National Tuberculosis Control Program
GFATM Round-II
PKS-202-G03-T-00

ANNUAL REPORT 2006

National Tuberculosis Control Program
Ministry of Health, Government of Pakistan
EXECUTIVE SUMMARY

The National TB Control Program (NTP) envisions achieving the Tuberculosis related targets set by the Millennium Development Goals for 2015, in order to achieve TB control in the long term nationally as well as globally. In order to achieve 100 percent DOTS coverage with 85% cure rate and 70 percent case detection, the Programme is implementing a focused strategy and has also ensured a wholesome participation of various partners.

The National Tuberculosis Control Program (NTP) applied for the Global Fund to fight AIDS, TB and Malaria (GFATM) grant in Round –II, with the goal to expand the TB control program using DOTS strategy through public sector health facilities and by enhancing the role of other stakeholders and interventions including private partners, referral hospitals and Behavior Change communication strategy. The focus of NTP has been to ensure the expansion of quality DOTS services across the entire country.

The three main objectives being implemented are provision of DOTS services to 20 million additional populations through two partner NGOs, Pakistan Anti-TB Association and Agha Khan Health Services; Development and implementation of guidelines for strengthening two-way referral of patients between the primary and secondary health care facilities and development and implementation of a Behavior Change Communication Strategy.

The Global Fund Round-II grant has entered the phase-II and will be completing year-3 of the project on 31st March, 2007. In year-3 one of the two NGOs i.e. PATA is continuing its activities with phase-1 savings. AKF is submitting only the treatment success of patients enrolled with GF grant support, to NTP.

The Global fund grant procedures being new to the country, the pace of the project was relatively slow in the initial quarters of phase-1. However, with time the project implementation geared up speed and has been moving ahead at a much faster pace. With a quarter remaining for year-3 it is envisioned that the TB grant will achieve almost 100% of all GF targets.

The following annual report has been compiled to highlight the activities planned and completed in year-3 along with a brief description of the project progress as a whole. The challenges faced in implementations as well as the future plans have also been addressed.
OBJECTIVE-1

PAKISTAN ANTI TB ASSOCIATION

Introduction

PATA is a single object non-profit / non-governmental registered organization having international and national references, with country wide biggest network of health outlets. The organization got approval for GFATM Round 2 grant with the objective of providing TB DOTS coverage to additional population of 20.0 Million through Public-Private Partnership. The grant was approved for a period of two years. Keeping in view the progress shown by the organization, GFATM granted one year extension to PATA in GFATM Round 2.

PROGRAMMATIC ACTIVITIES IN 2006

Main activities were focused on detection of infectious TB cases, successfully treating already registered TB patients, monitoring outcomes through follow up sputum microscopy, strengthening existing diagnostic centers and establishing new treatment centers.

ACHIEVEMENTS 2006

- 11362 New Smear Positive, 4816 New Smear Negative, 1063 Extra Pulmonary and 148 Re-treatment (Relapse and others) cases/patients were registered during 2006.
- Treatment Success Rate of patients, reported till December, 2006 is more than 85%.
- Initial and refresher trainings of more than 700 Doctors, Paramedics, and Lab Technicians and Community Health workers in all were conducted.
- Advocacy communication and social mobilization campaign was launched through PATA’s own resources, spending PKR 1.9 Million in the form of TV commercials through local cable network, community awareness meetings/seminars involving community notables like religious leaders, teachers, journalists etc.
- Health education sessions were conducted in different schools and colleges with the help of IEC materials
- Food incentives containing milk, sugar, flour, ghee, fruits and other eatables for TB patients were initiated at various PATA centers.

CHALLENGES

- Monitoring & Supervision
- ATT Medicines (GDF globally declined ATT supplies)
- Strengthening of Reporting system
- Establishment of New Treatment centers
- Improved coordination and working relationship with Districts/DTCs/NPOs
- Incentives to Lab Technicians
• Capacity building
• Community mobilization

FUTURE PLANS

• Engagement of Long Term Consultant
• Introduction of Electronic R/R system and Training in collaboration with PTP Punjab
• Inclusion of PATA diagnostic centers in software of each PTP District for automatic validation and generation of Quarterly reports (TB07, TB08, TB09).
• Inclusion of PATA Doctors in intra-District meetings
• Supportive Supervision and Facilitated Monitoring of PATA diagnostic centers by DTCs/PTP supervisor’s teams including NPOs
• M&S by PATA office bearers for non-technical aspects of the programme (Involving new associations and community participation)
• Re-direction of PATA resources to ensure un-interrupted supply of ATT medicines
• Enlisting localities wherefrom the most patients visit PATA Dx. Centers to identify the potential treatment center areas.
• Trainings of newly recruited human resource and on going refresher trainings.

