2025

Oversight Committee Visit Report - CCM-Pakistan

TUBERCULOSIS & MALARIA DISEASE COMPONENT
KHYBER PAKHTUNKHWA
22 – 25 APRIL 2025

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EXECUTIVE SUMMARY:

Country Coordinating Mechanism (CCM) Pakistan's Oversight Committee (OC) visited the Province of KPK and reviewed the implementation of Malaria and Tuberculosis program, which are supported by GFATM. The team visited the public and private sector sites and monitored the program implementation in the districts of Nowshera, Mardan and Peshawar. Oversight committee has highlighted various items which have been performed satisfactorily 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 for **Tuberculosis program** as below:

1. Need to address long standing administrative issues like lack of water supply in DTO Nowshera.
2. Trainings and refresher for newly hired / old / already trained posted human resource.
3. Retention of trained staff on its positions, especially in public health care facilities.
4. There are varying levels of expertise demonstrated by DTOs (GF supported) stationed in the districts during visit. DTO (GF) Peshawar was better, while Nowshera and Mardan needs to have further capacity building to do carry M&E visits.
5. Few M&E reports reviewed by the OC, we observed that there is strong need for improvement to have action-oriented problem-solving approach by DTOs.
6. Tracking of "Lost-to-Follow-Up (LTFU)" patients particularly Afghan refugees and cases registered in BMUs bordering with Punjab in district Nowshera.
7. Need to find missed TB case both DS-TB and DR-TB.
8. There is need to improve Bacteriological confirmation of patients through improved quality of sputum collection.
9. Scale up TB screening of TB patients for HIV.
10. Scale up programmatic management of TB preventive treatment.
11. To reduce OOP expenditures by TB patients by subsidized charges for MDR baseline routine test and ancillary drugs at TCHs under MTI.
12. Need to improve LHW intervention and Data quality needs improvement.

13. Provision of Gene Xpert Machines in private sector large facilities to increase case detection.
14. Printing and availability of Job aids and TB awareness materials in HF.

Some of the prime areas requiring attention for **Malaria program** are as below:

15. Trainings and refresher for newly hired / old / already trained posted human resource
16. Retention of trained staff on its positions, especially in public health care facilities
17. Availability of IEC material and Job Aids in health care facilities on new guidelines.
18. Improvement in data recording process.

Some of the areas which requires attention in future Oversight Committee visits.

19. In future, prior to the visit there need to be desk review of the district data.
20. Committee members need to be defined objectives of review, based on desk review.

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 Tuberculosis in the Province KPK. For the purpose "Oversight Committee" comprised of USAID (Chair), UNAIDS, WHO, FCDO, HSA, APLHIV and co-opted member of CSO member from KPK that is CARAVAN. During visit "Oversight Committee" had the opportunity to interact with TB and Malaria treatment centers, Private clinics, Labs and Large Private Hospitals. 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. Laeeq Ahmad Khawaja** (WHO, Pakistan)**.**
2. **Mr. Sheryar** (Khyber Pakhtunkhwa CSO Member–CARWAN)**.**
3. **Mr. Umar Haider** (HIV - APLHIV)**.**
4. **Mr. Shaheen Akhtar** (Health Servies Academy, Islamabad)**.**
5. **Dr. Faisal Rifaq** (Executive Secretary CCM Secretariat).
6. **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 GFATM supported activities on Tuberculosis and Malaria in the province of Khyber Pakhtunkhwa.

Keeping in view "Performance Indicators of Principal Recipients (PR) under GFATM TB & Malaria Grants", 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 and private sector RDT centers, microscopy and treatment, BHUs & RHCs.
- To provide better guidance to PRs, and to lend credibility and stature to the grants themselves.
- Review inputs from Sub Recipient and partners.
- Identifying the existing programmatic, financial and coordination challenges in at different levels (Program-PR-SRs).
- Review the accelerated response to TB through effective prevention, treatment, care and support interventions for Key Populations and surveillance in high risk areas.
- Review that TB and Malaria related mortality and morbidity is reduced through available and equitable access to quality continuum of care services and environment for effective disease response is enabled.
- To update DoH and CMU on TB strategic planning process and planning for GC8.

SCHEDULE OF VISIT:

The visit has been scheduled for three (03) districts of Khyber Pakhtunkhwa including District Mardan, District Nowshera and District Peshawar. 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 contact 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 TB Program is present in **Annex-E**.

MALARIA COMPONENT:

- **Satisfactory:** Availability of un-expired drugs, reagent and kits at health care facilities.
- **Need Improvement:** Retention of trained health care providers and technicians at health care facilities.
- **Need focus:** Basic training and refresher training of health care providers and technicians 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 many years back.
- **Need focus:** Proper filling of data sheet and registered with out any cutting and error.
- **Essential:** Efforts should be focused on securing domestic funding.

TUBERCULOSIS COMPONENT:

- **Satisfactory**: Motivated TB HCWs. Availability of un-expired drugs & kits at facilities.
- **Satisfactory:** Presence of effective sputum transportation system in health care facilities.
- **Need Focus:** Tracking mechanism for Loss-to-Follow-Up (LTFU) of TB patients, especially in cross provincial border patients. Additionally, PR / SR should focus on advocacy and counseling to reduce LTFU cases.
- **Need Focus:** Refresher training on updated national guidelines should be conducted regularly and systematically at all levels.

- **Need Focus:** On Contact Tracing of TB patients. LHWs need to encourage to identify TB presumptive patients in their respective house-holds.
- **Essential:** Quality sputum specimen collection for Bacteriological confirmation of TB suspects through Gene Xpert machines.
- **Essentials:** As per WHO recommendation to use light-emitting diode fluorescence microscopy (LED-FM) as a rapid and sensitive alternative to conventional ZN microscopy must be assured.

ACTION TAKEN BY RELEVANT STAKEHOLDERS & FOLLOWUP ON LAST VISITS (2021 & 2023):

Analysis, comparison of last "Oversight Committee" visits to the province of KPK (Malaria in 2023 and TB in 2021), have 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 and use of reporting tool while areas require considerable focus is required is on staff turnover, training and refresher training, especially in public sector healthfacilities. Details information is present in **Annex-F**.

DEBRIEFING SESSION:

On last day of the visit, a group debriefing was given by Oversight Committee to Chief HSRU KPK Dr. Ijaz Ali Shah. Dr. Faisal Rifaq (Executive Secretary CCM Secretariat) along with Dr. Laeeq Ahmad Khawaja (WHO, Pakistan) discussed mission findings and observations (mentioned in Annex-C) of the field visit with Chief HSRU KPK Dr. Ijaz Ali Shah.

Visiting Oversight Committee shared the key findings and also highlighted the NSP strategic planning process which has been initiated for GC8 round by CMU in collaboration with partners.

In his closing remarks, Chief HSRU KPK Dr. Ijaz Ali Shah 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 Health department KPK 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. Chief HSRU KPK Dr. Ijaz Ali Shah, also demonstrated high spirits, commitment, devotion, and a strong sense of ownership towards the elimination of Malaria, TB, and HIV.

ANNEX- A: PERFORMANCE INDICATORS OF PRINCIPAL RECIPIENTS UNDER GFATM TUBERCULOSIS & MALARIA GRANT

Performance Indicators -IHHN (Malaria):	
Indicators	• CM-1a Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities • CM-1c Proportion of suspected malaria cases that receive a parasitological test at private sector sites • CM-2a Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities • CM-2c Proportion of confirmed malaria cases that received first-line antimalarial treatment at private sector sites • RSSH/PP M&E-2 Percentage of submitted monthly reports (for the reporting period) that are received on time
Key Services Provided	• Early Diagnose and Treatment
Target Groups Served	• District Nowshera & Mardan
Performance Indicators – CMU (TB):	
Indicators	• TBDT-1: Number of patients with of all forms of TB notified (i.e., bacteriologically confirmed + clinically diagnosed) • TBDT-4: Percentage of new and relapse TB patients tested using WHO recommended rapid diagnostic tests at the time of diagnosis • TBDT-Other 1: Percentage of patients with bacteriologically confirmed TB among new and relapse pulmonary TB cases • TBP-1 Number of people in contact with TB patients who began preventive therapy • TBP-3 Contact investigation coverage: Proportion of contacts of people with bacteriologically confirmed TB evaluated for TB among those eligible • RSSH/PP LAB-2 Percentage of molecular diagnostic analyzers achieving at least 85% functionality (ability to test samples) during the reporting period • DRTB-3 Percentage of people with confirmed RR-TB and/or MDR-TB that began second-line treatment • DRTB-6 Percentage of TB patients with DST result for at least Rifampicin among the total number of notified (new and retreatment) patients during the reporting period • DRTB-7 Percentage of RR/MDR-TB patients with DST results for Fluoroquinolone among the total number of notified RR/MDR-TB patients during the reporting period • TB/HIV-5 Percentage of registered new and relapse TB patients with documented HIV status • TB/HIV-6 Percentage of HIV-positive new and relapse TB patients on ART during TB treatment • M&E-5.1 Percentage of reporting units which digitally enter and submit data at the reporting unit level using the electronic information system

Key Services Provided	TB DOTS, DR-TB, LAB, TB/HIV Screening, Diagnosis (Microscopy, GeneXpert)
Target Groups Served	Population in whole districts of Peshawar, Nowshera & Mardan
Performance Indicators-Mercy Corps. (TB)	
Indicators	• TBDT-1 Number of patients with of all forms of TB notified (i.e., bacteriologically confirmed + clinically diagnosed); *includes only those with new and relapse TB • TBDT-3a Percentage of notified patients with all forms of TB (i.e., bacteriologically confirmed + clinically diagnosed) contributed by non-national TB program providers- private/non-governmental facilities; *includes only those with new and relapse TB • TBDT-2 Treatment success rate- all forms: Percentage of patients with all forms of TB, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB patients notified during a specified period; *includes only those with new and relapse TB • DRTB-2 Number of people with confirmed RR-TB and/or MDR-TB notified • RSSH/PP LAB-3 Percentage of laboratories successfully participating in external quality assurance (EQA) or proficiency testing (PT) schemes
Key Services Provided	Case Diagnosis and Treatment through Private Healthcare Providers (PHCPs) Network
Target groups served	The target group includes children, women and men, transgender including all other marginalized and vulnerable groups of society.

