Annual Report 2018

Association for Community Development

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Abbreviations

ACD	Association for Community Development
ACF	Active Case Finding
AIDS	Acquired Immune Deficiency Syndrome
ANCs	Ante-natal clinics
API	Annual Parasite Index
BCC	Behaviour Change Communication
CBO	Community Based Organization
CGM	Community Gathering/Meeting
DoMC	Directorate of Malaria Control
DOTS	Directly Observed Treatment Short Course
DR TB	Drug Resistant Tuberculosis
EMRO	Eastern Mediterranean Region
EQA	External Quality Assurance
GB	Gilgit Baltistan
HCP	Health Care Providers
HIV	Human Immunodeficiency Virus
KP	Khyber Pakhtunkhwa
LHW	Lady Health Worker
LLIN	Long Lasting Insecticidal Nets
LTR	Long Term Regimen
MC	Mercy Corps
MDR	Multi-Drugs Resistance
MNHSR&C	Ministry of National Health Services, Regulation and Coordination
NFR	New Funding Request
NTP	National TB Programme
PPM	Public Private Mix
PTP	Provincial TB Programme
RDT	Rapid Diagnostic Test
RR	Rifampicin Resistant
STR	Short Term Regimen
TB	Tuberculosis
WHO	World Health Organization

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.

Executive Summary

Pakistan ranks 5th among 30 high-burden countries for TB and 6th for Drugs Resistance TB (DRTB). Annually an estimated 562,000 new TB cases occur in the country of which 360,472 all forms of TB cases (65%) were reported in the year 2018. Out of the estimated 13,000 DRTB cases only 24% were reported and the remaining are missed and still existing in the community. TB mortality is at 20 deaths per 100,000 populations (WHO 2018). 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.

Similarly, Pakistan is among the countries where Malaria is also highly prevalent and 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. Khyber Pakhtunkhwa (KP) population is more at risk of Malaria compared to other province. Among the total of 351,551 confirmed Malaria cases reported in Pakistan during 2018, 112,224 (32%) were reported in KP.

Ministry of National Health Services, Regulation and Coordination (MNHSR&C), Government of Pakistan through its national and provincial programmes and private partners is implementing prevention and control interventions for TB and Malaria in the country. Association for Community Development (ACD) implemented TB and Malaria projects in KP in the capacity of sub-recipient of the National TB Programme (NTP), Directorate of Malaria Control (DoMC) and Mercy Corps (MC). With NTP ACD implemented DRTB project in Six tertiary care hospital (5 in KP & 1 in GB), with DoMC implemented Malaria interventions in seven settled and all merged districts of KP through public and selected private clinics, with MC it implemented Public Private Mix project for TB DOTS by engaging private health care providers (GP clinics) and laboratories in twelve districts

Following tables summarizes project achievements in year 2018

Table 1:MALARIA PROJECT ACHIEVEMENTS

Coverage Indicator Name	Target	Achieved	Percentage
Suspected malaria cases tested at public sector health facilities	573,622	573,622	100%
Suspected malaria cases tested at private sector health facilities	251,292	251,292	100%
Confirmed malaria cases treated at public sector health facilities	75,665	75,300	100%
Confirmed malaria cases treated at private sector health facilities	36,300	35,997	99%
Health facilities without stock-outs of key commodities	7,593	7,559	100%
Number of upgraded and functioning health facilities	981	965	98%
Number of long-lasting insecticidal nets distributed to targeted risk groups	85,600	85,600	100%
Proportion of facility reports received during the reporting period	11,488	11,306	98%
Training of healthcare providers on Malaria Case Management	969	1,036	107%

Advocacy / Awareness sessions conducted	4,840	4,824	100%
People reached through awareness sessions	96,800	96,428	100%
Monthly review meetings conducted at district level	132	132	100%
Number of field visits conducted against planned visits	1,318	1,236	94%

Table 2:DR TB PROJECT ACHIEVEMENTS

	Activity Description	Target	Achieved	Percent
	Number of hospital engaged in management of DR-TB cases	5	5	100%
	Number of human resource provided to hospitals and dedicated for management of DR-TB cases	41	41	100%
	Proportion of DR-TB patients receiving second line anti-TB drugs	100%	100%	100%
	Number of DR-TB patients enrolled for treatment during the reporting period	297	357	121%
	Proportion of DR-TB patients receiving social support (nutrition and travel cost)	90%	90%	90%

Table 3:PPM TB DOTS PROJECT ACHIEVEMENTS

Activity Description	Target	Achieved	Percent
Number of GPs clinics enabled to provide TB DOTS	214	214	100%
Number of Private Laboratories enabled for TB DOTS	56	56	100%
Number of Community Gatherings Conducted	36	60	167%
Number of Conventional Chest Camps conducted	36	60	167%
Number of All Forms TB Cases Registered	5,427	4,580	84%
Number of Bacteriological Positive (B+ve) TB Cases Registered	2,713	1506	56%
Number of TB Cases who successfully completed treatment	4,894	4,784	98%
All Forms TB Cases detected through outreach Chest Camps	120	118	98%
Quarterly Review and Planning Meetings(QRMs) conducted	24	24	100%

1 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).

