

# Association for Community Development



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Annual Report 2020

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## Acknowledgment

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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.

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## Area of Experience

ACD has broad based objectives and expectations to get involved in multidisciplinary interventions for the benefit of its target communities. Currently ACD is working in the following areas.

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Prevention and Control of Infectious and Vector Borne Diseases

Advocacy, Communication & Social Mobilization

Strengthening Diagnostic Services

Improving Infrastructure of health facilities

Human Resource development through training/Local resilience

Public Private Partnership / Public Private Mix

Diagnostics, Treatment and LLINs supply chain management

Development of Training Materials

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## TB Component

### Project background

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Pakistan ranks 5th among 30 high-burden countries for TB and 6th for Drugs Resistance TB (DRTB). An estimated TB incidence is 265 per 100,000 with an estimated 562,000 new TB cases each year. TB mortality is at 20 deaths per 100,000 populations (2018). According to the Global TB report 2019, Pakistan notified 360,472 all forms of TB cases that make 65% of the estimated TB cases, there are still incident cases missed by the national notification system.

There are an estimated 4.2% Rifampicin Resistant (RR) cases in new and 16% in previously treated TB cases (Drug resistance survey 2012-13), which translates into 13,000 RR / MDR TB among notified PTB cases in 2018. Only 24 % of these cases were enrolled for treatment in 2018.

National TB Programme is implementing TB prevention and control interventions in the country through its provincial TB programmes, public-sector health care facilities, and private sector partners through its Public-Private Mix (PPM) initiative. In the PPM model, general medical practitioners and private laboratories are engaged in providing TB care to the patients.

ACD as a sub-recipient of the National TB Programme (NTP) is implementing Programmatic Management of Drug Resistance TB (DR-TB) in Five Hospital of Khyber Pakhtunkhwa (KP) and one hospital of Gilgit Baltistan (GB). With Mercy Corps, ACD is implementing PPM interventions in 14 districts of KP.



## Objective

To increase the number of notified TB cases from 366,061 in 2016 to at least 453,409 by end of year 2020, while maintaining the treatment success rate at 91 %.

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## Public Private Mix (PPM) for TB DOTS

### Grant Title

Contribute towards achieving the targets of National Strategic Plan aligned with End TB Strategy for reducing the burden of DS -TB and MDR-TB in Pakistan

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### Introduction to PPM

Involvement of private health care providers for enhanced TB DOTS coverage is one of the strategies of the National TB Control Programme (NTP) under its Public Private Mix (PPM) initiative. The focus of this initiative is to extend TB care services to the population who cannot avail TB care services at the public health facilities. This initiative engages willing General Practitioners, private laboratories, health facilities under autonomous bodies of different ministries and tertiary/teaching hospitals. The purpose of this intervention is to introduce standardized TB diagnosis and case management protocols in the private sector. Association for Community Development (ACD) is implementing PPM interventions in 14 districts of Khyber Pakhtunkhwa in the capacity of sub-recipient of the Mercy Corps. Focus of the project remained on expanding partnerships and engaging Private Health Care Providers for implementation of Public-Private Mix interventions in the selected districts of the Khyber Pakhtunkhwa (KP) province.

# ACD

## Public Private Mix (PPM) for TB DOTS

### Geographical coverage by ACD

14 districts of Khyber Pakhtunkhwa

### ACD Districts in NFR



### Project Objective

1

To standardize TB care

2

To enhance TB case detection

3

To reduce incidence of DR-TB

Abbottabad

Charsada

Bannu

Battagram

Lower Dir

Kohat

Mansehra

Haripur

Buner

Malakand

Mardan

Swat

Peshawar

Hangu

## Strategy and Planned Activities

### Public Private Mix (PPM) for TB DOTS

#### ACD Interventions

1

Train, incentivize, provide logistics, reagents and supervise, 303 GPs and 68 private labs in 12 districts

2

Conduct Chest camps to ensure diagnosis of TB cases in high-risk and vulnerable population in 12 districts using sputum smear microscopy algorithm.

3

Conduct screening camps in the community and in the vicinity of private hospitals using 01 vans equipped with digital X-ray and CAD4TB in 3 districts of KP.

