

ANNUAL
REPORT

2023



Association for Community Development



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Table of Content

| Content | Page |
|--|------|
| Abbreviations | 3 |
| Acknowledgement | 4 |
| Area of interest | 5 |
| Project background | 6 |
| Geographical Coverage | 7 |
| Public-Private MIX (PPM) for TB DOTS Goals | 8 |
| Key Strategic Interventions | 9 |
| Engaging Health Care Providers Training Health Care Providers | 10 |
| Out Reach Activities Conducted Sputum Transportation Chest Camps | 11 |
| Contact Screening | 12 |
| TB Cases Enrolled and Treated | 13 |
| Drug Resistant TB (DR-TB) Drug Resistant TB (DR-TB) Achievements | 14 |
| Treatment Outcome of Cohort 2020 | 16 |
| Monitoring and Evaluation Data Reporting and Validation | 17 |
| Coordination | 18 |

Abbreviations

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| 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 |
| LTFU | Lost to Follow Up |
| N/E | Not Evaluated |

Acknowledgement

The annual report expresses gratitude to all those who contributed to the successful projects of the Association for Community Development (ACD). It recognizes the invaluable support from individuals, organizations, and donors who generously offered their time, resources, and expertise. Special acknowledgment is extended to our partners, including governmental bodies, NGOs, and healthcare professionals, for their collaborative efforts in implementing evidence-based practices and innovative strategies. Donors are commended for their support of sustainable initiatives, which have improved healthcare infrastructure and facilitated essential medical services. The resilience and cooperation of community members have been instrumental in driving the success of our projects. ACD's dedicated staff, volunteers, and community leaders are lauded for their unwavering commitment and profound impact. The report underscores the collective endeavor to advance community health and well-being, creating a lasting legacy of transformative work and a steadfast commitment to future endeavors.

Area of interest

ACD is driven by a broad set of goals and ambitions aimed at initiating interdisciplinary interventions that yield favorable results for its designated communities. At present, ACD concentrates its endeavors on the subsequent areas in harmony with its mission.



Prevention and control of infectious and vector born diseases



Advocacy Communication and Social 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

