

REVISED PC-I

COMPREHENSIVE TB CONTROL PROGRAMME

PUNJAB

2015/16 – 2017/18



**Department of Health
Government of the Punjab**

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ACRONYMS

BHU	Basic Health Unit
CAT	Category
DC	Diagnostic Center
DGHS	Director General Health Services
DM	Drug Management
DHQ	District Headquarter Hospital
DOH	District Officer Health
DOTS	Directly Observed Treatment Short Course
DTC	District TB Coordinator
DR-TB	Drug Resistant TB
DST	Drug Susceptibility Testing
DTO	District TB Program Officer
EDO	Executive District Officer
EDO (H)	Executive District Officer (Health)
EML	Essential Medicines List
EPTB	Extra-pulmonary Tuberculosis
FDC	Fixed Dose Combination Drug
FMT	Female Medical Technician
FEFO	First Expiry First Out
FIFO	First In First Out
GDF	Global Drug Facility
GFATM	Global Fund to Fight AIDS, Tuberculosis & Malaria
GLC	Green Light Committee
GMP	Good Manufacturing Practices
HIV	Human Immunodeficiency Virus
HR	Human Resource
H	Isoniazid
LHW	Lady Health Worker
MDR	Multidrug-resistant TB
MO	Medical Officer
MS	Medical Superintendent
MOH	Ministry of Health
MSD	Medical Store Depot
NGO	Non-Government Organization
NTP	National TB Control Program
OPD	Out Patient Department
OJT	On the job Training
P&D	Planning and Development Department
PC-1	Planning Commission – Performa 1
PPC	Provincial Procurement Committee
PSC	Provincial Steering Committee
PSDP	Public Sector Development Program
PTB	Pulmonary Tuberculosis
PTP	Provincial TB Control Program
QA	Quality Assurance
QC	Quality Control
RHC	Rural Health Center
RCL	Rate Contract List

SOPs	Standard Operational Procedures
SS+	Sputum Smear-Positive
SS-	Sputum Smear-Negative
THQ	Tehsil Headquarter Hospital
TB	Tuberculosis
TC	Treatment Center
UC	Union Council
WHO	World Health Organization
WMO	Women Medical Officer

PC- 1 PROFORMA

Code Number for Project _____
(To be filled in by Planning Commission)

PART 'A'

PROJECT DIGEST

1.1	Name of Project	Comprehensive TB Control Program in Punjab (2015/16 to 2017/18)
1.2	Location	Provincial TB Control Program and 36 District of The Punjab Directorate General Health Services Punjab, 24 Cooper Road, Lahore.
1.3	Authorities Responsible for:	
	(i) Sponsoring	Government of the Punjab
	(ii) Execution	Provincial TB Control Program, Directorate General Health Services Punjab, 24 Cooper Road, Lahore.
	(iii) Operation and Maintenance	Program Manager, Provincial TB Control Program, Directorate General Health Services Punjab,
	(iv) Concerned Ministry	Planning & Development Department, Government of Punjab.

<p>1.4</p>	<p>Plan Provision:</p> <p>i. If the project is included in the Medium Term/five-year plan, please specify actual allocation.</p> <p>ii. If the project is proposed to be financed out of block provision for a Programme indicate</p> <p>(b) Provision in the FY 2015-2018 ADP</p> <p>Comparative Statement</p>	<p>Project is based on Medium Term Development Framework (MTDF). 2005-10. The Program has also been identified as major health sector intervention in the Poverty Reduction Strategy Papers-I and II. The Government of Pakistan is a signatory to the Millennium Declaration and this effort is aimed to achieve the health related goals. This Programme will also contribute to reduce mortality, morbidity, transmission of TB and prevention of drug resistant TB.</p> <p>After 18th constitutional amendment, the federal government committed to continue funding for the vertical national health program till 2014-15. As per NFC awards the Funding from Federal Government is due to expire on 30-June-2015. Certain staff (18) is enrolled and absorbed to Provincial Programme.</p> <p>Proposed Punjab ADP: Rs. 1398.933 Million for FY 2015-18</p> <p>The total cost for this project for three year i.e. 2015-16 to 2017-18 is Rs. 1398.933 Millions which include employees devolved by Federal Government and Punjab Government components.</p> <p>Total Project cost including PSDP devolved program and Punjab Government components along with phasing is as under:</p> <table border="1" data-bbox="662 1272 1312 1415"> <thead> <tr> <th colspan="2">PSDP (Federal Share) (2012-15)</th> </tr> </thead> <tbody> <tr> <td>Approved Cost</td> <td>Rs. 191.58 million</td> </tr> <tr> <td>Left Over Balance</td> <td>Rs. 51.088 Million</td> </tr> </tbody> </table> <p style="text-align: right;">(In Millions)</p> <table border="1" data-bbox="586 1625 1487 1780"> <thead> <tr> <th>Year</th> <th>FY 15-16</th> <th>FY 16-17</th> <th>FY 17-18</th> <th>Total 2015-2018</th> </tr> </thead> <tbody> <tr> <td>Total Requirement</td> <td>437.295</td> <td>473.406</td> <td>488.233</td> <td>1398.933</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	PSDP (Federal Share) (2012-15)		Approved Cost	Rs. 191.58 million	Left Over Balance	Rs. 51.088 Million	Year	FY 15-16	FY 16-17	FY 17-18	Total 2015-2018	Total Requirement	437.295	473.406	488.233	1398.933					
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	<p>GESTATION PERIOD</p>	<p>In order to ensure the proper utilization of drugs for complete treatment patients and sustainability, the gestation period is proposed to be three years instead two years on the following justifications</p> <p>1-Any TB Patient has to go for complete treatment without interruption break, according to the disease diagnosed as follows.</p> <ul style="list-style-type: none"> • TB Patients Category-1 Treatment Period is 6 Months. • TB Patients Category-II Treatment Period is 8 Months. • Drug Resistant TB Patients Treatment Period is 24 Months. <p>2-Furthermore, as per agreement the Global Fund shall provide assistance for the patients till 2017. Therefore the 3rd year of PC-1 support will be helpful in absence of donor funding for uninterrupted supply of medicine and treatment of ongoing patients</p> <p><u>Reason of Revision</u></p> <p>It is to be clarified that Fresh PC-1 needs to be approved as the scope of work enhanced in accordance to the policy and directions of Federal Provincial Governments, particularly Federal Government commitment and share with donors shall be 50/50 from 2015-17 in comparison with previously 20/80.</p> <p>Furthermore, staff of devolved program are also need to be absorbed as per direction of Government of Punjab</p>
<p>1.5</p>	<p>Project objectives and its relationship with Sector's objective</p>	<p>The section below addresses the details of section</p> <p><u>Goal</u></p> <p>The goal of the provincial TB control program Punjab is to “<i>reduce by 50% the prevalence of TB in the general population by 2025 in comparison to 2012¹</i>”</p> <p><u>Objectives</u></p> <p>The key objectives include:</p> <ol style="list-style-type: none"> 1. To increase the number of annual notified TB cases from 194,628 in 2014 to at least 217,570 annual notified TB cases by 2018 while maintaining the treatment success rate at 95%. 2. To reduce, by at least 5% per year by 2018, the prevalence of DR-TB among TB patients. 3. Strengthen programmatic and operational management capacity of the TB Control Program while enhancing public sector support for TB control by 2018. <p><u>Objective 1: To increase the number of notified TB cases from 194,628 (67%) in 2014 to at least 217,570 (71%) by 2018 while maintaining the treatment success rate at 95%.</u></p> <p>There are three key interventions under this objective:</p> <ol style="list-style-type: none"> 1. Improve TB case diagnosis and management through: <ol style="list-style-type: none"> i) Better identification of patients presumptive of TB (increase the number of TB presumptive who are assessed for TB from 628,267 in 2014 to 980,000 in 2018) by improving microscopy coverage from 559 in 2014 to 752 in 2018.

