



Emerging issues from monitoring data what does it tell us?



Presented by
Kelwyn Browne, ADB/NDOH HIV Prevention in Rural Enclaves Project,
Dr. Holly Buchanan and Angleyn Amos
National Research Institute, Port Moresby

Acknowledgements

- Church, private and Provincial government health facility staff who gave of their time for baseline and ongoing data recording and reporting
- To OSL, BKL, RAI, WRC and HOP who supported the baseline collection and ongoing data recording and reporting
- Provincial Departments of Health, NDoH and ADB for their support



Presentation

- Introduction HIV Prevention in Rural Economic Enclaves
- Project monitoring framework, data collection overtime and baseline method
- **What does baseline data tell us 2008 - overtime - now?**
 - Profile of health workers
 - About issues that impact on the delivery of primary health services, such as supplies and availability of drugs
 - Support and working conditions
 - Means for services and the response to HIV IN PNG



Issues emerges from data

- Support and working conditions
 - Infrastructure – facility and housing
 - Community support, supervision, staffing
 - Training
- Supplies and availability
 - Equipment
 - Drugs
 - Supplies
- HIV and STI related services
 - Testing, technicians and laboratory services
 - Referral systems for PLHIV – counselling, ART, TB, CD4, viral load
 - STI treatment – drugs, services, testing
 - Sexual violence referrals and PEP
 - Stigma and discrimination
- How does this impact on primary health care delivery and make health staff feel?

HIV Prevention in Rural Economic Enclaves

- Introduction and overview of Project
 - If infrastructure, training, supervision, other support that health workers receive is increased; would this support an improved response to HIV?
- Project components
 - Public Private Partnerships
 - Condom social marketing and community behaviour change
 - Strengthening and expand surveillance system for HIV
 - Project Management and Coordination
- PPP and who is involved (infrastructure and support for primary health care)
 - Enclave operators – private sector and community workers
 - Provincial and church-affiliated health facilities and staff
 - National Department of Health / ADB
 - Provincial Departments of Health



Monitoring Data

- Infrastructure strengthening and support to improve provincial, district and church-run primary health care is tracked through a variety of monitoring tools to capture target performance indicators of the Rural Enclave Project Project
- Project monitoring data began in 2008 – 2011 but some indicators are tracked through existing data to 2005
- **Monitoring framework** across the project 4 components with indicators at impact and output levels
- **Data collection overtime for PPP** at provincial and church-affiliated health facilities staff **monthly and 1/4ly reported**
- **Baseline method** combining data collection at outset of project and with a tool for health staff baseline



Monitoring Framework

- Overall framework tracks across 92 indicators for 4 components and 22 for tracking public and private partnerships:
 - **At least 6 public-private partnerships entered into**
 - **% of participating health facilities who have received standard medical kits**
 - **% of participating health facilities receiving supervision visits per month**
 - **% of health staff allocated to work in each health facility in each enclave who complete NDOH accreditation for HIV testing**



Monitoring Framework - Outcome

<p><i>Improved access to health and medical services, according to NDOH standards, for populations in the participating project areas, with a particular focus on STI and HIV prevention, diagnosis and treatment</i></p> <p>1.All participating health facilities pass accreditation for HIV testing services</p>	<ul style="list-style-type: none"> • Phase 1 Facilities = 49 for Civil Works • Phase 2 Facilities = 26 for Civil Works (16 completed at end 2010) • Total Facilities = 111 for service improvement (training, supervision) • Number where HIV Testing was available in Dec 2007 = 8 • Number where HIV Testing was available in Dec 2008 = 28 • Number where HIV Testing was available in Dec 2009 = 32 • Number where HIV Testing was available in Dec 2010 = • VCT Accreditation of health facilities to conduct HIV Testing is not required under NDOH policy. Health Facilities with staff trained in HIV Counselling and Testing can provide the service. • The project criteria for renovation of health facilities include a private consultation room with infection control utilities as per the NDOH guidelines.
<p>4. 10% increase year on year in use of HIV Testing services by rural populations in participating enclaves compared to 2005</p>	<p>Number of People Tested for HIV at Enclave Health Facilities in 2005 = 3633</p> <p>Number of People Tested for HIV at Enclave Health Facilities in 2006 = 6031 (↑ 40%)</p> <p>Number of People Tested for HIV at Enclave Health Facilities in 2007 = 6295 (↑ 5%)</p> <p>Number of People Tested for HIV at Enclave Health Facilities in 2008 = 8950 (↑ 30%)</p> <p>Number of People Tested for HIV at Enclave Health Facilities in 2009 =</p> <p>Number of People Tested for HIV at Enclave Health Facilities in 2010 =</p> <p>(Provincial Hospital data not included)</p>



Monitoring Framework - Output

All health staff in participating health facilities attend STI Syndromic Management Course

15.% of health staff allocated to work in each health facility in each enclave who attend STI Syndromic Management Course

- 451/376 = >**100%** Clinical staff from participating health facilities have participated in the STI Syndromic Management course.
- Staffing numbers fluctuate due to transfers, maternity leave, study leave etc. Several people from outside the participating health facilities have attended the courses

All health staff in participating enclaves pass accreditation for VCT (HIV testing) following attendance at 3 courses (Intro to HIV, Rapid Diagnostic testing (RDT), and VCT)


% of health staff allocated to work in each health facility in each enclave who complete NDOH accreditation for HIV testing

- 329/376 = **87.5%** of clinical staff from participating health facilities have attended the HIV Counselling and Testing courses.
- Staffing numbers fluctuate due to transfers, maternity leave, study leave etc. Several people from outside the participating health facilities have attended the courses.


All equipment and fixtures provided to all identified health facilities as per standardised NDOH 'health facility kits'
10.% of participating health facilities who have received standard medical kits

- **100%** of 44 health facilities have received standard medical equipment kits.
- An additional 32 health facilities received medical equipment kits.
- Some of these health facilities participated in the 'software' aspect of the project and were either renovated using Company funds, or did not require renovation.
- Some of these are transferred into phase 2 civil works.
- Equipment kits have been ordered for 23 Aid Posts and 24 Health Centres for 2011.

