ACD ANNUAL REPORT 2014

ACD

ASSOCIATION FOR COMMUNITY DEVELOPMENT

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Abbreviations

ACD	Association for Community Development
CBO	Community Based Organization
DMC	Directorate of Malaria Control
DOT	Directly Observed Treatment
DOTS	Direct Observed Treatment Strategy
DR	Drug Resistant
FATA	Federally Administered Tribal Area
FLCF	First Level Healthcare Facility
GF	Global Fund
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
GP	General Practitioner
KP	Khyber Pakhtunkhwa
LLIN	Long Lasting Impregnated Nets
MDR	Multi Drug Resistant
NGO	Non-Governmental Organization
NTP	National Tuberculosis Programme
OPD	Out Patient Department
PMDT	Programmatic Management of Drug Resistant Tuberculosis
PPM	Public Private Mix
PR	Principle Recipient
PTP	Provincial TB Programme
RDT	Rapid Diagnostic Test
SR	Sub Recipient
TB	Tuberculosis
TC	Treatment Coordinator
TS	Treatment Supporter

Executive Summary

Association for Community Development (ACD) is a non-governmental humanitarian organization established in year 2000 and registered in Pakistan under the societies Act XXI of 1860. Currently we are working in the field of health focusing on prevention and control of Malaria and Tuberculosis. During the year 2014, we worked in Khyber Pakhtunkhwa, Federally Administered Tribal Agencies (FATA) and Gilgit Baltistan (GB) province. Our projects were funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria and project activities were implemented in close collaboration and coordination with the National and provincial programmes, Directorates of Health and district health authorities. During the year 2014 Malaria and TB projects were implemented with the following objectives and activities;

For Malaria project, the objectives were "To enhance access of population at risk to quality assured early diagnosis and prompt treatment services, To scale-up multiple prevention interventions especially LLINs and IRS to the level of universal coverage and To improve health seeking behaviors and practices of target communities in highly malaria endemic districts through enhanced community awareness and participation". To achieve these objectives, multiple activities were planned that included "Strengthening Existing Diagnostic Services in Eight Target Districts and Agencies, Establishment of RDT Centers at FLCFs, Training laboratory Supervisors on Quality Assurance in Malaria Diagnosis, Prompt and Effective Anti-Malaria Treatment, Enhance Capacity of Healthcare Providers in Proper Malaria Case Management, Provision of mobile outreach malaria diagnostic and treatment services to severely flood affected population, Prevention through universal coverage of LLINs in target districts, Selective Indoor Residual Spray (IRS) in Epidemic Prone Areas, Program Monitoring and Supervision and Behavior Change Communication activities.

For TB project, the objectives were to "Enhance the capacity of public and private sectors to detect and manage 80% of the estimated smear positive MDR-TB incident cases by year 2015 and To offer quality care to TB patients through a network of enabled private sector and parastatal hospitals/ clinics and laboratories. The activities planned, to achieve the set objectives included; Enhanced capacity of hospitals and peripheral facilities to deliver and monitor in-patient and community-based treatment with Ambulatory Based care of MDR-TB cases, Enhancing airborne infection control and other facilities for inpatient and outpatient MDR-TB care in each PMDT Site, Strengthening treatment hospitals for managing MDR-TB cases, Strengthening health facility network for community based MDR-TB care, Number of DR TB cases Registered and treated, Provide psychosocial support for DR TB patients, Monitoring and data validation of the community based MDR TB Management, Provision of free second line anti-TB drugs and laboratory investigations. Second component of TB project is "To offer quality care to TB patients through a network of enabled private sector and Parastatal hospitals, clinics & laboratories", Under this component we are Building capacity of private healthcare facilities in two districts of Khyber Pakhtunkhwa to deliver TB DOTS, Conduct community awareness-raising activities and chest camps, Enable 7 parastatal hospitals to deliver quality TB care, Monitoring and quality assurance of TB DOTS services, Conduct quarterly review and planning meetings. Following table summarizes achievements of the projects against its targets:

Summary of Achievements Consolidated

Indicator Description	Target	Achieved	Percent
Strengthen Existing Diagnostic Services	101	99	98%
Establishment of RDT Centers at FLCFs	271	269	99%
Number of RDTs used	161,919	180,089	111%
Establishment of LLIN outlets	106	106	100%
Distribution of LLINs	339,088	312,969	92%
Selective Indoor Residual Spray (IRS) in Epidemic Prone Areas-House Holds Sprayed	97,758	98,659	101%
Number of Individuals Reached through Behavior Change Communication sessions	52,056	50,490	97%
Program Monitoring and Supervision-Meetings Conducted	96	96	100%
Monitoring and supervision visits conducted	1007	951	94%
Number of Hospitals Managing DR TB Cases	4	4	100%
Number of laboratory-confirmed DR-TB cases enrolled on second-line anti-TB Treatment	691	478	69%
Percentage of DR-TB patients on treatment receiving Social Support	1	1	100%
Number of GPs clinics enabled to provide TB DOTS	60	50	83%
Number of Private Laboratories enabled for TB DOTS	8	8	100%
Number of Prarastatal Hospitals enabled for TB DOTS	7	7	100%
Number of Community Gatherings Conducted	48	41	85%
Number of Chest Camps conducted	62	58	94%
Number of lab Supervisors Trained on Quality Assurance in Malaria Diagnosis	38	38	100%
Number of Healthcare Providers Trained in Proper Malaria Case Management	40	61	153%
Number of Doctors Trained for DR TB Management	215	200	93%
Number of Paramedics Trained for DR TB Management	423	400	95%
Number of PPM Doctors trained on Basic TB DOTS	41	60	146%
Number of PPM Paramedics trained on Basic TB DOTS	44	59	134%
Number of PPM Lab Technicians trained on Sputum Microscopy	20	8	40%

About ACD

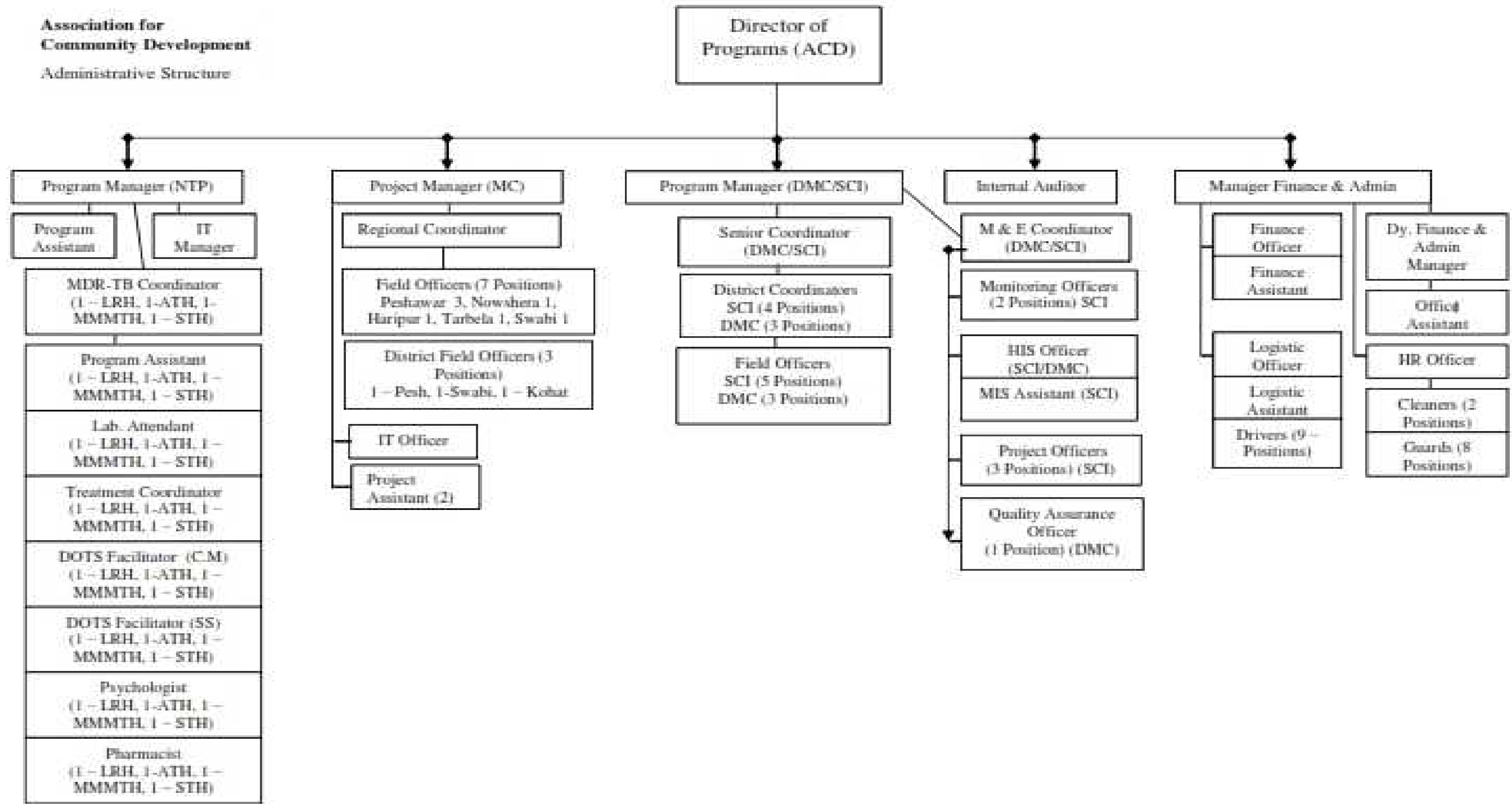
Association for Community Development (ACD) is a non-governmental humanitarian organization established in year 2000, registered in Pakistan under the societies Act XXI of 1860. ACD is also registered with FATA Secretariat Directorate of Social Welfare under the Voluntary Social Welfare Agencies (Registration and Control) Ordinance 1961 (XLVI of 1961) and with FATA Disaster Management Authority.

