



Association for Community Development

Report July 2016 to Dec 2017



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Abbreviations

ACD	Association for Community Development
ARV	Anti-Retro Viral
CHBC	Community and Home Base Care
DMC	Directorate of Malaria Control
DOTS	Directly Observed Treatment Short Course
FLCP	First Line Care Facility
GB	Gilgit Baltistan
GSM	Green Star Social Marketing
HCP	Health Care Providers
IUATLD	International Union against TB and Lung Diseases
LLIN	Long Lasting Insecticidal Nets
MC	Mercy Corps
MDR	Multi-Drugs Resistance
NACP	National AIDS Control Programme
NTP	National TB Programme
NWA	North Waziristan Agency
PLHIV	People living with HIV
PPM	Public Private Mix
PTP	Provincial TB Programme
RDT	Rapid Diagnostic Test
SCI	Save the Children International
SWA	South Waziristan Agency
TBCP	TB Control Programme

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 2017, we worked in Khyber Pakhtunkhwa, Federally Administered Tribal Agencies (FATA) and Gilgit Baltistan (GB) province. Our projects were funded by the Federal Directorate of Malaria Control (DoMC), National TB Control Programme (NTP), National AIDS Control Programme (NACP), National Ministry of Health Services Regulation and Coordination, Islamabad (M/o NHR&C), Government of Pakistan and an International partner Mercy Corps (MC) being the principal recipient of The Global Fund grant.

All projects were implemented in close collaboration and coordination with the National and provincial programmes, Directorates of Health and district health authorities. The programmatic and financial performance of the projects was monitored by the health authorities and donors for transparency, accuracy and timeliness

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 and planning meetings. During the year 2017 TB, Malaria and HIV projects were implemented with the following objectives;

For Malaria project the objectives were to ensure universal coverage of multiple prevention for at risk population in FATA Agencies and selected districts of KP, provide diagnostic and treatment services to over 80% of the population and create awareness on the benefits of early diagnosis, treatment and Malaria preventive measures among the target population by the year 2017.

For Drug Resistant TB project the objective was to enhance MDR-TB enrollment from 21 % of estimated cases in 2014-15 to 32% by the year 2017.

For Public Private Mix project the objective was, to enhance TB DOTS services and to offer quality care to TB patients through a network of enabled private sector clinics and laboratories.

Achievements of individual Project are given in the relevant sections.

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 long history of managing Public Health Projects in collaboration with provincial and national health programmes. Our focus has been TB DOTS, MDR TB management, Malaria prevention, care and control and Harm Reduction for People Living with HIV/AIDS. Our interventions are coordinated with Public Sector Health Programmes and willing private health sector partners. All interventions 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 sessions by working with general communities, key advocates, media representatives and volunteers advocating for improved health, increase community awareness of health issues, promoting health seeking behavior 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.

Area 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.



TB component

Background | Objective of the Project | Activities conducted | Programmatic achievement of Drug Resistant TB

