

# Project close out Report, ACD.



**Project Title:**

**Bridging the gap for TB Treatment**

**Grant Number:**

**PKS-809-G10.T.ACD**

**Starting Date: July 01, 2010**

**End Date: August 31, 2014**

**Principle Recipient:**

**Green Star Social Marketing**

**Sub-Recipient:**

**Association for Community  
Development (ACD)**

January 01, 2015

## Table of Contents

Executive Summary .....	1
1 Purpose of the Report.....	2
2 Introduction—Association for Community Development.....	3
2.1 Nature of Organization.....	3
2.2 Areas of Interest.....	3
3 Background of the current project .....	4
3.1 National TB diagnosis & Care .....	4
3.2 Introduction to TBDM .....	4
3.3 Objectives .....	4
3.4 Project Districts.....	5
3.5 Activities Implementation.....	6
3.6 Expected Results.....	6
3.7 Training Curriculum .....	7
3.8 Office Activities.....	8
4 Achievements and Reports.....	8
4.1 Geographical Coverage.....	8
4.2 Number of Health Care Providers Trained .....	9
4.3 Type of Training with Category of Health Care Providers Trained .....	9
4.4 Post training improvement in knowledge of participants .....	10
5 Monitoring & evaluation.....	11
6 Total Expense for project implementation.....	12
7 Challenges across project.....	13
8 Conclusion .....	13
9 ACKNOWLEDGEMENT .....	13

## List of Tables

Table 1: Number of Events conducted with Number of HCP Trained.....	6
Table 2: Expected Targets for Training till end of the Project .....	6
Table 3: Type of Training with Category of HCP Trained .....	10
Table 4: Total Expense for Project Implementation.....	12

## List of Figures

Figure 1: Map Highlighting Project Districts .....	5
Figure 2: Geographic Coverage of the Targets .....	8
Figure 3: Achievement in Numbers and Percentage .....	9
Figure 4: Percent Improvement in the Knowledge of Participants.....	10

Annex A: External Monitor's Tool .....	14
Annex B: Lead Trainers Activity Report .....	17
Annex C: Participant's Confidential Feedback Form.....	19
Annex D: Post Course Questionnaire for Health Care Providers.....	21
Annex E: Post Course Questionnaire for Paramedics .....	25
Annex F: Participant's Perdiem Sheet.....	27
Annex G: Participant's Attendance Sheet .....	28
Annex H: Pictorial Glimpses.....	29

## **EXECUTIVE SUMMARY**

This closeout report describes in detail the progress of one of our challenging project titled “Bridging the Gap for TB Treatment “ that started in July 2010 and ended in August 2014. The main activities of the project were training of health care providers on TB Drug Management, TB Drugs Management Information System and Warehouse Management System. The geographical coverage of the project included all districts of Khyber Pakhtunkhwa (KP), Federally Administered Tribal Area (FATA), and selected districts of Balochistan and Gilgit Baltistan provinces. The project was funded by the Global Fund to fight against AIDS, Tuberculosis and Malaria (GFATM) through its Round Eight funding and was later merged into consolidated and Single Stream Fund grant of the Global Fund. The principle Recipient of the grant was Green Star Social Marketing (GSM) and Association for Community Development was selected as one of the Sub-Recipients for the grant implementation in the aforementioned geographical areas.

The following report explains how ACD managed to meet the targets during the available time frame through following objectives.

### **Objective 1: Pursue high quality DOTS expansion and enhancement**

#### ***SDA 1.2: Human resources development: Training of public and private sector providers in anti-TB drug management.***

In the last few years, TB case finding has increased dramatically which has increased the demand for anti-tuberculosis drugs and further capacity building of the health care providers. This increased demand has increased the need for drugs provision at the provincial level, increased the need of further capacity building of both public & private healthcare providers and strained the current drug management system.

TB Control Program Khyber Pakhtunkhwa, FATA and Gilgit / Baltistan in collaboration with Association for Community Development (ACD) and Green Star Social Marketing conducted trainings for health care providers ( i.e. doctors, paramedics and storekeepers) working in TB diagnostics and treatment centers on TB drugs management, TB drugs management information system and Warehouse management system. During the course of the project duration a total of 238 training sessions were conducted training about 4159 (94%) health care providers in the public and private health sector against the target of 4,438 health care providers. All trainings were planned and implemented in coordination with the provincial TB programme and district health authorities. The district TB officers were given lead role in facilitating training events. The project coordinator and finance officer performed the function of monitoring the programmatic and financial progress of the activities. The ACD management also monitored the field performance from time to time. Data after collection was quarterly reported to the PR in the performance update and disbursement report. Quarterly activity data was shared with PTP and NTP in the inter-district and inter provincial meetings respectively. Total budget that incurred on project implementation equals 38,443,970 Pak Rupees.

## **1 PURPOSE OF THE REPORT**

This closeout reports intends to document the following;

- Progress of the project in terms of field activities
- Summarize the financial expenses that incurred on implementation
- The challenges faced during the implementation of project activities
- Formally report close out of the project to our donor

## **2 INTRODUCTION—ASSOCIATION FOR COMMUNITY DEVELOPMENT**

This section explains the background of ACD in terms of nature of organization, geographical coverage. Furthermore, accomplishments of organization are tailored in chronological order in terms of projects till date and achievements of desired goals.