Collection over time

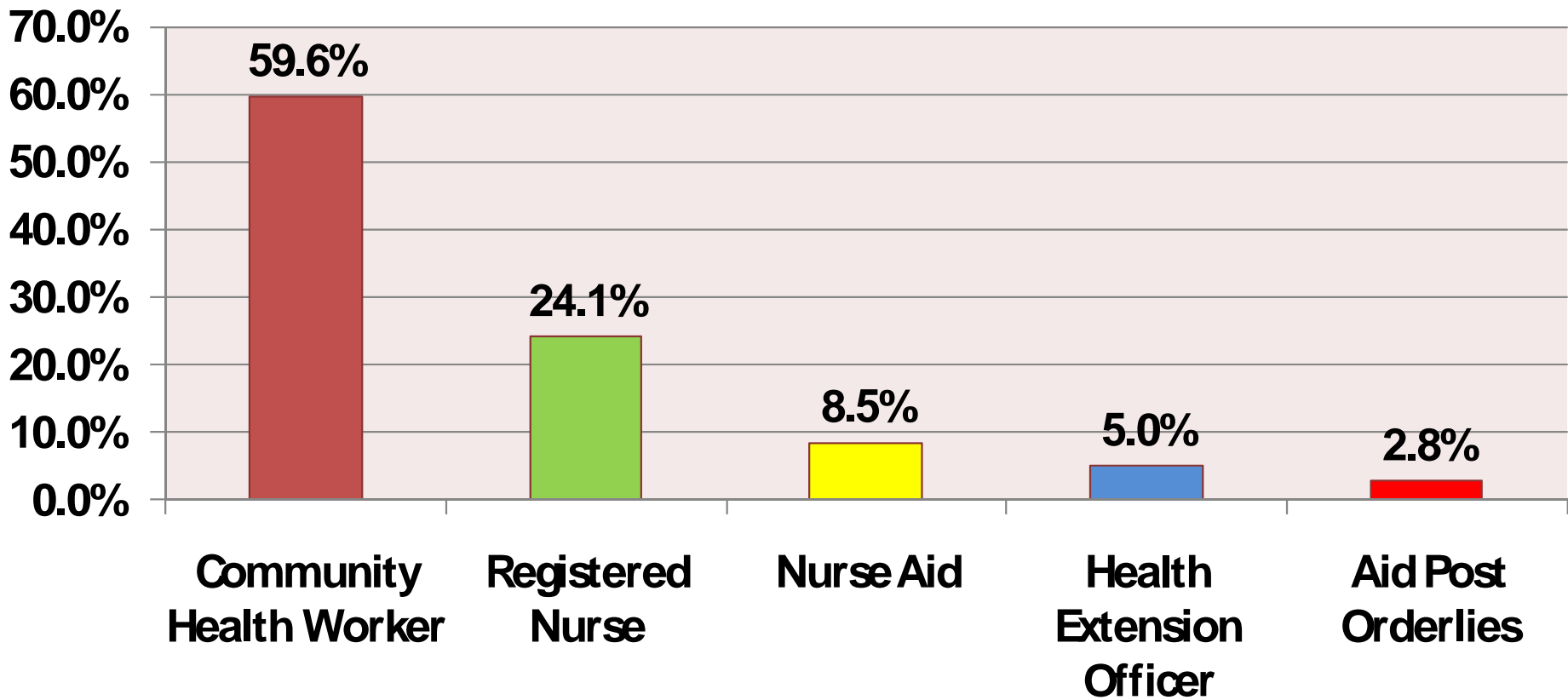
- Data overtime collected overtime for PPP indicators from a range of data sources:
 - Monthly reporting NHIS
 - Quarterly reporting
 - Clinic level and supervisory visits
 - Limitations at clinic level with shortage of forms, registry books, lack of recording and reporting at some levels and data can be limited / delayed / harder to access
 - Opportunities – data show change overtime /
- 

Baseline

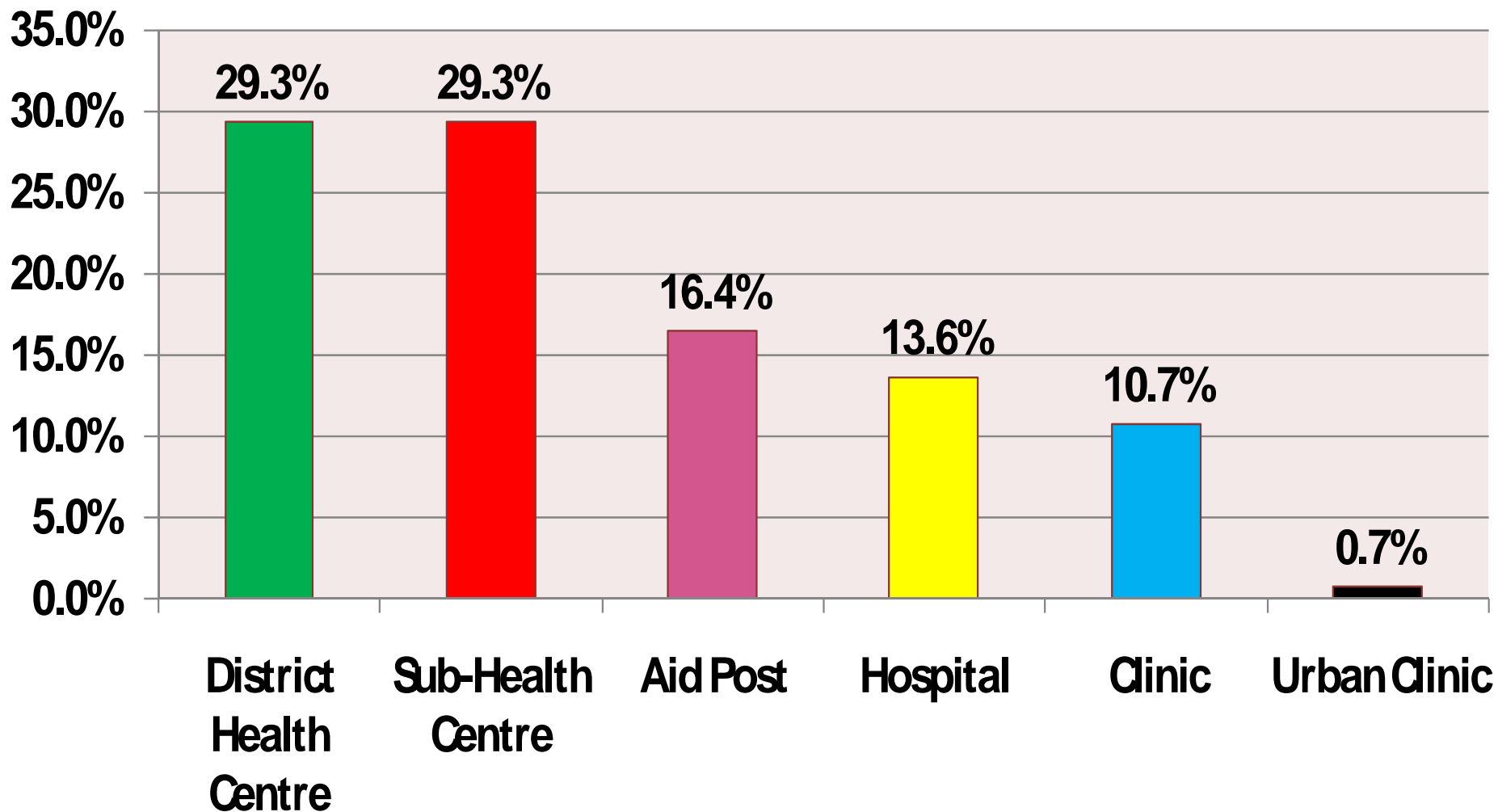
- Baseline aimed to understand how health workers were supported in their work in tangible ways and what felt about it
 - Baseline combined with other similar ongoing monitoring data for greater understanding and triangulation for particular indicators from the monitoring framework
 - Tool was developed for baseline and piloted NDoH/ADB, OSL and NRI
 - Distributed by 5 private sector companies in envelopes to provincial health facility staff who completed on their own if consenting and returned to NRI in envelope from company
 - Asked questions from 142 health workers across 6 types of health facility and 5 types of work
 - No identifiers were given for actual clinic for confidentiality /
- 

