

## Country Coordinating Mechanism (BCCM)

Ministry of Health and Family Welfare

BCCM Secretariat

**Subject: The 15<sup>th</sup> meeting minutes of the Oversight Committee of BCCM**

<b>Date (dd.mm.yy)</b>	09.05.2017
<b>Venue of the meeting</b>	Conference Room, MOHFW, Dhaka -1000
<b>Meeting started</b>	10:00 AM
<b>Meeting adjourned</b>	2.00 PM
<b>Meeting Chaired By</b>	<b>Prof. Dr. Mahmudur Rahman, Vice-Chair,</b> Oversight Committee of BCCM
<b>Meeting Steered by</b>	<b>Mr. Manaj Kumar Biswas, Coordinator, BCCM</b> Secretariat
<b>Total number of participants</b>	25
<b>Does quorum attained meeting?</b>	Yes
<b>Meeting attendance</b>	<ul style="list-style-type: none"> <li>• Members of Oversight Committee: 10</li> <li>• Principal Recipients (PRs): 11</li> <li>• GMS: 1</li> <li>• BCCM Secretariat Staff: 3</li> </ul>
<b>Attendance list</b>	Yes
<b>Other supporting document</b>	Yes

### Meeting Agenda

Sl. No of Agenda	Title of Agenda
1	Approval of 14 <sup>th</sup> Oversight Committee Meeting Minutes
2	Dashboard (October-Dec 2016) Presentation by PRs
3	<b>Update(s) on:</b>
	a) Funding request submission (HIV, TB, and Malaria)
	b) OIG investigation, NTP Bangladesh
	c) Oversight Functions (Visit and other activities)
	d) TWG meeting update by Chair of TWGs (HIV, TB and Malaria)
4	Procurement Committee for BCCM
5	BCCM Newsletter Meeting
6	Miscellaneous

The meeting started at 11:00am and was chaired by **Prof. Dr. Mahmudur Rahman, Vice-Chair, BCCM Oversight Committee.** At the commencement, Hon'ble Chair on behalf of BCCM welcomed all the participants including members and other participants. He 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.

**Discussion(s) and decision(s):**

**Agenda Item # 1: Approval of the minutes of 14th 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 14<sup>th</sup> Oversight Committee Meeting in details including the decisions taken at that meeting.

**The Chairperson:** The Chair of the meeting invited the participants to provide feedback on the 14<sup>th</sup> oversight meeting minutes, if any.

**Decision(s):**

- *The 15<sup>th</sup> OC meeting approved and confirmed the minutes of 14<sup>th</sup> OC Meeting.*
- *The meeting also decided that BCCM Oversight Committee meeting agenda would be separated in two sections. One section would be for PRs related where PRs and OC members would discuss and make decision(s), another section would be only for Oversight related issue where only Oversight Committee members would discuss and make decision.*

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**Agenda Item # 2: Dashboard (October-Dec 2016) Presentation**

**Conflict of Interest:** N/A

**Discussions by the Constituencies:**

**BCCM Secretariat:** CCM Summary Dashboard, along with PR Dashboards, has been presented to the meeting and participants were requested to pay attention in some important issues.

**The Chairperson:** Chair of the oversight committee requested PRs to explain the issues that are showing unexpected results e.g. red color, above 100% achievement etc.

**Principal Recipient(s):** Dr. Md. Anisur Rahman, Director, NASC explained that they have received fund for one year with one quarter buffer at the beginning of the program. Thus, it shows about 239% disbursements. He also mentioned that the stock section of PR Dashboard always shows red despite of having any procurement responsibilities of the PR.

Dr. Lima Rahman of Save the Children International mentioned that they also received one quarter buffer disbursement and disbursement to SRs made accordingly. Thus, disbursement received from the Global Fund and disbursement to SRs are showed up of the budget line which will be adjusted over rest of the period. She also informed the meeting that in the feed file there is an option to provide comments on the Management Actions taken by PR against the Condition Precedent, Special Conditions or any other recommended actions from the Global Fund issued Management Letters. This will create opportunity for the Oversight Committee members to see the progress of the PR in this regard..