### **2.1 Nature of Organization**

Association for Community Development (ACD) is a non-governmental humanitarian organization registered in Pakistan with The Registrar Joint Stock Companies and Societies, Government of Khyber Pakhtunkhwa under the societies Act XXI of 1860 and with the Directorate of Social Welfare, FATA Secretariat under the Voluntary Social Welfare Agencies (Control and Registration) Act of 1961.

The aim of the society is “to improve preventive, promotive, curative and rehabilitative health services for the local and refugee population in Pakistan, regardless of race, religion or political affiliations.

ACD team comprises of public health specialists, general physician, laboratory technologist & technicians, entomologist, sociologist, social mobilizers, M&E officers and LLINs distributors supported by finance and administration personnel as well as other support staff. A board of seven people governs the association.

ACD since the beginning as an NGO has worked with the government health department, UN agencies, WHO, international and national partners. During these years, international and national evaluators and auditors have assessed ACD’s technical, administrative and financial management capacities.

ACD works with in the frame of National Health Care standards and policies, and therefore, focuses its activities on strengthening the existing structures, operationalizing the national guidelines. ACD has achieved significant results in strengthening health management information systems, building the capacity of mid and low-level health professionals, working with village health committees, general communities, key advocates, media representatives and volunteers advocating for improved health, increase community awareness of health issues, promoting health seeking behaviour and ensuring provision of quality basic health care. ACD supported programmes have been implemented in close collaboration at the district and provincial levels advocating for favorable changes in patient care, improvement in health services, capacity building and community empowerment.

An important strength that ACD has is its contacts with the government departments, knowledge of the geographical area and effective working relationship at the district and provincial level. Moreover, as ACD has implemented community-based programmes it has a good knowledge of social and cultural norms of the communities living in the Khyber Pakhtunkhwa and Baluchistan Provinces.

### **2.2 Areas of Interest**

ACD has broad based objectives and expectations to get involved in multidisciplinary interventions for the benefit of its target communities; however, currently it is working in the following areas of its interest.

- Advocacy, Communication & Social Mobilization
- Strengthening health facilities infra-structure
- Human Resource development through training
- Public private partnership
- Logistics support ad supply chain management
- Development of training / educational materials

### **3 BACKGROUND OF THE CURRENT PROJECT**

#### **3.1 National TB diagnosis & Care**

National TB diagnosis and care is integrated into the primary health care system. The designated TB diagnostic and treatment centres are responsible for TB diagnosis, registration, and treatment, follow-ups, assessing treatment outcome, quarterly report preparation and submission to the district health office (DHO).

A diagnostic centre along with its attached treatment centers forms a Basic management Unit (BMU) for TB control. The treatment centre supplies anti-TB drugs and ensures that directly observed treatment (DOT) is carried out through selected treatment supporters. Each centre is linked with the community through Lady Health Workers (LHW), one LHW for 1000 households. The program has developed a set of operational guidelines and training materials for various staff cadres to maintain standardized diagnosis and care. Other enabling inputs of the program, to effectively implement DOTS in a district, include implementation planning; staff training and supervision; additional drugs, laboratory supplies and print materials; monitoring support; and mass awareness, patient education and community mobilization.

#### **3.2 Introduction to TBDM**

In support of the objectives of TB National Strategic Plan to support TB control in Pakistan, the National Tuberculosis Program (NTP) and Greenstar Social Marketing, propose a multi- dimensional 5-year program to procure essential anti-tuberculosis drugs and strengthen the drug management system for TB.

In the last few years, TB case finding has increased dramatically which has increased the demand for anti-tuberculosis drugs and further capacity building of the health care providers. This increased demand has increased the need for drugs provision at the provincial level, increased the need of further capacity building of both public & private healthcare providers and strained the current drug management system.

At the end of first year of phase 1 of round 8, this project was handed over to Association for Community Development (ACD). During the following years of the project ACD had to meet the new targets plus unmet targets of the first year as well. The following report is explaining how ACD managed to meet the project targets during the available time frame. Following are the objectives of the project with the services delivery approaches as per commonly understood by TGF, Green star and ACD.

#### **3.3 Objectives**

Objective 1: Pursue high quality DOTS expansion and enhancement

*SDA 1.2: Human resources development: Training of public and private sector providers in anti-TB drug management*

Specific Activities for SDA 1.2:

Association for Community Development (ACD) in the capacity of sub-recipient (SR) had to conduct trainings for;

**1.2.4.:** Public sector Health care providers

**1.2.5:** Private sector health care providers

### 3.4 Project Districts

The scope of this project was extended to 23 districts of KP, 7 Federally Administered Tribal Agencies (FATA) 5 Federally Administered Northern Areas (FANA) and 3 districts of Baluchistan. The following map with the red stars indicates our Project districts.

**Figure 1: Map Highlighting Project Districts**



### 3.5 Activities Implementation

Association for Community Development (ACD) with the support of Green Star Social Marketing conducted basic and refresher trainings on TB Drugs Management and Drugs Management Information System for the health care providers of public and private health sector. All trainings were organized with the collaboration of Provincial TB control programme Khyber Pakhtunkhwa and FATA. During the course of the project period a total of 238 number of training events were conducted in which 4,159 number of health care providers were trained through basic and refresher trainings respectively.

