

2024

# Oversight Committee Visit Report - CCM-Pakistan

MALARIA & HIV / AIDS DISEASE COMPONENT - SINDH  
9 – 11 DECEMBER 2024

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## **EXECUTIVE SUMMARY:**

Country Coordinating Mechanism (CCM) Pakistan's Oversight Committee visited the Province of Sindh and reviewed the implementation of Malaria and HIV / AIDS program, which are supported by GFATM. The team visited the public and private sector sites and monitored the program implementation in the districts of Thatta, Hyderabad, Tando Mohammad Khan and Karachi. Sites include Public and Private RDT and Malaria treatment sites and HIV prevention and ART Sites, both for adults and pediatrics sites. Oversight committee has highlighted various items which have been performed to its satisfaction satisfactory along with highlighting key areas which require improvement and additional focus, details of which are mentioned below in their respective sections and annexures.

Some of the prime areas requiring attention are 1) trainings for newly hired / posted human resource and refresher trainings old / already trained human resource 2) retention of trained staff on its positions, especially in public sector health care facilities and 3) tracking of "Lost-to-Follow-Up (LTFU)" patients / clients especially in Transgender (TG) communities and Injectible Drug Users (IDU's) communities.

## **BACKGROUND:**

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) is an international financing mechanism that invests billions of dollars each year to end the international epidemics of AIDS, Tuberculosis and Malaria. Its mission is to end AIDS, tuberculosis, and malaria as epidemics, and to support the Sustainable Development Goals (SDGs). Its also a partnership between governments, civil society, the private sector, and people affected by the diseases. Its core financing principles include partnership, country-ownership, performance-based financing, and transparency. All GFATM programs are coordinated through "Country Coordinating Mechanism (CCM)", which has representation from all public sector health care department, multilateral technical partners and representatives from civil society and private sector and personal effected by these three diseases.

The Core responsibility of the CCM is to provide oversight on programmatic implementation and to understand the performance of Global Fund Grants and ensure that resources (financial and human) are being used efficiently and effectively for the benefit of the country. As per annual work plan, the "Oversight Committee" visit each disease component of each Province every year.

This time the Oversight Committee has decided to hold a combined visit of Malaria and HIV in the Province Sindh. For the purpose "Oversight Committee" comprised of USAID (Chair), UNAIDS, WHO, FCDO, HSA, APLHIV and co-opted member of CSO member from Sindh that is SALBWS. During visit "Oversight Committee" had the opportunity to interact with ART and Malaria treatment centers, Private clinics, Labs, CoPC, AAU site and DIC of CBOs. These visits provided members an overall sense of program achievement and challenges.

## **MEMBERS OF CCM OVERSIGHT VISIT:**

Following are the Oversight Committee (OC) members, facilitators and other team members who joined the visit.

1. **Dr. Rajwal Khan** (Strategic Information Advisor UNAIDS Pakistan).
2. **Mr. Danish Channa** (Sindh CSO Member–SALBWS).
3. **Dr. Ghulam Sarwar** (Provincial Project Manager VBD Sindh).
4. **Mr. Abdul Hammed** (Provincial M&E Surveillance Coordinator VBD Sindh).
5. **Mr. Ram Kirshan** (Provincial Coordinator NRSP).
6. **Dr. Shiraz Hyder** (UNDP Karachi Office).
7. **Mr. Rehan Ilyas** (Oversight Officer CCM Secretariat).

## **PURPOSE OF THE CCM OVERSIGHT VISIT:**

The key purpose of this oversight visit is to understand how the grants are working, follow progress, to identify areas for improvement and build consensus to address challenges, and make recommendations to the PR for improving performance in Malaria and HIV grants in Sindh.

Keeping in view “Performance Indicators of Principal Recipients (PR) under GFATM HIV & Malaria Grant”, mentioned in **Annex-A**, below were the main points for the purposed visit:

- To understand that how the grants are working.
- To follow progress, challenges and to make recommendations to the PR on improving performance.
- To interact with Public Sector RDT centers, Microscopy and malaria treatment, BHUs & RHCs.
- To provide better guidance to PRs, and to lend credibility and stature to the grants themselves.
- Review inputs from Sub Recipient, Sub-Sub Recipient, and right holders.
- Identifying the existing programmatic, financial and coordination challenges in at different levels (Program-PR-SRs).
- Review the accelerated response to HIV through effective prevention, treatment, care and support interventions for Key Populations and surveillance in high risk areas.
- Review that HIV prevention is increased and sustained among key populations PWID and their sexual partners.
- Review that HIV related mortality and morbidity is reduced through available and equitable access to quality continuum of care services and environment for effective AIDS response is enabled.
- Develop feasible recommendations for improvement of the identified challenges by oversight committee of the CCM / CCM Secretariat.

## **SCHEDULE OF VISIT:**

The visit has been scheduled for four (04) districts of Sindh including District Thatta, District Hyderabad, District Tando Mohammad Khan and District Karachi. All relevant Principal Recipient and Sub-Recipients have been informed about the visit well in time before the schedule visit.

Details of health care facilities visited, their location and information regarding facility focal person and its contract numbers are present in **Annex-B**.

## **OBSEVATIONS:**

Details observations and recommendations of the Oversight Committee visit are present in **Annex-C**. However, summary of observations is mentioned below. Individual summary of observations, recommendations and implementing responsibility of Malaria Program is present in **Annex-D**. Individual summary of observations, recommendations and implementing responsibility of HIV / AIDS Program is present in **Annex-E**.

