



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

Subject: Minutes of 86th BCCM meeting

Date (dd.mm.yy)	13.07.2016
Venue of the meeting	Conference Room (Building no 3, Room No 332), Ministry of Health and Family Welfare
Meeting started	2:00 PM
Meeting adjourned	4:45 PM
Meeting Chaired By	Mr. Syed Monjurul Islam , Vice Chairperson, BCCM and Secretary, Ministry of Health and Family Welfare.
Meeting Steered by	Mr. Manaj Kumar Biswas , BCCM Coordinator, BCCM Secretariat
Total number of participants	38 Participants
Does quorum attained meeting?	Yes
Meeting attendance	<ul style="list-style-type: none"> • Voting member and alternate of Country Coordinating Mechanism (BCCM): 20 • Principal Recipients (PR): 8 • GMS: 1 and Observers: 3 (LFA -2) • BCCM Secretariat staff: 4 and Others: 2
Attendance list	Yes
Other supporting document	Yes

Meeting Agenda

Agenda Item # 1	Approval of 85 th Meeting Minutes
Agenda Item # 2	Update on SEA Constituency and 35 th GF Board Meeting
Agenda Item # 3	Confirmation of Vice Chair from MBL constituency in place of Mr. Leo Kenny
Agenda Item # 4	Oversight functions from March to June 2016
Agenda Item # 5	Endorsement: a) Amended BCCM Governance and other manuals b) Technical Working Group (TWG) members for TB, Malaria and HIV
Agenda Item # 6	Updates on: a). CCM reconstitutions and Election of Constituencies for next three years (2017-2019) b). Updates on constituency consultation meeting (NGO, KAP/PLHIV, FBO)

The meeting started at 2:00 pm and was chaired by **Syed Monjurul Islam**, Secretary, Ministry of Health and Family Welfare and Chairperson, BCCM.

At the outset, Hon'ble Secretary on behalf of Chair, Bangladesh CCM, Ministry of Health and Family Welfare welcomed all the participants including members, alternate members and observers. He also directed BCCM Coordinator to steer the meeting in accordance with predetermined agenda.

Minutes of each agenda item:

Agenda Item # 1: Approval of the 85th CCM meeting minutes

Conflict of Interest: N/A

Discussions by the constituencies:

BCCM Secretariat: The 85th BCCM meeting was held on 8 March 2016 and the minutes were electronically circulated to all and hard copies were provided in the folders. BCCM Coordinator read out the agenda, decisions of the last meeting and explained implementation status of the last meeting decisions.

Government/ Vice Chair: Mr. Syed Monjurul Islam, Secretary, Ministry of Health and Family Welfare and Vice Chair, BCCM requested members to provide their feedback (if any). Having no comment and feedback the Vice Chair requested the members present to consider the 85th meeting minutes as approved.

Decision: All members present and Vice Chair confirmed and approved the 85th BCCM meeting minutes.

Agenda Item # 2: Update on SEA Constituency and 35th GF Board Meeting

Conflict of Interest: N/A

Discussions by the constituencies:

BCCM Secretariat: BCCM Coordinator informed that the respected Secretary of MoH&FW started to function as the Alternate Board member from 1st June 2016 to the GF Board. He requested the Secretary to update about the SEA Constituency Meeting and the 35th GF Board Meeting.

Government/ Vice Chair: Mr. Syed Monjurul Islam, Secretary, Ministry of Health and Family Welfare and Vice Chair updated the meeting about the SEA Constituency Meeting held in Dili, Timor Leste and the 35th GF Board Meeting held in Abidjaan, Ivory coast.

He informed that SEA Meeting endorsed the new Alternate Board Member (ABM) from Bangladesh to the GF Board as well as the new Board Member (BM) from Timor Leste to the GF Board for SEA Constituency. He further informed that **Mr. Filipe da Costa**, the Political Advisor to the President of Timor Leste and Vice Chair of CCM TL, is the new BM, Mr. Syed Monjurul Islam is the new ABM and Mr. Ivo Ireneu da Conceicao Freitas Communication Focal Point (CFP) from CCM TL. The SEA Constituency also endorsed the transition plan for responsibilities of BM, ABM and CFP of SEA Constituency from Thailand to Timor Leste and Bangladesh.

He also briefly explained about the new roles and criteria of Global fund for funding as mentioned in THE GLOBAL FUND STRATEGY 2017-2022 which will eventually twin towards the INVESTING TO END EPIDEMICS (TB, Malaria and HIV)

New eligibility Policy for Funding:

- A) Income Level:** Income level will be determined as per the World Bank report on GNI and Per capita Income
- Low income countries (LICs), lower middle income (LMICs) and Upper middle income countries (UMICs) will be eligible
 - UMICs designated under the 'small island economy' exception to the International Development Association lending requirements, are eligible
 - UMICs that are members of the Group of 20 (G-20) countries are not eligible to receive an allocation and apply for funding unless they have an 'extreme' disease burden.
 - High income countries (HICs) are ineligible to receive an allocation or apply for funding through a single country application.
 - Members of the Organization for Economic Co-operation and Development's (OECD) Development Assistance Committee (DAC) are ineligible to receive an allocation and to apply for funding.
- B) Diseases Burden:** All LICs and LMICs shall be eligible to receive an allocation and to apply for funding for HIV and AIDS, tuberculosis, and malaria. UMICs shall only be eligible.

Decision: *The BCCM meeting acknowledged the updates on the SEA Constituency Meeting held in Dili, Timor Leste and the 35th GF Board Meeting in Abidjaan, Ivory coast.*

Agenda Item # 3: Confirmation of Vice-Chair from ML/BL constituency in place of Mr. Leo Kenny

Conflict of Interest: N/A

Discussions by the constituencies:

BCCM Secretariat: BCCM Coordinator informed the meeting that Mr. Leo Kenny, Country Director, UNAIDS Bangladesh and Ex- Vice Chair CCM from MLBL constituency left the country in December 2015. The Health Donor consortium / MLBL constituency sent their nomination letter for Vice Chair BCCM from MLBL constituency in place of Mr. Leo Kenny in favour of Mr. Edouard Beigbeder, UNICEF Representative to Bangladesh. The nomination letter was shared with all the CCM members electronically and distributed in the meeting folder. He requested the meeting to confirm Vice Chair of BCCM from MLBL constituency according to MLBL constituency nomination.

Government/ Vice Chair: Respected Secretary requested the meeting to confirm Mr. Edouard as Vice Chair of BCCM as he was selected and nominated by the ML/BL constituency. He also requested for giving comments and feedback on the MLBL nomination from the members if any.

NGO Constituency: Dr. Jahangir Hossain, Director Health, Care Bangladesh wanted to know from Mr. Edouard as to how he would perform as Vice Chair of BCCM in view of the workload that the position of UNICEF Representative demands.

MLBL Constituency: Mr. Edouard Beigbeder, UNICEF Representative to Bangladesh thanked MLBL

Constituency for nominating him as Vice Chair of BCCM from MLBL Constituency. He mentioned that it is very prestigious position and he would try to contribute to BCCM as his constituency trusted on his capability to represent as Vice Chair to BCCM.

Summary of discussion: The meeting finally confirmed and endorsed the candidature of Mr. Edouard Beigbeder as Vice Chair of BCCM from the MLBL constituency.

Decisions: *The meeting endorsed and confirmed Mr. Edouard Beigbeder, UNICEF Representative to Bangladesh as the Vice Chair of BCCM from ML/BL constituency.*

Agenda Item # 4: Oversight functions from March to June 2016

Conflict of Interest: N/A

Discussions by the constituencies:

BCCM Secretariat: BCCM Coordinator presented minutes of 9th & 10th BCCM Oversight committee meetings, Oversight visit report on 20 April, 2016 in NASP, Gulshan, and Oversight visit report on 27-29 March, 2016 in Khulna. He then requested Dr. Sukumar Sarker, Senior Policy Advisor Health and Nutrition, USAID Bangladesh on the behalf of Oversight Committee (OC) to present Oversight functions from March to June 2016 on behalf of Oversight Committee (OC).

Oversight Committee: Dr. Sukumar Sarker presented oversight functions from March to June 2016 on behalf of the Oversight Committee. He informed about the two OC meeting decisions, two oversight visit recommendations to the PRs and other oversight functions. He also proposed three TWG (TB, HIV/AIDS and Malaria) for three diseases as suggested by the OC.

He also projected the new membership renewal and membership seat allocation among the constituencies according to 10th OC meeting decision and Governance and Other manual review workshop in IEDCR on 1st June 2016. He proposed membership allocation as mentioned below:

Seat Distribution among the constituencies:

Constituencies	Current Seats	Proposed Seats	Proportion
Government	14	14	42%
Bilateral / Multilateral Orgs	4	4	12%
Civil Society			
Academic / Educ. / Research	2	2	6%
Civil Society / NGOs	5	4	12%
Faith-Based Organizations	1	1	3%
People Living With / Affected by Diseases	3	3	9%
Key Affected Populations (KAP)	2	3	9%
Private Sector / Associations	2	2	7%
Total	33	33	100%

CSO Seat Allocation:

CSO Constituency	HIV/AIDS	TB	Malaria	Other
NGO working in HIV/AIDS	1			
NGO working in Malaria Program		1		
NGO working with TB Program			1	
NGO working with Women & Children				1
KAP (MSM/HIZRA/PWID) Mem: PWID and Alt: MSM Hizra/TG	1			
KAP TB: Rep from NATAB/CSW M: CSW and Alt: CSW		1		
KAP Malaria: CBO from Malaria affected region			1	
PLWD (HIV/AIDS) - Network	1			

PLWD (TB) – Field Based CBO		1		
PLWD (M) Rep from Hill Districts			1	
FBO				1
TOTAL	3	3	3	2

Dr. Sarker stated that OC proposed to include ERD as voting member in place of MORA/ Islamic Foundation as member and alternate member from Islamic Foundation do not attend BCCM meeting.

On behalf of the Chair of the OC, he also recommended to continue membership of Prof. Dr. Mahmudur Rahman, former Director IEDCR (who has just retired from government service). The OC considers that Prof. Rahman is a very experienced member of BCCM and an expert in disease surveillance, and it would be beneficial for CCM to use his services through continuing his membership in CCM (as an observer) and the Oversight Committee (as a technical expert).

Government/Vice Chair: Mr. Zahed Malek MP, Hon'ble State Minister, MOHFW asked the TB PRs to devote time and effort to develop interventions on "how to increase TB and MDR TB identifications and how to increase suspected case from field level program."

Respected Mr. Syed Monjurul Islam, Secretary MOHFW mentioned that TB program could utilize the community clinic facilities for sputum collection to detect/identify TB cases as well as BRAC health workers could closely work with community clinic staff for referral of patients who have cough and fever. He also requested the meeting to discuss these issues which are proposed by the OC. He congratulated Dr. Anisur Rahman, as new LD NASP as he is experienced person in NASP.

PRs: Dr. Anisur Rahman, LD NASP updated the meeting about the Oversight visit recommendations to NASP. He mentioned that all the recruitment process under GF's grants have been completed. According to the OC visit recommendations, the Q1 and Q2 activities were already rescheduled in Q2 of this year and also have been accomplished accordingly. He mentioned that NASP sent the request letter to set up NASP core positions as early as possible. He said that first disbursement under the GF grants was little bit delayed due to some government process but it would not be in next disbursement hopefully.

Dr. Akramul Islam, Director BRAC GFATM Program opined that GeneXpert machine facilities should be expanded for more MDR TB case identification and LED microscopic examination should be strengthened and expanded for more TB case identification through field level activities.

Summary of discussions: The meeting concluded the discussion on these agenda as mentioned under decisions title below.

Decisions:

- *The BCCM meeting acknowledged the updates on overview of the Oversight functions from March to June 2016 and approved. Oversight Function update presentation attached as Annexure A*
- *The meeting decided to include ERD as voting member rather than observer replacing Islamic Foundation/MORA as they are very irregular in attending BCCM meeting.*
- *The meeting also decided to continue membership of Prof. Dr. Mahmudur Rahman Ex. Director IEDCR in BCCM (as observer) and in oversight committee (as disease expert) as desired by the Chair of Oversight Committee as the disease surveillance expert.*
- *The meeting also decided to endorse an Election Commission for BCCM Constituencies' election with the members as follows:*
 - *Prof. Dr. Mahmudur Rahman, Ex Director IEDCR, DGHS, Mohakhali, Dhaka*
 - *Prof. Dr. M A Faiz, Ex- Director General of Health Services, DGHS, Mohakhali, Dhaka*
 - *Dr. Kamar Rezwana, NPO, WHO Bangladesh*
 - *Dr. Saima Khan, Officer In Charge, UNAIDS Bangladesh, IDB Bhaban, Agargaon, Dhaka*

Agenda Item # 5 (a): Amended BCCM Governance and other manuals

Conflict of Interest: N/A

Discussions by the constituencies:

BCCM Secretariat: BCCM Coordinator informed the meeting that GMS team have been working since April 2016 for BCCM reconstitution. According to the GF guidelines, they amended BCCM Governance and Other

manuals before constituency elections. The OC discussed on these amended manuals in the 10th OC meeting held on 19 May 2016 and also reviewed on the BCCM Governance and Other manuals workshop in IEDCR on 1st June 2016. According to review on 1st June 2016, the draft was shared with all stakeholders and members electronically for feedback and comments. The BCCM needs to endorse that amended BCCM Governance and Oversight Manual as amended to proceed with BCCM reconstitution process. He requested the meeting to endorse the amended BCCM Governance and Oversight Manual. Before that he requested Mr. Abu Sayeed to present the amended sections in the BCCM Governance and Oversight Manual before the meeting.

GMS Team: Mr. Abu Sayeed, Team Leader GMS presented the amended BCCM Governance and Oversight Manual and explained the rationale of the changes in the Governance and Oversight Manual. He presented areas of changes and seat allocation of members as proposed by the OC. Mr. Sayeed elaborated seat allocation for KAPs and PLWD following Global Fund Eligibility Requirement 4:

KAP	Member	Alternate
KAP (HIV/AIDS)	1 (PWID)	1 (MSM/Hizra)
KAP (TB)	1 (NATAB)	1 (CSW)
KAP (Malaria)	1*	1*
Total seats	3	3

* Representative from Malaria affected region. Individual representing region with endemic malaria disease.

PLWD	Member	Alternate
PLWD (HIV/AIDS)	1 National Network	1 National Network
PLWD (TB)	1	1
PLWD (M)	1 Representative: Bandarban Hill District Council	1 Representative: Rangamati Hill District Council
Total seats	3	3

NGO Constituency: Mr. Anowar Ulla, Executive Director, BRAVE Bangladesh opined that STI network is very big network where more than 400 NGOs are working together. But the proposed membership renewal showed only one member and alternate members from the NGOs who are working with HIV/AIDS. It is looking little bit insufficient representation from STD/AIDS network. As General Secretary of STD/AIDS network, he requested to increase number of membership seats from NGOs who are working with HIV/AIDS.

Dr. Jahangir Hossain, Director Health, Care Bangladesh opined that complying with eligibility criteria membership seats from NGOs who are working with HIV/AIDS should be increased in BCCM. He also supported Mr. Anowar Ulla, ED, BRAVE Bangladesh's suggestion.

PRs: Dr. Lima Rahman, COP, Save the Children International cited and read out the GF's CCM Requirements Guidelines on the KAP membership in CCM. She stressed that all KAP seats should be allocated to HIV/AIDS KAPs. She requested to revisit about KAP seats according to that guidelines.

Dr. Akramul Islam, Director, BRAC Global Fund Program discussed that BCCM should ensure KAP representation based on disease burden and from all three diseases (HIV/AIDS, TB and Malaria) and from affected population to comply the eligibility requirement 4 of the Global Fund Requirements.

Government and Vice Chair: Mr. Syed Monjurul Islam, Secretary proposed to endorse amended Governance manual and Oversight manual which was proposed by the OC and GMS in this meeting with proposed seat allocation. He also proposed to keep option for further amendment if needed in future.

Summary of discussions: The meeting concluded the discussion with endorsement of the amended BCCM Governance and Oversight manual with proposed seat allocation with PWID (IDU) as the member in KAP where MSM/Hizra will be the alternate. It was hoped that all the members and alternate members from KAP would regularly attend the BCCM meeting to raise their constituency voices.

Decisions:

- *The meeting endorsed the amended Governance manual and Oversight manual as proposed by the Oversight Committee and the GMS Team. The amended Governance and Oversight Manual is attached as Annexure B and Annexure C. If needed BCCM would amend Governance manual and Oversight manual again in future after discussions in the subsequent BCCM meeting(s).*
- *The meeting decided PWID (IDU) would be the member in KAP where MSM/ Hizra would be the alternate, with the expectation that all the members and alternate members from KAP would regularly attend the BCCM meeting to raise their constituency voice.*

Agenda Item # 5 (b): Technical Working Group (TWG) members for TB, Malaria and HIV
Conflict of Interest: N/A

Discussions by the constituencies:

BCCM Secretariat: BCCM Coordinator requested Dr. Sukumar Sarker, Oversight Committee Member to present the list of existing and proposed Technical Working Group (TWG) members for TB, Malaria and HIV. He informed the meeting that BCCM needs to submit the Country Concept Note (CN) early in the 2017, so BCCM needs to start the CN development process as early as possible including stakeholders meeting, country dialogue and form the expert group for CN writing. BCCM should discuss, finalize and endorse the proposed TWG for TB, Malaria and HIV/AIDS. Finally BCCM should authorize the TWG to start simultaneously the CN development process with BCCM performance assessment and eligibility compliance.

Oversight Committee: Dr. Sukumar Sarker presented in detail the existing and proposed TWGs (TB, Malaria and HIV/AIDS) members list and requested the meeting to discuss and endorse the composition of the TWGs.

Members: Very few members raised the issue to decrease the number of the TWG members.

Government/Chair: Secretary and Vice Chair suggested to keep the number of TWG members as proposed for meeting the quorum requirement. He suggested to endorse the proposed TWG for TB, Malaria and HIV/AIDS. If it is needed to co-opt more member, then TWG (TB, malaria and HIV/AIDS) themselves could do it accordingly.

Summary of discussion: The meeting came into consensus to form TWGs including the Director General, DGHS as advisor of TB, Malaria and HIV Technical Working Group (TWG). LD NTP, LD NMCP and LD NASP would be the Chair for TWG TB, TWG Malaria and TWG HIV respectively. Member Secretary would be the PM or DPM from individual program.

Decision: *The meeting decided to endorse TWGs including the Director General, DGHS as advisor of TB, Malaria and HIV Technical Working Group (TWG). LD NTP, LD NMCP and LD NASP would be the Chair for TWG TB, TWG Malaria and TWG HIV respectively. Member Secretary would be the PM or DPM from individual program. Endorsed TWG (TB, Malaria and HIV/AIDS) attached as Annexure D.*

Agenda Item # 6 (a): CCM reconstitutions and Election of Constituencies for next three years (2017-2019)

Conflict of Interest: N/A

Discussions by the constituencies:

BCCM Secretariat: BCCM Coordinator informed the meeting that GMS team have been working since April 2016 for BCCM reconstitution. According to last BCCM meeting decision, two Program Officers joined with BCCM Secretariat to provide support BCCM Secretariat for Constituency elections on 19th June 2016. Introductory email with their contact numbers and email addresses were sent to all. He requested Mr. Abu Sayeed, Team Leader, GMS Consultants to present the update on CCM reconstitutions and Election of Constituencies for next three years.

GMS Team: Mr. Abu Sayeed, GMS discussed about the road map and update on BCCM reconstitution and election of constituencies with a power point presentation. He prioritized the steps and issues as tabulated below:

Road Map of BCCM Reconstitution		Concept Not Development
BCCM Membership Renewal	↓	Update national Strategic Plan
TWG Endorsed and authorized for CCM Led CN development	↓	PR continuation or New PR selection decided by BCCM
BCCM Committees established and authorization	↓	Stake holder engagement, Constituency Mobilization and Country Dialogue
Endorsed new BCCM member list and BCCM committees	↓	Draft Concept Note Development
Eligibility Performance Assessment	↓	Share wide range of Stakeholders for feedback and comments
Online document submission in favor of EPA	↓	Incorporate feedback and comments
CN endorsed by BCCM	↔	Prepared Final version of country CN
Submission	↔	Submission

Decisions: *The meeting decided that the issue of PR selection or continuation would be discussed in next BCCM meeting.*

The meeting also acknowledged the updates on progress of BCCM reconstitutions and Election of Constituencies for next three years (2017-2019).

Agenda Item #6 (b): Updates on constituency consultation meeting (NGO, KAP/PLHIV and FBO)
Conflict of Interest: N/A

Discussions by the constituencies:

BCCM Secretariat: BCCM Coordinator informed that the election process has started and they intend to complete the process by December, 2016. He also requested NGO, KAP/PLHIV, FBO constituency to present the minutes of their consultation meetings.

FBO constituency: Mr. Debasish Nag, Advisor-BHBCOP, Dhaka presented their consultation meeting minutes on the behalf of FBO constituency. He mentioned about change of the alternate member from FBO and also requested the BCCM to expand the TB, malaria and HIV activities to Tea Garden workers in the Tea Gardens areas

KAP/PLHIV constituency: Mr. Shale Ahmed, Executive Director, BANDHU presented their consultation meeting minutes on behalf of KAP/PLHIV constituency.

