - the progress is less than 10% that is one issue.

The 2nd issue is four contracts were terminated from the ongoing contracts due to very poor performances and they also were handed over to the Army and the GF has given the permission to use the savings of other constructions and these 4 constructions also will be completed in time.

The assistance of the Consultants and the RDHS officers in Northern province to her as the Project Director for HSS grant is very minimal, and also there is no prompt response of the supervision from their end. She wanted this to be minuted.

One construction in Pulliyankulam, progress is less than 12%, they have paid the advance of 20%, this contractor is influencing everyone including MoH officials up to the Minister level to pay him, but she is not in a position to pay as the Project Director and She wanted it to be minuted.

**Procurement**, achievement less than 35%,

**SARA survey** achievement is less than 1%, waiting for the Department of Census to sign the MOU to release the funds to start the work.

DGHS informed the CCM that they have come to an agreement with the Census and Statistics Department and the MOU will be signed soon, and survey will be done.

The Chair invited the DGHS to give some comments;

#### **Comments of DGHS;**

He said this is his maiden CCM, it is a good forum for the MoH to see where they are, and how they should go to the destination, it is a good combination of implementers, the professionals and civil society representatives, actually they are the representatives of the beneficiaries, although the MoH do a lot of things, we don't know how the beneficiaries feel, they think they have done a great job and they celebrate, but still if the beneficiaries are not with the same feeling, they have to review and the agenda should contain some items for that also, (to bring the feedback from the beneficiaries).

As far as the GF activities are concerned, better to have an evaluation or monitoring, if we have not performed we have to find out what really has gone wrong and the most important thing is learning lessons. If we have failed, we will try to find out how the failures can be overcome and how we can be successful in the future.

He also said to learn something from him, think only on the present moment, don't think of the past, the past is a barrier or don't make the future as a heavy load on your shoulder. Just think of your momentum and carry only the momentum and if you really act on the momentum your future will be good, if there are anything of the past remember only the successful things and that is the success formula.

The FP said after Ms. Ajitha became the CCM member we have achieved so many things,

DGHS said the new Project Director, has a lot of potentials and they have to make use of it as maximum as possible and achieve many things.

The Chair thanked him for his advice and his philosophical note that he introduced into the mood of this meeting and he is sure that the CCM will be able to do better than what they have done in the past.

Dr. Amunugama said the INGOs have their own priorities and give funds, but the requirements and priorities of MoH are different and they are urgent eg, at Kurunagale they don't have a vehicle for AMC, it is broken down and requested the Treasury to look into this while developing the budget.

**DGHS said** it is the line Ministry that has to decide what they should do in fact the UN organization and the GF they declare their terms and conditions, and their objectives. When MoH make the agreement with them, MoH have to be clear what they are asking and what they should give. Even if it is a grant it is a budget support and ultimately the Sri Lankan government should know how the budget is managed. If the

infrastructure is the priority # one, it has to be highlighted everywhere.  
 All three Programme Directors raised their concerns and discuss about the comment made by DGHS at the CCM Meeting and Dr. Amunugama explained to the CCM, what DGHS meant was all have to get together and perform better and bring it to a better level than in the past, we have to get the benefits from that and use it. We have to develop ourselves. He apologized if it hurts anyone; he said this as an officer working in the Ministry.  
 The Chair also said it was not intended.

**SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM**

GOV	<p>Ms. Ajitha informed the members,</p> <ul style="list-style-type: none"> <li>○ The allocation by the Treasury is based on the past performance</li> <li>○ If the Programme Directors achieve the target the Treasury will give more allocation, there is no allocation limit for the grants especially for Vote 13 but for Vote 17 it is little difficult.</li> <li>○ The Treasury gave the approval for purchasing of vehicles in May 2016, and the allocation to pay the duties and taxes.</li> <li>○ The MoH did not purchase the vehicles within the year because of the procurement delays in the MoH, and the allocation of GSOL component was not utilized, it is postponed to this year 2017. When they prepared the budget they expected that these were purchased in the same year.</li> <li>○ If they need any additional allocation she has to check with relevant section of the Treasury.</li> <li>○ To purchase vehicles from the GSOL funds, the Health Ministry has to prioritize the requirements and make the request to the Treasury when they prepare the Ministry budget and they will give the allocation within the available funds.</li> <li>○ If the GF is not providing funds for any activity the Treasury will definitely consider their request.</li> </ul>
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**DECISION(S)**

