



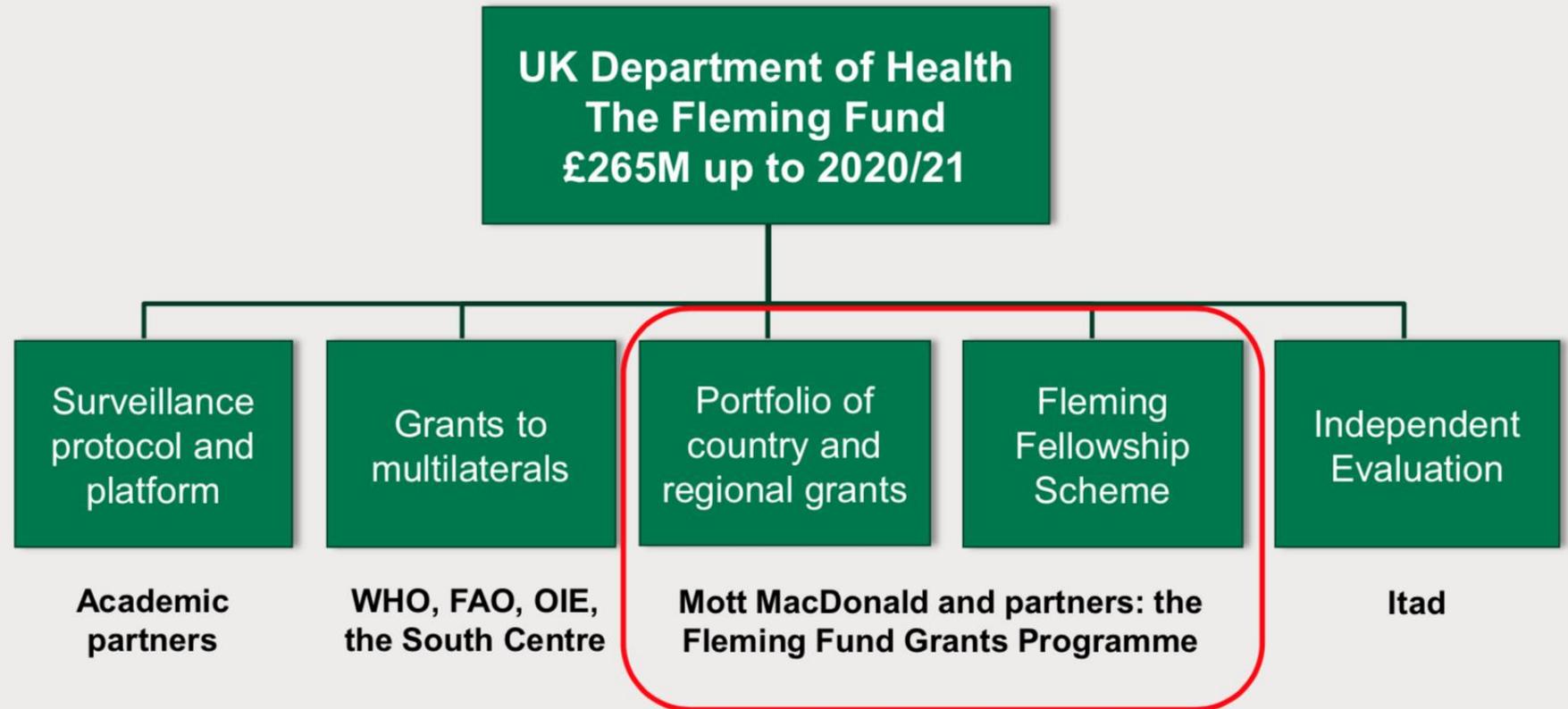
Fleming Fund Country Grant, Bangladesh: Brief Overview

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Team Lead

Fleming Fund Program Overview

Mott
MacDonald
manages the
largest
component of
the Fleming
Fund

Programme funding



Core Principles to Programme Implementation

Core Principles

One Health

Taking a One Health approach encompassing public health, animal health and agriculture, and the environment

Country Ownership

Supporting implementation of country National Action Plans, usually through a national AMR Coordination Committee

Alignment of Approach

Funding is aligned with that of other donors and conforms with broader global initiatives, for example GLASS and the Global Action Plan on Antimicrobial Resistance

Sustainability

Ensuring that sustainable systems are a critical part of funding decisions

The programme is also committed to evaluation, continued improvement and value for money.

