



Country Coordinating Mechanism (BCCM)
Ministry of Health and Family Welfare
BCCM Secretariat

Subject: The 14th meeting minutes of the Oversight Committee of BCCM

Date (dd.mm.yy)	13.02.2017
Venue of the meeting	Conference Room, MOHFW, Dhaka -1000
Meeting started	2:00 PM
Meeting adjourned	5.10 PM
Meeting Chaired By	Ms. Roxana Quader, Additional Secretary (PH&WHO), Ministry of Health and Family Welfare and Chairperson, Oversight Committee of BCCM
Meeting Steered by	Mr. Manaj Kumar Biswas, Coordinator, BCCM Secretariat
Total number of participants	23
Does quorum attained meeting?	Yes
Meeting attendance	<ul style="list-style-type: none">• Members of Oversight Committee: 8• Principal Recipients (PRs):11• GMS: 1• BCCM Secretariat Staff: 3
Attendance list	Yes
Other supporting document	Yes

Meeting Agenda

Sl. No of Agenda	Title of Agenda
1	Approval of the minutes of 13 th Oversight Committee Meeting
2	Presentation on funding request by Chair-TWGs (TB, Malaria and HIV) to review and provide comments for submission of funding request for TB, Malaria and HIV
3	Immediate moratorium on training and procurement activities at NTP
4	SMO for NMCP (Letter to OC Chair from LD-NMCP)
5	Endorsement: <ul style="list-style-type: none">a) Proposed new Oversight Committee of BCCM for 2017-2019b) BCCM yearly work plan and Oversight Planc) OC visit report Rajshahi and Bandarband) Updated of Transport and DSA Guideline for oversight function
6	Miscellaneous

The meeting started at 2:00pm and was chaired by **Ms. Roxana Quader**, Additional Secretary (PH&WH), Ministry of Health and Family Welfare and Chairperson, BCCM Oversight Committee. At the commencement, Hon'ble Chair on behalf of BCCM welcomed all the participants including members, alternate members and other participants. She also directed BCCM Coordinator to steer the meeting in accordance with predetermined agenda.

Accordingly, BCCM Coordinator started presenting the agenda one by one. The participants took part in the discussion on each agenda after presentation.

Discussions:

Agenda Item # 1: Approval of the minutes of 13th Oversight Committee Meeting

Conflict of Interest: N/A

Discussions by the Constituencies:

BCCM Secretariat: BCCM Coordinator **Mr. Manaj Kumar Biswas** presented the signed minutes of 13th Oversight Committee Meeting in details including the decisions taken at that meeting. He also informed the meeting that BCCM Retreat has been completed as per the decided budget and BCCM election has also been completed and the election update have been shared electronically with all. For the private sector, member and alternate member selection/election procedure could not be completed so that the deadline also extended and finally two members and an alternate member has been selected after communicating with different renowned private organizations. It is noted that communication has already been done with an organization over phone for the vacant seat of alternate member of BCCM from private sector.

Oversight Committee: The Chairperson of BCCM Oversight Committee invited the participants to provide feedback on the 13th oversight meeting minutes, if any.

Decision: *The 14th meeting of BCCM Oversight Committee approved and confirmed the minutes of 13th Oversight Committee Meeting.*

Agenda Item # 2: Presentation on funding request by Chair-TWGs (TB, Malaria and HIV) to review and provide comments for submission of funding request for TB, Malaria and HIV

Conflict of Interest: N/A

Discussions by the Constituencies:

BCCM Secretariat: BCCM Coordinator requested to the Line Directors and Chair- Technical Working Groups (TWGs) of National Malaria Control Program, National Tuberculosis Control Program and National AIDS/STD Program to present draft funding request for next three years (2018-2020) to fight against TB, malaria and HIV/AIDS.

Principal Recipients (PRs):

Dr. Mojibur Rahman, National Program Coordinator, National Tuberculosis Control Program presented the funding request for next three years (2018-2020), which will start from 1 January 2018 to 31 December 2020. As per the national strategic plan, total allocation is 98 million and besides this, a total 13 million will be provided as additional funding for detection of missing cases. He also informed the meeting that during last phase (July 2015 to December 2017), BRAC received approximately 75 million and NTP received approximately 36 million.

