



ASSOCIATION FOR COMMUNITY DEVELOPMENT

ANNUAL REPORT **2024**



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Table of Contents

Abbreviations	3
Acknowledgement	4
Project background	5
Geographical Coverage	6
Drug Resistant TB (DR-TB)	7-8
Treatment Outcome of DR TB Patients	9
Public-Private MIX (PPM) for TB DOTS	10
Engaging Health Care Providers	11
Camps and Sessions	12
Meetings	13
TB Case Registration, Treatment & Prevention	14
Coordination, Monitoring and Evaluation, Data Reporting and Validation	15

Abbreviations

ACD	Association for Community Development	PPM	Public-Private Mix
DR TB	Drug Resistant TB	PR	Principle Recipient
EQA	External Quarterly Assurance	PTP	Provincial TB Programme
KP	Khyber Pakhtunkhwa	RR	Rifampicin Resistant
LTR	Longer Treatment Regimen	STR	Shorter Treatment Regimen
MDR	Multi Drug Resistant	TB	Tuberculosis
SR	Sub Recipient	LTFU	Lost to Follow Up
NTP	National TB Programme	N/E	Not Evaluated
PMDT	Programmatic Management of Drug-Resistant TB	TPT	TB Preventive Treatment
TSR	Treatment Success Rate	DHQH	District Head Quarter Hospital

Acknowledgement

The Association for Community Development (ACD) sincerely thanks all who contributed to the success of our initiatives this year. Your support – whether through time, resources, or expertise – has been instrumental.

We especially thank our partners, including government bodies, NGOs, and healthcare professionals, for their collaboration in delivering evidence-based, innovative solutions.

To our donors, their continued commitment to sustainable development has driven real progress in healthcare access and infrastructure.

Our heartfelt appreciation also goes to the resilient communities we serve, whose trust made every achievement possible. Lastly, we commend our dedicated staff, volunteers, and community leaders for their tireless efforts.

Together, we are building a healthier, more equitable future.

Thank you,

Dr Akmal Naveed

Director ACD



PROJECT BACKGROUND

Pakistan faces a major public health challenge with both drug-sensitive and drug-resistant tuberculosis (TB), ranking 5th globally in overall TB burden and 4th in drug-resistant TB. The incidence of drug-sensitive TB is estimated at 258 cases per 100,000 population, translating to approximately 608,000 new cases annually. Drug-resistant TB adds to this burden, with around 15,000 new cases reported each year, contributing to an estimated 47,000 TB-related deaths.

According to the national notification system, 424,566 TB cases were reported—roughly 70% of the estimated total—indicating a significant gap in detection and reporting. Among newly diagnosed TB cases, an estimated 2.3% are resistant to Rifampicin (RR), rising to 4.6% among previously treated cases. Despite the estimated 15,000 drug-resistant cases, only 3,682 (24%) were officially notified in 2022.

TB control in Pakistan is led by the National TB Program (NTP), working in collaboration with provincial TB programs and healthcare partners. A core component of the national strategy is the Public-Private Mix (PPM) model, which integrates general practitioners, selected private hospitals, and diagnostic laboratories to expand TB services across both public and private sectors.

In Khyber Pakhtunkhwa (KP), the Association for Community Development (ACD), a sub-recipient of the NTP, implements the Drug-Resistant TB Program across nine designated hospitals. In partnership with Mercy Corps, ACD also supports the PPM approach in 18 districts of KP, helping to strengthen TB detection, treatment, and prevention efforts across the province.

GEOGRAPHICAL COVERAGE



**KHYBER
PAKHTUNKHWA**





Inauguration of DR TB Site in DHQH Haripur

DRUG RESISTANT TB (DR-TB)

275

A total of 275 Drug-Resistant tuberculosis (DR-TB) patients were registered for treatment in 2024.

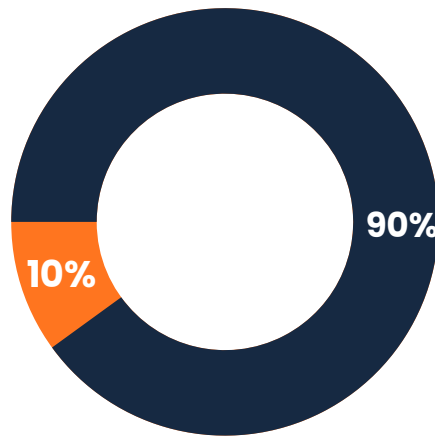
221

Among the 275 DR-TB patients registered in the reporting period, 221 were tested for drug susceptibility (DST).

