

# **Oversight Committee Visit Report**

## **Malaria Disease Component-KPK**

21<sup>st</sup> -23<sup>rd</sup> June 2023

**BACKGROUND:**

Oversight Committee visited Mardan, Charsadda, Khyber and Nowshera from 21<sup>st</sup> June to 23<sup>rd</sup> June 2023 to meet with Principal Recipients, Sub- Recipients and partners working with Global Fund grant (GFATM) NFM III implementation under the malaria component. Oversight mission arranged preliminary meeting with relevant stakeholders to understand the performance of Global Fund Grants and to ensure that resources are being used efficiently and effectively for the benefit of the country.

**ACKNOWLEDGEMENTS:**

All OC members acknowledged the CCM Secretariat for coordinating and arranging this oversight visit where all the relevant soft copies of performance frameworks, SR agreements, grant agreements, budgets for both PRs were provided for Oversight members. CCM secretariat also shared Annual Plan for Oversight Committee.

Following was the Guidance of GFATM for Oversight as per

<https://www.theglobalfund.org/en/country-coordinating-mechanism/oversight/>

The following members had joined the visit:

Sr. no.	Name	Organization	Designation
1	Dr. Suffran Khan	WHO	WHO Consultant
2	Mr. Abdul Moeed	Health Services Academy	Manager HSA
3	Mr. Zawar Muhammad	Association of People Living with HIV and AIDS	Provincial Coordinator KPK
4	Mr. Rashid Khan	KPK CSO representative –URDO	Executive Member
5	Mr. Hammad Murtaza	CCM Secretariat	CCM Coordinator

**PURPOSE OF THE OVERSIGHT VISIT:**

The following points were the purpose of the OC visit;

- Malaria disease component of GF Grants
- To understand that how the grants are working
- To follow progress and challenges

- To make recommendations to the PR on improving performance

OC members had opportunities to interact with Public Sector RDT centers, Microscopy and malaria treatment, BHUs & RHCs. These visits provided members an overall sense of program achievement and challenges that helped

- To provide better guidance to PRs, and
- To lend credibility and stature to the grants themselves.

### **OC VISIT SCHEDULE:**

During this visit, OC members visited the following facilities in KPK;

OC Visit Schedule					
June 21-23, 2023					
Malaria disease component -Khyber Pakhtunkhwa & Merged Districts KP					
Travel: June 20, 2023 Travel from Islamabad to Peshawar					
Orientation meeting of OC members with PRs at 20 <sup>th</sup> June, 2023					
Date	City	Name of station	Name of Facility	Estimated Time	SR/PR
21-Jun-23	Mardan	DHQ Mardan	Public sector - Microscopy and Malaria Treatment Center	9:00 am	IHHN/FPHC
21-Jun-23	Mardan	CD Sheikh Maltoon	Public sector - Public Sector RDT Malaria Treatment Center	10:15 am	IHHN/FPHC
21-Jun-23	Mardan	Abdalli Hospital RDT Center (Pvt) Bypass Road Dosehra Chowk Mardan	Private sector - RDT and Malaria Treatment Center	11:30 am	IHHN/FPHC
21-Jun-23	Charsadda	Asim Zaman Clinic Dosehra Chowk Charsadda	Private Sector - RDT and Malaria Treatment Center	1:00 pm	IHHN/FPHC
21-Jun-23	Charsadda	DHQ Hospital Charsadda	Public sector - Microscopy and Malaria Treatment Center	2:00 pm	IHHN/FPHC
21-Jun-23	Night stay in Peshawar				
22-Jun-23	Khyber	Civil Hospital Jamrud	Public sector - Microscopy and malaria treatment	9:00 am	CMU-DoMC/IVMP-Merged Districts KP
22-Jun-23	Khyber	CHC Younas Kalay	Public sector - RDT and malaria treatment	10:15 am	CMU-DoMC/IVMP-Merged Districts KP

22-Jun-23	Khyber	Khyber Medicose	Private sector - RDT and malaria treatment	11:30 pm	CMU-DoMC/IVMP-Merged Districts KP
22-Jun-23	Night stay in Peshawar				
23-Jun-23	Debriefing Meeting (Time: 9:00 AM)	Debrief Meeting with Secretary Health/DG Health KPK			
23-Jun-23	Nowshera	Mian Arshad Memorial Hospital Pabbi	Public sector - RDT and malaria treatment	10:30 am	IHHN-SID
23-Jun-23	Nowshera	BHU Azakhel Payan	Public sector - RDT and malaria treatment	11:30 am	IHHN-SID
23-Jun-23	Nowshera	Shahid Medical Center Opposite Shobra Bakery	Private sector - RDT and malaria treatment	12:00 am	IHHN-SID

