Title of the Programme	**Reducing the burden of Tuberculosis in Pakistan by Improving Access to Quality Directly Observed Treatment, Short Course (DOTS) and Multi-Drug Resistance tuberculosis (MDR-TB) Care Services**
Geographical Location	9 districts of Khyber Pakhtunkhwa and Balochistan
Sub-grant agreement number	PKS-910-G12-T-SR-ACD
Total sub-grant amount	
Program start date	01 October, 2007
Program end dates	31 December 2012
Sub Recipient	Association for Community Development
Principal Recipient	Mercy Corps

ASSOCIATION FOR COMMUNITY DEVELOPMENT (ACD)

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Table of Contents

I. List of abbreviations

ACD	Association for Community Development
ACSM	Advocacy, Communication and Social Mobilization
AIDS	Acquired Immunodeficiency Syndrome
CBO	Community Based Organization
CDR	Case Detection Rate
DOTS	Directly Observed Treatment, Short Course
DST	Drug Susceptibility Testing
EDO	Executive District Officer
FATA	Federally Administered Tribal Areas
GF R6	Global Fund Round 6
GFTAM	Global Fund against Tuberculosis, AIDS and Malaria
LHW	Lady Health Worker
MC	Mercy Corps
MDR	Multi-drug Resistance
NTP	National Tuberculosis Programme
PTP	Provincial Tuberculosis Programme
TB	Tuberculosis
TSR	Treatment Success Rate

I. Executive summary

Tuberculosis is a major public health and developmental problem in Pakistan. With 420,000 people developing TB each year Pakistan ranks 5th among the countries with highest burden of TB in the world. Incidence rate of TB is estimated at 231 cases per 100,000 populations. About 48,000 people die of TB in the country each year (TB mortality rate of 37/100,000). TB is responsible for 5.1 % of the total disease burden which is the third largest contribution to the disease burden in Pakistan.

Pakistan received a grant from Global Fund for AIDS, TB and Malaria to address the following gaps in TB control in Pakistan: i) lack of quality lab services for quality-assured bacteriology including sputum smear microscopy, culture and drug susceptibility testing (DST); ii) inadequate community awareness and participation in TB care seeking and treatment compliance, largely due to the lack of a finalized strategic and coordinated ACSM strategy in the country; and iii) weak public-private public-public mix, specifically the lack of tertiary care hospital involvement in DOTS and iv) to improve access to quality DOTS and Multi-drug resistant tuberculosis (MDR-TB) care services.

The Program is expected to streamline the existing national interventions through both programmatic and financial management. It is expected to ensure the provision of quality care to TB patients through a network of enabled private sector and para-statal hospitals, clinics and laboratories, enhance the capacity of public and private sectors to detect and manage 80% of the estimated smear positive MDR-TB incident cases by 2015. The Program was also also expected to implement the demand creating activities through objective 3.i.e To empower vulnerable to or affected by TB through undertaking advocacy, communication and social mobilization (ACSM) activities" However, this objective was to be closed out by the end of 2012.

Association for Community development (ACD) as a sub-recipient of the Mercy Corps is involved in the following two objectives of the Global Fund consolidated grant. However; this close out report will summarize the activities and achievements related to objective 3 of the consolidated grant.

3. To empower vulnerable to, or affected by TB through undertaking advocacy, communication and social mobilization (ACSM) activities;

6. To offer quality care to TB patients through a network of enabled private sector and para-statal hospitals/clinics and laboratories;

During the project period activities were focused on creating awareness among the target communities about TB and encouraged the suspected TB patients to seek advice for diagnosis and treatment from health care facilities. Programme also sensitized community elders, advocates and representatives about TB control efforts and available TB services and established coalitions with community based organizations to support TB control programme in their respective districts. The programme has undertaken activities to bring a positive change in the health seeking behaviour of the people at the same time focusing on the inter-personal communication skills of the health care providers with the patients and their attendants. Activities have also taken into account the quality of care issues with the health care providers for diagnosing and treating TB patients.

Following table gives summary of the project targets and achievements during the project period.

