



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

Subject: Minutes of the 100th meeting of the BCCM.

Date (dd.mm.yy)	10.12.2019
Venue of the meeting	Conference Room (Building no 3, Room No 332), Ministry of Health and Family Welfare
Meeting started	03:00 pm
Meeting adjourned	06: 00 PM
Meeting Chaired By	Mr. Zahid Maleque MP, Minister , Ministry of Health and Family Welfare and Chair - BCCM
Meeting Steered by	Md. Ashadul Islam, Secretary, Health Services Division , Ministry of Health and Family Welfare and Vice Chair(Government), BCCM
Meeting Facilitated by	Mr. Manaj Kumar Biswas, BCCM Coordinator , BCCM Secretariat
Total number of participants	69 Participants (Invitees were 95)
Does quorum attained meeting?	Yes
Meeting attendance	<ul style="list-style-type: none">• Voting member and alternate members of BCCM: 35• Global Fund Country Team: 07• Non CCM OC Members: 04• Principal Recipients (PR): 11• Observer (Global Fund LFA): 01• Observer (GAC)): 01• HSD, MOHFW: 05• BCCM Secretariat staff: 05
Attendance list	Yes
Other supporting document	Yes

Meeting Agenda Items

Agenda Item no	Title of Agenda Item
Agenda Item: 1	100th BCCM Meeting as milestone: Remembrance of a journey since 2002 and success of BCCM
Agenda Item: 2	The 99 th BCCM Meeting minutes endorsement
Agenda Item: 3	Updates on: <ul style="list-style-type: none">a) The GF 6th Replenishment Conferenceb) By the Global Fund Country Teamc) Funding Request Development TB, Malaria and HIV for 2021-2023 period
Agenda Item: 4	<ul style="list-style-type: none">a) EPA Assessment of BCCMb) BCCM Secretariat Budget for 2020c) SR selection of ASP and BRACd) Procurement of FLD from Government funding
Agenda Item: 5	Miscellaneous: <ul style="list-style-type: none">a) Technical Support DGDAb) Inclusion of New Members and Alternate Members

At the outset of the meeting, Mr. Zahid Maleque MP, Hon'ble Minister, MOHFW and Chair, BCCM welcomed all the participants including members, alternate members, PRs, GF Country Team and observers etc.

Respected Mr Md Ashadul Islam, Secretary, HSD, MOHFW mentioned that 100th BCCM meeting is really a remarkable achievement and landmark for BCCM and he also thanked the members, alternate members and stakeholders to achieve this landmark and celebrate the achievement in this meeting. With the kind permission of Hon'ble Minister and BCCM Chair, he directed BCCM Coordinator to facilitate the meeting according to scheduled agenda.

According to the direction of Hon'ble BCCM Chair, BCCM Coordinator started the meeting according to agenda. Before the discussion of agenda items, he mentioned that 100th BCCM meeting is the milestone of successful CCM operations for the decision making and oversee of the Global Fund grants in Bangladesh.

Minutes of Each Agenda Items:

Agenda Item #1: The 100th BCCM Meeting as milestone: Remembrance of a journey since 2002 and success of BCCM

Conflict of Interest: No conflict of Interest declared

Discussions by the constituencies:

BCCM Secretariat: Mr. Manaj Kumar Biswas, BCCM Coordinator invited Prof. M A Faiz, Former Director General of Health Services and BCCM Vice Chair from Civil Society to deliver his speech on Remembrance of a journey since 2002 and success of BCCM at the 100th BCCM Meeting.

BCCM Leadership: Prof. M A Faiz, Former Director General of Health Services and BCCM Vice Chair from Civil Society presented the achievement, challenges and way forward of BCCM since 2002.

First of all, Prof M A Faiz greet all the participants according to their designation and constituency of the BCCM. He expressed his pleasure and honor to be here in the 100th BCCM Meeting on behalf of the Bangladesh CCM to deliver success of BCCM since 2002 in Bangladesh.

He said that on behalf of BCCM, “we would like to pay deep respect to the martyrs of freedom movement in this pious month of December”. At the outset He mentioned some of the key achievements in health sector in Bangladesh like near universal vaccination coverage; achieving the targets to reduce Maternal Mortality, Child and Neonatal Mortality. We also achieved many of the health and development indicators which are now contributing in Bangladesh's economy. About the three communicable diseases dealing by government through the Global Fund, and domestic & other resources shown remarkable progress in fighting TB, Malaria and HIV.

Professor M A Faiz mentioned in the meeting that since The Global Fund inception in Bangladesh in 2002, the Global Fund has been investing its 'resources to eradicate HIV, tuberculosis and malaria diseases; although its initial focus was on HIV/AIDS. In the following year, the Global Fund initiated funding of the Bangladesh HIV program with major focus on the awareness building among the young population. As a result of interventions implemented in collaboration with partner NGOs, the knowledge about HIV causes and prevention has become almost universal among the youth in Bangladesh. It needs to be mentioned that the prevalence of HIV is less than 0.1% in our country. Since 1984 till 2018, the cumulative total of HIV cases identified are only 6455. In the recent years, apart from continuing treatment of the HIV patients, the focus of the HIV program has been more on at-risks population such as People with Injecting Drugs (PWID), Male having Sex with Male (MSM), transgender and Sex workers. Our elimination target is by 2030.

He described that the financing of Bangladesh to TB and malaria programs by the Global Fund started in 2003 and 2007 respectively. Implemented through public-private partnership, the results and impacts of these two diseases-specific programs have been very high and encouraging. The TB treatment success rate of the new smear positive cases have increased from 83% in 2003 to 96% in 2019. The TB Mortality rate has decreased

from 80 in 1999 to 36 in 2018 per 100,000 population. Since 2004 a total of about 03 million TB patients have been detected and brought under treatment, and thereby more than One million lives have been saved during the same period. Our elimination target is by 2035.

He stated the achievement in Malaria that in Malaria program, the achievements have also been phenomenal over the last nine years. Through community mobilization and preventive measures by extensive Long-Lasting Insecticidal Nets (LLIN) distribution in the endemic malaria districts, by early diagnosis & treatment close to the community the absolute number of malaria deaths has come down from 229 in 2007 to only 7 in 2018. Likewise, the number of malaria cases decreased from 59,857 to 10,523 during the same period, however, the Malaria incidence again increased in 2019 and could cross over 15,000 cases this year. Bangladesh already started phased Elimination Program for Malaria with a target to eliminate by 2030.

He detailed that the success of the three GLOBAL FUND-financed disease-programs via BCCM has been significant by any measure. While financing from the Global Fund has steadily increased over the years -- the total disbursement during the 2003-2019 period stood at \$533.5 million, the factors behind such successes can also be attributed to the firm commitment by the Government of Bangladesh to the GLOBAL FUND programs. In fact, the extensive government health infrastructures at all levels in close collaboration with partner non-governmental organizations has been in the forefront in implementing the GLOBAL FUND programs. In addition, contribution from domestic resources by Government of Bangladesh also increased for fighting TB, Malaria and HIV through the Health Nutrition and Population Sector Development Program (HPNSP).

He remembered that another contributing factor is the functional Bangladesh Country Coordinating Mechanism (BCCM) with representations and active participation from all stakeholders, including the Government, Civil Society, multilateral and bilateral organizations and Key Affected Populations. The Oversight Committee and Technical Working Groups have been equally effective for making decisions on behalf of Bangladesh CCM to remove the bottleneck for the grant's implementations in Bangladesh.

He described that despite the impressive achievements, a number of opportunities and challenges still remain for us. The opportunities include the sustenance of the achievements in both the TB and Malaria programs to a yet higher level with a strategic shift from prevention and cure to elimination of the two diseases from the country. The HIV program's focus on at-risk populations is another area where policy and attitudinal changes will be required to address their issues and concerns. In the socio-cultural backdrop of Bangladesh this would indeed be a challenging task ahead, especially for People with Injecting Drugs (PWID) and other at-risk populations.

He suggested that the disease programs also need to consider the gender issues and focus specifically on improving the health condition of women and girls (adolescent & young women) as well as safeguarding their rights. Effective and meaningful involvement of the KAP and PLWDs in the CCM functioning, the country dialogue process and other related activities has still continued to remain a far cry, in the absence of their organizational mobilization, awareness and capabilities. The GLOBAL FUND disease programs will need to focus on this KAP and PLWD issue in all earnest.

In view of the opportunities and challenges few of them just mentioned, the three GLOBAL FUND-funded disease-programs in Bangladesh will be in need of continued support and funding from the Global Fund as well as from the donor community for elimination and sustenance. He firmed that the Bangladesh Government would remain committed to provide all support to smooth implementation of the HIV, TB, and Malaria programmes with support of the GLOBAL FUND and other donors, as we have been in the past.

Finally, he wished for continued success of the BCCM and the Global Fund programs to fight TB, Malaria and HIV across the world.

Government: Respected Mr. Md Ashadul Islam, Secretary, HSD, MOHFW and Vice Chair BCCM (Government) thanked Prof. M A Faiz to deliberate the remembrance of BCCM journey and achievements in

this meeting. He expressed his strong government commitment to achieve the elimination goal of three diseases of Bangladesh by 2030 in the continuation of BCCM journey

The Chairperson: Hon'ble Mr. Zahid Maleque, Minister, MOHFW and Chair-BCCM remembered his attachments with BCCM since 2014 as Co-Chair of BCCM. He appreciated the tremendous achievement of BCCM and the Global Fund grants implementation in Bangladesh under the dynamic leadership, governance and oversight of BCCM. He mentioned that Bangladesh achieved a lot in fighting TB, malaria and HIV/AIDS. Bangladesh now planning for elimination of AIDS and Malaria by 2030 and Bangladesh is also in the right track in control and elimination of TB. He thanked delightfully to all the stakeholders under the umbrella of BCCM who played pivotal role for this achievement and progress in fighting three fatal diseases. Hon'ble Minister also expressed and stressed this journey till achieve the elimination goal of three diseases.

Decision: *The 100th meeting of BCCM acknowledged the achievement of the TB, Malaria and HIV programs in Bangladesh and successful role of BCCM since 2002.*

Agenda Item #2: The 99th BCCM Meeting minutes endorsement

Conflict of Interest: No conflict of Interest declared

Discussions by the constituencies:

BCCM Secretariat: Mr. Manaj Kumar Biswas, BCCM Coordinator presented the agenda items, decision points and implementation status of 99th BCCM meeting minutes, He appealed to approve and confirm this 99th BCCM meeting minutes in 100th BCCM meeting.

The Chairperson: Mr. Md. Ashadul Islam, Secretary, HSD, MOHFW and the Vice Chair of BCCM suggested to discuss the shared 99th BCCM meeting minutes and decisions update, if any comments and feedback from the members. Finally, he declared the minutes of 99th BCCM meeting as approved and confirmed as there were no comment and feedback.

Decision: *The 100th meeting of the BCCM confirmed and approved the 99th BCCM meeting minutes.*

Agenda Item #3 (a): Update on the GF 6th Replenishment Conference in Lyon, France

Conflict of Interest: No conflict of Interest declared

Discussions by the constituencies:

BCCM Secretariat: Mr. Manaj Kumar Biswas, BCCM Coordinator informed the meeting that the Replenishment Conference of the Global Fund is the fund raising/resources mobilization conference including donor countries' government, donor organizations, UN agencies and private foundation invited Prof. M A Faiz, Former Director General of Health Services and BCCM Vice Chair from Civil Society to deliver his speech on Remembrance of a journey since 2002 and success of BCCM at the 100th BCCM Meeting.

BCCM leadership: On behalf of Hon'ble Minister and BCCM Chair, Prof M A Faiz, Vice Chair BCCM and the GF Board Member from SEA Constituency described about the successful participation of the Bangladesh delegation led by Mr Zahid Maleque MP, Minister, Ministry of Health & Family Welfare to the GF 6th Replenishment Conference in Lyon, France.

He informed the meeting that Hon'ble Minister was one of the key note speakers in some panel session in the 6th Replenishment conference to show case the achievement of Bangladesh for three diseases as well as the efficient and effective implementation, coordination and collaboration in utilizing of the Global fund grant's money in Bangladesh.

Prof M A Faiz also noted that Hon'ble Minister also attended the meeting with Marrow Foundation which are supporting for Bio Safety Lab in BITID in Chottogram. Details Report attached as **Annexure -A**.

Government: Mr Md Ashadul Islam, Secretary, HSD, MOHFW thanked Hon'ble Minister to attend and lead Bangladesh delegation in successful participation in the GF 6th Replenishment Conference in Lyon, France.

The Chairperson: Hon'ble **Mr. Zahid Maleque, Minister, MOHFW and Chair-BCCM** suggested to follow up with the Marrow Foundation related to establish Bio Safety Lab in BITID and utilization of the Lab for the diagnosis of TB and other diseases.

Decision: *The 100th meeting of BCCM acknowledged the update about the participation to the GF 6th Replenishment Conference in Lyon, France. BCCM thanked Hon'ble Minister-MOHFW and BCCM Chair in 100th BCCM Meeting to led the Bangladesh delegation in the GF 6th Replenishment Conference in Lyon, France.*

Agenda Item #3 (b): Update by the Global Fund Country Team

Conflict of Interest: No conflict of Interest declared

Discussions by the constituencies:

BCCM Secretariat: Mr. Manaj Kumar Biswas, BCCM Coordinator informed the meeting that Ms Gyongyver Jakab, Senior Fund Portfolio Manager, Global Country Team for Bangladesh attending the 100th BCCM Meeting with her team members. On behalf of BCCM thanked Ms Gyongyver Jakab to attend the meeting. He requested Ms Jakab to present the GF Country Team's update before the 100th BCCM meeting.

The Global Fund Country Team: Ms Gyongyver Jakab, Senior Fund Portfolio Manager, Global Country Team for Bangladesh presented the Global fund Country Team.

Firstly, she described the strategic priority needs to addressed in the National Strategic plan for three diseases (TB, Malaria and HIV/AIDS); **Secondly**, she has given overview of the application process for the next grant cycle for the period of 2021-2023. **Thirdly**, she announced the success of 6th Replenishment Conference and 14.02 billion resources mobilization for the next grant cycle for the GF across the world and thanked Hon'ble Minister to attend the 6th Replenishment conference and show case the success and achievement in fighting TB, malaria and HIV/AIDS;

Fourthly, she briefly explained about the funding allocation methodology of the Global Fund to the implementing countries which is considering the disease burden, per capita income level and priority disease for the particular country. She revealed that according to the priorities in the National Strategic Plan for TB, Malaria and AIDS, the Global Fund would allocate the grant money for the program implementations. So that she stressed on the prioritization of the intervention in the next funding request very carefully including treatment and prevention of the diseases, Health System Strengthening, Gender & Human Rights, Key Population expectations etc;

Fifthly, she informed the BCCM that Sustainability and Transition plan should be started from the next grant cycle for Bangladesh and enhancement of co-financing for the program implementation is must for the GF grants. Bangladesh should increase co-financing significantly and absorption capacity should be strengthened accordingly;

Sixthly, she stated the issues need to be done after allocation letter issues. Extended and inclusive country dialogues should be in placed including Key population, civil society, NGOs, academia and researchers, Government, and private sectors and other stakeholders. Transparent and inclusive funding request development process and PR selection need to be done. Absorption capacity should be strengthened to be entitled for UQD allocation/incentive allocation above the Country allocation;

Ms Gyongyver Jakab confirmed that BCCM decision making and Oversight needs to be ensured for the efficient and effective Global Fund grants utilization in Bangladesh.

Finally, she described about the current Global Fund Grants situation in Bangladesh and she suggested the technical review panel recommendations in the context of Sustainable Transition Plan for all three Global Fund supported program in next grant cycle Funding Request Development. She has given importance for inclusion

of wide range stakeholders in the funding request development process and country dialogues especially Key Population (KAP) and People Living with Diseases PLWD. Details presentations is attached as Annexure - B.

Government: Mr Md Ashadul Islam, Secretary, HSD, MOHFW thanked Ms. Gyongyver Jakab, FPM, GF CT and invited comments and feedback from the BCCM members and alternate on the Ms Gyongyver's presentation and guidance on the next Funding Request Development.

Principal Recipients: Dr. Rupali Shishir Banu, NPC NTP informed the meeting that NTP has a very good collaborations with BITID to utilize bio safety lab in Chottogram.

