Oversight Committee Visit Report

TB Disease Component-Sindh

Karachi, Hyderabad & Kotri
16th to 18th October 2023

BACKGROUND:

Oversight Committee visited Karachi, Hyderabad and Kotri (16th-18th October) to meet with Principal Recipients, Sub- Recipients and partners working with Global Fund grant (GFATM) NFM III implementation under TB component and to explore synergies between TB and HIV. Oversight mission arranged preliminary meeting, with relevant stakeholders that implement the Programme, as well as with representatives of target groups and right holders of programmes funded through the Global Fund grants.

ACKNOWLEDGEMENTS:

OC members acknowledged the CCM Secretariat Pakistan 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 committee members. Members who were able to join the visit included the following:

Sr. no.	Name	Organization	Designation
1	Dr. Rajwal Khan	UNAIDS Country Office for Pakistan & Afghanistan	Strategic Information Advisor
2	Dr. Salman Khan	WHO	TB Consultant WHO Sindh
3	Mr. Naveed Iqbal	Health Services Academy	Audit and Treasury officer
4	Ms. Rubina	Association of People Living with HIV and AIDS	Provincial Coordinator
5	Dr. Aliya Zafar	CMU/NTP	M & E Coordinator CMU
6	Mr. Muhammad Aslam	Sindh CSO representative –Peace Foundation	Executive Member
7	Mr. Hammad Murtaza	CCM Secretariat	CCM Coordinator

OC VISIT SCHEDULE:

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

OC Visit Schedule							
October 16-18, 2023							
TB disease component-Sindh							
Travel: October 15, 2023 Travel from Islamabad to Karachi.							
Orientation meeting of OC members with PRs to discuss visit plan and rearrangement of plan in PC Hotel on October 15, 2023 at 5:00 PM.							
Date	**City**	**Name of station**	**Name of Facility**	**Estimated Time**	**SR/PR**	**Contact person**	**Contact No.**
16-Oct-23	Karachi	OICD, Hospital, Karachi	BSL3	9:00 AM	Public	Mr. Nazir Ahmed & Dr. Saleem	0332 2708154
	Karachi	OICD, Hospital, Karachi	DRTB	9:45 AM		Dr. Muhammad Rashid & Dr. Saleem	0300 3124900
	Karachi	Ojha Iqbal Yad Chest Clinic Karachi	DSTB	10:30 AM	Public	Dr. Muhammad Rashid & Dr. Saleem	0300 3124900
	Karachi	Ojha Iqbal Yad Chest Clinic Karachi	TB-HIV/Sentinel Sites	11:15 AM	Public	Dr. Muhammad Rashid & Dr. Saleem	0300 3124900
	Karachi-East	Darul Sehat Hospital	PPM Lab	12:00 PM	MC/GSM	Amna	0300-2256709
	Karachi-East	Darul Sehat Hospital	PPM Clinic/HCP	12:30 PM	MC/GSM	Dr Sheema	0300-2256709
	Karachi-East	Fazal e Kareem Clinic	PPM Clinic/HCP	1:15 PM	MC/GSM	Dr Nand Lal	0333-1334294
	Karachi-East	Life Line Medical Center	PPM Clinic/HCP	2:00 PM	MC/GSM	Dr Waseem Abbas	0333-3758653
16-Oct-23	**Night Stay**	**Hyderabad**					
17-Oct-23	Hyderabad	LUMHS Hyderabad	TB-HIV/Sentinel Sites	9:00 AM	Public	Dr. Muhammad Sharif & Dr. Ayaz	0333 2609676
	Hyderabad	LUMHS Hyderabad	DSTB	9:45 AM	Public	Dr. Muhammad Sharif & Dr. Ayaz	0333 2609676
	Hyderabad	ISRA University hospital	PPM Clinic/HCP	11:00 AM	MC/GSM	Dr.Kaneez Fatima , Dr Saima	0333-7544796
	Hyderabad	Hafiz Mubarak Hospital Hyderabad	DSTB	12:00 PM	Public	Dr. Muhammad Sharif & Dr. Ayaz	0333 2609676
	Hyderabad	Vinod Clinic	PPM Clinic/HCP	1:00 PM	MC/GSM	Dr. Jhaman Das	0333-2607982
	Hyderabad	Aziz Clinic	PPM Clinic/HCP	1:45 PM	MC/GSM	Dr. Majeed Chundrigar	0333-2742021
	Hyderabad	Mehran Hospital	PPM Clinic/HCP	2:30 PM	MC/GSM	Dr.M.Hanif Rajput	0333-2604645
	Hyderabad	Prime Lab	PPM Lab	3:30 PM	MC/GSM	Ghulam Abbas	0331-3602285
	Hyderabad	Al Khidmat lab	PPM Lab	4:00 PM	MC/GSM	Zeeshan	0311-

