ANNUAL REPORT 2022

Association for Community Development

info@acd.org.pk
091-5701426
www.acd.org.pk

Table of Content

Abbreviations

ACD	Association for Community Development
DRTB	Drug Resistant TB
EQA	External Quarterly Assurance
KP	Khyber Pakhtunkhwa
LRH	Lady Reading Hospital
LTR	Longer Treatment Regimen
MDR	Multi Drug Resistant
MMC	Mardan Medical Complex
NTP	National TB Programme
PMDT	Programmatic Management of Drug-Resistant TB
PPM	Public-Private Mix
PR	Principle Recipient
PTP	Provincial TB Programme
RR	Rifampicin Resistant
SR	Sub Recipient
STR	Shorter Treatment Regimen
TB	Tuberculosis

Acknowledgement

The annual report extends gratitude to all contributors for enabling the successful projects of the Association for Community Development (ACD). It highlights the support of individuals, organizations, and donors who dedicated time, resources, and expertise. Special recognition goes to partners, including governmental bodies, NGOs, and healthcare professionals, for collaborative efforts that implemented evidence-based practices and innovative strategies. Donors are acknowledged for supporting sustainable initiatives, enhancing healthcare infrastructure, and enabling vital medical services. Community members' resilience and collaboration are valued for driving project success. ACD's staff, volunteers, and community leaders are praised for their commitment and impact. The report emphasizes the united effort in advancing community health and well-being, generating a lasting impact and commitment to future transformative work.

Area of interest

ACD possesses comprehensive objectives and aspirations to engage in multidisciplinary interventions that bring about positive outcomes for its target communities. Presently, ACD focuses its efforts on the following areas aligned with its interests.

- Prevention and control of infectious and vector born diseases
- Advocacy Communication and Sicial Mobilization
- Strengthening Laboratory Services
- Improving infrastructure of health facilities
- Public Private Partnership/Mix
- Human Resource Development and Training
- Logistics and Supply chain management
- Development of IEC materials

Project background

Pakistan is ranked 5th among 30 high-burden countries for drug-sensitive tuberculosis (TB), following China, Russia, India, and Indonesia. It is also ranked 4th for drug-resistant tuberculosis (DRTB), following India, China, and Russia, and preceded by the Philippines. The estimated incidence of drug-sensitive TB is 258 per 100,000, resulting in approximately 608,000 new TB cases annually. Additionally, the estimated incidence of drug-resistant TB is around 15,000 new cases emerging each year in Pakistan. TB-related deaths in the country reach approximately 47,000 annually.

Pakistan's national notification system reported 424,566 cases of all forms of TB, accounting for 70% of the estimated TB cases. However, it is acknowledged that there are still unreported incident cases within the country.

Among new TB cases, an estimated 2.3% are Rifampicin Resistant (RR), while in previously treated TB cases, the percentage rises to 4.6%. Out of the estimated 15,000 cases of drug-resistant TB, only 3,682, or 24%, were notified in 2022.

The National TB Programme, in collaboration with provincial TB programs, public-sector healthcare facilities, and private-sector partners through the Public-Private Mix (PPM) initiative, implements TB prevention and control interventions in Pakistan. The PPM model involves engaging general medical practitioners, Selected Privat Hospitals and private laboratories in providing TB care to patients.

ACD, as a sub-recipient of the National TB Programme (NTP), is responsible for implementing the Programmatic Management of Drug-Resistant TB (DR-TB) in five hospitals in Khyber Pakhtunkhwa (KP). Additionally, ACD in partnership with Mercy Corps is implementing PPM interventions in 18 districts of KP.