**Table 1: Number of Events conducted with Number of HCP Trained**

Category of Training	# of Events	# of Participants
Basic	170	3144
Refresher	68	1015
Total	238	4159

All training activities were planned and coordinated with the district TB control authorities on monthly basis. District authorities were given the lead role in nominating the participants for the training and also facilitating the training sessions. Provincial and district TB programme provided master trainers trained by the Green Star Social Marketing (GSM). Most of the trainings were monitored by the representatives from GSM, national programme officers and representatives from ACD.

### 3.6 Expected Results

The trainings covered two main subject i.e TB Drugs management and TB Drugs Management Information system. Trainings were categorized as basic and refresher depending on the duration. Basic training was for two days and refresher training was for one day respectively. The main targets of the trainings were health care providers' i.e doctors and paramedics of the public and private sector. The cumulative target of the two groups was 4,438 numbers with 89% and 100% participants from public sector in TBDM and TBDMIS trainings respectively.

**Table 2: Expected Targets for Training till end of the Project**

Targets PI&PII	Basic	Refresher	Total
TB Drugs Management	3,005	1,093	4,098
TB Drugs Management Information System	210	130	340
Total	3,215	1,223	4,438

### **3.7 Training Curriculum**

The training curriculum was developed by Green Star Social Marketing (GSM) in consultations with the National TB Control Programme (NTP). After approval of the curriculum it was printed in a module form, at the same time power point presentations were prepared. Both the module and presentations were used during the training. TB Drugs Management Information System and Warehouse Management System trainings were web based modular trainings and were provided on line using internet.

Following were the contents of the training modules;

#### **A. TB Drugs Management Module**

Session 1: Introduction to TB Control program

Session 2: Principles of Drug Management

Session 3: Selection of Anti TB drugs

Session 4: Procurement

Session 5: Storage

Session 6: Distribution

Session 7: Usage

Session 8: Management Support

#### **B. TB Drugs Management Information System**

Module 1: Introduction to TB Control Program

Module 2. Introduction to TB-DMIS

Module 3. Reports module

Module 4. Graphs Modules

Module 5. Data entry module

#### **C. Ware House Management System**

Chapter 1 How to Operate WMS

Chapter 2 Dashboard

Chapter 3 Stock Management

Chapter 4 Requisitions

Chapter 5 Reports

Chapter 6 Batch Management

Chapter 7 Placement of Stock

### 3.8 Office Activities

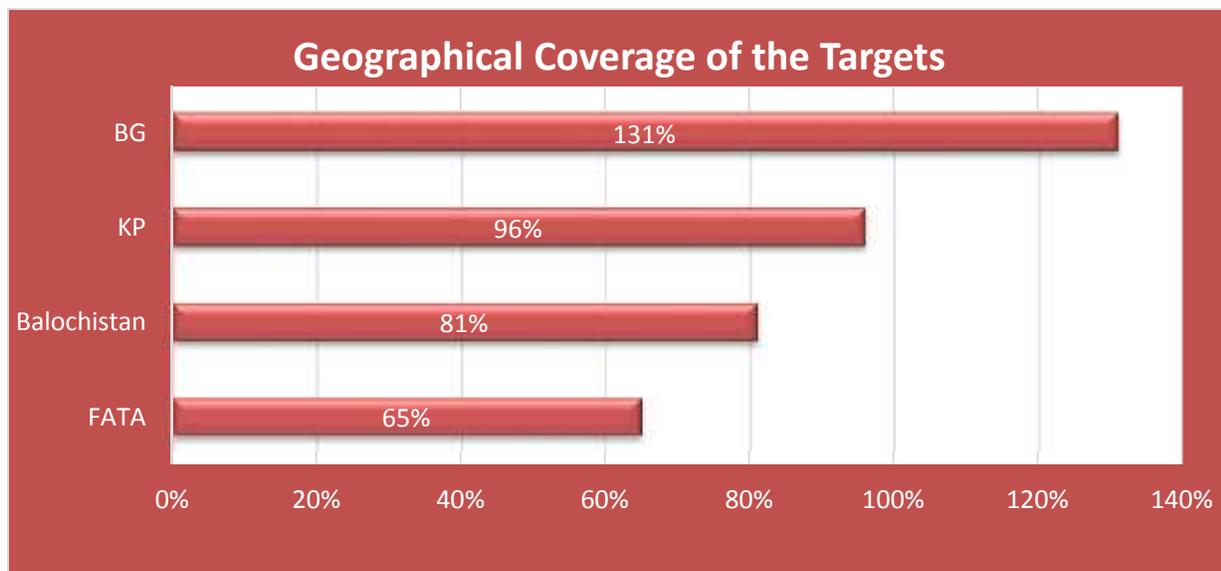
- Initially budgeted work plan was developed by ACD and submitted to Green Star Social Marketing (GSM) for approval from the Global Fund
- After Approval of Global Fund Green Star Social Marketing (GSM) forwarded it to ACD and relevant provincial programmes for implementation.
- Based on the approved workplan, monthly activities were planned in consultation with the provincial programmes and district health authorities.
- ACD collected list of nominees from Districts and agency before activity and corresponded with DTOs, ATO, and EDO for inviting nominees (Doctors and Paramedics) for trainings.
- Pre-requisites' for the training were completed before hand and carried with the training team to the relevant districts

## 4 ACHIEVEMENTS AND REPORTS

### 4.1 Geographical Coverage

Despite of difficult, challenging and security compromised geographical area participants from all the districts were reached and included in the trainings. Except few agencies of FATA from where participants were invited to the neighboring districts, all other trainings were conducted at the respective districts. In different geographical areas our achievement of expected targets remained within the range of 65% in FATA to 131% in Gilgit Baltistan. In GB additional participants were trained due to non-availability of the desired number of health care providers in other areas.

