JULY 30, 2015

ANNUAL REPORT 2015

ACD

ASSOCIATION FOR COMMUNITY DEVELOPMENT

House no. 5, Street no. 1, Rehman Baba Road, University Town, Peshawar,
Khyber Pakhtunkhwa

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Acronyms

ACD	Association for Community Development
CBO	Community Based Organization
DMC	Directorate of Malaria Control
DOT	Directly Observed Treatment
DOTS	Direct Observed Treatment Strategy
DR	Drug Resistant
FATA	Federally Administered Tribal Area
FLCF	First Level Healthcare Facility
GF	Global Fund
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
GP	General Practitioner
KP	Khyber Pakhtunkhwa
LLIN	Long Lasting Impregnated Nets
MDR	Multi Drug Resistant
NGO	Non-Governmental Organization
NTP	National Tuberculosis Programme
OPD	Out Patient Department
PMDT	Programmatic Management of Drug Resistant Tuberculosis
PPM	Public Private Mix
PR	Principle Recipient
PTP	Provincial TB Programme
RDT	Rapid Diagnostic Test
SR	Sub Recipient
TB	Tuberculosis
TC	Treatment Coordinator
TS	Treatment Supporter

Executive Summary

Association for Community Development (ACD) is a non-governmental humanitarian organization established in year 2000 and registered in Pakistan under the societies Act XXI of 1860. Currently we are working in the field of health focusing on prevention and control of Tuberculosis, Malaria and HIV/AIDS. During the year 2015, we worked in Khyber Pakhtunkhwa, Federally Administered Tribal Agencies (FATA) and Gilgit Baltistan (GB) province. Our projects were funded by the Global Fund to Fight AIDS, All projects activities were implemented in close collaboration and coordination with the National and provincial programmes, Directorates of Health and district health authorities. The public sector programme authorities and representatives of the donors monitored all activities related to respective projects for both programmatic and financial performance and transparency. Performance of the projects was measured and rated against the criteria's set by the donors. Performance updates were shared at the district, provincial and national level in the quarterly review meetings. During the year 2015 TB, Malaria and HIV projects were implemented with the following objectives and activities;

For Programmatic Management of Drug Resistant TB project, the objective was to "Enhance the capacity of public and private sectors to detect and manage 80% of the estimated smear positive MDR-TB incident cases by year 2015.

For Public Private Mix project to enhance TB DOTS services the objective was to "Offer quality care to TB patients through a network of enabled private sector and parastatal hospitals, clinics and laboratories". Involving the private sector in disease specific interventions through these projects is a new initiative taken by the government. Although it has been a challenging job, useful lessons have been learned during the implementation that will facilitate future policy decisions and strategies at the provincial and national levels.

For Malaria prevention and control project the objectives were; "To enhance access of population at risk to quality assured early diagnosis and prompt treatment services, "To scale-up multiple prevention interventions especially LLINs and IRS to the level of universal coverage, "To improve health seeking behaviors and practices of target communities in highly malaria endemic districts through enhanced community awareness and participation"

Following table gives annual and consolidated achievements against set indicators of all the project. Achievements of individual project are given in the relevant sections.;

Table 1: Consolidated Achievements of all projects

	2015 Annual			Consolidated 2012-2015		
Activity Description	**Target**	**Achieved**	**Percent**	**Target**	**Achieved**	**Percent**
Number of Hospitals Managing DR TB Cases	5	5	100%	5	5	100%
Number of laboratory-confirmed DR-TB cases enrolled on second-line anti-TB Treatment	999	275	28%	1717	961	56%
Percentage of DR-TB patients on treatment receiving Social Support	90%	100%	111%	90%	100%	111%
Number of Doctors Trained for DR TB Management	15	161	1073%	675	584	87%
Number of Paramedics Trained for DR TB Management	20	1,234	6170%	1356	1301	96%
Number of GPs clinics enabled to provide TB DOTS	61	60	98%	62	61	98%
Number of Private Laboratories enabled for TB DOTS	8	8	100%	8	8	100%
Number of Parastatal Hospitals enabled for TB DOTS	7	7	100%	7	7	100%
Number of health care providers trained on TB DOTS through Basic and Refresher Trainings	188	123	65%	400	404	101%
Number of Community Gatherings Conducted	18	38	211%	120	142	118%
Number of Chest Camps conducted	68	75	110%	145	164	113%
Number of TB Cases Registered and treated	136	129	95%	453	429	95%
Strengthen Existing Diagnostic Services	101	99	98%	101	99	98
Establishment of RDT Centers at FLCFs	271	268	99%	271	268	99
Training lab Supervisors on Quality Assurance in Malaria Diagnosis	21	21	100%	161	163	101
Enhance Capacity of Healthcare Providers in Proper Malaria Case Management	316	289	91%	490	481	98
Number of RDTs used	155,121	136,360	88%	317,040	318,375	100
Establishment of LLIN outlets	106	106	100%	106	106	100
Distribution of LLINs	192,009	201,373	105%	814,512	818,658	100
Selective Indoor Residual Spray (IRS) in Epidemic Prone Areas-House Holds Sprayed	48,879	46,373	95%	195,516	189,342	97
Conduct Behavior Change Communication sessions	39,040	37,278	95%	130,120	126,723	97
Program Monitoring and Supervision-Meetings Conducted	96	73	76%	260	255	98
Monitoring and supervision visits conducted	786	708	90%	1762	1660	94

