



**Ministry of Health and Family Welfare**  
**Bangladesh Country Coordinating Mechanism (BCCM)**  
14/2 Topkhana Road, Ansari Bhaban, Dhaka

**Subject: Minutes of 80<sup>th</sup> BCCM meeting**

<b>Date (dd.mm.yy)</b>	18.09.2014
<b>Venue of the meeting</b>	Conference Room of MOHFW
<b>Meeting started</b>	3:00 pm
<b>Meeting adjourned</b>	5:30 pm
<b>Meeting Chaired By</b>	Mr. Mohammed Nasim, MP, Hon'ble Chairperson, BCCM and Minister Ministry of Health and Family Welfare
<b>Meeting facilitated by</b>	Manaj Kumar Biswas, BCCM Coordinator
<b>Total number of participants</b>	Voting members 30 and PRs 13, BCCM Secretariat 3, GMS 1
<b>Does quorum attained meeting?</b>	Yes
<b>Meeting attendance</b>	<ul style="list-style-type: none"><li>• Country Coordinating Mechanism (CCM) 30</li><li>• Principal Recipients (PR) 13</li><li>• GMS 1</li><li>• BCCM Secretariat 3</li></ul>
<b>Attendance list</b>	Yes
<b>Other supporting document</b>	Yes

**Agenda**

<b>Agenda Item # 1</b>	Approval of 79 <sup>th</sup> CCM meeting minutes
<b>Agenda Item # 2</b>	Complete PR Selection for NASP under NFM
<b>Agenda Item # 3</b>	HIV Concept endorsement and submission
<b>Agenda Item # 4</b>	CCM Retreat (Time, Venue, others)
<b>Agenda Item # 5</b>	Update on SEAR Constituency Meeting ( 6-7 November 2014)
<b>Agenda Item #6</b>	Update on TB & Malaria Concept note submission update and NFM
<b>Agenda Item #7</b>	Update on Oversight Strengthening and GMS Technical Support
<b>Agenda Item #8</b>	Oversight Committee Members inclusion from PLHIV/KAP
<b>Agenda Item #9</b>	Update on NGO & KAP/PLHIV constituency meeting
<b>Agenda Item #10</b>	<b>Miscellaneous</b> a) Endorsement of Executive Committee meeting Minutes b) JPG Fellow for BCCM Secretariat c) Endorsement of Changes members and alternate members of MOHA, MOLGRD, MOHFW, CARE, Save the Children, WHO, NTP

## Minutes of each agenda item

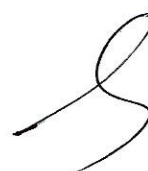
<b>Agenda Item # 1</b>	<b>Approval of 79<sup>th</sup> CCM meeting minutes</b>
<b>Conflict of Interest</b>	N/A
<b>Summary of the presentation and issue to be discussed</b>	
<ul style="list-style-type: none"> <li>At the outset, Mr. Mohammed Nasim, Hon'ble Chair, Bangladesh CCM and Minister, Ministry of Health and Family Welfare welcomed all the members to the 80th CCM meeting.</li> <li>The 79<sup>th</sup> CCM meeting was held on 11 June 2014 and the minutes were circulated to all electronically and by hard copies. The minutes of 79<sup>th</sup> CCM meeting were taken as read and confirmed with little discussion.</li> </ul>	
<b>Constituency/Sector</b>	<b>Write content of contributions below</b>
<b>BCCM Coordinator</b>	With the permission of Hon'ble CCM Chairperson, Mr. Manaj Kumar Biswas BCCM Coordinator steered the meeting in accordance with predetermined agenda. He read out the decisions point of 79 <sup>th</sup> CCM meeting before the participants. Requested to CCM members to approve 79 <sup>th</sup> CCM meeting minutes.
<b>GOV</b>	Mr. M.M Neazuddin, Secretary, Ministry of Health and Family Welfare and Vice Chair CCM requested BCCM Coordinator to steer the meeting in accordance with predetermined agenda.
<b>Chairperson</b>	Hon'ble Chairperson said there is no comments and feedback on the 79th CCM meeting minutes, so it has taken confirmed and approved by the BCCM.
<b>Decisions</b>	BCCM confirmed and approved the 79 <sup>th</sup> meeting minutes