1. Find out the reasons for low utilization and how this can be prevented in future.
2. Calculations to be checked and corrected
3. To make a request to the Treasury to give additional allocation to pay duties and taxes.
4. The priority should be focused on infrastructure development at least for Malaria in the next funding cycle and it has to be highlighted everywhere.
5. The Health Ministry has to prioritize the requirements and make the request to the Treasury when they prepare the Ministry budget if the GF is not providing funds for any activity like the Procurement of vehicles.

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
<ol style="list-style-type: none"> <li>1. Find out the reasons for low utilization and how this can be prevented in future.</li> <li>2. Utilization rate calculations to be checked and corrected.</li> <li>3. Request the Treasury for additional allocation to pay duties and taxes.</li> <li>4. The priority should be focused on infrastructure development at least for Malaria in the next funding cycle and it has to be highlighted everywhere.</li> <li>5. The Health Ministry to prioritize the requirements and request the Treasury when they prepare the Ministry budget if the GF is not providing funds for any activity like the Procurement of vehicles.</li> </ol>	Project Director and Programme Directors	

**DECISION MAKING**

MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*	<b>X</b>	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS	
	VOTING		VOTING METHOD (Place 'X' in the relevant box)	SHOW OF HANDS
*Consensus is general or widespread agreement by all members of a group.			SECRET BALLOT	
			ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF THE DECISION</u>	>
			ENTER THE NUMBER OF MEMBERS <u>AGAINST THE DECISION</u>	>
			ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u>	>

**AGENDA ITEM #7**      Updates from the Oversight Committee

CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

No COI issue

WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >		Yes	
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED			
<p>The FP updated about the Oversight Committee activities and meeting.</p> <ol style="list-style-type: none"> <li>1. The Oversight meeting was held on 24<sup>th</sup> January 2017 and Dr. Abeykoon chaired the meeting.</li> <li>2. Programme Directors and the Project Director made the presentations and discussed the issues they are facing. They already mentioned them at the CCM Meeting.</li> <li>3. Fund allocation for 2019 to 2021 letter sent by the GF was taken up for discussion and the MoH had a separate meeting to discuss this.</li> <li>4. Decided to use the same TOR and Paper advertisement, which was used earlier to fill the position of the FP.</li> <li>5. Decided to write to the MLP - namely IOM and WB directly to send their nomination and remind UNICEF to send the nominations.</li> </ol>			
SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM			
GOV			
MLBL			
NGO			
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PLWD			
FBO			
KAP			
DECISION(S)			
ACTION(S)			
	KEY PERSON RESPONSIBLE	DUE DATE	
DECISION MAKING			
MODE OF DECISION MAKING Place 'X' in the relevant box)	CONSENSUS*	<b>X</b>	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS
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			ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR</u> OF THE DECISION
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			ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u>