Consortium Partners



**DAI – Lead Grantee
Prime Recipient
Overall Program Management**



Laboratory capacity building,
Biorepository, EQA,
Data Management
Training

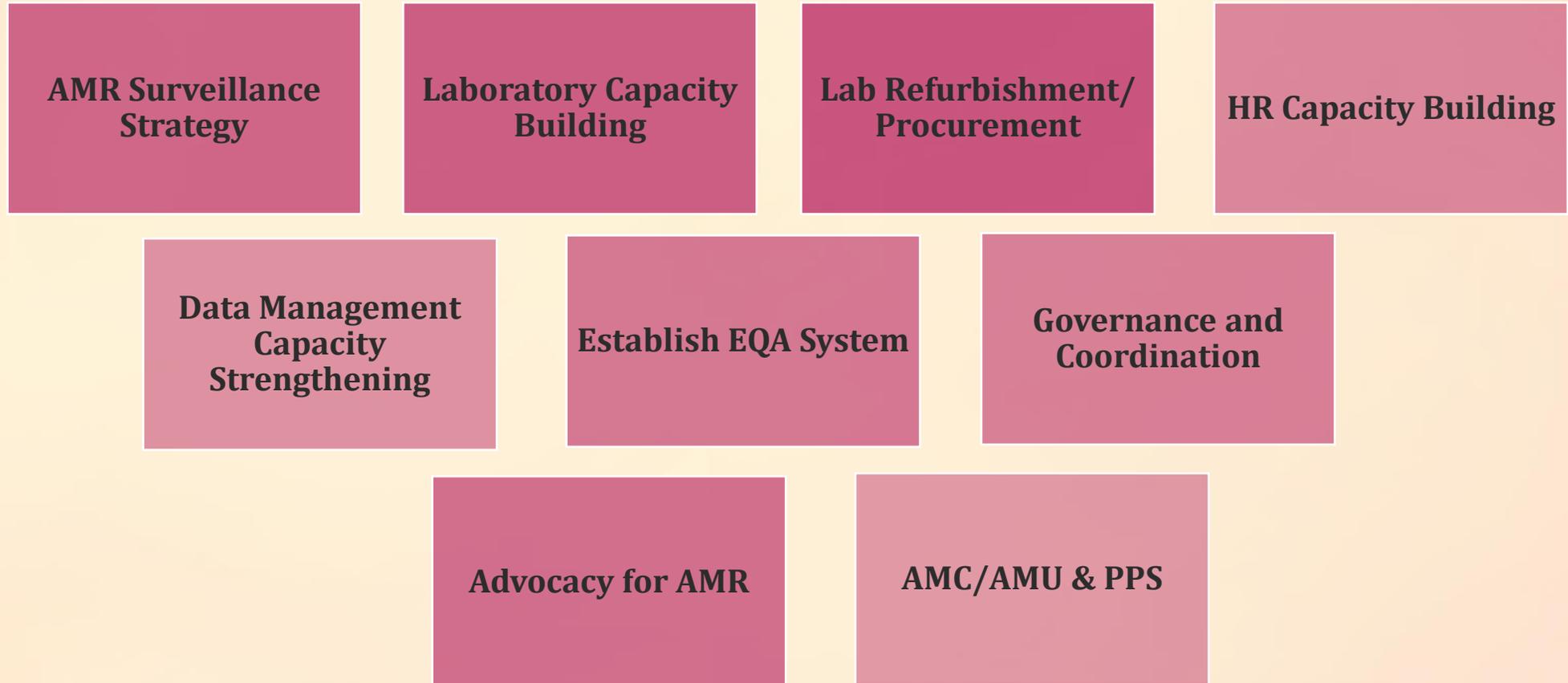


Animal and Aqua
Health
Surveillance,
Laboratory
Capacity Building

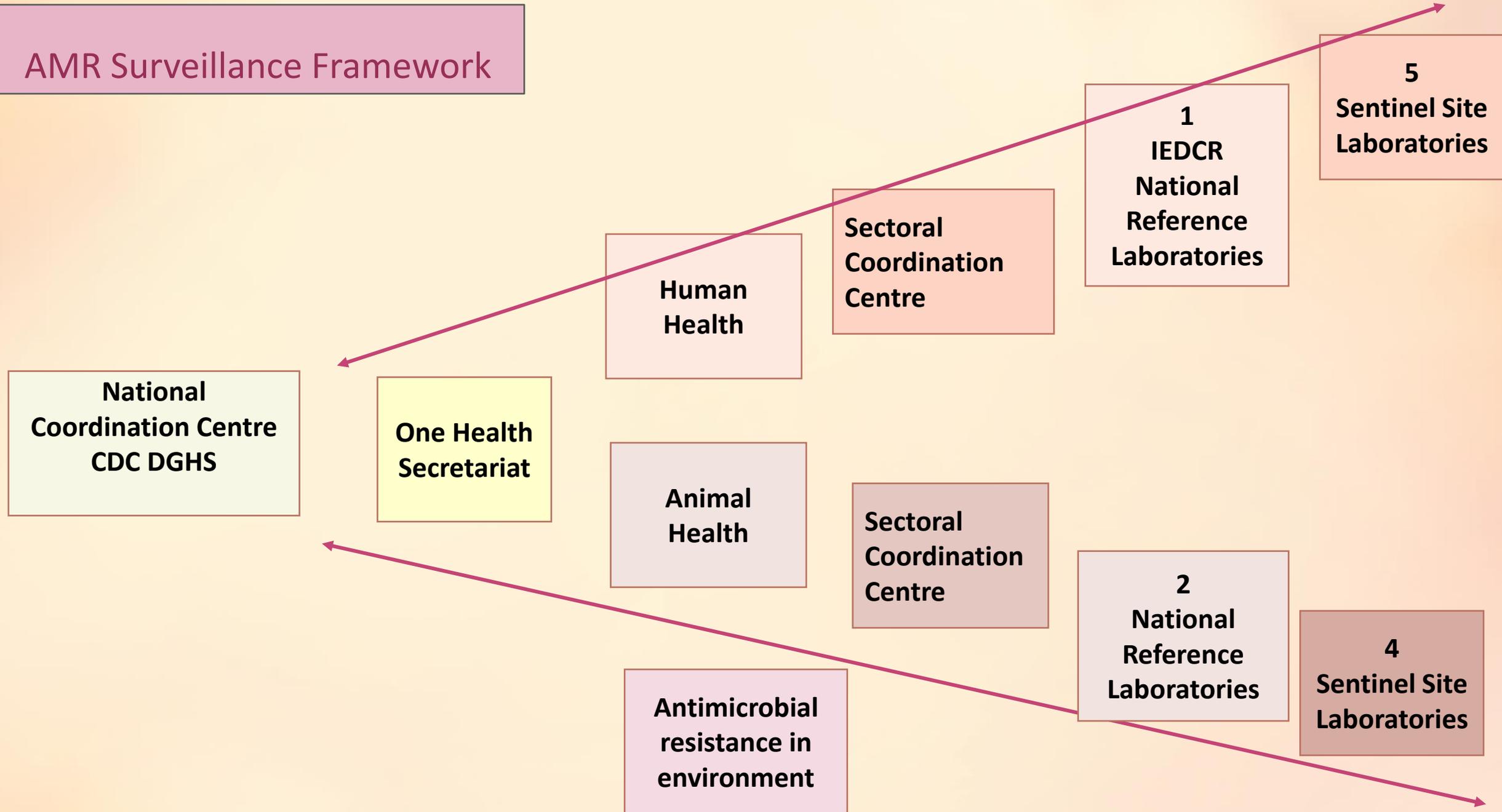


