

Government of the People's Republic of Bangladesh
Ministry of Health & Family Welfare
BCCM Secretariat

Oversight Visit 23-26 December, 2016

SITE VISIT REPORT

Date of Report : 22 January, 2017
Project Title : Global Fund Supported Activities
Date and Place of site visit : 23-26 December, 2016; Bandarban, Chittagong Division

Names of the members in the visiting team:

- Mr. Md. Sirazul Islam, Secretary, Ministry of Health & Family Welfare and Vice Chair BCCM
- Ms. Roxana Quader, Additional Secretary (PH&WHO), Ministry of Health & Family Welfare & Chair BCCM Oversight Committee
- Professor Md. Abul Faiz, Former Director General, DGHS and Professor of Medicine and Member BCCM Oversight Committee
- Professor Dr. Mahmudur Rahman, Former Director IEDCR, Vice Chair Oversight Committee
- Mr. Ahsanul Alam Kishore, OC member from PLHIV
- Mr. M. M Anowar Ullah, Secretary STI Network of Bangladesh and BCCM Member NGO Constituency
- Civil Surgeon, Bandarban
- Mr. Manaj Kumar Biswas, BCCM Coordinator, BCCM Secretariat, Ministry of Health and Family Welfare
- Mr. Akkur Chandra Das, Program Officer, BCCM Secretariat, Ministry of Health and Family Welfare

Persons Contacted:

- Dr. Uday Sankar Chakma, Civil Surgeon Bandarban
- Dr. Aung Swi Prue Marma, Deputy Civil Surgeon, Bandarban
- Dr. Probir Chandra Banik, RMO, Bandarban General Hospital
- Dr. Bishakha Ghose, Divisional TB Expert, NTP
- Dr. Sanya Tahmina, Director CDC, LD NMCP
- Dr. M. M. Akhteruzzaman, DPM, NMCP
- Dr. Akramul Islam, Director GFATM Program, BRAC
- Shaikh Masudul Alam, Deputy Director (HIV & AIDS) Save the Children
- Dr. Mirza Moinul Islam, Save the Children and
- Mr. K S M Tarique Deputy Executive Director of Light House
- Dr. Moktadir Kabir, Program Head, BRAC Malaria Program
- Dr. Shyla Islam, Program Head, BRAC Tuberculosis Program
- Dr. Ketu Chakma, Sr. MO, BRAC
- Mr. Jewel Chakma, District Manager, BRAC
- Mr. Dipayan Chakma, MT Lab, BRAC
- Mr. Zahangir Alam UNO, Thanchi
- Chairman, Thanchi Upazila Parishad, Bandarban
- UH & FPO of all Upazila's in Bandarban

- Medical Officers, working in Thanchi UHC

Persons Contacted (Non CCM Members):

The Team of OC-BCCM also met many service recipients at DOTS corner of Bandarban General Hospital and DIC (FSW).

Purpose of the site visit:

It was a BCCM oversight visit conducted to:

- review the technical aspects of activities at implementation sites,
- review the grant compliance by the sub-recipients and principal recipients,
- recommend improvements in implementation, as applicable,
- identify issues requiring further coordination and higher level attention, and
- Propose resolution of issues to the CCM.

Background:

The Global Fund (GF) Country Coordination Mechanism (CCM) is a country-level public-private partnership to oversee grant application and monitor grant implementation by the Principal Recipients (PRs) of the funds. The primary role of CCM is to access and oversee the management of funds received from GF and to complement Bangladesh’s efforts to fight the three diseases: HIV/AIDS, Tuberculosis, and Malaria. As one of the key elements in the Global Fund architecture, CCM is central to the GF’s commitment to national and local ownership of country proposals and to ensure inclusive and participatory decision making. The CCM is a national, multi stakeholder partnership that comprise members from the Government, NGO’s, academia, private sector, key affected populations, faith based organization, UN agencies, and bilateral/multilateral agencies. The Oversight Committee is a technical committee selected by the CCM to support CCM in ensuring two major functions: to provide guidance to “strategy and planning” activities, and to conduct overall “oversight” of the on-going program implementation.

Sites visited - Day One:

- 1) DOTS (Directly Observed Treatment Short-course) corner at Bandarban General Hospital operated by PR BRAC and NTP, and malaria intervention in Bandarban General Hospital operated by MNCP and BRAC;
- 2) Drop in Center for commercial sex workers, operated by Light House Consortium under the supervision of Lighthouse and implemented as a Sub Recipient under the PR Save the Children;
- 3) Stakeholders’ Meeting at Civil Surgeon’s Office Bandarban for Concept Note development for next funding request to the GF.