Dr. Mojibur Rahman, National Program Coordinator, NTP explained that their procurement activities are held up by the Global Fund's embargo. NTP is trying to sign an MoU with another organization or agency to complete their procurement but this is still under process.

Dr. Rouseli Haq, Director, NTP informed the meeting that some progress already has made with the procurement issues and expecting to solve rest of these issues. She also explained that the possibility of audit objection remains as whole procurement process is not done with the agent, only selection of the supplier is selected by the agencies and work orders are supposed to be issued by NTP. Thus, the process becomes more complex.

Dr. M M Aktaruzzaman informed the meeting that they have already taken necessary steps (three reprogramming) to absorb the savings from LLIN which was budgeted as \$4.5 but procured with \$2.54. He also informed the meeting that most of the reprogrammed activities has done, rest activities are under process.

**OC member(s):** The chair of the meeting suggested that an approval can be taken from the Ministry of Health and Family Welfare to do so and once the approval is got, no risk of audit objection will be there.



He also requested NTP to take necessary steps to solve current issue with key position and current audit issues.

**Decision(s):**

- *The 15<sup>th</sup> meeting of BCCM Oversight Committee decided that PR should input comment for all issues, as applicable, including management actions in PR Dashboards*
- *The meeting decided that a letter would be sent to Line Director NTP to solve procurement related issue within one month which is showing red color in PR dashboard.*
- *The meeting decided that PRs would share their yearly audit report to the BCCM and oversight committee of BCCM as well as what measures taken by the PRs for improvements based on the audit report recommendations.*
- *The meeting decided that Director IEDCR would be requested by the BCCM Oversight Committee to publish surveillance report on HIV/AIDS and share that report with NASC.*
- *The meeting decided to take the issue of increasing x-Ray facility to the technical working group considering the current prevalence of extra pulmonary TB*

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**Agenda Item # 3a: Update on funding request submission (HIV/AIDS, TB, and Malaria)**

**Conflict of Interest:** N/A

**Discussions by the Constituencies:**

**BCCM Secretariat:** BCCM Coordinator Mr. Manaj Kumar Biswas informed the meeting that funding request for all three diseases has been submitted within scheduled dates. After submission, BCCM Secretariat also provided necessary documents as required by the GF Secretariat. He also informed the meeting that GF secretariat has sent all these requests to TRP after their review. He also requested PRs to update oversight committee about the changes made before submission.

**Principal Recipient(s):** PR representatives informed the meeting that adjustments were done according to the recommendations made in previous Oversight Committee meeting and BCCM meeting. Before submission, some templates which was provided by the Global Fund has been updated to complete final submission.

**Decision(s):** *The 15<sup>th</sup> OC meeting acknowledged the update on Funding request submission for HIV/AIDS, TB, and Malaria to the Global Fund for the period of 2018-2020.*

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**Agenda Item # 3b: Update on OIG investigation, NTP Bangladesh**

**Conflict of Interest:** N/A

**Discussions by the Constituencies:**

**BCCM Secretariat:** BCCM Coordinator informed the meeting that a meeting between investigation team and Oversight Committee members where investigation team explained their purpose, process of current investigation and reporting afterward. He also requested Director-MBDC to provide update on the investigation if any. He further informed the meeting that Global Fund has planned to arrange a meeting with our Hon'ble Minister during World Health Assembly and necessary information is to provide to make the meeting convenient and useful.

**Principal Recipient(s):** Dr. Rouseli Haq, Director, MBDC informed the meeting that the investigation is now being carried out by locally recruited representatives as external investigators have left NTP. She also informed that no observation has been shared yet by the investigators. According to the investigation design, findings will be shared latter as draft findings with NTP.

**The Chairperson:** Chair of the meeting requested to inform Director-MBDC to inform the meeting about the management actions against the audit observation.