About ACD

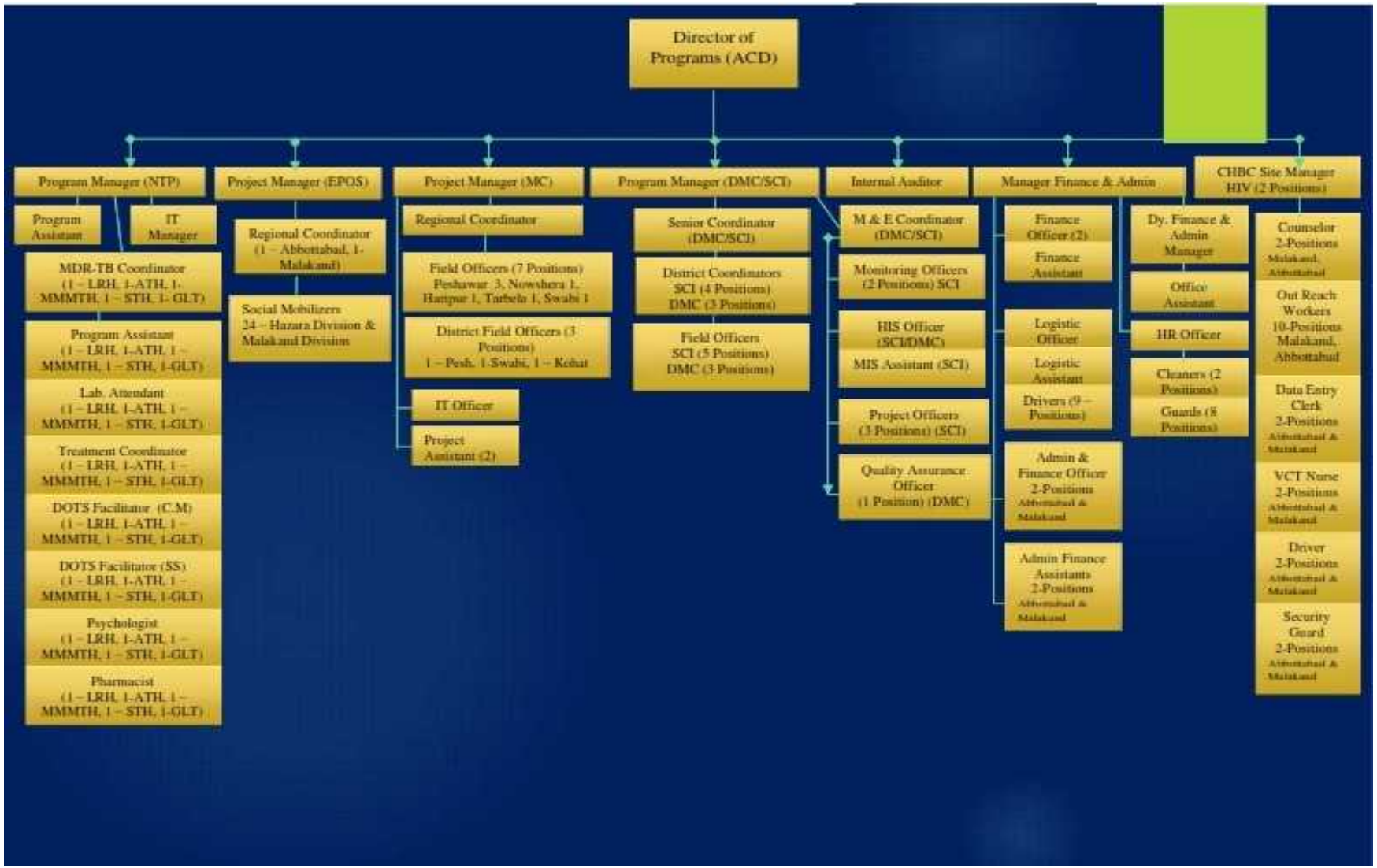
Association for Community Development (ACD) is a non-governmental humanitarian organization established in year 2000, registered in Pakistan under the societies Act XXI of 1860. ACD is also registered with FATA Secretariat Directorate of Social Welfare under the Voluntary Social Welfare Agencies (Registration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

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

ACD has a rich history of managing Public Health Projects in collaboration with provincial and national health programmes. Our core focus has been TB DOTS, MDR TB management and Malaria prevention, care and control. Our interventions are coordinated with Public Sector Health Programmes and are implemented as per National Health Guidelines of Government of Pakistan. We have been working in Khyber Pakhtunkhwa, FATA, Balochistan and Gilgit Baltistan.