Prof. Dr. Sanya Tahmina, Line Director of National Malaria Control Program presented the funding request for next three years (2018-2020). Prof. Dr. Sanya Tahmina, LD NMCP argued that according to the updated National Strategic Plan, NMCP needs about US\$ 35 million for 2018-2020. The Global Fund allocated only 30 million but CCM decided to allocate 26.8 million where BRAC will receive 12.2 million and NMCP will receive 14.6 million. She also informed the meeting that for 2.5 years in NFM they received in total 25 million but for next three years (2018-2020) they are going to receive only approximately 26.8 million.

Dr. Md. Anisur Rahman, Line Director of National AIDS/STD Program presented the funding request for next three years (2018-2020). Dr. Md. Anisur Rahman, Director and LD, NASP and Chair TWG-HIV/AIDS, informed that the coverage of Key Populations with prevention interventions and HTC under the current GF supported grants is less than 50% of the targeted population. In addition, the current program is already compromised due to budget deficit. He mentioned that for next three years (2018-2020), the allocation amount is approximately 21.5 million for HIV/AIDS after getting 3.2 million from malaria allocation as per BCCM decision. However, this amount is not enough to carry out even current activities under the NFM with required inflation. However, all PRs have tried to design their programs in a way so impacts can be generated. Dr.



Anisur Rahman emphasized that GF may consider to increase their allocation for HIV and AIDS in coming years for maintaining a minimum standard of intervention aligned with National Strategic Plan for HIV and AIDS 2017-2021.

Several feedback and queries came from the oversight committee members in the meeting and through emails, some of them are given below:

1. Referral should not only be to DOTS Centers; GeneXpert TB Diagnostic Centers should also be considered, particularly for the HIV positive people
2. Harmonization of the presentation of the protocols of the three diseases is needed. Take the best part of each proposal and follow that.
3. Do not use paramedics, it should be Medical Assistants
4. Consider etiological diagnosis in case of drug resistance and recurrent cases
5. Where will Hepatitis C patients be referred?
6. Risk mitigation across all diseases need harmonization
7. For migration, what is proposed in the protocol was not clear.
8. It was difficult to understand the detail budgetbreakdown per module from the summary sheet
9. Have we used data from the latest surveillance and what is the reference? – this should be confirmed
10. FSW intervention shows only \$ 2.7 million under the module, how was this figure arrived at? – further clarification is needed
11. There must be provision to assess quality of life for the OST users
12. Unit cost for the health products and list of the health products are needed
13. Community based detox and its referral mechanism with GOB facilities should be included

Oversight Committee: Prof. M A Faiz, Oversight Committee Member proposed to revise the draft concept note (Tuberculosis, Malaria and HIV/AIDS) by addressing the comments before finalizing to be submitted to BCCM.

Decision: The 14th meeting of BCCM oversight meeting participants carefully reviewed funding request for TB, Malaria and HIV/AIDS and gave some comments and feedback to be addressed in the revised versions before submitting to the 89th BCCM meeting. The meeting decided to recommend BCCM to endorse this funding request for all three diseases upon incorporation of comments and feedbacks before the 89th BCCM meeting scheduled on 19th February 2017.

Agenda Item # 3: Immediate moratorium on training and procurement activities at NTP

Conflict of Interest: N/A

Discussions by the Constituencies:

BCCM Secretariat: BCCM Coordinator Mr. Manaj Kumar Biswas informed the meeting, in reference of the email of Mr. Richard Cunliffe, Sr. Fund Portfolio Manager, that during the last audit of the Global Fund grant to NTP, for the financial year ended 30 June 2016, the external audits discovered some financial irregularities related to training conducted by NTP during that year. After some enquiries, it was confirmed that the matters are serious and as they involved financial irregularities as potentially fraudulent activities. Thus, the Global Fund has instructed NTP to temporarily stop all training activities using Global Fund finances.

He also informed the meeting that Mr. Richard Cunliffe, Sr. Fund Portfolio Manager, GF sent an email to BCCM Secretariat to discuss in this oversight committee meeting and take necessary action. Mr. Richard Cunliffe, Sr. Fund Portfolio Manager also sent an email to Respected Secretary, MOHFW to look into this matter and resolve issues related to financial irregularities.

Oversight Committee: Ms. Roxana Quader, Additional Secretary (PH&WH), MOHFW and Chair Oversight Committee of BCCM opined that Ministry of Health and Family Welfare is looking into this matter as Mr. Richard Cunliffe, FPM, GF Country Team send an email to respected Secretary regarding this issue. She suggested that Oversight Committee should wait until the decision of Ministry of Health and Family Welfare on this issue.