**Principal Recipient(s):** Dr. Rouseli Haq, Director, MBDC informed that a committee has been formed by previous LD to investigate and recover unauthorized expenditures. Preliminary report has been prepared and notice provided to respective persons to refund but no further action has been taken.



**OC member(s):** Prof. M. A. Faiz, member Oversight Committee and Vice Chair, BCCM explained that previous OIG report included some obligation relating to fund utilization which has been recovered accordingly. If we want to receive and utilize fund from The Global Fund, we need to comply with GF rules and procedures. And for such, if the audit report provides any definitive observation it should be properly taken care of. Otherwise fund will be delayed and consequently be unutilized.

**Decision(s):**

- *The 15<sup>th</sup> meeting of BCCM Oversight Committee decided that NTP's OIG issue would be sent to the 90th BCCM meeting for BCCM updates.*
- *The 15<sup>th</sup> meeting of BCCM Oversight Committee decided that Oversight Committee representative(s) should attend LFA debrief after LFA verification in PRs office so that BCCM Oversight Committee can be informed about LFA observation and inform BCCM to take measures accordingly. This decision will be sent to BCCM for endorsement.*

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**Agenda Item # 3c: Update on Oversight Functions (Visit and other activities)**

**Conflict of Interest:** N/A

**Discussions by the Constituencies:**

**BCCM Secretariat:** BCCM Coordinator presented recommendations of Oversight Visits, Cox's Bazar and PR-icddr,b for information of the participants. Recommendations are listed below:

**Recommendations from Cox's Bazar site visit:**

**Sustainability of Interventions:**

The following efforts may be considered in making the programs gradually sustainable:

- Expansion of services for CSWs at Cox's Bazar is needed. Regular availability of health care providers (at least SACMO) avoiding duplication. Consideration for providing services for MSM, advice about TB diagnosis may be provided by service providers.
- Program coverage should be increased (100%) among the target people (IDU, FSW, MSM /Hijra) and HTC in the DIC.
- Medical Assistants should be posted for DIC services with updated guideline for Syndromic Management of STI/STDs.

**For the DOTS corner at Cox's Bazar General Hospital, there should be an operation manual with emphasis on recording/reporting with ensured treatment of all cases of TB diagnosed/ taking care at this hospital.**

**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.

**Improvement of Diagnostic Capacity:**

X-Ray facility is available at UHC but expansion of 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.

To increase case detection, involve the private providers. More watch on MDR TB considering influx of migrants.



**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 migrants from Myanmar although a majority of HIV positives are detected among the in-migrants and migrants from Myanmar. This should be a focus area in the next concept note development.

**Addressing the Cross-Border issues:**

Cox's Bazar districts specially bordering Upazilas like Ukhia, Tekanf, Ramu, and Naikhongchari of Bandarban district needs special emphasis. To have an adequate coverage of LLIN in all households including new ones established recently in Ukhia by quick mapping. Close watch on cases and foci with adequate preparation of the rapid response team (RR) team at district level. More training of health care providers on early diagnosis and appropriate treatment of cases especially severe malaria. Consideration of identification of forest goers at UZs of Cox's Bazar (as most of the cases of malaria are among the male forest goers) and mapping with intense IEC for prevention and early treatment seeking for fever, 'standby treatment' may be considered in special cases.

Close watch on therapeutic efficacy in bordering areas like Ukhia including using molecular method of parasite resistance (K13). Intensify the use of universal LLIN and universal detection of cases of malaria (testing all fever cases for malaria) considering influx of population from Myanmar in consideration of reduced efficacy of Artemisinin in Myanmar. There should be planning/preparation and appraisal of health care providers including private practitioners before the next malaria season (by NMCP and BRAC). If necessary, requesting for more funds from sources other than GF for example IOM/WHO and others DPs.

Special consideration of diagnosis and treatment of cases of TB, HIV, Malaria due to population movement across the borders having high risk of transmission.