Government: Prof. Dr Sharfuddin Ahmed, Chairman, Community Ophthalmology Department of BSMMU requested the GF Country Team to enhance the allocation of the GF for Bangladesh with the enrichment of Co-Financing of the Government.

Mr. Bidhan Baral, Deputy Secretary, ERD-MOF suggested to set up the priorities according to the National Strategic Plan along with the GF Fund's priorities in fighting TB, Malaria and HIV/AIDS in Bangladesh. He suggested to organize and conduct a stakeholder's consultation meeting to discuss and identify the priority to incorporate those priority with SDGs in context of TB, Malaria and HIV.

BCCM Oversight Committee: Dr. Mannan Banglai, BCCM Oversight Committee member advocated for the extra allocation for FDMN people in Cox's Bazar for ensuring the services for TB, malaria and HIV/AIDS among the FDMN in Rohingya camp in Cox's Bazar. He also prioritized to ensure identification and prevention of drug resistance malaria in the Rohingya population in Cox's Bazar.

Decision: *The 100th meeting of BCCM acknowledged the update by Ms Gyongyver Jakab, Senior Fund Portfolio Manager, Global Country Team for Bangladesh. The BCCM also decided to consider GF Country Teams' recommendations and suggestions developing Funding Request for next grant cycle (2021-2023).*

Agenda Item #3 (c): Funding Request Development TB, Malaria and HIV for 2021-2023 period

Conflict of Interest: No conflict of Interest declared

Discussions by the constituencies:

BCCM Secretariat: Mr. Manaj Kumar Biswas, BCCM Coordinator requested TB, Malaria and HIV Technical Committee Chairs to update progress on Funding Request development for next grant cycle 2021-2023.

Technical Committee Chair(s): Dr. Rupali Shishir Banu, National Program Coordinator, NTP informed the meeting, on behalf of TB Technical Committee Chair, that EPI analysis is done, JMM done and draft report already in hand and finalization ongoing. Experts are working on the National Strategic Plan update process with costing for the program. She informed the meeting that according to the TB Funding Request Development Roadmap, TB Technical Committee will submit Funding request by 23rd March 2020 to the GF Secretariat.

Dr. MM Akhteruzzamn PM, CDC explained about the update of Malaria Funding Request development process. He informed that National Strategic Plan for Malaria updating in progress. Joint Monitoring Mission (JMM) has been done and draft report has been shared. EPI analysis has also been done, proposal writing team already started narrative proposal writing. He ensured the meeting that according to the Malaria Funding Request Development Roadmap, Malaria Technical Committee will submit Funding request by 23rd March 2020 to the GF Secretariat.

Mr Akhteruzzaman, Senior Manager, ASP informed the meeting, on behalf of HIV Technical Committee Chair, that Technical Committee has formed proposal writing team and the team is working now on draft proposal writing.

The Government: Mr. Md. Ashadul Islam, Secretary, HSD, MOHFW and Vice Chair of the BCCM asked about the Technical Committee Members and Funding Request Development Writing Team Members.

BCCM Secretariat: BCCM Coordinator responded to the Technical Committee updates on the development of Funding Request and submission. He requested the all three Technical Committee to submit the final draft Funding Request for TB, Malaria and HIV by 28th February 2020. He informed the meeting that Funding Request endorsement BCCM meeting will be held in first week of March 2020. So BCCM need final version of Funding Request for all three diseases by 28th February 2020.

Decision(s): *The 100th meeting of BCCM acknowledged the progress of funding request development of TB, Malaria and HIV.*

The 100th Meeting of BCCM decided to submit all three diseases' Funding Request by 23rd March 2020 to the Gf Secretariat.

Agenda Item # 4 (a): Endorsement of EPA Assessment of BCCM

Conflict of Interest: No conflict of Interest declared

Discussions by the constituencies:

BCCM Secretariat: Mr. Manaj Kumar Biswas, BCCM Coordinator discussed about the Eligibility Performance Assessment (EPA) of Bangladesh CCM. He explained the frequency of the EPA and methods of EPA before the Funding Request submission to the GF Secretariat. He informed the BCCM that this year Bangladesh CCM done EPA by the light mode of assessment. According Light EPA, Bangladesh complied most of the measurement indicators except very few indicators which are indeterminant compliance.

He mentioned that male-female ratio needed 60-40% respectively according to the GF CCM policy. But BCCM does not have male- female members ratio accordingly in the present BCCM membership. BCCM included it in the improvement plan to comply it in next year when BCCM membership renewal election will be conducted. BCCM should ask the female members nomination from the Government category, because ministries can nominate female members from their department. Civil Society membership comes through the election so there is little chance to get the female members if the female professional take part in the election process.

He presented the excel spread sheet for “EPA indicators and compliance” by BCCM as well as “Improvement Plan”. He requested the BCCM to endorsed the BCCM EPA assessment in the light mode. He informed the meeting that after BCCM endorsement, BCCM Secretariat will submit it to the GF Secretariat. He explained that EPA report electronically shared with BCCM members and alternate members for their kind review and comments earlier.

The Chairperson: Mr. Zahid Maleque MP and Minister, MOHFW discoursed that we should ask the female members in new CCM next year to comply the EPA according to the GF CCM policy. Eight Ministries are in BCCM, they can easily nominate female members because we cannot assume that female professional will win the membership election in CSO membership election. He suggested to request to other ministries to nominate female professional for their members and alternate to BCCM during the next BCCM membership renewal. He also suggested to endorse this Eligibility Performance Assessment (EPA) with proposed Improvement Plan for BCCM in this 100th BCCM meeting.

Decision(s): *The 100th meeting of BCCM decided to endorse Eligibility Performance Assessment (EPA) with proposed Improvement Plan for BCCM as attached Annexure-C*

Agenda Item # 4 (b): Endorsement of BCCM Secretariat Budget and costed workplan for 2020

Conflict of Interest: No conflict of Interest declared

Discussions by the constituencies:

BCCM Secretariat: Mr. Manaj Kumar Biswas, BCCM Coordinator presented the BCCM Secretariat Budget and costed workplan for 2020 which is total amount is USD99,939. He informed the meeting that during 2015-2017, GF Secretariat approved USD100,000/= per year for BCCM Secretariat but suddenly at the end of the

2016 the GF Secretariat changed the funding agreement for BCCM Secretariat and 2017-2019 period GF Secretariat approved USD75,000 per year for last three years which was not sufficient for BCCM Secretariat according to the activities of BCCM Secretariat, grant size, numbers of PRs, wide range of stakeholders' coordination in Bangladesh. Moreover, BCCM Secretariat could not increase salary of the BCCM staffs last three years.

But last three years inflation gone high, government revised salary for the employee and increased average 122% salary of the employees and according other national and international organization also increased salary for the employees. He also informed the meeting that employees also got regular increment and performance-based salary revision in PRs/program implementation level in Bangladesh. But at the Governance level of the GF Grant Implementation in BCCM Secretariat, no salary increased in last consecutive three years. This year also the CCM Hub of the Global Fund Secretariat, informed the BCCM that they approved only USD75,000/= budget for the year 2020 for BCCM Secretariat and asked to submit the costed work plan accordingly.

He also up-to-date the meeting that BCCM Secretariat already communicated to CCM Hub of the GF Secretariat with justification of requirement of the budget of amount is USD99,939/- according to work plan for the period of 2020.

He mentioned that the BCCM Oversight Committee already endorsed this proposed budget and costed workplan by the BCCM Secretariat for the year 2020 and suggested to send this endorsed budget with justifications. If the Global Fund CCM Hub not agree with the BCCM proposal then BCCM should look for other funding for the BCCM Secretariat to fill up the funding gap. As the BCCM Oversight Committee endorsed the proposed budget of USD99,939/- for BCCM Secretariat for year 2020, he requested the BCCM meeting to endorsed this budget for BCCM Secretariat in 100th BCCM Meeting.

He remembered that BCCM Secretariat got some of the financial support last three years to implement some of the activities like BCCM Members orientation, oversight members orientation, constituency mobilization, BCCM membership renewal election from UNAIDS and USAIDS. Otherwise it was very difficult to complete activities according to requirement of Bangladesh CCM.

BCCM Coordinator described that this proposed budget already shared with BCCM Oversight Committee, BCCM members, alternate members, BCCM Executive Committee electronically and the GF Country Team for their comments and feedback. He seeks support from the GF Country Team for the proposed budget to negotiate with GF CCM Hub.

The Government: Prof. Dr. Sharfuddin Ahmed, Former Vice Chair of BCCM requested Hon'ble Minister, MOHFW and Secretary- HSD, MOHFW to approve and endorse this proposed budget for the BCCM Secretariat, if the GF CCM Hub won't approve the proposed budget then HSD of MOHFW should allocate to fulfill the funding gap for BCCM Secretariat to continue the very very effective governance process, decisions making about the GF Grants, Oversight of the GF Grants, regular information disseminations and effective communication, coordination and collaboration with wide range of stakeholders by the BCCM Secretariat. He expressed his doubt that scarceness of BCCM Secretariat fund could be the reason of losing efficient professional from the BCCM Secretariat and BCCM could fall in the inactive situation which BCCM faced during 2011-2013.

Respected Mr. Ashadul Islam, Secretary HSD, MOHFW and Vice Chair BCCM suggested to discuss on this proposed budget if anyone wants. He opined that as the BCCM Oversight Committee endorsed this proposed budget, BCCM could endorsed this proposed budget and send to CCM Hub of the GF Secretariat with proper justification of requirement of BCCM. He also suggested to the GF Country Team to negotiate with CCM Hub on behalf of BCCM for the BCCM Secretariat proposed budget and necessity.

The Global Fund Country Team: Ms Gyongyver Jakab, Senior Fund Portfolio Manager responded discussions on the budget and costed workplan of the BCCM Secretariat. She appreciated the tremendous performance of the BCCM Secretariat. She informed the meeting that CCM Budget allocation is not a reflection of the outstanding performance of BCCM Secretariat, it is reflection of the GF Secretariat OPEX

Budget which is not increased in this year. However, she committed to discussed with GF CCM Hub again to consider the BCCM Secretariat Budget improvement as much as possible.

The Chairperson: Mr Zahid Maleque MP and Minister, MOHFW directed that BCCM should submit the proposed budget as it is BCCM Secretariat requirements, if the Global Fund Secretariat not approve and disburse according to the BCCM proposal, then BCCM would seek other sources for filling up the funding gaps for BCCM Secretariat. He assured that it would not be a big issue to fill up the funding gaps for the BCCM Secretariat from the HSD, MOHFW or other development partners. Hon'ble Minister said that If no other funding for BCCM Secretariat is offered, then Health Services Division of Ministry of Health and Family Welfare would take care of it to fulfil the funding gap for BCCM Secretariat. He declared the proposed budget is endorsed in BCCM as no one declare any objection on this proposed budget amounting USD99,939/- according to work plan for the period of 2020.

Decision(s): *The 100th meeting of BCCM decided to endorse Costed workplan and Budget for BCCM Secretariat for the period of the year 2020 amounting USD99,939/- (Ninety-Nine Thousand Nine Hundred Thirty-Nine US Dollar only) according to work plan as attached Annexure-D.*

The 100th meeting of BCCM decided to negotiate with the GF CCM Hub for this endorsed Costed Workplan and Budget for BCCM Secretariat for the period of the year 2020 amounting USD 99,939/- (Ninety-Nine Thousand Nine Hundred Thirty-Nine US Dollar only).

The meeting also suggested to BCCM Secretariat and the GF Country Team to negotiate for the Costed Work Plan which is endorsed in 100th BCCM Meeting for BCCM Secretariat.

The BCCM acknowledged the commitment of Hon'ble BCCM Chair and Minister, MOHFW to fulfill the funding gap for BCCM Secretariat from Health Services Division, if the GF CCM Hub not approved proposed costed work plan for the period of 2020 amounting USD99,939/- (Funding Gap might be USD 99939-75000=USD24924/-).

Agenda Item # 4 (c): Endorsement of SRs selection of ASP and BRAC

Conflict of Interest: No conflict of Interest declared

Discussions by the constituencies:

BCCM Secretariat: Mr. Manaj Kumar Biswas, BCCM Coordinator described that 99th BCCM was decided to review the COI of BSMMU as selected SR for National AIDS and STD programme (NASP). According to that decision the COI review committee Chaired by Mr Md Saidur Rahman, The Additional Secretary (WH) and Chair BCCM Oversight Committee meet on 12/10/2019 to review the COI for Virology Department of BSMMU as to be selected Sub Recipient for implementing IBBS study under the NASP. The COI Review committee carefully reviewed the BSMMU membership in BCCM and any potential conflict to SR of ASP for Virology Department of BSMMU. The committee examined BCCM COI policy and GF Policy for CCM including COI Guidelines. The committee didn't find any potential COI with Virology Department of BSMMU with BCCM as to be selected as ST for NASP. He requested the BCCM to endorse the selection of Virology Department of BSMMU as SR of NASP for implementing IBBS study across the country. He mentioned that last Oversight Committee also recommended to endorse this selection.

He also described that the 26th BCCM Oversight Committee was decided to review the COI of BRAC University and IRD as selected SR for BRAC. According to that decision the COI review committee Chaired by Ms. Rina Parveen, Additional Secretary (PH&WH) and incoming Chair of BCCM Oversight Committee meet on 08/12/2019 to review the COI for BRAC University and IRD as to be selected Sub Recipient (TB) and BRAC University and icddr,b (Malaria) for BRAC. The COI Review committee carefully reviewed the BRAC representation as PR in BCCM and any potential conflict to SR of BRAC for BRAC University, icddr,b and IRD. The committee assessed BCCM COI policy and GF Policy for CCM including COI Guidelines. The committee didn't find any potential COI for BRAC University, icddr,b and IRD as SR for BRAC with BCCM.

He requested the BCCM to endorse the selection of BRAC University, icddr,b and IRD as SRs of BRAC for implementing program assessment of the TB and Malaria program implementations.

BCCM coordinator noticed that meeting note of the COI review committee shared with all members and alternate electronically for their information. He also informed the meeting that according to the COI committee recommendation, BCCM Secretariat took the endorsement of selection of Virology Department of BSMMU as SR of NASP from the Chair of the 99th BCCM Meeting and Secretary, HSD to expedite the rollout of IBBS program in field and informed the ASP and the GF Country Team in first week of November 2019.

BCCM Coordinator requested the 100th BCCM meeting to endorse the SR Selection of NASP and BRAC as mentioned above.

The Government: Respected Mr. Ashadul Islam, Secretary HSD, MOHFW and Vice Chair BCCM advised the members and alternate members to give feedback and comments on the SR selection of NASP and BRAC if any.

Decision(s): *The 100th meeting of BCCM decided to endorse Virology Department of BSMMU for ASP as SR for IBBS Study.*

The 100th meeting of BCCM decided to endorse BRAC University & IRD as SRs for BRAC for TB Program Assessment and

The 100th meeting of BCCM decided to endorse BRAC University & icddr,b as SRs for BRAC for Malaria Program Assessment

Agenda Item # 4 (c): Endorsement of Procurement of FLD from Government Funding

Conflict of Interest: No conflict of Interest declared

Discussions by the constituencies:

BCCM Secretariat: Mr. Manaj Kumar Biswas, BCCM Coordinator argued that last two years NTP purchasing the First Line TB Drugs (FLD) from the government fund/allocation through operation plan. This year also need to procure FLD from the Government fund to ensure the proper TB drugs supply management and maintenance of buffer stock for FLD in the field level facilities as well as in the central TB warehouse. He informed the meeting that NTP needs to get endorsement to procure FLD from government allocation in the operation plan. He requested Dr. Rupali Shisir Banu, NPC-NTP to detail in this regard.

Principal Recipients: Dr. Rupali Shisir Banu, NPC-NTP explained that as part of sustainability and transition, last two years NTP purchasing FLD from the government allocation. Every year need about BDT90 crore for this procurement from the GDF through the GF procurement procedure. The amounts need to be transfer first and before the supply of drugs. She told that NTP has about BDT64 crore and NTP needs more BDT 26 crore from the government to ensure this procurement of FLD and maintain the stock of TB drugs.

The Government: Respected Mr. Ashadul Islam, Secretary HSD, MOHFW and Vice Chair BCCM asked the process of the allocation for the budget to NTP for FLD.

BCCM Secretariat: BCCM Coordinator responded the question of Secretary HSD and informed that the money for FLD comes to NTP through Operation Plan budget. As the payment need to made in advance sometime, Ministry of Finance needs to get approval from HSD and BCCM to release this fund in advance. So, the BCCM needs to endorse the FLD procurement by NTP for this financial year. He also requested respected Joint Chief of Planning Unit of HSD to deliver more information.