Sites visited - Day Two:

- 4) Stakeholders’ meeting at Thanchi Upazila Health Complex, Thanchi, Bandarban led by Secretary, MOHFW

Observation/Findings:

DOTS corner at Bandarban Sadar Hospital, Bandarban

The DOTS Corner is situated at Bandarban General Hospital Complex in Bandarban Town. It is a 250-bedded Government Hospital but is runs with human resources of 100 bedded patterns. This hospital still did not get any extra human and other resources for operating 250 bedded hospitals. The DOTS corner is managed by BRAC with the support of National TB Control Program. Being

one of the DOTS service center for TB, it has the ability to diagnose and treat all forms of TB. There is a social support provision to support the expenditures to access services for diagnostic tests beyond smear tests. This DOTS center usually refer suspected smear negative / extra pulmonary cases to diagnostic centers in Chittagong and Chittagong Medical College Hospital for further investigation with social support as such facilities are not available at Bandarban. DOTS center should make referral linkage with CMCH diagnostic facilities to diagnose extra pulmonary TB cases and smear negative TB cases with comparatively low cost/expenditure for patients.

The visitors met with DOTS center coordinator and lab Technicians who are working in the DOTS center. The visit team also talked with RMO and other service provider in this DH. The team discussed with RMO about TB and malaria interventions under this hospital. During this discussion, Dr. Bishakha Ghose, Divisional TB Expert was present there but SMO Malaria, Bandarban was not available. Although it was a planned visit by the BCCM Oversight visits team. It was expected that SMO malaria should be present during the OC team visit in Bandarban General Hospital. RMO informed that SMO is not in Bandarban and he also didn't know about SMO malaria. However, Oversight team requested RMO to update about TB and Malaria interventions in Bandarban General Hospital and The team also requested Dr. Bishakha Ghose, Divisional TB expert to update about the situation of TB in Bandarban.

RMO tried to give some information about TB and malaria interventions in Bandarban General Hospital and BRAC people supplemented RMO's information. Dr. Bishakha Ghose, Divisional TB Expert also was not updated and prepared with current information about the TB situation in Bandarban and General Hospital. She asked BRAC staff frequently about the TB related information when she talked about the TB situation in Bandarban and TB intervention in DOTS center in Bandarban General Hospital. Divisional TB Expert and the team are not aware about the target of TB cases to be identified in Bandarban.

The OC visit team then visited DOTS corner at Bandarban General Hospital and Lab of Xene Expert Machine. The Lab Technician for TB program, discussed about the TB intervention in this DOTs center and it was found that the patient registers are not updated well. The Technologist of Xene Xpert Machine was transferred from Cox's Bazar only two days ago from the visiting day. She was also not aware about the Xene Xpert machine utilization earlier. Previous technician of the Gene Xpert Machine Technician didn't handover formally (with written documents and inventory list in Xene Expert lab) to the new Technician. So she also did not know how frequently the machine was used in this DOTS center at DH. The visit team found that the Xene Xpert Machine was underutilization here according to the available register in this DOTS center. So, PR should ensure the maximum utilization of Xene Xpert machine for identifying TB cases in this District. The team did not find any contact tracing guideline or SOP.

There are three cases of MDR TB under this DOTS center and two death cases last year. The patients of MDR TB regularly get their drugs through this center.

Funding situation is okay. The situation of drugs and other logistics are good but stock should be available at least for two quarters. The fund disbursement happened smoothly. Government Lab Technologists and DOT TB Lab Technologist are working in the same room, but there is no ideal waste disposal system. The DOTS center has sufficient numbers of red and other colour buckets but utilization is not going on properly here.

Issues:

A nutritional support to supplement energy and micronutrients may be beneficial for the TB patients, particularly for the cases of drug resistant TB.

This DOTS center should maintain C7 register for the patients who are referred to get treatment from the nearby DOTS center where they live. Their report shows that last couple of years most of

the cases are identified and referred by the village doctors who got orientation on identification of TB cases.

NTP and Divisional TB Expert is expected to coordinate the TB program as a National TB Control Program with local health administration especially with Civil Surgeon, Deputy Civil Surgeon and RMO. Divisional TB Expert should support the staff of DOTS corner to develop record keeping and reporting system and regular monthly and quarterly report to Civil Surgeon about the TB interventions. NTP and BRAC should ensure continued availability of technologist for the Gene Xpert machine for maximum utilization of this advanced diagnostic technology to increase the case finding. According to population size of Bandarban district, the case identification is very low even less than 50% national prevalence rate of TB cases. GO and NGO coordination should be strengthened for TB program in this District.