Geographical Coverage

Public-Private MIX (PPM) for TB DOTS

The National TB Control Programme (NTP) has implemented the Public-Private Mix (PPM) initiative as a strategy to enhance TB DOTS coverage by involving private healthcare providers. This initiative aims to extend TB care services to individuals who are unable to access them at public health facilities. The PPM initiative engages willing general practitioners, private laboratories, and health facilities under various ministries and tertiary/teaching hospitals. Its primary objective is to introduce standardized TB diagnosis and case management protocols within the private sector. Furthermore, it aims to provide access to the families of TB patients, enabling the identification and screening of contacts with TB-like symptoms for active TB.

In collaboration with Mercy Corps, the Association for Community Development (ACD) acts as a sub-recipient and implements PPM interventions in 18 districts of Khyber Pakhtunkhwa. The project focuses on expanding partnerships and involving private healthcare providers in the implementation of Public-Private Mix interventions within the selected districts of Khyber.

GOALS! **The goal is "to end the TB epidemic in Pakistan by 2035".**

Planned Strategies

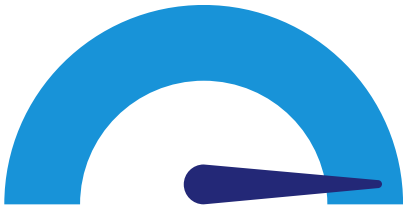
- Increase case notification of drug-sensitive TB (DS TB)
- Increase bacteriologically confirmed pulmonary TB cases from 50% of all to 60%
- Increasing the number of notified drug-resistant TB (DR TB) cases

Key Strategic Interventions

- Strengthen and scale- up of quality TB diagnosis and treatment through a Public- Private Mix (PPM) approach by engaging general practitioners. large private hospitals and private laboratories
- Training selected private healthcare providers (general practitioners and laboratory technicians and paramedics) on TB DOTS as per National Guidelines
- Training the focal persons of private pharmacies on the identification and referral of TB presumptive cases
- Meetings with area notables for community mobilization and awareness-raising
- Organizing chest camps to ensure active case finding in high-risk and vulnerable population
- Incentivize private healthcare providers (general practitioners and laboratories) to encourage their participation as well as to reduce the out-of-pocket expenses of TB patients
- Monitoring of participating private healthcare providers (private practitioners and laboratories and hospitals) to provide on-site technical support and assess the quality of services provide to the patients
- Ensure External Quarterly Assurance (EQA) of all participating private laboratories as per national standards
- Conduct district level quarterly review meetings for data \validation of PPM

Engaging Health Care Providers

ACD maintained its commitment to expanding partnerships and actively involving Private Health Care Providers to implement Public-Private Mix interventions in the designated districts of Khyber. Within the targeted districts, ACD successfully collaborated with and empowered 598 General Practitioners, 103 private laboratories, and 708 private pharmacies to facilitate effective TB control interventions.

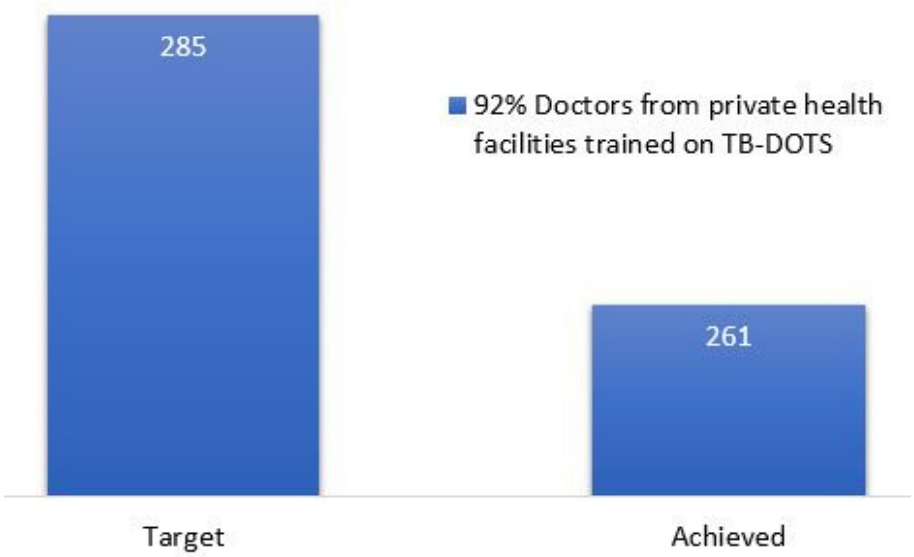


It's important to note that 925 out of 949 targeted GP clinics, equating to approximately 97%, are now equipped to administer TB DOTS.