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 and Malaria prevention, care and control. Our interventions are coordinated with Public Sector Health Programmes and are implemented as per National Health Guidelines of Government of Pakistan. We have been working in Khyber Pakhtunkhwa, FATA, 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 behaviour and ensuring provision of quality basic health care. To a limited extent, ACD has also responded to natural disasters occurring in Khyber Pakhtunkhwa during the previous years.

ACD Organogram



Geographical Coverage

Geographical Coverage

In the year 2014 ACD implemented Malaria and TB projects in ten districts of Khyber Pakhtunkhwa and Five Federally Administered Tribal Agencies

ACD Project Locations Represented by Red Dots

Map Khyber Pakhtunkhwa and FATA

Malaria Component

Project Background

Pakistan is a malaria endemic country with an estimated annual number of malaria cases at 1.6 million. Approximately 24.84 million of the population residing in 38 highly malaria endemic districts are at risk of malaria. The majority (80%) of malaria in Pakistan is caused by Plasmodium vivax, while the remaining 20% is caused by P. Falciparum. Malaria endemicity is heterogeneous in Pakistan. Thirty seven percent of malaria cases are reported from the districts and agencies of Federally Administered Tribal Areas (FATA) and Balochistan bordering Afghanistan and Iran. Malaria transmission is seasonal, with peaks in summer (June-September) for vivax malaria and late-summer and winter (August- November) for falciparum malaria. The malaria endemicity in Pakistan has a negative impact on its socio-economic growth and productivity, as the main transmission season coincides with the harvesting and sowing of the main crops (wheat, rice, sugar cane). The Government of Pakistan is implementing Malaria Control Program (MCP) in 72 malaria endemic districts of Pakistan with the public sector resources and in 19 highly endemic districts with the support from the Global Fund. The interventions of the current project are based on the National strategic framework for Malaria control. The project is being managed by two principle recipient's i.e Directorate of Malaria Control and Save the Children International. Association for Community Development (ACD) is one of the sub-recipient responsible for project implementation in three districts of Khyber Pakhtunkhwa and five FATA agencies namely; districts Nowshera, Charsadda and Mardan, along with Mohmand, Bajaur, Orakzai, Kurram and South Waziristan Agencies.