### **KEY OBSERVATION AND RECOMMENDATIONS:**

<b>Date of Visit: 21<sup>st</sup> June, 2023</b>	
<b>Name of the Venue</b>	<b>Site specific Progress/Observations/ Areas for improvement</b>
DHQ Mardan	<b><u>GENERAL Observations:</u></b> <ul style="list-style-type: none"> <li>Oversight committee highlighted during OC visit that there is very poor coordination among OPD doctors, hospital in- charge and Lab in-charge.</li> <li>As highlighted earlier as well, stock register is not properly maintained. Stock register is being updated at the end of month. No real time management. Over writing on every page of stock and FM2 reports.</li> <li>It was observed that Lab in-charge/Lab Technician is directly managing the patients. He performs tests, reports and at the same time also prescribes anti malarial medicines to the patients, although he is not well versed about dosage of medicine for children and adults.</li> <li>There is no mechanism of expiry of medicine. It was observed that most of the medicine was burnout at facility level without involving PRs.</li> <li>The space available in the hospital for provision of services is very limited. The microscopy, data management, record keeping and medicine store all are insingle room.</li> <li>It was observed that monitoring system is very poor. There is no proper monitoring system at any facility.</li> </ul>
CD Sheikh Maltoon-Mardan	<ul style="list-style-type: none"> <li>Data Validation is main part of any program. It was found during visit that there is no data validation at any facility level. FM2 reports are not being approved by in charge of facility.</li> <li>There is no mechanism of expiry of medicine. It was observed that most of the medicine was burnout at facility level without involving PRs.</li> <li>Staff turnover is high at Government facility. Due to this,Program is being suffered.</li> <li>It was observed that stock register is not properly maintained. Stock register is being updated at</li> </ul>

	the end of month. No real time management. Over writing on every page of stock and FM2 reports.
Abdali Hospital RDT Center- Mardan	<ul style="list-style-type: none"> <li>It was observed that monitoring system is very poor. There is no proper monitoring system at any facility.</li> <li>It was found that system of private lab is very poor, untrained staff was appointed and no check and balance from PRs.</li> <li>There is no proper training of staff related to diagnosis, record keeping and treatment guidelines.</li> <li>Stock register is being updated at the end of month. No real time management. Over writing on every page of stock and FM2 reports.</li> </ul>
Asim Zaman Clinic- Charsadda	<ul style="list-style-type: none"> <li>It was observed that monitoring system is not up to the mark. There is no proper monitoring system at any facility.</li> <li>It was observed that untrained staff is working. There is no proper training of staff related to diagnosis, record keeping and treatment guidelines.</li> <li>It was highlighted that there is very poor coordination among OPD doctors, hospital in- charge and Lab in-charge.</li> </ul>
DHQ Hospital- Charsadda	<ul style="list-style-type: none"> <li>It was observed that Lab in-charge/Lab Technician is directly managing the patients. He performs tests, reports and at the same time also prescribes anti malarial medicines to the patients, although he is not well versed about dosage of medicine for children and adults.</li> <li>There is no mechanism of expiry of medicine. It was observed that most of the medicine was burnout at facility level without involving PRs.</li> <li>Weak coordination is observed between doctors and lab in-charge.</li> <li>The space available in the hospital for provision of services is very limited. The microscopy, data management, record keeping and medicine store all are insingle room.</li> <li>It was observed that monitoring system is very poor. There is no proper monitoring system at any facility.</li> </ul>
<b>Date of Visit: 22<sup>nd</sup> June, 2023</b>	
Civil Hospital Jamrud-Khyber	<ul style="list-style-type: none"> <li>It was observed during OC visit, very poor coordination among center in charge and Lab in-charge.</li> <li>It was observed that Lab in-charge/Lab Technician is directly managing the patients. He performs tests, reports and at the same time also prescribes anti malarial medicines to the patients, although he is not well versed about dosage of medicine for children and adults.</li> <li>Stock register was not being updated. No real time management. Over writing on every page of stock and FM2 reports.</li> <li>It was observed that there is no proper training of staff related to diagnosis, record keeping and treatmentguidelines.</li> <li>Data files were not properly maintained.</li> </ul>
CHC Younas Kalay-Khyber	<ul style="list-style-type: none"> <li>As highlighted earlier as well, no stock register was found.</li> <li>It was observed that monitoring system is not up to the mark.</li> <li>There is no coordination found to trace the patient.</li> <li>It was observed that untrained staff is working. They have no proper training related to diagnosis, record keeping and treatment guidelines.</li> </ul>
Khyber Medicose- Khyber	<ul style="list-style-type: none"> <li>It was observed that there is no proper training of staff related to diagnosis, record keeping and treatment guidelines.</li> <li>Data files were not properly maintained.</li> <li>No proper training of doctors and focal persons.</li> <li>It was found that there was no proper mechanism of expiry of medicines. It was observed that most of the medicine was burnout at facility level without involving PRs.</li> </ul>

