

# Annual Report 2019



## Association for Community Development

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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.

## Area of Interest

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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.



## TB Component

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**Project background** Pakistan ranks 5th among 30 high-burden countries for TB and 6th for DRTB. Disease burden is based on nationwide prevalence survey (2010-11) and Drug resistance survey (2012-13). Estimated TB incidence and prevalence are respectively 270 and 341 per 100,000 with an estimated 510,000 new TB cases each year. TB mortality is showing a decline and currently is at 23 deaths per 100,000 populations (2015).

In 2016 an increase in TB case notification seen. According to the Global TB report 2016, Pakistan notified 356,390 all forms of TB cases as compared to 323,856 cases detected in 2015. The cases notified in 2016 makes 70% of the estimated TB cases notified, there is still an estimated annual shortfall of around 145,000 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 15,000 RR / MDR TB among notified PTB cases in 2016. Only 19.2 % of these cases were enrolled for treatment in 2016.

National TB Programme is implementing TB prevention and control interventions in the country through its public-sector provincial programs and private sector Partners. In the provinces of Khyber Pakhtunkhwa and Gilgit Baltistan ACD in partnership with the National TB Programme is implementing a project for the Management of Drugs Resistant TB.

## TB Component

### 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

The following activities are conducted to achieve the objectives of the project.



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.

# TB Component

## Programmatic achievement of DR TB

### Enrollment of DR TB Patients

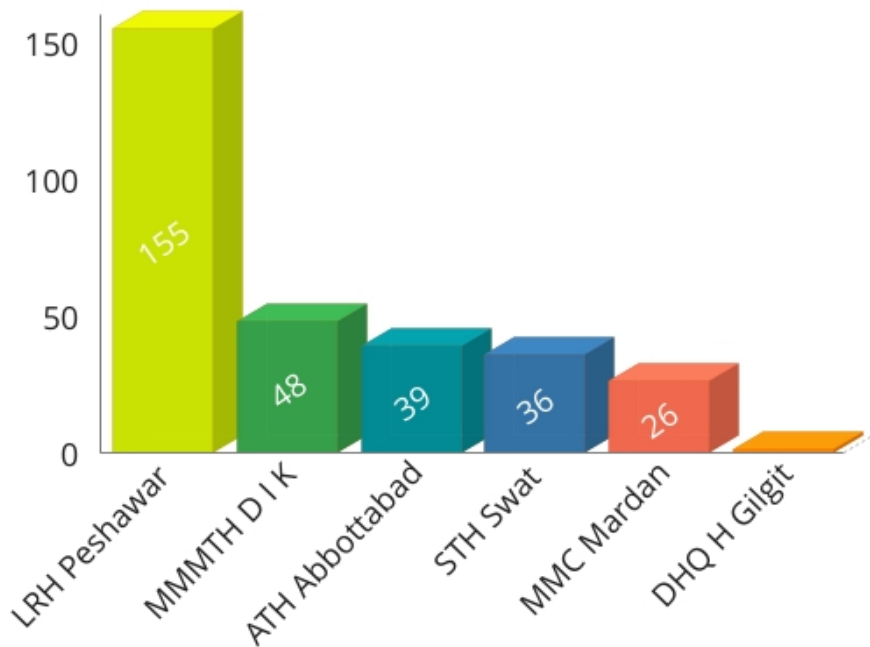


Patients Under 15 years of age

In the year 2019, 305 DR TB Patients were enrolled for treatment against a target of 406 making an achievement of 75 %.

The following figure gives a PMDT site-wise breakdown of the DR TB patients enrolled for treatment. Out of 305 patients enrolled for treatment, 42 % were Male and 58% were Female. 6 % of patients were under 15 years of age remaining were over 15 years of age.

