

Management Implementation Plan

AIDS/STD Programme (ASP)

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List of Abbreviations

ART	antiretroviral treatment
ASP	AIDS/STD Programme
BCCM	Bangladesh Country Coordinating Mechanism
CBO	community-based organization
CSO	civil society organization
CMSD	Central Medical Store Depot
DGHS	Directorate General of Health Services
DIC	drop-in center
FSW	female sex workers
GoB	Government of Bangladesh
HMIS	Health Management Information System
HNPSP	Health Nutrition Population Sector Programme
HTS	HIV testing services
KP	key population
LMIS	logistics management information system
M&E	monitoring and evaluation
MESSA	Monitoring and Evaluation System Strengthening Assessment
MIP	management implementation plan
MIS	management information system
MSM	men who have sex with men
MSW	male sex workers
NASC	National AIDS/STD Control
NGO	non-governmental organization
OP	operational plan
OST	opioid substitution treatment
PLHIV	people living with HIV
PSM	procurement and supply management
PR	principal recipient
PU	program update
PUDR	program update disbursement report

PWID	people who inject drugs
SDP	service delivery point
SI	strategic information
SOP	standard operating procedure
SR	sub-recipient
SSR	sub-sub-recipient
STI	sexually transmitted infection
TB	tuberculosis
TOR	terms of reference
TRP	Technical Review Panel
TWG	technical working group
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

Introduction

A. Background

The economy of Bangladesh is growing quickly and is expected to reach middle-income status within the next year. Due to the recent growth in gross domestic product and substantial poverty reduction, expectations are that external funding will decrease, shifting stewardship of HIV service delivery and prevention efforts to the Government of Bangladesh (GoB). To ensure that this transition is successful and long term, the National AIDS/STD Control (NASC) will shift its service delivery model, as well as the roles of non-governmental organizations (NGOs) working under both the Global Fund and the operational plan (OP) under the 4th Health Nutrition Population Sector Programme (HNPS), to improve HIV program coordination and efficiency. During the grant-making of the current funding cycle (2021-2023) with the Global Fund, there was a commitment to developing a management implementation plan (MIP) for direct intervention for the key populations (KPs) through the public health system, which will guide the overall intervention. To fulfill the commitment, this MIP has been developed.

B. Purpose

The MIP explains how the NASC will effectively take on the new, increased HIV program delivery and coordination role. This document will outline how the AIDS/STD Programme (ASP) plans to coordinate the work of principal recipients (PRs) and their respective sub-recipients (SRs) and how implementation will be coordinated and measured throughout all organizations. The responsibilities of each PR will be described in the context of the increased management role of the NASC, providing information on lines of communication, accountability, implementation, and service delivery. The MIP will also provide information on financial management and practices to be implemented, including budget and cost data, financial delegation, and accountability procedures.

C. Overview of MIP Development

The MIP is one of the Technical Review Panel (TRP) recommendations for proposed changes to the implementation arrangements in the most recent Global Fund grant (NFM-3), beginning in January 2021 and ending in December 2023. The Global Fund commissioned ICF to provide technical assistance to Global Fund recipients in Bangladesh to meet the TRP requirements. ICF assigned two national consultants to coordinate and draft the MIP.

The following three steps were used to develop the MIP.

Step 1: Gather and review relevant documents. The consultants gathered and reviewed key documents from the ASP, other PRs, and SRs. This included NFM-3 grant documents such as a concept note, a combined work plan, TRP recommendations, a joint monitoring and evaluation (M&E) framework, a procurement and supply chain management plan, ASP capacity assessment tool, consolidated procurement plan, standard operating procedures (SOPs), terms of reference (TOR) of various coordination committees, etc.

Step 2: Collaborate with NGO PRs (icddr, b and Save the Children), the five district hospitals, and community networks. Initially, the consultants conducted key informant interviews with NGO PR representatives, community networks, and the superintendents and directors of two district hospitals (Pabna and Sirajgonj). A semi-structured, open-ended interview checklist was used to enable key informants to respond in their own words. The checklist allowed respondents to express

their opinions and describe alternative HIV prevention service options and strategies, gaps, risks, and requirements.

The first draft of the MIP was created using these first two steps and was sent to the Global Fund country team for review. With specific feedback from the Global Fund country team, ASP organized three PR coordination meetings on January 24, 2022, during which the draft MIP was thoroughly reviewed (see **Introduction: Annex 1: Participant List- PR Coordination Meeting January 24, 2022**). During the meeting, an action plan was prepared, and the NGO PRs assisted with drafting the relevant sections to address the feedback from the Global Fund. These drafts are included in the MIP.

Step 3: Hold review workshop. The MIP was presented in a participatory workshop on February 24, 2022, attended by senior officials from the Directorate General of Health Services (DGHS), superintendents and directors of district hospitals, NGO public relations officers, NASC officials, and others. Before the workshop, the draft MIP was shared with participants, encouraging them to attend with a critical perspective. During the workshop, the consultants presented the MIP for each component, and workshop participants provided input. After incorporating feedback from the workshop, the consultants prepared and submitted the second draft of the MIP. The workshop's participant list is attached (see **Introduction: Annex 2: Participant List- MIP Review Workshop February 24, 2022**). The slides presented at the workshop are also attached (see **Introduction: Annex 3: MIP Review Workshop Slides February 24, 2022**).

Part 1: Program Technical Management

A. Organogram, Roles, and Responsibilities

The NASC fulfills three essential functions:

- The NASC serves as the nodal body, leading and coordinating HIV responses by involving relevant government departments and ministries, United Nations (UN) agencies, international NGOs, Global Fund PRs/SRs, civil society, and community networks, as well as performing the stewardship role and implementing HIV programs in Bangladesh under the guidance of the DGHS. It is worth noting that although the NASC implements the HIV program, it is recognized as the ASP under the sector-wide approach of the 4th HNPSP.
- The ASP carries out the HIV component of the OP under the 4th HNPSP in Bangladesh. It provides antiretroviral treatment (ART) services through 11 government hospitals (with five more government hospitals to be added); HIV prevention services to 3,600 brothel-based female sex workers (FSW), 5,572 people who inject drugs (PWID), 1,300 opioid substitution therapy programs, and about 3,000 men who have sex with men (MSM)/transgender individuals; and prevention of mother-to-child transmission programs through 12 government hospitals. For the OP and, to some extent, for Global Fund-supported HIV programs, the ASP provides procurement and supply chain management of health products, such as condoms, needles and syringes, methadone, and antiretroviral drugs, and HIV testing kits. HIV testing services (HTS) are currently available in 28 centers across 23 districts, with plans to expand to all 64 districts.
- The ASP acts as one of the PRs for Global Fund-supported HIV grants known as NFM-3. This program aims to mainstream KP interventions such as HTS, ART, and essential services for FSW and PWID within the government health system. Thus, the ASP will undertake HIV prevention interventions among 1,873 FSW and 3,000 PWID in 5 districts, collaborating with district hospitals and local community-based organizations (CBOs). Furthermore, the ASP will initiate prison intervention, manage tuberculosis (TB)-HIV co-infection, maintain the Health Management Information System (HMIS), and monitor and evaluate the overall NFM-3 grant. The successful pilot program will be scaled up and incorporated into the country's overall HIV/AIDS preventive interventions to promote cost-effectiveness and sustainability.

The GoB's revenue budget supports the first function. The HNPSP funds the second function, accounting for more than 84 percent of the government's revenue and development budget. The rest comes from various development partners through Project Aid. Finally, the Global Fund supports the third function.

In total, nine positions are employed under the leadership and direction of the Director-NASC to ensure that the three NASC tasks are effectively coordinated. NASC considers these positions to be core positions.

Under the OP of the 4th HNPSP, 96 positions have been approved, consisting of program manager, deputy program managers, 8 divisional coordinators, 3 counselor cum administrators, medical technologists (lab), 6 drivers, and 2 office helpers. These individuals are contractual and accountable for implementing, field monitoring, and capacity development of service delivery entities.

With the support from the deputy director, program manager, and assistant director, the senior manager (management and coordination) serves as the primary point of contact for the overall implementation of the Global Fund grant. It should be noted that the Global Fund-supported grant falls under the broader scope of the ASP's OP.

The Global Fund program employs a 10-member project management team based in Dhaka. The project management team oversees day-to-day decision-making, troubleshooting, and program implementation.

Correspondingly, 1 manager-KP intervention, 1 accounts officer, 5 medical officers cum center managers, 5 outreach supervisors, 5 office attendants, 56 peer educators, and 12 community peer counselors, make up the 90 field team members who are directly responsible for implementing interventions among KPs in 5 districts. One assistant manager, five counselors, and five medical technologists (lab) are assigned to six jails in Bangladesh to implement prison intervention. All individuals are contractually employed for the grant. The organogram shown in Figure 1 was recently updated during the revision of the OP (2017-2023) and NFM-3 grant (2021-2023). The primary responsibilities of each Global Fund program position are outlined in **Part 1: Annex 1: Primary Responsibilities of GF Staff**.

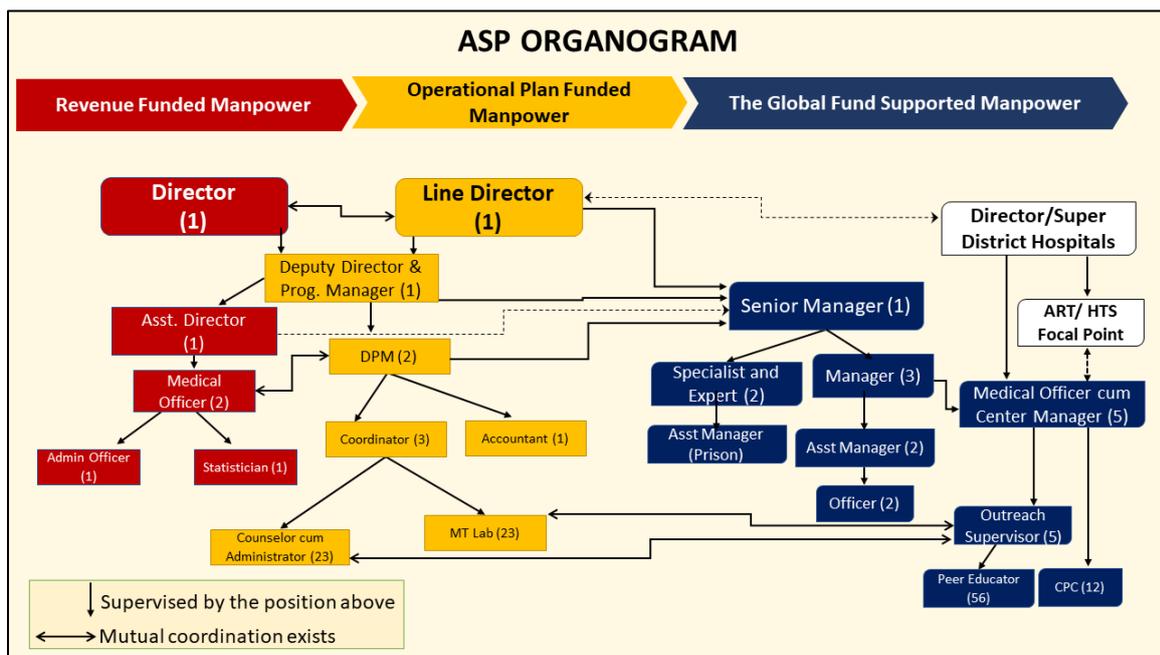


Figure 1: NASC/ASP Organogram

B. Engagement of Human Resources in Grant Oversight

The ASP, with its three fundamental functions, created a mechanism for overseeing all grants, whether under the OP or from external sources. It consists of five units that combine the workforce from all three major funding sources. The units collaborate across departments to establish synergies and strengthen ASP's systems. The members and key functions of the units are as follows:

Program Management and Coordination Unit: The line director of the program is overall responsible for the management operations of the program, in consultation with the director-NASC, and he is supported by a deputy director and program manager, assistant director, senior manager, and coordinators. Positions are supported by OP, revenue, and the Global Fund.

The unit's primary responsibility is to plan, operate, and manage activities under the OP, the Global Fund-supported program, and other activities supported by various departments/divisions and UN/international NGO partners. The unit also oversees the program's procurement and financial management. Coordination among multiple implementers is also an essential role of the unit.

M&E and Strategic

Information (SI): The unit is led by a deputy program manager (M&E and treatment, care, and support), who is supported by the M&E expert, data manager, and coordinator (M&E), and supervised by a deputy director and program manager. All the relevant assignments of M&E and SI and reporting to national/District Health Information Software, version 2 (DHIS2) and global levels are the major tasks of the unit.

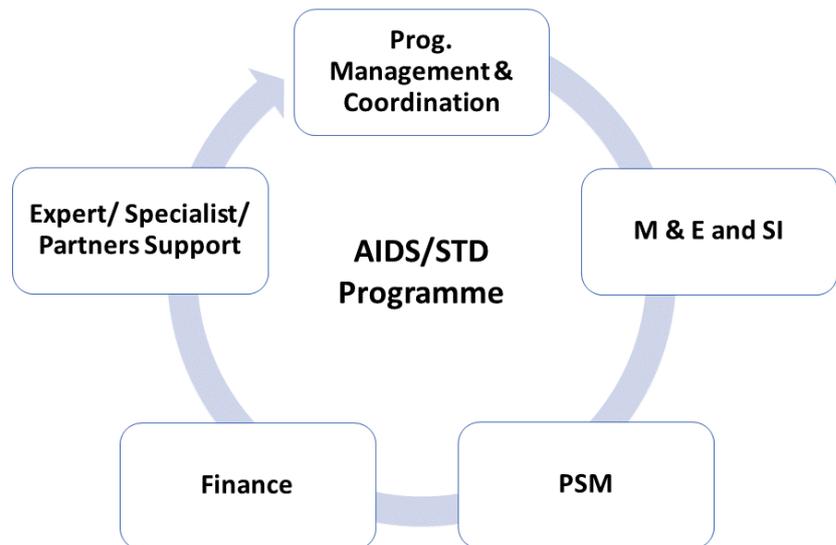


Figure 2: ASP's Grant Oversight Mechanism

Under the supervision of the line director and the technical working group (TWG) (monitoring and M&E), this unit implements the M&E framework that guides the program on day-to-day M&E activities, such as research, surveys, visits, reporting, global reporting, data management, and development tools. Furthermore, the deputy program manager supports implementing treatment programs carried out in government and NGO facilities with the assistance of technical specialists, NASC medical officers, and experts from within and outside the organization.

Procurement and Supply Management (PSM): The unit is led by a deputy program manager (logistic/finance), supported by the PSM manager and officer. This unit is responsible for procuring and ensuring the availability of health and non-health products through the Central Medical Store Depot (CMSD), WAMBO, and other sources.

The unit is important in determining the number of medications, reagents, preventative commodities, and other non-health products that are usually supplied by various sources through consultation with experts in the specific goods, services, and assets. The unit meets regularly to estimate quantities needed, with NGO PR representatives and PSM personnel participating. By analyzing the stock, consumption, shelf-life, expiration, and budgetary allocations, the unit ensures a smooth supply chain of commodities to the service delivery point (SDP). In coordination with the assistant director-NASC, the joint PSM Coordination Group initiated the pool procurement procedure for all three PRs of the Global Fund.

Finance: A dedicated team from ASP is responsible for all financial activities, which are regulated by financial SOPs and government legislation. This team is led by the deputy program manager (Finance), with guidance from the line director, deputy director, and program manager. The assistant manager (Finance), accounts officer, and OP accountant comprise the unit.

This unit coordinates all funds received from various sources. As a signatory for drawing and disbursement, the line director manages the disbursement. This position delegates specific authority to the deputy director, the program manager, and other officials as needed, following government regulations. Specific account personnel is assigned to each grant and in charge of billing, reporting, and ensuring payment.

Expert/Specialist/Partners Support: This unit coordinates and builds technical components such as prevention, treatment, and care. The HIV specialist, lab expert, TB-HIV expert, and other co-morbidities experts, among others, comprise the unit. The deputy program manager and medical officer provide technical guidance.

C. Overview of National Coverage by Implementing Entities

ASP conducted an “investment case” evaluation in Bangladesh in 2019 using the AIDS Epidemic Model to identify the most effective and efficient HIV intervention for the KPs. The findings revealed that it is crucial to continue the HIV prevention program for KPs to meet national targets for reducing HIV prevalence.

Various coverage scenarios were constructed and analyzed for health and economic impact through this modeling exercise. Among the three distinct scenarios developed for Bangladesh, Scenario 3 was the most cost-effective scenario that came closest to Bangladesh’s ending AIDS goal (by 2030), thereby adding to “value for money” efforts.

To meet Scenario 3 of the investment case, the program needs to reach and test 73% of all PWID in Bangladesh, which implies reaching 95-100% of PWID with needle and syringe programs and opioid substitution treatment (OST) programs in selected priority districts with the largest concentrations of KPs and people living with HIV (PLHIV). This approach would ensure that the country’s approaches are concentrated rather than diluted. The priority coverage districts include 100% of all PWID in Dhaka and 95% of all PWID in 22 (of 64) priority districts with significant concentrations and vulnerability of KPs. The other districts account for the remaining 17% of PWID.

The estimated number of PWID in the country is 33,067, according to the most recent size estimation data (2015-2016). Scenario 3 of the investment case suggested that the needle and syringe program cover 23,371 PWID and the OST program cover 4,700 PWID. The current NFM-3 and OP under the 4th HNPSP, on the other hand, cover 20,007 PWID with the needle and syringe program and 4,800 PWID with the OST program. Figure 3 shows the national coverage entity and funding breakdown for PWID.