The Government: Dr AE Md Muhiuddin Osmani, Joint Chief, HSD, MOHFW informed that the necessary money already approved in the Operation Plan for TB and HIV. NTP needs to get reallocate approval for the procurement of FLD and that will not be a big issue for the re allocate for the FLD according to requirement of NTP.

Respected Mr. Md Ashadul Islam, Secretary-HSD, MOHFW and Vice Chair BCCM directed to NTP to ensure the reallocation process from the Operational Plan for TB&ASP and procure the FLD according to the requirement of NTP.

Decision(s): *The 100th meeting of BCCM decided to endorse to procure FLD for TB from the Government Allocation in Operational Plan for TB & HIV through a re allocation process according to requirement of NTP.*

Agenda Item # 5 (a): Miscellaneous: Technical Support of DGDA

Conflict of Interest: No conflict of Interest declared

Discussions by the constituencies:

Discussions by the Constituencies:

BCCM Secretariat: Mr. Manaj Kumar Biswas, BCCM Coordinator informed the meeting that DGDA has send a request letter to attend the this 100th BCCM meeting and to strengthen their capacity to ensure the drug quality testing in Bangladesh specially for the TB, Malaria and HIV drugs. DGDA also attended the 26th Oversight Committee meeting to explain their plan to improve Drug Testing Capacity in Bangladesh. He also requested DGDA representatives to present their plan to the meeting.

DGDA representative(s): Mr. Salah Uddin, Assistant Director, DGDA informed the meeting that they are planning to enhance the capacity of Directorate General of Drug Administration. He opined that Bangladesh is performing well in HIV, TB and Malaria. He explained that Bangladesh is procuring WHO certified products but there is no testing mechanism after receipt of the health products for the in-country testing. He stressed that although Government of Bangladesh purchasing the drugs for TB, Malaria and TB from the WHO prequalified pharmaceuticals, it is important to strengthen capacity of DGDA for drug quality testing at different level to sustain the achievements over the year for the TB, Malaria and HIV/AIDS during the program implementations. Regarding the project planning and finance, he requested guideline from BCCM Oversight Committee.

He also explained that there is challenge to maintain quality through-out the supply chain till the consumption by the patient in Bangladesh and drugs quality should be maintained at any stage of the supply chain management to sustain the program achievement.

The Government: Respected Mr. Md Ashadul Islam, Secretary HSD, MOHFW and Vice Chair BCCM acknowledged the needs for ensuring medicine quality through strengthening DGDA regulatory systems. and asked about the funding for the drugs quality testing capacity building of DGDA.

DGDA representative(s): Mr. Salah Uddin, Assistant Director, DGDA responded the query of Secretary HSD, MOHFW that DGDA is closely working with United State Pharmacopeia (USP) for this issue of drugs quality testing facility development in Bangladesh. National Control Laboratory (NCL) of DGDA is ISO -17025 accredited. USP has a global MOU with the Global Fund to support GF Grants implementing countries across the world. USP is ready to support DGDA and Bangladesh in this regard. DGDA requested to make recommendations in this 100th BCCM meeting in favour of DGDA for getting support from GF regulatory strengthening next steps would be taken.

Decision(s): *The 100th meeting of BCCM acknowledged DGDA submission but no decisions were made in this meeting related to DGDA Capacity Building to enhance their capacity for in-country drugs quality testing.*

The BCCM 100th meeting also suggested DGDA and USP to communicate with the GF Secretariat directly for necessary fund for this proposed DGDA Capacity Building to enhance their capacity for in-country drugs quality testing above Country Grants Allocation for the next period of funding cycle 2021-2023.

Agenda Item # 5 (b): Miscellaneous: Inclusion of New Members and Alternate Members

Conflict of Interest: No conflict of Interest declared

Discussions by the constituencies:

BCCM Secretariat: Mr. Manaj Kumar Biswas, BCCM Coordinator informed the meeting few members of BCCM and Oversight Committee has changed as mentioned in table below: He requested the BCCM to endorse this inclusion of members and alternate in BCCM and Oversight Committee.

sl	Previous Member/Alternate	Designation	Replacement member/Alternate	Designation
1	Md. Saidur Rahman BCCM OC Chair and BCCM Member	Additional Secretary (WH), HSD, MOHFW	Ms Rina Parveen BCCM OC Chair and BCCM Member	Additional Secretary (WH), HSD, MOHFW
2	Md. Motaher Hossain, BCCM OC Member	Deputy Secretary, HSD, MOHFW	Md. Saidur Rahman BCCM OC Member	Additional Secretary (Development), HSD, MOHFW
3	Dr. Iftekhar Rashid BCCM and OC Member	Advisor-TB, USAID Bangladesh	Dr. Shanaul Bashar BCCM and OC Member	Advisor-TB, USAID Bangladesh
4	Dr. Shamim Jahan PR Representative to BCCM and OC	Director, Health, Nutrition & HIV/AIDS Save the Children	Mr. Ezazul Islam Chowdhury PR Representative to BCCM and OC	Technical Advisor, HIV/AIDS Programme Save the Children

Decision(s): *The 100th meeting of BCCM endorsed the inclusion of new members in BCCM and Oversight Committee as mentioned in the above table.*

Having no other issues to discuss, the Hon'ble Minister, MOHFW and Chair of BCCM wrapped up the meeting with thanks to the participants for their attendance and dynamic participation.



Zahid Maleque MP

Minister

Ministry of Health and Family Welfare

&

Chair- BCCM

Annexure -A

Report of 6th Replenishment of the Global Fund

Participation Report

Q1. Success factors and addressing persistent challenges in the fight against TB:

Bangladesh has made significant progress in fighting TB: case notification has more than doubled in the past ten years and treatment success for all forms of TB has remained consistently high and above global averages.

What are some of the factors that contributed to this progress

Thanks.

- Adoption of highly monitored and tracked health-information system based DOTS strategy;
- Engagement of the whole of widely and equitably distributed structured healthcare network beginning at Community Health Workers, Community clinics and hospitals in all tiers in public sector and also private sectors and NGOs in TB care;
- Free TB treatment for every patients both in public sector as well as outside private sector;
- Adoption of Stop TB Strategy from 2006;
- Adoption of new technology, such as, Gene Expert and digital X-Ray technology;
- Capacity building of health workforce through training;
- Effective multi-stakeholder collaboration;
- Effective mass awareness campaign through various means;
- Infusion of Fund from government; GF, other development partners;
- Prioritizing to identify the highly prevalent groups like the poor, elderly, urbanized population, HIV patients, etc.;
- Innovative mechanism of case findings, zero TB program, identification of child TB cases, involvement of professional bodies, religious leaders, etc.
- Survey and Research: TB prevalence survey to understand diseases trend and development of short TB regimen known as Bangladesh regimen.

TB is in fore front of our agenda. We have developed a network of public hospitals across the country, a network of >13,000 community clinics close to the community and health workers from Govt. and Non Government Organizations working at the community level.

We have involved health care professionals from both government, private sector and active non govt organizations BRAC as a lead to detect the cases of TB and perform and provide directly observed treatment by community health workeres through active community engagement.

In fact public private partnership was very much instrumental in detection and treatment of cases of TB.

Support from civil society (example NATAB) and from various professional societies was also useful.

Q 1 What are the new strategies you are putting in place to address remaining challenges, for e.g. to find “missing TB cases”?

Detection of missing TB cases is a great challenge.

We have a large private sector. Through the Global Fund contribution, the involvement of private sector in a systematic manner has been planned and already we are getting results: we are using Xpert in ~ 100 places, increasingly more childhood TB are being detected by involving child physicians, garment workers (most of them are females) having TB are under increasing coverage.

TB is a notifiable disease in Bangladesh since 2014. We are continuously working on to operationalize it by using IT based facility.

Contact tracing has been started after doing a pilot. Preventative therapy will be used as well.

For strengthening community participation additional multi purpose volunteers are recruited.

Continued mobilization of increased domestic resources will be made.

Bangladesh always provides emphasis on innovative approaches using multiple opportunities of both generation of evidence (for example shorter duration regimen 9 mo vs 20 mo for treating MDR TB) and utilization of evidence quickly by translation.

Hopefully we will be able to detect more cases in coming years.

- * The contribution of Global Fund and other partners
- * Increased domestic investment
- * Innovative approaches

New strategy

- **Bold new National Strategic Plan 2018-2022**
 - Integrated patient-centered care and prevention
 - To increase annual case detection rate of all forms of TB by more than 90 percent by 2022;
 - Further increase of treatment success rate to more than 90 percent in all forms of non-MDR TB;
 - To increase annual case detection rate of MDR TB to 4100 from base line of 880 of 2015 and child MDR TB to 112 from base of 0 in 2015 and improved management of MDR TB through country wide implementation of shorter TB treatment regimen.

- National TB program is currently running 193 Xene expert machines in 163 sites and there are more than 1100 TB detection centres country wide.
 - Bold policies and supportive system
 - To ensure that no TB affected families will face financial catastrophe;
 - To ensure that 100 percent TB service facilities receive regular supervision and monitoring with appropriate feedback;
 - To ensure long term availability of 100 percent funding for all TB programs from all sources including from government, global fund and other sources.
 - Intensified research and innovation
 - To ensure adequate support for operational research to foster innovation.

Q2. Collaborating more effectively to end epidemics:

Getting back on track to end the epidemics and delivering on the broader SDG 3 targets will require more than financial resources. What should we all do to make our Partnership even more efficient and impactful?

- Of course to keep up the very strong high level political commitment to the zero TB goal and continue and enhance the partnership with stakeholders to as strong as possible.
- To enhance international research to find an effective TB vaccine which can give live long protection because although BCG vaccine is the first vaccine in our life and its coverage is almost universal, we do find full life time protection from this vaccine.
- Case identification is a problem. So, we would need to introduce a universal tracking system for individuals with symptoms and to bring them into TB examination process.
- There is no alternative to enhance the current modalities of case detection and treatment with strong monitoring system in place and strong adherence to DOTS.
- The bold National TB Control Strategy 2018-2022 has all these elements to make the results efficient and impactful.
- Another new dimension of healthcare system in Bangladesh is recruitment of about 60 to 60 thousand multipurpose health volunteers to attach 5 to 7 per community clinic on pay for performance basis with a view to create bridge between households and community clinics in terms of maintaining electronic health records and service delivery. This new health workforce may create a new horizon in helping TB case detection, and follow up of treatment adherence of TB patients.
- However, more Fund flow both from domestic as well as international sources will be required.
-

Well, 'health is about people' and TB is no exception.

We should collaborate more and more particularly for active wider community participation in seeking early diagnosis & care, and for adherence to treatment for continued 'treatment success'.

Strengthened broader health system including community system will be instrumental.

More and better collaboration between public and private providers will be useful for ending TB.

We aspire to have a resilient and sustainable health system through our partners including the GF..

- * Enhancing support to community approaches
- * Better collaboration between public and private service providers

Outcome of Global Fund Replenishment



- Largest amount ever raised by the Global Fund or any multilateral health organization
- Made possible by impressive results to which Bangladesh greatly contributed

 TheGlobalFund

3

Outlook of next funding cycle

Board approved amounts:

- 12.71 billion USD for country allocations (23% increase from last cycle)
- 890 million USD for catalytic funding (11% increase from last cycle)
- Country allocations to be determined based on disease burden and income-level, adjusted for qualitative factors (results, absorption, etc.)
- Recommended prioritized above allocation requests will be registered in unfunded quality demand

 TheGlobalFund

4



BCCM Briefing Next funding cycle

10 DECEMBER 2019



1

Agenda

Objective: Provide an overview of strategic priorities and application process for next funding cycle

Global Fund
replenishment
outcome

Priorities to
consider in funding
requests

Co-financing
requirements

Steps for FR
development

2

Outlook of next funding cycle: application process

Allocation letter: 17 December 2019



Window	Submission date	Technical Review Panel review
1	23 March 2020	27 April - 2 May 2020
2	25 May 2020	29 June - 5 July 2020
3	31 August 2020	5 - 11 October 2020

Application approaches:

- NSP tailored applications for TB and Malaria (with possibility to opt-out)
- Full review application for HIV
- RSSH interventions integrated in disease applications

TheGlobalFund

5

TRP/GF focus areas in the next funding cycle

1. Improve priority setting

- Focus on highest burden areas and identify clear funding priorities for allocation and PAAR
- Consider value for money in selecting interventions and efficiencies in implementation arrangements

2. Increase focus on prevention and reducing incidence

- Stronger focus on reducing incidence and greater ambition for prevention targets
- Attention to human rights, gender equality and community programming.

3. Strengthen cross-cutting RSSH programming

- RSSH investments should be leveraged to integrate services and systems, including focus on TB-HIV
- For HIV, integration should be balanced with continued focus on reaching KP through community-based services

4. Community systems strengthening (CSS)

- Strengthen sustainable community-based health systems programming to extend coverage to hard-to-reach and marginalized populations

5. Sustainability and co-financing

- Focus on financial and programmatic sustainability
- Greater use of national systems.
- Mechanisms for sustaining services for key populations and community programming long before transition.

TheGlobalFund

6

Applying for Funding

Thematic Sections in each Funding Request



TheGlobalFund

7

7

Co-financing

Core co-financing requirements to access the allocation:

- Progressive government expenditure on health
- Progressive absorption of key program costs

In Bangladesh:

- Significant **increases in per capita health expenditure** over the last decade
- Significant increase in **disease program specific** expenditures (e.g. TB FLD)
- Current **budget allocation for health is below the regional average** (4.9% of the 2019/20 budget)
- **Significant funding gaps** remain for the TB, HIV and Malaria disease responses.

As before, a **co-financing incentive level will be indicated in the allocation letter:**

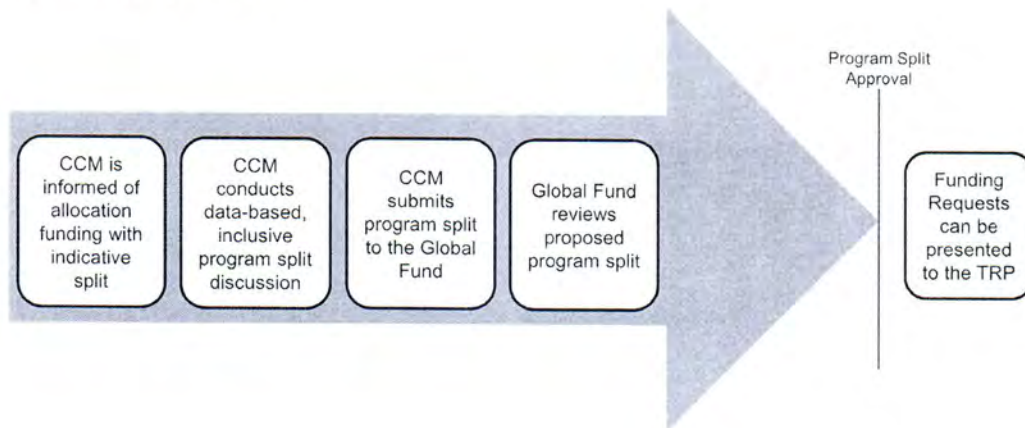
- Co-financing details to be detailed to enable verification of expenditures.
- Consider developing a plan for progressive absorption of GF-funded health staff and integrating plan in next OPs.
- Funds may be requested for support to implementation of health financing strategy and public financial management (RSSH programming).