DR TB Cases Registered in 2019



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

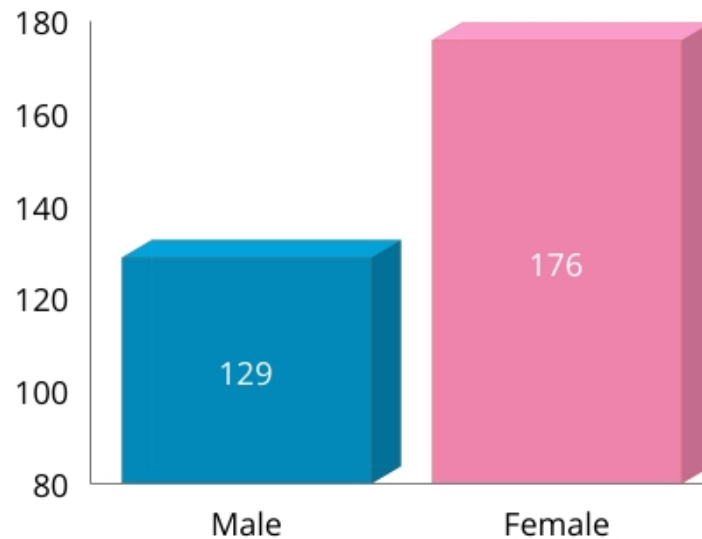
## TB Component

### Programmatic achievement of DR TB

#### Gender Distribution

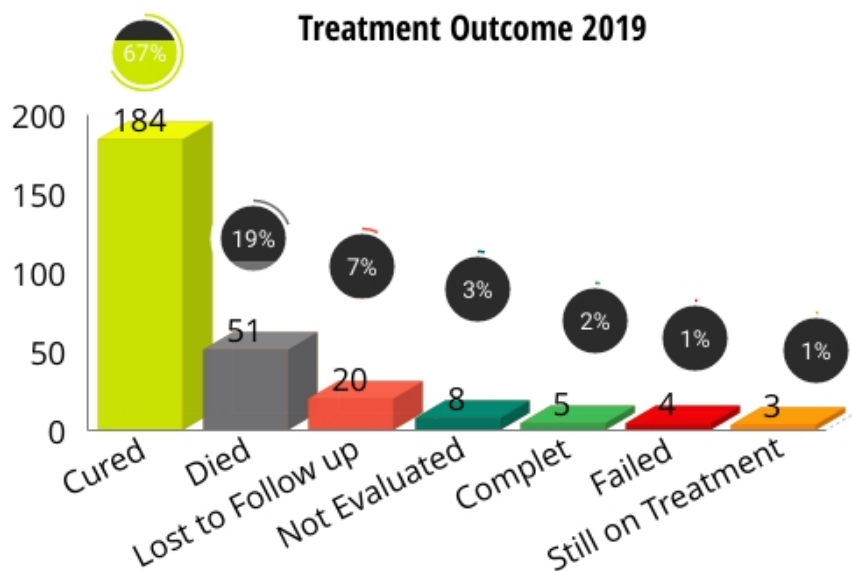
In the year 2019, 129 male while 176 female DR TB Patients were enrolled for treatment in all six PMDT Units managed by ACD.

**Number of Male and Female DR TB Patients Registered in 2019**



#### Treatment Outcome of DR TB Patients in 2019

Treatment outcome of 275 DR TB Patients registered in 2017 has been declared in 2019 as;



## Public Private Mix (PPM) for TB DOTS

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<b>Grant Title</b>	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
<b>Objective</b>	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%
<b>Introduction to PPM</b>	Involvement of private health care providers for enhanced TB DOTS coverage is the 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 12 districts of Khyber Pakhtunkhwa in the capacity of sub-recipient of the Mercy Corps. Focus of the project remained on expanding partnerships and engaging Health care providers for implementation of public-private mix interventions in the target 12 districts of the KP province.

# Public Private Mix (PPM) for TB DOTS

## Project Objectives

- 1 To enhance TB case detection
- 2 To standardize TB care
- 3 To reduce incidence of DR-TB