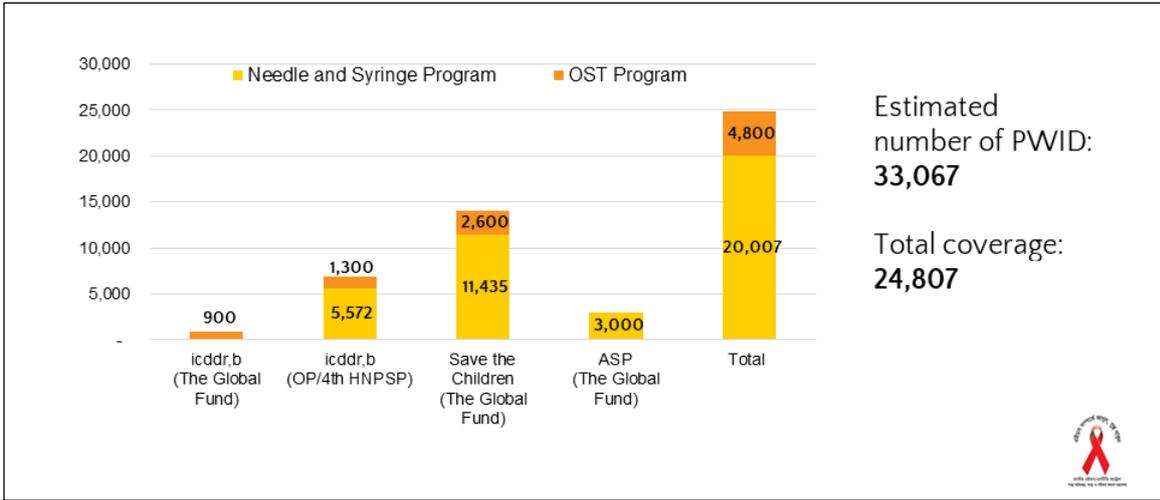


Figure 3: National Coverage of PWID

The total estimated number of FSW is 102,260, with the investment case recommending that 59,270 FSW access essential HIV services, such as condoms, sexually transmitted infection (STI) testing, HTS, and ART. Only 35,473 FSW are now covered, representing 60% of the investment case target. Figure 4 depicts FSW funding sources and typology-specific coverage.

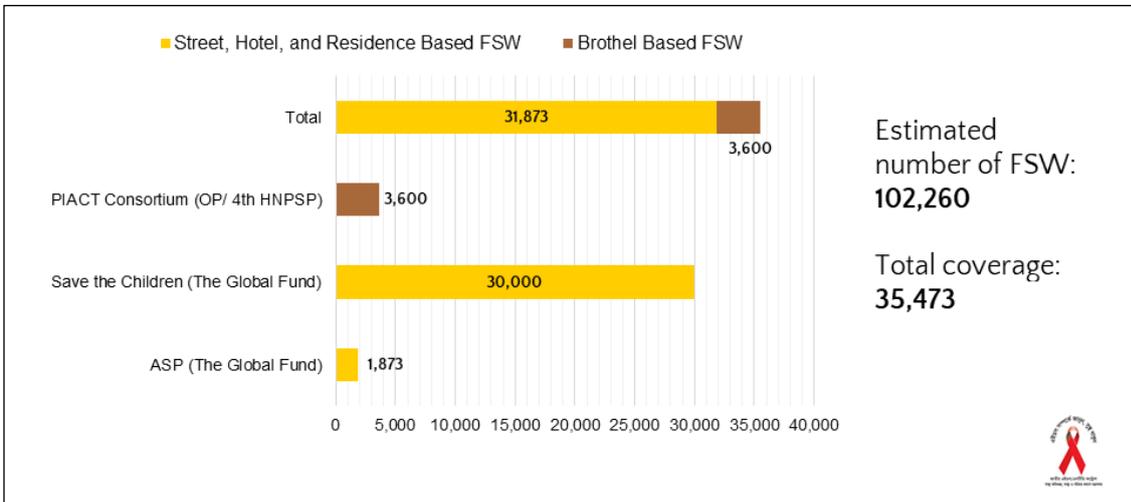


Figure 4: National Coverage of FSW

MSM, male sex workers (MSW), and transgender/hijra are estimated to number 141,671. Only 49,390 MSM, MSW, and transgender individuals are recommended for essential HIV services. However, only 40,500 MSM, MSW, and transgender individuals are now covered nationally. Table 1 shows the coverage by entity and funding source.

Table 1: National Coverage of MSM, MSW, and TG

PR/Entity	Funded by	MSM	MSW	Transgender	Total
icddr,b	The Global Fund	20,475	12,025	5,000	37,500
PMUK Consortium	OP under the 4th HNPSP	3,000*			3,000
Total		23,475	12,025	5,000	40,500

* PMUK has yet to set coverage targets by category.

As shown in the Figures 1 and 2, the needle and syringe program covers 14,435 PWID under the Global Fund-supported NFM-3 grant. PR ASP, for example, serves 3,000 PWID in 5 districts

(representing just 21% of the total coverage planned under the NFM-3 grant). Under the NFM-3 grant, there is no OST or any medically assisted substance dependency treatment intervention for the PR ASP. Furthermore, out of the planned coverage of 31,873 FSW, only 1,873 are covered by the PR ASP in 3 districts, accounting for approximately 6% of the total coverage under the NFM-3 grant.

Table 2 summarizes PR ASP coverage of the KP under the NFM-3 grant by district.

Table 2: Coverage by ASP under Global Fund-supported Program

District Name	PWID for Needle Syringe Program	FSW
Barisal	971	1,209
Chattogram	700	-
Jashore	298	-
Pabna	550	332
Sirajganj	481	332
Total	3,000	1,873

D. Roles and Responsibilities of Other PRs

There are two more PRs in addition to ASP in Bangladesh’s Global Fund-supported HIV Program: Save the Children and icddr,b. This section describes their roles and responsibilities, as well as the lines of authority [3].

PR: Save the Children

PR Save the Children serves 30,000 FSW in 13 districts through 9 drop-in centers (DICs) (1 community-led) and 16 outlets (2 community-led and two-run by CBOs), as well as 14,035 PWIDs in 13 districts. PWIDs receive differentiated service delivery techniques through 8 comprehensive DICs, 4 OST centers (2 at GoB facilities), 2 DICs, and 21 outlets (including 2 in GoB facilities). A total of 2,600 PWID will receive OST. In addition, PR Save the Children will develop a virtual space for unreachable KPs to conduct behavior change control efforts and increase service uptake.

PR Save the Children collaborates with its current SRs, including CARE Bangladesh, Light House, and AsharAlo Society.

Two PLHIV CBOs (AsharAlo Society and Mukto Akash Bangladesh), one FSW CBO (Nari Mukti Sangho), and one PWID CBO (APOSH) work as SRs and sub-sub-recipients (SSRs) in different locations under PR Save the Children. In addition, two PWID CBOs and three FSW CBOs (Swanirvar, Akhoy, and Bachte Chai) implement HIV prevention activities in collaboration with SR and SSRs. PR Save the Children and SRs/SSRs collaborate with CBOs and networks (Network of People Who Use Drugs, Network of PHLIV, and Sex Workers Network) to expand outreach operations through social mapping, spot analysis, and contact mapping.

- **SR Management:** PR Save the Children is overall responsible for implementing PWID, FSW, and complementary service for treatment, care, and support interventions, following the Global Fund agreement outlining the terms and conditions indicators, targets, and approved budget. PR Save the Children is accountable for using grant funds and delivering programmatic results. It is also required to operate internal control systems to ensure that funds are efficiently and effectively directed to achieving programmatic results and reaching PWID, FSW, and PLHIV in need and to ensure that programmatic and financial data are accurate and complete. PR Save the Children conducts annual audits of its SRs to provide an external level of assurance about the proper use of grant funds.

PR: icddr,b

With the assistance of several CBOs, PR icddr,b provides peer-driven HIV prevention services to 32,500 MSM/MSW and 5,000 hijras (transgender people). A total of 14 DICs, 18 sub-DICs, 18 outlets, and 13 satellites are in place to deliver services in all 23 priority districts and 14 other districts. PR icddr,b, as a pioneer in OST, continues to provide OST services to 900 PWID. Among them, 500 PWID will be continued from the 3 existing clinics during the current period, and 100 PWID will be enrolled in 2021. Two clinics will be established between April 2021 and June 2022 to provide OST services to 300 PWID. icddr,b also continues to use information and communication technology-based approaches to reach out to MSM and MSW to provide prevention and follow-up services and to connect unreached MSM/MSW to HTS. Service delivery approaches for MSM and hijra will be differentiated through 14 DICs, 18 sub-DICs, 18 outlets, and 13 satellite centers (including 2 in GoB facilities).

- **SR Management:** icddr,b continues to work with two existing SRs, namely the Bandhu Social Welfare Society (Bandhu) and Light House. Separate sub-grant agreements have been signed to implement services in their respective geographical areas with the support and community engagement of SSRs, namely Badhon Hijra Shangho. Six MSM and hijra CBOs are supported by PR icddr,b (Sustha Jibon, Diner Alo Hijra Sango, Shopno hijra Unnayan Sangha, Shurjer Alo hijra Sangha, Bikoshito Manab Kolyyan Songothon, and Shapla MSM Unnayan Songothon).

E. Human Resource Management for the ASP's Global Fund-supported Grants

Human Resource Management for the ASP's Global Fund Supported Grants

In consultation with the Bangladesh Country Coordinating Mechanism (BCCM), a customized human resource management policy document will be developed for the project. Until then, the grant's human resource management, including project staff recruitment, shall be based on the Bangladesh Service Rules section titled "Development Project Recruitment and Service Rules for Contractual (Consolidated) Service Staff (জনপ্রশাসনমন্ত্রণালয়েরপ্রজ্ঞাপননংসম/সওব্য/টিম-৪(২)/উ প্রজ্ঞান/৪৭/৯৭-১৮৮, ২১ আগস্ট, ১৯৯৭) (see **Part 1: Annex 2: Development Project Recruitment and Service Rules for Contractual (Consolidated) Service Staff**).

The following provisions are critical for the Global Fund project for PMU and hospital-based personnel:

- Staff members in grades 1-10 will be recruited by a committee formed by the ministry, and staff members in grades 11-20 will be recruited by a committee formed by the line director/project director using set procedures outlined in the service rules. It should be noted that all staff members who fall into these categories have already been hired and onboarded.
- To recruit outreach workers/peer educators, ASP will pursue technical assistance from the current SRs of the Global Fund-supported grant. The SRs will manage the overall process, including inviting applicants, conducting interviews, evaluating, preparing a result sheet, and submitting it to ASP for the final appointment. The procedure will be closely supported by the medical officer cum center manager.
- Staff can be terminated with one month's notice if the performance is regarded as unsatisfactory by the appointing authority/supervisor and there is a violation of the code of conduct. Employees may also resign with one month's notice.
- Annual performance evaluations will be taken into account for increments. Annual performance evaluations will be conducted by the line director or authorized person and the hospital director/superintendent or authorized representative.

- In addition to the government holiday, employees are entitled to 20 days of casual leave each year.

Human Resource Management for NGO PRs

The NGO PRs, Save the Children and icddr,b, are internationally known NGOs. Both have standardized human resource policies to which they must adhere. Senior organizational leaders provide oversight and coordination support and ensure that all compliance obligations are met on time. Both PRs have specific teams for (i) technical management, which includes HIV technical specialists; (ii) M&E; (iii) PSM; and (iv) finance management, among other things.

F. Management and Coordination Procedures among PRs

Lines of Authority

Within their respective organizational structure, each PR has its own lines of authority. These lines of authority have ensured that each PR's governance and internal control mechanisms are in place.

Among the three HIV PRs, ASP is the national focal point for the government's national HIV responses in collaboration with hospitals, non-government, and private stakeholders. As the nodal body, NASC oversees the implementation barriers of the Global Fund projects delivered by all three PRs, facilitates the mitigation of these barriers, regularly monitors program activities through field visits, and organizes meetings to share progress. After each visit, NASC issues an official visit report and distribute it to the respective PR and SR for corrective action. Each PR compiles the responses from the respective SR, ensures that the measures have been implemented in the field and service centers, and finally issues a response letter and officially sends it to the line director of ASP, copying the respective visitors. Thus, NGO PRs respond to the ASP/NASC's queries, recommendations, and actions and ensure that these actions are carried out in the field.

Each PR is independently accountable to the Global Fund country team regarding finance and PSM. As a result, each PR's line of authority in financial transparency and accountability is maintained within the PR's office. To ensure transparency and accountability, BCCM oversight committee members visit the field, service center, and PR office, issue official visit reports with recommendations to the respective PR, and circulate the visit reports among all country coordinating mechanism members. Each PR is required to respond to the oversight committee's questions and recommendations. Furthermore, PRs attend the oversight committee meetings and fill out the country coordinating mechanism dashboard, which includes brief updates about the program, financial, and PSM updates to members of the oversight committee and BCCM members in the BCCM meetings.

Coordination and Accountability Procedures

NASC's ongoing efforts to integrate AIDS structures within sector ministries, particularly health ministries, led to developing appropriate AIDS coordination mechanisms at the central and district levels. Key stakeholders, such as the department of narcotics control, the directorate of social services, district and medical college hospital authorities, the directorate of prison, the police and other law enforcement agencies, other PRs and SRs under Global Fund grants, HNPS partners, and UN agencies, among others, must be well informed and actively involved in the process.

Each quarter, a quarterly coordination meeting is planned at NASC, during which PRs and SRs and other implementers can raise their concerns and discuss solutions. In addition, implementers provide programmatic updates, discuss overlapping issues, and offer best practices.

This coordination among implementers has been led by NASC. Twice a year, a similar coordination mechanism is implemented at the district level among NGO PRs and other district-based government departments.

Bangladesh has good experience in successfully integrating HIV treatment, care, and support services into the public health system. Based on lessons learned and optimal utilization of existing coordination mechanisms, the following are the bottom-up approaches for efficient coordination in HIV programs.

ASP will ensure district- and central-level coordination for integrating HIV services.

1. District-level Coordination

- a. **Coordination to Mobilize Public Facilities:** The superintendent or director of the district hospital will be the focal point for the quarterly HIV coordination meeting in the five districts in which the KP intervention is planned. Under the Global Fund grants, the medical officer cum center manager will support the meeting. Meeting attendees will include hospital unit heads, civil surgeons, district-level officials from the department of narcotics control, the department of women and children's affairs, the department of social affairs, the prison authority, a representative from the police supers' office, and other PRs/ SRs working in the area.

The superintendent or director will chair the meeting. The medical officer cum center manager will present quarterly progress of HIV programs, obstacles faced, and potential for future collaborations.

The Asp/NASC project management team will attend the initial meetings and provide any required assistance.

- b. **Coordination among all HIV Actors to Ensure Service Provider-end Harmonization:** All HIV program implementers in the district, including Global Fund-supported PRs, SRs, SSRs, HNPS-supported partners, other donor partners, and local CBOs of the KP, will meet once a quarter to share programmatic data, opinions, and progress. The meeting's primary purpose is to identify common events (such as local-level advocacy), mobilize the community, harmonize services, and eliminate duplication of efforts (if any).

The meetings in the five districts are supported and attended by the medical officer cum center manager. In close collaboration with the medical surveillance officer, the manager-KP intervention is responsible for mobilizing implementers and coordinating meetings in other districts. The meeting will be hosted by SSR/SR under the Global Fund-supported program and OP-supported NGOs on a rotating basis.

- c. **Participation in a Coordination Meeting at the Civil Surgeon's Office:** The civil surgeon acts as the highest district health authority at the district level. The practice of quarterly coordination meetings called by the civil surgeon is already established. These meetings primarily focus on harmonizing all public health responses in the district, such as immunization, mother and child health, water supply and sanitation, sessional outbreaks (such as dengue), tuberculosis, malaria, HIV/AIDS, etc. The civil surgeon organizes the meeting, and each of the program's representatives presents their activities and upcoming events and seeks necessary support from others.

In consultation with the civil surgeon, the manager-KP intervention will use this platform to engage all health stakeholders in HIV responses. He or she is responsible for ensuring

that the HIV agenda is included in the meeting, that meetings are held regularly, that follow-up actions are tracked, and that necessary support is provided.

- d. **Government-NGO Coordination Meeting by the District Commissioner:** Another effective ongoing practice of district-level coordination for all development activities is a government-NGO coordination meeting, held by the district's highest administrative chief, the district commissioner. Representatives from all government ministries at the district level, non-government actors (NGOs, civil society organizations (CSO), and CBOs), local political and religious leaders, and public representatives attend the meeting. Usually, the district commissioner utilizes this platform to disseminate updated government regulations and operational priorities and encourage good work. NGOs, CBOs, and CSOs present their activities and solicit assistance as needed.

This platform is critical for bringing together multi-sectoral responses to HIV, highlighting critical issues, making the best use of limited resources, and avoiding the so-called "silo approach."

In consultation with the line director, the senior manager (Management and Coordination) and NGO PR officials will ensure that HIV implementers from each district attend meetings, raise relevant issues, and carry out the meetings' decisions.

2. Central-level Coordination

The following describes coordination strategies at the central level.

- a. **Coordination among PRs:** In Bangladesh, the PRs for the HIV grant meet quarterly as the PR and OP-supported NGO coordination committees. Importantly, the performance framework for previous rounds of Global Fund grants was PR-specific. This round has been combined into one framework, and all PRs will report against this single and combined framework. It enforces coordination; if any PR does not meet its goals, the overall grant rating will be affected.

Therefore, the committee needs to be reinstated and reformed. The reform process is expected to begin in July 2022. Representatives from each PR would make up the committee, and at least 60% of attendance is required to fill the meeting's quorum. ASP/NASC and NGO PRs will provide secretarial support yearly, on a rotating basis. As in the past, the meeting will be held each quarter. However, an emergency meeting can be called as needed.

A brief TOR will be developed at the next meeting (June 2022). Each PR will share implementation successes and challenges, along with program implementation issues. The other key objective is to each PR to present their budget and expenditure. The emphasis will be on how the PRs can collaborate on common concerns and learn from their experiences to make the program more cost-effective and comprehensive.

The meeting will be presided over by the line director or representative from the national program. The manager (Management and Coordination) will develop a year-long calendar and ensure that meetings are held on time.

- b. **Coordination with Other HIV Program Implementers:** NASC has an ongoing system that calls on all implementers biannually to inform them of HIV responses. The discussion

should not be centered on sharing activities but rather on a coordinated effort to integrate HIV into the public sector.

- c. **ART Advisory Committee:** The ART advisory committee was formed by ASP to provide day-to-day guidance on treatment, care, and support for ART, prevention of mother-to-child transmission centers, and DICs where treatment is available, as well as to support the national program in reviewing national-level guidelines and SOPs at regular intervals based on updated global, regional, and national data, and to forecast antiretroviral drugs and HIV commodities, such as testing, diagnosis reagents, and kits.