Table 1: ACSM Targets and Achievements during the Project Period

S.no	Activity	Target	Achieved	Percent achieved
1.	Number of community based ACSM events conducted	1463	1462	99.9%
2.	Number of Journalists oriented	3330	3321	99.8%
3.	Number of policy makers, opinion leaders, key influencers and celebrity role models sensitized through orientation sessions.	9391	9370	99.8%
4.	No. of Meetings of NGO/CBO Coalitions	340	340	100%
5.	Number of service providers trained in interpersonal communication	11844	11816	99.8%
6.	Number of health care providers trained on quality assurance for interpersonal communication	9098	9088	99.9%
7.	Number of news items and/or articles published in newspapers	328	383	117%

1. Association for Community Development (ACD)

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.

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.

Currently ACD is working as an SR with NTP, Mercy Corps, , Directorate of Malaria Control, Green Star Social Marketing and Save the Children International in different rounds of the Global Fund supported programmes. In the past ACD implemented Fidelis programme in partnership with the provincial TB control programme and with UNHCR for the Afghan refugees residing in Khyber Pakhtunkhwa. Other partners that ACD has working experience with include WHO Pakistan, GTZ and a number of national and international NGOs. In Afghanistan ACD worked with WHO, MOH and the Global Fund.

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 and building technical and managerial capacity at the district and provincial level.

The staff has rich experience of programme implementation, human resource development, supply chain management, monitoring and supervision, case management, integrated vector control, laboratory strengthening, infra-structure up-gradation, needs assessments, establishing microscopy centres, and implementing external quality assurance. The team comprises of public health specialist, a general physician, anthropologist, laboratory technologist & technicians, entomologist, social mobilizers and LLIN distributors supported by finance and administration personnel as well as other support staff.

The Association has been actively involved in developing training and health education materials in local languages, and has trained programme managers, doctors, paramedics, laboratory technicians, district supervisors, social mobilizers, community health workers and community volunteers in TB-DOTS implementation and primary health care.
For advocacy, communication and social mobilization ACD has successfully implemented orientation sessions for community elders, religious leaders, councillors, teachers, students, community based organizations and the general community.

2. Programme Background

Tuberculosis is a major public health and developmental problem in Pakistan. With 397,000 people developing TB each year Pakistan ranks 6th among the countries with highest burden of TB in the world. Incidence rate of TB is estimated at 181 cases per 100,000 populations. About 48,000 people die of TB in the country each year (TB mortality rate of 37/100,000). TB is responsible for 5.1 % of the total disease burden which is the third largest contribution to the disease burden in Pakistan. Like in most low-income developing countries, almost no observable decline in TB incidence has been observed in Pakistan. The absolute number of cases is likely increasing due to population growth and worsening poverty.

Pakistan received a grant from Global Fund for AIDS, TB and Malaria under GFATM round 6 under the title "Moving towards Comprehensive DOTS". Later in the year 2010 this grant was consolidated with Round 9 and retitled as "Reducing the burden of tuberculosis in Pakistan by improving access to quality Directly Observed Treatment. Short Course (DOTS) and Multi-Drug Resistance tuberculosis (MDR- TB) care services"At the National level this programme is being implemented by two principal recipients The National TB Control Program of the Ministry of Health of Pakistan (NTP) and Mercy corps.

The Program has been designed to address the following gaps in TB control in Pakistan: i) a lack of quality lab services for quality-assured bacteriology including sputum smear microscopy, culture and drug susceptibility testing (DST); ii) inadequate community awareness and participation in TB care seeking and treatment compliance, largely due to the lack of a finalized strategic and coordinated ACSM strategy in the country; and iii) weak public-private public-public mix, specifically the lack of tertiary care hospital involvement in DOTS. Round 9 Proposal was designed with the goal of reducing the burden of TB in Pakistan by improving access to quality DOTS and Multi-drug resistant tuberculosis (MDR-TB) care services and was consistent with the STOP TB Strategy and the Beijing Declaration for rapid scale-up of MDR programs.

The Consolidated Program is expected to streamline the existing national interventions through both programmatic and financial management. It is expected to ensure the provision of quality care to TB patients through a network of enabled private sector and para-statal hospitals, clinics and laboratories, enhance the capacity of public and private sectors to detect and manage 80% of the estimated smear positive MDR-TB incident cases by 2015.