Profile: Health workers

Distribution of work type

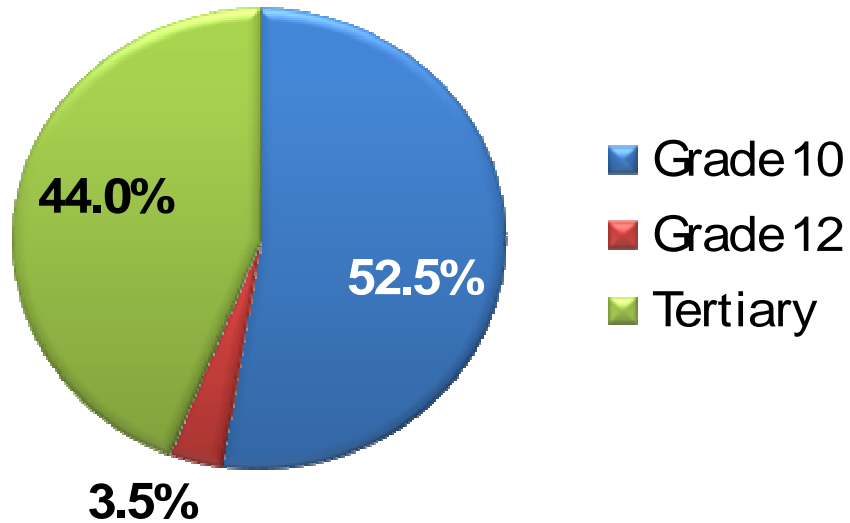


Profile: Type of Facilities

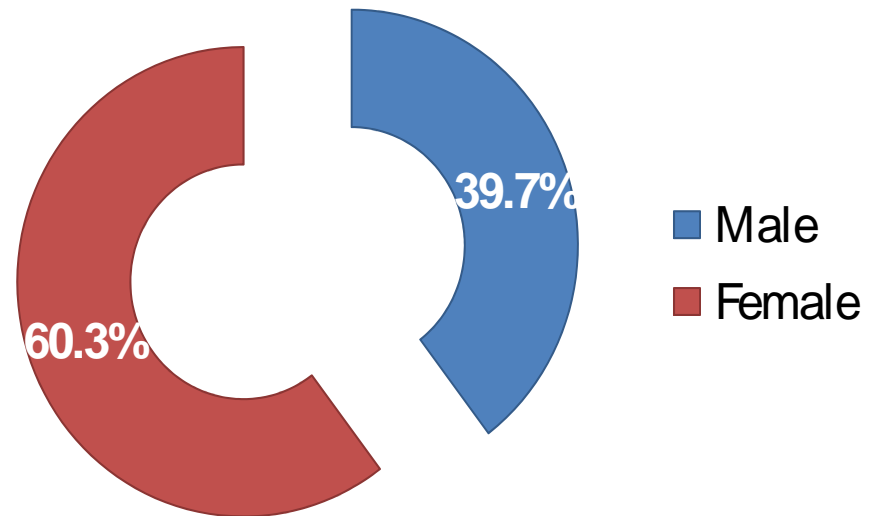


Profile: Level of Education and Gender

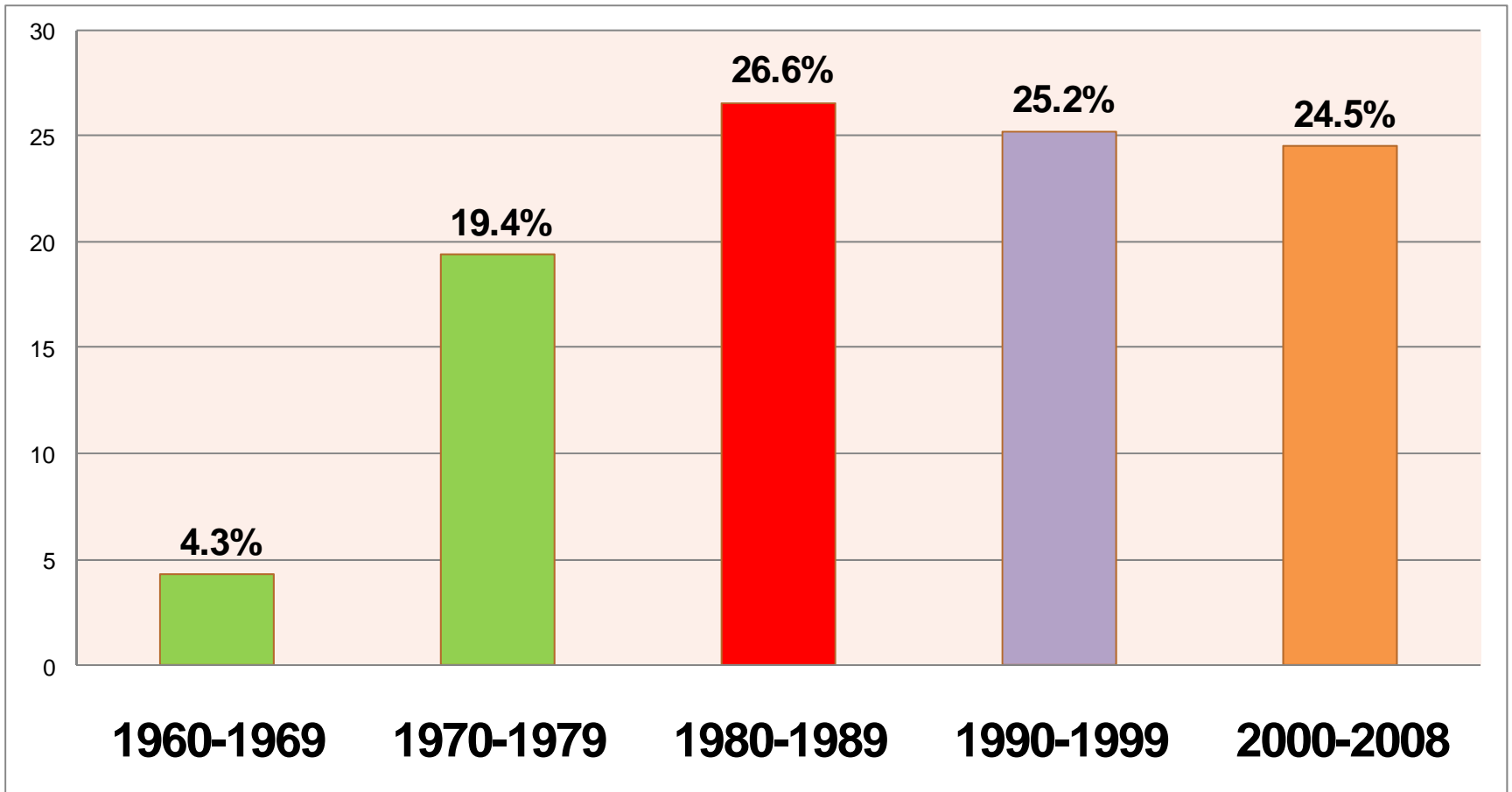
Level of Education



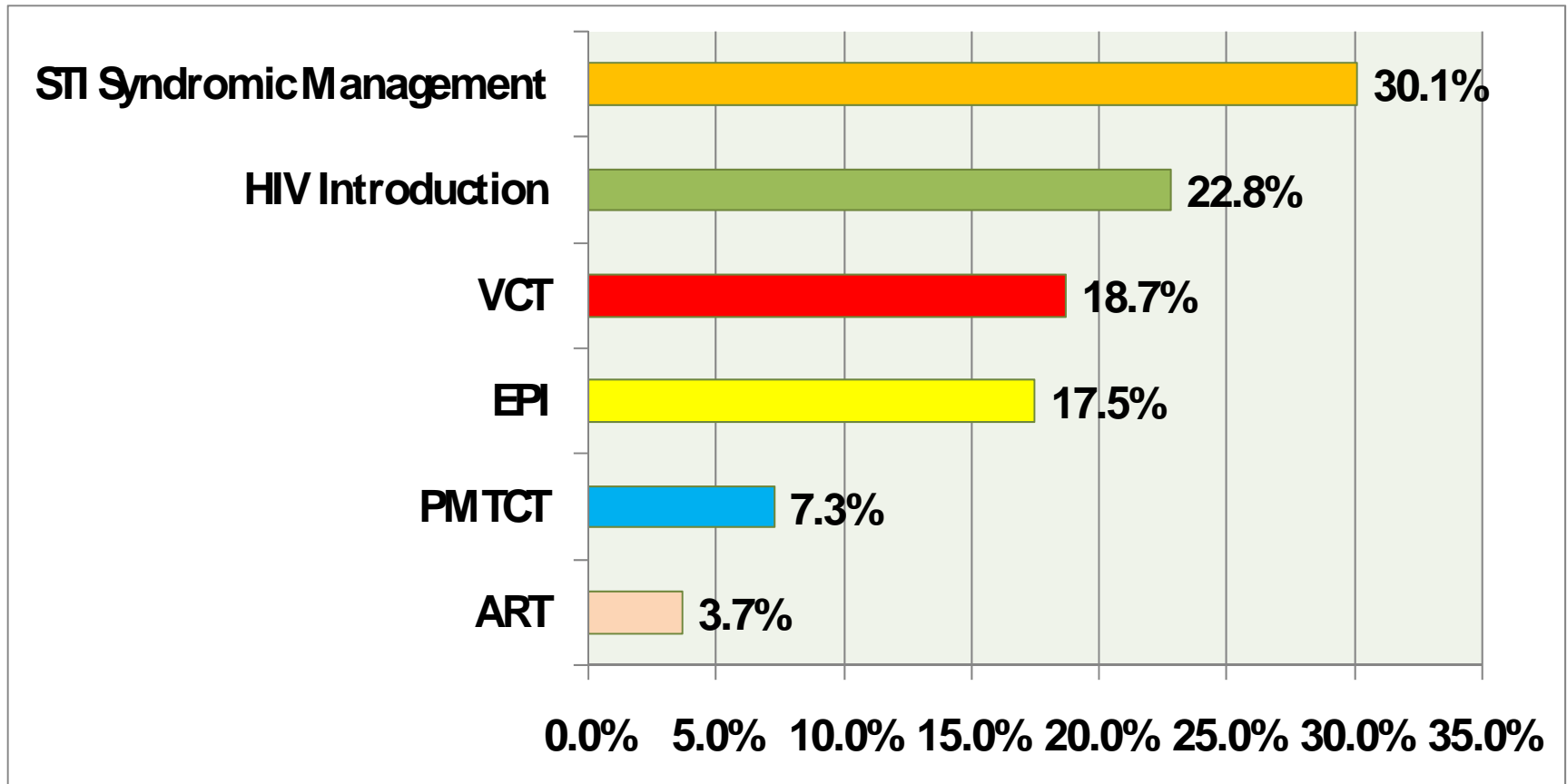
Gender of Health workers



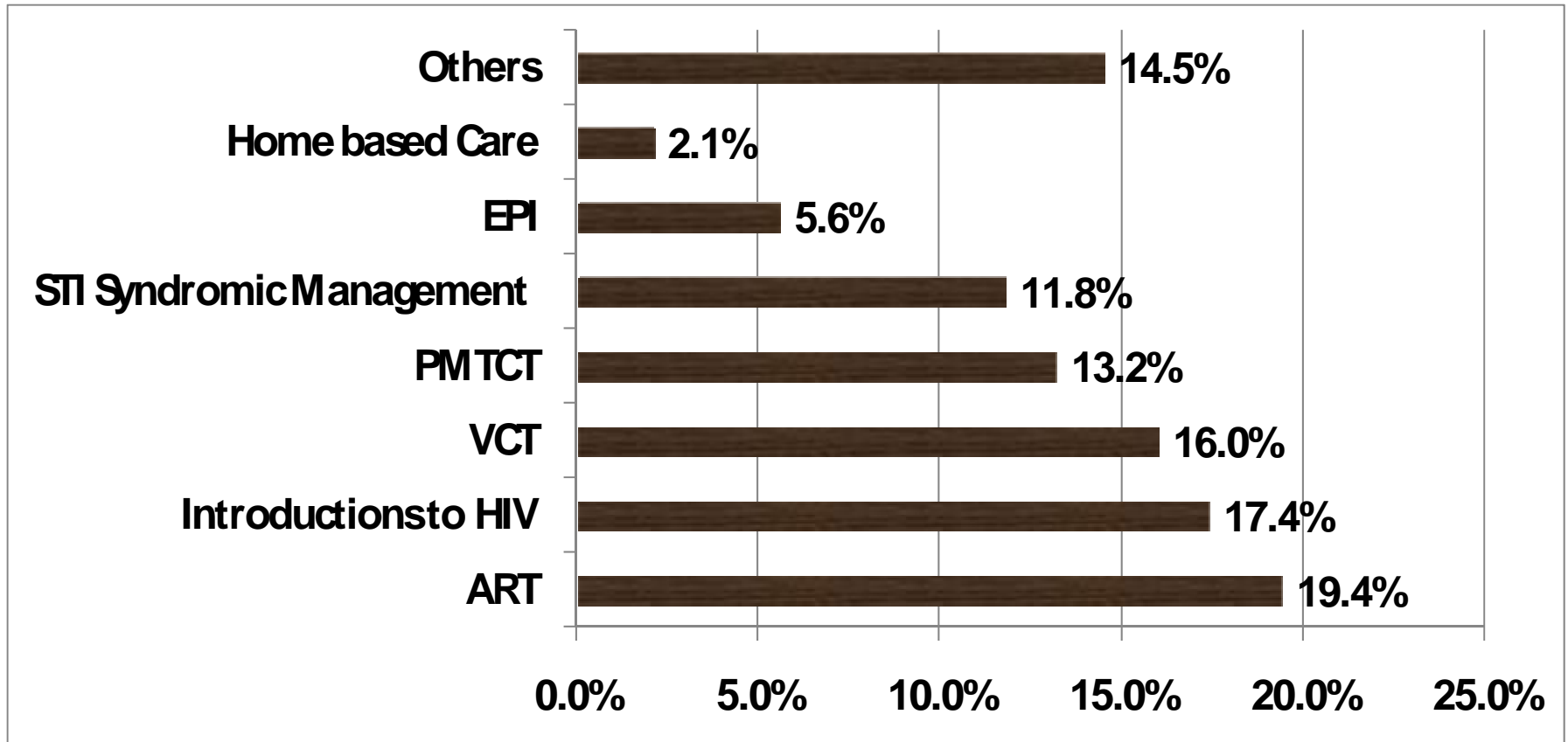
Profile: Year education completed



Courses or training received in past year (2007-2008)



Courses and trainings needed