NGO constituency: Dr. Jahangir Hossain, Program Director, CARE Bangladesh presented their consultation meeting minutes and constituency updates on behalf of NGO constituency.

Decisions: *No decision was made. The BCCM meeting acknowledged the updates on the constituencies' activities as well as their consultation meetings.*

Having no other issues to discuss, the Vice Chair of BCCM wrapped up the meeting with thanks to the participants for their attendance and active participation.



4/08/2016

Syed Monjurul Islam

Secretary

Ministry of Health and Family Welfare
and

Vice Chair, Bangladesh CCM



**Bangladesh Country Coordinating Mechanism,
Members and Alternate members list of BCCM,**

Attendance Sheet (Not according to Seniority but according to constituency)







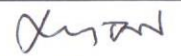
Attendance Sheet


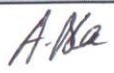
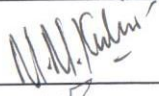
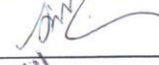


Date: 13/07/2016

86th BCCM Meeting


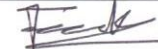



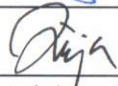
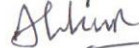

No.	Category	Salutation	NAME	INSTITUTION	TITLE	Telephone	Email	Constituency	MEMBER/ALTERNATE	GENDER	Singnature
1	Govt	Mr.	Mohammed Nasim	MOH&FW	Minister	9574488, 9574422	minister@mohfw.gov.bd	GOV	Chairperson Of BCCM	Male	
	Govt	Mr.	Zahid Maleque	MOH&FW	State Minister	9545515	stminister@mohfw.gov.bd	GOV	Alternate	Male	Present
2	Govt	Mr.	Syed Monjurul Islam	MOH&FW	Secretary	957 4488	healthsecretary@gmail.com	GOV	Vice Chair (GOV)	Male	2/13/07/2016
	Govt	Mr.	Biman Kumar Saha	MOH&FW	Additional Secretary	9540063	adlsecretary@mohfw.gov.bd	GOV	Alternate	Male	
3	Govt	Ms.	Roxana Quader	MOH&FW	Add Secratry, PH&WHO	01710894497	roxanaquader@gmail.com	GOV	Member	Female	13/07/2016
	Govt	Mr.	Md. Azam-E-Sadat	MOH&FW	Deputy Secretary	01713444113	asadat64@gmail.com	GOV	Alternate	Male	
4	Govt	Prof	Dr. Deen Mohd. Noorul Huq	MOH&FW	DG Health	957 4490	dghsbd@gmail.com,	GOV	Member	Male	
	Govt	Prof	Prof. Dr. A K Azad	MOH&FW	ADG Health	01713018538	profakazad@gmail.com	GOV	Alternate	Male	
5	Govt	Mr.	Dr. A.E Md. Muhiuddin Osmani	MOH&FW	Joint Chief, Planning	01817117703	osmani-mu@yahoo.com	GOV	Member	Male	Ami
	Govt	Mr.	Dr. Mohammed Khairul Hasan	MOH&FW	Dy Chief, Planning	01711866868	dr_md_khairul@yahoo.com	GOV	Alternate	Male	
6	Govt	Prof	Dr. Mahmudur Rahman, PhD	MOH&FW	Director, IEDCR	01711595139	mrahman57@hotmail.com	GOV	Member	Male	
	Govt	Mr.	Dr. Mustuq Husain	MOH&FW	Sr. Scientific Officer, IEDCR	9898691, 01552410445	shtuq@iedcr.org, mushtuq@dr.c	GOV	Alternate	Male	
7	Govt	Mr.	Rupon Kanti shil	MOSW	Add. Secretary	1712067856	rupan_kanty@yahoo.com	GOV	Member	Male	13/07/16
	Govt	Mr.	Quazi Md. Anwarul Hakim	MOSW	Dy Secretary	01711789051	hakim_anwar@yahoo.com	GOV	Alternate	Male	

8	Govt	Mr.	Ms. Asma Tamkeen	MOLGRD	Joint Secretary	9545025, 01715158451	atamkeen23@yahoo.com	GOV	Member	Female	13.7.16
	Govt	Mr.	Ishan Ali Raja Bangali	MOLGRD	Dy Secretary	9540995, 01711489068	ishanaliraja@gmail.com	GOV	Alternate	Male	
9	Govt	Mr.	Samim Mohammed Afzal	MORA	Director General,	0171 1547 028	dg_if@yahoo.com	GOV	Member	Male	
	Govt	Mr.	Abu Hena Mostafa Kamal	MORA	Director, Islamic Foundation	0174 3369 079		GOV	Alternate	Male	
10	Govt	Mr.	Sultan Md. Iqbal	NBR	Member, NBR	8391 907, 01732209388	sultaniqbal123@yahoo.com	GOV	Member	Male	
	Govt	Mr.	Md. Neazur Rahman	NBR	First Secretary,	1731117879	mdrahman359@gmail.com	GOV	Alternate	Male	
11	Govt	Mr.	Abu Hena Md. Rahmatul Muneem	MOHA	Add. Secretary	01815007693	muneemr@yahoo.com	GOV	Member	Male	13.07.16
	Govt	Mr.	Shafiqur Rahman	MOHA	Joint. Secretary	01911420178	shafiq-bd@hotmail.com	GOV	Alternate	Male	
12	Govt	Mr.	A.B.M Nasirul Alam	MOCHTA	Joint Secretary	01552379310	abmnasir_61@yahoo.com	GOV	Member	Male	13.07.16
	Govt	Mr.	Abu Syed Md Sahen Reza	MOCHTA	Deputy Secretary	01711444639	shahen.reza85@gmail.com	GOV	Alternate	Male	
13	Govt	Mr.	Md. Khalilur Rahman	MOWCA	Joint Secretary	01915860505	mkrahman09@gmail.com	GOV	Member	Male	
	Govt	Dr.	Aminul Islam	MOWCA	Joint Secretary	01711592769		GOV	Alternate	Male	
14	Govt	Mr.	AKM Zakir Hossain Bhuyan	MOE	Joint Secretary	01711822439	zakir1962@yahoo.com	GOV	member	Male	29/9/13
	Govt	Ms.	Sakeun Nahar Begum	MOE	Joint Secretary	01817066430	sakeunnahar@yahoo.com	GOV	Alternate	Male	
15	ML/BL	Dr.	Jayantha Liyanage	WHO	Public Health Administrator	0171 4165 201	liyanagej@searo.who.int	ML/BL	Member	Male	
	ML/BL	Dr.	N. Paranietharan	WHO	Representative	0175 5550 042	paranietharann@searo.who.int	ML/BL	Alternate	Male	
16	ML/BL	Mr.	Leo Kenny	UNAIDS	Country Director	0173 0335 892	kennyl@unaids.org	ML/BL	Vice Chair-BL/ML	Male	
	ML/BL	Mr.	Edouard Beigbeder	UNICEF	Representative	0 1730344031	ebeigbeder@unicef.org	ML/BL	Male	Male	
17	ML/BL	Dr.	Sukumar Sarker	USAID	Sr. Policy & Tech Advisor	0171 3009 878	ssarker@usaid.gov	ML/BL	Member	Male	
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	19	CSO	Prof	Professor Abdul Mannan	UGC, Bangladesh	Chairman (State Minister)			ACD/EDU	Member	Male	
		CSO	Prof	ABM Faroque	Dhaka University	Professor _ Department of	0163 0002 826	abmfaroque@yahoo.com	ACD/EDU	Alternate	Male	
	20	CSO	Prof	Dr. Md. Sharfuddin Ahmed	BSMMU	Pro-Vice Chancellor (Administration)	0171 1542 462	sharfuddin.bsmmu@gmail.com	ACD/EDU	Vice Chair-CSO	Male	
		CSO	Prof	Ashadul Islam	BSMMU	Additional Registrar	01775342385, 01975342385	diptunnahar2004@yahoo.com	ACD/EDU	Alternate	Male	
	21	CSO	Mr.	Debasish Nag	BHBCOP	Advisor	0171 1371 588	debanag@yahoo.com	FBO	Member	Male	
		CSO	Mr.	Biman Barua	BHBCOP	Member Secretary	0155 2463 817	.du@gmail.com, biman_du@ya	FBO	Alternate	Male	
	22	CSO	Mr.	S. K. Anwar Hossain	lawyer	TB Affected	01712990816	anwaradit@gmail.com	PLWD	Member	Male	
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	23	CSO	Mr.	Uday Shankar Dewan	General Practitioner	Malaria Affected	01558884989	dr.usdewan@gmail.com	PLWD	Member	Male	
		CSO	Mr.	Bishudanada Barua	Teacher	Teacher	01556571069	bandarban.malaria@gmail.com	PLWD	Alternate	Male	
	24	CSO	Ms.	Habiba Akhter	Network of PLHIV	President	01715158209	habiba_aas@yahoo.com	PLWD	Member	Female	
		CSO	Mr.	Nicholas Purification	Network of PLHIV	Treasurer	01912093085,	npurification@gmail.com	PLWD	Alternate	Male	
	25	CSO	Mr.	M. M. Anowar Ullah	BRAVE	Executive Director	01741210790	brave_bd@yahoo.com	NGO	Member	Male	
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		CSO	Mr.	Maruf Billah	SKUS	Executive Director	01711307601	skus.ctg@gmail.com	NGO	Alternate	Male	

	28	CSO	Mr.	Syed Tamjidur Rahman	HASAB	Executive Director			NGO	Member	Male	
		CSO	Mr.	Mahfuzul Bari Chowhury	HASAB	Dputy Director			NGO	Alternate	Male	
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		CSO	Ms.	Pinky Sikder	BADHAN	Executive Director	01712755237	pinky.badhan@yahoo.com	KAP	Alternate	Female	
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		CSO	Ms.	Joya Sikder	SNS	President	01718512512	joyasikder@yahoo.com	KAP	Alternate	Female	
	32	CSO	Mr.	Mostofa Azad Chowdhury Babu	FBCCI (Mostafa Cold Storage)	Director	0171 1533 070	motahargroup@yahoo.com	PS	Member	Male	
		CSO	Mr.	Abdul Muktadir	FBCCI (Incepta)	Director	0171 1522 330	muk@inceptapharma.com	PS	Alternate	Male	
	33	CSO	Mr.	Shadedul Islam (Helal)	FBCCI (Bangal Pacific)	Director	0171 1524 905	bpalsadi@bol-online.com	PS	Member	Male	
		CSO	Mr.	Md. Anwar Sadat Sarker	FBCCI (Rasa Knit)	Director	0171 2558 181	anwarsadatsarker@gmail.com	PS	Alternate	Male	
Non-Voting CCM Members												
	No.	Category	Salutation	NAME	INSTITUTION	TITLE	Telephone	Email	Progam Area	MEMBER/ALTERNATE	GENDER	Singnature
	1	PR - M	Dr.	Akramul Islam	BRAC	Director-(TB & Malaria Control Programme)	01711837746	akramul.mi@brac.net	Malaria	Member	Male	
		PR - M	Dr.	Moktadir Kabir	BRAC	Sr. Programme Manager,	01714091490	moktadir.k@brac.net	Malaria	Alternate	Male	
		PR - M	Dr.	Shayla Shyla Islam	BRAC	Programme Head		shala.i@brac.net	TB	Alternate	Female	
	2	PR - HIV	Dr.	Sharful Islam Khan	ICDDR'B	Project Director Global Fund	01713040944	sharful@icddrb.org	HIV/AIDS	Member	Male	
		PR - HIV										
	3	PR - TB	Dr.	Md. Quamrul Islam	NTP, DGHS	LD- NTP	0171135753	directormbdc@gmail.com ,	TB	Member	Male	

		PR - TB	Dr.	Mojibur Rahman	NTP, DGHS	PM NTP	01714358650	drmdmojib@gmail.com	TB	Alternate	Male	
4		Govt PR - HIV	Dr.	Khandaker A.T.M Farhad Hossain	NASP	LD- NASP			HIV/AIDS	Member	Male	
		Govt PR - HIV	Dr.	Md. Anisur Rahman,	NASP	DD & PM, NASP	01715182052	dranis.rajbd@gmail.com	HIV/AIDS	Alternate	Male	 13.7.16
5		Govt PR -M	Prof	Abdul Khair Mohammad Shamsuzzaman	NMCP	Director CDC and LD NMCP	01715566084	directordcbd@gmail.com, Zaman.tushar@gmail.com	Malaria	Member	Male	
		PR - M	Dr.	Abu Nayeem Md. Sohel	NMCP	DPM- Malaria	01713009597	nayeemdr@yahoo.com	Malaria	Alternate	Male	
6		PR-HIV	Dr.	Lima Rahman	SC	Program Director HIV/AIDS	01713064044	ma.rahman@savethechildren.org	HIV/AIDS	Member	Female	
		PR-HIV	Dr.	Ishtiaq Mannan	SC	Director - Health, Nutrition	01713064044	ishtiaq.mannan@savethechildren.org	HIV/AIDS	Alternate	Male	
		Observer										
7		GOV	Mr. Ms. Mohammed Shamima Nargis Mezban Uddin Chowdhury	ERD/MOF	Joint Additional Secretary(UN)	01912584274 01737686901	shargis1961@gmail.com js-un1@erd.gov.bd	ERD	Observer	Male Female		 13.7.2016
		GOV	Ms.	Sultana Afroz,	ERD/MOF	Joint Secretary(UN)	01552455212	safoze_1@hotmail.com, sultana_afroz@post.harvard.edu,	ERD	Alternate Observer	Female	
8		LFA	Mr	Abu Nomaan Hossain	UNOPS	Country Team Leader Coordinator	01811118099	abunomaanh@unops.org	LFA	observer	Male	
		LFA	Dr.	Mozammel Hoque.	UNOPS	Program Health and M&E specialist	01712761998	MdH@unops.org	LFA	Alternate observer	Male	
9			Dr.	Salimah Kassam	Aga Khan Foundation	Chef Executive Officer			Aga Khan Foundation	Member	Male	
		Non CCM Member										
1			Prof.	M A Faiz	DGHS	Ex- Director General of Health Services	01713008858	drmafaiz@gmail.com	DGHS	Non CCM Member	Male	
2			Mr.	Zahedul Islam	SIAPS	Country Project Director	01713 238655	zaislam@msh.org	SIAPS/MSH	Non CCM Member	Male	
		UNAIDS Bangladesh										
1			Dr.	Saima Khan	UNAIDS	Officer In Charge	01711 821726	khans@unaids.org	UNAIDS	Non CCM Member	Female	
		GMS										
1			Mr.	Abus Sayeed	GMS	Consultant	01711 521145	asayeed@techai.com	GMS		Male	

2					BCCM Secretariat						
1		Mr.	Manaj Kumar Biswas	CCM Sec.	CCM Coordinator	01718171958	bccmcoordinator@gmail.com	BCCM	Coordinator	Male	
2		Mr.	Md. Faruk Miah	CCM Sec.	Administrative Assistant	01715457830	farukmiahbccm@hotmail.com	BCCM	Admin. Asst	Male	
3		Dr.	Md. Belal Hossain	AD & DPM	NASP	01711874740	drbelalhossain4963@gmail.com				
4		Dr.	N.M. AKTA RVEZAMAN	DPM	NDA VBDC	01711302584	nmaktam32awan93@gmail.com	Gov	alternate	Male	
5		Dr.	Akmal Saidur Rahman	DD		01817567303	rahman.saidur@gmail.com	Gov	alternate	Male	
6		DR.	M. ZIYA UDDIN	UNICEF	UNICEF	01711638255	zuddin@unicef.org				
7		Mr.	AKKUR CHANDRA DAS	CCM Sec.	Program Officer	0171115858	akkurdas@gmail.com	BCCM		Male	
7		Mr.	Mahbub	BCCM	Program Officer	01919841717	mahbub-polash@yahoo.com	BCCM		m	

Oversight Committee Activities

- Site Visit to Khulna on 27-29th March 2016
- 9th OC meeting held on 5th April 2016
- Site Visit to NASP office on 20th April 2016
- 10th OC meeting held on 19th May 2016
- Workshop for OC members on 1st June 2016
- Couple of side bar (small group) meetings

Site Visit to Khulna: 27-29 Mar 2016

- Seven-member team visited Khulna
- Sites visited:
 - BRAC-operated DOTS corner at Khulna Medical College Hospital
 - Sub-DIC operated by KMSS, SSR under SR-CARE (PR-SCI)
 - DOTS center at KCC's Urban Primary Health Care clinic
 - TB, Leprosy & HIV Hospital run by Pime Sisters
 - DIC for CSWs run by KMSS / Lighthouse Consortium (PR-SCI)
 - DIC for MSMs run by KMSS under SR Light House (PR-ICDDRDB)

Site Visit to Khulna: Recommendations

(**May** need further examination and thorough review by TWGs)

Explore opportunities for sustainability:

- Merger of service sites and interventions, if possible
- Integration of TB, HIV and ESP services

Enhance TB Control activities:

- Engagement of Physicians in Secondary & Tertiary Hospitals
- Expansion of GeneXpert capacity
- Improvement of diagnostic capacity through increased LED microscopy
- Improvement of quality of services (**history taking and sputum exam**)

Increase program coordination through UPHCP representation in CCM

Increase HIV case detection:

- Developing interventions for migrants

Site Visit To NASP: Observations

Date of visit: April 20, 2016; 9 members visited

Observations: Delayed Start of Grant Implementation

Program: No programmatic activities started till the visit date (due date- 1 Dec 2015)

- Monitoring visit was not done (scheduled in Q1)
- Monitoring and coordination meetings are not scheduled due to fund constraints
- Recruitment of staff is still under process
- NASP Line Directors are all posted just prior to retirement
- 8 sanctioned positions (accountants, statistical support staff, drivers, Personal Assistant) etc. were still not on board
- Vacancy of staff is a key issue that hinders activities

Finance:

- Disbursement of funds to NASP bank account was also delayed
- No expenditure incurred under GF grant due to delayed fund transfer to the NASP bank account from MOHFW
- House rent needs to be approved by MOHFW (approval process was ongoing)

Procurement:

- No procurement was performed under GF's HIV grant to NASP

NASP: Recommendations

Recommendations to NASP:

- Reschedule and complete Q1 & Q2 activities by June 2016
- Develop a month-wise work plan/schedule of activities and share with all stakeholders
- Delegate responsibilities to existing staff for implementation of planned activities.
- Ensure technical standard and guidelines throughout the program
- Accelerate recruitment and deployment of staff by working with MOHFW
- Respond to GF Management Letter (overdue)

Recommendations to BCCM

- Request the DGHS to address vacancies in the NASP as high priority action and accelerate staffing of the core vacant positions of GOB per sanctioned positions.
- Request MOHFW to approve the no-cost extension of the treatment, care and support interventions under the HPNSDP. The efficiency of expenditure issue may be worked upon, but the MOHFW should prioritize to resolve this issue.
- Advise MOHFW to develop mechanisms to establish clinical care of PLHIV in government hospitals and in the public health system to ensure integrated care and HIV prevention and AIDS control services.
- Advise MOHFW on the delay in fund release to NASP.
- Include UPHCP in the CCM to increase program coordination and explore opportunities for improving sustainability through integration.

Other OC Actions

- Amend the governance manual, oversight plan and other manuals and present to CCM for endorsement (**placed to CCM for approval**)
- Propose a revised constituency membership structure to CCM to consider for the next CCM reconstruction (**will be placed to CCM for approval**)
- Work to extend the Administrative Assistant position until the Deputy Coordinator is on board (Dy. Coordinator recruitment process is ongoing). (**GF approved the extension**)
- Conducted a half-day workshop (1 June 2016) to review the GMS-revised Governance Manual, Oversight Plan, and Other Manuals.
- Working with BCCM Secretariat and GMS Team, completed HIV PR dashboard and CCM Summary dashboard installation.

Others activities of Oversight Committee (March –June 2016)

- Working on BCCM Deputy Coordinator recruitment
- Overseeing the constituency engagement in the BCCM (Constituency consultation for KAP& PLHIV and NGO constituency)
- Overseeing the BCCM Secretariat activities
- Conducted meetings (Chaired by Additional Secretary (PH&WHO) and Chair OC) to review CCM Reconstitution Proposals (30 June and 10 July 2016)

BCCM Reconstitution and Membership Renewal

Considering the GF CCM guidelines, BCCM Governance Manual, and the disease context of Bangladesh, the BCCM Oversight Committee recommends the following seat distribution:

Constituencies	Current Seats	Proposed Seats	Proportion	
Government	14	14	42%	
Bilateral / Multilateral Orgs	4	4	12%	
Civil Society				
• Academic / Educ. / Research	2	2	6%	40%
• Civil Society / NGOs	5	4	12%	
• Faith-Based Organizations	1	1	3%	
• People Living With / Affected by Diseases	3	3	9%	
• Key Affected Populations (KAP)	2	3	9%	
Private Sector / Associations	2	2	7%	
Total	33	33	100%	

CSO Seat Allocation

CSO Constituency	HIV/AIDS	TB	Malaria	Other
NGO working in HIV/AIDS NGO working in Malaria Program NGO working with TB Program NGO working with Women & Children	1	1	1	1
KAP (MSM/HIZRA/PWID)	1 M: MSM Hizra Alt: PWID			
KAP TB: Rep from NATAB/CSW		1 M: NATAB Alt: CSW		
KAP Malaria: CBO from Malaria affected region			1	
PLWD (HIV/AIDS) - Network	1			
PLWD (TB) – Field Based CBO		1		
PLWD (M) Rep from Hill Distrists			1	
FBO				1
TOTAL	3	3	3	2

Government & Private Sector Seat Allocation

- 14 seats will remain for Government but ERD will be included as voting member replacing MORA (Islamic Foundation)
- Private Sector seats (2) will be selected or selectively elected from the corporate organizations who have significant CSR activities and contribution to the health development, e.g., Chevron, Telenor, Bank Foundations, BGMEA, other foundations, etc.