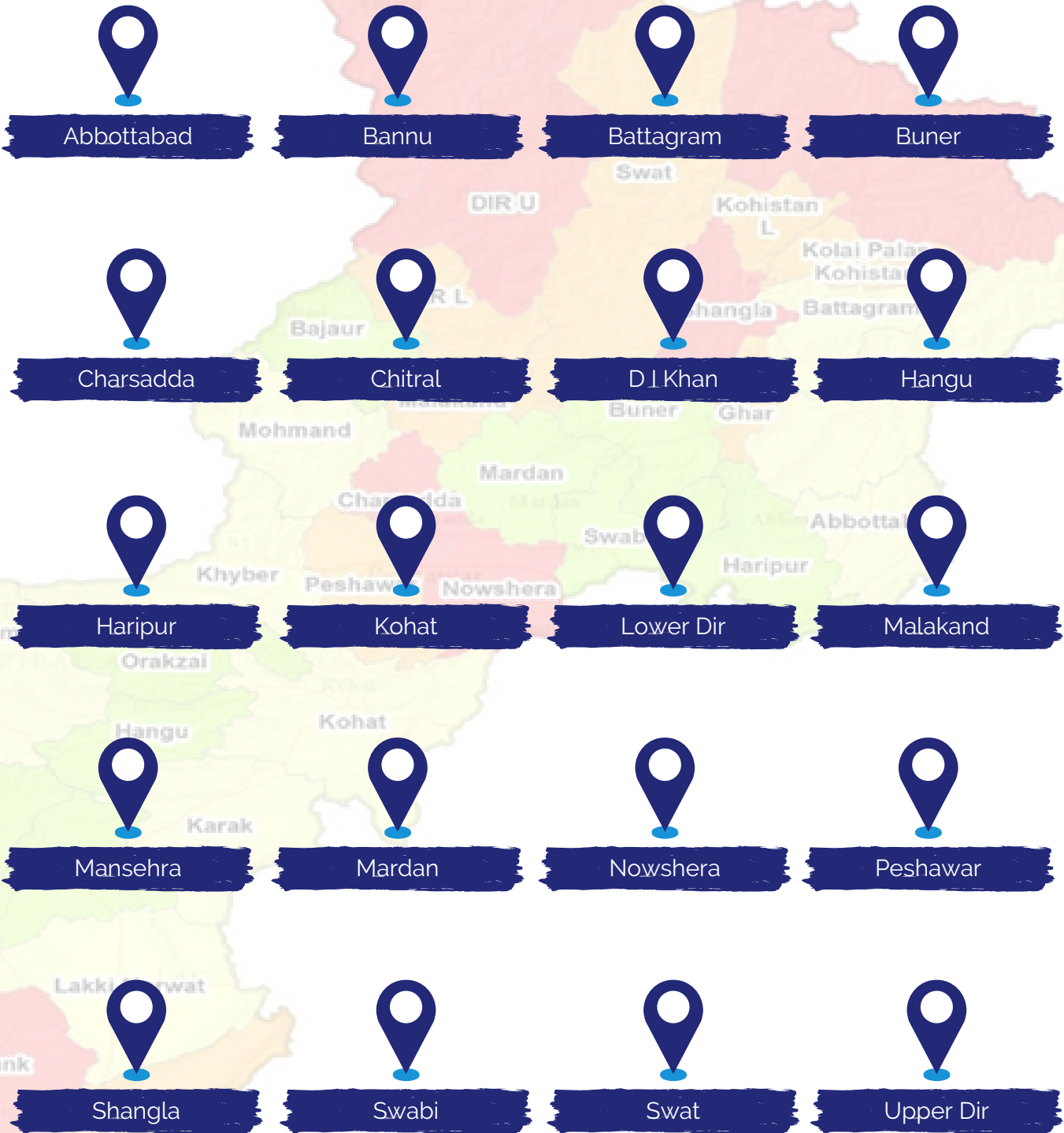
Pakistan bears a substantial burden of both drug-sensitive and drug-resistant tuberculosis, ranking 5th and 4th respectively among countries with the highest TB burden globally. The incidence of drug-sensitive TB is estimated at 258 per 100,000, leading to approximately 608,000 new cases annually. Moreover, around 15,000 new cases of drug-resistant TB emerge each year in Pakistan, contributing to a significant number of TB-related deaths, which reach approximately 47,000 annually.

Pakistan's national notification system reports 424,566 cases of all forms of TB, representing 70% of estimated cases, it's recognized that there are still unreported incident cases within the country. Among new TB cases, an estimated 2.3% are Rifampicin Resistant (RR), rising to 4.6% in previously treated cases. Despite an estimated 15,000 drug-resistant TB cases, only 3,682, or 24%, were notified in 2022.

The National TB Program, in conjunction with provincial TB programs, public-sector healthcare facilities, and private-sector partners through the Public-Private Mix (PPM) initiative, executes TB prevention and control measures in Pakistan. The PPM model engages general medical practitioners, selected private hospitals, and private laboratories in providing TB care to patients.

As a sub-recipient of the National TB Program (NTP), ACD is tasked with implementing the Programmatic Management of Drug-Resistant TB (DR-TB) in five hospitals in Khyber Pakhtunkhwa (KP). Furthermore, ACD, in collaboration with Mercy Corps, extends PPM interventions to 18 districts of KP.

Geographical Coverage



Public-Private MIX (PPM) for TB DOTS

The National TB Control Program (NTP) has rolled out the Public-Private Mix (PPM) initiative to bolster TB DOTS coverage by enlisting private healthcare providers. This initiative aims to broaden access to TB care services for those unable to reach public health facilities. It involves willing general practitioners, private laboratories, and health facilities across various ministries and tertiary/teaching hospitals. The primary goal is to introduce standardized TB diagnosis and case management protocols in the private sector and extend services to TB patients' families. Additionally, it facilitates the identification and screening of contacts exhibiting TB-like symptoms for active TB.