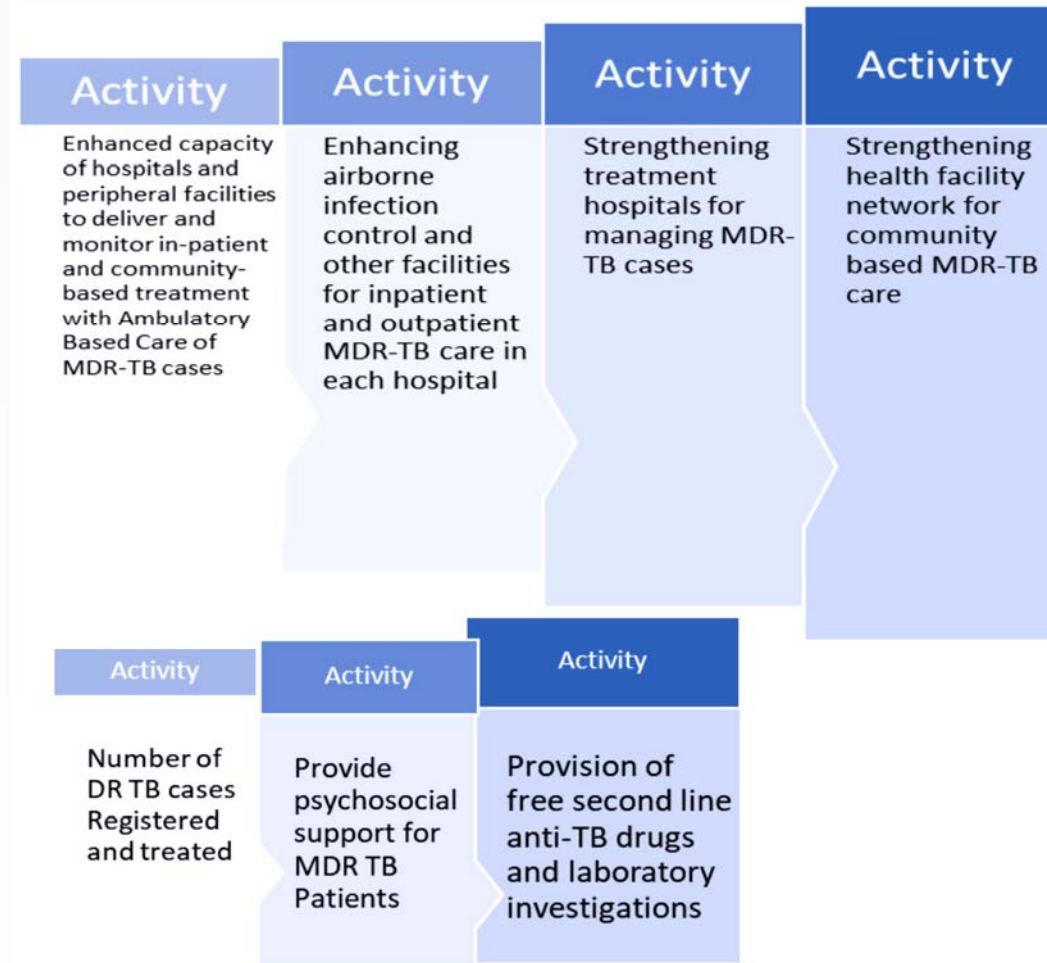
Background

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 and prevalence 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 2015 Pakistan notified 331,809 TB cases (WHO Global TB Report 2016). TB is responsible for 5.1 % 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 2001 NTP has focused on reducing the prevalence, incidence and mortality of tuberculosis. 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 public-sector provincial programmes and private sector Partners. In the provinces of Khyber Pakhtunkhwa and Gilgit Baltistan ACD is collaborating with the National TB Programme is implementing a project for the Management of Drugs Resistant TB.

Objective of the Project

To enhance MDR-TB enrollment from 21 % of estimated cases in 2014-15 to 32% of estimated by 2017.



Activities conducted

Five Tertiary care hospitals four in Khyber Pakhtunkhwa and one in Gilgit Baltistan are managing DR TB cases. These hospitals include; Lady Reading Hospital Peshawar, Ayub Teaching hospital Abbottabad, Saidu Teaching hospitals Swat, Mufti Mahmud Teaching hospital D I Khan and district hospital Gilgit.

Relevant hospital staff has been trained on the national guidelines and protocols for managing MDR TB patients.

A clinical psychologist provides psychological support and counseling to the patients.

Designated Treatment Coordinator (TC) visit patient's home for follow up.

A volunteer 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 protocols for ambulatory care model for managing DR TB.

Patient's 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.


During the course of treatment most of the follow up investigations are provided free of cost to the patients.






Programmatic achievement of DR TB


6 DR TB Management sites are established in Tertiary care hospitals




388 DR TB cases were registered and started on treatment against a target of 625



97% of the DR TB patients were provided food baskets and travel incentives



97% treatment supporters of DR TB patients were provided food baskets



347 health care providers were trained for managing DR TB patients against a target of 475

PPM component

Background | PPM District Map | PPM Objective | Private sector engaged | Health Care Providers Trained | TB Awareness and active TB Case detection | TB Cases notified | Activity description.

Background

After achieving countrywide DOTS coverage in the public sector health facilities National TB Control Programme has extended TB DOTS services to the private sector health facilities to cater for the population who do not “prefer to” or are not “able” to avail care from public sector facilities. The program strategy for enhance TB DOTS coverage includes engaging private health care facilities through Public Private Mix (PPM) initiatives. The target groups include willing General Practitioners, parastatal run 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. The health facilities engaged in this initiative were provided laboratory reagents, microscopes and anti-TB drugs for TB DOTS. In the province of Khyber Pakhtunkhwa ACD is implementing PPM project in fourteen districts.