							3038488
17-Oct-23	Night stay	Hyderabad					
18-Oct-23	Kotri/Jamshoro	ICD, Kotri Jamshoro	DSTB	9:00 AM	Public	Dr. Muhammad Sharif & Dr. Ayaz	0333 2609676
	Kotri/Jamshoro	ICD, Kotri Jamshoro	DRTB	9:45 AM	Public	Dr. Muhammad Sharif & Dr. Ayaz	0333 2609676
	Kotri/Jamshoro	ICD Kotri Jamshoro	TB-HIV/Sentinel Sites	10:30 AM	Public	Dr. Muhammad Sharif & Dr. Ayaz	0333 2609676
	Kotri/Jamshoro	ICD, Kotri Jamshoro	BSL2	11:00 AM	Public	Mr. Nazir Ahmed	0332 2708154
	Kotri/Jamshoro	Al Hafeez Clinic	PPM Clinic/HCP	11:30 PM	MC	Dr. Abdul Qadir Memon	0301-3557299
	Kotri/Jamshoro	Al-Beruni	PPM Lab	12:00 PM	MC	Muhammad Azam	0313-3889683
Debriefing Meeting with Secretary Health/DG Health Sindh at 18-Oct-23.							

PURPOSE OF THE OVERSIGHT VISIT:

This oversight visit was meant to identify areas for improvement and build consensus to identify solutions & recommendations to address challenges and achieve targets set in GFATM signed for TB grant in Punjab. The following main points are the purpose of the visit;

- Review the TB Programme performance at provincial level in public and private sector and to explore linkages with HIV program.
- Review inputs from Sub Recipient, Sub-Sub Recipient, and right holders
- Assess overall Drug sensitive and Drug resistance TB treatment, prevention intervention ARVs and OIs supply situation
- Identifying the existing programmatic, financial and coordination challenges in at different levels (Program-PR-SRs)
- Develop feasible recommendations for improvement of the identified challenges by oversight committee of the CCM/CCM Secretariat.

OC members had opportunities to interact with ART and TB treatment centers, District TB Hospital, BSL II Labs, Private clinics, and Labs. These visits provided members an overall sense of program achievement and challenges that helped

(1) Provide better guidance to PRs, and

(2) Lend credibility and stature to the grants themselves.

KEY OBSERVATION:

NAME OF THE VENUE	SITE SPECIFIC PROGRESS/OBSERVATIONS/ AREAS FOR IMPROVEMENT
OICD Hospital-Karachi (BSL-III)	• It was observed that there is a need of refresher of Lab staff. Operational issues as due to low voltage, HVAC and BSC could not be functional at PRL. No backup system for the interruption in the power supply is in place. Similarly, there are other operational issues such as manual autoclave, installation of the steam washer. Moreover, CCM Coordinator insisted that the PRL should have hold on all labs of Sindh ensuring capacity building and EQA. • The Lab In-charge shared that the HVAC installation in the BSL3 lab is currently in progress. • It was observed that no proper record of Lab reagents/slides was maintained and these were provided on verbal demand. • Temperature log sheet was last updated on March 2023 (was not being maintained)
OICD Hospital-Karachi (DRTB)	• DR-TB-03 Register of PMDT Site OICD was not available after October 2022. According to the MDR physician, they have not been maintaining this register since October 18, 2022. No indent record was available (on day of visit) if DR-TB-03 Register demand was initiated. • OPD register at entrance level is not filled as per required fields. No one is checking these registers. As highlighted earlier as well, DRTB register is not maintaining at PMDT. PMDT Staff demanded provision of training especially regarding proper maintenance of R&R tools. • PTP despite visiting the TB clinic is unable to provide support demanded by TB clinic • There is no referral mechanism between TB and HIV clinic as vulnerable immune compromised patients are at verge of getting infections due to lack of mechanism of testing. • Expense register was neither available nor being maintained at PMDT Site. Bin cards were also not available. • MDR Physician mentioned that they are not maintaining MDR Patients privacy & confidentiality • It was highlighted that employees were not aware of their JDs & Director OICD mentioned that there is no institutional representation at recruitment process of CDC Sindh. • Recording and reporting tool was not updated as per latest TB Guidelines. Director OICD demanded provision of training on updated guidelines
OJHA Iqbal Yad Chest Clinic-Karachi (DSTB)	• Since 2021, Oversight committee highlighted the gap of reporting mechanism that is found weak in terms of referrals and cross checks from TB center with ART Clinic. In terms of loss to follow up for those who are both HIV and TB positive, there is no coordination found to trace the patient. • It was observed during OC visit that OICD Ojha management wishes to become a part of CCM academia as Agha Khan University. • OC members said that OICD Ojha professional should be involved in the strategic planning for the smooth function of the program. • No SOPs were available for IPC on the day of visit. • No temperature control was maintained at ART/TB clinic. • As highlighted earlier as well, no stock register was found. • Loss to follow up is only taken up by staff after 06 months are passed. No proper tracking mechanism has been found.
Dar Ul Sehat Hospital- Karachi (PPM Clinic/Lab)	• It was found that there were no screening tests conducting currently in the hospital. • No ACF screening was found. • Patient's admission records were placed in a very miserable condition. It was observed that there are maximum chances to lose the patients.

	• It was found that Infection control measure protocols were not being implementing. There should be mechanism where HIV Patients need not to visit TB Clinic for TB testing and subsequently TB treatment should be available for HIV patients at ARV Clinic for infection prevention and control. • It was suggested that screening camps should be arranged. There is also need to launch advocacy campaign for this cause. • It was observed that there is lack of intra hospital coordination between doctors and DOTS staff. It was informed that patients missed from doctor's clinic to Lab due to lack of coordination. The hospital management agreed to put his best efforts in filling the gaps within departments. • Short expiry Tab RH (75, 50 mg) (Batch No. NRT211248B, D.o.E November 2023) was available at Darul Sehat Hospital (PPM-3) on day of visit. • Short Expiry Tab RH (150, 75 batch No. SL835, D.o.E October 2023) was available at Darul Sehat Hospital on day of visit • TB Preventive treatment was neither available nor being prescribed at Darul Sehat Hospital. • HIV Test result / HIV status was nether being maintained neither at TB-03 register nor at TB-04 register. • It was observed two principal recipient employees held different opinions on filling various fields in R&R tools
Fazal e Kareem Clinic- Karachi (PPM Clinic/HCP)	• It was observed that X-ray payment has to be bear by patient himself. • It was found that consultation fee payment also paid by patients • Patients registering on AKU report which is 2nd chamber of same doctor. Dr Nand Lal told that he does his private practice in evening while in morning he performs duty at Agha Khan Hospital. A lab report of Agha Khan Lab was also attached among the notified TB cases at Fazal e Kareem Clinic. • OPD & Presumptive TB Case registers were not available at Fazal e Kareem Clinic on day of visit & Dr Nand lal mentioned that he was requested for his availability in morning at his private clinic for this joint visit only. • Discrepancy observed between stock available & as per stock register maintained at Fazal e Kareem Clinic (ATT drug batch No. & date of expiry were also lacking at Stock register). • One of the medicines was out of stock. • Treatment in charge was not found trained on National TB guidelines/diagnosis whereas she/staff is required to fill Patient Record File without proper information. • No cross ventilation in chamber and OPD.
LUMHS- Hyderabad (DSTB)	• The staining & smearing area at LUMHS Hyderabad has been non-functional for the past 6 months. • TB-04 register has been maintained at LUMHS Hyderabad for the past 6 months, even though sputum smear microscopes have not been performed, creating a false impression of microscopy being performed at LUHMS. • DOTS Facilitator informed that he has to go himself to collect ATT drugs due to which limited quantities of ATT Drugs being available. This limitation leads to registered TB cases receiving smaller quantities of ATT drugs, necessitating more frequent BMU visits for drug collection. • Discrepancy observed in the number of presumptive TB cases tested using GeneXpert in Q2-2023 between the GeneXpert register maintained at LUHMS & data uploaded at DHIS2. As per GeneXpert register at LUHMS there were 218 cases which were tested at GeneXpert, while DHIS2 indicated 223 cases were tested during the same period. • Presumptive TB register wasn't available on the day of visit & it was told that presumptive TB