OBJECTIVE-2

Development /implementation of standardized protocols/ Guidelines with GFATM Support

With the support of GFATM Round-II grant, the following two guidelines have been developed to strengthen referral of difficult/ complicated adult TB cases and pediatric TB suspects and cases between Primary Health Care (PHC) facilities and District Head Quarter Hospitals (DHQ):

i) National Guidelines for the management of adult difficult to diagnose and complicated TB cases
ii) National guidelines for diagnosis and management of TB in children

. The intervention was initiated keeping in view the fact that standard protocols for the management of TB cases referred from the PHC to the DHQ level did not exist. Chest Physicians and Pediatricians were managing these patients on individual self-tailored protocols

To achieve the above, the main activities that were outlined were

• Development of standard guidelines
• Training of staff
• Modification in the guidelines in year-3 in the light of experiences.
Development of standard Guidelines.

NTP through short-term consultants developed guidelines for difficult/complicated adult TB cases. The initial draft of the Guidelines was shared with the forum of Pakistan Chest Society, Pakistan Pediatric Association, NTP technical staff and International partners.

All issues highlighted by the stakeholders were duly addressed and changes were also made in the draft document with the consensus of participants.

Both guidelines were to be field tested in twenty districts of the country selected in two phases in consultation with Provincial TB Control Programs.

SELECTION OF DISTRICTS

To implement the guidelines in phase-1 of the grant, ten districts were selected based on the following criteria.

- Districts with DOTS coverage.
- Districts with a well functioning Laboratory, with a Pathologist available.
- Districts committed to field-test the guidelines.

In phase-II, ten additional districts were selected by the Provincial TB Control Programs based on the same criteria.

<table>
<thead>
<tr>
<th>PROVINCE</th>
<th>PHASE-1 DISTRICTS</th>
<th>PHASE-2 DISTRICTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PUNJAB</td>
<td>Kasur/Jhelum/Muzaffargarh</td>
<td>Attock/ Chakwal/Mandibahuddin</td>
</tr>
<tr>
<td>NWFP</td>
<td>Abbottabad/ Nowshera</td>
<td>Haripur/ Mardan</td>
</tr>
<tr>
<td>SINDH</td>
<td>Thatta/ Shikarpur/Dadu</td>
<td>Khairpur/ Sanghar/Nowsheoferoze</td>
</tr>
<tr>
<td>BALOCHISTAN</td>
<td>Sibbi/ Keich</td>
<td>Qilla Abdullah/ Khuzdar</td>
</tr>
</tbody>
</table>
It is important to note that in the majority of districts the NTP selection criteria had to be compromised since in many places there were no Pathologists at the DHQ levels. Also in some districts one person was holding different charges, like in District Kasur, the same person was having the charge of Chest Specialist and Director DHDC. In Kech the National programme Officer is also the only qualified Chest Specialist available.

**TRAINING OF STAFF**

To ensure effective implementation and ownership at the District, Provincial and National levels, trainings were planned for the district TB Team as well the clinicians at both the primary and secondary health care facilities. With the above selection, chest specialists, Pediatricians, Provincial TB Control Programme representatives, District TB Coordinators and National Programme officers of the selected districts were trained.

After the initial trainings, the programme waited for some time so that the DHQ hospitals involved in this initiative could start implementation. Once the DHQ started following the Guidelines, Functional Rural Health Centers in each district were identified by the District TB Coordinators and orientation workshops were conducted in each district. By the end of Dec 2006, nineteen out of twenty districts have been covered including the DHQs and Functional PHC diagnostic centers. Chest specialist from only one district i.e. Sanghar could not attend the scheduled training and will be taken onboard in the last quarter of year-3.

**IMPLEMENTATION AT THE DHQ LEVEL**

National TB Control Programme by December 2006 completed almost all trainings of health care providers at the DHQ Hospital and PHC levels. The programs first priority was strengthening the DHQ units and seeing the feasibility of implementation at the DHQ Hospitals. As the DHQs started reporting on desired formats to the GF unit, all doctors of functional RHCs were oriented and given clear cut guidelines for referral of patients.

A threat to the smooth referral of patients could be the general trend that patients directly go to the tertiary and secondary level facilities without utilizing the Primary Health care facilities. As a result the patients being managed at RHCs might be mainly simple TB patients. Based on this assumption NTP has chalked out a plan in which baseline data from all
functional RHCs would be collected and analyzed and direct contact with RHCs will also be ensured.
MONITORING AND EVALUATION

NTP chalked out a Monitoring and Evaluation plan and protocol to follow its progress which was forwarded to PR. In addition check lists have been developed for the DHQ and RHC levels which have been utilized by NTP, PTP NPOs DTCs.

GF Consultant has also started an assessment of programme implementation at the district level. This will be shared with PTPs, PR and GF.

GF unit also designed and printed two-way referral forms to stream line referral between the PHC and DHQ levels and data compilation forms for both the adult and pediatric guidelines. These have been distributed to all the DHQs implementing the project. The programme is retrieving actual field data from all sites on monthly basis.

(See Annexure at the end for M&E Protocol, data collection forms, monitoring check-lists and two-way referral forms)

TARGETS ACHIEVED

With reference to the Referral guidelines, NTP is reporting to GF on two indicators.

1. Number of service deliverers trained.

2. No of patients referred between the PHC and DHQ levels.

NUMBER OF SERVICE DELIVERERS TRAINED

NTP has trained NTP staff, PTPs, NPOs, DTCs Chest Specialists, Pediatricians and medical officers at Rural Health centers.

All patients that have been managed according to the prescribed protocols and referred accordingly are reported to NTP.

The targets achieved over the past four quarters are as follows.

![No. of Service Deliverers Trained](image-url)
SUCCESS STORIES

1. It is for the first time that primary and secondary health care facilities have been addressed simultaneously. Trainings of RHCs was not envisaged in the original workplan, however as NTP stepped into implementation it was realized that the Primary Health care level had to be formally taken onboard. Realizing this NTP started a tedious exercise of reaching all functional RHCs. We designed and arranged training sessions for RHCs giving them clear cut guidelines for referral of patients. We consider it our success as Reaching all the functional RHCs as well as the DHQ levels has been an uphill task since operational issues at each facility level need to be addressed. However NTP is confident that with effective monitoring and coordination with the RHCs, not only commitment of staff at the frontline will be highlighted but also routine TB services at the grass root level can be improved which will be a great contribution to decrease diagnostic and treatment delay.

2. The round 2 project is catering a wide range of patients. We are covering children up to 14 years in Pediatric TB guidelines. As far as the difficult complicated cases are concerned we are addressing the following

   - We are adding to the case detection of smear positive by picking the false negative cases as well as managing positive cases in special circumstances and with complications.
   - The guidelines are addressing smear negative cases as pediatric population of TB is mostly smear negative. Also for the first time clear protocols for management of smear negative have been spelled out and being implemented.

3. NTP through the GF project has been able to procure PPD Vaccine which at this point in time is not available even at the tertiary care facilities.

4. Not only are the guidelines addressing a wide age range, it is for the first time that evidenced base diagnosis is being stressed on at the DHQ levels.

CASE STUDIES

1. 25 year aged Naureen was doing masters from Karachi university .she checked in health care facility with complain of vague ill health for 4 years. With loss of weight and low grade fever. She was examined properly. On general physical examination she was anemic and a
small lymph node was palpable in left anterior triangle about 1.5 cm in diameter. Rest of the examination was unremarkable.

CBC reveals Hb 8.5% rest was within normal limits. CXR was normal. FNAC of lymph node as recommended by guidelines was done and it showed AFB’s on smear examination. She was started anti-TB treatment as category 1. She started putting on weight her appetite improved and she completed treatment successfully.

A 16 years aged girl was stared ATT as category 1 she developed pruritis on 5th day of treatment she was given anti histamines but three days later she developed rash. anti-TB treatment was stopped she was given challenge doses of anti tuberculosis drugs as recommended in the guidelines. It was discovered that she was sensitive to R, S, E. she was given modified regimen for 12 month and completed her treatment.

CONSTRAINTS AND CHALLENGES
Constraints at the Programme Implementation Unit level.

- Lack of human Resource. The guidelines are being implemented in twenty districts of Pakistan and thirty additional districts will be taken onboard in year-4. In each district Chest and pediatric units are implementing guidelines. 5-10 functional RHCs attached with the DHQ have also been taken in loop. This makes 150-200 facilities being addressed till year-3 and a maximum of 500 facilities in year-4. Maintaining coordination with all sites as well as conducting all Planned activities and monitoring them is not possible with our present staff strength whereby A referral guideline consultant supervised by a GF Coordinator is conducting all activities. This has forced us to cut down the monitoring activities.

CONSTRAINTS AND CHALLENGES IN FIELD:

- DHQ labs have been an area of concern. In the majority of districts there are no pathologists. For all specialized tests DHQ labs refer the patients to private sector labs for confirming diagnosis.
- RHCs although have been trained on referral, however it has been difficult to get them committed to utilize the two-way referral forms. Patients are being
referred however documentation at PHC is not up to the mark. For this we are in the process of retraining the sites to further strengthen the process.

- Visits at the RHC levels have shown that majority of patients directly present to the DHQ and tertiary levels without utilizing the primary care levels. Proper referral of patients with the help of guidelines will help in building the trust of the primary care service delivery level as well as decrease the delay in patient management.

**FUTURE PLANS**

NTP has planned a review and revision of both guidelines in the light of monthly feedback from the field as well as the implementation experience. The process is planned in the last quarter of year-3. Report of the evaluation as well as the revised draft will be shared with all stakeholders.

**Objective 3: BEHAVIOR CHANGE COMMUNICATION**

Under the Objective 3 of the Round-II Grant, a Behavior Change Communication (BCC) strategy has been developed detailing activities to create demand and ensure quality TB-DOTS services, using targeted behavior change communication (BCC) techniques.

The objective of the strategy is to improve the knowledge and decision making of suspected TB cases and their families for timely access to TB-DOTS treatments with a target that 70% of the adult population knows that sputum testing is necessary if the cough prolongs for more than three weeks and TB is curable with eight months uninterrupted treatment at the end. During 2006, progress was made across a range of activities to disseminate messages through electronic, print media and interpersonal communication.

The delay in implementation of the BCC strategy (mass media) component caused by various procedural delays finally ended in June 2006 when Secretary Health ordered to terminate the previous contract of the media agency and approved rebidding of the selection of the private sector media firms/agencies to assist NTP in implementation of mass media BCC activities. In light of the instructions of Ministry of Health, the contract which faced problems in approval from Ministry was terminated in July 2006.

After rebidding of services contract in July-Aug 2006, a new media agency namely M/S Adgroup was appointed in Aug-Sep 2006. The agency was tasked to achieve the existing as well as the previous targets. The agency immediately started working with NTP BCC Unit and conducted the following activities till December 2006.

**Activities**

**PRE TESTING**
The developed television and radio spots were refined and made according to the requirement. Pre testing was held and airing started in September 2006. Following TV and radio stations were used in this campaign:

<table>
<thead>
<tr>
<th>Television</th>
<th>Radio</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTV, PTV World, ATV, Geo News, ARY</td>
<td>PBC, FM-100, FM-101, FM-89, FM-104,</td>
</tr>
</tbody>
</table>

**MEDIA SENSITIZATION WORKSHOPS**

Workshops were held in major cities to make journalists from print and electronic media aware of the disease, its prevalence and their role in its control.

**Awareness and Sensitization Workshop on Tuberculosis Control with Media (Muzaffarabad - Azad Jammu and Kashmir)**

As a part of GFATM BCC campaign on awareness raising and sensitization of the media in eradicating TB across the country, a workshop was held at Sangam Hotel, AJK on 16th Sept, 2006. The workshop was attended by 45 participants from major TV/radio channels and newspapers. The minister of law and parliamentary affairs of AJK and the National Manager NTP presided over the workshop.

Keeping in line with BCC service delivery project, it was facilitated by senior BCC consultants with an objective to sensitize and mobilize media support in awareness raising and information sharing with the masses and enhance knowledge about NTP activities in relation to the existing TB situation. Participants of the workshop included a wholesome representation from the electronic and print media from all major TV/radio and newspapers.

**Awareness and Sensitization Workshop on Tuberculosis Control with Media (Gilgit-Northern Areas)**

The second series of media sensitization was held at Canopy Nexus Hotel in Gilgit on 21st Sept, 2006, with an aim to sensitize media professionals. The workshop was organized by NTP BCC consultants with assistance from NTP MoH Pakistan and Directorate Health Services NA. 29 participants from all major TV/radio channels and newspapers including journalists from the local Press Club attended the workshop.

Eminent health professionals, NTP officials encouraged participants from the media to play an effective role in the fight against TB in eradicating misconceptions associated with TB and
to disseminate the right information with emphasis on the TB DOTS program within their local as well as country scope.
Awareness and Sensitization Workshop on Tuberculosis Control with Media (Quetta-Balochistan)

Held at Serena Hotel Quetta on 20th Dec 2006, this workshop was attended by 140 participants including senior journalists and president Quetta Press Club from all major newspapers, TV and radio channels. With the present scenario of TB, its country and global burden, recommendations were given for enhanced media reporting on health issues and with a sense of responsibility among the media to play their role in serving the country to rid itself from the menace of TB disease, especially in the far flung areas.

NEWS PAPER INSERTIONS

In order to maximize the exposure of messages, Print ads were placed in Urdu, English and regional language newspapers. Ads focused on provision of information on what is the disease, what are the symptoms, what action is desired in case of symptoms detection, duration of treatment and importance of treatment adherence. Following major newspapers with wide circulation were used in the campaign:

<table>
<thead>
<tr>
<th>News Papers</th>
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</table>

PARTICIPATION IN INTERNATIONAL HEALTH EXPO 2006

The Ministry of Health held a two day International Health Expo with the theme of Health as a lifestyle. Since the expo provided an opportunity to share experience and information, the NTP highlighted TB issue through different activities which included setting up an exclusive stall with display and a special documentary displayed at the time of inaugural session before the president. Different souvenirs such as T-shirts, sun sheds and pocket calendars carrying the program logo and key messages were designed which gathered a lot of interest and attracted a large number of participants.

PUBLIC RELATIONS CAMPAIGN

The overall objective of the project is to create awareness about TB, symptoms, diagnosis, treatment, care and support to improve knowledge among masses it also aims to eradicate the stigma and discrimination associated with TB. Under the Public relations (PR) component, dissemination forums were conducted with different main stream English and Urdu dailies to discus the holistic view of the situation and its urgency and also to motivate the media people to use their skills for the cause of TB control.
In order to promote TB as a curable disease, build a positive image of DOTS treatment therapy and enhance the image of NTP as a credible public sector service provider, a public relations campaign was designed and is in the process of implementation. The campaign includes placing interviews of the NTP officials/experts in major newspapers, arranging forums, writing features and articles on TB and influencing editorial writings.

**POSTER COMPETITION**

In order to maximize the participation of the youth in fight against tuberculosis, a nationwide poster competition was announced.

**MEDIA USED IN PR CAMPAIGN**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Television</th>
<th>Newspapers</th>
<th>Radio</th>
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<tbody>
<tr>
<td>Live interview of NPM</td>
<td>ATV</td>
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<tr>
<td>Live interview of PTP Manager</td>
<td>ARY One World</td>
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<td>Live interview of PPM Coordinator</td>
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<tr>
<td>Interview of the NPM and PTP</td>
<td>KTN</td>
<td>The Nation, The News, The Post, The daily Times, Dawn, Pakistan Observer,</td>
<td></td>
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<tr>
<td>Manager</td>
<td></td>
<td>Nawaiwaqt, Jang, Pakistan, Daily Express, Khabrain, Jehad, Asas, Ausaf,</td>
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<tr>
<td>Interview of the NPM</td>
<td>TV One</td>
<td>Jinnah, Regional Newspapers</td>
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<tr>
<td>Interview of the PTP Manager</td>
<td>TV One</td>
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<tr>
<td>Live Talk show on Health on TB</td>
<td>Indus Plus</td>
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<td>Nawaiwaqt, Jang, Pakistan, Daily Express, Khabrain, Jehad, Asas, Ausaf,</td>
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<td></td>
<td></td>
<td>Jinnah, Regional Newspapers</td>
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<tr>
<td>Interview of GFATM Coordinator</td>
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<td></td>
<td>FM 101</td>
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<td>Coverage of events</td>
<td>Aaj TV</td>
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<td></td>
<td></td>
<td>Scahal</td>
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<td>FM 101</td>
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RADIO PROGRAMS

Radio has the greatest reach to rural and urban groups. In order to provide new info about TB-DOTS, radio plays and radio talk shows have been incorporated. A series of radio programs were aired by prominent radio anchor persons with a sound experience of hosting health programs. Nine programs of 15 minutes duration were produced which would be aired in January 2007 on thirteen stations of Pakistan Broadcasting Corporation.

MEDIA COVERAGE OF TB

Print media is widespread across Pakistan with several major national papers distributed in English and Urdu. Informational approaches and news stories generated about TB issues have been used in different articles. Urdu and English articles on tuberculosis for raising awareness among the masses were published in different newspapers as a part of the PR campaign, about diagnostic and treatment facilities available free of cost in all districts. In addition ads were also published in the health expo supplement.

PRODUCTION OF TALK SHOWS

Talk shows have been produced on prevalence of the disease, treatment and diagnostic facilities available in the country and how to benefit from them. Experts provided by NTP answered queries of the hosts on various disease related issues. The shows will be telecast in Q 13.

AIRING OF TVCs AND RADIO SPOTS

An extensive media campaign was launched on major TV and Radio channels. Two TV spots of 48 and 10 seconds duration and two radio spots of 49 and 10 seconds duration were aired. A total of 425 spots went on air including both TV and radio.

<table>
<thead>
<tr>
<th>Television Channels Part of Campaign</th>
<th>Radio Channels Part of Campaign</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTV One</td>
<td>Pakistan Broadcasting Network</td>
</tr>
<tr>
<td>PTV World</td>
<td>FM 101</td>
</tr>
<tr>
<td>ATV</td>
<td>FM 100</td>
</tr>
<tr>
<td>Geo News</td>
<td>FM 99</td>
</tr>
<tr>
<td>ARY One World</td>
<td>FM 106.2</td>
</tr>
<tr>
<td>KTN</td>
<td>FM Sachal</td>
</tr>
<tr>
<td>Khyber TV</td>
<td></td>
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</tbody>
</table>

INTERPERSONAL COMMUNICATION WORKSHOPS
In designing and implementing an effective behavior change communication strategy, health workers had to be appropriately equipped with techniques of interpersonal communication and empower suspected TB cases and their families for timely access for TB-DOTS treatment centers and for treatment compliance by the TB patients. Inter personnel Communications Skills Enhancement (IPC) workshops were held which included the training of health workers in 10 districts involved in implementation of TB-DOTS.

![Image of IPC workshops]

**PROTOCOLS FOR IPC TRAININGS**

In order to ensure quality of the trainings imparted and to assess outcomes in programme perspective, following protocols have been devised for strict adherence:

- Training should be held in the district (GFATM approved) where TB care delivery i.e. DOTS treatment is available
- Health care providers should be trained in DOTS Treatment and are already providing services (Evidence NTP-Reporting Tools)
- No. of Health care providers to be trained in each district will be determined by GFATM Unit
- Health care providers should be selected from health facilities functional at the time of training i.e. providing TB care delivery
- Nominated health care providers have not been trained in IPC under any other initiative of MoH, DoH or any NGO
- Health care providers should include categories of
  - District TB Coordinator
  - Chest Specialist DHQ/THQ (if appointed)
  - Paeds Specialist DHQ/THQ (if appointed)
  - Medical officers RHCs (Diagnostic Centers), BHUs (Treatment Centers)
  - Female Medical officers RHCs, DHQ, THQ
  - Dispensers DHQ/THQ, RHCs (Diagnostic Centers), BHUs (Treatment Centers)
  - DOTS Facilitators DHQ/THQ, RHCs (Diagnostic Centers), BHUs (Treatment Centers)
  - Lab technicians DHQ/THQ, RHCs (Diagnostic Centers)
  - Lady Health Supervisors (Attached to either the diagnostic centre or treatment centre)
- Lady Health Workers (Attached to either a functioning diagnostic centre or treatment centre)

### REFINING AND DEVELOPMENT OF IPC TRAINING MANUAL

An Urdu language IPC training manual has been refined and developed. The manual being used by trainers to impart training to the health care providers to further enhance the quality of providers’ interaction with patients.

#### Details of IPC Workshops Held in 2006

<table>
<thead>
<tr>
<th>District</th>
<th>Date</th>
<th>District</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbotabad</td>
<td>Jan 30-31st 2006</td>
<td>Muzaffargarh</td>
<td>Apr 27-28th 2006</td>
</tr>
<tr>
<td>Sibbi</td>
<td>Feb 01-02nd 2006</td>
<td>Haripur</td>
<td>Jul 25-26th 2006</td>
</tr>
<tr>
<td>Nowshera</td>
<td>Feb 02-03rd 2006</td>
<td>Attock</td>
<td>Jul 27-28th 2006</td>
</tr>
<tr>
<td>Jehlum</td>
<td>Feb 06-07th 2006</td>
<td>Nowshera feroz</td>
<td>Aug 17-18th 2006</td>
</tr>
<tr>
<td>Abbotabad</td>
<td>Feb 06-07th 2006</td>
<td>Khairpur</td>
<td>Aug 21-22nd 2006</td>
</tr>
<tr>
<td>Kasur</td>
<td>Feb 13-14th 2006</td>
<td>Chakwal</td>
<td>Aug 22-23rd 2006</td>
</tr>
<tr>
<td>Thatta</td>
<td>Mar 13-14th 2006</td>
<td>Mandi b din</td>
<td>Aug 29-30th 2006</td>
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<tr>
<td>Thatta</td>
<td>Mar 16-17th 2006</td>
<td>Sanger</td>
<td>Sep 04-05th 2006</td>
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<tr>
<td>Jhelum</td>
<td>Mar 17-18th 2006</td>
<td>Attock</td>
<td>Nov 24-25th 2006</td>
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<tr>
<td>Dadu</td>
<td>Mar 20-21st 2006</td>
<td>Mandi b din</td>
<td>Nov 29-30th 2006</td>
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<td></td>
<td></td>
<td>Chakwal</td>
<td>Dec 18-19th 2006</td>
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### WORLD TB DAY 2006 ACTIVITIES

**World TB Day 2006** was commemorated by NTP and PTPs with the assistance of Government of Pakistan and GFATM Round-II grant. Following were the major activities in this regard:

**National Level:** The World TB Day was commemorated on 24th March, 2006, to acknowledge the impact of TB on the lives of millions of people and to reaffirm our commitment to stop the disease, through the theme of the day i.e. Actions for life –Towards a world free of TB. Extensive coverage was given by the electronic and print media. Different events were held at the national level which included a Walk and an Advocacy Seminar.
An advocacy seminar provided a platform to recognize and commend the dedication and hard work of the NTP staff for the TB cause. A Walk was arranged with active participation of the youth who through their participation reinforced their commitment to fight TB.

**Provincial Level:** The Provincial TB Control Programs arranged a number of events to fight off TB, across all the four provinces which included banner display, holding of seminar and walk. In addition a number of programs were aired on TV and radio, and awareness raising advertisements were launched in different newspapers on the eve of the World TB Day.

The TB day was carried out in Punjab with great enthusiasm through:

- Press Conference
- Seminar on World TB Day
- Walk on TB Day
- Display of Banners
- TV Panel discussions
- Interviews on Television
- Documentary on PTV World
- Radio Talks
- Advertisements through newspapers
- Health education material distributed
World TB day was commemorated in Balochistan province with great enthusiasm through:

- Press Briefing
- Press Conference
- TB awareness walk
- Seminar on ‘STOP TB’ on 24th march
- Walk at Chaman
- Seminar at Qualla Abdullah District Chaman
- Walk at Ziarat
- Electronic media
- Radio Talk show
- Collaborations with NGO’s and CBO’s
- Field activities
- IPC workshops at District Loralai
- Two Days interpersonal communications workshop in District Sibbi
- Case Study
- Barrier to adopt DOTS strategy
- Recommendations

**Monitoring and Evaluation**

Activities under the BCC strategy were regularly monitored by a full time BCC consultant with assistance from a junior consultant and a WHO sociologist. The monitoring was carried out through internal reports and activity reports. A mid term review will be carried out by a third party in Feb-March 2007.

**Challenges**

Following are the challenges being faced by the BCC component implementation:

- Fragmented media environment
- Lack of trust among audience

*Annexure- objective-2/ Round-II-TB Component.*