ANNEX: B OVERSIGHT COMMITTEE (OC) VISIT SCHEDULE (22ND TO 24TH APRIL 2025) (MALARIA & TB DISEASE - KPK):

OC Visit Schedule						
April 22nd to 24th 2025						
TB & Malaria disease components -KPK						
Travel: April 21, 2025 Travel from Islamabad to Peshawar						
Orientation meeting of OC members with PRs (Time and Venue will be decided later)						
Date	**City**	**Name of Facility/Station**	**Type of Facility**	**SR/PR**	**Contact person**	**Contact No.**
22-04-25	Travel from Peshawar to Nowshera at 08:00 AM					
	TB Disease component					
	Pabbi	MRHSM Hospital Pabbi	DSTB, Microscopy, TBHIV & Gene Xpert	PTP KPK/ NTP	Dr Mohammad Ismail	03339228876
	Nowshera	DTO Clinic, Nowshera (SHCF)	DRTB, DSTB, Microscopy, TBHIV & Gene Xpert	PTP KPK/ NTP	Dr Mohammad Ismail	03339228876
	Nowshera	Rehmat Medical Center (LPH)	Large Private Hospital/PPM	ACD/MC	Nazzar Ahmed Abbasi Dr. Ali Ahmed	0300-8502951, 0300-5924572
	Nowshera	Dr.Mati Ur Rehman Clinic (GP)	GP/PPM Clinic	ACD/MC	Nazzar Ahmed Abbasi Dr. Ali Ahmed	0300-8502951, 0300-5924572
	Nowshera	Rehmat Medical Center Lab (LAB)	PPM Lab	ACD/MC	Nazzar Ahmed Abbasi Dr. Ali Ahmed	0300-8502951, 0300-5924572
	Khairabad	RHC Khairabad (PHCF)	DSTB, Microscopy, TBHIV & Gene Xpert	PTP KPK/ NTP	Dr Mohammad Ismail	03339228876
	Malaria Disease Component					
	Pabbi	MRHSM Hospital Pabbi	MC-Public sector Malaria treatment	SID-KP/IHHN	MURAD KHAN	0300-5994978
	Pir Pai	RHC PIR PAI	MC-Public sector Malaria treatment	SID-KP/IHHN	SYED ATIF SHAH	0345-9036508
	Azakhel	BHU Azakhel	MC-Public sector Malaria treatment	SID-KP/IHHN	ISHRAT ARA	0336-9273821

	Nowshera	DHQ NOWSHERA	MC-Public sector Malaria treatment	SID-KP/IHHN	SAYYAR MUHAMMAD	0331-9188702
	Nowshera	JAVEED MEDICAL	Private sector - RDT and malaria treatment	SID-KP/IHHN	JAVED KHAN	0300-5939010
	Nowshera	SHAHID MEDICAL	Private sector - RDT and malaria treatment	SID-KP/IHHN	SHAHID ALI	0333-9125788
22-04-25	Night Stay	Peshawar				
23-04-25	Travel from Peshawar to Mardan at 08:00 AM					
	TB Disease component					
	Mardan	Mardan Medical Complex Mardan (TCH)	DRTB, DSTB, Microscopy, TBHIV & Gene Xpert	PTP KPK/ NTP	Dr Mohammad Ismail	03339228876
	Mardan	DTO Clinic Mardan (SHCF)	DRTB, DSTB, Microscopy, TBHIV & Gene Xpert	PTP KPK/ NTP	Dr Mohammad Ismail	03339228876
	Mardan	Dr. Omair Ikram Clinic (LAB)	GP / PPM Clinic	ACD/MC	Nazzar Ahmed Abbasi Dr. Ali Ahmed	0300-8502951, 0300-5924572
	Mardan	Samsons Welfare Hospital (LPH)	Large Private Hospital/PPM	ACD/MC	Nazzar Ahmed Abbasi Dr. Ali Ahmed	0300-8502951, 0300-5924572
	Mardan	Chest Camp site visit organized by MC		ACD/MC	Nazzar Ahmed Abbasi Dr. Ali Ahmed	0300-8502951, 0300-5924572
	Malaria Disease Component					
	Rashakai	BHU Rashakai	MC-Public sector Malaria treatment	FPHC/IHHN	ZEESHAN KHALIQ	0317-6161297
	Rashakai	CHILDEREN & FAMILY CLINIC	Private sector - RDT and malaria treatment	FPHC/IHHN	M.ZAKRIA KHAN	0310-5524922
	Mardan	Mardan Medical Complex	MC-Public sector Malaria treatment	FPHC/IHHN	Hazrat Hussain	0313-9878311
	Mardan	DHQ Hospital Mardan	MC-Public sector Malaria treatment	FPHC/IHHN	Abdul Rab	0300-5758731
	Mardan	Samson Trust Hospital	Private sector - RDT and malaria treatment	FPHC/IHHN	Noor Alam	0345-9184398

	Mardan	CD Par Hoti	Private sector - RDT and malaria treatment	FPHC/IHHN	Ihtisham Ali	0347-9706239
23-04-25	Night stay	Peshawar				
24-04-25	**TB Disease Component**					
	Peshawar	Khyber Teaching Hospital Peshawar	DSTB, Microscopy, TBHIV & Gene Xpert Site	PTP KPK/ NTP	Dr Mohammad Ismail	03339228876
	Peshawar	DTO Clinic Peshawar (PHCF)	DSTB, Microscopy, TBHIV & Gene Xpert Site	PTP KPK/ NTP	Dr Mohammad Ismail	03339228876
	Peshawar	Green Star General Hospital	PPM-3	GSM/ MC	Nazzar Ahmed Abbasi, Raja Farrukh	0300-8502951, 0301-8284448
	Peshawar	Prime Teaching Hospital (LPH)	Large Private Hospital/PPM	GSM/MC	Nazzar Ahmed Abbasi, Raja Farrukh	0300-8502951, 0301-8284448
	Peshawar	Prime Teaching Hospital Lab	PPM Lab	GSM/MC	Nazzar Ahmed Abbasi, Raja Farrukh	0300-8502951, 0301-8284448
	Peshawar	Dr. Shah Nawaz Clinic (GP)	GP / PPM Clinic	GSM/MC	Nazzar Ahmed Abbasi, Raja Farrukh	0300-8502951, 0301-8284448
25-04-25	Debriefing Meeting with Chief HSRU KPK					

ANNEX-C: FACILITY LEVEL DETAILED OBSERVATION AND RECOMMENDATIONS:

22nd April 2025		
"Tuberculosis"		
Name of the Venue	**Good Practices:**	**Areas for improvement:**
MRHSM Hospital Pabbi-Nowshera	• **Gene Xpert:** Machine and its kits were available. Machine room was in good condition. Staff is trained. Environment is clean and temperature controlled. No expired kits were found. Reporting tools were available and filled. • **Medicines:** Medicines were available. No expired medicines. • **Capacity of HR:** Most of the health care providers and store keepers are trained in standard case management and managing medicines but trainings were done at least 8 years ago. • **TB Stigma:** Due to effective information dissemination on TB disease, stigma associate with disease has been reduced considerably in male and married females. However, the issues still persist with unmarried females. • **Pediatric TB:** The facility has a pediatrician who review children suspected with Tuberculosis However pediatrician is not trained on updated NTP Standard Case Management on Tuberculosis particularly the use of Gene Xpert for stool	• **Epidemiologically:** Bacteriological confirmed is 30% in Q4, 2024 while Extra pulmonary and clinically diagnosed cases are 30% and 39% respectively. Less cases have been identified in the health care facility comparing with estimated burden. Effective contact tracing can increase the identified cases. Need to improve quality of sputum specimens to improve the bacteriological confirmation %. • **Medicines:** Expiry date on bin cards were not written. • **Trainings:** Drug store manager is trained 6 years ago. Need refresher courses. Some health care providers are not trained on TB standard case management. Trainings of health care providers on TPT, management of extra pulmonary tuberculosis and TB – HIV co-infection should also be part of the training. • **Gene Xpert:** Timings of Gene Xpert machine operations is from 0900 hrs till 1400 hrs. On average, only one cycle per day is processed per day. • **LHW:** Lady health workers are not actively involved in identification of patients with symptoms of Tuberculosis in their respective houses. One of the reasons cited is that previously they were provided incentive on referral of TB presumptive, as the yield was not good, the policy was changed to provision of incentive on TB cases. • **Contact Tracing:** Contacts of TB patients needs to be more vigorously