TheGlobalFund

8

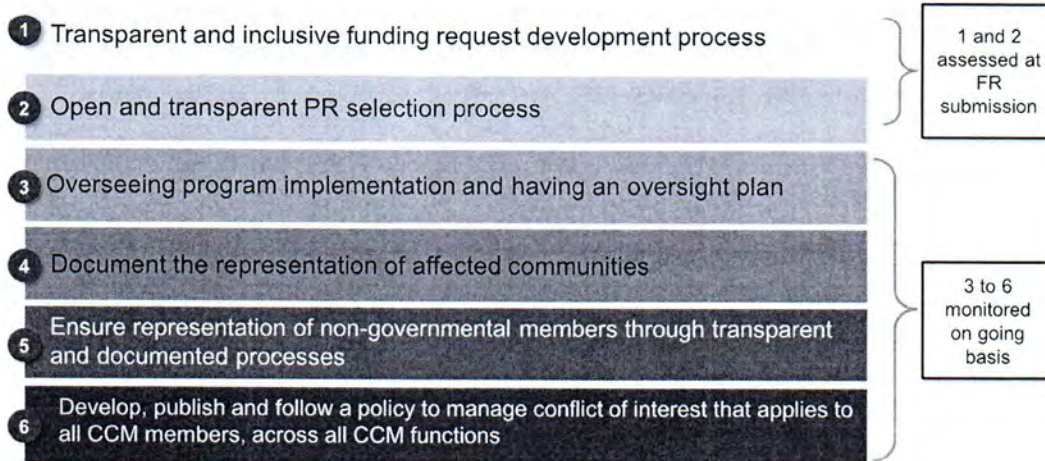
8

Applying for Funding Program Split process

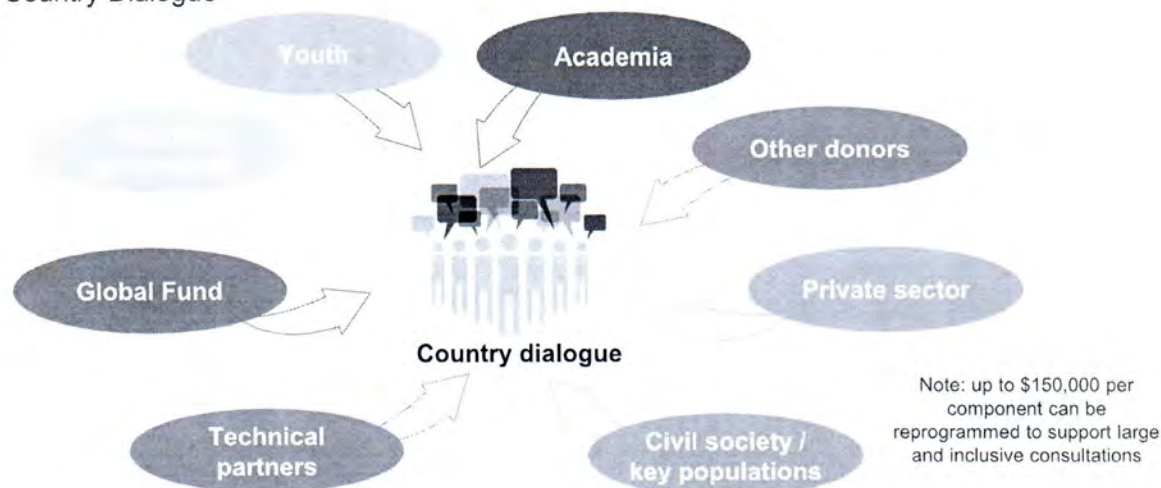


From Submission to Signatures

Screening for CCM Eligibility 1&2



Applying for Funding Inclusive Country Dialogue



These actors should be convened by the CCM as the CCM is responsible for submitting the funding request and nominating the Principal Recipient(s) however the dialogue may expand beyond the CCM

11

Country Dialogue – Community engagement

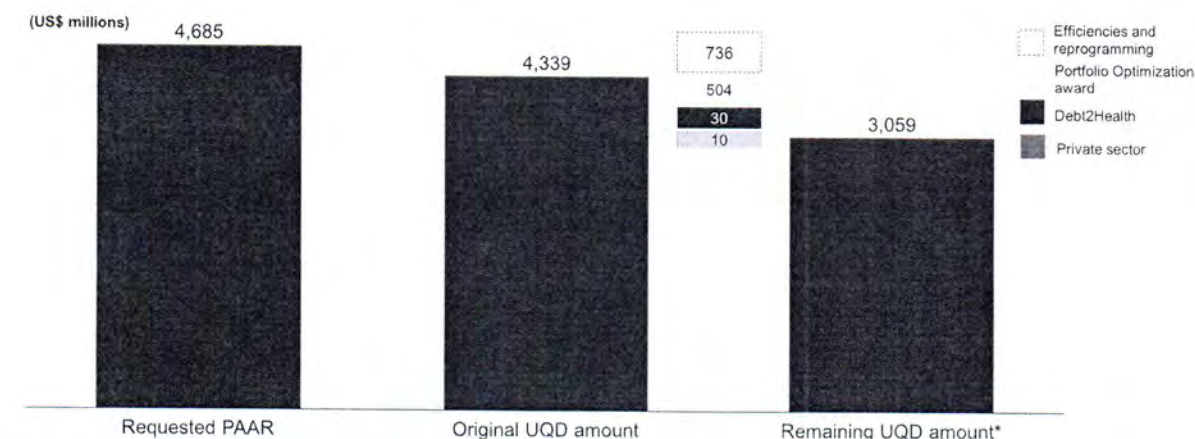
Good practices from previous allocation periods in different countries:

- **Invite volunteers** working with affected populations to country dialogue meetings;
- Conduct **focus group discussions** with key populations (including refugees)
- Maintain **website** with CCM decisions, agenda points and meeting minutes;
- Share draft FR documents online;
- Set up **Twitter and Facebook** pages to inform of concept note development stages;
- Open working group meetings to the **public** to incorporate more views.

12

PAAR, UQD and portfolio optimization in current funding cycle

+ \$227M approved in wave 4 (December 2019)



Source: Access to Funding database
 As of 1 July 2019
 *Expected UQD amount remaining in anticipation of full Portfolio Optimization award amounts (waves 1-3) being incorporated into grants.

TheGlobalFund

13

Portfolio optimization

USD 18M additional funds endorsed for Bangladesh to date

TB

- Diagnostics algorithm roll-out: \$14.7M
- PPM scale-up: \$2M

HIV

- OST scale-up: \$434 (covered by reprogramming of savings)
- Hepatitis C care and treatment: \$330k

Malaria

- Additional LLIN mass campaign: \$1.3M
- GIS mapping: \$438k (covered by reprogramming of savings)

BCCM/OC requested to track absorption of additional funds and work with PRs to enable full fund utilisation.

Final documents to be submitted by 17 December:

- Detailed budget
- Performance Framework (if applicable)
- List of health products (if applicable)

TheGlobalFund

14

14

CCM Performance Assessment Tool

Documents must be attached where clearly indicated and matched to the relevant indicator (see column 1). For any other relevant documents, please use this link: [Additional documents only](#)

Applicant Information		Assessment date	
Name of CCM	CCM Bangladesh	Day	21
		Month	December
		Year	2019

*Please note that it is mandatory to enter the Assessment date
 If not completed, the links to upload the documents will not work

Principles	CCM Eligibility Requirement	Requirements/Assessors/Standards	Indicator	Examples of Criteria for Compliance Assessment	Examples of documentation	Submitted Documentation (Link to upload the attachments)	Compliance Assessment	Comments	
Ensuring success of the program implementation	Requirement 3: Recognizing the importance of oversight, the Global Fund requires all CCMs to submit and follow an oversight plan for all financing approved by the Global Fund. The plan must detail oversight activities, and must describe how the CCM will engage program stakeholders in oversight, including CCM members and non-members, and in particular non-government constituencies and people living with and/or affected by the diseases.	ER A	The CCM has an oversight plan which details specific activities, individual and/or constituency responsibilities, timeline and oversight budget as part of CCM budget.	A complete CCM oversight plan that includes activities, responsibilities, timeline and budget	NC - Oversight plan is vague or out of date, or no oversight plan exists IC - Oversight plan fails to specify either roles, timeline or budget FC - Oversight plan is up to date, with activities, roles, timeline & budget	Oversight plan CCM Funding Agreement	Link to upload the attachments	3. Fully compliant	- The Oversight plan - CCM Yearly workshop - Funding agreement with The Global Fund, UNAIDS
			The CCM has established a permanent oversight body with adequate mix of skills and expertise to ensure periodic oversight	The oversight body (OB) has access to the following core skills: (i) financial management, (ii) disease-specific expertise (OB composition and expert management) and (iii) program management. OB composition should include a key affected population and PLWV representatives	NC - The OB includes none of the four core skills IC - The OB is in process of being created to ensure the core skills are represented FC - The OB includes all four core skills	Oversight body terms of reference (TOR), roles and OIA or OB members	Link to upload the attachments	3. Fully compliant	Oversight member list with expertise is uploaded
			The oversight body (OB) or CCM seeks feedback from non-members of the CCM and from people living with and/or affected by the diseases	1. Dated meeting minutes which contained formal appointment to members of members of the CCM oversight body (OB). 2. Documentary evidence of consultations including oversight visits conducted by the oversight body or CCM, at least once every 6 months, to obtain feedback from high-CBM members and people living with and/or affected by the diseases or key affected populations.	NC - No document on the conduct of either an OB or an ad hoc oversight group IC - CCM creates an oversight group on an ad hoc basis FC - Documentation lists the members of a formal/permanent OB	CCM meeting minutes	Link to upload the attachments	3. Fully compliant	Committee has been continuing since 2017. New members inclusive in current year are endorsed on 96th BCCM meeting dated 26 08 2019, 96th BCCM Meeting dated 17 08 2019 and 97th BCCM Meeting dated 14 02 2019
			The oversight body conducts oversight activities to discuss challenges with each PR and identifies problems, potential reprogramming and corresponding reallocation of funds between program activities, if necessary	1. Documentary evidence of consultations including oversight visits conducted by the oversight body or CCM, at least once every 6 months, to obtain feedback from high-CBM members and people living with and/or affected by the diseases or key affected populations.	NC - No documentation on feedback requests or stakeholder consultations in the past 6 months IC - OB or CCM has actively requested feedback but held no stakeholder consultations in the past 6 months FC - OB or CCM has proactively held stakeholder consultations in the past 6 months	Meeting minutes, virtual communications, consultation reports, oversight VM reports and CCM visits	Link to upload the attachments	3. Fully compliant	CCM facilitates TBG, KAP, PLWV, Constituency Consultation meeting and NGO Constituency Consultation meeting where constituency members are able to conduct discussion in depth and take decision. These decisions are carried to CCM through their representatives. Government, KAP, PLWV and NGO constituency meetings took place in 2019.
			The CCM takes decisions and corrective action whenever problems and challenges are identified	Whenever problems and challenges are identified, the CCM has, in the past 6 months, taken decisions on the minimum (3) management, (6) financial and (9) programmatic indicators of oversight and followed up on corrective actions.	NC - The CCM has not documented any decisions or corrective actions on the minimum indicators of oversight in the past 6 months IC - The CCM has documented decisions but not followed up on all corrective actions related to the minimum indicators of oversight in the past 6 months FC - The CCM has documented decisions and followed up on all corrective actions related to the minimum indicators of oversight in the past 6 months	Oversight list, action plan to correct gaps, OB meeting minutes	Link to upload the attachments	3. Fully compliant	CCM meetings (14 Feb 2019, 17 Jun 2019 and 28 Aug 2019)
			The CCM shares oversight results with the Global Fund Secretariat and in-country stakeholders quarterly through the process defined in its Oversight Plan	Evidence of oversight reports shared quarterly with in-country stakeholders and with the Global Fund Secretariat in a timely manner (within 1 month of OB meeting)	NC - No oversight report was published or circulated widely in the past 6 months IC - In the past 6 months, oversight reports were published/circulated widely but not in a timely manner (later than 1 month after quarterly decision meeting) FC - In the past 6 months, oversight reports were published/circulated widely in a timely manner (within 1 month of the quarterly decision meeting)	Oversight reports, email communications, CCM visits	Link to upload the attachments	3. Fully compliant	Stakeholders including GF Country Team and CCM Hub receives all visit and meeting reports of BCCM Oversight Committee and BCCM.
Ensuring an inclusive and meaningful representation in CCM composition	Requirement 4: The Global Fund requires all CCMs to show evidence of membership of people that are both living with and representing people living with HIV, and of people affected by and representing people affected by Tuberculosis and Malaria*** as well as people from and representing Key Affected Populations*** based on epidemiological as well as human rights and gender considerations. * Either people who have lived with these diseases in the past or who come from communities where the diseases are endemic ** In countries where Tuberculosis is a public health problem or funding is requested or has previously been approved for Tuberculosis *** In countries where there is on-going evidence of Malaria transmission or funding is requested or has previously been approved for Malaria **** The Secretariat may waive the requirement of representation of Key Affected Populations as it deems appropriate to protect individuals	ER G	The CCM ensures adequate representation of key affected populations taking into account the socio-epidemiology of the three diseases	CCM membership of key affected and civil at risk populations may include representatives of DND, M-GA, CSW, Transgender, migrants, etc. either as representatives of organized groups and/or individuals or as individual representatives. Situations where these groups are consulted, CCM has "adequate" instead of direct representation.	NC - KAP that exist in country are NOT fully represented in the CCM IC - The CCM is in process of electing representatives or renewing membership FC - KAP that exist in country are fully represented in the CCM	CCM membership list CCM meeting minutes	Link to upload the attachments	3. Fully compliant	List updated
			The CCM ensures adequate representation of PLWV, taking into account the socio-epidemiology of the three diseases	PLWV include For HIV, DND actively members that represent PLWV organization (shero-kis), or leaders of relevant communities if there are no organized PLWV groups. Number of representatives is determined depending on the disease burden in country. For TB and Malaria, civil society members that represent PLWV/M (shero-kis/ shero-kis) or leaders of relevant communities if there are no organized PLWV/M groups. Number of representatives is determined depending on the disease burden in country. ^{3,4}	NC - PLWV are NOT fully represented in the CCM considering the disease burden in country IC - CCM is in the process of electing representatives or renewing membership FC - PLWV are fully represented in the CCM considering the disease burden in country	CCM Membership list	Link to upload the attachments	3. Fully compliant	List updated
			The CCM has balanced representation of men and women (the Global Fund Gender Equality Strategy clarifies how women and girls are key affected groups in the context of the 3 diseases)	The CCM membership (members and potential) shows a balanced female representation	NC - CCM female representation is less than 15% IC - CCM female representation is between 15% and 20%, and no evidence of efforts to ensure an active voice for women's issues FC - CCM female membership is at least 20%, OR there is clear evidence of efforts being made by the CCM to ensure an active voice for women, through a designated female representative with expertise in gender issues who represents women's organizations and participates regularly in meetings.	CCM Membership list	Link to upload the attachments	2. Intermediate compliant	20% (approx) are female among BCCM members. To be included in improvement plan.