In 2008, the majority of the health workers reported needing training on ART, HIV, VCT, PMTCT, STI syndromic management and Epi. Other needs varied greatly. Little HIV rapid testing training was identified as being received in 2008 and few said training in rapid testing was a need

INFRASTRUCTURE AND WORKING CONDITIONS, SUPPORT AND SUPERVISION

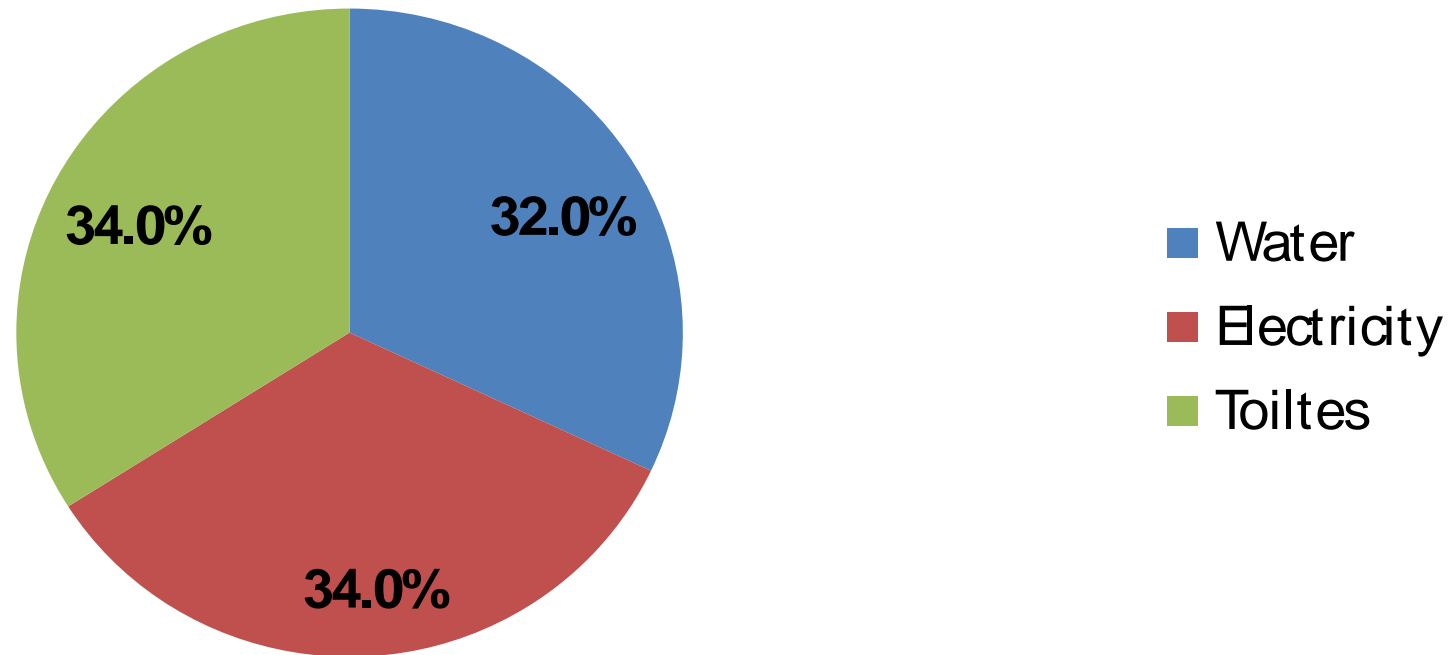


Infrastructure - Health facility maintenance and utilities

- At baseline – a fifth (19.7%) reported having some maintenance at their facility and most (91.2%) facilities said that they still required maintenance
