

Country Name	The Tuberculosis (TB) Control Project
Pakistan	

I Project Outline

Project Cost	322 million yen	
Project Period	April 2006 – March 2009	
Implementing Agency	National Tuberculosis Program (NTP), Ministry of Health, Provincial Tuberculosis Control Program (PTP), Directorate of Health Services, Punjab Province	
Cooperation Agency in Japan	Japan Anti-Tuberculosis Association	
Related Projects	<p>Japan's Cooperation:</p> <ul style="list-style-type: none"> ● Dispatch of Japanese experts in the field of DOTS* implementation in 4 districts (Faisalabad, Gujarat, Lahore and Multan) from 2002 to 2005. <p>Other foreign donors' cooperation :</p> <ul style="list-style-type: none"> ● WHO: Technical assistance and financial support on DOTS implementation, ● CIDA: Strengthening External Quality Assurance (EQA) of laboratory and enhancing the role of Lady Health Workers (LHW) in TB program. ● USAID: Strengthening the capacity of the program in terms of training and monitoring/supervision. ● GDF (Global Drug Facility): Provision of anti-TB medicine. ● GFATM (The Global Fund to fight AIDS, Tuberculosis and Malaria), DFID and World Bank: Developing the public & private partnerships ● GLRA (German Leprosy and TB Relief Association): Supporting surveillance and drug management. <p>*DOTS (Directly Observed Treatment Short Course) DOTS remains at the heart of the Stop TB Strategy. The components are government commitment, diagnosis principally by sputum microscopy, good quality drugs supplied free to the patients, directly observed therapy and monitoring of the efficacy of the control activities.</p>	
Background	<p>Pakistan ranked the 8th among the 22 countries with highest burden of tuberculosis (TB) in the world (as of 2006). It was estimated that more than 200,000 persons had developed TB every year in the country. Yet only one quarter of patients were detected and treated by the public sector. These untreated or poorly treated patients had continued to be source of infection which had caused future burden to the population. Much efforts had been done to facilitate the DOTS implementation by the government. However, in the process of rapid expansion, the program had been facing constraints and challenges to improve the quality of DOTS implementation, such as the needs to strengthen the laboratory network/quality control, the resource gaps in public sector's DOTS expansion, the needs to build district capacity to consolidate/sustain DOTS and needs to enhance case detection, etc. Under these circumstances, the Government of Pakistan requested the technical cooperation to JICA in order to enhance the effectiveness and efficiency of quality of DOTS by improving its coverage and also to consolidate the quality of TB program.</p>	
Inputs	Japanese Side	Pakistan Side
	<ol style="list-style-type: none"> 1. Experts: 11 Short-term experts in 7 subjects (90.8MM) 2. Trainees received: 6 persons 3. Equipment: 30 million yen 	<ol style="list-style-type: none"> 1. Staff allocated: 35 persons 2. Local cost: 22 million yen 3. Land, facility : Provision of spaces for the Project Offices in Islamabad and Lahore
Project Objectives	Overall goal: Mortality, morbidity and transmission of the tuberculosis are reduced.	
	Project Purpose: Quality National TB Control Program (NTP) is systematically implemented in close collaboration with provincial and district TB units.	
	Outputs: <ol style="list-style-type: none"> 1. Technical and managerial capacity of Punjab Provincial TB Control Program (PTP) unit is strengthened. 2. Technical and managerial capacity of National TB Control Program (NTP) unit and National Reference Laboratory is strengthened. 	

II Result of the Evaluation

Summary of the Evaluation
<p>This project targeted the Punjab province, whose TB related indicators had been lower than other area. The project has achieved systematical implementation of the Quality National TB Control Program by developing the technical and managerial capacity of NTP and PTP Punjab through strengthening the TB program in selected four model districts. As a result, the Treatment Success Rate (TSR) and Case Detection Rate (CDR) of Punjab province over all had been achieved its target of 90%, 70% respectively at the time of project completion. These achievements have been maintained after the termination of the project.</p> <p>As for the overall goal, "the reduction of mortality, morbidity and transmission of TB at the national level", although the pulmonary and extra pulmonary morbidity at the national level had not decreased from 2006 to 2011, the mortality rate which</p>

had been recorded as 3.4% in 2006 came down to 2.0% in 2011. According to the Millennium Development Goal (MDG) report 2010 in terms of the prospect of achieving two TB related indicators, the incidence of TB per 100,000 population (targeted as 45 by 2015) has seemed to be far distant away as there has been 181 incidents as of 2008-09, but the percentage of TB cases detected and cured has increased to 85% in 2008-2009 and has already been met the target well before 2015.