4

Organize Community events for community mobilization, awareness and participation in chest camps.

5

Monitoring to provide on-site technical support and assess the quality of services provided by participating private health care providers (private practitioners and laboratories)

6

Cover all participating private laboratories under the External Quarterly Assurance (EQA) by the public sector.

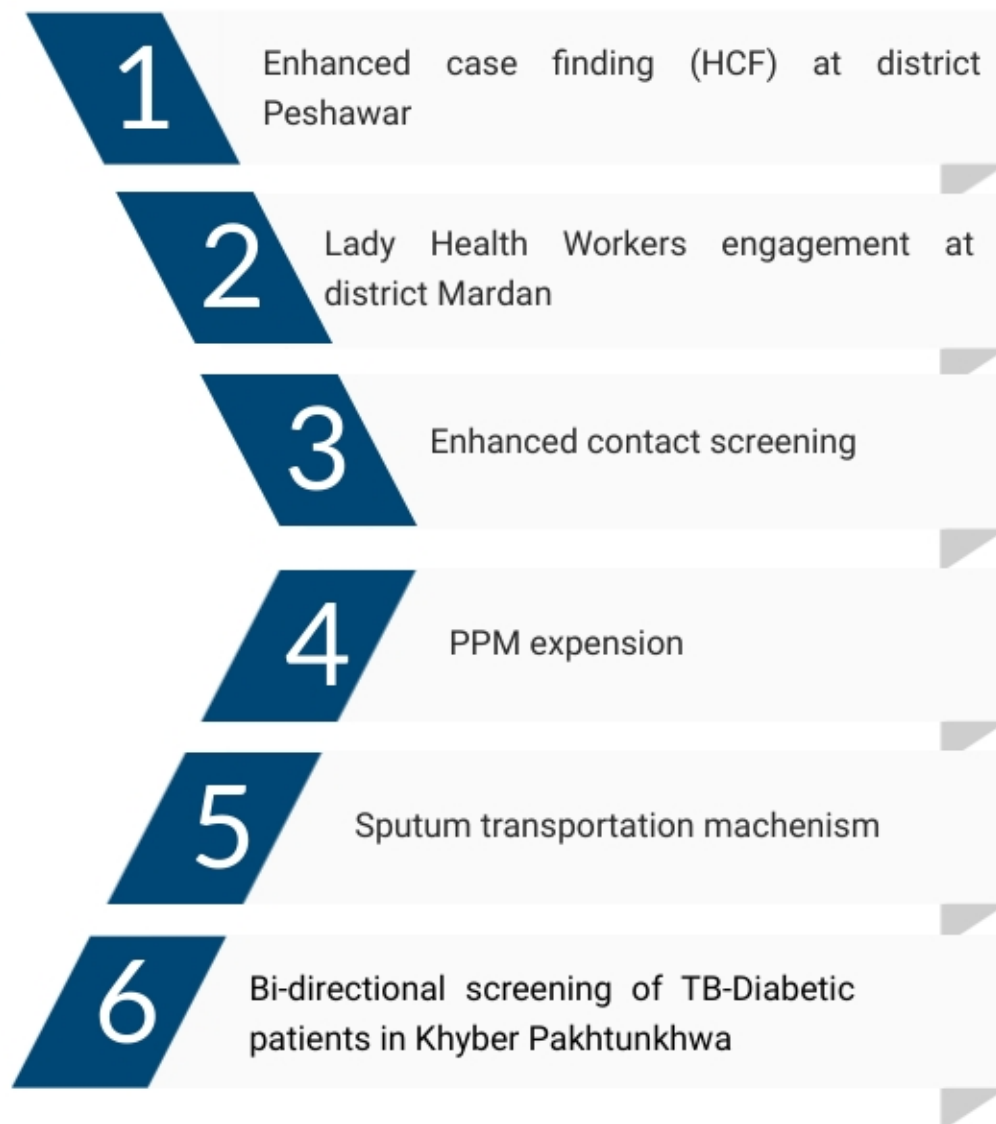
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Conduct district level quarterly review meetings (QRM) for data validation of PPM.

