



Bangladesh Country Coordinating Mechanism (BCCM)

Health Services division
Ministry of Health & Family Welfare
BCCM Secretariat

Oversight Visit on 28 - 31 March 2018

SITE VISIT REPORT

Date of visit: 28 - 31 March 2018

Date of Report: 04 April 2018;

Place/site visited:

1. M.A.G. Osmani Medical College Hospital (DOTS Corner, Malaria Corner and ART Center)
2. Chest Diseases Hospital, Sylhet
3. Chest Diseases Clinic, Sylhet
4. Civil Surgeon's Office, Sylhet
5. MSM/Hijra DIC, Sylhet
6. FSW DIC, Sylhet
7. Civil Surgeon's Office, Moulvibazar
8. DOTS Corner, Moulvibazar Sadar Hospital
9. Community Clinic, Moulvibazar Sadar
10. LLIN Distribution Point,
11. MSM/Hijra Sub-DIC, Moulvibazar

Names of the members in the visiting team:

- Mr. Md. Serajul Huq Khan, Secretary, HSD, MOHFW & Vice Chair (GoB) BCCM
- Professor Dr. A. K. Azad, Director General, DGHS and Member, BCCM
- Professor M. A. Faiz, Former Director General, DGHS and Vice Chair, BCCM
- Mr. Md. Motaher Hossain, Deputy Secretary (WH), HSD, MOHFW and Member, BCCM Oversight Committee
- Mr. Milon Kanti Datta, Presidium Member, BHBCOP and Member, BCCM Oversight Committee
- Mr. Kamrul Hasan Kenedy, Head of Institutional Business and Health Care Product, Renata Ltd. and Member, Oversight Committee
- Mr. A. T. M. Badrul Islam, Executive Director, JASHIS and Alternate Member, BCCM
- Mr. Khandokar Zakir Hossain, PS to Secretary, HSD, MOHFW
- Mr. Manaj Kumar Biswas, BCCM Coordinator, BCCM Secretariat, MOHFW
- Mr. Mohammad Harun-Or-Rasid, Deputy Coordinator, BCCM Secretariat, MOHFW

Persons contacted:

1. Prof. Dr. Sanya Tahmina, Director CDC & LD NMEP
2. Prof. Dr. Samiul Islam, Line Director, TBL and ASP
3. Dr. Akramul Islam, Director – TB, Malaria, WASH and DECC, BRAC
4. Dr. Lima Rahman, Chief of Party, HIV/AIDS Program, Health, Nutrition & HIV/AIDS Sector, Save the Children in Bangladesh
5. Dr. Sharful Islam Khan, Scientist and Head, Program for HIV and AIDS, IDD, icddr,b

Purpose of the site visit:

This visit aimed to:

- Review and understanding of current situation of Health Services in Sylhet Division with special focus on HIV/AIDS, TB and Malaria;
- Recommend improvements in implementation and way forwards, as applicable.

Background:

Sylhet is the north-eastern division of Bangladesh with four districts. All three components of the Global Fund are being implemented in this division. Having a significant immigrants/migrants and large number of floating population in the divisional level, Sylhet is included in at risk population for HIV/AIDS. On the other hand, being bordered by the Indian states of Meghalaya, Assam and Tripura to the north, east and south, respectively, it is a malaria prevalent area also. Malaria has achieved a lot and moved to pre-elimination in the most parts of this division. Thus, it was considered to review the current health situation and available service provision of this division.

Summary of activities:

The team met divisional health officers and other service providers at the office of Director of M A G Osmani Medical College where Director of The Medical College presented the achievements, way forward and challenges. After the discussion the team visited DOTS Center, Malaria Corner and ART Center.

In addition to the medical college, the team also visited other government facilities i.e. Civil Surgeon Office, Chest Diseases Hospital (CDH), Chest Diseases Clinic (CDC). Other service facilities in Sylhet under The Global Fund grant e.g. Female Sex Workers (FSW) Drop In Center (DIC) operated by Light House – SR of Save the Children, MSM-Hijra DIC operated by Bondhu Consortium – SR of icddr,b were also visited.

In Moulvibazar, the team started their visit from Civil Surgeon's Office of Moulvibazar where the team was briefed about their performance of recent days. Afterwards, the team visited DOTS corner operated by Heed Bangladesh–SR of BRAC, one Community Clinic (CC) of Bangladesh Government Health System, LLIN Distribution Point – organized by BDSC, and Sub-DIC for MSM-Hira operated by Bandhu Consortium – SR of icddr,b. During the DOTS center visit, the team also communicated with two TB patients, who are currently enrolled, to understand the client satisfaction and treatment compliance.

Observation(s) and Finding(s):**Health Services of MAG Osmani Medical College Hospital**

M A G Osmani Medical College, established in 1936, is the tertiary level service provision in Sylhet Division. The medical college is 900 bed hospital where 46 cabin beds, 224 paying beds and 630 non-paying beds which is still below the required level. More than 1.5 million services are being provided in this facility every year, 28,3991 services have been provided in January-February 2018 which is twice of its capacity. X-ray, USG, CT, Radiotherapy, Video Endoscopy, Colonoscopy etc. are available for diagnosis. Currently, 1,033 staff are in position (out of 1512 positions) to provide services for the mass population. As the hospital has been increased to 900 bed hospital, the human resource is supposed to be increased by another 1,273 staff.