In partnership with Mercy Corps, the Association for Community Development (ACD) serves as a sub-recipient, implementing PPM interventions across 18 districts in Khyber Pakhtunkhwa. The project concentrates on expanding partnerships and engaging private healthcare providers to implement Public-Private Mix interventions in the specified districts of Khyber.



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 remained dedicated to broadening partnerships and engaging Private Health Care Providers in implementing Public-Private Mix interventions in the specified districts of Khyber. ACD effectively collaborated with and empowered 1,025 General Practitioners, 105 private laboratories, and 746 private pharmacies within the designated districts, facilitating successful TB control interventions.

108 %

Against a target of 949, 1,025 GP clinics, approximately 108%, are now equipped to administer TB DOTS.

100 %

cent per cent of the targeted private laboratories, specifically 105 out of 105, have enabled TB DOTS.

Training Health Care Providers

ACD views the training of healthcare providers in TB management as a pivotal aspect of its project implementations. These trainings aim to enhance the technical and managerial competencies of participants, empowering them to adeptly handle TB patients. All activities were meticulously planned and coordinated in partnership with provincial and district TB programs. Following guidelines outlined by the National TB Program, the trainings were tailored to diverse healthcare professionals in the private sector.

100 %

16 out of 16 Lab technicians trained on AFB Sputum Microscopy (Basic)

100 %

407 out of 407 Paramedics trained from private health facilities on TB-DOTS (Basic)

100 %

88 out of 88 Lab technicians trained on AFB Sputum Microscopy (Refresher)

100 %

259 out of 259 Paramedics trained from private health facilities on TB-DOTS (Refresher)

100 %

245 out of 245 Doctors trained from private health facilities on TB-DOTS (Refresher)

100 %

3 out of 3 Gen-Xpert Incharge trained from private health facilities (Basic)