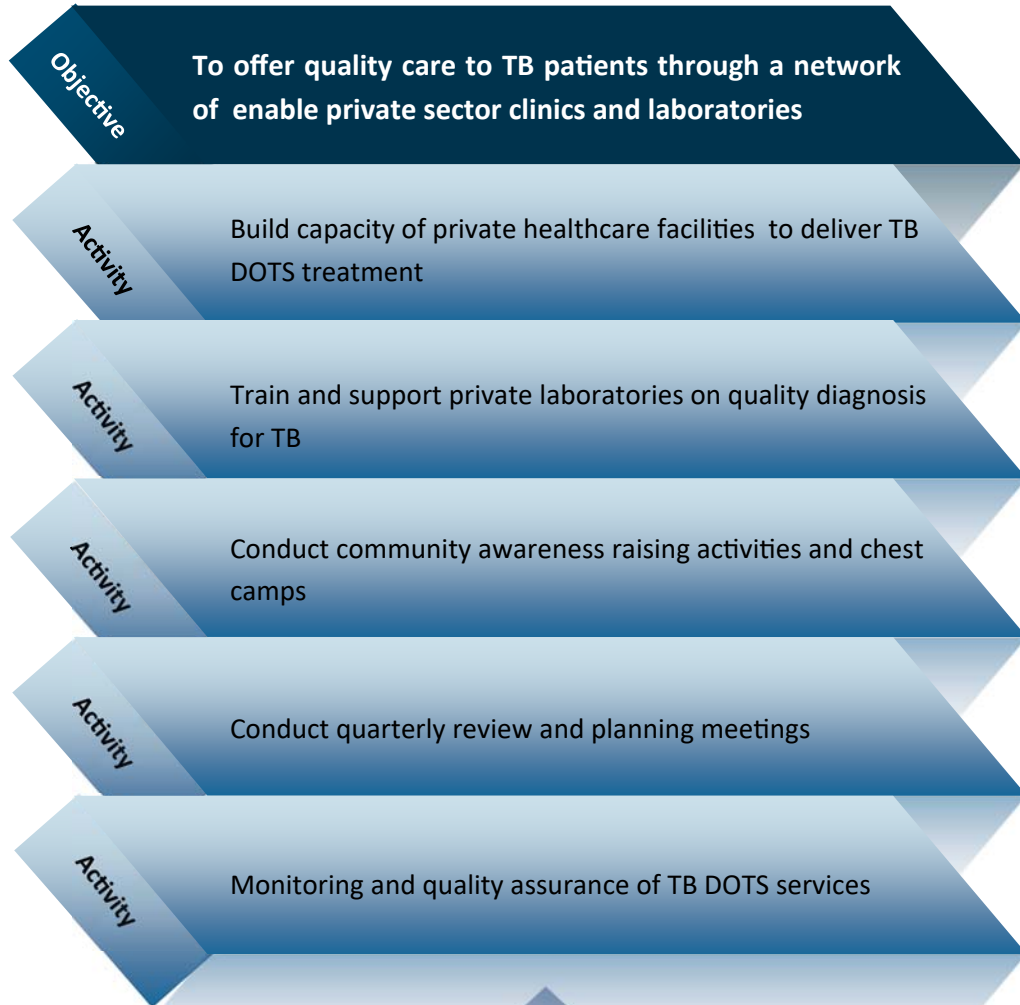
DURING THE YEAR JULY 2016 – DECEMBER 2017 ABOUT 308 GENERAL MEDICAL PRACTITIONERS AND 71 PRIVATE LABORATORIES WERE ENGAGED IN TB DOTS SERVICE DELIVERY IN THE 14 TARGET DISTRICTS