The director, NASC, chairs the committee, and the member secretary is the program manager and deputy director, ASP. Other members include the following: virologist, Institute of Epidemiology Disease Control and Research; ART focal point/senior consultant, Medicine, Infectious Diseases Hospital; deputy program manager (treatment, care, and support) and manager (PSM) ASP; national professional officer, World Health Organization (WHO); and representatives from UNICEF, Save the Children, and icddr. Independent experts on the committee include Dr. Salim Uzzaman of the Institute of Epidemiology Disease Control and Research and Dr. Mahmudul Hasan of the National Institute of Diseases of the Chest and Hospital.

The committee participants were selected based on their individual and institutional capacity and expertise, taking into account geographical and gender representation.

The secretariat is supported by the ASP. The committee holds face-to-face meetings once a quarter. Special meetings are also held as needed by the secretariat. For regular communication, teleconferences and videoconferences are used. A detailed TOR is attached as an annex to this document (see **Part 1: Annex3: TOR ART Advisory Committee**)

3. Special Coordination

- a. **Coordination with the Prison and Police:** Prison and police interventions are relatively new, so the NASC will make a special effort to coordinate functionally with the relevant stakeholders. Experience has shown that district-level activity becomes supportive if central authorities are made aware and well-coordinated.

The project already has an 11-member steering committee in place (see **Part 1: Annex 4: Draft TOR National Steering Committee for Prison and Police**). The committee is chaired by the additional secretary (WHO), Health Services Division, Ministry of Health and Family Welfare, with the line director-NASC serving as a member secretary. Other members come from the Security Services Division, the Ministry of Home Affairs, Save the Children, the United Nations Office on Drugs and Crime (UNODC), the Prison Directorate, the Police Headquarters, the Department of Narcotics Control, the National Tuberculosis Control Program, and other organizations.

The assistant manager—Prison Intervention and Coordinator will make this committee operational by July 2022, in consultation with the line director. The committee will meet bimonthly first, and then quarterly, as the project gains momentum. The technical specialist (HIV), ASP, will provide technical assistance.

- b. **Coordination of OST Component Implemented by Two PRs:** OST was introduced in Bangladesh in 2010 amid great debate. Since then, the OST Coordination Committee has

been in operation. The committee's primary roles are to neutralize the relevant ministries (mainly the Ministry of Home Affairs), generate evidence, advocate with stakeholders, and determine methadone quotas based on actual consumption. The committee's role and responsibilities continue to expand over time.

The committee is chaired by the program manager, ASP, and other members, including the chief consultant of the Department of Narcotics Control, representatives from the Joint United Nations Programme on HIV/AIDS (UNAIDS) and UNODC, icddr, b, Save the Children, and CARE Bangladesh.

The OST program is currently being implemented by both icddr,b and Save the Children; icddr,b manages the program, supported by the Global Fund and OP grants. The OST program requires substantial coordination due to the complexities of multiple implementers and funding sources with a combined performance framework in the Global Fund grant. Recognizing the importance of the context, the OST coordination committee plays a key role.

The committee meets quarterly to assess and monitor the progress of all OST clinics, including the feasibility of opening new OST clinics, safety and security, methadone consumption, and future requirements. Members analyze the duplications and target versus achievement in accordance with the joint performance framework and provide expert direction and advice. The committee regularly evaluates and updates OST guidelines following international standards and conducts supervisory visits to OST clinics to ensure quality control and optimal service delivery. The committee's TOR is attached as an annex (see **Part 1: Annex 5: TOR OST Coordination Committee Draft**).

- c. **Coordination on Pooled Procurement:** Since the start of the Global Fund's HIV grant in Bangladesh, PRs have been procuring health and non-health products independently. However, some health products, such as test kits and condoms, are distributed across multiple PRs, presenting a consolidation opportunity with a high possibility of cost savings. As a result, the TRP suggested pooled procurement by a single entity under the Global Fund's NFM-3 grant.

As a response, a coordination group for PSM has been formed. The assistant director-NASC chairs the committee, and its members include representatives from all three PRs (ASP, icddr,b, and Save the Children). The first meeting was held in January 2022 and focused on a draft TOR, which is attached as an annex (see **Part 1: Annex 6: TOR PSM Coordination Committee**).

The PSM coordination team is responsible for consolidating health products (initially, HIV test kits), assisting ASP in placing orders to WAMBO, onboarding the clearing and forwarding agent to release the product from the port, receiving and distributing the product to PRs per the consolidated plan, and evaluating the performance of pooled procurement via WAMBO. The "Part 5: Pharmaceutical and Health Product Procurement and Supply Chain Management" section of this document contains a detailed update on pooled procurement.

In addition to these coordination efforts, ASP has several TWGs such as the TWG on M&E and SI, and the TWG on HTS, whose main objective is to bring together relevant experts' opinions and engage specialists from PRs, SRs, and other stakeholders. Any planned study, SOP, or guidelines, such as those proposed by a PR, should be brought to the relevant TWG. TWG members primarily review

concepts, methodology, justification, instruments, etc., before recommending that ASP approve them.

Table 3 provides a list of TWGs and committees and a timetable of their meetings.

Table 3: TWG/Committee and Meeting Frequency

Name of the TWG/Committee	Meeting Frequency
Technical Committee, National AIDS Committee	Biannually
TWG on M&E and SI	Biannually
ART Advisory Committee	Biannually
TWG of BCCM	Quarterly and/or before the oversight meeting
OST Coordination Committee	Quarterly
PR Coordination Committee	Quarterly
PSM Coordination Committee	Quarterly

Furthermore, as needed, ASP calls for relevant team members from PRs, SRs, and other stakeholders to review new interventions, ideas, and innovations; conduct operational research, survey, surveillance, and database maintenance; and resolve bottlenecks. ASP will form an ad hoc committee or technical group with a specified TOR if an issue requires long-term attention.

List of Actions under this Section

- Finalize the TOR for the three PR coordinating teams by June 2022.

Part 2: Program and Grant Implementation

This section describes how the program components are implemented and refers to the minimum standards and quality benchmarks. It also indicates possible duplications and the best way to eliminate them.

A. Minimum Standard Service Package

The Revised 4th National Strategic Plan for HIV and AIDS Response 2018–2023 and the National AIDS Monitoring and Evaluation Plan 2021–2023 serve as the primary guiding documents to ensure that service packages fulfill minimal standards.

Regardless of which PR implements the programs, the guidelines and SOPs on technical components of the service package developed previously by ASP and other PRs under previous grants are used throughout the program. ASP will ensure that the following materials are customized and updated (if required), and that staff members are knowledgeable about them at each hospital. The PRs ensure that the documents are available and implemented at the hospitals, DICs, ART centers, and HTS centers during the monitoring visit [4]. The guidelines and SOPs are enclosed with this document as annexes, as follows:

- National HTS guidelines (**Part 2: Annex 1: HTS Guidelines**)
- National ART guidelines, Bangladesh (**Part 2: Annex 2: National ART Guidelines**)
- Guideline on selection and recruitment procedures of outreach staff (**Part 2: Annex 3: Selection & Recruitment SOW**)
- SOP for DIC management for KPs (**Part 2: Annex 4: SOP DIC Management KP**)
- Guidelines on secondary channels of needle and syringe distribution in PWID intervention (**Part 2: Annex 5: Secondary Channels PWID**)
- Guidelines on safe disposal of needles and syringes (**Part 2: Annex 6: Safe Disposal**)
- Revised guidelines managing staff exposure to COVID-19 in program settings (**Part 2: Annex 7: Guidelines COVID-19**)
- SOP for the service center for HIV prevention among PWID (**Part 2: Annex 8: SOP Service Center PWID**)
- SOP for outreach service for effective needle and syringe program (**Part 2: Annex 9: SOP Outreach NSP**)
- National strategy on addressing gender-based violence for HIV response in Bangladesh (**Part 2: Annex 10: GBV Strategy**)
- Training module for basic training of outreach and needle and syringe program for effective prevention and management of substance use and HIV and viral hepatitis B & C (**Part 2: Annex 11: Training Module Outreach & NSP**)
- Training module for management staff on the effective implementation of harm reduction interventions (**Part 2: Annex 12: Training Module Management Staff**)
- National ART guidelines, Bangladesh (**Part 2: Annex 13: National Anti-Retroviral Therapy (NRT) Guidelines, Bangladesh**)

Presentation of Package and Costs

A package of comprehensive services, including STI and abscess management, condom promotion, needle syringe program, HTS, and behavior change communication, will be offered, and linkages to hospitals will be available for other health services. Health products for KPs, such as condoms, needles and syringes, and STI drugs, will be provided by the OP fund. The unit cost for the DIC/outlet-based approach for the KPs simultaneously implemented by NGO PRs for the needle

syringe program for PWID is USD 95, and the comprehensive package of services for FSW is USD 88. However, because ASP's KP program would share the cost of health products from the OP fund and only establishment, physical infrastructure, and monthly operation costs would be considered, the unit costs would be significantly reduced. The costing exercise revealed that the ASP's KP model costs USD 73 per PWID and 12 per FSW [5]. The cost of human resources and physical investment is included in the PWID component, so the cost is higher than FSW.

Quality Assurance Across the Service Providers

Quality assurance is a continuous process, and quality measurement is essential. Delivering quality programs is critical for generating impact and creating and ensuring high demand for services. Efforts to regularly monitor, review, and provide high-quality service delivery across the prevention, treatment, care, and support services should be intensified. Notably, strengthened monitoring of biomedical interventions, such as HTS, ART, STI services, and condom programming, is needed to ensure that they follow the benchmarks mentioned in the above SOPs.

Because ASP is new to providing KP services in government settings, ASP holds quarterly PR coordination meetings during which all PRs share their performance, challenges, and plans. These meetings serve as a forum for people to share their experiences. As part of this grant, a series of activities, such as regular field visits, six-monthly data sharing, review meetings, and joint monitoring visits, are planned to oversee the program and ensure quality.

B. Duplication and Inconsistencies Between Intervention Activities

Identification of Duplications or Inconsistencies

Bangladesh's HIV program is guided by the updated National Strategic Plan for HIV and AIDS Response 2018–2023. This revised strategic plan aims to accelerate and guide the country's response to HIV and AIDS to meet the global commitment of "Ending AIDS by 2030" and treatment goals of "95-95-95" by 2025. The document is aligned with the 4th HPNSP, which runs from 2017 to 2023, and other national, regional, and global commitments, most notably the political declaration to eliminate AIDS by 2030.

As stated in the national strategic plan, both the OP and the Global Fund-supported program emphasize geographical prioritization based on the "investment case" to maximize resource utilization. Duplication of services, such as multiple entities providing services to the same population, is almost non-existent in Bangladesh's HIV program. This was extensively evaluated during the planning and negotiating stages of the Global Fund grant.

However, service providers have further opportunities to coordinate their activities to develop district-level synergies. Advocacy at the local level, sensitization meetings, and outreach team training must be collectively carried out. In consultation with the civil surgeon, the hospital's superintendent/director acts as the principal authority for all HIV interventions in the district. The quarterly coordination meeting of all HIV actors (described in detail in Part 1 of this document) should be used as a platform for minimizing duplications and inconsistencies between intervention activities.

C. Contribution to Achieving Results

A large amount of the program's data are gathered through routine monitoring at the implementation level, such as DIC/outlets, ART clinics, HTS centers, and hospitals. At this level, strong coordination and collaboration among the PRs and OP-supported NGOs are ensured through district-level coordination, meetings with the three PRs, and TWG meetings, among other

mechanisms. The outcome and impact-level results are based on national biological and behavioral surveillance evaluation studies, assessments, research, etc. The M&E and SI units of ASP are responsible for leading and coordinating these studies, assessments, and research.

All PRs prepare the national report jointly with program data and share it with the country coordinating mechanism, Global AIDS Monitoring, the Global Fund, and the Ministry of Health and Family Welfare. UNAIDS, in collaboration with the ASP, uploads the reports to the website, where all relevant stakeholders can access them.

Furthermore, the BCCM, a partnership made up of members from both the public and civil society, whose primary objective is to improve the performance of Global Fund activities in Bangladesh in collaboration with stakeholder constituencies, promotes efficient program implementation, avoids duplication by harmonizing Global Fund activities with other programs throughout Bangladesh, and strengthens coordination among stakeholder constituencies. The BCCM is made up of 33 members from the public and private sectors, including government, international or bilateral agencies, NGOs, academia, the private sector, key affected populations, and persons living with illnesses.

The BCCM has a permanent Oversight Committee comprising 22 members from the Ministry of Health and Family Welfare, the United States Agency for International Development, UNAIDS, disease specialists, academicians, private sector representatives, and persons living with illnesses who have the required skills and expertise to ensure periodic oversight. CCM members nominate the committee. The Oversight Committee provides BCCM members with a strategic perspective on the grants' critical macro-financial, programmatic, and management aspects and actionable recommendations. The Oversight Committee develops an annual oversight work plan and budget, which the BCCM approves.

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 SR work plans, including implementation of intended results in short- and intermediate-term periods

Procurement: Transparent, competitive, and effective PSM, with appropriate quality assurance and in accordance with national laws

Management: Management of grants in all areas as well as compliance with the Global Fund grant conditions (e.g., conditions precedent and time-bound actions)

Members of the BCCM then utilize this information to engage in discussions and make evidence-based decisions.

A detailed grant oversight plan, including the TOR of the BCCM Oversight Committee, is attached as an annex (see **Part 2: Annex 14: BCCM Grant Oversight Plan**).

D. Addressing Barriers to Key Population Access to District Hospitals

Stigmatizing attitudes by health care providers, inconvenient service hours and long wait times, and fear of confidentiality may be barriers to KP access to services in governmental settings.

ASP must proactively address these issues through sensitization and training health care providers, reminding them of their responsibility to provide health services without allowing their attitudes,

biases, or beliefs to interfere with service quality. Outreach staff will be informed of which health care providers have been trained to be “KP friendly,” enabling them to facilitate access to these providers for their clients.

Furthermore, strengthening accompanied referral, in which the client is supported by outreach staff who can help navigate the hospital environment, will increase the likelihood of accepting longer wait times. At the same time, if the navigating staff has built a network with nurses and staff, this may reduce the wait time required because the KP client may be prioritized.

It is important to combat stigma at several levels to address health facility stigma. Specifically, ASP focuses on training health facility staff from the project and the hospital’s core staff. All training programs outlined in Part 6: Capacity Building must include an individual session on stigma and discrimination.

At the structural level, ASP must focus on developing and enforcing anti-discrimination policies, preventing infection by providing supplies, enforcing standard precaution infection control practices, and establishing client complaint and compliment mechanisms, such as installing a “complaint and compliment box” in a space where clients can freely share their opinions.

E. HIV Program Review

The HIV program review is inclusive of an annual program review workshop and a joint review of the national HIV response.

- **Annual Program Review Workshop:** As a process, initially, each PR will conduct an annual program review independently. The workshop analyzes and adjusts the program based on progress reports, Global Fund country team review findings, field monitoring findings, national surveys and surveillance results, etc. With the findings and recommendations from the workshops, the three PRs and OP-supported NGOs will organize a joint workshop. The other key stakeholders include representatives from SRs, partners of OP-supported grants, UNAIDS, UNICEF, UNODC, WHO, community networks, hospital directors, senior officials of the DGHS, ministries, and experts who will also engage in the joint workshop.
- **Joint Review of the National HIV Response:** Considering the recent National Strategic Plan and planning for the subsequent phases of both the OP and the Global Fund-supported HIV grant, a joint review of the national HIV responses and adjustment is planned to be held at the beginning of 2023. Simultaneously, the OP-funded program will conduct an endline survey.

The process includes, but is not limited to, parallel workshops with TWGs (such as TWG on M&E, PSM, program technical, finance, grant management, etc.) and a more extensive workshop with multi-sectoral representatives. The workshops would analyze the progress on all HIV grants over the last implementation period; examine the appropriateness of the locations, service packages, approaches, field-based lessons, and innovations; and recommend changes to the following grant windows. ASP will lead and facilitate the process with active support from the stakeholders.

The review’s outcome would primarily be to update the National Strategic Plan and, in accordance with the updated National Strategic Plan, plan for the subsequent phase of the OP and the Global Fund-supported HIV program.

List of the Actions under this Section

- ASP ensures that all training programs include a session on stigma and discrimination, as well as mitigating measures.
- By May 2022, ASP to install a “complaint and compliment box” in each of the five hospitals so that clients can openly express their feelings.
- Each PR will organize and conduct a program review workshop on their own.
- Every year, ASP organizes joint review workshops with the three PRs.
- Conduct joint review of the national HIV responses and adjustment at the beginning of 2023.

Part 3: Financial Management

Financial management refers to the strategic planning, organizing, directing, and controlling of financial undertakings in an organization or an institute. The success of a project is determined by how well it is managed. Management in government PRs includes program management, financial management, procurement management, M&E, and management of goods and services according to standard procedures. In addition, all these functions need to be supported by a proper organizational structure with clearly defined roles and responsibilities. The GoB has signed several grant agreements with The Global Fund. Per the grant agreement between the Global Fund and the GoB PRs of the DGHS under the Ministry of Health and Family Welfare, the PRs are required to maintain a sound financial management system to provide accurate and timely information regarding the program. The GoB PRs have established a standard SOP for financial objects. As stated in the SOP (see **Part 3: Annex 1: Standard Operating Procedures on Financial Management for Global Fund Funded Tuberculosis, Malaria, and AIDS Programs in Bangladesh-Second Revision**), the objectives are to:

- Bring about standardization, discipline, and consistency in accounting policies and practices, rules and procedures for monitoring receipts, utilizing grant funds, and ensuring transparency, accountability, and good governance in the financial management system.
- Provide general guidelines for maintaining accounts and preparation of financial statements, and meet reporting compliances of the Global Fund by ensuring better coordination and recording of daily financial transactions accurately and promptly.
- Assist management with the necessary financial information required for efficient monitoring and implementation of the disease program.
- Ensure that basic internal control systems are in place in every functional unit of the GoB PRs.
- Have an accurate and timely financial reporting system for the management, donors, and the GoB.
- Detect and prevent any fraudulent practices.
- Provide support to the local fund agent, external auditors, and other reviewers while evaluating the financial management systems and performance of the GoB PRs.
- Be used as a capacity-building tool for the finance staff of GoB PRs.

A. Allocation of Resources and Funding Flows

The Global Fund allocates funding to countries to support HIV, TB, and malaria programs and build resilient and sustainable systems for health. These allocations are made every three years at the start of a new funding period. Grants shall be received by the GoB PRs through the approval of the secretary of the Ministry of Health and Family Welfare as per the grant agreement. The fund is deposited first in the designated bank account of Ministry of Health and Family Welfare (CONTASA Account) and then transferred to the PR ASP program-designated bank account maintained with Government's scheduled bank.