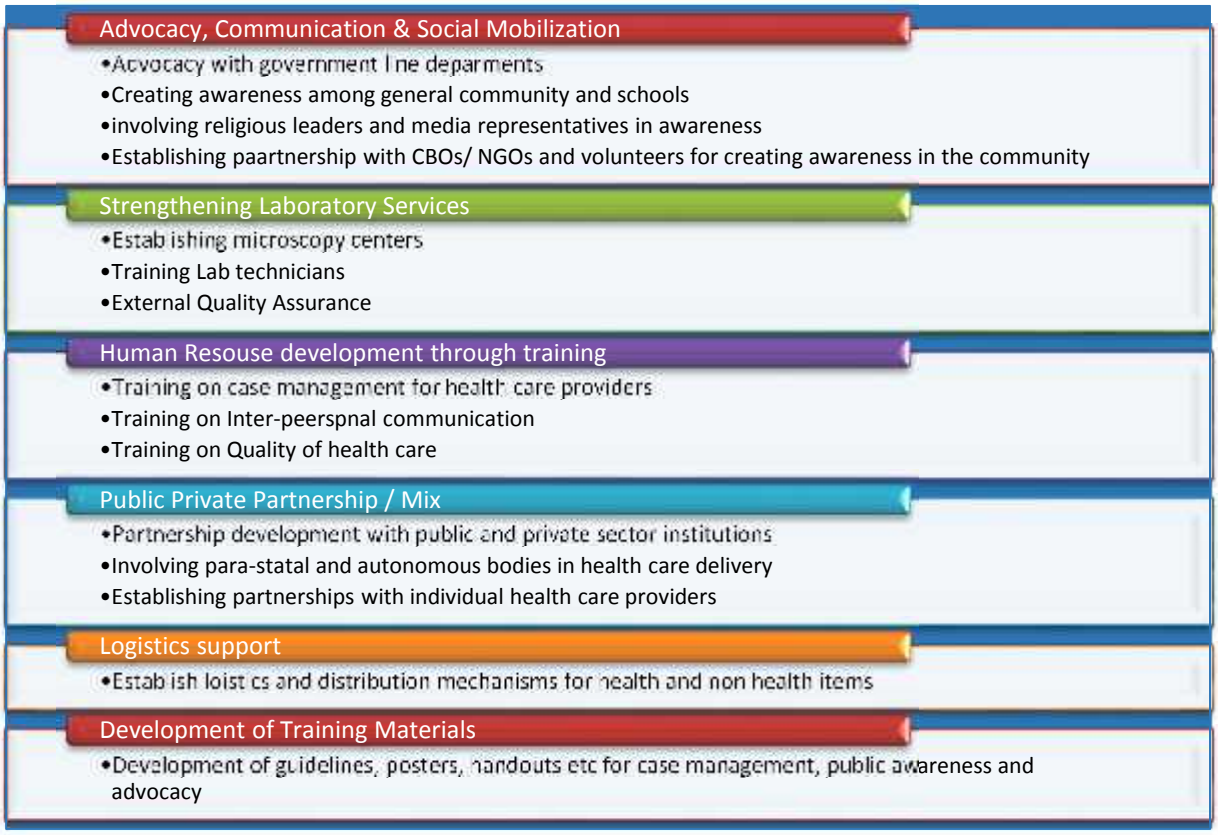
To achieve our objectives, we work with national health authorities and other stakeholders to establish effective health services and systems. We provide technical support, train health care providers, improve infrastructure of laboratories, and implement behavior change communication and awareness programmes by working with general communities, key advocates, media representatives and volunteers advocating for improved health, increase community awareness of health issues, promoting health seeking behaviour and ensuring provision of quality basic health care. To a limited extent, ACD has also responded to natural disasters occurring in Khyber Pakhtunkhwa during the previous years.