Lab assessments,
capacity
strengthening
planning

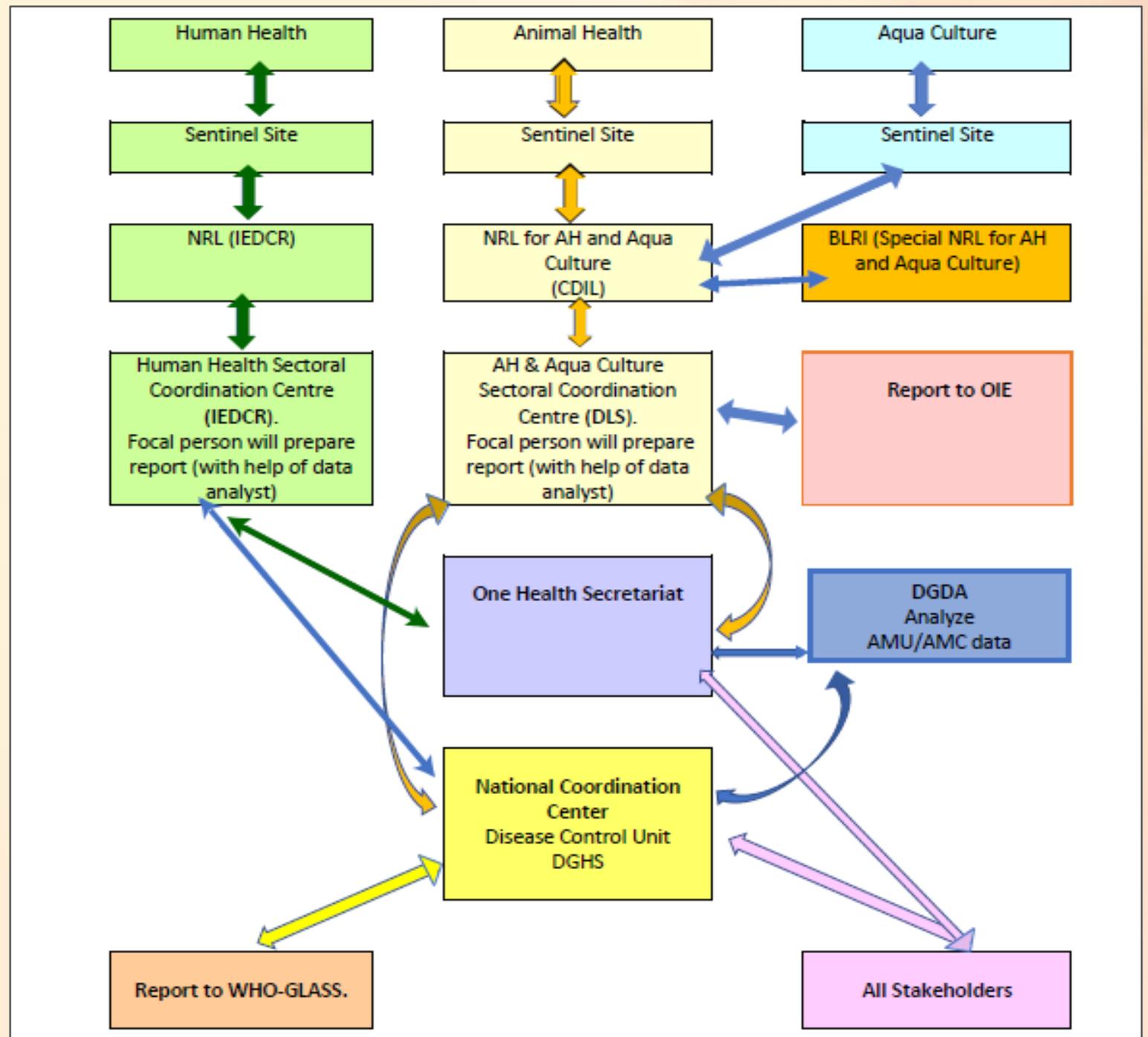
Fleming Fund Country Grant- Activities



AMR Surveillance Framework