Objective 1: To enhance access of population at risk to quality assured early diagnosis and prompt treatment services

Objective 2: To scale-up multiple prevention interventions especially LLINs and IRS to the level of universal coverage

Objective 3: To enhance technical and management capacity of malaria control program for improved planning, management and monitoring of malaria control interventions in target population

Objective 4: To improve health seeking behaviors and practices of target communities in highly malaria endemic districts through enhanced community awareness and participation

1. Activities Objective-1

   1.1. Strengthen Existing Diagnostic Services in Eight Target Districts and Agencies

   101 health facilities were provided support for infrastructure up gradation, trainings, microscopes, medicine and laboratory reagents to enhance their capacity for provision of Malaria programme services to the target communities.

   1.2. Establishment of RDT Centers at FLCFs

   271 RDT centers were established in the target districts and agencies where the diagnostic facilities were either not available or were inaccessible for the communities. These centers were

provided support for infrastructure up gradation, training of microscopist and RDTs for diagnosing Malaria cases.

1.3. Training 38 lab Supervisors on Quality Assurance in Malaria Diagnosis

Thirty eight lab supervisors were trained in Quality Assured malaria microscopy. Out of these 11 were from the districts and 27 were from the FATA agencies.

1.4. Prompt and Effective Anti-Malaria Treatment

The skills and knowledge of healthcare providers is essential for correct management of malaria cases. Under this activity, capacity building of different cadres of public sector healthcare providers and private health care providers in management of malaria cases was carried out. In addition, populations in severely affected districts by the recent floods were provided access to prompt diagnosis and treatment facilities for malaria.

1.5. Enhance the Capacity of Healthcare Providers in Proper Malaria Case Management

Healthcare providers of the public and private sector were trained in the Malaria case management on the standardized treatment management protocols developed by the national Malaria programme. Private sector was encouraged and involved in the management of Malaria. A total of 61 doctors and paramedics were trained in both the public and private sector against a target of 40.

1.6. Provision of mobile outreach malaria diagnostic and treatment services to severely flood affected population in 5 districts

Mobile outreach malaria diagnostic and treatment services was provide in Nowshera and Charsadda which was affected in the floods in the recent past making the population highly vulnerable to malaria outbreaks and epidemics. The purpose of this intervention was to prevent expected high numbers morbidities and mortalities in the population which was displaced due to severely damaged infrastructure including health facilities. Mobile van procured for the purpose was equipped with diagnostic services (RDTs and microscopy), treatment services (anti-malarial drugs and trained healthcare providers) and LLINs for personal protection.

2. Activities Objective-2

2.1. Prevention through universal coverage of LLINs in target districts

Experiences has demonstrated that use of LLINs is the most accepted and effective prevention tool. This experience has contributed in the development of national vector control guidelines and LLINs distribution policy, which highlights that more than 80% pregnant women and children less than 5 years of age should be protected through free distribution of LLINs. To promote the correct use of LLINs by the target populations, BBC campaigns were conducted to create awareness and improve knowledge and practices of the target population. To ensure regular and timely supply of the LLINs storage facilities at the district level was provided. Similarly **106** LLINs distribution outlets were set up in the districts and agencies for smooth and timely distribution of the LLINs to the neediest populations. The distribution of the LLINs was carried out through the public sector health facility staff in a phased manner. The staff was trained on the distribution and data management protocols developed by the National Malaria Programme. The entire process of LLINs distribution and data validation was monitored by the representatives of programme and donors. During the reporting year a total of 312,969 LLINs were distributed in the population.

2.2. Selective Indoor Residual Spray (IRS) in Epidemic Prone Areas

Two rounds of IRS were conducted in 15% of the target population with the support of the district malaria staff. A total of 98,659 households were sprayed during the two rounds.

2.3. Program Monitoring and Supervision

Regular Monitoring and Supervision was carried out by the senior programme management and monitoring team dedicated for the purpose. It included monitoring visits from head office to the districts and within the districts to the health facilities. These visits were followed by quarterly review meetings at the national and provincial and by the monthly review meetings at the district level. These meetings were used for data validation and performance updates among the relevant

stakeholders. A total of 96 coordination meetings were conducted at national, provincial and district level during the reporting year.