Technical Working Group (TB, Malaria and HIV/AIDS)

BCCM needs to endorse Three Technical Working Groups (TWG) for TB, Malaria and HIV/AIDS:

Concept Note development and other activities related to CN submission and EPA.

Every TWG will consist of:

Advisor: Director General of Health Services, MOHFW

Chair: Line Directors (NTP/NMCP/NASP)

Member Secretary: PM /DPM (NTP/NMCP/NASP)

Members: As proposed in next three slides

TWG (TB)

sl	Existing	Proposed
1	Director MBDC & Line Director TB-Lep	Director MBDC & Line Director TB-Lep
2	Deputy Director, MBDC & PM-TB, DGHS, Mohakhali,	Deputy Director, MBDC & PM-TB, DGHS, Mohakhali, Dhaka.
3	Dr. K. Zaman, Scientist, ICDDR'B, Mohakhali, Dhaka	Dr. K. Zaman, Scientist, ICDDR'B, Mohakhali, Dhaka
4	PMDT Coordinator, Dhaka Division	PMDT Coordinator, Dhaka Division
5	Country Director, Damien Foundation, Bangladesh.	Country Director, Damien Foundation, Bangladesh.
6	Dr. Sukumar Sarker,, USAID, Dhaka.	Dr. Sukumar Sarker,, USAID, Dhaka.
7	Dr. Akramul Islam, Director, TB, Malaria and Wash Program BRAC, Dhaka.	Dr. Akramul Islam, Director, TB, Malaria and Wash Program BRAC, Dhaka.
8	Dr. Asif Mustofa Mahmud, Senior Technial Advisor, CTB, Bangladesh.	Dr. Asif Mustofa Mahmud, TB Expert, MOHFW, Bangladesh.
9	Dr. Md. Abdul Hamid Selim, Advisor GF/MDR-TB	Dr. Md. Abdul Hamid Selim, Advisor GF/MDR-TB
10	Representative from NATAB	Secretary General, NATAB
11	Representative form WHO, Dhaka, Bangladesh.	NPO (TB), WHO, Dhaka, Bangladesh.
12	Secretary General- BPMPA, Dhaka.	Secretary General- BPMPA, Dhaka.
13	BCCM Coordinator/GFATM, BCCM Secretariat, Dhaka.	BCCM Coordinator/GFATM, BCCM Secretariat, Dhaka.
14	Dr. Mojibur Rahman, National Program Coordinator, NTP, Mohakhali, Dhaka.	Dr. Mojibur Rahman, National Program Coordinator, NTP, Mohakhali, Dhaka.
15	Representative from IEDCR	Director , IEDCR, DGHS
16		Director, NIPSOM
17		Director, NIDCH
18		Country Project Director, CTB
19		Dr. Shakil Ahmed, TB Focal Point (BPA)

TWG (Malaria)

sl	Existing	Proposed
1	Prof.Dr. Abul Khair Mohammad Shamsuzzaman Director, Disease Control & Line Director ,CDC, DGHS, Mohakhali, Dhaka.	Prof.Dr. Abul Khair Mohammad Shamsuzzaman Director, Disease Control & Line Director ,CDC, DGHS, Mohakhali, Dhaka.
2	Prof.M.A. Faiz, Professor of Medicine, MRG, Chittagong	Prof.M.A. Faiz,Professor of Medicine, MRG, Chittagong
3	Prof. Emran Bin Yunus, Professor of Nephrology, MRG, Chittagong	Prof. Emran Bin Yunus, Professor of Nephrology, MRG, Chittagong
4	Director NIPSOM, Mohakhali, Dhaka	Director NIPSOM, Mohakhali, Dhaka
5	Prof. Mahmudur Rahman,Director, IEDCR, Mohakhali, Dhaka	Prof. Mahmudur Rahman, Director, IEDCR, Mohakhali, Dhaka
6	Prof. Ridwanur Rahman, Professor of Medicine, CMC&H	Prof. Ridwanur Rahman,Professor of Medicine, CMC&H
7	Prof. Dr. Md. Amir Hossain, Professor of Medicine, CMC&H	Prof. Dr. Md. Amir Hossain, Professor of Medicine, CMC&H
8	Director General, Directorate General of Medical Services, Ministry of Defense, Dhaka Cantonment, Dhaka	Director General, Directorate General of Medical Services, Ministry of Defense, Dhaka Cantonment, Dhaka
9	Director, BITID, Fouzdarhat, Chittagong	Director, BITID, Fouzdahat, Chittagong
10	Deputy Director,M&PDC,DGHS,Dhaka.	Deputy Director,M&PDC,DGHS,Dhaka.
11	Dr. Abu Nayeem Md. Sohel, Evaluator, M&PDC, DGHS, Dhaka.	Dr. Abu Nayeem Md. Sohel,Evaluator, M&PDC, DGHS, Dhaka.
12	Dr.Md. Nazrul Islam M&E Expert, MNCP, DGHS, Mohakhali, Dhaka.	Dr.Md. Nazrul Islam M&E Expert, MNCP, DGHS, Mohakhali, Dhaka.
13	Dr.Md. Akramul Islam Director, TB, MAL, WASH, DECC, BRAC, Mohakhali, Dhaka.	Dr.Md. Akramul Islam Director, TB, MAL, WASH, DECC, BRAC, Mohakhali, Dhaka.
14	Dr. Kamar Rezwan, NPO (VBDC), WHO, Bangladesh.	Dr. Kamar Rezwan,NPO (VBDC), WHO, Bangladesh.
15	Dr. Rashidul Haque, Dept. of Parasitology, ICDDR, B,	Dr. Rashidul Haque,Dept. of Parasitology, ICDDR, B,
16	Dr. Shehline Ahmed, Health and Population Advisor ,DFID,	Dr. Shehline Ahmed,Health and Population Advisor ,DFID
17	Dr. A. Mannan Bangali, Ex. NPO (VBDC),WHO, Bangladesh	Dr. A. Mannan Bangali,Ex. NPO (VBDC),WHO, Bangladesh
18	Head of Mission, MSF, OCA, Bangladesh	Head of Mission,MSF, OCA, Bangladesh
19	Dr. Mohammad Jahirul Karim, Ex. Deputy Program Manager Epidemiological and Mathematical Modular, MORU	Dr. Mohammad Jahirul Karim,Ex. Deputy Program Manager Epidemiological and Mathematical Modular, MORU
20	Deputy Program Manager, Mal-VBDC,DGHS, Mohakhali	Deputy Program Manager,Mal-VBDC,DGHS, Mohakhali,
21		BCCM Coordinator/GFATM, BCCM Secretariat

TWG (HIV/AIDS)

sl	Existing	Proposed
1	Director & Line Director, NASP	Director & Line Director, NASP
2	Head of the department Virology, BSMMU	Head of the department Virology, BSMMU
3	Director Planning, DGFP	Director Planning, DGFP
4	MNCH, DGHS	LD-MNCH, DGHS
5	PM, NASP	PM, NASP
6	Deputy Director, IF	Deputy Director, IF
7	Deputy Programme Manager, NASP	Deputy Programme Manager, NASP
8	Senior Clinical Officer, USAID	Senior Policy & Technical Advisor, USAID
9	Health and Population Advisor, DFID	Health and Population Advisor, DFID
10	Country Director, FHI360	Director, Center for HIV and AIDS, icddr,b
11	Director, Center for HIV and AIDS, icddr,b	Chief of Party, HIV/AIDS, SC
12	Chief of Party, HIV/AIDS, SC	Officer In Charge, UNAIDS
13	Country Coordinator, UNAIDS	Chief HIV/AIDS Section, UNICEF
14	Chief HIV/AIDS Section, UNICEF	National Professional Officer (HIV), WHO
15	National Professional Officer,WHO	Technical Officer/ HIV/AIDS Specialist, UNFPA
16	Technical Officer/ HIV/AIDS Specialist, UNFPA	Chairperson STI/AIDS Network, SANB
17	Secretary General, BMA	President, PLHIV Network
18	Chairperson STI/AIDS Network, SANB	President, SWNOB
19	Executive Director,NUS	Executive Director, BSWS
20	President, PLHIV Network	VP Public Health Association, Bangladesh
21	President, SWNOB	BCCM coordinator/GFATM, BCCM Secretariat
22	Executive Director, BSWS	Scientific Secretary, BMA
23	VP Public Health Association, Bangladesh	

BCCM Election Commission

BCCM Oversight Committee also proposes an Election Commission to be formed for BCCM Constituency Elections:

- Mr. Md. Azam-E-Sadat, Deputy Secretary (WHO), MOHFW, Bangladesh Secretariat, Dhaka-1000
- Prof. Dr. M A Faiz, Ex- Director General of Health Services, DGHS, Mohakhali, Dhaka
- Dr. Kamar Rezwan, NPO, WHO Bangladesh
- Dr. Saima Khan, Officer In Charge, UNAIDS Bangladesh, IDB Bhaban, Agargaon, Dhaka

Thanks



Annexure -B



Bangladesh Country Coordinating Mechanism

Governance Manual

Revision 3

Approved

BCCM Meeting, date

Originally Adopted

65th BCCM Meeting, 5 August 2010

Revision 1 Approved

68th BCCM Meeting, 1 February 2011

Revision 2 Approved

77th BCCM Meeting, 20 February 2014

Revision 3 Amended

86th BCCM Meeting, 3 August 2016

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
BAPI	Bangladesh Association of Pharmaceutical Industry
BCCM	Bangladesh Country Coordinating Mechanism
BGMEA	Bangladesh Garments Manufacturers and Exporters Association
BMA	Bangladesh Medical Association
CCM	Country Coordinating Mechanism
OC	Oversight Committee
CoI	Conflict of Interest
CSO	Civil Society Organisation(s)
EC	Executive Committee
EDP	External Development Partners
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GoB	Government of the People's Republic of Bangladesh
HIV	Human Immunodeficiency Virus
JS (PH & WHO)	Joint Secretary, Public Health & WHO, MoHFW
KAP	Key Affected Populations
LD	Line Director
LFA	Local Fund Agent
MoHFW	Ministry of Health and Family Welfare
NASP	National AIDS STD Program
NGO	Non-Government Organisation
PR	Principal Recipient
SR	Sub Recipient
SWAP	Sector Wide Approaches
TB	Tuberculosis
ToR	Terms of Reference
TRP	Technical Review Panel
TWG	Technical Working Group
TSF	Technical Support Facility
UNAIDS	The Joint United Nations Program on HIV/AIDS
WHO	World Health Organisation

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Bangladesh Country Coordinating Mechanism Governance Manual

The Bangladesh Country Coordinating Mechanism (BCCM) is a multi-sectoral national body that is mandated by the Global Fund. It was established in 2002 to access and oversee Global Fund financing that supports and complements Bangladesh's national responses to three major diseases—HIV/AIDS, Tuberculosis (TB) and Malaria. The BCCM is a key element in the Global Fund's commitment to national and local ownership of the country concept papers; grant implementation, and participatory decision-making within Bangladesh.

The Honorable Minister for Health and Family Welfare of the People's Republic of Bangladesh shall be the chief patron of BCCM. Under his guidance and leadership, the BCCM is expected to garner support and cooperation from the policy level stakeholders to ensure appropriate level of stewardship for the Global Fund programs in the country. The Chief Patron status of the Honorable Health Minister derives from the role of the Ministry of Health and Family Welfare (MOH&FW) as the apex ministry for implementing Bangladesh national health programs including the Global Fund supported disease programs in Bangladesh.

This Governance Manual has been developed and adopted to provide a policy framework to guide the BCCM in its functions and operations. A companion Operations Manual has also been developed by the BCCM Secretariat, and approved by the full BCCM, to complement the Governance Manual with specific guidelines and procedures.

The original Governance Manual was adopted on 5 August 2010 (66th BCCM Meeting), and was subsequently revised on 1 February 2011 (68th BCCM Meeting). Further revision was made on this Governance Manual, and the BCCM members approved the second version during its 77th CCM Meeting on 20 February 2014. During its 78th CCM Meeting on 25 February 2015, the second version was amended by the BCCM. This version is Revision 3 of the Governance Manual and was approved by the BCCM during its 86th Meeting on 13 July 2016.

The Governance Manual is organized in the following major sections:

- Purpose and Authority
- BCCM Overview
- Member Selection
- Member Rights and Responsibilities
- Designated Office Bearers
- Meetings and Decision-making
- Committees and Secretariat

In addition, several Annexes contain additional materials: Conflict of Interest policy and Declaration Form, Terms of Reference for BCCM permanent committees (Executive Committee, Strategy, Planning and Oversight Committee, and Technical Working Groups) and the Terms of Reference for the BCCM Coordinator.

The following are definitions of terms used in this document:

"BCCM Members"	BCCM Members and their Alternates
"BCCM Member"	BCCM Member or his / her Alternate Member

PURPOSE AND AUTHORITY OF GOVERNANCE MANUAL

1. **Purpose.** This document shall be named the Bangladesh CCM Governance Manual (“Governance Manual”). It provides a set of principles, requirements, rules and regulations to guide BCCM Membership, structure, governance and operations.
2. **Approval.** This Governance Manual and any revised version shall take effect the day that it is approved by the BCCM. Approval requires at least a two-third majority vote by the BCCM voting Members.
3. **Amendments.** The Bangladesh BCCM has the authority to amend this Governance Manual according to need and changing architecture of the Global Fund. Any amendment(s) shall be passed by at least a two-third majority of the voting Members and in this respect Alternates are not permitted to participate in the voting process.
 - a. Amendments shall be proposed by at least four BCCM Members, and shall be brought to the notice of the Oversight Committee for action as an agenda item in a meeting of the full BCCM.
 - b. The proposed amendment(s) and rationale must be circulated to all BCCM Members, together with the meeting agenda, at least two weeks prior to the meeting at which the amendment(s) shall be discussed.
 - c. The Governance Manual, as amended, shall be sent to all BCCM Members, the Principal Recipients (PR), the Local Fund Agent (LFA) and the Global Fund.
4. **Binding Authority.** This Governance Manual is a guideline and reference that is binding upon the BCCM Chair and Vice Chairs, all BCCM Members, Committees, Sub-Committees and working groups, all Principal Recipients and all Sub-Recipients and BCCM Secretariat, as well as concerned stakeholders in relation to implementation of Global Fund grants in Bangladesh.
5. **Accessibility and Distribution.** The BCCM Governance Manual shall be publicly accessible, as well as distributed to all BCCM Members and BCCM committee members (including non-BCCM representatives from the civil society serving on the committees).

BANGLADESH COUNTRY COORDINATING MECHANISM

6. **Mandate.** The mandate of the Bangladesh Country Coordinating Mechanism (BCCM) is to mobilize a national multi-sectoral response to secure funding from the Global Fund to scale up national responses to HIV/AIDS, TB and malaria, and to oversee the implementation of Global Fund grants by formally designated implementing partners.
7. **Purpose.** The purpose of the BCCM is to enhance performance of the Global Fund activities in Bangladesh in partnership with stakeholder constituencies, to promote efficient program implementation, to avoid duplication by harmonizing Global Fund activities with other programs throughout Bangladesh, and to strengthen coordination among stakeholder constituencies.
8. **Constituencies Represented.** This mandate shall be achieved through a broad representative Membership from the Government of the People’s Republic of Bangladesh (GoB); a variety of

civil society organizations (CSO) working in HIV/AIDS, TB and Malaria; people living with or affected by the three diseases; key affected populations; the private sector; academic and research institutes; and the development partners including technical, multilateral and bilateral agencies.

9. Core Principles. In pursuing its overall mandate and purpose, the BCCM shall adhere to the following relevant principles of effective governance:

- a. Serving as a national consensus body to build effective partnerships in the development and implementation of Global Fund-supported grants.
- b. Transparent and documented selection process for BCCM Membership from all relevant sectors and stakeholders to ensure multi-sectoral response to the three diseases.
- c. Representation and Membership of persons affected by HIV/AIDS, TB and malaria, as well as from Key Affected Populations (KAP) of all 3 diseases.
- d. Transparent and documented processes for soliciting and reviewing proposal submissions, nominating the Principal Recipients (PR), and overseeing grant implementation by PRs and SRs.
- e. Participation and input of a broad range of stakeholders based on gender equity, social inclusion, regional representation and equitable distribution of the Global Fund resources.
- f. Mitigating and managing conflicts of interest by adopting and consistently implementing a written plan and procedure that is binding upon BCCM Members as well as all implementing partners, including PRs and SRs (see **Annex 1**).
- g. Annual self-assessment using the Global Fund's Eligibility and Performance Assessment ¹Tool to confirm compliance with minimum BCCM requirements and minimum standards, as well as to assess the effectiveness of its functions and operations.

10. Responsibilities. The responsibilities of the BCCM are as follows:

- a. Mobilize multi-sector stakeholders, through a transparent and documented process, to participate in the Global Fund country dialogue process for new funding by overseeing and supporting the required harmonization of funding, national strategic plans, gap analysis, and preparation of Concept Notes.
- b. Nominate one or more Principal Recipients for each proposal, through a transparent and documented process, to be responsible for implementing the grant.
- c. Oversee the implementation of Global Fund grants, as required by the Global Fund, through a systematic and strategic oversight process that engages BCCM Members and external relevant/appropriate experts and stakeholders to resolve grant implementation issues or challenges.
- d. Consider and, where appropriate, approve major changes in grant implementation plans that have been proposed by one or more PRs.
- e. When required by the Global Fund and/or PRs, submit requests to the Global Fund for reprogramming of approved grants.

¹ Eligibility Performance Assessment:
<http://www.theglobalfund.org/en/ccm/guidelines/eligibilityperformance/>

- f. Review progress and program performance reports that have been submitted or to be submitted by PRs to the Global Fund;
- g. Modify and implement this Governance Manual as required, and fulfill other responsibilities as outlined in this Governance Manual and associated policies.
- h. Ensure transparency of process at all times and ensure information is easily accessible to the general public.

11. Working modality. The BCCM shall observe and adhere to the following guidelines for its activities and operations:

- a. Develop, approve and apply the Governance Manual of BCCM to the full extent to all its decisions and operations.
- b. Function as the supreme national consensus body responsible for promoting true partnership in the development and implementation of the Global Fund supported programs within the remit of current national health policy, strategy and programs related to the three diseases, without being involved in the micro-management of the PR(s) or SR(s).
- c. Ensure fully transparent and documented decision-making, including all BCCM Members as equal partners with full rights of participation and expression in line with their Membership rights (voting and non-voting).
- d. Be responsive to all national multi-sectoral stakeholders. Selection of representatives from the government, civil society organizations, multilateral and bilateral organizations, and private sectors is conducted by the sectors themselves.
- e. Ensure that all relevant stakeholders are involved in the process and provide transparency to the general public and that, information related to the Global Fund and BCCM actions are widely communicated and disseminated.
- f. Determine the details of BCCM policy, plans and functions; daily operations including protocols and procedures therein.
- g. Maintain confidentiality and integrity of BCCM processes as required and as appropriate.
- h. Promote international agreements especially in health, rights and social development signed and ratified by the GoB in reference to different components of aid effectiveness and sustainability of the Global Fund projects beyond the funding period.

MEMBER SELECTION

12. Constituency Representation. Membership of the BCCM shall be broadly representative of a variety of stakeholders, each with an active constituency concerned to fight against HIV/AIDS, tuberculosis, or malaria. Each constituency brings a unique and important perspective to the work of the BCCM, thus increasing the probability of achieving measurable impact against the diseases. Disease burden of the country shall be considered while allocating seats to constituencies.

- a. Government representatives. The role of Government organizations is linked to their capacity of being the main stakeholders responsible for formulating the national and regional strategies and programs for HIV/AIDS, Tuberculosis and Malaria. The BCCM through Government representation should build on national efforts for the specific

diseases and be linked to a broader national coordination effort including gender equity, social protection and poverty reduction strategies. Therefore, Government representatives represent the views of and report back to senior leadership of the government.

- b. Civil Society representatives. The role of Civil Society representatives from Non-Governmental Organizations (NGOs), academic institutions, people living with the three diseases, community organizations, key affected populations, faith based organizations, and the private sector is to contribute to and enhance the control and eradication of AIDS, TB and Malaria. Their own constituencies shall elect the representatives. Individual BCCM Members shall hold regular meetings with their constituents to ensure that representative views and concerns are expressed in the national forum. Disease burden of the country shall be considered while allocating seats to CSO constituencies.
- c. Multilateral and bilateral partners. Multilateral and bilateral partners serve many roles including providing policy and normative guidance, assisting with gap analyses towards a shared understanding of and commitment to national disease responses, and providing expertise, such as in the field of gender. Multilateral and bilateral partners frequently contribute to proposal development and advocacy, strengthening monitoring and evaluation, oversight, and coordinating assistance towards harmonization and alignment.
- d. Private Sector representatives. Private sector representatives bring important perspectives, skills, and expertise to assist the BCCM in its mobilization and oversight of grant resources. Representatives may include large for-profit companies with a commitment to fighting one or more of the diseases, organizations representing small and medium-sized enterprises and the informal sector, business associations to fight HIV-AIDS, TB, and malaria, representatives from exposed industries, private practitioners and for-profit clinics, non-profit clinics and charitable foundation established by corporations/other bodies with proven track record of corporate social responsibility.