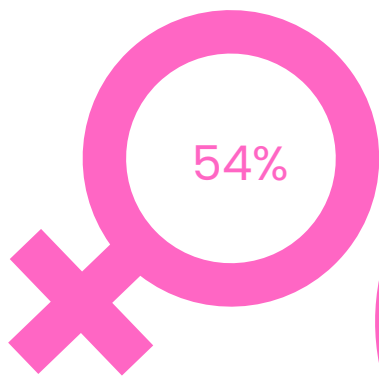
277

The treatment success rate was reported at 75%, with 277 out of 367 registered patients declared cured (cohort 2022).

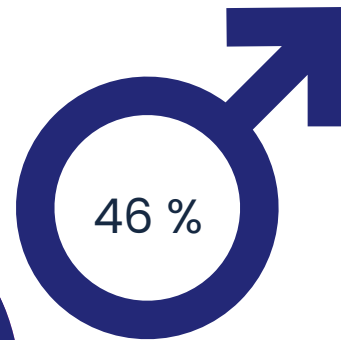
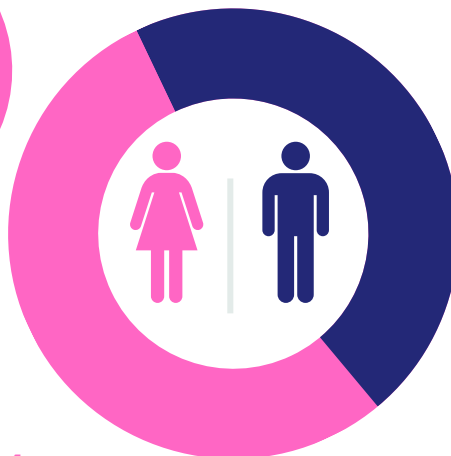
28 patients were under 15 years of age



247 patients were over 15 years old.