Date of Visit: 23 <sup>rd</sup> June, 2023	
Mian Arshad Memorial Hospital Pabbi-Nowshera	<ul style="list-style-type: none"> <li>As observed earlier many times, Stock management protocols vary from site to site.</li> <li>OPD register at entrance level is not filled as per required fields. No one is checking these registers</li> <li>Staff turnover is high at Government facility.</li> <li>Data Validation is main part of any program. It was found during visit that there is no data validation at any facility level. FM2 reports are not being approved by in charge of facility.</li> <li>The space available in the hospital for provision of services is very limited. The microscopy, data management, record keeping and medicine store all are in single room.</li> <li>It was observed that untrained staff is working. There is need of capacity building training.</li> </ul>
Shahid Medical Center-Nowshera	<ul style="list-style-type: none"> <li>It was found that there is no proper monitoring system.</li> <li>It was observed that there was no coordination between the hospital staff.</li> <li>Data management issues.</li> <li>Data validation was not being done at facility level.</li> <li>There was no proper training of staff conducted related to diagnosis, record keeping and treatment guidelines.</li> <li>There is no proper system of expiry of medicine. It was observed that most of the medicine was burnout at facility level without involving PRs.</li> </ul>

**Note: These below mentioned observations and recommendations were mutually discussed and agreed by all the oversight members.**

#### **RECOMMENDATIONS:**

- Data should be verified at any facility level by all the respective in charges.
- PRs need to increase follow-up meetings and improve monitoring system.
- Dedicated, trained and independent staff should be appointed for lab and store
- There is need to improve monitoring mechanism from PRs. PR needs to increase follow-up meetings.
- PRs need to improve liaison mechanism and should be adopted proper system of expired medicine.
- Stock register should be maintained same time not at the end of the month.
- Government should take steps for retention of staff that is trained at facility level.
- Designated space must be provided for the testing, medication and record keeping of the program by MS of the hospital.
- Proper training and capacity building required for staff on reporting tools.
- Data must be verified at facility level by all the respective in charges.
- Effective coordination, monitoring and referral mechanism need to be ensured at all levels.
- Trainings need to be imparted on all levels on regular and systematic manner.
- Cupboards should be provided for maintaining data files.
- Regular coordination meeting should be conducted between staff.

- Medicine should be prescribed only by physician.
- Public Private Partnership should be improved the system of private lab. Trained and dedicated staff should be appointed.
- The capacity building of staff on data management is required for proper recording and reporting of all the data sets.
- Coordination mechanism needs to be established among Doctors and Lab in charge.

#### **DEBRIEFING MEETING WITH DG HEALTH KPK:**

At the end of the visit, debriefing meeting was held with DG Health KPK along with PRs and SRs representatives. The following some key points were discussed;

- Expired medicine issue was also discussed and DG Health said that we have proper system of expiry and he instructed Deputy DG to call a meeting with all PRs and ensure the implementation of approved system.
- DG Health agreed to resolve all the issues related to government.
- DG Health advised the PRs and other stakeholders to establish tight linkages for the training of staff and try to train all the staff under one umbrella and asked them to bring written recommendations for issues being highlighted and to increase coordination meetings for better understanding of the program.

DG Health concluded the meeting and gave vote of thanks. The meeting was very fruitful and successful. He assured that he owns all above discussed issues and health department KPK will put all its efforts in rectification of the issues. He also said that every possible support will be provided in capacity building, trainings. He emphasized on the needs of prioritization of issues and coordination and cooperation of public and private sectors for the noble cause. DG Health showed high spirits, commitment, devotion and ownership regarding elimination of all three diseases.

**PHOTOS GALLERY:**