Perspective Constituency representatives shall not represent themselves or any specific organization, but rather the views and interests of the entire constituency.

13. Global Fund Membership Requirements. BCCM shall adhere to and implement all Global Fund guidelines relating to BCCM Membership ², with particular emphasis on the following:

- a. Membership of people living with HIV and people affected by TB or malaria, as well as people from or representing key affected populations.
- b. Selection of civil society and private sector representatives by their own constituencies, based on a documented and transparent process developed within each constituency. Civil society shall include non-governmental organizations (NGOs), faith-based organizations (FBOs), people living with diseases (PLWD), key affected populations (KAP) and, academia.
- c. A minimum of 40% of BCCM Membership from civil society constituencies (bilateral and multilateral agency representatives shall not be included in this determination).
- d. Strong expertise on gender equality, integrating this knowledge to the effective response to the three diseases.
- e. Balanced gender representation.

² “[Guidelines and Requirements for Country Coordinating Mechanisms](http://www.theglobalfund.org/en/ccm/guidelines/#ccmguidelinesrequirements)”, Global Fund, Section 44 [Requirement 4](http://www.theglobalfund.org/en/ccm/guidelines/#ccmguidelinesrequirements)). <http://www.theglobalfund.org/en/ccm/guidelines/#ccmguidelinesrequirements>

- f. Balanced geographical representation particularly from state/provinces/districts affected by the disease(s) for which the BCCM is requesting Global Fund financing.
- g. No more than one representative per constituency with a conflict of interest (excluding ex officio members with no voting rights).³

BCCM compliance with these Membership guidelines shall be assessed annually in order to assure eligibility for current and future funding.

- 14. Number and Allocation of Seats.** As approved by the BCCM in its 77th meeting on 20 February 2014, there was a total of 29 CCM seats. Subsequently, the BCCM amended seat allocation in its 78th meeting to 33 with the following allocation among the constituencies:

Constituencies	Number of Seats	Proportion
Government	14	43%
Academic / Education / Research	2 ⁴	6%
Non-governmental Organization (NGO)	4 ⁵	12%
Faith-Based Organizations (FBO)	1	3%
People Living With / Affected by Diseases	3 ⁶	9%
Key Affected Populations (KAP)	3 ⁷	9%
Private Sector / Associations	2	6%
Bilateral / Multilateral Organizations	4	12%
Total	33	100%

- 15. Members and Alternate Members.** Each BCCM seat shall be represented by a Member and an Alternate Member (collectively referred to as “BCCM Members” in this document) in order to assure that quorum requirements are met. Members and their Alternates may both attend and participate in BCCM meetings, although only the Member shall vote when both are in attendance. In the absence of the Member, the Alternate Member shall represent the constituency and have full voting privileges.

- 16. Member Selection Process.** As prescribed in Global Fund CCM Guidelines, the selection of BCCM Members by their own constituencies shall be based on clear criteria, and shall take into account relevant experience in working with AIDS, TB or malaria and the individual’s ability to

³ Note: the guideline for only one person with a conflict or interest per constituency is a new standard for Requirement 6 (Section 62 [i]), effective from 1 January 2015.

⁴ One seat for Private Universities and Medical Colleges and the other seat for Research Institutions working in HIV/AIDS, TB and Malaria. Individuals with proven expertise in disease management may also be considered.

⁵ 4 NGO seats: 1 seat for NGO working in HIV/AIDS; 1 seat for NGO working in Malaria Program; 1 seat for NGO working with TB Program and 1 seat for NGO working with Women & Children

⁶ PLWD: PLWD-HIVAIDS (1 seat) for National network; PLWD-TB (1 seat) for National TB Association/Network; PLWD-M (1 seat) for Representative from Hill District Councils.

⁷ KAP seats: 1 seat for PWID/MSM/Hizra; 1 seat for CSW; & 1 seat for CBO working in endemic Malaria regions.

network with their constituency. Documentation of the BCCM Member selection process shall be made publicly available.⁸

- a. Government and multilateral/bilateral sectors. Individuals selected/appointed from the government or multi/bi-lateral constituencies as BCCM Members shall be senior level management staff, preferably the chief/division head of the relevant constituency.
- b. Civil society and private sector organizations include non-governmental organizations (NGOS), faith-based organizations (FBOs), people living with diseases (PLWD), key affected populations (KAP), and academia.

The election process for each of the civil society organizations shall be described clearly in a publicly accessible document that demonstrates how the individual Members and their Alternates were elected, and the means by which they will report to and represent the views of their respective constituencies at meetings of the BCCM.

Documentation of these processes must be provided to the BCCM Secretariat, where constituency election Membership records will be archived. As specified by the Global Fund⁹, the required documentation includes:

- Meeting minutes from a constituency documenting how they selected their representative. The minutes shall include a description of the candidates considered, the criteria used for selection, the individuals who took part in the selection process and the organizations they represent.
- Copies of advertisements or correspondence inviting representatives from the non-government constituency to take part in a Member selection process or to nominate or select an organization.
- CCM constituency Membership lists with details of Members' names and their organizations.

17. BCCM intervention in Constituency Selection Process. The BCCM reserves the right to intervene in the selection/election process of any constituency in the instance where it is presented with a dispute regarding the selection process by any Member of the constituency. In such a case the BCCM shall ask an independent party to act as an observer on its behalf to coordinate the election process.

18. Permanent Invitee. The BCCM shall designate permanent invitees to participate as non-voting Members based on their technical expertise, grant implementation experience, or other relevant expertise. Such not-voting Members may include the individuals from Principal Recipient organizations, the Global Fund Local Fund Agent (LFA), Management Support Agency (MSA) to the PR, Technical experts, World Bank, and Directors of relevant Government programs/ divisions (HIV/AIDS, TB and Malaria).

⁸ "Guidelines and Requirements for Country Coordinating Mechanisms", Global Fund (4 December 2013), Section 50, ii <http://www.theglobalfund.org/en/ccm/guidelines>

⁹ Guidelines and Requirements for CCM: Requirement 5 (page 15) Section 50: "Supporting Documentation". www.theglobalfund.org/en/ccm/guidelines

MEMBER RIGHTS AND RESPONSIBILITIES

19. Term of Membership. Membership on the BCCM shall be for a term of three years. At the expiry of a term, a BCCM Member may be nominated/elected by its Constituency to serve another term, subject to a limit of two consecutive terms.

20. Membership Rights. In executing the role and responsibilities of BCCM, all Members and Alternate Members shall have the following rights:

- a. To be treated as an equal partner in the BCCM, with full rights of expression.
- b. To attend all BCCM meetings, and to be given reasonable notice time for all meetings.
- c. To receive documents and materials prior to meetings with sufficient lead time.
- d. To participate in all discussions and activities of the BCCM.
- e. To review all Concept Notes developed for submission to the Global Fund prior to any decision by the BCCM on the Concept Notes.
- f. To have access to all information including financial and programmatic information / reports, audits, and procurement plans in relation to Global Fund grants in Bangladesh.
- g. To sign, or to decline to sign, Concept Notes submitted by the BCCM to the Global Fund as long as clearly articulated reasons for declining the Concept Note signature are recorded in the minutes.
- h. To vote on any matter put to a vote and request a voting procedure as and when appropriate.
- i. To nominate and second the nomination of Members for election to the positions of Chair and Vice Chair.
- j. The CSO members may receive travel and per diem for attending BCCM meetings if travelling from outside of Dhaka. In providing these expenses, BCCM must comply with rules of Global Fund or any other donor that provides the resources.

21. Membership Duties. In executing the role and responsibilities, all BCCM Members shall have the following duties:

- a. Respect and comply with the Governance Manual, BCCM decisions and other endorsed policy documents.
- b. Sign the Conflict of Interest declaration form and ensure strict compliance with the BCCM Conflict of Interest policy by oneself and other BCCM Members.
- c. Read all documents in preparation for meetings, and attend and participate in all regular and ad hoc meetings in a timely and responsible manner.
- d. Treat other BCCM Members as equal partners with full rights of expression.
- e. Represent the views of the constituency and refrain from personal views, and regularly report on BCCM proceedings to organizations and individuals in the sector they represent.
- f. Participate in BCCM grant oversight activities, as organized and led by the Oversight Committee (see below).

22. Conflicts of Interest. All BCCM Members and Secretariat staff shall adhere to the BCCM Conflict of Interest policy, and shall complete the Periodic Member Declaration of Conflict of

Interest Statement when seated on the BCCM to disclose any actual, potential or perceived conflicts of interest. The Conflict of Interest Statement shall thereafter be completed at least annually, as well as whenever a change in personal circumstances occurs that relates to actual or potential conflicts of interest. (**Annex 1** contains both the Conflict of Interest policy and the annual Declaration Form.)

- 23. Termination of Membership.** If a BCCM Member fails to attend more than three regular BCCM meetings consecutively, he or she shall be given written notice after which, if the Member still fails to attend, his/her membership shall be terminated by a vote of fifty percent plus one of the BCCM Members present at a meeting where a quorum is reached.
- a. The BCCM may take such other steps, as it considers appropriate prior to terminating a BCCM Member's Membership.
 - b. Where a person's Membership of the BCCM is terminated, or that person resigns from his / her Membership, the constituency represented by that individual shall select/elect a person to serve out the remainder of the term of Membership.

BCCM DESIGNATED OFFICE BEARERS

- 24. Designated Office-bearers.** The BCCM shall elect Chairperson and three Vice Chairpersons. The Chair and Vice Chair(s) shall be from different constituencies (government, bilateral/multilateral agencies, and civil society organizations).

- 25. Chairperson.** The BCCM shall elect a Chairperson by majority vote of the BCCM Members. All candidates shall be nominated and seconded by BCCM Members. The Chair shall be a Member from a Bangladesh national organization, and shall serve a term of three years, in accordance with his / her term of Membership.

The responsibilities of the Chairperson shall be to:

- a. Call or schedule meetings of the full BCCM, as well as the Executive Committee.
 - b. Chair BCCM meetings and Executive Committee Meetings, encouraging active, open, and inclusive participation by the Members.
 - c. Propose and seek approval of the agenda and call for declaration of conflict of interest from any Member and Alternate Member and take action as appropriate.
 - d. Adopt minutes of previous meeting at each BCCM meeting.
 - e. Inform the BCCM of the activities of the Oversight Committee, sub-committees and working groups.
 - f. Seek the opinion of the Vice Chairperson(s) and Executive Committee on all important and critical matters related to BCCM.
 - g. Delegate certain responsibilities and authorities to the Vice Chairperson(s) and other Members as and when necessary
- 26. Vice Chair(s).** The BCCM shall elect three Vice Chairpersons who are nominated and seconded by BCCM Members, and elected by a majority vote.
- a. The Chair and the Vice Chairs shall be from different sectors (e.g., one each from government, civil society, multilateral/bilateral).

- b. All decisions taken in due process by Vice Chair in the absence of Chair shall be honored.
- c. The Vice Chair shall perform tasks delegated by the BCCM Chair, stand in for the Chair when the Chair is unable to fulfil his/her functions, advise the Chair of BCCM on emergency decisions to be taken between regularly scheduled meetings of BCCM when it is not practical or possible to organize an emergency meeting of the BCCM.
- d. The term of office for the Vice Chair shall be three years. No individual may serve more than two consecutive terms as Vice Chair.

If the Vice Chair resigns, retires or is transferred, an election shall take place at the BCCM meeting at which the Vice Chair's departure is announced. The new Vice Chair will then complete the term of the former Vice Chair.

27. Removing an Officer. The BCCM Members can remove the Chair or Vice Chair and Executive Committee Members mid-term. Such a decision will require a two-third majority voting by the members in a meeting that conforms to quorum requirements. Here again alternates are not permitted to vote.

28. Vacancies. The post of Chairperson, Vice Chairpersons and other BCCM Members or Committee Members shall be declared vacant in the event of the following situations: resignation; absence from BCCM meetings without notice, and no alternative as replacement, for three consecutive meeting; proof of impropriety, as determined by the Executive Committee; or death.

MEETINGS AND DECISION-MAKING

29. Number of meetings each year. The BCCM shall hold at least four meetings per year. However, additional meetings may be called by the Chair or the Vice Chair or may be called pursuant to a request submitted to the BCCM Secretariat by at least 30% of the BCCM Members.

30. Notice of meetings. All BCCM Members must receive, by email, fax or letter, at least one week's prior notice of each meeting of the BCCM. The notice must specify the proposed agenda. The agenda may be modified and must be approved at the start of each meeting.

31. Background materials for meetings. Background papers must be sent to BCCM Members at least one week prior to the meeting. The PR, oversight, or annual reports must be systematically included among the background papers for all meetings as appropriate.

32. Quorum requirement. The quorum requirement for BCCM meetings shall be that 51% of the seats are represented by Members / Alternate Members and that either the Chair or a Vice Chair is present.

33. Chairing Meetings. The Chairperson shall chair BCCM meetings. In absence of the Chairperson, the meeting shall be chaired by one of the two/three Vice Chairs. If the Chair and both Vice Chairs are absent, the meeting shall not be considered to have met quorum requirement unless a BCCM Member has been designated, in advance in writing and with the approval of the Chair and Vice Chairs, as an interim Chairperson.

- 34. Languages.** The discussion at the meetings of the BCCM shall be conducted in Bangla and English languages, with provision for translation for people who do not speak Bangla. Minutes of the meetings shall be circulated in English.
- 35. Decisions.** Decisions shall be made by consensus as far as possible. When there is no consensus, or when a BCCM Member requests a vote, the chair shall call a vote.
- Votes shall be taken by a show of hands or secret ballot on the request of any BCCM Member. Decisions will be taken by a simple majority.
 - However, decisions to amend Terms of Reference or submit a proposal to the Global Fund shall be taken by a two-third majority vote by show of hands or by secret ballot. If taken by hand and if a BCCM Member requests it, each BCCM Member's vote shall be recorded in the minutes of the meeting.
 - The Executive Committee of BCCM may take emergency decisions when it is not practical or possible to convene a meeting of the BCCM. Such decisions shall be taken after consultation with as majority of BCCM Members as possible through electronic means. Any decision made under this provision shall be immediately reported to all BCCM Members with a justification of (a) why it had to be made under this provision and (b) why it was not practical or possible to organize an emergency meeting of the BCCM.
- 36. Minutes of meetings.** Draft minutes/proceedings of BCCM meetings shall be prepared and distributed to BCCM Members by the Secretariat within two weeks of each meeting. At the following meeting, these draft minutes/proceedings shall be discussed, amended as necessary, and formally approved.
- The BCCM Secretariat shall distribute approved minutes/proceedings of meetings to BCCM Members.
 - The minutes/proceedings of BCCM meetings shall record any decisions passed by a vote, and shall record any abstentions or dissents unless otherwise requested by the BCCM Member.
 - Presentations and documents tabled at the BCCM will form part of the minutes and be archived as appendices to the respective meetings minutes.
 - Meeting minutes shall be considered to be in the public domain, and shall be posted to the BCCM website in accordance with the BCCM Communications Protocol.

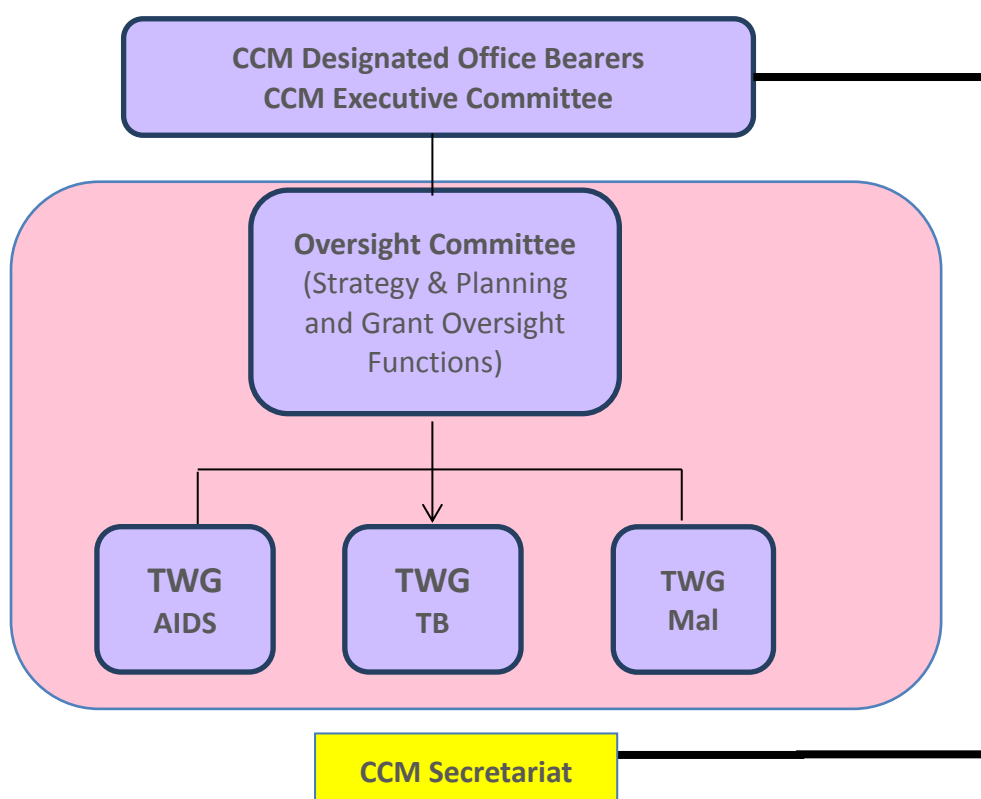
COMMITTEES AND SECRETARIAT

- 37. BCCM Structure.** The BCCM shall establish permanent committees and an administrative Secretariat to accomplish the mandate, purpose, and responsibilities as stipulated in this Governance Manual. These committees shall provide leadership, guidance and direction on behalf of the entire BCCM, and shall be required to report regularly to the full BCCM on their activities, progress, issues or problems, and any required assistance or support. See Figure 1, below.
- Executive Committee. An Executive Committee shall guide and oversee BCCM activities and operations; The Executive Committee shall meet to address any emergent issues requiring decision in between two quarterly CCM general meetings subject to subsequent

CCM endorsement.

- b. Oversight Committee (Strategy, Planning & Grant Oversight). Oversight committee and/or its designated working group(s) shall act on behalf of the full BCCM in executing its mandate and primary functions according to Global Fund guidelines:
- Harmonizing with other national programs and securing funding,
 - Ensuring strategic grant oversight,
 - Coordinating and supporting Government Program Directors (HIV/AIDS, TB and Malaria) in the development of concept notes and ensure engagement of a broad range of stakeholders (including CCM members and non-members),
 - Providing technical support in grant implementation, through different Technical Committees/technical working groups for TB, malaria, and HIV/AIDS and other ad-hoc committees as formed by the BCCM.
 - Oversee administrative and support functions of the BCCM Secretariat
- c. BCCM Secretariat. An administrative Secretariat with appropriate funding from the Global Fund and other available sources shall provide administrative and support to the full BCCM as well as to its various permanent committees.

Figure 1: Organization and Structure of the BCCM



- 38. Executive Committee.** The BCCM Executive Committee shall be responsible for coordinating and directing the activities of BCCM Secretariat, for supporting and coordinating permanent committees and working groups of the BCCM, and attending to routine or urgent communications for which calling BCCM meetings is not warranted or feasible.

- a. The Executive Committee shall be composed of six BCCM members. The BCCM Chair and Vice Chairs will serve as the Chair and Vice Chairs of the Executive Committee. The other three members shall be the Chair and two Vice Chairs of the Oversight Committee.
- b. The responsibility of the Executive Committee shall be to:
 - Conduct those tasks specifically assigned to it at a full BCCM meeting
 - Make necessary decisions in between the scheduled meetings of the BCCM
 - Resolve any issue hindering functioning of the BCCM Secretariat
- c. All decisions taken by Executive Committee must be reported to full BCCM at the next possible meeting and ratified to become a policy, rule or action (Section 32-c).

See **Annex 2** for the Terms of Reference for the BCCM Executive Committee.

39. Oversight Committee. The Oversight Committee shall have two major functions: to provide guidance to “strategy and planning” activities of BCCM, and to conduct overall “oversight” of the on-going program implementation. The Oversight Committee shall report to the Executive Committee and the full BCCM on a regular basis and as required.

- a. Strategy and Planning function. The Strategy and Planning function mandates the OC to lead the BCCM in its development of new funding applications through transparent and documented processes involving dialogue with a broad range of stakeholders, including BCCM Members and non-members. In addition, function shall lead and manage transparent processes to nominate and select Principal Recipients for approved grants following Global Fund guidelines and requirements.
- a. Grant Oversight function. The Global Fund requires that the BCCM ensures capabilities and establish systems to oversee grant implementation in a strategic way. The Strategic Oversight function shall foster the participation and involvement of a broad range of stakeholders in the grant oversight process, including BCCM Members and non-members, nongovernment constituencies, and people living with and/or affected by the three Global Fund diseases.
- b. Oversee Functioning of BCCM Secretariat: The Oversight Committee shall also oversee functions, administrations, budget and operations of the BCCM Secretariat and its staff. The Oversight Committee shall closely monitor all activities and implementation of annual workplan by the BCCM Secretariat.
- c. Membership. The members of the Oversight Committee shall be appointed by the BCCM, and shall consist of a Chair, two Vice Chairs, and at least five additional other Members.
 - Membership of the BCCM is not a prerequisite for appointment to the Oversight Committee, with the exception of the position of Chair and Vice Chairs.
 - Committee members shall be appointed for a term of three years, and may be reappointed for further terms.
 - Membership criteria shall be based on technical expertise rather than constituency representation.
 - The Oversight Committee shall have members with expertise on Financial Management, disease-specific (i.e. HIV and AIDS, TB and Malaria), procurement and supply management, and program management. Composition of the OC shall also include representatives from KAP and PLWD.
 - Individuals who are from a Principal Recipient, a Sub-Recipient, a Sub-Sub-Recipient,

or who otherwise have a conflict of interest within the terms of the BCCM Conflict of Interest Policy are ineligible for Membership of the Oversight Committee.

