



## **Global Fund – New Funding Model (NFM)**

*(Contribute towards achieving the targets of National Strategic Plan for reducing the burden of TB and MDR-TB in Pakistan)*

**Principal Recipient: Mercy Corps (PAK-T-MC-771)**

# **Project Completion Report**

*(July 01, 2015 to December 31, 2017)*

**December 2017**

**Submitted By:**

**Sub-Recipient**

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## 1. Program Location

Khyber Pakhtunkhwa

### i) Sub Grant Agreement number

GF ACD 32712S001

### ii) Title of the program

Contribute to Achieving the Targets of National Strategic plan for reducing the burden of TB and MDR-TB in Pakistan

### iii) Program start and end dates

July 01, 2015 to December 31, 2017

### iv) Total sub-grant amount

Information is available with PR Unit.

### v) Name of the organization (SR)

Association for Community Development (ACD)

### vi) Name of the Principal Recipient

Mercy Corps (PAK-T-MC-771)

## 2. Summary of the Program

### *A. Background*

Tuberculosis (TB) is a major problem of public health in Pakistan. Pakistan ranks 4th among 22 high TB burden countries and 27 high multi-drug resistant (MDR) TB burden countries. It accounts for approximately 64% of the TB burden of the Eastern Mediterranean Region (EMR) of the World Health Organization (WHO).

According to the latest WHO Global TB report published in 2017, the incidence rate of TB in Pakistan is 268/100,000, while the mortality rate is 23 deaths per 100,000 populations in 2016. Pakistan notified 366,061 TB cases of all forms in 2016. The absolute number of cases is likely to increase due to population growth. The case detection rate is increasing and is just below target at 69%, while the treatment success rate for new smear positive cases has reached at 93%.

The Global Fund has been the main financial support for TB control activities in Pakistan and the country succeeded in mobilizing substantial financial support from the Global Fund under Rounds 2, 3 and 6. Recognizing the increasing disease burden, the 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.

The Rounds 6 and 9 of the Global Fund grants were merged into a Single Stream of Funding (SSF) Program. The SSF Program significantly streamlined the existing national interventions through achieving economies of scale and scope in both programmatic and financial management. With strong synergies and phased progression of SSF Program activities from previous Global Fund grants, the SSF Program has ensured the provision of quality care to TB patients through a network of enabled public and private sector and parastatal hospitals, clinics and laboratories.

Under the Global Fund's New Funding Model grant started in 2015, Mercy Corps has worked in the private sector by expanding partnerships and engaging healthcare providers and managing the implementation of the grant together with public sector's Principal Recipient (PR), namely National TB Control Program (NTP). Mercy Corps, being private sector's PR, was responsible for implementation of public-private mix interventions in 75 districts across the country. The NFM grant will end by December 31, 2017 and the next round of funding will be started from January 01, 2018.

### ***B. Introduction to the sub-recipient***

*[Please describe about the history, major achievements, ongoing projects, and geographical presence of the organization]*

Association for Community Development (ACD) is a non-governmental humanitarian organization established in year 2000, registered in Pakistan under the societies Act XXI of 1860. ACD is also registered with FATA Secretariat Directorate of Social Welfare under the Voluntary Social Welfare Agencies (Registration and Control) Ordinance 1961 (XLVI of 1961) and with FATA Disaster Management Authority.

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

Our core focus has been TB DOTS, MDR TB management and Malaria prevention, care and control. Our interventions are coordinated with Public Sector Health Programmes and are implemented as per National Programmes Guidelines of Government of Pakistan.

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To achieve our objectives, we work with national health authorities and other stakeholders to establish effective health services and systems. We provide technical support, train health care providers, improve infrastructure of laboratories. Our behavior change communication and awareness activities are implemented by working with general communities, key advocates, media representatives and volunteers. To a limited extent, ACD has also responded to natural disasters occurring in Khyber Pakhtunkhwa during the previous years.

### ***C. Introduction to the project, its objectives and activities***

In the province of Khyber Pakhtunkhwa Association for Community Development (ACD) implemented PPM interventions in 14 districts in the capacity of sub-recipient of the Mercy Corps. Focus of the project remained on expanding partnerships and engaging Health care providers for implementation of public-private mix interventions in the target 14 districts of the KP province.

#### **Project Goal:**

The purpose of New Funding Model (NFM) grant was to contribute to achieve the goal of the national strategy to control TB in Pakistan, which is to reduce by 50% the prevalence of TB by 2025 in comparison to 2011.

#### **Project Objectives:**

The new funding model (NFM) was implemented to achieve the following four objectives:

Objective 1: To increase the number of notified TB cases from 298,981 in 2013 to at least 420,000 by 2020 while maintaining the treatment success rate at 91% (PR: NTP and MC)

Objective 2: To reduce, by at least 5% per year by 2020, the prevalence of MDR-TB

among TB patients who have never received any TB treatment (PR: NTP)

Objective 3: To increase the number of TB patients who are screened for HIV infection from 3% (10,433) in 2013-14 to 10% by 2017 and the proportion of PLHIVs on ARVs who are screened for TB from 60% in 2013 to 90% in 2017 (PR: NTP)

Objective 4: Strengthen programmatic and operational management capacity of the TB Control Program while enhancing public sector support for TB control by 2020. (PR: NTP)

**Strategy and Planned Activities:**

Mercy Corps with its sub-recipients was responsible for implementation of the following strategies and activities related to the objective 1 of the NFM grant.

a. Strengthen and scale-up quality TB diagnosis and treatment through a public-private mix (PPM) approach by engaging general practitioners and private laboratories in 75 districts of Pakistan

- Enhance TB case finding by engaging 2,000 private healthcare providers (general practitioners) and 235 private laboratories
- Mapping and training of selected private healthcare providers (general practitioners and laboratories) and paramedics on TB DOTS as per National Guidelines
- Chest camps to ensure active case finding approaches for diagnosis of TS in high-risk and vulnerable population
- Community events and meetings with area notables for community mobilization, awareness and participation in chest camps
- Incentivize the private healthcare providers (private practitioners and laboratories) through voucher scheme to encourage their participation as well as to reduce the out- of-pocket expenses of TB patients

**D. Program Achievements**

Following is the [overall achievement \(July 01, 2015 to December 31, 2017\)](#) against each indicator of the Program;

**i. Notified TB cases, all forms, contributed by non-NTP providers - private/non-governmental facilities**

**District-wise**

S. No.	Name of District	Province	Overall Targets	Overall Achievements/ Results
1	Abbottabad	KPK	689	582
2	Bannu	KPK	512	658
3	Battagram	KPK	143	763
4	Buner	KPK	524	983
5	Charsadda	KPK	1,115	514
6	Haripur	KPK	620	758

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7	Kohat	KPK	410	569
8	Lower Dir	KPK	622	634
9	Malakand	KPK	420	1,263
10	Mansehra	KPK	882	811
11	Mardan	KPK	774	2,115
12	Nowshera	KPK	374	658
13	Swabi	KPK	931	717
14	Swat	KPK	981	1,545

**Grand Total**

Total Districts	Overall Targets	Overall Achievements/ Results
14	8,997	12,570

**ii. Bacteriologically confirmed TB, New and relapse cases, contributed by non-NTP-private/non-governmental facilities****District-wise**

S. No.	Name of District	Province	Overall Targets	Overall Achievements/ Results
1	Abbottabad	KPK	345	293
2	Bannu	KPK	257	271
3	Battagram	KPK	72	159
4	Buner	KPK	264	146
5	Charsadda	KPK	558	213
6	Haripur	KPK	312	145
7	Kohat	KPK	205	332
8	Lower Dir	KPK	312	292
9	Malakand	KPK	212	193
10	Mansehra	KPK	442	194
11	Mardan	KPK	387	478
12	Nowshera	KPK	189	272
13	Swabi	KPK	466	399
14	Swat	KPK	491	421

**Grand Total**

Total Districts	Overall Targets	Overall Achievements/ Results
14	4,512	3,808

iii. Percentage of bacteriologically confirmed TB cases successfully treated (cured plus completed treatment) among the bacteriologically confirmed TB cases registered during a specified period in non-NTP providers -private/non-governmental facilities

District-wise

S. No.	Name of District	Province	Overall Bacteriologically Confirmed Cases Registered	Overall Successfully Treated
1	Abbottabad	KPK	235	209
2	Bannu	KPK	185	168
3	Battagram	KPK	166	163
4	Buner	KPK	100	93
5	Charsadda	KPK	196	194
6	Haripur	KPK	86	66
7	Kohat	KPK	322	304
8	Lower Dir	KPK	225	218
9	Malakand	KPK	112	108
10	Mansehra	KPK	149	134
11	Mardan	KPK	511	493
12	Nowshera	KPK	445	426
13	Swabi	KPK	288	274
14	Swat	KPK	327	321

Grand Total

Total Districts	Overall Targets	Overall Bacteriologically Confirmed Cases Registered	Overall Successfully Treated
14	2,683	3,347	3,171

iv. Contact screening

District-wise

S. No.	Name of District	Number of bacteriologically confirmed cases registered (index cases)	Number of index cases whose contacts were screened	Number of contacts screened	Number of cases registered
1	Abbottabad	293	162	551	2
2	Bannu	271	199	808	3
3	Battagram	159	96	212	0
4	Buner	146	115	630	0

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5	Charsadda	213	126	551	1
6	Haripur	145	122	338	1
7	Kohat	332	168	493	4
8	Lower Dir	292	205	1201	1
9	Malakand	193	154	824	1
10	Mansehra	194	140	639	2
11	Mardan	478	335	1618	4
12	Nowshera	272	172	669	2
13	Swabi	399	294	1309	0
14	Swat	421	258	1222	2

**Grand Total**

Total Districts	Number of bacteriologically confirmed cases registered (index cases)	Number of index cases whose contacts were screened	Number of contacts screened	Number of cases registered
14	3,808	2,546	11,065	23

**v. Doctors from private health facilities trained in TB DOTS****District-wise**

S. No.	Name of District	Province	Overall Trained Doctors	Overall Drop-out Doctors	Total Doctors Currently under NFM
1	Abbottabad	KPK	12	0	25
2	Bannu	KPK	21	8	18
3	Battagram	KPK	10	4	16
4	Buner	KPK	15	3	12
5	Charsadda	KPK	34	7	27
6	Haripur	KPK	17	6	25
7	Kohat	KPK	5	5	25
8	Lower Dir	KPK	17	0	18
9	Malakand	KPK	18	3	15
10	Mansehra	KPK	11	4	23
11	Mardan	KPK	32	8	30
12	Nowshera	KPK	32	10	27
13	Swabi	KPK	8	5	25
14	Swat	KPK	23	3	20

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### Grand Total

Total Districts	Total Trained GPs	Total Drop-out GPs	Total GPs Currently under NFM
14	255	66	308

vi. **Doctors** from private health facilities received **Refresher** training on TB DOTS

### District-wise

S. No.	Name of District	Province	Overall Achievements/ Results
1	Abbottabad	KPK	24
2	Bannu	KPK	17
3	Battagram	KPK	26
4	Buner	KPK	12
5	Charsadda	KPK	23
6	Haripur	KPK	24
7	Kohat	KPK	28
8	Lower Dir	KPK	18
9	Malakand	KPK	15
10	Mansehra	KPK	25
11	Mardan	KPK	25
12	Nowshera	KPK	24
13	Swabi	KPK	45
14	Swat	KPK	19

### Grand Total

Total Districts	Overall Targets	Overall Achievements/ Results
14	393	325

vii. **Paramedics** from private health facilities **trained in TB DOTS**

### District-wise

S. No.	Name of District	Province	Overall Trained Paramedics	Overall Drop-out Paramedics	Total Paramedics Currently under NFM
1	Abbottabad	KPK	15	0	25
2	Bannu	KPK	24	8	18
3	Battagram	KPK	10	4	16
4	Buner	KPK	14	3	12
5	Charsadda	KPK	33	7	27
6	Haripur	KPK	19	6	25
7	Kohat	KPK	5	5	25

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8	Lower Dir	KPK	18	0	18
9	Malakand	KPK	18	3	15
10	Mansehra	KPK	11	4	23
11	Mardan	KPK	37	8	30
12	Nowshera	KPK	34	10	27
13	Swabi	KPK	8	5	25
14	Swat	KPK	28	3	20

**Grand Total**

Total Districts	Total Trained Paramedics	Total Drop-out Paramedics	Total Paramedics Currently under NFM
14	274	66	308

viii. Paramedics from private health facilities received Refresher training on TB DOTS

**District-wise**

S. No.	Name of District	Province	Overall Achievements/ Results
1	Abbottabad	KPK	23
2	Bannu	KPK	19
3	Battagram	KPK	25
4	Buner	KPK	12
5	Charsadda	KPK	22
6	Haripur	KPK	22
7	Kohat	KPK	20
8	Lower Dir	KPK	18
9	Malakand	KPK	15
10	Mansehra	KPK	26
11	Mardan	KPK	26
12	Nowshera	KPK	27
13	Swabi	KPK	44
14	Swat	KPK	14

**Grand Total**

Total Districts	Overall Targets	Overall Achievements/ Results
14	393	313

**ix. Laboratory staff from private health facilities trained in TB DOTS**

**District-wise**

S. No.	Name of District	Province	Overall Trained Lab Staff	Overall Drop-out Lab Staff	Total Lab Staff Currently under NFM
1	Abbottabad	KPK	1	1	4
2	Bannu	KPK	3	0	3
3	Battagram	KPK	1	0	4
4	Buner	KPK	6	1	5
5	Charsadda	KPK	6	0	6
6	Haripur	KPK	2	1	4
7	Kohat	KPK	1	0	4
8	Lower Dir	KPK	7	0	7
9	Malakand	KPK	6	0	6
10	Mansehra	KPK	2	0	6
11	Mardan	KPK	4	0	4
12	Nowshera	KPK	6	0	6
13	Swabi	KPK	1	1	5
14	Swat	KPK	7	1	7

**Grand Total**

Total Districts	Total Trained Lab Staff	Total Drop-out Lab Staff	Total Lab Staff Currently under NFM
14	53	5	71

**x. Laboratory staff from private health facilities received Refresher training on TB DOTS**

**District-wise**

S. No.	Name of District	Province	Overall Achievements/ Results
1	Abbottabad	KPK	2
2	Bannu	KPK	3
3	Battagram	KPK	1
4	Buner	KPK	4
5	Charsadda	KPK	4
6	Haripur	KPK	3
7	Kohat	KPK	6

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8	Lower Dir	KPK	6
9	Malakand	KPK	5
10	Mansehra	KPK	4
11	Mardan	KPK	3
12	Nowshera	KPK	4
13	Swabi	KPK	5
14	Swat	KPK	8

**Grand Total**

Total Districts	Overall Targets	Overall Achievements/ Results
14	50	58

xi. Name of laboratories showing adequate performance in **External Quality Assurance (EQA)**

**District-wise**

S. No.	Name of District	Province	Total Functional Labs	Total Labs under EQA (Jan to Dec 2016)	Total Labs with adequate Performance throughout the year (Jan to Dec 2016)
1	Abbottabad	KPK	3	3	3
2	Bannu	KPK	3	3	3
3	Battagram	KPK	4	3	3
4	Buner	KPK	5	5	5
5	Charsadda	KPK	5	5	5
6	Haripur	KPK	4	4	4
7	Kohat	KPK	3	3	3
8	Lower Dir	KPK	6	6	6
9	Malakand	KPK	6	6	6
10	Mansehra	KPK	5	5	5
11	Mardan	KPK	4	4	4
12	Nowshera	KPK	4	4	4
13	Swabi	KPK	5	5	5
14	Swat	KPK	5	5	5

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### Grand Total

Total Districts	Total Functional Labs	Total Labs under EQA (Jan to Dec 2016 )	Total Labs with adequate Performance throughout the year (Jan to Dec 2016)
14	62	61	61

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### xii. Number of **Meetings with notables** conducted

#### District-wise

S. No.	Name of District	Province	Overall Target	Overall Achievements/ Results
1	Abbottabad	KPK	10	10
2	Bannu	KPK	9	9
3	Battagram	KPK	10	10
4	Buner	KPK	9	9
5	Charsadda	KPK	9	9
6	Haripur	KPK	10	10
7	Kohat	KPK	10	10
8	Lower Dir	KPK	9	9
9	Malakand	KPK	9	9
10	Mansehra	KPK	20	20
11	Mardan	KPK	18	18
12	Nowshera	KPK	9	9
13	Swabi	KPK	10	10
14	Swat	KPK	18	18

### Grand Total

Total Districts	Overall Targets	Overall Achievements/ Results
14	160	160

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### xiii. Number of **Community Gatherings** conducted

#### District-wise

S. No.	Name of District	Province	Overall Target	Overall Achievements/ Results
1	Abbottabad	KPK	10	10
2	Bannu	KPK	9	9
3	Battagram	KPK	10	10

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4	Buner	KPK	9	9
5	Charsadda	KPK	9	9
6	Haripur	KPK	10	10
7	Kohat	KPK	10	10
8	Lower Dir	KPK	9	9
9	Malakand	KPK	9	9
10	Mansehra	KPK	20	20
11	Mardan	KPK	18	18
12	Nowshera	KPK	9	9
13	Swabi	KPK	10	10
14	Swat	KPK	18	17

**Grand Total**

Total Districts	Overall Targets	Overall Achievements/ Results
14	160	159

xiv. Number of **Chest Camps** conducted and Number of all forms of TB cases registered through chest camps

**District-wise**

S. No.	Name of District	Province	Overall Chest Camps Conducted	All forms cases registered through Chest Camps
1	Abbottabad	KPK	10	19
2	Bannu	KPK	9	19
3	Battagram	KPK	10	18
4	Buner	KPK	9	20
5	Charsadda	KPK	9	18
6	Haripur	KPK	10	12
7	Kohat	KPK	10	19
8	Lower Dir	KPK	9	43
9	Malakand	KPK	9	32
10	Mansehra	KPK	20	35
11	Mardan	KPK	18	58
12	Nowshera	KPK	9	26
13	Swabi	KPK	10	15
14	Swat	KPK	18	55

*[Please add rows, if required]*

**Grand Total**

Total Districts	Overall Targets	Overall Chest Camps Conducted	All forms cases registered through Chest Camps
14	160	160	389

**3. Success stories**

**No. 1**

**Permanent Address:** District Kohistan

**Temporary Address:** Tarya Bherkund,  
District Mansehra

**Interviewer:** Irfan Ullah Khan DFS Mansehra

**Patient Name:** Jumma Din (Jamd Ali)

**Age:** 76

**Occupation:** Labour

**Education:** Unable to read or write

**Registered as Pulmonary New TB Patient  
at Dar Us Shifa Clinic on 29<sup>th</sup> July, 2016.**



I belong to a very poor family of District Kohistan. I am living in village Tarya Bherkund, District Mansehra for the last 3-4 years. I have 2 sons. My elder son is blind and other son is 10 years old. I am a daily laborer earning 2-3 hundred PKR a day subject to availability of work.

I suffered from a disease in June, 2016 i.e. coughing with sputum, temperature and weight loss. My condition became bad to worse within a couple of weeks and I hardly could breath. I went to see a Doctor who give me medicines. I used the medicines for 1 week but my condition was still the same.

One day I met our Qari Sahib (Imam-e-Masjid) of my Mosque with whom I discussed my illness. He told me that he had attended a program regarding TB awareness few months ago. I am fully aware regarding TB signs and Symptoms, whereas according to Qari Sahib the same indications (symptoms) leads towards TB. He also gave me the list of those doctors (which was shared by DFSs in Community event) who were related to TB awareness Program, and advised me to consult one of those doctors. I went to the nearest doctor namely, Dr. Muhammad Sohail, who took my Sputum samples and after the diagnosis of TB, he prescribed ATT Drugs free of cost.

I took ATT drugs regularly for 6 months and completely got rid of TB. Now I am healthy (Cured) by the grace of almighty Allah.

**No. 2**

***Muhammad Israel s/o Hazrat Gul***

***Age: 46 years***

***Address: Miangan, Taru Jabba, District Nowshera***

***Treatment Starting Date: 18/1/2017***

***Cured Date: 20/7/2017***

Muhammad Israel s/o Hazrat Gul was found by our DFS Nowshera in a **public transport while distributing IEC material**. He was investigated and found positive on sputum microscopy, was registered and provided treatment. He is now cured and living happily with his family.

**No. 3**

***Areej d/o Tanzeel Muhammad***

***Age: 17 years***

***Address: Badrashi, District Nowshera***

***Treatment Starting Date: 2/1/2017***

***Cured Date: 4/7/2017***

Areej d/o Tanzeel Muhammad was diagnosed as a pulmonary TB patient and she is now on her path to recovery. **A chest camp was being conducted at District Nowshera when she was passing by with her father**. Her father asked our DFS about the activity which was being conducted. So our DFS told him that it is a chest camp for TB patients who have 2 or more than 2 weeks of cough, can undergo a test free of cost. On this her father said that my daughter has been coughing for the past 3 weeks. So our DFS took her to the doctor and took her sputum samples. **She was diagnosed as a 2+ TB patient**.

#### **4. World TB Day Commemoration**

Tuberculosis remains a major global health problem and is a second leading cause of death from infectious diseases, after HIV/AIDS. Globally in 2015, there were an estimated 10.4 million new TB cases, of which 5.9 million (56%) were among men, 3.5 million (34%) among women and 1.0 million (10%) among the children. Pakistan is among the six countries that accounted for 60% of the new TB cases. Out of the estimated number 6.1 million were notified and reported by WHO. There were an

estimated 1.4 million TB deaths in 2015 with TB remaining one of the top 10 causes of deaths worldwide.

WTD reminds us the day of 1882 when Dr. Robert Koch who discovered the 'Mycobacterium Tuberculosis' and astounded the scientific community with the announcement that he had discovered the bacterium that causes tuberculosis

WTD is celebrated on 24<sup>th</sup> March globally. Like every year, different activities were conducted at national, provincial and district levels. Association for Community Development (ACD), being a Sub-Recipient (SR) of Public-Private Mix (PPM) grant with the Mercy Corps, under Global Fund New Funding Model (NFM) conducted awareness-raising activities at district and sub-district levels in the month of March 2017.

The theme of World TB Day was **"Unite to End TB"**.

Our focus for this year's WTD activities was "enhanced case detection". In order to achieve this objective, all WTD activities were focused on active case finding. Maximum efforts were made to reach to as many patients as possible. This year WTD activities continued throughout the month of March, 2017.

In their lifetimes, today's children should expect to see a world where no one gets sick with TB. In their lifetimes, women and men should expect to see a world where no one dies from TB. All of us can have different hopes, such as for faster treatment; a quick, cheap, low-tech test that is accessible to all; or an effective vaccine.

As world TB Day has been observed round the globe since long to bring awareness among the people regarding TB. This year in Pakistan & specifically in Khyber Pakhtunkhwa world TB day was celebrated with enthusiasm. Following activities were approved by PR to be conducted by ACD for celebration of world TB day:

- Planning of Chest camps, CGMs and meeting with area notables in accordance with the WTB in all districts.
- Awareness campaigns through 'Chingchi' and mobile vans.

In addition, seminars were arranged in context of WTB at district Swat and Abbottabad with the collaboration of NTP, PTP, MC, ACD and local government. The SR provided technical and logistic support, to make the event turn out successful. Presentations on TB and awards ceremony were highlights of the activity.





This year, one of the seminar organized by PTP, on World TB Day, was awareness regarding TB DOTS & MDR-TB during seminar at Jalal Baba Auditorium Abbottabad. Charts and posters were pasted in auditorium to give more educational touch. Venue and event was organized on 04<sup>th</sup> April 2017 to take advantage of the seminar and assure maximum number of audience. Brochures and flyers were distributed in the participants. Round about Two Hundred and fifty participants attended the event.

Formal session was started at 11:10am with the recitation of Holy Quran. Dr. Faisal Khanzada (DTO) hosted the event. Dr. Faisal Khanzada gave presentation in detail about the TB DOTS in Pakistan. Approximately one-third of the world population is infected with *Tubercle bacilli*. Around 8 million new cases of active disease develop each year and 3 million people die. In Pakistan, its incidence is estimated to be 171/100,000 population. Besides high incidence of *Tubercle bacilli* in Pakistan, prevalence of multi-drug resistant strains is also a cause of great concern. Multi-Drug Resistant Tuberculosis (MDR-TB) is defined as simultaneous resistance of *Mycobacterium tuberculosis* to both isoniazid and rifampicin with or without resistance to other anti-tuberculosis drugs.

Drug resistance is entirely a man-made problem and results from inadequate chemotherapy. Exposure to single drug due to irregular drug supply, poor drug quality, inappropriate prescription and/or poor adherence to treatment suppress the growth of *bacilli* susceptible to that drug but permits the multiplication of drug resistant organisms.

In the community chronic cases, resulting from poor treatment, are the reservoir of drug resistant strains. Strategies need to be evolved to target these common risk factors to prevent emergence and spread of multi- drug resistant tuberculosis. The only way to prevent tuberculosis entirely is to effectively treat the active cases, so as to stop the transmission of this infection in the community.

After enlightening informative presentation of Dr. Faisal Khanzada Dr. Abdul Khaliq and Dr. Maqsood took the floor with a splendid topic of Tuberculosis and the efforts of the TB Control program. He described that the Programme Mission is TB free Khyber-Pakhtunkhwa. Programme goal is to reduce TB prevalence & death rates by 50% by 2017 relative to 1990. Implementation target is to detect at least 70% of new sputum smear positive cases and cure at least 90% of these cases. TB is a high priority agenda in

## Project Completion Report - NFM

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the National Health Policy. Health Department Khyber-Pakhtunkhwa planned and implemented “TB Eradication Program” to control TB in the Province.

After this a lecture was delivered by Dr. Abdul Latif, in which he clearly elaborated the Journey of ACD towards the fight against TB. Association for Community Development (ACD) is a non-governmental humanitarian organization. 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.

Organization’s core focus has been TB DOTS, MDR TB management and Malaria prevention, care and control. Our interventions are coordinated with Public Sector Health Programmes and are implemented as per National Health Guidelines of Government of Pakistan

In the last a speech was delivered by chief guest Sardar Idrees in which he valued all the government and Non-Government Organization for such a glorious work on TB. He assures that he will be cooperative to eliminate TB from Pakistan. Session came to the end with distribution of shields. Thanks speech was delivered by Dr. Faisal Khanzada for formal closing of the event.



**1. Any other achievement**

- Implementation of Infection Control Measures Activity at GP's clinics. i.e. installation of Exhaust Fans, Wash Basins & Waste Containers in 72 clinics and 20 Laboratories.
- Conduction of Trainings on Childhood TB Case Management. i.e. Training of 5 GPs each in all the 14 districts.
- Entering all the data of TB-01 cards and TB-05 forms into the online TBMIS from July, 2015 to September, 2017.

**2. Financial Report**

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**3. Reasons of over/under achievements in targets**

**3.1.** Overachievement in **All Forms TB cases** was due to majority of Pediatric and Clinically diagnosed cases registered by the districts (Malakand, Swat, Mardan, Lower Dir, Buner & Bannu) previously implemented by EPOS.

**3.2.** Underachievement in **Bacteriologically confirmed TB, New and relapse cases** was because of delay in sharing of revised training modules (Basic & Refresher) & hence the trainings, by PR. Moreover, some of the GPs were non-functional in the districts.

**3.3.** Underachievement in **Contact Screening** was due to delayed induction and training of District Field Supervisors. Furthermore, Operational Guidelines were not available in P1 (Quarter 1, 2015) and delayed provision of motorbikes by PR.

**3.4.** Underachievement in **Doctors & Paramedics BASIC Trainings** was because of delay in sharing of revised training modules (Basic & Refresher) & hence the trainings, by PR.

**3.5.** Underachievement in **Doctors & Paramedics REFRESHER Trainings** was because of delay in sharing of revised training modules (Basic & Refresher) & hence the trainings, by PR. Moreover:

- 66 doctors & paramedics were dropped out during NFM due to which Refresher trainings for them could not be conducted.
- Refresher trainings for some Replaced doctors & paramedics could not be conducted as the trainings were not yet due and the grant had been closed.
- Few Refresher Trainings for doctors & paramedics could not be conducted because of other activities like Infection Control Measures & Childhood TB Trainings in all the districts.

**3.6.** Overachievement in **Laboratory Staff BASIC Trainings** was because of directives given by PR to retrain the Lab Technicians previously inducted/trained by EPOS.

**3.7.** Underachievement in **Community Gatherings** was due to disallowance of 1 community event by the Program Manager, conducted at district Swat. Moreover, the quality of the disallowed activity was not up to the mark.

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## **5. Lessons Learnt**

- During the course of the project it is observed that HCPs do not feel obliged to work under the project as per signed MOUs. Legal status of the MOUs must be considered in future for creating a sense of ownership of HCPs towards TB Control Program.
  - Paramedics are non-cooperative in maintenance of R&R tools. In future compensation for paramedics must be considered in order to get them motivated.
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## **6. Recommendations**

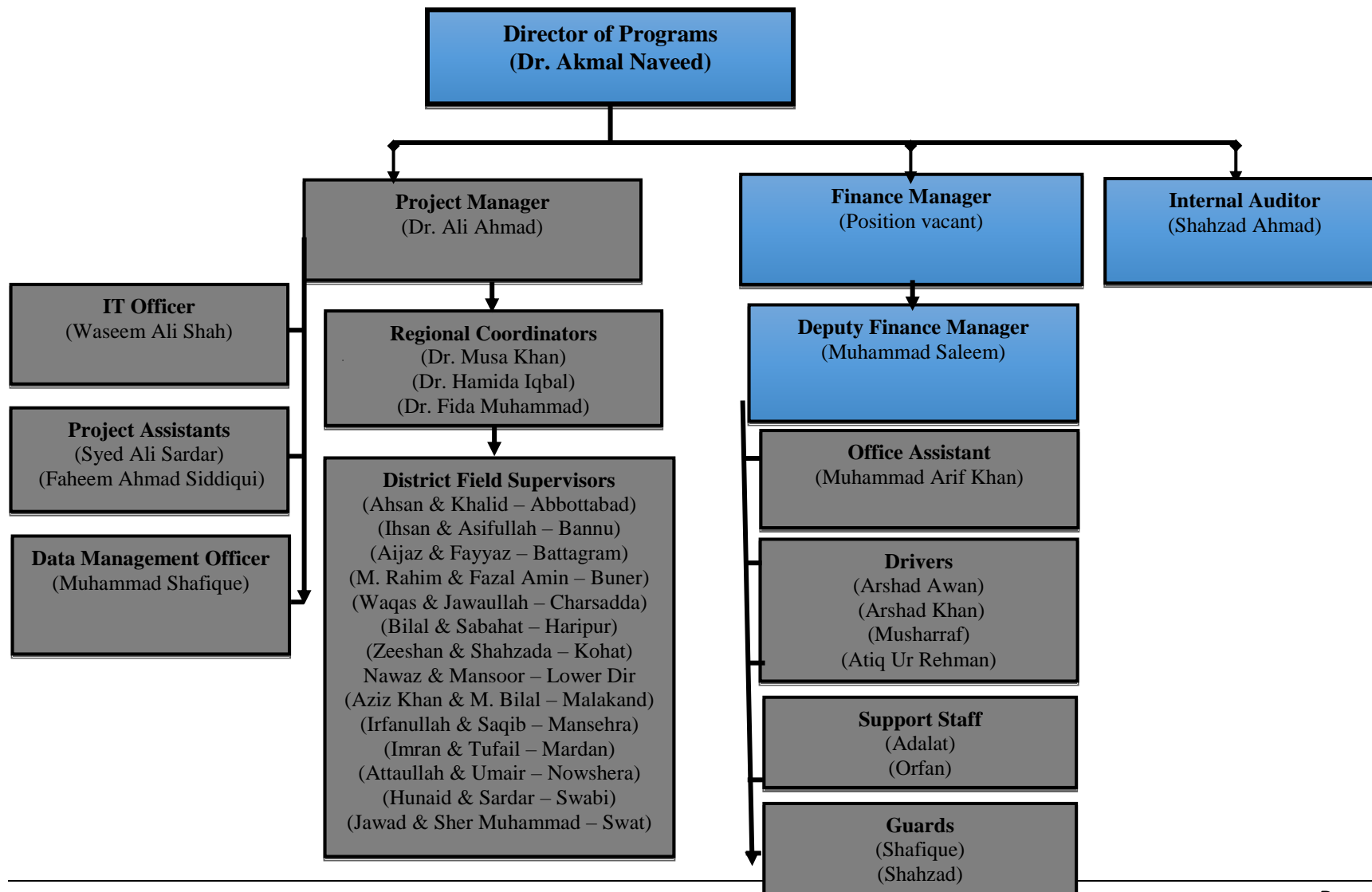
- Mechanism of DTOs monitoring should be tailored in such a way to get effective monitoring rather than table reports.
- Legal status of MOUs signed with HCPs & laboratories for effective implementation of the program.

## Microscopes Provided under NFM

### 1. Microscopes in Districts

S. No.	Name of District	Total Onboard Labs	Total Dropout Labs	Total Microscopes Provided to Districts	Total Microscopes Currently Available
1	Abbottabad	4	1	3	3
2	Bannu	3	0	3	3
3	Battagram	4	0	4	4
4	Buner	5	0	5	5
5	Charsadda	6	0	5	5
6	Haripur	4	1	4	4
7	Kohat	4	0	3	3
8	Lower Dir	7	0	6	6
9	Malakand	6	0	6	6
10	Mansehra	6	0	5	5
11	Mardan	4	0	4	4
12	Nowshera	6	0	4	4
13	Swabi	5	1	5	5
14	Swat	7	0	5	5

### Organogram (with name of staff)



## Picture Gallery

### 2-days Paramedic's Training & 3-days Doctor's Training (Nowshera & Charsadda)



### Monitoring Visits (Malakand & Swat)



### Data Validation (Abbottabad)



### Quarterly Review Meeting for Data Validation (Mardan & Kohat)



### Chest Camps (Lower Dir)



### Community Gatherings (Bannu & Malakand)



### Meeting with Area Notables (Mardan & Bannu)



### Quarterly Review Meetings of SR Staff



### PR-SRs Coordination Meeting



### 10-days Laboratory Technician's BASIC Training on Sputum Microscopy



### 3-days Laboratory Technician's REFRESHER Training on Sputum Microscopy