ACD Organogram



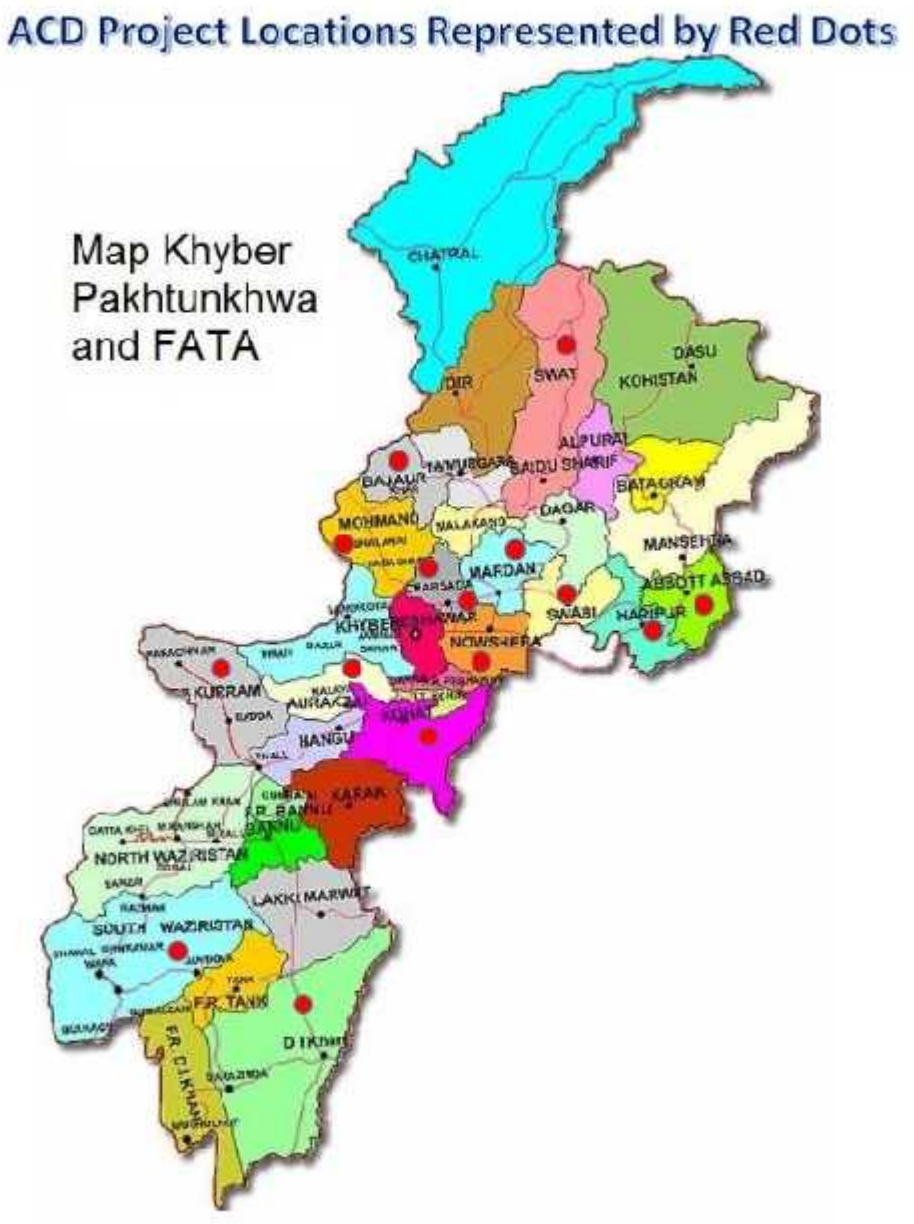
Areas of Interest

ACD has broad based objectives and expectations to get involved in multidisciplinary interventions for the benefit of its target communities; however, currently it is working in the following areas of its interest.



Geographical Coverage

In the year 2014 ACD implemented Malaria and TB projects in ten districts of Khyber Pakhtunkhwa and Five Federally Administered Tribal Agencies highlighted in red.



TB Component

Background:

Pakistan ranks 5th amongst the 22 High Burden Countries (HBCs) and 4th among 27 MDR high burden countries in the world. Pakistan contributes about 65% of the tuberculosis burden in the Eastern Mediterranean Region. According to national prevalence survey results (2010-11), the incidence of 'all type' TB cases in Pakistan is 276/100,000 per year or around 420,000 new cases each year. The prevalence of the disease is much higher and is estimated at 348/100,000 population or 670,000 cases. Additionally there are an estimated 3.4% and 19% Multidrug Resistant TB cases respectively among the new and retreatment cases. In the year 2013 Pakistan notified 298,446 TB cases (WHO Global TB Report 2014). TB is responsible for 5.1 percent of the total national disease burden in Pakistan and its impact on socio economic status is substantial as about 75% of TB cases fall in productive age (15-45 year) group.