The PR ASP disburses funds in tranches to the hospitals/service centers on a quarterly or needs basis. The disbursements are based on projected program cash requirements and performance as reported by hospitals/service Centers' quarterly cash balance reports. Hospitals/service centers may request additional disbursements outside their regular disbursement periods with appropriate justifications. The next disbursement is based on submitting the quarterly report and fulfillment of conditions precedent to disbursement. A sufficient balance should always be maintained to meet the required disbursement. The activity plan for the service centers under Global Fund funding is

attached as an annex (see **Part 3: Annex 2: Activity Plan**). As mentioned in the previous chapters, ASP is now revising the work plan and budget for the Global Fund-supported program. This will be sent to the Global Fund country team for approval by June 2022. Figure 5 shows the funding flow from the Global Fund to the PRs to the hospitals.



Figure 5: Fund Flow

The hospital shall receive grants through the approval of the line director, TB and Leprosy, and NASC, DGHS, Ministry of Health and Family Welfare as per the approved budget to the hospital-designated bank accounts maintained with Government’s scheduled/commercial bank. Disbursement of funds for implementation of quarterly activities as per the approved work plan should be made at the beginning of each quarter. The disbursement is based on projected program cash requirements and completed reports by the respective hospitals/service centers. The funds should be disbursed only to the authorized implementing agencies or their appointed staff. A joint signature is required to manage the banking transactions, for which the hospital director/superintendent or the designated official and medical officer of the project should be responsible.

Therefore, all five hospitals need to open a new bank account for this grant. The ASP has already sent an official memo Instructing the hospitals to do so, and all bank accounts are already established. Following are the bank details of each hospital.

Table 4: Bank Account Details

SL#	Account Name	Hospital Name	Bank Name	Account No.	Branch	Routing Number
1	KP Intervention 250 Bedded Bangamata	250 Bedded Bongamata Sheikh Fazilatunnesa Mujib General Hospital, Sirajganj	Agrani Bank Ltd.	0200018272513	S.S Road Branch, Sirajganj	010881785
2	KP Intervention 250 Bedded Hospital- Jashore	250 Bed General Hospital, Jashore	Agrani Bank Ltd.	0200018276839	Daratana Road Branch, Jashore	010410619
3	KP Intervention 250 Bedded General Hospital-	250 Bedded General Hospital, Pabna	Sonali Bank Ltd.	4114501033191	Pabna Branch, Pabna	200761781

SL#	Account Name	Hospital Name	Bank Name	Account No.	Branch	Routing Number
	Pabna					
4	KP Intervention, Sher-E Bangla Medical College Hospital- Barisal	Sher-E Bangla Medical College Hospital, Barisal	Sonali Bank Ltd.	0330102000631	Sagardi Branch, Barishal	200061849
5	KP Intervention CMCH.	Chattogram Medical College Hospital	Agrani Bank Ltd.	0200018489225	Medical College Branch, Chattogram	010154933

Proper fund management is vital for the smooth implementation of planned activities. To meet the required disbursement, sufficient funds should always be kept on hand. Account management under the Global Fund program is done on a “cash basis.” As a result, holding buffer funding is not an option per the Global Fund guidelines.

B. Reporting Mechanism

Transparent financial systems benefit all users of financial information. Being open and clear avoids potential misrepresentations. This includes preparing accurate, complete, and timely financial reports and making them accessible to stakeholders. The SSRs/SRs and PRs prepare their financial reports quarterly, semi-annually, and annually based on the PR’s financial performance and the Global Fund’s annual funding decision. The SSRs send their quarterly cash balance report, program update (PU), six-monthly performance update disbursement report (PUDR), and annual financial reports to the respective SRs. SRs send their compiled report to the PRs. PRs send their compiled report to the Global Fund. The local fund agent reviewed the reports on behalf of the Global Fund. An annual grant-specific audit must be completed for SSRs/SRs and PRs , and that report is also sent to the respective authority.

The following reporting flow is planned to be adopted for the KP service at the five hospitals:

- **Quarterly Financial Report:** The hospital authority will submit an expenditure report within the specified timeframe using the standard template (see **Part 3: Annex 3: Financial Reporting Instruction** and **Part 3: Annex 4: Financial Reporting Template**). The reporting template follows the budget agreed-on with the Global Fund, ensuring that costs are categorized and reported under the accurate cost inputs and interventions. The medical officer and center manager will prepare the report. The report will be reviewed by the resident medical officer in charge of ART/HTS. Finally, the hospital superintendent/director or the appointed personnel will approve it. By conducting a regular financial monitoring visit, PR ASP will review the report and undertake verification (vouching, analysis, etc.).
- **Financial Monitoring Visit:** Field visits will be conducted by the accountant/accounts officer, assistant manager (finance), and program personnel to verify the bills and vouchers. During the visit, a financial review checklist will be used. The ongoing program activities (training, workshops) will also be visited at random as part of the spot-check. Visitors submit field reports and share them with the proper authorities. The combined field visit plan will be prepared at the start of the quarter by program, M&E, finance, and PSM staff based at headquarters.
- **Half-yearly Report:** Each hospital shall compile a half-yearly report based on a combination of the two quarters and submit it to ASP on time.

- Report to The Global Fund:** Following the verification and compilation of the reports, ASP will submit them to the Global Fund, along with any accompanying documentation. Financial reports shall include the following:
 - Statement of sources and uses of fund
 - Cash and bank reconciliation statement
 - Variance analysis—comparison between budget and expenditures by modules/intervention and cost groupings.
 - Programmatic and financial progress update reports by modules/intervention and cost groupings.
 - Update on the progress/fulfillment of conditions precedent and management actions.
 - Annual cash forecast
 - Annual financial reporting
- Time Schedule:** PR ASP shall submit the PUDR report within 60 days of the period’s end and the PU report within 45 days of the period’s end. Hospitals must submit the cash balance report to the ASP within seven days after the quarter to ensure timely submission of the PU and PUDR. Within 15 days, ASP will review, compile, and submit the report to the Global Fund. The hospital will report the six-monthly report within 20 days of the end of the period. ASP will review, check, and compile the report before submitting it to the Global Fund within 45 days. The hospitals will submit PUDR financial information within 30 days after the end of the period, and ASP will take 60 days for review, verification, and compilation. Figure 6 illustrates the financial reporting flow and timelines.



Figure 6: Financial Reporting Flow

C. Budget Duplications

Budget duplication usually occurs due to fragmentation of broad areas of the same agency and overlapping of multiple agencies to achieve similar goals or target similar beneficiaries. Budget duplication is uncommon in the current HIV program in Bangladesh, as evident from the discussion of workshops and PR meetings.

Avoiding Budget Duplication and Inconsistencies

Although it is not currently documented to be a problem, as ASP takes on more direct oversight over key interventions and programs, it is important to be mindful of potential duplication and inconsistencies. The following are key aspects to limit budget duplication and inconsistencies:

- Ensure that the budget is arithmetically accurate.
- Build the budget categories as defined by the Global Fund.
- Be consistent with the budget submitted with the proposal and reflect any TRP clarifications.
- Do not include costs covered by other sources of funding.
- Clearly identify reasonable quantities and unit prices.
- Ensure the economy, efficiency, and effectiveness (value for money) of activities.
- Be consistent with proposed programmatic targets defined for each time period.
- Reflect on the cash need for each period.
- Reflect a realistic rate of utilization of funds, taking into consideration of absorption capacity.

D. Roles of NGO PRs in Budget Planning and Their Program-wide Efficiencies

The two NGO PRs in Bangladesh's Global Fund-supported HIV program are Save the Children and icddr,b. This section describes their roles in budget planning and responsibilities in financial management, as well as the lines of authority.

Roles of NGO PRs in Budget Planning

During budget preparation, the line director of ASP asked each PR to submit the budget for review. During the next step, each PR presented the budget at the BCCM HIV TWG meeting with explanations. The TWG members provided feedback, and each PR was responsible for responding to questions. A consensus was formed, and the budget was revised accordingly. Before submitting the budget to the Global Fund, each PR's budget (and the cumulative budget of all PRs) is currently shown at least three times: at the oversight committee while preparing the budget; at the BCCM meeting in the proposal endorsement meeting; and then after Grant Approvals Committee, the approved budget is again shown to the BCCM. During grant implementation, the financial information of each PR is presented at various forums as a follow-up mechanism. For example, during the quarterly coordination meeting among all PRs and other relevant stakeholders, each PR presents the expenditure pattern, burn rate, etc. The financial information is then presented at the Oversight Committee meetings through the BCCM Dashboard and ultimately presented at the BCCM every quarter. During grant implementation, the oversight committee members also visit the SRs and PRs and review the major financial expenditure documents. The progress update, which contains all financial information when submitted to the Global Fund, is also submitted to the BCCM secretariat. Figure 7 depicts the budget planning for the Global Fund grant.

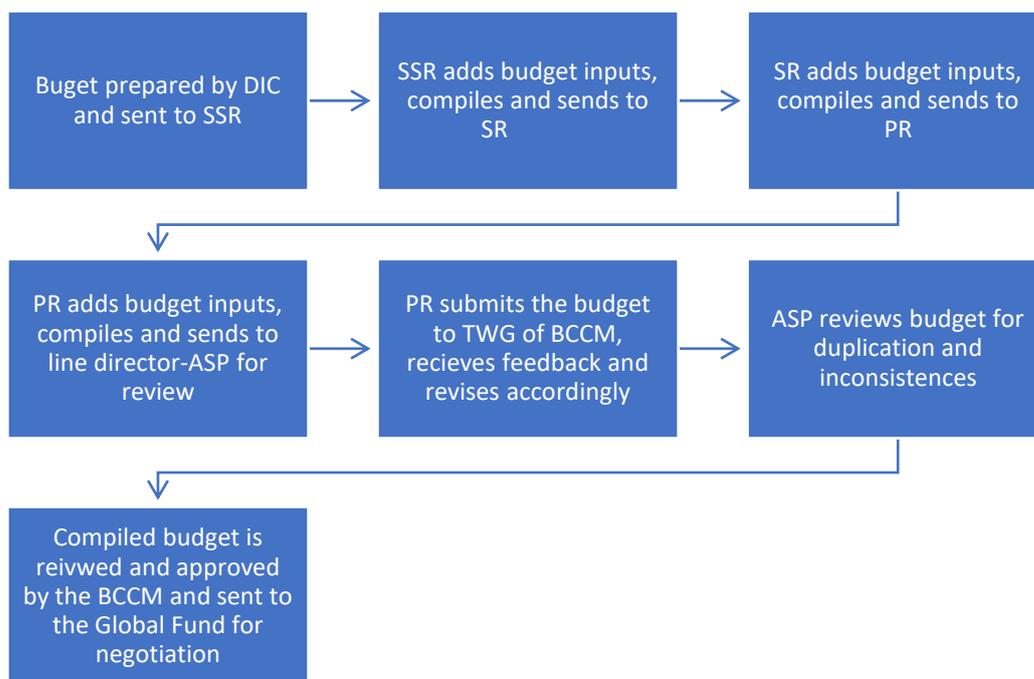


Figure 7: Budget Planning

Program-wide Efficiencies of PRs

PR: Save the Children

Save the Children mainly works with PWID and FSW. Two PLHIV CBOs (AsharAlo Society, Mukto Akash Bangladesh) and three FSW CBOs (Swanirvar, Akhoy, and Bachte Chai) have been implementing HIV preventive activities in collaboration with SR and SSRs. Save the Children and SRs/SSRs that collaborate with CBOs and networks (Network of People Who Use Drugs, Network of PLHIV, and Sex Workers Network) to expand outreach operations through social mapping, spot analysis, and contact mapping.

Save the Children is accountable for the use of grant funds and is responsible for delivering programmatic results. It is also required to operate internal control systems to ensure that funds are efficiently and effectively directed to achieving programmatic results and reaching PWID, FSW, and PLHIV in need and to ensure that programmatic and financial data are accurate and complete. Save the Children conducts annual audits of its SRs to provide an external level of assurance about the proper use of grant funds.

PR: icddr,b

The main focus of icddr,b is on MSM, transgender individuals, and PWID, with special reference to OST. icddr,b has made efficiency gains from its existing budget and utilized the funds to increase HTS for MSM and hijra. icddr,b continues to work with two existing SRs, namely the Bandhu Social Welfare Society and Light House. Separate sub-grant agreements have been signed with them for the implementation of services in their respective geographical areas with the support and community engagement of SSRs, namely Badhon Hijra Shangho. Six MSM and hijra CBOs are supported by icddr,b (Sustha Jibon, Diner Alo Hijra Sango, Shopno hijra Unnayan Sangha, ShurjerAlo hijra Sangha, Bikoshito Manab Kolyyan Songothon, and Shapla MSM Unnayan Songothon).

Within their distinct organizational structures, both NGO PRs have a line of authority. According to the agreement with the Global Fund, both NGO PRs adhere to the financial obligations and regulations mandated by their respective organizations. The Global Fund country team holds each

PR directly accountable for finance and PSM. As a result, each PR's line of authority ensures financial transparency and accountability across their systems. To maintain transparency and accountability, BCCM oversight committee members visit the field, service centers, and PR office and issue official visit reports with recommendations to the respective PR. Each PR is obliged to respond to the oversight committee's inquiries and suggestions. Furthermore, PRs attend oversight committee meetings and update the CCM Dashboard, which provides short updates about the program, financial, and PSM to members of the oversight committee and BCCM members at BCCM meetings.

E. Fiscal Accountability Procedures

A strong financial management system creates and holds management accountable for the various financial transactions that take place. The system requires management to explain how it has been used, its resources, and what it has achieved. The donor and other stakeholders have the right to know how funds have been utilized. Accountability is the moral or legal duty placed on an individual, group, or organization to be held responsible for how funds, equipment, or authority have been used. Sound financial management principles and practices can provide standard guidelines for financial personnel to ensure that funds are used economically, efficiently, and effectively to achieve program objectives and goals. PRs follow the following procedures for accountability:

- Conduct a bank reconciliation.
- Calculate payroll for employees.
- Calculate depreciation for fixed assets.
- Conduct the evaluation of the fixed assets.
- Conduct the annual audit.

F. Service Centers/Hospitals Cash Payment Limits and Procedures

The PR ASP disburses funds in tranches to the hospital/service center quarterly, semi-annually, or on an as-needed basis. The disbursements are based on projected program cash requirements and performance reported by hospital/service center quarterly cash balance reports. The DIC/hospital/service center may request additional disbursements outside its normal disbursement periods with appropriate justifications. The next disbursement is based on the submission of the quarterly report and fulfillment of conditions precedent to disbursement.

Fund Limits

The hospital shall receive grants through the approval of the line director, TB and Leprosy, and ASP, DGHS, and Ministry of Health and Family Welfare, as per the approved budget to the hospital-designated bank accounts maintained with Government's scheduled/commercial bank. Joint signatories will maintain the bank transaction from the hospital director/superintendent or the representative and medical officer cum center manager of the project.

The government PRs' Project Management Unit limit for petty cash is up to BDT 20,000 (Taka 20,000). For the service centers/hospitals, the revised SOP will adjust the daily petty cash amount to BDT 5,000 (Taka 5,000). Currently, all GoB PRs are revising their financial SOP, in which these issues will be reflected clearly.

List of the Actions under this Section

- Ensure that the bank accounts for five hospitals are opened by March 2022.
- Conduct annual audit.
- Update/revise the financial SOP.
- Produce quarterly, semi quarterly, and annual financial reports.
- Conduct quarterly financial monitoring visits.

Part 4: Monitoring and Evaluation

Appropriate decision-making is crucial in ensuring success in program implementation. To make sound decisions, high-quality, accurate, and complete data are required. Adequate M&E systems provide these data and, as such, are essential components of the HIV and AIDS response. Monitoring involves the continuous supervision of ongoing activities, whereas evaluation entails a systematic examination of a program's outcomes to its stated objectives.

In line with the National AIDS Monitoring and Evaluation Plan 2020-2023, the ASP has a comprehensive M&E system to monitor the implementation of activities regularly and assess hospital-wise project progress against intended outcomes through regular on-site visits and periodic evaluations. The district hospitals will have adequate operations and information systems to prepare progress reports for ASP.

A. Collection of Data and Information for Quality Assurance

A standard routine data collection process has been established for the NGO PRs from DIC to SSR to SR to PR level. The PR ASP needs to customize the process. For example, the district hospital is the central hub to generate regular data for program indicators. Outreach data are collected daily or monthly from the outreach, and clinical service-related data should be collected from the district hospitals using standard tools.

- The DHIS2 contains three forms of data sets for the HIV program: (1) HIV testing data, (2) KP coverage/reach data, and (3) training/orientation data. Since 2020, the five hospitals in which ASP is implementing the HIV program among KP have provided HIV testing data. After the KP intervention is fully implemented, the hospitals will start providing data to the remaining two data sets (KP coverage/reach data and training/orientation data).
- PRs/SRs are using different reporting forms to collect field-level data per KPs. That will continue because the needs and requirements of services are different among KPs. Reporting forms and formats cover the requirement of performance framework-based indicators.

B. Reporting Procedures (How and Where Information Will be Shared and by Whom)

DIC for NGO PRs and district-level hospitals for ASP primarily provide services to the target population. Every month, DICs send data as specified in the performance framework related to the service to the SR for NGO PRs (see

Part 4: Annex 1: Performance

Framework). The data are verified by the SR and forwarded to the PR. The information obtained by PR is triangulated and submitted to DHIS2 as a specific data set under the national HMIS. For PR ASP, data are stored at district-level hospitals, and because there is no SR under ASP, the medical officer cum center manager will submit data directly to the ASP. Data are submitted to DHIS2 under the national HMIS after cross-checking with ASP.