## Reprogramming Intervention

### Public Private Mix (PPM) for TB DOTS

#### Reprogramming Interventions



## Public Private Mix (PPM) for TB DOTS



### Programmatic Achievement of PPM

Indicators/Activity Descriptions	Target	Achieved	%
Number of community gatherings conducted	104	9	9%
Number of conventional chest camp conducted	44	182	414%
X-ray screening camps in community outreach	60	82	137%
Number of lab technicians trained on AFB sputum Microscopy	11	10	91%
Doctors from private health facilities trained on TB DOTS	105	105	100%
Paramedics from private health facilities trained on TB DOTS	107	107	100%
Doctors from private health facilities received refresher training on TB DOTS	187	187	100%

## Public Private Mix (PPM) for TB DOTS

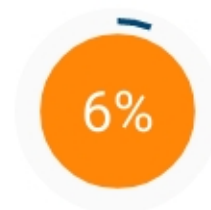


### Programmatic Achievement of PPM

Indicators/Activity Descriptions	Target	Achieved	%
Number of Pharmacies received orientation on TB DOTS	25	25	100%
Doctors from ECF hospital trained on TB DOTS	4	4	100%
Paramedics from ECF hospital trained on TB DOTS	4	4	100%
One day training of Lady Health Workers (LHWs)	107	107	100%
One day orientation session on sputum transportation mechanism	51	50	98%
One day training session for Clinic's staff	4	4	100%



303 GPs Clinics enabled to provide TB DOTS against a target of 303

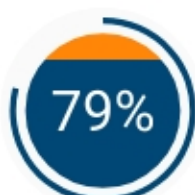


10 X-ray Screening Camps conducted outside Hospital a target of 170

## Public Private Mix (PPM) for TB DOTS



### Programmatic Achievement of PPM



4,726 all forms TB cases registered against a target of 5,946



1,745 Bac+ve TB cases registered against a target of 2,973



4,615 TB cases registered and successfully treated against a target of 4,836



323 all form TB cases through conventional chest camps against a target of 364



107 all form TB cases through X-ray Screening camps in community outreach against a target of 164



13 all form TB cases through X-ray Screening camps outside Hospitals against a target of 20



36 out of 48 ORMs conducted

Private Laboratories enabled for TB DOTS

68

Household contacts screened

6752

All forms cases through contact sreening

57

## Public Private Mix (PPM) for TB DOTS



**Programmatic Achievement of PPM**



## Objective

To increase the enrolment of MDR-TB cases from 19.2 % in the year 2016 to at least 30 % by end of year 2020.

## Activities

### DR TB Component



Provision of 100% support for second line drugs including short course, standard regimen and courses of Delamanid and Bedaquiline (Bedaquiline only for 2020).



Support to 6 PMDT sites in 6 districts by the provision of dedicated human resource, operational cost and specimen transport facilities from PMDT to culture/DST laboratories and mobility support for treatment coordinators.



Provision of social support (for Food and Travel incentives) for DR-TB patients.

## Enrollment of DR TB Patients

In the year 2020, 256 DR TB Patients were enrolled for treatment against a target of 547 making an achievement of 47 %. Out of 256 patients, the sum of 128 male and 128 female were registered for DR TB treatment (Male 50 %, Female 50%). In these DR TB registered patients 233 were adults (91%) and 23 (9%) were child under the age of 15 years.

The following figure gives a PMDT site-wise breakdown of the DR TB patients enrolled for treatment.

