



Bangladesh Country Coordinating Mechanism (BCCM)

Ministry of Health and Family Welfare

Report of Oversight Site Visit

Visit site : Syedpur Upazila Health Complex DOTS Centre
SR : Lutheran Aid to Medicine, Bangladesh (LAMB)
PR : BRAC for TB
Date : 08 December, 2015
Time : 01.00 PM to 02.00 PM

Oversight Visit Team:

- Mr. Abu Hena Md. Rahmatul Muneem, Additional Secretary, Ministry of Home Affairs
- Prof. MA Faiz, Former Director General of Health Services, DGHS, Ministry of Health and Family Welfare, and TB & Malaria Expert, Member, Oversight Committee, BCCM
- Mr. Sk. Md. Anwar Hossain, BCCM Member from Key Population.
- Mr. Manaj Kumar Biswas, BCCM Coordinator, BCCM Secretariat
- Mr. Sk. Md. Rajab Ali, Monitoring Officer, BCCM Secretariat

Local Health Administration:

- Dr. Shahin Ara Haque, Assistant Director (Health), Office of the Director Health, Rangpur Division, Rangpur
- Dr. Md. Aminul Aslam Sarker, Deputy Civil Surgeon, Civil Surgeon Office, Rangpur
- Dr. Md. Sirajul Islam, In charge C/S, UHRFPO, UHC Sadar, Nilpamari
- Mr. Francis Hajong, UHRFPO, UHC Sadar, Nilpamari

PR & SR Representatives:

- Dr. Ahmadul Hassan Khan, Divisional TB Expert, Rangpur Division Rangpur
- Dr. Anup Kumar Das, Div. Coordinator, Challenge TB, Rangpur Division, and Rangpur.
- Dr. Md. Masbaul Maque, Sr. Sector Specialist TB, TB Program, BRAC
- Dr. A.S.M. Mostofa Sarker, MO, LAMB, TB Control Program, Parbatipur, Dinajpur
- Mr. Md. Abdul Kader, Sr. H.E.O, Civil Surgeon Office, Nilpamari
- Mr. Md. Nasiruddin, Div. District Manager, TB, BRAC
- Mr. Md. Rajob Ali, Sr. Dist. Manager, TB, BRAC
- Mr. Shamol Kumar Sarker, Sr. District Manager, BRAC
- Mr. ItaHansda, P.O. (TB), CSO, Nilpamari
- Mr. Jogodish Chandra Roy, P.O. GFATM, TB Control Program

Report of the Visit Activities:

On the 08 December 2015, The BCCM oversight team visited Upazila Health Complex DOTS Corner where their Principal Recipient BRAC is implementing the programme through their SR LAMB. Local UHFPO, Civil Surgeon In -Charge, Assistant Director Health, Divisional TB Coordinator, as well as local program personnnels accompanied the oversight team.

At the outset of the visit in Upazila Health Complex DOTS Corner they made a oral presentation. The UHFPO highlighted the past and present situation of the programe. After the presentation the team observed the activities of the programme in this Upazilla and other service issues.



Findings of the visit

Background information:

The oversight team visited UHC DOTS Corner run by LAMB, SR of BRAC, the implementation partner of NTP. The role of LAMB in the grant is as SR and the Grant type is New Funding Model Tuberculosis diseases. BRAC is the PR of the Grant. The Grant started on 01 July 2015. Global Fund Budget for each grant is 41,812,692 USD

Visit Findings

- There is no UZHC at Sayedpur, has an office of UHFPO, an outdoor and a lab facility and a good 50-bed hospital which is under construction for 100 bed hospital and is in near completion. The 50 bed hospital was set up long before, it is providing a good service in the locality, attracts a large number of patients and it is unique to have a 100 bed hospital at upazilla level. The DOTS Corner is located at Sayedpur, outside of Upazila Health Complex in an old dilapidated small building.

The lab tech with the UHC is qualified (Diploma in MT) and used to conduct very few test daily rather underutilized. He can be utilized for DOTS corner.

- BRAC and NTP representatives from district visited the DOTS corner of the upazilla frequently. But no CCM members visited the Upazilla before.
- DOTS Corner used to send the TB report quarterly. They sent their last report on October 4, 2015.

Financial Findings

They receive their last disbursement in September 2015 and they have fund in their account

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 using a standard excel file.
- According to the register book the UZH complex received last delivery of drugs on 11/11/2015.
- They placed last order 08/10/2015.
- No stock out reported
- As a SDP site drugs are directly distributed to the beneficiaries

Findings of the Program & Management team:

- There was no harmonization as the LAMB work only there.
- They hired staff as planned in the Global Fund project.