Out Reach Activities Conducted

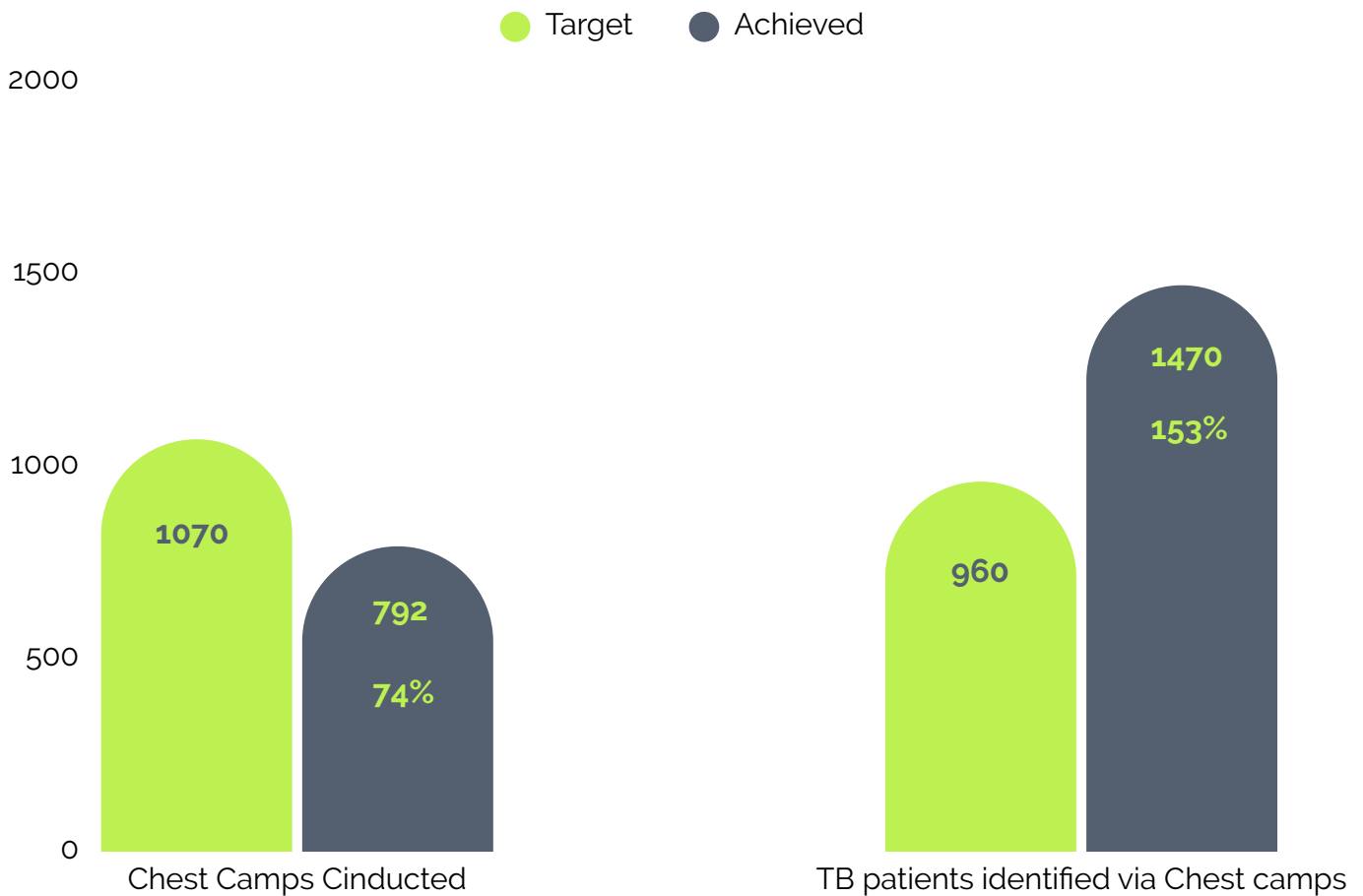
A primary objective of the TB program is to engage with communities and enhance understanding regarding TB prevention, diagnosis, and treatment efforts. To achieve this, the project teams held meetings with influential figures in communities, arranged community events and screening sessions across different regions to detect potential TB cases, and promptly screened them for TB. Additionally, the teams visited the residences of contacts of registered TB patients and conducted TB screenings on them too. Any individuals diagnosed with TB were then referred to appropriate General Practitioners (GPs) and hospitals, where they received TB treatment free of charge.

Sputum Transportation

Improving the detection of tuberculosis cases presents a considerable hurdle for the Programme, particularly with the worrisome prevalence of undetected cases within communities. To tackle this challenge head-on, a pilot initiative was initiated in specific districts aimed at enhancing tuberculosis case detection by improving the transportation of sputum samples. Within this initiative, a dedicated team of trained community volunteers was enlisted to ensure the secure and effective conveyance of sputum samples from patients' residences and basic tuberculosis management centers to the laboratories. The subsequent table offers a summary of notable programmatic milestones associated with this endeavor.