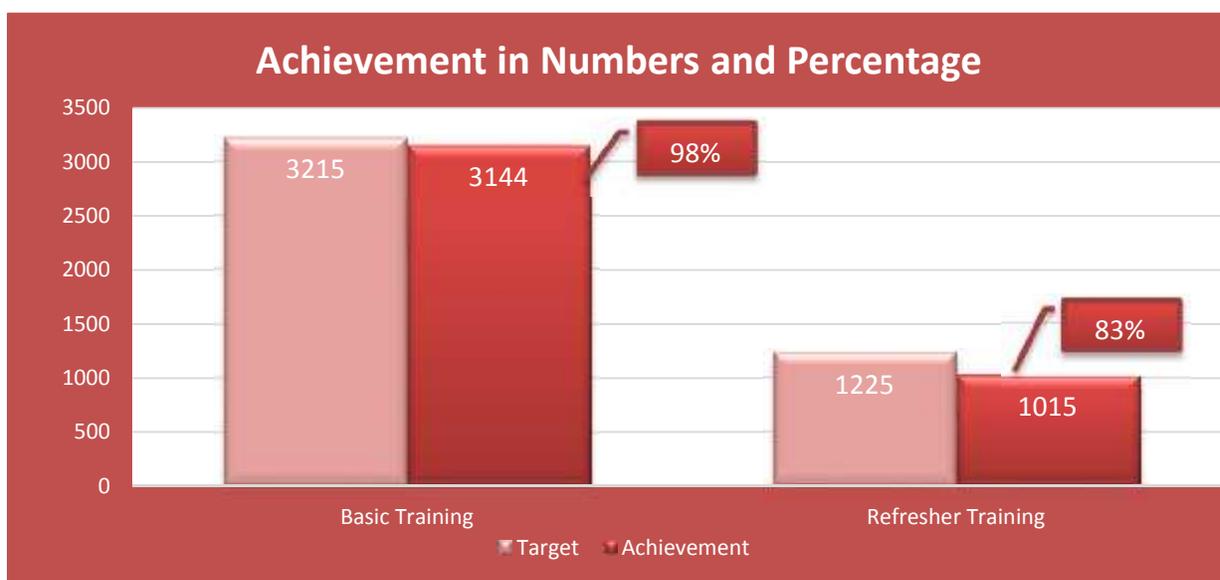
**Figure 2: Geographic Coverage of the Targets**



## 4.2 Number of Health Care Providers Trained

Out of the total target of 4,438 health care providers we trained 4,159 health care providers through basic and refresher trainings making an overall achievement of 94% with 98% in the basic trainings and 83% in the refresher trainings respectively. Reason for comparatively low achievement in the refresher training was delay in the approval of training plan and provision of training module from GSM due to which the basic trainings couldn't be conducted in time resulting low achievement in the refresher trainings as the criteria for refresher trainings couldn't be fulfilled. The main training that contributed to the low achievements was that of TB Drugs Management Information System and Ware House Management System. Of the 4,159 trained 3,976 (95.5%) were trained in TD Drugs Management whereas 183 (4.5%) were trained in TB Drugs Management Information system and Ware House Management System.

**Figure 3: Achievement in Numbers and Percentage**



## 4.3 Type of Training with Category of Health Care Providers Trained

As mentioned earlier the trainings were conducted on two different topics that included TB Drugs Management and TB Drugs Management Information System and Ware House Management System for doctors and paramedics. 81% of our participants were from TB diagnostic and treatment centers and remaining 19% were from treatment centers or involved in managing TB drugs at the district level. We achieved 79% target of training doctors and 104% target of training paramedics, with an overall achievement of 94%. Following table summarizes the achievements against targets for different category of health care providers.