### **MALARIA COMPONENT:**

- **Satisfactory:** Good coordination was observed among the health facility staff.
- **Satisfactory:** Stock registers were being properly maintained across all sites.
- **Need Improvement:** The transfer of trained staff should be restricted to prevent adverse impacts on the program.
- **Need Improvement:** Monitoring visits by Principal Recipients and Sub-Recipient should be increased to ensure the efficient utilization of resources.
- **Need focus:** Refresher training should be conducted regularly and systematically at all levels.
- **Need focus:** Microscopy training should be organized in alignment with the latest National Guidelines, as the last training was conducted 10 years ago.
- **Essential:** Efforts should be focused on securing domestic funding.

### **HIV / AIDS COMPONENT:**

- **Satisfactory:** A target-oriented approach was observed at CBOs instead of a goal-oriented one.
- **Need Focus:** No proper tracking mechanism for Loss to Follow-Up (LTFU) was found. A significant number of LTFU patients among TGs and IDUs is due to the absence of CNICs, which prevents CBOs from linking these patients to treatment. Additionally, PR / SR should focus on advocacy and counseling to reduce LTFU cases.

- **Need Focus:** Refresher training should be conducted regularly and systematically at all levels.
- **Need Focus:** CBOs emphasized the need for implementing a patient transfer policy and suggested integrating a unique MIS for efficient data reporting. Currently, multiple MIS systems are used across the private and public sectors, highlighting the need to synchronize or link these data portals.
- **Essential:** CBOs expressed concerns about the Social Support Program, noting that it requires improvements.
- **Need Debate:** CBOs suggested increasing the incentives for employees / workers to ensure smooth project implementation.
- **Need Debate:** Resolve salary discrepancies at centers, particularly for DEOs and Case Managers, to align incentives with their workload and responsibilities.

### **ACTION TAKEN BY RELEVANT STEHOLDERS & FOLLOWUP ON LAST VISIT (2022):**

For the analysis, comparison of last “Oversight Committee” visit to the province of Sindh, during 2022, has also been made. The comparison shows improvement in some field but requires additional supervision / support / improvement in some. Improvement has been seen in intra & inter facility coordination, stock registration, use of reporting tool and availability of spacers in public sector health care facility while areas requires considerable focus is required is on staff turnover, training and refresher training, especially in public sector health care facilities. Details information is present in **Annex-F**.

### **DEBRIEFING SESSION:**

On last day of the visit, a group debriefing was given by Oversight Committee to Deputy Director General Health of Sindh, Dr. Syed Amir Dabeer. Mr. Rehan Ilyas Oversight Officer CM along with OC members discussed mission findings and observations (mentioned in Annex-C) of the field visit with Dy. DG Health.

In his closing remarks, Dr. Syed Amir Dabeer thanked the members of Oversight Committee of visiting the province and reviewing program implementation. He acknowledged and took the ownership of all the issues highlighted / discussed during debriefing and assured that the Sindh Government would make every effort to address and rectify these challenges. He emphasized the importance of prioritizing issues, as well as fostering coordination and collaboration between the public and private sectors for this noble cause. Dr. Syed Amir Dabeer, also demonstrated high spirits, commitment, devotion, and a strong sense of ownership towards the elimination of Malaria, TB, and HIV.

**Thank you.**

## **ANNEX- A: PERFORMANCE INDICATORS OF PRINCIPAL RECIPIENTS UNDER GFATM HIV & MALARIA GRANT**

<b>Performance Indicators - Malaria CMU:</b>	
<b>Indicators</b>	<ul style="list-style-type: none"> <li>• CM-1a Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities</li> <li>• CM-1c Proportion of suspected malaria cases that receive a parasitological test at private sector sites</li> <li>• CM-2a Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities</li> <li>• CM-2c Proportion of confirmed malaria cases that received first-line antimalarial treatment at private sector sites</li> <li>• RSSH/PP M&amp;E-1 Completeness of reporting: %age of expected monthly reports (for the reporting period) that are actually received</li> <li>• RSSH/PP M&amp;E-2 Timeliness of reporting: %age of submitted monthly reports (for the reporting period) that are received on time per the national guidelines</li> <li>• M&amp;E-2c Completeness of facility reporting: %age of expected facility weekly report (for reporting period) that are actually received</li> <li>• M&amp;E-6.1 %age of districts that produce at least semi-annual analytical reports</li> </ul>
<b>Performance Indicators – UNDP:</b>	
Indicator 1	<p>Prevention component:</p> <ul style="list-style-type: none"> <li>• KP-1a<sup>(M)</sup> Percentage of men who have sex with men reached with HIV prevention programs - defined package of services</li> </ul> <p>Treatment component:</p> <ul style="list-style-type: none"> <li>• TCS-1b<sup>(M)</sup> Percentage of adults (15 and above) on ART among all adults living with HIV at the end of the reporting period</li> </ul>
Indicator 2	<p>Prevention component:</p> <ul style="list-style-type: none"> <li>• KP-1b<sup>(M)</sup> Percentage of transgender people reached with HIV prevention programs - defined package of services</li> </ul> <p>Treatment component:</p> <ul style="list-style-type: none"> <li>• TCS-1c<sup>(M)</sup> Percentage of children (under 15) on ART among all children living with HIV at the end of the reporting period</li> </ul>
Indicator 3	<p>Prevention component:</p> <ul style="list-style-type: none"> <li>• KP-1c<sup>(M)</sup> Percentage of sex workers reached with HIV prevention programs - defined package of services</li> </ul> <p>Treatment component:</p> <ul style="list-style-type: none"> <li>• PMTCT-2.1 Percentage of HIV-positive women who received ART during pregnancy and/or labour and delivery</li> </ul>