In addition, the Consolidated Program under its objective 3 "To empower vulnerable to or affected by TB through undertaking advocacy, communication and social mobilization (ACSM) activities" was also expected to implement the demand creating activities. However, this objective was to be closed out by the end of 2012.

Association for Community development (ACD) as a sub-recipient of the Mercy Corps is involved in the following two objectives of the Global Fund consolidated grant. However; this close out report will summarize the activities and achievements related to objective 3 of the consolidated grant.

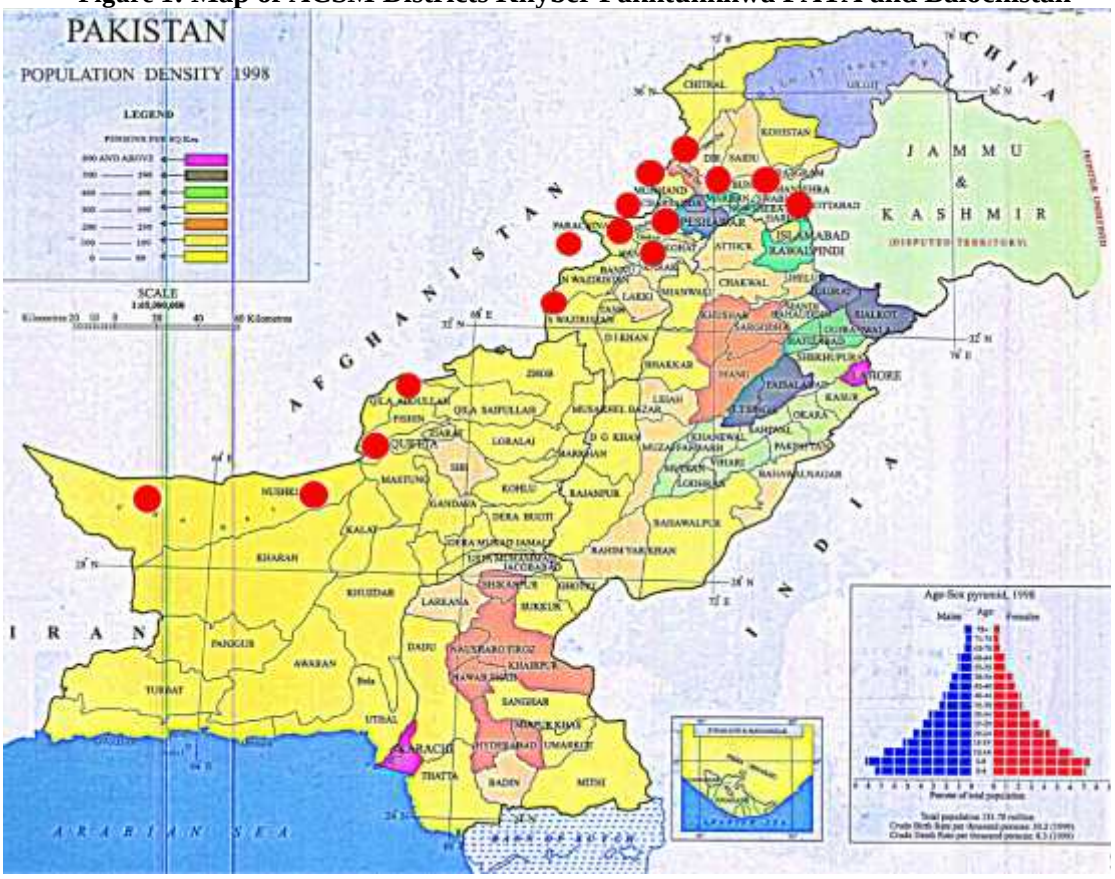
3. To empower vulnerable to, or affected by TB through undertaking advocacy, communication and social mobilization (ACSM) activities;

6. To offer quality care to TB patients through a network of enabled private sector and para-statal hospitals/clinics and laboratories;

3. Geographical Area

In the beginning of the programme ACSM activities were conducted in 6 FATA agencies i.e Khyber, Mohmand, Bajaur, Orakzai, Kurram and South Wazirstan agencies; later activities were extended to 5 districts of Khyber Pakhtunkhwa i.e. Peshawar, Nowshera, Charsadda, Mardan and Swabi. In the year 2010 an additional 4 districts of Balochistan i.e Quetta, Killa Abdullah, Chagi and Noshki were also given to ACD for implementing ACSM activities.

Figure 1: Map of ACSM Districts Khyber Pakhtunkhwa FATA and Balochistan



4. Population

The project was implemented in a wide geographical area covering population with different traditions, culture and characteristics. The populations were mainly dominated by tribal and rural characteristics. Some of the populations remained under conflict situation and has seen internal displacement during the project period. Following table shows population of the ACSM target districts and agencies.

Table 2: District-wise Estimated Population of the target Districts / Agencies

S.no	Name of District / Agency	Estimated Population
1	Peshawar	2,555,390
2	Swabi	1,182,872
3	Mardan	2,000,010
4	Nowshera	1,226,000
5	Charsadda	1,442,000
	sub-total	**8,406,272**
6	Chagi	388,081
7	K. Abdullah	478,982
8	Nushki	177,870
9	Quetta	963,480
	sub-total	**2,008,413**
10	Bajaur	658,534
11	Mohmand Agency	416,326
12	Kurram Agency	412,943
13	Orakzai Agency	292,857
14	South Waziristan Agency	481,481
15	Khyber Agency	692,140
	sub-total	**2,954,281**
	Grand Total	**13,368,966**

5. Programme Strategy

Advocacy, Communication and Social Mobilization (ACSM) is a critical feature of TB control efforts in Pakistan to set agendas and raise awareness of specific health issues, increase knowledge and change public attitudes toward risky behaviours. National ACSM Strategy was followed for the implementation of this project. At provincial level an ACSM steering committee comprising of the representatives from directorate of health, TB programme and partners working for TB control, the committee was responsible for advocating for TB control with the government and donors and was also overseeing ACSM interventions being implemented in their respective areas. Monthly activities were planned in consultation with the district TB programme and health authorities. Activity plan was than endorsed by the provincial TB programme and submitted to the PR.

At the field level identified community notables, journalist, teachers and CBO representatives were approached for organizing different ACSM activities especially community gatherings and world TB day events. In most of the districts and agencies locally available qualified social mobilizers were inducted in the team that improved access to the ACSM target groups. In the beginning of the programme low visibility was maintained especially in FATA and Balochistan due to security compromised situation, insurgencies, military operations and internal displacement of the population. However, in the later period of the project in response to the successful implementation of ACSM activities with the support of the community representatives and health authorities' favourable environment was achieved.

5.1. Quarterly Planning

Quarterly activities were planned in consultation with the TB programme at the directorate and districts level. TB programme at the districts was given the lead role for the implementation of project activities. Monthly activity plans were discussed and agreed with the district TB programme and further endorsed by the provincial programme before submitting to the PR office. All activities were implemented under the supervision and with participation of TB programme and district health authorities.

5.2. Coordination with TB programme

A close coordination with the district, provincial and national programme has been maintained throughout the reporting period. Intra and inter districts meetings were regularly participated by the project staff. These meetings were used for review of the activities carried out during the reporting quarter. At the national level inter-provincial meetings have been regularly attended by the senior project staff and activity reports were presented at this forum.

6. ACSM Activities Description, Targets and Achievements

During the project period people with TB and communities were empowered through effective community centred ACSM activities. The activities were focused on creating awareness among the target communities about TB, at the same time encouraging the communities and suspected TB patients to seek advice for diagnosis and treatment from health care facilities. It also focused on establishing coalitions with local community representatives and community based organizations to support TB control programme in their respective districts. Advocacy with the policy makers and elders / representatives of the community for TB control and issues related to it were also taken care of by the programme and a number of activities were designed to address these groups.

The programme has undertaken activities to bring a positive change in the health seeking behaviour of the people at the same time focusing on the inter-personal communication skills of the health care providers with the patients and their attendants. Activities have also taken into

account the quality of care issues with the health care providers for diagnosing and treating TB patients. Following table gives total ACSM targets and achievements for the project period.

Table 3: Total ACSM Targets and Achievements for the project period

S. No	Indicator Description	Cumulative Targets	Targets Achieved	Percent Results
1	No. of community based ACSM events conducted	1,463	1,462	99.9%
2	No. of Journalists trained	3,330	3,321	99.7%
3	No. of News items and/or Articles published in newspapers	328	3,83	117%
4	No. of Key Advocates oriented	9,391	9,370	99.8%
5	No. of Community coalitions Meetings held	340	340	100.0%
6	No. of Service Providers trained	11,844	11,816	99.8%
7	No. of Healthcare Providers trained	9,098	9,088	99.9%

6.1. Community Based ACSM Events

A number of activities that included community gatherings, sports, quiz and naat competition in schools were organized for this indicator. Participants for this set of activities included elders, teachers, parents, student, sportsmen, community members etc. During the awareness sessions community dialogue was encouraged which was followed by question and answers session. During the reporting period 1463 events were conducted and over 100,000 people were reached through these sessions.

Community Based ACSM Event

6.2. Journalist orientation

The role of media and journalist in creating disease awareness and advocacy is globally recognized and documented. National ACSM strategy targeted media representatives and included orientation of journalist as one of the activities. The main purpose of this activity was to orient journalist and media personnel about the magnitude of TB at the

Journalist Orientation Session

national and provincial levels and seek their support in advocating for TB control interventions at all levels in the country. After the orientation sessions journalists were requested to write about TB situation in the ACSM target areas and to highlight the efforts being put in by the government in TB control programme. Media personnel were also requested to highlight important points of TB treatment and prevention. During the project period 3321 media personnel were oriented about TB.

6.3. Orientation of advocates

This group constitutes community elders, councillors, opinion leaders, teachers and religious leaders etc. The purpose of orientation for this group was to seek their support, for the efforts of government and TB control programme for controlling TB in the target districts. By creating awareness in this group linkages were established with the opinion leaders of the community and their support for carrying out the programme activities was ensured. During the project period 9,390 opinion leaders were oriented on TB control interventions.

TB Orientation session for Advocates

6.4. Community coalitions

Community volunteers can play an important role in creating awareness and changing health seeking behaviours of the common people in the community. With the same concepts community volunteers were identified in the target districts and empowered with the knowledge about TB.

Community Coalition Meeting

With the support of these volunteers community based organizations were mobilized to create awareness among its community members regarding TB symptoms, its treatment and prevention. During the project period 340 community meetings were conducted with the members of CBOs. 20 community coalitions were established during this period that included representatives from the community. The community coalitions were involved in organizing community based events and referral of TB patients.

6.5. Quality assurance workshops with health care providers

This group includes all cadres of health care providers working with the district health programme. Training session for this group focused on the quality of TB care, interpersonal communication with the TB patients and the community. During the project period 9,098 health care providers were trained on quality assurance for TB patient care and interpersonal communication.

TB orientation for Health Care Providers

6.6. Mobilize community health workers

Activities were organized to sensitize and mobilize service providers including community and lady health workers, DOTS facilitators etc for TB control programme. The training sessions focused on the issues of inter-personal communication, advocacy and social mobilization for TB control. It also took into account the issues of quality care of TB patients and effective communication for improving patient and community behaviour for TB diagnosis and treatment compliance. At the same time it encouraged service providers to take on the role of treatment supports for patients. During the project period 11,816 service providers were trained on interpersonal communication with TB patients.

IPC Training for Service Providers

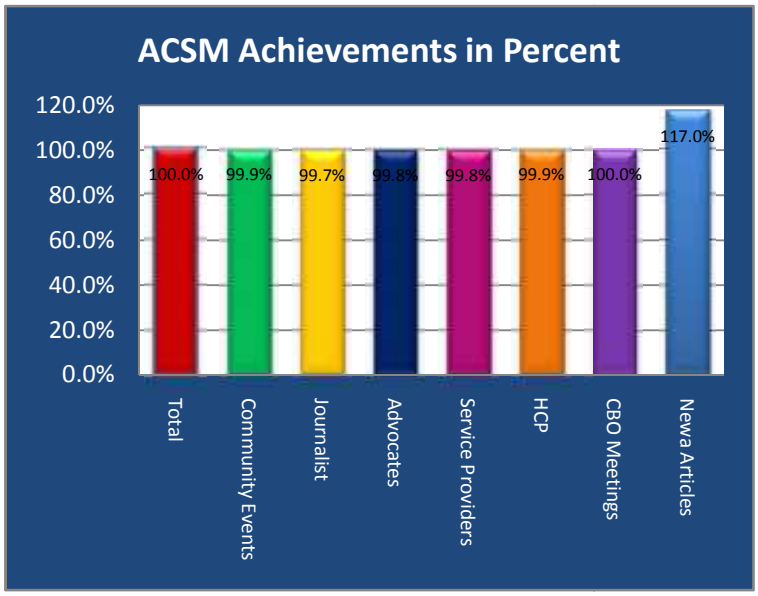
7. Expected Results

ACD was expected to improve ACSM coordination with the health authorities at the central and district level. Increase public awareness, knowledge and self efficacy toward screening and treatment and to address the issues of stigma attached to TB. Activities were also focused on creating a supportive environment through media advocacy and mobilizing volunteers and community based organizations enabling the communities to take responsibility for their preventive and curative TB care.

7.1. Achievements and results

ACSM activities in the target districts and agencies were started when the target area was facing rising insurgencies by the anti-state elements, military operations were being carried out, high population displacement had occurred in the area and high security risks were involved for the

project teams. Situation was further aggravated by the torrential rains and flooding in 3 out of the 5 ACSM target districts of Khyber Pakhtunkhwa where district's health and infrastructure was damaged, a huge population was displaced and temporarily shifted to emergency camps. Health and administrative staff of the adjoining districts were deputed in the affected districts for support and health authorities were over burdened with tackling this emergency situation. Starting ACSM activities during that time posed a number of difficulties for ACD team; however; after a series of discussions with the authorities ACSM activities were implemented. With the support of the Provincial TB control programme, in addition to the public sector health and education departments; private sector was also involved at the district level that facilitated promoting the concepts of TB prevention and ACSM. Despite of many challenges that the project team faced, all activities were successfully implanted and desired expectations were met.



8. Monitoring and evaluation

Programme activities were monitored by on site visits and desk monitoring on quarterly basis. More than 80% of the field activities in the districts were participated and facilitated by the senior programme staff. Local health authorities were also involved in monitoring the community based events. Monthly and quarterly meetings were being used for data validation and reports generation. Close coordination and liaison was maintained with the health authorities for planning and implementation of the work-plans. All activities performed were verified and validated by the health authorities in the respective districts. Activities were also monitored by the monitoring and evaluation officers of the PR office.

Journalist event data being verified

9. Financial Progress

During the project period main expense (61% of the total budget) incurred on ACSM activities conducted in the field. In this cost category 32% budget was utilized for community based events, 19% for interpersonal communication for service providers, 15% each for quality assurance for HCP and Advocates respectively, 13% for CBOs coalition meeting and 6% for Journalist orientation. Almost 80% of the staff was based at the district level and was directly involved in implementation of the activities. The expense therefore; related to the field based staff is also attributed to the programme. Following table summarises cost category wise expense that incurred for implementation of the ACSM during the project period.

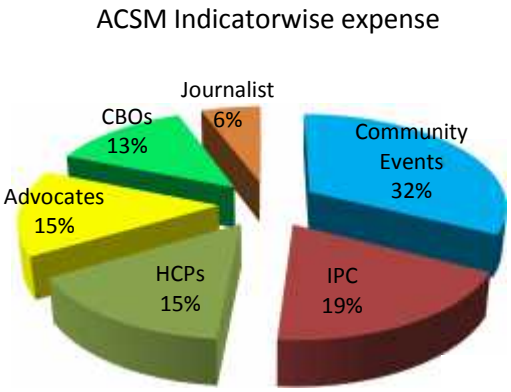


Table 4: Cost Category wise ACSM Expenses from October 2007 to December 2012

Cost Category	Total ACSM Expense in PKR for 05 Years	Percent
Training	83,192,893	61%
Human Resources	37,498,204	27%
Overheads	6,279,699	5%
Planning and Administration	4,325,804	3%
Monitoring and Evaluation	3,914,702	3%
Infrastructure and Other Equipment	1,996,163	1%
TOTAL	137,207,465	100%

10. Constraints and limitations

Although in Khyber Pakhtunkhwa and Balochistan strong tradition of hospitality exists, hostilities are known to break out sporadically. Ethnic clashes, criminality and extremism pose security concerns and affect the quality of life of ordinary people. Sometimes access to certain districts in the province becomes restricted. This creates difficulties on a number of levels, from the performance of field-level duties and the provision of services to monitoring and inspection. Project staff had to face number of challenges that ranging from administrative and procedural delays to external factors which were beyond the control of project team. Following are some of the constraints faced during project implementation.

- Delay of funds from Global Fund from time to time during the project period exerted tremendous mental and physical pressure on the project staff as many a times project staff had to execute an accelerated plan to achieve the targets.
- High security risk in the target districts and agencies for the project team.
- Risks for the participants especially during the community gatherings when conducted in the open space.
- Military operations against insurgent anti-state elements in the target area limited accessibility and posed risk for conducting ACSM activities.
- Flooding and internal displacement of the populations in and out of the target districts.
- Overlapping of other health related interventions at the community level impeded implementation of ACSM activities on many occasions.

11. Lessons learnt and Success Achieved

- Giving lead role to the TB control programme and directorate of health created an environment of mutual trust between the programme and SR that facilitated implementation of the programme activities. Involving health authorities in the early phase of programme implementation and identifying focal persons for the programme helped us establish useful relationship with the health authorities. Directorate of health and TB programme supported & participated in the activities.
- During first year of the project World TB Day was commemorated for the first time in FATA both at the central as well as agencies level. The event was participated by the government officials, parliamentarians, community representatives, journalist, students, voluntary workers and religious leaders.
- Training and involving community elders, religious leaders and teachers from the start of the programme proved to be the right strategy for reaching the target communities. This approach helped us establish useful relationship with the community. During the reporting year a progressive acceptance by the community for the ACSM activities was observed. This acceptance was reflected in community's willingness by providing space for carrying out community dialogues, gatherings and meetings. On many occasions participants of one meeting invited the programme staff for conducting ACSM activities in the neighbouring areas and offered their support for organizing the activities.
- Despite of a number of risks for conducting jirga or community dialogue in the prevailing security situation community provided place for conducting such meetings and helped in organizing and inviting community members. As a result the volunteers were also exposed to undesirable actions and threats from the miscreants, but they still showed willingness to support. Reaching the community and conducting awareness sessions in the local hujra’s with the support of local elders also supported performance of the programme activities.
- Project gained recognition and support at all levels of provincial health department. District health authorities attributed improvement in TB control programme indicators to ACSM

activities was supportive in organizing and conducting the events. As a result of the lessons learned TB programmes started planning extension of ACSM activities to other districts not covered by the project and are seeking funding from other sources. Provincial TB programme has included ACSM interventions in its PC1for the next five years.

- CBO coalitions established during the course of project remained actively involved in organizing community based events and also participated in other activities. Some of the CBOs conducted TB awareness session using their own resources.
- Print and electronic media remained supportive throughout the project period. Many news, articles and columns were published in the news papers. Few events were also provided coverage by the electronic media.

12. Recommendations and way forward

- Public awareness, advocacy and social mobilization about TB has been a low priority for the health sector and therefore remained neglected in most parts of the country. It is therefore; recommended that ACSM intervention may be extended to other districts which were not covered by the project. At the same time resources should be earmarked by the public sector to sustain ACSM activities in the project districts.
- As about 80% of the country population is rural with low literacy rate, more focus may be put on awareness and dissemination of TB information through inter-personal communication with the communities and individuals. Direct interaction with the communities is likely to empower people, make them self reliant and sensitize them for supporting TB control efforts.
- Funds should be earmarked for Programme staff's capacity development especially in the area of quality of care for TB patients, health education and interpersonal communication.
- Efforts should be taken at the national, provincial and district levels to formally engage other health related vertical programmes for better coordination and collaboration and seek their support for the programme interventions.

13. Acknowledgements

We acknowledge support of NTP, directorate of health, Provincial and FATA TB programmes, district and agency health authorities, National programme officers and ACD field staff working with the project. Without the cooperation of the health authorities and commitment of field staff, successful implementation of the project activities could not be achieved.