Chest Camps

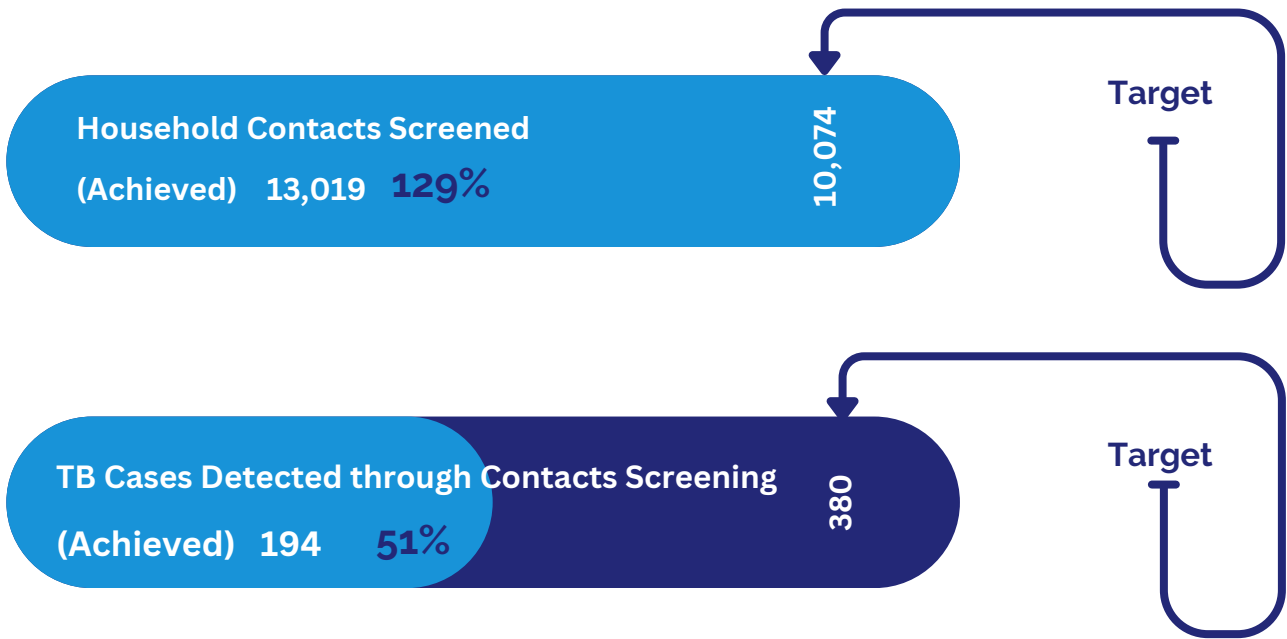
Detecting active cases of tuberculosis (TB) promptly is imperative for ensuring timely treatment for patients. Community-based chest camps serve as an efficient means to identify potential TB cases and provide essential healthcare services. These camps extend healthcare to marginalized and vulnerable communities, facilitating the early detection of individuals at risk of TB infection or displaying symptoms. Early identification is pivotal in initiating timely treatment, thereby improving health outcomes for affected individuals and curtailing further transmission of the disease. Additionally, community-based chest camps play a significant role in enhancing TB awareness, reducing stigma, and encouraging healthcare-seeking behavior among communities. These initiatives not only save lives but also contribute to advancing towards a TB-free world. Through our concerted efforts, we have successfully conducted 792 chest camps within the community, leading to the identification and registration of 1,470 TB cases, all of whom have received appropriate treatment.



Contact Screening

Screening the contacts of tuberculosis (TB) patients is imperative in halting the spread of this infectious disease. TB spreads through inhaling bacteria droplets from an infected individual, particularly posing a risk to those in close proximity to an active patient. Identifying and screening these contacts is pivotal for early detection of latent TB infection or active TB disease, enabling swift intervention and treatment. Detecting TB in its nascent stages is paramount for preserving the health of all parties involved and curtailing further transmission within the community. Screening contacts also plays a vital role in breaking the chain of TB transmission and thereby reducing the overall burden of this disease, a key goal in our mission for TB prevention and control.

