



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

Subject: Minutes of 7th Oversight Committee meeting

Date (dd.mm.yy)	14.12.2015
Venue of the meeting	IEDCR meeting room, IEDCR, DGHS, Mohakhali, Dhaka-1212.
Meeting started	11:00 am
Meeting adjourned	2:00 pm
Meeting Chaired by	Prof. Dr. Mahmudur Rahman PhD, Vice Chair, Oversight Committee & Director, IEDCR, Ministry of Health & Family Welfare.
Meeting facilitated by	Mr. Manaj Kumar Biswas, BCCM Coordinator.
Total number of participants	30 Persons
Did quorum Presence at meeting?	<ul style="list-style-type: none">• No
Meeting attendance	<ul style="list-style-type: none">• BCCM Oversight Committee Members: 05• GMS: 07• PRs: 16• BCCM Secretariat:03
Attendance list	Yes
Other supporting document	Yes

Meeting Agenda:

Agenda Item # 1	Approval of 6 th Oversight Committee meeting minutes.
Agenda Item # 2	CCM dashboard presentation by PRs (July-September 2015) and updates on PRs dashboard installation for TB and Malaria by GMS team.
Agenda Item # 3	Update on grant confirmation of HIV component and PR dashboard request for HIV.
Agenda Item # 4	Discussion on identification of the reasons of Malaria and date of field site visit for identifying possible reasons of Malaria upsurge during last year (2014)
Agenda Item # 5	Member inclusion from NGO constituency in OC
Agenda Item # AOB	TA request for Oversight functions

The meeting started at 11: am and was Chaired by Prof. Dr. Mahmudur Rahman, Director IEDCR & Vice Chair, Oversight Committee of BCCM.

At the outset, Vice-Chair, BCCM Oversight Committee, Ministry of Health and Family Welfare welcomed all the participants including BCCM Oversight Committee members, GMS team and PRs. He directed BCCM Coordinator to steer the meeting in accordance with predetermined agenda.

Minutes of each agenda item:

Agenda Item # 1	Approval of 6th BCCM Oversight Committee meeting minutes
Conflict of Interest	N/A
Summary of the issue discussed	
The 6 th BCCM Oversight Committee meeting was hold on 04 November, 2015 and the minutes were electronically circulated to all and hard copies were provided in the folders. BCCM Coordinator read out the agenda, decisions and explained implementation status of the last BCCM Oversight Committee meeting.	
Constituency/Sector	Write content of contributions below
Government/Vice Chair	Prof. Dr. Mahmudur Rahman , Vice Chair, BCCM Oversight Committee and Director, IEDCR, Ministry of Health & Family Welfare requested Oversight Committee members to give their comments and feedbacks, if any on 6 th BCCM Oversight Committee Meeting minutes. Having no comment and feedback on the 6 th BCCM Oversight Committee Meeting minutes, he requested BCCM Oversight Committee members to take the minutes as confirmed and approved.
Decisions	BCCM Oversight Committee confirmed and approved of the 6th BCCM Oversight Committee meeting minutes without any correction.