<b>Agenda Item # 2</b>	<b>Complete PR Selection for NASP under NFM</b>
<b>Conflict of Interest</b>	<p>During discussion and PR selection under NFM for HIV Component, following participants from different organizations who are potential PRs, SRs and SSRs had declared conflict of interest and recused themselves from meeting room while discussion and voting for selecting PRs for HIV grant implementation under BCCM.</p> <ol style="list-style-type: none"> <li>Ms. Jesmin Prema, Chairperson, Chairman SKUS</li> <li>Mr. Amzad Ali, Executive Director, HASAB</li> <li>Dr. Jahangir Hossain, Director Health, Care Bangladesh</li> <li>Mr. Shale Ahmed, Executive Director, Bandhu Social Welfare Society (BSWS)</li> <li>Ms. Habiba Akter, President, Network of PLHIV, ED AAS &amp; President NNP LWHA</li> <li>Dr. Qamrul Islam, LD- NTP, National TB Program (PR)</li> <li>Prof. Dr. Be-Nazir Ahmed, Director CDC and LD NMCP, NMCP (PR)</li> <li>Dr. Husain Sarwar Khan, LD- NASP (PR)</li> <li>Dr. Tasnim Azim, Director, ICDDR'B, HIV/AIDS project office (PR)</li> <li>Mr. Scott McGill, Chief of Party/ Technical Director HIV/AIDS, Save the Children (PR)</li> <li>Dr. Akramul Islam, Director (TB &amp; Malaria control Programme), BRAC (PR)</li> </ol>
<b>Summary of the presentation and issue to be discussed</b>	
<ul style="list-style-type: none"> <li>In the 78<sup>th</sup> and 79<sup>th</sup> meeting BCCM decided to take three Principal Recipients in HIV component. BCCM also decided that icddr,b and Save the Children will continue their PRship and NASP will be included as new PR through follow the Global Fund's New Funding Model guidelines.</li> <li>BCCM arranged PRs selection voting to complete the GF process through voting system using secret ballot papers. During the PRs selection, due to COI the PRs member and the member who</li> </ul>	

have COI for HIV components left the meeting room.

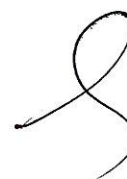
- 22 CCM members took part in the voting and they elected NASP, icddr,b and Save the Children as PRs for the next three years from 2015-17 giving positive votes.

<b>Constituency/Sector</b>	<b>Write content of contributions below</b>
<b>BCCM Secretariat</b>	<p>BCCM Coordinator Manaj Kumar Biswas explained that 78<sup>th</sup> and 79<sup>th</sup> CCM meeting decided to continue existing PRs and nominate NASP as Govt PR for HIV component under NFM. But during the EPA assessment the GF country team suggested that NASP selection process as PR should be following the minimum requirement process. According to their suggestions this PR selection process was discussed in the BCCM Executive Committee Meeting on 14 August 2014. Executive Committee of BCCM decided to follow the minimum process completion for selection NASP as PR for HIV component under NFM.</p> <p>According to BCCM Executive Committee meeting decision, BCCM Secretariat sent a request letter signed by BCCM Chairperson to NASP to express their interest to regain PR status under NFM. BCCM Secretariat also sent request letters to existing PRs to express their interest to continue their PR status under NFM for HIV Components.</p> <p>These processes were performed to comply with the GF process of PR selection and continuation. BCCM Coordinator requested all members to take part in the voting process for PR selection in CCM meeting who have no COI. He also requested the members who have COI for the HIV PR selection process to leave the meeting room during the discussion and voting process of PR selection. He also requested the non-voting members and members who have COI to leave the room during the voting.</p>
<b>GOV</b>	Mr. M. M Neazuddin, Vice Chair CCM and Secretary of MOHFW requested the members to help BCCM in the PRs selection process for HIV component following the New Funding Model Guidelines provide by The Global Fund.
<b>MLBL</b>	Members from multilateral and Bilateral organizations declared there is no COI for the PR selection
<b>NGO</b>	Members from CARE Bangladesh, SKUS and HASAB declared COI in this room. Dr. Jahangir Hossain from CARE Bangladesh, Ms. Jemin Prema from SKUS and Dr. Amzad Ali HASAB left the room.
<b>FBO</b>	Not present
<b>Academia</b>	Members from Academia declared there is no COI for the PR selection
<b>PLWD (PLHIV, TB, Malaria)</b>	Members from PLHIV constituency, Mrs. Habiba declared that she has COI and left the room
<b>KAP</b>	Mr. Shale, representing KP constituency, declared that he had COI and left the room
<b>Private Sector</b>	Members from Private Sector declared that there is no COI for the PR selection
<b>GMS</b>	GMS consultant explained the voting process for PR selection among the members.
<b>BCCM</b>	According to the process BCCM coordinator counted the members eligible for voting once the members with COI left the meeting room Total 22 Members were present in the meeting, so met the quorum for completing