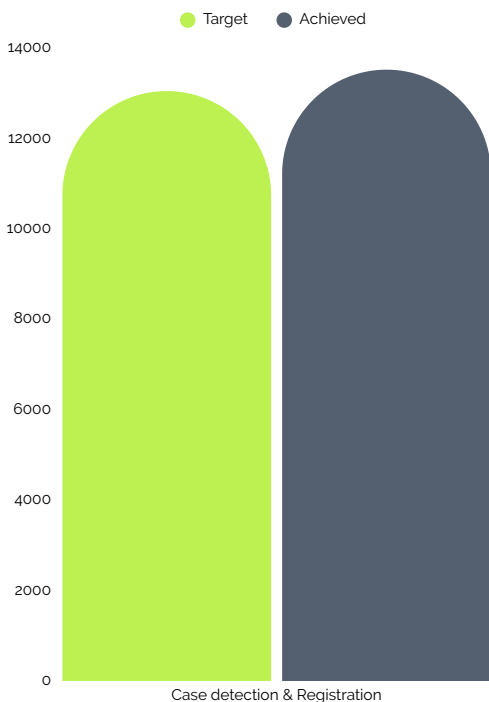
In our proactive approach, we engaged with the family members and close contacts of individuals who tested positive for TB. Our screening efforts encompassed 13,019 individuals, leading to the identification of 194 additional TB patients through our vigilant endeavors.



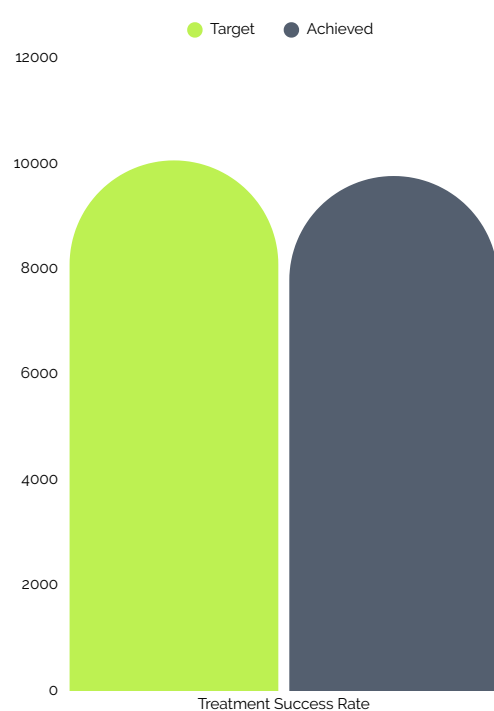
TB Cases Enrolled and Treated

Throughout the reporting period, 13,518 cases (104% of the target) of all forms of TB were diagnosed and enrolled for treatment, while 3,943 cases (60% of the target) of Bacteriologically confirmed TB were also diagnosed and enrolled. Among the enrolled cases, 47% were female and 53% were male. 26 % 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.



104 % of the target for Case detection and Registration achieved



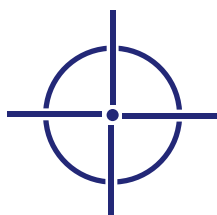
97 % TB cases were treated successfully

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

Drug Resistant TB (DR-TB) Achievements

Standard Indicators



Number of cases with RR-TB and/or MDR-TB that began second-line treatment

In the reporting year, a total of 345 individuals with DR-TB were enrolled, with 170 (49%) being male and 175 (51%) being female. Among them, 22 patients (6%) were under 15 years of age, while 323 (94%) were over 15 years old.



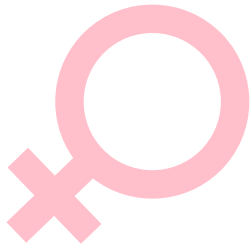
Percentage of cases with RR-TB and/or MDR-TB started on treatment for MDR-TB who were lost to follow up during the first six months of treatment

During the reporting period in 2022, significant developments were observed in the management of drug-resistant tuberculosis (DRTB). Out of the total 367 cases, a relatively small proportion of 19 cases, constituting 5%, were lost to follow-up. This indicates a need for improved patient tracking and retention strategies to ensure continuity of care for individuals undergoing treatment for DRTB.

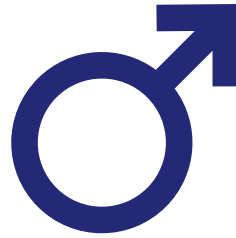
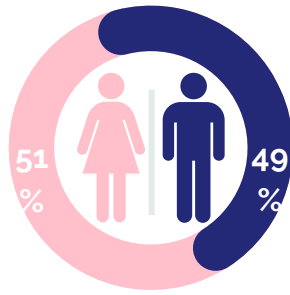


Percentage of confirmed RR/MDR-TB cases tested for resistance to second-line drugs

Among the 345 cases that were registered, a substantial majority of 301 cases, amounting to 87.25%, underwent testing for resistance to second-line drugs. This achievement notably surpassed the predefined target of 86%, demonstrating a commendable effort in diagnostic coverage.