<b>AGENDA ITEM # 8</b>	<b>8. KAP Project updates</b>
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
No COI issue	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
<p><b>Ven Uwathanne Sumana Thero</b> informed the members that he is unable to give any support to the organizations under him and he asked the CCM about what he can do from the CCM in his capacity as a CCM Member for the organizations under his leadership and he wanted that to be given to him in writing as a letter.</p> <p>He further said what they can do as the CSOs in the CCM is very little and he made a request to the Ministry higher officials and said there are so many organizations prepared to work and he made a request to arrange for a discussion with the Health Minister and the CSO in the CCM to get a proper management direction and to make arrangements to take it forward, and also to have a discussion with the President, how the people can be served better than now, He requested the help of the Chair and DGHS to do this. The Chair replied by saying if necessary can get an appointment with the Minister and discuss the issues, and he also faced the same situation earlier.</p> <p>The responsibility of the Member in the CCM, and the responsibility in the organization are different. There is something called Col, in Sri Lanka there is no one to do it this way. If the organizations that are working well in this sector are put in the CCM, after coming to the CCM they can't do anything and there won't be anyone to do also. It is because of the strict rules and regulations of the GF.</p> <p>AIDS Foundation is helping because they have other sources of fund, that how he manages in the CCM, it is a shortcoming as Thero said and there is no solution for that.</p> <p><b>Reprogramming request;</b></p> <p>Princy asked whether they can do a reprogramming for the savings because they have saved some money allocated to do the lab tests and drugs as now the government policy is to do all the tests at the hospitals and the drugs also given at the hospitals. She explained how the savings came.</p>	

Niroshan asked whether they need the CCM approval, it was explained as the request has to go to FPA and if necessary FPA will get the approval from the CCM and it has to be submitted with the PUDR and the Chair said he can help them in preparing it.

Niroshan said they have around LKR 20,000 savings for a month from each organization, their allocation is LKR 35,000 and some time not even LKR 10,000 was spent.

**Vacant land at IDH;**

Princy informed the CCM that there is a **vacant land at IDH** and asked to give that land to them.

Premabandu reminded, at an earlier CCM meeting Sec Health had agreed to give if any vacant land is identified, and accordingly now she has found the land at IDH and it can be given according to the meeting decision. Dr. Amunugama agreed to look into that and he asked Dr. Sisira to follow it up. Dr. Sisira said he had already spoke to the Director IDH and he said he would speak to DGHS and take a decision.

Princy informed to the CCM that the building will be done with donations and all three organizations can have their offices and the drop in centers in the same place.

Premabandu said if this request is given in writing to the CCM it can be followed up with the Sec Health.

**Concerns of Mrs. Amitha**

Ms. Amitha said Ven Uwathanne Thero is the Chairman for the KAP subcommittee; they had Provincial KAP network forming meetings in NP and EP and they have formed the committees at the Provincial level, but they don't have funds to give tea and refreshments at the follow-up meetings. There is no fund allocated to make payments to the participants. How to have meetings with the general public and bring their views to CCM, if there is no fund.

She wanted to know whether the LKR 200,000 allocated for the **Capacity Building Workshop** could be used for these meetings. Also she wanted to know about the money allocated for Constructions (HSS project) and not used as Pubudu said it will be taken back by the GF, it is a new thing for them, and to use this money for these meetings. If the CCM is unable to give money to give tea for the participants, it is an issue, will the people work.

She further said, she wanted to bring this to the notice of the Members that the allocation is not adequate and to find out whether this amount can be increased or can it be taken from other allocations.

She further wanted not only HIV /AID related CSO but TB and Malaria related CSOs also have to be involved.

The Chair explained it saying that Ms. Amitha mentioned 2 or 3 issues; it is obvious that so many millions are allocated for constructions but with LKR 10,000 she is unable to give tea and have meetings at local community level. The officers have the reply for that and we are stuck to the process, there is some issue, we can't ask the government but can ask at the CCM, this is the forum to ask about the CCM work.

But the important thing is, they are unable to do anything to their constituency because no funds allocation.

**The FP informed the CCM that they have budgeted funds for refreshments but she feels it is not adequate.**

This is a special pilot project carried out for the last 3 yrs and now they are using the savings from the allocation of this project. She also said this is the amount they could allocate from the available savings and this budget was planned last year by the KAP Members as a reprogramming request at a KAP Meeting and endorsed by the CCM. This project will be over by end of this year and we can't get fund from other grants.

**Dr. Sisira suggested get from the HSS grant and asked to write a proposal for only 10 lakh,**

**Dr. Amunugama suggested sending an email to Blanca, telling her about their concerns, whether they can get some money from some other grant and doing this is a fair request.**

Dr. Sisira commented by saying they are having meetings and workshops at the community level and later they are doing some programmes involving the community, after doing this, if they don't have a system to do the follow-ups or to get the feedback and no funds for this, it is a problem.