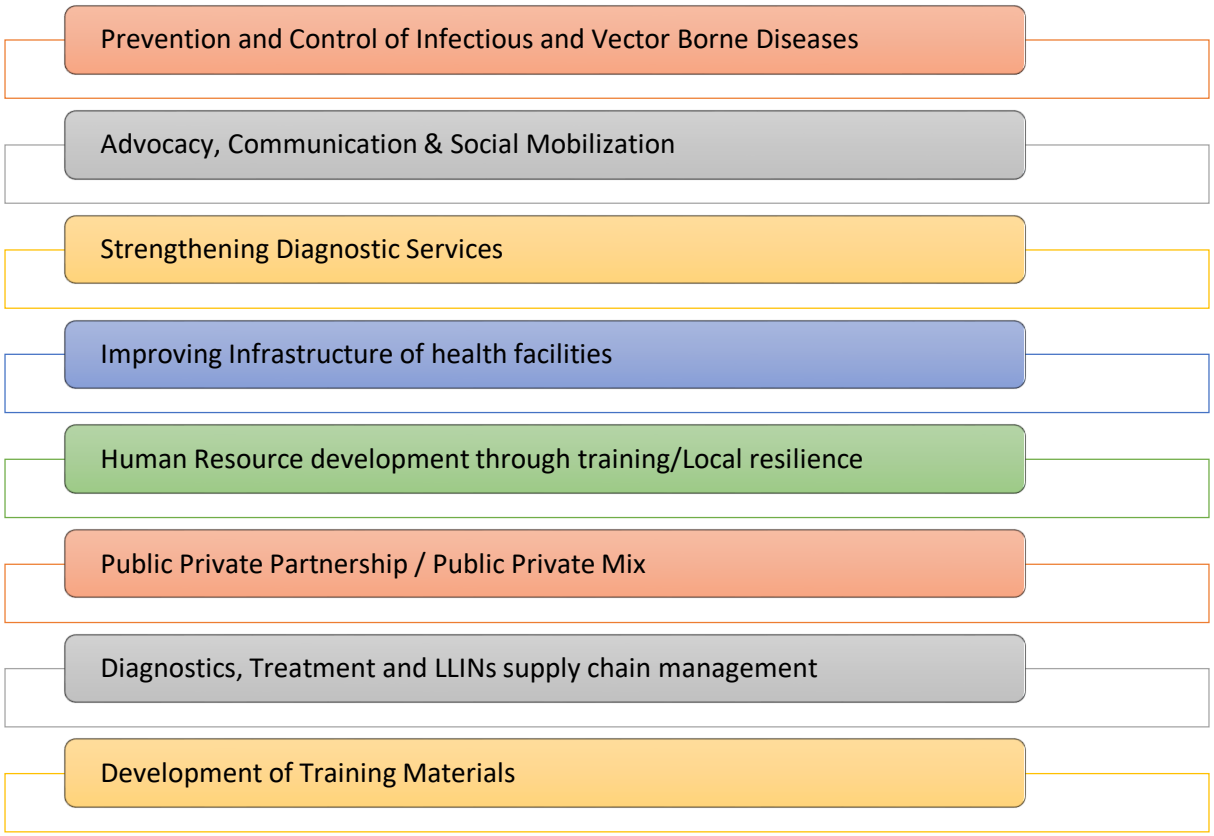
The aim of the society is "to improve preventive, promotive, curative and rehabilitative health services for the people living in Pakistan regardless of race, religion or political affiliations.

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, 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 worked in Khyber Pakhtunkhwa (KP), Merged Tribal Districts of KP, 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 behavior and ensuring provision of quality basic health care.

Area of Interest

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.