PPM District Map

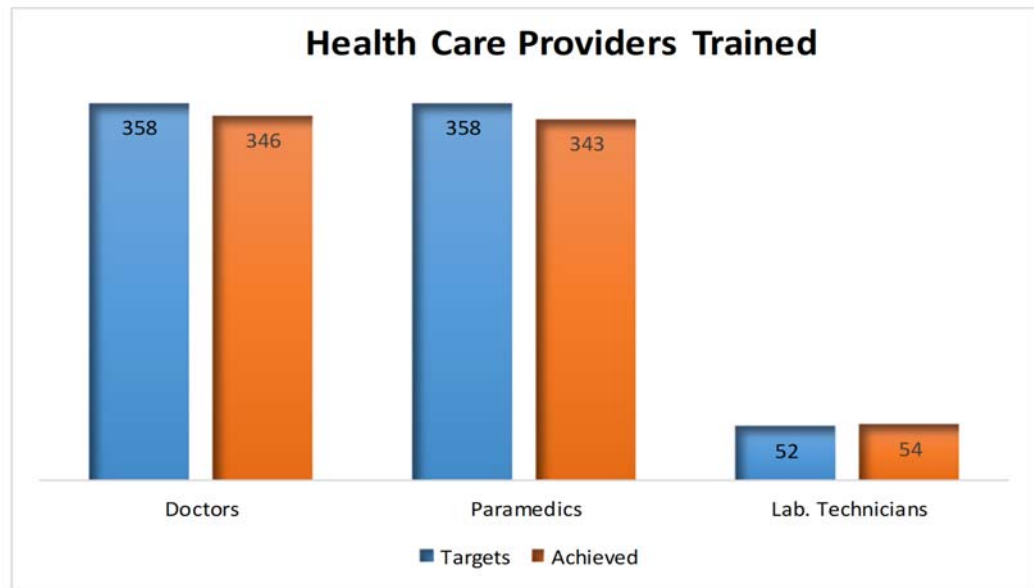
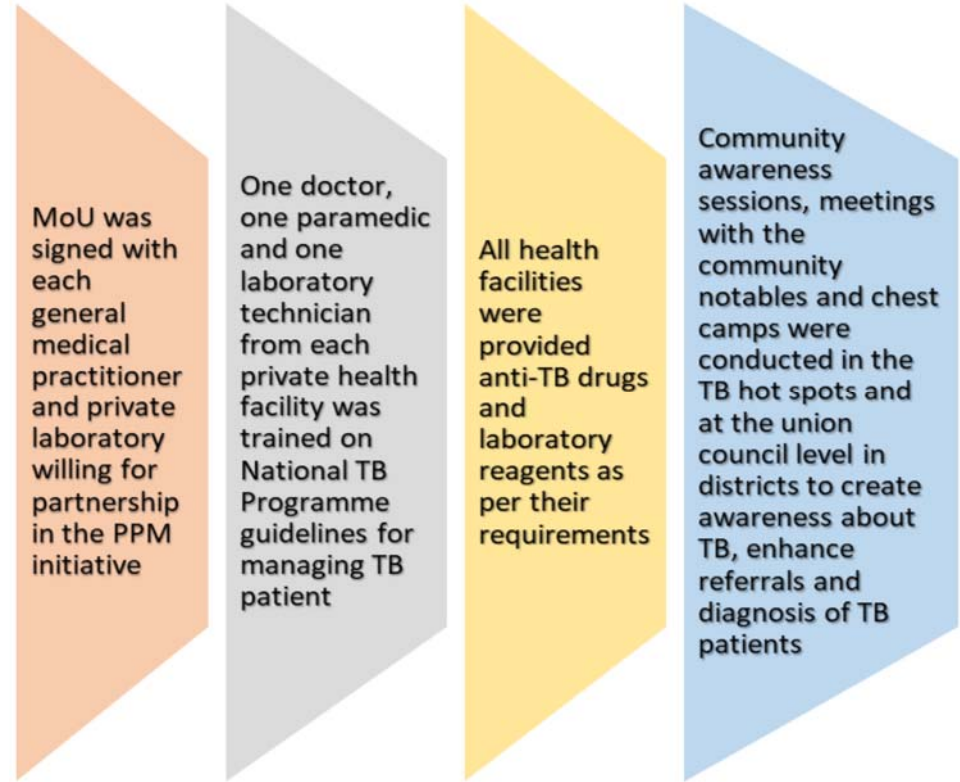


PPM Objective

Private sector engaged



HCP Trained
A total of 743 Health Care Providers from the private sector were trained for managing TB patients



TB awareness and active TB case detection

TB Awareness

Community mobilization and awareness raising activities were conducted by the project staff to highlight importance of early diagnosis and regular treatment by TB patients.

Active TB Case Detection

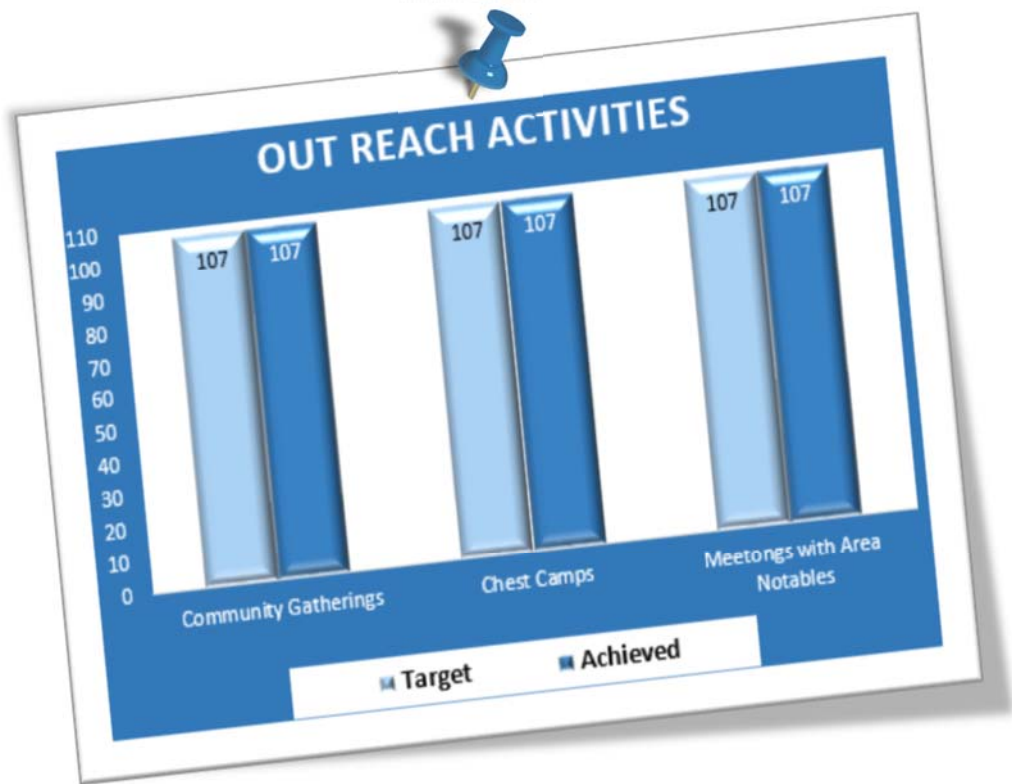
Chest camps were conducted in the parts of the districts from where more TB patients were reporting to the district TB Programme. Purpose of this activity was to find cases hidden in the community that are missed by the health system.