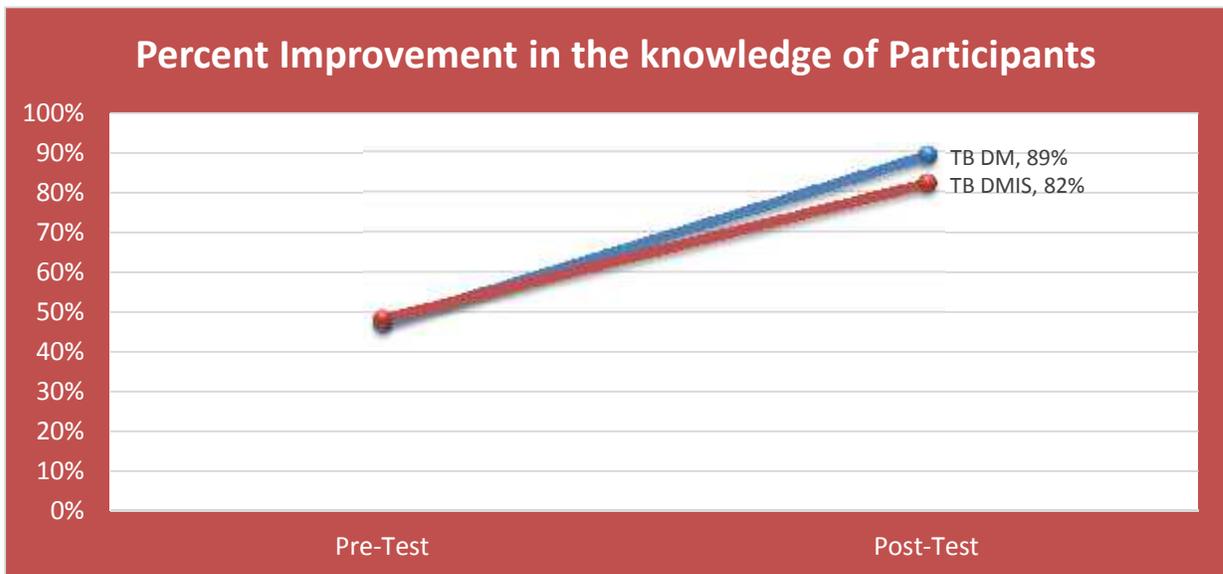
**Table 3: Type of Training with Category of HCP Trained**

Category of HCP	TB Drugs Management		TB Drugs Management Information System		Total		
	Target	Achieved	Target	Achieved	Target	Achieved	%
Doctors	1696	1352	66	33	1762	1385	79%
Paramedics	2402	2624	274	150	2676	2774	104%
<b>Total</b>	4098	3976	340	183	4438	4159	94%

#### 4.4 Post training improvement in knowledge of participants

Knowledge of the participants was assessed before training and after completion of the training using a structured questionnaire. In both the cases feedback was given to the participants. During the training sessions more focus was given to the topics where participant’s had least knowledge. In both the subjects there was a significant increase in the knowledge of the participants with an average increase from 47% and 48% in the pretest to 89% and 82% in the post test in TB Drugs Management and Drugs Management Information System trainings respectively.

**Figure 4: Percent Improvement in the Knowledge of Participants**



## 5 MONITORING & EVALUATION

ACD project coordinator and finance officer performed the function of monitoring the programmatic and financial progress of the activities. ACD management also monitored the field performance from time to time.

The relevant information related to the activities conducted at the service delivery point at the district level was recorded in the predefined checklist given in Annex “A”. This M&E tool was carefully prepared to fulfill the reporting requirements as indicated by and in accordance with the provisions of GF grant agreement. The program specific and ACD staff accompanying the activity team performed their designated functions and reported the activity data to the main office at the end of each activity. The lead trainer was reporting on the training conducted using an agreed reporting format, similarly participants were giving feedback on the quality of training in a feedback form.

Program officer was responsible for collection of primary data. Primary records at the district levels were collected through attendance sheet, per-diem sheets, pre and post term evaluation forms and were timely reported to the PRs on quarterly basis. All monitoring tools are attached in Annex B, C, D, E, F and G.

ACD, along with the quarterly programmatic reports, also submitted quarterly financial reports to the PRs for further submission to the Global Fund.

Following data were collected on event basis in accordance with activities already approved with mutual understanding of ACD and the

- Attendance sheet
- Per diem sheet
- Pre and posttest evaluation sheet
- Activity monitoring check list
- Quarterly performance monitoring format
- Periodic reports
- Specific reports as per requirement when needed.

Data after collection was verified (correction of data and performance) and computerized by the program coordinator and quarterly reported to the PR as cumulated data in the performance update and disbursement report. Quarterly activity data was shared with PTP and NTP in the inter-district and inter provincial meetings respectively.

## 6 TOTAL EXPENSE FOR PROJECT IMPLEMENTATION

Following table gives an account of the expense that incurred for the implementation of planned activities during the project period.

**Table 4: Total Expense for Project Implementation**

	Total Budget	Percent
Human Resources	10,796,866	28.1%
Training	21,712,362	56.5%
Infrastructure and Other Equipment	105,448	0.3%
Monitoring & Evaluation	3,680,586	9.6%
Planning and Administration	219,309	0.6%
Overheads	1,929,399	5.0%
Total	38,443,970	100%

## **7 CHALLENGES ACROSS PROJECT**

We faced multiple challenges in the implementation of project that kept project team under tremendous mental and physical pressure. We were often faced with covering the backlogs of the activities caused by a number of obstacles that will be summarized in the following paragraphs. However; we managed to overcome these challenges by determination, hard work and team support, and were able to achieve the desired targets. Following are few of the challenges that we faced during the project implementation;

First challenge during the project was the five quarters delay in the starting first phase of the project, added with delayed funds disbursement, approval of the training plans and very tight time frame of the project.