Data Flow National AMR Surveillance System



Laboratory Capacity for AMR Surveillance



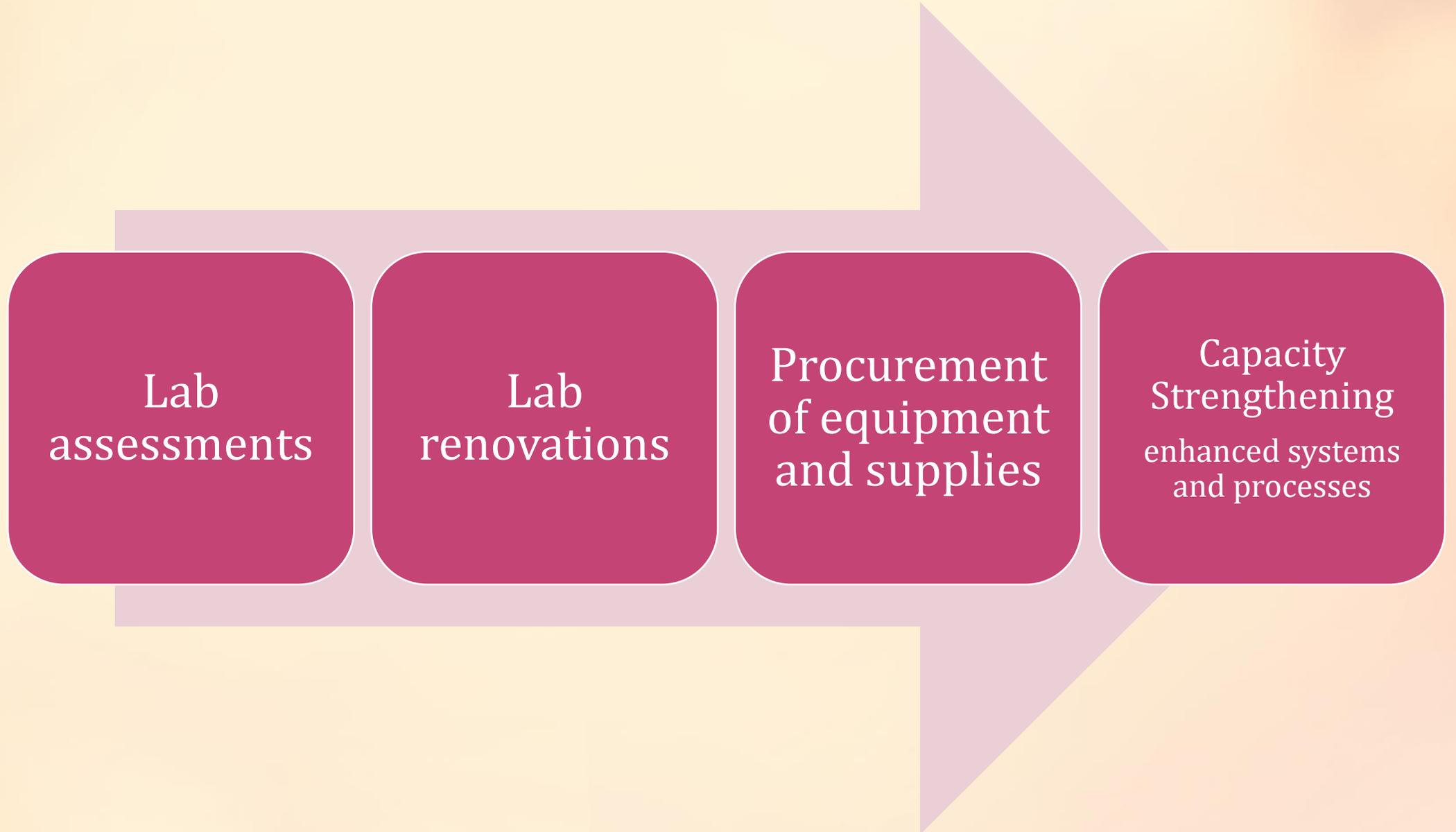
ACTIVITIES:

- **Assessment, Capacity Strengthening Plans, Equipment and Reagents Lists**
- **Capacity Strengthening through SOP Review, Workshop Training, and Mentoring in Quality assured Culture, ID and AST; BSL-2 biosafety and biosecurity; Specimen transport; etc.**
- **Reference Labs enrolled in international EQA; Reference Labs provide EQAS for sentinel sites**
- **Biorepository establishment at NRLs and Centrally at One Health secretariat (virtual)**

Support to DGDA- Activities planned

- DGDA is an important stakeholder in ARC, as described in the National AMR Surveillance Strategy document.
- DGDA's participation in implementing the National AMR Surveillance Strategy is essential, especially for establishing a mechanism for monitoring AMU and AMC; these data should feed into the AMR surveillance system to understand of the relationship between use, consumption, and resistance.
- Specific activities in workplan of the Fleming Fund Country Grant
 - Establishing system of annual reporting of AMC and AMU data to NTC
 - Systematic sharing of AMU data in AH and Aqua Culture sectors with DLS for enabling generation of reports to OIE
 - Involve DGDA in PPS on AMU in all the sectors with One-Health approach.
 - Coordination with DGDA will be also required in the planned expansion of AMR surveillance network to private sector.

What is lab capacity building And how do we do it



Capacity Strengthening Plans

Training

- AMR methods
- Sampling and sample transport

Policies and Standard Operating Procedures

- National policies
- Lab procedures standardized at the national level
- Equipment maintenance policies