Summary of Achievements Malaria Component

Activity Description	Target	Achieved	Percent
Strengthen Existing Diagnostic Services	101	99	98%
Establishment of RDT Centers at FLCFs	271	269	99%
Training lab Supervisors on Quality Assurance in Malaria Diagnosis	38	38	100%
Enhance Capacity of Healthcare Providers in Proper Malaria Case Management	40	61	153%
Number of RDTs used	161,919	180,089	111%
Establishment of LLIN outlets	106	106	100%
Distribution of LLINs	339,088	312,969	92%
Selective Indoor Residual Spray (IRS) in Epidemic Prone Areas-House Holds Sprayed	97,758	98,659	101%
Conduct Behavior Change Communication sessions	52,056	50,490	97%
Program Monitoring and Supervision-Meetings Conducted	96	96	100%
Monitoring and supervision visits conducted	1007	951	94%

TB Component

Background:

Since the expansion of the WHO Direct Observed Treatment Strategy (DOTS) in 2001 the NTP has followed the policy of reducing the prevalence, incidence and mortality of tuberculosis to achieve the Millennium Development Goal 6-3 (MDG-6) by 2015. Pakistan has a prevalence rate of 342 of all types and an incidence of 275 sputum positive TB cases per 100,000 population respectively. Additionally there are an estimated 3.4% and 19% Multidrug Resistant TB cases respectively among the new and retreatment cases. In the year 2013 Pakistan notified 298446 TB cases (WHO Global TB Report 2014).

Objectives of the project

Objective 1: Enhance the capacity of public and private sectors to detect and manage 80% of the estimated smear positive MDR-TB incident cases by year 2015

Objective 2: To offer quality care to TB patients through a network of enabled private sector and parastatal hospitals/ clinics and laboratories

Activities Objective 1

1. Enhanced capacity of hospitals and peripheral facilities to deliver and monitor in-patient and community-based treatment with Ambulatory Based Care of MDR-TB cases

   Four sites in teaching hospitals of Khyber Pakhtunkhwa for programmatic management of MDR TB Cases have been established one each in Lady Reading Hospital Peshawar, Ayub Teaching hospital Abbottabad, Saidu Teaching hospitals Swat and Mufti Mahmud Teaching hospital D I Khan. Infrastructure enhancement of all the sites have been carried out as per the programme standards to meet the requirements of programmatic management of DR TB cases.

2. Enhancing airborne infection control and other facilities for inpatient and outpatient MDR-TB care in each hospital.

   All sites have been provided in-patient Ventilation equipment for isolation rooms, Renovation of wards and OPD facilities, support for audiometry, ancillary medicine and test for MDR TB management sites. The purpose of proving infection control measures in these hospitals is to make inpatient and out patients facilities safer for the patients, health workers and attendants of the patients.

3. Strengthening treatment hospitals for managing MDR-TB cases

   each of the four Hospitals are provided with eight additional dedicated human resource for the MDR TB management sites through project funds to provide quality care to the patients as per the national protocols. Project and selected hospital staff has been provided training on the national guidelines and protocols for managing MDR TB patients.

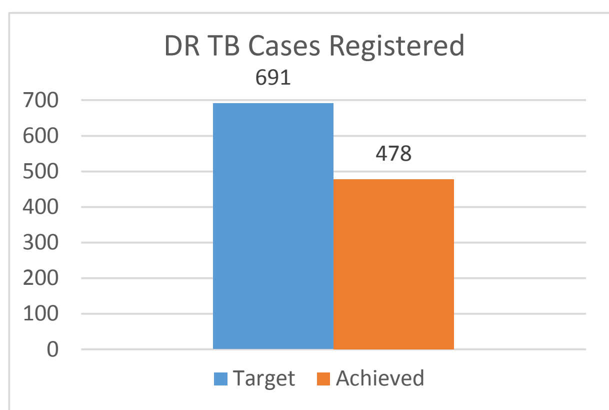
4. Strengthening health facility network for community based MDR-TB care

   All hospital are supported to establish linkages with the existing DOTS clinics, coordination of social support services (e.g. food baskets, counseling), and to minimize loss to follow-up.

   Laboratory confirmed MDR-TB patients are being registered at the treatment hospital, following which a Treatment Coordinator (TC) visits the nearest DOTS clinic to the patient's home (along with the patient). The patient is registered at the DOTS clinic and a Treatment Supporter is (TS) identified from the DOTS clinic to provide DOT. DOTS Clinic doctor & treatment supporter are being trained in drug administration, DOT, adverse event monitoring and referral system. So far a total of 490 health care providers have been trained on the community based model of MDR TB management.