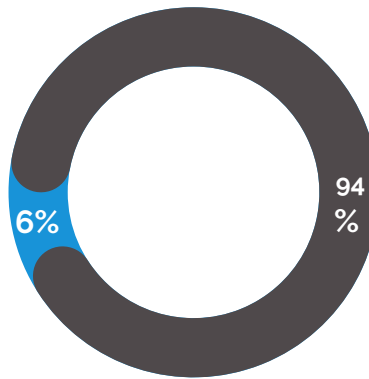


Female DR TB registered Patients in the reporting Period 175

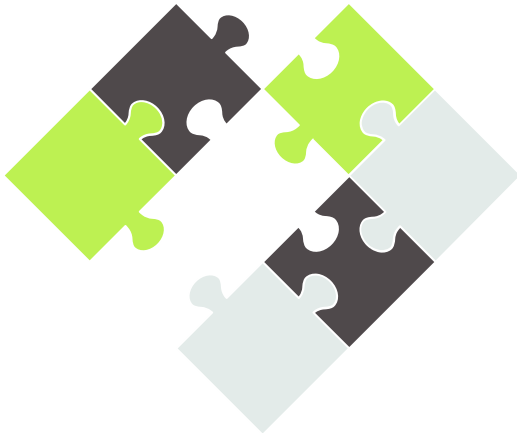


Male DR TB registered Patients in the reporting Period 170

22 patients were under 15 years of age



323 patients were over 15 years old.