## DR TB Component

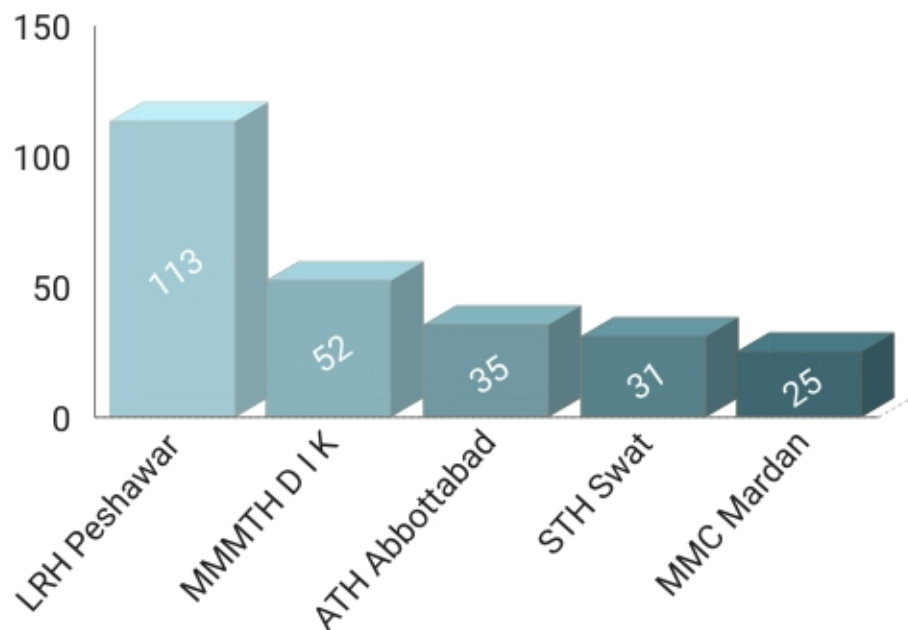


**Programmatic achievement of DR TB**



- **LRH-** Lady Reading Hospital
- **MMMTH-** Mufti Mehmood Memorial Teaching Hospital
- **ATH-** Ayub Teaching Hospital
- **STH-** Saidu Teaching Hospital
- **MMC-** Mardan Medical Complex
- **PHQH-** Provincial Head Quarter Hospital

### DR TB Cases Registered in 2020



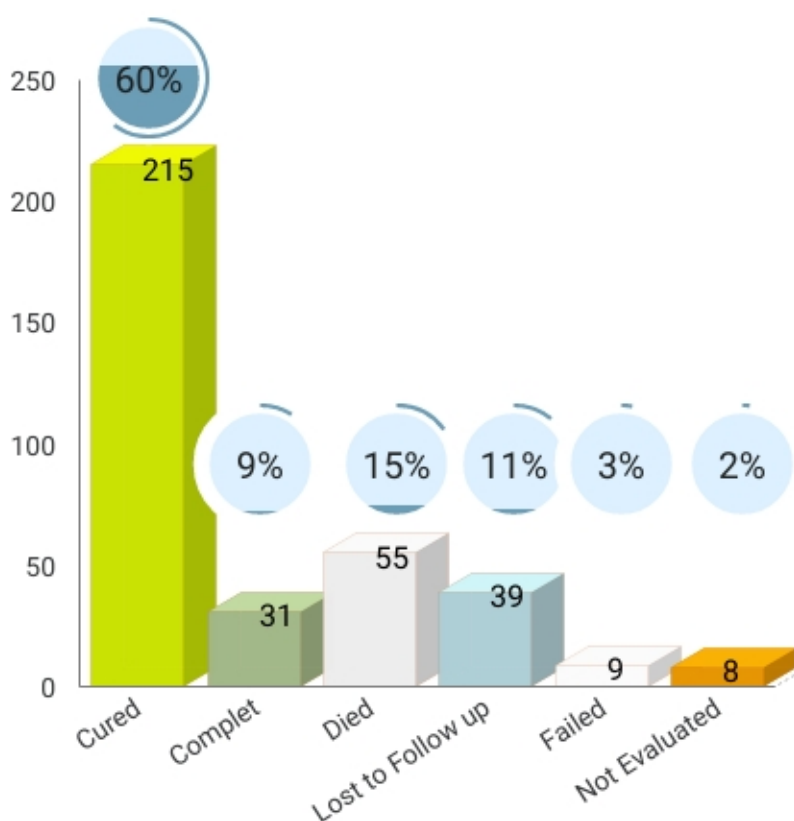
## Treatment Outcome of DR TB Patients in 2020

### DR TB Component



#### Programmatic achievement of DR TB

The treatment outcome of 357 DR TB Patients registered in 2018 has been declared in 2020 after completion of treatment duration.