Key Services Provided	<p>Prevention component: Defined prevention services package includes the following:</p> <ul style="list-style-type: none"> <li>• Behavioral change communication messages</li> <li>• Distribution of condoms and/or lube</li> <li>• Distribution of IEC material</li> <li>• Use of Drop-In Centre (DIC) facility</li> <li>• Psycho social support and counselling</li> <li>• VCCT with pre &amp; post counselling</li> <li>• STI diagnosis and/or treatment</li> <li>• Career counselling and family counselling</li> <li>• Partner/ client and spouse testing</li> <li>• Referral to medical, social or other services</li> <li>• PrEP</li> <li>• Information on stigma and discrimination and/or referral on human rights issues</li> </ul> <p>Treatment component:</p> <ul style="list-style-type: none"> <li>• Differentiated HIV Testing Services</li> <li>• Treatment, care and support</li> <li>• PMTCT</li> <li>• TB/HIV</li> </ul>
Target Groups Served	<p>Prevention component:</p> <ul style="list-style-type: none"> <li>• MSM</li> <li>• TG</li> <li>• FSW</li> </ul> <p>Treatment component:</p> <p>General population</p>
<b>Performance Indicators-Nai Zindagi</b>	
Indicator 1	Percentage of PWID reached with HIV prevention programs - defined package of services.
Indicator 2	Percentage of PWID that have received an HIV test during the reporting period and know their results.



Indicator 3	Number of needles and syringes distributed per person who injects drugs per year by needle and syringe programs.
Key Services Provided	<ul style="list-style-type: none"> <li>• Needle Syringe Exchange Program (NSEP)</li> <li>• HIV Testing &amp; Counseling (HTC)</li> <li>• Spouse Prevention Program</li> <li>• Linkage with ART Centers and follow-up</li> </ul>
Target groups served	People who inject drugs (PWID) and their spouses

## **ANNEX: B OVERSIGHT COMMITTEE (OC) VISIT SCHEDULE (9<sup>TH</sup> TO 11<sup>TH</sup> DECEMBER 2024) (MALARIA & HIV DISEASE - SINDH):**

8 <sup>th</sup> December 2024:								
Travel from Islamabad to Karachi								
Orientation meeting of members with Principal Recipient								
Hotel Stay at Karachi								
9 <sup>th</sup> December 2024:								
Travel from Karachi to Thatta.								
Sr#	Date	City	Name of Facility	Type of Facility	Exp Time	PR / SR / SSR	Contact person	Contact No.
1	9 <sup>th</sup> Dec 24	Travel from Karachi to Thatta at 08:00 AM						
		Thatta	Mehran Clinic Dhabiji	Private sector - RDT and malaria treatment	9:00 AM	DoMC/NRSP	Dr. Azam Akash	0303-3336141
2		Thatta	DHQ Thatta - Makli	Public sector - Microscopy and malaria treatment	10:30 AM	VBDs-DGHS Sindh- DOMC	Tariq Aziz	0335-2460311
3		Thatta	Town dispensary	Private sector - RDT and malaria treatment	12:00 PM	DoMC/NRSP	Dr. Azam Akash	0303-3336141
4		Thatta	NZ - COPC's	CoPC+ Site & AAU	1:00 PM	NZ	Jawaid Iqbal (SM CoPC+)	0300-3021943 (JI) 0315-0831372 (SA)
5		Thatta	BHU Chatto Chand	Public sector - RDT and malaria treatment	3:00 PM	VBDs - DGHS Sindh – DOMC	Tariq Aziz	0335-2460311
Travel from Thatta to Hyderabad								
Hotel Stay at Hyderabad								

10 <sup>th</sup> December 2024:								
1	10 <sup>th</sup> Dec 24	Hyderabad	LUMS – Hyderabad	ART Center Adult	9:00 AM	UNDP/SACP	Dr Rizwana Memon	0332-2653088
2		Hyderabad	DIC+ Site	HIV Prevention for Key Populations (TG & FSW)	10:30 AM	UNDP/BCF	Sadaf Nazir Maryum Shaikh	0310-1360495 0315-131650
3		Hyderabad	DIC+ Site	HIV Prevention for Key Populations (MSM)	11:30 AM	UNDP/HMHS	Dr Usman Hakimuddin	03332733479
4		Tando Muhammad Khan	DHQ Tando Mohammad khan	Public sector - Microscopy and malaria treatment	1:00 PM	VBDs-DGHS Sindh-DOMC	Sajad Ali Buriro	0334-3738036
5		Tando Muhammad Khan	Dr Nisar Clinic	Private sector - RDT and malaria treatment ment	1:45 PM	DOMC/NRSP	Mir Ali Bozdar-District Coordinator	0303-7772123
6		Tando Muhammad Khan	Ali Medical Center	Private sector - RDT and malaria treatment ment	2:30 PM	DoMC/NRSP	Mir Ali Bozdar-District Coordinator	0303-7772123
7		Tando Muhammad Khan	BHU Saeed Mito	Public Sector - RDT and malaria treatment ment	3:00 PM	VBDs-DGHS Sindh-DOMC	Sajad Ali Buriro	0334-3738036
Travel from Hyderabad & Tando Muhammad Khan to Karachi								
Hotel Stay at Karachi								