Ninety-eight percent of the targeted private laboratories, specifically 103 out of 105, have enabled TB DOTS.

Training Health Care Providers

ACD considers the training of healthcare providers in TB management to be a crucial component of the projects it implements. The primary aim of these trainings is to augment the technical and managerial skills of the participants, enabling them to effectively handle TB patients. All activities were meticulously planned and coordinated in collaboration with the provincial and district TB programs. The trainings were conducted in accordance with the guidelines set forth by the National TB Program and targeted various healthcare professionals in the private sector.



Out Reach Activities Conducted

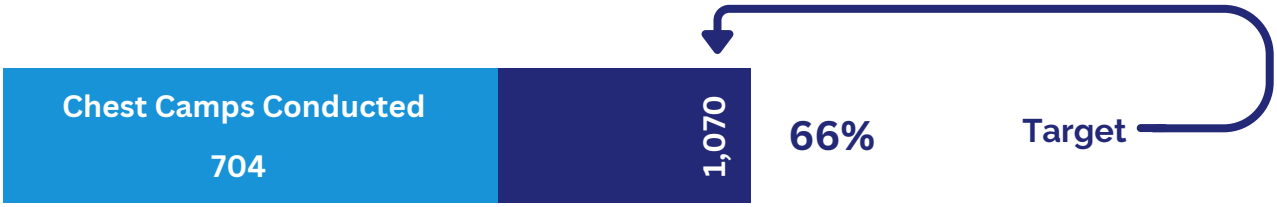
An essential goal of the TB program is to reach out to communities and raise awareness about TB prevention, diagnosis, and treatment initiatives. To accomplish this, the project teams conducted meetings with community notables, organized community gatherings and chest camps in various districts to identify potential TB cases, and promptly test them for TB. Furthermore, the teams visited the homes of contacts of enrolled TB patients and conducted TB tests on them as well. Any individuals found to have TB were registered with the relevant General Practitioners (GPs) and hospitals, and they received free-of-cost TB treatment.

Sputum Transportation

Enhancing TB case detection poses a significant challenge for the Programme, with missing TB cases in the community being a critical concern. To address this issue, a pilot initiative was launched in the selected districts to improve TB case detection through sputum transportation. As part of this initiative, a team of trained community volunteers was identified to facilitate the safe and efficient transportation of sputum samples from patients' homes and basic TB management units to the laboratories. The following table provides an overview of some of the key programmatic achievements related to this initiative.