BS&S practices

- PPE, manuals, equipment, waste disposal

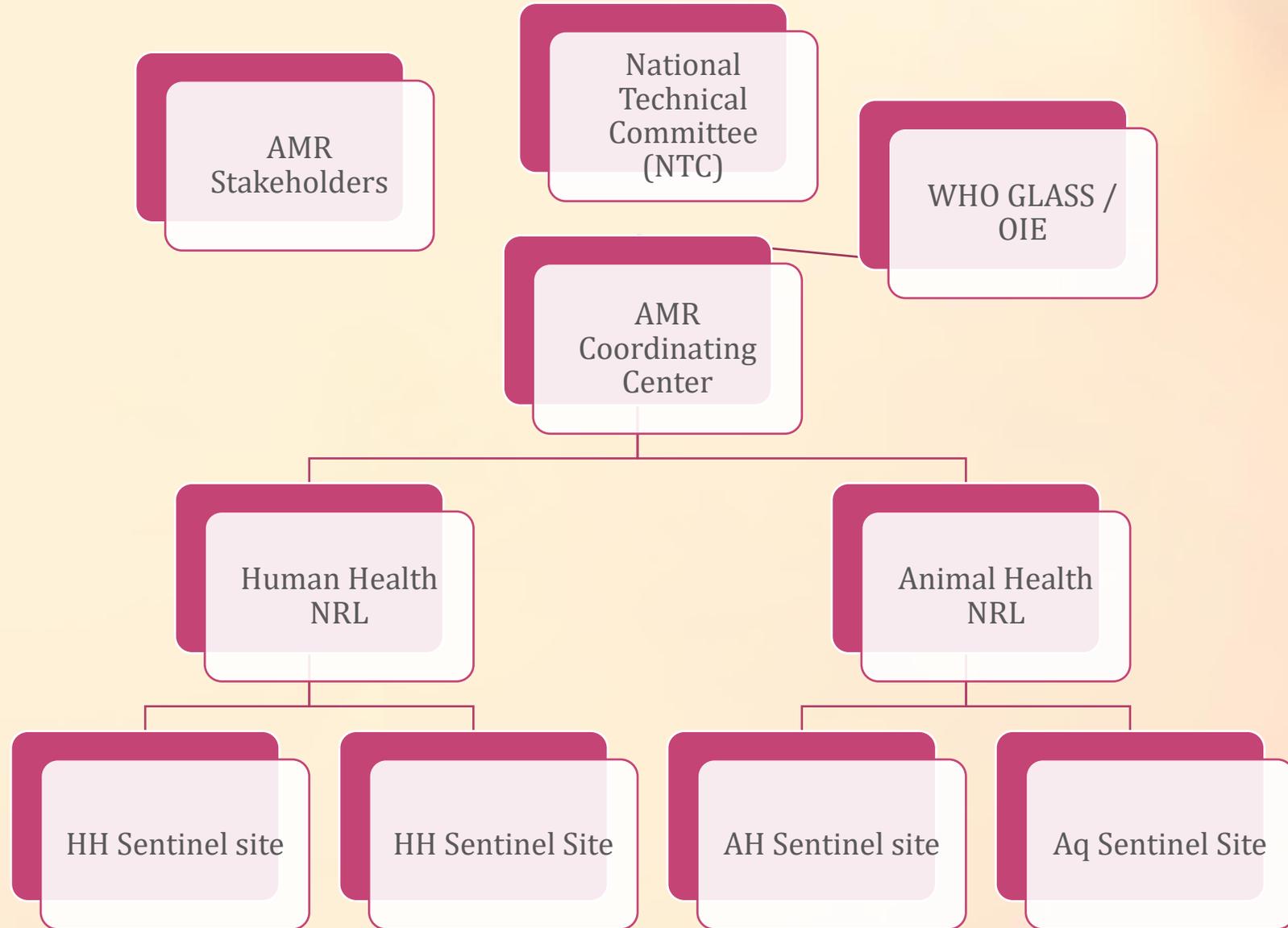
Quality Management Systems

- External Quality Assurance, proficiency testing

Data Management

- Laboratory Information Management Systems (LIMS)
- Data Reporting

Data Reporting AMR data management and reporting



FFCG Bangladesh

PPS

- Data analysis is going on;
- Findings shared with different stakeholders and with the National Taskforce on AMU/ AMC

PEA

- Final draft shared for feedback,
- Final editing in progress
- Dissemination to follow

Lab refurbishment:

- Construction firm identified;
- work order to be issued in a few days

1st issue of **AMR Newsletter** soon to be published on behalf of NARCC

Highlights

National One Health Conf. on AMR in Nov; PM is expected to inaugurate

One -week long hands-on ToT for 2nd Cohort will commence on 6th June.

Govt. sharing cost with FFCGB

Public Private Partnership and inclusion of **Private Sector into AMR Surveillance Network**: work in progress

National EQAS sensitization consultation on 10th June

Clinical engagement protocol being adopted: planned launching through national level workshop

Supportive Supervision Protocols and Checklists for use by NRLs developed
Sectoral Coordination committees for HH and AH formed



Setting up Supportive
Supervision System for
AMR Surveillance in
Bangladesh

Supportive Supervision

Supportive supervision is a process to promote quality outcomes by:

- strengthening communication,
- identifying and solving problem,
- facilitating teamwork, and
- providing leadership and support to empower service providers (lab workers) to monitor and improve their own performance.

Supportive Supervision is carried out in a respectful and non-authoritarian way.



Supportive Supervision System

consists of four major components:

1. Setting up a supportive supervision system

- 1.1 Formation of a **supervisory team**
- 1.2 **Training** a core set of supervisors.
- 1.3 Creating **checklists** and recording forms (SS tools)
- 1.4 Ensuring appropriate **resources** are available.

2. Planning regular supervisory visits

- 2.1 **Where:** In addition to routine visits, using data to decide **priority supervision sites**.
- 2.2 **When:** **schedule supervision visits** using a workplan.
- 2.3 **What subjects to train:** **identify training needs** and skills that need updating.



