

Bangladesh Country Coordinating Mechanism (BCCM)

Ministry of Health & Family Welfare

BCCM Secretariat**Oversight Visit on 19 & 22 October 2017**

SITE VISIT REPORT

Date of visit: 19 & 22 October 2017**Date of Report:** 07 November 2017;**Place/site visited:**

19 October 2017 (day 1): Moulvibazar DIC, Chankharpul, Dhaka

22 October 2017 (day 2): DOTS Corner, CWFD Clinic, Lalbagh, Dhaka

Names of the members in the visiting team:

- Roxana Quader, Additional Secretary (PH&WH), Health Services Division, Ministry of Health and Family Welfare & Chair, BCCM Oversight Committee
- Prof. Dr. Meerjady Sabrina Flora, Director, IEDCR and Member, BCCM Oversight Committee
- Dr. Charles Lermen, Advisor TB, USAID Bangladesh and member Oversight Committee
- Gabrielle Mathieu, First Secretary, Canadian High Commission, Dhaka and Member Oversight Committee
- Zahedul Islam, Country Project Director, MSH/SAIPS Bangladesh & Member Oversight Committee
- Debashish Nag, Advisor, BHBCOP and Member, BCCM
- Dr. Saima Khan, Country Manager, UNAIDS Bangladesh and Member, BCCM Oversight Committee
- Milon Kanti Datta, Presidium Member, BHBCOP and Member, BCCM Oversight Committee
- M. M. Anowar Ullah, Executive Director, BRAVE and Member, BCCM
- Manaj Kumar Biswas, BCCM Coordinator, BCCM Secretariat, Ministry of Health and Family Welfare
- Mohammad Harun-Or-Rasid, Deputy Coordinator, BCCM Secretariat, Ministry of Health and Family Welfare

Persons contacted:

1. Dr. Lima Rahman, Chief of Party, HIV/AIDS Program, Save the Children in Bangladesh
2. Dr. Jahangir Hossain, Project Director-Health, Care Bangladesh
3. Md. Masud Rana, DIC Coordinator
4. Milon Kanti Barua, Program Head, TB Control Program, BRAC
5. Shamima Sultana, Manager, CWFD Clinic, Lalbagh

Purpose of the site visit:

BCCM oversight visit aimed to:

- Review and discussion on current situation and program interventions,
- Recommend improvements in implementation and way forwards, as applicable, and
- Identify issues requiring further coordination and higher-level attention,

Background:

This visit of the BCCM Oversight Committee was triggered by the discussion held in the Special Meeting on HIV (dated: 09 October 2017). The meeting revealed that the HIV prevalence among the PWID has recently increased in some part of Dhaka. It was also discussed that there is a chance of further increase in HIV prevalence due to funding reduction and low level of coverage. Participants of the meeting stressed the need for immediate actions to halt HIV prevalence/infection within the control. Considering the situation, Chair of the oversight committee decided to conduct an oversight visit to Dhaka Urban with special focus on HIV and TB.

Sites visited:

Day 1 : Moulvibazar C-DIC (Comprehensive Drop-In-Center), 18/2 Bakshibazar Road, Chankharpool, Dhaka.

Day 2 : TB DOT Center, Concerned Women for Family Development (CWFD) Clinic, 35 Sheikh Saheb Bazar, Dhaka

Observation/Findings:**Comprehensive Drop-In-Center (C-DIC) for PWID**

The C-DIC is operated by CARE Bangladesh which implement interventions with People Who Inject Drugs (PWID). It was established in April 1998 and is situated in the south-west part of the Dhaka City which is highly dense, overcrowded and business area. Availability of injecting drugs and high density of population make this place as PWID concentrated epidemic zone (A1). HTS and OST are available for the PWID since 2012 in addition to other services. Recently (April 2017), ART enrollment started in this facility for the PWIDs' living with HIV. Currently, this C-DIC is also in the process of installation of HIV-TB co-infection management. All these inclusions have led to being re-defined as Comprehensive Drop-In-Center (C-DIC).

The C-DIC is being supported by GFATM funding through PR Save the Children since May 2009. Under the NFM program, the DIC is providing facility based services (HTS, ART, OST, STI, general health & abscess management, Counseling, nutrition support for HIV positive PWID, Rest and Recreational Facilities, Referral Services etc.) and outreach services (HTS, Needle/Syringe Exchange, Condom Promotion and distribution, Education Session, IEC Distribution, Referral etc.) to its listed beneficiaries. Total 482 PWID are enlisted where 463 are male and 19 are female. Currently, the DIC is providing OST services to 198 PWIDs. Among these listed beneficiaries, 476 are tested for HIV during December 2015 to September 2017 and found 47 positives (male 44 and female 03), resulting 10% positivity rate. The C-DIC is also providing training to the target population on HIV and AIDS, STI and self-help group development.