Chest Camps

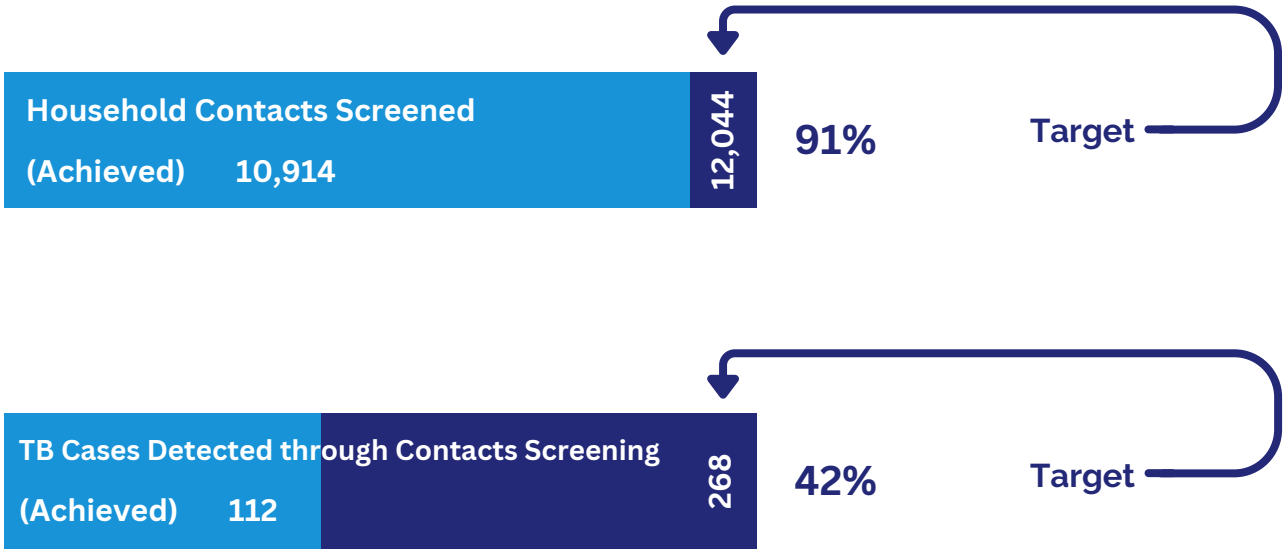
It is essential to identify cases of active tuberculosis (TB) as early as possible to provide prompt treatment to patients. Community-based chest camps are an effective way to detect potential TB cases and offer necessary healthcare services. These camps bring healthcare to underserved and vulnerable areas, ensuring that people at risk of TB infection or showing symptoms are identified. Early detection is crucial to begin timely treatment, which leads to better health outcomes for affected individuals and reduces further transmission. Moreover, community-based chest camps increase TB awareness, reduce stigma, and encourage people to seek healthcare services. These initiatives not only save lives but also help us move closer to a TB-free world. As a result of our efforts, we have successfully conducted 704 chest camps in the community, and 1092 TB cases have been identified and registered, receiving appropriate treatment.



Contact Screening

It's essential to screen the contacts of a tuberculosis (TB) patient to prevent and control the spread of this infectious disease. TB is transmitted by inhaling bacteria droplets from an infected person. People who are in close proximity to an active TB patient are at a higher risk of contracting the disease. Identifying and screening these contacts is crucial to detecting latent TB infection or active TB disease early, leading to prompt intervention and treatment. Detecting TB patients in its initial stages helps to safeguard the health of everyone involved and minimizes the possibility of further transmission in the community. Screening contacts also plays a crucial role in breaking the chain of TB transmission and ultimately reducing the overall burden of this disease, which is a critical objective in our mission for TB prevention and control.

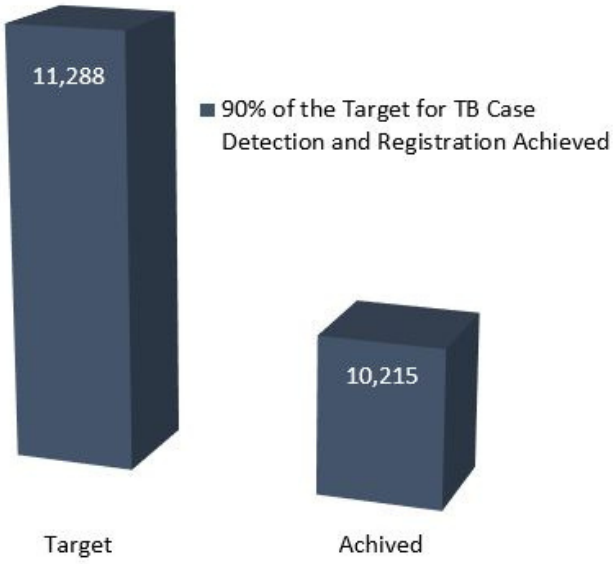
To take preventative measures, we reached out to the family members and close contacts of individuals who tested positive for Tuberculosis (TB). We screened 10,914 people and were able to identify 112 more TB patients through our efforts