5. Number of DR TB cases Registered and treated

   During this year 478 new DR TB cases have been registered in the four PMDT sites. All patients are given free second line anti TB medicines. Moreover, all laboratory investigation at the time of diagnosis and monthly follow up are being freely provided to the patients.



6. Provide psychosocial support for MDR TB patients

During this year 100% MDR TB patients registered in the four hospitals provided supportive counselling through qualified counselors recruited through the project resources. Patients were also provided monthly food package worth RS 3200/-and travel support for collection of medicine and follow up visits to the MDR TB management sites. Treatment supporters were also being provided with the monthly food package. Target of this activity was provision of social support to 90% of the registered DR TB cases, we have provided this support to 100% of the registered cases

7. Monitoring and data validation of the community based MDR TB Management

All activities were monitored at the hospital and district levels by the National and Provincial TB programmes in addition to the senior management of ACD. Patient's records were maintained in the Electronic Nominal Registrations System and reported to NTP which is included in the national DR TB database and shared with World Health Organization and donors. The reported data is later included in the Global Tb report.

8. Provision of free second line anti-TB drugs and laboratory investigations

All patients are being provided free of cost second line anti-TB drugs for the entire duration of their treatment. Treatment is supported by free investigations at the time of diagnosis and in the follow up as per the NTP guidelines and protocols.

Activities Objective 2

Under objective 2 purpose is to scale-up Public Private Mix (PPM) DOTS service delivery though private health care providers. Following were the activities conducted to achieve this objective;

9. Build capacity of 60 private healthcare facilities in two districts of Khyber Pakhtunkhwa to deliver TB DOTS

One doctor and one paramedic from each private health facility was selected and trained on the delivery of TB DOTS as per NTP guidelines. These private health facilities were linked with laboratories for carrying sputum microscopy. Private health facilities were provided with anti-TB medicine by TB programme which were provided to the registered TB patients free of cost. Similarly private laboratories were provided with a microscope and reagents for sputum microscopy. Currently 60 GPs and 8 Laboratories are on board with the project.

10. Conduct community awareness-raising activities and chest camps

Community mobilization and awareness raising activities were being carried out through NGO/CBO coalitions to encourage TB suspects to seek early diagnosis and to promote treatment adherence in confirmed TB patients. Active NGOs and CBOs were identified and a coalition was formed to conduct four meetings per month in each district. During the year 48 meetings and 62 chest camps were planned, out of which 41 community gatherings and 58 chest camps respectively could be conducted.

11. Enable 7 parastatal hospitals to deliver quality TB care

Seven parastatal hospitals four from Social security, two from WAPDA and one from Railways is engaged in the delivery of TB DOTS services for its employees. For each hospital four doctors, four paramedics and one lab technician has been trained on TB DOTS as per NTP guidelines and protocols. All hospitals were provided anti TB, sputum microscopy reagents and a microscope in support to enhance their capacity.

12. Monitoring and quality assurance of TB DOTS services

Activities performed in the private health facilities and parastatal hospitals were monitored for quality of diagnosis and treatment as per the standards set by NTP. Besides the project management, provincial TB programme and technical teams of the principle recipients also monitored performance of the private health care facilities and parastatal hospital on monthly / quarterly basis.

13. Conduct quarterly review and planning meetings

Quarterly review and planning meetings were conducted at the district level and in the parastatal hospitals by the relevant persons to review performance of the previous quarter and plan activities for the coming quarter. Representatives from provincial programme and principle recipients also participate in the meetings.