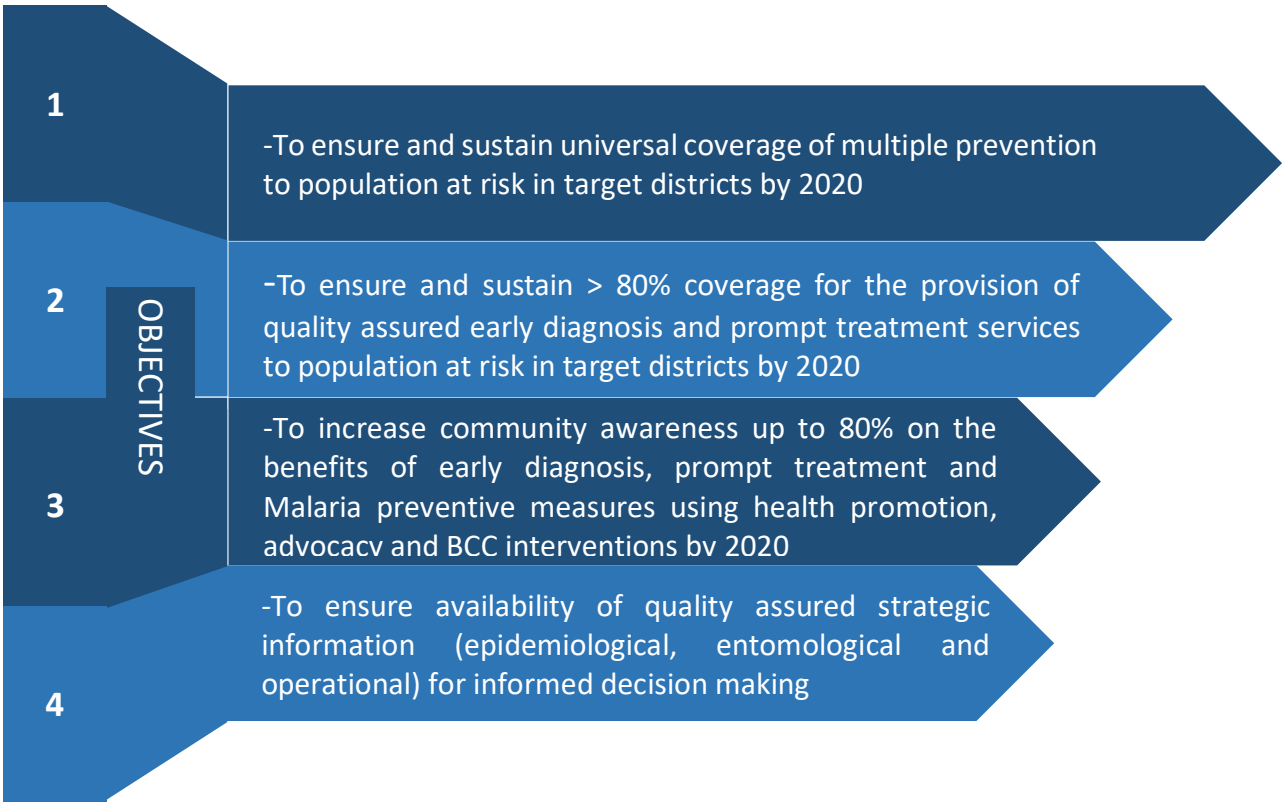


2 Malaria Situation Pakistan

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. 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.

2.1 Objectives of the Project

Following are Four objectives of the Malaria project;



2.2 Target Districts:

Following are the settle and Merged tribal districts of Khyber Pakhtunkhwa (KP) for Malaria Project;

Settled District
Swat
Dir Lower
Buner
Shangla
Kohat
Karak

Merged District
Bajaur
Mohmand
Khyber
Orakzai
Kurram
North Waziristan
South Waziristan
Sub-Division Peshawar
Sub-Division Kohat
Sub-Division Bannu
Sub-Division Lakki
Sub-Division DI Khan
Sub-Division Tank

2.3 Activities and Achievements

2.3.1 Strengthen Existing Diagnostic Services:

ACD supported selected public sector health facilities with essential material and training for diagnosis and treatment of Malaria.

2.3.2 Establishment of Rapid Diagnostic Test (RDT) Centers

ACD supported Rapid Diagnostic Test (RDT) centers and provided anti malaria medicine and RDT kits for managing Malaria cases

2.3.3 Prompt and Effective Anti-Malaria Treatment

Early diagnosis & prompt treatment with effective Anti- Malarial drug is the most efficient intervention in reducing overall morbidity & mortality caused by Malaria. ACD provided quality assure anti malaria medicine to 965 health facilities for treating Malaria patients

2.3.4 Involvement of Private sector in Malaria diagnosis & treatment

ACD established 255 RDT centers in private clinics of the targeted districts and enhanced the capacity of private health care providers for managing Malaria cases

Health Facilities supported for Malaria Diagnosis and Treatment

2.3.5 Enhancing the Capacity of Healthcare Providers in Malaria Case Management

Malaria Case Management according to National Malaria guideline is essential for the provision of standardized and effective Anti- Malarial drugs & to avoid development of resistance. ACD has trained health care providers working in the public sector health facilities on the National guidelines for managing Malaria

2.3.6 Malaria Prevention through distribution of long-lasting insecticidal nets (LLINs)

Use of LLINs is the most effective mean of vector control in highly endemic areas. ACD distributed 85,600 LLINs among the pregnant ladies through the public sector Ante-natal clinics (ANCs) selected by the district health authority.

2.3.7 Behavior Change Communication

4,824 Advocacy, awareness and Behavior change communication (BCC) sessions were conducted to enhance Malaria awareness, case detection and adherence to treatment. Health education and information materials was distributed among the participants of the sessions. Total of 96,800 individuals were reached through this activity. Lady Health Workers (LHWs), community based organizations (CBOs) and project staff conducted these awareness sessions.

2.3.8 Monitoring and Supervision

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

Table 4: MALARIA PROJECT OTHER ACHIEVEMENTS

Jan, 2018- Dec, 2018 Activity Description	Target	Results	Achievement
Health facilities without stock-outs of key commodities	7,593	7,559	100%
Number of long-lasting insecticidal nets distributed	85,600	85,600	100%
Proportion of facility reports received	11,488	11,306	98%
Advocacy and Awareness Session Conducted	4,840	4,824	100%
Number of individuals reached through awareness sessions	96,800	96,428	100%
Monthly Review Meetings at district level	132	132	100%
Number of field visits conducted against planned	1,318	1,236	94%

2.4 Malaria Cases Diagnosed and Treated

Following two methods are used for diagnosing Malaria cases;

- **Blood Smear microscopy**

  Malaria microscopy allows the identification of different malaria-causing parasites, their stages and density in the human body. Microscopy is the method of choice for the investigation of malaria. Both thick and thin smears are prepared from the blood collected from a Malaria suspected patients and stained with Giemsa stain. The smear is than examined under a microscope to confirm presence of Malaria parasites in the blood. Microscopy is the diagnostic standard against which other diagnostic methods have traditionally been compared.

