

Oversight Committee Visit Report

TB & HIV Disease Component-Punjab

Kasur, Sheikhpura, Sialkot & Lahore
26th to 29th August 2024

Background:

The oversight core function of CCM. As per annual work plan the oversight committee will visit each disease component of one Province. This time Oversight Committee decided to hold a combined visit of TB and HIV of Province Punjab.

The Core responsibility of the CCM is to provide oversight 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. The oversight committee comprises of; USAID (Chair), UNAIDS, WHO, FCDO, HSA, APLHIV and co-opted members of CSO member from Punjab that is APAP. OC members had opportunities to interact with ART and TB treatment centers, Private clinics, Labs, CoPC, AAU site and DIC of CBOs. These visits provided members an overall sense of program achievement and challenges.

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 TB and HIV grants in Punjab. The following main points are the purpose of the visit;

- Review the TB & HIV 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 and supply situation
- 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.

Orientation Meeting:

Orientation Meeting of Oversight Committee Visit was held on the 25th august 2024, Sunday at Ramada Hotel, Lahore. OC members acknowledged the efforts of the CCM Secretariat for coordinating and arranging this oversight visit where all the relevant soft copies of performance indicators, frameworks,

SR agreements, grant agreements, budgets for both PRs were provided for Oversight committee members. Below is the link for relevant documents shared by CCM Secretariat;

[https://drive.google.com/file/d/1YGNLGUULb3Q1M-Doh9NbEaRcYfjhs77s/view?usp=drive link](https://drive.google.com/file/d/1YGNLGUULb3Q1M-Doh9NbEaRcYfjhs77s/view?usp=drive_link)

Following are the OC members, facilitators and other team members who joined the visit ;

1. **Mr. Same Ullah** (Admin and Finance Associate-UNAIDS)
2. **Dr. Irfan Ahmed** (NPO WHO Punjab)
3. **Dr. Farhad** (DSOWHO Kasur)
4. **Dr. Ahmed Shafique** (Divisional Officer EPI WHO Gujranwala Division)
5. **Dr. Hamayun Kazim** (DSO WHO Sheikhpura)
6. **Mr. Shoaib Sultan** (Assistant Director ORIC-Health Services Academy)
7. **Mr. Ramzan** (Provincial Coordinator Punjab-APLHIV)
8. **Mr. Muhammad Hanif** (Punjab CSO Member-APAP)
9. **Dr. Bushra Asif** (Senior Provincial Program Officer-CMU/NTP)
10. **Dr. Rajwal Khan** (Strategic Information Adviser-UNAIDS)
11. **Dr. Syed Wasif** (Global Fund Accelerator Adviser-FCDO)
12. **Mr. Hammad Murtaza** (CCM Coordinator-CCM Secretariat)
13. **Mr. Rehan Ilyas** (Oversight Officer-CCM Secretariat)

OC Visit Schedule:

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

Date	City	Name of Facility/Station	Type of Facility	SR/PR
26-08-24	Kasur	DHQ Hospital Kasur	DRTB, DSTB, Microscopy & Gxpert	PTP Punjab/ NTP
	Kasur	DHQ Hospital Kasur	ART Center	PACP/UNDP
	Kasur	Bhatti International Trust Hospital	Large Private Hospital/PPM	MC-PIU
	Kasur	Bhatti International Trust Hospital	PPM Lab	MC-PIU