Decisions: *The 14th Meeting of Oversight Committee of BCCM decided to inform GF country team that Ministry of Health and Family Welfare itself has already taken initiative to investigate this issue. The oversight committee will wait until MOHFW's investigation and further action on this issue.*

Agenda Item # 4: SMO for NMCP (Letter to OC Chair from LD-NMCP)

Conflict of Interest: N/A

Discussions by the Constituencies:

BCCM Secretariat: BCCM Coordinator informed the 14th meeting of BCCM Oversight Committee that BCCM Secretariat received a letter to the Chair, Oversight Committee of BCCM from the Director CDC and Line Director of NMCP regarding funding support for Surveillance Medical Officer (SMO) in three pre-elimination districts. He informed the meeting that GF agreed to fund three SMO for three endemic districts which are Rangamati, Khagrachori and Bandarban. But other three districts which are now in pre-elimination phase where DFID funded SMO worked till December 2016, GF is not funding staff for these districts. NMCP thought that in these three pre-elimination districts need SMO to continue surveillance activities next couple of years for Malaria elimination.

BCCM Coordinator requested the meeting to discuss this issue and decide on this issue. He informed that Oversight Committee could send request letter to Chair, Health Donor Consortium for supporting financial assistance for SMO to the NMCP.

The Oversight Committee: Ms. Roxana Quader, Additional Secretary (PH&WH), MOHFW and Chair Oversight Committee of BCCM requested the meeting to discuss on this issue and make decision for this request from NMCP.

Prof. Dr. Mahmudur Rahman, Vice Chair, BCCM Oversight Committee suggested that Oversight Committee could send a request letter to the Chair, Health Donor Consortium for supporting financial assistance for SMO to the NMCP. As surveillance expert, he emphasized the surveillance activities for malaria in pre-elimination areas of Bangladesh. Other members of Oversight Committee agreed to send request letter to the Chair, Health Donor Consortium for supporting financial assistance for SMO to the NMCP proposed by Prof. Rahman.

BCCM Secretariat: BCCM Coordinator requested the meeting to discuss about strengthening of BCCM Secretariat. He mentioned that BCCM Secretariat is now fully functioning and doing diversified activities managing wide range of stakeholders in BCCM. BCCM Secretariat staff regularly move different offices and places in Dhaka City and outside Dhaka city for coordination, collaboration and oversight of GF's grants implementation in Bangladesh.

He said that BCCM Secretariat needs a small vehicle (used or new) support from any Development Partners. Driver and fuel costs for this could be provided BCCM Secretariat local travel budget line item, if any donor organizations provide a vehicle for BCCM Secretariat to strengthen health governance through BCCM for GF's grants implementation in Bangladesh.

The Chair of the Oversight Committee recommended that Oversight Committee could send another request letter to the Chair, Health Donor Consortium for providing vehicle to BCCM Secretariat to strengthen health governance through BCCM for GF's grants implementation in Bangladesh. Other members of Oversight Committee agreed to send request letter to the Chair, Health Donor Consortium for providing vehicle (used or new) for BCCM Secretariat.

Decisions: *The 14th meeting of BCCM Oversight Committee decided to send request letter to the Chair Health Donor Consortium to provide financial and other support about the SMO for malaria as NMCP needed SMO in low-endemic district to maintain low malaria cases and continuous notification for new cases in elimination phase.*

The 14th meeting of BCCM Oversight Committee decided to send another request letter to the Chair Health Donor Consortium to provide vehicle (used or new) support to BCCM Secretariat to strengthen health governance through BCCM for GF's grants implementation in Bangladesh.

Agenda Item # 5: Endorsement: a) Proposed new Oversight Committee of BCCM for 2017-2019
Conflict of Interest: N/A

BCCM Secretariat: BCCM Coordinator discussed that according to the BCCM Governance Manual and Global Funds Guidelines Oversight Committee of BCCM has to be reconstituted. BCCM Membership renewal processes have been completed. He proposed to endorse new Oversight Committee of BCCM for next three years (2017-2019).

He presented the proposed name and expertise of proposed new Oversight Committee of BCCM for 2017-2019. He mentioned that Mr. Ahsanul Alam Kishore, member from PLHIV Network and Ms. Aleya Akter Lily, from KAP TB (CSW), CSW's Network of Bangladesh are included to comply with Eligibility Requirements of the Global Fund other than expertise. He also informed the meeting two expert members are included in every section of expertise including program management, finance, PSM and diseases expert.