	specimens	followed for TB screening. LHW contribution in contact tracing needs to be strengthened. • **TB Preventive Treatment (TPT):** TPT register was not present in the facility. The program is not existing in the facility. • **TB – HIV Co-Infection:** Neither testing kits nor sensitivity is present in the facility about management of TB – HIV Co-infection cases. • **Lost to follow:** Need to track cases due to cross provincial migration of patients and patients accessing health care services from adjacent villages of Punjab province. • **Quarterly Meetings:** Facility level quarterly meetings have been discontinued. Digital platforms needs to be used for intersection with districts • **Job Aids:** Review team could not find job aids for health care providers on Tuberculosis and its management in the health facility. Need to print the Job aids for BMUs. • **Sputum Collection:** Focus should be made on collecting quality sputum specimens.
	Follow-Up: • **PR / SR - Training:** Training of staff on TB case management and TB case registration process should be conducted, especially for newly inducted staff and transferred in staff with no training. Refresher training of staff on TB case management and TB case registration should be conducted after a period of 3 years. • **PR - Gene Xpert:** Timings of Gene Xpert operation at facility are limited. Focus should be made to increase the timing of machine operations. This is to gain the required throughput of the machine. Private sector Gene Xpert machines are operational from 0900 hrs to 1800 hrs. It is proposed that a proposal should be made to provide additional Gene Xpert machines to private sector partners in district. • **PR – Contact Tracking:** Contact tracing should be strengthened. LHWs involvement in active contact screening needs to be	

	improved. TB Case notification can be improved with active contact screening. • **PR / SR – TPT:** For prevention of Tuberculosis, TPT program has to initiated in the facility. • **PR / SR – TB – HIV Co-infection:** Kits availability must be ensured along with training of health care providers on its management. • **PR / SR – Cross Provincial Tracking:** Tracing of lost-to-follow cases should be strengthened specially from cross provincial border cases. System should also be developed to share data with other provinces on lost-to-follow cases. • **PR / SR – Quarterly Meetings:** System of facility level quarterly meetings should be followed up.	
RHC Khair Abad, District Mardan	• **Medicines:** Medicines were available. No expired medicines present. Bin cards are also present. • **Capacity of HR:** Most of the health care providers and store keepers are trained in standard case management and managing medicines but trainings on updated revised NTP guidelines have not taken place. • **Microscopy Center:** The center has microscopy center and trained technician. Ventilation was done by opening all the windows. • **Rider System:** Effect rider system has been identified to transport sputum to DHQ hospital for Gene Xpert. • **Chest Camps:** Health care facility is working on conducting regular chest camps.	• **Statistics:** As per the daily OPD of around 100 patients the facility may find identify 2 TB presumptive per day. However, the actual TB notifications is much less (3 pts in the month of Oct, NOV, 2024) • **Medicines:** However, bin cards were present but they lack information about expiry of medicines. • **Refresher training:** No training has been done for the health care staff of the facility since 2006. PRs/SRs should arrange new trainings for new staff and refresher training for remaining staff on TB standard case management, TPT, management of extra pulmonary tuberculosis, TB – HIV co-infection, Data reporting and stock management. Data recording needed to be strengthened. • **Sputum Collection:** Training is required for personal responsible for collecting quality sputum sample from patients. • **LHW involvement & Contact Tracking:** There is need to enhance TB case detection (increase TB screening & contact investigation for HH). LHW contribution in contact tracing needs to be strengthened. • **Lost to follow:** There must be a system to trace missing patient who are visiting the facility but are resident of neighboring province. There is a requirement of interprovincial coordination mechanism • **TB Preventive Treatment (TPT):** TB Preventive treatment program is

		not currently operational at this hospital. It is recommended that programmatic management of TPT has to be initiated in the facility. • **Job Aids:** Oversight Committee did not find updated job aids in health care facility. Updated job aids must be present in all health care facilities. • **Disposal of Infective Material:** No mechanism through which infective material can be disposed effectively. An incinerator is present in the facility but is not under use for many years. • **TB Medicines for Children:** Dispensable TB drugs for children were not available in the facility.
	Follow-Up: • **PR / SR - Training:** Training of staff on TB case management and TB case registration process should be conducted, especially for newly inducted staff and transferred in staff with no training. Refresher training of staff on TB case management and TB case registration should be conducted after a period of 3 years. • **PR – Contact Tracking:** Contact tracing should be strengthened. LHWs involvement in active contact screening needs to be improved. TB Case notification can be improved with active contact screening. • **PR / SR – TPT:** For prevention of Tuberculosis, TPT program has to initiated in the facility. • **PR / SR – Cross Provincial Tracking:** Tracing of lost-to-follow cases should be strengthened specially from cross provincial border cases. System should also be developed to share data with other provinces on lost-to-follow cases.	
DTO Clinic, Nowshera, District Nowshera.	• **Facility:** The facility is also identifying extra pulmonary Tuberculosis. 80% of the cases are pulmonary TB while 20% are extra pulmonary cases. • **Medicines:** Medicines were available. No expired medicines present. Bin cards are also present. • **Capacity of HR:** Most of the health care providers and store keepers are trained in standard case	• **Administration Issue:** The facility is without running water supply. The exhaust fans are also out of order for last many months. • **Statistics:** As per the population estimates, the district is almost missing 50% of its TB burden per quarter. Only 32% of the cases registered in facility are bacteriologically positive. • CXR facility is not available in DTO clinic, CXR is done in adjacent DHQ hospital on charges to be paid by patients.

	management and managing medicines. However, the training was done more than 4 years before. • **Microscopy Center:** The center has microscopy center and trained technician. Ventilation was done by opening all the windows. • **Gene Xpert:** Facility has Gene Xpert machine (older version). Facility will get new version of Gene Xpert machine in few weeks. • **Rider System:** Effect rider system has been identified to transport in sputum from attached public and private health care facilities for sputum analysis. • **Incinerator:** Working condition incinerator was present in the facility, recently installed by Indus Hospital network. • **Site:** DTO office is also recently has become decentralized DR TB site	• **Trainings and Refresher training:** DTO of health care facility is not trained in standard care management of TB. PRs/SRs should arrange new training and refresher training for staff on TB standard case management, TPT, management of extra pulmonary tuberculosis, TB – HIV co-infection, Data reporting and stock management. • **Contact Tracking:** There is need to enhance TB case detection (increase TB screening & contact investigation for HH). LHW contribution in contact tracing needs to be strengthened. • **TB Preventive Treatment (TPT):** TB Preventive treatment program is not currently operational at this facility. It is recommended that TPT program has to be initiated in the facility with provision of 3 HP tablets • **LHW:** There is need to enhance LHW intervention in the district because they are not actively involved in identification of patients with symptoms of Tuberculosis in their respective houses. • **Co-Infection Testing Kits:** TB – HIV coinfection testing kits were not present in the facility. • **TB Medicines for Children:** Dispensable TB drugs for children were not available in the facility.
	Follow-Up: • **PR / SR:** Provision of free of cost CX-ray services to the patients, the facility is now district decentralized DR TB site since January 2025. • **PR / SR - Training:** Training of staff on TB case management and TB case registration process should be conducted, especially for newly inducted staff and transferred in staff with no training. Refresher training of staff on TB case management and TB case registration should be conducted after a period of 3 years. • **PR – Contact Tracking:** Contact tracing should be strengthened. LHWs involvement in active contact screening needs to be improved. TB Case notification can be improved with active contact screening.	

	• **PR / SR – TPT:** For prevention of Tuberculosis, TPT program has to initiated in the facility. • **PR / SR – Cross Provincial Tracking:** Tracing of lost-to-follow cases should be strengthened specially from cross provincial border cases. The system should also be developed to share data with other provinces on lost-to-follow cases. • **PR / PTP-KPK – Administration Issue:** Water supply issues needs to be addressed on priority • **PR / SR:** DTO clinic should have 10 optics Gene Xpert machines • **PR / SR:** System should be established to collect sputum specimen from BHUs to be brought for Gene Xpert analysis.	
Rehmat Medical Center (LPH & LAB), Nowshera, District Nowshera	• **Facility:** Private health care facility. Clear and well-ventilated facility. Patients are provided with facility from 9 AM till 6 PM. • **Medicines:** Medicines were available. No expired medicines present. Medicine register is complete. • **Capacity of HR:** Most of the health care providers and store keepers are trained in standard case management and managing medicines. • **Microscopy Center:** The center has microscopy center and trained technician. • **Rider System:** Rider system is present for sputum transportation. • **Follow-up:** Good follow up with TB cases. Minimum lost-to-follow cases.	• **Microscopes:** Microscopes present (Bright field microscopy is done and soon center will have its own Gene Xpert), diagnosis is done on Xpert through rider model. • **Data Entry:** Data entry was done by representative from ACD (SR) after every three (03) days. • **Medicines:** Shortage of Isoniazid has been identified. • **TPT:** Health care facility is not performing TPT.
	Follow-Up: • **PR / SR – Microscopy:** In longer run policy change is needed to replace ZN / BF microscopy with FM (as practiced in public sector). • **PR / SR – TPT:** For prevention of Tuberculosis, TPT program has to initiated in the facility. • **SR:** Assures capacity building of health facility to enter their own data in registers.	