Agenda Item # 2	Updates on PRs dashboard installation for TB and Malaria by GMS team.
Conflict of Interest	N/A
Summary of the presentation and issue to be discussed	
The dashboard will be set-up at the PR office basis on diseases with assist of GMS funded by USAID. USAID assigned to assist PRs to establish PR dashboard according to three diseases component.	
Constituency/Sector	Write content of contributions below
BCCM Secretariat	Mr. Manaj Kumar Biswas, BCCM Coordinator requested Mr. Rajan Mani, Coordinating Team Leader, GMS to present PRs dashboard installation for TB and Malaria.
GMS	<p>First of all, Mr. Rajan Mani, Coordinating Team Leader, GMS thanks to Oversight Vice Chair and members and GMS team for giving him an opportunity to present on PRs dashboard installation for TB and Malaria. The dashboard is a user interface that, organizes and presents information in a way that is easy to read. It covers all critical areas like programmatic, finance, management. It can be used for any computer. In order to PR dashboard, the GMS team has made 3 visits. During 1st visit (6-14 July, 2015) the GMS delegates introduced PR dashboard, assessed PR and SR readiness and also assessed IT capacity.</p> <p>During 2nd visit (6-17 July, 2015) the GMS team organized two workshops for i) indicator selection and ii) dashboard installation and data entry. During 3rd visit (5-15 December, 2015) the GMS team developed the dashboard for the period of July-September 2015 and trained PRs and SRs team on reading and analyzing the dashboard. During this visit the user guide for dashboard was developed and handed over to dashboard. He presented to Global Fund rating the dashboard. He also informed that we can analysis data using dashboard. We hope this dashboard will be very helpful for efficient program management through regular monitoring performance.</p>
GOVT/ Vice Chair	Prof. Dr. Mahmudur Rahman, Vice Chair, BCCM Oversight Committee recommended that evaluation can be after 2/3 months. That will be effective and helpful.

Oversight Member	Dr. MA Faiz, Oversight Committee member proposed that we can say to the National TB Program and National Malaria Program. He said that when we say National TB/Malaria program that means total- it is combined government and private sector.
Oversight Member	Mr. Zahedul Islam, Oversight Committee member suggested that PR dashboard evaluation may be do quarterly. He also suggested that according to the grant, BRAC is a grant and NTP also a grant.
Decisions	PR dashboard installations updates by the GMS acknowledged by the meetings. The meeting suggested to make easier PR dashboard, if necessary it may be more than one page

Agenda Item # 2. b	CCM dashboard presentation by PRs (July-September 2015)
Conflict of Interest	N/A

Summary of the presentation and issue to be discussed

All PRs presented their grant implementation status through oversight dashboard which were the summary reports show financial, management and programmatic indicators, while two additional pages were provided for the CCM and its oversight body to make comments, propose recommendations and record decisions about actions to investigate and solve problems influencing a grant's performance.

Constituency/ Sector	Write content of contributions below
BCCM Secretariat	BCCM Coordinator requested all PRs to present quarterly performance of grant implementation through dashboard.
PR-NTP	Dr. Mujibur Rahman, National Consultant TB, presented the dashboard on behalf of LD, NTP. He informed that reduction of TB prevalence by 6% by 2017. Our overall performance was 104%. He also informed that the GMS team has made 3 visit to NTP, in order to develop NTP-PR management dashboard. During first visit the GMS team introduced PR dashboard, assessed PR and SR readiness and also assessed IT capacity of NTP. During second visit the GMS team organized two workshops for i) indicator selection and ii) dashboard installation and data entry. During third visit the GMS team developed the dashboard for the period of July- September 2015 and trained NTP team on reading and analyzing the dashboard. During this visit the user guide for NTP dashboard was developed and handed over to NTP.
PR-NMCP	Dr. Md. Nazrul Islam, M & E Expert, National Malaria Control Program, presented the dashboard on behalf of LD, NMCP. He informed that three indicators were achieved their targets. The number of clinical cases with positive diagnosis by RDT and microscopy's achievement was 114%. Number of Severe Malaria cases treated- achievement was 116%. He also informed that the malaria cases were decreasing than previous year as well as death also decreasing up to July 2015. NMCP face cross border challenge as most of the malaria areas were near in India border and NMCP found that most of the cases were come from India in the pre-elimination area.
PR-BRAC-Malaria	Mr. Moktadir Kabir, Sr. Program Manager, Malaria presented the dashboard on behalf of BRAC-Malaria program. He informed that when we prepared the dashboard, all SRs were attended during this meeting. They have given comments and feedback. He also informed that all indicators achieved their targets. PR management positions are 100% fulfilled. All reports are received on time from SRs to PR.
PR-BRAC-TB	Mr. Harun-Or-Rasid, Sr. Sector Specialist Malaria, BRAC presented the dashboard for BRAC-Malaria. He informed that disbursement made by Global Fund according to fund request. All indicators achieved their targets. He also informed that notified cases of all form of TB-100% and treatment success rate- Bacteriologically confirmed new 103%, target was 100%. PR management position are 100% fulfilled. All reports are received on time from SRs to PR.
PR-Savethe	Mr. Masudul Alam, Deputy Director, Save the Children, presented the dashboard situation as regards programmatic, financial and management points of view of their program