Findings of the Performance & results:

- Most of the cases notification in the DOTS centre are pulmonary- out of 242 until November 2015, 115 sputum positive, 43 sputum negative, 85 extrapulmonary TB, 07 child TB.

Observations:

- There is no DOTS corner in 50-bed hospital and at UZHC where a large number of patients attend and are referred for the diagnosis and treatment. Key staffs were present during the visit including Director, CS, UHFPO, regional TB medical officer assigned by NTP, BRAC and other Global Fund SR's. All field level staff were also present 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 staff were well aware of their task but still lacking overall programmatic vision.

- The team found most of the cases were either Pulmonary or extra pulmonary with few childhood TB.
- There was no funding problem.
- Stock were available though we have not checked physically we were ensured of sufficient stock for TB drugs.
- Buffer stock level in the UZHC is very clear
- Facilities are well functioning
- Accessibility of site on 08 December was quite good.
- Quality of treatment and services were questioned, right diagnosis and application of correct doses and medication uptake (see above)
- Feedback from the staff and providers were positive.
- It was not possible to get feedback from the clients
- It was not possible to get feedback from the stakeholders
- The DOSTS Corner is situated in private properties.

Recommendation:

- Shifting of the DOTS corner in the 50 bed hospital will be more useful for the patients. The local health department and NTP should explore this option.
- The entire implementation of NTP funded by GF by PR, SRs, the Government should work in a more coordinated wayspecially in planning and coverage of the catchment area
- More awareness activities of the TB program is necessary in this area

Visit site : **Health and Education for the Less-Privileges People (HELP) SSR**
PR : **Save the Children**
Date : **8 December, 2015**
Time : **4.00 PM to 5.00 PM**

Oversight Visit Team:

- Mr. Abu Hena Md. RahmatulMuneem, Additional Secretary, Ministry of Home Affairs
- Mr. SK. Md. Anwar Hossain, Lawyer, Member- BCCM
- Mr. Manaj Kumar Biswas, BCCM Coordinator, BCCM Secretariat
- Mr. Sk. Md. Rajab Ali, Monitoring Officer, BCCM Secretariat

Local Health Administration:

- Dr. Shahin Ara Haque, Assistant Director (Health), Office of the Director Health, Rangpur Division, Rangpur
- Dr. Md. Aminul Aslam Sarker, Deputy Civil Surgeon, Civil Surgeon Office, Rangpur

PR & SR Representatives:

- Dr. Ranak Chandra Mohanta, Manager-M&E, Save the Children
- Mr. Md. Tareq Kamal Talukder, M&E Officer BWHC
- Mr. Md. Faruque Ahammed, Project Coordinator, HELP
- Mr. Md. Somir Uddin, DIC-Coordinator, HELP:Rangpur FSW DIC
- Mr. Md. Ahsan Ali Khan, Outreach Supervisor, HELP, Rangpur FSW DIC
- Most. Ismotara Alo, Outreach Worker, HELP, Rangpur FSW DIC
- Most. Liza Akter, Outreach Worker, HELP, Rangpur FSW DIC,
- Most. Jamila Khatun, Outreach Worker, HELP, Rangpur FSW DIC
- Most. Romana Begum, Outreach Worker, HELP, Rangpur FSW DIC
- Most. Happy, Outreach Worker, HELP, Rangpur FSW DIC
- Most. Rahela Begum, Outreach Worker, HELP, Rangpur FSW DIC

Visit Activities Report:

The BCCM oversight team visited their Sub Recipient, Health and Education for the Less-Privileges People (HELP) SSR on 08 December 2015 as their regular oversight program.

The DIC officials made 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 representative visited regular basis but no CCM representative visit yet.

But CCM members never visited yet.

- The Centre sent their reports to PR quarterly. According to issue register HELP sent last report to PR on 07 November 2015.

Findings of the Finance:

- They received last disbursement 25 November 2015.
- Funds are available to run the project

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 10 November 2015.
- It's a pull system, 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: They have 11 staff. In this DIC Nurse, who have completed 4 years nursing diploma providing health care services according to syndromin management guidelines for RTD STI in Bangladesh as well as complicated patients refer patient to Rangpur Medical College and other NGO clinic where service are available.
- Money: Funding is adequate level for the grant implementation.
- No stock out reported
- This centre has the followings facilities:
Functional and most of the services are available. Changing room, medical service, dressing, rest room, Condom and medicine.
- It was accessible and well located but there were no attractive signboard due to work with hidden risk people.
- 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
- DIC faces spot changing problems as the floating risk people always change their spot.
- Partner treatment problems. Partners are not agree to take treatment always
- Coordination should be strengthen with local health and administration
- Advocacy program should be strengthen with specific objectives and focused to the targets people.