	<p>voting process.</p> <p>Then steps by steps all members casted vote in three ballot papers for three PRs and dropped in the vote box. After completing the voting, BCCM Secretariat counted the vote and submitted the result to the Chairperson of BCCM.</p>
<b>Chairperson</b>	<p>Chairperson declared that on selection of NASP as PR, 22 members voted and 22 members vote yes NASP would be PR under NFM for HIV component</p> <p>Then selection Save the Children in Bangladesh as PR, 22 members voted and 22 members vote yes Save the Children would be continuing PR under NFM for HIV component</p> <p>Then selection icddr,b as PR, 22 members voted and 22 members vote yes icddr,b would be continuing PR under NFM for HIV component</p> <p>Hon'ble Chairperson congratulated all three selected PRs and also thanked all the members to actively participate in the voting process for PR selection under BCCM leadership for HIV component of the GF grant in Bangladesh</p>
<b>Decisions</b>	<p>Three PRs were anonymously selected thru a secret ballot. NASP selected as returning PR and icddr,b and Save the Children were selected as continuing PRs for HIV components for the next two years from 2016-17 under NFM for the GF grant in Bangladesh.</p>

<b>Agenda Item # 3</b>	<b>HIV Concept endorsement and submission</b>
<b>Conflict of Interest</b>	
<b>Summary of the presentation and issue to be discussed</b>	
<p>Upon request from Dr. Husain Sarwar Khan, the Line Director, National AIDS/STD Program, Dr. Saima Khan, Strategic Information Advisor of UNAIDS and a member of the Concept Note (CN) writing group presented the HIV CN in the meeting. She mentioned that for the development of the CN, the mid-term review (MTR) of the National Strategic Plan (NSP) was started with a series of meetings/workshops required for the Country Dialogue process for the CN. Multiple stakeholders (e.g., representatives from the NGOs, CBOs, SHGs, donors, implementers, academician, researchers, beneficiaries and other stakeholders etc.) working and associated with the HIV and AIDS field were invited who formed small working groups to address various gaps existing in the current NSP and other emerging areas. Feedback from these meetings were documented and utilized for developing the technical directions of the CN. Dr. Saima briefed that the goal of the CN is to reduce HIV transmission among key populations (KPs) at higher risk of transmission of HIV in Bangladesh with several specific <b>objectives</b> which include Objectives: a) Continuing prevention services for key populations at higher risk. b) Continuing required Care, Treatment and Support activities. c) Continuing awareness activities among young people (in and out of schools) in priority geographical areas d) Building the capacity of partners and CBOs in order to increase the scale of the National Response to the HIV/AIDS epidemic: Capacity building initiatives for implementing partners, Higher level advocacy for sustainable enabling environment, Maintain national HIV MIS.</p> <p>She also described the current situation of the HIV and AIDS and its epidemiological data.</p> <ul style="list-style-type: none"> <li>• The total number of reported HIV cases was 3241 in 2013.</li> <li>• Current HTC Status: 49 Centers in 23 districts.</li> <li>• In 2013 approx. 0.9% were found positive of total tested.</li> <li>• HIV prevalence is highest among key populations</li> <li>• Infections are found among clients of sex workers and low-risk females (including migrants and their spouses)</li> <li>• Coverage of Key Populations: Female sex workers (hotel, residence and street based) 45%, Female sex workers (brothel based) 100%, PWID ~80%, MSM and MSW ~25%, Hijra ~50%</li> </ul>	