- There was a need for improved sanitation and water supplies to decrease the spread of disease, access to electricity, and privacy for patient consultations and treatment
- 71.4% of the health workers reported receiving services such as water and had 69.8% electricity
- Over three quarters (77.0%) reported facilities having sinks but only just over half (59.6%) of facilities reported having toilets
- Some needed water pumps (61.7%)
- Less had private rooms for consultation (56.2%)



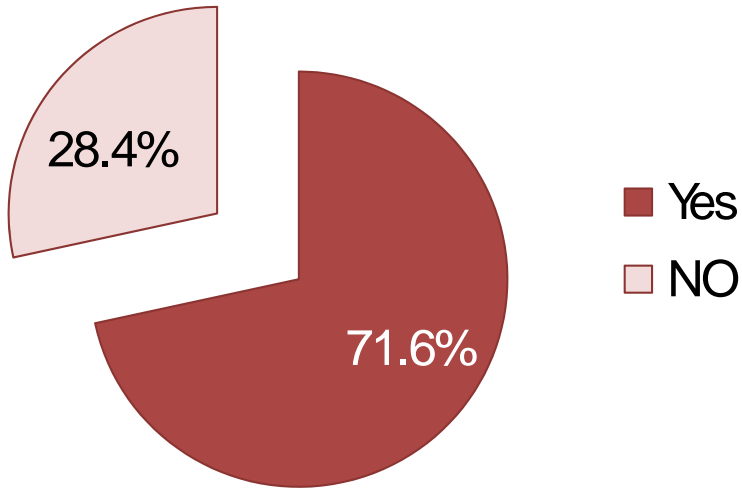
Maintenance of staff houses and utilities