- The BCCM will determine whether, based on the non-CCM candidate's declaration, s/he meets the standard for conflict of interest required for members of the Oversight Committee.
- d. Chair and Vice Chairs. The Chair and two/three Vice Chairs of the Oversight Committee shall be BCCM Members, and shall be appointed by the full BCCM through a majority vote.
- The Chairperson shall have responsibility for overseeing both functions of the Oversight Committee (strategy and planning, grant oversight)
 - One Vice Chair shall deal provide leadership for the Strategy and Planning function, while the other Vice Chair shall lead the Grant Oversight function of the Oversight Committee.

See **Annex 3** for the Terms of Reference for the BCCM Oversight Committee.

40. Technical Working Groups. A permanent Technical Working Group (TWG), one for each disease, shall be organized to carry out tasks assigned by the BCCM in relation to program and technical proposal development. Technical Working Groups shall provide recommendations to the Strategy and Planning Committee on proposals.

- a. There will be at least seven to eleven members in each Technical Working Group. Members may be selected from BCCM Members or recruited externally, and shall be appointed on the basis of their technical or program management knowledge and expertise for each TWG. The Technical Working Group members may come from any organization, including PRs, SRs, SSRs, technical experts and development partners. Program Directors (HIV, TB and Malaria) shall be permanent members of the relevant Technical Working Group and lead the Technical Working Group.
- b. Each Technical Working Group shall elect its Head / Chairperson.
- c. The Technical Working Group shall have a term of three years and extension for another three years subject to review by the BCCM or Oversight committee. (Each Technical Working Group shall have BCCM approval before beginning its term.

See **Annex 4** for the Terms of Reference for the BCCM Technical Working Groups.

41. BCCM Secretariat. The BCCM shall establish an administrative Secretariat to support and coordinate BCCM operations, maintain communication with all BCCM Members, communicating with Global Fund, PR and other stakeholders as required by the BCCM, and supporting the decision-making and functions of the Oversight Committee and other BCCM Committees.

- a. Responsibilities. The responsibilities of the BCCM Secretariat shall include:
- Serving as the primary point of communication for the BCCM with its the Global Fund, BCCM Members, implementing partners, and BCCM constituencies
 - Supporting BCCM organization and management, as required by the needs of the BCCM Members and the Oversight Committee
 - Supporting harmonization and proposal development by providing administrative support to the Concept Note development process

- Supporting oversight of grant implementation by providing administrative support to the Oversight Committee (for Strategy & Planning and Grant Oversight)
- Support functioning of Technical Working Groups (HIV/TB/Malaria)
- Preparing, maintaining and systematically archiving BCCM documents and financial records relating to BCCM operations, Concept Note development, oversight, and communications with the Global Fund, implementing partners, and BCCM constituencies

Specific operating guidelines and procedures shall be documented by the Secretariat in a BCCM Operations Manual that shall be reviewed, approved, and revised as necessary by the full BCCM.

- b. Reporting relationship. The BCCM Secretariat shall report to, shall be guided and supervised by, the BCCM Chair, Vice Chairs, and the Oversight Committee. The Oversight Committee shall be responsible for initial approval of the BCCM Secretariat budget, which shall be endorsed by the BCCM, to include the costs for operating BCCM, its committees and the Secretariat itself.
- c. Secretariat staffing. The Secretariat shall comprise a minimum of two or three full-time officers to include: Coordinator, Deputy Coordinator, and Finance/Admin Assistant. Staff shall be provided with contract for a period of three years, which would be renewable based on internal appraisal and fund approval from the Global Fund. The BCCM Conflict of Interest policy and procedure shall apply to all staff of the Secretariat.
- d. BCCM Coordinator. The BCCM Coordinator shall be selected in a transparent and accountable process set up by the Executive Committee and shall become a non-voting Member of that committee. The BCCM Coordinator shall also participate as a non-voting member and provide administrative support to the Oversight Committee. The BCCM Coordinator shall be closely consulted in the selection of other Secretariat staff and shall be responsible for the day to day functioning of Secretariat, including the supervision of staff.
- e. BCCM Deputy Coordinator. The Deputy Coordinator shall be responsible to support and facilitate the grant oversight functions of the BCCM Oversight Committee; coordinate/track PR's submission of quarterly PR Dashboards and reports. Additionally, the Deputy Coordinator shall be responsible for preparing the "CCM Summary Dashboard" by incorporating information from respective PR Dashboards and for onward submission to Oversight Committee members. The Deputy Coordinator shall be responsible for updating and archiving all documents related to CCM operations and functions including CCM membership records and COI declarations forms and assist BCCM Coordinator in other support functions. .
- f. Performance evaluation. The Executive Committee shall be responsible for issuing contract of Co-ordinator and other staff and for formally evaluating the performance of the BCCM Coordinator. The BCCM Coordinator shall be responsible for supervising other Secretariat staff, conducting their performance evaluations and sharing them with the Executive Committee.
- g. Work plan and budget. The BCCM Coordinator shall prepare an annual work plan and budget that shall be reviewed and approved by the Executive Committee. In addition, the BCCM Coordinator shall prepare an annual performance report for submission to the full BCCM by end of February of each year.

See **Annex 6** for Terms of Reference for the BCCM Coordinator.

42. **CONSTITUENCY ENGAGEMENT**

- a. Each constituency to develop workplan for input/feedback to and from the CCM and within the constituency.
- b. Constituencies should mobilize themselves and be engaged in the disease program.
- c. Each constituency to have documented evidence of consultations and be able to follow-through the decisions taken.

ANNEXES

- 1.** Conflict of Interest Policy and Declaration Form
- 2.** Terms of Reference, Executive Committee
- 3.** Terms of Reference, Oversight Committee
- 4.** Terms of Reference, Technical Working Groups
- 5.** Terms of Reference, BCCM Secretariat
- 6.** BCCM Secretariat staff performance appraisal protocol

Annex 1:

BCCM Conflict of Interest Policy and Declaration Form

Purpose

The purpose of the BCCM Conflict of Interest policy is to provide clear guidance for observing and managing potential or actual conflicts of interest of BCCM Members relating to BCCM or Global Fund operations. This conflict of interest policy shall apply throughout the life of Global Fund grants and shall be applicable to Members and Alternate Members (collectively referred to as “BCCM Members”), committee members, the secretariat staff, and all implementing partners.

Rationale

The BCCM recognizes that the conflict of interest can arise in its operation because of the engagement of a wide range of sectors and constituencies in BCCM business. This policy is developed in recognition of Global Fund’s Guidelines and Requirements for Country Coordinating Mechanisms (CCM Guidelines) to develop and publish a policy to manage conflict of interest that applies to all BCCM Members, across all BCCM functions and throughout the life of grant.¹⁰

Policy

The BCCM recognizes that a conflict of interest is not, in and of itself, evidence of wrongdoing. The BCCM is, however, fully committed to managing and mitigating conflicts of interest pertaining to its Members, Alternate Members, Secretariat employees, Principal Recipients (PRs), Sub-recipients (SRs), and other stakeholders.

BCCM Members shall declare conflicts of interest affecting themselves or other BCCM Members and will not take part in decisions where there is a conflict of interest, including decisions related to oversight and selection or financing PRs or SRs.

The BCCM fosters a culture that is sensitive to conflicts of interest, whether actual, potential, or perceived, and is intolerant of misuse of position. As such, BCCM Members are prohibited from accepting/giving gifts that are motivated by their position as a Member and could substantially affect the decisions of the BCCM.

Definitions

1. Conflict of Interest (COI) situations. Within the context of the BCCM, a COI occurs when a BCCM Member or an employee of the BCCM Secretariat has the opportunity to:

- use his or her position to advance personal ambitions or interests
- use his or her position to advance the interests of an institution with which he or she is affiliated or the interests of a family member or close associate.
 - A close associate of a person includes a family member (spouse, child, sibling, parent, cousin, or relative by marriage), friend, business partner, or professional associate.
 - A person is affiliated with an institution when he or she is an employee or volunteer of or has a financial interest or technical or governance role in that institution.

¹⁰ Guidelines and Requirements for Country Coordinating Mechanisms, Requirement 6 (Section 57).
<http://www.theglobalfund.org/en/ccm/guidelines/#ccmguidelinesrequirements>

- act in a way that disadvantages other BCCM Members or employees, grant beneficiaries, or the wider public.
2. **Potential and perceived Conflicts of Interest.** COIs include both potential and perceived COI. A potential COI occurs when a BCCM Member or the Secretariat has the capacity to use his or her position or status in such a way that a COI, as defined above, might occur. A perceived COI occurs when a person believes or suspects that a BCCM Member or Secretariat employee has a COI, as defined above.
 3. **Gifts and Favors.** A COI may arise in the context of receipt or giving of gifts, which are defined as including favors, gratuities, invitations, or sponsorships, whether of a monetary or intangible nature. Invitations are understood to include travel, meals, and related expenses involved in attending events in or out of the country.

Procedure to Mitigate Conflicts of Interest

The following procedure shall be followed in observing and managing COI in BCCM operations:

1. New Member and Periodic Declarations

All Members and Alternate Members must have completed the Acceptance of COI Policy and Procedures & Declaration of Interest Statement (**Appendix 1**) when they are seated on the BCCM and disclose any actual, potential or perceived COIs then. The statement must be completed at least annually thereafter, as well as whenever a material change occurs in the BCCM's COI-related information. The BCCM chair will inspect such statements and the secretariat will archive them. These statements will form part of the BCCM's public record.

2. Orientation on COI Mitigation Policy

The BCCM Secretariat will ensure that when taking a seat on the BCCM, and at a BCCM meeting once a year, BCCM Members will undergo an orientation to the COI mitigation policy and procedures and that they are familiar with their responsibilities regarding the management of COIs.

3. Disclosures of COIs

- 3.1. Before every BCCM meeting and committee meetings, after reviewing the agenda, BCCM Members must decide whether they have a potential COI related to a meeting agenda item.
- 3.2. The BCCM Chair and the committee chairs, before starting the meeting will ask all BCCM Members to disclose if they have any conflict of interest to any agenda to be discussed in the meeting.
- 3.3. Any Member or Alternate Member who has an actual or potential conflict of interest shall publically disclose the conflict of interest to the entire BCCM. This disclosure shall happen at the outset of the meeting or, alternatively, at any other time during the meeting when the individual becomes aware of a possible conflict of interest (based on the deliberations of the Members).
- 3.4. Prior to or during a meeting, BCCM Members may present an allegation of COI to the chair of BCCM who is responsible for enforcing the COI policy and procedures and investigate questions raised about COI.

4. Recusal from Deliberations and Decisions

- 4.1. BCCM officials with real, potential or apparent conflict of interest will recuse themselves from (i.e. abstain from) decisions where such conflict exists, and shall not take part in any discussion/decision where there is an obvious conflict of interest.

- 4.2. Prior to voting, Members or Alternate Members having a COI might be called into the meeting room in their capacity as a representative of their organization to provide necessary information to the BCCM. Once they have finished providing this information, they will again leave the room until recalled.
- 4.3. Whether inside or outside the meeting room, Members and Alternate Members with a COI will not attempt to exert their personal influence with respect to any topic related to that COI on which a vote is being taken.
- 4.4. If an individual has a COI regarding a matter on which a decision is to be taken and the individual does not recuse himself or herself from deliberations and decision in that matter, the BCCM may invoke this policy and demand recusal. If the individual refuses recusal deliberations will be suspended until the issue is resolved.
- 4.5. If the BCCM chair declares a COI, he or she must delegate meeting responsibilities to the Vice Chair for the period of the deliberations and must recuse himself or herself. If the Vice Chair also has a COI, the Vice Chair will also recuse himself or herself and the BCCM must elect an acting chair for the period of deliberation and thoroughly document the process that was followed.

5. Failure to Disclose COI

- 5.1. If the BCCM suspects that a Member or Alternate Member has knowingly or negligently failed to disclose a COI, the BCCM will inform the individual in writing of these concerns and provide the Member or Alternate Member with the opportunity to explain the alleged failure to disclose the COI.
- 5.2. The BCCM Chair, Vice Chair, or BCCM Member will refer all available information regarding the COI to the BCCM leadership or the designated body to determine whether a COI exists.
- 5.3. If a COI is deemed to exist, the BCCM leadership or designated body will formulate a recommendation to be submitted to the full BCCM regarding appropriate action to be taken with respect to the individual(s) concerned. In formulating this recommendation, the BCCM will pursue all reasonable measures to revoke any benefit gained through the existence of a COI.
- 5.4. The full BCCM will consider and vote on such recommendations at the first meeting following receipt of recommendations.
- 5.5. Following the BCCM's vote, the circumstances of the BCCM Member or Alternate Member's failure to disclose the COI will be reported to the relevant constituency. The constituency shall be requested to immediately replace the Member or Alternate Member on the BCCM.

Documentation

Any decision, process followed to mitigate COI including the conflicting issue/agenda in BCCM or Committee meeting shall be documented in the minutes for that meeting. The record must state the nature and extent of the COI, a summary of the discussions pertaining to the COI, and the actions taken to manage the COI.

Arbitration

In the event of dispute in resolving the COI issue in the BCCM, the Chair can assign a committee to investigate the matter and make recommendation for final decision.

Appendix 1:

Periodic Member Declaration of Conflict of Interest

Section 1: Acceptance of COI Policy and Declaration-of-Interest Statement

Upon appointment to the Bangladesh National BCCM (BCCM), please complete this declaration and submit it to the Chair and Secretariat of the BCCM prior to attending your first meeting of the BCCM. You will be asked to update this document annually throughout your term of office.

Name: _____

Institution: _____

Title: _____

Constituency: _____

I, the undersigned, hereby pledge to comply with the attached COI mitigation policy of Bangladesh National BCCM (BCCM), and shall

- 1. Comply with its requirements.** As a BCCM Member or Alternate Member, I will not participate in deliberations, the making of recommendations or decisions, or other processes in which I have a COI or a potential COI, as defined in the attached COI mitigation policy.
- 2. Declare relevant personal affiliations.** I will complete Section 2 of this document concerning my professional and personal affiliations. I promise to declare my COIs to the general assembly of the BCCM prior to or at the commencement of any BCCM meeting at which a relevant matter will be considered. I will state the nature of the COI and all relevant facts pertaining to my interest. I will then recuse myself from participating in any proceedings concerning the matter.
- 3. Respond to COI allegations.** If another person alleges that I have a COI, I will respond to this charge and will abide by the decision taken by the BCCM.
- 4. Report suspected conflicts of interest.** If I have reason to believe that a person has a COI in relation to any matter arising from his or her role or responsibilities in the BCCM, I will report my belief and the information on which it is based to the BCCM Chair, and I will provide such further information as is requested from me by the Chair to the best of my abilities. I undertake not to make allegations of COI except in good faith and on the basis of a genuine belief that such COI or COIs could compromise the transparency, accountability, or inclusiveness of or public confidence in the BCCM.
- 5. Seek assistance in complying with COI policy.** If I have any questions about or need any assistance in understanding or complying with the COI mitigation policy, I will contact the Chair of the BCCM or the BCCM Secretariat, who will assist me.

I hereby certify that I have received and read a copy of the BCCM's COI mitigation policy, and that I shall observe and follow the policy and obligations outlined in the foregoing section.

Signed:

Date:

Section 2: Declaration-of-Interest Statement

Please answer the following questions fully and write your initials at the bottom of the form.

Name of BCCM Member or alternate: _____

Institution: _____

Title: _____

Constituency: _____

	Question	Response
1.	Are you a Board Member or affiliated with any <u>organization that serves as a PR or SR</u> of a Global Fund grant? If so, please list the organization(s) and disease program(s).	
2.	Does a <u>close family member</u> work for or hold an ownership interest in an <u>organization serving as a PR or SR</u> of a Global Fund grant? If so, please list the person, organization, and disease program.	
3.	Are you an owner, Board Member, employee, or otherwise affiliated with any organization that <u>receives funding from</u> , or <u>sells products or services to</u> , a <u>national disease program</u> receiving Global Fund support? If so, please list the organization(s) and disease program(s), and the nature of the relationship.	
4.	Please list any other affiliations or situations that you believe may cause a COI for you.	

Initialed by:.....

Annex 2:

Terms of Reference, Executive Committee

- 1. Purpose.** The Executive Committee shall meet to address any imported issues requiring immediate decision emerging in between two quarterly CCM general meetings as well as attending to urgent communications for which calling BCCM general meetings is not warranted or not feasible. Any decisions taken by the Executive Committee shall be subject to endorsement by the subsequent BCCM meeting.
- 2. Membership.** The BCCM Executive Committee shall include the BCCM Chair, the BCCM Vice Chairs, the Chair and Vice Chairs of the Oversight Committee.
- 3. Officers.** The BCCM Chair and Vice Chairs shall serve as Chair and Vice Chairs, respectively, of the Executive Committee.
- 4. Meetings and Quorum Requirement.** The BCCM Executive Committee shall meet as and when any important issues requiring immediate decision in-between two quarterly CCM general meetings. The quorum for meetings will be four Members, one of whom must be either the Committee Chair or Vice Chair. The Chair calls for Executive Committee meeting himself or with recommendations from other committee members.
- 5. Roles and Responsibilities of Executive Committee**
 - a. Coordinate communication on behalf of the BCCM with the Global Fund, the Government of Bangladesh, multilateral and bi-lateral development partners, civil society groups, Principal Recipients and other grant implementing agencies.
 - b. Assure compliance with Global Fund CCM eligibility requirements by conducting an annual self-assessment of BCCM capabilities and eligibility status, using tools and processes mandated by the Global Fund for this purpose.
 - c. Coordinate and provide support to BCCM permanent committees, working groups, and such other ad hoc groups that may be established by the BCCM.
 - d. Receive and/or investigate allegations of conflict of interest in BCCM activities. The Executive Committee shall advise the BCCM of all such matters referred to it, the actions taken by the Committee to investigate such matters, as well as any recommendations for action on the part of the BCCM.
 - e. Where delegated by the BCCM, make routine administrative decisions to support BCCM functioning. The Committee shall present all such decisions to the next BCCM Meeting and, where feasible, communicate details to BCCM Members as soon as possible after the decision is made.
 - f. Plan and oversee activities to strengthen the capacity of BCCM Members, including orientation of new Members.
 - g. To address any other matters referred to it by the BCCM, reporting back to the BCCM on any decisions made.

Annex 3:

Terms of Reference, Strategy, Planning and Oversight Committee

The BCCM Oversight Committee shall provide leadership and guidance for two CCM functions that are mandated by the Global Fund: to secure new funding for the three diseases from the Global Fund, and to oversee implementation of Global Fund grants in Bangladesh.

As determined by the members of the Oversight Committee, these two functions may be considered by the committee as a whole or, alternatively, may be delegated to one or more operating groups with the full Oversight Committee.

Committee Composition and Operations

- 1. Membership.** The Oversight Committee shall be appointed by the BCCM, and shall consist of a Chair, a Vice Chair, and at least five additional other members. Membership of the BCCM is not a prerequisite for membership of the Oversight Committee with the exception of the positions of Chair and the two Vice Chairs of the Oversight Committee.
 - 1) Membership criteria shall be based on technical expertise rather than constituency representation.
 - 2) Committee members shall be appointed for a term of three years, and may be reappointed for further terms.
 - 3) Candidates who are non-BCCM members shall be required to complete the same conflict of interest declarations prepared by all BCCM members.
 - 4) Members of the Oversight Committee shall not be representatives of Principal Recipient, Sub-Recipient, or Sub Sub-Recipient institutions.
 - 5) The Oversight Committee shall have members with expertise on Financial Management, disease-specific (i.e. HIV and AIDS, TB and Malaria), procurement and supply management, and program management. Composition of the OC shall also include representatives from KAP and PLWD. BCCM will make provision for inclusion of alternate members for Financial and PSM Experts to ensure that these two key areas are always represented in OC meetings.
 - 6) The BCCM will determine whether, based on the non-CCM candidate's declaration, s/he meets the standard for conflict of interest required for members of the Oversight Committee.
- 2. Chair and Vice Chairs.** The Chair and two Vice Chairs of the Oversight Committee shall be BCCM Members, and shall be appointed by the full BCCM through a majority vote.
 - a. The Chairperson shall have responsibility for overseeing both functions of the Oversight Committee (strategy and planning, strategic and routine grant oversight)
 - b. One Vice Chair shall deal provide leadership for the Strategy and Planning function, while the other Vice Chair shall lead the Grant Oversight function of the Oversight Committee.
- 3. Meetings and Quorum Requirement**
 - a. The Oversight Committee shall meet at least quarterly, and may meet more frequently as circumstances require. Meetings shall take place at least two weeks prior to each regular quarterly BCCM meeting, so that Committee deliberations may be reported to the BCCM.
 - b. At least 60% of the membership will be required for a meeting quorum, including either the Chair or the Vice Chair.