She provided information on Asian Epidemic Model (AEM) that has been used in the CN to identify epidemiologically most appropriate and cost-effective interventions for Bangladesh. The AEM has demonstrated that continuation of interventions among the KPs are extremely required to prevent HIV epidemic in Bangladesh. She described the strategies for the CN under the NFM that include continuation of prevention programs for KPs (i.e., FSW and their clients, MSM and TG and People Who Inject Drugs (PWID) with technical priorities such as introducing/expanding Sub DIC; introducing secondary channels for interventions (for example, pharmacies, DNC local offices, etc. to conduct NSEP); engaging power structure; expanding coverage for HTC; etc. Prevention programs for OST, TB-HIV collaboration, Treatment, care and support; Procurement supply chain management (PSCM); Health information systems and M&E; Health and community workforce; Community systems strengthening; Prevention/awareness programs for adolescents and youth, in and out of school will be continued.

She described various modules of interventions and related budget allocations of the CN. She informed that USD 12.35 million was allocated for HIV for the period of December 2015- November 2017 as an indicative funding. On top of this amount, anticipated savings from the current grants (from both PRs: Save the Children and icddr,b) approximately USD 4 million will be added to the indicative funding, so the total amount is USD 16.32 million. The above allocation amount is approx USD 3.1 million.

Dr. Saima informed that the CN was uploaded in the website of various organizations including NASP, DGHS, Save the Children, icddr,b and BCCM for getting public opinion. Few important feedback have been received from WHO regional office, USAID, STI/AIDS Network of Bangladesh and KP representatives.

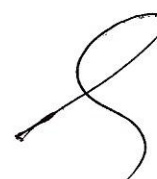
Constituency/Sector	Write content of contributions below
<b>BCCM Secretariat</b>	<b>BCCM Coordinator requested the CN wring group to present the CN. The Line Director of NASP, the Chair of the HIV technical group of BCCM requested Dr. Saima Khan to present the CN before the CCM on his behalf.</b>
<b>GOV</b>	<p>The Hon'ble State Minister Mr. Zahid Maleque, an alternate member of CCM suggested that MO HFW to monitor the HIV programs and take stewardship role to ensure that HIV program should be implemented in transparent way. He also requested MOHFW, NGOs and donors to work together in good coordination to improve testing and other facilities related to HIV.</p> <p>Mr. M. M Neazuddin, Vice Chair CCM and Secretary of MOHFW expressed his great concern of limited resources provided by the Global Fund in the NFM for Bangladesh. He expressed his concerns on increasing HIV cases although few in number. He suggested that :</p> <ol style="list-style-type: none"> <li>1) BCCM should find out the way to negotiate with the Global Fund to increase future finding for HIV for Bangladesh. .</li> <li>2) BCCM needs to find other donors for securing more fund for HIV work.</li> <li>3) The MOHFW has provision to increase budget for HIV in the mid-term review of HPNSDP.</li> </ol> <p>He expressed interest to sit with donors and also with the LD of NASP, CDC, country director of UNAIDS, USAID on the first week of October, 2014 to further discuss these issues.</p> <p>He also recommended:</p>