11 <sup>th</sup> December 2024:								
1	11 <sup>th</sup> Dec 2024	Karachi South	Dr Ruth KM Pfau Civil Hospital Karachi	i) ART Center Adult ii) ART Center Pead’s iii) ART Center PPTCT	9:00 AM	UNDP / SACP	Dr Sameera Haider Dr Farhan Ahmed Dr Laila	0300-3484177 0301-2401793 0300-3235626
2		Karachi	NZ-COPC's	COPC+Site	11:30 AM	NZ/BCF	Abdul Shakoor (NZ) Zubair Ahmd (BCF)	0313-3238277 (AS) 0315-7181173 (ZA)
3		Karachi	DIC+ Site	HIV Prevention for Key Populations (TG & FSW)	1:00 PM	UNDP/BCF	Tanveer Ahmed Dr. Shaiwana Masood Dr. Mubarak Ali Sana Ahmad	0312-2024998 0331-2604455 0300-3018104 0313-8320777
4		Karachi	DIC+ Site	HIV Prevention for Key Populations (MSM)	2:00 PM	UNDP/HMHS	Seema Rana Maheshwary Kamran Abdullah Khan	03357592627 03332316762
Debriefing meeting with Director General Health – Sindh								

## ANNEX-C: FACILITY LEVEL DETAILED OBSERVATION AND RECOMMENDATIONS:

9 <sup>th</sup> December 2024		
Name of the Venue	Site specific Progress / General Observations	Recommendations / Areas for improvement
Mehran Clinic Dhabiji Thatta	<ul style="list-style-type: none"> <li>Stock register was properly maintained.</li> <li>Data Validation is main part of any program. It was found during visit that FM2 reports are being approved by In-charge of facility and updated as per SOPs.</li> <li>Mechanism of expiry of medicine found satisfactory.</li> <li>It was found that training of staff related to diagnosis, record keeping and treatment guidelines was provided in 2022.</li> <li>Limited to no coordination was found among OPD doctors, hospital in-charge and Lab in-charge.</li> </ul>	<ul style="list-style-type: none"> <li>PR should arrange refresher training for staff.</li> <li>There is need to increase follow up meeting by SR and strengthen the monitoring system.</li> <li>It was highlighted that LLINs are distributed but the utilization of LLINs is a big challenge. Advocacy campaign should be initiated/commence from PRs in the community</li> </ul>
DHQ Hospital Makli Thatta	<ul style="list-style-type: none"> <li>It was observed that monitoring system found up to the mark.</li> <li>FM2 reports are being approved by MS and updated as per SOPs. It was found that FM-1 and FM-2 were also linked.</li> <li>The space available in DHQ hospital for provision of services was enough. The microscopy, data management, record keeping and medicine store all are in single room.</li> <li>It was observed that slides are being sent to DHO Office on monthly basis.</li> <li>Stock register was up to date.</li> <li>It was observed that training of staff related to diagnosis, record keeping &amp; treatment guidelines was provided in 2022.</li> <li>Microscopy training was conducted 10 years ago for staff.</li> <li>Staff turnover is high at Government facility. Due to this, Program may be suffered.</li> </ul>	<ul style="list-style-type: none"> <li>It was found over writing on FM2 reports and there is need to improve FM2 reports.</li> <li>PRs / SRs should arrange refresher training for staff as well as Microscopy training.</li> <li>It was highlighted that LLINs are distributed but the utilization of LLINs is a big challenge. Advocacy campaign should be initiate from PRs/SRs in the community.</li> <li>Government should take steps for retention of trained staff.</li> </ul>

Town Dispensary Thatta	<ul style="list-style-type: none"><li>• The coordination among OPD doctors, hospital in- charge and Lab in-charge was very good as well as SRs.</li><li>• Stock register was properly maintained as per SOPs.</li><li>• FM2 reports were updated as per guidelines and approved by Facility In-charge.</li><li>• It was observed that monitoring system found satisfactory.</li><li>• It was found that training of staff was conducted in 2020.</li><li>• Staff turnover is high at Government facility. Due to this, Program is being suffered.</li></ul>	<ul style="list-style-type: none"><li>• PRs / SRs should arrange refresher training for staff.</li><li>• Government should take steps for retention of trained staff.</li></ul>				
Nai Zindagi COPC's & AAU Site Thatta	<table><tr><th>COPC's Site Thatta</th><th>AAU Site Thatta</th></tr><tr><td><ul style="list-style-type: none"><li>• Total number of registered HIV patients till date = 116</li><li>• Death = 56</li><li>• ARV (On Treatment) = 28</li><li>• Loss to Follow Up &amp; Missing = 32</li></ul></td><td><ul style="list-style-type: none"><li>• Total number of registered HIV patients from 2018 till date = 1832</li></ul></td></tr></table> <ul style="list-style-type: none"><li>• A proper tracking mechanism for follow-up was not in place, leading to a significant loss to follow-up rate of approximately 50%.</li><li>• There was a noticeable lack of coordination among staff at the COPC site, which impacted the effectiveness of the program.</li><li>• PWIDs often lack CNICs, preventing their proper registration in the program.</li><li>• There was lack of coordination between the COPC site and DHO office, hindering smooth service delivery and communication.</li></ul>	COPC's Site Thatta	AAU Site Thatta	<ul style="list-style-type: none"><li>• Total number of registered HIV patients till date = 116</li><li>• Death = 56</li><li>• ARV (On Treatment) = 28</li><li>• Loss to Follow Up &amp; Missing = 32</li></ul>	<ul style="list-style-type: none"><li>• Total number of registered HIV patients from 2018 till date = 1832</li></ul>	<ul style="list-style-type: none"><li>• The mechanism for tracking and following up with patients should be strengthened to reduce loss to follow-up.</li><li>• PR should organize a meeting with relevant government officials to enhance coordination with the DHO Office and ensure smooth program implementation.</li><li>• PR should establish a regular and effective monitoring mechanism to improve oversight and ensure the program's successful execution.</li></ul>
COPC's Site Thatta	AAU Site Thatta					
<ul style="list-style-type: none"><li>• Total number of registered HIV patients till date = 116</li><li>• Death = 56</li><li>• ARV (On Treatment) = 28</li><li>• Loss to Follow Up &amp; Missing = 32</li></ul>	<ul style="list-style-type: none"><li>• Total number of registered HIV patients from 2018 till date = 1832</li></ul>					