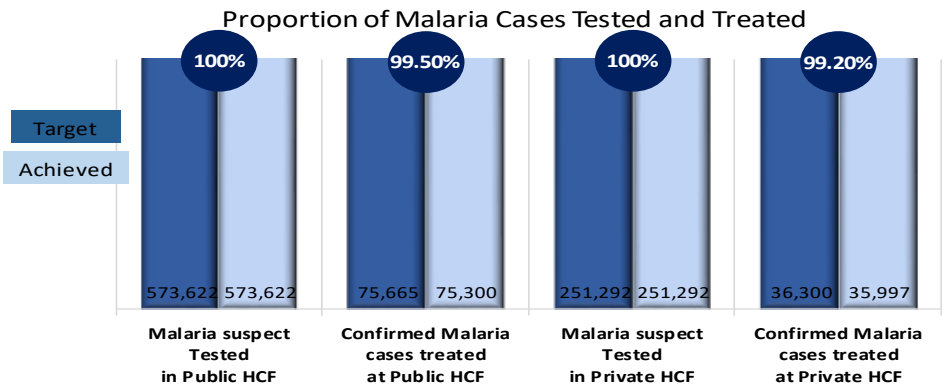
- **Use of Rapid Diagnostic Test (RDT) kits**

  Malaria Parasites produce chemicals (proteins) in the blood, these chemical are called antigens. RDTs detect these antigens to confirm the presence of Malaria parasite in the body. RDT kit contains antibodies for the antigens produced by both the Falciparum and Vivax strains of Malaria parasites these antibodies interact with the antigens and detect the type of Malaria parasite present in the blood.

2.4.1 Treatment of Malaria cases

Treatment for Malaria patients is provided through the public and private care health facilities free of cost. Health care providers are trained on the national guidelines for managing Malaria cases. Treatment for adult, pregnant women and children less than 5 years of age varies therefore, maximum caution is practiced while prescribing the medicine to patients.

Figure 1: Malaria Cases Diagnosed and Treated



3 TB Component

3.1 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 is respectively 270 and 341 per 100,000 with an estimated 510,000 new TB cases each year. TB mortality is showing 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 short fall 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 programmes 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 in Five tertiary care hospital of KP and one district hospital in GB.

At the same time NTP 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. ACD as a sub-recipient of the Mercy Corps is implementing PPM interventions in the target 12 districts of the KP province. The focus of the project remained on expanding partnerships and engaging Private Health care providers for provision of TB care services to the communities in the target districts. 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

3.2 National Strategic Plan Goal and Objective

Goal: “To end the TB epidemic in Pakistan by 2035”

Objective:

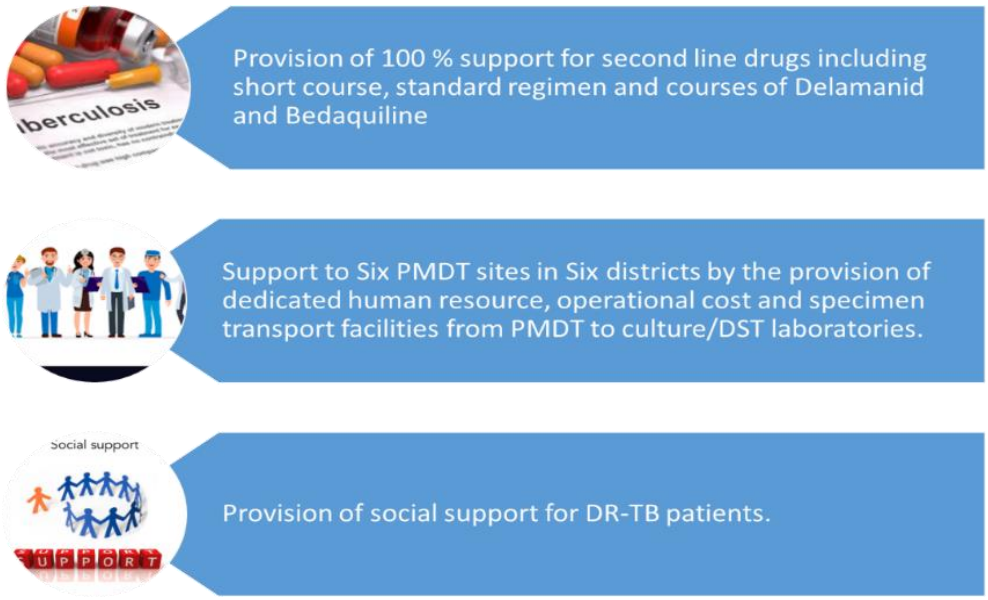
To increase the number of notified TB cases from 366,061 in 2016 to at least 453,409 by end of year 2020 while maintaining the treatment success rate at 91%

3.3 Objective of DR TB Project:

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

3.4 Project Activities:

Following activities are conducted to achieve objectives of the project.



3.5 Programmatic achievement of DR TB

3.5.1 Enrollment of DR TB Patients:

In the year 2018, 357 DR TB Patients were enrolled for treatment against a target of 297 making an achievement of 121 %. Following figure gives PMDT site wise breakdown of the DR TB patients enrolled for treatment. Out of 357 patients enrolled for treatment 45% were Male and 55% were Female. 9% patents were under 15 years of age remaining were over 15 years of age.

