

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

**Report of Oversight Site Visit**

**Visit site** : Upazila Health Complex, Rowanchari, Bandarban,  
**PR** : NTP & BRAC for TB  
NMCP & BRAC for Malaria  
**Date** : 14 May, 2015  
**Time** : 9.30 PM to 03.00 PM

**Oversight Visit Team:**

- Prof. Dr. M A Faiz, Former Director General of Health Services, DGHS, Ministry of Health and Family Welfare, and TB & Malaria Expert, Member, Oversight Committee, BCCM
- Mr. Khalilur Rahman. Joint Secretary, Ministry of Women and Children Affairs & Member of Oversight Committee (Programme Specialist)
- Mr. Zahedul Islam, Country Project Director, SIAPS & Member of Oversight Committee (Procurement Specialist)
- Mr. Abu Sayeed, Team Leader, Grant Management Solution and Consultant Oversight Committee.
- Mr. Manaj Kumar Biswas, BCCM Coordinator, BCCM Secretariat
- Mr. Sk. Md. Rajab Ali, Monitoring Officer, BCCM Secretariat

**Local Health Administration:**

- Dr. Md. Golam Mostafa, UHFPO, Rowanchari, Bandarban

**PR & SR Representatives:**

- Dr. Mohammed Abu Saeid, Sr. Sector Specialist, BRAC
- Dr. Bishakha Ghosh, Divisional TB Expert, Ctg NTP, DGHS
- Dr. Anwarul Haque Faraji, Surveillance Medical Officer, GFATM
- Dr. Sumon Chowdhury, Medical Officer, Rowangchari, UHC
- Dr. Prosenjit Ghosh, MODC, Rowangchari, UHC
- Dr. Naima Prue, Medical Officer, Rowangchari, UHC
- Mr. Mohd. Jahangir Akram, Regional Manager TB, BRAC
- Mr. Sanjoy Kumar Paul, Regional Manager Malaria, BRAC
- Mr. AKM Shahiduzzaman, Regional Sector Specialist, BRAC
- Mr. Jewel Chakma, District Manager, BRAC
- Mr. Md. Shahin Islam, Upazila Manager, BRAC
- Ms. Uma Ching Marma, CHS Supervision, BHDC

### **Report of the Visit Activities:**

On the 14 May 2015, The BCCM oversight team visited Upazila Health Complex where their Principal Recipients BRAC & National TB Programme implementing. Respected UHFPO, Malaria Surveillance Officer, Divisional TB Coordinator, as well as local program persons accompanied the oversight visit team.

At the outset of oversight visit in Upazila Health Complex, the UHFPO made an oral presentation. In the presentation UHFPO highlighted the past and present situation of their programs. After this presentation visiting team closely observed the programme activities in this UHFPO and other service issues.

### **Findings of Site visit**

- The Upazila Health Complex is located at Rowanchari.
- NTP representative from district visited UZH Complex frequently. But before this visit no CCM members visited the UZHC.
- Malaria report usually sent by 1-15 of the following month.
- TB report is sent quarterly.

### **Findings of the Procurement & Supply Management:**

- The UHFPO does not procure anything for them. They prepare the requisitions and give it to NTP and BRAC, which is then provided to the PR using a standard excel file. The DIC maintain registered book on delivers and supply of drugs.
- According to the registered book the UZH complex received last delivery of drugs on 4 May 2015.
- No specific dates were noted for the last order placed but UHFPO were assured the order for next period is in place.
- No stock out reported
- As a SDP site drugs are directly distributed to the beneficiaries
- Findings of the Program & Management team.
- There seem to be some harmonization but there are a number of NGO's working to cover the malaria program in the same catchment area. It was suggested that a joint diagnosis and treatment plan for malaria should be developed for the entire Upazila and shared among the entire service providers of the government and NGO's.

### **Findings of the Performance & results:**

One case of severe malaria was treated recently in the hospital and one case of vivax malaria from a newly arrived labor was found admitted in hospital at the time of visit. During interview with the patient and going through hospital files and discussion with the health care providers it has been found that the admitted patient was one of 16 newly arrived labor workers five minutes distance from UZ health complex; despite having fever for five days he did not seek any diagnosis or treatment before admission to health complex; treatment provided in both the cases was not as per the National Guidelines.