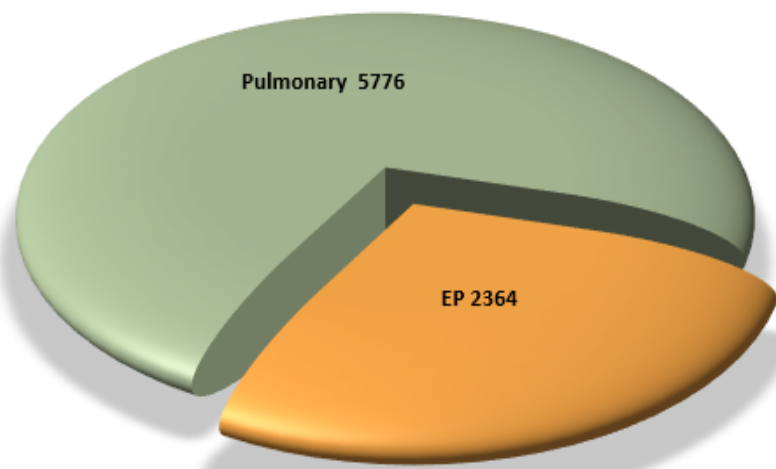
Chest Camp for Active TB Case Detection

TB Cases Notified

During this year 8,140 TB cases were notified against the target of 6,231.



Total TB Cases Notified 8,140



Activity Description	Targets	Achieved	% Achieved
Number of GPs clinics enabled to provide TB DOTS	278	308	111%
Number of Private Laboratories enabled for TB DOTS	40	71	178%
Number of health care providers trained on TB DOTS through Basic and Refresher Trainings	768	743	97%
Number of Community Gatherings Conducted	107	107	100%
Number of Chest Camps conducted	107	107	100%
Number of Meetings conducted with Area Notables	107	107	100%
Number of All Type TB Cases Registered	6,231	8,140	131%
Number of Bac+ve TB Cases Registered	3,125	2,637	84%
Number of All Type TB Cases Registered through Chest Camps	204	270	132%
Number of Quarterly Review Meetings conducted	84	84	100%



Malaria component

Background | Objectives of the Project | Activity Descriptions | Behavior Change Communication | Monitoring for data validation Reporting and Program Updates | World Malaria Day.

Background

Pakistan has a population of 180 million inhabitants of which 177 million are at risk of Malaria. With 3.5 million presumed and confirmed Malaria cases annually Pakistan contributes 22% of total Malaria disease burden in the Eastern Mediterranean Region (EMRO). The majority (80%) of Malaria in Pakistan is caused by Plasmodium vivax, while the remaining 20% is caused by P. Falciparum.

The Malaria indicator survey (MIS) was conducted in 2013 in 43 (GF R-10) highly endemic districts of the country showing highest prevalence rates in the region of Federally Administered Tribal Areas (FATA) (13.9%) followed by Balochistan (6.2%), and Khyber Pakhtunkhwa (KP) (3.8%). The DoMC 2012 data shows that the highly endemic districts are located in Balochistan with an average API of 7.68 ranging from 7 to 27, FATA with average API of 6.83 ranging from 6 to 11.8, Sindh with average API of 2.92 ranging from 5.2 to 12 and KP with average API of 2.76 ranging from 6 to 32, Punjab with average 0.19 and AJK 0.10. Malaria is typically unstable (seasonal) in Pakistan, with a peak starting from August to November for both P. vivax and P. Falciparum. The PV:PF ratio from 43 highly endemic districts is 84:16

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 Government of Pakistan is implementing Malaria Control Program (MCP) in 72 Malaria endemic districts of Pakistan with the public sector resources and in 43 highly endemic districts with the support from the Global Fund (Round 10).