	cases who were tested on GeneXpert being mentioned as PTCs identified • Household contacts screening register wasn't available & HH contacts screening details were also not being maintained at TB-01 Cards & TB-03 register at Liaqaut University of Medical & health Sciences Hyderabad • GeneXpert technician demanded provision of digital thermometer • Discrepancy observed between No. of TB Patients who were HIV positive in Q2-2023 as per GeneXpert register maintained at LUHMS these were 7, while the quarterly report uploaded to DHIS2 only mentioned 2,(as HIV positive). • It was found that there is no separate space for counseling of the patients. • It was highlighted that employees were not aware of their JDs. • It was found that the patients are facing problem regarding delay in registration and start of ATT. • There is no coordination found to trace/call the patient due to not providing communication allowances to the staff.
Hafiz Mubarak Hospital Hyderabad (DSTB)	• TB preventive treatment was neither available nor being prescribed to recommended high risk groups after ruling out active TB disease at Tarachand Hospital (Hafiz Mubarak Hospital. • Stock register was not updated. There was a discrepancy of tablets in the HRZE stock available • In Q1, Q2, and Q3 of 2023, percentage of notified extra pulmonary TB cases who were Clinically diagnosed was respectively 41.9%, 39.5% & 41 % at Tarachand Hospital (Hafiz Mubarak Ali Shah) Hospital Hyderabad. These percentages notably exceed the national average of 20%. In Q1, Q2, and Q3 of 2023, the percentage of Pulmonary TB cases that were bacteriological confirmed at Tarachand Hospital (Hafiz Mubarak Ali Shah) Hospital Hyderabad was 58.1%, 55.8%, and 46.2%, respectively. • In Q1, Q2, and Q3 of 2022, Tarachand Hospital (Hafiz Mubarak Ali Shah) Hospital in Hyderabad achieved a treatment success rate (TSR) of 92.6%, 96.8%, and 90.6%, respectively. However, the cure rate among bacteriological confirmed TB cases during the same quarters was 31.3%, 13.3%, and 40% • SLS demonstrated a lack of clarity regarding the EQA mechanism and AFB Smear rechecking report.
Vinod Clinic-Hyderabad (PPM Clinic/HCP)	• It was found that the High Number of Clinical Cases reported on daily basis. • ATT record was not matched. • Record keeping was being not done by clinic staff. • In Q2, and Q3 of 2022, Vinod Clinic Hyderabad achieved a treatment success rate (TSR) of 100% and 77.8%, respectively. However, the cure rate among bacteriological confirmed TB cases during the same quarters was 25%, and 0% • In Q1, Q2, and Q3 of 2023, the percentage of TB patients diagnosed clinically was 45.5%, 28.6%, and 33.3%, respectively at Vinod Clinic Hyderabad • In Q1 and Q2 of 2023, Green Star Hyderabad reported low percentages of pulmonary bacteriological confirmed TB cases, at 19.7% and 20.5%, respectively, according to DHIS2 records • HIV Test result not being marked at TB-03 register & HIV Rapid diagnostic test kits were not available at Vinod Clinic Hyderabad • Discrepancy observed between stock available & as per stock register maintained at Vinod Clinic (ATT drug batch No. & date of expiry were also lacking at Stock register) Short expiry tab Rifapentine, Isoniazid (300, 300 mg) having batch No. NIE2201A, D.o.E December 2023, Quantity 108 tablets were available at Vinod clinic on day of visit. • No formal protocol or mechanism was available for verifying the actual consumption of issued