Success in malaria control seems to be achieved in early years before 2014. Reporting of cases of malaria has increased over the last few years particularly in 2014 despite availability of all services for control like: sufficient insecticide treated mosquito nets (LLIN) per family, coverage by wide

deployment of health workers and availability of diagnostics and sufficient drugs for treatment. Causes for increase number of cases of malaria was not clear to the local team, and needs to be further investigated and strategy should be developed to halt this increase in future. From some areas a cluster of cases were found which needs close attention and monitoring. Pre-referral treatment of severe malaria is not available at the community (to CHWs); this should be made available as per national malaria treatment Guidelines.

Mosquito (Vector) behavior and species of responsible mosquito may be identified; behavior of the community about proper use of mosquito nets should be checked and high risk groups for example newly arrived workers, 'Jhum' cultivators and forest workers require attention and health education for personal protection and encouragement for seeking early diagnosis and treatment which will facilitate the achievement of objective particularly receiving treatment within 24-48 hours of fever.

- TB overall case notification in Bandarban is reported at 40 CN/month but for this UZHC, total case notification for 2014 was 24 and 1st quarter of 2015 reported so far only 6 cases. The case notification seems static in this Upazilla.

#### **Findings of Site Visit Observations:**

- Key staffs were present during our visit including UHFP director, regional TB medical officer assigned by NTP, BRAC and other Global Fund SR's. All field level staffs were present also but it was not certain if this happens in a regular basis. The director seems to miss GF related grant and budgetary information though he was aware of the disease base programmatic direction. NGO staffs were well aware of their task but still lacking overall programmatic vision.
- There was no funding problem.
- Stock were available though we have not checked physically we were ensured of sufficient stock for TB but there was an issue with late arrival of mosquito net though currently there are no stock outs.
- Buffer stock level in the UHFP is very clear.
- Facilities are well functioned
- Accessibility of site on 14 May was quite good.
- Not observed however, one of the visit team Dr.Faiz have managed to see a malaria patient in the IPD. Quality of treatment and services were questioned, right diagnosis and application of correct doses and medication uptake (see above)
- Feedback from the staffs and providers were positive.
- It was not possible to get feedback from the clients.
- It was not possible to get feedback from the stakeholders.

A visit to one community clinic was made and a discussion with three health care providers of the centre was held.

**Recommendation:**

The catchment area is well covered by multiple GF funded PR and SR's in coordination with UHFPO. Team has also managed to visit a SDP in the rural area where minimum services are provided however despite the coverage:

- The entire implementation among PR, SRs, Government and Hill Tract District Council should work more coordinated approach especially in planning and coverage the catchment area.
- Despite all the support provided to the malaria program, malaria cases was found to increase in 2014 which require to be better understood objectively.
- More awareness activities and supply of BCC materials for both malaria and TB program are necessary in this area.
- Intensive case finding for TB and malaria should be initiated using the NGO service providers to the out-reach to the community.

**Visit site** : **Sylhet Jubo Academy, Bandarban (SSR)**  
**PR** : **Save the Children**  
**Date** : **14 May, 2015**  
**Time** : **3.00 PM to 6.00 PM**

**Oversight Visit Team:**

- Prof. Dr. MA Faiz, Former Director General, DGHS, Ministry of Health and Family Welfare and TB & Malaria Expert, Member, Oversight Committee
- Mr. Khalilur Rahman. Joint Secretary, Ministry of Women and Children Affairs & Member of Oversight Committee (Programme Specialist)
- Mr. Zahedul Islam, Country Project Director, SIAPS & Member of Oversight Committee (Procurement Specialist)
- Mr. Manaj Kumar Biswas, BCCM Coordinator, BCCM Secretariat
- Mr. Sk. Md. Rajab Ali, Monitoring Officer, BCCM Secretariat

**PR & SR Representatives:**

- Dr. Mohammed Abu Saeid, Sr. Sector Specialist, BRAC
- Ms. Salima Sultana, Manager, PSWI, Save the Children
- Dr. SSU, Hetbulcah, Manager, OAPI, Save the Children
- Mr. Md. Shanjur Rahman, Coordinator GF-908 Package, Sylhet Jubo Academy,
- Ms. Shilpe Marma, DIC Coordinator, Sylhet Jubo Academy
- Ms. New Chakma, OS, Sylhet Jubo Academy
- Mr. Md. Golam Mahboob Technical Coordinator, Durjoy Nari Sangha Consortium
- Mr. AHH Faisal Ahmed, Executive Director, Sylhet Jubo Academy
- Mr. Md. Abul Mohsin, M&E, Sylhet Jubo Academy

**Visit Activities Report:**

The BCCM oversight team visited their Sub Recipient Sylhet Jubo Academy, Bandarban Drop in Centre (DIC) on 24 March 2015 as their regular oversight program.