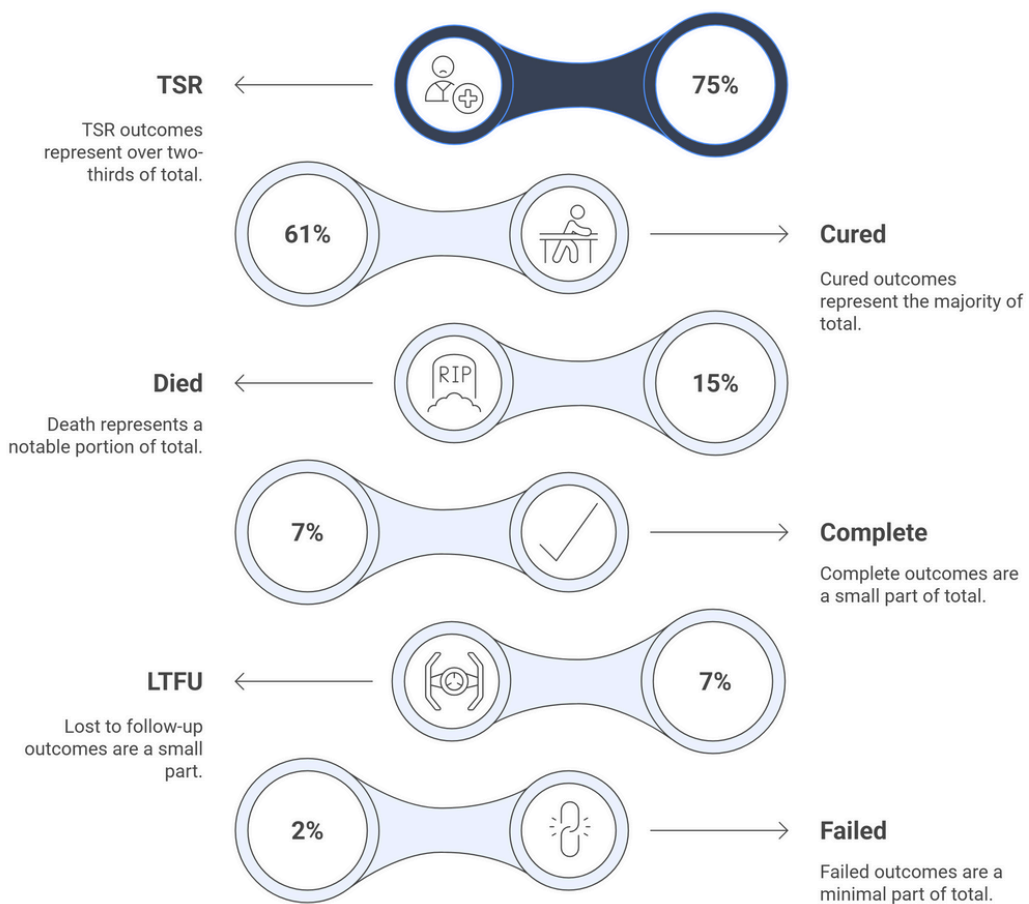
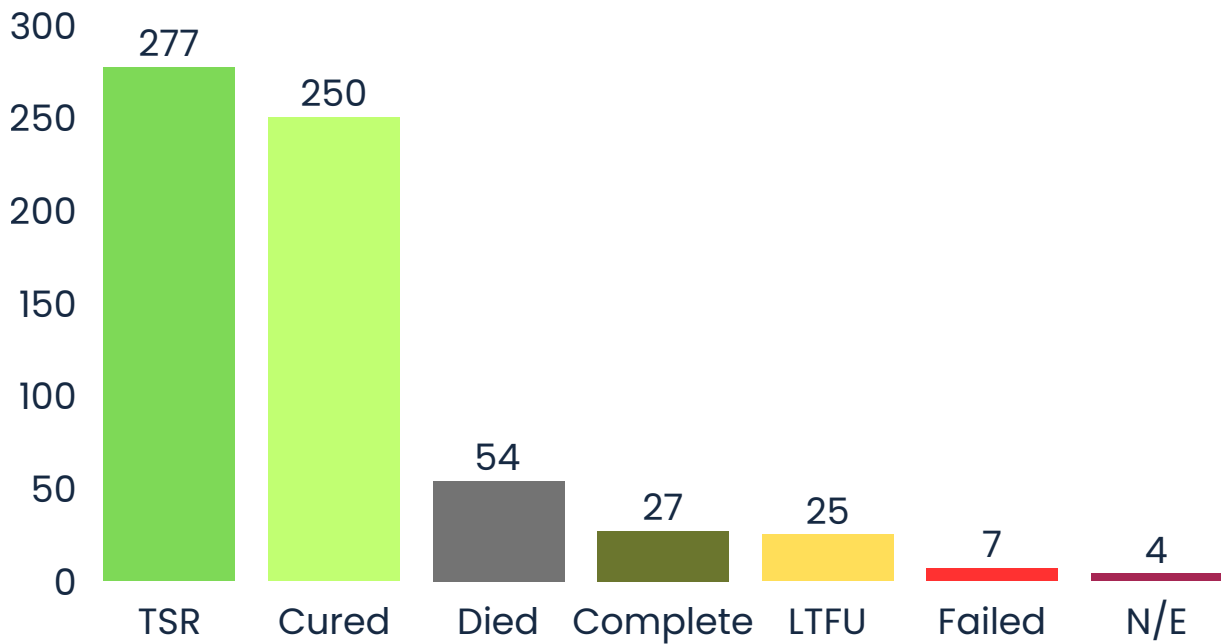


148 female DR TB patients were registered in 2024



127 male DR TB patients were registered in 2024

TREATMENT OUTCOME OF DR TB PATIENTS



PUBLIC-PRIVATE MIX (PPM) FOR TB DOTS

The National TB Control Program (NTP) has launched the Public-Private Mix (PPM) initiative to strengthen TB DOTS coverage by involving private healthcare providers. This initiative is designed to improve access to TB care, particularly for individuals who face barriers in reaching public health facilities. It engages interested general practitioners, private laboratories, health facilities under various ministries, and tertiary or teaching hospitals.