The Chair advised and said they should have included this as a part of the CN when the proposal was developed, but we have not done it. He further said this allocation is part of the money came to the CCM and this is allocated for the activities like the needs identification of the constituencies, go to outstations, find out about their needs and shortcomings and bring this information to the CCM because their constituency is not represented fully in the CCM.

SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM	
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FBO																						
KAP																						
DECISION(S)																						
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<b>AGENDA ITEM # 9</b>	<b>Any other Business</b>
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
No COI issue	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >	
Yes	
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	
<p><b>9.1. Nominating a Member to the Oversight Committee to fill the Vacancy created by the retirement of Dr. Mahipala:</b> It was decided to nominate Dr. Jayasundara Bandara DGHS as a member to the Oversight Committee.</p> <p><b>9.2. Ms. Blanca's mission to Sri Lanka;</b> the FP informed the CCM Members that Ms. Blanca will be in Sri Lanka on her mission from 3<sup>rd</sup> to 7<sup>th</sup> of April 2017 and her itinerary will be informed in due course. She also said the next CCM meeting and a KAP meeting will be arranged during her visit.</p> <p><b>9.3. Change of Accountant signatory to the CCM Bank account;</b> It was informed Mr. W.H.S.J.Keerthinayake who worked as the accountant for CCM from 4<sup>th</sup> November 2016 resigned his post from AMC since 31<sup>st</sup> January 2017 and Ms.T.P.M. Jayasinghe Accountant NPTCCD has taken over from him since 1<sup>st</sup> of February with the approval of the GF.</p> <p><b>9.4. From the regional office of UNAIDS</b> The FP informed the members about the e-mail forwarded by Blanca, about <b>Brianna Harrison's visit to Sri Lanka who is a Human Rights and Law advisor at the UNIADS Regional Support team</b> and calling for a meeting on 20th February from 1pm to 3pm with the Community representatives to discuss about the current situation in Sri Lanka. In the absence of a UNAIDS Country office in Sri Lanka, the regional Support team is expecting to provide full support to the communities in Sri Lanka.</p> <p><b>9.5. Premabandu</b> said the three programme directors are working without any shortcomings and he suggested to the CCM to show their appreciations to all three of them without showing any difference. Dr. Sisira said it is not necessary and they are doing their duty and their responsibility.</p>	
SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM	
GOV	<p>Ms. Ajitha's comments and observations;</p> <ul style="list-style-type: none"> <li>F o Officers are working in difficult situations in the government sector,</li> <li>i o Some time certain things can't be done or very difficult to do in the government set up and</li> <li>n because of that even if the fund is available utilization may be low.</li> <li>a o Find out the reasons for low utilization and discuss what can be done to prevent this in the future.</li> <li>c o In the presentations calculations may be wrong because they may have used different figures and it</li> <li>e is some miscommunication among them and because of that it may show as the performance is</li> </ul>