5% DRTB patients were lost to follow up during the first six months of treatment

87.25% DR-TB cases tested for resistance to second-line drugs

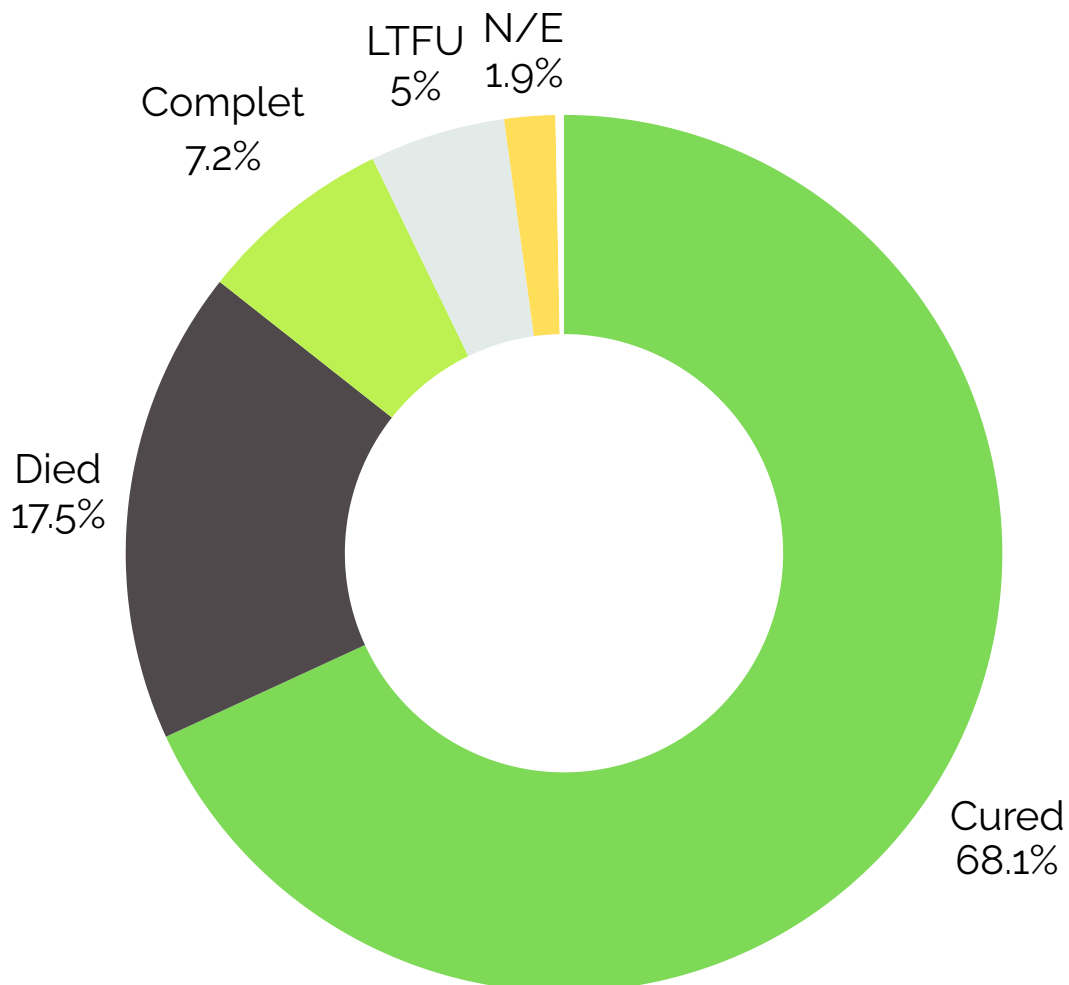


Treatment Outcome of Cohort 2021

Treating Drug-Resistant Tuberculosis (DR-TB) usually necessitates a protracted and intricate regimen spanning approximately 09 to 18 months, if not longer. This prolonged duration is imperative due to DR-TB being caused by strains of the tuberculosis bacterium resistant to conventional first-line drugs like isoniazid and rifampicin.

The therapy for DR-TB entails a combination of second-line drugs, which are comparatively less efficacious and often accompanied by more pronounced side effects than first-line drugs. Consistent adherence to these medications over an extended period is crucial to achieving a cure and forestalling the emergence of further drug resistance. Typically, the treatment outcome for patients with drug-resistant tuberculosis (DR-TB) is evaluated at the conclusion of their prescribed treatment period.

In 2021, a total of 320 cases of DR-TB were enrolled for treatment in the program. Among them, 241 individuals (75.32%) successfully completed the treatment, while the remaining 24.68% experienced unfortunate outcomes such as death, treatment failure, or loss to follow-up, as depicted in the figure below.



Monitoring and Evaluation

ACD utilizes a Project Performance Framework to supervise both process and outcome indicators of the project. The Program team assesses project monitoring and implementation data, which is then submitted monthly to the donors. Moreover, senior management from the Program and Finance departments conduct on-site monitoring and coordination visits in the designated target districts. Visits to the project area for performance monitoring are also conducted by both donors and National Programme representatives.

Data Reporting and Validation

Data from the service delivery points was collected using approved recording and reporting tools provided by the donor. The ACD project team, in collaboration with representatives from the TB program and principal recipients (PR), ensured the accuracy and completeness of the reported data during quarterly coordination meetings. Following this, the data was aggregated into quarterly reports and shared with both the Program and PRs. Excel-based databases/formats endorsed by the PR were used to digitally store this information. Program performance evaluation took place through quarterly assessments at district, provincial, and national levels, as well as in PR-SR coordination meetings with the principal recipient.



Coordination

ACD prioritizes strengthening coordination with donors and partners at district, provincial, and national levels. This involves offering technical assistance for strategy and policy formulation, advancing human resources, overseeing monitoring and quality control, and managing essential material procurement for project execution. ACD meticulously strategizes and aligns its efforts with health authorities at all levels. Furthermore, ACD proactively participates in quarterly meetings, where it presents its progress to relevant stakeholders.