## Geographical coverage by ACD

12 districts of Khyber Pakhtunkhwa

### ACD Districts in NFR

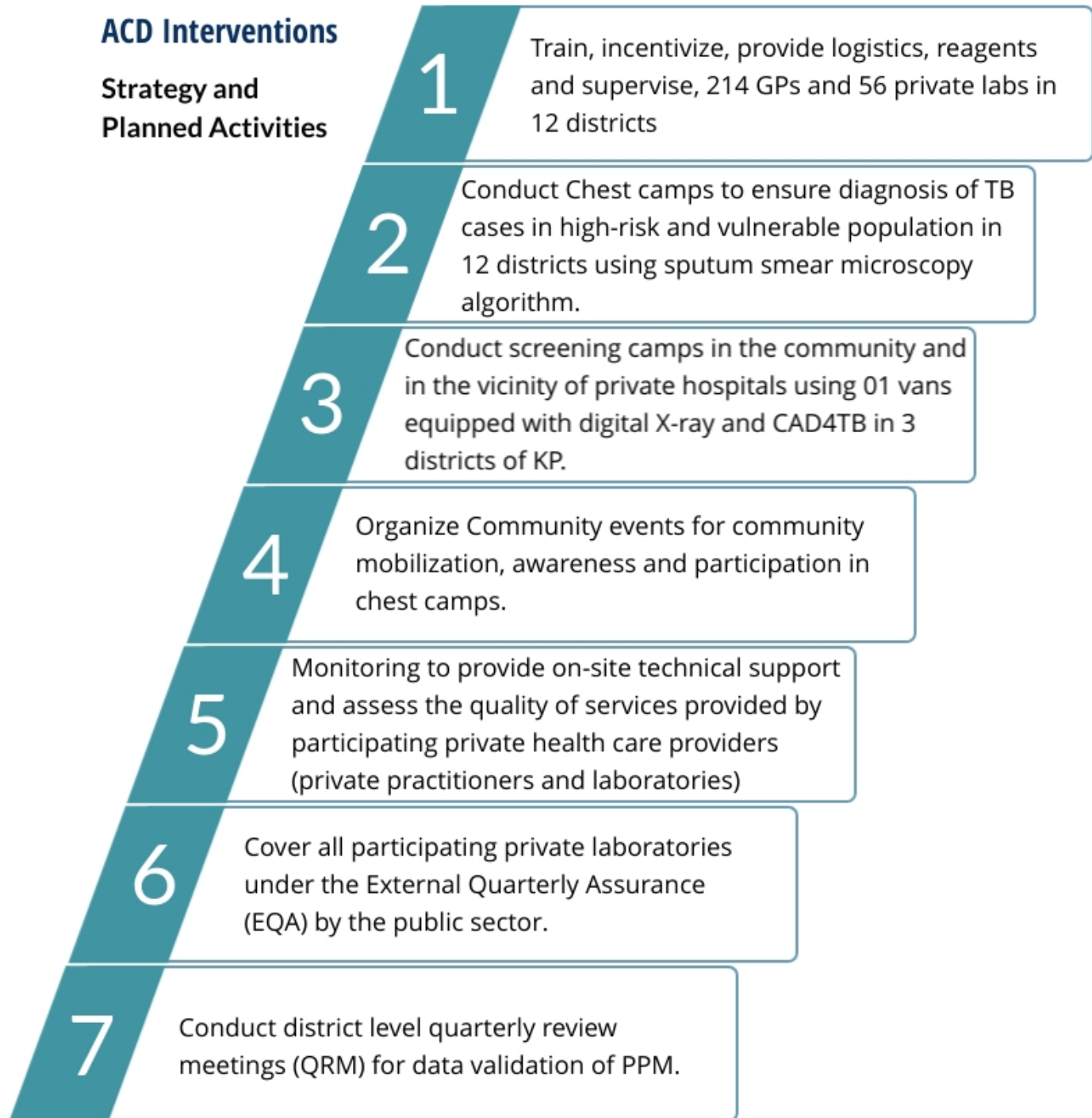
- |            |          |           |           |
|------------|----------|-----------|-----------|
| 1          | 2        | 3         | 4         |
| Abbottabad | Bannu    | Battagram | Buner     |
| 5          | 6        | 7         | 8         |
| Charsadda  | Haripur  | Kohat     | Lower Dir |
| 9          | 10       | 11        | 12        |
| Malakand   | Mansehra | Mardan    | Swat      |

## Public Private Mix (PPM) for TB DOTS

Following are the activities conducted to achieve objective of the project

### ACD Interventions

#### Strategy and Planned Activities



# Public Private Mix (PPM) for TB DOTS

## Programmatic achievement of PPM



193 GPs Clinics enabled to provide TB DOTS against a target of 269



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



4,836 all forms TB cases registered against a target of 5,427



1,710 Bac+ve TB cases registered against a target of 2,713



4,420 TB cases registered and successfully treated against a target of 4,580



150 all form TB cases through conventional chest camps against a target of 180



74 all form TB cases through X-ray Screening camps in community outreach against a target of 248



43 all form TB cases through X-ray Screening camps outside Hospitals against a target of 114