	less. o This has to be checked and corrected by the Project Director and Programme Directors.		
MLBL			
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FBO			
KAP			
DECISION(S)			
ACTION(S)		KEY PERSON RESPONSIBLE	DUE DATE
<b>DECISION MAKING</b>			
MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*	<b>X</b>	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS
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<b>AGENDA ITEM # 10</b>	<b>Date for next meeting</b>		
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)			
No COI issue			
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) >			Yes
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED			
It was decided to have the next meeting in April during the Visit of Ms. Blanca.			
SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM			
GOV			
MLBL			
NGO			
EDU			
PLWD			
FBO			
KAP			
DECISION(S)			
The next meeting will be in April and the Date will be decided once the itinerary is prepared.			
ACTION(S)		KEY PERSON RESPONSIBLE	DUE DATE
Date for the next meeting will be decided once the itinerary is prepared			
<b>DECISION MAKING</b>			
MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*	<b>X</b>	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS
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<b>CHECKLIST</b>	(Place 'X' in the relevant box)		
	YES	NO	
AGENDA CIRCULATED ON TIME BEFORE MEETING DATE	<b>X</b>		The agenda of the meeting was circulated to all CCM members, Alternates and Non-CCM members <u>2 weeks</u> before the meeting took place.
ATTENDANCE SHEET COMPLETED	<b>X</b>		An attendance sheet was completed by all CCM members, Alternates, and Non-CCM members present at the meeting.
DISTRIBUTION OF MINUTES WITHIN ONE WEEK OF MEETING		<b>X</b>	Meeting minutes should be circulated to all CCM members, Alternates and non-members within <u>1 week</u> of the meeting for their comments, feedback.
FEEDBACK INCORPORATED INTO MINUTES, REVISED MINUTES ENDORSED BY CCM MEMBERS*	<b>X</b>		Feedback incorporated into revised CCM minutes, minutes electronically endorsed by CCM members, Alternates and non-members who attended the meeting.
MINUTES DISTRIBUTED TO CCM MEMBERS, ALTERNATES AND NON-MEMBERS	<b>X</b>		Final version of the CCM minutes distributed to CCM members, Alternates and Non-members and posted on the CCM's website where applicable within <u>15 days</u> of endorsement.



SUMMARY OF DECISIONS & ACTION POINTS			
AGENDA ITEM NUMBER	WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW	KEY PERSON RESPONSIBLE	DUE DATE
AGENDA ITEM #1	No action to take		
AGENDA ITEM #2	The Minutes was adopted as the correct recording of the meeting		
AGENDA ITEM #3	1. Decided to remind National Chamber of Commerce 2. Dr. Herath D/AMC and Dr. Janaka MO Bioinformatics working at AMC to meet DGHS and sort out the delay in procurement.	Hirusha AO	
AGENDA ITEM #4	1. The Members decided to endorse the EPA Improvement Plan and the operational Plan 2. To discuss about the number of Oversight Visits at the next Oversight Meeting	FP	
AGENDA ITEM #5	CCM Budget 2017 was endorsed and the contracts of the CCM Staff extended for another year		
AGENDA ITEM #6	No action to take		
AGENDA ITEM #7	No action to take		
AGENDA ITEM #8	1. To do a reprogramming for the savings they have by the Organizations working with PLWHIV 2. Follow-up action to get the <b>vacant land at IDH</b> to the Organizations working with PLWHIV 3. Requesting Blanca for funds to have follow-up meetings in the Provinces	PLWHIV Organizations Dr. Sisira  FP	
AGENDA ITEM #9	No action to take		
AGENDA ITEM #10	Date for the next meeting will be decided once the itinerary of CT is prepared	FP	

NEXT MEETING (INCLUDES OUTSTANDING AGENDA ITEMS NOT COMPLETED DURING CURRENT MEETING)	
TIME, DATE, VENUE OF NEXT MEETING (dd.mm.yy)	3 <sup>rd</sup> APRIL 2017 at 2.00 pm
PROPOSED AGENDA FOR NEXT MEETING	WRITE THE PROPOSED AGENDA ITEMS IN THE SPACES PROVIDED
AGENDA ITEM #1	
AGENDA ITEM #2	
AGENDA ITEM #3	
AGENDA ITEM #4	
AGENDA ITEM #5	

SUPPORTING DOCUMENTATION	Place an 'X' in the appropriate box	
	Yes	No
ANNEXES ATTACHED TO THE MEETING MINUTES		
ATTENDANCE LIST	Yes	
AGENDA	Yes	
OTHER SUPPORTING DOCUMENTS	Yes	
IF 'OTHER', PLEASE LIST BELOW:		
Presentations made by the MOs -Bioinformatics about MIS		

GLOSSARY FOR ACRONYMS USED IN THE MINUTES:	
ACROYNM	MEANING

CCM MINUTES PREPARED BY:			
TYPE / PRINT NAME	Dr. Yoganathan	DATE	
FUNCTION	FP CCM Sri Lanka	SIGNATURE	

CCM MINUTES APPROVAL:			
APPROVED BY (NAME)	> Dr. Palitha Abeykoon	DATE	>
		SIGNATURE	> 



## **ANNEXES 1**

Participants of the 114<sup>th</sup> Meeting of the Country Coordinating Mechanism, Sri Lanka held on 16<sup>th</sup> February 2017, at 02.00 pm, at the Conference Room of the Anti-Malaria Campaign, Public Health Complex, 555/5, Elvitigala Mawatha, Colombo 05.