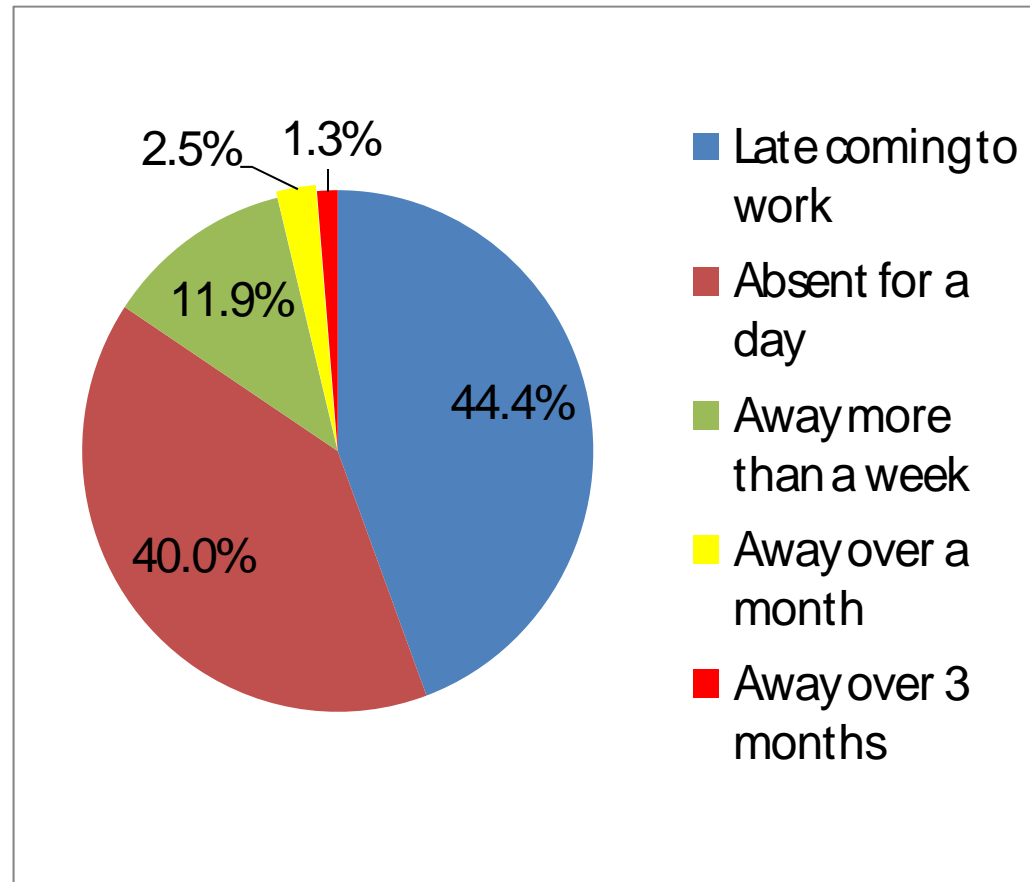
- At baseline, just over a tenth (11.9%) of health workers houses had maintenance in the past year with the greatest majority (88.1%) not having had any repairs.
- More (94.1%) said they still require some maintenance.