3 out of 4 SR Staff meetings conducted



48 out of 48 ORMs conducted

## Public Private Mix (PPM) for TB DOTS

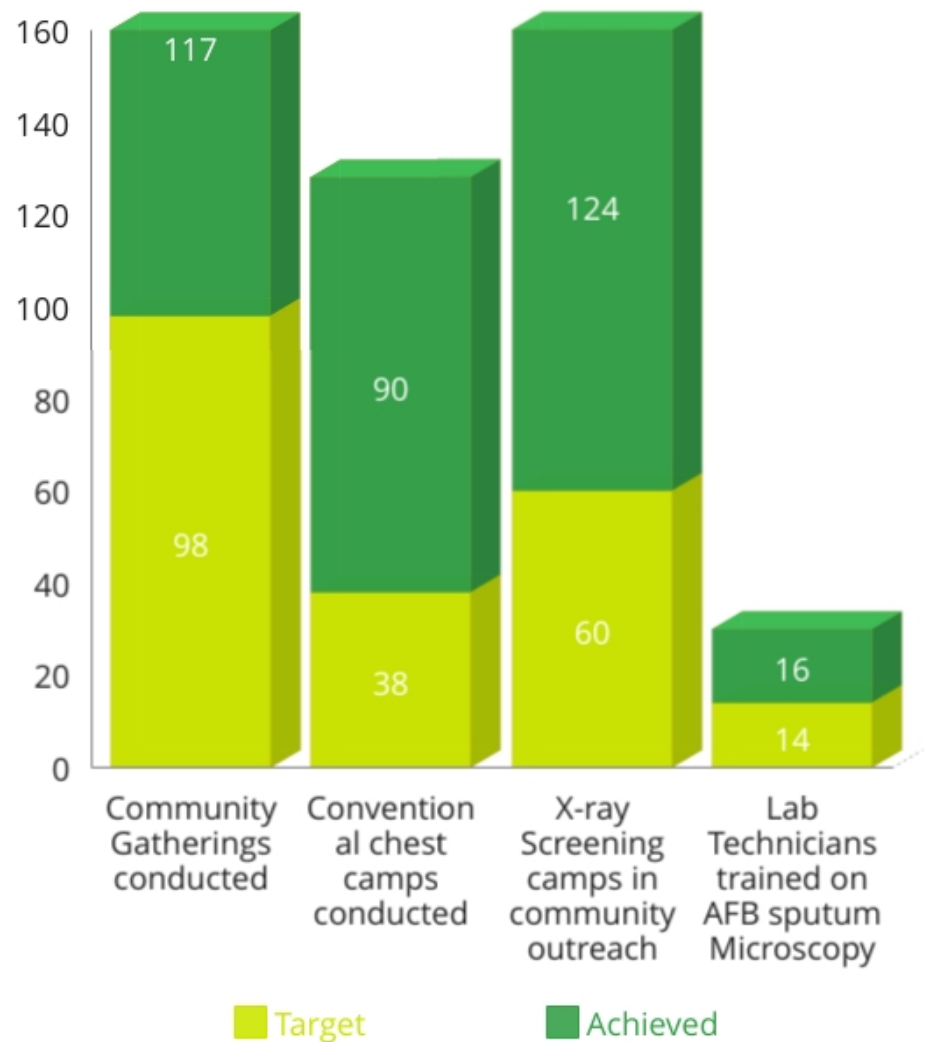
Programmatic achievement of PPM

**59** Private Laboratories enabled for TB DOTS

**5844** Household contacts screened

**71** All forms cases through contact screening

Indicators/Activity Descriptions



## Malairia Component

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### Project background

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. Millions of people who live in highly endemic areas of the country are exposed to 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 10-11 individuals are assumed to be infected with Malaria. Epidemiologically, Pakistan is classified as a moderate malaria endemic country with a national Annual Parasite Incidence (API) averaging at 1.69 (MIS, 2013) and wide diversity within and between the provinces and districts. 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, population displacements, limited access to Malaria services, health seeking behavior, irrational approaches to diagnose and treat Malaria, lack of mass scale preventive/control measures, are other factors contributing to high number of Malaria cases. Among the total of 351,551 confirmed Malaria cases reported in Pakistan during 2018, 112,224 (32%) were reported in Khyber Pakhtunkhwa. The proposed interventions of the project are based on the interventions identified in the national strategic framework 2015—2020. ACD as a Sub-recipient of the Directorate for Malaria Control (DoMC), Pakistan implemented this project in seven districts of KPK, seven Merged Districts and six sub Divisions of Merged Areas. At the National level the programme envisions by 2020, to reduce the malaria burden by 75% in high and moderate endemic districts/agencies 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.