Figure 2: DR TB Cases Registered in 2018

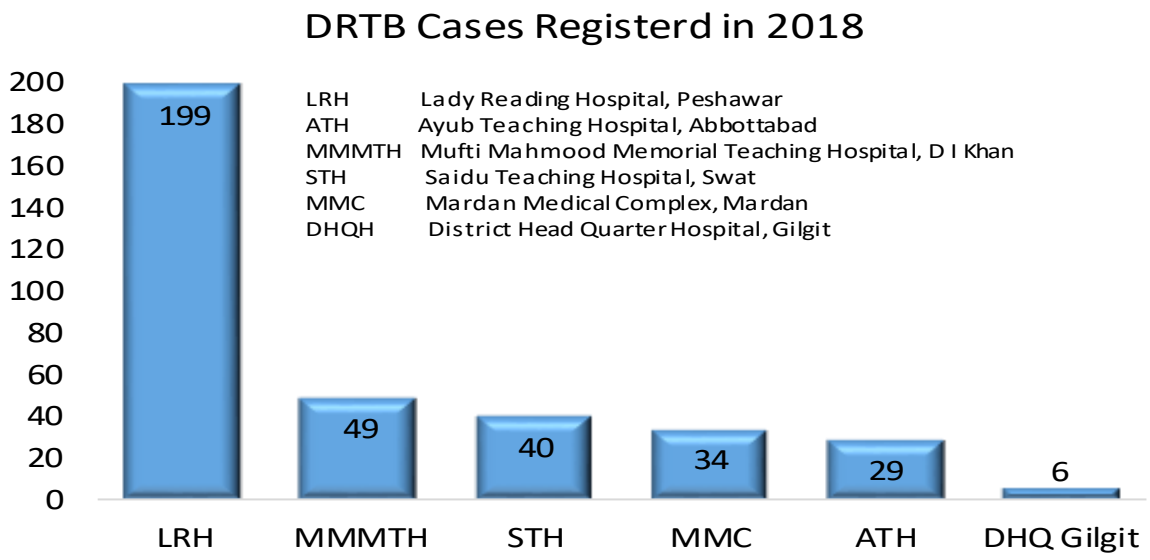


Figure 3: Sex Distribution

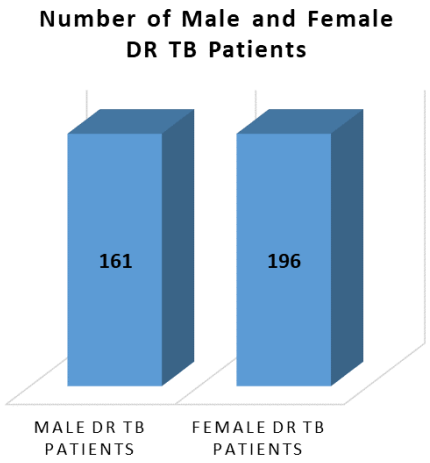
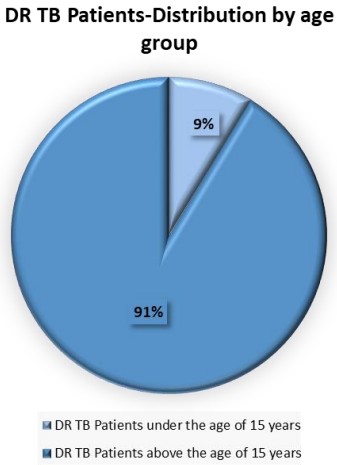


Figure 4: Age Distribution

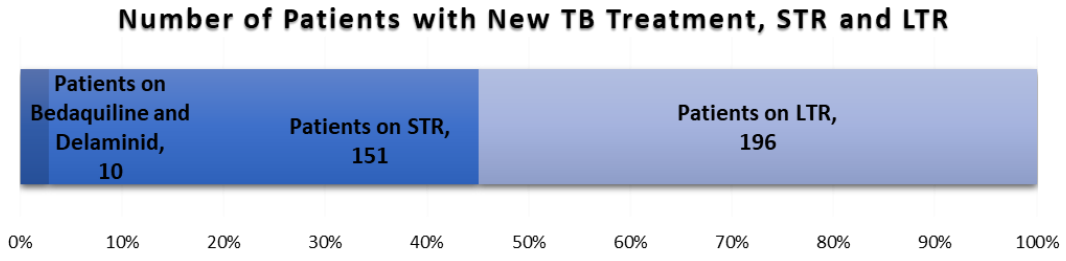


3.5.2 Treatment Outcome of Patients Registered in 2018.

Treatment of the patients is decided by the consultant physician based on the national TB programme guidelines, past history of medication and susceptible of the mycobacterium TB strains to second line anti-TB drugs including Fluoroquinolone and second line injectable. Following treatment regimens are in practice for the management of DR TB patients;

- Short Term Regimen (STR), this regimen is for 09 to 11 months
- Long Term Regimen (LTR), this regimen is for 18 to 20 months

Figure 5: Types of DR TB Treatment



3.6 Public Private Mix (PPM) for TB DOTS

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 programme strategy for enhance TB DOTS coverage includes engaging private health care facilities through Public Private Mix (PPM) initiatives. The purpose of this intervention is to introduce standardized TB diagnosis and case management protocols in the private sector.