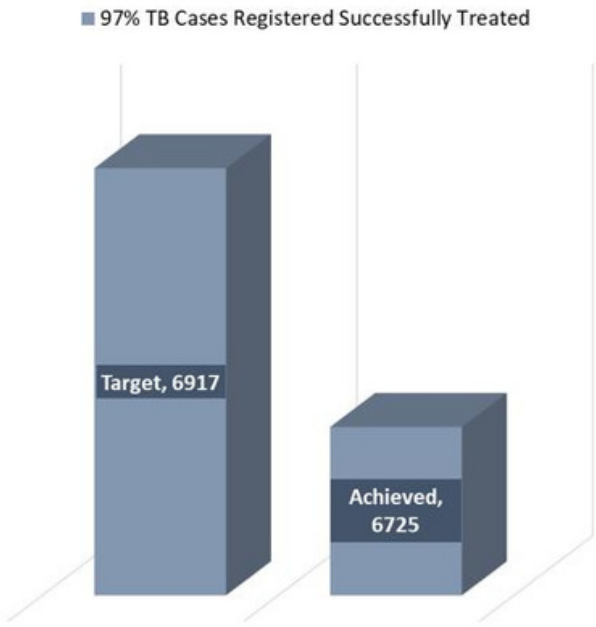


TB Cases Enrolled and Treated

Throughout the reporting period, 10,215 cases (90% of the target) of all forms of TB were diagnosed and enrolled for treatment, while 3,220 cases (79% of the target) of Bacteriologically confirmed TB were also diagnosed and enrolled. Among the enrolled cases, 47% were female and 53% were male. 25 % of patients were under the age of 14 years, Notably, a higher number of cases were observed in the age group of 15-24 years.

In the reporting period 97% registered TB Cases were treated successfully





Drug Resistant TB (DR-TB)

Goal

- **To reduce TB mortality rate by 40% by 2023 compared to 2015**
- **To reduce estimated TB incidence by at least 4% in 2023 compared to 2015.**

Objective

To enroll 2,571 cases of MDR/RR-TB cases for treatment with 2nd line TB medicines during the years July 2021 to Dec 2023.

Planned Strategies

- Provision of 100% support for second line drugs including short course, and standard regimen
- Support 5 PMDT sites in 5 districts by providing dedicated human resources, Operational cost facilities from and specimen transport PMDT to culture/ DST laboratories, and mobility support for treatment coordinators.

Target Groups and Beneficiaries

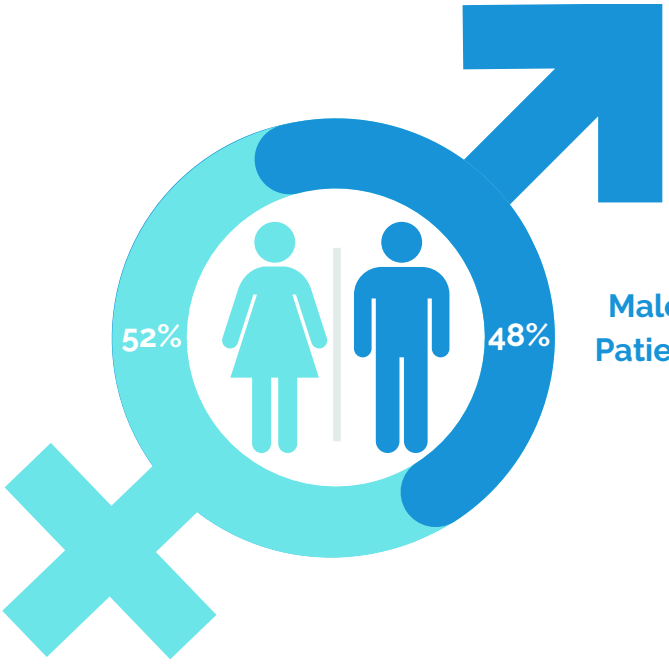
1. Patients seeking health care services for respiratory symptoms in healthcare settings at all levels including tertiary, secondary and primary levels which include:
   a. High-risk groups and people having co-morbidities
   b. Children of all age groups
   c. Male and Female of all age groups
   d. Marginalized communities
2. Individuals from communities who need screening and/or assessment for TB
3. Patients who need TB treatment services on an ambulatory basis

