

**Bangladesh Country Coordinating Mechanism (BCCM)**

Ministry of Health &amp; Family Welfare

**BCCM Secretariat****Oversight Visit on 16 March 2017**

---

**SITE VISIT REPORT**

---

**Date of Report:** April 20, 2017**Date of visit:** March 16, 2017;**Place of site:** icddr,b Office, Mohakhali, Dhaka-1212.**Names of the members in the visiting team:**

- Ms. Roxana Quader, Additional Secretary (PH & WH), Ministry of Health & Family Welfare & Chair BCCM Oversight Committee
- Prof. Dr. Mahmudur Rahman, PhD, Disease Surveillance Expert and Former Director-IEDCR.
- Dr. Joseph Sebhathu, First Secretary, High Commission of Canada, Dhaka
- Dr. Saima Khan, Office Incharge, UN AIDS Dhaka
- Mr. Zahedul Islam, Country Project Director, MSH/SAIPS
- Mr. Milan Kanti Datta, Member Secretary, BHBCOP
- Mr. Manaj Kumar Biswas, BCCM Coordinator, Ministry of Health and Family Welfare
- Mr. Mohammad Harun-Or-Rasid, Deputy Coordinator, BCCM Secretariat, Ministry of Health and Family Welfare
- Mr. Akkur Chandra Das, Program Officer, BCCM Secretariat, Ministry of Health and Family Welfare

**Persons contacted:**

- Dr. Sharful Islam Khan, Head (A) Program for HIV and AIDS, and Principal Investigator of the Global Fund Project, Infectious Diseases Division (IDD), icddr,b
- Dr. A K M Masud Rana, the Global Fund Project, Program for HIV and AIDS, IDD, icddr,b
- Mr. Gorkey Gourab, Sr. Program Manager, the Global Fund Project, Program for HIV and AIDS, IDD, icddr,b
- Mr. Masud Reza, Sr. Program Manager,
- Ms. Shiblee Sayed, Manager, Procurement, the Global Fund Project, Program for HIV and AIDS, IDD, icddr,b
- Md. Mustafizur Rahman, Coordination Manager, Program for HIV and AIDS, icddr,b

**Purpose of the site visit:**

BCCM oversight visit aimed to:

- Review grant compliance by principal recipients,
- Recommend improvements in implementation, as applicable,
- Identify issues requiring further coordination and higher level attention, and
- Propose resolution of issues to the CCM

### **Background:**

The visit of the CCM Oversight Committee to icddr,b (PR-HIV) Office was triggered by the annual oversight visit plan endorsed in the 88<sup>th</sup> CCM meeting. As per plan, OC members intends to review the utilization Grant implementation status of icddr,b (PR-HIV) under the Global Fund grant. Mr. Manaj Kumar Biswas, BCCM Coordinator raised the issue to Ms. Roxana Quader, Additional Secretary (PH & WHO), Ministry of Health & Family Welfare & Chair BCCM Oversight Committee and the Chair decided to conduct an oversight visit to icddr,b grant management and implementation unit located at head office of icddr,b on March 16, 2017.

### **Sites visited:**

The Oversight Visit Team visited PRs' (icddr,b) office and performed review of programmatic, finance and procurement related issues under the Global Fund's New Funding Model.

### **Observation/Findings:**

To facilitate review of issues the Oversight Visit Team requested PR to make a presentation (Copy attached) on their activities and achievements. Dr. Sharful Islam Khan, Head of Program for HIV and AIDS and the Project Director of the Global Fund Project made the presentation which was further complemented by Dr. A K M Masud Rana, Project Coordinator.

The presentation was followed by discussions. The team responded to questions by the visit team members and provided additional information as they expanded on successes or explained reasons for non-performance if any. The visitors, therefore, used the findings from the presentation and discussions between the visit team members and PR team to formulate their findings and recommendations.

As a non-government, PR on HIV/AIDS, icddr,b started their activities under the new funding model (NFM) of Global Fund with the budget of \$5.8 million Global Fund's grant allocation in NFM Year 2016-17. As a PR icddr,b started working back in 2009. The PR is responsible for implementing HIV preventive services among MSM (males who have sex with males), transgender women (locally known as *Hijra*) and operational research studies for improving interventions.

Finally, Oversight Visit Team observed the Program, Finance and procurement department in icddr,b HIV office according to the Oversight Site Visit Checklist to see GF grant related issues.