- c. Unless otherwise scheduled by a majority vote of the Committee members, meetings of the Committee shall be open to all BCCM Members and to guests invited by the Chair or Vice Chairs. Members of other BCCM Committees or Technical Working Groups, or other technical experts and resources, may also be invited to provide assistance as needed. COI Policy will apply in the process of inviting meeting attendees.

Strategy and Planning function

1. **Purpose.** The Strategy and Planning function mandates the OC to lead BCCM in its development of new funding through transparent and documented processes involving a broad range of stakeholders, including CCM members and non-members. In addition, this function shall lead and manage transparent processes to nominate and select Principal Recipients for approved grants.
2. **Roles and Responsibilities.** The Strategy and Planning function is responsible for providing leadership and guidance for the full BCCM to meet the Global Fund CCM guidelines for securing new funding¹¹ and for the selection of Principal Recipients.¹²

Specifically, in securing new funding the Strategy and Planning function of the Oversight Committee shall assist and guide the full BCCM to:

- a. Coordinate the development of all concept notes through transparent and documented processes that engage a broad range of stakeholders - including CCM members and non-members – in the solicitation and the review of activities to be included in the application.
- b. Clearly document efforts to engage key affected populations in the development of concept notes, including most-at-risk populations.
- c. Ensure that concept notes are aligned with national development objectives and harmonized with existing efforts by other national and international entities.
- d. Consider contributions to health and community systems strengthening through Global Fund grants.
- e. Engage technical partners and seek technical assistance (TA) as necessary to ensure that programs for which funding is requested are reaching expected targets in an effective and sustainable manner.
- f. Include costed plans for management and/or TA to ensure strong program performance, including as appropriate efforts to strengthen program-level management and/or implementation capacity of PRs or SR.

Additionally, in the selection of Principal Recipients the Strategy and Planning function shall assist and guide the CCM to:

- g. Nominate one or more PR(s) at the time of submission of their concept note
- h. Document a transparent process for the nomination of all new and continuing PRs based on clearly defined and objective criteria;
- i. Document the management of any potential conflicts of interest that may affect the PR nomination process.

¹¹ “Guidelines and Requirements for Country Coordinating Mechanisms,, (Section 19-23) Requirement #1 (page 9-10). <http://www.theglobalfund.org/en/ccm/guidelines/>

- j. Nominate both government and non-government PRs for each disease program to strengthen the roles of civil society and the private sector in responses to the three diseases
 - k. Nominate PRs through a transparent and documented process at an early stage in the concept note process so that any capacity building needs shall inform TA planning within the Concept Note.
 - l. Work with PRs to ensure the SR selection process is open, fair and based on objective criteria related to performance capacities.
- 3. Technical and Administrative support.** The Strategy and Planning function may seek the services of technical resources or experts to assist in the discharge of its responsibilities. In addition, the BCCM Secretariat shall provide administrative support to the function in conducting its activities.

Grant Oversight Function

- 4. Purpose.** The Grant Oversight function is responsible for contributing to effective strategic and routine oversight of all Global Fund financed programs and related processes in Bangladesh, in accordance with Global Fund requirements for grant oversight¹³ and as defined in the BCCM Governance Manual and these Terms of Reference. The Oversight function shall facilitate the grant oversight process for the full BCCM by providing needed information and informed recommendations to guide the BCCM in executing its grant oversight responsibilities.
- 5. Areas of Routine Strategic Grant Oversight.** The Strategic Grant Oversight function shall conduct grant oversight activities in major three areas, specifically focusing on outputs vs. targets:
- a. Financial – assuring appropriate, timely, and effective use of funding from the Global Fund
 - b. Programmatic – assuring timely and effective implementation of Principal and Sub Recipient workplans, including implementation of intended results in short- and intermediate-term periods
 - c. Procurement – assuring transparent, competitive, and effective procurement and supply management with appropriate quality assurance and in accordance with national law.
- 6. Strategic Oversight.** A strategic approach helps reframe grant oversight to a wider context including several elements, specifically focusing on outcomes and impact:
- a. Harmonization and alignment of grant activities with government and other support for national disease programs
 - b. Tracking of results vis-à-vis national strategic plans for disease programs
 - c. Institutionalization of good governance practices for which oversight is a building block of country ownership and accountability
 - d. Institutionalization of the engagement of key populations (KPs) and civil society organizations (CSOs) in national disease programs beyond the Global Fund.
- 4. Responsibilities.** The Grant Oversight function shall lead or contribute to the following oversight processes:

Grant Oversight: Requirement # 3 (page 11-13);
<http://www.theglobalfund.org/en/ccm/guidelines/>

- a. Build capacity and prepare annual plans for BCCM Oversight
 - Clarify oversight functions, responsibilities, and build capacity for oversight
 - Develop approaches for engaging BCCM members and program stakeholders in the oversight process
 - Develop annual Oversight Workplans and Budgets
- b. Gather information on program and grant implementation.
 - Gather program performance, financial, and procurement information on GF grants through use of routine reports or re-packaging of available data
 - Gather information on GF grants through site visits and participation in joint PR-SR performance review meetings
 - Gather information on GF grants through investigation of specific issues
- c. Identify implementation issues, problems, and bottlenecks
 - Analyze information to identify problems and bottlenecks requiring BCCM attention
 - Document problems, issues, or bottlenecks for BCCM review and decision-making
- d. Provide guidance and recommendations for BCCM actions
 - Request exceptional BCCM meeting in the case of urgent problems
 - Assist BCCM plenary sessions to understand issues, determine appropriate actions
 - Monitor the implementation status of recommended actions and interventions
- e. Provide BCCM with summative report on results of strategic oversight which would reflect information on program outcomes on a yearly basis, progress of harmonization and alignment of grant activities with national disease programs, and institutionalization of good program implementation and governance practices at the local and national government levels.
- f. Provide constituency consultations by seeking input and Report back to BCCM / program stakeholders on progress, remaining issues, and additional follow-up required.
- g. Assure compliance with Global Fund CCM eligibility requirements by conducting an annual self-assessment of BCCM capabilities and eligibility status, using tools and processes mandated by the Global Fund for this purpose.

5. Oversight of the BCCM Secretariat

- a. Hire and supervise the BCCM Coordinator, and to oversee and coordinate the BCCM Secretariat in all its functions, to monitor its performance, and to make recommendations to the BCCM on opportunities to improve its functions and performance.
- b. Oversee and manage the BCCM Secretariat budget and expenditures, including the preparation and submission of CCM funding requests to the Global Fund.
- c. Responsible for carrying out Annual Performance Assessment of the BCCM Secretariat and Annual Staff Appraisal.

6. Grant Oversight Workplan and Budget. As required by the Global Fund, the BCCM Oversight Committee, through the Grant Oversight function, shall prepare an annual Oversight Workplan and Budget, updated on annual basis, for BCCM review and approval. The Oversight Budget will be prepared to support the activities and required resources for implementing the Annual Oversight Workplan.

7. Technical and Administrative support. The Grant Oversight may seek the services of technical resources or experts to assist in the discharge of its responsibilities. In addition, the BCCM

Secretariat shall provide administrative support the Grant Oversight function in conducting oversight activities. The agreed-upon levels and types of technical and administrative support shall be documented in the Grant Oversight Annual Workplan

Annex 4:

Terms of Reference, Technical Working Groups

A permanent Technical Working Group (TWG), one for each disease shall be formed or reformed. It will carry out tasks assigned by the BCCM. Assist and coordinate the development of concept notes through transparent and documented processes that ensure engagement of a broad range of stakeholders (country dialogue process)- including CCM members and non-members. The TWG shall report and work under the guidance of the Oversight Committee. The TWG would provide recommendations/suggestions to the Oversight Committee. Members of TWG will be leading expertise in their respective fields.

TWG Membership Composition

There will be at least seven to eleven members in each TWG

1. Each disease specific TWG shall be appointed by the BCCM, and shall consist of a Chair, a Vice Chair, and at least five additional members based on their technical expertise.
2. Membership criteria shall be based on technical expertise rather than constituency representation.
3. All TWG members are required to abide by the BCCM COI Policy and required to complete the annual conflict of interest declarations form..
4. One relevant Line Director or Program Director (HIV, TB and Malaria) shall be a permanent member.

Term of Office

1. The full TWG shall have BCCM endorsement before beginning their term.
2. The TWG shall have a term of 3 years term and extension for another 3 years will be subject to review by the oversight committee.
3. Any membership in TWG can be extended for another term provided it does not exceed 2 consecutive terms.

Meetings and Quorum Requirement

1. The TWG shall meet at least quarterly, and may meet more frequently as circumstances require. Meetings shall take place at least two weeks prior to each regular quarterly Oversight Committee meeting, so that TWG deliberations may be reported back to the BCCM.
2. At least 60% of the membership will be required for a meeting quorum, including either the Chair or the Vice Chair.
3. Unless otherwise scheduled by a majority vote of the TWG members, meetings of the TWG shall be open to all BCCM Members and to guests invited by the Chair or Vice Chairs. Members of other BCCM Committees or Technical Working Groups, or other technical experts and resources, may also be invited to provide assistance as needed.

Responsibilities

1. Harmonize and align program with national strategies and policies and develop/update costed national strategic plan and gap analysis.
2. Assist and coordinate the development of concept notes through transparent and

documented processes that ensure engagement of a broad range of stakeholders (country dialogue process)- including CCM members and non-members;

3. Under the guidance of the Oversight Committee assist the development of concept notes that is aligned with national development objectives and harmonized with existing efforts by other national and international entities. Funding requests should be based on identified financial gaps in national programs. Follow NFM architecture. Clearly document efforts to engage key affected populations in the development of concept notes, including most-at-risk populations.
4. Under the guidance of the Oversight Committee form concept note development team(s) and supervising the teams to ensure concept note developed and submitted on schedule. Coordinate with the BCCM Secretariat during the NFM process.
5. Develop and implement concept note development roadmap clearly indicating activities, timeframes, persons responsible, and deliverables. Coordinate with BCCM Secretariat for any logistical support.
6. Coordinate with the Oversight Committee and BCCM Secretariat for BCCM endorsement of concept note.

Annex 5:

Terms of Reference, BCCM Coordinator

Summary

The BCCM Coordinator shall be primarily responsible for the daily management and operations of the Bangladesh Country Coordination Mechanism Secretariat. Working under direct supervision of the BCCM Chairperson (and with appropriate guidance from the Vice Chairperson on ‘as needed’ basis), the BCCM Coordinator will oversee the BCCM Secretariat and ensure timely follow through of all functions of the BCCM for the success of activities funded by the Global Fund. The BCCM Coordinator shall be assisted by a Deputy Coordinator and an Administrative and Finance Officer,

The BCCM Coordinator will ensure that the BCCM’s core functions are effectively and efficiently facilitated and that all BCCM activities are properly coordinated. The BCCM Coordinator will further ensure that the Secretariat works with full transparency and objectivity in accordance with the Bangladesh BCCM’s Regulatory Framework (i.e. Founding documents such as BCCM Constitution, Governance Manual, Conflict of Interest Policy, Work Plans & Budgets, including official procedures and guidelines).

The BCCM Coordinator shall assist the BCCM in carrying out its core planning, coordination, communication, facilitation, facilitate and support the process of proposal development and evaluation functions in line with official BCCM policies, guidelines and procedures. The BCCM Coordinator shall further ensure that the BCCM Secretariat operates in an administratively, technically and financially sound way. The BCCM Coordinator shall appropriately deal with cases that require sensitive and confidential handling. This position reports directly to the BCCM Chair.

Responsibilities

- 1. Manage the coordination of BCCM meetings and support its various committees and other ad-hoc committees.** Logistically support the BCCM in the organization and coordination of its general meetings as well as its committee/groups and other ad-hoc committee meetings and any other meetings necessary for the Global Fund process, and/or as directed by the BCCM Bangladesh. Compile data, archive & keep records of BCCM communications and relevant documentation. Track crosscutting issues across committees/groups and other ad-hoc committees to ensure coherence in decision-making.
- 2. Lead the coordination of BCCM Management and Support structures.** Primarily assist the BCCM with all planning and financial matters including budgeting for the BCCM Secretariat, preparation of its annual work plan, maintenance of financial records and expenditure reporting. Manage the inventory of all equipment and supplies in the BCCM Secretariat. Establish and update the BCCM’s Regulatory Framework and help ensure the BCCM’s adherence to its official framework. Assist in the constitution and maintenance of BCCM Membership. Assist in the regular evaluation of BCCM performance.
- 3. Support the Executive Committee** in coordinating and documenting routine and extraordinary meetings and communicating issues and outcomes with the BCCM at-large.
- 4. Provide administrative and logistics support to the BCCM Oversight Committee,**

Strategy and Planning. Provide administrative and logistical support for its harmonization functions especially during proposal development phases and for the purposes of national reporting (e.g. aligning M&E framework with “Three Ones”). Ensure circulation of Global Fund information to key stakeholders within country. Provide administrative support for proposal development, selection of implementing partners, and the grant signature process.

Grant Oversight. Share PR grant agreements and implementation plans with the BCCM and appropriate committees. Track submissions of the PR semi-annual and annual grant performance and finance reports for the Oversight Committee. Provide administrative support to the Oversight Committee for the preparation of summary reports to the BCCM. Provide logistical support to BCCM Members for site visits. Assist the Oversight Committee in the development of an annual oversight work plan and budget for the oversight component of BCCM activities. Facilitate the development and use of Dashboards by the PR for use by the BCCM as part of the BCCM grants oversight process.

5. **Maintain accounting records of BCCM budget and expenditures.** Liaise with funds recipient entity for timely financial management. Support the Finance Committee for funding oversight.
6. **Provide administrative support for the life cycle of Global Fund grants.** Administratively support the grant pre-signature preparations. Facilitate submission of major modifications in grant implementation including reprogramming requests as approved by the BCCM. Support any ad-hoc PR selection committee in its key tasks, both during the proposal development phase or at other times, as needed.
7. **Coordinate BCCM Communication and Information-Sharing.** Track all Global Fund BCCM guidelines and information and keep all BCCM Members and the various PR and relevant stakeholders updated on all changes and developments. Document all problems and solutions, policy concerns and formulations, best practices, success stories and lessons learned related to all the Global Fund Grant Cycles in Bangladesh. Prepare relevant documents for submission to the GF. Provide the required technical facilitation and effective coordination and liaison with stakeholder constituencies and representatives at the BCCM, PRs, and SRs.
8. **Support BCCM Members and officers.** Assist in the organization of orientation sessions for new BCCM Members, including capacity building efforts in Ethics and Conflict of Interest for BCCM Members. Assist in the organization of elections for BCCM Chair and Vice Chair at the end of their term in office. Facilitate termination of Membership whenever required.
9. **Manage BCCM Conflict of Interest policy and procedures.** Ensure the official signing of COI Declarations, and annual updating and maintenance of records. Assist the Conflict of Interest Committee in the review of conflict of interest disclosures and in the identification of Conflict of Interest (COI) issues. Record COI complaints and alert the ECIC accordingly.
10. **Other.** Perform any other duties and responsibilities as assigned by the BCCM Chair or BCCM Executive Committee.

Annex 6:

BCCM Secretariat staff performance appraisal protocol

Instructions:

Staff appraisal must be completed annually for each Secretariat staff within a calendar year.

BCCM Coordinator:

The BCCM Oversight Committee will form a three member ad hoc committee for the secretariat staff performance appraisal.

Deputy Coordinator and Other BCCM Secretariat Staff:

The same committee will be responsible for the annual performance appraisal. The BCCM Coordinator will also be part of this committee as supervisor of these staff members.

Self-Assessment

Supervisory Authority or Supervisor Instructions:

Please provide the appraisal form to each of the BCCM staff no later than 3 December of each year and instruct the staff members to complete and return his/her self-assessment to the appraisal committee in one week. Upon receipt of the self-assessment from the staff member, complete committee's assessment and present to the Oversight Committee.

CCM Coordinator, Deputy Coordinator and other staff members:

Please complete your self-assessment and return the appraisal form to the committee members within the stipulated time frame.

Ratings:

1. Unacceptable (fails to meet standards)
2. Need improvement (frequently fails to meet standards)
3. Satisfactory (generally meets standards)
4. Outstanding (frequently exceeds standards)
5. Excellent (consistently exceeds standards)

Section 1: Performance of key job duties

Staff members' instruction: Review the attached copy of your job description and carry out self-assessment and rate your performance of the key job duties.

Committee Instructions: Review the attached copy of the staff member's job description and his/her performance of the key job duties in the section provided on the following page.

Section 2: Understanding of the work as accepted against the job description

Section 3: General Performance Requirements

1. Quantity of work: The quality of work produced and the promptness with which it is completed
2. Quality of work: The ability to demonstrate quality production of work, efficiently supporting functioning of CCM and its other support activities – neatness, administration, record-keeping and logistics support etc

3. Knowledge of job: Basic knowledge, skills and experience and education necessary for functioning and performing the job.
4. Dependability: Can perform assigned tasks independently with minimal supervision or support.
5. Teamwork: Willingness and cooperativeness with co-workers and supervisors, follows instructions, ability to accept criticism.
6. Adherence to CCM Secretariat Operations Policy and procedure: Have clear understanding of job description, BCCM operations manual and procedure, Knowledgeable about GF architecture and BCCM founding documents.
7. Attitude: The demeanor used in dealing with CCM members/alternates and other CCM stakeholders
8. Initiative: The degree to which the staff searches out new task and expands abilities professionally and personally.

Section 4: Overall rating

Section 5: Recommendation for improvement and development

Section 6: General comments and signature

BCCM Secretariat

Secretariat staff performance appraisal

Employee Name: _____ Title _____ Supervisor: _____

Date of self-assessment: _____

Review and completion by Supervisor/Committee: _____

	Rating	Staff Member	Rating	Committee
<u>Section 1:</u> Performance of key job areas				
<u>Section 2:</u> Understanding of the work as accepted against the job description				
<u>Section 3:</u> General Performance Requirements				
○ Quantity of work				
○ Quality of work				
○ Knowledge of job				
○ Dependability				
○ Adherence to CCM Secretariat Operations Policy and				

procedure				
○ Attitude				
○ Initiative				
<u>Section 4:</u> Overall Rating				
<u>Section 5:</u> Recommendation for development and improvement				
<u>Section 6:</u> General Comments				

Employee Signature:

_____ Date: _____

Signature: Committee Members:

(1) _____ Date: _____

(2) _____ Date: _____

(3) _____ Date: _____

Annexure -C



Bangladesh Country Coordinating Mechanism (BCCM)

Grant Oversight Plan

This version is revision 2

Approved by BCCM on 13 July 2016 (86th BCCM Meeting)



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BCCM Grant Oversight Plan

This Oversight Plan has been prepared by the BCCM Oversight Committee to provide a framework for overseeing the implementation of Global Fund grants by Principal Recipients and Sub Recipients. It was approved in the BCCM meeting of 13 July 2016 (86th Meeting)

1. Definition and Rationale

The Guidelines and Requirements for Country Coordinating Mechanisms is a Global Fund Framework Document covering a number of core governance principles, which the Global Fund applies in all its policies and discussions regarding CCMs. Following the Global Fund Comprehensive Reform Agenda (Global Fund Strategy Framework for 2012-2016), the Eligibility and Performance Assessment (EPA) process was introduced for CCMs. The EPA framework includes a number of eligibility requirements and minimum standards that CCMs must comply with. Requirement 3 is for oversight function, which has the highest number of indicators. The EPA process reinforced focus on oversight function.

Oversight is a key function of the Bangladesh Country Coordinating Mechanism (BCCM). It consists of a coordinated set of activities to support and ensure that grant activities are implemented as planned, and that issues and bottlenecks in grant implementation are identified and resolved.

Oversight requires strategic direction, in line with Global Fund policies, by the CCM to the Principal Recipients, as well as consistent follow-through to assure that implementing agencies comply with oversight recommendations and requested corrective actions.

2. Principal Recipient Mandate

The Global Fund Grant Agreement ¹ with Principal Recipients (PRs) includes several clauses that mandate PRs to participate in the CCM oversight process:

- **The PR implements programs on behalf of the CCM** (article 28), and the CCM oversees the implementation of programs financed by the Global Fund (article 7a).
- **PRs are legally obligated to cooperate with CCMs** and to be available to meet with them regularly to discuss plans, share information, and communicate about program-related matters and provide program-related reports and information on request (article 7b).
- **PRs are legally obligated to provide the CCM** with copies of periodic reports submitted to the Global Fund (article 15) and to send copies to the CCM of all notices, requests, documents, reports, or other communication exchanges with the Global Fund secretariat (article 25).

¹ The Grant Agreement, signed by the Global Fund and the PR, contains standard contractual articles or clauses authorizing CCMs to oversee grants implemented by the PR, and mandating PR reporting to the CCM.

3. Principles of Grant Oversight

Several principles of CCM grant oversight provide the framework for the BCCM Oversight Plan:

National Interest. As stated in the Global Fund’s Guidance Paper on CCM Oversight, “the core principle of oversight is to ensure that resources—financial and human—are being used efficiently and effectively for the benefit of the country.”² Because the BCCM is a national consensus decision-making body that represents national interests, it has the unique responsibility and authority to oversee the management of all Global Fund grants in the country.