Objectives of the Project

Objective 1

To ensure and sustain universal coverage of multiple prevention to population at risk in 10 target Agencies-FATA

Objective 2

To ensure and sustain > 80 % coverage for the provision of quality assured early diagnosis and treatment services to population at risk in target districts by 2017

Objective 3

To increase community awareness upto 80 % on the benefits of early diagnosis prompt treatment and Malaria preventive measure using health promotion, advocacy and BCC interventions by 2017

Objective 4

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

Objective 5

To enhance technical and managerial capacities of malaria control programs in planning, implementation, management and M&E.

Activities description and achievements

Strengthen Existing Diagnostic Services

ACD supported 825 existing public and private health facilities in FATA and KP for diagnosis and treatment of Malaria. The support included provision of microscopes, medicine, laboratory reagents, Rapid Diagnostic Test (RDT) trainings and minor renovation of centers where needed. This support has enhanced the capacity for health centers for provision of Malaria programme services to the target communities.



Activity Description	Target	Results	Percent Achieved
Health Care providers Trained on Case Management	924	1127	122%
Malaria Technician trained on Malaria Diagnosis: RDT & Microscopy	728	898	123%
Training of Health care providers on MIS and outbreak response	632	971	154%

Prompt and Effective Anti-Malaria Treatment

ACD provided anti-Malarial drugs to all 825 health facilities for treating diagnosed Malaria patients as per the protocols recommended by WHO and National Malaria Control Programme. Treatment of diagnosed Malaria cases is the most efficient intervention in reducing parasite reservoir & overall morbidity & mortality due to Malaria. A total of 82,038 Malaria cases were treated in Public Sector health facilities and 26,007 cases were treated in Private Sector health facilities respectively.

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

ACD trained 2,996 doctors, paramedics and laboratory technicians on Malaria Case Management, diagnosis, Malaria Information system and outbreak response according to National Malaria guideline.



Involvement of Private sector in Malaria diagnosis & treatment

Approximately 80% of patients in Pakistan are catered by private sector. However, 50% of Malaria patient in high endemic districts seek services of private sector (MIS 2013). Majority of Malaria cases in private sector are treated on clinical grounds without confirmatory tests. To involve private sector in Malaria diagnosis and treatment ACD has established 100 RDT centers from the target of 111 in FATA agencies and FRs.

Prevention through universal coverage of LLINs in target Agencies/FRs

Both the World Health Organization (WHO) and National Malaria Control Programme recommend use of Long Lasting Insecticidal Nets (LLINs) as the most effective mean of vector control in Malaria endemic areas. We engaged LLINs distribution outlets established in the public sector health facilities for LLINs distribution among the target community. 934,876 LLINs were distributed in the community achieving 96% of the target

Number of long-lasting insecticidal nets distributed among the target populations



LLINs Usage Demonstration



LLINs Distribution

Behavior Change Communication

ACD implemented National Malaria Program strategy for Behavior change communication (BCC) with the support of project staff, LHWs and CBOs. Health education and information material was shared with the participants. About 457,478 individuals were reached through 17,994 BCC sessions.