The DIC officials made an oral presentation from the beginning during the oversight team visit and presented past and present situation of their program. After this presentation, visiting team closely observed the programme, finance and procurement issue.

**Findings of Site visit:**

PR representatives were visited the site on 28 October 2014. SR representative visited on 24 March 2015.

But CCM members never visit yet.

- The Centre sent their reports to SR and PRs Every 7 of the following month.
- Grant is continuing HIV, Round 9.

**Findings of the Finance:**

- There were some problems with disbursement when the disbursement was delayed from the GF but there is no problem with fund disbursement since last one year.
- Funds are available to run the project.

- Expecting next disbursement in May.

#### **Findings of the Procurement & Supply Management:**

- This DIC does not procure anything in DIC level. According to their requisitions PR provides their logistics and drugs using a standard excel file. The DIC Centre maintains registered book on delivers and supply of drugs.
- According to the registered book they received last delivery of drugs lubricants received at 15 April 2015 and STI drugs on 23 April 2015.
- It's a pull system, SR/PR supposed to send them commodities according to the target and work plan
- No stock out reported.
- As SR this site do receive drugs and supplies and average lead time to receive the products is about 45 days.

#### **Findings of the Program & Management team:**

- No vacant position available in the organization at the moment.

#### **Findings of performance and results:**

- This DIC achieved more than their target.

#### **Findings of Site Visit Observations:**

- Key staff: Though the team in the sites seems to have sufficient capacity it was not quite certain how SSR management oversees the activities. We were accompanied by many senior team members from PR and SR has traveled to Bandarban to support the ground team for our visit.
- Money: Funding is adequate level for the grant implementation.
- No stock out reported
- This Drop in Centre has the followings facilities:
- Functional and most of the services are available. The DIC client requested for a gas stove or a water kettle for boiling tea which can be considered by the SSR
- It was accessible but the side lane to the house from the main road is full of local shoppers selling traditional food stuff with strong odors can be disturbing for some clients coming to the facilities. Not clear why the DIC location was selected in this neighborhood.
- There seem to have good understanding between providers and clients.
- Feedback from the staffs and providers were positive.
- Feedback from the clients and people at the risk were positive.

#### **Recommendation:**

- **The program is designed to serve the FSW within the Bandarban's neighborhoods. The program covers 288 FSW starting from 2008. One major concern the team was to find out that only very few of these 288 FSW was tested for HIV for all these years despite this is being the HIV prevention program and that was justified as lack of funding but team is in the view that unable to make HIV test for only 288 FSW over the 7 years is unacceptable and HIV testing must be made available for FSW in the earliest time possible. We were told that VCT including HIV testing is included into the NFM grant but due to lack of resources 100% FSW testing may not be possible. Only 34 VCT was performed during this period with health care providers from Coxs bazar. It's our strong view that CCM must ensure funding availability for testing of**

these risk groups including VCT at every district level public health facility in particular.

- **Minimum coordination at the local which needs to be improved. NGO representatives must attend the Upazilla level Health Coordination meeting and try to involve District Commissioner (DC) and the Civil Surgeon (CS).**
- **STI Syndromic management approach was provided by a paramedic in this site. The paramedic was trained from 'Karighari Shikkha Board' in a course/curriculum which is not approved by the State Medical Faculty of Bangladesh. So far 2146 cases were treated by paramedic doctor but none of them required any referral to health centers or other specialized clinics for further evaluation or treatment. There was no quality assurance system in place and the treatment services was left without much of professional supervision and it was difficult to appreciate that there was no complicated cases out of 2146 treated cases in this site that require formal medical consultation. There was no medical doctor available for any consultation either although the district hospital and office of the Civil Surgeon was close by. STI treatment modalities and quality must be supervised, monitored and improved according to national guidelines. The PM, HIV AIDS has to oversee this. (A formal discussion in the oversight committee is proposed in this issue).**

Note: It would be nice that in all future such visit of the oversight committee of BCCM, either concerned Civil Surgeon of the district or official representative be available for on the spot discussion on a relevant issue.

  
24/06/2015

(Roxana Quader)

**Additional Secretary (WHO&PH), MOFFW  
&  
Chairperson, BCCM Oversight Committee**