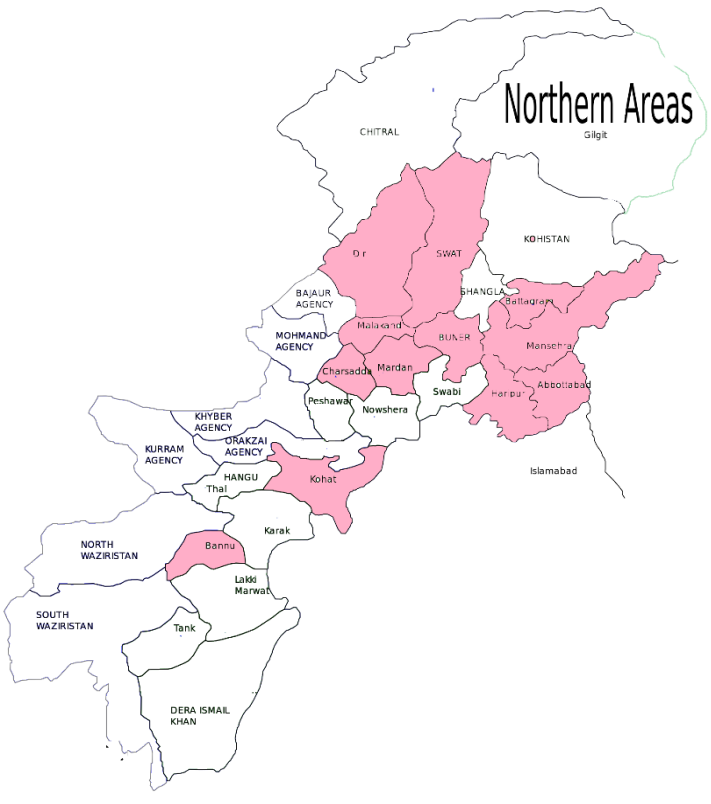
3.7 PPM Project Objectives

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

3.8 Geographical Coverage

ACD PPM DISTRICTS

- Charsadda
- Mardan
- Malakand
- Buner
- Lower Dir
- Swat
- Haripur
- Abbottabad
- Mansehra
- Battagram
- Kohat
- Bannu

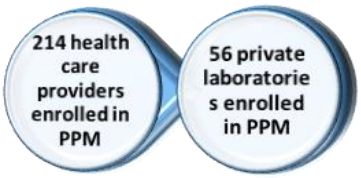


3.9 Strategies and Planned Activities

ACD implemented the following strategies and activities to achieve objectives of the New Funding Request (NFR) grant.

a. Strengthen and scale-up quality TB diagnosis and treatment through a public-private mix (PPM) approach by engaging general practitioners and private laboratories in 12 districts in KP.

b. Enhance TB case finding by engaging 214 private healthcare providers (general practitioners) and 56 private laboratories in Khyber Pakhtunkhwa.



c. Mapping and training of selected private healthcare providers (general practitioners and laboratories) and paramedics on TB DOTS as per National Guidelines.

d. Active case findings approaches for diagnosis of TB in high-risk and vulnerable population through following types of chest camps:

   i. Conventional chest camps along with CGM per quarter in 09 districts.

   ii. Active Case Finding (ACF) intervention through mobile van to identify 'missing TB cases' in peri-urban and rural areas in 03 districts – Mardan, Charsadda & Haripur. Two types of chest camps were conducted through this intervention.

      - Mobile X-ray screening chest camps outside the Health facility.
      - Six chest camps each were conducted Haripur & Charsadda districts while 30 camps were conducted in district Mardan per quarter.
      - Community Outreach X-ray screening chest camps were preceded by community gathering / meetings (CGM) with 05 camps and 05 CGM per district per quarter.

e. Community Gatherings were conducted for community mobilization, awareness and participation in chest camps for active TB case detection.

f. Private healthcare providers (private practitioners and laboratories) were Incentivize through voucher scheme to encourage their participation as well as to reduce the out- of-pocket expenses of TB patients.

g. Contacts of all bacteriologically positive cases were screened verbally and all presumptive identified cases were referred to TB care health facilities for further investigations.

h. Quarterly Review Meetings were conducted to assess performance of the PPM interventions in the districts.

i. Monitoring & Supervision for quality assured implementations of program activities and timely recording & reporting of program data were carried out by the provincial TB programme, project staff and donor representatives.

j. External Quality Assurance (EQA) of all participating private laboratories was carried out by regularly examining randomly selected sputum slides.

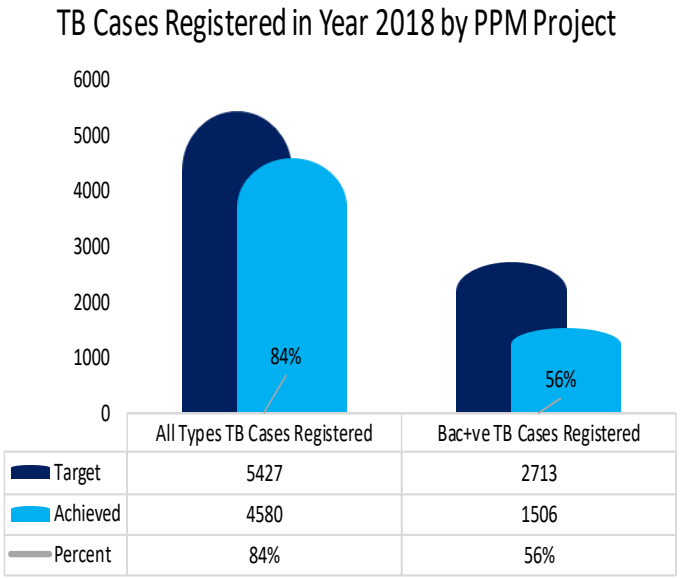
3.10 Programmatic Achievements

3.10.1 TB Case Detection

All TB presumptive cases presenting with TB symptoms like sputum for more than two weeks, fever, weight loss, night sweating or loss of appetite were referred for sputum microscopy and GeneXpert for testing. Additionally chest X-rays were performed for all the pulmonary TB suspects with no sputum or whose sputum was reported negative for TB germs by microscopy or GeneXpert testing. Patients with evidence of TB were registered and started on TB treatment. All investigation and medicine were provided free of cost. A total of 4,580 (84%) all type of TB cases were diagnosed and registered against the target of 5,427.