Dr. Mati Ur Rehman Clinic (GP), District Mardan	• **Facility:** Private health care facility. Treatment center. Expert physician present. • **Medicines:** Medicines were available. No expired medicines present. Medicine register is complete. Dispensable medicines were also present for childhood tuberculosis. • **Capacity of HR:** Dr. Mati is well known pediatrician. Well trained in standard case management of TB. Dr. Matil uses Pakistan Pediatric Association (PPA) scoring chart for pediatric TB. • **Chest X-ray:** Clinic also do chest X-ray for TB diagnosis. • **Sputum Cups:** Cups were available. • **Rider System:** Rider system is present for sputum transportation. • **Follow-up:** No evidence was found on lost-to-follow patients.	• **Environment:** Physician examination room is congested. Poor ventilation system. • **Data entry:** Is done twice a week by ACD representative.
	Follow-Up: • **SR:** Assure proper ventilation and IPC measures where cross infection can be limited. • **SR:** Assures capacity building of health facility to enter their own data in registers.	

22nd April 2025		
"Malaria"		
Name of the Venue	**Good Practices:**	**Areas for improvement:**
MRHSM Hospital Pabbi-Nowshera	• **Microscope Slides:** It was observed that slides are being sent to DHO Office on monthly basis. • **Medicines:** Medicines were available. No expired medicines.	• **Stock Management:** Stock in and out registers should be properly maintained and updated regularly. • **Trainings:** PRs/SRs should arrange refresher training for staff. • **Quality of Reporting:** Over writing was observed on every page of stock register, FM1 and FM2 reports. There is need to improve the quality and accuracy of data reporting. • **HR:** Malaria Microscopist has been transferred for 02 months. Due to this, Program is being suffered. Government should take appropriate steps for retention of trained staff to maintain service delivery. • **IEC Material:** There is need to assure presence of updated IEC material in HCF. • **Monitoring Visits:** PRs need to increase follow-up meetings and improve monitoring system. • **Space Issue:** The designated space for malaria treatment is very limited. The microscopy, data management, record keeping and medicine store are in single room. • **Coordination:** There was no coordination between OPD doctors and facility focal person.
	Follow-Up: • **PR / SR - Training:** Training of staff on Malaria case management, stock Management and data reporting should be conducted after a period of 3 years. • **PR – Retention of trained staff:** Government should take appropriate steps for retention of trained staff to maintain service delivery.	

	• **PR / SR – IEC Material:** To assure presence of updated IEC material in the facility For the effectiveness of the program. • **PR / SR – Monitoring:** Needs to enhance monitoring mechanism. • **PR / SR – Administration Issue:** The designated space for malaria treatment is very limited. The additional space should be allocated for the effective treatment of the patients. • **PR / SR - Coordination:** Needs to improve the coordination between OPD doctors and facility focal person.	
BHU Azakhel-Nowshera	• **Microscope Slides:** It was observed that slides are being sent to DHO Office on monthly basis. • **Medicines:** Medicines were available. No expired medicines.	• **Stock Management:** Stock in and out registers should be properly maintained and updated regularly. • **Training:** It was observed that untrained staff was working. PRs/SRs should arrange refresher training for staff. • PRs/SRs should arrange refresher training for staff. • **Quality of Reporting:** Over writing was observed on every page of stock register, FM1 and FM2 reports. There is need to improve the quality and accuracy of data reporting. • **HR:** Malaria Microscopist has been retired for 02 months. Due to this, Program is being suffered. • **IEC Material:** There is need to assure presence of updated IEC material in HCF. • **Monitoring Visits:** PRs need to increase follow-up meetings and improve monitoring system. • This health facility was converted from microscopy center to RDC without obtaining approval from DHO office. They were screening less people and not following the case definition of malaria. The technician was not trained also on RDT screening.

	Follow-Up: • **PR / SR - Training:** Training of staff on Malaria case management, stock Management and data reporting should be conducted after a period of 3 years. • **PR – HR:** PR should appoint a trained and dedicated microscopist for program delivery and services in the facility. • **PR / SR – IEC Material:** To assure presence of updated IEC material in the facility For the effectiveness of the program. • **PR / SR – Monitoring:** Needs to enhance monitoring mechanism and increase follow up meeting.	
RHC Pir Pai-Nowshera	• **Microscope Slides:** It was observed that slides are being sent to DHO Office on monthly basis. • **Capacity of HR:** Trained and competent staff are working at facility. • **Medicines:** Medicines were available. No expired medicines.	• **IEC Material:** There is need to assure presence of updated IEC material in HCF. • **Monitoring Visits:** PRs need to increase follow-up meetings and improve monitoring system. • **Quality of Reporting:** Over writing was observed on every page of stock register, FM1 and FM2 reports. There is need to improve the quality and accuracy of data reporting.
	Follow-Up: • **PR / SR - Quality of Reporting:** PR/SR needs to improve the data reporting. • **PR – HR:** PR should appoint a trained and dedicated microscopist for program delivery and services in the facility. • **PR / SR – IEC Material:** To assure presence of updated IEC material in the facility For the effectiveness of the program. • **PR / SR – Monitoring:** Needs to enhance monitoring mechanism and increase follow up meeting.	
DHQ Nowshera	• **Microscope Slides:** It was observed that slides are being sent to DHO Office on monthly basis. • **Capacity of HR:** Trained and competent staff are working at facility. • **Good Coordination:** The coordination among OPD doctors, hospital in- charge and Lab in-charge was good. • **Medicines:** Medicines were available. No expired	• **Stock Management:** Stock in and out registers should be properly maintained and updated regularly. • **Training:** It was observed that untrained staff was working. PRs/SRs should arrange refresher training for staff. • PRs/SRs should arrange refresher training for staff. • **Quality of Reporting:** Over writing was observed on every page of stock register, FM1 and FM2 reports. There is need to improve the quality and accuracy of data reporting.

	medicines.	• **IEC Material:** There is need to assure presence of updated IEC material in HCF. • **Monitoring Visits:** PRs need to increase follow-up meetings and improve monitoring system. • **Space Issue:** The designated spcae for malaria treatment is very limited. The microscopy, data management, record keeping and medicine store are in single room. • The updated **national malaria treatment guidelines** were not available.
	Follow-Up: • **PR / SR - Training:** Training of staff on Malaria case management, stock Management and data reporting should be conducted after a period of 3 years. • **PR / SR – IEC Material:** To assure presence of updated IEC material and national malaria treatment guidelines in the facility For the effectiveness of the program. • **PR / SR – Monitoring:** Needs to enhance monitoring mechanism. • **PR / SR – Administration Issue:** The designated space for malaria treatment is very limited. The additional an separate space should be allocated for the effective treatment of the patients.	

Javeed Medical & Shahid Medical Nowshera	• **Microscope Slides:** It was observed that slides are being sent to DHO Office on monthly basis. • **Stock Management:** The stock register and weekly charts were maintained and updated as per SOPs. • **Bin Cards:** Bin cards were appropriately placed, ensuring proper management and tracking of supplies. • **Medicines:** Medicines were available. No expired medicines. • **Public & Private Partnership:** It was observed that public and private sector engagement is very effective.	• **Training:** PRs/SRs should arrange refresher training for technicians and doctors. • **Quality of Reporting:** There is need to improve the quality and accuracy of data reporting. • **IEC Material:** There is need to assure presence of updated IEC material in HCF.
	Follow-Up: • **PR / SR - Training:** Refresher Training should be conducted after a period of 3 years for the technician and doctors. • **PR / SR – IEC Material:** To assure presence of updated IEC material in the facility for the effectiveness of the program. • **PR / SR – Quality of Reporting:** There is need to improve the quality and accuracy of data reporting.	