Children	implementation on HIV/AIDS component. He informed that budget and disbursements by Global Fund in P23: i) cumulative budget- 22.1 million US dollar, ii) cumulative disbursements- 21.7 million US dollar. He also informed that all SRs(6) reports received on time. Budget and expenditures of PHPM (pharmaceuticals and health) are in line. All current and safety stocks (condoms, N/S) are available at DIC level. Programmatic indicators achieved their targets.
Decisions	PR dashboard updates by the TB and malaria PRs acknowledged by the meetings.

Agenda Item # 3	Update on grant confirmation of HIV component and PR dashboard request for HIV.
Conflict of Interest	N/A
Summary of the issue discussed	
Dashboard is summary reports that communicate key information to CCMs in a concise and visual way review for each grant: three pages display financial, management and programmatic indicators. It has been set-up in the PRs office with assist of Grant Management Solution (GMS) funded by USAID.	
Constituency/Sector	Write content of contributions below
BCCM Secretariat	BCCM Coordinator informed that grant confirmation of HIV has been signed by MOHFW and Global Fund on 11December, 2015. He also informed that Oversight Committee has requested technical assistance for PR dashboard to the HIV program. It has supported by GMS/USAID.
GMS	Mr. Md. Abu Sayeed, GMS informed that using USAID dashboard format, we have to request for PR dashboard on HIV program. Then, It will send to USAID head office Washington, D.C., USA. He also informed that CCM has already decided on these issues.
Decisions	The meeting acknowledged that Grant confirmation has been signed and PR dashboard request sent to USAID head office Washington, D.C. USA.

Agenda Item # 5	Member inclusion from NGO constituency in Oversight Committee
Conflict of Interest	N/A
Summary of the issue discussed	
Reference to the decision of the last NGO constituency consultation meeting held on June 10, 2015 organized by SKUS. NGO constituency keen interested to involve themselves in oversight functions of BCCM. NGO constituency thought that they should have participation in oversight functions through membership in Oversight Committee. NGO constituency has sent a request letter to Chairperson, Oversight Committee.	
Constituency/Sector	Write content of contributions below
Decisions	Decision will be taken in the next meeting.

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


Prof. Dr. Mahmudur Rahman PhD

Vice- Chair

Oversight Committee, BCCM and
Director, IEDCR, MOHFW



Bangladesh Country Coordinating Mechanism (BCCM)

**Ministry of Health and Family Welfare
BCCM Secretariat**

Subject: Minutes of meeting on identification of cause of Malaria upsurge in 2014.

Date (dd.mm.yy)	14.12.2015
Venue of the meeting	IEDCR meeting room, IEDCR, DGHS, Mohakhali, Dhaka-1212.
Meeting started	01:00 pm
Meeting adjourned	3:00 pm
Meeting Chaired by	Prof. Dr. Mahmudur_RahmanPhD, Vice Chair, Oversight Committee & Director, IEDCR, Ministry of Health & Family Welfare.
Meeting facilitated by	Mr. Manaj Kumar Biswas, BCCM Coordinator.
Total number of participants	08 Persons
Did quorum Presence at meeting?	<ul style="list-style-type: none">• Yes
Meeting attendance	<ul style="list-style-type: none">• BCCM Oversight Committee Members: 04• GMS: 01• PRs: 5• BCCM Secretariat: 03
Attendance list	Yes
Other supporting document	Yes