Recommendation:

- The program is designed to serve the FSW within the Rangpur neighborhoods. The program covers only 554 FSW starting from March 2008. But DIC could not clarify how many of 554 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 554 FSW over the 7 years is unacceptable and HIV testing must be made available for FSW in the earliest time possible. It has been reported that 236 FSW have completed HTC in this DIC. The visit team thought BCCM should recommend to ensure HTC for all registered Sex Workers

and other risk population under DIC every district level public health facility in particular. If needed reprogramming should be recommended within limited/ allocated resources.

- Coordination needs to be improved with the Upazilla level Health administration and health facilities attending regularly health and NGO Coordination meeting in CS Office as well as DC office and try to involve District Commissioner (DC) and the Civil Surgeon (CS) in this program implementation sharing credibility.
- STI Syndromic management approach was provided by a registered nurse in this site. So far 4122 cases were treated by her 383 out of them required to referral to health centers or other specialized clinics for further consultation with medical professional or treatment.
- There should be strict quality assurance system in place and the treatment services should be professional supervision quality must be ensured, 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).

Visit site : **Krigrum CS office and Kurigram Sadar Hospital**
PR : **NTP & BRAC for TB**
 : **NMCP & BRAC for Malaria**
SR : **RDRS for TB and IACIB for Malaria**
Date : **09 December 2015**
Time : **9.30 PM to 03.00 PM**

Oversight Visit Team:

- Prof. .Dr. MA Faiz, Former Director General of Health Services, DGHS, Ministry of Health and Family Welfare, and TB & Malaria Expert, Member, Oversight Committee, BCCM
- Mr. Sk. Md. Anwar Hossin, Lawyers, Member- BCCM from Key Population
- Mr. Sk. Md. Rajab Ali, Monitoring Officer, BCCM Secretariat
- Md. Rashel Bin Hossain, Fellow USAID.

Local Health Administration:

- Prof. Md. Zakir Hossain, Principal RPMCH, Rangpur
- Dr.Nasrin Begum, DCS, Civil Surgeon Office, Kurigram
- Dr. Md. Helal Mia, Jr. Consultant, K.S.H, Kurigram
- Dr.Nasrin Begum, DCS, Civil Surgeon Office, Kurigram
- Dr. S.M. Aminul, Consult, CDC, UHC, Kurigram
- Dr.Rezina Begum, MO, CDC, Kurigram
- Dr.Bipulch.Surker, PC (Health), RDRS, Rangpur
- Dr. Md. Helal, MO, K.S.H, Kurigram
- Dr.ShamimAkter, MO, UHC, Kurigram
- Dr. S.M. ZiaulAlam, MO, UHC Rajarhat, Kurigram
- Dr. MezbahAlam, MO, UHC Nageiwari, Kurigram
- Dr. Abu Bakar Siddique, MO, UHC Nageiwari, Kurigram
- Dr. Md. Delwar Rahman, MO, UHC Bhurunggamari, Kurigram
- Dr. Md. Rashedul Islam, MO (DC),UHC Bhurunggamari, Kurigram
- Mr. Francis Hagong, CTB/MSH, Director of Health, Rangpur
- Mr. Md. Nasir Uddin, Divisional Manager, BRAC
- Dr. Md. Mahfuzs Rahman, RMO, K.S.H, Kurigram
- Dr. Md. Badiur Zaman, MO, UHC, Kurigram
- Dr.SafinaAkther, MO, UHC Ulipur, Kurigram
- Dr.Nasima Begum, MO, UHC Sadar, Kurigram
- Dr.HasnaHena, MO, UHC Sadar, Kurigram
- Dr.NusratNahar, MO, UHC Sadar, Kurigram
- Dr. Md. Abdus Salam, MO, UHC Chilmari, Kurigram
- Dr.Mst. Mostary Begum, MO, UHC Chilmari, Kurigram

PR & SR Representatives:

- Dr.Ahmadul Hassan Khan, Divisional TB Expert, Rangpur Division Rangpur
- Mr. Md. Nasir uddin, Div. District Manager, TB, BRAC
- Mr. Md. Rajob Ali, Sr. Dist. Manager, TB, BRAC
- Mr. Shamol Kumar Sarker, Sr. District Manager, BRAC
- Mr. Md. Nasir Uddin, Divisional Manager, BRAC
- Mr. Dr. BipulSurker, PC (Health), RDRS, Rangpur
- Mr. Francis Hagong, CTB/MSH, Director of Health, Rangpur

- Md. Shahidulla Bhuiyan, Sector Specialist, TB, BRAC

Report of the Visit Activities:

The BCCM oversight team visited Upazila Health Complex of KrigramSadar on 09 December 2015 where their Principal Recipients BRAC & National TB Programme implementing. 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 RDRS a SR of BRAC made a power point presentation. In the presentation RDRS described past and present situation of their programs. After this presentation visiting team closely observed the programme activities.

On the other hand, IACIB a SR of NMCP also presented their activities in Rowmari and RajibpurUpazila on Malaria and its implementation status.

Findings of Site visit

- The Upazila Health Complex is located at KurigramSadar.
- NTP, NMCP and BRAC representatives from visited UHC Complex frequently. But no CCM members visited the UHC before.
- Malaria report is sent monthly. The last report is sent on 02 December 2015.
- TB report is sent quarterly. The last report was sent on 9 October 2015.

Finding of the Finance

According to registered book, RDRS received their last disbursement on 5 November 2015. They have sufficient fund to run the program according to program design.

According to registered book, IACIB received their last disbursement on 04 November 2015 They have still fund in their account.

Findings of the Procurement & Supply Management:

- The RDRS and IACIB do not procure anything for them. They prepare the requisitions and give it to NTP, NMCP and BRAC, which is then provided to the PR using a standard excel file.
- According to the registered book the RDRS received last delivery of drugs on 4 November 2015.
- According file, RDRS sent their last order on 15 November 2015.
- No stock out reported
- As a SDP site drugs are directly distributed to the beneficiaries
- According to stock register, IACIB received last delivery of drugs on 18 October 2015 and they did order for more drug supplies on 16 October 2015.
- No stock out reported
- As a SDP site drugs are directly distributed to the beneficiaries

Findings of the Program & Management team.

- RDRS and IACIB hired their staff as planned in the Global Fund project. There was no harmonization of Global Fund activities with the other activities of the site.



Findings of the Performance & results:

RDRS target was 125 TB positive and they achieved 122. They all form of TB cases registered 2563 till November 2015 in Kurigram. Positive notification were 67. According to diseases classification up to November 2015 58% cases were positive.

In Kurigram two upazill, Rowmari and Rajibpur are endemic for malaria. In 2014 there were 07 cases of malaria at Rowmari by RDT (87) and BSE (3249), and no case in 2015 by BSE (4878) and RDT (433); in 2014 and 2015 there were one case each year in 2014, and 2015 out of 2008 and 3552 MSE. IACIB achieved 110% their target.

Malaria microscopy is not practiced at Kurigram district hospital, one case of severe malaria was diagnosed and was referred to Rangpur medical college hospital.

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 09 November 2015 was quite good.
- 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.

Recommendations

There should be more coordination among NTP, NMCP, NGOs and government doctors and officials. There is a misunderstanding on the ownership of the GF funded activities of TB and malaria.

The NMCP has not yet started activities towards phased elimination considering Kurigram as a low transmission district (Ref Malaria National Strategic Plan 2015-2020). In view of the very low number of cases of malaria in Kurigram the views and plan of the NMCP including BRAC on phased elimination can be taken.

Visit site : **BRAC DOTSS Corner, Rangpur Medical College Hospital**
PR : **NTP & BRAC**
Date : 10 December, 2015
Time : 9.00 pm to 01.00 pm

Oversight Visit Team:

- Prof .Dr. MA Faiz, Former Director General of Health Services, DGHS, Ministry of Health and Family Welfare, and TB & Malaria Expert, Member, Oversight Committee, BCCM
- Mr. Sk. Anwar Hossin, Member-BCCM from Key Population
- Mr. Sk. Md. Rajab Ali, Monitoring Officer, BCCM Secretariat
- Md. Rashel Bin Hossain, Fellow USAID.