BCC Session Conducted

Target	Achieved	Percent
17970	17994	100 %

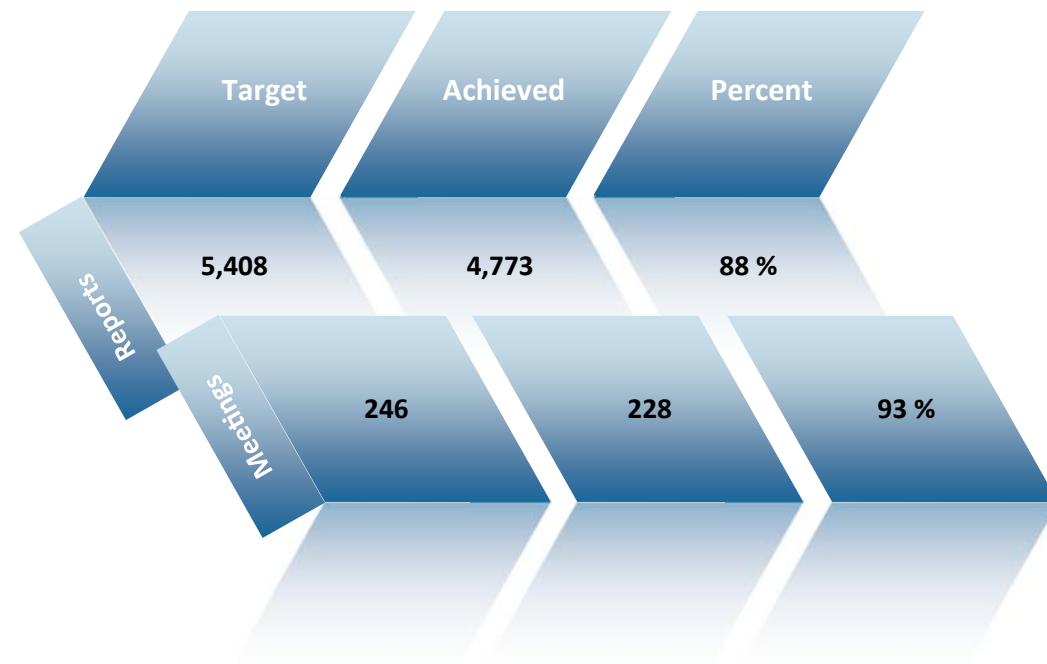
People Reached through BCC

Target	Achieved	Percent
457400	457478	100 %



Monitoring for data validation reporting and Program updates and

Regular Monitoring and Supervision of the field activities was carried out by the senior program 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. The monitoring visits are conducted to all levels of health care facilities from the districts as well as from the central level. The district and provincial health officials regularly monitor project implementation for quality assessment and data validation.



World Malaria Day

World Health Assembly of the World Health Organization (WHO)'s in its 60th session in May 2007 adopted 25th Day of April as World Malaria Day. This day is aimed at providing education and understanding of Malaria as an important public health problem and for advocating with the relevant stakeholders for developing and implementing national Malaria prevention and control strategies especially in the Malaria endemic areas.



The theme of this year's World Malaria Day commemoration was **'End Malaria for Good'**. The theme reflects, the vision of a Malaria-free world set out in the "Global technical strategy for Malaria 2016- 2030" , adopted in May 2015 by the World Health Assembly. This strategy aims at dramatically reducing the global Malaria burden over the next 15 years. It targets reducing the rate of new Malaria cases as well as reducing Malaria death each

by at least 90 percent; eliminating Malaria in at least 35 countries; and preventing a resurgence of Malaria in all countries that are Malaria-free. The timeline of 2016-2030 is aligned with the "2030 Agenda for sustainable development", the new global development framework endorsed by all UN member states.

World Malaria Day



World Malaria Day



World Malaria Day



World Malaria Day



On 25th April, 2017, ACD commemorated World Malaria Day in FATA and KPK. The activities were focused for advocacy among the government departments, community elders and political representatives and at the same time for creating awareness among the general population regarding prevention, treatment and control of Malaria. The events conducted were covered by the Print and Electronic Media, which resulted in spreading of Malaria messages throughout FATA and KPK.

HIV component

Background | Objective of the Project | Activities Conducted for CHBC | Comprehensive CHBC Services Provided to the PLHIVs

Background

Pakistan is a country having a concentrated HIV epidemic, with a prevalence of 36% among People Who Inject Drugs (PWID) (IBBS Round IV 2011). The main reason being the high level of needle/syringe sharing and lack of Syringe Needle Exchange Programs in the area. In the other group's 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.

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 improve referral mechanism to ART sites.

Activities conducted for community and home base care for PLHIVs

The project is based on the concept of Public Private Partnership to improve harm reduction, Care & Support services and implementation capacity.

Association for Community Development (ACD) established two CHBC Sites one at Abbottabad and one at Malakand in partnership with the National AIDS Control Program (NACP).

The main purpose of these CHBC sites was to provide a package of comprehensive care and support services to the PLHIVs, their family members and to access High Risk Groups (HRGs) for providing them complete and updated information regarding HIV-AIDS and its co-infections

- ◆ *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 PLHIVs*
- ◆ *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*

Comprehensive CHBC services provided to the PLHIVs

Voluntary Confidential Counseling and Testing (VCCT) service for the PLHIVs and their families

Conducted Outreach activities to identify new HIV patients

Provided Nutritional Support/Food Packages to the PLHIVs with low income

Provided School Support packages to PLHIVs children for their education

Arranged skill development opportunities for the PLHIVs to enhance their income

Organized Peer education sessions for the PLHIVs and volunteers from the high risk groups

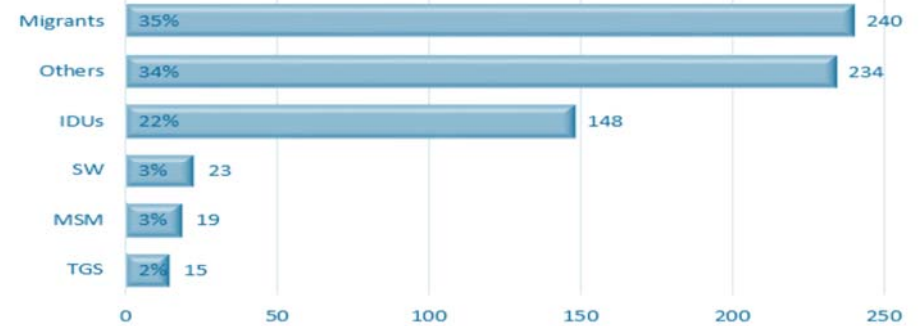
Organized community awareness sessions among the target community to prevent spread of HIV