Meeting Agenda:

Agenda Item # 1	Discussion on identification of the reasons of Malaria and date of field site visit for identifying possible reasons of Malaria upsurge during last year (2014).
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Discussions:

Agenda Item # 1	Discussion on identification of the reasons of Malaria and date of field site visit for identifying possible reasons of Malaria upsurge during last year (2014)
Conflict of Interest	N/A

Summary of the presentation and issue to be discussed

Malaria is one of the major public health problem in Bangladesh. The disease is highly endemic in 13 out of 64 districts of the country, with around 90% of cases and deaths being reported from the three hill tract districts (Bandarban, Rangamati and Khagrachari) and the coastal district, Cox's Bazar. These districts are in the east and north-east borders facing the international border with eastern states of India and a part of Myanmar. Perennial transmission occurs in those districts having significant features, e.g. i) geo-physical conditions (hills, foothills and forests), ii) climate (rainfall and humidity), iii) population characteristics (mobility, internal and cross-border and migration) and iv) limited coverage of interventions, due to hard-to-

reach areas in the hill tract districts.	
Constituency/Sector	Write content of contributions below
BCCM Secretariat	BCCM Coordinator requested Prof. Dr. MA Faiz, Ex-DG, DGHS to discuss about identifying possible reasons of malaria upsurge in 2014 and how to overcome malaria upsurge.
Oversight Member	<p>Prof. MA Faiz, member of the Oversight committee, informed that there was an upsurge, more than doubling of malaria cases in Bangladesh from 2013 to 2014. The rise was mostly in the Chittagong Hill Tracts, particularly in Banderban and Rangamati Hill districts. He also informed that we have gone through documents of NMCP, some field reports and visits and limited number of available/observation. He mentioned some identifying reasons of malaria upsurge in 2014. Possible factors contributing to the increase include:</p> <ol style="list-style-type: none"> i. Relaxation of efforts by health workers (Govt. & NGO) and the public-Early Diagnosis and Prompt Treatment (EDPT) was not truly practiced as we committed. In one observation of 32 patients coming to Upazila hospital with diagnosed malaria mean days of fever before arrival to hospital was 6. Single dose use of Primaquine as a gametocytocidal drug in falciparum and 14 days in vivax was also not used adequately. Pre-referral treatment (once the patient develops features of severe malaria they require hospital admission but before referral they should get a drug in the form of either injection or per rectal as the case may be depending on availability) was not provided in severe malaria. ii. Insufficient stocks of ACT treatment before the upsurge in 2014. iii. Reported low efficacy of old LLIN. Behavioral aspects of the use of bed net by the community is to be considered as well. iv. There was also increased number of cases of malaria in the neighboring countries. Importation from India/Myanmar may be a factor as well. Increase in malaria in Tripura state, India bordering Chittagong division was also noted. v. There was Mid-season interruption in rainfall. vi. Insecticide resistance: susceptibility testing by NMCP in 2014: An.vagus showed reduced (80% to 97%) susceptibility to deltamethrine. Other species 100% susceptible. vii. Changes of the biting behavior of the mosquito also need to be considered. viii. Antimalarial resistance: TES of ACT in 3 sentinel sites by NMCP in 2013-2014 found 100% efficacy of ACT and also by MRG-MORU at Ruma as a part of TRAC. Further therapeutic efficacy study by TES/TRAC-II is ongoing. ix. The increase in 2014 may a natural phenomenon. <p>He also mentioned that a range of analysis and prospective studies are planned or underway to investigate these further. These include bed net surveys, population movement studies, parasite genetics and mathematical modeling of interventions to eliminate malaria. Mitigating strategies to date have included increased supply of antimalarial and community level diagnostics and there have been fewer malaria cases in 2015 compared to 2014</p> <p>He mentioned that last BCCM meeting decided to make a study or visit to identify the reasons of malaria upsurge in 2014 in Bangladesh. Hon'ble BCCM Chair and Minister, MOHFW personally directed to identify the reason to BCCM Oversight</p>

	Committee and me. So How can BCCM oversight Committee make it happen? He requested suggestions to meeting.
PR-NMCP	Prof. Dr. AKM Shamsuzzaman, Director CDC and LD NMCP informed that NMCP conducted a study on upsurge malaria in 2014 that was financial supported by Govt. We will submit the report to the Government. We have to wait for the report because we are comparing data from 2014 and 2015. We have made a questionnaire on the basis of hypothesis and observation. We took interview using questionnaire. The same questionnaire has been used on 2014 and 2015. we have collected real data from the field. After analyzing the data, we will get epidemiological result about malaria. He also informed that World Health Organization (WHO) is working the efficacy on LLIN. As soon as possible they will publish their report. He informed the meeting that although the Global Fund does not support research but NMCP got approval from the Global Fund for the research study for examining sudden upsurge of malaria in Bangladesh by the saving money in reprogramming proposal.
Vice Chair, OC	Prof. Dr. Mahmudur Rahman informed that ICDDR'B made to plan a systematically research on malaria. They submitted to the proposal. Perhaps, they have finished their study and we can get a result from ICDDR'B. He wanted to know the efficacy of LLIN. He said that India can do a systematically research an upsurge 2014. We can collect it from in India. He also said that there are any changes on vector bionomic, density, behavior, weather and other? He suggested that NMCP to do research systematically on upsurge of malaria.
Decisions	The meeting decided based on available documents and research study Prof. Dr. M.A Faiz would to prepare a report on reasons of Malaria upsurge in 2014 and share with the members through BCCM Secretariat.

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

Prof. Dr. Mahmudur Rahman PhD

Vice- Chair

Oversight Committee, BCCM and
Director, IEDCR, MOHFW



Bangladesh Country Coordinating Mechanism

Oversight Committee (Strategy and Planning) members list of BCCM

7th Oversight Committee Attendance Sheet

Date: 14 December, 2015

No.	Category	Salutation	NAME	INSTITUTION	TITLE	Telephone	Email	Constituency	MEMBER	GENDER	Signature
1	Govt	Ms.	Roxana Quader	MOH&FW	Add. Secretary, PH&WHO	01710894497	roxanaquader@gmail.com	GOV	Chair of OC	Female	
2	Govt	Mr.	Abu Hena Md. Rahmatul Muneem	MOHA	Add. Secretary	01815007693	muneemr@yahoo.com	GOV	Vice Chair of OC	Male	
3	Govt	Prof	Dr. Mahmudur Rahman, PhD	MOH&FW	Director, IEDCR	01711595139	mrahman57@hotmail.com	GOV	Vice Chair of OC	Male	
4	Govt	Mr.	Md. Khalilur Rahman	MOWCA	Joint Secretary	01915860505	mkrahman09@gmail.com	GOV	Member	Male	
5	Govt	Mr.	Md. Helal Uddin	MOH&FW	Joint Chief, Planning	01715623924	helalu06@yahoo.com	GOV	Member	Male	
6	Govt	Prof.	Dr.MA Faiz	Ex. DGHS	Malaria Expert	01713008858	drmafaiz@gmail.com	GOV	Member	Male	
7	Govt	Assoc.Prof.	Dr. Asif Mujtaba Mahmud	Challenge TB	Senio techniagl Adviser	01819238333	asifmud60@gmail.com	GOV	Member	Male	
8	CSO	Mr.	Zahedul Islam	SIAPS	Country Project Director	01713238655	zaislam@msh.org		Member	Male	
9	ML/BL	Dr.	Sukumar Sarker	USAID	Sr. Policy & Tech Advisor	0171 3009 878	ssarker@usaid.gov	ML/BL	Member	Male	
10	ML/BL	Ms.	Meaghan Byers	High Comm of Canada	First Secretary	0171 3013 172	meaghan.byers@international.gc.ca	ML/BL	Member	Female	
11	CSO	Mr.	Shadedul Islam (Helal)	FBCCI (Bangal	Director	0171 1524 905	bplsadi@bol-online.com	PS	Member	Male	
12	CSO	Dr.	Saima Khan	UNAIDS	Strategic Information Adviser	1711821726		ML/BL	Member	Female	
13	CSO	Ms.	Hena Akhter	CSW's Network of Bangladesh	Chairman	0167 9040 132	swnob2002org@yahoo.com, hana.akhter@yahoo.com	KAP	Member	Female	
14	CCM Sec	Mr.	Manaj Kumar Biswas	CCM Sec.	CCM Coordinator	01718171958	bccmcoordinator@gmail.com	CCM	For Non voting Administrative Support	Male	
15	CCM Sec	Mr.	Sk. Md. Rajab Ali	CCM Sec.	Monitoring Officer	01718413270	bccmmonitor@gamil.com	CCM		Male	
16	CCM Sec	Mr.	Md. Faruk Miah	CCM Sec.	Administrative Assistant	01715457830	farukmiahbccm@hotmail.com	CCM		Male	
17	CCM Sec	Mr.	Rasel Bin Hossain	CCM Sec.	Intern Fellow	1714511111	bin.rasel@gmail.com	CCM		Male	

No.	Category	Salutation	NAME	INSTITUTION	TITLE	Telephone	Email	Constituency	MEMBER	GENDER	Signature
18		Dr.	Md. Mojibur Rahman	NTP	NPC	0171435868	drmojib@gmail.com				
19			Dr. Md. Shajiqul Alam Sarkar	NTP	DD (M&P) EPM TP	01712000489	shajiqul@gmail.com				
20	PR	Dr.	AKM Masud Rame	icddr, b	PL	01730727953	akmrana@icddr.org				
21	PR	Dr.	Shanful Islam Khan	icddr, b	Project Director	01713040944	shanful@icddr.org				
22	PR		Shahid Magidul Alam	SCF	Deputy Director	01730311697	shahid.alam@save-the-children.org				
23		Dr.	Md. J. Daniel Islam	SNCF	MG E Expert	01716089840	islam_wj62@yahoo.com			Male	
24	PR	Dr.	Abu Nayan Md. Sami	NMCP DGHS	DPM	0171309999	nayanmdr@yahoo.com	GOVT		Male	
25	PR	Dr.	Dr. Md. Raushan Alam, km. chr	NMCP DGHS	D.P. (M&PDC)	01716193047	drdghs58@gmail.com	Govt		Male	
26	PR	Dr.	Moktadir Kabir	BRAC (Malaria)	Sr. PM, Malaria	01714091490	moktadir.k@brac.net	NGO		Male	
27	PR	Dr.	Md. Shajiqul Alam	NASP	HIV/Aids	01716893857	stdaids2008@gmail.com	Govt.		Male	
28	ML/BL	Dr.	Nomena Khalil	DFATD Canada	Sr. Health Advisor	01711819629	nomena.khalil@cibapushaka.org	DP		Female	
29	GMS	Mr	RATAN MANI	GMS	Coordinating Team leader	01726-703774	rayanmani@gmail.com				
30	GMS	MR	ASAD SAYEED	GMS		0171524145	ASAYEED@MR.COM			M	
31	PR	Prof	AKM SHAMSUZZAMAN	NMCP, CDC	LD	01715566084		Govt.		M	
32	PR		Ranaka Mahanta	SCI	Manager	01711028699	ranakam@gmail.com	NGO		M	
33	PR	Mr.	Shamsul Alam	BRAC	Senior Sector Specialist	01729071851	Shamsul.a@brac.net	NGO		M	
34	PR	Dr.	Saifur Reza	BRAC	Sr. Sector Specialist	01730348029	Saifur.reza@brac.net	NGO		M	