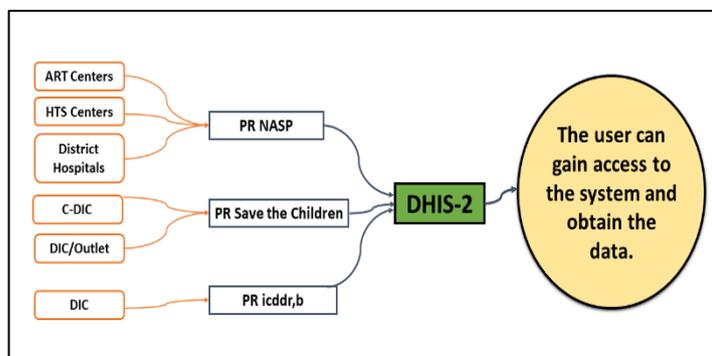


Figure 8: Data Flow Chart from Community Level to National Level

Data on the selected programmatic areas will be directly entered into the web-based data portal maintained by DGHS. The management information system (MIS) for KP was established in 2013 and

Data on the selected programmatic areas will be directly entered into the web-based data portal maintained by DGHS. The management information system (MIS) for KP was established in 2013 and

integrated into the national health MIS-DHIS2. DHIS2 is a flexible, web-based open-source information system with essential visualization features, including geographic information systems, charts, and pivot tables. To facilitate and standardize the data entry process, a set of suggested formats was developed and agreed upon by all relevant stakeholders.

In addition, every month, government ART and HTC centers send information to ASP, and ASP submits the report to DHIS2 after data verification. Capacity-building efforts are ongoing to facilitate the hospital management teams and project staff to submit data directly to DHIS2. This is expected to be implemented by the end of 2022.

In February 2022, the government’s OP-supported program made information and communication technology equipment, such as computers, printers, uninterruptible power supply, and scanners with Internet connectivity, available at all five hospitals. Following an assessment of further requirements, another set of equipment will be provided by the Global Fund-supported program in June 2022.

A set of simplified and effective tools must be developed in collaboration with the other PRs. The number of forms, formats, and tools and the number of variables in each tool should be reduced to a more reasonable level, particularly for tools for peer outreach workers. Peer outreach workers collect a large amount of data using several templates and formats that are not always required. Collecting data without analysis or utilization is a time-consuming and wasteful endeavor. It pushes outreach teams to focus on record-keeping and compilation rather than field activities. As a result, the complete set of tools and formats will only verify and keep the necessary variables. By August 2022, the M&E TWG will have finalized the new set of tools and templates.

ASP will also gradually incorporate electronic data reporting systems to use real-time data for quick decision-making. As a result, the M&E framework will be revised and simplified further to hold each cadre accountable.

Table 5: Reporting Requirements

Reports	Components	Tool	Frequency	Timeline
Hospital to ASP				
Periodic progress report	<ul style="list-style-type: none"> Quantitative report Narrative report Program finance report 	<ul style="list-style-type: none"> DHIS2 (KP data set) PLHIV database ASP will provide the needed tools 	Quarterly	DHIS2 (KP data set), within 20 calendar days of the following month of each quarter/period PLHIV database, real-time
Annual report	<ul style="list-style-type: none"> Formative report/narrative report 	ASP will provide the needed tools	Annually	Within 45 calendar days of completion of the year (January to December)

Reports	Components	Tool	Frequency	Timeline
ASP to the Global Fund and Local Fund Agent				
PU/PUDR	<ul style="list-style-type: none"> Formative report, both program and finance combined as per the Global Fund format Narrative report 	According to the Global Fund-provided PU/PUDR template/online submission	Six-monthly	Within 45 calendar days
ASP to DGHS, BCCM, and the Global Fund/Local Fund Agent				
Dashboard for BCCM Oversight Committee and the Global Fund/local fund agent	<ul style="list-style-type: none"> Periodic PR Dashboard 	Software-based report	Quarterly	Within 30 calendar days of completion of a period
DGHS report-DHIS2	<ul style="list-style-type: none"> Quarterly DGHS reporting in the DHIS2 platform 	Online database	Quarterly	Within 30 calendar days of completion of a period

C. Progress Reporting

The PR ASP’s combined performance framework and work plan clearly illustrate quarterly milestones and targets for the grants. ASP should create the documents in the simplest form possible and ensure that they are available at each site. A table outlining all indicators included in the performance framework is included as an annex (see **Part 4: Annex 1: Performance Framework**).

The reporting process was harmonized in 2013. ASP currently utilizes the DHIS2-generated reporting template. In addition, to facilitate the process in the current grant cycle, a set of tools has been developed to be used by all PRs. Further details on the plans for comprehensive joint supervision by ASP are detailed in the National M&E Plan 2021-2023 (see **Part 4: Annex 2: National M&E Plan 2021-23**).

The National AIDS M&E Plan Review Process

Review and updating of the National M&E Plan involved an intensive consultative and consensus-building process. The initiative included a review of the previous AIDS M&E Plan, the revised 4th National Strategic Plan 2018-2023, the result-based framework of the revised 4th National Strategic Plan, and the Global AIDS Monitoring reporting indicators. In addition, in 2019, several consultative meetings were held at ASP with the key relevant stakeholders to review these documents and develop the updated National AIDS M&E Plan.

In the process of development, ASP organized a consultative workshop in October 2021 with the relevant stakeholders to assess M&E capacity using the Monitoring and Evaluation System Strengthening Assessment (MESSA) tool¹ for M&E system assessment and made recommendations based on 12 components of M&E system strengthening (see Figure 9). The

¹MESSA is a process of developing a national M&E framework in which all the reporting tools, and systems are reflected.

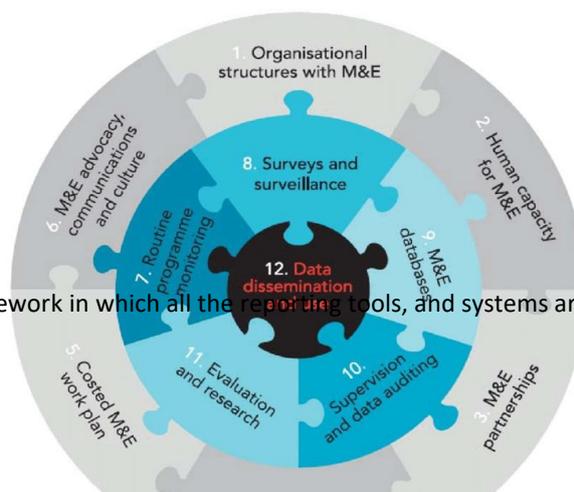


Figure 9: Components of a Functional National HIV M&E System, UNAIDS, 2008

completed MESSA tools that resulted from this process are available as an annex (see **Part 4: Annex 3: MESSA Tool- All Group Input**).

Participants and experts from governmental departments, NGOs, CBOs, UN agencies, and development partners attended the meeting. The ASP also coordinated with the TWG for M&E and SI on HIV & AIDS. In addition, a consultant was hired to update the existing M&E Plan. Finally, the draft National M&E Plan was circulated among the national TWG (M&E and SI) members on HIV/AIDS and other relevant groups and experts for review and comments.

The MESSA identified strengths and weaknesses of the current M&E system, performance objectives for the M&E system, focused interventions, and actions on addressing existing gaps in capacity, roles, and responsibilities of the stakeholders in contributing to the national M&E system. As a result of the MESSA process, summary action points were identified for many of the 12 components. Table 6 provides the status of the identified action points.

Table 6: Identified Action Points and Status Updates

Action Point	Status Update
Organizational Structure	
A permanent epidemiologist post is needed.	Not yet created
Specific human/staff capacity is needed.	The KP manager, M&E expert, deputy program manager (M&E), medical officers, center manager, and outreach supervisors have already been recruited and trained for M&E roles throughout the program. The peer educator and office support personnel are yet to be recruited.
Domestic fund and Global Fund should be increased to achieve the global target.	To be completed
KP intervention program should be integrated with the government facility.	Already started in the selected five government hospitals
Human Capacity	
Newly recruited staff need more training in HIV-related M&E.	Staff oriented upon employment on programmatic and M&E issues, especially spot mapping, M&E tools, data collection forms/format, and AIDS epidemic model. Orientation and discussion sessions were jointly organized with NGO PRs and OP-supported NGOs
Intersectoral cooperation is essential.	As described in Section F of "Part 1: Program Technical Management," ASP holds regular meetings with NGO PRs/SRs and OP-funded partners and other external stakeholders at the central level. The meeting with different hospital departments for effective referrals at the hospital level is continued. ASP also organizes quarterly meetings with the TB program to coordinate TB-HIV co-infection management.
Need to develop a database of trainers and develop capacity of other service providers.	With support from the OP fund, a two-day training module on DHIS2 management was developed in 2021. Counselors and administrators, among others, have been trained under the OP-funded program.
Partnerships	
National TWG should meet on a quarterly basis, coordinated by ASP.	M&E TWG is still meeting on a six-monthly basis and as needed.
Major HIV/AIDS stakeholders need to be included in TWG, especially those that are not included yet.	TOR has not yet been revised

Action Point	Status Update
TOR of the TWG should be reviewed and updated at the earliest convenience.	By December 2022
HIV/AIDS should be included in the national M&E TWG coordinated by the Ministry of Health.	A representative from the Ministry of Health (Narcotics Control) is already included.
Humanitarian issue related to HIV need to be included in the M&E TWG TOR.	Not yet revised
National M&E Plan	
ASP has National M&E Plan. It should have a multi-sectoral HIV M&E plan following the TOR.	Updated in December 2021
National M&E Costed Work Plan	
M&E plan is not modified for the current year based on previous year's achievement.	Updated in December 2021
Current structure needs to be reviewed.	ASP hired M&E-related personnel following the M&E organogram. The structure will be evaluated after one year, in January 2023, to see whether it is effective.
Advocacy needs to be increased among policymakers and service providers, including beneficiaries.	The issue has been addressed in the updated version in December 2021.
Sexual and reproductive health need to be addressed in the National M&E Plan.	A chapter on sexual and reproductive health has been included in the National M&E Plan.
National STI M&E needs to develop in line with the national STI strategy.	A specific chapter has been considered in the updated M&E Plan of December 2021.
Advocacy, Communication, and Culture	
Communication and reporting should be quarterly because it is helpful for decision-making and development (to be discussed).	Reporting into DHIS2 is done on a quarterly basis and disseminated among stakeholders on a six-monthly basis.
Routine Monitoring	
No action points are listed in the MESSA.	Routine monitoring of the field program by the implementers, and joint monitoring are mentioned in the specific chapter of the M&E plan.
Surveys and Surveillance	
Workplaces vulnerable to HIV need to be mapped and included in a workplace survey.	Not yet planned
A behavior surveillance survey for the general population needs to be developed. (See the Bangladesh Demographic and Health Survey report.)	Advocacy with the Bureau of statistics will be conducted to incorporate the HIV indicators into the Bangladesh Demographic and Health Survey.
National and Subnational databases	
Laptops and other logistics need to be provided at all HTS centers.	Already supplied to all HTS centers under OP fund
Essential human resources need to be deployed for HTS centers.	Counselor cum administrator (OP staff) is responsible for the report.
A IT staff member or company needs to be hired centrally for maintenance.	HiSP Bangladesh/MIS-DGHS has been contracted to provide support for the data since December 2021.
Supervision and Data Auditing	
Frequency of visits for data auditing needs to be increased.	A quarterly visit schedule for data auditing has been conducted since 2021.
Joint data auditing visits need to be planned in collaboration with implementers.	Will start in July 2022
Evaluation and Research	
No action points are listed in MESSA.	
Data Use	
Assessment needs to be conducted at least once in the project period.	An annual review workshop of progress updates and mid-term review of the Global Fund grant/OP grant is scheduled.

D. Data Flow and Use

The ASP is primarily responsible for coordinating M&E activities and is the custodian of HIV/AIDS data and reports. The M&E and SI units of ASP collaborate with all relevant implementing partners to guide and collect M&E data in their respective areas of operation. As part of the National Health MIS, the DICs/outlets, hospitals, and ART centers enter programmatic output indicators on relevant KP interventions into the DHIS2 system.

Furthermore, the ASP leads the process of biological and behavioral surveillance, evaluation studies, assessments, and operational research, all of which provide data for outcome and impact indicators.

ASP analyzes and produces yearly HIV/AIDS reports, biannual progress reports, advocacy briefs, Global AIDS Monitoring reports, and other materials based on all of the data. The reports are used to mobilize resources and advocacy, and to provide status updates to GoB ministries, development partners, the Global Fund, and others.

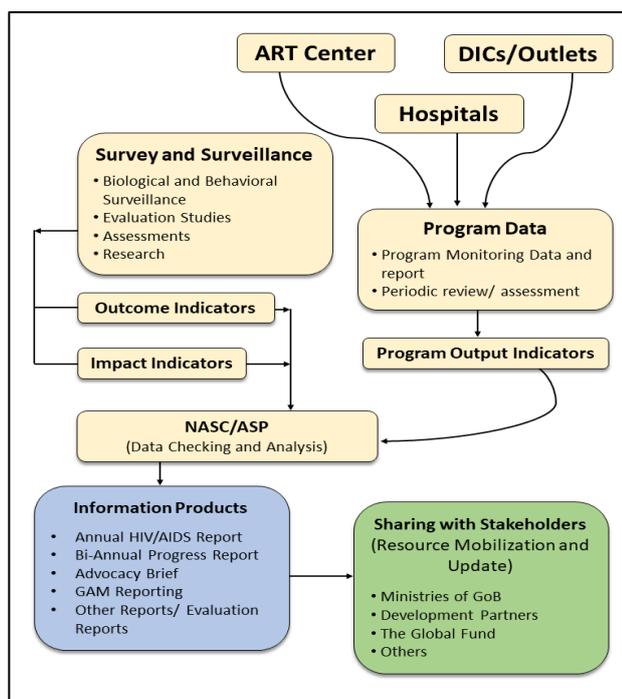


Figure 10: Data Flow

The ASP website is also being updated and reorganized. All relevant key documents have been uploaded to the website. Figure 10 shows the data flow as well as the subsequent use and sharing of data to higher levels.

E. Joint Performance Framework

The Global Fund requires a performance framework that outlines the indicators and targets that the implementer intends to achieve and an M&E plan that explains how the implementer plans to collect, collate, and analyze data from the programs to assess their progress toward its goals. The performance is measured using defined indicators and key targets and milestones. Notably, the performance framework for Global Fund grants in previous rounds was PR-specific. It has been combined in the current round, and three PRs will report against this single and combined framework. It provides joint coordination; the overall grant rating will be impacted if any PRs falls short of achievement.

F. Joint Supervisory Visits

Supervisory visits are conducted by various bodies:

- ASP: ASP conducts field visits on a regular basis to monitor program activities, including the national data quality review for ART services. The periodic joint monitoring visits are also planned on a six-monthly basis, with participation from all relevant agencies, including UN agencies, other directors of DGHS, TWGs, PRs/SRs, and networks. The details of the joint monitoring visits are outlined in Section 10 (Supportive supervision and data auditing) of the National M&E Framework (2018-2023). The purposes of these visits are to (1) verify

achievements against the performance framework indicators, (2) assess the quality of service implementation and operational issues, (3) conduct data verification and audit, (4) review the documentation, and (5) mitigate implementation barriers.

Furthermore, actions deriving from the recommendations of local fund agent/country team assurance activities, such as data quality reviews and program quality spot-checks, are given special attention.

The visit report's findings are shared with PRs/SRs/SSRs. Visitors identify problems and provide suggestions on the spot, jointly with associated PRs, SRs, or SSRs who carry out the programs.

- BCCM Oversight Committee: Under the leadership of the OC chair, BCCM conducts regular field visits, and other members, including the UN team, networks, other ministries, and civil society organizations, participate. A detailed report with suggestions and observations is delivered to the respective implementer for action after each visit.
- PRs/hospital teams: Conduct cross-learning visits

List of the Actions under this Section

- Monthly report from ART and HTC to ASP
- Regular joint monitoring visits
- Quarterly financial monitoring visits
- Joint supervisory visit

Part 5: Pharmaceutical and Health Product Procurement and Supply Chain Management

A. Consolidated Procurement of Preventive Commodities at the Global Fund-supported Grant

Since the beginning of the Global Fund’s HIV grant in Bangladesh, three PRs (ASP, icddr,b, and Save the Children) have been functioning individually and undertaking their procurement activities independently. Certain health products, such as test kits and condoms, were common to multiple PRs, creating a consolidation opportunity. As a result of the concept of economies of scale, the Global Fund initiated a proposal based on a TRP recommendation to perform consolidated procurement among PRs with a high probability of cost efficiency.

Consolidated procurement of items from a single entity presents few risks and complexities. Examples of complexities include differences in organizational policies, conditions, advantages and disadvantages, assessment of the total cost of ownership or value for money, demand analysis, sourcing, freight charge, delivery time, custom, import duties, warehousing costs, warehouse management, additional human resources, distribution costs, type and location of beneficiaries, field storage capacity.

As a result, the ASP led a thorough analysis with the three PRs to critically assess current procurement procedures and item-by-item health product requirements, cost analysis between separate procurement versus consolidated procurement, and risks and mitigation strategies. The analysis revealed the steps that were agreed upon by all PRs. The actions and updates against them are described in Table 7.

Table 7: Agreed Actions on Consolidated Procurement and Update

Sl#	Recommended Step, Responsibility, and Revised Timeline	Progress Update
1.	Form a PSM coordination group under ASP with representation from all PRs. Responsibility: ASP; Deadline: March 2022	A PSM coordination group has been formed. The assistant director-NASC heads the group, and members include representatives from all three PRs (ASP, icddr,b, and Save the Children). The first meeting took place in January 2022, during which a draft TOR was discussed. The signed TOR is attached as an annex (see Part 5: Annex 1:TOR PSM Coordination Committee).
2.	Consolidate HIV test kit orders for 2022 (first consignment). Responsibility: PSM Coordination Group; Deadline: June 2022	Given the risk of an extended lead time at WAMBO (usually 6–8 months) and further potential delays due to COVID-19 waves, the consolidated procurement through WAMBO has been moved back to January 2023. Several discussions have been held with the Global Fund country team in this regard. As a result, the plan for the first consignment of First Response and Unigold, the second consignment of Determine, and the remaining quantities of the rapid diagnostic tests (Oraquick, Unigold, and First Response) will be procured directly by the PRs as before. Starting in January 2023, all three types of test kits will be
3.	Place an order with WAMBO for the first consignment (Determine, First Response, and Unigold for 12 months' quantity). Responsibility: ASP; Deadline: June 2022	
4.	Onboard the clearing and forwarding agent to release the first consignment from the port. ASP will contact CMSD well in advance for the customs clearance to avoid any complexities. Responsibility: ASP; Deadline: October 2022	

Sl#	Recommended Step, Responsibility, and Revised Timeline	Progress Update
5.	Receive first consignment of products and distribute to PRs. Responsibility: PSM Coordination Group; Deadline: January 2023	consolidated and procured through WAMBO. The procedure will begin in June 2022. It should be noted that if the test kits do not arrive on time, ASP can continue to provide services for both NGO PRs and ASP programs from its stock for at least three months. ASP presently stocks 50,000 Determine and 73,000 OraQuick.
6.	Evaluate the performance of consolidated procurement through WAMBO: All PRs will evaluate the performance of the new approach and provide feedback to the PSM Coordination Group. The group will consider the feedback of PRs and proceed further accordingly. Responsibility: PSM Coordination Group; Deadline: March 2023	
7.	Consolidate HIV test kits orders for 2023 (second consignment): 6 months' quantity of Determine and remaining quantities of the rest of the rapid diagnostic tests (i.e., Determine, OraQuick, Unigold, First Response) of the program. Responsibility: PSM Coordination Group; Deadline: April 2023	
8.	Place an order with WAMBO for the second consignment. Responsibility: ASP; Deadline: April 2023	
9.	Onboard the clearing and forwarding agent to release the second consignment from the port. Responsibility: ASP; Deadline: October 2023	
10.	Receive the second consignment of products and distribute to PRs. Responsibility: PSM Coordination Group; Deadline: October 2023	

B. Supply Chain Management

To provide uninterrupted service to the KP at the district level, supply chain management of essential pharmaceuticals (such as ARV drugs, medicine, and consumables for STIs, abscesses, and general health management) and health products (such as needles, syringes, condoms, HIV test kits, syphilis testing kits, and HCV and methadone) is critical.