Dr. Saima Khna suggested to include Dr. Tasnim Azim, Former Director, Center for HIV/AIDS, icddr,b to include as HIV expert in Oversight Committee of BCCM.

Prof. Dr. Mahmudur Rahman, Vice Chair Oversight Committee of BCCM suggested to endorse the proposed new Oversight Committee including Dr. Tasnim Azim, Former Director, Center for HIV/AIDS, icddr,b to include as HIV expert.

According to the permission of Chairperson of the meeting, BCCM Coordinator read out the proposed new members' name and designation and expertise. Name of the members are as following:

1. Ms. Roxana Quader, Additional Secretary-MOHFW (PH&WH) as Chair of Oversight Committee
2. Mr. Prodip Ranjan Chakrabortay, Additional Secretary-MOHA as Vice Chair of Oversight Committee
3. Prof. Dr. Mahmudur Rahman, Former Director IEDCR as Vice Chair of the Committee
4. Prof. Dr. M A Faiz, Professor of Medicine and Former Director General, DGHS, Mohakhali, Dhaka.
5. Dr. A.E Md. Muhiuddin Osmani, Joint Chief, MOHFW, Bangladesh Secretariat, Dhaka.
6. Mr. Milan Kanti Datta, Member Secretary, BHBCUC (FBO)
7. Mr. S M Ahsanul Aziz, Deputy Secretary (WHO). MOHFW, Bangladesh Secretariat, Dhaka.
8. Prof. Dr. Asif Mujtaba Mahmud, TB Expert Member from IEDCR, DGHS, MOHFW Dhaka.
9. Dr. Charles Lerman, TB Advisor, USAID Bangladesh, US Embassy, Baridhara, Dhaka 1212.
10. Mr. Joseph Sebhata, First Secretary, High Commission of Canada, Gulshan 2, Dhaka-1212.
11. Dr. Tasnim Azim, Former Director, icddr,b, HIV Expert
12. Dr. Saima Khan, Officer In Charge, UNAIDS Bangladesh. IDB Bhaban, Agargaon, Dhaka.
13. Mr. Zahedul Islam, Country Project Director, SIAPS, Management Sciences for Health, Dhaka.
14. Dr. Abu Zahid, Team Leader, SIAPS, Management Sciences for Health, Dhaka.
15. Mr. Ahsanul Alam Kishore, OC member from PLHIV, Dhanmondi, Dhaka.
16. Kamrul Hasan Kenedy, Head of Inst. Buss & Health Care product, Renata Limited
17. Dr. Abu Zahid, Team Leader, SAIPS/MSH Bangladesh
18. Ms. Aleya Akter Lily, KAP TB (CSW), CSW's Network of Bangladesh
19. Mr. Manaj Kumar Biswas, BCCM Coordinator, Non-voting for Admin Support.

Decision: *The 14th meeting of Oversight Committee of BCCM decided to endorse new Oversight Committee of BCCM for 2017-2019. List of members including designation, organization and expertise attached as Annexure D.*

The meeting also decided to forward this new Oversight Committee to next BCCM meeting for endorsement in BCCM.

Agenda Item # 5: Endorsement: b) BCCM yearly work plan and Oversight Plan
Conflict of Interest: N/A

Discussions by the Constituencies:

BCCM Secretariat: BCCM Coordinator updated the meeting about BCCM yearly work plan and oversight plan for 2017 which is circulated among the Oversight Committee members electronically for their comments and feedback and distributed in meeting folders. He requested the meeting to endorse this BCCM yearly work plan and oversight plan for 2017.

The Oversight Committee: The meeting discussed on the draft BCCM work plan and Oversight Plan for 2017. The Chair of this meeting recommended sending this BCCM Yearly work plan and oversight plan to next BCCM Meeting to endorse by BCCM.

Decisions: *The 14th meeting of Oversight Committee of BCCM decided to endorse BCCM Yearly Work Plan and Oversight Plan for 2017. The meeting also decided to forward this BCCM Yearly Work Plan and Oversight Plan for 2017 to next BCCM meeting for endorsement in BCCM. The BCCM yearly work plan and oversight plan for 2017 is attached as Annexure-E and Annexure-F.*

Agenda Item # 5: Endorsement: c) OC visit report Rajshahi and Bandarban
Conflict of Interest:N/A

BCCM Secretariat:BCCM Coordinator informed the meeting that as per previous Oversight Committee (OC) activities, OC completed two site visits where first one was in Rajshahi on 7-8 December 2016 and second one was in Bandarban on 23-26 December 2016. Observations and recommendations of these two site visits are given below:

Recommendations of OC Visit to Rajshahi: 7-8 December 2016:

Sustainability of Interventions:The following efforts may be considered in making the programs gradually sustainable.