Local Health Administration:

- Prof. Md. Zakir Hossain, Principal RPMCH, Rangpur
- Dr. Paritosh Das Gupta, AD RPMCH, Rangpur.
- Dr. Mozammel Hossain, Civil Surgeon, Rangpur

PR & SR Representatives:

- Dr. Ahmadul Hassan Khan, Divisional TB Expert, Rangpur Division Rangpur
- Mr. Md. Nasiruddin, Div. District Manager, TB, BRAC
- Mr. Md. Rajob Ali, Sr. Dist. Manager, TB, BRAC
- Mr. Shamol Kumar Sarker, Sr. District Manager, BRAC
- Mr. Md. Nasir Uddin, Divisional Manager, BRAC

Visit Activities Report:

The BCCM oversight team consisting of three members visited BRAC DOTS Corner on 10 December 2015 as their regular oversight program.

The RMC officials explained about DOTS center activities before the oversight visit team and explained past and present situation of the program activities of this DOTS corner.

This DOTS corner serve most of the patients identified in the in-patient department of the Rangpur Medical College Hospital during patients' treatment in different wards in this hospital. The visiting team found some gap of information between DOTS corner and doctors of medical college hospital as some doctors during the visit informed that they are not even aware of the location of DOTS centre in the Medical College. Some doctors prescribe medicine for TB patients. But the anti TB drugs are difficult to get outside the NTP (DOTS corners). It is not clear to the visitors how the patients took the drugs.

One staff was available to provide drugs, to do records at DOTS corner. The DOTS Corner informed that after getting discharge of the patients this DOTS corner sends the patients to their nearby UHC DOTS center using TB -7 format and confirm over phone to that DOTS center where the patient want to go and continue their TB treatment. Finally after completing the treatment referred DOTS center ensures it through sending back TB-7 form to this DOTS corner. This DOTSS center also cover three city corporation ward surrounding this DOTSS center.

Then visiting team closely observed the programme, finance and procurement issue.

Findings of Site visit

Principal Recipients- BRAC officials, regional TB Coordinator do visit this DOTSS corner regular basis. For CCM members visit during this oversight site visit.

- The DOTS Centre sent their report quarterly. They sent last reports to PRs on 06 December 2015.

Findings of the Procurement & Supply Management:

- This DOTS corner does not procure anything by them. This DOTSS center only send their requisition according to need using a standard excel file. This TB treatment center maintains registered book on deliveries and supply of drugs.
- According to the registered book they received last delivery of drugs on 26 November 2015. This center sent last requisition for drugs and supplies on 06 October 2015. This DOTS center received receive drugs on time always maintains three months stock availability.

Findings of the Program & Management team:

- This DOTS center sends their reports to PR first week of every month. But sometimes the reports may be delayed due to unavoidable circumstances.
- The Centre has hired staffs as planned in the Global Fund project. Two staff join but one resign from the job. Now one staff is working in the DOTS. It is difficult for her to maintain all things lonely.

Findings performance and results

- This DOTS treatment care center achieved more than 50% of their target.

Findings of Site Visit Observations:

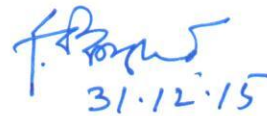
- Key staffs 1
- Money: This center does not procure anything and does not maintain petty cash.
- This TB treatment care center has enough stocks of drugs and logistics
- The Centre have the followings facilities:
 - Clinical service- Pulmonary & Extra Pulmonary bacteriological confirmation and treatment. There was 128 cases in the last quarter of which 99 were extrapulmonary TB.
 - Non-Clinical Service- Advocacy, Counseling, Seminar, Training of different level health service providers.
- Referral register is not in appropriate order.
- Accessibility of site on 10 March 2015 was quite good.
- Feedback from the staffs and providers was very good
- Feedback from the clients and people at the risk were very good
- Feedback from the community members, leaders, teachers, doctors who attend meeting was positive.

Recommendation:

- Considering the medical college hospital as a referral centre and having a large number of units (in-patients and out patients) who provides diagnosis of TB including extra-pulmonary TB and childhood TB a separate SOP or manual for the DOTS corner of medical college hospital may be considered if already not available. This will ensure that all cases are registered and provided with appropriate ATB drugs. More coordination is needed between Medical College Hospital and DOTS centre.

- Doctors and other health providers should be aware to take TB DOTS program as a national program.
- NTP should organize orientation program on regular basis as the position of doctors are transferable and every year new batch of interns enters into the hospital.
- A representative of medical college hospital should be invited at the quarterly monitoring meeting and there should be a prior monitoring meeting on TB at each medical college hospital as well.

General impressions and issues to be addressed by the CCM


31.12.15

(Roxana Quader)

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