



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

2nd Oversight Committee Meeting Minutes

Chairperson : **Ms. Roxana Quader, Additional Secretary (PH & WHO), MOHFW**
Date : August 10, 2014
Time : 11.00 am
Venue : Mini Conference Room, MOHFW

At the commencement, Ms Roxana Quader, Chairperson, Bangladesh CCM Oversight Committee and Additional Secretary (PH&WHO), Ministry of Health and Family Welfare welcomed all the participants of the 2nd Oversight Committee meeting. The Chair expressed her heartiest interest to move ahead with this committee and take part in the best practice and uses of Global Fund Grant to fight against TB, Malaria and HIV/AIDS. She requested Mr. Manaj Kumar Biswas, BCCM Coordinator to start discussions in accordance with the agenda.

AGENDA 1: Approval of first oversight committee meeting minutes

It was noted that the first CCM Oversight Committee meeting was held on May 20, 2014 and the minutes were circulated to all electronically and distributed hard copies in the folders of this meeting. Chairperson of Oversight Committee asked the members to comment on meeting minutes. But there were no comments and conflict, the minutes of last meeting was taken as read and approved.

AGENDA 2: Program and Grants Updates of PRs (NTP, NMCP, ICDDR'B, Save the Children, BRAC)

BCCM Coordinator requested Dr. Ahmmmed Hossain, Line Director -NTP (In-charge) to present their fund allocation and program achievement on Tuberculosis program to the oversight Committee members.

A) NTP program and finance Updates

Dr. Ahmed Hossain Khan, Acting Line Director of NTP presented the performance of National TB Control Program. He informed that case notification of TB more than 180000 person till 2013 (rate 120) and treatment success rate 93%. Treatment success rate of MDR TB 24 M reg 68% and 9 m reg 74% (2011). He also informed that NTP received Grant till now \$32.37 m and expenditure was \$28.55 m. BRAC Grant received 38,288,167 and expenditure was 37,518,005.

He also expressed that NTP and BRAC already submitted concept note last mid-June, 2014. Their target was to Increase annual case detection of all forms of TB to 210,000 by 2017 (based on NSP target of 230,000 by 2020). Maintain a treatment success rate of at least 90% in all forms of detected non-MDR TB cases and ensure quality-controlled treatment services at all implementation sites. Ensure access to DST for 75 % of all areas by 2017 (based on NSP target of universal access by 2020); treat 100% of detected MDR-TB cases and achieve a treatment success rate of at least 75% in detected MDR-TB cases. He ensured that at least 60% of required staff positions identified in a revised national human resource development plan is filled, and 100% of all filled positions are trained, by 2017 (based on NSP target of filling 90% of all staff positions by 2020). Total budget of NTP and BRAC is \$56 million but Global Fund allocation is \$43 million. The both organization is looking forward to Govt. of Bangladesh and other donor for the rest of the money.

Prof. Dr. MA Faiz, member CCM oversight Committee and physician wished to know what proportion of MDR TB are enrolled for treatment. Dr. Ahmmmed Hossain, LD -NTP replied that the target were 4200 persons but able to enroll 2000 persons due to lack of resources and other laboratory facilities.

Dr. Sukumar Sarker told that NTP diagnosed more but enrollment was less. There was a huge gap here. He asked NTP why the enrollment gap was here how NTP will minimize the gap.

LD- NTP replied that the gap was due to restrict fund allocation and NTP did not get extension fund from USAID. Dr. Mujibur Rahman, PM NTP said that NTP had developed some regional reference laboratories like in Chittagong, Rajshahi, Khulna but these are not enough to detect all cases. The patients also need treatment but NTP does not have enough capacity in the hospitals. NTP has 440 beds to give treatment at a time. NTP had planned to train up community base skilled worker to detect MDR TB.

Dr. Kamal Uddin Ahmed, Additional Secretary Ministry of Home Affair (MOHA) and Vice Chair of Oversight Committee asked to NTP about the 60% shortage of budget of national TB control programme. How NTP will make up the gap of the fund?

Dr. Mujibur Rahman PM-NTP answered that the budget were made according to national strategic plan. NTP had already saved \$7 million money, Global also sectioned 43 million. After TRP, NTP and BRAC are expecting more than \$15 million from GF as incentive fund for the successful programme implementation in Bangladesh. NTP is trying to mobilize resources from other donor like USAIDS. GOB will also provide some fund under HPNSDP during the revision of Operations Plan (OP).

Dr. Kamal Uddin Ahmed, Add. Secretary MOHA suggested that TB program should more careful and negotiates with Govt. before OP revision to include more fund there.

B) NMCP program and finance Updates

BCCM Coordinator requested Prof. Dr. Be-Nazir Ahmed, LD NMCP to update on Malaria components before the Oversight Committee.