Summary of Achievements TB Component

S.no	Indicator Description	Target	Achieved	%
1	Number of Hospitals Managing DR TB Cases	4	4	100%
2	Number of laboratory-confirmed DR-TB cases enrolled on second-line anti-TB Treatment	691	478	69%
3	Percentage of DR-TB patients on treatment receiving Social Support	90%	100%	100%
4	Number of GPs clinics enabled to provide TB DOTS	60	50	83%
5	Number of Private Laboratories enabled for TB DOTS	8	8	100%
6	Number of Prarastatal Hospitals enabled for TB DOTS	7	7	100%
7	Number of health care providers trained on TB DOTS through Basic and Refresher Trainings	85	119	140%
8	Number of Community Gatherings Conducted	48	41	85%
9	Number of Chest Camps conducted	62	58	94%

Human Resource Capacity Development

Human Resource Development

Trainings for building human resource capacity is an essential activity of the projects that ACD is implementing. This activity targets health care providers working in the public as well as private health care sector with the objective to enhance their technical and management capacity for responding to the infectious diseases like TB and Malaria. All activities were planned and coordinated with the provincial and district health authorities. Disease specific National programme guidelines were used for training different cadre of health care providers in the public and private sector. Due to delays in the approval of the training plans and disbursements of the funds some training targets from the previous year were brought forward and conducted in the reporting year, the achievements therefore; was higher than the planned. Following tables summarizes trainings conducted during the year.

Summary of Achievements Human Resource Capacity Development

Description	Target	Achieved	Percent
Number of lab Supervisors Trained on Quality Assurance in Malaria Diagnosis	38	38	100%
Number of Healthcare Providers Trained in Proper Malaria Case Management	40	61	153%
Number of Doctors Trained for DR TB Management	215	200	93%
Number of Paramedics Trained for DR TB Management	423	400	95%
Number of PPM Doctors trained on Basic TB DOTS	41	60	146%
Number of PPM Paramedics trained on Basic TB DOTS	44	59	134%
Number of PPM Lab Technicians trained on Sputum Microscopy	20	8	40%

Quality Assurance

ACD gives significant importance to quality assurance of the activities performed in the field to maintain the standard of services acceptable to donors, WHO and National programme. For this purpose ACD monitoring and evaluation teams consisting of clinicians, public health and laboratory personnel regularly supervise the clinics. Supervisory visits are 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 visit service delivery areas to monitor quality of services provided to the patients and the communities.

Empowering people and communities through awareness

ACD conducted community gatherings and meetings to create awareness among the communities not only to raise their knowledge about communicable diseases like Tuberculosis and Malaria, but also to improve their health seeking behaviors. These interventions also focused on building supportive environment for health through public and media advocacy and involvement. ACD also worked on consensus building and commitment with the community based groups, organizations and the community through dialogue and social mobilization. In selected union councils of the districts, chest camps were conducted for identification and detecting TB patients. However, platform of chest camps were also

utilized for awareness creation & social mobilization.

Summary of Achievements, Empowering People and Communities through Awareness

Description	Target	Achieved	% Achieved
Community sessions conducted for Tuberculosis awareness	48	41	85%
Community Chest Camps for awareness and case detection	62	58	94%

Monitoring and Evaluation

ACD uses Project performance framework for monitoring the process and outcome indicators of the project. The programme team analyzes both project monitoring and implementation data, which is monthly, reported to the donors. Senior programme and finance management also conduct field monitoring and coordination visits in the target districts where appropriate. Donors and National programmes representatives also visit project area to monitor performance.

Data Reporting and Validation

Data from the services delivery points was collected using donor's approved recording and reporting tools. ACD technical team validated the reported data, also representatives of the programme and principle recipients (PR) in monthly and quarterly coordination and monitoring meetings validated the reported data for correctness and completeness. The data was than collated in quarterly reports and submitted to programme and PRs. Soft record of the data was maintained in Excel based databases / formats approved by the PR. Programme performance was presented in the quarterly review meetings conducted at district, provincial and National levels and with the principle recipient in PR-SR coordination meetings.

Coordination

Coordination among the various partners involved in communicable disease control is very important to ensure the optimum utilization of the resources. ACD gives high priority to strengthening coordination activities with the donors and partners at the district, provincial and national levels and with the community. The coordination and functional relationship of the programme includes technical and management support in strategy and policy development, capacity building, human resource development, monitoring, quality control and supply of material required for project implementation.

ACD planned and coordinated its activities 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.

Conclusion

Despite of challenges arising from the compromised security situation in the target area and delays in the approvals of implementation plans from our partners, most of the targets were successfully achieved and overall performance of all the grants met the desired standards of performance.

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. 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. 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.