Figure 6: TB Cases Registered in Year 2018

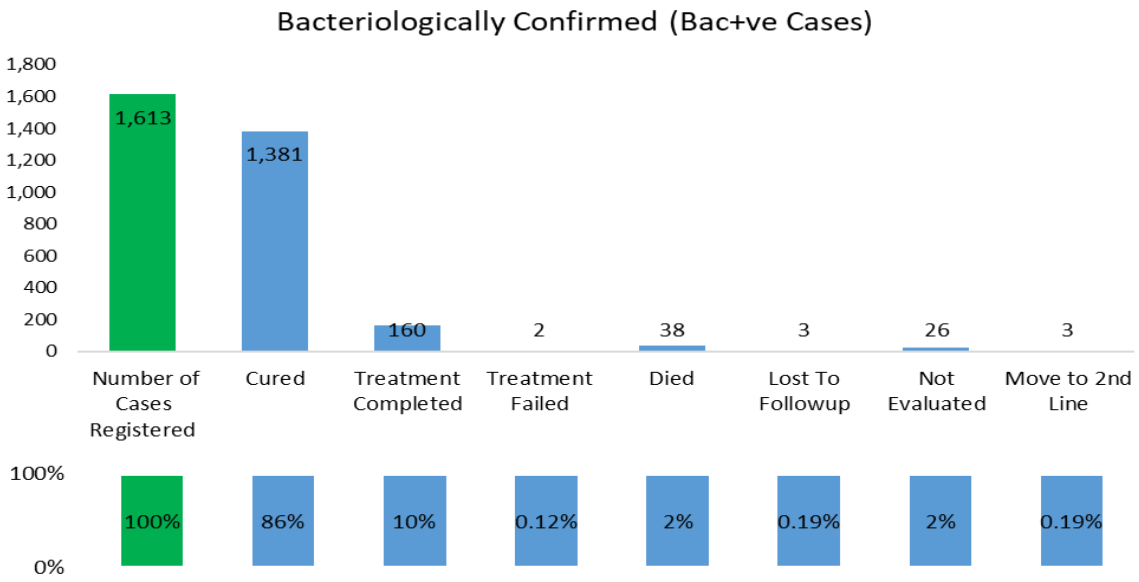
Bacteriologically TB positive cases detected and registered were 1,506 (56%) of the target i.e 2,713. 50% of the cases registered were female. 75% cases were over 15 years of age while 25% cases were less than 15 years of age.



3.10.2 Treatment Outcome

This section reports treatment outcome of TB patients registered in year 2017. All TB patients registered were treated according to the National TB guidelines for Six to Eight months with Anti-TB medicine. Following figure shows treatment outcome results of all TB cases bacteriologically confirmed by sputum microcopy or GeneXpert machine. Out of the total 1,613 cases registered 1,381 (86%) were successfully cured and another 160 (10%) completed their treatment, the treatment success rate therefore; is 96%.

Figure 7: Bacteriologically Confirmed TB Cases

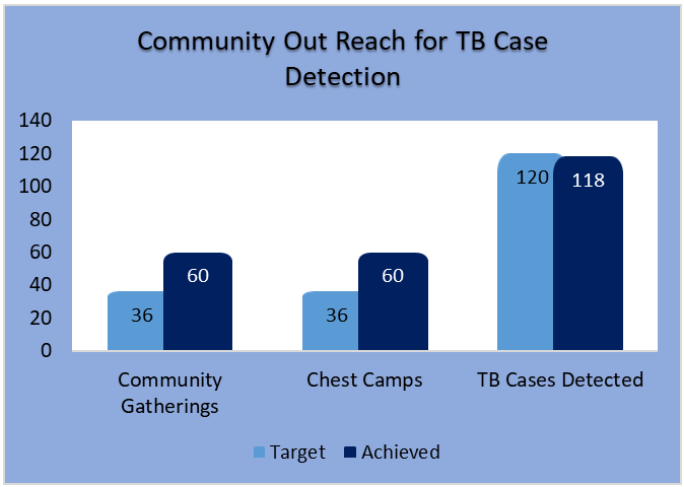


Another 3,281 Clinically diagnosed pulmonary and Extra-Pulmonary (EP) TB cases were treated during the year, out of which 3,242 (99%) successfully completed their treatment.

Outcome Result Clinically Diagnosed Pulmonary an EP TB cases	Numbers	Percent
Number of Cases Registered	3,281	100%
Treatment Completed	3,242	99%
Treatment Failed	1	0.0%
Died	18	1%
Not Evaluated	20	1%
Total	3,281	100%

3.10.3 **Community Outreach Activities**

Community outreach activities for mobilization and awareness raising were conducted by the district based project staff. The purpose of these awareness activities was to encourage TB suspects to seek early diagnosis and to promote treatment adherence in confirmed TB patients. During these awareness sessions TB presumptive cases are also identified and referred to the chest camps that follow awareness session for further TB disease investigation. Total 60 community gatherings and chest camps were conducted. 118 additional 118 all type TB



cases were detected through the chest camps. A mobile van equipped with Digital X-ray and GeneXpert machine is used for performing test on TB presumptive cases in the chest camp organized near the GP clinics or hospitals. District TB programme selects parts of the district for Chest camp from where more TB patients are reported during the quarter.