# Malairia Component

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## Project Objectives

**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

# Malairia Component

## Target Districts

1

Bajaur

2

Kurram

3

Orakzai

4

South  
Waziristan

5

Mohmand

6

Khyber

7

North  
Waziristan

8

Sub Division  
Peshawar/Kohat

9

Sub Division  
Lakki/Bannu

10

Sub Division D.I.  
Khan/Tank

11

Kohat

12

Hangu

## Map of KPK



13

Buner

14

Lower Dir

15

Swat

16

Karak

17

Shangla

## Malairia Component

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### Activity Discriptions

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

## Malairia Component

Activity Discriptions	Target	Result
 Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities	456,992	456,992
 Proportion of suspected malaria cases that receive a parasitological test at private sector sites	212,813	212,813
 Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities	42,421	42,421
 Proportion of confirmed malaria cases that received first-line antimalarial treatment at private sector health facilities	24,126	24,110
 Proportion of health facilities without stock-outs of key commodities during the reporting period	9,942	9,871
 Number & percentage of upgraded and functioning health facilities, microscopy and RDT Centers in targeted districts/agencies	981	964
 Proportion of facility reports received over the reports expected during the reporting period	9,970	9,871

## Malairia Component

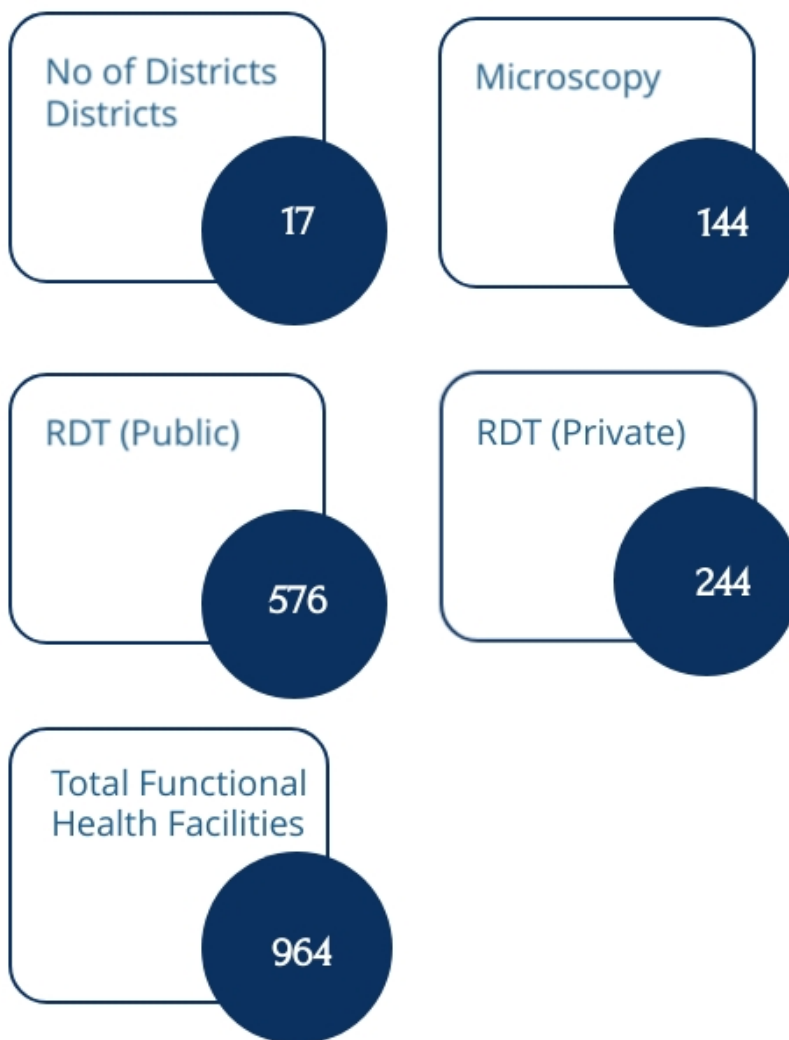
Activity Discriptions	Target	Result
 Malaria case management trainings	609	633
 Malaria diagnosis trainings	99	3
 Advocacy and Awareness Session Conducted	4,130	2,490
 Advocacy and awareness through LHWs, NGO/CBOs/ and Religious leaders.	82,600	47,063
 Quarterly Review Meetings at district level	106	87
 Timely submission of complete databases (MIS, Training, BCC, LLINs, Field visits)	32	32
 Number of field visits conducted against planned	575	440

## Malairia Component

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### Functional Health Facilities

ACD has established 964 Malaria Diagnosis and Treatment Centers against the target of 981 set by Directorate of Malaria Control Islamabad. 144 Microscopy, 576 RDT Public and 244 Private HFs are providing free of cost malaria Diagnosis and Treatment services throughout implementing districts of ACD.



## **Human Resource Capacity Development**

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.

## **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.

## **Monitoring and Evaluation**

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.

## **Data Reporting and Validation**

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.

## Coordination

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.