- Program coverage should be increased among the target people (IDU, FSW, MSM/Hijra) and HTC should be 100% reaching people among target people in the DIC.
- Medical Assistants working in DIC should have SOPs for Syndromic Management of STI/STDs in Bangla. Service providers should have consent form for HIV testing and counseling in Bangla.
- CCM should put more budgets for HTC in next funding request to reach all enlisted risk people to complete HTC for all.
- There should be facility for inpatient care of IDUs for detoxification in the department of psychiatry in medical college hospital.
- Evidence based antibiotic treatment of the cases of abscess among IDUs require microbiological support of culture and sensitivity at least periodically.
- A letter in favor of PWID Intervention from MOHA is needed and Oversight Committee of BCCM should support to send this letter through BCCM.

For the DOTS corner at Medical College Hospital (MCH) there should be an operation manual with emphasis on recording/reporting with ensured treatment of all cases of TB diagnosed/ taking care at MCH.

Engagement of Physicians in Secondary and Tertiary Hospitals:Physicians, including the specialists, in Secondary and Tertiary Hospitals need to be engaged more with the program to increase referral of suspects to the DOTS Centers and diagnosis of smear negative and extra-pulmonary cases and thus improve case notification of TB. This can be done through clinical orientation, periodic reviews, and other promotional activities.

Referred cases follow up and ensure getting treatment:DOTS corner should make periodical follow up for the referred patients to their nearby DOTS center from where they are getting treatment after discharging from hospital. DOTS center should maintain C7/follow up registered till the patients get free from TB disease.

Expansion of GeneXpert capacity: GeneXpert capacity is low in Rajshahi division. More Gene Xperts need to be installed in this region.

Improvement of Diagnostic Capacity: X-Ray facility should be available at UHC. Expansion LED Microcopy network is absolutely required. NTP needs to ensure availability of LED microscopes in order to increase diagnostic efficiency in this division. Contact tracing should be started for increasing the case detection.

Quality of services: NTP and allies should increase supportive monitoring visits to follow-up on quality of diagnosis and treatment including history taking and sputum examination in the TB services.

Intervention for Migrants: There is no structured intervention to reach out to migrant workers although a majority of HIV positives are detected among the in-migrants and migrant workers. This should be a focus area in the next concept note development.

Resumption of Detoxification services: Provision of Training and exploring opportunities for employment generation of the PWID and CSWs.

Recommendations of the site visit to Bandarban on 23-26 December, 2016

Sustainability of Interventions: The following efforts may be considered in making the programs gradually sustainable.

- Program coverage should be increased among the target people (FSW) and HTC should be 100% reaching people among target people in the DIC.
- Medical Assistants working in DIC should have SOPs for Syndromic Management of STI/STDs in Bangla. Service providers should have consent form for HIV testing and counseling in Bangla.
- CCM should put more budgets for HTC in next funding request to reach all enlisted risk people to complete HTC for all.

Engagement of Physicians in Secondary and Tertiary Hospitals: Physicians, including the specialists, in secondary and tertiary hospitals need to be engaged more with the program to increase referral of suspects to the DOTS Centers and diagnosis of smear negative and extra-pulmonary cases and thus improve case notification of TB. This can be done through clinical orientation, periodic reviews, and other promotional activities.

Referred cases follow up and ensure getting treatment: DOTS corner should make periodical follow up for the referred patients to their nearby DOTS center from where they are getting treatment after discharging from hospital. DOTS center should maintain C7/follow up registered till the patients get free from TB disease.

Expansion of GeneXpert capacity: GeneXpert Technologist should be appointed here for long time and ensure maximum utilization of GeneXpert Machine to detect TB cases and MDR TB cases.

Improvement of Diagnostic Capacity: Expansion of LED Microcopy network is required. NTP needs to ensure availability of LED microscopes in order to increase diagnostic efficiency in this district. Contact tracing should be started for increasing the case detection.

Quality of services: NTP and allies should increase supportive monitoring visits to follow-up on quality of diagnosis and treatment including history taking and sputum examination in the TB services.

- NTP and Divisional TB Expert should coordinate the TB program as a National TB Control Program with local health administration especially with Civil Surgeon, Deputy Civil Surgeon, UH&FPOs and RMO.