Supportive Supervision System

3. Conducting supportive supervision visits

3.1 **Collecting information:** Observing lab environment, listening to lab worker, reviewing records, using checklist, etc.

3.2 **Problem-solving** through discussion with staff.

3.3 **On-the-job training** (need based).

3.4 **Recording observations, and feedback** to the lab staff concerned.

3.5 **Preparing and sharing reports**

4. Follow-up

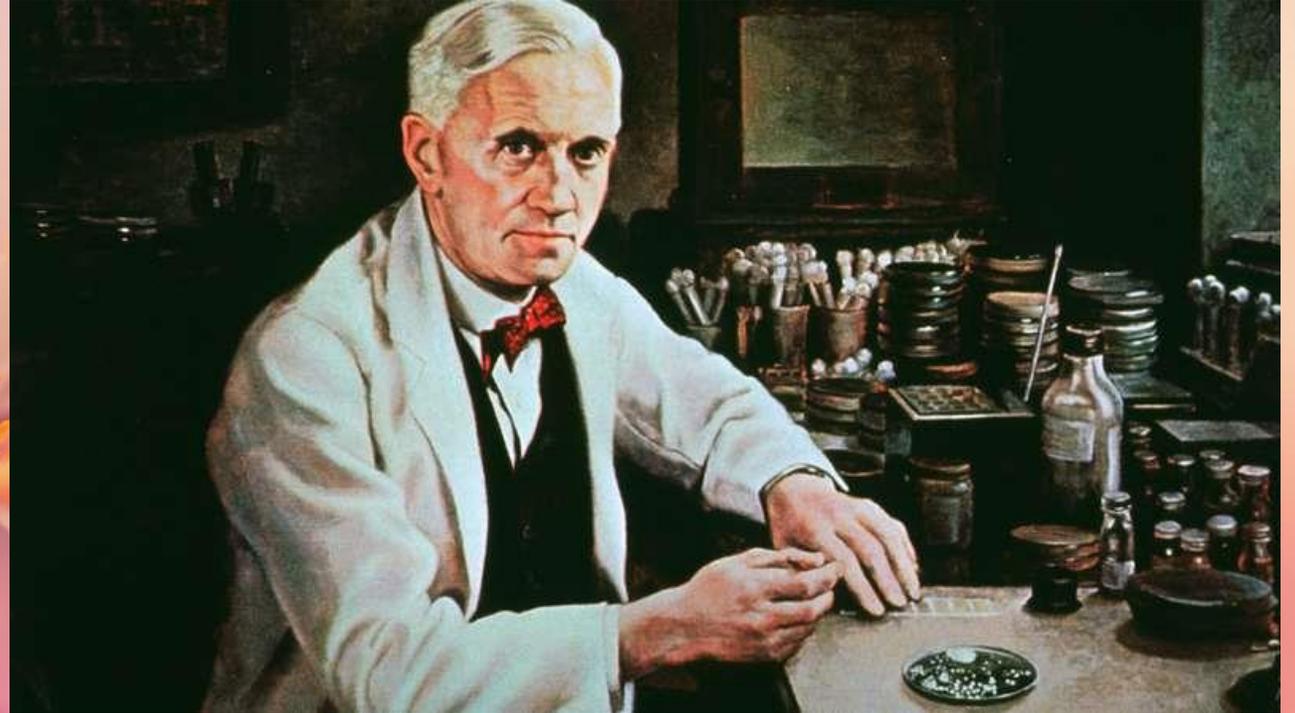
4.1 Follow up on **agreed actions** by supervisors and supervised staff.

4.2 **Discussing** problems with higher levels.

4.3 Planning **follow-up visits**.



Thank YOU



The time may come when penicillin can be bought by anyone in the shops. Then there is the danger that the ignorant man may easily underdose himself and by exposing his microbes to non-lethal quantities of the drug make them **resistant**.