	Kasur	NZ -CoPC	CoPC +Site	NZ
	Kasur	Dostana Male Health Society-DIC+ Site	CBO-HIV Prevention for Key Populations(MSM)	SR-DMHS/UNDP
	Kasur	Khwaja Sira Society-DIC+ Site	CBO-HIV Prevention for Key Populations(TG)	SR-KSS/UNDP
26-08-24	Night Stay			
27-08-24	Sheikhupura	DHQ Hospital Sheikhupura	DRTB, DSTB, Microscopy & Gxpert	PTP Punjab/ NTP
	Sheikhupura	DHQ Hospital Sheikhupura	ART Center	PACP/UNDP
	Sheikhupura	Khalil Clinic	GP/PPM Clinic	MC- GSM
	Sheikhupura	Lahore Lab	PPM Lab	MC- GSM
	Sheikhupura	NZ -CoPC	CoPC +Site	NZ
	Sheikhupura	Active Help organization-DIC+ Site	CBO-HIV Prevention for Key Populations(FSW)	SR-AHO/UNDP
	Sheikhupura	Dostana-DIC+ Site	CBO-HIV Prevention for Key Populations(MSM)	SR-Dostana/UNDP
27-08-24	Night stay			
28-08-24	Sialkot	AIMH (DHQH) Sialkot (TCH)	DRTB, DSTB, Lab, Microscopy & Gxpert	PTP Punjab/ NTP
	Sialkot	AIMH (DHQH) Sialkot (TCH)	ART Center	PACP/UNDP
	Sialkot	Memorial Christian Hospital	Large Private Hospital/PPM	MC-PIU
	Sialkot	Memorial Christian Hospital	PPM Lab	MC-PIU
	Sialkot	NZ -CoPC	CoPC +Site	NZ
	Sialkot	Sathi Foundation-DIC+ Site	CBO-HIV Prevention for Key Populations(TG)	SR-SF/UNDP
	Sialkot	Sathi Foundation-DIC+ Site	CBO-HIV Prevention for Key Populations(MSM)	SR-SF/UNDP
28-08-24	Night stay			

29-08-24	Lahore	NZ -Spot Visit	NZ -Spot Visit	NZ
	Lahore	Services Hospital Lahore (TCH)	DSTB, Microscopy & Gxper	PTP Punjab/ NTP
	Lahore	Services Hospital Lahore (TCH)	ART Center	PACP/UNDP
	Lahore	NZ -CoPC	CoPC +Site & AAU	NZ
	Lahore	BAHAM-DIC+ Site	CBO-HIV Prevention for Key Populations(FSW)	SR-BAHAM/UNDP
29-08-24	Meeting with DG Health Punjab at 1:00 PM			

KEY OBSERVATION/RECOMMENDATIONS:

Day-01:

Date of Oversight Visit	Name of the Site	Site specific Progress/ General Observations	Recommendations/Areas for improvement	Responsible Implementer (PRs, SRs, SSRs,& Others)
26/8/2024	DRTB, DSTB, Microscopy & Gene Xpert (DHQ Hospital Kasur)	<ul style="list-style-type: none"> ● Stock register was not properly maintained. ● Lack of training and capacity building of staff was found. ● 02 sanctioned position were vacant at MDR clinic. ● Pharmacist position is vacant. ● Laboratory staff was not fully aware about the calibration of Gene Xpert machine. ● Quality assurance report was not properly maintained. ● No cross ventilation was found in MDR site. ● Incidence of TB case is increasing. ● Significant loss to follow 	<ul style="list-style-type: none"> ● Training of TB staff R&R tools and stock management is required. ● Hiring of vacant positions should be completed as soon as possible. ● Loss to follow up mechanism should be improved. ● MDR record needs to be streamlined. ● Timing of DRTB and DSTB services should be increased. 	NTP/PTP

		up of TB patients.		
	ART Center (DHQ Hospital Kasur)	<ul style="list-style-type: none"> ● PrEP was near to expire and no record was found ● Well maintained ART center with trained and competent staff and Patients records were properly maintained. ● 24 cases were loss to follow up 	<ul style="list-style-type: none"> ● Mechanism for managing expiry medicine should be improved. ● Loss to follow up mechanism should be improved. 	UNDP/PACP
	Large Private Hospital/PPM Lab (Bhatti International Trust Hospital)	<ul style="list-style-type: none"> ● Stock register was not maintained. ● 4 module Gene Xpert machine has been procured by the hospital. However, it was currently non-operational. ● Only AFB slides are submitted at the DHO Office for waste disposal. No clarity regarding the waste disposal mechanism at the hospital. ● There was no mechanism was found regarding loss to follow up. ● Referral/Reporting mechanism between LPH/PPM Clinic and Lab staff was poor. 	<ul style="list-style-type: none"> ● The patient record keeping and stock register needs to be streamlined ● Gene expert machine should be functional for the betterment of patients as early as possible. ● Clarity on waste disposal mechanism is required. ● Loss to follow up mechanism should be strengthened. ● Referral/Reporting system require improvement. 	MC-PIU
	CoPC +Site (Nai Zindagi)	<ul style="list-style-type: none"> ● Recovery of syringes and needles was less than the issued. ● CoPC site has 10 spots and only 04 outreach workers are providing services on daily basis. Existing HR is not sufficient to cover the geographical area of district Kasur. ● 1991 PWIDs were diagnosed with HIV positive and 949 were 	<ul style="list-style-type: none"> ● Distribution strategy of syringes and needles require improvement. ● Outreach workers staff need to be increased so the service delivery may not be suffered. ● Loss to follow up mechanism requires improvement. 	Nai Zindagi

