

ANNEX 1-1 Project Design Matrix (PDM 1)

Project Title: The Tuberculosis Control Project in the Islamic Republic of Pakistan

Target group: All categories of public health staff and TB patients

Target Area: Pakistan (mainly Punjab province)

Project Period: April 2006 – March 2008

Version: 1

Date: 23 July 2007

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p><u>Overall Goal</u> Mortality, morbidity and transmission of the tuberculosis are reduced.</p>	<p>Morbidity and mortality from TB are reduced in half by the year 2015.</p>	<p>Quarterly Performance Report</p>	<p>The National TB Control policy of MOH remains unchanged</p>
<p><u>Project Purpose</u> Quality National TB Control Program (NTP) is systematically implemented in close collaboration with provincial and district TB units.</p>	<p>1. The cure rate of 85% is achieved and maintained in Punjab province 2. The case detection rate of 70% is achieved in Punjab province</p>	<p>Quarterly Performance Report</p>	<p>MOH continues to include NTP as one of the priority program</p>

LEGENDS: DOTS: Directly Observed Treatment, Short-Course; EDO: Executive District Officer; EQA: External Quality Assurance; TB: Tuberculosis; MOH: Ministry of Health; NTP: National TB Control Program; PTP: Provincial TB Control Program; OR: Operational Research; WHO: World Health Organization; USAID: United States Agency for International Development; GTZ: Deutsche Gesellschaft für Technische Zusammenarbeit; CIDA: Canadian International Development Agency; GLRA: German Leprosy and TB Relief Association; IUATLD: The International Union Against Tuberculosis and Lung Disease

Narrative Summary	Verifiable Indicators	Means of Verification	Important Assumption
<p>Outputs</p> <p>1. Technical and managerial capacity of Punjab Provincial TB Control Program (PTP) unit is strengthened. C/P: PTP unit & DHDS</p> <p>2. Technical and managerial capacity of National TB Control Program (NTP) unit and National Reference Laboratory is strengthened C/P: NTP unit</p>	<p>Verifiable Indicators</p> <p>1.1 The cure rate of 85% is achieved in 4 model districts of Punjab province. 1.2 Provincial workshops for District TB coordinators are held regularly. 1.3 90% of Districts TB Coordinator and EDOs are trained by supervisor's training. 1.4 Monitoring and supervision are planned and conducted regularly based on Quarterly Meeting and Quarterly report. 1.5 Refresher courses are planned and conducted in 35 districts. 1.6 More than 90% of diagnostic centers submit quarterly reports on case finding and treatment outcomes within one month after deadline. 1.7 <u>Strategic planning and situation analysis workshop for stakeholders on tertiary care are conducted.</u> (Modified) 1.8 <u>Defaulter tracing operational research design is developed.</u> (Modified) 1.9 <u>Result of this OR is presented at Provincial and National workshop.</u> (Added) 1.10 <u>EQA system for smear microscopy is implemented in 4 model districts of Punjab.</u> 1.11 <u>Regular training is conducted in Reference Laboratory at Nishlar Medical College in Multan.</u> 1.12 <u>Laboratory manual and module are published.</u> 1.13 <u>Standardized training manuals for laboratory are utilized.</u> 1.14 <u>Regular supervision is carried out by laboratory supervisors.</u> 1.15 <u>Refresher training of laboratory technician is conducted according to the needs identified by PTP.</u> (Modified) 1.16 <u>Result of OR for TB drug management is reported at inter-district meeting, inter-provincial meeting and in international conference.</u> (Modified) 1.17 <u>Training for drug management is conducted.</u> (Indicator) <u>There is no drug shortage in any districts in Punjab was deleted.</u> 1.18 <u>Indicators on TB drug management in 2007 are improved compared with those of 2006.</u> (Added)</p> <p>NTP receives quarterly reports from more than 90% of all districts within one month after deadline. The Japanese side participates in PTP manager meeting regularly and contributes technically. (Modified) All the quarterly reports are managed and analyzed in computer at provincial and national level. Regular monitoring and supervision is conducted based on surveillance analysis. Guidelines and training modules are revised with technical assistance of the Project National guideline for TB drug management is developed (Modified)</p>	<p>Quarterly Performance Report</p> <p>Supervision and report</p> <p>Data from reference laboratory</p> <p>Data from quality assurance</p> <p>Questionnaire and assessment test in workshop & training</p>	<p>Drug procurement is secured.</p> <p>Commitment and coordination of other international partners; e.g. WHO, USAID, GTZ, CIDA, GLRA, IUATLD remains unchanged.</p> <p>Provincial budget of renovation for the reference laboratory at Nishlar Medical College is disbursed by October 2007, and the renovation is completed by December 2007. (Added)</p>

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Activities	Inputs	Important Assumptions
<p>1.1 Strengthen effective TB program in 4 model districts of Punjab Province</p> <p>1.1.1 Strengthen advocacy, planning and Trainers training for DOTS expansion and consolidation</p> <p>1.1.2 Conduct initial training for health workers</p> <p>1.1.3 Monitor and improve DOTS activities</p> <p>1.1.4 Institutionalize quality meeting for doctors, paramedics and lab technicians</p> <p>1.1.5 Conduct baseline survey for laboratory</p> <p>1.2 Strengthen the capacity of Punjab PTP based on the lessons learnt from activity 1.1</p> <p>1.2.1 Strengthen provincial workshop for district TB coordinators</p> <p>1.2.2 Conduct supervisors training for all districts of Punjab</p> <p>1.2.3 Strengthen supervision and monitoring</p> <p>1.2.4 Conduct practical on-job-training on monitoring and supervision, targeting to other 31 districts. (Added)</p> <p>1.2.5 Conduct refresher training for health workers</p> <p>1.2.6 Conduct training for reporting and recording</p> <p>1.2.7 Strengthen DOTS implementation in tertiary care hospitals</p> <p>1.2.8 Conduct OR to reduce defaulter</p> <p>1.3 Improve the laboratory network in Punjab province</p> <p>1.3.1 Strengthen EQA system in Punjab</p> <p>1.3.2 Conduct supervision by IPH/TBRL to EQA center in consultation with PTP. (Added)</p> <p>1.3.3 Strengthen the reference laboratory in IPH Lahore</p> <p>1.3.4 Establish the reference laboratory at Nishkar Medical College in Multan</p> <p>1.3.5 Develop laboratory manual and training modules</p> <p>1.3.6 Conduct standardized microscopy training in reference laboratories</p> <p>1.3.7 Conduct supervisor training for laboratory (Indicator 'Conduct panel testing for TB microscopy' was deleted.)</p> <p>1.4 Improve TB drug management in Punjab province</p> <p>1.4.1 Conduct OR for TB drug management</p> <p>1.4.2 Conduct provincial workshops for TB drug management</p> <p>1.4.3 Develop training module for TB drug management (Modified)</p> <p>1.4.4 Conduct training for TB drug management</p>	<p>Japanese side</p> <p>1. <u>Dispatch of Japanese experts</u></p> <ul style="list-style-type: none"> • Chief Advisors • Project Coordinator • Laboratory Management • Drug management and others. • TB Control • Laboratory Management • Operational Research and others. (Modified) <p>2. Provision of Equipment Equipment for laboratories, vehicles and others</p> <p>3. Training of Pakistani counterpart personnel in Japan.</p> <p>4. Other related fields mutually agreed upon as necessary.</p> <p>Pakistani side</p> <ol style="list-style-type: none"> 1. Counterpart personnel. 2. Running costs and necessary supplies. 3. Offices, buildings, and facilities. 4. Counterpart funding for the implementation of the project. 	