Drug Resistant TB (DR-TB) Achievements

In the reporting year, a total of 367 individuals with DR-TB were enrolled, with 176 (48%) being male and 191 (52%) being female. Among them, 32 patients (9%) were under 15 years of age, while 335 (91%) were over 15 years old.

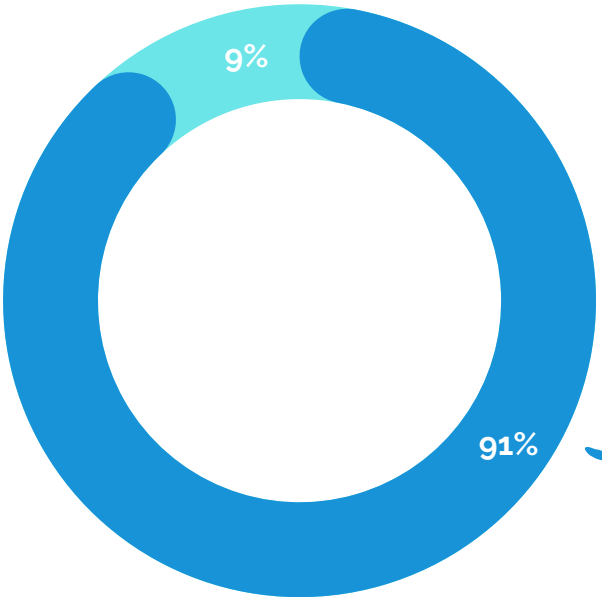
The age group between 15 to 34 years, which represents the most economically active and productive segment of the population, accounts for 68% of the DR-TB cases. This indicates the ongoing transmission of TB infection among the young members of society, Within the age group of 15 to 34 years,

Female DR TB registered Patients in the reporting Period 191



Male DR TB registered Patients in the reporting Period 176

32 patients were under 15 years of age



335 patients were over 15 years old.

Age Group	No of Patients
5-14	32
15-24	113
25-34	62
35-44	33
45-54	36
55-64	42
65+	49