23rd April 2025		
"Tuberculosis"		
Name of the Venue	**Good Practices:**	**Areas for improvement:**
Mardan Medical Complex Mardan (TCH)	• **Gene Xpert:** Machine and its kits were available. Machine room was in good condition. Staff is trained. Environment is clean and temperature controlled. • **Reporting tool:** Reporting tools were available and filled. • **Medicines:** Medicines were available. No expired medicines. • **Stock Management:** The stock register was maintained	• **Refresher training:** PRs/SRs should arrange refresher training for staff on TB standard case management, TPT, management of extra pulmonary tuberculosis, TB – HIV co-infection, Data reporting and stock management. • **Epidemiologically:** 32% cases are bacteriologically confirmed (Q4, 2024), EP and clinically diagnosed cases are 51% and 14 % respectively. • Need to improve TB notification in the health care facility. Effective

	and updated as per SOPs. • **Capacity of HR:** Most of the health care providers and store keepers are trained in standard case management and managing medicines. • **Regimens:** All oral short DR TB regimens in place. • **Contact Tracing:** Contact tracing for DR TB patients carried out by Treatment coordinator. • **Bin cards:** Bin cards were appropriately placed, ensuring proper management and tracking of supplies.	contact tracing can increase the identified cases specially need to enhance MDR case detection (quality specimen & improve referrals and testing). • **Contact Tracing:** Contacts of TB patients needs to be more variously followed for TB screening. LHW contribution in contact tracing needs to be strengthened. • **TB Preventive Treatment (TPT):** TPT register was not kept in the facility. Programmatic management of TPT is not implemented in the facility. • **TB – HIV Co-Infection:** Neither testing kits nor sensitivity is present in the facility about management of TB – HIV Co-infection cases. • **Lost to follow:** There are many lost to follow cases because of cross provincial migration of patients and patients accessing health care services from adjacent villages of Punjab province. This is especially in chest camps. • **MDR Baseline test Charges:** It was observed that the patients are required to bear the cost of tests and other payments personally. It was suggested subsidized charges for MDR baseline routine test & ancillary drugs at TCHs under MTI. • **Digital Platform:** aDSM is done on excel template (by NTP), there is no digital platform available for it. Regular feedback needs to be provided by PTP on aDSM.
	Follow-Up: • **PR / SR - Training:** Training of staff on TB case management and TB case registration process should be conducted, especially for newly inducted staff and transferred in staff with no training. Refresher training of staff on TB case management and TB case registration should be conducted after a period of 3 years.	

	• **PR – Contact Tracking:** Contact tracing should be strengthened. TB Case notification can be improved with active contact screening. • **PR / SR – TPT:** For prevention of Tuberculosis, TPT program has to initiated in the facility. • **PR / SR – TB – HIV Co-infection:** Kits availability must be ensured along with training of health care providers on its management. • **SR –** Need to enhance bacteriological confirmation and MDR case detection (quality specimen & improve referrals and testing). • **PR / PTP-KPK – MDR Baseline test Charges:** It was suggested subsidized charges for MDR baseline routine test & ancillary drugs at TCHs under MTI.	
DTO Clinic Mardan	• **Gene Xpert:** Machine and its kits were available. Machine room was in good condition. Staff is trained. Environment is clean and temperature controlled. • **Reporting tool:** Reporting tools were available and filled. • **Medicines:** Medicines were available. No expired medicines. • **Stock Management:** The stock register was maintained and updated as per SOPs. • **Capacity of HR:** Most of the health care providers and store keepers are trained in standard case management and managing medicines. Needs training on updated national guidelines. • **Bin cards:** Bin cards were appropriately placed, ensuring proper management and tracking of supplies.	• **Refresher training:** PRs/SRs should arrange refresher training for staff on TB standard case management, TPT, management of extra pulmonary tuberculosis, TB – HIV co-infection, Data reporting and stock management. • **Epidemiologically:** District is missing almost 55% from notification. Bacteriological confirmation remains low 30%. Clinical diagnosis is high 34%. TB case notification needs improvement. Effective contact tracing can increase the identified cases. • **Contact Tracing:** Contacts of TB patients needs to be more variously followed for TB screening. LHW contribution in contact tracing needs to be strengthened. • **TB Preventive Treatment (TPT):** TPT register was not present in the facility. The program is not existing in the facility. • **Lost to follow:** No proper tracking mechanism for Loss to follow up has been found. • **Pediatric TB:** The use of stool Xpert testing for children should be implemented to improve the diagnosis of pediatric TB cases. • **Power Supply:** Solar UPS of CAD4TB is out order and needs to be fixed on priority.

	Follow-Up: • **PR / SR - Training:** Training of staff on TB case management and TB case registration process should be conducted, especially for newly inducted staff and transferred in staff with no training. Refresher training of staff on TB case management and TB case registration should be conducted after a period of 3 years. • **PR – Contact Tracking:** Contact tracing should be strengthened. LHWs involvement in active contact screening is useful. TB Case notification can be improved with active contact screening. Include LHW intervention in MARDAN. • **PR / SR – TPT:** For prevention of Tuberculosis, TPT program has to initiated in the facility. • **PR / SR – Pediatric TB:** The use of stool Xpert testing for children should be implemented to improve the diagnosis of pediatric TB cases. • **PR / SR:** Fix UPS of CAD4TB on urgent basis.	
Dr. Omair Ikram Clinic Mardan (PPM LAB)	• **Facility:** Only Lab was visited at the facility. • **SOPs:** It has been observed that standard SOPs have been followed at the facility. • **Procedures:** It has been observed that ZN staining and bright field microscopy is in place. Reagents used are of good quality and not expired. • **Slides:** Slides are kept properly • **HR:** Lab technician knowledge is good.	• **Laboratory:** Introduce policy to include and encourage Fluorescence Microscopy (FM) replacing Ziehl-Neelson (ZN) microscopy
	Follow-Up: • **PR / SR:** As per WHO recommendation to use light-emitting diode fluorescence microscopy (LED-FM) as a rapid and sensitive alternative to conventional ZN microscopy, PR and SR must assure implementation of policy to use FM for TB microscopy.	
Samsons Welfare Hospital (LPH & LAB) Mardan	• **Gene Xpert:** Machine and its kits were available. Machine room was in good condition. Staff is trained. Environment is clean and temperature controlled. • **Reporting tool:** Reporting tools were available and filled.	• **Epidemiologically:** Bacteriological confirmation is low (42% in Q1 2025). Effective contact tracing is suggested; it can increase the identified cases. **MDR cases:** Need to enhance MDR case detection (quality specimen & improve referrals and testing). • **Refresher training:** PRs/SRs should arrange refresher training for staff

	• **Medicines:** Medicines were available. No expired medicines. • **Stock Management:** The stock register was maintained and updated as per SOPs. • **Capacity of HR:** Staff are trained in standard case management and managing medicines. Needs updated training on revised national guidelines. • **Public & Private Partnership:** It was observed that public and private sector engagement is very effective. The hospital is providing services through philanthropic support reducing the OOP expenditures. • **Good Coordination:** The coordination among OPD doctors and Lab in-charge was very good. • **Bin Cards:** Bin cards were appropriately placed, ensuring proper management and tracking of supplies.	on TB standard case management, TPT, management of extra pulmonary tuberculosis, latest national guidelines, TB – HIV co-infection, Data reporting and stock management. • **Pediatric TB:** The use of stool Xpert testing for children should be implemented to improve the diagnosis of pediatric TB cases.
	Follow-Up: • **PR / SR - Training:** Training of staff on TB case management and TB case registration process should be conducted, especially for newly inducted staff and transferred in staff with no training. Refresher training of staff on TB case management and TB case registration should be conducted after a period of 3 years. • **PR – Contact Tracking:** Contact tracing should be strengthened. TB Case notification can be improved with active contact screening. • **PR / SR / Hospital**: Hospital is provided Gene Xpert machine. Hospital needs to align the true spirit of PPM by procuring from its own resources a quality microscope for follow up microscopy. • **PR / SR – Pediatric TB:** The use of stool Xpert testing for children should be implemented to improve the diagnosis of pediatric TB cases.	

TB-Chest Camp Visit Par Hoti Mardan	• **Bringing TB Care to Communities:** These chest camps are mobile clinics equipped with digital X-ray machines and GeneXpert systems, enabling on-the-spot diagnosis of TB, including drug-resistant strains. Each van is staffed by a medical team of two to three professionals • **Systematic / Well Defined Approach:** The camps follow a systematic approach. Patients undergo symptomatic screening, followed by chest X-rays. If TB is suspected, a sputum sample is collected and tested using the GeneXpert machine. This immediate diagnostic capability facilitates prompt initiation of appropriate treatment regimens. • **Community Engagement and Stigma Reduction:** Recognizing the barriers posed by stigma and limited health-seeking behavior, Mercy Corps engages local community leaders ahead of each camp to raise awareness about TB and encourage participation. This community-focused approach ensures that individuals feel safe and supported when accessing services, thereby enhancing the reach and effectiveness of the program. • **Use of AI**: Mercy Corps Pakistan has effectively integrated artificial intelligence (AI) to enhance the strategic deployment of its mobile tuberculosis (TB) chest camps, aiming to maximize case detection and optimize resource utilization.	• **Enhanced Awareness and Outreach**: Many community members still lack sufficient knowledge about TB symptoms and the availability of mobile chest camps. Pre-camp IEC (Information, Education, Communication) campaigns using local languages and diverse media (radio, social media, community leaders) can boost participation. • **Lack of Standby Staff:** In case a lab staff is unavailable on day of chest camp, no alternate trained staff is available thus leading to wastage of resources. • **Security Clearence issue:** In KPK, MC teams face issues where security clearance is not granted. • **No IEC Material Available:** No IEC material was available in chest camp for distribution. • **Follow-Up and Continuity of Care:** Camps often operate as one-time interventions. Strengthening referral systems to nearby health facilities and regular follow-ups (possibly through local CSOs or community health workers) ensures better adherence and outcomes. • **Accessibility for Persons with Disabilities:** Special attention is needed for persons with disabilities to access x-ray facilities in Mobile Vans

	Follow-Up: • **PR / SR – IEC Material:** IEC material should be available at chest camps in local language and in pictorial form so that community is informed about the disease and how to identify patients and where to refer the patients for diagnosis and treatment. This will also help in increasing awareness among masses and communities. • **PR / SR – Availability of Lab Staff:** Presence of laboratory staff and technician are mandatory in chest camps so that sputum samples can be collected right at the camp and Gene Xpert analysis is performed. • **PR / SR – Local Staff:** Local staff must be aligned with Chest Camp so that there won't be any problem with security clearance. • **PR / SR - Follow-Up and Continuity of Care:** Follow up and contact tracing of bacteriologically positive patients must be ensured in Chest Camps by aligning activities with Lady Health Workers.