### **Members:**

- |                                     |  |
|-------------------------------------|--|
| 1. Dr. Palitha Abeykoon             | - Vice Chair CCM Sri Lanka, AIDS Foundation Lanka                  |
| 2. Dr. J.M.W.J. Bandara             | - Director General of Health Service, Ministry of Health           |
| 3. Dr. Sarath Amunugama             | - DDGPHS I, Ministry of Health                                     |
| 4. Dr. Sisira Liyanage              | - Director/NSACP   |
| 5. Dr. H.D.B. Herath                | - Director/AMC   |
| 6. Dr. Kanthi Ariyaratna            | - Director/NPTCCD  |
| 7. Ms. Ajitha Batagoda              | - Ministry of Finance  |
| 8. Mr. U.H.C. Priyantha             | - Ministry of Labour and Trade Union Relation                      |
| 9. Venerable Uwathanne Sumana Thero | - Bodhirajarama Educational Cultural and Social Welfare Foundation |
| 10. Dr. Jacob Kumaresan             | - WHO  |
| 11. Mr. Premabandu Jayathilake      | - Tissajaya Children Welfare Foundation                            |
| 12. Mr. L.W.R. Wickramasinghe       | - Organization of Environment and Children Rights Preservation     |
| 13. Ms. Dilka Peris                 | - World Vision Lanka   |
| 14. Ms. T.W. Princy Silva           | - PLWD   |
| 15. Mr. S.P.I. Niroshan             | - KAP  |

### **Alternative members:**

- |                             |  |
|-----------------------------|--|
| 1. Mr. M. Ramamoorthi       | - Ministry of Social Empowerment & Welfare                         |
| 2. Dr. N. Janakan           | - WHO  |
| 3. Ms. Amitha Aththanayaka  | - Bodhirajarama Educational Cultural and Social Welfare Foundation |
| 4. Dr. Roshan Hewapathirana | - Health Informatics Society of Sri Lanka                          |

### **Observers:**

- |                              |                             |
|------------------------------|-----------------------------|
| 1. Eng. Pubudu De Zoysa      | - Director /GFATM           |
| 2. Dr. G.M.J.C. Wickramanath | - DPRD - Ministry of Health |
| 3. Dr. Pramil Liyanage       | - NPTCCD                    |
| 4. Dr. A.I.A. Ziyad          | - MO/NSACP                  |
| 5. Mr. C. Sangarakumaran     | - LFA                       |
| 6. Mr. Shiran Thilakarathne  | - LFA                       |

### **CCMSL Secretariat:**

- |                      |                          |
|----------------------|--------------------------|
| 1. Dr. S. Yoganathan | - Focal Point/CCMSL      |
| 2. Ms. Hirusha Alwis | - Administration Officer |

### **Excused:**

- |                             |  |
|-----------------------------|--|
| 1. Dr. Anura Jayawickrama   | - Secretary/ Ministry of Health, Chair/CCM Sri Lanka |
| 2. Prof. Vajira Dissanayake | - Health Informatics Society of Sri Lanka            |

### **Absent:**

- |                                       |  |
|---------------------------------------|--|
| 1. Mr. K.P. Chaminda Piyasekara       | - Environment & Community Development Information Centre |
| 2. Mr. H.U. Premathilake              | - Ministry of Education                                  |
| 3. Mr. P.M.C.J.A. Chathura Welivitiya | - Human & Environment Links Progressive Organization     |
| 4. Dr. K.K. Sooriyaarachchi           | - CNAPT  |
| 5. TBN                                | - UNICEF   |