Staff Schedule

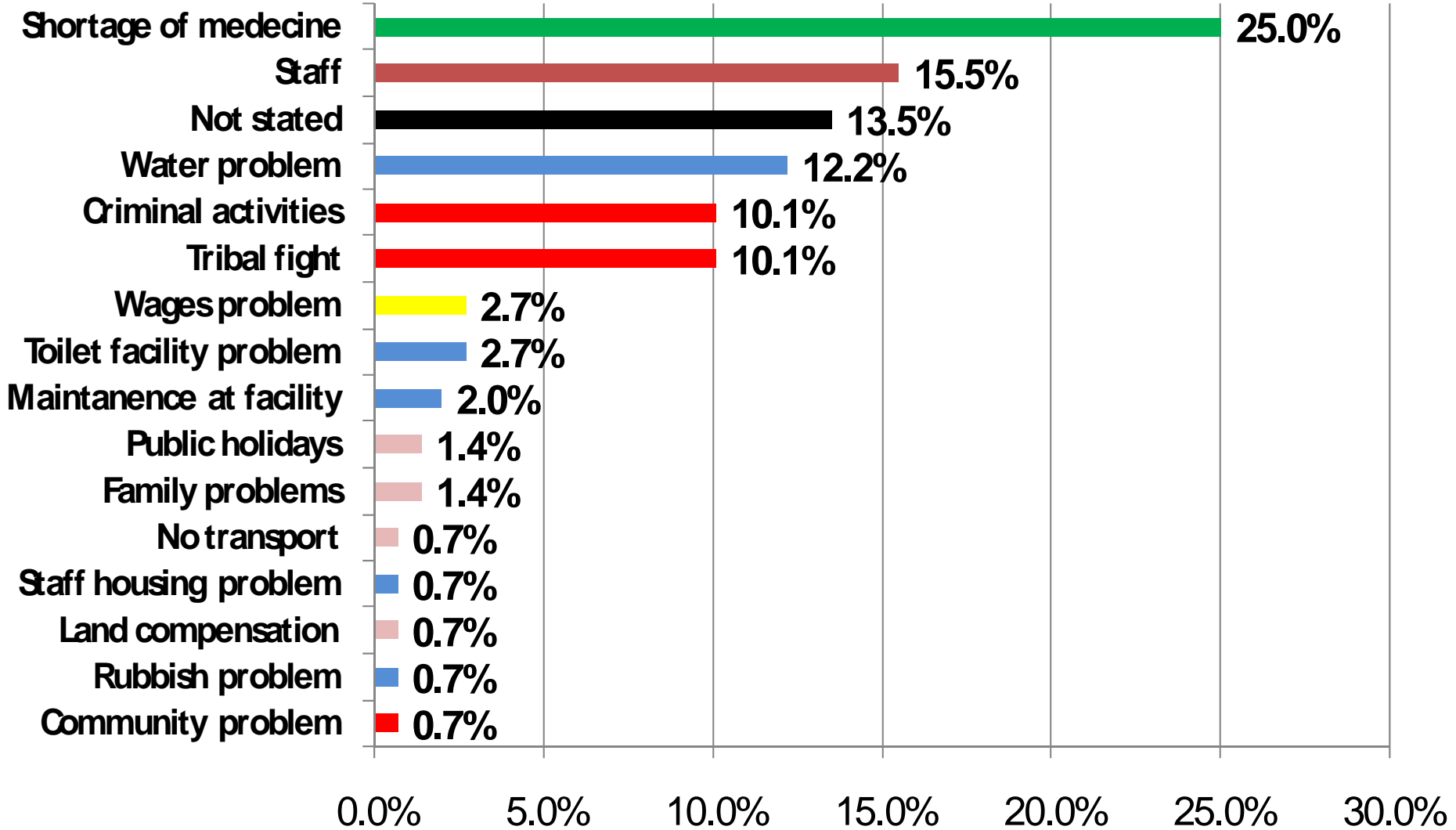
Staff attend work as scheduled



Length of time staff are away from work

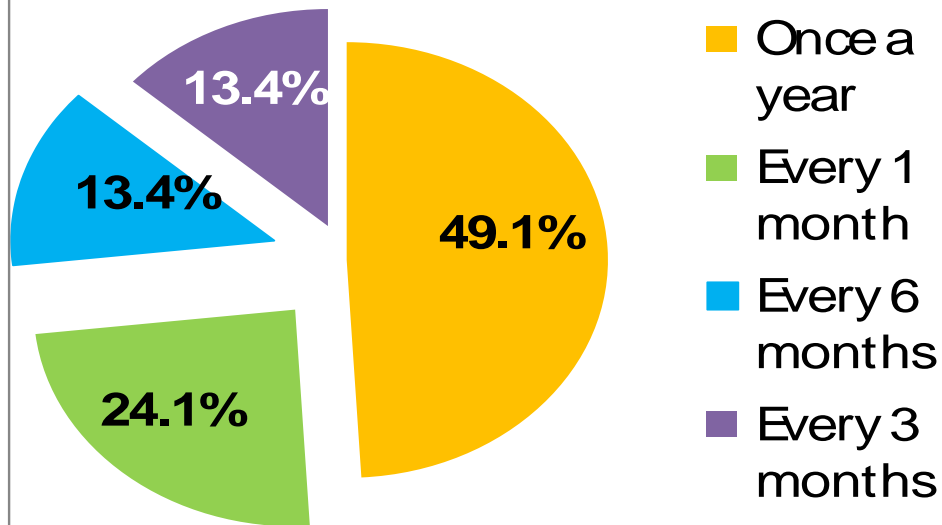


Reasons for facility closure

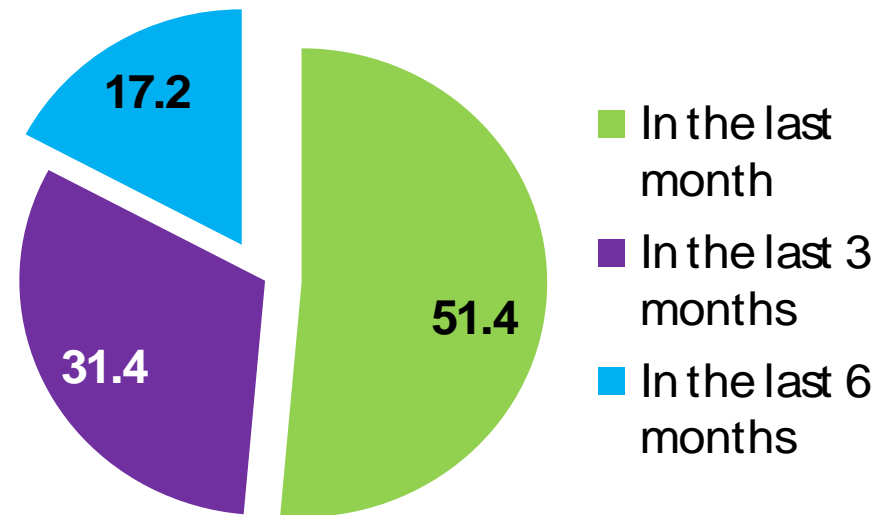


Supervisory visits

Visits prior to the project

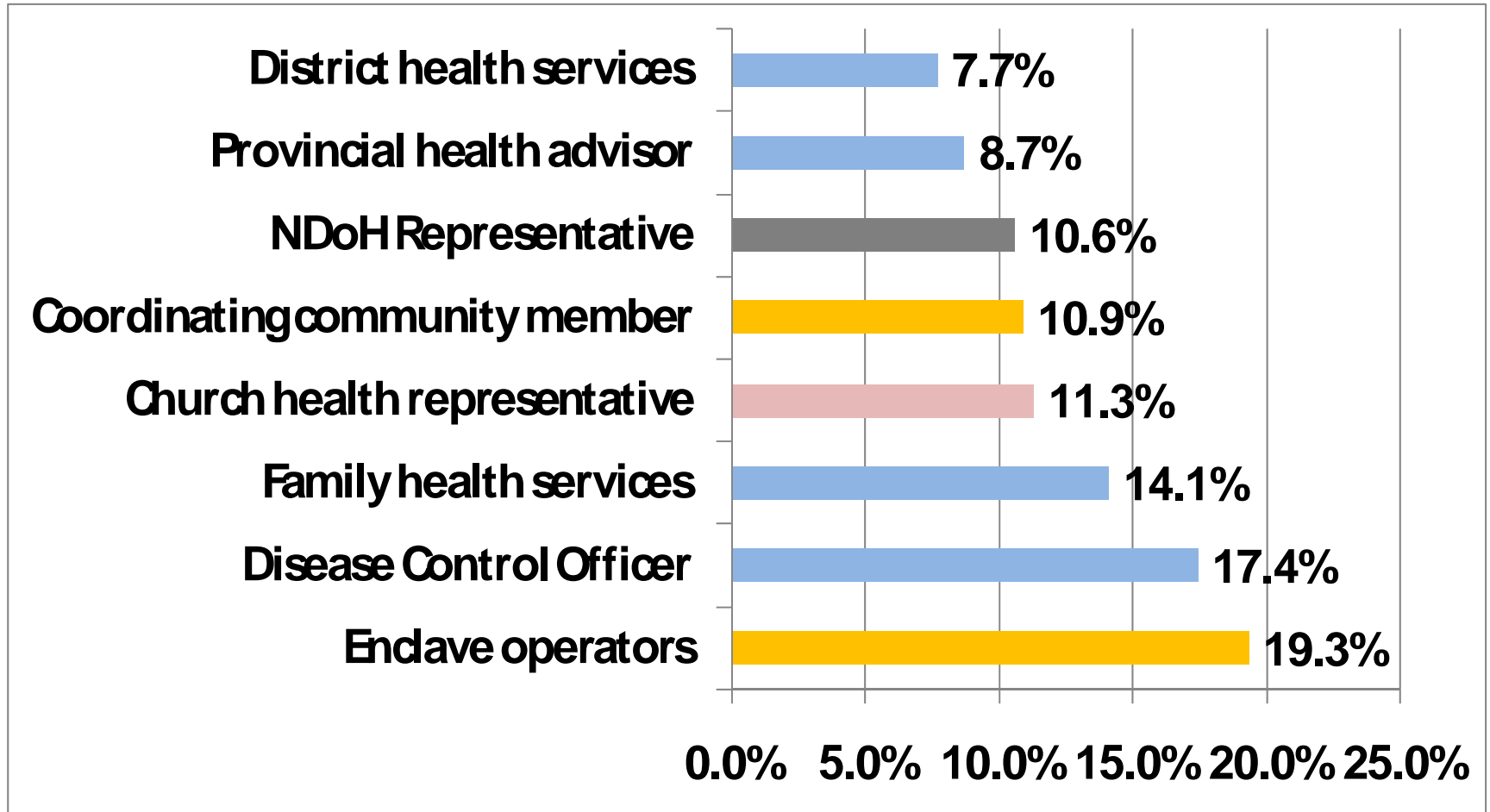


Last supervisory visit



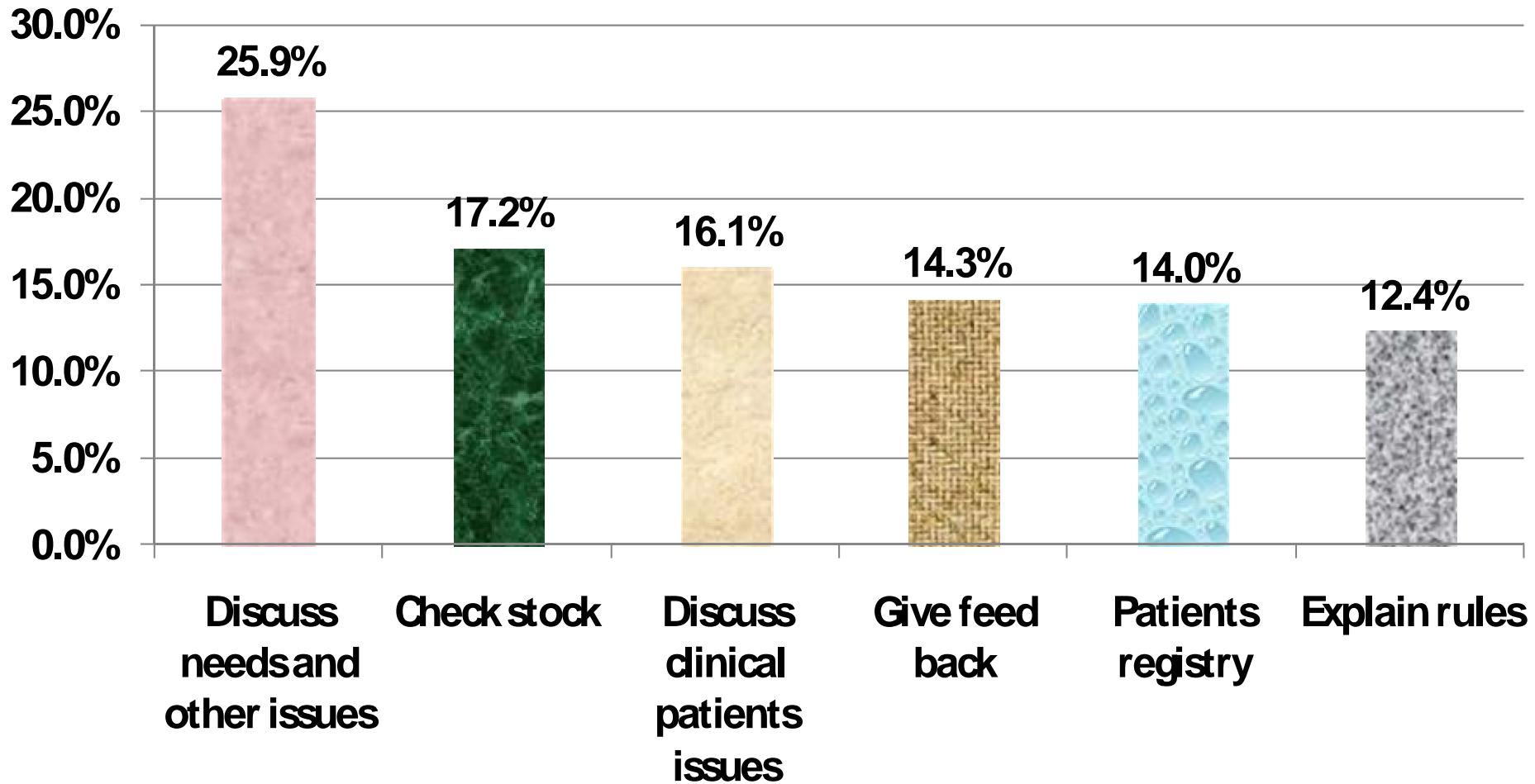
Only a fifth (21.1%) health staff reported having adequate supervision; 78.9% believed they lacked adequate supervision. At baseline – retrospective before and after questions already indicated change with greater frequency of supervision being reported than prior to the project