Second major challenge was security issue. As we conducted our training activities in almost all districts of KP and selected districts of Balochistan and Gilgit Baltistan , some of the districts like Batagram, Shangla, Swat, Hangu, Tank, DI Khan, Bannu, Lakki Marwat, Karak, Bunner, Lower/Upper Dir etc were declared high security risk districts. We came across a lot of problems during movement, identifying training locations and conduction of sessions. It was really difficult to arrange meetings in such circumstances. District Health Authorities helped us arranging these sessions at secure locations.

Third important challenge was the amount of per diems, especially in FATA, FANA and Chitral. As we had to invite participants from far flung districts to a secure location, the total expense that incurred on travel and lodging of the participants was much more than anticipated.

Delay in provision of the training modules was another reason that contributed to the creating backlog in targets achievements especially in case of refresher trainings.

Recording of the mobile and ID cards numbers on the attendance sheet made delays in starting the training sessions, because female participants were reluctant to document their mobile numbers and majority of the participants weren't carrying their ID cards with them.

## **8 CONCLUSION**

It is concluded that overall performance remained satisfactory and the project achieved its desired targets successfully. Although many challenging situations aroused during the course of implementation but the dedication, commitment and support extended by all stakeholders made this challenging task a success.

## **9 ACKNOWLEDGEMENT**

We pay our sincere gratitude to all stake holders including the Global Fund, National and Provincial TB Programmes, District Health Authorities, Green Star Social Marketing, all health care providers participating in the training, ACD senior Management and project team for their tireless effort, dedication and ownership of the project without which the implementation couldn't have happened.

## Annex A: External Monitor's Tool



M&E System - GF Trainings

**greenstar**  
Social Marketing

### TB Training: External Monitor's Tool

**Note:** This form is to be completed by a monitoring individual / team from Greenstar, or the National and Provincial TB Control entities. A copy of this form should be sent to the Islamabad office within a **week** of completion of the monitoring activity. Data from this form will be shared with the Local Fund Agent / Global Fund.

Training Title: \_\_\_\_\_

Trainer(s): \_\_\_\_\_

Implementing Organization: \_\_\_\_\_

Province: \_\_\_\_\_ District: \_\_\_\_\_ Venue: \_\_\_\_\_

Date(s): \_\_\_\_\_

**Note:**

Please rate each item according to the scale below (use *after* rating in appropriate cell):

- 5. **Excellent:** Trainer exceeds all expectations
- 4. **Good:** Trainer exceeds most expectations
- 3. **Satisfactory:** Trainer met some, but not all, expectations
- 2. **Unsatisfactory:** Trainer did not meet expectations

S. No.	Assessment of trainer's skills and knowledge	5	4	3	2
1	Session planning: introduction of participants; explanation of objectives; exploration of participants' expectations; introduction of subject matter; explanation of training contents				
2	Trainer encouraged active participation, maintained eye contact, and responded effectively and completely to the participants' questions				
3	Trainer followed trainer's notes/ guide				
4	Trainer made effective use of audio-visuals, moved around the room, and spoke loudly/clearly				
5	Trainer had the required knowledge of TB drug management				
6	Trainer instructed participants to conduct the role play/ case study / group work and shared the scenario with the participants in a manner that was clearly understood by them				
7	Exercises, to give hands-on knowledge to participants, were conducted				
8	Time management: Trainer specified clearly the time available for each session/activity and ended each session/activities on time				
<b>Total points</b>					
<b>Total score (out of 40)</b>					

**Remarks**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Note: Please mark each item as appropriate (use either rating)

S. No.	Logistics	YES	NO
1	Appropriateness of venue: accessible; convenient; well ventilated; well lit, etc.		
2	Seating arrangement appropriate		
3	Space for participants to work in small groups available/adequate; and rooms neat & clean		
4	Training banner visibly displayed		
5	Multimedia / OHP, screen, flip chart with markers and stand available		
6	Agenda, training manual and writing materials provided to participants		
7	Quality refreshment was served		

**Remarks**

---



---



---

Note: Please mark each item as appropriate (use either rating)

S. No.	Training methodology and technique	Ye S	NO
1	Opening session attended by higher authority		
2	Total number of participants invited ( <i>specify number</i> )		
3	Total number of participants present ( <i>specify number</i> )		
4	Selection criteria for participants followed		
5	Pre-test completed by all participants		
6	Pre-test responses evaluated by trainer and sessions adapted to respond to issues highlighted in pre-		
7	Post-test completed by all participants		
8	Post-test responses evaluated by trainer and general feedback given to participants		
9	Recap of Day 1 conducted at beginning of Day 2 ( <i>mark NA if 1-day training</i> )		
10	Certificates distributed at conclusion of workshop		
11	Per-diem distributed in timely and transparent manner		
12	Participants' feedback form completed by all participants		
13	Concluding session conducted		

**Remarks**

---



---

**Issues / problems identified:**

---



---

**Action(s) taken:**

---



---



**Suggestion(s) for trainer(s):**

---

---

---

**Suggestion(s) for PR / NTP / PTP:**

---

---

**Monitor:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Annex B: Lead Trainers Activity Report



M & E System - GF R-8 Trainings

**greenstar**  
Social Marketing

### *TBDM Training: Lead Trainer's Activity Report*

**Note:** This Activity Report should be completed by the Lead Trainer conducting a training event, and submitted to her/his immediate supervisor at the end of each training. A copy must also be shared with the PR within **three working days** of completion of the training activity. PR can share data from these reports, as needed, with implementing SR, NTP/PTP, LFA/GFATM.