The CMSD is the government's principal PSM authority. The CMSD has SOPs that address several procurement and supply chain management aspects. Any department or directorate within the Ministry of Health and Family Welfare must follow the SOP for procurement and supply chain management. The ASP, like the other national programs, adheres to the same SOP (see **Part 5: Annex 2: CMSD SOP**). However, given the complexity of the HIV program and its service provision at the district level, a customized, easy-to-understand guideline will be prepared by January 2023 in accordance with the CMSD's SOP and relevant compliance.

PR ASP registered on the WAMBO platform and began purchasing various health items in 2021. At a recent PR coordination meeting, it was decided that PR ASP would obtain HTS kits for all three PRs. Save the Children and icddr,b have already submitted their requirements to ASP. PR ASP is currently revising the budget while keeping a sufficient budget for those items from its unspent balance. The

re-budgeting is scheduled to be completed by June 2022. After approval of the revised budget, ASP will procure HTS kits from WAMBO using its unspent balance on behalf of three PRs.

The project will adapt the hospitals' existing systems and procedures for site-level storage management, ensuring compliance with the Global Fund's and government's procurement and supply chain management standards.

The following are the overall key elements of procurement and supply chain management and the responsibilities of personnel at various levels:

At the hospital level:

- Complete the supply requisition process at the respective district hospitals on a quarterly basis, taking into account minimum and maximum levels of stock, stock in hand, any on-order stock (pipeline stock), buffer stock requirements, and anticipated consumption, to ensure uninterrupted stock availability. Guidance on various parameters (min/max stock levels, buffer, etc.) will be defined for the facilities. In this regard, the ASP will seek technical assistance from the Global Fund country team.
- Establish a goods receiving process that is timely, accurate, and comprehensive. The goods receiving committee, which consists of three members, is responsible for the receiving processes. The committee will count the items per work orders and delivery challans and examine quality (expiry) and other specifications during receipt. Following committee approval, the storekeeper will record the items into the stock register and store them according to the storage policy. An annex contains a one-page summary of the receiving and supplying steps (see **Part 5: Annex 3: Receiving and Storage Process**).
- Store health products by established store management practices, ensuring the quality and security of the stored products.
- Distribute pharmaceuticals and health items to end-users in a timely and efficient manner.
- Establish an effective inventory management system that ensures that adequate stocks are always accessible, including an appropriate safety stock, and avoids or minimizes product expiration before usage.
- Maintain accurate records and archives of all stock transactions using predefined templates. The templates are attached as an annex (see **Part 5: Annex 4: Stock Templates**).
- All five hospitals currently use a manual logistical information management system. By June 2023, ASP will have fully established a software-based system that will facilitate inventory management, stock management, and the development of supply management reports, including entry and report preparation.
- Make the write-off and disposal committee function in accordance with the January 25, 2018, government directive (for further information, see p. 32 of স্বাস্থ্য প্রতিষ্ঠানে ব্যবহারের জন্য কনডেমশন গাইডলাইন, ২০১৯-Condemnation Guidelines for Use in Health Institutions 2019, which is included as an annex (see **Part 5: Annex 5: Condemnation Guidelines for Use in Health Institutions**). Establish a local-level formal arrangement for the disposal of health products with the city corporation and municipality and relevant organizations such as PrisoM Bangladesh or any other agency that follows standard disposal processes.

At the ASP level:

- Compile, analyze, and process demand requests and requisitions to ensure ongoing stock availability to fulfill projected demand for health products and pharmaceuticals. The PSM

coordinating team will conform with and review all requisitions. ASP will provide items at the service delivery level (DIC/outlet and hospitals) on a quarterly basis.

- During the budget revision, ASP is keeping the provision of budget allocation for HTS kits for 2023. For the item, ASP will act as a procurement agent on behalf of the three HIV PRs.
- Procure pharmaceuticals and health items with Global Fund funds and government policy through WAMBO/Global Drug Facility and other recognized channels.
- Establish an effective follow-up mechanism with suppliers to ensure timely delivery.
- Develop, monitor, and reinforce hospital inventory management systems, including minimum and maximum stock levels and reorder quantity levels, and conduct a performance gap analysis using a set of appropriate key performance indicators. The analysis will be completed in June 2023, and the Global Fund program will cover its costs. The provision is preserved in the budget revision.
- Regularly monitor and analyze performance gaps and enhance hospital-based team members' capacity in all supply chain management elements.
- Coordinate with the hospital's directors/superintendent to ensure that supply requisitions are processed on time.
- Compile hospital stock reports to examine and determine adherence to optimal stock level maintenance.
- Generate supply management reports that are timely, accurate, and thorough for submission to the local fund agent and the Global Fund.

List of the Actions under this Section

- ASP will develop a customized, easy-to-understand guideline following CMSD's SOP and relevant compliance by January 2023.
- Procedures for the consolidated procurement of HIV test kits through WAMBO will begin in June 2022.

Part 6: Capacity Building

NASC’s primary responsibility is to manage, coordinate, and strengthen the capacity of actors and service providers involved in the HIV response, such as district hospitals, the prison directorate, the Bangladesh police, NGO partners, and primary recipients and CBOs. NASC works to strengthen partners’ skills, knowledge, and experience to apply a multi-sectoral approach to HIV prevention in the county.

The capacity development initiatives are based on mutually agreed-on priorities, policies, and desired outcomes during project design by ASP and partners. The capacity development of partners will occur throughout the grants.

The main objectives of the capacity-building initiatives are as follows:

- Improve the knowledge and skills of Global Fund-supported and OP-supported staff members to make proper plans and implement quality HIV interventions on time.
- Develop the skills required to conduct the program’s monitoring, evaluation, and reporting correctly and efficiently.
- Improve communication and coordination skills among the ASP team and other PRs and SRs.
- Improve the quality of programmatic and financial documentation and reporting.

The Global Fund-supported grant kept a small budgetary allocation for capacity building. However, to make the capacity development initiative more comprehensive, ASP intends to include a few non-costed capacity development initiatives alongside the costed initiatives. In implementing non-costed capacity-building initiatives, ASP will use expert staff members from its full range of human resources, infrastructure (such as a training venue), and other costs in the best possible way.

The following are the key capacity-building actions for 2022–2023[8].

A. Capacity-building Action Tools

The Global Fund used the capacity assessment tool to assess ASP’s capacity in terms of team structure, program planning, absorption monitoring, fund flow and accounting, health and non-health product management, M&E plan, tools, and supervision. The capacity assessment tool aims to identify critical capacity gaps and determine capacity-building measures to address them in the short and long term to improve the program's efficiency and effectiveness.

Table 8 provides the findings and recommendations of the capacity assessment tool and an update.

Table 8: Capacity Assessment Tool Findings and Recommendations

Recommendations	Status Update
<i>Finding 1: Project Management Unit capacity should be strengthened to handle increased grant budgets, new implementation responsibilities, and the transition to pooled procurement.</i>	
1. Strengthen financial and procurement planning, oversight, and accountability by incorporating close supervision from the government deputy program managers in charge of finance and procurement (health and non-health product procurement) in the workflow.	ASP’s organogram has been strengthened by adding a new deputy program manager (Logistic and Finance) under the revised OP. The position is in charge of planning, oversight, and accountability of health and non-health product procurement and financial management by providing close supervision and direction, regardless of funding sources. The deputy program manager (Logistics and Finance) acts as the member secretary of the PSM Coordination Group, which the assistant director-

Recommendations	Status Update
	NASC chairs.
<p>2. Strengthen team structure to incorporate:</p> <ul style="list-style-type: none"> • Finance: Add an accounts officer with TOR to include the requirement of strong accounting background and knowledge of Tally software. Annex the TOR that fully reflects the role of DICs and government staff. • PSM: Add an experienced senior PSM officer to oversee system and guidelines development and effective oversight of health product procurement. Re-discuss the roles of the MIS/PSM officer and the proposed logistics assistant. • Program/M&E: Add a manager KP Intervention and M&E expert with TOR, requiring a high level of skills and experience to manage KP programs. • PR should fill the M&E positions (divisional coordinators) vacancies as soon as possible. 	<p>All new positions have been recruited and onboarded. All newly recruited staff members received the basic program, M&E, financial management, and PSM training from ASP. The annex includes job-specific TORs.</p> <p>The TORs were shared with the Global Fund. After considering the Global Fund's comments, the staff members were oriented and signed the TORs.</p>
<p>3. Develop learning and capacity development plans for existing staff.</p> <ul style="list-style-type: none"> • Assistant manager (Finance): Training on Tally, Global Fund guidelines through e-learns, on-the-job training from the national TB program, attendance at no-cost capacity-building activities (e.g., Coursera), with learning time approved by management • MIS/PSM officer: Procurement and PSM basic training • HIV specialist: HIV technical training, including KP- and harm reduction-specific training 	<ul style="list-style-type: none"> • According to management's concurrence, hands-on capacity building on Global Fund guidelines and e-learning on project management are ongoing. • Formal training for the assistant manager (Finance) is planned, with a financial provision kept in the revised budget. • A formal certificate course in procurement and supply chain management from accredited institutions of the government's Central Procurement Technical Unit is planned for the MIS/PSM officer in September 2022. It would cost BDT 25,000 (approx. USD 285). The budgetary provision is kept in the revised budget. • Ongoing formal training is being conducted on the technical components. Already, two batches have been finished. By December 2022, four additional batches will be completed. In addition, eight international training opportunities have been budgeted, with Project Management Unit staff being prioritized for participation.
<p><i>Finding 2: To ensure timely implementation and strong financial performance of the grant, PRs should plan the grant activities in advance (two to three quarters in advance of the quarter in which activity is budgeted) and regularly track the progress of implementation and absorption.</i></p>	
<p>4. The year 1 work plan would be revised to include management actions from the planning steps (grant-making) and submit quarterly updates to the country team.</p> <ul style="list-style-type: none"> • In internal coordination meetings, agree on the approach within the team to conduct the activities on time. • For grant initiation, PR should start the planning for some key activities, like signing the memorandum of understanding for conducting training at the Police Training Institute. 	<p>The work plan was revised in June 2021, and subsequent updates have been submitted. The work plan and budget are now being revised and will be submitted to the Global Fund by June 2022. The revision prioritized the acceleration of activities so that ASP could catch up with them.</p> <p>Three batches of police trainings have been completed, and the remaining batches are continuing according to the work plan.</p>
<p>5. Upon initiation of disbursement from the Global Fund, ASP should be in regular touch with the</p>	<p>ASP communicates and coordinates with the Ministry of Health and Social Welfare (WH wing) on a regular</p>

Recommendations	Status Update
<p>Ministry of Health and Social Welfare (World Health wing) to check whether the funds have been received in the bank account. ASP should agree on a lead time and documentation requirements with the Ministry of Health and Family Welfare, and in case of undue delay, ASP may consider escalating the matter to a higher authority for intervention.</p>	<p>basis. There is no undue delay in the transfer or transaction of funds at present.</p>
<p>6. PRs should undertake advanced planning and proactive steps to ensure that proposed staff are in place by the end of quarter 1 of 2021. As per TRP recommendation 1, the MIP is a prerequisite for implementing the ASP-led interventions, including the recruitment of the staff proposed by each PR.</p>	<p>Since January 2022, all staff members under the Global Fund-supported program are in place.</p> <p>The MIP is now being developed and will be completed by February 2022.</p>
<p>Finding 3: To manage the additional financial management responsibilities, the ASP fund flow arrangements should be documented in standard procedures, and the accounting system should be updated.</p>	
<p>7. Update SOPs for government PRs to include a guideline for transferring the funds to SRs/DICs, cash payment limits, and procedures for reporting and monitoring SRs/DICs.</p> <ul style="list-style-type: none"> • In discussions with the Ministry of Health, PRs should include the relevant human resources guidelines references, such as staff appraisal process, increments, leaves, staff insurance, etc., in the SOP to make it exhaustive documentation for the grant. • PRs to explore alternative fund flow arrangements for disbursing funds to DICs for operational expenses (such as courier charges, local conveyance, and office operating expenses), such as the hospital's account. The cash arrangements should be minimized in the grant. 	<p>In consultation with BCCM, the procedure will start immediately and be completed by June 2022.</p> <p>By March 2022, a joint signature bank account (SNTD) will be available. The transaction will be carried out in accordance with the recent government circular on the delegation of financial power (authority) for the development project (see Part 6: Annex 1: Delegation of Financial Power).</p>
<p>8. Address issues in the bookkeeping (expired license of accounting software, no budget tracking in the accounting software, backdated entries, etc.) by:</p> <ul style="list-style-type: none"> • Procuring a licensed, multi-user version of the Tally accounting system • Enabling budget tracking, user activity logs, restricting backdated entries, etc. • Enabling automatic generation of the Global Fund reports from the accounting software 	<p>By June 2022, ASP will have purchased a licensed, multi-user version of the Tally accounting system, which will allow for budget monitoring, user activity logs, limiting backdated entries, generation of financial reports, and other features.</p>
<p>Finding 4: As ASP manages an increasing number of health products, potentially on behalf of other PRs, health and non-health product management procedures and systems need to be developed.</p>	
<p>9. Developing a PSM coordination group consisting of multiple stakeholders is recommended to support ASP in managing the pooled procurement. The coordination group should be responsible for program quantification, forecasting, and procurement planning, and should also be a forum for discussing and resolving PSM issues that arise during implementation. The coordination group</p>	<p>ASP formed the PSM coordination group in January 2022. The first meeting of the committee was held in the same month.</p> <p>The consolidated pool procurement recommendations will be implemented in January 2023 by procuring HTS kits using the WAMBO platform.</p>

Recommendations	Status Update
<p>should engage members of all three PRs, a representative of the ART Advisory Committee, and a representative of the UN technical partners (e.g., UNICEF/WHO).</p>	
<p>10. An SOP should be developed and implemented to ensure the proper management of health products for the HIV program. The SOP should include supply planning and storage and transportation modality, measures to ensure timely and regular supply of an adequate and optimum quantity of health products, quality assurance aspects, etc.</p>	<p>With assistance from the United States Agency for International Development, CMSD has already developed an SOP for the PSM of medical and non-medical health products (see Part 6: Annex 2: CMSD SOPs). By January 2023, an easily understandable guideline will be developed and implemented. Until then, CMSD’s SOPs should be followed.</p>
<p>11. As there is no functional logistics management information system (LMIS) system for the health products, software, or Excel-based (in the interim), the MIS should be maintained at the ASP to retain and monitor logistic data. The PRs should consider requesting technical assistance from HMIS to ensure linkage of LMIS to HMIS.</p>	<p>ASP is in the process of developing a data management system for the logistics of health products. The LMIS will be ready in October 2022. ASP will obtain technical support from the HiSP Bangladesh Foundation to develop and implement the LMIS. The HiSP is currently providing ASP with technical assistance for the HMIS-integrated PLHIV database. ASP plans to extend the contract with HiSP and add additional LMIS development assignments.</p>
<p>12. To handle the increased volume of health products under ASP, the PRs should explore storage space in the newly constructed five-story warehouse on CMSD premises for storing health products. If this is not feasible, an alternative at the Infectious Diseases Hospital may be considered.</p>	<p>ASP examined both possibilities and chose the Infectious Diseases Hospital option. The renovation of the store at Infectious Diseases Hospital has begun and is projected to be completed by June 2022. In addition, ASP will ensure that the necessary storage facility equipment (such as shelves, pallets, etc.) is in place.</p>
<p>13. Non-health products are recommended to be procured through WAMBO. The fixed asset register should be maintained properly, with all details as suggested in the SOPs, and should be updated regularly after each purchase or disposal of assets to ensure efficient control over the fixed assets.</p>	<p>After reviewing the experience of procuring HIV test kits in January 2023, ASP will decide in this respect in consultation with the PSM Coordination Committee. From June 2022 onwards, the fixed asset registry will be kept up to date.</p>
<p>Finding 5: Given the number of new activities in the updated National Strategic Plan and ASP expanding implementation roles, the related M&E Plan, tools, and procedures need to be aligned.</p>	
<p>14. The PRs are requested to organize a MESSA workshop to update the National M&E Plan and assess each program area’s data collection and reporting systems, including reporting valid, accurate, and high-quality data related to implementation.</p> <ul style="list-style-type: none"> • Following the MESSA workshop, ASP’s Excel-based monthly reporting system and tools for the new DICs should be completed before the intervention implementation. • The PRs may consider requesting technical assistance from HiSP for comprehensive M&E support on a longer-term basis. The development of the M&E plan and tools should be overseen by the National M&E Working Group, including a 	<p>In December 2021, the National M&E Plan was updated. In consultation with the National M&E Working Group, the M&E tools for data collecting and reporting were also updated (see Part 6: Annex 3: National AIDS Monitoring and Evaluation Plan).</p>

Recommendations	Status Update
representative of the UN technical group on HIV/AIDS (e.g., UNAIDS, UNICEF).	
15. Efforts should be made to align the reporting systems of the three PRs so that they follow a uniform data collection and reporting system, including the use of MIS tools. Also, the update of the “mother list” to a more uniform system of data collection harmonized between KPs to enable reporting on individuals reached and eliminated double counting (e.g., unique identifier codes). Although this is not necessary to do immediately, the plan for a harmonized M&E system should be finalized by the beginning of Y3. This will help in the transition process and enable efficiencies and standardization in data collection and reporting across different implementing agencies.	Since 2013, DHIS2 has had harmonized and aligned reporting mechanisms in place. The unique identifier codes concern will be discussed at the next TWG meeting in June 2022. All three PRs will follow the meeting’s decision.
16. The evaluation of pilot KP implementation will that ensure recommended improvements are included in the expansion.	The pilot KP implementation will be evaluated in March 2023. ASP will seek technical assistance for the pilot design.
17. Include a program review of the HIV program at the beginning of Y3 as a mid-term National Strategic Plan review to continue direct program implementation.	At the start of each year, the HIV program will be reviewed.
Finding 6: With the introduction of the new implementation components, monitoring and supervision visits should emphasize data quality verification.	
18. The SOPs for supervisory visits should be updated to include data quality standards and procedures for routine data quality verification. Special consideration should be made because new staff will be in place and will need support and close supervision to ensure the quality of reported data. A representative of the UN technical group for HIV (e.g., UNICEF/UNAIDS) is requested to support the monitoring visits and participate in regular program quality reviews.	The supervisory visits are stated clearly in the M&E Plan. The plan includes a specific chapter on the joint visit in which experts from both internal and external organizations are encouraged to engage.