Interventions of Malaria program in the indoor areas is going well. In every ward nurses are performing RDT diagnosis. Many cases of severe malaria were relatively moderate but almost all of them received parenteral antibiotics and none received any pre-referral treatment which need to be discussed in the technical committee of malaria (The staff of DH may require retraining). Considering the number of cases from Bandarban district (highest in the country) many cases may not be reported from the hard to reach areas. It would be better if BRAC and NMCP take initiatives to train the **Village Doctors** and **Owner of medicine shop** AND to have more peripheral health workers or volunteers and providing training about RDT Tests and consider to provide the test kits to them in hard to reach areas where there is no formal health workers of the government or BRAC to identify Malaria cases quickly and refer them to the nearest health worker or Hospital/community clinic. In selected cases these peripheral workers/volunteers may be provided RDT, ACT, CQ, PQ as well. For increasing coverage and access to diagnosis and treatment (ALL cases of malaria to be investigated for confirming diagnosis and provided treatment as per the National strategy) GO and NGO coordination, involvement of local government, regimental units (Army, police, BGB), forest officials and private sector should be strengthened for Malaria program in this District.

LLIN is one of the important preventive strategies for malaria but despite high coverage the large number of cases of malaria at Bandarban needs investigation. Malaria in forest workers, Jhum cultivators requires special attention with innovative interventions. Malaria screening should be routine during ANC at all facilities at Bandarban and other high risk districts (Rangamati, Khagrachari, some UZ of Coxsbazar, Chittagong).

Very little information or evidence about malaria vectors from this high endemic district were identified during this visit. SMO malaria should support hospital employees (doctors, nurses and Lab Technologists) of DH and UHC for appropriate record keeping and reporting of all cases screened and identified and regular monthly and quarterly report to Civil Surgeon about the Malaria cases and malaria interventions.

Communication and awareness raising program should be strengthened for TB and Malaria program in hilly areas through community health workers of government and BRAC consortium, volunteers, radio and TV.

Bandarban Sub DIC for Female Sex Workers (FSWs)

The Sub DIC is operated by Lighthouse Consortium under PR Save the Children. The DIC has enrolled 486 FSWs, mostly the street based FSWs, in the master list. Of the total estimated 74,000 FSWs, the Lighthouse Consortium covers 21,700 throughout Bangladesh under 21 DIC and 14 sub-DIC, which is about 28% of the total estimated numbers in the country. The Sub DIC offers full range of HIV prevention services including HIV testing and counseling (HTC) referral services for maternal & child health care except rest and recreation support for their clients etc. Bandarban Sub DIC follows up with 340 FSWs among them 230 street based sex workers, 20 hotel based sex

workers and 90 residence based sex workers and over the last months the DIC has tested 112 FSWs and 07 partners for HIV and none tested positive.

Stakeholders Meeting at Civil Surgeon Office, Bandarban

A stakeholders meeting held at the Civil Surgeon Office, Bandarban as the process of country dialogue for developing Concept Note/ funding request for malaria to the GF for the period of 2018-2020. The deputy Civil Surgeon chaired the meeting. Prof. Dr. Saniya Tahmina, Director CDC & LD NMCP was the chief guest of this meeting. Oversight Committee members were the special guests of this meeting, Program person from the BRAC, save the children, local NGOs, CBOs, civil surgeon office, Bandarban Hill District Council, education department, KAP Malaria, CCM members and other professional were presents in this meeting. Inclusive discussions were held in this meeting for next funding request for Malaria. BRAC and NMCP noted all the discussion to incorporate in the next concept note for funding request.

Stakeholders Meeting at Upazila Health Complex Thanchi, Bandarban

A stakeholders meeting was held at **Upazila Health Complex Thanchi, Bandarban** as a part of Oversight visit by Bangladesh CCM and the process of country dialogue for developing Concept Note/funding request for malaria to the GF for the period of 2018-2020. Respected Secretary steered the meeting as chief executive of Ministry of Health and Family Welfare. Director CDC & LD-NMCP, BCCM Coordinator, Director (GFATM Program)-BRAC, Civil Surgeon-Bandarban, DPM NMCP, all UH&FPO Bandarban, DDFP Bandarban, Upzila Chairman, Thanchi, UNO Thanchi, BRAC representatives, NMCP, as well as many representatives from government and non-government organizations working in Thanchi and Bandarban attended in this meeting. Detailed discussions were held from 10.30 am to 3.00pm. All the UH&FPO Bandarban informed the meeting about the TB and Malaria situation in their upazilas and how can they improve their situation through Global Fund program as well as local initiatives. Hard to reach areas, difficult communication, trained health workers in remote areas particularly during the peak malaria season are important constrains of coverage of access to diagnosis and treatment. BRAC and NMCP noted all the discussion to incorporate in the next concept note for funding request. Finally, Hon'ble Secretary gave some suggestions and feedback to the stakeholders about the TB and malaria programs and on their interventions and future planning. He mentioned that government is doing well but health managers have still so many opportunities to improve health situations in Bandarban specially for Malaria and TB. He emphasized to maximum utilization of limited resources for health of the people in this areas.