**Training Title:** \_\_\_\_\_

**Trainer(s):** \_\_\_\_\_

**Implementing Organization:** \_\_\_\_\_

**Province:** \_\_\_\_\_ **District:** \_\_\_\_\_ **Venue:** \_\_\_\_\_

**Date(s):** \_\_\_\_\_

**Training Objectives:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Training proceedings:**

**Proceedings Day 1**

**Note:** Proceedings should include a summary of Day 1, including opening, introduction of participants, Topics/sessions covered areas of emphasis - as identified by pre-test score and/or participants' questions, participant's questions/responses, issues, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Proceedings Day 2**

*Note: Proceedings should include a summary of Day 2, including opening, introduction of participants, Topics/sessions covered, areas of emphasis - as identified by pre-test score and/or participants' questions, participant's questions/responses, issues, etc.*

---

---

---

**Pre and post-test analysis:**

	<i>Participant name</i>	<i>Pre-test score Achieved</i>	<i>Post-test score achieved</i>	<i>Variance in Pre- &amp; post-test score</i>

**Issues/problems identified during training:**

---

---

---

**Suggestions for NTP/ PTP/PR:**

---

---

---

\_\_\_\_\_  
Signature

**Lead Trainer**

## Annex C: Participant's Confidential Feedback Form



M&E System - GF Trainings

**greenstar**  
Social Marketing

### TB Training: Participant's Confidential Feedback Form

**Note:** This form is to be completed by each participant at the end of the training and returned to the Lead Trainer. The Lead Trainer will submit completed forms to his/her immediate supervisor within **two (2) days**. This form will be made available to Islamabad office within a month of completion of the training activity and to any monitoring team at a later stage, if required. Data from this confidential form will remain anonymous.

Training Title: \_\_\_\_\_

Trainer (s): \_\_\_\_\_

Implementing Organization: \_\_\_\_\_

Province: \_\_\_\_\_ District: \_\_\_\_\_ Venue: \_\_\_\_\_ Date(s): \_\_\_\_\_

#### Training Quality & Logistics:

**Note:**

Please rate each item according to the scale below (use a \*for rating in appropriate cell):

- 5. **Excellent:** Training arrangements and trainer exceeds all expectations
- 4. **Good:** Training arrangements and trainer exceeds most expectations
- 3. **Satisfactory:** Training arrangements and trainer met some, but not all, expectations
- 2. **Unsatisfactory:** Training arrangements and trainer did not meet expectations

S. No.	Content	5	4	3	2
1	Accessibility and adequacy of venue				
2	Training environment (e.g. seating, lighting & temperature)				
3	Physical quality of training materials (e.g. legibility of materials, binding, stationery)				
4	Availability and use of audio-visual materials				
5	Extent to which training objectives were met				
6	Relevance of training to your profession / area of work				
7	Comprehensiveness of training topics/materials				
8	Help & support from training institution's staff				
9	Trainers' presentation skills/style, knowledge, and grasp of subject matter				
10	Participants' involvement encouraged and valued by trainer(s)				
<b>Total points</b>					
<b>Total score (out of 50)</b>					



What other topics or contents, if any, should be included in this training:

---

---

---

---

Comments/Suggestions (if any) \_\_\_\_\_

---

---

---

---

**Annex D: Post Course Questionnaire for Health Care Providers**

**POST COURSE QUESTIONNAIRE for health CARE PROVIDERS**

**Name** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Attempt all question, all question carry equal marks**

**Instructions: In the spaces provided, Print a capital if:**

**1. The statement is true "T"**

**2. The statement is false "F".**

S. No	Description	T /F
1	Essential medicines are selected with due regard for public health relevance, evidence of efficacy and safety, and comparative cost-effectiveness	
2	Lead Time is the time interval needed to use the buffer stock in the procurement cycle	
3	Shelf life is the length of time a material may be stored without affecting its usability, safety, purity, or potency	
4	Quality assurance of a product includes all matters that individually or collectively influence the quality of a product	
5	Anti tuberculosis medicines which are given in selected combinations are known as Fixed Drug Combinations	
6	Detailed product specification is an important step in the process of procurement	
7	A relatively inexpensive way to maintain cold chain is traditional refrigerator	
8	Request of TB drugs is done on monthly reports on # of cases treated and expected % increases in new cases plus the buffer stock	
9	Random counting in Cyclic inventory involves choosing inner boxes to ensure quantity of packs or basic units	
10	One way to promote rationale use of drugs is to conduct refresher training of health care workers regularly	

**Choose the single best answer by encircling the corresponding number**

---

1. Any drug management cycle has following basic pillars
  - a. Selection & procurement
  - b. Distribution & storage
  - c. Usage
  - d. All of the above
  
2. The composition of Fixed drug regimen of RHZ is as follows
  - a. 60mg + 30mg + 150mg;
  - b. 150mg + 75mg + 275mg
  - c. 75mg + 300mg + 150mg
  - d. 75mg + 400mg + 275mg
  
3. In category 1 the initial phase treatment is for
  - a. One month
  - b. Two month
  - c. Three months
  - d. Six months
  