B. Non-Costed Capacity Development Plan

Table 9: Non-Costed Capacity Development Plan

Area	Objective	Methodology	Timeframe	Support Needed from Global Fund Country Team
Capacity assessment	To identify specific project personnel capacity gaps in the ASP office and field	Questionnaire Discussion Document review	October– December 2022	Technical assistance for the assessment design, development of methodology, tools, and report writing.
Planning and management of HIV/AIDS	To ensure effective and quality health services for KPs	Orientation workshop Presentation	July–September 2022	N/A

Area	Objective	Methodology	Timeframe	Support Needed from Global Fund Country Team
prevention activity among the KP		Discussion		
Integration between TB and HIV intervention	To increase the number of HIV tests and enrollment with ART	Coordination meeting between National TB Program and ASP	Quarterly coordination meeting arranged by National TB Program	N/A
Extension and management of HTC and ART center	To take proper initiative to increase coverage of the priority areas	Planning meeting between OP-supported and Global Fund-supported program	Ongoing	N/A
Effective communication and coordination between different ministries, hospitals, PRs, and stakeholders	To ensure integrated support to PLHIV without interruption of program implementation	Strategic planning meeting	Quarterly coordination meetings and workshop	N/A
Improve the mechanism and quality of data collection, preservation, analysis, and reporting	To ensure a smooth quality data flow system	Review and planning workshop	Quarterly coordination with PRs/SRs	N/A
Quality management of Global Fund grant	To improve the capacity of budget analysis, timely fund disbursement, and quality documentation	Review and feedback session Cross-learning visit to other PRs	Quarterly basis	N/A
Procurement and distribution of logistics and ART	To ensure uninterrupted supply chain management	Planning workshop	Six-monthly PSM coordination meeting	N/A

C. Costed Capacity Development Plan

Table 10: Costed Capacity Development Plan

Category of Staff	Title of the Event	Timeframe
Newly recruited staff members	Training/orientation <ul style="list-style-type: none"> • Country HIV situation and national response • Overview of KP interventions (FSW and PWID) • Basic concept of HIV/AIDS, opportunistic infections • HIV testing and counseling • Introduction of ARV drugs • Behavior change communication • Financial management • Basic principles, behavior change communication in HIV program • Gender and stigma-free health services 	July–September 2022; after all personnel have been onboarded (upon approval of the MIP by the Global Fund country team)

Category of Staff	Title of the Event	Timeframe
	<ul style="list-style-type: none"> Introduction of the recording reporting forms and formats 	
Assistant manager (Finance)	<ul style="list-style-type: none"> Formal training course on financial management 	July–September 2022
MIS/PSM officer	<ul style="list-style-type: none"> A formal certificate course in procurement and supply chain management from accredited institutions of the government’s Central Procurement Technical Unit 	July–September 2022
M&E team	<ul style="list-style-type: none"> Cross-learning visit in FSW and PWID interventions of other PRs Visit HIV testing and counseling and ART center Individual meeting with the M&E person and DG MIS 	Throughout project period
Overseas training	<ul style="list-style-type: none"> ART management M&E and SI Grant management/financial management KP prevention program/marm reduction 	As per the budget plan
KP Intervention management team (HQ and field)	<ul style="list-style-type: none"> Cross-learning visit in FSW and PWID interventions of other PRs HTS, ART management, overdose management DHIS 2 reporting PLHIV database Individual meetings with the program person of other PRs 	Quarterly/as per budget plan
Peer educator	<ul style="list-style-type: none"> Three days of peer education training DIC visit of the PRs 	July–September 2022 (upon approval of the MIP by the Global Fund country team)

Ten training modules have been developed and finalized as part of the OP through an expert consulting process. All of the training courses make use of the modules.

To determine the specific needs of a specific subject, the NASC will assess individual training needs after onboarding all staff with assistance from the ICF consultant. Based on the assessment, thorough training will be designed for staff members.

D. On-the-job Training

During field visits, NASC’s project management team will provide on-the-job training to field-level staff members, often with the assistance of other PRs and technical specialists from other programs.

E. Cross-learning among PRs

ASP fosters cross-learning and collaboration among PRs, taking into account the advantages to both organizations and individuals. The current NFM-3 grant, which includes a joint performance framework, encourages greater cross-learning because any PR that falls behind in performance impacts the overall grant rating. All PRs need to become more engaged, work collaboratively, and develop a pool of skilled staff throughout the grant. As such, ASP will take the initiative to improve cross-learning by implementing the following activities:

- Provide regular opportunities for open and honest feedback on performance at the coordination meetings mentioned in “Management and Coordination Procedures among Principal Recipients” under "Part 1: Program Technical Management" of this document.

- Ensure timely and regular joint visits as specified in Bangladesh’s National AIDS Monitoring and Evaluation Plan (2021–2023).
- Organize an annual joint HIV response review workshop, ensuring that all stakeholders are actively engaged, including the directors of DGHS, hospitals, PRs/SRs, development partners, and UN agencies (particularly UNAIDS, WHO, UNODC, and UNICEF).
- Involve experts from other PRs in capacity-building activities, including training and orientation programs on technical components (such as harm reduction, HTS, OST, etc.), M&E, financial management, and PSM.

F. Capacity-building Challenges and Mitigations

High staff turnover, particularly among field-level workers, is a common challenge for capacity-building efforts. It is not enough to simply accept this situation. Internal management concerns at the district level may exacerbate the problem. ASP should note that HIV prevention activities cause significant stress and burnout. The senior management team should have a defined method for identifying burnout and offering mentoring and counseling assistance to staff. A slight improvement in this regard could make a huge difference.

To mitigate the challenges, ASP will take the following strategies:

- **Maintain a waiting pool:** During the recruiting of each cadre, ASP maintains a waiting pool of potential applicants for one year so that it can quickly replace any vacant positions.
- **Orient the OP-funded workforce to get backup support:** In each of the five hospitals, ART centers are operated by a limited number of staff. ASP will equally train and prepare them to obtain backup support from them in case of a vacancy in a Global Fund-supported program.
- **Annual retreat/team-building workshop:** ASP will organize an annual retreat/team-building workshop for the team so that they may discuss difficulties and burnout and increase their enthusiasm.
- **Individual counseling:** Each supervisor will provide supportive supervision, observe team members, and offer individual counseling, job planning, and career development guidance, among other things.

Part 7: Risk Mitigation

The transition of ownership of HIV prevention and service delivery from the private sector to the GoB is expected to bring some challenges, creating an imperative and specific need for the identification of potential risks and outlined solutions. Due to the current political climate, the delivery of services to KPs, such as PWID, FSW, MSM, MSW, and transgender individuals (*hijra*), has presented challenges within the community but is of vital importance to ensure that the full transition of key activities and service delivery is successful. Both ASP and the two non-government PRs, Save the Children and icddr,b, will be tasked with ensuring efficient and coordinated service delivery to the referenced KPs and other PLHIV in their assigned areas. The task of risk mitigation will require coordination and communication between the PRs, as they all will play an important role in this process. The Global Fund Application Response Form (see **Part 7: Annex 1: Applicant Response Form**) outlines the risk mitigation of the potential challenges to program implementation, early warning signs of risks, and proposed solutions, including corrective actions. The tables that follow present this information, updates to the proposed solutions and risk mitigation, along with updates to entities responsible.

A. Program Implementation

Challenges to Program Implementation	Potential Risk	Early Warning Signs of Potential Risk	Proposed Solution/Risk Mitigation
The willingness of hospital management in integration of KP intervention with the hospital setup	Delayed allocation of facility and human resources	Low coverage of KPs serviced by hospitals	Organized meetings with hospital management outlining the importance of the KP program. A letter from DGHS/Ministry of Health and Family Welfare will be issued to support the program.
Recruitment of appropriate and well-trained human resources staff	Delayed or inadequate service delivery	Two weeks after the planned start of the program, not all human resources staff have been recruited or are not yet in place	Form an effective recruitment committee at the ASP level. Delegate responsibility of the recruitment process to the district level for the direct implementation program.
Training of recruited staff at the level of providing KP services	Inadequate service delivery for KPs	Dissatisfaction of the KPs toward hospital services, diminishing trust of KPs	Provide adequate training of newly recruited staff, including sensitivity training specific to KP service delivery.
Maintenance of PLHIV database	Centrally the system is managed by the Directorate General-MIS and supported by the HiSP team who are already overloaded by their work. The ART center will have to regularly upload the data into the system by existing hospital staff or by OP staff who are not under the Global Fund grant.	No staff has taken responsibility for the PLHIV database maintenance two weeks after the start of the project.	Organize regular trainings, orientations for staff at the data entry level, issue a letter from line director to field-level OP staff to include this activity in their job responsibility.
Engagement of high officials and policymakers in the intervention for policy setup	Delayed engagement of high officials and policymakers in the intervention	One month after the start of the project, no engagement meetings or training for officials or policymakers has occurred.	The responsibility of the police training implementation can be transferred to police headquarters (training division) by signing a memorandum of understanding. ASP will provide training modules and a training of trainers. Ensure participation in the training sessions.
Provision of comprehensive services for prisoners	Accessibility in the prison setting for comprehensive HIV services	Three months after the start of the project, no comprehensive services have been made available for prisoners and no improvement has been reported.	Find out the stakeholder in the prison meeting with the Inspector General of Police. Ministry of Health to sensitize its necessity. Allocate staff (medical technologist, nurse, doctor) to support the prison intervention because there are shortages of staff in prison health facilities.

Challenges to Program Implementation	Potential Risk	Early Warning Signs of Potential Risk	Proposed Solution/Risk Mitigation
The spot scenarios frequently change due to the mobility of KPs. Thus, monitoring of service delivery and maintaining coverage by the NGO staff can be challenging.	The program cannot reach KPs, which eventually will increase HIV transmission.	Significant numbers of previously reached KPs cannot be contacted for more than a week.	Participatory monitoring by the community. Appropriate record-keeping and reporting mechanisms will be followed. Community square/group that represents communities themselves could act as a first response.
According to the Narcotics Control Act 1990, possession of tools used for taking drugs is punishable with a minimum imprisonment of six months. The newly amended law in the Narcotics Control Act 2018 imposes the death penalty or life imprisonment on drug traders, restricting their release from punishment for such crimes.	If PWID are worried, afraid, or unable to access HIV services, eventually HIV transmission among them will increase.	Significant numbers of previously reached PWID cannot be contacted for more than a month.	A specific set of activities (i.e., HIV intervention in prison, the planned inclusion of drug and harm reduction topics in police training curricula, training and sensitization of law enforcers, local and national-level advocacy, high-level meetings, formation and support of a national-level harm reduction working group) should help overcome some of the challenges.
Sex work is considered a delinquent act. FSW are frequently victims of gender-based violence. Municipal ordinances against soliciting place them at high risk for police harassment. There are some punitive laws that trigger legal harassment, although the penal code does not criminalize sex work.	Abuse of punitive laws hinders the program implementation for FSW and disrupts consistent availability of condoms.	Previously reached FSW cannot be contacted for more than a week. As a result, condom distribution drops under the set target.	Local-level advocacy and sensitization involving law enforcers could support program implementation.
TB/HIV-affected people are stigmatized both in health facilities and society. Health care providers might not have sufficient knowledge about TB, HIV, and KP. Similarly, local	If stigma results in clients with HIV/TB not accessing treatment, TB and HIV incidence and mortality could increase.	The numbers of KP and PLHIV who are screened for TB is lower than targeted.	Provide quality information, updates on the disease through workshop and orientation. ASP, in association with NGO PRs, will combine the efforts to enhance knowledge on TB/HIV for reducing societal stigma and health sector stigma.

Challenges to Program Implementation	Potential Risk	Early Warning Signs of Potential Risk	Proposed Solution/Risk Mitigation
leaders, policymakers, and social influencers, religious leaders, and celebrities might have limited knowledge and information on TB/HIV co-infection.			
The major challenges related to ART access are long-distance to ART centers and inconvenient opening hours.	ART enrollment and retention could decrease, especially for poor clients and clients who live farthest away from ART centers.	The percentage of PLHIV enrolled in ART is dropping and the number of lost to follow-up cases is increasing over a given time.	GoB has already taken initiatives to increase the number of ART and ART refill centers to overcome the barriers related to distance following the framework for “Differentiated ART service delivery.” Also, adherent clients will be provided with larger, multi-month supplies of ART.
Integration of KP services and relocation of NGO facilities in government health facilities may be difficult.	HIV service provision to KPs might be interrupted in areas where services are provided through public facilities.	Hospital authorities fail to commit to the KP HIV/STI program within the stipulated time.	Start negotiation with hospital authority under the leadership of ASP.
HIV program implementation may be hampered due to the ongoing COVID-19 pandemic	Achieving program performance indicators may become difficult due to reduced availability of beneficiaries out of perceived threats of COVID-19 infection. Staff and beneficiaries may become infected with COVID-19 while providing and accepting services, respectively.	Failure to achieve program performance targets as per monthly targets. COVID-19 infection rates are increasing among these groups.	ASP and the NGO PRs, along with SRs, will adopt innovative implementation measures to ensure that beneficiaries get preventive services, such as condom lubricants, from temporary depots beyond conventional outreach times and weekends, providing behavior change communication and treatment follow-up reminders through information and communication technology platforms, and arranging smaller groups for education sessions by maintaining social distance. ASP and the NGO PRs will ensure the provision of personal protective equipment. Maintain social distancing and other precautionary measures while providing services— train and orient staff on prevention, screening, and timely referral of suspected COVID-19 cases, etc.

Challenges to Program Implementation	Potential Risk	Early Warning Signs of Potential Risk	Proposed Solution/Risk Mitigation
<p>Difficulty in tracking program implementation process due to inadequate M&E</p>	<p>The existing participatory M&E process may be weakened due to a lack of effective supervision and feedback process. Errors in programmatic progress reports and poor data quality can result in a grossly incorrect assessment of grant and program performance. Lack of capacity at field level may remain due to frequent turnover of staff at SDPs.</p>	<p>Inadequate number of participatory M&E visits and lack of focused and insightful reports. Increased rate of errors found during the periodic data verification process. Increased staff turnover in key positions.</p>	<p>Ongoing, quarterly M&E visits at each service center will be continued, and problem-solving with a participatory approach to improve the resolution and capacity of SR/SSR staff will be ensured. In addition, community-based monitoring will be introduced in six districts to understand and address barriers to accessing services by MSM and <i>hijra</i>. Community-based monitoring will play a critical role in identifying and effectively addressing issues and bottlenecks in accessing services by the members of KPs, such as MSM and <i>hijra</i>. All relevant staff of SDPs and SRs/SSRs will receive training on data collection and management. Most of the staff will be continued in the NFM-3 who worked in the previous phases, and they received formal training at the beginning of NFM-1 and NFM-2 activities. Moreover, on-the-job training, refresher training, and on-site orientation on data management and M&E during the program and participatory M&E visits will be provided routinely. DIC managers, the sub-DIC in-charge, and outreach supervisors will provide on-the-job training to the newly recruited staff as per the guidelines, which will ensure data quality at all levels, and it is a continuous process.</p>
<p>Transition to NFM-3 with the changing modality of SDPs</p>	<p>Possibility of the grant not achieving its output targets related to the next 37 months, as agreed in the performance framework,(i.e., expected mean percentage achievement for the "top 08 indicators" in this period).</p>	<p>Poor achievement of targets in performance framework output indicators</p>	<p>SRs/SSRs will be adequately informed and prepared with new work plans and implementation arrangements so that they can smoothly implement the modified program activities. During the period of transition to NFM-3 with changing program modality amid COVID-19 pandemic, innovative service implementation measures will be taken as stated earlier. In such a situation, the buffer stock of health and non-health products will be increased at the delivery sites for a longer duration. Satellite clinic</p>

Challenges to Program Implementation	Potential Risk	Early Warning Signs of Potential Risk	Proposed Solution/Risk Mitigation
			sessions will be conducted within and beyond catchment areas and needs-based weekend and holiday sessions will be conducted according to the demand of the field sites.
Limited plans for evaluation and mid-term review of outcome and impact targets	The grant activities and implementation arrangements may prove inadequate to achieve long-term outcome and impact targets as agreed in the performance framework.	Inadequate progress in outcome and impact indicators	To assess the achievement of impact and outcome indicators according to the performance framework, two Integrated Biological and Behavioral Surveillance rounds have been planned (2021 and 2023) to be conducted under the leadership of ASP. Any deviation of impact or outcome indicators will be discussed in the national consultative meeting/program review, and the prevention program will be strengthened by incorporating the suggestions from the consultative/program review.
Uncertainty about the long-term sustainability of the existing HIV program for KPs	Lack of motivation and commitment from service providers may adversely affect project performance and create concern among beneficiaries. Achievements of longstanding interventions may be jeopardized due to lack of financial commitment.	Increased concern and poor motivation among service providers and beneficiaries. Lack of commitment from Global Fund and insignificant mobilization of domestic resources.	The ASP has an OP for the HIV and AIDS program under HNPS, 2017–2022, in which financial contributions from the government and non-government sectors (including donors) are specified. We expect that in the next OP, the government will allocate as per targeted needs reflected in the National Strategic Plan. It is important to advocate with the Global Fund, so that they also continue to fund for HIV programs in Bangladesh beyond 2023 because it is globally acknowledged that Bangladesh is implementing good HIV interventions that have successfully kept it a low HIV prevalence country, and such effective HIV interventions with KPs must be continued at the current scale even if it is not possible to increase with the current level of funding. During the next Global Fund grant cycle implementation period, Bangladesh will develop a financial sustainability plan for HIV and AIDS prevention and treatment by 2022 by engaging key ministries, with the aim of achieving the 95-95-95

Challenges to Program Implementation	Potential Risk	Early Warning Signs of Potential Risk	Proposed Solution/Risk Mitigation
			targets. As per TRP comments, this financial sustainability plan will reflect various domestic funding sources, which are expected to be endorsed by the higher levels of the government as desired by the TRP.