**Recommendations from PR-icddr,b visit:****a. Possible improvements in implementation:**

1. The icddr,b and allies continue their current monitoring and supervision system and may further strengthen, where possible, to improve service delivery e.g. quality of diagnosis and treatment for STI and referral services for STI complications.
2. GO and NGO coordination should be further strengthened for HIV program in central and district level activities through implementing organizations.
3. As the MSM/Hijra, PWID and FSW intervention have been implementing through separate PRs and SRs, implementing PRs and SRs collaboration and coordination should be strengthened for addressing some common and/or inter related issues at central, upazila, district and division level.

**b. Issues requiring further coordination and attention:**

1. Regular availability of health care providers (SACMO) in DICs and Sub DICs for avoiding duplication should be ensured by the PRs. Medical Assistants should be posted for DICs and Sub DICs services with SOPs for Syndromic Management of STI/STDs.
2. Intervention to reach out to migrants as majority of HIV positives are detected among the in-migrants Key Population should be focus area in the HPNSDP program by the Government.
3. PRs should send a letter to the Chair Oversight Committee to address legal area for Key Population for e.g. carry condom, lubricants and BCC materials by the field workers.

**The Chairperson:** Chair of the meeting requested the meeting participants to give feedback, if any, firstly by the OC members and then by the PRs.



**Principal Recipient(s):** The PRs informed the meeting about some issues e.g. typing mistakes. Dr. Anisur Rahman, Director, NASC explained that guidelines for Syndromic Management of STI/STDs could not be updated as we do not have any surveillance statistics.

**Decision(s):**

- *The 15<sup>th</sup> meeting of BCCM Oversight Committee decided that the visit report will be corrected according to the discussion specially recommendations and get signed accordingly.*
- *The 15<sup>th</sup> OC meeting also decided that PRs should get appropriate time to address recommendations based on the Oversight Visit in different sites of GF grants implementations.*
- *The 15<sup>th</sup> meeting of BCCM Oversight Committee decided that the issue of surveillance statistics should be discussed in TWG meeting to find a way out of the limitation to update guidelines for Syndromic Management of STI/STDs.*

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**Agenda Item # 3d: TWG meeting update by Chair of TWGs (HIV/AIDS, TB and Malaria)**

**Conflict of Interest:** N/A

**Discussions by the Constituencies:**

**BCCM Secretariat:** BCCM Coordinator requested Chair of TWGs to update the meeting on the TWG functions of last quarter.

**Chair, TWGs and PRs:** Dr. Md. Anisur Rahman, Director, NASC and Chair, TWG informed the meeting that they have no issue for TWG meeting.

Dr. Mojibur Rahman, National Program Coordinator, NTP informed the meeting that they have conducted the meeting previous day. The meeting discussed about the submitted funding request; possible reconstruction (Line Director as Chair, Director as member and Program Manager as member secretary) of the TWG in response to the hierarchical change of NTP.

Dr. M M Aktaruzzaman, DPM-Malaria informed the meeting that malaria TWG meeting is scheduled on the second half (after the OC meeting).

Dr. Akramul Islam, Director (TB, Malaria and WASH), BRAC opined that technical assistance from GMS might be helpful to improve the performance of TWGs. He also informed the meeting that IRD (Challenge TB) request to incorporate their representative in Technical Working Group (TWG), TB.

**OC member(s):** Prof. M. A. Faiz, OC member and Vice Chair, BCCM explained that according to the BCCM Governance Manual, TWG meeting is a routine activity regardless of any issues. He also informed the meeting that it is a part of eligibility requirement and thus important to conduct the meeting regularly.

**GMS Project:** Abu Sayeed, Team Leader, GMS project informed the meeting that GMS project will be ending in September 2017 and the current GMS activities in Bangladesh is schedule to conclude by the end of July 2017. However, if requested, GMS team will make time to work on strengthening TWGs. In this regard, the GMS team will initiate work with the TWGs/OC during early June 2017.