	supplies in the PPM laboratory, potentially increasing the risk of misuse or their unintended use.
Mehran Hospital-Hyderabad (PPM Clinic/HCP)	• The presumptive identification rate in Q1, Q2, and Q3 of 2023 were 2.8%, 6.6%, and 1.7% respectively as per quarterly report, however neither OPD register nor presumptive TB register were available on day of visit at Mehran Hospital Hyderabad • According to the quarterly reports, the presumptive positivity rates for Q1, Q2, and Q3-2023 at Mehran Hospital were 5.5%, 0%, and 2.6%, respectively. • Mehran Hospital had 11, 4 &1 Notified TB cases (all cases, all forms) respectively in Q1, Q2 & Q3-2023 and proportion of bacteriological confirmed TB cases in afore mentioned quarters respectively was 27.3%, 0% & 100% at Mehran hospital • According to DOTS in-charge Dr. Hanif Rajput the trained paramedic quit the job & new paramedic was yet to be trained • Household contact screening was not being performed effectively at Mehran hospital • Mehran hospital had short-expiry tablets of Rifapentine and Isoniazid (300,300) with batch number NIE2201A, expiring in December 2023 • HIV rapid diagnostic test was neither available nor was HIV screening being performed for notified TB cases at Mehran hospital Hyderabad.
Prime Lab Hospital-Hyderabad (PPM Lab)	• At the public-private laboratory operated under Green Star, it was evident that the staff has no clarity on the criteria for blacklisting a laboratory, specifically with regards to the duration and the level of error identified in EQA reports. No established protocol was available, outlining these criteria, on the day of visit. • During the visit to Prime Lab, the lab technician, Mr. Ghulam Abbas, informed that he received training in 2015. However, the lab training manual or training certificates were not available on the day of the visit. It was suggested that there should be representation of Lab M&E persons from NRL at joint visit of PPM-labs
Institute of Chest Disease, Kotri (DRTB/ DSTB)	• It was discussed that some bacteriological confirmed TB patients, initially enrolled at different BMU, seek second opinion and may inadvertently undergo re-enrolment as new TB patients, resulting in data duplication. • It was also discussed that there is currently no system in place to identify patients who undergo GeneXpert testing at multiple BMU labs, potentially causing test duplication. This primarily reflects the testing capacity and performance of the GeneXpert machine • Patient TB registration No. at TB-01 Cards was not being maintained as per protocols as ICD Kotri • PPA Scoring chart was not attached along with TB-01 cards for clinically diagnosed TB patients below 14 years of age. • MS informed that the building of administration block was quite old (built in 1954) & at risk of potential collapse. • It was told that MDR patients' admission was not allowed at ICD Kotri. Sanitary worker shortage • Fellow rotation for master internship incinerator required • Building is very old and need urgent renovation to avoid an unforeseen incidents • Pathologist, Radiologist and Chest Specialist positions are vacant which need to be hired.

Al-Beruni-Kotri (PPM Lab	• It was revealed that Mr. Muhammad Azam, a lab technician at Al-Beruni Lab, lacks the necessary technical qualifications for his role. • Representatives from Green Star mentioned there is lack of a formal protocol to assess the eligibility of private lab technicians before enrolling them in sputum smear microscopy/ GeneXpert training • There was lack of clarity on the criteria for blacklisting a laboratory, specifically with regards to the duration and the level of error identified in EQA reports. No established protocol was available, outlining these criteria, on the day of visit. • It was suggested that there should be representation of Lab M&E persons from NRL at joint visit of PPM-labs

RECOMMENDATIONS:

- The capacity building of doctors and Lab staff on data management is required for proper recording and reporting of all the data sets.
- PRs should focus on advocacy and counseling of the patients to reduce lost to follow up.
- OPD register regarding TB presumptive record must be maintained.
- Limited Contact tracing implementation needs to scale up. There is a need to strengthen Intra and inter-facility and community linkages with a proper referral system.
- The capacity building of staff on data management is required for proper recording and reporting of all the data sets.
- Drug management data must be updated and completed in soft and hard forms as well.
- Community-based tuberculosis screening, delivered through active case-finding interventions, has been widely implemented throughout the 20th and 21st centuries, but with varying levels of intensity between regions and over time.
- System for continuous monitoring and reporting of record-keeping compliance should be established to ensure that issues are identified and addressed promptly
- Indent records should be maintained, responsibility to specific staff members may be assigned for the upkeep of essential records, including the DR-TB-03 Register, which is critical for managing drug-resistant tuberculosis cases records.
- Clear and comprehensive protocols for maintaining patient privacy and confidentiality may be established outlining the steps to be taken, data access controls, and how to handle sensitive patient information. Importance of safeguarding patient information and the legal and ethical obligations related to patient privacy may be emphasized.
- Performance management system may be developed that aligns with job descriptions and includes regular performance reviews and feedback. Documented records of job descriptions,