**10<sup>th</sup> December 2024**

<b>Name of the Venue</b>	<b>Site specific Progress / General Observations</b>	<b>Recommendations / Areas for improvement</b>
DHQ Hospital Tando Mohammad Khan	<ul style="list-style-type: none"><li>• The coordination among OPD doctors, hospital in-charge and Lab in-charge was very good as well as SRs.</li><li>• Stock register was updated as per SOPs.</li><li>• FM-1 register &amp; FM-2 report is linked and up to date.</li><li>• Monitoring system found satisfactory.</li><li>• It was observed that training of staff was conducted in 2022 related to diagnosis, record keeping and treatment guidelines.</li><li>• Staff turnover is high at Government facility. Due to this, Program may be suffered.</li><li>• Microscopy training was conducted 10 years ago for staff.</li></ul>	<ul style="list-style-type: none"><li>• Government should take steps for retention of trained staff.</li><li>• Trained staff should be hired.</li><li>• PRs/SRs should arrange refresher training for staff and training needs to be imparted on all levels on regular and systematic manner.</li><li>• SR needs to increase monitoring visits.</li><li>• Microscopy training must be conducted by PRs/SRs.</li><li>• It was highlighted that LLINs are distributed but the utilization of LLINs is a big challenge. Advocacy campaign should be initiated from PRs / SRs in the community.</li></ul>
BHU Saeed Mito	<ul style="list-style-type: none"><li>• A strong coordination mechanism with district health officials ensured effective management of expired medicines.</li><li>• The stock register was maintained and updated as per SOPs.</li><li>• Bin cards were appropriately placed, ensuring proper management and tracking of supplies.</li><li>• It was observed that due to high staff turnover, which impacted service quality.</li><li>• No formal training was provided to the staff, which may hinder effective performance and service delivery.</li></ul>	<ul style="list-style-type: none"><li>• Government should take steps for retention of trained staff.</li><li>• PRs/SRs should arranged training for new staff and needs to be imparted on all levels on regular and systematic manner.</li></ul>

Liaquat University of  
Medical Sciences  
Hyderabad

- **Data:** Total registered HIV patients from 2018 till date:

General Population	1,830
FSW	17
MSM	84
IDUs	217
TG	154
Spouse of KP	7
Prison	5
Death	392
Loss to Follow Up	392
Total	2,314

- The ART center was well-maintained, and the staff demonstrated commitment.
- The stock register and patient records were well-maintained, ensuring that key data and resources are accurately tracked.
- Approximately 20% of cases were identified as loss to follow-up, indicating a need for enhanced tracking and follow-up mechanisms.
- Coordination Gaps in coordination were observed between ART centers and CBOs, which need to be addressed for better service delivery.
- The monitoring mechanism was found to be insufficient, requiring strengthening for better oversight and management of the program.
- The reporting tool used by field staff was found inadequate, highlighting the need for improvements in reporting processes.

- CDC Sindh should conduct regular monitoring visits to ensure that the program's activities are on track and to identify areas for improvement.
- The loss to follow-up mechanism needs to be enhanced to ensure that patients are consistently tracked and supported throughout their treatment journey.
- Efforts should be made from PR to strengthen coordination with all CBOs involved in the program to ensure a more integrated approach to service delivery.
- There is a need to develop and implement by CDC Sindh a comprehensive reporting tool for field staff to streamline data collection and improve reporting accuracy.
- Refresher training should be organized from PR for social mobilizers to enhance their skills, improve their knowledge, and ensure that they remain effective in their roles.



BCF DIC + Site HIV Prevention for Key Populations (FSW)	<ul style="list-style-type: none"> <li>• Total Registration = 7,124</li> <li>• Total HIV testing till date = 1,617</li> <li>• HIV positive cases = 38</li> <li>• Linked with ART center = 36</li> <li>• Death = 02</li> <li>• Trained and competent staff are working in the program, and patient records were maintained in an organized and thorough manner.</li> <li>• The stock register was properly maintained, ensuring accurate tracking of inventory.</li> <li>• PrEP was expired on 29<sup>th</sup> November, 2024.</li> <li>• Diagnostic and treatment commodities were provided primarily to meet set targets, with no additional proactive efforts made to protect more of the community from HIV. Expanding outreach efforts beyond meeting targets is crucial for a more effective HIV prevention program.</li> <li>• During the OC visit, it was observed that the coordination between the CBO and brothel/red zone areas was weak. This poses a significant challenge in providing effective HIV prevention services to FSWs.</li> </ul>	<ul style="list-style-type: none"> <li>• Unexpired PrEP should be provided to the CBO by the PR at the earliest opportunity to ensure high-risk populations are protected from HIV.</li> <li>• Additional efforts must be made to expand HIV testing within the community to ensure more individuals, particularly those at higher risk, are identified early and provided with appropriate care.</li> <li>• The CBO should maintain strong coordination with brothel/red zone areas, specifically through the FSW network leader, to ensure comprehensive outreach, education, and testing efforts are in place.</li> </ul>
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11<sup>th</sup> December, 2024