C-DIC team is composed of 23 members (DIC Coordinator-02, Case Worker-01, Counselor-01, Nurse-02, STO-01, Outreach Supervisor-02, Outreach worker-11, Medical Assistant-01 and Guard 02) with no vacancy.

Supply of needle/syringes, condoms, medicine, HIV test kits, etc. from the PR through the DICs of Care Bangladesh and distributes to the target beneficiaries. During 2017, 173,528 needles, 181,473 syringes and 23,128 condoms have been made available (previous stock, buffer and received). Among them 107,956 needles, 112,103 syringes and 14,201 condoms have been distributed to the beneficiaries. Currently, the C-DIC has adequate stock for next two months.

OST coverage among target group is one of the major challenges in this program. Despite achieved success, the OST coverage is still remained 41% for PWID. Mobility of target group due to continuous changing drug scenario, especially in case of street based PWIDs, is another challenge of the current program as it becomes difficult for the outreach workers to reach them as required. Poor socio-economic condition often leads PWIDs to involve in criminal activities which in turn increases their vulnerability. However, reduction of fund under NFM resulted compromised design. The program expansion was not possible due to shortage of fund.

TB DOT Center, CWFD Clinic

Concerned Women for Family Development (CWFD) is national level voluntary organization, established in the year 1976 with the financial & technical support from USAID. Currently, NGO Health Service Delivery Project (NHSDP) is the largest project of CWFD. Under this project, CWFD is managing 24 Surjer Hashi clinics throughout Bangladesh and implementing Essential Service Delivery Packages of Primary Health Care through Static, Satellite and Community Level Service Providers. CWFD has been implementing GFATM supported Tuberculosis control program under the supervision of PR-BRAC in 14 wards of Dhaka City Corporation since May 2006. CWFD also performs the external quality assurance (EQA) activity for all the sputum diagnosis centers of NHSDP supported NGO clinics within Dhaka city.

CWFD Clinic, Lalbagh provides Sputum test service through Microscopy centers to identify TB cases and DOTS services for TB treatment. Till August 2017, 280 presumptive case has been tested and 21 has been identified as positive. And 44 patients have been enrolled for treatment (including positive cases identified and referred by other facilities e.g. private doctors, clinics etc.). During this period 30 patients (out of 32) has been treated successfully resulting treatment success rate 94%. Beside these, MDR presumptive cases are referred to NIDCH, Mohakhali for necessary investigation.

CWFD is running the facility with the fund from the Essential Service Delivery Package program. Thus, no human resources, except one Laboratory Technician, are hired under The Global Fund Project and creating synergic effort in the program implementation.

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Supply of drug and commodities are being ensured by NTP in collaboration with BRAC. CWFD collects drugs from the CMSD located at Shymoli, Dhaka against their indent based on their targets and recent performance. Being the supply chain management was uninterrupted during recent years, they were able to continue their performance and achieve targets.


Recommendations:

a. Possible improvements in implementation:

- *Program coverage should be increased by the Government as the GF funding reduced in next funding request. According to the HIV prevalence among PWID in recent published sero surveillance report, it is high time to take necessary measures by the Government to prevent HIV infection among the PWIDs.*
- *Detoxification and Rehabilitation program should be in place for PWID in Dhaka city with coordination among MOSW, MOHA and Dhaka City Corporation.*
- *Budget should be increased for HIV prevention program under HPNSP according to the target people and their coverage by the program.*

b. Issues requiring further coordination and attention:

- *PRs should find out the way out to work with Urban Primary Health Care Project to identify more TB cases, although these DOTS center Case Notification Rate is very high according to national CNR.*
- *Clinic hours is need to be extended to cover early morning and evening hours, so that high-risk populations, such as garments worker, labourer, factory workers, rickshaw puller and the elderly, are effectively reached. If necessary shifting duty can be arranged.*
- *Contact tracing and screening (cough collection) should be integrated with other services, such as growth monitoring for children and antenatal care for women.*
- *NTP should play coordinating role to strengthen case identification activities in UPHCP with effective negotiation of DNCC and DSCC as well as Ministry of Local Government.*


27.11-2017

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and
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