The medical college hospital has been providing service to the HIV patients through ART center since 01 October 2017 after being handed over from NGO partners. About 226 HIV test have been done (89 have been referred from DOTS corner) and 13 positives were found. Currently, the center is providing ARV services to 434 patients.

DOTs corner, operated by NGO partner – BRAC, has been providing diagnosis and treatment services for TB patients which serves around 5,000 test every year. In 2017, 5165 presumptive tests have been done and 480 patients have been identified. Among them, 194 patients have been registered under this facility while others have been transferred to their nearest DOTs corner for treatment completion. In addition to these 194 patients, 276 more patients (smear negative and extra pulmonary TB) are being treated through this facility. Gene Xpert machine has been established for advanced diagnosis of TB but not functional yet.

Malaria corner has been introduced to serve malaria patients for diagnosis and treatment facilitation. The facility is located within the DOTs corner and thus very low visibility. In 2017, 770 malaria tests have been done and no positive was found. The test is being done using RDT.

Health Services of Sylhet District

Sylhet is a district of 37,44,757 population with 3,490 sq.km including 04 municipality, 22 tea gardens, 05 rubber gardens and 07 punjis. Being a divisional center, Sylhet has several health facilities e.g. medical colleges (Gov.-01; Private – 04), Chest Disease Hospitals, Infectious Disease Hospital, Leprosy Hospital at district level and Upazila Health Complex (11), Union Health & Family Welfare Center (68), community clinics (258) etc. There are 25 diagnosis and treatment facilities for TB and tested 41,854 presumptive in 2017. During last years, 3431 bacteriologically confirmed cases and 1,873 clinically diagnosed pulmonary TB patient has received treatment from above mentioned facilities. Besides, 1,405 extra pulmonary TB cases has also received treatment in the same period. 04 out of 13 subdistricts are malaria endemic where GoB and NGO partners work. In 2017, 23 malaria cases were identified and treated, mostly at community level. All hotspot villages are under 100% coverage of LLIN.

Health Services of Chest Diseases Hospital & Clinic

Sylhet Chest Diseases Hospital (CDH) is providing services, including MDR TB with 32 dedicated beds, to the TB patients mainly indoor services. In 2017, total 2,136 Gene Xpert tests has been done and identified 41 MDR positives. Among them 36 has been enrolled for treatment in 2017, 01 enrolled in 2018, 01 died before enrolment, and two are under counselling. One patient was found negative in repeat test and was excluded from treatment. X-ray machine is not functional. In addition to these, contact tracing of MDR patients is not done from the CDH or other government authority. NGO partner maintains a register for MDR patients and do the contact tracing accordingly with their own management.

Sylhet Chest Diseases Clinic (CDC) is providing outdoor services to the suspects. Though the X-ray machine is functional but the quality of X-ray is not up to the mark. About 3,929 patients have been tested as TB suspect in 2017 and 362 have been detected as TB patients. Among identified patients, 58 was registered and treated. Rests were referred to the nearest DOTS centre for providing treatment.

Drop In Center (DIC) for Female Sex Worker (FSW)

Amberkhana DIC for FSW is operated by Sylhet Jubo Academy, member of Light House Consortium, under the supervision of PR – Save the Children. It is providing service to the KAP – FSW since 2008. Currently, 765 enlisted beneficiaries, street based – 194, Hotel Based 182 and

Residence based 389 which is much lower than the estimated size. During last three months, December 2017 – February 2018, the DIC has distributed 75,100 condoms (free 27,100) to 764 beneficiaries and provided services for STI management to 99 FSW and 12 partners of FSW. During this timeframe, they managed 99 HIV testing of FSW. Besides these, the DIC established a network of health services providers to ensure other health services for its beneficiaries e.g. MAG Osmani Medical College Hospital, Ragib Rabeya Medical College Hospital, Surjer Hasi Clinic, Marie Stopes etc.

Sylhet Drop In Center (DIC) for MSM, MSW and Hijra

Sylhet DIC for MSM/MSW/Hijra is operated by Bandhu Social Welfare Society under the supervision of PR – icddr,b. It is providing service to the KAP – MSM/MSW/Hijra 1085 beneficiaries (MSM – 590, MSW – 319 and Hijra – 176) which is much lower than the estimated size. Different services include STI, HTS, Counselling, condom-lubricant distribution referral etc. Major achievements during NFM include 5,92,062 condoms distribution, 41,934 lubricants distribution, STI and other health related services to 706 and 829 respectively. Beside these services, 931 beneficiaries received TB screening and 14 beneficiaries were referred for TB diagnosis.