	<p>1. HIV/AIDs Recommendation Committee will be formed with few members</p> <p>2. The Committee will be headed by Prof. Dr. Be-Nazir Ahmed, Director, Disease Control and Line Director, Communicable Disease Control, DGHS, MHFW</p> <p>3. The members will include Leo Kenny along with others: LD, NASP; DPM, HIV/AIDs to further explore funding to cover various activities necessary for HIV.</p> <p>4. The committee will recommend on diagnosis and management of HIV/AIDS cases with emphasis of use of govt. Facilities such as utilizing government human resources (i.e., doctors and nurses) to be trained and utilized for HIV testing and treatment etc.</p> <p>The Vice chair also said that one letter need to be issued with formation of the committee with TOR. Myself and LD, NASP and DPM, HIV/AIDS have already some discussion to start working of the committee.</p> <p>Prof. Dr. Deen Md. Noorul Huq, DG, DGHS proposed that HIV program should be monitored together. The committee, suggested by the Secretary, should make a detail plan where the responsibilities and work should be written clearly.</p> <p>Ms. Salma Akter Jahan, Joint Secretary, Ministry of Chittagong Hill Tracts Affairs suggested that Chittagong Hill tracts should be given more priorities in the CN.</p>
<b>MLBL</b>	<p>Mr. Leo Kenny, Country Director, UNAIDS clearly described that in the current funding constraint environment and in the context of low HIV prevalence status of Bangladesh, the focus of the Concept Note on the key populations is appropriate. He further stressed that the allocated budget is not enough for a comprehensive concept note and moreover HIV is not eligible for “above allocation”, therefore, he proposed that BCCM needs to search more resources for HIV from other donors. Ms. Megan Byers, First Secretary, Canadian High Commission said that she will discuss about the more fund with her agencies.</p> <p>Dr. Katayama, from WHO stated that general population/youth intervention is no doubt important but we need to prioritize the interventions for impact with limited resources. It is important to understand that the young and general populations are not at risk directly rather intervention should focus on populations who are directly at risk of HIV transmission such as FSW, MSW and Hijra. He described that: 1). Bangladesh has an opportunity to resource mobilization during the next ICCAP to be held in Dhaka, Bangladesh; 2) The CN was written based on evidence by consulting with multiple stakeholders and sectors. The process will continue to fine tuning the CN, and he requested BCCM Chair to endorse the CN, so that it can be submitted on time.</p> <p>Dr. Sukumar Sarker from USAIDS expressed his disagreement with the suggestion given by the civil society representatives to incorporate youth at lager scale in the CN. USAID have no fund for HIV but they can give NASP and other programme only technical assistant. GMS, an American base consulting group, is assisting BCCM on Oversight and Dashboard installation founded by USAID. USAID is assisting BCCM through developing CCM website CCM. USAIDS also have plans to supply some equipment and a vehicle to strengthening capacity of CCM.</p>
<b>NGO</b>	<p>Mr. Anwar Ullah from BRAVE insisted on expanding youth and adolescent</p>

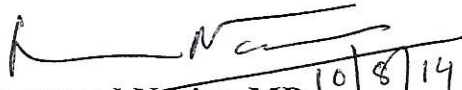


	<p>awareness campaign program budget. Without awareness programme among the youth group, the percentage of HIV positive will be increased. He requested BCCM to take this issue very seriously, and increase fund for youth and adolescents awareness programme if possible and including it to the Concept Note.</p> <p>He also proposed to allocate 2% from the total budget for STI/AIDS Network of Bangladesh (SANB).</p>
<b>Academia</b>	<p>Prof. Dr. Sharfuddin Ahmed proposed that youth and adolescent percentage of awareness programme is only 2% that is very low. It should be increased by mitigating EPTC 19% to 15%. Rest 4% can be included with awareness programme.</p> <p>He also proposed to allocate more than 50% of the total budget for NASP as a government PR.</p>
<b>PLHIV</b>	<p>Ms. Habiba Akter stated that how the treatment care and support for PLHIV helped in prevention and control of HIV among the emerging population group. She said we should focus on indentification of the positive people through expanding the HTC service for the KPs and the emerging population group.</p>
<b>Private sector</b>	<p>Mr. Shahedul Islam Helal, Director, FBCCI said that according to newspapers Bangladesh have 70 lacs drug users. As per international standard 10% drug users are creasing every year and recovery rate probably 7%. He proposed BCCM to increase budget for the PWID intervention</p>
<b>KAP</b>	<p>Ms. Hena Akter CCM member from Sex Workers Network of Bangladesh explained how they perform their work to mitigate HIV. She told that they distribute condom, do counseling, HIV prevention contact, advocacy, awareness buildup among sex workers through sex workers and they have doctors and nurses who give treatment to sex workers.</p> <p>Mr. Shale Ahmed from BSWs suggested to increase the key population coverage from 35% to 75%. Country consultation is required to mobilize more fund.</p> <p>Mr. Shale Ahmed from BSWs suggested to</p> <ul style="list-style-type: none"> <li>• Increase Key Population coverage at least 70% based on size estimation to address the universal access of prevention treatment and care &amp; support coverage</li> <li>• A country consultation can be arranged to mobilize more funding.</li> <li>• Take more care on youth and adolescent awareness based on MARA (most at risk adolescent) strategy.</li> </ul>
<b>PRs</b>	<p>Prof. Dr. Ben-Nazir Ahmed, Line Director-NMCP, recommended</p> <ul style="list-style-type: none"> <li>• HIV fund can got more share from HPNSDP. The mid-term review is going on. HIV can get fund.</li> <li>• Stewardship of HIV programme should go to government Govt. who have facilities.</li> <li>• We need to search other fund side by side</li> </ul> <p>He also suggested to run HIV testing centre within 64 districts hospital where lab and other facilities have, 13 old medical colleges where have experts doctors and professors.</p> <p>NASP Line Director Hussain Sarwar Khan said that NASP have spent Tk BDT 38-40 crore every year. They get Tk BDT 3 Crore from GOB and rest of the fund world Bank RPA. NASP does target the key population and NASP</p>