Grant Oversight versus Monitoring and Evaluation: Oversight focuses on the “big picture” of grant implementation. In performing oversight, the CCM scans across grants to identify crosscutting issues and focus on resolving major threats to successful grant performance. In contrast, monitoring and evaluation activities focus on detailed activities of program implementation and are the appropriate responsibility of PRs and other implementing agencies.

Focus on Critical Areas and Questions. Oversight typically focuses on several areas and questions that are at the core of effective grant implementation:

- **Finance:** Are funds being disbursed and expended as planned?
- **Procurement:** Are drugs, medical supplies and other equipment procured as per Global Fund approved PSM plan? How are the drugs supplied and being used?
- **Implementation:** Are activities on schedule? Are grants being implemented as planned? Are there implementation bottlenecks (e.g., in procurement or human resources)?
- **Results:** Are targets being met? Are the right people receiving the services they need?
- **Reporting:** Are reports being submitted accurately, completely, and on time?
- **Technical assistance:** What technical assistance is needed to resolve problems or to build capacity? What is the outcome of technical assistance?
- **Implementer Coordination:** Are implementers working together to identify / address service duplications, smooth functioning and establish collaborations?

Cyclical Time Frames: Oversight follows reporting cycles to review the performance of PRs as program managers, the timely execution of work plans, and technical results compared to quarterly and annual targets.

Focus on Grant Implementation: As required by Global Fund oversight guidelines, oversight extends from preparation of the country grant application to closure after its implementation, including concept note development, grant negotiation, grant implementation, Phase 2 reviews and renewals, and grant closure.³ However, most oversight activities focus on grant implementation to ensure that they are being implemented efficiently and effectively, and in the national interest.

² Global Fund, *Guidance Paper on CCM Oversight*, Section 2

http://www.theglobalfund.org/documents/ccm/CCM_CCMOversightGuidance_Paper_en/

³ Global Fund, *Guidance Paper on CCM Oversight*. Section 4.1

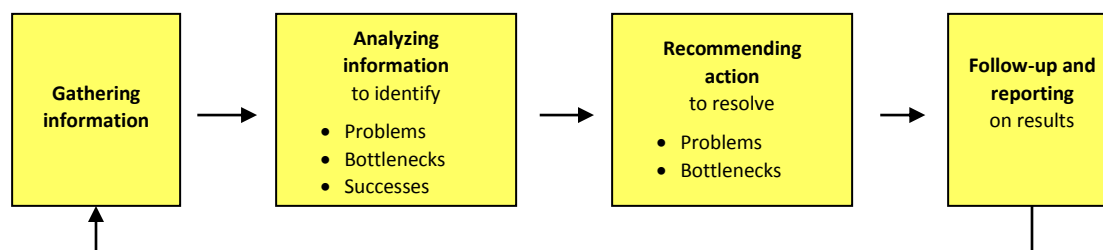
www.theglobalfund.org/documents/ccm/GuidancePaperOnCCMOversight.pdf

Avoiding Conflict of Interest. CCM oversight must be conducted, as with any other CCM activity or function, in compliance with the Global Fund requirement that CCMs manage any real or apparent conflicts of interest among their members and constituents. In conducting grant oversight activities, the CCM and its oversight committee(s) must require CCM members to declare any conflicts of interest affecting themselves or other CCM members and ensure that these individuals do not participate in any oversight deliberations or decisions. Based on these principles, PRs may not serve as members of any CCM oversight bodies.

4. CCM Oversight Responsibilities

This section focuses on CCM oversight responsibilities related to grant implementation, although these responsibilities also apply to the other areas of CCM oversight, including proposal development, grant negotiations, grant implementation, phase II review and grant renewals, and grant closure.

The oversight responsibilities of the CCM for grant implementation are organized into four sequential steps that are repeated in each cycle:



Gathering Information

Gathering information is the cornerstone of all other oversight activities because the BCCM cannot rally and act without good information about implementation issues, problems, or bottlenecks. As with other oversight activities, the gathering of information is primarily done by the *oversight committee*, although this activity might also be coordinated and shared with the BCCM Secretariat *and/or Technical Working Groups*.

As recommended in the Global Fund’s guidelines for CCM grant oversight ⁴ (Section 34), this gathering of information may include regular reviews of CCM Summary Dashboard, PR Dashboard, Progress Update and Disbursement Requests (PUDR), PR Quarterly Dashboards⁵, CCM Summary Dashboard, periodic visits to service delivery sites, and feedback from nonmembers of the CCM (including people living with the three Global Fund diseases). See below, section 6, “Information for Grant Oversight,” for additional sources of information for oversight.

⁴ Global Fund, *CCM Guidelines and Requirements*, Section 29 (Eligibility Requirement 3)
<http://www.theglobalfund.org/en/ccm/guidelines/>

⁵ PR Management Dashboard. <http://www.theglobalfund.org/en/fundingmodel/technicalcooperation/prdashboard/>

Analyzing Information

Information that has been gathered is analyzed to identify successes, challenges, problems, and bottlenecks requiring the BCCM's attention. This analysis of information is a critical step in the process that requires the focused attention of the *Oversight Committee* as well as an integrated analysis of financial, programmatic, procurement, and management information. The result is a thorough understanding of issues or bottlenecks and could include options for BCCM decision-making and recommendations for actions. This step in the oversight process might also be supported or executed through technical expertise that has been recruited from outside the BCCM to assist the *Oversight Committee*.

Taking Action

Once problems, issues, or bottlenecks are identified and understood, the BCCM takes action to resolve these. These follow-up actions may include the following:

- Action by the PR to make the management of the program more efficient and effective
- Action by the *oversight committee* or the secretariat to investigate the issue, resolve it, and document the outcomes
- Action by BCCM members who have links to decision-makers who might assist in problem solving
- Action by outside technical assistance, as recommended by the Oversight Committee and authorized by the full BCCM
- Site visits at the direction of the BCCM to investigate specific issues

Oversight field visits by the BCCM are needs driven and have specific objectives. See annex 1 for guidelines on conducting such site visits

When the BCCM makes decisions, it specifies the action to be taken, the person or party responsible, and a deadline for taking those actions. The BCCM also specifies the activities to be undertaken to strengthen the management of grants and monitors these activities to ensure that they are effectively implemented.

Reporting Results

Oversight reports are circulated to all BCCM members before each plenary meeting. During the meeting, the *oversight committee* presents the oversight findings and recommendations to the BCCM plenary. The decisions of the BCCM are the basis for follow-up activities and implementation of the activities must be tracked. See below, section 7, "Engaging With and Reporting to Program Stakeholders," for additional reporting guidelines.

5. Framework of Strategic Grant Oversight

The Guidelines and Requirements for Country Coordinating Mechanisms is a Global Fund Framework Document covering a number of core governance principles, which, the Global Fund applies in all its policies and discussions regarding CCMs. Following the Global Fund Comprehensive Reform Agenda (Global Fund Strategy Framework for 2012-2016), the Eligibility and Performance Assessment (EPA) process was introduced for CCMs.

EPA process is mandatory, which is designed to:

- Enhance accountability, transparency and performance of CCMs
- Urge CCMs to play a stronger and more strategic leadership role under the current new funding model

The EPA framework:

- Includes a number of eligibility requirements and minimum standards that CCMs must comply with
- Determines CCMs' adherence to the good governance principles

The EPA process reinforces focus on oversight. Requirement 3 is for oversight function, which has the highest number of indicators. This is a clear signal of the Global Fund's enhanced emphasis on oversight function of the CCMs.

Rationale for Effective and Strategic CCM Oversight

Effective oversight fosters strategic leadership, where CCM is able:

- Balance vision and long-term "big picture" goals with the immediate requirements of more routine business
- Analyze "big picture" issues and opportunities pertaining to national expenditures and results, external assessments of transparency and accountability, shrinking resources, impact of adverse statistics on the future of a country's workforce and economic growth, sustainability of programs, transitioning to domestic funding
- Provide informed recommendations in the three national disease programs

Strategic oversight

- Equips CCM members to increase awareness of existing challenges among key stakeholders and policy makers and contribute to a sound governance platform for high-level national discussion
- Helps develop and guide harmonization of and priorities for national strategic plans
- Inform transition, re-planning and re-orientation of Global Fund investments in country

Elements of Strategic Oversight

A strategic approach helps reframe grant oversight to a wider context including several elements:

- Harmonization and alignment of the Global Fund grant activities with those of the government and other donor support for national disease programs
- Tracking results vis-à-vis national strategic plans for disease programs
- Institutionalization of good governance practices for which oversight is a building block of country ownership and accountability
- Institutionalization of the engagement of key populations (KPs) and civil society organizations (CSOs) in national disease programs beyond the Global Fund

Example of Questions in Strategic Oversight

- Are the results contributing to National Program Targets?
- Are grant accomplishments contributing to achievement of goals and objectives of National Programs (national impact)?
- Is grant implementation facilitating sustainable engagement of KPs and CSOs in National Programs beyond Global Fund?
- Are grant activities sustainable after Global Fund?
- What are the best practices in grant implementation that can be institutionalized in the National Programs?

Role of Oversight Committee

Although grant oversight is the responsibility of the entire BCCM and all members can provide oversight, it is not practical for all members to conduct oversight activities at all times. Therefore, the BCCM establishes the *oversight committee* to plan, coordinate, and carry out oversight of the Global Fund grants in the country on behalf of the BCCM.

The role of the *oversight committee* is to facilitate the decision-making process of the BCCM members by reporting on the areas below and making recommendations to the BCCM for discussion and decision-making. This committee is not a decision-making body or an alternative to the BCCM.

Creating an *oversight committee* does not prevent any BCCM member from visiting implementation sites. As highlighted in the Global Fund's guidelines on BCCM grant oversight (section 34), members are encouraged to make site visits, which the BCCM's secretariat or *oversight committee* can facilitate.

Align program reviews with the national program review cycles; the member of the oversight committee participates in national program reviews where feasible to increase accountability of Global Fund financed programs.

Responsibilities of the Oversight Committee

The BCCM oversight committee is responsible for providing routine (outputs vs. targets) and strategic (outcomes/impact vis-à-vis national program objectives and goals) grant oversight to existing Global Fund grants in Bangladesh in the following areas:

- **Financial:** appropriate, timely, and effective use of funding from the Global Fund
- **Programmatic:** timely and effective implementation of PR and sub-recipient (SR) work plans, including implementation of intended results in short- and intermediate-term periods
- **Procurement:** transparent, competitive, and effective procurement and supply management with appropriate quality assurance and in accordance with national laws
- **Management:** of grants in all areas as well as compliance with GF grant conditions (e.g., conditions precedent and time-bound actions).

Terms of reference for the *Oversight Committee* are contained in **Annex 1**.

Oversight Committee Composition

In order to comply with the Global Fund eligibility requirements and standards, the BCCM Oversight Committee must include the following expertise and KAP/PLWD representatives:

- **Disease specific expertise (HIV/AIDs, TB and Malaria)**: understanding of national health & disease strategies and GF programs;
- **Financial Management Expertise**: exposure to national health sector spending, issues & challenges and results of programs, including those funded by the GF.
- **PSM Expertise**: Understanding of procurement/storage and supply chain of health products.
- **Program Management Expertise**: knowledge & expertise in national health program management; harmonization and alignment of national program.
- **Representative of PLWD & KAP**: having national level exposure with enabling leadership experience.

BCCM Secretariat Support to the Oversight Committee

The BCCM Secretariat collaborates with the oversight committee chair, vice chair and members to determine the level and types of administrative support to be provided to the committee in conducting its activities. This administrative support may include, for example, logistical assistance for site and field visits; communications with PRs and SRs; collecting data; organizing and preparing for meetings, including distribution of necessary documentation; and preparing meeting minutes or other committee reports.

The agreed levels and types of support are documented in the oversight committee's annual work plan, as specified in the committee's terms of reference (**Annex 1**) and the *BCCM Secretariat's terms of reference*, *BCCM Secretariat operations manual*, etc.

6. Information for Grant Oversight

Information is the basis for grant oversight by the BCCM. Without information, there can be no identification of program issues or bottlenecks, nor any resolution of the underlying problems that might threaten grant performance. Several major types of information from different sources are required for routine and strategic grant oversight.

Type of Information

Oversight requires current information to ensure grant performance in five major areas:

- **Uses of funds**, including funds obligated and received by PRs and program expenditures (budgeted versus actual) by both PRs and SRs
- **Provision of drugs and medical supplies**, including accruals of and expenditures for medicines and medical supplies, stocks of medicines and medical supplies, timeliness of orders and delivery, and timeliness of product distribution to SRs and sub-SRs
- **Timely implementation of program activities**, including implementation of program activities defined in the grant work plan and their funding (budget versus actual) by grant objective

- **Achievement of key program indicators**, including current status of key performance indicators (including impact, result, and coverage) for grant objectives
- **Effectiveness of grant management by the PR**, including hiring status of key PR managerial positions, status of technical assistance to SRs, attention to PR–SR issues, and status of PR conditions precedent and time-bound actions established by the Global Fund

In addition to these major types of information, the BCCM shall also require information from PRs pertaining to strategic oversight to clarify the status and contribution of grant program implementation vis-à-vis national disease programs. Strategic oversight information pertains to:

- Results contributing to National Program Targets
- Grant accomplishments contributing to achievement of goals and objectives of National Programs
- Grant implementation good practices facilitating sustainable engagement of KPs and CSOs in National Programs beyond Global Fund
- Best practices in grant implementation that can be institutionalized in the National Programs

Source of Oversight Information

The BCCM and its *Oversight Committee* gather information from the following major sources:

- **PR reports and available data**, such as Progress Update and Disbursement Request (PUDR), quarterly performance reports, quarterly PR Dashboards⁶⁷, program work plans and budgets, monitoring and evaluation plans, procurement and supply management plans, results of PR annual audit(s), and annual (or enhanced - EFR) financial reports
- **Global Fund reports and written communications**, including grant performance reports; grant score cards; Global Fund management letters and other correspondence with the Global Fund secretariat; and information, observations, and comments received from the Global Fund's Fund Portfolio Manager responsible for Bangladesh grants
- **Special reports commissioned by the BCCM**, including surveys of beneficiaries or other stakeholders undertaken periodically to inform oversight, proposal development, and/or harmonization activities
- **Oversight site-visits** to provide the BCCM with an overall sense, rather than a detailed understanding, of program achievements and challenges in the field. As appropriate, non-CCM members and individuals representing people living with the diseases may participate in these visits as appropriate. See annexes 2 and 3 for guidelines and tools for conducting field oversight visits and annex 4 for a sample oversight visit report.
- **Investigations of specific issues**, typically conducted through presentations by PRs and SRs to the *Oversight Committee* or through investigative site visits, although the BCCM may choose to

⁶ Grant Oversight Tool: Oversight: <http://www.theglobalfund.org/en/ccm/oversight/>

⁷ PR Management Dashboard: <http://www.theglobalfund.org/en/fundingmodel/technicalcooperation/prdashboard/>

authorize technical experts to investigate problems and report back on their investigations to the BCCM

- **Feedback from people living with diseases** as recommended by the Global Fund’s guidelines on CCM grant oversight (Section 34).
- Assessment and Evaluation Reports of National Programs shared to BCCM by concerned government agency.
- **CCM Summary Dashboard:** The CCM Summary Dashboard that provides the CCM and the oversight committee members with a user-friendly, highly visual mechanism for obtaining a snapshot of grants performance at a given point of time. Through color-coding and drill-down capacity, the dashboard serves as a guide for the oversight committee’s and CCM members’ analysis of the performance.
- Dashboards provide a visual display of the most important information needed by CCM leaders and decision-makers to monitor progress toward achieving objectives of a project or program. By using dashboard data for timely identification of problems and bottlenecks in program implementation, the CCM leaders and decision-makers can take pre-emptive corrective actions to improve program performance.

7. Engaging with and Reporting to Program Stakeholders

The Oversight Committee shall develop methods and approaches for engaging program stakeholders in the grant oversight process. In addition, it shall routinely report back to the full BCCM on the grant oversight activities, recommendations, and/or follow-up actions.

Engaging with Program Stakeholder

As required by the Global Fund’s guidelines for CCMs (*see note 1*), the *Oversight Committee* and the BCCM develop strategies and approaches to engage program stakeholders (including BCCM members and non-members), nongovernment constituencies, and people living with and/or affected by the three Global Fund diseases, and key affected populations in the oversight process.

In addition, the Oversight Committee includes in its annual oversight work plan activities and reporting mechanisms to ensure that oversight findings and recommendations are communicated to program stakeholders, including nongovernment constituencies, and people living with and/or affected by the three Global Fund diseases.

Grant Oversight Reporting to the BCCM

The Oversight Committee presents the results of its activities in the form of periodic written reports on the status of Global Fund grant implementation. These reports outline the committee’s conclusions, recommendations, and actions in each period, as well as the context, areas reviewed, and methodology of the oversight actions. The OC shall ensure that grant oversight reports are systematically prepared, distributed and findings are circulated in a transparent manner and are user-friendly:

- OC meeting minutes will be circulated and structured by: a) management; b) program; c) finance; d) Procurement & Supplies and d) gaps and follow-up actions
- OC meetings discussion shall be recorded in a sequential manner
- Oversight Issue Tracking system will be fully implemented (follow-up OC meeting decisions)
- Site-visit report should focus on management, finance and procurement issues. It should also highlight how the grant implementation is contributing to the national program targets/objectives
- Complete final draft of site-visit report and circulate within 1 month of the visit
- Summary report of strategic oversight findings will be shared with the BCCM on a yearly-basis, e.g. grant outcomes vs. national program accomplishments

Reports are prepared by the Oversight Committee and presented by the committee chair(s) at plenary meetings of the BCCM. Such reports are submitted as needed, although at a minimum the committee submits a report on a quarterly basis. These Oversight Committee reports are annexed to the BCCM minutes and maintained as part of the BCCM archives.

Compliance with the Global Fund Eligibility Requirements and Standards - ER 3

To comply with eligibility Requirement 3, CCMs need to demonstrate through supporting documentation that the following minimum standards have been met:

- The oversight body conducts oversight activities to discuss challenges with each PR, potential reprogramming and corresponding reallocation of funds between program activities, if necessary
- The CCM takes decisions and corrective action whenever problems and challenges are identified
- The CCM shares oversight results with the Global Fund Secretariat and in-country stakeholders quarterly through the process defined in its oversight plan

ANNEXES

Annex 1: Terms of Reference, BCCM Oversight Committee

Annex 2: Guidelines: Oversight Visit to the PRs, SRs, Sub-SRs and Service Delivery Sites

Annex 3: Checklist for Oversight Visit

Annex 4: BCCM Oversight Work Plan Framework: Frequency and Scheduling of Activities

Annex 1: Terms of Reference, BCCM Oversight Committee (for Oversight Functions)

- 1. Purpose.** The Oversight Committee is responsible for contributing to effective oversight of all Global Fund financed programs and related processes in Bangladesh, in accordance with Global Fund requirements for grant oversight ⁸ and the functions delegated to it by the Bangladesh Country Coordinating Committee (BCCM), as defined in the BCCM Governance Manual and these Terms of Reference. The Oversight Committee shall facilitate the grant oversight process for the full BCCM by providing needed information and informed recommendations to guide the BCCM in executing its grant oversight responsibilities.
- 2. Scope of grant oversight.** The BCCM Oversight Committee shall conduct grant oversight in major three areas:
 - a. Financial – appropriate, timely, and effective use of funding from the Global Fund
 - b. Programmatic – timely and effective implementation of Principal and Sub Recipient workplans, including implementation of intended results in short- and intermediate-term periods
 - c. Procurement – transparent, competitive, and effective procurement and supply management with appropriate quality assurance and in accordance with national law.
- 3. Membership.** The Oversight Committee shall be appointed by the BCCM, and shall consist of a Chair, a Vice Chairs, and at least five additional members. Membership of the BCCM is not a prerequisite for membership of the Oversight Committee with the exception of the positions of Chair and Vice Chairs of the Oversight Committee.
 - a. Members shall serve a term of three years.
 - b. Candidates who are non-CCM members shall have strong technical or programmatic experience that is directly relevant to the grant oversight mandate and responsibilities of the Committee.
 - c. Candidates who are non-CCM members will be required to complete the same conflict of interest declaration form prepared by all BCCM members.
 - d. Members of the Oversight Committee shall not be representatives of Principal Recipients nor Sub-Recipient nor Sub Sub-Recipient institutions.
 - e. The Oversight Committee shall have members with expertise on Financial Management, disease-specific (i.e. HIV and AIDS, TB and Malaria), procurement and supply management, and program management. Composition of the OC shall also include representatives from KAP and PLWD. BCCM will make provision for inclusion of alternate members for Financial and PSM Experts to ensure that these two key areas are always represented in OC meetings.
 - f. The Oversight Committee shall have one member shall designate one member to coordinate technical assistance.
 - g. The BCCM will determine whether, based on the non-CCM candidate's declaration, s/he meets the standard for conflict of interest required for members of the Oversight

⁸ "Guidelines for Country Coordinating Mechanisms", Global Fund (May 2011), Section 29

Committee.