Dr. Ruth KM Pfau Civil Hospital Karachi

i) ART Center Adult

ii) ART Center Paed's

iii) ART Center PPTCT

Total Registration till Nov, 2024	Adults	Paeds
	4808	379
Patients who received ART in past six months	1240	208
Loss to Follow Up Cases till Nov, 2024	1183	50
Patients ever on PMTCT regimen till Nov, 2024	55	0
Total PEP Registration	--	12

- Total Newborn Registration at ART Center (Paeds)= 288
- The ART Center (Adult) is well maintained, with a committed and well-trained staff.
- 100% of cases treated with PEP reported negative outcomes, highlighting the effectiveness of PEP in preventing HIV.
- Out of 59 HIV-positive pregnant women, 41 deliveries were successfully performed at the PPTCT Center.
- The CD4 count machine at the ART Center (Adults) was not functional, potentially affecting patient monitoring.
- 20% loss to follow-up, with a particularly high ratio of loss among People Who Inject Drugs (PWIDs).
- The stock register was not updated, and the Data Entry Operator (DEO) position at ART Center (Paeds) was vacant, which could impact accurate data recording and management.
- The available space for providing services at the ART Center (Paeds) is very limited, affecting service delivery.
- A coordination gap was identified between ART Centers and CBOs, hindering effective collaboration and service delivery.

- Strengthen coordination and data flow between ART centers and PPTCT service delivery points to ensure timely and accurate data entry for PPTCT cases.
- Ensure that the transfer or posting of trained staff does not negatively impact service delivery at ART centers. A benefit analysis should be conducted by SR/CDC Sindh to assess potential risks.
- Strengthen stock management practices at the ART Center (Paeds) to ensure a consistent supply of necessary medications and materials.
- PR/SR should develop effective and stringent monitoring tools to ensure the smooth and efficient functioning of the program, with regular tracking of progress.
- Resolve salary discrepancies at ART centers, particularly for DEOs and Case Managers (recruited through GF funding), as they play a critical role in service delivery. Their financial incentives should align with their workload and responsibilities.
- PR/SR should organize refresher training for staff to ensure they have the knowledge and skills required for high-quality service delivery.
- Ensure that regular monitoring visits are conducted by PR and CDC Sindh to assess the implementation of the program and address challenges in a timely manner.
- Strengthen the mechanism for managing loss to follow-up cases, especially for high-risk populations, to ensure continued care and support.