B. Fiduciary and Financial

Challenges	Potential Risk	Early Warning Signs of Potential Risk	Proposed Solution/Risk Mitigation
Low absorptive capacity of PRs and SRs	Funds budgeted cannot be used by PRs or SRs due to (i) limited absorptive capacity, or (ii) commitments or disbursements in excess of actual requirements (i.e., budget padding).	Low burn rate	Quarterly analysis of budget versus expenditure against approved work plan. This will help identify the reasons for low absorptions and approaches that can be taken periodically to identify root causes and remedies. Funds will be disbursed to SRs based on the approved budget and trend analysis of the burn rate.
Continuation of COVID-19 pandemic in 2021 and onward	Funds cannot be spent for delayed activities or non-completion of activities planned.	Low burn rate	ASP will review the monthly and quarterly expenditure statements of PRs and SRs against approved work plan and budget to identify the status of planned activities.
Poor financial efficiency of PRs and SRs	Funds are wasted due to poor management by PRs or SRs, including for pharmaceutical and health products.	Unauthorized procurement and performance of unplanned activities, inefficiencies in keeping accounting books and records	ASP and NGO PRs and SRs will continue routine financial monitoring, concentrating on the areas in which significant monetary transactions are involved. Periodic review of accounting books and records, including electronic and software-based records. Strictly monitor the procurement and supply of health products and pharmaceutical products by the PSM Coordination Committee.
Compliance management	Policy breach and contract violation	Violation of policy, procedures, set rules, violation of contractual obligation	Review the process and procedures against set rules, organizational policy, procedures, and contractual obligations. If such a case is identified, immediately inform the organization and take corrective actions.
Fraud, corruption, or theft of Global Fund funds	Possibility that Global Fund money is lost due to fraud, corruption, or	Unauthorized access to fund management and breach of internal	There is no possibility of such occurrence with some PRs. However, at SRs/SSRs or hospital levels, if such

Challenges	Potential Risk	Early Warning Signs of Potential Risk	Proposed Solution/Risk Mitigation
	theft within PRs and SRs	control mechanisms	incidents occur, the severity will be major. The PRs apply reactive and strict financial verification and conduct financial training to enhance and comply with internal control and grant compliance. The PRs will continue with continuous monitoring as the key mitigation procedure to safeguard the Global Fund funds.
Inadequate reporting and compliance	Non-compliance with the terms and conditions of legal agreements	Delays in regular reporting, non-compliance with the terms and conditions of legal agreements	ASP and NGO PRs will continue regular follow-up and provide feedback on reporting and find out the reasons for the delay so that future delays can be prevented. According to the checklist, the PRs will continue to track compliance with the agreement between PRs and SRs and provide feedback for any deviation.
Theft or diversion of non-financial contributions	The possibility that Global Fund funded assets (non-cash) are lost due to theft or diversion by PRs, SRs, other in-country partners, or third parties	Assets are mismatched with the register during verification	The M&E officers for icddr,b, PSM officer for Save the Children, and ASP currently follow up the asset registers during routine monitoring visits. This ensures our continuous monitoring of Global Fund assets. All Global Fund assets (PRs, SRs, and SSRs) are currently under insurance coverage, and the agreement with the insurance company is up to November 2020. Renewal of insurance is urgent; otherwise, any loss or theft of Global Fund assets will not be covered by insurance. In case of any loss or theft, both PRs, SRs, and SSRs must compensate as per the signed agreement. This has been clearly and strictly communicated to SRs and SSRs.
Theft or diversion of narcotic health products	Negative implications on the program as well as on the beneficiaries	PWID using unsupervised methadone as a narcotic drug, mismatch in methadone stock registers	Narcotic health products are currently stored in a secured vault within a restricted premise under CC camera surveillance system in icddr,b custody. A specific SoP is followed to monitor and prevent methadone diversion during daily dispensing of the product. Monitoring through CC cameras is also conducted during daily dispensing. In addition, in-person monitoring visits will be undertaken.

C. Health Services and Products

Challenges	Potential Risk	Early Warning Signs of Potential Risk	Proposed Solution/Risk Mitigation
Stock-out situations of health products in the field	Possibility of negative health outcomes for beneficiaries from treatment disruptions. This would reduce trust among beneficiaries in the capacity of service providers, which ultimately will have a negative impact on program implementation.	Reports of beneficiaries being temporarily deprived of treatment services. STI rates increase, and beneficiaries suffer from complications. The stock of health products at SDPs becomes inadequate to continue treatment services.	PRs and SRs will monitor the existing stock status in LMIS. In addition, SDPs will notify PRs through SRs about any possible stock-out situation, and PRs will prepare proactive delivery plans with the fastest means for ensuring uninterrupted deliveries to the field with the support of respective suppliers. Adequate buffers of these products will also be maintained both at the SDPs as well as at suppliers' warehouses. Procurement processes will be initiated early by allowing sufficient lead time. All documents from respective authorities, where applicable, necessary for overseas procurement, will be obtained well on time. Long-term agreements will be established with suppliers to reduce lead time by avoiding repetitive transactional processes.
The substandard quality of health products at the SDPs interrupts the prevention and treatment activities of the beneficiaries.	Possibility of procuring and providing pharmaceuticals and other health products to end-users that do not meet required quality standards. Possibility of treatment failure and adverse health outcomes for the beneficiaries.	Identification of shorter remaining shelf life, lost packaging, mis-packaging, etc., among the supplied health products	All PRs will consider rigorous checks on the quality of the suppliers and their production processes during supplier selection; basic quality checks at the time of delivery to be done by the internal quality assurance team for the NGO-PRs (which are part of central procurement team of respective organization) and goods receiving committee for the ASP. Third-party quality test of selected health products shall be done regularly (for ASP it is Directorate General-Drug Administration) to ensure the product quality as per Global Fund guidelines. In no case will low-quality health products be distributed to the beneficiaries. If SDPs receive any substandard health products, those shall be reported to the PR through SRs. Those health products shall be withdrawn immediately from the field, and the supplier will be asked for replacement

Challenges	Potential Risk	Early Warning Signs of Potential Risk	Proposed Solution/Risk Mitigation
			and explanation in detail. PRs and SRs may jointly investigate the matter to find out reasons for future prevention. NGO PRs maintain the budgetary provision for quality testing. ASP keeps this in the revised budget, submitted to the Global Fund for approval in June 2022.
Possibility of health product expiry before their designated use	Many health products may expire due to poor storage management, resulting in financial losses and the possibility of accidental issuance of expired items to beneficiaries and resulting negative consequences.	The remaining shelf life of health products in storage is shortening; haphazard storing, ignorance to storage guidelines in the field, etc.	ASP, along with the NGO PRs, will issue SOPs on store management and will continue with capacity-building activities to ensure that SDPs know, maintain, and follow store management guidelines. PRs and SRs will continuously monitor LMIS-based health product expiry information reports and organize the transfer of health products among SDPs whenever needed. PRs will ensure maximum shelf life of health products.
Possibility of loss and damage of health products at SDPs	Health products may be misused or damaged in the absence of a proper store accounting system; may cause financial losses and create an unexpected shortage.	Identification of mismatches between ground and ledger balances of health products; too many errors and corrections at the store ledgers etc.	All PRs and SRs shall continue regular monitoring and supervision (quarterly) of health products stored and physically verify the health product stocks. This is an integral part of the program's quarterly monitoring visit by M&E, finance, and PSM personnel.
Poor quality of health services due to inadequate capacity of service providers, lack of patient's adherence to treatment, and inappropriate use of health products	Improper diagnosis, treatment failure, repeated infection, and development of complications	Failure to achieve treatment targets, increased rate of complicated or treatment failure cases	Health care providers are given extensive training (and will receive refresher training) on their respective areas, such as syndromic management of STIs, HTS, counseling, etc. Patients' medical files are regularly monitored by STI focal persons and monitoring officers of the PRs and SRs to facilitate appropriate diagnosis and treatment. Monthly reports are submitted to the PRs that provide details of the STI pictures, patients' adherence to treatment, follow-up, and any adverse effects of medications. Adherence to medication is high and counseling will be provided to the patients to take medicines.

D. Human Rights and Legal Issues

Challenges	Potential Risk	Early Warning Signs of Potential Risk	Proposed Solution/Risk Mitigation
Gender-based violence and violation of human rights	Poor access and promotion of equity and human rights: Possibility of grant activities not adequately promoting access to essential health services, equity, and human rights for under-served MSM and <i>hijra</i> populations targeted in the proposal that might ultimately hinder universal coverage	Increasing gender-based violence may increase STI because of abusive unprotected sex and low uptake of services for STIs.	Multi-pronged strategies will be taken to mitigate these issues. For example, routine advocacy and sensitization meetings with relevant stakeholders will be conducted both at national and local levels. The National Task Force, under the leadership of the National Human Rights Commission and ASP, will be utilized as a platform to address gender-based violence and human rights violation-related issues of MSM and <i>hijra</i> . Activities are planned to build the capacity of KP networks and CBOs to address these issues with relevant stakeholders. A national reporting and information system for gender-based violence and human rights violations linked with sexual orientation and gender identity (SOGI) has been developed, and data collection and analysis across the country through SDPs will be carried out to inform relevant stakeholders.
Security threats increased (terrorist attacks)	Staff may be targeted and victimized; therefore, operation of outreach and other services could be disrupted.	MSM and <i>hijra</i> are not receiving necessary services, resulting in poor achievement of programmatic targets.	Security threats and attacks on minority people, including sexual minorities, are now global phenomena. The world is facing various kinds of threats, and Bangladesh is no exception. These threats may be difficult to prevent. Therefore, mitigation for improving this situation is challenging. We have taken some security measures at PR and SR office. In addition, raising awareness about safety among staff will be taken.
Existence of punitive law against male-to-male sex	Harassment, including incarceration by law enforcement agencies	A fearful environment forces MSM and <i>hijra</i> to stay away from health services associated with MSM, resulting in poor service uptake	There are advocacy meetings and workshops currently being held with lawyers' groups, journalists, law enforcement agencies, influential local elites, and religious leaders to sensitize them to create an enabling environment. These activities will be continued in the coming grant. In addition, under ASP

Challenges	Potential Risk	Early Warning Signs of Potential Risk	Proposed Solution/Risk Mitigation
			intervention, there are some national-level advocacy events with government ministries under the coming Global Fund country grant.

E. Structural and Governance Issues

Challenges	Potential Risk	Early Warning Signs of Potential Risk	Proposed Solution/Risk Mitigation
Weak organizational structure and poor leadership	Inadequate PR governance and oversight	Compliance issues escalating in increased numbers	The PRs have a strong organizational structure that is internationally accredited. The PRs have a robust team from multi-professional backgrounds who have long-term experience in Global Fund grant management, and they will be responsible for the coming Global Fund grant management as well. We will continue the way we have been managing the Global Fund project since its inception in 2010. Our management style has been appreciated by the Global Fund, local fund agent, and other PRs such as ASP and BCCM.
Ensuring proper compliance with Global Fund deliverables	Inadequate PR reporting and compliance	Delayed or poor compliance hampering effective grant management and implementing program activities	ASP and NGO PRs will continue with the current reporting process to the Global Fund. All PRs will adopt or adapt and comply with the GF new guidelines (if any) in the coming grant cycle.
Weak organizational structure and poor leadership	Inadequate SR governance and oversight	Poor implementation of program activities	The continuous proactive and participatory monitoring of program, finance, and procurement will be ongoing to ensure proper governance and oversight of SRs.
Ensuring proper compliance with Global Fund/PR deliverables	Inadequate SR reporting and compliance	Delayed or poor quality reporting	An online reporting system is in place through which SRs routinely upload programmatic reports. PRs will continue regular follow-up of reporting, provide feedback to SRs, and find reasons for delays so that future delays can be prevented. According to the checklist, the PRs will continue to track compliance with the agreement and provide feedback to SRs for any deviation. PRs can arrange a day-long training to enhance the further capacity of SR and SSRs on report

Challenges	Potential Risk	Early Warning Signs of Potential Risk	Proposed Solution/Risk Mitigation
			development and compliance.

List of the Actions under this Section

- Conduct regular monitoring and supervisory visits to mitigate any risk identified.
- Provide prompt visits to service centers whenever requests are made.

Gantt Chart: Key Actions Required to Implement the MIP

Areas	Actions/Activities	Responsible	Timeline																								Remarks
			2022												2023												
			Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
Part 1: Program Technical Management	Finalize the TOR for the three PR coordinating teams	ASP																									
	Finalize the TOR for PSM Coordination Group.	ASP																								Done	
Part 2: Program and Grant Implementation	Ensure that all training programs include a session on stigma and discrimination, as well as mitigating measures	ASP																									
	Install a “complaint and compliment box” in each of the five hospitals so that clients can openly express their feelings	ASP																									
	Each PR to organize and conduct a program review workshop on their own	ASP Save the Children icddr,b																									
	Conduct annual program review workshops (joint)																										
	Conduct joint review of the national HIV responses and adjustment at the beginning of 2023																										

Areas	Actions/Activities	Responsible	Timeline																								Remarks
			2022												2023												
			Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
Part 3: Financial Management	Open bank accounts for five hospitals	ASP and Hospital Director/ Superintendent	■																							Done	
	Produce quarterly , semi-annual, and annual financial report	Hospital Director			■		■		■		■		■		■		■		■		■		■		■		
	Conduct the annual audit	ASP																									
Part 4: Monitoring & Evaluation	Prepart monthly report from ART and HTC to ASP	ASP	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	Continued	
	Conduct regular Joint monitoring visits according to their plan	ASP					■																				
	Conduct joint supervisory visit	CSO																									
	Conduct quarterly financial monitoring visits	ASP			■		■		■		■		■		■		■		■		■		■		■		
Part 6: Capacity Building	Arrange a formal procurement and supply chain management training course for the MIS/PSM officer at one of the government’s Central Procurement Technical Unit recognized institutions	ASP								■																	
	Completed HIV technical component (including KP and harm reduction) training for four additional batches	ASP																									
	Ensure that PMU personnel	ASP	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	Ongoing	

Areas	Actions/Activities	Responsible	Timeline																								Remarks
			2022												2023												
			Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
	Regularly, ASP to involve other PR experts in training and orientation programs on technical components.	ASP																									
	Involve other PR experts in training and orientation programs on technical components.	ASP																							Ongoing		
Part 7: Risk Mitigation	Conduct regular monitoring and supervisory visits to mitigate any risk identified.	ASP																									
	Initiate prompt visit of the service center whenever called by service center for any disturbance in the center or working areas.	ASP																									

List of Annexes by Section

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- Introduction: Annex 2: Participant List- MIP Review Workshop 24 February 2022
- Introduction: Annex 3: MIP Review Workshop Slides 24 February 2022

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- Part 1: Annex 1: Primary Responsibilities GF Staff
- Part 1: Annex 2: Development Project Recruitment and Service Rules for Contractual (Consolidated) Service Staff
- Part 1: Annex 3: TOR ART Advisory Committee
- Part 1: Annex 4: Draft TOR National Steering Committee for Prison and Police
- Part 1: Annex 5: TOR OST Coordination Committee Draft
- Part 1: Annex 6: TOR PSM Coordination Committee

Part 2: Program and Grant Implementation

- Part 2: Annex 1: HTS Guidelines
- Part 2: Annex 2: National ART Guidelines
- Part 2: Annex 3: Selection & Recruitment SOW
- Part 2: Annex 4: SOP DIC Management KP
- Part 2: Annex 5: Secondary Channels PWID
- Part 2: Annex 6: Safe Disposal
- Part 2: Annex 7: Guidelines COVID-19
- Part 2: Annex 8: SOP Service Center PWID
- Part 2: Annex 9: SOP Outreach NSP
- Part 2: Annex 10: GBV Strategy
- Part 2: Annex 11: Training Module Outreach & NSP
- Part 2: Annex 12: Training Module Management Staff
- Part 2: Annex 13: National Anti-Retroviral Therapy (NRT) Guidelines, Bangladesh
- Part 2: Annex 14: BCCM Grant Oversight Plan

Part 3: Financial Management

- Part 3: Annex 1: Standard Operating Procedures on Financial Management for Global Fund Funded Tuberculosis, Malaria, and AIDS Programs in Bangladesh-Second Revision
- Part 3: Annex 2: Activity Plan
- Part 3: Annex 3: Financial Reporting Instruction
- Part 3: Annex 4: Financial Reporting Template

Part 4: Monitoring and Evaluation

- Part 4: Annex 1: Performance Framework
- Part 4: Annex 2: National M&E Plan 2021-23
- Part 4: Annex 3: MESSA Tool- All Group Input

Part 5: Pharmaceutical and Health Product Procurement

- Part 5: Annex 1: TOR PSM Coordination Committee

- Part 5: Annex 2: CMSD SOP
- Part 5: Annex 3: Receiving and Storage Process
- Part 5: Annex 4: Stock Templates
- Part 5: Annex 5: Condemnation Guidelines for Use in Health Institutions

Part 6: Capacity Building

- Part 6 Annex 1: Delegation of Power
- Part 6 Annex 2: CMSD SOP
- Part 6 Annex 3: National AIDS Monitoring and Evaluation Plan

Part 7: Risk Mitigation

- Part 7: Annex 1: Applicant Response Form