		<p>linked to treatment.</p> <ul style="list-style-type: none"> ● Loss to follow up is highest amongst the PWIDs. 		
	Dostana Male Health Society (MSM-DIC+ Site)	<ul style="list-style-type: none"> ● Testing was approximately 70 % of the mentioned registration target. ● 50 % PrEP target was achieved. ● Condoms/Lubs and HIV testing Kits were stock out. 	<ul style="list-style-type: none"> ● New hotspot identification and improvement of hotspot mapping is required to further improve the service delivery. ● Dostana needs to engage and testing of Madrassas students of different masaliqs and boys hostels as well. ● Buffer period for Commodities should be at least for 3 months. 	DHMS/UNDP
	Khwaja Sira Society (TGs-DIC+ Site)	<ul style="list-style-type: none"> ● It was observed that some TGs HIV positive were not linked to ART center due to unavailability of CNIC. Due to this issue, there is hard to manage loss to follow up. ● Condoms/Lubs were stock out. ● PrEP target was not achieved. 	<ul style="list-style-type: none"> ● Buffer period for Commodities should be at least for 3 months. ● PACP and KSS need to solve CNIC issue of TGs HIV positive at ART centers. ● Physician suggested that HIV Positive adherent patients must be compensated from social support program. 	KSS/UNDP
Day-02				
Date of Oversight Visit	Name of the Site	Site specific Progress/ General Observations	Recommendations/Areas for improvement	
27/8/2024	DRTB, DSTB, Microscopy & Gene Xpert (DHQ Hospital Sheikhpura)	<ul style="list-style-type: none"> ● Record keeping of registered patients as per SOPs on designated forms was average. ● Stock register was not maintained as per standard format. ● Due to high number of 	<ul style="list-style-type: none"> ● Training of TB staff on R&R tools and stock management should be arranged. ● Regular monitoring visit by PTP/NTP team once in a quarter for the efficiency of service delivery. 	PTP/NTP

		<p>patients and HR shortage, the record was not being maintained regularly.</p> <ul style="list-style-type: none"> ● There was no coordination among TB center and Lab. ● Microscopy result was being issued after 02 days. ● No refresher training for staff. 	<ul style="list-style-type: none"> ● Microscopy result should be issued on same day. 	
	ART Center (DHQ Hospital Sheikhupura)	<ul style="list-style-type: none"> ● No Peads treatment facility available at centre it is very difficult for parent to visit 02 centers and spare 02 days for treatment as cases were discussed. ● Lab technician position was vacant and for viral load sampling, Hospital lab staff was facilitating. ● Temperature was not maintained for HIV kits. ● Well maintained ART center but counselor office require privacy. 	<ul style="list-style-type: none"> ● Hiring of vacant position should completed as soon as possible. ● Temperature should be maintained for HIV kits. ● Separate cabin should be prepared for counselor for patient confidentiality. 	PACP/UNDP
	GP/PPM (Khalil Clinic)	<ul style="list-style-type: none"> ● It was found that consultation fee payment paid by patient and not reimbursed. ● It was found that Physician was prescribing the medicine to TB patients without testing. ● Record was not being maintained as per SoPs. ● Follow up mechanism was found poor. ● No cross ventilation in chamber and The condition of clinic was very poor. 	<ul style="list-style-type: none"> ● Medicine should prescribed the medicines to the patients after testing. ● Records must be maintained as per SoPs. ● The clinic should be maintained according to the TB SoPs. ● Follow up mechanism requires improvement. 	MC/GSM
	PPM Lab (Lahore Lab)	<ul style="list-style-type: none"> ● Lab technician was not certified. 	<ul style="list-style-type: none"> ● Professional degree holder, well trained lab technician 	MC/GSM