Since the expansion of the WHO Direct Observed Treatment Strategy (DOTS) in 2001 NTP has followed the policy of reducing the prevalence, incidence and mortality of tuberculosis to achieve the Millennium Development Goal 6-3 (MDG-6) by 2015 respectively. With the financial support from the Global Fund to fight AIDS, TB and Malaria and other international donors, National TB Programme is implementing TB prevention and control interventions in the country through its national and international operational partners that includes public sector provincial programmes and private sector civil society organizations, institutions and health care providers. In the provinces of Khyber Pakhtunkhwa and Gilgit Baltistan ACD is collaborating with the National TB Programme and Mercy Corps Pakistan in TB programme implementation. The current project started in the year 2012 under the single stream funding of the Global Fund. The following paragraphs will summarize annual as well as consolidated activities and achievements of the project.

Programmatic Management of Drug Resistant TB

Objective of the Project

Enhance the capacity of public and private sectors to detect and manage 80% of the estimated smear positive MDR-TB incident cases by year 2015

Activities conducted for Programmatic Management of DR TB included:

1. Enhanced capacity of hospitals and peripheral facilities to deliver and monitor in-patient and community-based treatment with Ambulatory Based Care of MDR-TB cases
2. Enhancing airborne infection control and other facilities for inpatient and outpatient MDR-TB care in each hospital
3. Strengthening treatment hospitals for managing MDR-TB cases
4. Strengthening health facility network for community based MDR-TB care
5. Number of DR TB cases Registered and treated
6. Provide psychosocial support for MDR TB patients
7. Provision of free second line anti-TB drugs and laboratory investigations

Activities Description

- In five tertiary and district level hospitals, four in Khyber Pakhtunkhwa and one in Gilgit Baltistan respectively, separate space is provided by the hospital management which has been dedicated for treating drugs resistant TB cases. Hospitals that are supported for the programmatic management of MDR TB Cases include; Lady Reading Hospital Peshawar, Ayub Teaching hospital Abbottabad, Saidu Teaching hospitals Swat, Mufti Mahmud Teaching hospital D I Khan and district hospital Gilgit. The selected sites in these hospitals have been provided necessary equipment, medicine and additional human resource. Infrastructure of the waiting area and wards for admitting the drug resistant TB cases have been renovated as per the national TB programme standards.
- Project and selected hospital staff has been trained on the national guidelines and protocols for managing MDR TB patients.
- All hospital are supported to establish linkages with the existing DOTS clinics at the district level for coordination of social support services, provision of food baskets, counseling and travel incentives to minimize loss to follow-up.
- A designated Treatment Coordinator (TC) visits patient's home, arranges meeting with the DOTS clinic nearest to patients home for administering TB drugs. This arrangement facilitates patients in taking treatment regularly and managing side effects if may occur during the course of treatment. A health workers or community volunteers is identified as a treatment support with the consent of the patient who is made responsible for ensuring treatment of the patient. The treatment supporter is also provided food basket as an incentive for his service and time. All health care providers managing DR TB patients are trained on the National TB programme protocols for ambulatory care model for managing DR TB.
- Patients records are maintained in the Electronic Nominal Registrations System and reported to NTP which is included in the national DR TB database and shared with World Health Organization and donors. The reported data is later included in the Global TB report.

Following table summarizes achievements of the programme against set targets

Table 2: Programmatic Achievements Drugs Resistant TB Project

	2015 Annual			Consolidated 2012—2015		
Activity Description	**Target**	**Achieved**	**Percent**	**Target**	**Achieved**	**Percent**
Number of Hospitals Managing DR TB Cases	5	5	100%	5	5	100%
Number of laboratory-confirmed DR-TB cases enrolled on second-line anti-TB Treatment	999	275	28%	1717	961	56%
Percentage of DR-TB patients on treatment receiving Social Support	90%	100%	111%	90%	100%	111%
Number of Doctors Trained for DR TB Management	15	161	1073%	675	584	87%
Number of Paramedics Trained for DR TB Management	20	1,234	6170%	1356	1301	96%

DR TB Pictures Gallery

Public Private Mix (PPM) for TB DOTS service delivery

Objective of the Project

To offer quality care to TB patients through a network of enabled private sector and parastatal hospitals, clinics and laboratories

Activities conducted for Programmatic Management of DR TB included:

- Build capacity of private healthcare facilities to deliver TB DOTS treatment
- Train and support Private laboratories on quality diagnosis for TB
- Conduct community awareness-raising activities and chest camps
- Build capacity of the selected parastatal hospitals to deliver quality DOTS services
- Monitoring and quality assurance of TB DOTS services
- Conduct quarterly review and planning meetings

After achieving countrywide DOTS coverage through a network of public sector health facilities National TB Control Programme has been focusing on improving the quality of diagnosis and care but also extending TB DOTS services to the population not yet adequately covered. These groups include mainly those who either do not “prefer to” or are not “able” to avail care from public sector facilities. The program strategy for enhanced DOTS quality and universal coverage includes integration of TB diagnosis and care within the district primary health care system (PHC), Public Private Partnerships (PPM) through engagement of private providers, parastatal run health facilities under autonomous bodies of different ministries and tertiary/teaching hospitals for establishing DOTS Linkages. The interventions under this objective were implemented through selected private health care providers and laboratories in two districts and initially nine seven parastatal health facilities managed by autonomous bodies under different Ministries. The purpose of this intervention was to introduce standardized TB diagnosis and case management protocols in the private sector. The partner private health care providers and parastatal hospitals were provided laboratory reagents, microscopes and anti-TB drugs for TB DOTS.