	<ul style="list-style-type: none"><li>• The monitoring mechanism was found to be weak, requiring improvements for better oversight and accountability by the PR/SR.</li><li>• ART centers staff emphasized the importance of implementing a patient transfer policy and suggested integrating a unique MIS for efficient data reporting.</li></ul>		<ul style="list-style-type: none"><li>• Enhance collaboration between ART centers and CBOs to ensure effective patient care and smooth referral pathways.</li><li>• PR should develop and implement a patient transfer policy to improve coordination and ensure seamless patient care. Additionally, integrating a unique MIS for data reporting will help improve data accuracy and efficiency.</li><li>• The CD4 count machine at the ART Center (Adults) must be repaired and maintained in order to ensure that CD4 counts are conducted regularly as part of patient monitoring.</li></ul>																								
COPC-NZ Karachi	<table><tr><td>Date of establishment</td><td>Jan, 2012</td></tr><tr><td>Total number of staff</td><td>51</td></tr><tr><td>Number of Active spots</td><td>26</td></tr><tr><td>Number of ORWs</td><td>18</td></tr><tr><td>Distinct NSEP contacts</td><td>16008</td></tr><tr><td>Total Distinct HTC</td><td>10708</td></tr><tr><td>Total HIV+ Identified</td><td>4154</td></tr><tr><td>Total ART Registrations</td><td>2196</td></tr><tr><td>Total Spouses Registered</td><td>872</td></tr><tr><td>Total Spouses Tested</td><td>835</td></tr><tr><td>Total HIV+ Spouses</td><td>92</td></tr><tr><td>Total AAU Referrals</td><td>1459</td></tr></table>	Date of establishment	Jan, 2012	Total number of staff	51	Number of Active spots	26	Number of ORWs	18	Distinct NSEP contacts	16008	Total Distinct HTC	10708	Total HIV+ Identified	4154	Total ART Registrations	2196	Total Spouses Registered	872	Total Spouses Tested	835	Total HIV+ Spouses	92	Total AAU Referrals	1459	<ul style="list-style-type: none"><li>• A proper follow-up tracking mechanism was not in place, resulting in approximately 50% loss to follow-up cases. It is crucial to establish a robust tracking system to monitor patient progress and ensure continued care.</li><li>• There was a lack of coordination between the COPC’s site and the DHO office, which impacts service delivery and the timely</li></ul>	<ul style="list-style-type: none"><li>• The loss to follow-up rate is high, and the mechanism for tracking patients needs to be strengthened. It is essential to implement a more effective system to ensure continuous monitoring and re-engagement of patients who miss treatment.</li><li>• The PR should organize a meeting with relevant government officials to foster stronger coordination with the DHO office. This will ensure smoother program implementation and timely resolution of challenges at the local level.</li><li>• There is an urgent need to develop and implement a regular, robust monitoring mechanism to track program progress and identify gaps early. This will facilitate proactive interventions and ensure adherence to standards for better service delivery.</li><li>• PWID often lack CNICs, which hinders their ability to register for services. It is recommended that alternate methods for registering PWID be explored, or efforts should be made to facilitate CNIC acquisition.</li></ul>
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	resolution of issues. Strengthening communication and collaboration between these entities is necessary for improving patient care and addressing operational challenges effectively.	
BCF-DIC + Site HIV Prevention for Key Populations (TG) Karachi	<ul style="list-style-type: none"> <li>• Total HIV testing since September 25, 2023 = 1087</li> <li>• HIV positive cases = 116</li> <li>• Linked with ART center = 110</li> <li>• Death = 03</li> <li>• Denial Cases = 03</li> <li>• Transgender individuals facing challenges in obtaining CNICs (Computerized National Identity Cards) was highlighted during the visit.</li> <li>• The CBO emphasized the importance of implementing a patient transfer policy and suggested integrating a unique MIS for efficient data reporting. Additionally, they highlighted the need for improvements in the Social Support Program.</li> <li>• They also recommended increasing the incentives for outreach workers to enhance motivation and program efficiency.</li> <li>• PrEP, STI diagnose, Condoms/Lubricants, HIV testing targets were achieved.</li> <li>• PrEP (17 packets) was expired on 29<sup>th</sup> November, 2024.</li> <li>• Condoms/Lubricants and HIV kits were stock out.</li> <li>• Diagnostic and treatment commodities were provided only to meet the targets. No additional efforts were made to protect more of the community from HIV.</li> </ul>	<ul style="list-style-type: none"> <li>• PrEP, Condoms/Lubricants and HIV Kits should be provided to CBO by PR as early as possible.</li> <li>• The SR(CBO) suggested that the Social Support Program requires improvement. The PR should take necessary steps to address this feedback.</li> <li>• Extra efforts should made to protect more of the community from HIV through testing.</li> <li>• The PR should develop and implement a patient transfer policy while also initiating the integration of a unique MIS to ensure efficient and accurate data reporting.</li> <li>• The PR should explore options to increase incentives for outreach workers to boost their motivation and enhance program efficiency.</li> <li>• The PR should work on finding alternative solutions for obtaining CNICs for transgender individuals, ensuring easier linkage of CBOs with ART centers.</li> </ul>
HMHS-DIC + Site HIV Prevention for Key Populations (MSM)	<ul style="list-style-type: none"> <li>• Total Registration in 2024 = 49116</li> <li>• Total HIV testing in 2024 = 262</li> <li>• HIV positive cases = 49</li> </ul>	<ul style="list-style-type: none"> <li>• PrEP, Condoms/Lubricants and HIV Kits should be provided to CBO by PR as early as possible.</li> <li>• The CBO should prioritize achieving their targets, as they are currently falling short. Additionally, the PR should</li> </ul>

	<ul style="list-style-type: none"> <li>• Linked with ART center = 31</li> <li>• PrEP, STI diagnose, Condoms/Lubricants, HIV testing targets were not achieved till date.</li> <li>• PrEP (272 packets) was expired on 29<sup>th</sup> November, 2024. Additionally, CBO was received 504 packets of PrEP in June, 2024.</li> <li>• Condoms and HIV kits were stock out.</li> <li>• During the OC visit, it was observed that there is weak coordination between the ART center and the CBO. As a result, 10% of HIV-positive patients have not been linked to the ART center due to the lack of sharing PLHIV IDs with the CBOs. Additionally, there is a noticeable coordination gap between Ziauddin Hospital and the CBO.</li> <li>• The CBO management expressed concerns about a 50% reduction in salaries, which they believe has impacted the program's effectiveness. They also highlighted that the Security Guard position is not included in this grant. Furthermore, they reported the lack of an office in district Larkana, which is causing challenges for program implementation as staff members are working in the district without proper facilities. This situation may further affect the program's progress and outcomes.</li> </ul>	<p>take proactive measures and conduct regular monitoring visits to ensure the targets are met.</p> <ul style="list-style-type: none"> <li>• The PR should address the operational challenges faced by the CBO, particularly concerning salaries and office arrangements in Larkana, to ensure smooth project implementation.</li> <li>• The PR should hold a meeting with Ziauddin Hospital, with the support of the SR CDC Sindh, to address the issues and work towards overcoming the coordination gap.</li> </ul>
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## ANNEX-D: SUMMARY OF FINDINGS AND RECOMMENDATIONS ON ISSUES AND IMPLEMENTING RESPONSIBILITY (MALARIA):