	perform the work through NGOs.
<b>Chairperson</b>	<p>The Minister expressed his concern for increasing HIV positive cases in Bangladesh. He proposed to use MOHFW's facilities-hospitals, doctors, laboratory broadly to prevent HIV. The publicity of awareness programme on threats of HIV should be increased among the risk population.</p> <p>He stated that the money should be spent in very transparent manner.</p> <p>He requested the BCCM members to approve the HIV Concept Note. He expected that the concept note would be fine-tuned based on suggestions given by BCCM members before submission to the Global Fund.</p>
<b>Decisions</b>	<ol style="list-style-type: none"> <li>1. BCCM has endorsed the HIV Concept Note to be submitted to the Global Fund before 15 October as planned.</li> <li>2. The Secretary of MOHFW will sit with the donors and the LDs on first week of October, 2014 to find out the ways to increase fund for HIV prevention programs in Bangladesh.</li> <li>3. A committee will be formed headed by Prof. Dr. Be-Nazir Ahmed, Director, Disease Control and Line Director, Communicable Disease Control, DGHs, MHFW.</li> <li>4. The members will include Leo Kenny along with others: LD, NASP; DPM, HIV/AIDs to further explore funding to cover various activities necessary for HIV.</li> </ol>

Due to other important and urgent business, the Hon'ble Minister-MOHFW and the Chairperson of BCCM declared ending of the meeting and thanked to all participants. He mentioned rest of the agenda will be discussed in the next BCCM meeting.

  
**Mohammed Nasim, MP** 10/8/14  
 Minister, Ministry of Health and Family Welfare  
 and  
 Chairperson, Bangladesh CCM







Bangladesh Country Coordinating Mechanism,  
Members and Alternate members list of BCCM,