23rd April 2025		
"Malaria"		
Name of the Venue	**Good Practices:**	**Areas for improvement:**
BHU Rashakai	• **Facility:** Basic Health Unit is a RDT site. The site was a clean and neat health facility with easy access to communities to avail health care services. • **Reporting Tool:** Reporting tools were available and filled. • **Medicines:** Medicines were available. No expired medicines. • **Stock Management:** The stock register was maintained and updated.	• **Capacity of HR:** Technician is un-trained. Frequent transfer of staff. Doctor is trained but training was done at least 6 years back. Need refresher training. • **Job Aids:** Old treatment guidelines job aids were present. New guidelines were not present. • **Data Recording:** It seems that data registers are filled in last two days. Multiple cuttings were noticed. Multiple counting errors were noted. No cases detected in last one month.
	Follow-Up: • **PR / SR - Trainings:** PRs/SRs should arrange refresher training for staff. • **PR / RS - IEC Material:** There is need to assure presence of updated IEC material in HCF.	
Children & Family Clinic Rashakai, District Nowshera.	• **Facility:** Private sector health care facility. The site was a clean and neat health facility. • **Reporting Tool:** Reporting tools were available and filled. • **Medicines:** Medicines were available. No expired medicines. • **Stock Management:** The stock register was maintained and updated as per SOPs.	• **Facility:** Facility is Maternal, Newborn and child Health (MNCH) site. Facility is only visited by women and children. Site is also adjacent to fully functional RDT BHU. • **Capacity of HR:** Technician is un-trained. Doctor is trained but training was done at least 6 years back. Need refresher training. • **Job Aids:** Old treatment guidelines job aids were present. New guidelines were not present.
	Follow-Up: • **PR / SR – Location of Private Facility:** Geo mapping should be done before placement of RDT centers. Private health care facilities should be selected for areas where already exited public health care facilities are not available in nearby areas.	

	Identification of centers must be discouraged just to achieve targets. • **PR / SR - Capacity of HR:** Refresher training should be conducted on regular basis. • **PR / SR - Job Aids:** Updated job aids and guidelines should be available at all sites. Old job aids and guidelines must be removed before new guidelines are placed in health care facilities. At least two (02) job aids be installed in health care facilities. First with the medical physician who prescribe medicines and second with the technician who dispense medicines.	
DHQ Hospital, Mardan, District Mardan	• **Facility:** Public sector health care facility. The site is a microscopy and treatment center. • **Trained Microscopy Technician:** Facility has trained microscopy technicians who are making slides and performing microscopy. However, their last training was done 6 years ago. • **Data / Reporting Tools:** Reporting tools were available and filled. Stock registers and other data forms are beautifully managed and highlighted. • **Medicines:** Medicines were available. No expired medicines. Stock registers and other data forms are beautifully managed and highlighted. • **3rd Party Review of Slides:** Facility is sending slides for review to provincial headquarter on regular basis.	• **Hight Load of Work:** Facility is a secondary level public sector health care facility. Technician develop and review almost 80 sliders per day from 9 am till 2 PM. Quality of slide preparation and microscopy needs to be reviewed. Although 3rd party review is conducted on regular basis. There are MP -ve cases but they respond to anti malaria medicines. • **Trained Human Resource:** Physicians who are prescribing medicines are not trained. Physicians who are trained in standard case management of malarial patients are not prescribing medicines to patients. • **Job Aids and IEC material:** Physicians who are prescribing medicines do not have access to job aids and new guidelines. IEC material on old treatment guidelines are found placed on walls. • **Drugs for Children:** Drugs for children are not present in facility. • **Buffer Tablets for Microscopy:** As per national guidelines buffer tablets of 7.2 were desired. However, facility has buffer tablets of PH 7.0 were available. As per discussion, PR is only providing buffer tablets of 7.0 to the facility.

<table>
<tr><td></td><td colspan="2">Follow-Up:
PR / SR – Training: New trainings for new staff and refresher training for old staff must be assured. Selection criteria for new and refresher trainings must be followed assuring training of all health care personal who are directly prescribing medicines to the patients.
PR / SR - Job AIDS and IEC material: Job aids on malaria management new guidelines must be assured at the clinics of treating physicians especially pediatricians. New guidelines must be assured in placed where medicines are dispensed to the patients. In large public sector hospitals, more than 1 job aid / guideline poster should be allowed.
PR / SR - Drugs for Children: Drugs for children must be assured
Buffer Tablets for Microscopy: Buffer tablets as per national guidelines and recommendations must be assured at all health care facilities.</td></tr>
<tr><td rowspan="2">Samson Trust Hospital, Mardan, District Mardan</td><td>Facility: Private sector health care facility. The site is a microscopy and treatment center for malaria. Clean and airy health care facility.
Trained Microscopy Technician: Facility has trained microscopy technicians who are making slides and performing microscopy.
Data / Reporting Tools: Reporting tools were available and filled. Stock registers and other data forms are beautifully managed and highlighted.
Medicines: Medicines were available. No expired medicines. Stock registers and other data forms are beautifully managed and highlighted.</td><td>Job Aids and IEC material: Physicians who are prescribing medicines do not have access to job aids and new guidelines. IEC material on old and new treatment guidelines was found placed on walls.
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	• **PR / SR - Drugs for Children:** Drugs for children must be assured. • **Buffer Tablets for Microscopy:** Buffer tablets as per national guidelines and recommendations must be assured at all health care facilities.	
Mardan Medical Complex, Mardan, District Mardan	• **Facility:** Public sector MTI health care facility. The site is a microscopy and treatment center. • **Trained Microscopy Technician:** Facility has trained microscopy technicians who are making slides and performing microscopy. However, their last training was done 6 years ago. • **Data / Reporting Tools:** Reporting tools were available and filled. Stock registers and other data forms were present. • **Medicines:** Medicines were available. No expired medicines. Stock registers and other data forms are present. • **3rd Party Review of Slides:** Facility is sending slides for review to provincial headquarter on regular basis.	• **Health Care Providers:** Review team can not meet any health care provider as team reached health care facility after time. • **Hight Load of Work:** Facility is a secondary level public sector health care facility. Technician develop and review almost 80 sliders per day from 9 am till 2 PM. Quality of slide preparation and microscopy needs to be reviewed. Although 3rd party review is conducted on regular basis. There are MP -ve cases but they respond to anti malaria medicines. • **Trained Human Resource:** Physicians who are prescribing medicines are not trained. Physicians who are trained in standard case management of malarial patients are not prescribing medicines to patients. • **Job Aids and IEC material:** Physicians who are prescribing medicines do not have access to job aids and new guidelines. IEC material on old treatment guidelines was found placed on walls. • **Drugs for Children:** Drugs for children are not present in facility • **Buffer Tablets for Microscopy:** As per national guidelines buffer tablets of 7.2 were desired. However, facility has buffer tablets of PH 7.0 were available. As per discussion, PR is only providing buffer tablets of 7.0 to the facility.