Health Services of Moulvibazar District and Sadar Upazila

Moulvibazar is a district of 19,47,315 population with 2,799 sq.km including 92 tea gardens, 45 rubber gardens and 59 punjis. These gardens have made universal health coverage critical as they reside in segmented location and in some cases out of mainstream society. However, health services department of the district is providing health services, especially TB and Malaria, to the inhabitants through government facilities with the support from NGO partners. During 2017, a total of 26,083 sputum test has been done and 2,338 positives were identified. TB Treatment success rate is more than 95% in the recent years. 14 Drug Resistant TB was identified in 2017 and 12 was enrolled for TB, two died before enrolment. For Malaria, the district has achieved significant progress through government facilities with the support of NGO partners and started pre-elimination activities. LLIN is being distributed as part of prevention and diagnosis and treatment is continuing.

DOTs corner, operated by NGO partner – Heed Bangladesh (under the supervision of PR-BRAC), has been providing diagnosis and treatment services for TB patients which ensures services to 327012 appx. In 2017, 4660 presumptive tests have been done and 577 patients have been identified and treated. In addition to these 111 patients new extra pulmonary TB was identified and treated through this facility. A functional Gene Xpert TB laboratory is in place to serve Drug Resistant (DR) TB patients and 3 patients have been identified and enrolled for treatment in 2017.

Akborpur Community Clinic, Moulvibazar Sadar Upazila:

Oversight Visit Team visited Akborpur Community Clinic (CC), Moulvibazar Sadar Upazila Respected Secretary and Director General Health Services talked with CHCP of this CC and members of Community Clinic Management Committee (CCMC) including Chairperson of that committee. They suggested to utilize the CCMC and support group to identify suspected TB cases around this CC. They suggested CCMC members and support group members should refer the patient to CC to investigate their sputum who are suffering from cough or fever for more than two weeks.

LLIN distribution in the Moulvi Tea Garden, Akbarpur, Moulvibazar:

The OC visit team also visited LLIN distribution point in the Moulvi Tea Garden, Akbarpur, Moulvibazar. Visit Team members talked to the household members about the efficacy and utilization of LLIN who have come to take LLIN from the Malaria Elimination Program. Respected Secretary Health Services Division, MOHFW and Respected Director General of Health Services, MOHFW also took part in the LLIN distribution.

Moulvibazar Sub-Drop In Center (DIC) for MSM, MSW and Hijra

Moulvibazar Sub-DIC for MSM/MSW/Hijra is operated by Bandhu Social Welfare Society under the supervision of PR – icddr,b. It is providing service to the KAP – MSM/MSW/Hijra 752 beneficiaries (MSM – 536, MSW – 124 and Hijra – 92). Different services include STI, HTS, Counselling, condom-lubricant distribution referral etc. Major achievements during NFM include 2,16,264 condoms distribution, 14,204 lubricants distribution, STI and other health related services to 332 and 558 respectively. Beside these services, 392 beneficiaries received TB screening and 4 beneficiaries were referred for TB diagnosis.

Recommendations:

Based on the discussion and observations of the visit team, the following were recommended for further improvement of TB services which will also contribute to the overall health system and create synergic effect for the inhabitants of Sylhet Division:

- *DOT Corner, located at the medical colleges, should prepare monthly report of referral from different in-patient and out-patient departments which would facilitate to track contribution of medical college departments to the TB control program.*
- *ART center in the health facilities should be strengthened with permanent set up of staff including doctor, counsellor, nurse and other support staff with necessary capacity building options of the ART center's staff.*
- *SOP should be developed by the ASP about managing privacy and stigma in the ART center which is situated at tertiary level public hospital.*
- *ART center should be strengthened by the ASP for case reporting about the HIV and AIDS patients using code and number maintaining privacy to the DHIS-2 for regular updating about total HIV AIDS cases at National Level database.*
- *Malaria Corner of all Medical College Hospital in the endemic areas including MAG Osmani Medical College Hospital should have facilities for quality assured microscopic examination and RDTs for diagnosis of malaria as Bangladesh already started implementation of pre-elimination strategy. NMEP should coordinate to ensure microscopic examination and use of RDTs for malaria diagnosis as per national guidelines in all Medical College Hospital in the endemic areas.*
- *SOP should be developed to ensure contact tracing of MDR patients to control MDR infection.*
- *Coordination between Sylhet CDH and Sylhet CDC should be strengthened to facilitate treatment care services for TB Patients. Director Health Sylhet Division and Civil Surgeon Sylhet should take care of the coordination between two facilities.*

- *Coordination, under the leadership of district health authority, may be done to establish referral linkage with BRAC TB diagnostic center (established under The Global Fund grant where digital X-machine is available free of cost) to ensure proper diagnosis until the X-ray facility is up to the mark in government facility e.g. CDH, CDC etc.*
- *NTP and other implementing partners should work together to continue TB services for tea garden laborer at satisfactory level after the grant end of Challenge TB funds.*
- *Routine health services, once/twice a week, should be planned to ensure health services for the tea garden laborers within 07 April 2018 and implemented accordingly under the leadership of Civil Surgeon, Moulvibazar.*



Md. Serajul Haq Khan
Secretary,
Health Services Division
Ministry of Health and Family Welfare
and
Vice Chair (Gov.), BCCM