Activities Description

Mapping exercise was conducted to identify and select private healthcare facilities and laboratories in the target districts. A memorandum of understanding (MoU) was signed between each participating healthcare provider and private laboratory. One doctor and one paramedic and a laboratory technician from each of the selected private health facility was trained on DOTS protocols including recording and reporting tools. Training of the private providers was conducted on the NTP standard training package for private providers. Anti-TB drugs were provided to these private healthcare providers by NTP with support from the Global Fund grant. District TB programme was given lead role in the project implementation.

The District Laboratory Supervisor (DLS) visited each of the selected laboratories once every month to ensure the quality of sputum microscopy. Each selected laboratory was strengthened by providing a microscope and laboratory reagents and chemicals required for sputum microscopy.

Community mobilization and awareness raising activities were conducted through NGO/CBO coalitions to encourage TB suspects to seek early diagnosis and to promote treatment adherence in confirmed TB patients. The NGOs and CBOs were mobilized to form coalitions and to conduct community meetings per month in each district.

All private providers conducted chest camps in their clinics and in the areas from where more TB patients were reporting to the district TB programme. These areas were identified with the help of District TB programme.

The capacity building for the parastatal hospitals included training four doctors, four paramedics and one laboratory technician as per national guidelines. The doctors and paramedics were trained at district level, whereas laboratory staff was trained at provincial reference laboratory. These trainings were organized together with the National and Provincial TB Control Programs using the standardized training materials developed by the NTP. NTP provide anti-TB drugs, microscopes, reagents and other related laboratory supplies to these hospitals. One additional staff dedicated for the project implementation was provided to each hospital to facilitate TB care delivery process

Table 3: Programmatic Achievements Public Private Mix for TB DOTS Project

	2015 Annual			Consolidated 2012—2015		
Activity Description	**Target**	**Achieved**	**Percent**	**Target**	**Achieved**	**Percent**
Number of GPs clinics enabled to provide TB DOTS	61	60	98%	62	61	98%
Number of Private Laboratories enabled for TB DOTS	8	8	100%	8	8	100%
Number of Prarastatal Hospitals enabled for TB DOTS	7	7	100%	7	7	100%
Number of health care providers trained on TB DOTS through Basic and Refresher Trainings	188	123	65%	400	404	101%
Number of Community Gatherings Conducted	18	38	211%	120	142	118%
Number of Chest Camps conducted	68	75	110%	145	164	113%
Number of TB Cases Registered and treated	136	129	95%	453	429	95%

PPM Pictures Gallery

World TB Day Commemoration

Every year the health community involved in the fight against TB commemorates World TB Day globally. To show solidarity with the global community ACD organized TB education and awareness sessions for the health care providers and general community at the district level. For health care providers sessions were conducted in Peshawar and Abbottabad whereas; for the general community sessions were conducted in districts Swabi and Kohat.

World TB Day Pictures Gallery

Malaria Component

Project Background

Pakistan is a malaria endemic country with an estimated annual number of malaria cases at 1.6 million. Approximately 24.84 million of the population residing in 38 highly malaria endemic districts are at risk of malaria. The majority (80%) of malaria in Pakistan is caused by Plasmodium vivax, while the remaining 20% is caused by P. Falciparum. Malaria endemicity is heterogeneous in Pakistan. Thirty seven percent of malaria cases are reported from the districts and agencies of Federally Administered Tribal Areas (FATA) and Balochistan bordering Afghanistan and Iran. Malaria transmission is seasonal, with peaks in summer (June-September) for vivax malaria and late-summer and winter (August- November) for falciparum malaria. The malaria endemicity in Pakistan has a negative impact on its socio-economic growth and productivity, as the main transmission season coincides with the harvesting and sowing of the main crops (wheat, rice, sugar cane). The Government of Pakistan is implementing Malaria Control Program (MCP) in 72 malaria endemic districts of Pakistan with the public sector resources and in 19 highly endemic districts with the support from the Global Fund. The interventions of the current project are based on the National strategic framework for Malaria control. Association for Community Development (ACD) is one of the sub-recipient responsible for project implementation in three districts of Khyber Pakhtunkhwa and five FATA agencies namely; districts Nowshera, Charsadda and Mardan, along with Mohmand, Bajaur, Orakzai, Kurram and South Waziristan Agencies.

Objectives of the Project

1. **To enhance access of population at risk to quality assured early diagnosis and prompt treatment services**
2. **To scale-up multiple prevention interventions especially LLINs and IRS to the level of universal coverage**
3. **To improve health seeking behaviors and practices of target communities in highly malaria endemic districts through enhanced community awareness and participation**

Activities Description

Health facilities were provided support for infrastructure up gradation, trainings, microscopes, medicine and laboratory reagents to enhance their capacity for provision of Malaria programme services to the target communities. RDT centers were established in the target districts and agencies where the diagnostic facilities were either not available or were inaccessible for the communities.

Laboratory supervisors were trained in Quality Assured for malaria microscopy and healthcare providers of the public and private sector were trained in the Malaria case management on the standardized treatment management protocols developed by the national Malaria programme.

Mobile outreach malaria diagnostic and treatment services was provide in Nowshera and Charsadda which was affected in the floods in the recent past making the population highly

vulnerable to malaria outbreaks and epidemics. The purpose of this intervention was to prevent expected high numbers morbidities and mortalities in the population which was displaced due to severely damaged infrastructure including health facilities. Mobile van procured for the purpose was equipped with diagnostic services (RDTs and microscopy), treatment services (anti-malarial drugs and trained healt

Activities conducted for Malaria Prevention and Control
Strengthen Existing Diagnostic Services
Establishment of RDT Centers at FLCFs
Training 38 lab Supervisors on Quality Assurance in Malaria Diagnosis
Prompt and Effective Anti-Malaria Treatment
Enhance the Capacity of Healthcare Providers in Proper Malaria Case Management
Provision of mobile outreach malaria diagnostic and treatment services to severely flood affected population
Prevention through universal coverage of LLINs in target districts
Selective Indoor Residual Spray (IRS) in Epidemic Prone Areas
Program Monitoring and Supervision

LLINs distribution outlets were set up in the districts and agencies for smooth and timely distribution of the LLINs to the neediest populations. LLINs were provided to the target populations residing in the project area as per the national vector control guidelines and LLINs distribution policy. The distribution of the LLINs was carried out through the public sector health facility staff in a phased manner. The staff was trained on the distribution and data management protocols developed by the National Malaria Programme. To promote the correct use of LLINs by the target populations, BBC campaigns were conducted to create awareness and improve knowledge and practices of the target population. Indoor residual spray was carried out for the target populations as per the approved plan.

Regular Monitoring and Supervision of the field activities was carried out by the senior programme management and monitoring team dedicated for the purpose. Monthly and quarterly review meetings at the national, provincial and district level were conducted for data validation and performance updates.

Table 4: Programmatic Achievements Malaria Prevention and Control Project

	Annual 2015			Consolidated 2012--2015		
Activity Description	**Target**	**Achieved**	**Percent**	**Target**	**Achieved**	**Percent**
Strengthen Existing Diagnostic Services	101	99	98%	101	99	98
Establishment of RDT Centers at FLCFs	271	268	99%	271	268	99
Training lab Supervisors on Quality Assurance in Malaria Diagnosis	21	21	100%	161	163	101
Enhance Capacity of Healthcare Providers in Proper Malaria Case Management	316	289	91%	490	481	98
Number of RDTs used	155,121	136,360	88%	317,040	318,375	100
Establishment of LLIN outlets	106	106	100%	106	106	100
Distribution of LLINs	192,009	201,373	105%	814,512	818,658	100
Selective Indoor Residual Spray (IRS) in Epidemic Prone Areas-House Holds Sprayed	48,879	46,373	95%	195,516	189,342	97
Conduct Behavior Change Communication sessions	39,040	37,278	95%	130,120	126,723	97
Program Monitoring and Supervision-Meetings Conducted	96	73	76%	260	255	98
Monitoring and supervision visits conducted	786	708	90%	1762	1660	94

Malaria Activities Picture Gallery

HIV Component

Project Background

Public Private Partnership to improve harm reduction, care & support services and implementation capacity

Pakistan is a country having a concentrated HIV epidemic, with a prevalence of 27.2% among People Who Inject Drugs (PWID) The prevalence is 5.2% among Hijra (Transgender) Sex Workers (HSW), 1.6% among Male Sex Workers (MSW) and 0.6% among Female Sex Workers (FSW), while it is under 0.1% in the general population. HIV prevalence is on the rise in the most-at-risk population in Pakistan. The current project started few months back, the results therefore; will be presented in the next annual report. ACD is currently managing two sites one each in Malakand and Hazara regions respectively for Community and Home Based Care (CHBC) and support for the people living with HIV/AIDS (PLHIV).

Objective of the Project

Improve access to HIV care and treatment support for PLHIV and their family members through the provision of CHBC services and improved referral mechanisms to ART sites

Activities conducted for Community and Home Based Care included:

Provide psychosocial and nutritional support;

Improve livelihoods via socioeconomic support and job creation for PLHIV;

Care for children affected by HIV & AIDS;

Provide social support network for PLHIV;

Expand VCT to increase detection and uptake of PLHIV;

Support ARV treatment adherence for adults and children;

Provide referral support to clients for HIV-treatment related services

Build supportive relationships with local community and faith-based groups working with high-risk populations

Human Resource Capacity Development

Trainings for building human resource capacity is an essential activity of the projects that ACD is implementing. This activity targets health care providers working in the public as well as private health care sector with the objective to enhance their technical and management capacity for responding to the infectious diseases like TB and Malaria. All activities were planned and coordinated with the provincial and district health authorities. Disease specific National programme guidelines were used for training different cadre of health care providers in the public and private sector. Due to delays in the approval of the training plans and disbursements of the funds some training targets from the previous year were brought forward and conducted in the reporting year, the achievements therefore; was higher than the planned. Following tables summarizes trainings conducted during the year.

Table 5: Achievement Human Resource Capacity Development

	Annual 2015			Consolidated 2012-2015		
Description	Targets	Achieved	Percent	Targets	Achieved	Percent
Number of Doctors Trained for DR TB Management	15	161	1073	675	584	87
Number of Paramedics Trained for DR TB Management	20	1,234	6170	1356	1301	96
Number of health care providers trained on TB DOTS through Basic and Refresher Trainings	188	123	65	400	404	101
Training lab Supervisors on Quality Assurance in Malaria Diagnosis	21	21	100	161	163	101
Enhance Capacity of Healthcare Providers in Proper Malaria Case Management	316	289	91	490	481	98

Quality Assurance

ACD gives significant importance to quality assurance of the activities performed in the field to maintain the standard of services acceptable to donors, WHO and National programme. For this purpose ACD monitoring and evaluation teams consisting of clinicians, public health and laboratory personnel regularly supervise the clinics. Supervisory visits are also utilized for on the job training, supply of materials, data collection and feedback to the field workers on the issues identified in the field. National and provincial programme representatives visit service delivery areas to monitor quality of services provided to the patients and the communities.

Empowering people and communities through awareness

ACD conducted community gatherings and meetings to create awareness among the communities not only to raise their knowledge about communicable diseases like Tuberculosis and Malaria, but also to improve their health seeking behaviors. These interventions also focused on building supportive environment for health through public and media advocacy and involvement. ACD also worked on consensus building and commitment with the community based groups, organizations and the community through dialogue and social mobilization. In selected union councils of the districts, chest camps were conducted for identification and detecting TB patients. However, platform of chest camps were also utilized for awareness creation & social mobilization.

Description	Annual 2015			Consolidated 2012-2015		
	Targets	Achieved	Percent	Targets	Achieved	Percent
People reached through Community Sessions for TB Awareness	900	1,900	211	6000	7100	118
People reached through Community Sessions for Malaria Awareness	39,040	37,278	95%	130,120	126,723	97

Monitoring and Evaluation

ACD uses Project performance framework for monitoring the process and outcome indicators of the project. The programme team analyzes both project monitoring and implementation data, which is monthly, reported to the donors. Senior programme and finance management also conduct field monitoring and coordination visits in the target districts where appropriate. Donors and National programmes representatives also visit project area to monitor performance.

Data Reporting and Validation

Data from the services delivery points was collected using donor's approved recording and reporting tools. ACD technical team validated the reported data, also representatives of the programme and principle recipients (PR) in monthly and quarterly coordination and monitoring meetings validated the reported data for correctness and completeness. The data was than collated in quarterly reports and submitted to programme and PRs. Soft record of the data was maintained in Excel based databases / formats approved by the PR. Programme performance was presented in the quarterly review meetings conducted at district, provincial and National levels and with the principle recipient in PR-SR coordination meetings.

Coordination

Coordination among the various partners involved in communicable disease control is very important to ensure the optimum utilization of the resources. ACD gives high priority to strengthening coordination activities with the donors and partners at the district, provincial and national levels and with the community. The coordination and functional relationship of the programme includes technical and management support in strategy and policy development, capacity building, human resource development, monitoring, quality control and supply of material required for project implementation.

ACD planned and coordinated its activities with the health authorities at district, provincial and National levels. ACD also participated in the monthly / quarterly meetings and shared its performance with the relevant stakeholders.

Acknowledgement

I take this opportunity to thank all stakeholders who have supported ACD financially, technically and administratively in implementing the reported project during this year and during the entire grant period. We extend our sincere gratitude to public sector officials, National and Provincial programmes, health directorates and District health management teams for their cooperation and guidance during implementation of project activities. I also thank ACD staff who despite of several challenges have put in tireless efforts to achieve the desired objectives and targets of the projects.