3.11 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.

3.12 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.

3.13 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.

3.14 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.

3.15 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.

World Malaria Day 2018

The theme of Malaria Day was 'Ready to Beat Malaria' which reflects the vision of a Malaria-free world set out in the "Global technical strategy for Malaria 2016-2030".it was adopted in May 2015 by the World Health Assembly. This strategy aims at dramatically reducing the global Malaria burden over the next 15 years and targets reducing the rate of new Malaria cases as well as reducing Malaria death each by at least 90 per cent; eliminating Malaria in at least 35 countries; and preventing resurgence of Malaria in all countries that are Malaria-free. The timeline of 2016-2030 is aligned with the "2030 Agenda for sustainable development" endorsed by all UN members

ACD commemorated World Malaria Day 2018 throughout its implementation districts involving District Health Management Team, Political Administration, community elders, CBOs/NGOs and other stake holders. The activities included conducting Behavior Change Communication Sessions, Seminars and Awareness Walks. At the Provincial level ACD in coordination with the provincial Malaria programme and Directorate of health KP organized an awareness seminar to highlight the importance of World Malaria Day and to show its solidarity with the global community striving for Malaria elimination in the high endemic countries. Seminar was attended by people from different walks of life. DG Health KP chaired the gathering as the chief guest.

Display of BBC Stall-World Malaria Day

DG Health KP Addressing World Malaria Day Seminar

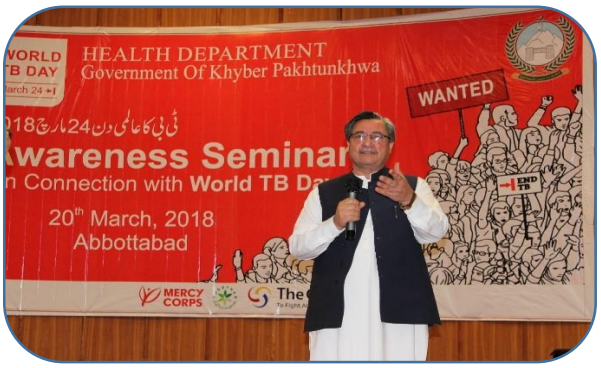
World TB Day 2018

World TB Day (WTD) is commemorated globally every year on 24th March to build public awareness and support world-wide efforts to eliminate TB. The global theme of WTD 2018 was, "Wanted Leaders for a TB-Free World, You can make History. End TB". The theme focused on building commitment to end TB by involving stakeholders at all levels such as political leaders, community leaders, people affected with TB, civil society advocates, health workers, doctors, educational institutes, bar associations, Press Clubs, Trade Union, NGOs and other partners. Anyone can be a TB leader in their area of expertise given their commitment to end TB.

The political commitment towards ending TB epidemic has increased globally that is evident from the successful Ministerial Conference on Ending TB in Moscow, which resulted in high-level commitments from Ministers and other leaders from 120 countries, including Pakistan, to accelerate progress to end TB.
Like rest of the countries, in Pakistan also different activities are conducted to commemorate WTD at national, provincial and district levels to create awareness and communicate message regarding its efforts towards TB control in the country.

ACD in collaboration with provincial and district TB control programs organized different events in the month of March to reach maximum people and spread the message that each individual has a role in the movement towards ending TB. Following activities were conducted at the district, tehsil and union council level for World TB Day Commemoration during March/April, 2018 in all the 12 districts where ACD is implementing PPM TB project.

1. Two awareness seminars on World TB Day; one each at Abbottabad and Swat, over 350 people participated in these seminars
2. Fourteen Chest camps for TB case finding. **49 TB cases** were detected out of 1580 individuals screened through these chest camps
3. Fourteen community gatherings for awareness
4. TB Awareness campaign through branding on public transport. 192 wagons, rikshaws, and chingchi etc were engaged for this activity.
5. City branding by displaying banners with TB awareness messages
6. District seminars followed by press briefing, over 400 media, health and district representatives participated in these seminars
7. Awareness on TB via local cable networks in eleven districts by displaying TB documentary.
8. Awareness through mosque.



DG Health KP Addressing World TB Day Seminar

ACD Representative Addressing World TB Day Seminar

Picture Gallery

Malaria Treatment Stall at CCM Retreat, Islamabad

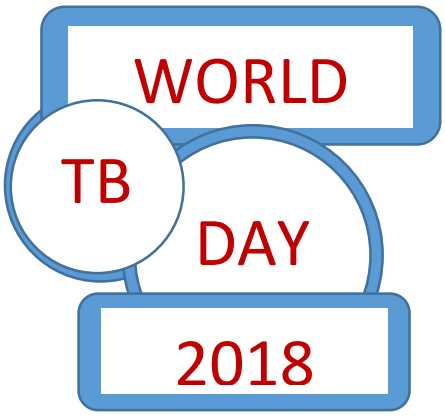
Health Care Workers Training

Microscopy Stall, CCM Retreat, Islamabad

CCM Team visit to ACD supported Rural Helth Centre, District Kohat

Quarterly Review and Planning Meeting, District Hangu

Picture Gallery




TB Awareness Walk


TB Documentary


Van Branding

Press Briefin


Press Coverage


TB Awareness Walk