Recommendations:

Sustainability of Interventions for HIV

The following efforts may be considered in making the programs gradually sustainable.

- Program coverage should be increased among the target people (FSW) and HTC should be 100% reaching people among target people in the DIC.
- Medical Assistants working in DIC should have SOPs for Syndromic Management of STI/STDs in Bangla. Service providers should have consent form for HIV testing and counseling in Bangla.
- CCM should put more budgets for HTC in next funding request to reach all enlisted risk people to complete HTC for all.

Engagement of Physicians in Secondary and Tertiary Hospitals:

Physicians, including the specialists, in secondary and tertiary hospitals need to be engaged more with the program to increase referral of suspects to the DOTS Centers and diagnosis of smear negative and extra-pulmonary cases and thus improve case notification of TB. This can be done through clinical orientation, periodic reviews, and other promotional activities.

Referred cases follow up and ensure getting treatment:

DOTS corner should make periodical follow up for the referred patients to their nearby DOTS center from where they are getting treatment after discharging from hospital. DOTS center should maintain C7/follow up registered till the patients get free from TB disease

Expansion of GeneXpert capacity:

Gene Xpert Technologist should be appointed here for long time and ensure maximum utilization of Xene Expert Machine to detect TB cases and MDR TB cases.

Improvement of Diagnostic Capacity:

Expansion of LED Microcopy network is required. NTP needs to ensure availability of LED microscopes in order to increase diagnostic efficiency in this district. Contact tracing should be started for increasing the case detection.

Quality of services and increasing coverage:

- NTP and allies should increase supportive monitoring visits to follow-up on quality of diagnosis and treatment including history taking and sputum examination in the TB services.
- NTP and Divisional TB Expert should coordinate the TB program as a National TB Control Program with local health administration especially with Civil Surgeon, Deputy Civil Surgeon, UH&FPOs and RMO.
- Divisional TB Expert should support DOTS corner employee to develop record keeping and reporting system and regular monthly and quarterly report to Civil Surgeon about the TB interventions.
- Facility for Xray should made available at UHC and FNAC at district level for increasing case detection rate of TB.
- NTP and BRAC should ensure availability of Technician and functional Xene Expert machines those are procured or going to be procured for maximum utilization of this new and costly diagnostic opportunity to increase case findings.
- GO and NGO coordination should be strengthened for TB program in this District through implementing organizations and by Divisional TB Expert.
- Reasons for continued high number of cases of malaria at Bandarban district despite good coverage of LLIN should be identified with possible solutions. How far the existing IEC/BCC is contributing in change of behavior of the communities in the hill districts for prevention and treatment seeking needs evaluation. May arrange a consultative workshop on effective interventions at CHDs. Adequate preparation by NMCP and BRAC consortium, providing training to health care providers and reinforcing community awareness for preventive interventions and early treatment seeking before the malaria season (by April) is recommended. Arrangement to be made by NMCP supported by BRAC consortium for recording of all cases of malaria diagnosed and treated within a catchment area of Community Clinic/equivalent to ward by all care providers (public, NGOs, private) and watch every week to detect outbreak early.
- Capacity for generating vector related information through surveillance should be developed for evidence based preventive interventions and operation research.
- BRAC and NMCP should take initiatives to train '**Village Doctor**', **Pharmacy Owners and volunteers** about RDT Test and provide test kits to them in hard to reach areas to identify Malaria cases quickly and refer to the Hospital.

- Involvement of the regimental units, forest workers, private sectors, ‘Jhum cultivators’ , volunteers through training, and logistic support for diagnosis and treatment.
- GO and NGO coordination should be strengthened for Malaria program in this District through implementing organizations and SMO Malaria.
- Provision of pre-referral treatment to patients of severe malaria as per national treatment guidelines
- Role of private sectors in malaria diagnosis and treatment should be explored.
- SMO malaria should support hospital employee (doctors, nurses and Lab Technologists) to develop record keeping and reporting system and regular monthly and quarterly report to Civil Surgeon about the Malaria cases and malaria interventions.

Intervention for Migrants:

There is no structured intervention to reach out to migrant workers although a majority of HIV positives are detected among the in-migrants and migrant workers. This should be a focus area in the next concept note development. Provision of Training and exploring opportunities for employment generation of the PWID and CSWs.

f.f. Quader
08/02/2017

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and
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