recruitment processes, and employee feedback may be maintained to ensure accountability and compliance.

- Institutional representation in the recruitment process can lead to better hiring decisions. Clear recruitment policies may be established that outline the roles of different stakeholders in the hiring process and the criteria for evaluating candidates.
- Provision of training to staff on the importance of proper HVAC system operation and reporting issues promptly.
- A comprehensive logistic management training program needs to be formulated and executed, aiming to ensure that ATT drugs are being stored, dispensed & expensed as per established standards
- Provision of ATT drug Management & Maintenance training & mechanism development & implementation to recall short expiry ATT Drugs from Karachi East GPs & PPM facilities enrolled with GSM
- Comprehensive approach focusing on both the supply chain and patient-centered strategies may be implemented. BMU authorities & CDC may work jointly to streamline the procurement and distribution process of ATT Drugs.
- Clear protocols and guidelines may be established for updating the ATT Stock register and provision of training to DOTS staff members responsible for this task.
- Considering mandatory HIV screening for all notified TB cases, TB Screener & DFS were requested to initiate demand for HIV rapid diagnostic test kits. A reference document outlining the correct procedure for filling in fields of R&R tools may be created; which employees can consult as needed. This may ensure that all employees are on the same page & accurate desired data is being recorded & maintained
- District administration to ensure availability of microscopy services at BMUs. Resources may be allocated to repair and restore the staining & smearing area at LUHMS Hyderabad, ensuring it is functional again.
- It should be ensured that TB-04 registers accurately reflect the lab work conducted in the respective BMU.
- To reduce the frequency of BMU visits for patients, reduce the workload on DOTS facilitators & to improve patient compliance existing policies of ATT Drug provision to registered TB cases may be reviewed & revised.
- Capacity building for the staff responsible for data entry to ensure they are accurately and consistently entering data into both the GeneXpert register and DHIS2.

- Provision, orientation & motivation to ensure presumptive TB register & HH contact screening register maintenance as per protocols, at LUMHS, ultimately contributing to more effective TB control and management.
- Provision of digital thermometer to ensure that the GeneXpert room maintains the appropriate temperature conditions for the accurate and reliable functioning of the equipment and GeneXpert technician to ensure that temperature log sheet being properly filled out and maintained.
- DTO to identify the source of the discrepancy, rectify inaccurate reporting, and establish measures to prevent data discrepancies in the future, ensuring accurate and reliable data reporting for TB patients who are HIV positive both at DHIS2 as well as the record maintained at GeneXpert register.
- Capacity building of healthcare staff as per national guidelines to ensure clinical diagnoses of extra pulmonary TB cases are accurate, reliable, and in line with national standards, while maintaining transparency and data integrity.
- Consistently increasing bacteriological confirmed TB cases and improving cure rates require a multi-pronged approach that involves the healthcare system, the community, and various stakeholders working together to combat TB effectively. Monitoring progress and adjusting strategies as needed are valuable in achieving these goals.
- Capacity building of healthcare staff as per national guidelines to ensure clinical diagnoses of extra pulmonary TB cases are accurate, reliable, and in line with national standards, while maintaining transparency and data integrity.
- Development and distribution of clear Standard Operating Procedures (SOPs) and guidelines for EQA mechanisms and the reporting process while ensuring that SLS (Senior Lab Supervisors) has easy access to these documents which will ultimately contribute to the quality and accuracy of laboratory services at Hyderabad BMUs.
- Private healthcare providers to follow evidence-based diagnostic and treatment guidelines, prioritize bacteriological confirmation when possible.
- Provision of R&R tool, motivation & orientation to ensure requisite R&R Tools being maintained as desired.
- District field supervisors (DFS) and regional coordinators (RCs) to remind and reinforce general practitioners (GPs) to identify presumptive TB cases during routine visits. This will increase the

presumptive identification rate and, in turn, promote early diagnosis, prompt treatment, and enhance tuberculosis control.