#### ***a) Program Management:***

PRs have some program indicators according to the national strategic plan and the Global Fund intervention for MSM and Hijra. PR is managing their program indicator aligning DHIS2 which is maintains by the Management Information System (MIS) of Director General of Health Services (DGHS) of the Ministry of Health & Family Welfare, Bangladesh. icddr,b receives monthly and quarterly reports from the SRs based on these indicators on a regular basis. They are also using other monitoring tools like dashboard, internal data system etc. for program management in implementation level. The PR is implementing the participatory monitoring and evaluation approaches and provide supportive supervision to the SRs.

**b) Grant implementation and Expenditures:**

The PR started program implementation under NFM grant in December 2015 as per agreement with Global Fund. Major portion (\$2.57m) of their total budget (\$5.8m) is for the prevention program for MSM and Hijra followed by program management (\$1.09m) and community system strengthening (\$0.9m). They are also providing OST program support for PWID during the interim period. Current burn rate for the PR is 99.9%. icddr,b providing treatment and prevention care for STI among the Key population in DICs and Sub DICs through Syndromic Management Approach. PR (icddr,b) has very good fund management and expenditure reporting system from SRs and their an efficient internal control system.

**c) Vacancy of Key Staff and Recruitment Process:**

Currently, central team is composed of 33 members with no vacancy.

**d) Procurement:**

The program is distributing condoms and lubricants to the target beneficiaries. From LMIS, reports and other documents, it was found that DICs' have been able to maintain enough stock over the years (stock at the end of February 2017: Condom-38,80,738 and Lubricants-1,81,030) which indicated a smooth supply chain management. In January 2017, they received last shipment for condoms and expecting next shipment by end of March 2017. The products are supplied to DICs directly by the suppliers. They have good PSM plan according to the GF disbursement.

**e) Disbursement of Fund:**

Review of financial documents reveals that the fund transfer both from GF to PR and PR to SRs are maintaining smooth flow. Till the visiting date, PR has received five disbursement and disbursed fund to SRs on a regular basis as required. icddr,b has very good database for disbursement and fund utilization in their own online system.

**f) Integrated DIC - Testing new design:**

Currently, program is designed to provide services to two beneficiaries group (Hijra and MSM) from different DICs. The program has gone through a pilot intervention for Integrated DIC targeting cost savings and increased service coverage. The pilot was successful and accordingly now all DICs are serving both MSM and hijra in the same DIC.

**g) Challenges:**

Coverage of target group is the major challenges in this program. Despite achieved success, the program coverage still remained 23.6% for MSM-MSW and 39.8% for hijra. The program expansion was not possible due to shortage of fund. PR has mentioned some negative externalities which are listed below:

|                        |   |
|------------------------|---|
| Legal                  | - Criminalized act under BPC 377<br>- Violence & harassment by men on uniform (i.e., law enforcing people) and "mastans" (locally influential persons) and others |
| Cultural and religious | Stigma, discrimination, shame and silence, sin  |
| Media                  | Generally moralistic, negative portrayal  |
| Human Resources        | Unskilled and unwilling   |
| NGOs                   | Developing good governance and to ensure policy compliance (ongoing)  |


**Recommendations:**

**a. Possible improvements in implementation:**

1. *The icddr,b and allies continue their current monitoring and supervision system and may further strengthen, where possible, to improve service delivery e.g. quality of diagnosis and treatment for STI and referral services for STI complications.*
2. *GO and NGO coordination should be further strengthened for HIV program in central and district level activities through implementing organizations.*
3. *As the MSM/Hijra, PWID and FSW intervention have been implementing through separate PRs and SRs, implementing PRs and SRs collaboration and coordination should be strengthened for addressing some common and/or inter related issues at central, upazila, district and division level.*

**b. Issues requiring further coordination and attention:**

1. *Regular availability of health care providers (SACMO) in DICs and Sub DICs for avoiding duplication should be ensured by the PRs. Medical Assistants should be posted for DICs and Sub DICs services with SOPs for Syndromic Management of STI/STDs.*
2. *Intervention to reach out to migrants as majority of HIV positives are detected among the in-migrants Key Population should be focus area in the HPNSDP program by the Government.*
3. *PRs should send a letter to the Chair Oversight Committee to address legal area for Key Population for e.g. carry condom, lubricants and BCC materials by the field workers.*

  
08/06/2017

**Roxana Quader**

Additional Secretary (PH&WH)  
Ministry of Health and Family Welfare  
and  
Chair, BCCM Oversight Committee