		<ul style="list-style-type: none"> ● No training of lab technician. ● Monitoring mechanism was found poor. ● It was observed that X-Ray payment has to be bear by patient himself. 	<ul style="list-style-type: none"> ● should be appointed. ● Monitoring system should be improved. 	
	CoPC +Site (Nai Zindagi)	<ul style="list-style-type: none"> ● Recovery of issued syringes and needles is a big challenge for outreach workers. ● 47 % HIV positive cases are linked to treatment. ● PWID usually do not have CNIC and due to it they could not be registered. 	<ul style="list-style-type: none"> ● Distribution strategy of syringes and needles require improvement. ● Loss to follow up mechanism should be improved. ● NZ needs to improve the mapping of its target population so that they may have an effective outreach mechanism. 	Nai Zindagi
	Dostana Male Health Society (MSM-DIC+ Site)	<ul style="list-style-type: none"> ● PrEP target was not achieved. ● Condoms/Lubs and HIV testing Kits were stock out. ● CBO was facing the stock out of commodities. ● Duplication was found in client's data. 	<ul style="list-style-type: none"> ● New hotspot identification and improvement of hotspot mapping is required to further improve the service delivery. ● Dostana needs to engage and testing of Madrassas students of different masaliqs and boys hostels as well. ● Data reconciliation is required. ● Buffer period for Commodities should be at least for 3 months. 	DHMS/UNDP
	Active Help Organization (FSW-DIC+ Site)	<ul style="list-style-type: none"> ● Beneficiaries requested for ultrasound machine. ● Outreach area was very limited. ● Lubes were out of stock. ● Record keeping was poor and not well organized. 	<ul style="list-style-type: none"> ● False expectations should not be given to the community. If Possible, the ultrasound machine should be procured. ● Outreach area should be expanded and 	AHO/UNDP

		<ul style="list-style-type: none"> One of the OC member from APLHIV observed that some beneficiaries were brought from outside the coverage area and were unaware of the services provided through this grant. He also noted that that some females were not FSWs. 	Management need to focus on its own mandate and targets.	
Day-03				
Date of Oversight Visit	Name of the Site	Site specific Progress/ General Observations	Recommendations/Areas for improvement	
28/8/2024	DRTB, DSTB, Microscopy & Gene Xpert (AIMH (DHQH) Sialkot (TCH))	<ul style="list-style-type: none"> Pulmonologist & Treatment Coordinator positions were lying vacant since almost one year at the PMDT site. Only 1 technician and assistant technician were running the lab. Position of Microbiologist, technologist were vacant since almost an year. Record keeping of registered patients as per SOPs on designated forms was average. No HIV testing guidelines and consent form available at MDR Site. Calibration record of Gene Xpert machine was not being maintained regularly and no record was available at the lab. 	<ul style="list-style-type: none"> Staff needs training regarding proper IPC protocols record keeping tools and strategies. Financial mechanisms for disbursement of financial aids to MDR cases by ASD needs more transparency. Recruitment process needs to be expedited by SR to fill the essential positions. Calibration of Gene Xpert is required. 	PTP/NTP
	ART Center (AIMH (DHQH) Sialkot (TCH))	<ul style="list-style-type: none"> Well maintained ART center with well trained and committed staff. Hard copy of pre and post test screening was not being maintained and all the entries were being done only on MIS. No hard copy of HIV test 	<ul style="list-style-type: none"> Follow up for loss to follow up cases needs improvement. Record keeping of screening and counseling requires improvement. Temperature should be maintained for HIV kits. 	PACP/UNDP

		<p>Consent in the file of PLHIVs found.</p> <ul style="list-style-type: none"> ● Temperature was not maintained for HIV kits. 		
	<p>Large Private Hospital/PPM Lab (Memorial Christian Hospital)</p>	<ul style="list-style-type: none"> ● Discrepancies were found in documentation and quarterly reports. ● Record keeping of registered patients as per SOPs on designated forms was average. ● Referral/Reporting mechanism between LPH/PPM Clinic and Lab staff was poor. ● Microscopy was not being done as first line of diagnostic test instead only follow-up cases were being tested on Microscopy. 	<ul style="list-style-type: none"> ● PR Mercy Corps has devised and implemented a digital solution for sample transportation through engaging sample carriers/riders. This is a good practice and may be adopted for other sites as well. There is need to some improvement in transportation time gap. ● Records keeping must be maintained as per SoPs. ● Referral/Reporting mechanism needs improvement. 	MC/PIU
	<p>CoPC +Site (Nai Zindagi)</p>	<ul style="list-style-type: none"> ● Recovery of issued syringes and needles is a big challenge for outreach workers. ● 313 PWIDs identified as HIV+ and only 195 were linked with treatment at ART Centre. ● CoPC site has 8 spots and only 03 outreach workers are providing services on daily basis. Existing HR is not sufficient to cover the geographical area of district Sialkot. ● Loss to follow up cases were 53 	<ul style="list-style-type: none"> ● Distribution strategy of syringes and needles should be strengthened. ● Reconciliation of syringes on daily basis is required by site manager and waste disposal mechanism require improvement. ● Outreach workers staff need to be increased so the service delivery may not be suffer. ● Loss to follow up mechanism require improvement. 	Nai Zindagi