Principles	CCM Eligibility Requirement	Requirements, Methods, Standards	Indicator	Examples of Criteria for Compliance Assessment	Examples of Documentation	Submitted Documentation (Links to upload the attachments)	Compliance Assessment	Comments	
Ensuring an inclusive and meaningful representation in CCM composition	Requirement 5: The Global Fund requires all CCM members representing non-government constituencies to be selected by their own constituencies based on a documented, transparent process, developed within each constituency. This requirement applies to all non-government members including those members under Requirement 4, but not to multilateral and bilateral partners.	ER J	All non-governmental constituencies represented on the CCM selected their representatives on their own, through a transparent and documented process.	Dated meeting minutes from each civil society constituency ¹ discussing the process it followed to select its representative(s) on the CCM.	NC: CCM does not have any documentation that shows transparent and inclusive process of selecting civil society representatives, or the documentation is incomplete or insufficient for the majority of cases. IC: CCM has complete documentation for 50-80% of cases that proves transparent and inclusive process of selecting civil society representatives. FC: For a 90% of cases, the CCM has complete documentation of transparent and inclusive process of selecting civil society representatives.	Civil society sector meeting minutes, member endorsement letters from civil society constituencies.	Link to upload the attachments	3 Fully compliant	Current BCCM members and Alternate Members have been self-selected in 2018. Selection document of government members and election documents of civil society members were uploaded in EPA CCM Tools during last EPA in 2018. Current CCM extended its tenure till 31 December 2020 according to suggestion of Global Fund Country Team to complete funding request submission in 2020. The decision of extension of current CCM till 31 December 2020 was made in 90th BCCM meeting.
		MS K	CCM membership comprises a minimum of 40% representation from national civil society sectors. ²	The CCM membership should not include civil society sector representatives constitute at least 40% of membership.	NC: National civil society sector representatives make up less than 40% of CCM membership and there are no plans for CCM composition change and/or membership renewal in the current year. IC: National civil society sector representatives make up at least 40%, but composition change and/or membership renewal is planned in the current year. FC: National civil society sector representatives make up at least 40% of CCM membership.	CCM membership list	Link to upload the attachments	3 Fully compliant	45% BCCM membership is from CSO including one Vice Chair.
		MS L	CCM has clearly defined processes of soliciting inputs from and providing feedback to their constituencies that selected them to represent their interests in the CCM.	Each civil society representative on the CCM has a work plan from their constituency that specifies its tasks and communication responsibilities which they report to both as a representative of the constituency.	NC: Less than 80% of civil society representatives on the CCM have a work plan endorsed by their constituency. IC: The majority of civil society representatives on the CCM are in the process of developing a work plan and/or work plans have not yet been endorsed by their constituency. FC: More than 80% of civil society representatives on the CCM have a work plan endorsed by their constituency.	Work plans for civil society sector representatives, meeting minutes of civil society constituencies, Evidence of regular exchange of information with constituency	Link to upload the attachments	3 Fully compliant	Clearly defined in BCCM Governance Manual and BCCM Oversight Plan.
		MS M	The CCM elects its Chair and Vice-Chair(s) from different sectors (government, national civil society and development partners) and also follows good governance principles of periodic change and rotation of leadership according to CCM by-laws.	The CCM membership details shows that the CCM Chair and Vice-Chair are from different sectors (government, national civil society sector ³ and development partners), and there are clear procedures for rotation as well as periodic change of leadership.	NC: The CCM Chair and Vice-Chair are from the same sector. IC: The CCM Chair and Vice-Chair are from different sectors, but no procedures for rotation or periodic change of leadership are applied. FC: The CCM Chair and Vice-Chair are from different sectors and clear procedures for rotation as well as periodic change of leadership are applied.	CCM membership list, CCM by-laws or governance manual	Link to upload the attachments	3 Fully compliant	Harish Myster is the Chair and Vice chairs are comprised of GMS, MSL and CSO.
Ensuring appropriate management of conflict of interest, the Global Fund requires all CCMs to:	Requirement 6: To ensure adequate management of conflict of interest, the Global Fund requires all CCMs to: 1. Develop and publish a policy to manage conflict of interest that applies to all CCM members, across all CCM functions. The policy must state that CCM members will periodically declare conflicts of interest affecting themselves or other CCM members. The policy must state and CCMs must document that members will not take part in decisions where there is an obvious conflict of interest, including decisions related to oversight, and selection or financing PAs or SRs. 2. Apply their conflict of interest policy throughout the life of Global Fund grants, and present documented evidence of its application to the Global Fund on request.	ER N	The CCM has a conflict of interest (COI) policy with rules and procedures to avoid or mitigate COI ⁴ , and CCM members sign a COI declaration form.	The CCM COI policy applies to all members (members and alternates) and it includes all members in situations of conflict of interest, in particular: PA and SR representatives, to recuse from decision making.	NC: The CCM COI policy doesn't apply to all members, or doesn't require all members in situations of conflict of interest (PA and SR representatives) to recuse from decision-making. IC: The CCM COI policy applies to all members, and requires members in situations of COI to recuse from decision-making.	CCM Conflict of Interest Policy	Link to upload the attachments	3 Fully compliant	COI declaration is done in every meeting.
		ER O	CCM meeting minutes demonstrate that CCMs follow the procedures to prevent, manage and mitigate COI.	Percentage of CCM meeting minutes in the past 12 months in which procedures to prevent, manage and mitigate COI has been applied.	NC: Less than 80% of CCM meeting minutes in the past 12 months show that procedures to prevent, manage and mitigate COI were applied. IC: Between 80-90% of CCM meeting minutes in the past 12 months show that procedures to prevent, manage and mitigate COI were applied. FC: Between 90-100% of CCM meeting minutes in the past 12 months show that procedures to prevent, manage and mitigate COI were applied.	8 most recent CCM meeting minutes	Link to upload the attachments	3 Fully compliant	COI declaration is done in every meeting.
		MS P	To guarantee effective decision making, the CCM ensures that the number of members in the CCM with COI does not exceed 1 person per constituency (including its Office Members with voting rights).	No more than one CCM member was voting rights per constituencies ⁵ in a position of conflict of interest as per the COI declaration forms.	NC: The number of CCM members with COI is 2 (or more) for more than one of the constituencies and quorum of meetings cannot be achieved in most cases. IC: The number of CCM members with COI is 2 (or more) of the constituencies and it jeopardizes quorum at the meetings. FC: The number of CCM members with COI does not exceed 1 per constituency.	CCM COI declaration forms, information on number of CCM members with COI, CCM meeting minutes	Link to upload the attachments	3 Fully compliant	Voting Members are self-selected accordingly. (Last updated)
		ER Q	The CCM has adopted and endorsed the Code of Ethical Conduct. The COC is applied consistently to all CCM members, alternates and secretariat staff, who signed a COC compliance declaration.	The Code of Ethical Conduct applies to all members (members and alternates), all CCM Members, Alternates, and CCM Secretariat Staff (PA, SR, and other staff), and is applied consistently to all CCM members, alternates and secretariat staff, who signed a COC compliance declaration.	NC: The CCM has not adopted or endorsed the Code of Ethical Conduct. IC: The CCM Code of Ethical Conduct has been adopted but it may not have started to be applied consistently to all members, alternates and Secretariat Staff. FC: The CCM Code of Ethical Conduct has been adopted and it is consistently applied to all members, alternates and CCM Secretariat Staff. Any concerns raised about the integrity of individuals being selected were responded to before their membership on the CCM as confirmed.	Meeting minutes in which the COC was adopted. Documentation evidencing the consistent COC application	Link to upload the attachments	3 Fully compliant	62nd meeting of BCCM discussed and agreed to send consent letter as "No objection" for Code of Conduct in CCM role.
		MS R	All CCM Members, Alternates, and CCM Secretariat Staff to take ethics training.	All CCM Members, Alternates, and CCM Secretariat Staff have taken a training on ethics.	NC: Less than 80% of CCM members and Secretariat Staff have signed a COC compliance declaration form. IC: Between 80-90% of CCM members and Secretariat Staff have signed a COC compliance declaration form. FC: 100% of CCM members and Secretariat Staff have signed a COC compliance declaration form.	Signed COC Compliance Declaration Forms	Link to upload the attachments	4 NA	BCCM has not yet been notified yet to adopt GF Code of Conduct and Code Ethics from The Global Fund Secretariat.
		MS S	CCMs appoint one CCM member as an Ethics focal point. CCMs may also create a small Ethics Committee (of no more than three members) to take ethics responsibilities.	CCMs appoint one CCM member as an Ethics focal point. CCMs may also create a small Ethics Committee (of no more than three members) to take ethics responsibilities.	NC: No Ethics Focal Point or Ethics Committee has been designated. IC: The CCM has started the process to designate the Ethics Focal Point or form an Ethics Committee. FC: The CCM has designated an Ethics Focal Point or an Ethics Committee.	Meeting minutes including the appointment of the focal point or the creation of the Ethics Committee. Terms of the Focal Point or Committee.	Link to upload the attachments	4 NA	BCCM has not yet been notified yet to adopt GF Code of Conduct and Code Ethics from The Global Fund Secretariat.

Documents must be attached where clearly indicated and matched to the relevant indicator. For any other relevant documents, please use this link: [Additional Documents only](#)

Footnotes:

- 1 PA's include: Women and girls, Men who have Sex with Men (MSM), People who Inject Drugs (PWID), Transgender People, Sex Workers (SW), Migrants, refugees and migrants, people living with HIV, adolescents and young people, Orphans and Vulnerable Children, and populations of humanitarian concern.
- 2 The representatives of populations affected by zoonotic zoonoses from 19 zoonotic zoonoses.
- 3 Representatives of populations affected by TB come from areas with high incidence of TB in the EU.
- 4 Civil society constituencies of the CCM include: National NGOs, CSOs, people living with the disease, key affected populations, PBOs, private sector and academic non-governmental organizations, and non-governmental organizations.
- 5 Civil society constituencies include: Funding recipients, newly represented of previous recipients (PR), sub-recipients (SR) or sub-sub-recipients (SSR).
- 6 The Global Fund recognizes three sectors: (1) Government, (2) Multilateral, Bilateral partners and (3) Civil Society.

Constituencies of those three sectors are designated as civil society by UNICEF. In the cases where the Government sector is not broken down by sub-constituencies, the Global Fund will consider each Ministry as a different constituency (i.e. Health, ...).

CCM Improvement Plan

CCM Profile			
Is the CCM a Legal Entity?	Yes	CCM Website	Is it available? Yes
Date of end of terms for current CCM members:	31-Dec-20	Please insert address:	www.bccmbd.org
Next major Government elections:	1-Jan-23	CCM Funding	Is it available? Yes
Number of Members:	66	Awarded amount:	78164
Gender Representation	Male: 66	Date of award:	1-Jan-19
	Female: 10	Please upload the Operational Plan to the specified link:	Link to upload the attachment
	Others: 0	Please upload the Governance Manual to the specified link:	Link to upload the attachment
Composition: Please insert distribution of membership by sectors and by constituencies or attach document in the specified link:	Link to upload the attachment	Please upload the By Laws to the specified link:	Link to upload the attachment
Organizational Structure: Please upload the CCM organogram in the specified link or list structural units:	Link to upload the attachment	Please describe CCM context and evolution (over time):	NA
CCM Secretariat: Is it available?	Yes	Please upload the printed and signed by all the CCM Members Improvement Plan to the specified link:	Link to upload the attachment
CCM Secretariat: Number of Staff (with positions)	2		
The CCM certifies that the Global Fund Contacts Management System (with the membership list) is up-to-date, please insert date of update:			12-Nov-19

CCM Enforcement must include signatures from all CCM members in the correct format, obtained through the Contacts Management System. Instructions are available here: [Instructions](#)

Note: Documents must be attached where clearly indicated and matched to the relevant milestone (Column N). For any other relevant documents, please use this link: [Additional documents only](#)

Important: The links to upload the documents will not work if you have not entered your applicant name and date of assessment in the Performance Assessment sheet.

CCM Improvement Plan

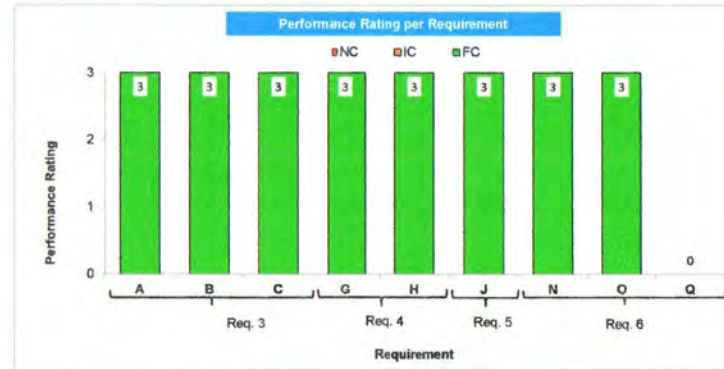
Thematic	Milestones	Activities	Target Dates	Status	Need for Technical Assistance?	Source of Technical Assistance	Financial Support needed	Financial Support Amount	Priority	Comments	Date of Comment	User who made the Comment	Supporting Attachment (to be uploaded in the specified link)
Oversight	Plan			Select	Select		Select		Select				Link to upload the attachments
Oversight	Structure + Membership			Select	Select		Select		Select				Link to upload the attachments
Oversight	Training + Capacity Building			Select	Select		Select		Select				Link to upload the attachments
Oversight	Tools			Select	Select		Select		Select				Link to upload the attachments
Oversight	Implement Oversight activities (over a period of 6 months at least)			Select	Select		Select		Select				Link to upload the attachments
Membership	Plan composition (number and repartition)	ECOM will take initiative to ensure male-female representation in BCCM according to GF guideline	1-Jan-21	Planned	Yes	GF, UNHCR, USAID, SAC	Yes		High				Link to upload the attachments
Membership	Formal decision to renew composition and membership by CCM			Select	Select		Select		Select				Link to upload the attachments
Membership	Membership Renewal Calendar			Select	Select		Select		Select				Link to upload the attachments
Membership	Implementation of renewal (including constituency mobilization)			Select	Select		Select		Select				Link to upload the attachments
Membership	Orientation and Capacity Building			Select	Select		Select		Select				Link to upload the attachments
Conflict of Interest	Policy developed and endorsed by CCM			Select	Select		Select		Select				Link to upload the attachments
Conflict of Interest	Implementation (including signature of CDI forms)			Select	Select		Select		Select				Link to upload the attachments
Conflict of Interest	Orientation and Capacity Building			Select	Select		Select		Select				Link to upload the attachments
Structures (Including CCM Secretariat)	Organogram and Terms of Reference			Select	Select		Select		Select				Link to upload the attachments
Structures (Including CCM Secretariat)	Conduct Structural reform			Select	Select		Select		Select				Link to upload the attachments
Structures (Including CCM Secretariat)	Orientation and Capacity Building			Select	Select		Select		Select				Link to upload the attachments

Results - Requirements

Eligibility Requirement	Indicator Ref.	Requirements	Performance rating
Req. 3	A	The CCM has an oversight plan which details specific activities, individual and/or constituency responsibilities, timeline and oversight budget as part of CCM budget.	3
	B	The CCM has established a permanent oversight body with adequate set of skills and expertise to ensure periodic oversight.	3
	C	The oversight body (OB) or CCM seeks feedback from non-members of the CCM and from people living with and/or affected by the diseases	3
Req. 4	G	The CCM ensures adequate representation of key affected populations ¹ taking into account the socio-epidemiology of the three diseases.	3
	H	The CCM ensures adequate representation of PLWD, taking into account the socio-epidemiology of the three diseases.	3
Req. 5	J	All non-governmental constituencies represented on the CCM selected their representative(s) on their own, through a transparent and documented process.	3
Req. 6	N	The CCM has a conflict of interest (CoI) policy with rules and procedures to avoid or mitigate CoI5, and CCM members sign a CoI declaration form.	3
	O	CCM meeting minutes demonstrate that CCMs follow the procedures to prevent, manage and mitigate CoI.	3
	Q	The CCM has adopted and endorsed the Code of Ethical Conduct. The CoC is applied consistently to all CCM members, alternates and secretariat staff, who signed a CoC compliance declaration.	

Results - Requirements

Eligibility Requirement	Average Performance Rating	Rating Description
Requirement 3	3.0	Fully compliant
Requirement 4	3.0	Fully compliant
Requirement 5	3.0	Fully compliant
Requirement 6	3.0	Fully compliant



NB: Zeroes (0) in the graphs above mean no data has been entered in the "Performance Assessment" sheet.

Results - Minimum Standards

Eligibility Requirement	Indicator Ref.	Minimum standard	Performance rating
Req. 3	D	The oversight body conducts oversight activities to discuss challenges with each PR and identifies problems, potential reprogramming and corresponding reallocation of funds between program activities, if necessary.	3
	E	The CCM takes decisions and corrective action whenever problems and challenges are identified	3
	F	The CCM shares oversight results with the Global Fund Secretariat and in-country stakeholders quarterly through the process defined in its Oversight Plan.	3
Req. 4	I	The CCM has balanced representation of men and women (the Global Fund Gender Equality Strategy clarifies how women and girls are key affected groups in the context of the 3 diseases).	2
Req. 5	K	CCM membership comprises a minimum of 40% representation from national civil society sectors. ⁴	3
	L	CCM has clearly defined processes of soliciting inputs from and providing feedback to their constituencies that selected them to represent their interests in the CCM	3
	M	The CCM elects its Chair and Vice-Chair(s) from different sectors (government, national civil society and development partners) and also follows good governance principles of periodic change and rotation of leadership according to CCM by-laws.	3
Req. 6	P	To guarantee effective decision making, the CCM ensures that the number of members in the CCM with Col does not exceed 1 person per constituency (excluding Ex-Officio Members with no voting rights).	3
	R	All CCM Members, Alternates, and CCM Secretariat Staff to take ethics training.	2
	S	CCMs appoint one CCM member as an Ethics focal point. CCMs may also create a small Ethics Committee (of no more than three members) to share ethics responsibilities.	FALSE



NB: Zeroes (0) in the graphs above mean no data has been entered in the "Performance Assessment" sheet.

CCM Performance Assessment Tool

Published: 10/09/2019

Instructions: How to Use the CCM Performance Assessment Tool

The assessment tool consists of five sheets:

- Instructions
- Performance Assessment
- Results - Requirements
- Results - Minimum Standards
- Improvement Plan

The assessment tool includes a list of detailed requirements and minimum standards (MS) numbered from A to S. In addition to the detailed requirements, the minimum standard (MS) - shaded in purple - are essential for effective functioning of CCMs, as described in the Global Fund Guidelines for CCMs. The minimum standards are additional measures for assessing applicant compliance with the Eligibility Requirements that have been enforceable since 1 January 2015. The Improvement Plan is where the milestone-driven plan with corrective actions and corresponding timelines is developed.