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• PR / SR - Job AIDS and IEC material: Job aids on malaria management new guidelines must be assured at the clinics of treating physicians especially pediatricians. New guidelines must be assured in placed where medicines are dispensed to the patients. In large public sector hospitals, more than 1 job aid / guideline poster should be allowed.
• PR / SR - Drugs for Children: Drugs for children must be assured
• Buffer Tablets for Microscopy: Buffer tablets as per national guidelines and recommendations must be assured at all health care facilities.</td></tr>
<tr><td rowspan="2">CD Par Hoti Mardan</td><td>• Facility: Dispensary is a RDT site. The site was a clean and neat health facility with easy access to communities to avail health care services.
• Capacity of Technician: Technician was well trained in performing RDT. Knowledge on data recording sheets was good.
• Reporting Tool: Reporting tools were available and filled.
• Medicines: Medicines were available. No expired medicines.
• Stock Management: The stock register was maintained and updated.</td><td>• Capacity of physicians: Team could not meet with physicians as they were engaged in polio campaign. Polio campaign is talking most of their time in health care facility.
• Job Aids: Both old and new treatment guidelines & job aids were present in the health care facility. This can create confusion in drug prescription by health care providers.</td></tr>
<tr><td colspan="2">Follow-Up:
• PR / SR - Trainings: PRs/SRs should arrange refresher training for staff.
• PR / RS - IEC Material and Job Aids: There is need to assure that when new job aids / treatment guidelines and IEC material is placed in the facility, old documents and charts must be removed from the facility to avoid confusion and miss information.</td></tr>
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24th April 2025		
"Tuberculosis"		
Name of the Venue	**Good Practices:**	**Areas for improvement:**
Khyber Teaching Hospital Peshawar	• **Gene Xpert:** Machine and its kits were available. Machine room was in good condition. Staff is trained. Environment is clean and temperature controlled. • **Reporting tool:** Reporting tools were available and filled. • **Medicines:** Medicines were available. No expired medicines. • **Stock Management:** The stock register was maintained and updated as per SOPs. • **Capacity of HR:** Most of the health care providers and store keepers are trained in standard case management and managing medicines. Training is needed on updated revised national Guidelines. • **Bin cards:** Bin cards were appropriately placed, ensuring proper management and tracking of supplies.	• **Refresher training:** PRs / SRs should arrange refresher training for staff on TB standard case management, TPT, management of extra pulmonary tuberculosis, TB – HIV co-infection, Data reporting and stock management. • **Epidemiologically:** Bacteriological confirmation is low (35% in Q4 2024 & Q1 2025) Effective contact tracing is required to increase the identified cases through use of molecular diagnsostics, this will specially need to enhance MDR case detection (quality specimen & improve referrals and testing). • **Contact Tracing:** Contacts of TB patients needs to be more variously followed for TB screening. • **TB Preventive Treatment (TPT):** TPT register was not present in the facility. Programmatic management of TPT is not implemented in the facility. TPT needs to be implemented at the facility. • **TB – HIV Co-Infection:** Neither testing kits nor sensitivity is present in the facility about management of TB – HIV Co-infection cases. • **MDR Baseline test Charges:** It was observed that the patients are required to bear the cost of tests and other payments personally. It was suggested subsidized charges for MDR baseline routine test & ancillary drugs at TCHs under MTI. • **Space Issue:** The space available in the hospital for provision of services is very limited after MTIs.

	Follow-Up: • **PR / SR - Training:** Training of staff on TB case management and TB case registration process should be conducted, especially for newly inducted staff and transferred in staff with no training. Refresher training of staff on TB case management and TB case registration should be conducted after a period of 3 years. • **PR –Contact Tracing:** Contact tracing should be strengthened. • **PR / SR – TPT:** For prevention of Tuberculosis, TPT program has to initiated in the facility. • **PR / SR – TB – HIV Co-infection:** Kits availability must be ensured along with training of health care providers on its management. • **PR / SR –** Need to enhance **MDR case detection** (quality specimen and improve bacteriological confirmation) • **PR / PTP-KPK – MDR Baseline test Charges:** It was suggested subsidized charges for MDR baseline routine test & ancillary drugs at TCHs under MTI.	
DTO Clinic Peshawar, District Peshawar.	• **Gene Xpert:** Machine and its kits were available. Machine room was in good condition. Staff is trained. Environment is clean and temperature controlled. • **Reporting tool:** Reporting tools were available and filled. • **Medicines:** Medicines were available. No expired medicines. • **Capacity of HR:** Most of the health care providers and store keepers are trained in standard case management and managing medicines. Need to update knowledge and skills on revised NTP guidelines • **Bin cards:** Bin cards were appropriately placed, ensuring proper management and tracking of supplies.	• **Epidemiologically:** Effective contact tracing can increase the identified cases specially need to enhance bacteriological confirmation (34% in Q4 2024) & MDR case detection (quality specimen & improve referrals and testing). • **Refresher training:** PRs/SRs should arrange refresher training for staff on TB standard case management, TPT, management of extra pulmonary tuberculosis, TB – HIV co-infection, Data reporting and stock management. • **Contact Tracing:** Contacts of TB patients needs to be more variously followed for TB screening. • **TB Preventive Treatment (TPT):** TPT register was not present in the facility. Programmatic management of TPT is not implemented in the facility. • **X-ray CAD4TB** is out of order

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- **Follow-Up:**
- **PR / SR - Training:** Training of staff on TB case management and TB case registration process should be conducted, especially for newly inducted staff and transferred in staff with no training. Refresher training of staff on TB case management and TB case registration should be conducted after a period of 3 years.
- **PR – Contact investigation Tracking:** Contact tracing should be strengthened
- **PR/SR:** CAD4TB needs to be fixed at the earliest
- **PR / SR – TPT:** For prevention of Tuberculosis, TPT program has to initiated in the facility.
- **PR / SR –** Need to enhance Bacteriological confirmation & **MDR case detection** (quality specimen & improve referrals and testing)
- **PR / SR – Quality of Data:** Data quality needs to be improved.

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<tr><td rowspan="2">Green Star General Hospital Peshawar</td><td>

- **Gene Xpert:** Machine and its kits were available. Machine room was in good condition. Staff is trained. Environment is clean and temperature controlled. The facility is operational from 9 AM till 5 PM.
- The facility is linked with 21 GPs
- **Reporting tool:** Reporting tools were available / filled.
- **Capacity of HR:** Staff are trained in standard case management.
- **Public & Private Partnership:** It was observed that public and private sector engagement is very effective.

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- Number of samples processed through the Gene Xpert machine can be increased if facility is provided with machine with higher number of modules.
- **Data** (Q3, Q4 2024 & Q1 2025) reflects error and invalid results (11%. This needs to be checked as permissible upper limit is 5%. There is need to segregate invalid numbers (due to sample issue) and Error due to periodic preventive maintenance issues).

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Follow-Up:

- **PR/SR:** check and reduce % of invalid / error results, Country is paying the maintenance cost per cartridge, there should no maintenance issues (Error) and quality of specimen needs to be monitored to avoid invalid results.
- **PR / SR – Gene Xpert:** Machine with higher number of modules should be considered and provided to large private health care facilities to increase the number of cases processed from 9 AM till 5 PM.

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Prime Teaching Hospital (LPH & LAB) Peshawar, District Peshawar.	• **Gene Xpert:** Machine and its kits were available. Machine room was in good condition. Staff is trained. Environment is clean and temperature controlled. The facility is operational from 9 AM till 5 PM. Number of samples processed through the Gene Xpert machine can be increased if facility is provided with machine with higher number of modules. • **Reporting tool:** Reporting tools were available and filled. • **Medicines:** Medicines were available. No expired medicines. • **Stock Management:** The stock register was maintained and updated as per SOPs. • **Capacity of HR:** Staff are trained in standard case management and managing medicines. • **Public & Private Partnership:** It was observed that public and private sector engagement is very effective. • **Bin Cards:** Bin cards were appropriately placed, ensuring proper management and tracking of supplies.	• **Epidemiologically:** • Bacteriologically confirmed % (Q1-2024-Q1 2025) is 45% while 38% are EP and 15% and clinically Diagnosed. There is need to improve Bacteriological confirmation %. Effective contact tracing can increase the identified cases. • **Refresher training:** PRs/SRs should arrange refresher training for staff on TB standard case management, TPT, management of extra pulmonary tuberculosis, latest national guidelines, TB – HIV co-infection, Data reporting and stock management. • **Pediatric TB:** The use of stool Xpert testing for children should be implemented to improve the diagnosis of pediatric TB cases.
	Follow-Up: • **PR / SR – Pediatric TB:** The use of stool Xpert testing for children should be implemented to improve the diagnosis of pediatric TB cases.	
Dr. Shah Nawaz Clinic (GP-PPM) Peshawar, District Peshawar	• **Reporting tool:** Reporting tools were available and filled. • **Medicines:** Medicines were available. No expired medicines.	• **Refresher training:** PRs/SRs should arrange refresher training for staff on TB standard case management, TPT, management of extra pulmonary tuberculosis, latest national guidelines, TB – HIV co-infection, Data reporting and stock management.

	• **Stock Management:** The stock register was maintained and updated as per SOPs. • **Capacity of HR:** Staff are trained in standard case management and managing medicines. • **Public & Private Partnership:** It was observed that public and private sector engagement is very effective. • **Good Coordination:** The coordination among OPD doctors and Lab in-charge was very good. • **Stock Register:** Stock Register is appropriately placed, ensuring proper management and tracking of supplies. • **Sputum Transportation:** Effective sputum transportation mechanism was found.	• **Data entry:** Data entry is being conducted twice in a week by SR and not by GP.
	Follow-Up: • **PR / SR - Training:** Training of staff on TB case management and TB case registration process should be conducted on revised national guidelines. Refresher training of staff on TB case management and TB case registration should be conducted after a period of 3 years. • **PR / SR – Data Entry:** GP should be encouraged to person data entry in register to promote sustainability.	