	Sathi Foundation (MSM & TG-DICs+ Site)	<ul style="list-style-type: none"> ● Diagnostic and treatment commodities were provided only to meet the targets. No additional efforts were made to protect more of the community from HIV. ● Lost to follow up cases, who never initiated ART after testing positive, remain a significant concern. Approximately 20% MSM and 23 % TGs could not be initiated on ART. ● PrEP target was not achieved in MSM and TG lots. ● Condoms and Lubs were stock out. 	<ul style="list-style-type: none"> ● Follow up for loss to follow up cases needs improvement. ● Buffer period for Commodities should be at least for 3 months. ● Extra efforts should made to protect more of the community from HIV through testing. 	Sathi Foundation/UN DP
Day-04				
Date of Oversight Visit	Name of the Site	Site specific Progress/ General Observations	Recommendations/Areas for improvement	
29/8/2024	Nai Zindagi IDUs-Spot Visit	<ul style="list-style-type: none"> ● Outreach workers are providing services in Lahore on daily basis. Existing HR is not sufficient to cover the geographical area of district Lahore. ● Loss to follow up cases were high. ● Police raids on IDUs spots is a significant challenge. 	<ul style="list-style-type: none"> ● Extra efforts should made to protect more of the community from HIV through testing. ● Outreach workers staff need to be increased so the service delivery may not be suffer. ● Loss to follow up mechanism require improvement. There is need to linked at ART centers. 	Nai Zindagi

29/8/2024	Nai Zindagi -AAU	<ul style="list-style-type: none"> ● Training was not provided to doctor. ● Not having the CNIC is the main reason that why IDUs do not get treatment from ART centers. ● Loss to follow up mechanism is high among IDUs. 	<ul style="list-style-type: none"> ● Training should be arranged for doctor. ● PACP need to solve CNIC issue of IDUs HIV positive at ART centers. ● Loss to follow up mechanism require improvement. There is need to linked at ART centers. 	Nai Zindagi/PACP
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Note-1: These below mentioned observations and recommendations were mutually discussed and agreed by all the oversight members.

Note-2: AHO-CBO raised a concern, that several FSWs expressed frustration and distress regarding the conduct of one particular CCM oversight team member APLHIV, Mr. Muhammad Ramzan. His behavior was disrespectful and inappropriate. He asked personal questions that violated their privacy, and his demeanor appeared to be teasing and mocking them. There is need to ensure that future engagements with the key population are conducted with the utmost professionalism and respect.

Debriefing Session with DG Health Punjab:

The visit was concluded with the debriefing session with DG Health, Punjab and Program Director Dr. Sofia. CCM Coordinator along with OC members discussed various findings and observations of the field visit with DG Health. The main following points were discussed;

a) General Observations-TB

- Poor coordination between TB and HIV facilities for Co infected patients.
- Stock registers were not properly being maintained at TB sites.
- Data and Record keeping management was found unsatisfactory.
- Vacant positions need to be advertised and must be filled as soon as possible.
- Monitoring visits by PTP, NTP and Mercy Corps need to be increase for efficient utilization of resources
- No cross ventilation at MDR TB Clinics.
- PRs should focus on advocacy and counseling of the patients to reduce lost to follow up.
- The capacity building of staff is required on R&R and stock management.
- Un-necessary delays in TB reporting to patients and lab results issued after two days.

- No Gene Xpert calibration record was found.
- Financial mechanisms for disbursement of financial aids to MDR cases at TB sites need more transparency.
- Sputum transportation and waste management mechanism was found unsatisfactory.