4. Meetings and Quorum Requirement

- a. The Oversight Committee shall meet at least quarterly, and may meet more frequently as circumstances require. Meetings shall take place at least two weeks prior to each regular quarterly BCCM meeting, so that Committee deliberations may be reported to the BCCM.
- b. At least 66% (two-third) of the OC members' presence will be required for a meeting quorum, including either the Chair or the Vice Chair.
- c. Unless otherwise scheduled by a majority vote of the Committee members, meetings of the Committee shall be open to all BCCM Members and to guests invited by the OC Chair or Vice Chair. Members of other BCCM Committees or Technical Working Groups, or other technical experts and resources, may also be invited to provide assistance as needed.
- d. COI Policy will apply in the process of inviting meeting attendees.

5. Responsibilities of Oversight Committee. The Oversight Committee is empowered to deliberate and make recommendations on all oversight issues in accordance with these Terms of Reference and its workplan, or on any matter referred to it by the BCCM. Specifically, the Oversight Committee shall lead or contribute to the following oversight processes:

- a. Build capacity and prepare annual plans for BCCM Oversight
 - Clarify oversight functions, responsibilities, and build capacity for oversight
 - Develop approaches for engaging BCCM members and program stakeholders in the oversight process
 - Develop annual Oversight Workplans and Budgets
- b. Gather information on program and grant implementation.
 - Gather program performance, financial, and procurement information on GF grants through use of routine reports or re-packaging of available data
 - Gather information on GF grants through site visits and participation in joint PR-SR performance review meetings
 - Gather information on GF grants through investigation of specific issues
- c. Identify implementation issues, problems, and bottlenecks
 - Analyze information to identify problems and bottlenecks requiring BCCM attention
 - Document problems, issues, or bottlenecks for BCCM review and decision-making
- d. Provide guidance and recommendations for BCCM actions
 - Request exceptional BCCM meeting in the case of urgent problems
 - Assist BCCM plenary sessions to understand issues, determine appropriate actions
 - Monitor the implementation status of recommended actions and interventions
- e. Provide constituency consultations by seeking input and report back to BCCM / program stakeholders on progress, remaining issues, and additional follow-up required.

6. **Oversight Work plan and Budget.** As required by the Global Fund, the Oversight Committee shall develop an annual Oversight Workplan and Budget, updated on annual basis, for BCCM review and approval. The Oversight Budget will be prepared to support the activities and required resources for implementing the Annual Oversight Workplan.
7. **Technical and Administrative support.** The Committee may seek the services of technical resources or experts to assist in the discharge of its responsibilities. In addition, the BCCM Secretariat shall provide administrative support the Committee in conducting its oversight activities. The agreed-upon levels and types of technical and administrative support shall be documented in the Oversight Committee Annual Workplan

Annex 2:

Guidelines: Oversight Site Visit to the PRs, SRs, Sub-SRs and Service Delivery Sites

Purpose of Site Visits

Site-visits are not undertaken to address day-to-day management issues (a PR role, see section 3.2) or to audit regular reports (a Local Fund Agent role). Instead, the BCCM's site-visits have four main objectives:

- Make sure that activities are taking place in the field as defined in the grants documents and the **work plans**
- Gain an impression of the quality of services, activities, and communications between providers and clients and an impression of the level of stigma around the programs and Global Fund diseases
- Observe the level of stock of drugs and pharmaceutical products and status of the last disbursement received
- Show staff, clients, and community that national leaders are interested in their situation by gathering comments regarding the programs and diseases to build credibility and trust

Guidelines for Site Visits

- **Frequency.** OC site- visit should be at least 2 visit per grant per year
- **Issue-driven site visits.** These formal visits take place after the BCCM meetings as a follow-up to the decisions made regarding a specific issue that have generally been identified through the oversight reports (especially dashboards). The purposes of such problem-driven site visits are to do the following:
 - Clarify issues arising from the oversight reports
 - Seek additional information on specific issues to enable the BCCM to make appropriate decisions
 - Follow up on BCCM decisions
- **General site visits.** Although site-visits are usually undertaken as single-purpose, issue-driven trips, other general site-visits may be conducted as an adjunct to ongoing activities or systems e.g., using existing monitoring systems). For example, PRs might bring some BCCM members on their regular field visits. Similarly, if a BCCM member is visiting an area with grant activity for other purposes, he or she may undertake a site-visit as a BCCM member. The main purpose of these additional visits is to help BCCM members become more familiar with the grants. As with issue-driven site visits, even these general site visits are planned with site staff beforehand to avoid surprise visits and disruptions of grant implementation.
- **Logistics.** Site-visits can take place at PR's or SR's offices, or project implementation sites. The number of participants to a field site (e.g., BCCM members, PR representatives, and observers) should be limited to a small group that will be effective without overwhelming site operations
- **Role of associations of people living with and/or affected by the Global Fund diseases and BCCM members based outside the capital city.** These individuals are asked to carry out site visits in their geographic zones on a semi-annual or annual schedule. Transportation support

may be provided if needed. Visitors report back on their visits to the full BCCM during meetings or through their newsletter or minutes.

- **Sites to be visited shall be given adequate notice.** No surprise visits are allowed. Protocol must be observed (including providing prior notice of at least seven days and obtaining letters of introduction or approval from authorities to conduct the visits).
- **Prior to site-visit, the CCM Secretariat to arrange consultation with non-CCM and other stakeholders.**

Annex 3:
Checklist for Oversight Site Visit

Name(s) of visitor(s):

Date of visit:

A. Background Information	
Organization visited	
Role in the grant (e.g., PR, SR, sub-SR, service delivery site, or training)	
Grant details (round or type, disease)	
PR of each relevant grant	
Grant start date and start date of visitor's activities for each grant	
Global Fund budget for each grant	

B. Site Visit Questions	
Has anyone from the PR ever visited you? Has anyone from the CCM ever visited you?	
When did you send your last report to the PR?	
Financial	
Did you receive your last disbursement? If so, when did you receive it and how much was it?	
Do you still have funds in your account?	
May we review together your disbursement plan for SRs and sub-SRs?	
Procurement & Supply Management	
When did you receive your last delivery of drugs or supplies?	
When did you last order more drugs or supplies?	
Do you have any stock-outs today?	
Have you sent drugs or supplies to SRs or sub-SRs?	

B. Site Visit Questions	
Management	
Have you received the SR reports on time? May we review together the SRs' activities according to their work plans?	
Have you hired the staff as planned in the Global Fund project?	
Is there evidence of harmonization of Global Fund activities with the other activities of the site?	
Performance and results	
Are you achieving the expected results?	

C. Site Visit Observations	
Key staff	
Money	
Stocks and drugs	
Facilities	
Accessibility of site today	
Observable interactions between providers and clients	
Feedback from staff and providers	
Feedback from clients and people at risk	
Feedback from community members, leaders, and other stakeholders	
General impressions and issues to be addressed by the CCM	

Annex 4:

BCCM Oversight Work Plan Framework: Frequency and Scheduling of Activities

OVERSIGHT ACTIVITIES	FREQUENCY / SCHEDULING				
	Annually	Quarterly	PR Reporting Cycle	Site Visits / PR-SR Mtg Schedule	Ad Hoc - As Needed
1.0 Clarify oversight functions, responsibilities, and build capacity for oversight					
1.1 Develop an annual Oversight Work Plan	X				
1.2 Develop an annual Oversight Budget	X				
1.3 Identify technical experts to assist Oversight Committee	X				
1.4 Provide orientation and capacity building training for Oversight Committee Members	X				
2.0 Gather information on GF grants through use of routine reports or available data					
2.1 Arrange for presentation by PRs on each grant, its partners, work plan, annual objectives, progress to date	X				
2.2 Receive, review copy of quarterly and annual reports prepared for GF/LFA by PRs			X		
2.3 Ensure that one-page Grant Summary Reports are produced by BCCM Secretariat staff based on quarterly or annual reports from PR		X			
2.4 Monitor, review Grant Performance Reports on Global Fund website for LFA/GF comments on grant performance		X			

OVERSIGHT ACTIVITIES	FREQUENCY / SCHEDULING				
	Annually	Quarterly	PR Reporting Cycle	Site Visits / PR-SR Mtg Schedule	Ad Hoc - As Needed
3.0 Gather information on GF grants through site visits and PR-SR performance review meetings					
3.1 Design questionnaire & mini report form for site visits	X				
3.2 Develop calendar of visits and PR-SR meeting visits	X				
3.3 Present methodology, calendar, and proposed list of sites and visitors for validation by CCM	X				
3.4 Organize logistics of site visits			X		
3.5 Carry out site visits and attendance at PR-SR status and performance review meetings according to calendar				X	
3.6 Prepare and present report on visits, refer issues for follow up to BCCM				X	
4.0 Gather information on GF grants through investigation of specific issues					
4.1 Invite PR or SR representatives to Oversight Committee meetings to answer questions or make oral presentations about grant progress or issues/problems/bottlenecks					X
4.2 Use a technical expert to investigate a problem or perceived bottleneck and report back to the Oversight Committee.					X
4.3 Request a presentation by a technical expert or national program manager comparing national statistics to GF grant results					X
4.4 Convoke or arrange to visit officials from ministries, agencies, LGAs or partners involved in issues, bottlenecks,					X

OVERSIGHT ACTIVITIES	FREQUENCY / SCHEDULING				
	Annually	Quarterly	PR Reporting Cycle	Site Visits / PR-SR Mtg Schedule	Ad Hoc - As Needed
problems					
4.5 Communicate with the LFA regarding issues or problems					X
5.0 Analyze information to identify problems and bottlenecks requiring BCCM attention					
5.1 Analyze the individual Grant Summary Reports and related information to produce an integrated Oversight Summary Memo (summarizing status across all GF grants)		X			
5.2 If the Grant Summary Report results, quarterly reports, or other information indicate poor performance or specific problems, use procedure 4.4 to learn more if possible					X
5.3 Determine the type of problem, issue or bottleneck causing poor performance and the institutions involved					X
5.4 Identify the efforts made by the PR to date to resolve the problem					X
5.5 Share the findings and recommendations to seek PRs views to avoid any confusions		X			
5.6 Transmit to the BCCM the quarterly Oversight Summary Memo, attaching the quarterly Grant Summary Reports for each grant					
5.6 During BCCM meetings, explain any issues, problems, bottlenecks that may have been identified and which require BCCM attention		X			X
6.0 Take action to resolve problems and bottlenecks requiring					

OVERSIGHT ACTIVITIES	FREQUENCY / SCHEDULING				
	Annually	Quarterly	PR Reporting Cycle	Site Visits / PR-SR Mtg Schedule	Ad Hoc - As Needed
BCCM attention					
6.1 In the case of urgent problems, call for an exceptional BCCM meeting					X
6.2 Develop options and/or a recommendation to the BCCM on action to be taken to resolve the problem or bottleneck, depending on its type and extent		X			X
6.3 BCCM shall discuss the problem and solutions, deciding on the action to be taken					X
6.4 BCCM shall delegate to the Oversight Committee authority to pursue a solution or identify other BCCM members					X
6.5 BCCM may request additional investigations of problems, and mobilize additional support for this purpose					X
6.6 BCCM shall review the status of the problem as Old Business at the subsequent CCM meeting		X			X

Annexure -D

CCM Technical Working Group (TB)

(Endorsed By BCCM in 86th Meeting)

Advisor: DG, DGHS, Mohakhali Dhaka

sl	Proposed	Designation
1	Director MBDC & Line Director TB-Lep	Chair
2	Deputy Director, MBDC & PM-TB, DGHS, Mohakhali, Dhaka.	Member Secretary
3	Dr. K. Zaman, Scientist, ICDDR'B, Mohakhali, Dhaka	Member
4	PMDT Coordinator, Dhaka Division	Member
5	Country Director, Damien Foundation, Bangladesh.	Member
6	Dr. Sukumar Sarker,, USAID, Dhaka.	Member
7	Dr. Akramul Islam, Director, TB, Malaria and Wash Program BRAC, Dhaka.	Member
8	Dr. Asif Mujtaba Mahmud, TB Expert, IEDCR, MOHFW, Bangladesh.	Member
9	Dr. Md. Abdul Hamid Selim, Advisor GF/MDR-TB	Member
10	Secretary General, NATAB	Member
11	NPO (TB), WHO, Dhaka, Bangladesh.	Member
12	Secretary General- BPMPA, Dhaka.	Member
13	BCCM Coordinator/GFATM, BCCM Secretariat, Dhaka.	Member
14	Dr. Mojibur Rahman, National Program Coordinator, NTP, Mohakhali, Dhaka.	Member
15	Director , IEDCR, DGHS	Member
16	Director, NIPSOM	Member
17	Director, NIDCH	Member
18	Country Project Director, CTB	Member
19	Dr. Shakil Ahmed, TB Focal Point (BPA)	Member

CCM Technical Working Group (Malaria):
(Endorsed By BCCM in 86th Meeting)

Advisor: DG, DGHS, Mohakhali, Dhaka

sl	Proposed	Designation
1	Director, Disease Control & Line Director-NMCP, DGHS, Mohakhali, Dhaka.	Chair
2	Prof.M.A. Faiz Professor of Medicine, (Former DG Health Services) Chittagong	Member
3	Prof. Emran Bin Yunus, Professor of Nephrology, MRG, Chittagong	Member
4	Director NIPSOM, Mohakhali, Dhaka	Member
5	Director, IEDCR, Mohakhali, Dhaka	Member
6	Prof. Ridwanur Rahman, Professor of Medicine, Shaheed Sharwardhy Medical College, Dhaka	Member
7	Prof. Dr. Md. Amir Hossain, Professor of Medicine, Chittagong Medical College.	Member
8	Director General, Directorate General of Medical Services, Ministry of Defense, Dhaka Cantonment, Dhaka	Member
9	Director, BITID, Fouzdahat, Chittagong	Member
10	Deputy Director, M&PDC,DGHS, Dhaka.	Member
11	Dr. Abu Nayeem Md. Sohel, Evaluator, M&PDC, DGHS, Dhaka.	Member
12	Dr.Md. Nazrul Islam M&E Expert, MNCP, DGHS, Mohakhali, Dhaka.	Member
13	Dr.Md. Akramul Islam Director, TB, MAL, WASH, DECC, BRAC, Mohakhali, Dhaka.	Member
14	Dr. Kamar Rezwan, NPO (VBDC), WHO, Bangladesh.	Member
15	Dr. Rashidul Haque,Dept. of Parasitology, ICDDR, B,	Member
16	Dr. Shehline Ahmed,Health and Population Advisor ,DFID	Member
17	Dr. A. Mannan Bangali, Ex. NPO (VBDC),WHO, Bangladesh	Member
18	Head of Mission, MSF, OCA, Bangladesh	Member
19	Dr. Mohammad Jahirul Karim, Ex. Deputy Program Manager Epidemiological and Mathematical Modular, MORU	Member
20	Deputy Program Manager, Mal-VBDC,DGHS, Mohakhali,	Member Secretary
21	BCCM Coordinator/GFATM, BCCM Secretariat	Member

CCM Technical Working Group (HIV/AIDS):

(Endorsed By BCCM in 86th Meeting)

Advisor: DG, DGHS, Mohakhali, Dhaka

(Not in order of precedence)

Sl.	Proposed	Designation
1.	Director & Line Director, NASP	Chair
2.	Director, Disease Control, and Line Director, CDC, DGHS	Member
3.	Principle Scientific Officer, IEDCR, DGHS	Member
4.	Program Manager, Adolescent & Reproductive Health (A&RH), DGFP	Member
5.	Program Manager-MNCAH, DGHS	Member
6.	National Program Coordinator-NTP, DGHS	Member
7.	Professor Be-Nazir Ahmed, Chairman, Microbiology, NIPSOM	Member
8.	Deputy Chief, Planning Wing, MOHFW	Member
9.	Director Training, DNC, MOHA	Member
10.	Senior Policy & Technical Advisor, USAID	Member
11.	Head, HIV and AIDS Program, icddr,b	Member
12.	Chief of Party, HIV/AIDS, Save the Children	Member
13.	Officer in Charge, UNAIDS	Member
14.	HIV/AIDS Specialist, UNICEF	Member
15.	National Professional Officer - VBD, WHO	Member
16.	Humanitarian Response and HIV Specialist, UNFPA	Member
17.	National Professional Officer, Migration Health, IOM	Member
18.	Secretary General, STI/AIDS Network of Bangladesh	Member
19.	President, PLHIV Network	Member
20.	President, Sex Workers Network of Bangladesh	Member
21.	Executive Director, Bandhu Social Welfare Society	Member
22.	Convener, Drug Users of Bangladesh	Member
23.	BCCM coordinator/GFATM, BCCM Secretariat	Member
24.	DPM (M&E), NASP	Member Secretary



GRANT MANAGEMENT SOLUTIONS

BCCM Revise Governance Manual & Oversight Plan and Membership Renewal



BCCM Meeting
13 July 2016



GMS Team



BCCM Governance Manual: Summary of Proposed Revision

- Seat allocation – [considering disease burden](#)
- Grant Oversight Focus: – strategic – [aligned with the national program](#) – [members' skill-sets](#) more specific – [oversight of BCCM Secretariat](#); [OC TOR revised](#) accordingly; OC to monitor functioning of TWGs
 - The above changes were also reflected in the Oversight Plan
- Annex: [BCCM Secretariat Performance Appraisal Form](#);



Governance Manual Sections

1. Overview of BCCM
2. Constituencies and member selection
3. Member rights and responsibilities
4. BCCM Designated Office Bearers
5. Meetings and Decision-making
6. Committees and Secretariat
7. Annexes
 - Conflict of Interest Policy and Declaration Form
 - TORs: Executive Committee, Oversight Committee, Technical Working Groups, Secretariat Coordinator
 - BCCM Secretariat Performance Appraisal Form





Oversight Committee

1. Responsible for two different functions
 - Strategy and planning – securing new funding
 - Grant oversight – overseeing grant implementation
 2. Chair and Vice Chair must be BCCM members and are appointed by full BCCM through a majority vote
 3. Strategy and Planning sub-committee shall lead process to nominate and select Principal Recipients (with full CCM endorsement).
 4. Non-BCCM members may be recruited as members of grant oversight sub-committee based on their technical expertise
 5. PRs and SRs may **not** serve as members of the Oversight Committee
-
1. Membership(skill-sets) must include: Disease experts, Finance & PSM experts & Reps from KAP/PLWD (ER 3)



BCCM Constituency Representation



* -- Consider replacing MORA
 --- Include ERD
 ** Strong CSR Focused organizations.

Constituencies	Current Seats	Proposed Seats	Proportion
Government	14	14*	42%
Bilateral / Multilateral Orgs	4	4	12%
Civil Society			
• Academic / Educ. / Research	2	2	6%
• Civil Society / NGOs	5	4	12%
• Faith-Based Organizations	1	1	3%
• People Living With / Affected by Diseases	3	3	9%
• Key Affected Populations (KAP)	2	3	9%
Private Sector / Associations	2	2**	7%
Total	33	33	100%

40%



CSO Seat Allocation (NGO)

NGO		# of seats
NGO Working with HIV/AIDS		1
NGO working with TB Program		1
NGO working with Malaria Program		1
NGO working with women & children		1
TOTAL		4



CSO Seat Allocation: KAP

KAP	Member	Alternate
KAP (MSM/HIZRA/PWID)	1 (MSM/HIZRA)	1 (PWID)
KAP TB: Rep from NATAB/CSW	1 (NATAB)	1 (CSW)
KAP Malaria: CBO from Malaria affected region	1*	1*
TOTAL	3	3

*Representative from Malaria affected region. Individual representing region with endemic malaria disease.



CSO Seat Allocation: PLWD

PLWD	Member	Alternate
PLWD HIV/AIDS	1 National Network	1 National Network
PLWD TB	1	1 (CSW)
PLWD M	1 Rep – Bandarban Hill Dist Council	1 Rep – Rangamati Hill Dist Council
TOTAL	3	3



Roadmap for Membership Renewal

Activity	Time
1. CCM to endorse revised seat allocation	13 July 2016
2. OC to establish 3 member election commission CCM to endorse Election Commission	10 July 2016 13 July 2016
3. CSO mobilization initiated (5 Regional Workshops)	Jul-Aug 2016
4. CSO election for CCM seats	End Aug 2016
5. Selection of Govt and ML/BL seats	Late Aug 2016
6. CCM to endorse new CCM members & alternates	Sep 2016
7. Induction workshop for new CCM members/alternates	Sep 2016
8. Eligibility Performance Assessment – EPA (light)	Sep 2016



Final Thoughts

1. Gov Manual & Oversight Plan are the formal framework documents for what BCCM is and what it does:
 - Policies – Composition -- Member Rights & Responsibilities, Committees and Grant Oversight
2. BCCM to endorse proposed seat allocation & membership renewal roadmap – set up 3-5 member election commission;
3. Formalize composition & functioning of TWG.
4. **2 Quarterly OC meetings (before & after CCM meetings) – OC/BCCM to decide.**
5. Gov. Manual can be changed & revised as needed – by two-third vote of BCCM -- Intended as a reference – print it out and use it!
6. Fully prepare for upcoming EPA
7. Develop a roadmap for Country Dialogue & Concept Note development.



GRANT MANAGEMENT SOLUTIONS



A U.S. government-funded partnership consisting of Management Sciences for Health, Abt Associates, Futures Group, MIDEGO, Pact, Training Resources Group, and committed to strengthening the performance of Global Fund grants.



The opinions expressed herein are those of the authors and do not necessarily reflect the views of the Global Fund to Fight AIDS, Tuberculosis and Malaria or of USAID, nor is there any approval or authorization of this material, express or implied, by the Global Fund to Fight AIDS, Tuberculosis and Malaria or the U.S. government.