Note: When information is entered in the *Performance Assessment* sheet, the tables and graphs in the *Results* sheets build up automatically. The cells in the *Performance Assessment* and *Improvement Plan* sheets that require information input are highlighted in pink. The pink highlights disappears when information is entered.

In the *Performance Assessment* sheet:

- (1) Enter the applicant name (for example, *CCM Fictitia*).
 - (2) Enter the date of assessment (for example, 15 June 2013).
 - (3) In the "Submitted Documentation" column, you will find the link to upload the relevant documents that demonstrate compliance with each indicator. The "Examples of documentation" column lists types of documents that CCMs can submit to demonstrate compliance. *The list of document types in this column is not exhaustive. CCMs may provide other types of supporting documents which they deem relevant.*
 - (4) The "Indicators" column points to the kind of information that is used to assess compliance with each detailed requirement or minimum standard. The column, "Examples of Criteria for Compliance Assessment" describes the rationale that guides the determination of compliance ratings.
 - (5) The links to upload the documents will bring you to a document library on the CCM Extranet, called "CCM Performance Assessments Documents". Click first on "upload" then on "browse" and select the document you want to upload and click "ok". Please upload the documents exactly in the folder that the link directed you to. **Note that these links will not work if you have not entered your applicant name and date of assessment.**
 - (6) Any other documentation that is deemed pertinent can be uploaded to the generic link entitled "Additional documents only"
 - (7) In the column, "Compliance Assessment", select the rating from the drop down menu that best reflects the extent to which the supporting documentation meets the assessment criteria. The meanings of the performance ratings are as follows:
 - Non-compliant (NC)** = There is no relevant documentation; or available documentation/information demonstrates non-compliance;
 - Indeterminate compliant (IC)** = Documentation is incomplete, weak or unsatisfactory; or available information demonstrate partial compliance;
 - Fully compliant (FC)** = Documentation is complete and provides unequivocal evidence of compliance.
 - (8) When the compliance assessment for an indicator is either "Non-compliant (NC)" or "Indeterminate compliant (IC)", briefly explain, in the "Comments" column, the rationale for this rating, and any proposed, planned or ongoing remedial actions.
 - (9) When the compliance assessment for an indicator is "Fully compliant (FC)", briefly explain, in the "Comments" column, the rationale for this rating including any other relevant information.
- The sheet 'Results - Requirements' shows applicant compliance with the detailed requirements that are currently mandatory.
- The sheet 'Results - Minimum Standards' shows applicant compliance with the minimum standards that have been mandatory since 1 January 2015.

Important: Do not merge or delete cells in the "Performance Assessment" or "Results" sheets, or delete macros, as this will interfere with built-in formulas.

In the *Improvement Plan* sheet:

- (1) Start the plan only once the Performance Assessment is completed.
- (2) Complete all the fields of the CCM Profile section and attach the required documentation by using the link in the corresponding cell, for example, the By laws should be uploaded using the link in cell F11.
- (3) The links to upload the documents will bring you to a document library on the CCM Extranet, called "CCM Performance Assessments Documents". Click first on "upload" then on "browse" and select the document you want to upload and click "ok". Please upload the documents exactly in the folder that the link directed you to. **Note that these links will not work if you have not entered your applicant name and date of assessment in the Performance Assessment sheet.**
- (4) Dates must be entered in the day/month/year format, for example, 25 May 2019.
- (5) Complete the CCM Improvement Plan table and enter data for the 6 themes, that is, Oversight, Membership, Conflict of Interest, Structures (including CCM Secretariat), External Engagement and Communications. If additional activities are needed, these can be included after the communications theme. For each of these themes, the milestones are fixed and cannot be modified.
- (6) For each milestone, enter the corresponding activities and answer the questions from column D to column M. For the columns entitled "Status", "Need for Technical Assistance", "Financial Support Needed" and "Priority" you will have to use the drop-down menu to input your answer (these cells are indicated with the word "select").
- (7) To upload the necessary documents, please repeat the same process as step (3) above.
- (8) Any other documentation that is deemed pertinent can be uploaded to the generic link entitled "Additional documents only"
- (9) Extra rows can be inserted if needed at the bottom of the table, that is, after the Communications milestone "Implementation of Communication Plan".
- (10) Once the Improvement Plan is completed and endorsed by the CCM, it must be emailed together with the completed tool to the Global Fund to: epa@theglobalfund.org. The subject line must follow the format: CCM X - EPA Light - Submission 2019. In the future, this will be uploaded onto an online portal.
- (11) The Improvement Plan should be updated regularly and resubmitted every 3 months by email (epa@theglobalfund.org) to show progress updates. These emails must have the subject line: CCM X - EPA Light - Improvement Plan 3 Month Update.

Important: Do not merge or delete cells in the "Improvement Plan" sheet, or delete macros, as this will interfere with built-in formulas.

FINAL SUBMISSION

Please submit the Excel file with the final completed Performance Assessment, and endorsed Improvement Plan to the Global Fund by email (using the appropriate subject lines as per steps 10 and 11 above) to: epa@theglobalfund.org

Costed Work Plan for CCM Funding Agreements

V1.0.0.2

- As part of the CCM Funding Agreement, the Costed Work Plan is a legal document that supports the disbursements to cover the CCM Activities and CCM Secretariat costs financed by the Global Fund, as per the CCM Guidelines.
- The CCM Secretariat should always keep the track and documentation on the estimation of costs presented in this Costed Work Plan.
- The information reflected in this document will serve to track the execution of activities and the detailed budget that will be kept by the CCM for accountability purpose, LFA verification and Audits.
- The Costed Work Plan contains 5 sections
 1. General Information
 2. Fixed costs and HR positions covered by the CCM Funding Agreement
 3. CCM Activities
 4. Co-funding
 5. Special conditions
- In general, only the yellow cells can be filled in free format. Some drop-downs (cells in grey) and formulas are part of the document, we request to please not modify them, in order to obtain a standardized document across all the CCMs financed by the Global Fund.
- The Section 1 "General information" reflects the basic information about the CCM Funding Agreement
- At the top of the document the table "Grand Total" shows the final amount to be covered by the CCM Funding Agreement. It coincides with the corresponding year amount highlighted in the Facesheet.
- The Section 2 "Fixed costs and HR positions covered by CCM Funding Agreement" includes any CCM Secretariat recurrent cost. This category contains 2 separated tables to summarize the fixed costs, making sure the categories are grouped so that there is one "Cost Grouping" per line, and the costs related to the Human Resources.
- The Section 3 "CCM Activities" shows the planning of activities throughout the year, and the corresponding budget. The list of activities is standard for all the CCMs, any detailed or specific name that could refer to the CCM budget can be added in the assumptions or comments column.
- Inside the table of the Section 3, the column "Total No of Activities" must quantify the number of activities planned for the year as per the information filled in the columns "M1...M12". The column "Budget" shows the total cost for the line in the agreed currency (US\$/EUR) for the CCM Funding.
- The Columns "Costs Grouping" and "Performance Area" respond to the approved terms by the Global Fund.
- The table of the section 4 "Co-funding" is mandatory only if the 3-year budget is above USD 300,000. However, all the CCMs invited to include the total financial needs for an ideal functioning of the CCM.
- The Section 5 "Special Conditions" summarizes the status of the listed Special Conditions of the CCM Funding Agreement
- Please refer to the Spreadsheet "Definitions" for a detailed description of all the Cost Groupings and the Performance Areas used in this Costed WorkPlan.
- Please refer to the Spreadsheet "Lists" for a complete overview of all the category options you can use to fill this Costed Work Plan.

Cost Category	Performance Area
---------------	------------------

Definitions

NOTE: The CCM Secretariat should always keep the track and documentation on the estimation of costs and the variation against the budget.

Cost grouping	General Description	Limitations
Human Resources	Salaries, wages and related costs (pensions, incentives, supplements, top ups, and other employee benefits, etc.) relating to all employees (including field personnel), and employee recruitment costs. Eligible costs under this cost grouping are the salaries of CCM Secretariat staff.	(i) Secretariat staff should not exceed 2 persons. (ii) Scope of work for key personnel is to be submitted to the GF CCM Team for approval. (iii) CCM funding shall not be used to remunerate CCM members. (iv) Salaries must be commensurate with national salary scales.
Travel-related Costs (includes meetings' expenses)	Workshops, meetings, training publications, training-related travel, including training per-diem. Do not include human resources costs related to training which should be included under the Human Resources category. Constituency consultations for non government constituencies only (e.g. civil society) and processes to promote and improve the quality of stakeholder participation, including travel costs for civil society participation. Eligible costs under this group of activities includes (i) CCM general meeting expenses, travel costs for members to attend CCM meetings, CCM support costs. (ii) Expendable equipment, office supplies, travel, field visits and other costs relating to program planning and administration. Legal, accounting costs, bank charges, etc.	(i) Ideally CCMs should meet no more than on a quarterly basis with a maximum of 6 meetings per year. (ii) Each grant should have at least one field visit per year, but no more than two. Exceptions could be granted if related to low performing grants. (iii) not more than 10 persons attending the field visit. (iv) Non members invited by the CCM should not exceed 20% of the total membership. (v) Do not include CCM Secretariat staff or consultancy fees, as these costs are to be included in the Human Resources and Technical Assistance categories described above. (vi) Constituency meetings should follow a CCM meeting, ideally no more than on a quarterly basis with a maximum of 6 meetings per year. (vii) Constituency meetings should not include more than 20 persons. (viii) CCM Secretariat staff costs or consultancy fees are not included in this category as they are to be included in the Human Resources and Technical Assistance categories described above
External Professional Services	Costs of all consultants (short or long term) providing technical or management assistance. This includes all costs related to the consultant such as consulting fees, travel and per-diem, field visits and other consultant costs relating to program planning. Technical Assistance may be used for technical or management assistance to support core CCM functions including civil society participation, program oversight and alignment with other national bodies. This includes all costs related to the consultant such as fees, travel and per-diem, field visits and other costs related to program planning and supervision.	(i) <u>CCM funding cannot be used for hiring consultants to write proposals for Global Fund financing.</u> (ii) Terms of reference for consultants hired by the CCM must include a specific clause prohibiting the writing of proposals by the consultant hired.
Non-health Equipment	This category covers office furniture and equipment (laptop, beamer, digital camera, photocopier, etc).	(i) Vehicle purchase or vehicle long term lease are not eligible costs.
Communication Material and Publications	Communication materials including printed materials and communication costs associated with core CCM functions (e.g., call for proposals, periodic reports of implementation status, minutes of meetings, website cost, newsletter, translation of key information, printing).	
Indirect and Overhead Costs	Overhead costs such as office rent, utilities, internal communication costs (mail, telephone, internet), insurance, fuel, security, cleaning. Management or overhead fees.	(i) Overhead costs are to be itemized and should not exceed 20% of the overall budget.

Performance Areas	Definition
Oversight	Oversight activities as Oversight committees' meeting, visits and document sharing with CCM members
Constituency engagement	Communication activities completed by the CCM to engage constituencies government and non-government.

Alignment	Activities to ensure Global Fund grants that are consistent with impact/outcome indicators in national strategy documents, relevant national bodies and other donors support.
Capacity Building Gender	Activities to ensure CCM members are trained on their role and training to strengthen CCM representatives role.
Sustainability and Transition	Activities to ensure the CCM is prepared for and is taking into account sustainability and transition problematic in the response to the fight against the diseases as country.

Section 1. General Information

CCM Name:	CCM Bangladesh
CCM Agreement No:	BGD-CFUND-1707
Starting Date:	01 January 2020
Year of Agreement:	Year 4
Currency:	USD

GRAND TOTAL (Fixed Costs + Activities) =	99,930 USD
--	------------

Section 2. Fixed costs and HR positions covered by CCM Funding Agreement

2A. Fixed Costs

No.	Cost Grouping	Performance Area	Description	Total Year (in USD/EUR)	Assumptions / comments
1	Human Resources	Alignment	Human Resources (Secretariat staffs)	66,739	BCCM Secretariat staff salary HR budget mentioned below: a) BCCM Coordinator US\$123*13 months=\$40,590, b) Deputy Coordinator US\$180*13 months=\$25,740, c) Health Insurance US\$200*2 staffs= USD400. Total budget for HR =a+b+c=US\$66,739 (Sixty-six Thousand Seven Hundred Forty US Dollar Only).
2	Indirect and Overhead Costs	Alignment	Office rental and supplies	2,520	Stationery for BCCM Secretariat (Black ball pen, red ball pen, green ball pen, files, folders, different size envelopes, notes, highlighter pen, markers, clips, stapler pin, tissue box, toilet tissue, note book, eraser, sharpener, pencils and other office stationary items monthly USD40, yearly total = \$480. Office Maintenance: Minor renovation at BCCM Secretariat office, purchasing small things, electricity bills, water bills, news paper bills, Tea, milk, coffee, coffee mate, biscuits etc. per month = \$120, total = \$1,440. Computer Accessories: Toner for printer, photocopiers, modem, USB drive, portable hard disk, small services for computer, printers, photocopiers etc. BCCM Secretariat needs at least two toner per month for printer and one toner will be needed for photocopier. At least 950 needed for these costs per month and total 9600 per year.
3	Indirect and Overhead Costs	Alignment	Overhead cost (itemized fees to manage CCM funding)	5,020	Office Internet cost = BDT 3500 and Two Internet Modem for BCCM Staff per month working during outside office =BDT1200 total BDT 4700 = USD 60 per month and for this YR 2019 USD720. Telephone & Communication: (1) Offland line telephone cost BDT 800 per month=USD10*12 months=USD120 the YR 2019, (2) Mobile phone cost of BCCM Coordinator BDT 2000 per month=\$25 per month*12 month=\$300, (3) Deputy Coordinator BDT 1300 =USD16.6 *12 months=USD 200 per year, (4) Mobile Bill for (MOHPW Focal Point) Additional Secretary (PH &WH) BDT 1,500 per month=\$20 per month*12 month=\$240, (5) Mobile bill for Deputy Secretary (WH) MOHPW related to GF grant BDT 1,300 per month=\$13 *12 months=\$156. Total in this year=US\$ (1+2+3+4+5)= US\$ 1016 in YR 2019. Round Figure USD1020 per year. Estimated the budget according to the last two years budget and expenditures. Postage and courier of letter and other documents to the GF, CCM members, Oversight members, PRs, SRs and SSRs etc. Estimated cost USD45 per quarter*4=\$180 in YR 2019, Refreshment Cost: Small Group Discussion at BCCM secretariat with different stakeholders, staff members official guest refreshment, CCM members, PRs, SRs, Ministers etc \$20 permonth*12 months=\$240 in YR 2019 Cleaning and Security: Cleaning and security costs for BCCM Secretariat office one daily basis worker for cleaning and security purposes US\$10 per day*22 days permonth=US\$ 220 permonth *12 months=USD2,640 per year and USD10 permonth*12 month= USD 120 cleaning materials (soaps, liquid soap, floor cleaner, toilet cleaner, glass cleaner,detergent etc for office use purpose). Total USD2,860+US\$120=USD2,980 in YR 2019 <input type="checkbox"/> Actually according to approval of Oversight Committee of BCCM, One daily basis Cleaner cum Security is working in BCCM Secretariat. His salary is BDT600/perday (USD10/perday). He starts work at 8:00am and stays up to

2B. HR positions covered by this agreement

No.	CCM Secretariat full-time equivalent headcounts				Assumptions / comments
	Description	No. of positions financed by other sources	No. of positions financed by GF	Total No. of positions	
1	Executive Secretary		1.00	1.00	
2	Oversight Officer		1.00	1.00	

4	Indirect and Overhead Costs	Alignment	Overhead cost (itemized fees to manage CCM funding)	1,200	BCCM Secretariat Staffs' travel costs for routine operations of BCCM Secretariat activities, relationship buildings, meeting attendants with stakeholders, PRs SRs, SSRs, different constituencies' meeting, constituencies consultations, multilateral bilateral stakeholders etc. BCCM Coordinator and Deputy Coordinator=\$50*2 person per month. Total Travel costs for BCCM Secretariat = \$80/month and \$1,200.
5	Indirect and Overhead Costs	Alignment	Overhead cost (itemized fees to manage CCM funding)	3,500	Two desktop computer for BCCM Secretariat.
6	Indirect and Overhead Costs	Alignment	Overhead cost (itemized fees to manage CCM funding)	500	Replacement of water purifier as current one is about to expire.
Total				79,479	