CCM coordinator highlighted the issue that two online data base are working in TB program in Punjab like DHIS-2 and HMIS. Both PRs-TB Mercy Corps and CMU requested to PTP and Govt. of Punjab to integrate the data of both DHIS-2 and HMIS. There should be same reporting mechanism. Due to this, staff are overburdened and entering the data on two different portals. There is need to synchronized or linked both data portals. Dr. Bilal updated the house that there is need to enter the data on HMIS then we can integrate the data on DHIS-2.

Furthermore, CMU representative Dr. Bushra Asif raised concerns about data connectivity issue and delay in the distribution of Laptops. Dr. Qasim responded the house that data connectivity issue is due to the lack of HR and one person in division is not enough for data reporting. Additionally, he assured that Laptops will be issued to concern persons soon.

b) GENERAL OBSERVATIONS-HIV

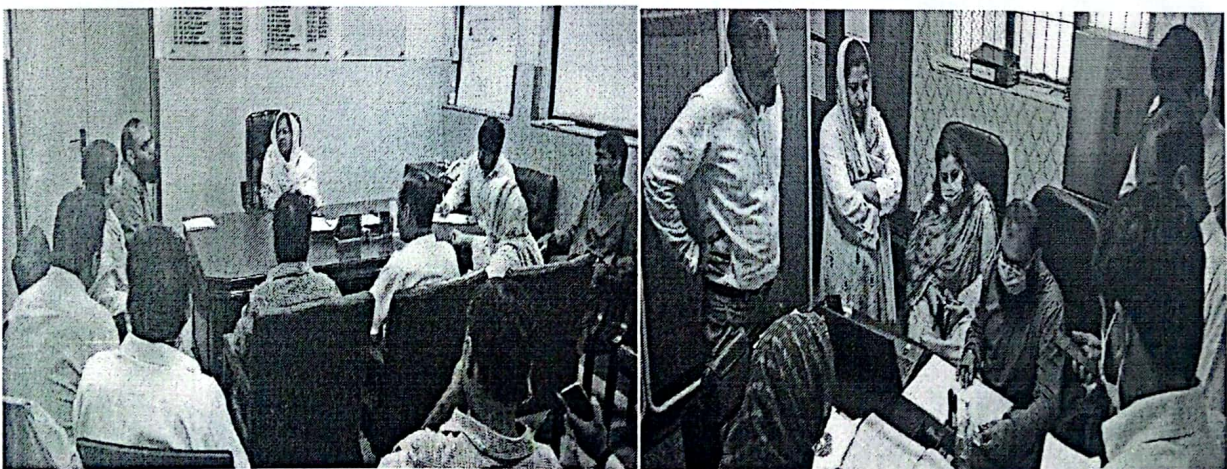
- Vacant positions need to be advertised and must be filled as soon as possible.
- Target oriented approach was observed not goal oriented.
- Commodities were stock out (Condom and Lubes) and PrEP was near to expire.
- Buffer stock of at least 3 months need to be maintained at ARTs and CBOs sites
- There is no proper tracking mechanism of Loss to Follow Up was found. A significant number of loss to Follow up patients of TGs and IDUs is high due to the absence of CNICs. CBOs are enable to linked these patients to treatment.
- The Basic Medical Care (BMC) services mechanism at Nai Zindagi requires improvement with a focus on aligning it with financial impact and measurable outcomes.
- Consent Form and Patient card should be compulsory for all HIV patients.
- IP&C protocols and waste disposal mechanisms requires improvements.
- Syringes issued and syringes distributed/records were not reconciled

DG Health concluded the meeting and gave vote of thanks. In his remarks he said that he owns all above discussed issues. He assured that health department punjab 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.

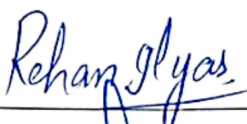

Additionally, Dr. Sofia PD-PACP directed to TG-CBOs and Nai Zindagi to provide the data regarding not having CNIC of HIV +ve with PACP. We will work on it and hope we will be able to solve this issue soon. The main objective of the PACP to provide treatment to all HIV +ve patients.

At the end of the meeting, Mr. Azhar Hussain from PACP requested to include PACP in DSD model. So we can decrease our loss to follow up cases in Punjab. Dr. Rajwal asked to PACP to send email to CCM and we will discuss it.

PHOTO GALLERY:





Name & Designation	Signature	Date
Rehan Ilyas (Oversight Officer)		6/11/2024.
Hafiz Hammad Murtaza (CCM Coordinator)		6/11/2024
Dr. Muhammad Ismail Virk (Chair Oversight Committee)		