**Attendance Sheet**


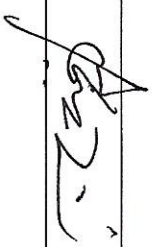



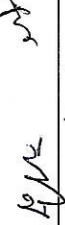





**80th CCM Meeting**

Date: 18/09/2014

No.	Category	Salutation	NAME	INSTITUTION	TITLE	Telephone	Email	Constituency	MEMBER/ALTERNATE	GENDER	Signature
1	Govt	Mr.	Mohammed Nasim	MOH&FW	Minister	9574488, 9574422	minister@mohfw.gov.bd	GOV	Chairperson of BCCM	Male	
	Govt	Mr.	Zahid Maleque	MOH&FW	State Minister	9545515	stminister@mohfw.gov.bd	GOV	Alternate	Male	
2	Govt	Mr.	MM Neazuddin	MOH&FW	Secretary	957 4488	healthsecretary@gmail.com	GOV	Vice Chair (GOV)	Male	
	Govt	Mr.	A M Badrudduja	MOH&FW	Additional Secretary	9540063	ambduja@gmail.com	GOV	Alternate	Male	
3	Govt	Prof	Dr. Deen Mohd. Noorul Huq	MOH&FW	DG Health	957 4490	dghsbd@gmail.com,	GOV	Member	Male	
	Govt	Prof	Prof. Dr. A K Azad	MOH&FW	ADG Health	01713018538	pkakazad@gmail.com	GOV	Alternate	Male	
4	Govt	Ms.	Roxana Quader	MOH&FW	Add Secy, PH&WHO	01710894497	roxanaquader@gmail.com	GOV	Member	Female	
	Govt	Mr.	Md. Azam-E-Sadat	MOH&FW	Deputy Secretary	01713444113	hahb@yahoo.com, asadat64@gmail	GOV	Alternate	Male	
5	Govt	Ms.	Niru Shamsun Nahar	MOH&FW	Jt Chief, Planning	01716241789	niru_nahar@yahoo.com	GOV	Member	Female	
	Govt	Mr.	Dr.Mohammed Khairul Hasan	MOH&FW	Dy Chief, Planning	01711868868	dr_md_khairul@yahoo.com	GOV	Alternate	Male	
6	Govt	Prof	Dr. Mahmudur Rahman, PhD	MOH&FW	Director, IEDCR	01711595139	an@ciechco.net, mrhman57@hohtr	GOV	Member	Male	
	Govt	Mr.	Dr. Mustaq Husain	MOH&FW	Sr. Scientific Officer, IEDCR	9898891, 01552410445	musthuq@iedcr.org,musthuq@dr.com	GOV	Alternate	Male	
7	Govt	Mr.	Sushen Chandra Roy	MOSW	Jt Secretary	0171 1321 724	sushenroy048@gmail.com	GOV	Member	Male	

	Govt	Mr.	Quazi Md. Anwarul Hakim	MOSW	Dy Secretary	01711789051	hakim_anwar@yahoo.com	GOV	Alternate	Male	
8	Govt	Ms.	Syeda Afroza Begum	MOLGRD	Jr Secretary	01711208590	afroza135@yahoo.com	GOV	Member	Female	
9	Govt	Mr.	Md. Sobur Hossain	MOLGRD	Dy Secretary	01715422038		GOV	Alternate	Male	
	Govt	Mr.	Samin Mohammed Atzal	MORA	Director General Islamic Foundation	017711547028	dg_if@yahoo.com	GOV	Member	Male	
	Govt	Mr.	Abu Hena Mostafa Kamal	MORA	Director, Islamic Foundation	01743389079		GOV	Alternate	Male	
10	Govt	Mr.	Sultan Md. Iqbal	MOF	Member, NBR	8391 907, 01732209388	sultaniqbal123@yahoo.com	GOV	Member	Male	
	Govt	Mr.	Kazi Mustfizur Rahman	MOF	First Secretary, NBR	9332 573, 01971953396	mshnisa@yahoo.com	GOV	Alternate	Male	
11	Govt	Mr.	<del>Kamrul Uddin Khan</del> Md. Mostafizur Rahman	MOHA	Add Secretary	017715013243	knz2005@gmail.com, knz2012@gmail.com	GOV	Member	Male	
	Govt	Mr.	Md. Mostafizur Rahman	MOHA	Jr Secretary Joint Secretary	01816379766	mdmostaf100@yahoo.com	GOV	Alternate	Male	
12	Govt	Mr.	Md. Shamsuzzaman <del>SALMA AKHTER JAHAN</del> Abu Syed Md Sahen Reza	MOCHTA	Jr Secretary	01762007712 01911384543	szaman_56@yahoo.com salmawq68@yahoo.com	GOV	Member	Male	
	Govt	Mr.	Abu Syed Md Sahen Reza	MOCHTA	Deputy Secretary	01711444639	shahen_reza85@gmail.com	GOV	Alternate	Male	
13	Govt	Mr.	Md. Khalilur Rahman	MOWCA	Joint Secretary	01915880505	mkrahman09@gmail.com	GOV	Member	Male	
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