Prof. Dr. Be Nazir informed that the total number of confirmed Malaria cases target was 39,111 and achievement was 32,050 (82%) (July 13-June 14). Number of nurses and doctors trained on management of severe malaria target was 480 and achievement was 425 (89%) (July 13-June 14). He also informed that the number of health facilities reporting timely, completely and accurately target was 83 and achievement was 80 (96%). Number of health facilities reporting timely, completely and accurately target was 121 and achievement was 121 (100%).

Prof. Dr. Be-Nazir has given updates on number of people attended advocacy meeting/ workshops target were 5,550 and achievement was 5,550 (106%). Last three months June, July and August 2014, suddenly the Malaria were increased in 3 districts. NMCP had tried to find out the causes. NMCP already had been taken some steps to face the situation.

Prof. Dr. Mahmudur Rahman, Director IEDCR & Vice Chair Oversight Committee said that the NMCP achievement was more than their target. He asked "why NMCP set up target less than achievement?". He also told that internationally people would not take the achievement in a good way as the target was setup less than achievement. Prof. Dr. Rahman also asked that it was seen that BCC came several times people took double training here.

Prof. Dr. Be-Nazir, LD NMCP answered that the target had been set up long ago 2008 and 2009 by Global Fund. NMCP has already taken care about the target setting according to NMCP experiences in the newly submitted concept note also would take care of it in future.

Dr. Sukumar Sarker from USAID asked about the explanations on the increased number of deaths of Malaria. Prof. Dr. MA Faiz explained about the increase cases of death. He said that death was due to increase in number of cases of severe malaria and there is so far no drug failure. Also there might be treatment delay for multiple reasons.

C) ICDDR'B program and finance Updates

Respected Chairperson of this meeting requested ICDDR,B to present their program progress.

Dr. Sharful Islam Khan, Project Director, Global Fund Project gave presentation before oversight committee. He explained that number of MSM reached target were 33,567 and achievement 30623 (91%). Number of Hijra reached target were 4062 and achievement were 3894 (92%). Number of VCT done target were 6120 and achievement were 6052 (99%).

Number of STI episodes treated target were 18392 and achievement 20964 (10450). Number of condom distributed target 6024720 pieces achievement 63163360 (105%). Person trained at policy makers level by 117% and CBO by 90% (Jan-Jun 2014).

He also informed that national web-based reporting system for HIV and AIDS has been established for the National AIDS /STD Program. Unified reporting formats for national program monitoring of HIV interventions were developed and uploaded onto the DG-MIS website. The first round of reporting has been completed for the period of January-June 2013.

Prof. Dr. Mahmudur Rahman asked to NASP any person engages to report MIS. Dr. Sarowar Hossain, LD -NASP replied that ICDDR'B engaged one person for MIS.

Prof. Dr. MA Faiz expressed his keen interest to know about National AIDS Committee and its present status.

Mr. Leo Kenny, Country Director, UNAIDS replied on national AIDS committee. He said that there is National AIDS Committee but not functional as required. He also informed that National AIDS STD program are in critical position for HPNSDP package file for HIV treatment support. It has been taking for long time. If the packages not reach proper time to the stakeholders, the program might be in trouble for continuing treatment support for PLHIV. Oversight Committee should take care of this problem.

Ms. Roxana Quader, Hon'ble Chair of Oversight Committee asked to the LD NASP to sit with her after this meeting to find out solution for the fund problem of HIV treatment care services.

Dr. Sukumar Sarker shared his visit experience in CMSD store. He said there was huge lot of condoms packet preserved in the store. But they don't know how to distribute these condoms. He also quoted CMSD official's speech that "those condoms procured according to NASP requisition but CMSD didn't get any distribution plan from NASP. He suggested that NASP could take condom from CMSD stock and distribute across the country.

Mr. Manaj Kumar Biswas, BCCM Coordinator requested LD-NASP to submit their concept note development updates in the next meeting.

Mr. Leo Kenny informed that the meeting between Mark Edington and Minister is very important to take place before TRP review of concept note. Otherwise there will be no more grant disbursement for Bangladesh.

The chairperson of this meeting informed the participants that Hon'ble Minister will visit Switzerland from 27-29 August, 2014. So they can sit together during that time. She also said that she will talk to PS to Minister and take initiative to fix the meeting schedule in Geneva.

D) Save the Children program and finance Updates

BCCM Coordinator requested to Dr. Lima for presenting updates from the Save the Children

Dr. Lima Rahman, Director HIV/AIDS, Save the Children presented the updates on HIV/AIDS components in details. Participants discussed on the same template presentations for all PRs in oversight committee meeting. PRs were agreed on common template for the presentation.

Agenda 3: Revised Oversight Plan.

Hon'ble Chairperson, Ms. Roxana Quader asked member to discuss on revised oversight Plan.