3	Administrative Assistant	1.00	1.00	According to necessary provision of the Administrative Assistant proposed in BCCM Secretariat with QF Funding, besides grant size is huge in Bangladesh and need to cooperation and collaboration among 7 PRs, 90 SRs and 93SRs, 80 CCM members, 13 PRs representatives, 3 Observers, 3 Constituency including 8 members, BRD, HBR, FBO, NGO, KAP, PLHV, TB Community, Academic Researcher, Private Sector, Multilateral Material Constituencies, Non CCM OC members, Executive Committee, Oversight Committee, Local Constituency Forum, Diner Expedition, South East
4			0.00	
			2.00	

Section 3. CCM Activities

No.	Cost Grouping	Performance Area	Activities	Number of Activities												Total No. Activities	Budget (in USD/EUR)	Assumptions / Comments
				Q1			Q2			Q3			Q4					
				M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12			
1	Travel-related Costs	Alignment	CCM Plenary/General Assembly meeting		1			1				1			1	4	6,600	BCCM Secretariat has kept 4 routine CCM meeting in 2020. CCM meeting related costs for stationeries & photocopies, travel & per-diem for members from outside Dhaka, transportation for members inside Dhaka, refreshments for participants (33 members, 3 observers, 13 PRs representatives, 4 BCCM Secretariat staff) and other participants from MOHFW and stakeholders as invited by Chairperson (Joint Secretary, Deputy Secretary, PS to Minister etc.) A) refreshment for 70 persons*\$4=\$280 per meeting. B) per diem and travel cost 4 members from outside Dhaka \$120*4=\$480 per meeting C) Transportation for 25 member from inside Dhaka 30X \$25= \$750 per meeting D) Other costs (folder, pen etc) for 70 persons*\$2=\$140 Total costs per CCM meeting \$1650*4 meetings= \$6,600 in 2020.
2	External Professional Services	Alignment	Technical Support	1	1	1	1	1	1	1	1	1	1	1	1	12	1,200	BCCM Website maintenance and updates is a continuous process. Due to budget shortage, BCCM Secretariat will contract out to service provider for regular update of the website. Estimated cost is \$100 per month (total \$1,200)
3	Travel-related Costs	Oversight	Site Visits / Monitoring Visits			1			1					1		4	6,440	BCCM Secretariat has kept 4 routine Oversight committee site visit by 2 team outside Dhaka and Two inside Dhaka in year 2020 Cost for visit outside Dhaka: A) Travel cost for 8 members for visit to outside Dhaka \$180X8 person=\$1440 B) Per diem including refreshment and lodging of 8 visit team membersX \$180 per person=\$1,440. C) Additional \$50 for others cost i.e. snacks and food for drivers etc. Total visit cost out side Dhaka visit =USD(1,440+1440+50)=\$2,930x2 visits=\$5,860 Cost of visit inside Dhaka: A) Travel cost for 8 members for visit to outside Dhaka \$30X8 person=\$240 B) Refreshment and lodging of 10 visit team membersX\$5=\$50 Total visit cost inside Dhaka =USD(240+50)=290x2 visits=\$580. Grand total cost of OC visit=USD(5,860+580)=\$6,440.

4	Travel-related Costs	Oversight	Oversight Committee meetings	1	1	1	1	4	2,640	BCCM Secretariat has kept 4 routine Oversight committee meeting in 2019. The OC meeting related costs for pen, pad, files, photocopies of report and other documents, travel and per diem for members from outside Dhaka, refreshment of 35 members including 18 OC members, 13 FRs representatives, 3 BCCM Secretariat staff and at least 2 other participants from observers and stakeholders as invited by Chairperson. A) Refreshment for 35 persons*\$04=\$140 per meeting. B) Travel and transport costs for all CCM oversight member per meeting estimated \$30*15 members=\$450 C) Other pen, folder and other cost for 35 person*\$2per person=USD70per meeting Total costs per OC meeting (A+B+C) USD 660X4 meetings = \$2,640 for the year 2020 (According to last year approved budget with transportation for both CSO and public members)
5	Travel-related Costs	Alignment	CCM Board meeting			1		2	280	BCCM Secretariat has kept routine Executive committee meetings in YR 2020. Executive committee meeting related costs for pen, pad, files, photocopies of report and other documents and etc. Refreshment of 10 participants including BCCM Secretariat staff and 2 other participants from stakeholders as invited by Chairperson (if needed). A) Refreshment for 10 persons*\$08 = \$80 per meeting. B) Folders, Photocopies, pen for 10 person*\$02 = \$20 per meeting C) Travel/Transportation cost for only 6 committee members \$30x6 person=\$180 per meeting Total costs per Ex Com meeting \$280 for one meeting in 2020
6	Travel-related Costs	Constituency Engagement	Constituency consultations for non-governmental constituencies only and processes to promote and improve the quality of stakeholder participation.		1	1	1	4	3,300	Cost of Constituency Meeting (KAP/PLHIV, NGO, FBO, Academia and Government etc.) Refreshment cost for 50 person @\$03, other logistics cost (e.g. folder, pen, pad, stationaries) for 50 person @\$02; Local travel for 50 person @\$06; total cost per meeting is \$550. Total \$550 permeeting*06 meeting = \$3,300 in year 2020
									20,460	* Has to be detailed if the yearly activity line budgeted is over 10'000 per annum.

Section 4. Co-funding

No.	Cost Grouping	Performance Area	Description of funding support	Budget (in USD/EUR)	Source of financing	Comment
1			GF	75,000		Based on the agreement between BCCM Secretariat and The Global Fund CCM Hub.
2			Funding Gap	24,335		BCCM secretariat is expecting to receive some fund from Ministry of Health and Family Welfare Bangladesh. If not available, BCCM Secretariat will try to secure the funding gap from other sources. If BCCM Secretariat is unable to manage fund from any source, the gap can be adjusted from the savings.
3						
4						
5						
				99,939		

Section 5. Special conditions

	Expected	Approved	Variance	Comments
CCM Secretariat positions (headcount) - Maximum (number of position)	2	2	0	
Civil Society engagement: 15% of the budget - Minimum (Please detail the lines and amounts to be taken into account in the comment section) (in USD/EUR)	14,991	8,620	-6,371	
Co-funding - Minimum (in USD/EUR) The amount expected represents the minimum to be co-funded for the 3 years agreement.	4,421	0	-4,421	


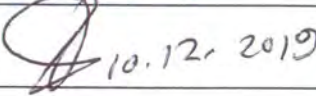
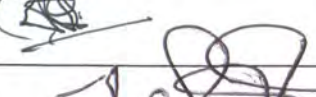
0.006

Bangladesh Country Coordinating Mechanism (BCCM)
100th BCCM Meeting
Attendance Sheet

Venue: Conference Room, MOHFW

Date: 10 December 2019

This list is not according to seniority, it is according to constituency and Global Fund provided format.

No.	Category	Title	Name	Institution	Designation	Telephone	Email	Constituency	Member/ Alternate	Gender	Singnature
MOHFW											
1	Govt	Mr.	Zahid Maleque, MP	MOH&FW	Minister	+88029574488, +88029574422	minister@mohfw.gov.bd	GOV	Chair, BCCM	Male	
2	Govt	Mr.	Md. Ashadul Islam	MOH&FW	Secretary, HSD	+88029577199	secretaryhsd@mohfw.gov.bd secretaryhealthservice@gmail.com	GOV	Vice Chair, BCCM	Male	
3	Govt	Mr.	Md. Habibur Rahman Khan	MOH&FW	Additional Secretary (Admin)	+88029540282	hbr02@yahoo.com	GOV	Alternate	Male	
4	Govt	Ms.	Rina Parveen	MOH&FW	Addl. Secratry (WH & PH)	+8801552472434	rinaparveen@gmail.com	GOV	Chair of OC	Female	
5	Govt	Mr.	Khandokar Zakir Hossain	MOH&FW	Deputy Secretary (WH-2)	+8801814787090	zakir77hossain@gmail.com	GOV	Alternate	Male	
6	Govt	Prof.	Dr. A. K. Azad	MOH&FW	Director General, DGHS	+8801713018538	dghsbd@gmail.com profakazad@gmail.com	GOV	Member	Male	
7	Govt	Prof.	Nasima Sultana	MOH&FW	ADG (Admin)	+8801715992188	nasimsultana205@yahoo.com	GOV	Alternate	Female	
8	Govt	Dr.	A. E. Md. Muhiuddin Osmani	MOH&FW	Joint Chief (Planning Wing)	+8801817117703	osmani_mu@yahoo.com muhiuddin.osmani@gmail.com	GOV	Member	Male	
9	Govt	Mr.	Md. Mujibur Rahman	MOH&FW	Deputy Chief (Planning Wing)	+8801711274242	riddheemuajib@gmail.com	GOV	Alternate	Male	
10	Gov	Prof.	Dr. Md. Sharfuddin Ahmed	MOH&FW	Chairman, Community Ophthalmology,	+8801711542462	sharfuddin.bsmmu@gmail.com	GOV	Member	Male	
11	Govt	Prof.	Dr. Meerjady Sabrina Flora	MOH&FW	Director, IEDCR	+8801713083893	meerflora@yahoo.com	GOV	Alternate	Female	

Bangladesh Country Coordinating Mechanism (BCCM)
100th BCCM Meeting
Attendance Sheet

Venue: Conference Room, MOHFW

Date: 10 December 2019

This list is not according to seniority, it is according to constituency and Global Fund provided format.

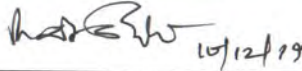
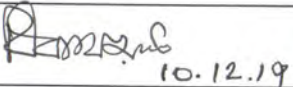

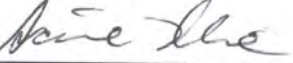


No.	Category	Title	Name	Institution	Designation	Telephone	Email	Constituency	Member/ Alternate	Gender	Signature
MOHA											
12	Govt	Mr.	Prodip Ranjan Chakrabortay	MOHA	Additional Secretary	+8801715055491	prc5287@yahoo.com	GOV	Member	Male	
13	Govt	Mr.	Md. Wahidul Islam	MOHA	Deputy Secretary	+8801941082458	wahidulislam66@gmail.com	GOV	Alternate	Male	
MOLGRD											
14	Govt	Mr.	Amitavh Sarker	LGRD	Additional Secretary	+8801712999924	amitavh07@gmail.com	GOV	Member	Male	
15	Govt	Mr.	Kazi Asaduzzaman	LGRD	Deputy Secretary	+8801713333230	asadkzids@yahoo.com	GOV	alternative	Male	
MOE											
16	Govt	Dr.	Aruna Biswas	MOEDU	Additional Secretary	+8801716193710	biswasaruna61@gmail.com	GOV	Member	Female	
17	Govt	Mr.	Md. Abdullah Al Mamun	MOEDU	Deputy Secretary	+8801717878448	adhunikbangladesh@yahoo.com	GOV	Alternate	Male	
MOSW											
18	Govt	Ms.	Sayeda Nayem Jahan	MOSOW	Additional Secretary	+8801552541339	sayedanayem@yahoo.com	GOV	Member	Female	
19	Govt	Mr.	Mritunjoy Saha	MOSOW	Deputy Secretary	+8801715035833	dsinstodhi@msw.gov.bd	GOV	Member	Male	
MOCHTA											
20	Govt	Mr.	Kazi Md. Anwar Hakim	MOCHTA	Joint Secretary	+8801552379310	abmnaasir_61@yahoo.com	GOV	Member	Male	
21	Govt	Mr.	Subinay Bhattacharya	MOCHTA	Deputy Secretary	+8801711156702	subinay60@gmail.com	GOV	Alternate	Male	

Bangladesh Country Coordinating Mechanism (BCCM)
100th BCCM Meeting
Attendance Sheet

Venue: Conference Room, MOHFW

Date: 10 December 2019

This list is not according to seniority, it is according to constituency and Global Fund provided format.

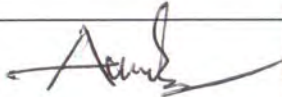

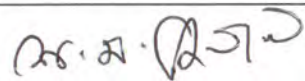
No.	Category	Title	Name	Institution	Designation	Telephone	Email	Constituency	Member/ Alternate	Gender	Signature
MOWCA											
22	Govt	Mr.	Gaziuddin Md. Muneer	MOW&CH	Deputy Secretary	+8801552309738	gaziuddin4231@gmail.com	GOV	Member	Male	
23	Govt	Mr.	Md. Abdul Mannan	MOW&CH	Deputy Secretary	+8801923637839	dsmannan85@gmail.com	GOV	Alternate	Male	
MOF											
24	Govt	Ms.	Sultana Afroz	MOF	Additional Secretary, ERD	+8801552455212	adlsecy-un@erdgov.bd	GOV	Member	Female	
25	Govt	Mr.	Bidhan Baral	MOF	Deputy Secretary, ERD	+8801712903630	bidhan2224@gmail.com	GOV	Alternate	Male	
26	Govt	Mr.	Sultan Md. Iqbal	MOF	Member, NBR	+88028391907, +8801732209388	sultaniqbal123@yahoo.com	Govt.	Member	Male	
27	Govt	Mr.	Md. Fakhru Alam	MOF	First Secretary, NBR	+8801715006423	fakhrulkrr@yahoo.com	Govt.	Alternate	Male	
ML/ BL											
28	ML/BL	Dr.	Maya Vandenant	UNICEF Bangladesh	Chief of Health Section		mvandenant@unicef.org	ML	Member	Female	
29	ML/BL	Dr.	Saima Khan	UNAIDS	Country Manager	+8801730057832	khans@unaids.org	ML	Alternate	Female	
30	ML/BL	Dr.	Edwin Ceniza Salvador <i>Sabrina Sultan</i>	WHO Bangladesh	Deputy Representative	+8801714165201	salvadore@who.int	ML	Member	Male Fund	
31	ML/BL	Dr.	Sathya Doraiswamy	UNFPA Bangladesh	Chief of Health	1709631780	doraiswamy@unfpa.org	ML	Alternate	Male	
32	ML/BL	Ms.	Gabrielle Mathieu	Global Affairs of Canada	First Secretary	+8801713 013199	Gabrielle.Mathieu@international.gc.ca	BL	Member	Female	

Bangladesh Country Coordinating Mechanism (BCCM)
100th BCCM Meeting
Attendance Sheet

Venue: Conference Room, MOHFW

Date: 10 December 2019

This list is not according to seniority, it is according to constituency and Global Fund provided format.

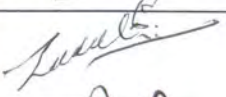

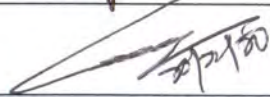
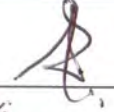
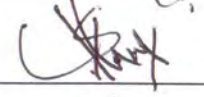
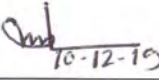
No.	Category	Title	Name	Institution	Designation	Telephone	Email	Constituency	Member/ Alternate	Gender	Singnature
33	ML/BL	Ms.	Sylvia Islam	Global Affairs of Canada	Program Support Unit	+880255668444, Exten -3457	Sylvia.islam@international.gc.ca	BL	Alternate	Female	
34	ML/BL	Dr.	Pushpita Samina	USAID	Clinical Services Lead, OPHNE	+8801715537029	psamina@usaid.gov	BL	Member	Female	
35	ML/BL	Dr.	ATM Sabaul Bashar	USAID	HSS Team Lead	+8801787681574	sbashar@usaid.gov	BL	Alternate	Male	
NGO											
36	CSO	Mr.	M. M. Anower Ullah	BRAVE	Executive Director	+8801741210790	brave_bd@yahoo.com	NGO-HIV	Member	Male	
37	CSO	Mr.	S. M. Shirajul Islam	PDC	Executive Director	+8801711429126	smshirai@pdcbd.org	NGO-HIV	Alternate	Male	
38	CSO	Mr.	Mohammad Kamrul Hassan	WEDO	Dirctor	+8801715025347	khassan@gmail.com	NGO-TB	Member	Male	
39	CSO	Dr.	Halida Hanum Akter	Pathfinder International Bangladesh	Chief of Party	+8801711897895	hakter@pathfinder.org	NGO-TB	Alternate	Female	
40	CSO	Mr.	Sheikh Nazrul Islam	FDSR	Project Director	8801730004405	nislam@pathfinder.org	NGO-Malaria	Member	Male	
41	CSO	Mr.	A. T. M. Badrul Islam	JASHIS	Executive Director	+8801713486200	songsthaijaintia@gmail.com	NGO-Malaria	Alternate	Male	
42	CSO	Mr.	Sharif Mostafa Helal	BWHC	Executive Director	+8801714220183	ed.bwhc@gmail.com	NGO-WO&Ch	Member	Male	

Bangladesh Country Coordinating Mechanism (BCCM)
100th BCCM Meeting
Attendance Sheet

Venue: Conference Room, MOHFW

Date: 10 December 2019

This list is not according to seniority, it is according to constituency and Global Fund provided format.