4. The process of procurement doesn't include
  - a. Registration
  - b. Product specification
  - c. Packaging
  - d. Ordering Anti-TB drugs
  
5. The shelf life of Ethambutol is
  - a. 36 months
  - b. 12 months
  - c. 24 months
  - d. 32 months
  
6. Anti TB drugs should be stored at temperature less than
  - a. 30<sup>0</sup>C
  - b. 25<sup>0</sup>C
  - c. 15<sup>0</sup>C
  - d. 35<sup>0</sup>C
  
7. The word FEFO stands for
  - a. Fast expiry Fast Out

- b. First to expire first Out
  - c. First Expiry First Out
  - d. First In First Out
8. Following is/are the signs of damaged /expire medicine
- a. Discolouration
  - b. Unusual smell
  - c. Stickiness
  - d. All of the above
9. Storage room temperature should be between
- a. 10-20<sup>0</sup> C
  - b. 15-25<sup>0</sup> C
  - c. 25-35<sup>0</sup> C
  - d. 35-40<sup>0</sup> C
10. A complete physical inventory should be taken
- a. Once every year
  - b. Twice a year
  - c. Quarterly
  - d. Monthly
11. The purpose of physical inventory is to
- a. Correct records
  - b. Organise storage
  - c. Better control process
  - d. All of the above
12. Good record system can prevent
- a. Price reduction
  - b. Over & under stocking
  - c. Direct procurement
  - d. Stock returns
13. The amount of stock you have is known as
- a. Buffer stock
  - b. Stock out
  - c. Stock in hand
  - d. Received stock
14. For calculating the Annual monthly consumption (AMC) it is recommended to take at least following month data

- a. One month
- b. 2 month
- c. 3 month
- d. 4 month

15. In the monthly supply on Hand is less than the time remaining before the next delivery there is a risk of
- a. Stock In
  - b. Stock Outs
  - c. Stock in Hand
  - d. Buffer stock

## Annex E: Post Course Questionnaire for Paramedics

### POST COURSE QUESTIONNAIRE for Paramedics

Name : \_\_\_\_\_ Date: \_\_\_\_\_

**Attempt all question, all question carry equal marks**

**Instructions: In the spaces provided, Print a capital if:**

**1. The statement is true "T"**

**2. The statement is false "F".**

S. No	Description	T /F
1	Shelf life is the length of time a material may be stored without affecting its usability, safety, purity, or potency	
2	Anti tuberculosis medicines which are given in selected combinations are known as Fixed Drug Combinations	
3	A relatively inexpensive way to maintain cold chain is traditional refrigerator	
4	Request of TB drugs is done on monthly reports on # of cases treated and expected % increases in new cases plus the buffer stock	
5	A complete physical inventory should be done at least on annual basis	
6	Random counting in Cyclic inventory involves choosing inner boxes to ensure quantity of packs or basic units	

**Choose the single best answer by encircling the corresponding number**

16. Any drug management cycle has following basic pillars

- Selection & procurement
- Distribution & storage
- Usage
- All of the above

17. In category - 2 the initial phase treatment is for

- One month
- Two month
- Three months
- Six months

18. Anti TB drugs should be stored at temperature less than

- 30<sup>0</sup> C
- 25<sup>0</sup> C
- 15<sup>0</sup> C
- 35<sup>0</sup> C

19. The word FEFO stands for
- Fast expiry Fast Out
  - First to expire first Out
  - File Excess File Out
  - Finish First Final outcome
20. Following is/are the signs of damaged /expire medicine
- Discolouration
  - Unusual smell
  - Stickiness
  - All of the above
21. A complete physical inventor should be taken
- Once every year
  - Twice a year
  - Quarterly
  - Monthly
22. The purpose of physical inventory is to
- Correct records
  - Organise storage
  - Better control process
  - All of the above
23. The amount of stock you have is known as
- Buffer stock
  - Stock out
  - Stock in hand
  - Received stock
24. In the monthly supply on Hand is less than the time remaining before the next delivery there is a risk of
- Stock In
  - Stock Outs
  - Stock in Hand
  - Buffer stock

**Annex F: Participant's Perdiem Sheet**



**PER DIEM SHEET**

<b>TWO DAYS TB DRUG MANAGEMENT TRAINING</b>									
<b>Venue:</b> _____					<b>Date:</b> _____				
S.No	Participant	Position	District	Contact No.	Per diem Per Day	Days Attended	Traveling Allowance	Total Payment	Received Signature
1									
2									
3									
4									
5									
<b>TOATL PER DIEM PAID</b>								-	
<b>Project Officer:</b> _____		<b>Finance Manager/ Officer</b> _____					<b>Project Coordinator</b> _____		

**Annex G: Participant's Attendance Sheet**



**ATTENDANCE SHEET**

**TWO DAYS TB DRUG MANAGEMENT TRAINING**

VENUE: \_\_\_\_\_

DATE: \_\_\_\_\_

S.No	Participant	Position	District	Contact No.	PMDC	CNIC	DAYS	
							1	2
1								
2								
3								
4								
5								
			<b>TOATL PER DIEM PAID</b>					
Project Officer		Finance Manager/Officer				Project Coordinator		

## Annex H: Pictorial Glimpses