As for sustainability, some problems have been observed in terms of implementation agency's structural, technical and financial aspects. After the devolution of the Ministry of Health in June 2011, NTP has added responsibilities being assigned to fulfill global commitments towards meeting the MDG goals, but many of the dedicated staff has been transferred to the province level. And the federal budget for the activities on TB Control Programme has been shrinking because of other pressing development issues like the Polio Eradication project and Lady Health Worker program. Budget constraints have affected the capacity development to train staff as well as for the district governments to hire human resources for continuity of smooth implementation of quality DOTS at district level.

For relevance, the project has been highly relevant with Pakistan's development policy, development needs, as well as Japan's ODA policy. For efficiency, both the project cost and the project period were within the plan.

In the light of above, this project is evaluated to be highly satisfactory.

1 Relevance

This project has been highly relevant with Pakistan's development policy "high priorities for communicable disease control (including TB) focusing on Primary health care (PHC) system and strengthening the district health systems" as set in the existing National Health Policy (2009)*, development needs in Punjab province "to maintain recent successes and expanding TB DOTS strategy to large network of hospitals to private sector, etc.", as well as Japan's ODA policy toward Pakistan and TB control as set in Country Assistance Program for Pakistan in 2005 and the Health and Development Initiative in 2005, at the time of both ex-ante evaluation and project completion. Therefore, relevance of this project is high.

* This is still a draft version.

2 Effectiveness / Impact

This project has achieved the project purpose, "systematical implementation of the Quality National TB Control Program (NTP)" by developing the technical and managerial capacity of NTP and PTP Punjab. In addition to the technical improvement of health workers and laboratory technician with the training for those workers, the technical and managerial capacity of PTP unit as well as the NTP unit and National Reference laboratory were strengthened with supervisory trainings and formulation of guidelines.

District Tuberculosis Coordinators (DTCs) in 4 model districts, who have been trained as supervisors for DOTS activities by the Project, have conducted monthly visits to diagnostic centers and have properly done monitoring and supervision on required DOTS activities according to the checklist. And results of such monitoring and supervisions have been properly reported to the provincial level on a quarterly basis. All these diagnostic centers have received the supervisory visits by JICA experts with DTCs for further technical assistance. These activities in model districts have later been replicated with the assistance of NPOs in other 31 districts of Punjab. In this way, the project have systematically contributed to the capacity development of NTP and PTP Punjab. Furthermore, the External Quality Assurance (EQA) system for smear microscopy was established in all districts of Punjab province. And the coordination between tertiary care hospitals and PHC facilities in DOTS implementation was strengthened and the operational research design for defaulter tracing has been developed. Those activities initiated by the project have been continued after the project completion, such that with the support of other donors and local NGOs, refresher trainings for health workers and laboratory technicians have been conducted and manuals developed by the project have been widely used with the necessary revisions in on-going manner.

As a result, two primary indicators, the Treatment Success Rate (TSR)** and Case Detection Rate (CDR)*** of Punjab province over all have been achieved its target of 90%, 70% respectively at the time of project completion. These achievements have been maintained after the termination of the project. However, it should be noted that in the district-wise, one of the model districts (Lahore) has not yet achieved the TSR of 90% due to the difficulties to deliver the care, especially to those urban areas of mega city, Lahore, where there are high dropouts from tertiary hospitals.

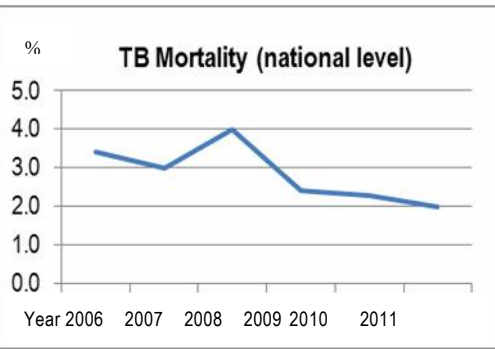
As for the overall goal, "the reduction of mortality, morbidity and transmission of TB at the national level", although the morbidity of all types at the national level had not decreased from 2006 to 2011, the mortality rate which had been recorded as 3.4% in 2006 came down to 2.0% in 2011 as shown on the below graph. According to the MDG report 2010 in terms of the prospect of achieving two TB related indicators, the incidence of TB per 100,000 population (targeted as 45 by 2015) has seemed to be far distant away as the incident still has been 181 as of 2008-09, but the percentage of TB cases detected and cured has increased to 85% in 2008-2009 and has already been met the target well before 2015. The systematic implementation of Quality National TB Program by the project has somewhat contributed to this achievement. In addition, it should be noted that the synergy effects by the collaboration with other donors, such as in EQA, District Laboratory Supervisor (DLS) day and further in the activities under GFATM have served well to achieve the target.

Therefore, the effectiveness/impact of this project is high.

*External Quality Assurance (EQA) : A program in which multiple samples are periodically sent to members of a group of laboratories for analysis and /or identification; whereby each laboratory's results are compared with those of other laboratories in the group and/or with an assigned value, and reported to the participating laboratories and (anonymously) to others.(National Committee for Clinical Laboratory Standard)

**TSR: Treatment success rate is the percentage of new, registered smear-positive (infectious) cases that were cured or in which a full course of treatment was completed.

***CDR: Case detection rate (all forms) is the percentage of newly notified tuberculosis cases (including relapses) to estimated incident cases (case detection, all forms)



Source: Data Management Section NTP



Training of DTCs on sputum microscopy



Drugs and Stationary Store in Gujrat

3 Efficiency

The inputs were appropriate for producing the outputs of the project, and both the project cost and project period were as planned. (ratio against the plan: 90%, 100%) Therefore, efficiency of this project is high.

4 Sustainability

NTP, in close collaboration with PTP Punjab, is responsible to implement the Quality National TB Control Program. The project has some problems in structural, technical and financial aspects of the implementing agency due to the fact that after the devolution of the Ministry of Health in June 2011, NTP was assigned additional responsibilities such as stewardship and fulfilling global commitments towards meeting the MDG goals, but many of the dedicated staff has been transferred to the province level with the change of management stipulated in the 18th Amendment in the Constitution. And the federal budget for the development has been shrinking because of other pressing development issues like the Polio Eradication project and Lady Health Worker program. Budget constraints have affected the capacity development to train staff as well as for the district governments to hire human resources for continuity of smooth implementation of quality DOTS at district level. In this regards, the district governments have made much effort to avail the opportunity to train and re-train their existing manpower who had been given ample opportunities for learning and improving their skills in order to maintain the technical sustainability. The NTP have also made efforts to look for the donors assistance for plugging gaps and this has been done to a great deal by the Global Fund in order that the program has remained functional. No problem has been observed in policy background of the implementing agency.

Therefore, sustainability of this project effect is fair.

III Recommendations & Lessons Learned

Recommendations for the Implementing Agency :

For PTP

- 1) In order to achieve the MDG targets, the Provincial TB Control programme has to be expanded to involve all private practitioners in the remaining districts.
- 2) Much efforts should be continued to secure the funds to train staff as well as to hire human resources for continuity of smooth implementation of quality DOTS at district level.

The federal budget for the development has been shrinking because of other pressing development issues like the Polio Eradication project, etc. The NTP should continue to make efforts to look toward external support such as donors, in order that the program has remained functional.

For PTP Punjab Lahore district,

- 1) Continuous efforts should be made to improve the situation of Lahore city.
In the district-wise, those urban areas of mega city, Lahore, where there are high dropouts from tertiary hospitals, has not yet achieved the TSR of 90% due to the difficulties to deliver the care. Effective collaboration with private sectors should be considered to improve the situation of Lahore.

Lessons learned for JICA :

In order to implement the Quality DOTS, it is effective to strengthen the technical and managerial capacity such as monitoring and supervision of all concerned through parallel efforts on trainings as described below.

In this project, trainings of health workers and laboratory technicians have been carried out through activities of monitoring and evaluation and surveillance. And DTCs, trained as supervisors for DOTS activities have conducted monthly visits to diagnostic centers and have properly done monitoring and supervision on required DOTS activities according to the checklist and they have properly reported the results to the provincial level on a quarterly basis. In this way, technical and managerial capacity of all of those concerned could be strengthened in an organized way as a whole by utilizing monitoring and supervision system.