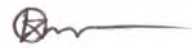
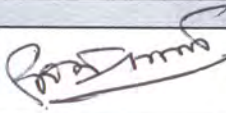
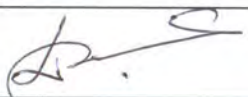

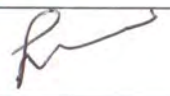
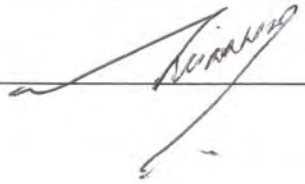
No.	Category	Title	Name	Institution	Designation	Telephone	Email	Constituency	Member/ Alternate	Gender	Singnature
PLWD											
43	CSO	Ms.	Habiba Akhter	PLHIV Network	ED, Asar Alo Society	+8801715158209	habiba_aas@yahoo.com	PLWD- HIV	Member	Female	
44	CSO	Mr.	Ahsanul Alam Kishore	PLHIV	Member	+8801833104791	ahsanul.kishore@gmail.com	PLWD- HIV	Alternate	Male	
45	CSO	Mr.	Sk. Anwar Hossain	Lawyer	TB Affected	+8801712990816	anwaradit@gmail.com	PLWD-TB	Member	Male	
46	CSO	Mr.	Muhammad Kamaluddin	Social Worker	TB Affected	+8801847197952	mkmhammadkamaluddin@gmail.com	PLWD-TB	Alternate	Male	
47	CSO	Mr.	Laxmi Pada Das	BHDC	Menber	+8801554345828	anadaadbnn@gmail.com	PLWD-Malaria	Member	Male	
48	CSO	Mr.	Haji Md. Musa Mutabbor	RHDC	Member	+8801815957787	cht.rhdc@yahoo.com	PLWD-Malaria	Alternate	Male	
KAP											
49	CSO	Mr.	Shahid Ibne Obaed (Chotton)	PWID Network	Vice President BODAR	+8801712688983	chotton007@yahoo.com	KAP-HIV	Member	Male	
50	CSO	Mr.	Shale Ahmed	BANDHU	Executive Director	+8801711537656	shale@bandhu-bd.org	KAP-HIV	Alternate	Male	
51	CSO	Ms.	Aleya Akter Lily	CSW's Network of Bangladesh	CSW Network	+8801816657732	showshg@gmail.com	KAP-TB	Member	Female	
52	CSO	Ms.	Nurun Nahar Ranu	CSW's Network of Bangladesh	CSW Network	+8801956971550	swnob2002org@yahoo.com	KAP-TB	Alternate	Female	

Bangladesh Country Coordinating Mechanism (BCCM)
100th BCCM Meeting
Attendance Sheet

Venue: Conference Room, MOHFW

Date: 10 December 2019

This list is not according to seniority, it is according to constituency and Global Fund provided format.

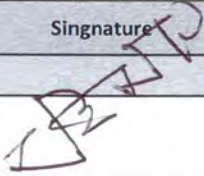
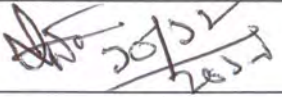
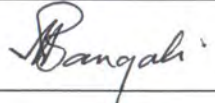
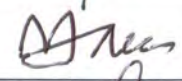
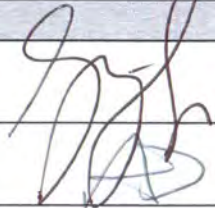



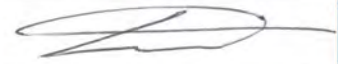
No.	Category	Title	Name	Institution	Designation	Telephone	Email	Constituency	Member/ Alternate	Gender	Singnature
53	CSO	Ms.	Kankana Chakma	CBO	ED, BNUF	+8801720206214	banosree.nuf@gmail.com	KAP- Malaria	Member	Female	
54	CSO	Ms.	Mathura Bikash Tripura	CBO	ED, Zabarang Kalyan Samity	+8801552356456	mathura.tripura@gmail.com	KAP- Malaria	Alternate	Male	
Faith Based Oranization											
55	CSO	Mr.	Debashish Nag	BHBCOP	Advisor	+880171 1371 588	debanag@yahoo.com	FBO	Member	Male	
56	CSO	Mr.	Milon Kanti Datta	BHBCOP	Presidium Member	+8801727 346990	mlon_kanti_datta@gmail.com	FBO	Alternate	Male	
Academia											
57	CSO	Prof.	Dr. Mahmudur Rahman, PhD	Epidemiologist	Former Dierctor, IEDCR	+8801711595139	mrahman57@hotmail.com	Academia	Member	Male	
58	CSO	Dr.	Mohammad Mushtuq Husain	Epidemiologist	Former Senior Scientific Officer, IEDCR	+8801552410445	mushtuq@dr.com mushtuq@iedcr.gov.bd	Academia	Alternate	Male	
59	CSO	Prof.	Dr. M. A. Faiz	Malaria Expert	Former DG, DGHS	+8801713008858	drmafaiz@gmail.com	Academia	Vice Chair, BCCM and GF Board Member	Male	
Private Sector											
60	CSO	Mr.	Ahmed Kamrul Alam	Square Pharmaceuticals Ltd.	GM (Marketing)	+8801713009056	ahmedkamrul@squaregroup.com	PS	Member	Male	
61	CSO	Mr.	Kamrul Hasan Kenedy	Renata Limited	Heald of Institutional Business & Health Care product	+8801817049448	kenedy@renata-ltd.com	PS	Alternate	Male	
62	CSO	Dr.	Iqbal Anwar	Prime Bank Foundation	CEO	+8801713069905	iqbalanwar@primebank.com.bd	PS	Member	Male	

**Bangladesh Country Coordinating Mechanism (BCCM)
100th BCCM Meeting
Attendance Sheet**

Venue: Conference Room, MOHFW

Date: 10 December 2019

This list is not according to seniority, it is according to constituency and Global Fund provided format.



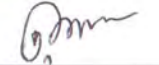
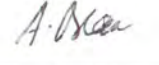
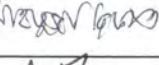
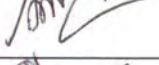

No.	Category	Title	Name	Institution	Designation	Telephone	Email	Constituency	Member/ Alternate	Gender	Singnature
Non-CCM Oversight Members:											
63	Govt	Mr.	Md. Saidur Rahman	MOH&FW	Add. Secratry (Development Wing)	+8801718030258	rahman.saidur66@gmail.com	GOV	Member & OC Chair	Male	
64	INGO	Dr.	S. M. Abu Zahid	USAID	Team Leader, GH Pro	+8801711886886	smzahid@hotmail.com	ML/BL	Alternate	Male	
65	INGO	Mr.	Md. Shamsul Arefin Arif	USAID	Sr. Technical Advisor	+8801712556296	msarefin2003@yahoo.com	ML/BL	Alternate	Male	
66	Govt	Prof.	Dr. Asif Mujtaba Mahmud	Independent	TB Expert	+8801819238333	asifmahmud60@gmail.com	Private	Member	Male	
67	Govt	Dr.	A. Mannan Bangali	Independent	Former NPO, WHO	+880171300 8858	ambangali@yahoo.com	Malaria Expert	Member	Male	
68	CSO	Dr.	Nazneen Akhter	NSU	HIV expert	+8801841025805	nazakhter705@gmail.com	Private	Member	Female	
The Global Fund Country Team:											
69	GF-CT	Ms.	Gyongyver Jakab	GF-CT	Fund Portfolio Manager		Gyongyver.Jakab@theglobalfund.org	GF-CT		Female	
70	GF-CT	Dr.	Agnes Dzokoto	GF-CT	Senior Specialist		Agnes.Dzokoto@theglobalfund.org	GF-CT		Female	
71	GF-CT	Ms.	Natalya Bogach	GF-CT	Programmed Officer		Natalya.Bogach@theglobalfund.org	GF-CT		Female	
72	GF-CT	Ms.	Caroline Mubangizi	GF-CT	Specialist – HPM		Caroline.Mubangizi@theglobalfund.org	GF-CT		Female	
73	GF-CT	Mr.	Kevin Luth	GF-CT	Program Officer		kevin.luthi@theglobalfund.org	GF-CT		Male	

Bangladesh Country Coordinating Mechanism (BCCM)
100th BCCM Meeting
Attendance Sheet

Venue: Conference Room, MOHFW

Date: 10 December 2019

This list is not according to seniority, it is according to constituency and Global Fund provided format.

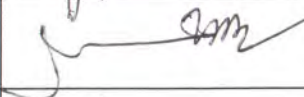

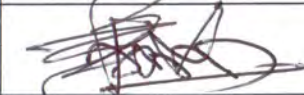
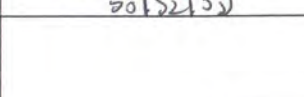
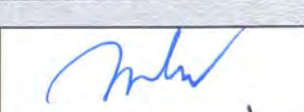

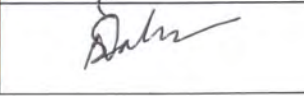
No.	Category	Title	Name	Institution	Designation	Telephone	Email	Constituency	Member/ Alternate	Gender	Signature
Observer											
74	LFA	Mr.	Abhinesh Dhandhanian	PwC	Team Leader		abhinesh.kumar.dhandhanian@pwc.com	LFA	Observer	Male	
75	LFA	Mr.	Ahmed Ibtehaj	PwC	Team Member		ahmed.ibtehaj@pwc.com	LFA	Alternate observer	Male	
76	Consultant	Mr.	Abu Sayeed	Techai	GF CCM Expert	+8801711521145	asaveed@techai.com	Consultant	Consultant	Male	
PR											
77	PR Malaria	Prof.	Dr. Sanya Tahmina	NMEP	Director CDC & LD NMEP	+8801819454279 +8801914198680	directordcbd@gmail.com	Malaria	Member	Female	
78	PR Malaria	Dr.	Afsana Alamgir Khan	NMEP	DPM - Malaria	+8801713238694	afsanak.nmepdpm@gmail.com	Malaria	Alternate	Female	
79	PR HIV&TB	Prof.	Dr. Md. Shamiul Islam	ASP and NTP	Line Director	+8801712591887	directordcbd@gmail.com	TB & HIV	Member	Male	
80	PR-TB	Dr.	Rupali Shishir Banu	NTP	National Program Coordinator	+8801915875905	ncnptban@gmail.com	TB	Alternate	Female	
81	PR-HIV	Mr.	Md. Akhtaruzzaman	NASP	Sr. Manager	+8801712610145	zaman_bd06@yahoo.com	HIV/AIDS	Alternate	Male	
82	PR TB&Mal	Dr.	Akramul Islam	BRAC	Director, Communicable Disease Control and WASH	+8801711837746	akramul.mi@brac.net	Malaria	Member	Male	
83	PR-TB	Dr.	Mahfuza Rifat	BRAC	Associate Director TB Program	+8801708498561	rifat.m@brac.net	TB	Alternate	Female	
84	PR-TB	Dr.	Shayla Islam	BRAC	Program Head	+8801730348893	shayla.i@brac.net	TB	Alternate	Female	
85	PR-HIV	Dr.	Sharful Islam Khan	ICDDR'B	Scientist and Head, Program for HIV and AIDS, Infectious Disease Division (IDD), icddr.b	+8801713040944	sharful@icddr.org	HIV/AIDS	Member	Male	

Bangladesh Country Coordinating Mechanism (BCCM)
100th BCCM Meeting
Attendance Sheet

Venue: Conference Room, MOHFW

Date: 10 December 2019

This list is not according to seniority, it is according to constituency and Global Fund provided format.


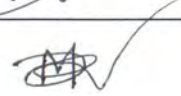
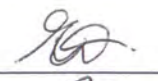
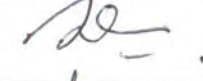
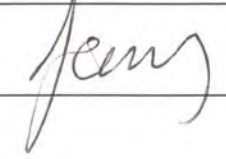
No.	Category	Title	Name	Institution	Designation	Telephone	Email	Constituency	Member/ Alternate	Gender	Signature
86	PR-HIV	Dr.	A. K. M. Masud Rana	ICDDR'B	Project Coordinator	+8801730727953	akmrana@icddr.org	HIV/AIDS	Alternate	Male	
87	PR-HIV	Dr.	Lima Rahman	SC	Chief of Party, HIV/AIDS Program, Health, Nutrition & HIV/AIDS Sector	+8801713064044	Lima.rahman@savethechildren.org	HIV/AIDS	Member	Female	
88	PR-HIV	Mr.	Ezazul Islam Chowdhury	SC	Technical Advisor, Nutrition & HIV/AIDS Program	+8801713049440	ezazulchowdhury@savethechildren.org	HIV/AIDS	Alternate	Male	
89	PR Malaria	Dr.	M. M. Akhtaruzzaman	NMEP		+8801711302584	mmaktaruzzaman93@gmail.com	Malaria	Alternate	Male	
90	PR Malaria	Dr.	Nazrul Islam	NMEP	M&E Expert	+8801716089840	islam_mn61@yahoo.com	Malaria	Alternate	Male	
DGDA											
91	DGDA	Major General	Md Mahbubur Rahaman <i>md. Ruhul Amin</i>	DGDA	Director General <i>Director</i>	+8801713008858 <i>01727971404</i>	drmafai@gmail.com	<i>Govt.</i> CSO	DGDA	Male	
92	DGDA	Dr.	Souly Phanouvong	Asia Program, USP	Director-Golobal Public Health	+8801713008858	drmafai@gmail.com	CSO	DGDA	Male	
93	DGDA	Dr.	Syed Umar Khyyam	COP	PQM Bangladesh		abhinesh.kumar.dhandhanian@pwc.com	CSO	DGDA	Male	
BCCM Secretariat											
94	BCCM Sec.	Mr.	Manaj Kumar Biswas	BCCM Sec.	BCCM Coordinator	+8801718171958	bccmcoordinator@gmail.com	BCCM Sec.	Non Voting Member	Male	
95	BCCM Sec.	Mr.	Mohammad Harun-Or-Rasid	BCCM Sec.	Deputy Coordinator	+8801817524001	dc_bccm@yahoo.com	BCCM Sec.	Non Voting Member	Male	
96	BCCM Sec.	Mr.	Nityananda Sardar	BCCM Sec.	Intern - IT Support and Website Maintenance	+8801717175652	apusardar07@gmail.com	BCCM Sec.	Non Voting Member	Male	

Bangladesh Country Coordinating Mechanism (BCCM)
100th BCCM Meeting
Attendance Sheet

Venue: Conference Room, MOHFW

Date: 10 December 2019

This list is not according to seniority, it is according to constituency and Global Fund provided format.

No.	Category	Title	Name	Institution	Designation	Telephone	Email	Constituency	Member/ Alternate	Gender	Signature
97	BCCM Sec.	Ms.	Sathi Biswas	BCCM Sec.	Assistant to Board Member	+8801793562623	sathibiswasir6th@gmail.com	BCCM Sec.	Non Voting Member	Female	
98	BCCM Sec.	Mr.	Md. Mamunur Rashid	BCCM Secretariat	Office Assisstant cum Computer Operator	+8801884312268	mamunbccm@gmail.com	BCCM Sec.	Non voting - Administrative Support	Male	
Others											
1	GFCT	Ms	Ester Mbum	GF-CT	Finance Specialist		ester.mbum@theglobalfund.org	GFCT		Female	
2		Dr.	Momena Khali	GAC							
3		Ms	Filiz Cergiz	GF-CT	Supply Chain		filiz.cergiz@theglobalfund.org	GF-CT		Female	
4											
5											
6											
7											
8											
9											