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Activities	Inputs	Preconditions
<p>2.1 Strengthen technical and managerial capacity of NTP</p> <ul style="list-style-type: none"> 2.1.1 Strengthen surveillance system 2.1.2 <u>Participate in national workshops for PTP managers (Modified)</u> 2.1.3 Develop computerized reporting system at the national and provincial levels 2.1.4 <u>Strengthen monitoring and supervision by conducting practical demonstration. (Modified)</u> 2.1.5 Conduct EQA workshops 2.1.6 Participate in task group to revise national guideline and modules. (Modified) 2.1.7 Utilize mass media for advocacy and community awareness <p>2.2 Improve nationwide TB drug management</p> <ul style="list-style-type: none"> 2.2.1 Conduct national workshops for TB drug management 2.2.2 <u>Develop national guideline for TB drug management (Modified)</u> 		

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ANNEX 1-2 Project Design Matrix (PDM o)

Project Title: The Tuberculosis Control Project in the Islamic Republic of Pakistan
Target group: All categories of public health staff and TB patients
Target Area: Pakistan (mainly Punjab province)
Project Period: April 2006 – March 2008

Version: 0

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Overall Goal Mortality, morbidity and transmission of the tuberculosis are reduced.</p> <p>Project Purpose Quality National TB Control Program (NTP) is systematically implemented in close collaboration with provincial and district TB units.</p>	<p>Morbidity and mortality from TB are reduced in half by the year 2015.</p>	<p>Quarterly Performance Report</p>	<p>The National TB Control policy of MOH remains unchanged</p>
	<p>1. The cure rate of 85% is achieved and maintained in Punjab province 2. The case detection rate of 70% is achieved in Punjab province</p>	<p>Quarterly Performance Report</p>	<p>MOH continues to include NTP as one of the priority program</p>

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Narrative Summary	Verifiable Indicators	Means of Verification	Important Assumption
<p><u>Outputs</u></p> <p>1. Technical and managerial capacity of Punjab Provincial TB Control Program (PTP) unit is strengthened. C/P: PTP unit & DHDs</p> <p>2. Technical and managerial capacity of National TB Control Program (NTP) unit and National Reference Laboratory is strengthened C/P: NTP unit</p>	<p>Verifiable Indicators</p> <p>1.1 The cure rate of 85% is achieved in 4 model districts of Punjab province. 1.2 Provincial workshops for District TB coordinators are held regularly. 1.3 90% Of Districts TB Coordinator and EDOs are trained by supervisor's training. 1.4 Monitoring and supervision are planned and conducted regularly based on Quarterly Meeting and Quarterly report. 1.5 Refresher courses are planned and conducted in 35 districts. 1.6 More than 90% of diagnostic centers submit quarterly reports on case finding and treatment outcomes within one month after deadline. 1.7 Referral of TB patients is started and treatment outcome is documented in more than 5 tertiary care hospitals. 1.8 Defaulter tracing mechanism is developed. 1.9 EQA system for smear microscopy is implemented in 4 model districts of Punjab. 1.10 Regular training is conducted in Reference Laboratory at Nishar Medical College in Multan. 1.11 Laboratory manual and module are published. 1.12 Standardized training manuals for laboratory are utilized. 1.13 Regular supervision is carried out by laboratory supervisors. 1.14 Refresher training of laboratory technician is conducted according to the result of panel testing. 1.15 Result of OR for TB drug management is reported in international conference. 1.16 Training for drug management is conducted. 1.17 There is no drug shortage in any districts of Punjab NTP receives quarterly reports from more than 90% of all districts within one month after deadline. National workshops for TB coordinators are held regularly. All the quarterly reports are managed and analyzed in computer at provincial and national level. Regular monitoring and supervision is conducted based on surveillance analysis. Guidelines and training modules are revised with technical assistance of the Project. National guideline and manual for TB drug management are published.</p>	<p>Means of Verification</p> <ul style="list-style-type: none"> • Quarterly Performance Report • Supervision and report • Data from reference laboratory • Data from quality assurance • Questionnaire and assessment test in workshop & training 	<p>Important Assumption</p> <ul style="list-style-type: none"> • Drug procurement is secured. • Commitment and coordination of other international partners; e.g. WHO, USAID, GTZ, CIDA, GLRA, IUATLD remains unchanged.

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Activities	Inputs	Important Assumptions
<p>1.1 Strengthen effective TB program in 4 model districts of Punjab Province</p> <p>1.1.1 Strengthen advocacy, planning and Trainers training for DOTS expansion and consolidation</p> <p>1.1.2 Conduct initial training for health workers</p> <p>1.1.3 Monitor and improve DOTS activities</p> <p>1.1.4 Institutionalize quality meeting for doctors, paramedics and lab technicians</p> <p>1.1.5 Conduct baseline survey for laboratory</p> <p>1.2 Strengthen the capacity of Punjab PTP based on the lessons learnt from activity 1.1</p> <p>1.2.1 Strengthen provincial workshop for district TB coordinators</p> <p>1.2.2 Conduct supervisors training for all districts of Punjab</p> <p>1.2.3 Strengthen supervision and monitoring</p> <p>1.2.4 Conduct refresher training for health workers</p> <p>1.2.5 Conduct training for reporting and recording</p> <p>1.2.6 Strengthen DOTS implementation in tertiary care hospitals</p> <p>1.2.7 Conduct OR to reduce defaulter</p> <p>1.3 Improve the laboratory network in Punjab province</p> <p>1.3.1 Strengthen EQA system in Punjab</p> <p>1.3.2 Strengthen the reference laboratory in IPH Lahore</p> <p>1.3.3 Establish the reference laboratory at Nishtar Medical College in Multan</p> <p>1.3.4 Develop laboratory manual and training modules</p> <p>1.3.5 Conduct standardized microscopy training in reference laboratories</p> <p>1.3.6 Conduct supervisor training for laboratory</p> <p>1.3.7 Conduct panel testing for microscopy</p> <p>1.4 Improve TB drug management in Punjab province</p> <p>1.4.1 Conduct OR for TB drug management</p> <p>1.4.2 Conduct provincial workshops for TB drug management</p> <p>1.4.3 Develop provincial (national) guideline and manual for TB drug management</p> <p>1.4.4 Conduct training for TB drug management</p>	<p><u>Japanese side</u></p> <p>1. Dispatch of Japanese experts</p> <p>Long Term Experts:</p> <ul style="list-style-type: none"> • Chief Advisors • Project Coordinator • Laboratory Management • Drug management and others. <p>Short Term Experts</p> <ul style="list-style-type: none"> • TB Control • Laboratory Management • Operational Research and others. <p>2. Provision of Equipment</p> <p>Equipment for laboratories, vehicles and others</p> <p>3. Training of Pakistani counterpart personnel in Japan.</p> <p>4. Other related fields mutually agreed upon as necessary.</p> <p><u>Pakistani side</u></p> <p>1. Counterpart personnel.</p> <p>2. Running costs and necessary supplies.</p> <p>3. Offices, buildings, and facilities.</p> <p>4. Counterpart funding for the implementation of the project.</p>	

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Activities	Inputs	Preconditions
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ANNEX 2 Evaluation Grid

Evaluation Item	Evaluation Questions		Criteria and Methodology for Judgment	Results																																																								
	Question	Sub-question																																																										
<p>Performance (Project purpose)</p> <p>Achievement of Project Purpose (expected)</p>	<p>To what extent has project Purpose "Quality National TB Control Program (NTP) is systematically implemented in close collaboration with provincial and district TB units." been achieved by now? Is it expected to be achieved at the end of the Project?</p>		<p>1. The cure rate of 85% is achieved and maintained in Punjab province.</p>	<p>Achieved in terms of the treatment success rate (TSR). The cure rate (CR) of 85% has not been achieved yet, the TSR of 90% is achieved in Q1 2008 and it has been maintained in Q2 and Q3 2008. At district level, 6 districts have not achieved the target yet (Q2 2008).</p> <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <thead> <tr> <th></th> <th>CR(%)</th> <th>TSR(%)</th> <th>CR(%)</th> <th>TSR(%)</th> </tr> </thead> <tbody> <tr> <td rowspan="4">2004</td> <td>Q1</td> <td>68</td> <td>80</td> <td>86</td> </tr> <tr> <td>Q2</td> <td>62</td> <td>80</td> <td>77</td> </tr> <tr> <td>Q3</td> <td>64</td> <td>78</td> <td>73</td> </tr> <tr> <td>Q4</td> <td>64</td> <td>81</td> <td>74</td> </tr> <tr> <td rowspan="4">2005</td> <td>Q1</td> <td>67</td> <td>81</td> <td>75</td> </tr> <tr> <td>Q2</td> <td>62</td> <td>78</td> <td>74</td> </tr> <tr> <td>Q3</td> <td>65</td> <td>82</td> <td>74</td> </tr> <tr> <td>Q4</td> <td>67</td> <td>85</td> <td>74</td> </tr> <tr> <td rowspan="4">2006</td> <td>Q1</td> <td>67</td> <td>86</td> <td>75</td> </tr> <tr> <td>Q2</td> <td>73</td> <td>89</td> <td>77</td> </tr> <tr> <td>Q3</td> <td>77</td> <td>90</td> <td>77</td> </tr> <tr> <td>Q4</td> <td>75</td> <td>90</td> <td>75</td> </tr> </tbody> </table> <p style="text-align: right;">(Source: PTP Punjab)</p>		CR(%)	TSR(%)	CR(%)	TSR(%)	2004	Q1	68	80	86	Q2	62	80	77	Q3	64	78	73	Q4	64	81	74	2005	Q1	67	81	75	Q2	62	78	74	Q3	65	82	74	Q4	67	85	74	2006	Q1	67	86	75	Q2	73	89	77	Q3	77	90	77	Q4	75	90	75
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			<p>2. The case detection rate of 70% is achieved in Punjab province.</p>	<p>Achieved. The Case Detection Rate (CDR ss+) of 70% was achieved once in Q2 2007 but it was not maintained in Q3 and Q4 2007. It was achieved again in Q1 2008 and has been maintained and increased to 83% in Q2 2008. At the district level, 18 districts have not achieved the target yet, and in 8 districts of them CDR is less than 70%.</p> <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <thead> <tr> <th></th> <th>CDR ss+ (%)</th> <th>CDR All Type (%)</th> <th>CDR ss+ (%)</th> <th>CDR All Type (%)</th> </tr> </thead> <tbody> <tr> <td rowspan="4">2004</td> <td>Q1</td> <td>9</td> <td>15</td> <td>63</td> </tr> <tr> <td>Q2</td> <td>14</td> <td>22</td> <td>72</td> </tr> <tr> <td>Q3</td> <td>17</td> <td>30</td> <td>69</td> </tr> <tr> <td>Q4</td> <td>17</td> <td>29</td> <td>64</td> </tr> <tr> <td rowspan="4">2005</td> <td>Q1</td> <td>19</td> <td>31</td> <td>80</td> </tr> <tr> <td>Q2</td> <td>25</td> <td>40</td> <td>83</td> </tr> <tr> <td>Q3</td> <td>27</td> <td>38</td> <td>80</td> </tr> <tr> <td>Q4</td> <td>22</td> <td>38</td> <td>80</td> </tr> <tr> <td rowspan="4">2006</td> <td>Q1</td> <td>27</td> <td>47</td> <td>83</td> </tr> <tr> <td>Q2</td> <td>37</td> <td>55</td> <td>83</td> </tr> <tr> <td>Q3</td> <td>50</td> <td>63</td> <td>83</td> </tr> <tr> <td>Q4</td> <td>48</td> <td>64</td> <td>80</td> </tr> </tbody> </table> <p style="text-align: right;">(Source: NTP and PTP Punjab)</p>		CDR ss+ (%)	CDR All Type (%)	CDR ss+ (%)	CDR All Type (%)	2004	Q1	9	15	63	Q2	14	22	72	Q3	17	30	69	Q4	17	29	64	2005	Q1	19	31	80	Q2	25	40	83	Q3	27	38	80	Q4	22	38	80	2006	Q1	27	47	83	Q2	37	55	83	Q3	50	63	83	Q4	48	64	80
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Evaluation Item	Evaluation Questions		Criteria and Methodology for Judgment	Results
	Question	Sub-question		
Performance (Outputs)	Achievement of Project Outputs (expected)	To what extent has project Output 1 "Technical and managerial capacity of Punjab Provincial TB Control Program (PTP) unit is strengthened." been achieved by now? Is it expected to be achieved at the end of the Project?	<p>1. The cure rate of 85% is achieved in 4 model districts of Punjab province.</p>	<p>Achieved in Gujrat, but not in Faisalabad, Multan and Lahore. However, TSR of 90% has been achieved in Faisalabad and Multan.</p> <p>In Gujrat the DOTS program launched in Q1 2004 with JICA technical cooperation before the Project, and the cure rate of 85% was achieved in 2005. During the Project period, the cure rate has increased and the high treatment success rate (97% or more than 97%) has been maintained since 2005. JICA experts conducted assessment of credibility of Q3 2007 reports from Gujrat in December 2007, and the study verified credibility of the reports.]</p> <p>In Faisalabad the cure rate has not reached to 85% yet in Q2 2008, however, the TSR is more than 90% since Q1 2006, and it is 98% in Q3 2008. Although one of the issues in Faisalabad was very low CDR 55+ (33-37% in 2007) it has improved remarkably from 49% in Q1 to 73% in Q3 in 2008.</p> <p>In Multan the cure rate of 85% was achieved in Q2 and Q3 2007, which has not been maintained after that. The cure rate is 83% in Q1 2008, but the TSR is 94% in Q3 2008. Issue in Multan is low CDR (58% in Q1, 63% in Q2 and 51% in Q3 2008).</p> <p>The cure rate of Lahore is still 71% and the TSR is 81% in Q2 2008, which are the second worst in 35 districts. The biggest issue in Lahore is the high defaulter rate due to insufficient TB DOTS implementation in tertiary care hospitals and private sector where about 55% of TB patients are detected.</p>

	CR (%)					TSR (%)				
	FB	GJ	LH	MT	PJ	FB	GJ	LH	MT	PJ
2005	Q1	85	---	46	67	---	98	---	60	81
	Q2	23	88	---	36	62	56	97	---	66
	Q3	59	88	52	45	65	83	99	67	82
2006	Q4	40	91	56	43	67	70	97	83	80
	Q1	60	94	69	51	67	90	99	79	69
	Q2	82	93	76	85	73	97	99	85	88
	Q3	71	91	65	88	77	92	97	81	90
2007	Q4	65	94	71	76	75	93	98	81	80
	Q1	60	94	69	51	66	90	99	79	69
	Q2	82	93	76	85	77	92	97	81	88
	Q3	71	91	65	88	73	92	97	81	90
2008	Q4	65	94	71	76	74	93	98	81	80
	Q1	79	90	71	83	75	97	97	83	89
	Q2	60	91	65	87	74	96	99	81	92
Q3						98	98	86	94	93

Note: FB:Faisalabad, GJ:Gujrat, LH:Lahore, MT:Multan, PJ:Punjab

(Source: NTP and PTP Punjab)

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			<p>2. Provincial workshops for District TB coordinators (DTC) are held regularly.</p> <p>3. 90% of Districts TB Coordinator (DTC) and EDOs are trained by supervisor's training.</p>	<p>Achieved.</p> <p>PTP Punjab organizes quarterly meeting at provincial level (inter-district meeting) regularly since 2004, and has been firmly established as a system. In the meeting indicators of quarterly report and activities are checked and reviewed, and all districts make a presentation of their results. The meeting contributes as an opportunity for discussion and sharing information and ideas for DTCs. Activities and initiatives in model districts of the Project and results of the operational research are also reported and shared.</p> <p>JICA experts always attend the meeting and provide technical guidance and advice on quarterly report. They sometimes give lectures on operational research, efficient monitoring and supervision, and so on.</p> <p>NPO meeting (PTP, NPT and all NPOs attend) is held before the inter-district meeting to review and analyze district quarterly reports and prepare the inter-district meeting. JICA experts and the program officers of the Project (national staff of the Project) attend the meeting.</p> <p>Achieved.</p> <p>All DTCs and EDOs of the province have been trained as supervisors of DOTS activities. (The training for DTCs was jointly conducted with WHO in Dec. 2006 and in Jan. 2007 by using NTP module). Quick turnover of the government staff including DTC and EDO is one of the issues to maintain quality of TB DOTS activities. However, according to PTP Punjab it organizes the supervisor's training for newly assigned/recruited DTCs and EDOs when necessary. This training system has been established in Punjab. In the model districts some DTCs and EDOs have transferred but all the replacements except newly appointed ones in Lahore have been trained.</p>																																																																																																																																																																																																	

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			<p>4. Monitoring and supervision are planned and conducted regularly based on Quarterly Meeting and Quarterly report.</p> <p>5. Refresher courses are planned and conducted in 35 districts.</p>	<p>Achieved.</p> <p>By using a checklist DTC conducts monthly monitoring and supervision in each district. In the model districts DTC conducts monthly visit to all diagnostic centers. JICA experts with DTC (and with PTP deputy managers in Lahore) conduct quarterly visit to all diagnostic centers. In other 31 districts 4 NPOs conduct supervisory visit to districts and provide technical support to DTC. These activities contributed improvement in quality of supervision and monitoring, hence quality of quarterly reports.</p> <p>The mid-term project evaluation mission recommended conduct of on-the-job trainings on supervision and monitoring for other 31 districts. Since it is difficult for JICA experts to go round all 31 districts the Project invited neighboring district DTCs to Gujrat and Faisalabad and conducted supervisory visit together. Although DTCs appreciated this, no DTC except one submitted the report. The Project is considering other approach to share JICA's know-how of supervision and monitoring with DTCs.</p> <p>Almost achieved.</p> <p>Refresher training for doctors, DOTS facilitators and LHWs were conducted in almost all districts during 2006-2008 by JICA and by PTP.</p> <p>In the model districts, the Project conducted refresher training as follows.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th rowspan="2">District</th> <th rowspan="2">Population</th> <th rowspan="2">No. of DC</th> <th rowspan="2">No. of TR</th> <th rowspan="2">Doctors</th> <th colspan="3">No. of Trained</th> </tr> <tr> <th>DOTS facilitator</th> <th>LHS</th> <th>LHW</th> <th>Lab.</th> </tr> </thead> <tbody> <tr> <td>Faisalabad</td> <td>6,702,581</td> <td>22</td> <td>291</td> <td>53</td> <td>35</td> <td>58</td> <td>100</td> <td>0</td> </tr> <tr> <td>Gujrat</td> <td>2,528,257</td> <td>12</td> <td>89</td> <td>49</td> <td>25</td> <td>0</td> <td>710</td> <td>0</td> </tr> <tr> <td>Lahore</td> <td>7,800,724</td> <td>38</td> <td>126</td> <td>41</td> <td>20</td> <td>0</td> <td>100</td> <td>16</td> </tr> <tr> <td>Multan</td> <td>3,848,096</td> <td>11+2</td> <td>104+2</td> <td>70</td> <td>27</td> <td>0</td> <td>185</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>213</td> <td>107</td> <td>58</td> <td>1,905</td> <td>21</td> </tr> </tbody> </table> <p>(Source: the Project office)</p>	District	Population	No. of DC	No. of TR	Doctors	No. of Trained			DOTS facilitator	LHS	LHW	Lab.	Faisalabad	6,702,581	22	291	53	35	58	100	0	Gujrat	2,528,257	12	89	49	25	0	710	0	Lahore	7,800,724	38	126	41	20	0	100	16	Multan	3,848,096	11+2	104+2	70	27	0	185	0					213	107	58	1,905	21
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	<p>6. More than 90% of diagnostic centers submit quarterly reports on case finding and treatment outcomes within one month after deadline.</p> <p>7. Strategic planning and situation analysis workshop for stakeholders on tertiary care are conducted. (Modified)</p>		<p>Achieved.</p> <p>All districts of Punjab province submit quarterly reports on time. Since inter-district meeting is firmly established and quarterly intra-district meeting is also well established, each district prepares and submits the reports for these meetings.</p> <p>Achieved</p> <p>Planning workshop for the operation research (OR) was jointly conducted with ASD in August 2007 in Lahore. A draft guideline for strengthening of coordination between tertiary care hospitals and PHC facilities (HDL: hospital DOTS linkages) and a draft form for TB patient referral system was produced and submitted to PTP by the Project. Proposal of OR for assessment and establishment of referral system was also submitted to PTP.</p> <p>In March 2008 training workshop for strengthening of coordination between tertiary care hospitals and PHC facilities and establishment of referral system (HDL: hospital DOTS linkages) was conducted.</p> <p>In November 2008 workshop on the HDL guideline and OR for establishment of referral system was held. The OR will be conducted in not only a few district as originally planned but in all district from January 2009.</p>																																																										

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			<p>8. Defaulter tracing operational research design is developed. (Modified)</p> <p>9. Result of this OR is presented at Provincial and National workshop. (Added)</p> <p>10. EQA system for smer microscopy is implemented in 4 model districts of Punjab.</p>	<p>Achieved. Design of OR of defaulter tracing at Gulab Devi Hospital has been developed and review meeting on OR design was conducted in December 2007. The study question of OR is whether pre-treatment patient education** can reduce defaulter rate or not. (*** a flipchart for patient education was developed in June 2006.) The OR was planned to start in January 2008, however, it started in August 2008 due to worsening security situation. (There are 14 tertiary care hospitals in 3 model districts namely Lahore, Faisalabad, Multan, 13 of which are participating in TB DOTs program.) Not achieved. As mentioned in the above start of the OR was postponed to August 2008 due to worsening state of public order during December 2007 to February 2009. Therefore, the results of the OR will not be obtained by the end of the Project. Achieved. In order to conduct EQA according to a draft SOP developed by the Project, EQA centers were set up in all four districts by provision of standardized equipment and appointment of DLS and cross-checkers and their training (Gujrat in 2006, Multan in 2007, Lahore in 2007, Faisalabad in 2007). However, recruitment of cross-checker for EQA center is difficult due to human resource deficiency: only one cross-checker was newly recruited recently in Faisalabad and no cross-checker in Lahore. EQA system for smer microscopy is implemented in not only 4 model districts but also other 31 districts in Punjab (according to PTBRL/PH), which is outstanding outcome of the Project. Training for DLS and Cross-checker</p> <table border="1"> <thead> <tr> <th></th> <th>No. of EQA Center</th> <th>No. of DLS trained</th> <th>No. of Cross-checker Trained</th> </tr> </thead> <tbody> <tr> <td>Gujrat</td> <td>1</td> <td>1</td> <td>2</td> </tr> <tr> <td>Multan</td> <td>1</td> <td>1</td> <td>2</td> </tr> <tr> <td>Faisalabad</td> <td>1</td> <td>1</td> <td>1 (newly recruited, untrained)</td> </tr> <tr> <td>Lahore</td> <td>1</td> <td>1</td> <td>0</td> </tr> </tbody> </table> <p>(Source: Project report)</p>		No. of EQA Center	No. of DLS trained	No. of Cross-checker Trained	Gujrat	1	1	2	Multan	1	1	2	Faisalabad	1	1	1 (newly recruited, untrained)	Lahore	1	1	0
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			<p>11. Regular training is conducted in Reference Laboratory at Nishtar Medical College (TBRL/NNMC) in Multan.</p>	<p>Will be achieved by the end of the Project. PTBRL/NNMC was originally planned to set up in early 2007, however it was opened in June 2008. This caused delay of original plan of EQA network establishment in Punjab. Administratively PTBRL/NNMC is directly under the Principle of Nishtar Medical College with 7 staff (focal person in-charge, deputy focal person, SLS, laboratory technician, 2 laboratory assistant and computer assistant). It supervises and maintains EQA in 15 districts in southern Punjab province. As soon as the focal person in-charge who is in Japan for training (Sep.-Nov.2008) return the laboratory will be full-scale operation and a plan of training will be formulated. Since June 2008, 4 batches of basic training (10 days) and 2 batches of refresher training (3 days) were conducted for 52 laboratory staff of diagnostic centers from different district. The last DLS meeting for the 15 districts was organized by the PTBRL/NNMC in Multan. SLS already started supervisory visits to district EQA centers and attending intra-district meeting in 15 districts. Some of the equipment provided by JICA has not been transferred to the PTBRL/NNMC from PTP in Lahore, which needs urgent action. The RIT training modules translated by the Project counterpart are not kept in the PTBRL/NNMC. The Project should provide the modules and give advice on use of them. Achieved. "AFB microscopy training" (UATLD) and "Quality smear preparation for AFB" (RIT) (developed by the JICA short-term expert) were translated into local language by project counterparts in February 2007. Those were printed and distributed.</p>																				
			<p>12. Laboratory manual and module are published.</p>																					

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Input	Is input implemented as planned?	Is input implemented as planned by Japanese side?	2. The Japanese side participates in PTP manager meeting regularly and contributes technically. (Modified)	Achieved. JICA experts regularly participate in inter-provincial quarterly meeting organized by NTP and provide technical advice on TB DOTS and share information such as results of operational researches conducted in Punjab province.
			3. All the quarterly reports are managed and analyzed in computer at provincial and national level.	Achieved by NTP. The Project contributed to this by training of DTCs and district computer operators of Punjab and Sindh provinces. The training was conducted in 2007 and 2008.
			4. Regular monitoring and supervision is conducted based on surveillance analysis.	Not achieved NTP conducts regular monitoring and supervision through NPOs who were hired by NTP. However, it is not really conducted based on analysis.
			5. Guidelines and training modules are revised with technical assistance of the Project.	Partially achieved. The Project provided technical support to revise the training module for DOTS facilitators. There was no contribution by the Project for guidelines and other training modules due to no occasion of revision of these. Once NTP was interested in the revision of national TB guideline, however, according to NTP current priority and urgent matter is development of strategic plan for TB control.
			6. National guideline for TB drug management is developed. (Modified)	Achieved. The Project prepared the first draft guideline based on the results of the study on TBDM in Punjab province and presented at the inter-provincial meeting in 2007. The core working group for development of national guideline for TBDM was set in inter-provincial meeting in December 2007. In November 2008 the 5th draft national guideline has been finalized after several review meetings by the core working group. According to NTP it can be published probably in December 2008 after endorsement of all stakeholders.
			Actual input	Actual input
Implementation Process	Status of implementation (Implementation process)	Are activities carried on as planned?	Actual input	1) 34 Counterparts have been assigned for the Project including JCC members. (for detail, refer to Annex 3-5) 2) Project offices: The necessary spaces for project offices have been provided in NTP building, Islamabad. In Lahore, an office for a JICA expert for TB laboratory was also provided in IPH. 3) Local expenditure: A total amount of local expenditure for 2006-2008 borne by Pakistani side is 12,513,367 Rupees (for detail, refer to Annex 3-6)
			Factors hampered/promoted implementation of project activities and achievement of outputs	In general, activities were carried on as planned. However, some activities were not carried out as planned or adequately. Therefore, expected outcome will not be produced by the end of the Project. 1) Establishment of a reference laboratory in Multan.

Evaluation Item	Evaluation Questions		Criteria and Methodology for Judgment	Results
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	Are there any activities that have not been carried out adequately?	Are there any activities that have not produced expected effect (outcome)?	Factors hampered implementation of project activities and achievement of outputs Causal relationship between activities planned /completed and outputs. Factors that had an influence on production of effects/outputs	Delay in setup of a reference laboratory in Nishiar Medical College due to shortage of space and delay in finalization of layout design of the laboratory and budget arrangement in Pakistani side, and political instability in Pakistan as well. This caused delay of original plan of EQA network establishment in Punjab province with 2 provincial reference laboratories, and delay of improvement of quality of EQA system. 2) Finalization of a national guideline for TB drug management. Delay in finalization of a national guideline for TB drug management. Although the national guideline will be expected to be published, implementation of the guideline will not be conducted in the project period. 3) Start of the operational research on defaulters cases at tertiary care hospital. Delay in start of the operational research on defaulter tracing due to political instability, which is not avoidable. Therefore, the research will not complete within the period of the Project.
	Is/Was there any problems in manners of technical transfer?		Influence on implementation of project activities and achievement of outputs Influence on sustainability of the activities introduced by the project	In the beginning of the Project, there is a gap in understanding "capacity development" between JICA and Pakistani side. Particularly idea of counterpart assignment is not fully understood by NTP and PTP Punjab. However, through explanation by JICA and discussions it has been improved. One of the issues was counterpart for drug management at national level, which was already solved. NPO has not been assigned to model districts although it was considered that he was a key for technical transfer by JICA expert. This problem was solved to conduct technical transfer to PTP deputy managers and program officers by conducting supervisory visit together, and to DTCs directly.
	Are/Were there any other problem during the process of the implementation?		Factors hampered implementation of project activities and achievement of outputs Degree of effect of the problems to implementation of project and achievement of outputs Causes of the problem(s)	-Delay in dispatch of JICA experts in 2007 due to Japanese side problem. The project activities were not implemented for 2 months during absence of JICA experts, which reduce motivation of counterparts and national staff. -Frequent change of expected JICA experts for TB laboratory due to Japanese side problem. The poor continuity of activities caused delay in establishment of quality EQA center and EQA system in model districts (Lahore and Faisalabad). No problem other than mentioned above. -In Faisalabad and Lahore, Punjab Rural Support Program (PRSP) is on-going. In the beginning of the Project coordination with then was the problem due to poor quality of services and understanding of TB DOTS. However, the relationship between TB Control Program and PRSP has been improved and PRSP also participate quarterly meeting in Faisalabad. -Sometimes planned activities were cancelled by PTP suddenly since PTP can conduct activities with Global Fund. However, this is also solved by close communication with JICA experts and PTP Punjab. NTP counterparts understand outline of the Project: Overall goal, Purpose, Outputs and Activities although they don't know the activities in detail at provincial and district levels. PTP counterparts and Reference Laboratory counterparts understand well in general, however, district level counterparts don't know much about the NTP level matters.
Understandings and recognitions of the project and project activities	Is the degree of understandings and recognitions of the project of the project related parties high? Were appropriate C/Ps assigned?		Are Overall goal, Purpose, Outputs and Activities of the Project fully understood and shared by and among the project team members and C/Ps? Influences on achievement of outputs and sustainability of the activities	There was some problems, but solved. As mentioned above, regarding NPO, the problem was solved to conduct technical transfer to PTP deputy managers and program officers by conducting supervisory visit together, and to DTCs directly. Deputy Program or Program officer together Appointment of C/P at NTP for a JICA expert (drug management) was recommended by the mid-term evaluation team. NTP respond this and assigned a focal person.
Project management system	Is implementation of activities monitored properly?		Monitoring system functioned? Were problems handled properly?	TWG is held a half-yearly, which has been functioning as monitoring system of progress of the Project. Besides this, the Project meets quarterly at the inter-district meeting and inter provincial meeting, where they share information and issues.

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		<p>Are the supports provided by the related organizations (JICA HQ, JICA local office, etc.) appropriate?</p> <p>Did JCC and TWG function appropriately?</p>	<p>Are responses and advice to the problems occurred during the process of implementation quick and timely and appropriate?</p> <p>Did JCC and TWG function as expected?</p> <p>Did they contribute to smooth implementation of project and promotion of project activities</p>	<p>Since JICA's manner of operation for project type technical cooperation has been changed business procedures for contract between JICA and JATA did not go smoothly once in 2007, which caused delay of dispatch of JICA experts. However, this did not happen in 2008. JICA HQ sent consultative mission and mid-term evaluation mission to support and provide guidance to the Project.</p> <p>JCC was held twice in Dec.2006 when JICA consultation mission visited to the Project and in Jun.2007 when the mid-term evaluation conducted. In the meeting, several issues such as gap in understanding of capacity development between JICA and Pakistani side, absence of full time counterparts to the Project and delay in establishment of reference laboratory in Multan, etc. were discussed and conclude to solve them. However, regarding problem of the reference laboratory in Multan it took time to settle down. TWG has been held almost every 6 months where progress of activities and plan of activities are reported and reviewed. All the members cannot attend every meeting.</p>

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Evaluation Item	Evaluation Questions		Criteria and Methodology for Judgment	Results
	Question	Sub-question		
Relevance	Consistency of Project goal and purpose with policy and needs of Pakistan	Are the project purpose and the overall goal in line with health development policy and plans in Pakistan?	Consistency	Consistent with health development policy and plans in Pakistan.
		Are the project purpose and the overall goal in line with the needs of health sector and society in Pakistan?	Consistency	Consistent with ICA's plan for program implementation in Pakistan.
	Consistency of Project goal and purpose with JICA's aid policy and program implementation plan	Is the project in the line with JICA's plan for program implementation in Pakistan?	Consistency	Appropriate.
		1. Is the approach appropriate?	Appropriateness, effectiveness and acceptability of project approach	Yes, in general.
		2. Are all outputs means for achievement of project purpose?	Review of causal relationship	Appropriate. However, it seems to be a little bit ambitious to complete establishment 4 different models in each district with different geographical aspects and social/cultural characteristics with planned input.
		3. Is the selection of target areas appropriate?	Appropriateness	Coordination was not very good in the beginning of the Project. However, it has been improved by the effort of PTP Punjab at district level.
		4. Is the plan for coordination and collaboration with other development partners appropriate?	Effects of coordination and collaboration	Yes. Concept of laboratory network and EQA system have been introduced by JICA, and established by the Project. DLS meeting has initiated by the Project.
	Changes in the environment of the project (since the mid-term evaluation)?	Has there been any change of plan due to the change of the environment of the project?	Changes in plan and its relevance	Political instability during the end of 2007 to the beginning of the 2008, activities were not conducted adequately about for 2 months. Because of this, one of OR started as planned and will not complete by the end of the Project.
		Achievement of project purpose	Reasons for changes	The project purpose was achieved. (for detail, refer to "Performance")
		Are the outputs adequate for achievement of the project purpose? (Is achievement of the project purpose still correct at present?)	Review of causal relationship	Almost adequate.
Important assumption	Are the important assumptions from the outputs to the project purpose still correct at present?	Review of causal relationship	Still correct.	
	Are there any effects of the important assumptions to achieve the project purpose?	Degree of effects of the important assumptions to achieve the project purpose	Yes. Important assumption "Provincial budget of renovation for the reverence laboratory at Nishtar Medical College is disbursed by October 2007, and the renovation is completed by December 2007" was added by the mid-term evaluation team. It delayed and caused less achievement of quality EQA system in Punjab with 2 provincial reference laboratories. Major factor is delay in activities	
	What are the inhibiting and promoting factors for the achievement of the project purpose?	Degree of effects of identified factors	Adequate, in general. Yes, in general	
Efficiency	Were the activities sufficient to produce the outputs?	Review of causal relationship	No important assumption from the activities to the project outputs.	
	Were the activities sufficient to produce the outputs? Important assumption	Review of causal relationship	No important assumption from the activities to the project outputs.	

Evaluation Item	Evaluation Questions		Criteria and Methodology for Judgment	Results
	Question	Sub-question		
	Are there any effects of the important assumptions to achieve the project outputs?	<p>1. Numbers, technical areas and assignment period of C/Ps</p> <p>2. Numbers and types of equipment</p> <p>3. Numbers, technical areas and assignment period of JICA experts appropriate?</p>	Degree of effects of the important assumptions to achieve the project purpose	No important assumption from the activities to the project outputs. However, quick turnover EDO(H)s and DTCs influenced project implementation efficiency.
	Were the quality and quantity of inputs needed for activities to achieve the outputs appropriate?	1. Numbers, technical areas and assignment period of C/Ps 2. Numbers and types of equipment 3. Numbers, technical areas and assignment period of JICA experts appropriate?	Comparison of the actual with the plan Consistency with the activities and achievement of outputs	Almost appropriate. There was a gap in understanding capacity building by technical transfer in the beginning as mentioned above. Absence of a counterpart at NTP was solved by the effort of NTP. Since NPO has not been assigned to model districts, Regarding counterpart at district/provincial level
	Was the timing of inputs needed for activities to achieve the outputs appropriate?	1. Assignment of C/Ps 2. Provision of equipment by JICA, provision of facilities for the project offices by Pakistani side and release of the project costs 3. Dispatch of JICA experts	Comparison of the actual with the plan Consistency with the activities and achievement of outputs	Almost appropriate. Assignment of counterparts was recommended by the mid-term evaluation and NTP solved it. However, in 2007 there was a delay in dispatch of JICA experts by Japanese side problem. Counterparts pointed out that the expert for TB laboratory changed frequently.
	Were the activities implemented at the right time?		Comparison of the actual with the plan	Almost activities were implemented at the light time. However, some delays were seen as mentioned above.
	Was there any other alternative to implement the project more efficiently?	Any duplicated activities?	Duplication in activities	No duplication
		Any better measures and means?	Comparison with similar project (if any)	May be. If the review on JICA cooperation started from 2002 was conducted and based on the review the Project was designed, the Project design may be different.
Impact	Promoting and inhibiting factor for achievement of overall goal	What were the promoting and inhibiting factors for achievement of overall goal?	Degree of effects of identified factors on achievement of the overall goal	Strong commitment and leadership of NTP unit and PTP unit in Pakistan, as well as the Ministry of Health.
	Important assumptions	Are the important assumptions from project purpose to overall goal still correct?	Review of causal relationship	Yes. Still correct
	Are there any ripple effects (negative/positive impact) since the start of the project (till now)?	1. Negative impact 2. Positive impact	Effects on various aspect (policies, law and regulations, social and cultural aspects and technology)	No negative impact. Positive impact: -Enhancing community awareness in Faisalabad districts: LHWs enhanced community awareness contributed progress of TB control programme. -Development of a guideline for hospital DOTS linkage: Due to importance and high quality of the study, PTP Punjab decided to implement this study in all districts simultaneously. -Managerial and general capacity of counterparts at all levels has been improved through various activities of the Project.
Sustainability	Policies and system	Is it prospected that the policy support to the activities will continue after the project?	Continuity of policy support	NTP and PTP Punjab have strong leadership and managerial capacity for TB control, resulting in developing capable staffs. Although both NTP and Punjab PTP should continue to develop human resources to cope with staff turn-over and new challenges, both have established the functional organizational structure for sustainable development.
		Is there any intension of PTP Punjab to roll out the activities technically transferred by the project to intensify PTP	Commitment by NTP/PTP authorities	

Evaluation Item	Evaluation Questions		Criteria and Methodology for Judgment	Results
	Question	Sub-question		
Organizational and financial sustainability	Is adequate human resource secured for continue the activities after the project?	Is the budget for improvement of NTP/PTP and implementation of them secured?	Commitment by NTP/PTP authorities Adequacy of the budget for NTP/PTP implementation	TB control is one of the important issues in health and social sectors and also one of the MDG goals as indicated in Pakistani development plan and policy papers. Through the interview by the mission member, it is confirmed that the governments of Pakistan continue provide policy support to TB control. For the financial sustainability, NTP has succeeded to get enough budget from GFATM R6 & and R8. Thus, financial sustainability seems to be high, though NTP needs to work for proper management of the budget and improve capacity to develop successful proposal for other grants.
	Technical sustainability	Are technologies transferred, systems introduced and train human resources by the project utilized after the project? Are technology transferred and systems introduced expanded by Pakistani side after the project? Are maintenance and use of provided equipment appropriate?		
			Appropriateness	Appropriate.

ANNEX 3 Inputs

ANNEX 3-1 List of Japanese Experts

(a) List of Japanese Experts

As of November 2008

JFY	SUBJECT	NAME	ORGANIZATION	PERIOD
2006	TB Control	Mikio TSUKAMOTO	JATA	May 27, 2006 – Mar. 14, 2007
	LAB. MANAGEMENT	Hiroaki YAMAZAKI	St.Maria Hospital	Jun 01, 2006 – Mar. 14, 2007
	DRUG MANAGEMENT	Yuta UCHIYAMA		Jun. 07, 2006 – Aug.02, 2006
	CHIEF ADVISER	Seiya KATO	JATA	Jun. 17, 2006 – Jun.27, 2006
				Aug. 05, 2006 – Aug. 19, 2006
				Dec.09, 2006 – Dec.23, 2006
	LAB. MANAGEMENT	Akiko FUJIKI	JATA	Sep. 02, 2006 – Sep. 16, 2006 Feb. 23, 2007 – Mar. 09, 2007
ADVOCACY/DATA MANAGEMENT	Katsumi ISHII	JATA	Nov 11, 2006 – Mar. 14, 2007	
2007	TB Control	Mikio TSUKAMOTO	JATA	Jun. 15, 2007 – Mar. 23, 2008
	LAB. MANAGEMENT	Hiroaki YAMAZAKI	St.Maria Hospital	Jun. 15, 2007 – Dec. 02, 2007
	COORDINATOR	Katsumi ISHII	JATA	Jun. 15, 2007 – Aug. 04, 2007
	DRUG MANAGEMENT	Yuta UCHIYAMA		Jun. 18, 2007 – Jul. 23, 2007
	CHIEF ADVISER	Seiya KATO	JATA	Jul. 13, 2007 – Jul. 23, 2007
				Jan. 21, 2008 – Feb. 02, 2008
	ADVOCACY/DATA MANAGEMENT	Shigeo KOBAYASHI	JATA	Sep. 15, 2007 – Mar. 23, 2008
	OPERATIONAL RESEARCH	Akihiro OKADO	JATA	Dec. 07, 2007 – Dec. 20, 2007
	LAB. MANAGEMENT	Tajjin KAKU	JATA	Jan. 16, 2008 – Feb. 02, 2008
Feb. 24, 2008 – Mar. 14, 2008				
DRUG MANAGEMENT	Yuta UCHIYAMA		Mar. 10, 2008 – Mar. 21, 2008	
2008	ADVOCACY/DATA MANAGEMENT	Shigeo KOBAYASHI	JATA	Apr. 25, 2008 – Mar. 26, 2009
	TB Control	MIKIO TSUKAMOTO	JATA	Apr. 30, 2008 – Mar. 26, 2009
	OPERATIONAL RESEARCH	Misuzu TSUKAMOTO		Apr. 30, 2008 – Jun.14, 2008
	LAB. MANAGEMENT	Tajjin KAKU	JATA	May. 12, 2008 – Jul.12, 2008
	DRUG MANAGEMENT	Yuta UCHIYAMA		Jun.09, 2008 – Aug. 09, 2008
	CHIEF ADVISER	Seiya KATO	JATA	Jul 26, 2008 – Aug. 03, 2008
				Nov 13, 2008 – Nov 26, 2008
	OPERATIONAL RESEARCH	Akihiro OKADO	JATA	Aug. 14, 2008 – Aug. 26, 2008
	LAB. MANAGEMENT	Tetsuhiro SUGAMOTO	JATA	Sep. 12, 2008 – Mar. 26, 2009
	DRUG MANAGEMENT	Yuta UCHIYAMA		Oct. 06, 2008 – Nov 13, 2008
DOTS LINKAGE	Akihiro OKADO	JATA	Nov.15, 2008 – Nov.29, 2008	

(2) List of Members of JICA Mission

As of November 2008

CONSULTING MISSION	LEADER	Naoko UEDA	JICA	Dec.13 2006– Dec.24 2006
	CONSULTING PLANNING	Tsuyoshi YUSA	JICA	
MID TERM EVALUATION TEAM	LEADER	Takao KAIBARA	JICA	Jul. 11, 2007 – Jul. 24, 2007
	TB CONTROL	Mitsuo ISONO	JICA	
	EVALUATION PLANNING	Tsuyoshi YUSA	JICA	
	EVALUATION ANALYSIS	Yoshiko AKIYAMA	System Science Consultants Ltd.	
FINAL EVALUATION TEAM	LEADER	Mitsuo ISONO	JICA	Nov 17, 2008 – Nov.26, 2008
	TB CONTROL	Tsuneo MASUI	Aichi Prefecture	Nov 15, 2008 – Nov.26, 2008
	EVALUATION &	Tomoyuki ODANI	JICA	Nov 7, 2008 – Nov.26, 2008
	EVALUATION & ANALYSIS	Masako TANAKA	TAC International Inc.	Nov 2, 2008 – Nov.26, 2008

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ANNEX 3-2 Counterpart Training in Japan

Name	Position	Organization	Duration	Course	Place
Dr. Muhammad Naeem	Additional Director	PTP Punjab	May 09 - Aug.5, 2006 (77 Days)	Stop TB Action Course	RIT/JATA**
Dr. Anjum Zubair Bhutta	Deputy Focal Person	Provincial TB Reference Lab. /IPH, Lahore	Sep.26 - Dec.02, 2006 (56 Days)	TB Laboratory Test	RIT/JATA
Dr. Tahir Mahmud	Program Officer*	PTP Punjab	May 08 - Aug.04, 2007 (77 Days)	Stop TB Action Course	RIT/JATA
Dr. Abdul Razzaq	Program Officer	PTP Punjab	May 08 - Aug.04, 2007 (77 Days)	Stop TB Action Course	RIT/JATA
Dr. Syed Mazhar Ali Shah	District TB Control Officer	DHQ Hospital, Abottabad District, NFWP	May 06 - Aug. 2, 2008	Stop TB Action Course	RIT/JATA
Dr. Aamir	Focal Person	Provincial TB Reference Lab. /Nishtar Med. College, Multan	Sep.23 - Nov.23, 2008 (56 Days)	TB Laboratory Test	RIT/JATA

* Current position: Project officer, JICA TB Control Project

** RIT/JATA: Research Institute of Tuberculosis, Japan Anti-Tuberculosis Association

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3-3 Equipment List

JFY 2006

No.	Date of Arrival	NAME OF EQUIPMENT	QTY.	TOTAL PRICE (Rs)	DISTRIBUTION
1	Jan. 2007	PICK UP CAR (Double Cabin) MITSUBISHI	1	2,384,000	PTP (Provincial TB Control Program Punjab)
2	Jan. 2007	MICROSCOPE CX-21 OLYMPUS	61	4,343,200	1) Diagnostic Center (Lahore, Multan, Faisalbad, Gujrat) 2) EQA Center (Lahore, Multan, Faisalbad, Gujrat) 3) Reference Lab. at IPH (Lahore) 4) Nishtar Medical College Hospital (Multan)
3	Dec. 2006	MORTOR CYCLES (110cc) SUZUKI	3	148,500	District Lab. Supervisers of Gujrat, Multan, Lahore
4	Jan. 2007	MULTI PROJECTOR	1	295,800	PTP (Provincial TB Control Program Punjab)
5	Jan. 2007	PROJECTOR SCREEN	1	68,900	PTP (Provincial TB Control Program Punjab)
6	Dec. 2006	MAGNETIC STIRRER	5	85,000	1) EQA Centers (Gujrat, Multan, Lahore, Faisalbad) 2) Reference Lab. At Nishtar Medical College Hospital)
7	Dec. 2006	WATER BATH	5	260,000	ditto
8	Dec. 2006	ELECTRONIC BALANCE	5	84,000	ditto
9	Dec. 2006	BATTERY FOR ELECTRONIC BALANCE	5	42,000	ditto
10	Jan. 2007	WATER DISTILLER	5	490,000	ditto
11	Feb. 2007	LASERPRINTERS HP Laser Jet UPS, STABILIZER	4	54,000	ditto
12	Jan. 2007	COMPUTER DISKTOP	4	423,200	ditto
13	Jan. 2007	Laboratory Material		222,755	ditto
TOTAL				8,901,355	

JFY 2007

No.	Date of Arrival	NAME OF EQUIPMENT	QTY.	TOTAL PRICE (Rs)	DISTRIBUTION
1	Mar. 2008	COMPUTER SETS (DISKTOP, MONITOR, PRINTER, UPS, STABILIZER, SOFTWARE)	60 Sets	5,859,000	1 .Lahore District : 27 2. Faisalbad District : 10 3. Multan District : 11 4. Gujrat District : 12
2	Mar. 2008	Slides Rack 15 drawers 200	4	43,600	Provincial Rference Lab. at IPH in Lahore
3	Mar. 2008	Slides Rack 20 drawers 400	2	53,800	Provincial Rference Lab. at IPH in Lahore
4	Mar. 2008	Slide case capacity 25 slides	100	22,500	Provincial Rference Lab. at IPH in Lahore
5	Mar. 2008	Cooling Case	1	249,800	Provincial Rference Lab. at IPH in Lahore
6	Mar. 2008	Shelf.	7	271,600	Provincial Rference Lab. at IPH in Lahore
7	Mar. 2008	Laboratory Cabinet.	6	108,000	Provincial Rference Lab. at IPH in Lahore
8	Mar. 2008	Bottle.	12	58,200	Provincial Rference Lab. at IPH in Lahore
9	Mar. 2008	Umber Bottle 1000ml	20	58,800	Provincial Rference Lab. at IPH in Lahore
10	Mar. 2008	Olympus Microscope "CX 41"	1	230,000	Provincial Rference Lab. at IPH in Lahore
11	Mar. 2008	Olympus Digital Camera for Microscope	1	483,000	Provincial Rference Lab. at IPH in Lahore
TOTAL				7,438,300	

JFY 2008

No.	Date of Arrival	NAME OF EQUIPMENT	QTY.	TOTAL PRICE (Rs)	DISTRIBUTION
1		MULTIMEDIA PROJECTOR SETS	1	103,500	Multan Reference Laboratory for training and data preparation
2		COPY MACHINE	2	796,000	Multan Reference Laboratory and IPH for training and data preparation
3		FAX MACHINE	1	12,500	Multan Reference Laboratory for training and data preparation
4		DVD	1	5,800	TB reference lab, Multan
5		VCR	1	5,500	TB reference lab, Multan
6		Water Distillation Unit	1	52,000	TB reference lab, Multan
7		Autoclave	1	95,000	TB reference lab, Multan
8		Slide Rack for 200 slides	2	26,880	TB reference lab, Multan
9		Slide Rack for 400 slides	2	71,680	TB reference lab, Multan
10		Slide case	20	5,800	TB reference lab, Multan
11		cooling case	1	330,000	TB reference lab, Multan
12		Stabilizer for Cooling case	1	5,460	TB reference lab, Multan
13		Drying Shelf	2	114,000	TB reference lab, Multan
14		Labo Cabinet	4	111,600	TB reference lab, Multan
15		Bottle	4	26,400	TB reference lab, Multan
16		Amber bottle	10	38,000	TB reference lab, Multan
17		Refrigerator	1	39,500	TB reference lab, Multan
18		Stabilizer for Refrigerator	1	5,460	TB reference lab, Multan
TOTAL				1,845,080	
GRAND TOTAL				16,345,115	

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ANNEX 3-4 Expenditure borne by Japanese Side

	JFY 2006	JFY 2007	JFY 2008*	Total
GENERAL ACTIVITIES COST	5,199,000	12,719,000	14,038,000	31,956,000
PROVISION OF EQUIPMENT	18,469,000	7,471,000	4,073,000	30,013,000
OTHERS (Inputs for dispatching Experts, Training in Japan, Dispatching)	97,194,000	70,265,000	93,240,000	260,699,000
TOTAL (Yen)	120,862,000	90,455,000	111,351,000	322,668,000
TOTAL (Rs)	62,396,489	47,758,712	73,064,961	183,220,162

* Input 2008 is sanctioned amount

Remarks:

1(Rs)=1.937(Yen) JICA Rate for JFY 2006

1(Rs)=1.894(Yen) JICA Rate for JFY 2007

1(Rs)=1.524(Yen) JICA Rate for JFY 2008

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ANNEX 3-5 List of Counterparts

1. ADMINISTRATIVE PERSONNEL

NAME	ORGANIZATION	DESIGNATION
1) Dr. Capt. Muhammad Raza	Planning and Development, MOH	Deputy Director General
2) Dr. Noor Ahmad Baloch	NTP, MOH	Manager
3) Mr. Zafar Hasan Reza	Economic Affairs Division	Joint Secretary
4) Anwaar Ahmad Khan	Health of Punjab	Secretary
5) Dr. Darakshan Badar	Provincial TB Program, Punjab	Manager
6) Dr. Ghulam Asghar Abbas	Planning & Development	Deputy Chief

2. COUNTERPARTS

NAME	ORGANIZATION	DESIGNATION
National TB Control Program (NTP)		
1) Dr. Noor Ahmad Baloch	National TB Control Program	National Manager
2) Dr. Shahid Hanif	National TB Control Program	Deputy Manager
3) Dr. Sabira Tahseen	National Reference Lab.	Incharge, National Program Officer
4) Dr. Ejaz Qadeer	National Reference Lab.	Research Coordinator
Directorate of Health Service, Punjab		
1) Dr. Muhammad Aslam Chaudhary	Director General Health Service, Punjab Province	Director
Provincial TB Control Program (PTP), Punjab		
1) Dr. Darakshan Badar	Provincial TB Program, Punjab	Manager
2) Dr. Mohammad Naeem	Provincial TB Program, Punjab	Additional Director
3) Dr. Aftab Iqbal	Provincial TB Program, Punjab	Deputy Prpgram Manager
4) Dr. Mohammad Razzaq	Provincial TB Program, Punjab	Deputy Prpgram Manager
5) Dr. Zakia Praveen	Provincial TB Program, Punjab	Program Officer
Provincial TB Reference Laboratory, Institute of Public Health (IPH) - Lahore		
1) Dr. Zarfshan Tahir	Provincial Reference Lab. IPH	Focal Person
2) Dr. Anjum Bhutta	Provincial Reference Lab. IPH	Deputy Focal Person
3) Dr. Sohaila Mushtaq	Provincial Reference Lab. IPH	Senior Demonstrator
4) Dr. Saima Ayub	Provincial Reference Lab. IPH	Demonstrator
5) Mr. Habib -ur- Rehman	Provincial Reference Lab. IPH	Lab. Tec.
Provincial TB Reference Laboratory, Nishtar Medical College - Multan		
1) Dr. Laeeq Hussain Siddique	Lab. Nishtar medical College, Multan	Principal
2) Dr. Aamir Ali Kaan	Lab. Nishtar medical College, Multan	Focal Person
3) Mr. Abdul Malik	Lab. Nishtar medical College, Multan	Senior Lab. Supervisor
Lahore District		
1) Dr. Nasir Awan	District, Lahore	Executive District Officer
2) Dr. Amajad Jafri	District, Lahore	District TB Coordinator
3) Mr. Khalid Latif	District, Lahore	District Lab. Supervisor

NAME	ORGANIZATION	DESIGNATION
Multan District		
1) Dr. Iftekhhar Hussain Quershi	District, Multan	Executive District Officer
2) Dr. Shahid Magsi	District, Multan	District TB Coordinator
3) Mr. Syed Muhammad Kamran	District, Multan	Senior Lab. Supervisor
Gujrat District		
1) Dr. Muhammad Munir Ahmad	District Gujrat	Executive District Officer
2) Dr. Shahid Nawaz	District Gujrat	District TB Coordinator
3) Dr. Mr. Muhammad Saieh	District Gujrat	District Lab. Supervisor
Faisalbad District		
1) Dr. Muhammad Siddique	District Faisalbad	Executive District Officer
2) Dr. Saleem Ahmad	District Faisalbad	District TB Coordinator
3) Mr. Mazhar Hussain	District Faisalbad	District Lab. Supervisor

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ANNEX 3-6 Operational Cost Borne by Pakistani Side (NTP & PTP Punjab)

	2006 (July '06 - June '07)	2007 (July '07 - June '08)	2008* (July '08- June '09)	Total
NTP	2,036,456	1,920,566	1,923,345	5,880,367
PTP Punjab	1,305,000	1,150,000	4,178,000	6,633,000
Total (Rs)	3,341,456	3,070,566	6,101,345	12,513,367
Total (Yen)	6,472,400	5,815,652	9,298,450	21,586,502

*Input 2008 is sanctioned amount

Remarks:

1(Rs)=1.937(Yen) JICA Rate for JFY 2006

1(Rs)=1.894(Yen) JICA Rate for JFY 2007

1(Rs)=1.524(Yen) JICA Rate for JFY 2008

**ANNEX 4 List of Operational Research & Guideline/Manuals formulated
by the Project**

OPERATIONAL RESEARCH			
	TITLE	YEAR CONDUCTED	Current Situation
1	Assessment of the practice in anti-Tuberculosis drug management in Punjab Province	Jun.2006	Result presented at IUATLD World Conference in 2008
2	Can cured TB patients be an advocator and a treatment supporter in the community of Gujrat, Punjab ?	Dec.2007 -May.2008	Result presented at IUATLD World Conference in 2008 Cured Patients are collaborating for TB Program in Gujrat
3	Can intensive health education at the initiation of the treatment to the TB patient reduce the default from the treatment ?	Jun.-Aug.2008	Final result will be collected and analyzed in August 2009
4	Referral System between Tertiary Care Hospital and Primary Health Care Facilities in Punjab Province	Jan. - Mar. 2009	Final result will be collected and analyzed in October 2009 Supervision is necessary to conduct the OR
GUIDELINE/MANUAL			
	TITLE	YEAR CONDUCTED	Current Situation
5	Standard Operating Procedures (SOP) on EQA	2006-2007	National EQA Guideline was published base on the SOP. The SOP is expected to be disseminated to all Laboratories.
6	AFB Microscopy Training (Translated in Urdu)	2007	The Training Module is expected to be disseminated to all laboratories.
7	Quality Smear Preparation for AFB (Translated in Urdu)	2007	The Manual is expected to be disseminated to all laboratories
8	Operational Guide on the Management of Anti-Tuberculosis Drugs	2007-2008	The guideline is expected to be authorized by NTP as soon as possible in order to publish and conduct training

ANNEX 5 List of Personnel visited by the Japanese Evaluation Team

Organization	Name	Post
NTP	Dr. Noor Ahumad Baloch	Manager
	Dr. Shahid Hanif	Deputy National Manager
	Dr. Ejaz Qadeer	Research Coordinator
	Dr. Unaiza Shaikh	Technical Officer
	Dr. Abrar Ahmad Chughtai	Program Officer, Technical Unit
Secretary Health, Punjab Province	Dr. Anwaar Ahmad Khan	Secretary
	Mr. Abdullah Khan Sumbal	Additional Secretary (Development), Health Department
	Dr. Muhammad Aslam Ch	Director General Health
	Mr. Abdul Haq Bhalli	Senior Officer, Health Department
PTP Punjab	Dr. Darakshan Badar	Program Manager
	Dr. Muhammad Naeem	Additional Director
	Dr. Muhammad Razzaq	Deputy Program Manager
	Dr. Aftab Iqbal	Deputy Program Manager
PTBRL/IPH	Dr. Zarfishan Tahir	Associate Professor
	Dr. Anjum Zubair Bhutta	Deputy Focal Person
District Lahore	Dr. Muhammad Iqbal Niazi	District TB Coordinator
	Dr. Muhammed Naeem Khern	Sr. Medical Officer, Rural Health Center Burki
	Mr. Khalid Latif	District Laboratory Supervisor
District Faisalabad	Dr. Mohammad Siddique	Executive District Officer (Health)
	Dr. Muhammed Safeem	District TB Coordinator
	Dr. Masooma	Coordinator of National Program for LHW
	Mr. Mazhar Hussain	District Laboratory Supervisor
District Gujrat	Dr. Muhammad Munir Ahmad	Executive District Officer (Health)
	Dr. Shahid Nawaz	District TB Coordinator
	Dr. Habid Mahmood Ghowri	Director, Rural Health Center Kunuah, Gujrat
	Dr. Nusrat Riaz CH	Director, DHQ Hospital (Aziz Bhatti Shaheed), Gujrat
	Mr. Mr. Salb e Abbas	District Laboratory Supervisor
District Multan	Dr. Iftikhar Hussain Qureshi	Executive District Officer (Health)
	Dr. Shahid Magsi	District TB Coordinator
	Mr. Syed Muhammad Kamran	District Laboratory Supervisor
	Dr. Laeeq Hussain Siddique	Principal, Lab. Nishitar Medical Collage, Multan
	Dr. Raza Mohyuddin	Director, Civil Hospital, Multan
Gulab Devi Hospital	Dr. Muhammad Akram	Medical Superintendent
	Dr. Abdul Ghaffar	Chest Specialist, DOTS OPD
	Dr. Aqeel Ur Rehman	Chest Specialist, DOTS OPD
	Dr. Shahid Azcam Qudri	TB DOTS OPD
USAID Pakistan	Dr. Qadeer Ahsan	Program Management Specialist-Health
	Dr. Sardar Talat Mahmud	Program Management Specialist

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