**Decision(s):**

- *The 15<sup>th</sup> OC meeting acknowledged the update on TWG meeting and requested Chair, TWGs to conduct the meeting two weeks before the OC meeting and circulate report so that request/recommendation of TWG can be discussed in the OC meeting and move forward.*
- *The meeting also decided to request BCCM to reform TWG TB and HIV according new organogram of NTP and NASC. Member from IRD (Challenge TB) will also be included.*
- *The meeting decided to request GMS team to provide Technical Support for strengthening governance and structure of the TWGs.*

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**Agenda Item # 4: Procurement Committee for BCCM Secretariat**

**Conflict of Interest:** N/A

**BCCM Secretariat:** BCCM Coordinator explained the necessity to reform the procurement committee to ensure proper procurement process for the procurement of BCCM secretariat due to transfer of previous



committee members.

**The Chairperson:** Chair of the meeting proposed to form the committee with generic name (by position, not person).

**Decision:** *The 15th meeting of Oversight Committee of BCCM decided that the procurement committee of BCCM secretariat would be composed with the following members:*

- *Deputy Secretary (WH) as Chair*
- *Representative from SAIPS/MSH as member*
- *Representative from UNAIDS or other UN Agency as member*
- *Representative of Oversight Committee from Finance Expert as member*
- *Representative from KAP (MSM/Hijra), as member*
- *BCCM Coordinator as Member Secretary*

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**Agenda Item # 5: BCCM Newsletter**

**Conflict of Interest:** N/A

**BCCM Secretariat:** BCCM coordinator informed that BCCM Secretariat has a plan to publish BCCM Newsletter. Despite of efforts in last six months, no meeting took place. Thus, proper attention is required to publish BCCM newsletter.

**The Chairperson:** Chair of the meeting requested open discussion for the agenda and proposed to include Prof. Dr. Meerjady Flora in Newsletter editors panel.

**Decision(s):** *The 15th meeting of Oversight Committee of BCCM decided to include Prof. Dr. Meerjady Flora in Newsletter Editors panel as member. She would be requested to provide venue for the meeting of Newsletter Editors panel in IEDCR, Mohakhali, Dhaka.*

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**Agenda Item # 6a: Miscellaneous – Inclusion of Mr. Md. Motaher Hossain, Deputy Secretary (WH) as member of BCCM Oversight Committee and alternate member of BCCM in place of Mr. Md. Ahsanul Aziz, Deputy Secretary (WH)**

**Conflict of Interest:** N/A

**BCCM Secretariat:** BCCM Coordinator informed the meeting that Mr. Md. Ahsanul Aziz, former Deputy Secretary (WH) has been transferred to other department and Mr. Md. Motaher Hossain has taken charge of that office. Accordingly, he requested the meeting to include Mr. Md. Motaher Hossain in the BCCM Oversight Committee as member and BCCM as alternate member of Roxana Quader, Additional Secretary (PH&WH) in place of Mr. Md. Ahsanul Aziz.

**The Chairperson:** Chair of the meeting proposed to endorse the inclusion of Mr. Md. Motaher Hossain, Deputy Secretary (WH) in place of Mr. Md. Ahsanul Aziz, former Deputy Secretary (WH).

**Decision(s):** *The 15<sup>th</sup> meeting of BCCM Oversight Committee endorsed the inclusion of Mr. Md. Motaher Hossain, Deputy Secretary (WH) in place of Mr. Md. Ahsanul Aziz, former Deputy Secretary (WH).*

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**Agenda Item # 6b: CSO Mobilization workshops in four divisional cities**

**Conflict of Interest:** N/A

**BCCM Secretariat:** BCCM coordinator informed the meeting that four divisional workshop is under process to strengthen CSO engagement in The Global Fund grant implementation with the support from GMS of USAID. One has been conducted in Khulna and next three will be in Rajshahi, Chittagong and Sylhet. After completion of four workshop, a central workshop will be done for concluding and disseminating outcome.