The core objective of the PPM initiative is to implement standardized protocols for TB diagnosis and case management within the private sector, while also extending these services to the families of TB patients. Additionally, the initiative supports the identification and screening of individuals with TB-like symptoms—especially close contacts—for active TB.

In collaboration with Mercy Corps, the Association for Community Development (ACD) is acting as a sub-recipient to implement PPM activities across 18 districts in Khyber Pakhtunkhwa. The focus of this project is on expanding partnerships and mobilizing private healthcare providers to carry out PPM interventions in the targeted districts.



ENGAGING HEALTH CARE PROVIDERS

ACD remained committed to expanding partnerships and engaging Private Health Care Providers in implementing Public-Private Mix (PPM) interventions across the designated districts of Khyber. As a result, ACD successfully collaborated with and empowered 966 General Practitioners, 103 private laboratories, and 751 private pharmacies, thereby strengthening TB control interventions in the region. Furthermore, 33 ECF hospitals were onboarded, and 9 GeneXpert sites were made functional in 2024.

General Practitioners	Achieved 966	Target 994	Percentage 97%
Private Laboratories	Achieved 103	Target 105	Percentage 98%
Private Pharmacies	Achieved 751	Target 751	Percentage 100%
ECF Hospitals	Achieved 33	Target 33	Percentage 100%
Gene-Xpert Sites	Achieved 9	Target 9	Percentage 100%



CAMPS AND SESSIONS

ACD successfully conducted key community-based activities to strengthen TB detection and awareness in 2024. A total of 638 mobile screenings were carried out, reaching 77% of the planned target. In addition, 53 awareness-raising sessions were held for TB patients (74% achievement), and 89 one-day orientations for Health Care Providers (HCPs) were conducted, achieving 100% of the target.

	Achieved	Target	Percentage
● Mobile Screening Camps conducted	638	816	78%
● Awareness Raising session for TB patients	53	72	74%
● One day Orientation of HCPs	89	89	100%
● One day Orientation session on specimen Transportation Mechanism	15	15	100%

MEETINGS

ACD continued to strengthen coordination and stakeholder engagement through a series of meetings in 2024. A total of 617 meetings were held with area notables, achieving 76% of the target, while 72 Quarterly Review Meetings (QRMs) were conducted, fully achieving 100% of the target. Two Bi-Annual SR Staff Meetings were organized (100% achievement), and 71 TPT Round Table meetings with specialists were conducted, achieving 99% of the target. Additionally, 94 in-house meetings with ECF hospitals and 4 inspection meetings at ECF hospitals were successfully conducted, both achieving 100% of the target.

	Achieved	Target	Percentage
● Meeting with area notable conducted	617	816	76%
● QRMs conducted	72	72	100%
● Bi Annual SR Staff Meeting conducted	2	2	100%
● TPT Round Table meeting with Specialists	71	72	99%
● Inhouse meetings with ECF Hospitals conducted	94	94	100%
● Inspection meeting conducted at ECF Hospitals	4	4	100%



TB CASE REGISTRATION, TREATMENT & PREVENTION

During the reporting period, a total of 13,149 all-form TB cases were registered, exceeding the target of 12,438, achieving 106% of the expected performance. However, the number of bacteriologically positive (Bac+ve) TB cases registered was 3,781, which is 61% of the targeted 6,219.