Ms. Meghan Byers, First Secretary, Canadian High Commission, suggested that too many visit in the work plan. Oversight committee should minimize it.

BCCM Coordinator explained that Oversight Committee plan to take two team visits per quarter. Each team consists two/three members of oversight committee. If any team misses another team will do.

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Prepared by: Rajab Ali and Manaj Kumar Biswas

Prof. Dr. Mahmudur Rahman suggested that one team visit in one quarter is quite enough. He proposed to finalize the oversight plan according to one visit per quarter. The chairperson of this meeting seconded his suggestions.

Agenda 4: Revised TOR for Oversight committee

BCCM Coordinator said according to last meeting TOR has been revised and circulated to all members through e-mail and hard copy distributed in the folders. He also read out the revised areas of the Oversight Committee TOR.

Prof. Dr. Mahmudur Rahman raises his voice in the consecutive absent. He told that if member failed to attend the meeting consecutive three meetings without prior notice or justification then his/her membership should be terminated. Prof. Dr. Mahmudur Rahman suggested that clause of membership termination should be same as CCM Governance Manual.

The Hon'ble Chair instructed BCCM Coordinator to revise and finalize that membership termination clause according to the CCM Governance Manual in TOR then send it to all members at the earliest.

Agenda 5: Inclusion member from KAP and PLHIV in the Oversight Committee

BCCM Coordinator explained about the agenda of Inclusion member from KAP and PLHIV in Oversight Committee but it must be outside from PR, SR SSRs and the GF beneficiaries. He also informed the meeting; he already talked to PLHIV members and KAP members in CCM. PLHIV and KAP members didn't find out the members from PR, SR SSRs and the GF beneficiaries. He said that PLHIV and KAP constituency Consultation meeting will be held very soon. CCM can search persons for oversight committee in that meeting.

Mr. Leo Kenny explained that not only inclusion of member, he or she should capacity to play role in the Oversight Committee. So, oversight committee should find out capable person who can contribute in the oversight committee. He proposed the name of Ms. Habiba Akter, CCM Member from PLHIV constitution.

Prof Dr. Mahmudur Rahman said Ms. Habiba is from SR organization, he suggested that oversight Committee could asked PR/SR to find out PLHIV/KAP member for Oversight Committee.

Agenda 6: Facebook page and Website for BCCM

CCM Coordinator informed Oversight Committee that BCCM is going to develop a dynamic website under the technical support of USAID for BCCM and Facebook page to open information window for all. Mr. Rajab Ali, Monitoring Officer has expertise and experiences to do IT related work section and he can be trained to update the information in the website.

BCCM Coordinator also said about the website contents. He explained that draft content has been sent electronically and distributed in the folders. He requested feedback, comments and suggestions on the draft contents.

Prof. Dr. Mahmudur Rahman and Dr. Sukumar asked who would monitor and compiled Facebook page comments.

Mr. Leo Kenny said all the development organizations are now using Facebook page. So, BCCM can take this opportunity. If we see any problem in future we will do deactivate the page but BCCM Coordinator should take the responsibilities for this Facebook page monitoring.

The Hon'ble Chair remarked that all the Government Officer also officially instructed to open Facebook ID as their earliest.

Finally, the meeting decided that BCCM would develop its' website as draft contents circulated by the BCCM Secretariat and create a Facebook page

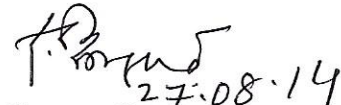
Agenda 7: Technical Assistance for dashboard and training of oversight committee members on dashboard.

Manaj Kumar Biswas, BCCM Coordinator informed the meeting that USAID approved BCCM Technical Assistance proposal. Grant Management Solution (GMS), an US base consultant group, would give technical assistance to Oversight Strengthening and establishing oversight. GMS will start their second phase work from 23rd August, 2014.

Decisions

- 1) The first oversight committee meeting minutes approved by the committee without any correction.
- 2) The meeting decided that the oversight plan approved with one oversight team visit per quarter outside Dhaka.
- 3) The committee decided to approve revised TOR for oversight committee with little correction in the clause of membership termination. It should be same as CCM membership termination clause in the CCM Governance Manual.
- 4) Oversight Committee will ask PRs, SRs, SSR to find out PLHIV/ KAP member for inclusion in Oversight Committee as the Global Fund mandate.
- 5) The committee decided that the CCM secretariat will develop website according to draft contents by September 2014 and Create Facebook page as early as possible and CCM Coordinator would monitor Facebook page.

As there is no other issue to discuss, Ms. Roxana Quader, Chairperson of Oversight Committee meeting thanked all participants for their valuable and lively contribution to this meeting and announced closure of the meeting.



Roxana Quader,

Additional Secretary (PH &WHO),
And

Chairperson, Oversight Committee of BCCM
Ministry of Health & Family Welfare