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## Malaria Component

### Project background

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Pakistan contributes 22% of 3.5 million presumed and confirmed Malaria cases annually in the Eastern Mediterranean Region (EMRO). Malaria is the 3rd most prevalent disease and a major cause of morbidity in Pakistan. Epidemiologically, Pakistan is classified as a moderate malaria-endemic country. Millions of people who live in highly endemic areas of the country are exposed to the risk of contracting Malaria at some point in their life. Tribal Districts and Khyber Pakhtunkhwa (KP) population is more at risk of Malaria compared to other provinces, as its Annual Parasite Index (API) is more than the national average of 10.28 i.e. in each 1000, an average of 10-11 individuals are assumed to be infected with Malaria. Plasmodium Vivax (PV) and Plasmodium Falciparum (PF) are the only prevalent species of parasites detected so far, with Plasmodium Vivax being the major parasite species responsible for >80% reported confirmed cases in the country. Insecurity, limited access to Malaria services, health-seeking behavior, irrational approaches to diagnose and treatment of Malaria, and lack of mass scale preventive/control measures are some other factors contributing to a high number of Malaria cases nationally. Among the total of 351,551 confirmed Malaria cases reported in Pakistan during 2020, 112,224 (32%) were reported in Khyber Pakhtunkhwa. ACD as a Sub-recipient of the Directorate for Malaria Control (DoMC), Pakistan implemented Malaria prevention and control interventions in the seven districts of KPK which are in line with the interventions identified in the national strategic framework 2015–2020. At the National level, the Programme envisions by 2020, to reduce the malaria burden by 75% in high and moderate endemic districts and eliminate malaria in low endemic districts of Pakistan. The National Malaria Programme goal is aligned with The Global Technical Strategy (GTS) and Global Malaria Plan of Action (GMAP) 2015-2020.

## Malaria Component



### Project Objective

1

To ensure and sustain universal coverage of multiple prevention to population at risk in target districts by 2020

2

To ensure and sustain > 80% coverage for the provision of quality assured early diagnosis and prompt treatment services to population at risk in target districts by 2020

3

To increase community awareness up to 80% on the benefits of early diagnosis, prompt treatment and Malaria preventive measures using health promotion, advocacy and BCC interventions by 2020

4

To ensure availability of quality assured strategic information (epidemiological, entomological and operational) for informed decision making