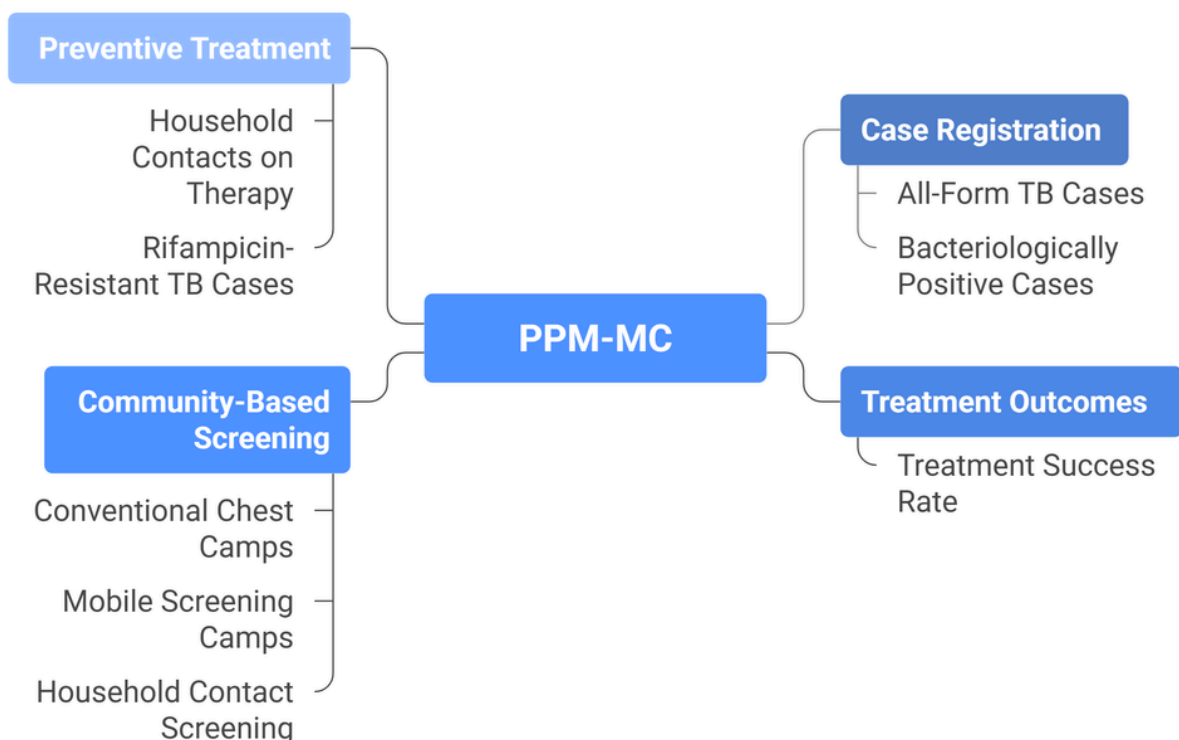
Regarding treatment outcomes, 13,162 TB cases were successfully treated out of a target of 13,517, resulting in a treatment success rate of 97%.

Community-based screening interventions showed varied performance:

- Conventional chest camps registered only 6 cases against a target of 18 (33% achievement).
- Mobile screening camps contributed 963 cases toward a target of 1,258 (77% achievement).
- Household contact screening achieved 99% of its target.
- All-form TB cases detected through contact screening totaled 131, against a target of 257 (51% achievement).

On preventive treatment:

- 2,380 household contacts were initiated on TB preventive therapy, against a target of 4,383 (54% achievement).
- A total of 57 rifampicin-resistant (RR) TB cases were detected from all interventions, meeting 33% of the target of 172 cases.





COORDINATION

ACD places a strong emphasis on strengthening coordination with donors and partners at district, provincial, and national levels. This includes providing technical assistance for strategy and policy development, enhancing human resource capacity, overseeing monitoring and quality assurance, and managing the procurement of essential materials for effective project implementation. ACD carefully plans and aligns its activities with health authorities across all levels. In addition, the organization actively participates in quarterly review meetings to present progress and engage with key stakeholders.

MONITORING AND EVALUATION

ACD employs a Project Performance Framework to monitor both process and outcome indicators of the project. The Program team reviews project implementation and monitoring data, which is submitted to the donors on a monthly basis. Additionally, senior management from the Program and Finance departments carry out on-site monitoring and coordination visits in the targeted districts. Performance monitoring visits are also conducted by donor representatives and officials from the National Program.

DATA REPORTING AND VALIDATION

Data from service delivery points was collected using donor-approved recording and reporting tools. The ACD project team, in collaboration with TB program representatives and principal recipients (PRs), verified the accuracy and completeness of the data during quarterly coordination meetings. The validated data was then compiled into quarterly reports and shared with both the Program and PRs. Excel-based formats approved by the PR were used for digital data storage. Program performance was evaluated quarterly at district, provincial, and national levels, as well as during PR-SR coordination meetings with the principal recipient.