ANNEX-D: SUMMARY OF FINDINGS AND RECOMMENDATIONS ON ISSUES AND IMPLEMENTING RESPONSIBILITY (MALARIA):

Positive Findings:	Recommendations on Issues Identified:	Implementing Responsibility:
• **Bin cards** and stock registers were appropriately placed, ensuring proper management and tracking of supplies. • **Medicines:** Medicines were available. No expired medicines. • **Good coordination** was observed among the health facility staff and district health officials to ensure services and effective management. • **Slide Verification:** It was observed that slides are being sent to DHO Office on monthly basis. • **Public & Private Partnership:** It was observed that public and private sector engagement is very effective. • **Stock Outs:** Stock out of drugs was not found at any reviewed facility.	• The **transfer of trained staff / high turnover**, especially at public sector health care facilities, should be restricted to prevent adverse impacts on the program. • **Space Issue:** The designated space at DHQ Hospitals for malaria treatment is very limited. The microscopy, data management, record keeping and medicine store are in single room. The additional and separate space should be allocated for the effective treatment of the patients. • **Data entry** needs to be enforced. Review committee have identified errors in calculation and frequent cutting in entered data. In one public sector health care facility a missed case has also been identified.	• Provincial Health Departments • Principal Recipient (PR).
	• **Training Nominations:** Advocacy on identifying relevant health care providers is to be done, especially for public sector health care facilities. It is noted that providers who are prescribing drugs are not trained and provider who are trained are not designated to review patients and prescribe drugs. • **IEC Material and Job Aids:** There is need to assure presence of updated IEC material and Job Aids in HCF. • **Quality Monitoring visits** should be increased to ensure the	• Principal Recipient (PR) • Sub-Recipient (SR)

	efficient utilization of resources. Visits should be used as an advocacy tool for malaria program and promotion of its protocols. • **Quality Refresher training** should be conducted regularly and systematically at all levels. • **Quality of Reporting:** There is need to improve the quality and accuracy of data reporting. • **Buffering Reagent:** Buffering reagent of recommended PH should be used instead of non-recommended ones.	

ANNEX-E: SUMMARY OF FINDINGS AND RECOMMENDATIONS ON ISSUES AND IMPLEMENTING RESPONSIBILITY (TUBERCULOSIS):

Positive Findings:	Recommendations on Issues Identified:	Implementing Responsibility:
• The leadership at Provincai, district level is committed for ending TB, HCWS are motivated and dedicated. • **Gene Xpert:** Machine and its kits were available. Machine room was in good condition. Staff is trained. Environment is clean and temperature controlled. • **Reporting tool:** Reporting tools were available and filled. • **Medicines:** Medicines were available. No expired medicines. • **Stock Management:** The stock register was maintained and updated as per SOPs. • **Stock Outs:** Stock out of drugs was not found at any reviewed facility. • **Public & Private Partnership:** It was observed that public and private sector engagement is very effective. • **Large Private Sector Hospitals:** Functionality of large private sector health care facility was satisfactory. Especially their timings, which operates from 9 AM till 5 PM. • **Good Coordination:** The coordination among	• **MDR Baseline test Charges:** It was observed that the patients are required to bear the cost of tests and other payments personally. It was suggested subsidized charges for MDR baseline routine test & ancillary drugs at TCHs under MTI. • The **transfer of trained staff / high turnover**, especially at public sector health care facilities, should be restricted to prevent adverse impacts on the program. • **LHW:** There is need to enhance LHW intervention because they are not actively involved in identification of patients with symptoms of Tuberculosis in their respective house-holds. • **Administration Issue:** Water supply issues at DTO Nowshera needs to be addressed along with provision of CXR facility. • **Large Private Sector Hospitals:** These facilities are recommended for Gene Xpert machines with increase number of modules so that they can perform additional testing. • **Disposal of Infective material:** Some public sector health care facilities have no mechanism to dispose of infected material. Proper disposal system of infected material must be ensured.	• Provincial Government
	• **Refresher training:** PRs/SRs should arrange refresher training for staff on TB standard case management, TPT, management of extra pulmonary tuberculosis, TB – HIV co-infection, Data reporting and stock management on recently updated national TB guidelines.	• Principal Recipient (PR) • Sub Recipient (SR)

OPD doctors and Lab in-charge was very good. • **Capacity of HR:** Most of the health care providers and store keepers are trained in standard case management and managing medicines. • **Bin Cards:** Bin cards were appropriately placed, ensuring proper management and tracking of supplies. • **Rider System:** Good and efficient rider system is found for the transportation of sputum from peripheral health care facilities and GPs to facilities with Gene Xpert Machines.	• Build the capacity of DTOs (GF) to conduct results-oriented M&E visits. • **Contact Tracking:** There is need to enhance TB case detection (increase TB screening & contact investigation for HH). LHW contribution in contact tracing needs to be strengthened. • Need to enhance **MDR case detection** (quality specimen to improve Bacteriological confirmation & improve referrals and testing). • **Lost-to-follow:** lost to follow cases because of cross provincial migration of patients and patients accessing health care services from adjacent villages of Punjab province. This is especially in chest camps, needs tracking and monitoring • **TB Preventive Treatment (TPT):** TB Preventive treatment program is not currently operational at full scale. It is recommended to scale up programmatic management of TPT program has to be initiated with provision of tools, training medicines TB – HIV Co-Infection: Need to scale up testing of TB patients for HIV. • Need for developing and printing of IEC materials and JOB aids.	

ANNEX-F: ACTION TAKEN BY RELEVANT STAKEHOLDER & FOLLOWUP ON LAST VISIT RECOMMENDATIONS (MALARIA & TUBERCULOSIS):

Disease Component	Date	Province	District	Recommendations	Update / Follow-up
Malaria	21st to 23rd June 2023	KPK	• Nowshera • Charsadda • Khyber	• PRs need to be adopted proper system of expired medicine. • Stock register should be maintained same time not at the end of the month. • Government should take steps for retention of staff that is trained at facility level. • The capacity building of staff on data management is required for proper recording and reporting of all the data sets. • Public Private Partnership should be improved the system of private lab. Trained and dedicated staff should be appointed.	• **Improved:** No expired medicines. • **Improved:** Public and private sector engagement is very effective and trained staff was working. • **Need focus:** There is need to improve the quality and accuracy of data reporting. The capacity building of staff is required. • **Need focus:** Staff turnover is still high public sector health care facilities which need to be focused. • **Need focus:** Stock in and out registers should be properly maintained and updated regularly.

Tuberculosis	25th to 27th Oct, 2021	KPK	• Abbotabad • Havelian • Charsadda • Mardan • Peshawar	• Gaps in stock management. • Overwriting and use of whitener was found in the patients record. • Frequent turnover / transfer of staff • Data management needs improvement	• **Improved:** Stock registers were being properly maintained across all sites as per SOPs. • **Improved:** Reporting tools were available and filled as per SOPs. • **Need Focus:** PRs/SRs should arrange refresher training for staff on TB standard case management, TPT, management of extra pulmonary tuberculosis, TB – HIV co-infection, Data reporting and stock management. • **Need Focus:** Less cases have been identified in the health care facility. Effective contact tracing can increase the identified cases specially need to enhance MDR case detection (quality specimen & improve referrals and testing). • **Need focus:** Staff turnover is still high which need to be focused, especially in public sector health care facilities.

ANNEX-G: PHOTO GALLERY:

OC Visit at DTO Clinic Peshawar

OC Visit at DTO Clinic Mardan

OC Visit at Green Star General Hospital Peshawar

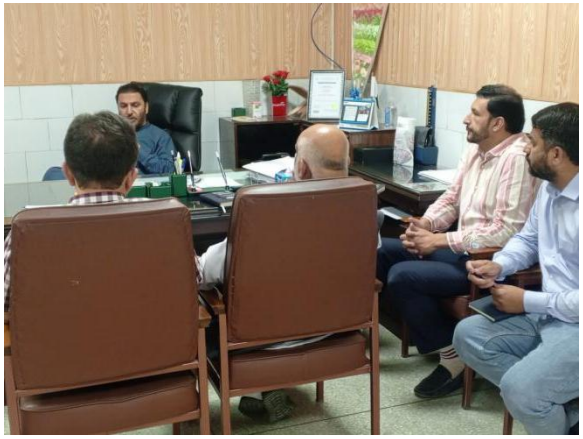
Debriefing Meeting with Chief HSRU KPK

OC Visit at BHU Rashakai

Orientation Meeting with PR/SRs at Peshawar

OC Visit at Pir Pai Nowshera

Debriefing Meeting with Chief HSRU KPK



OC Members Meeting with MS GTO Clinic Peshawar

OC Visit at Khairabad Nowshera

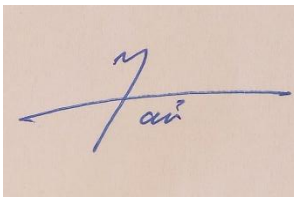
OC Visit at Rehmat Medical Center Nowshera

OC Visit at BHU Azakhel Nowshera

OVERSIGHT MINUTES PREPAIRED BY:

Name: Mr. Rehan
Function: Oversight Officer
Date: 20th May 2025
Signature: _____ Rehan Ilyas

OVERSIGHT MINUTES APPROVED BY:



Name: Dr. Faisal Rifaq
Function: Executive Secretary CCM
Date: 27th May 2025
Signature: _____

Name: Dr. Syed Wasif Javed
Function: Deputy Oversight Committee Chair (From FCDO)
Date: 27th May 2025
Signature: _____ Syed Wasif Javed