- Divisional TB Expert should support DOTS corner employee to develop record keeping and reporting system and regular monthly and quarterly report to Civil Surgeon about the TB interventions.
- Facility for Xray should made available at UHC and FNAC at district level for increasing case detection rate of TB.
- NTP and BRAC should ensure availability of Technician and functional GeneXpertmachine those are procured or going to be procured for maximum utilization of this new and costly diagnostic opportunity to increase case findings.
- GO and NGO coordination should be strengthened for TB program in this District through implementing organizations and by Divisional TB Expert.
- Reasons for continued high number of cases of malaria at Bandarban district despite good coverage of LLIN should be identified with possible solutions. How far the existing IEC/BCC is contributing in change of behavior of the communities in the hill districts for prevention and treatment seeking need evaluation. May arrange a consultative workshop on effective intervention at CHDs. Adequate preparation by NMCP and BRAC consortium, providing training to health care providers and reinforcing community awareness for preventive interventions and early treatment seeking before the malaria season (by April) is recommended. Arrangement to be made by NMCP supported by BRAC consortium for recording of all cases of malaria diagnosed and treated within a catchment area of community Clinic/equivalent to ward by all care providers (public, NGOs, private) and watch every week to detect outbreak early.
- Capacity for generating vector related information through surveillance should be developed for evidence based preventive interventions and operation research.
- BRAC and NMCP should take initiatives to train **Village Doctor, Pharmacy Owner and volunteers** about RDT Test and provide test kits to them in hard to reach areas to identify Malaria cases quickly and refer to the Hospital.
- Involvement of the regimental units, forest workers, private sector, Jhum Cultivators, volunteers through training, and logistic support for diagnosis and treatment.
- GO and NGO coordination should be strengthened for Malaria program in this District through implementing organizations and SMO Malaria.
- Provision of pre-referral treatment to patients of severe malaria as per national treatment guidelines
- Role of private sectors in malaria diagnosis and treatment should be explored.
- SMO malaria should support hospital employee (doctors, nurses and Lab Technologists) to develop record keeping and reporting system and regular monthly and quarterly report to Civil Surgeon about the Malaria cases and malaria interventions.

Intervention for Migrants: There is no structured intervention to reach out to migrant workers although a majority of HIV positives are detected among the in-migrants and migrant workers. This should be a focus area in the next concept note development. These Provision of Training and exploring opportunities are for employment generation of the PWID and CSWs.

Decision: *The 14th meeting of Oversight Committee of BCCM decided to endorse the report of Oversight Visit to Rajshahi and Bandarban.*

Agenda Item # 5: Endorsement: *d) Updated of Transport and DSA Guideline for oversight function and BCCM*

Conflict of Interest: N/A

BCCM Secretariat: Mr. Manaj Kumar Biswas, BCCM Coordinator informed the meeting that current Transport and DSA Guideline is not sufficient according to experience of last couple of Oversight Site visit. As we all know Oversight Function is fully voluntary and members are holding senior positions in their organizations. According to current travel cost, hotel accommodation costs and fooding costs BCCM should revise Transport and DSA Guideline for oversight function. He mentioned that according to oversight committee members comments and feedback on previous Transport and DSA Guideline for oversight function, BCCM Secretariat prepared draft new Transport and DSA Guideline for oversight function and BCCM members and alternate members. This new Transport and DSA Guideline shared with all

electronically and distributed in folders. He requested to discuss on this draft new Transport and DSA Guideline for BCCM.

The Oversight Committee: Prof. Dr. Mahmudur Rahman, Vice Chair Oversight Committee of BCCM proposed to endorse this new Transport and DSA Guideline for BCCM and other members were agreed to endorse this new Transport and DSA Guideline for BCCM.

The Chairperson: Ms. Roxana Quader, Additional Secretary, MOHFW and Chair, Oversight Committee of BCCM also advocated the meeting to endorse this new Transport and DSA Guideline for BCCM.

Decision: *The 14th meeting of Oversight Committee of BCCM endorsed updated new transport and DSA guideline for BCCM and oversight function. The new Transport and DSA Guideline for BCCM is attached as Annexure G.*

Having no other issues to discuss, the Chairperson thanked all the participants for their attendance and active participation and wrapped up the meeting.



Roxana Quader
Additional Secretary (PH&WH), MOHFW
and
Chair, Oversight Committee of BCCM