# ACD

1

Kohat

2

Hangu

3

Buner

4

Lower Dir

5

Swat

6

Karak

7

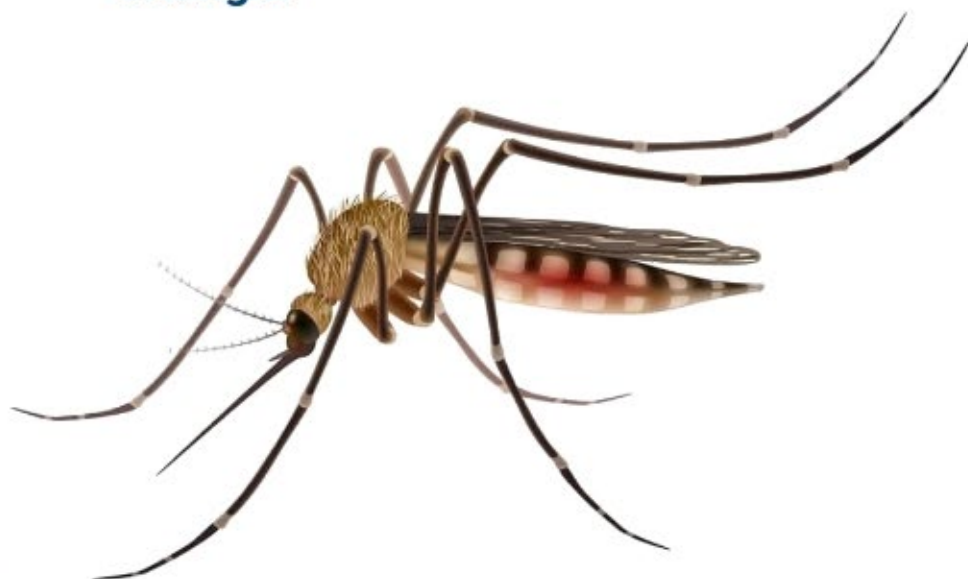
Shangla

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## Malaria Component

Target Districts

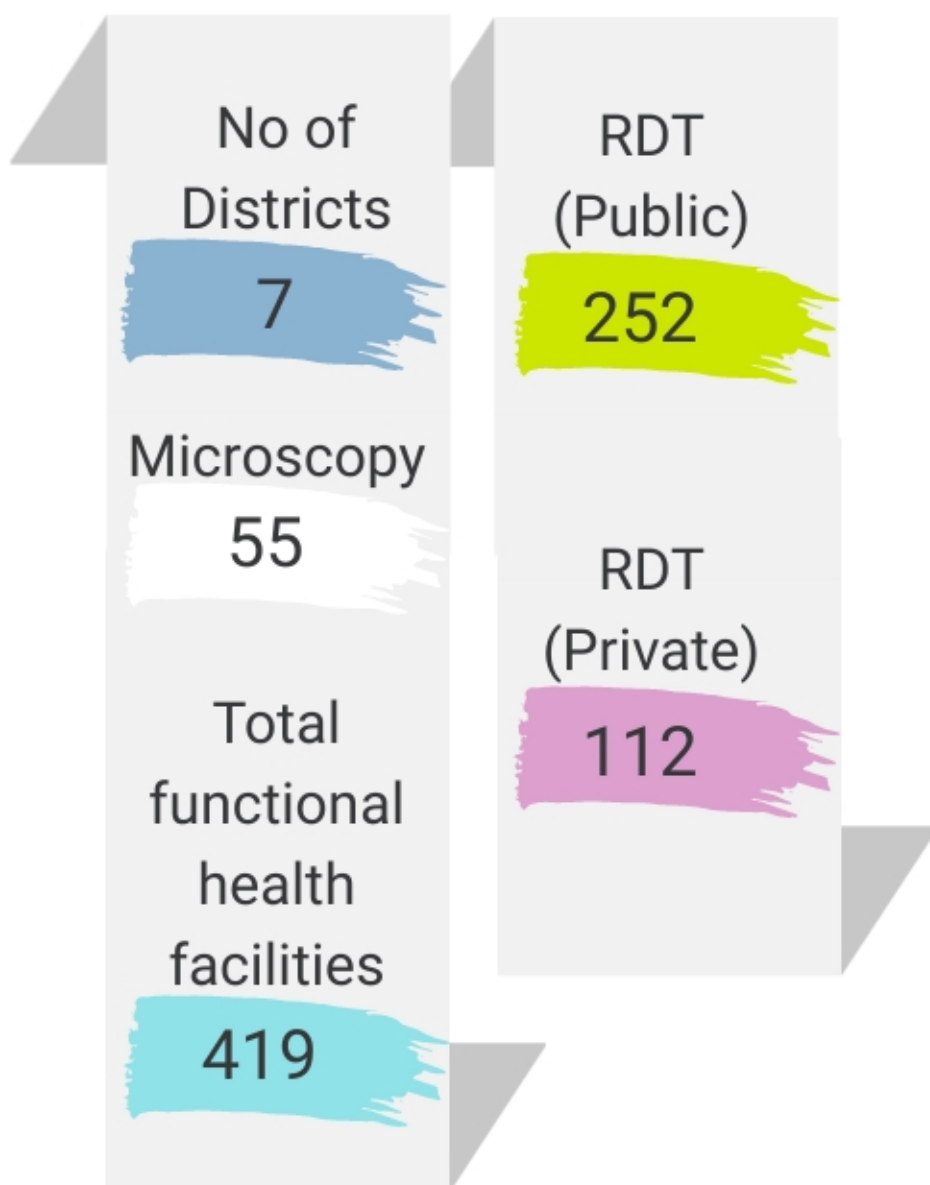
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ACD has established 419 Malaria Diagnosis and Treatment Centers against the target of 421 set by the Directorate of Malaria Control Islamabad. 55 Microscopy, 252 RDT Public and 112 Private HFs are providing free of cost malaria Diagnosis and Treatment services throughout implementing districts of ACD.