Arranged meetings among the high risk populations, PLHIVs and their families to address issues related to stigma and discrimination

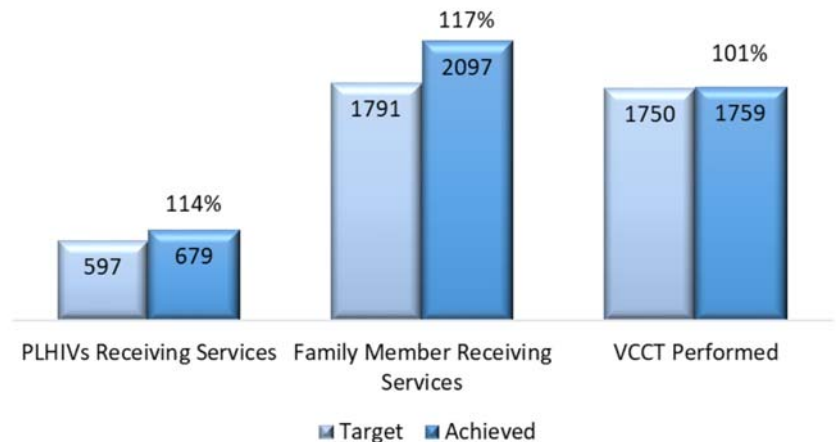
Provided regular medial referrals, medication and laboratory services to PLHIVs and their families

Conducted sessions to build supportive relationship among the PLHIVs, local community and faith based organizations working with high risk populations

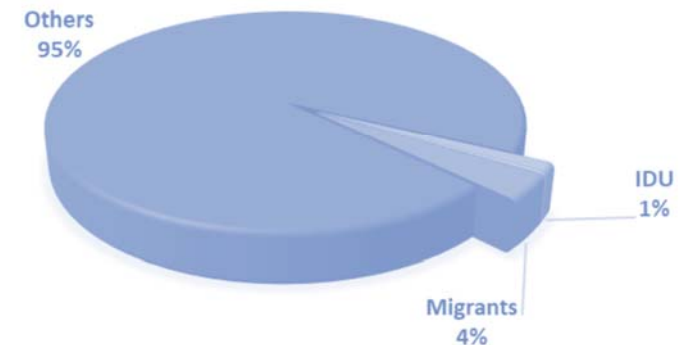
REGISTERED PLHIVs MARP GROUPS



Target Vs Achievement



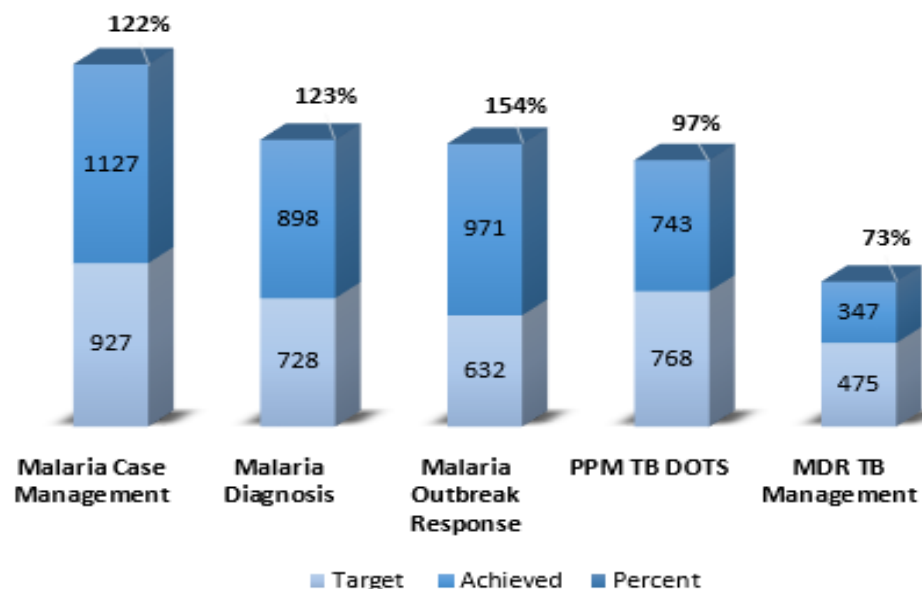
REGISTERED FAMILY MEMBERS MARP GROUPS



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 figure summarizes trainings conducted during the year.

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

Health Care Providers Trained



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.

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 Programme 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 then collated in quarterly reports and submitted to Programme and PRs. Soft record of the data is 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 Programme, 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.