Positive Findings:	Recommendations on Issues Identified:	Implementing Responsibility:
<ul style="list-style-type: none"> <li>• <b>Stock register</b> was properly maintained.</li> <li>• <b>Good coordination</b> was observed among the health facility staff and district health officials to ensure services and effective management of expired medicines.</li> <li>• <b>Data Validation</b> is main part of any program. It was found during visit that FM2 reports are being approved by In-charge of facility and updated as per SOPs.</li> <li>• <b>The space</b> available in DHQ hospital for provision of services was enough.</li> <li>• <b>The microscopy, data management, record keeping and medicine store</b> all are in single room.</li> <li>• <b>Slide Verification:</b> It was observed that slides are being sent to DHO Office on monthly basis.</li> <li>• <b>Bin cards</b> were appropriately placed, ensuring proper management and tracking of supplies.</li> </ul>	<ul style="list-style-type: none"> <li>• Efforts should be focused on <b>securing domestic funding</b>.</li> <li>• The <b>transfer of trained staff / high turnover</b>, especially at public sector health care facilities, should be restricted to prevent adverse impacts on the program.</li> </ul>	<ul style="list-style-type: none"> <li>• Provincial Health Departments</li> <li>• Principal Recipient (PR).</li> </ul>
	<ul style="list-style-type: none"> <li>• LLINs are distributed but the <b>utilization of LLINs</b> is a big challenge. Advocacy campaign should be initiated / commence in the community.</li> <li>• <b>Quality Monitoring visits</b> should be increased to ensure the efficient utilization of resources.</li> <li>• <b>Quality Refresher training</b> should be conducted regularly and systematically at all levels.</li> <li>• <b>Microscopy training (Basic and Refresher)</b> should be organized in alignment with the latest National Guidelines, as the last training was conducted 10 years ago.</li> </ul>	<ul style="list-style-type: none"> <li>• Principal Recipient (PR)</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Quality Monitoring visits</b> should be increased to ensure the efficient utilization of resources.</li> </ul>	<ul style="list-style-type: none"> <li>• Sub-Recipient (SR)</li> </ul>

## ANNEX-E: SUMMARY OF FINDINGS AND RECOMMENDATIONS ON ISSUES AND IMPLEMENTING RESPONSIBILITY (HIV / AIDS):

Positive Findings:	Recommendations on Issues Identified:	Implementing Responsibility:
<ul style="list-style-type: none"> <li>• <b>Trained and competent staff</b> are working in the program at most of the places.</li> <li>• <b>Patient records</b> were maintained in an organized and thorough manner at ART centers and CBOs.</li> <li>• <b>Stock register</b> was properly maintained, ensuring accurate tracking of inventory.</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of <b>coordination between DHO office and SR's offices</b>. PR should organize a meeting with relevant government officials to enhance coordination with the DHO Office and ensure smooth program implementation.</li> <li>• <b>Untrained Staff</b> require refresher trainings on regular basis.</li> </ul>	<ul style="list-style-type: none"> <li>• Provincial Government</li> <li>• Principal Recipient (PR)</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>No tracking mechanism</b> for Loss to Follow-Up (LTFU) found.</li> <li>• <b>Monitoring mechanism</b> was found to be insufficient, requiring strengthening for better oversight &amp; management.</li> <li>• <b>The reporting tool</b> used by field staff was found inadequate, highlighting the need for improvements in reporting processes.</li> <li>• <b>Expired PrEP and Faulty Machines</b>.</li> <li>• <b>Stock Out</b> of Condoms / Lubricants and HIV kits.</li> <li>• <b>Issues in Social Support Program</b>, requires improvements.</li> <li>• <b>Patient Transfer Policy</b> is needed to be implemented for patient transfer. Unique MIS for efficient data reporting.</li> <li>• <b>PWID and TGs often lack CNICs</b>, which hinders their registration</li> </ul>	<ul style="list-style-type: none"> <li>• Principal Recipient (PR)</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Lack of Coordination</b> among staff at the COPC site and between ART centers and CBOs</li> </ul>	<ul style="list-style-type: none"> <li>• Sub Recipient (SR)</li> <li>• CBO</li> </ul>

## ANNEX-F: ACTION TAKEN BY RELEVANT STAKEHOLDER & FOLLOWUP ON LAST VISIT RECOMMENDATIONS:

Date:	Province:	District:	Recommendations:	Update / Follow-up:
22 <sup>nd</sup> to 24 <sup>th</sup> June 2022	Sindh	<ul style="list-style-type: none"> <li>Thatta</li> <li>Mirpur Khas</li> <li>Tando Mohammad Khan</li> </ul>	<ul style="list-style-type: none"> <li>PRs should be adopted proper monitoring system of expired medicine.</li> <li>Stock register should be maintained actual time not at the end of the month.</li> <li>There is need to improve coordination mechanism among doctors, hospital in-charge and Lab in charges.</li> <li>FM2 report should be verified at any facility level by all the respective in charges.</li> <li>Government should take steps for retention of staff that is trained at facility level.</li> <li>The space available in the hospital for provision of services is very limited.</li> </ul>	<ul style="list-style-type: none"> <li><b>Improved:</b> Strong coordination mechanism with district health officials has been ensured management of expired medicines.</li> <li><b>Improved:</b> Stock registers were being properly maintained across all sites.</li> <li><b>Improved:</b> Good coordination was observed among the health facility staff</li> <li><b>Improved:</b> FM2 reports are being verified by In- charge across all facilities.</li> <li><b>Improved:</b> The space available in DHQ hospital for provision of services was enough. The microscopy, data management, record keeping and medicine store all are in single room.</li> <li><b>Need focus:</b> Staff turnover is still high which need to be focused, especially in public sector health care facilities.</li> </ul>



## ANNEX-G: PHOTO GALLERY:



Visit at AAU-NZ Thatta



OC Visit at ART Center LUMS Hyderabad



Debriefing Meeting with Dy. DG Health Sindh

OC



Meeting with DG Health Sindh



OC Visit at ART Center PPTCT Karachi



OC Visit at DIC-TG BCF Karachi