## Malaria Component

### Functional Health Facilities



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## Malaria Component

### Activities

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1

Strengthen Existing Diagnostic Services

2

Establishment of Rapid Diagnostic Test (RDT) Centers at First Level Care Facilities (FLCFs)

3

Prompt and Effective Anti-Malaria Treatment

4

Enhancing the Capacity of Healthcare Providers in Proper Malaria Case Management Treatment

5

Involvement of Private sector in Malaria diagnosis & treatment

6

Behavior Change Communication

7

Proportion of facility reports collected over the reporting period

8








Routine reporting: Quarterly review/cluster meetings at district level

9

Monitoring and Supervision







## Malaria Component

### Performance Indicators and Achievements

	Target	Result
 <p>Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities</p>	240,520	240,514
 <p>Proportion of suspected malaria cases that receive a parasitological test at private sector sites</p>	98,942	98,942
 <p>Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities</p>	9,398	9,381
 <p>Proportion of confirmed malaria cases that received first-line antimalarial treatment at private sector health facilities</p>	5,768	5,757
 <p>Proportion of health facilities without stock-outs of key commodities during the reporting period</p>	4,592	4,519
 <p>Number &amp; percentage of upgraded and functioning health facilities, microscopy and RDT Centers in targeted districts/agencies</p>	421	419
 <p>Proportion of facility reports received over the reports expected during the reporting period</p>	4,592	4,519

## Malaria Component

### Performance Indicators and Achievements

	Target	Result
 Malaria diagnosis trainings	421	409
 Advocacy and awareness session conducted	28	28
 Adocacy and awareness through LHWs, NGO/COBs and Relegious leaders	40,000	25,974
 Quarterly Review Meetings at district level	28	28
 Timely submission of complete databases (MIS, Training, BCC, LLINs, Field visits)	27	27
 Number of field visits conducted against planned	476	427

Trainings of the health care providers working in the public as well as private health care sector were conducted with the objective to enhance their technical and management capacity for TB and Malaria. Disease specific National programme guidelines were used for training different cadre of health care providers.

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## Human Resource Capacity Development

## Quality Assurance



To ensure quality of services acceptable to donors, WHO and National programmes field monitoring teams consisting of clinicians, public health and laboratory personnel regularly supervised the clinics and laboratories.

Supervisory visits were 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 also visited health facilities to monitor quality of services provided to the patients and the communities.

Project performance framework was used for monitoring the process and outcome indicators of the project which are monthly reported. Senior management, Donors and National programmes representatives also visited selected district to monitor project performance.

## Monitoring and Evaluation



Data from the health facilities was collected using donor's approved recording and reporting tools. The reported data was validated for correctness and completeness in the



monthly and quarterly planning and coordination meetings at the district level. District reports were consolidated and presented to donors

and programmes in quarterly performance review meetings conducted at the provincial and national levels.

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## Data Reporting and Validation

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# ACD

Coordination among the various partners and stakeholders is an important aspect of implementation for the community based interventions. Regular coordination was maintained with the donors and partners at the district, provincial and national levels and with the community. All activities were planned 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.

## Coordination



## Challenges For TB Interventions During Covid-19 Epidemic

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### Covid-19 Epidemic

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COVID-19 has led to massive disruption in the health system and health services delivery throughout the country. Physical distances proposed by the government, closure of the health facilities and laboratories both in the public and private health care had a major implication on the access and health care for the entire population and more so for the needy and poor patients. Added with the health workers becoming sick, stock out of medical supplies, redirecting health facilities, and engaging health care workers from other essential health services to the management of COVID-19 pandemic had a negative effect on the programmes of public health importance. Many important activities related to patient care and community outreach were disrupted and canceled resulting in underachievement of the planned targets. Community awareness, sensitization, and engagement activities were halted due to the restrictions imposed by the government, therefore, case detection and follow-up of the patients could not be achieved up to the desired expectations. Due to limitations and restrictions on travel, measures were adopted to prevent disruption of treatment which included the supply of medicine to the patients for a longer period and by delivering medicine to the patients at their home to reduce the number of visits by the patient to the health facility. Despite the multiple challenges and difficulties faced by the project teams regular supply of medicine to the patients was achieved and treatment was not interrupted.