¹Punjab TB Strategic plan Vision 2020

		<ul style="list-style-type: none"> ii) Improving quality of diagnosis by increasing proportion of bacteriologically confirmed TB cases among all notified TB patients from 41% in 2014 to 45% in 2018. iii) Ensuring uninterrupted availability of quality-assured drugs for all diagnosed patients. iv) Maintaining critical mass of trained staff. v) Implementing effective monitoring and surveillance systems. <ol style="list-style-type: none"> 2. Expand partnerships with the private sector to engage all healthcare providers in delivering quality diagnostic and treatment services for TB control in Punjab; increasing the contribution of private sector providers to the total provincial TB case notification from annual 53,327 in 2014 to 73,064 in 2018. 3. Improve TB care in vulnerable and key affected populations using both active and passive case finding strategies and WHO endorsed new diagnostic tools. These populations include children, TB contacts, people residing in urban slums, refugees and internally displaced populations (IDPs), coal miners and people living with HIV/AIDS (PLHIV). <p>“A significant proportion of the objective 1 will be addressed through PC-1 support whereas the remaining will be donor supported.”</p> <p><u>Objective 2: To reduce, by at least 5% per year by 2018, the prevalence of DR-TB among TB patients.</u></p> <p>There are four main strategic interventions under this objective.</p> <ol style="list-style-type: none"> 1. Scale-up of programmatic management of drug-resistant TB (PMDT) by expanding screening of patients at risk of drug-resistant TB (DR-TB) through use of Gene X-pert MTB/Rif assay while increasing the sites from 10 to 12 by 2018, and 2. Improving laboratory diagnosis and treatment monitoring through a network of <ul style="list-style-type: none"> i. Gene-Xpert sites 9 in 2014 to 17 in 2018 ii. Culture laboratories from 2 in 2014 to 9 in 2018, iii. DST from 0 in 2014 to 2 in 2018 3. Increase enrollment of DR-TB patients from annual 1,011 in 2014 to annual 1,150 in 2018, while <ul style="list-style-type: none"> i. Improving DR-TB care through establishment of 12 PMDT sites (of these 10 are already established), ii. Implementation of social support, iii. Provision of sound infection control measures. 4. Establish infection control arrangements in all PMDT sites <p>“A small proportion of the objective 2 will be addressed through PC-1 support whereas a significant proportion will be donor supported.”</p> <p>To complement these interventions the proposed project will provide 20% of the registered DR-TB (1,461 patients) with ancillary drugs from PC-1.</p>
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		<p><u>Objective 3: Strengthen programmatic and operational management capacity of the TB Control Program while enhancing public sector support for TB control by 2018</u></p> <p>Key strategic Interventions include:</p> <ol style="list-style-type: none"> 1. Strengthen and sustain the program management and operational capacity of the provincial TB control program including <ol style="list-style-type: none"> i. Provision of appropriate human resources to improve technical and management capacity , ii. Efficient monitoring, supervision and surveillance, iii. Improved supply chain management. 2. Increase policy advocacy activities to <ol style="list-style-type: none"> i. Build consensus on appropriate policies, practices and legislation, bring about the required legislation changes and their implementation, ii. Enhance government’s support for TB control activities including increases in financial allocation for TB Programme. <p>“The objective 3 will be addressed through PC-1 support.”</p>
1.6	<p>Description , Justification and Technical Parameters</p>	<p><u>Global TB Strategy</u></p> <p>The recently introduced The End TB Strategy (post 2015) by World Health Organization embarks on: a) Government stewardship and accountability, with monitoring and evaluation, b) Strong coalition with civil society organizations and communities, c) Protection and promotion of human rights, ethics and equity, and d) Adaptation of the strategy and targets at country level, with global collaboration.</p> <p><u>National TB Control Strategy</u></p> <p>In response to the End TB strategy the National and Provincial TB control programs in Pakistan in 2014 developed costed National and Provincial Strategic Plans “Vision 2020”. The strategic plan includes innovative interventions to find missed cases through systematic screening, maximizing public sector investments and accountability, universal access to susceptible and drug resistance TB by reducing diagnostic delay, addressing TB-HIV co-infection, preventing disease and prioritizing research that has the potential to change policy and practice in TB care in Pakistan.</p> <p><u>Punjab Health Sector Strategy</u></p> <p>The Government of Punjab (GoP) has developed a five years costed health sector strategy in-line with its renewed responsibilities under the 18th Amendment to address the sector wide needs including the identification of gaps that need to be filled. The Strategy is based on the findings of situation analysis of health sector in Punjab. The Strategy statement is to reduce morbidity and mortality rates, especially the neonatal and infant mortality rates and the maternal mortality ratio, and to contribute in improving the quality of services and meeting the targets set under the Millennium Development Goals. Strategy spelled out 07 clear objectives that focused on improved health outcomes, improved governance & stewardship by the health department, public private partnership; regulate private sector, monitoring and evaluation framework. The TB DOTS program has taken as a priority issue in health sector strategy document along with other preventive programs. The</p>

desired strategic actions include need assessment by the TB control program and revised and approved costed PC-1.

Punjab TB Control Strategic Plan Vision 2020

The Punjab TB Strategic Plan “Vision 2020” entails developing innovative strategies that will:

- Improve the performance and impact of TB control with maximizing public sector investment & accountability in TB control activities.
- Address sensitive and drug resistance TB by: (a) reducing diagnostic delay, (b) reducing the duration and improving the efficacy of treatment, (c) preventing disease, and (d) increasing access to DOTS and DR-TB treatment care, etc.
- Invest in new diagnostic and TB management tools and approaches that are less labor intensive, more cost-effective, and can be delivered close to patients to minimize the health workforce burden and help to improve patient access, thereby increasing case detection and enhance treatment success.
- Prioritize research that has the potential to change policy and practice in TB care in the country.

The strategic interventions and activities are organized under the four program objectives. Addressing these objectives through specific strategic interventions and activities would help to achieve the national goal. These four strategic priorities are the main focus of the proposed three- year project. The revised PC-1 is to enable the provincial TB control program support/ implement the expansion and consolidation activities, according to provincial strategic plan. The revised PC-1 focuses mainly the responsibilities and activities of the provincial TB control program. The project activities will enable the province and districts to achieve the coverage and outcome targets of the program.

Justifications:

Tuberculosis is a major public health hazard, causing a significant proportion of preventable adult mortality and morbidity in the country and province of Punjab and declared as a national emergency. The TB case notification rate varies across the provinces and the regions in Pakistan. The incidence of All Types TB cases in Pakistan is 276/100,000 whereas prevalence for All Type cases is 348/100,000. The case notification rate has slightly increased in year 2014 but still below National targets. This needs to be increased to revert the incidence of disease. This requires strong political commitment, resources and implementation arrangements at all levels i.e. provincial and district level, health facility level and community level. Through revised PC-1 support the provincial TB control program will contribute towards achieving provincial TB control targets.

Details of the previous approved PC-1 is as under:		
Comprehensive TB Control Program in Punjab	<ul style="list-style-type: none"> • 2004-05 to 2006-07 extended for the year 2007-08 and 2008-09 • 2009-2011, Extended for the year FY 2011- 2013 • Revised FY 2012-2015 	498.824M 707.674M 967.776M
	<ul style="list-style-type: none"> • Funds released and utilized during FY 2012-15 were Rs. 240M • Proposed FY 2015-18 	1398.933
The project description is given in the section below:		

PROJECT DESCRIPTION

The section below describes the activities to be undertaken during 2015-18 and is in line with the Provincial Strategic Plan (PSP) for TB Control in Punjab.

OBJECTIVE WISE DESCRIPTION OF PROJECT:

OBJECTIVE 1: To increase the number of notified TB cases from 194,628 (67%) in 2014 to at least 217,570 (71%) by 2018 while maintaining the treatment success rate at 95%.

Table 1: TB notification sensitive cases (all forms)

TB cases	2014/15 (Baseline)	2015/16	2016/2017	2017/2018
Est. number of incident TB cases	290185 (100%)	294,741 (100%)	299,369 (100%)	304,069 (100%)
TB cases to be notified (from PSP)	194,628(69%)	201,909 (69%)	208,073 (70%)	214,380 (71%)
<i>PC-1 Share (50%)Cases</i>		100,955	104,036	107,190
<i>Donor assistance (50%)Cases</i>		100,955	104,036	107,190

1.1: Enhanced TB case finding through improved access to diagnostic services and treatment through free of cost quality assured Anti TB Drugs

a: Improved microscopy services and WHO endorsed rapid diagnostic tool (WRDT)

a.1: Case finding will be enhanced through sustaining quality assured diagnostic services

This activity will be in the network of existing 559 Basic Management Units (BMUs) in Public, Parastatal and Private Sectors. The public Sector BMUs includes rural health centers, tehsil head quarter hospital, district head quarter hospital and tertiary care hospitals in all 36 districts of province of Punjab. BMUs will be strengthened through PC-1 support which includes provision of microscopes (100) to the newly established labs as well as to replace the non-functional microscopes in existing BMUs. Moreover, reagents and non-consumable items will also be provided to 80% of these labs from PC-1 support. (ANNEX-3)

“The activity a.1 is partially supported by donor assistance which includes 195 microscopes for private sector BMUs and 20% of reagents for these labs.”

Table 2: Establishment of BMUs(2015-18)

	2014/15 (Baseline)	2015/16	2016/2017	2017/2018
Public Sector	517	527	527	527
Other Health Sector	12	32	40	40
Private Hospitals	5	15	30	35
NGOs	25	75	125	150
Total	559	649	722	752

a.2: Selection, Procurement and Distribution of First Line Anti TB Drugs

Through PC-1 support the first line Anti TB Drugs for Adult TB Cases (CAT-I & II) i.e. 363,822 will be provided during period 2015-16 to 2017-18. Moreover, ATT for 26,405 childhood TB patient will also be provided through PC-1 support during the Period 2015-16 to 2017-18. This will help ensuring treatment compliance of TB patient who are poor and underserved. (ANNEX-2)

The activity a.2 is partially supported by donor assistance which includes providing free of cost first line quality assured Anti TB Drugs for 312,181 TB patient to be treated during period 2015-16 to 2017-18.

a.3: Access to TB diagnostic services will be further improved by strengthening/establishing an additional 10 public sector BMUs.

The activity a.3 will require support from PC-1. The sub-activities would include:

- i) Provision of lab supplies (microscopes, consumable and non-consumable lab items),
- ii) Provision of un-interrupted anti-TB drugs for registered patients,
- iii) Print material (R&R and IEC materials),
- iv) Monitoring and evaluation,
- v) Quality assurance services for laboratory activities. (ANNEX-3)

“In activity a.3, new 183 BMUs in private sector will be established with the support of donor”.

a.4: Referral mechanism and specimen transport will be established with provision of transport boxes and signing contract with a courier service.

Each BMU will be linked to a Gene-X-pert site and culture facility through a district intermediate laboratory in order to facilitate early diagnosis of DR-TB and improve quality of TB diagnosis in high-risk populations (such as PLHIV).

“The activity a.4 is fully supported by donor.”

a.5: Improved access to WRDT for diagnosis of tuberculosis in children, other vulnerable population and high risk population:

TB contact and Children able to produce sputum will be tested using MTB/RIF assay. Extra-pulmonary specimen will also be tested using X-pert MTB/Rif assay to improve quality of diagnosis.

“The activity a.5 is fully supported by donor.”

a.6: Improve performance of the microscopy services by strengthening the Quality Assurance services.

Table 3: Number of reporting microscopy laboratories and performance

	2014/15 (Baseline)	2015/16	2016/2017	2017/2018
# Reporting Microscopy labs	559	649	722	752
# lab with acceptable performance	453	532	614	639
% lab acceptable performance	81%	82%	85%	85%

“The activity a.6 is fully supported by donor.”

1.2: Enhance TB Case finding by engaging private-sector healthcare providers to achieve “Universal DOTS Coverage”, in province of Punjab

In Pakistan, the majority of the population seeks healthcare outside the NTP network. Evidence suggests that failure to involve all care providers hampers TB case detection, delays diagnosis, leads to inappropriate and incomplete treatment, contributes to increasing drug resistance and places an unnecessary financial burden on patients.

The provincial TB control program Punjab and its partners have successfully implemented several models and strategies to engage all care providers over the last few years in selected districts and will be scaling up these intervention in all 36 districts of province. The implementation will be carried through:

- i. General Practitioners (GP),
- ii. NGO health network,
- iii. Large private hospitals and
- iv. Other public sector hospitals e.g. Military , Police, Social security, Prisons, etc.

“The activity 1.2 is fully supported by donor.”

1.3: Ensure appropriate policy and practice changes and improvements in regulatory environment to engage all healthcare providers in the control of TB

The Punjab Strategic Plan Vision 2020 highlights the importance of legislation and policies to ban over-the-counter sale of TB drugs and for making TB a notifiable disease. In case of the private sector, which is largely unregulated, putting in place appropriate policies and legislation at the provincial level is a key asset to create a conducive policy and regulatory environment. The legislative bills will be presented to the provincial assemblies by 2016. Similarly, efforts will be made to regulate over-the-counter-sale of TB drugs through administrative orders of the district health authorities and coordination with professional bodies (Pakistan pharmacist association and Pakistan chemist and druggist association). Trainings and certification of private providers as described above, combined with an improved regulatory framework, will encourage the private providers to follow the national TB guidelines, including reporting to PTP.

The legislative process will be facilitated through the Provincial *Technical Working Groups (TWG)* formed under the chairmanship of the Provincial secretary of health, consisting of officials from the provincial department of health including Provincial TB program, elected representatives, technical experts, representatives of WHO, civil society organizations, medical practitioners associations, and representatives of people affected by TB. The TWG will put forward recommendations for development of policies, regulation and legislation to improve TB case notification.

One-on-one lobbying meetings with members of provincial assemblies to advocate for adapting appropriate legislation for regulating private sector for TB control. Further, high-level advocacy seminars and workshops will be conducted with parliamentarians. These activities will be supported through PC-1.

The current draft legislation declaring TB as a notifiable disease puts forward an implementation mechanism as follows:

- i. It makes TB case notification mandatory for all registered healthcare providers.
- ii. It makes the District Office of Health responsible for ensuring that the notification forms are provided to all who are responsible for reporting.
- iii. It makes the healthcare providers responsible for informing the patients that TB drugs are available free of cost.
- iv. It makes the healthcare providers responsible for maintaining records of TB patients.

The bill clearly outlines the responsibilities of the District Health Managers in ensuring and monitoring the implementation of the legislation as well as execute powers and functions delegated by the Provincial TB Control Program and Government of the Punjab.

1.4 Advocacy and Behavior Change Communication:

The TB Control Program realizes the importance of behavior change communication and community mobilization activities for effective province-wide implementation of DOTS to achieve the case detection and cure rate targets. The TB Control Program has already developed some awareness materials including TV spots, posters, leaflets, IEC materials and video documentaries.

The purpose is:

- i. To engage policy makers and media to advocate for TB control as a national public health emergency
- ii. To promote disease awareness and knowledge among community to enable Behavior Change Communication (BCC)
- iii. To engage TB patients and affected communities in TB care

These activities will be supported through PC-1 (ANNEX-5) will include;

a. Involvement of policy makers through seminars

Drawing attention towards TB as a national public health emergency is highly needed. Seminars with policy makers e.g. Ministry, donors, health planners will provide an opportunity to revitalize interest in TB control, improve political commitment and mobilize resources.

- i. Advocacy for Legislative bill for TB as notifiable disease
- ii. Legislative bill for over the counter sale of Anti TB drugs
- iii. Mandatory testing of HIV patients for TB and vice versa.

b. Engagement with media through workshops

Media support is essential in highlighting the impact of TB and TB control program. Benefiting from presence of Urdu and Punjabi language media in Punjab is required. Media workshops will be periodically organized to orient and sensitize media professionals on TB

c. Advocacy with professional bodies

Involving pharmacists (via the Pakistan Pharmacists Association) into the PTP/DOTS system to the extent that the pharmacists who wish to continue selling anti-Tuberculosis medications will require attending in PTP trainings. These trainings will cover the causes of drug-resistant tuberculosis, the importance of adhering to a strict treatment regimen and the importance of receiving a proper diagnosis and remaining in the care of a qualified medical practitioner.

d. Community awareness and mobilization (Mass media campaigns)

TB is known to be a poor man's disease, and its worst victims are the poor and the vulnerable groups of the society. For this reason people falling under these categories will be addressed. Banners, posters and other informational materials will be developed and placed in common areas, such as bus stops, rickshaw stands, local clubs, schools and colleges, local market-places, public toilets, to name a few. Mass Media Campaigns will be organized annually for creating greater impact. Community Awareness sessions will be organized in rural and poor localities in collaboration with National Program, PACP and Dengue Control Program. Cable television is a popular, widely available and cost effective electronic medium. Context specific i.e. local language and culture based TB messages based campaigns will be developed for broadcasting on cable networks through cable operators associations. TV Commercials will be aired throughout the year and specifically on World TB Day. Radio particularly FM is a popular entertainment media. It is also cost effective. Context specific TB message campaigns will be developed and broadcast through radio channels in selected districts.

Objective 2: To reduce, by at least 5% per year by 2018, the prevalence of MDR-TB among TB patients who have never received any TB treatment

Drug resistance (DR) from first line anti-TB drugs is increasing in Pakistan as shown in the drugs resistance survey conducted in Pakistan in 2013 (3.1% in new cases and 18.3 in re-treatment cases). Diagnosing and treating a DR TB case requires a great deal of infrastructure, equipment and medicine arrangements which is a huge cost. Diagnosing and treating a single DR-TB case cost about 1,000,000 Pak.Rs.

Through donor support the provincial TB control program is going to receive an in-kind support during the period July 2015-Dec 2017 in the form of second line anti-TB drugs (SLDs) for about 7,302 DR-TB patients, equipment including X-pert machines and its consumables cartridges, culture and sensitivity testing, strengthening selected hospitals as PMDT sites and training of specialists and paramedics and technicians, infection control arrangements and incentives for patients and treatment supporters.

However, there are still few gaps remaining to address comprehensively the DR-TB care in the province of Punjab which needs to be supported by PC-1.

It is expected that about 20% of the annual registered patients i.e. 1461 in 3 years will suffer from side effects related to SLDs. If these side effects are not treated there is a great chance that either patient will leave the treatment or face health consequences. To ensure that the patients gets a comprehensive DR-TB care, the registered DR-TB patients who will have side effects from SLDs will receive ancillary drugs to manage these side effects which will be supported through PC-1. (ANNEX-2)

Objective3: To strengthen and sustain the programmatic and operational management capacity of the provincial TB control program, while enhancing public sector support for TB control.

a. The M&E activities such as provincial and district level surveillance meetings.

This activity will be supported through donor assistance.

b. Improving district level TB monitoring and coordination support.

The activities such as intra-district meeting, inter-district meetings, coordination meeting, etc will be supported through donor assistance.

c. Procurement and supply chain management (PSCM)

The Procurement and Supply Chain Management (PSCM) system of PTP has successfully supported, and contributed towards, the programmatic achievements. The PTP manages a wide range of functions from:

- i) Quantification
- ii) Selection and placement of order to vendors
- iii) Receiving commodities and drugs at provincial level
- iv) Distribution to the districts.

The system ensures that supplies reach the health facilities (usually BMUs) through effective coordination and without any interruption.

“This activity will be partially supported by donor”

d. TB control program management at provincial level

After devolution, the administrative, financial and technical responsibilities have been delegated from federal level to province. Therefore the role of Provincial TB control Program is very crucial in implementation of program in 36 districts of Punjab. The availability of skilled and trained human resource is vital to develop and implement operational plans, coordinate activities with partners, manage financial and human resources, organize staff training, supervise and provide technical support to districts, and ensure operationalization of the PTP information system. Moreover, sustainability of the TB control program can only be ensured through persistent availability of required human resource in the program with adequate capacity to implement all interventions. .

Through PC-1 support managerial and technical staff will be sustained in the province for effective implementation of TB control activities and achieve the project targets. (ANNEX-1)

The organogram below shows the human resource requirement at the provincial and district level.

HUMAN RESOURCE OF PROVINCIAL TB CONTROL PROGRAM PUNJAB

- **Organogram Annexed.**
- **Human Resource at Provincial and District level:**

Director General Health Services is overall in-charge and drawing/ disbursing officer for the TB program in the province. Program Manager, Provincial TB Control Program (PTP) coordinates with external agencies such as NTP, NGOs, and International agencies District Health Managers etc. She/he monitors the implementation of the program in the districts, and ensures timely availability of drugs, material and technical support to the districts.

Continuation of HR from Provincial Pc-1: Table 4: Staff Positions

SNO	NAME OF POST	BPS	NO OF POSTS
1	Director / Program Manager	20	1
2	Additional Director	19	1
3	Deputy Program Manager (SMOs)	18	3
4	Pharmacist/DDC (SNE)	18	1
5	Program Officer (MOs)	17	3
6	Accounts Officer	17	1
7	Database Administrator / Computer Program Officer	17	1

8	Office Superintendent	16	1
9	Assistant/Cum Computer Operator	14	1
10	Stenographer	14	2
11	Store Keeper	6	1
12	Junior Clerk / Data Entry Clerk	7	1
13	Driver (4 already working, SNE for 20)	5	24
14	Naib Qasid	2	4
15	Sanitary Worker	2	1
16	Head of Laboratory (Pathologist)	18	1
17	Deputy Head (MO)	17	1
18	Microscopy Technician (Lab. Technician)	12	1
19	Culture Technician (Lab. Technician)	12	1
20	Technician for identification and Sensitivity (Lab. Technician)	12	1
21	Technician for Preparing Reagents & Media (Lab. Assistant)	12	1
22	Lab. Assistant for House Maintenance (Lab. Attendant)	1	1
23	Lab. Attendant for Cleaning and Washing (SW)	1	1

Continuation of HR from Devolved Program.

1	Health Education Office-ACSM	17	1
2	Office Assistant/cum Computer Operator	14	1
3	Microscopy Technician	12	1
4	Drivers	5	16

JUSTIFICATION:

During the year 2013-14 the total Procurement/utilization of drugs from TB Control Program Punjab was Rs. 392 Million and Lab Items worth Rs. 25 Million, similarly for 2014-15 the amount stands at Rs. 322 Million for drugs and Rs. 22 Million for Lab items. For the year 2015-16 the forecasted procurement of TB drugs will be Rs. 690 Million (Rs. 345 Million by PC-1 and same amount from Global Fund) and Rs. 41 million for lab Items.

In this regard, it is submitted that TB Control Program intends to procure medicines and lab supplies in the fresh PC-1 according to the need and requirement in bulk quantity. At present Pharmacist provided by Global Fund is looking after TB DMIS (Drug Management Information System) and WMIS

(Warehouse Management Information System) for compilation of data and its validation from the field.

However to ensure the transparency in procurement of drugs, its distribution/utilization in all over Punjab, a Pharmacist needs to be recruited out of PC-1. The Pharmacist being the technical officer will ensure the quality of drugs, its validation and other technical aspects.

1.7	Capital cost estimates	<p>Total Cost : 1398.933 Million</p> <p>Scope of Work:</p> <p>Punjab has expanded the TB Control Program in the 36 districts of the province. The Province has 56% of the TB case load of the whole Paksitan. The PC-I (2015-2018) for the Provincial TB Control Program clearly spells out areas to be addressed for control of TB in the province which are in line with the WHO's new Stop TB strategy.</p> <p>The scope of the program has been enhanced after discussion at length with stake holders as well as keeping in view the previous experience and practice.</p>
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	<p>Additional Scope</p>	<p>The Federal Government commitment with Global Fund was 20/80 ratio in previous funding, now it will be 50/50 for 2015-17. The special emphasis in revised PC-1 is also given on the areas like Childhood TB, TB/HIV, ancillary drugs for Drugs Resistant patients and strengthening of lab by providing 100 good quality microscopes.</p> <p style="text-align: center;"><u>Case Detection from 2015-2018 (Target)</u></p> <table border="1" data-bbox="586 369 1427 772"> <thead> <tr> <th>TB cases</th> <th>2014/15 (Baseline)</th> <th>2015/16</th> <th>2016/2017</th> <th>2017/2018</th> </tr> </thead> <tbody> <tr> <td>Est. number of incident TB cases</td> <td>290185 (100%)</td> <td>294,741 (100%)</td> <td>299,369 (100%)</td> <td>304,069 (100%)</td> </tr> <tr> <td>TB cases to be notified (from PSP)</td> <td>194,628(69%)</td> <td>201,909 (69%)</td> <td>208,073 (70%)</td> <td>214,380 (71%)</td> </tr> <tr> <td><i>PC-1 Share (50%)Cases</i></td> <td></td> <td>100,955</td> <td>104,036</td> <td>107,190</td> </tr> <tr> <td><i>Donor assistance (50%)Cases</i></td> <td></td> <td>100,955</td> <td>104,036</td> <td>107,190</td> </tr> </tbody> </table> <p>The program plans to enhance the number of BMUs (Basic Management Units and Microscopy Labs as per table given below.</p> <table border="1" data-bbox="586 957 1414 1226"> <thead> <tr> <th></th> <th>2014/15 (Baseline)</th> <th>2015/16</th> <th>2016/2017</th> <th>2017/2018</th> </tr> </thead> <tbody> <tr> <td>Public Sector</td> <td>517</td> <td>527</td> <td>527</td> <td>527</td> </tr> <tr> <td>Other Health Sector</td> <td>12</td> <td>32</td> <td>40</td> <td>40</td> </tr> <tr> <td>Private Hospitals</td> <td>5</td> <td>15</td> <td>30</td> <td>35</td> </tr> <tr> <td>NGOs</td> <td>25</td> <td>75</td> <td>125</td> <td>150</td> </tr> <tr> <td>Total</td> <td>559</td> <td>649</td> <td>722</td> <td>752</td> </tr> </tbody> </table> <p>In order to accumulate the transparency in procurement of drugs and its distributions, Pharmacist needs to be recruited out of PC-1. The Pharmacist being the technical officer will ensure the quality of drugs, its validation and other technical aspects, Furthermore the staff from the devolved program has been added in this PC-1.</p>	TB cases	2014/15 (Baseline)	2015/16	2016/2017	2017/2018	Est. number of incident TB cases	290185 (100%)	294,741 (100%)	299,369 (100%)	304,069 (100%)	TB cases to be notified (from PSP)	194,628(69%)	201,909 (69%)	208,073 (70%)	214,380 (71%)	<i>PC-1 Share (50%)Cases</i>		100,955	104,036	107,190	<i>Donor assistance (50%)Cases</i>		100,955	104,036	107,190		2014/15 (Baseline)	2015/16	2016/2017	2017/2018	Public Sector	517	527	527	527	Other Health Sector	12	32	40	40	Private Hospitals	5	15	30	35	NGOs	25	75	125	150	Total	559	649	722	752
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<p>1.8</p>	<p>Demand and Supply</p>	<p>TB is a major public health problem in Punjab and requires urgent attention. To address this, various interventions of Punjab TB Control program have been launched resulting in increased case detection rate of TB in Punjab annually. In year 2011, a total of 162534 cases were notified, whereas in 2014, case notification increased to 194628.</p> <p>As the detection of TB patients has increased therefore, the demand for services and drug supply has also increased proportionately. PTP Punjab has evolved as a major actor in implementing DOTS strategy in the province. It has established a network of the services from primary health care to tertiary health care with 559 BMUs and 2899 treatment centers at BHU level along with a network of peripheral, intermediate and reference labs. Human resource development from the grass root to the provincial level is its major contribution in the health system strengthening.</p>																																																							

		<p>In order to meet MDGs targets, the project demands for the next ten years, an adequate and uninterrupted availability of resources. Therefore the PC-I has been prepared to ensure sustainability and continuity of TB control services in Punjab.</p> <p>As a major chunk of health care services are provided by private sector, therefore besides implementation of DOTS in public sector, PTP Punjab has also introduced its implementation through Public and Private Mix (PPM) initiative. This would help in filling the gaps between demand and supply by allocating resources to private sector for capacity building, adequate drug supply, continuous monitoring and supervision, advocacy, communication social mobilization, recording and reporting through involvement of all health care providers. Since PTP has shown significant achievements, continuity of program is mandatory to control TB in province.</p>
1.09	Financial Plan and Mode of Financing	ADP / MTFD
1.10	Economic Benefit Analysis Social Benefits with Indicators	<p>More than 200,000 new cases of TB occur annually and out of these cases, 75% TB cases fall in productive age group i.e.15-45. Tuberculosis is one of the major infectious cause of deaths in adult age that puts high economic burden on societies. The loss of working-age adults represents a loss of human capital and has a profound effect on household economic well-being.</p> <p>Greater adult mortality implies a lower rate of return to human capital investments, which in turn is a determinant of economic growth. The World Bank analysis finds that the economic benefits between 2006 and 2015 of sustaining DOTS at current levels relative to having no DOTS coverage are significantly greater than the cost. Uncertainty analysis shows that benefit-cost ratios of the Global Plan strategy relative to sustained DOTS were unambiguously greater than one. Economic benefits measured using a value of statistical life (VSL) approach.</p> <p>With this project by implementing Global plan, 100000 lives may be saved. Benefit to cost ratio for Sustained DOTS relative to non-DOTS is 50, for Global plan relative non DOTS is 44 and Global Plan relative to Sustained DOTS is 34.</p> <p>As a direct benefit of this project, patients suffering from TB in Punjab will be cured making them capable of productive living, reducing poverty and thus achieving MDG Goal. Total of 200,000 patients of TB will get benefit of this project annually.</p> <p>Tuberculosis is one of the major causes of social stigma, particularly females are main sufferer. Project implementation, advocacy, and communication and social mobilization will help to reduce this stigma and empower this group to seek health services.</p> <p>The changes in attitudes, behaviors, and practices will result in:</p> <ul style="list-style-type: none"> • Prevention of TB spread in the community as one patient can spread disease to 10- 15 people in a year. By prevention of

		<p>spread of TB disease, the incidence of TB will also be reduced in Punjab.</p> <ul style="list-style-type: none"> • Foreign exchange on the import of drugs and other equipment required for treatment of TB will reduce due to reduced incidence. • Societal benefits will take place due to human resource development and health promotional interventions in the community. <p>Target Indicators</p> <ul style="list-style-type: none"> • Case detection rate B+ >70% • Treatment Success Rate >85% • Default Rate < 5% <p>Employment generation</p> <p>In order to make the program sustainable, the human resource deployed in the program will remain in job for next 3 years and program will get benefit of skilled and trained manpower for effective implementation of program interventions.</p> <p>Environmental impact</p> <p>Decline in morbidity and mortality has positive impact on environment because untreated TB patients in the community are a great threat to the community and environment, as one such patient may spread TB to 10-15 persons in a year. The proposed project would have direct effect in reducing burden of the disease by reducing number of bacteriological positive TB cases.</p> <p>The Provincial TB Control Program (PTP) is integrated with the general health services and is collaborating with other primary health care programs based in public and private sectors. The program activities will specifically focus on the underserved and under-privileged rural areas and urban slums.</p> <p>Impact of delays on project cost and viability</p> <p>Project is viable as it has been working for the last Thirteen years however any delay will increase the cost of project.</p> <p>Cost of treatment of one TB patient for CAT-I is Rs.2533/- per and CAT-II is Rs.5000 but if patients are treated haphazardly under poor TB Control Program, drug resistance is produced and cost of one multi drug resistant TB patient is Rs.500000. Moreover, duration of treatment of MDR case is 18-24 months as compared to usual TB patient duration of treatment of 6 Months.</p> <p>Therefore delay in treatment will increase the cost 70 times more than the cost of treatment of usual TB patient.</p>
1.12	Implementation Schedule	<p><i>Start of Revised project</i> 01/07/2015</p> <p><i>Completion of project</i> 30/06/2018</p> <p>Year wise implementation schedule</p>
1.13	Management Structure and manpower requirements including specialized skills during execution and operational phases:	
1.14	Additional Projects / Decisions Required to	<p>TB Control Program has proved to be a path finder due to its total integration from the primary health care system to tertiary health care level. This project will play a pivotal role in:</p> <p>i. Health system strengthening.</p>

	<p>Maximize socio-economic Benefits from the Proposed Project</p>	<ul style="list-style-type: none"> ii. Implementation of DOTS in adult as well as childhood TB iii. Public-Private Mix DOTS in collaboration with NGOs, Private sector Clinics & Hospitals iv. Involvement of Tertiary Care Hospitals in TB-DOTS through Hospital DOTS Linkages v. Prevention and management of patients with DR-TB. vi. Anchoring Advocacy Communication and Social Mobilization to change attitudes and behaviors towards TB disease at all levels vii. viii. Monitoring of uninterrupted services to community at all levels of facilities through implementation of E-Surveillance including Drug Management Information System (TB-DMIS), Warehouse Management System (WMS) and Management Information System of DOTS (MIS-DOTS) in all districts of Punjab
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Mr. Jawad Rafique Malik
Secretary Health
Government of the Punjab

Dated:

Stop TB Strategy Annexure – I

Six Components of the Stop TB Strategy:

- 1. Pursuing high-quality DOTS expansion and enhancement**
 - a. Political commitment with increased and sustained financing
 - b. Case detection through quality-assured bacteriology
 - c. Standardized treatment with supervision and patient support
 - d. An effective drug supply and management system
 - e. Monitoring and evaluation system, and impact measurement

- 2. Addressing TB/HIV, MDR-TB and the need of poor and vulnerable Populations**
 - a. Scale of collaborative TB/HIV activities.
 - b. Prevent, Control and Management of MDR-TB
 - c. Address the need of TB contacts and of poor and vulnerable populations.

- 3. Contributing to health system strengthening based on primary health care.**
 - a. Improve health policies, human resource development, financing, supplies, service delivery and information.
 - b. Strengthen infection control in health services, other congregates settings and households.
 - d. Upgrade laboratory networks and implement the practical approach to lung health.
 - e. Adapt successful approaches from other fields and sectors innovations from other fields and sectors and faster action on the social determinants of health.

- 4. Engaging all care providers**
 - a. Involve all Public, Voluntary, Corporate and Private Providers through Public–Private Mix (PPM)
 - b. Promote use of the International Standards for Tuberculosis Care.

- 5. Empowering people with TB, and communities**
 - a. Advocacy, communication and social mobilization
 - b. Community participation in TB care
 - c. Patients’ Charter for Tuberculosis Care

- 6. Enabling and promoting research**
 - a. Program-based operational research
 - b. Research to develop new diagnostics, drugs and vaccines

**Infrastructure, Human Resource
Requirements and Job Description
Annexure III**

INFRASTRUCTURE AND HUMAN RESOURCE REQUIREMENTS

The mechanism for implementation of community-based TB care (DOTS) in the province of the Punjab is based on the following guiding principles.

- ❖ Maximal integration of tuberculosis care delivery and management into general health services, at all levels of program hierarchy.
- ❖ Minimal additional/external inputs, to ensure sustainability under routine program conditions.
- ❖ Context-sensitive and realistic mechanisms.
- ❖ Evidence-based approach to decision making.

JOB DESCRIPTION

PROGRAM MANAGER

- The main duty is managing the Provincial TB Control Program Punjab under supervision of Director General Health Services Punjab.
- To launch WHO recommended and NTP adopted DOTS Strategy in the whole Province.
- Supervision of DOTS activities including capacity building, program management, training, evaluation and research on TB DOTS program in Punjab.
- Development of inter sectorial and intra sectorial coordination.
- Involvement of NGOs and private sector in DOTS.
- Any other duty assigned by the Director General Health Services Punjab.

ADDITIONAL DIRECTOR

- Main duty is to assist the PTP Manager for managing the program.
- Monitoring and supervision of DOTS activities including capacity building, program management, training, evaluation and research on TB DOTS program in Punjab as per directions from Program Manager.
- Supervise the activities of Deputy Program Manager.
- Any other duty assigned by the Manager PTP Punjab

LAB FOCAL PERSON

- To work under the supervision of Program Manager for managing reference lab and monitoring the lab network.
- Planning and implementation of all activities in laboratory.
- Coordination with National Reference Lab, Intermediate Lab and Peripheral Lab.
- Establish and monitor EQA activities in the Province.
- Any other duty assigned by the Program Manager PTP Punjab.

DEPUTY PROGRAM MANAGERS

- They shall work under direct supervision of the Program Manager/Additional Director in implementing DOTS Strategy in the assigned districts.
- Monitoring and supervision of DOTS activities including capacity building, program management, training, evaluation and research on TB DOTS program in Punjab.
- Collaboration with NGOs and private sector in DOTS.
- Office work related to the Program.
- Any other duty assigned by the Program Manager/Additional Director.

HEAD OF LABORATORY-PATHOLOGIST

- To look after all laboratory activities in the province.
- To supervise and facilitate all activities in the Peripheral laboratory.
- To work in collaboration and maintain close liaison with the Focal Persons of PRLs.
- Any other duty assigned by the Program Manager/Additional Director.

PHARMACIST/DDC.

- Ensure principal of goods storage practices and maintain proper storage, stock of drugs and medical supplies and equipment.
- Sort out and classify entire lot of ATT drugs and medical equipment kept at Provincial Warehouse.
- Arranges the delivery of Medical Supplies and equipment's to Districts and Health Facilities.
- Preparing and follow up stock requisitions and approvals.
- Take part in public health related assessments, surveillance, report writing and provide technical advice on Pharmacovigilance activities.
- Any other duty assigned by the Program Manager/Additional Director.

PROGRAM OFFICER

- To work under supervision of Program Manager/Addition Director for the assigned districts.
- Monitoring and supervision of DOTS activities including capacity building, Program management, training, evaluation and research on TB DOTS program in Punjab.
- Perform office work related to Program.
- Any other duty assigned by the Program Manager and Additional Director.

DEPUTY HEAD REFERENCE LAB.

- To work under supervision of Focal Person.
- To look after all laboratory activities in the absence of Focal Person.
- To supervise and facilitate all activities.
- Any other duty assigned by the Focal Person.

ACCOUNTS OFFICER

- To work under supervision of the Program Manager.
- To manage the procurements of the program.
- To manage all other financial/account matters of the Program as per rules and regulations of the Government of Punjab.
- Office work related to Program Management.

DATABASE ADMINISTRATOR/COMPUTER PROGRAM OFFICER

- To work under supervision of the Program Manager.
- To manage Database of program.
- To manage all recording and reporting system.
- To assist and help regarding IT information to Program Manager.

OFFICE SUPRINTENDENT

- To work under supervision of Program Manager.
- Supervise the activities of, Computer Operator, Stenographer, Clerks, Naib Qasid and Sanitary Worker.
- Responsible for transport management.
- Responsible for office management.
- Any other duty assigned by the Program Manager.

STENOGRAPHER / CUM COMPUTER OPERATOR

- To work under supervision of Office Superintendent.
- Responsible for data entry and other computer work / office work.
- Any other duty assigned by Program Manager/Office Superintendent / Database Administrator.

ASSISTANT / COMPUTER ASSISTANT

- To work under supervision of Focal Person.
- Responsible for data entry and other computer work / office work.
- Any other duty assigned by Focal Person.

LABORATORY TECHNICIAN.

- To work under supervision of Pathologist/Deputy Head / Demonstrator.
- Perform laboratory work : Culture, Microscopy, Reagents preparation.
- Any other duty assigned by Focal Persons.

JUNIOR CLERK

- To work under supervision of Office Superintendent.
- Responsible for Office work.
- Any other duty assigned by Office Superintendent.

STORE KEEPER

- To work under supervision of Administrative Officer/Store in charge.
- Responsible for maintenance of store stock and record.
- Responsible for distribution of stores to districts.
- Any other duty assigned by store in charge.

LABORATORY ASSISTANT.

- Perform laboratory work: Reagents preparation.
- Any other duty assigned by Focal Person/ Deputy Head / Demonstrator.

DRIVER

- To work under supervision of Office Superintendent/Officer In charge.
- Responsible for maintenance of vehicle.
- Any other duty assigned by Program Management.

NAIB QASID

- To work under supervision of Office Superintendent/ Office in charge.
- Any other duty assigned by Superintendent/Officer in charge.

LABORATORY ATTENDANT

- To work under supervision of Focal Person.
- Cleaning and maintenance of laboratory.
- Any other duty assigned by Focal Person.

SANITARY WORKER / SWEEPER

- To work under supervision of Office Superintendent.
- Responsible for cleanliness of office.
- Any other duty assigned by Office Superintendent.

Components

Annexure – IV to IX