**Decision(s):** *The 15th OC meeting acknowledged the update on CSO mobilization workshops.*

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**Agenda Item # 6c: Miscellaneous – Mass Communication for TB, Malaria and HIV/AIDS with Technical Assistance**

**Conflict of Interest:** N/A



**BCCM Secretariat:** BCCM Coordinator informed the meeting that there is no communication strategy for HIV/AIDS, TB and Malaria though necessary.

**The Chairperson:** Chair of the meeting proposed to work with Health Education to strengthen the communication of these three diseases.

**Decision(s):**

- *The 15th meeting of Oversight Committee of BCCM decided to ask PRs to strengthen mass communication (awareness raising about TB, Malaria and HIV/AIDS treatment and availability of treatment and prevention etc.) activities within their budget, if necessary PRs can discuss about this mass communication strengthen during their grant negotiation with GF Country Team.*
- *The 15th meeting of Oversight Committee of BCCM decided that donor consortium would be requested to strengthen mass communication (awareness raising about TB, Malaria and HIV/AIDS treatment and availability of treatment and prevention etc.) activities with technical and financial support from donor organizations /UN agencies through Health Education Bureau, DGHS, MOHFW.*

**Agenda Item # 6d: Miscellaneous – Letter from Bangladesh Society of Medicine (BSM) regarding TB case reporting diagnosed by the members of BSM.**

**Conflict of Interest:** N/A

**BCCM Secretariat:** BCCM Coordinator informed the meeting that BCCM Secretariat has received a letter from Bangladesh Society of Medicine to incorporate TB patients’ (diagnosed and treated by their members at different facility) information in National TB reporting system.

**The Chairperson:** Chair of the meeting appreciated the proposal made by the Bangladesh Society of Medicine and suggested that it should be discussed in the TWG meeting to find way to incorporate TB related information.

**Decision:** *The 15<sup>th</sup> meeting of BCCM Oversight Committee decided that a letter would be sent to TB Line Director so that it can be discussed in the next TB Technical Working Group meeting and find a solution.*

**Agenda Item # 6e: Miscellaneous – 90<sup>th</sup> BCCM Meeting Agenda.**

**Conflict of Interest:** N/A

**BCCM Secretariat:** BCCM Coordinator presented the draft meeting agenda for next BCCM meeting for review and comments.

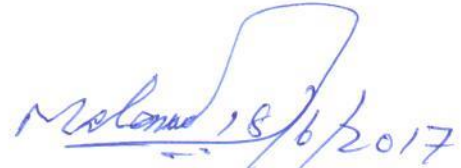
**Decision:** *After careful review the 15th OC meeting of BCCM decided that the 90th BCCM meeting agenda would be as following:*

<b>Agenda No</b>	<b>Agenda Item and Time allocation</b>	<b>Facilitators</b>
1	Approval of 89 <sup>th</sup> BCCM meeting minutes (5 minutes)	BCCM Coordinator
2	<b>Updates on:</b>	
	a) Funding Request submission to the GF for HIV/AIDS, TB and Malaria (5 minutes)	BCCM Coordinator
	b) Oversight functions February–May 2017 (15 minutes)	Ms. Roxana Quader, Chair Oversight Committee
	c) OIG investigation, NTP Bangladesh (10 minutes)	Director MBDC/LD NTP
	d) KAP-PLHIV, NGO and FBOs (6 minutes)	One member from each Constituency
3	<b>Time for Global Fund Country Team on GF issues (10 minutes)</b>	Mr. Richard Cunliffe, FPM, GF CT, Geneva



4	ABM (Alternate Board Member), Global Fund Board (5 minutes)	BCCM Coordinator
5	Endorsement: New members from MOHFW (5 minutes)	BCCM Coordinator
6	Miscellaneous: Technical Working Group TB and HIV	

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



**Prof. Dr. Mahmudur Rahman, PhD**  
Vice Chair, Oversight Committee of BCCM