- To ensure seamless continuation of TB care services despite staff turnover, cross-training other existing healthcare staff members may be considered to temporarily handle TB-related responsibilities. Succession planning for critical roles in TB management may be developed to ensure that the hospital is better prepared for future staff changes.
- To enhance the effectiveness of household contact screening, GSM may incorporate household contact tracing as a key performance indicator for Community Health Officers (CHOs). Feedback mechanism may be developed for CHOs to report challenges, share best practices, and propose solutions to improve the screening process.
- Capacity building for staff was suggested to ensure that the available records match the data uploaded at DHIS2.
- Implementation of case-based TB notification within the DHIS Tracker may help mitigate data duplication issues.

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

DEBRIEFING SESSION WITH DG HEALTH SINDH:

The visit was concluded with the debriefing session with DG Health, Sindh. Team discussed various findings and observations of the field visit with DG Health. The main following points were discussed;

SR. #	AGENDA POINTS	DESCRIPTION & DISCUSSION
1	CDR & CNR	Despite a TB incidence rate of 264 cases per 100,000 per year, it was noted that in 2022 and up to Q3-2023, Sindh's CNR stood at 168 and 117 respectively per 100,000 populations, while the CDR was 64% and 44.8% respectively for the same periods.
2	Issue of missing TB cases	Approximately 35-45% of TB cases go undetected, and untreated bacteriological confirmed pulmonary TB patients can transmit TB to 10-15 contacts within a year.
3	Effective Household contact investigation	The meeting emphasized the need for more focused efforts to ensure effective household contact investigation.
4	Paediatrics & Geriatric TB	It was highlighted that since extreme of ages are particularly vulnerable, warranting more targeted efforts to address their unique needs.
5	Diagnostics & Lab Turnaround Time	Importance of optimizing diagnostic tool utilization to minimize laboratory turnaround time and reduce pre-registration loss to follow-up cases.
6	TB-HIV	It was emphasized that targeted interventions and enhanced efforts are imperative to secure improved treatment outcomes for TB patients with comorbid conditions, with a special focus on individuals who have been diagnosed as HIV-positive.
7	Global Fund &	Need for focused & effective advocacy efforts as a means to transition towards

	Government Spending on TB	self-sustainability and reduce dependence on donors. Strengthening government support was seen as vital for the entire system.
8	Selection Process of Principal Recipient by Global Fund	The CCM Coordinator explained the process of selecting the principal recipient.
9	PPM Selection criteria of GPs & Labs	The CCM Coordinator highlighted the need for a transparent selection criterion for GPs and labs
10	Institutional representation at recruitment process of CDC Sindh	Institutional representation in the recruitment process may lead to better hiring decisions
11	Stock Management Protocols	The need for developing and distributing stock management protocols to ensure the proper use, storage, dispensing, and expenditure of supplies in line with established protocols was emphasized.
12	Standardized Record keeping & R&R tools	Provision of updated R&R tools, orientation & motivation to ensure these are being maintained as per protocols
13	Reconciliation of Records at BMUs& Data Uploaded at DHIS2	Capacity building for staff was suggested to ensure that the available records match the data uploaded at DHIS2.

DG Health concluded the meeting and gave vote of thanks. In his remarks he said that he owns all above discussed issues. He apprised that Sindh is facing a number of issues including Increasing HIV, Hepatitis, Malaria and child health issues. He said that low literacy, lack of awareness, unemployment, huge reduction in developmental budget by GOS, Floods, accessibility issues due to disruption of roads, Disasters, law and order situations, occupational health issues etc. added a lot in making situation worse. He assured that health department Sindh will put all its efforts in rectification of the issues. He said that every possible support will be provided in capacity building, trainings, improving coordination between TB and HIV programs. 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 TB and HIV.

PHOTO GALLERY: