



## **Bangladesh Country Coordinating Mechanism (BCCM)**

**Ministry of Health and Family Welfare**

**Health Services Division**

**BCCM Secretariat**

### **Oversight Visit Report**

**Bhola District, Visit Date: 10-12 May 2024**

**Date of Report:** 27 May 2024

**Date and place of site visit:** 10-12 May 2024; Bhola Sadar and Borhanuddin Upazilla

**Purpose of the site visit:** The purposes of the BCCM Oversight site visit in Bhola district included:

- Observe the TB program in Bhola.
- Observe TB program implementation at Bhola 250 Bed District Sadar Hospital and Upazila Health Complex (UHC), Borhanuddin.
- Visit the DOTS center and Gene Xpert facility at Bhola 250 Bed District Sadar Hospital, as well as the DOTS center at Borhanuddin UHC.
- Meet with local stakeholders, including representatives from local government health departments, CSOs, and beneficiaries, to ensure a collaborative effort to eliminate and control TB in Bhola district.

**Names of the members of the visiting team:**

- Md. Abdul Aziz, Deputy Secretary (WH-1), Health Services Division, Ministry of Health & Family Welfare, Bangladesh Secretariat, Dhaka.
- Mosaddeq Mehdi Imam, Senior Assistant Secretary (WH-2), Health Services Division, Ministry of Health & Family Welfare, Bangladesh Secretariat, Dhaka.
- Milon Kanti Datta, Presidium Member, BHBCOP, Bangladesh Hindu Budha Christian Unity Council, Dhaka.

**Program representatives:**

- Dr. KM Shafiquzzman, Civil Surgeon, Bhola
- Dr. Abu Ahamed Shafi, Superintendent, Bhola 250 Bed District Sadar Hospital
- Dr. Monir Hossain, UH&FPO, Bhola Sadar
- Dr. Tayuber Rahaman, RMO, Bhola 250 Bed District Sadar Hospital
- Dr. Amitab Chokraborty, Junior Consultant, CDC, Bhola
- Dr. Nirupan Sarkar Shohag, UH&FPO, Borhanuddin UHC
- Dr. Rezwan, RMO, Borhanuddin UHC
- Dr. Rahidul Islam, MODC, Borhanuddin UHC
- Dr. Touhidul Islam, Junior Consultant Orthopedics, Borhanuddin UHC
- Dr. Dulal Das, Assitant Surgeon, Union Health Complex
- Dr. Muhammad Abdul Hadi Khan, Deputy Program Manager (Admin & Finance) NTP, DGHS
- Dr. Anjan Kumar Nag, Divisional TB Expert, Barisal

- Dr. Md. Mesbah-Ul-Haque, Manager Operations TB, BRAC
- Zaber Ali, Regional Manager, BRAC
- Kazi Md. Bodiuzzaman, District Manager, BRAC
- Amir Hossain, Regional Manager, ACTB, icddr,b
- Abdul Haque, District Manager, ACTB, icddr,b

**BCCM Secretariat for facilitation of this visit:**

- Mr. Manaj Kumar Biswas, BCCM Coordinator, BCCM Secretariat
- Dr. Ahmed Muttasim Billah, Oversight Officer, BCCM Secretariat
- Rajib Chandra Das, Programme Officer, BCCM Secretariat

**Persons contacted:**

- Director (Health), Barishal Division
- Civil Surgeon, Bhola
- UH&FPO, Borhanuddin UHC
- Divisional TB Expert, NTP, Barishal Division
- Manager Operations TB, BRAC
- Regional Manager, BRAC TB Control Program

**BACKGROUND:**

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

**Activity Summary:**

- Observed TB program activities at Bhola 250 Bed District Sadar Hospital and Borhanuddin UHC.
- Visited the DOTS center and Gene Xpert facility at Bhola 250 Bed District Sadar Hospital and the BRAC TB diagnosis center.
- Inspected the Lab and DOTS center at Upazila Health Complex, Borhanuddin.
- Held a coordination meeting with local stakeholders at the Civil Surgeon Office in Bhola.

## OBSERVATIONS/FINDINGS:

### COORDINATION MEETING IN THE CIVIL SURGEON OFFICE

The BCCM Oversight Committee convened in the conference room to engage with a diverse group of stakeholders, aiming to address the TB burden in alignment with national commitments. Attendees included members of the BCCM Oversight Committee, the Civil Surgeon, the Superintendent of Bhola Sadar Hospital, local stakeholders, PR representatives, and representatives from the BCCM Secretariat. The Civil Surgeon of Bhola warmly welcomed all participants at the start of the coordination meeting. Mr. Manaj Kumar Biswas, BCCM Coordinator from the BCCM Secretariat, provided a brief overview of The Global Fund activities, outlined the responsibilities of the Oversight Committee, and shared the objectives of the BCCM Oversight visit. With approval from Md. Abdul Aziz, Deputy Secretary (WH-1) of HSD, MOHFW, the Divisional TB Expert of NTP, Barishal Division, began his presentation on the TB situation in Bhola.

#### *TB Situation in Bhola*

Divisional TB Expert of NTP in Barishal Division presented a comprehensive overview of the TB program implemented in Bhola District. BRAC operates as the PR under government leadership, while icddr,b operates under the USAID-funded ACTB Project. Diagnostic support for TB in Bhola involves 8 GeneXpert machines and 16 microscopy centers. In Q1 2024, 952 TB cases were diagnosed, with 75% being pulmonary bacteriologically confirmed (PBC), 14% pulmonary clinically diagnosed (PCD), and 11% extra-pulmonary (EP). This marks a reduction from the 1013 cases diagnosed in Q4 2023, attributed to a shortage of GeneXpert cartridges, expected to be resolved in the 2nd quarter. The Case Notification Rate (CNR) was 194 in Q1 2024 compared to 207 in Q4 2023. Q1 2024 saw 63 diagnosed cases of Child TB, constituting 7% of total TB cases. Contact investigation for TB preventive therapy (TPT) was conducted for 1128 index cases in Q1 2024, with TPT administered to 40% of individuals for 3 months, overseen by Shastho Shebika with regular follow-ups and referrals for symptoms. The GeneXpert presumptive cases yielded a positivity rate of 11.4%, identifying 693 Mycobacterium TB cases and 15 Rifampicin Resistance MDR TB cases. The TB treatment success rate stood at 97.81% in Q1 2023. Microscopy tested 6860 samples in Q1 2024, with 1648 X-rays conducted and HIV tested in 693 TB patients returning negative. However, 20 HIV-positive patients from Bhola are on ART stated by CS, Bhola. Concerns were raised regarding X-ray interpretation ambiguities, with recommendations to refer cases with abnormal X-ray findings and negative GeneXpert results to District Sadar Hospital/UHC/DOTS Center. Stock and buffer data are accessible through the TB eLMIS and patient database via eTB Manager. Challenges include diagnosing low numbers of Child TB cases, managing MDR TB patients, and enrolling in TPT, compounded by human resource shortages, specifically DSMO, PO, and MT-Lab. One X-ray machine in CDC is non-functional. The BCCM Coordinator suggested providing a list of staff shortages to be forwarded to the Additional Secretary (Admin). Mr. Manaj Kumar Biswas recommended including TB diagnostic and drug stock information in presentation slides and inquired about the GeneXpert utilization rate. The UH&FPO noted a shortage of TPT drug stock in Bhola. Under the ACTB project, approximately 25103 TB screenings were conducted in the last two months in Bhola, with 572 presumptive positives identified.

The Hospital Superintendent of Bhola District Hospital encapsulated the recommendations in his concluding remarks. It was emphasized that counseling at the field level needs reinforcement. Both government and NGO field staff must enhance motivation and capacity for TB diagnosis and treatment. Regular supply of cartridges for GeneXpert and TrueNat is essential. Ensuring enrollment in TPT and drug supply is imperative. Logistics and test kit supply should be punctual.

Md. Abdul Aziz, Deputy Secretary (WH-1), HSD, MOHFW, and Respected Member of the BCCM Oversight Committee, highlighted that the meeting's objective is to promote collaboration for the success of TB programs. He commended and encouraged the efforts of the Civil Surgeon, Superintendent, consultants, and the hospital team for their dedication to healthcare services in Bhola District. Gratitude was expressed to all participants for their attendance, active involvement, and commitment to TB elimination, thus concluding the meeting.

### **BHOLA 250 BED DISTRICT SADAR HOSPITAL**

Md. Abdul Aziz, Deputy Secretary (WH-1), HSD, MOHFW, and Respected Member of the BCCM Oversight Committee, the OC team conducted a visit to Bhola 250 Bed District Sadar Hospital. This facility is staffed with skilled and experienced medical professionals. Esteemed Oversight Committee members Mr. Mosaddeq Mehdi Imam, Senior Assistant Secretary (WH-2) of HSD, MOHFW, and Milon Kanti Datta, Presidium Member of BHBCOP, along with team members from the BCCM Secretariat, meticulously monitored the operations of various departments including the DOTS corner, lab, and hospital ward, and spoke with patients. A consultant in pediatrics facilitated the team's visit to the SCANU and Neonatology departments, where they engaged with service providers about various aspects of the services. The committee members expressed admiration for the efforts at the DOTS corner and offered constructive feedback for enhancement.

#### ***DOTS Corner***

The DOTS facility within the hospital is supported by PR BRAC and their DOTS provider. During the visit, the team inquired about the activities at the DOTS center, the monitoring of TB patients, the responsibilities of DOTS providers, the maintenance of patient registers, TB treatment cards, stock registers, and the follow-up procedures. Representatives from BRAC, including MT-Lab addressed all inquiries. Md. Abdul Aziz, Deputy Secretary (WH-1), HSD, MOHFW, engaged with the MT-Lab and requested information about the overall process for initiating TB treatment at the DOTS center. Other Oversight Committee members reviewed a selection of patient treatment cards and registers. The MT-Lab described the DOTS process for a new patient, noting that only follow-up tests are conducted here.

#### ***Gene Xpert at CDC Bhola Sadar Hospital and BRAC TDC***

Bhola CDC has a 16-module Gene Xpert machine for TB diagnosis, currently performing around 16 tests daily across 3 cycles according to hospital staff. However, upon reviewing the register, the OC visit team found that the average number of tests performed was below this capacity. This shortfall was attributed to a cartridge shortage. The visit team recommended coordinating with the BRAC TB Diagnosis Center (TDC) to obtain additional cartridges. BRAC staff also support machine operation after regular office hours.

At the BRAC TDC, the team observed a higher number of Gene Xpert tests compared to CDC Bhola. The TDC had a current stock balance of 1000 cartridges. The OC visit team suggested redistributing some cartridges from the TDC to the CDC to address the shortfall through regular coordination.

Additionally, the TDC has an X-ray machine that provides clinical diagnostic services. The OC team also spoke with the mother of a child suspected of having TB.

### ***Coordination with Deputy Commissioner of Bhola***

Respected Deputy Commissioner (DC) of Bhola district, Mr. Arifuzzaman, visited the Oversight Committee team at Circuit House for an informal meeting. During the meeting, the BCCM Coordinator provided a brief overview of The Global Fund activities, outlined the responsibilities of the Oversight Committee, and shared the objectives of the BCCM Oversight visit. The DC assured that he would seek updates on the TB and HIV situation in Bhola from relevant stakeholders during monthly meetings and NGO coordination meetings. He requested that BRAC contact him to provide a program briefing for his information. He also pledged his support for the TB program initiative to the local health authority, BRAC, and other relevant stakeholders.

### **BORHANUDDIN UPAZILA HEALTH COMPLEX**

Dr. Nirupan Sarkar Shohag, UH&FPO of Borhanuddin UHC, welcomed the BCCM Oversight Committee visit team and all other attendees to the Upazila Health Complex (UHC) in Borhanuddin. He pointed out that the UHC building has been declared highly risky by the concerned authority, yet despite this significant risk, the UHC continues to provide services to the community. With approval from Md. Abdul Aziz, Deputy Secretary (WH-1) of HSD, MOHFW, the MODC of Borhanuddin UHC began his presentation on the TB situation in Borhanuddin Upazila.

### ***TB Situation in Borhanuddin***

The MODC, Borhanuddin UHC presented a comprehensive overview of the TB program implemented in Borhanuddin Upazila. Diagnostic support for TB in Borhanuddin includes one GeneXpert machine (4 modules), one microscopy center at the UHC, and one peripheral lab (currently nonfunctional due to lack of reagents). In Q1 2024, 135 TB cases were diagnosed, with 84.44% being pulmonary bacteriologically confirmed (PBC), 6.66% pulmonary clinically diagnosed (PCD), and 8.88% extra-pulmonary (EP). This represents a reduction from the 146 cases diagnosed in Q4 2023. The Case Notification Rate (CNR) was 200 in Q1 2024, down from 216 in Q4 2023. In Q1 2024, 6 cases of Child TB were diagnosed, constituting 4.44% of total TB cases. Contact investigation for TB preventive therapy (TPT) was conducted for 231 index cases in Q1 2024, with TPT administered to 40% of individuals for 3 months due to drug stock shortages. The GeneXpert presumptive cases had a positivity rate of 16.2%, identifying 112 Mycobacterium TB cases and no Rifampicin Resistance MDR TB cases. The TB treatment success rate was 97.63% in Q1 2023. Microscopy tested 1248 samples in Q1 2024, and all TB patients tested negative for HIV. There is no X-ray machine available at Borhanuddin Upazila Health Complex.

### ***DOTS Corner***

The DOTS corner within the UHC is currently supported by PR BRAC and their field workers. During the oversight visit, the team inquired about the maintenance of patient registers, TB cards, and the follow-up process. Upon examination, a few cases were labeled as Extra Pulmonary TB (EPTB) in the treatment cards. However, there was a lack of supporting documents for these EP TB cases. Staff mentioned that sometimes patients could not provide these documents or had misplaced them. The OC

visit team decided that all patient files and treatment cards from previous periods must be evaluated, and efforts should be made to collect the necessary supporting documents regularly from the patients.

Md. Abdul Aziz, Deputy Secretary (WH-1), HSD, MOHFW, and respected member of the BCCM Oversight Committee, emphasized that the purpose of this meeting is to promote collaboration to ensure the success of the TB program. He commended the efforts of the Civil Surgeon, Superintendent, consultants, and the entire UHC team for their dedication to providing healthcare services at Borhanuddin UHC. He expressed his gratitude to all participants for their attendance, active engagement, and commitment to eliminating TB, and concluded the visit with these remarks.

#### RECOMMENDATIONS:

##### *The Oversight Visit Team recommended to ensure following propositions-*

- *TB cases with abnormal X-ray findings and negative GeneXpert results must be referred to District Sadar/General Hospital, Medical College Hospital or Upazila Health Complex for further evaluation to ensure accurate diagnosis and appropriate treatment.*
- *Recommended to enhance efforts to enroll patients in TB Preventive Therapy (TPT), ensuring adequate drug stock to meet demand for TPT.*
- *Suggested to NTP for compiling a list of human resource shortages, specifically DSMO, PO, TLCA, and MT-Lab positions and forward it to the Additional Secretary (Admin) to expedite recruitment and placement.*
- *TB PRs should enhance counseling efforts at the field level by providing additional training and resources to both government and NGO field staff.*
- *NTP should maintain a consistent and regular supply of cartridges for GeneXpert and TrueNat machines to prevent interruptions in TB cases diagnosis.*
- *TB PRs should strengthen efforts to ensure accurate and complete documentation of all TB cases, including Extra Pulmonary TB (EPTB) cases.*
- *NTP and BRAC should address the shortage of TPT drugs stock in Bhola by coordinating with relevant authorities to ensure a consistent supply, preventing interruptions in patient care.*
- *Redistribute available cartridges from BRAC TB Diagnostic Center (TDC) to Bhola Chest Diseases Clinic (CDC) to address the current shortfall and establish a coordination mechanism with the BRAC TDC to secure a consistent supply of cartridges for the Gene Xpert machine at Bhola CDC.*
- *TB PRs should ensure the appointment of at least 2 TLCA at each Upazila Health Complex and DOTs Center to facilitate smooth service delivery.*
- *DGHS and HSD, MOHFW should make the building of Borhanuddin UHC abandoned by resolution of Hospital management Committee Chaired by Local Member of Parliament involving Health Engineering Department (HED)/Public Works Department (PWC).*



(Dr. Md. Ziauddin)

Additional Secretary (Admin and WH)  
HSD, MOHFW  
and  
Chair, BCCM Oversight Committee