Treatment Strategy

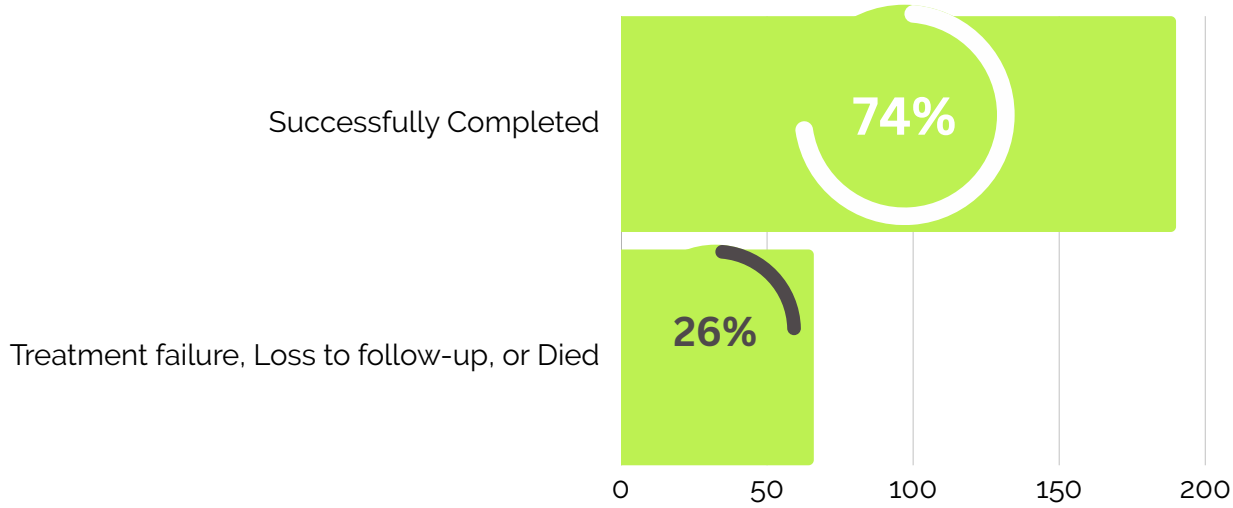
The program has adopted three distinct strategies for managing DR-TB patients, based on their pattern of resistance to second-line anti-TB drugs. These strategies are known as the Longer Treatment Regimen (LTR), Shorter Treatment Regimen (STR), and the new strategy BPal/BPaL-M, with treatment durations of 18 to 20 months and 9 to 11 months and 6 to 9 months, respectively. Out of the 367 enrolled cases, 64% of the patients are on the LTR, 34% on STR, while the remaining 2% are undergoing the BPaL/BPaL-M treatment approach.

Treatment Outcome of Cohort 2020

Treatment of Drug-Resistant Tuberculosis (DR-TB) typically requires a lengthy and complex regimen that lasts for an extended period, often around 18 to 20 months or even longer. This extended duration is necessary because DR-TB is caused by strains of the tuberculosis bacterium that are resistant to standard first-line drugs, like isoniazid and rifampicin.
The treatment for DR-TB involves a combination of second-line drugs, which are less effective and often have more side effects compared to first-line drugs. These medications must be taken consistently and for an extended period to achieve a cure and prevent the development of further drug resistance.

The treatment outcome for patients with drug-resistant tuberculosis (DR-TB) is typically assessed at the end of their prescribed treatment duration, which can be 18 to 24 months or even longer.

In 2020, a total of 256 DR-TB cases were enrolled for treatment in the program. Among them, 190 (74%) successfully completed the treatment, and the remaining 26% cases resulted in unfortunate outcomes such as death, treatment failure, or loss to follow-up, as illustrated in the figure below.



Monitoring and Evaluation

ACD employs a Project Performance Framework to oversee the process and outcome indicators of the project. The Program team evaluates data on project monitoring and implementation, which is reported monthly to the donors. Additionally, senior management in the Program and Finance departments carry out on-site monitoring and coordination visits in the relevant target districts. Both donors and National Programme representatives also make visits to the project area for the purpose of performance monitoring.

Data Reporting and Validation

Information from the service delivery points was gathered through the endorsed recording and reporting instruments of the donor. The ACD project team, along with representatives from the TB program and the principal recipients (PR), verified the accuracy and entirety of the reported data during quarterly coordination meetings. Subsequently, the data was compiled into quarterly reports and submitted to both the Program and PRs. A digital record of this data was preserved using Excel-based databases/formats sanctioned by the PR. Evaluation of program performance occurred in quarterly assessment sessions held at district, provincial, and national tiers, as well as in PR-SR coordination meetings involving the principal recipient.

Coordination

ACD places a significant emphasis on enhancing coordination efforts with donors and partners across district, provincial, and national levels. This coordination encompasses providing technical support for strategy and policy development, human resource advancement, monitoring, quality control, and the procurement of materials essential for project implementation. ACD meticulously plans and coordinates its initiatives in conjunction with health authorities at district, provincial, and national tiers. Additionally, ACD actively engages in quarterly meetings, presenting its performance to pertinent stakeholders.