Type of people at last supervisory visit



Only 59.4% reported having a doctor visit their facility in the past year

Type of activities done during last supervisory visit

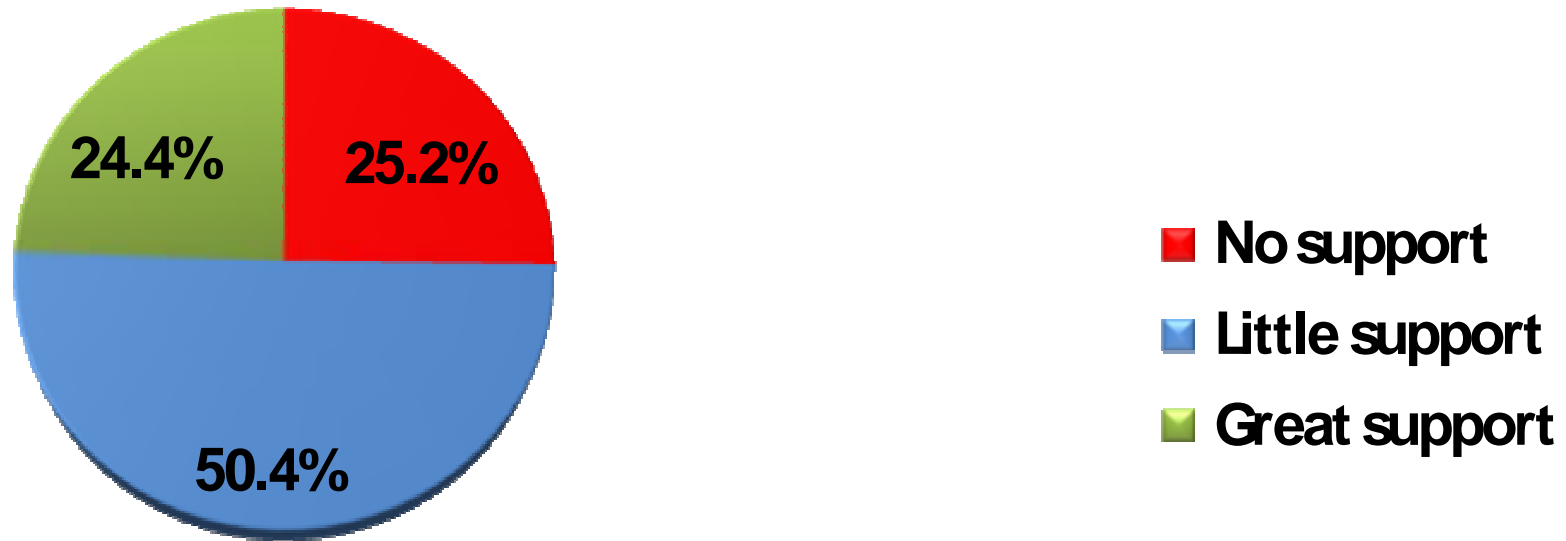


Team meetings and individual supervision

- Over half (58.5%) reported having team meetings at their facility; 41.5% did not have facility meetings
- Most (62.9%) health staff reported having meetings with their boss; 37.1% did not
- Over three quarters (77.0%) reported that they could easily talk and give feed back to their boss



Community Support

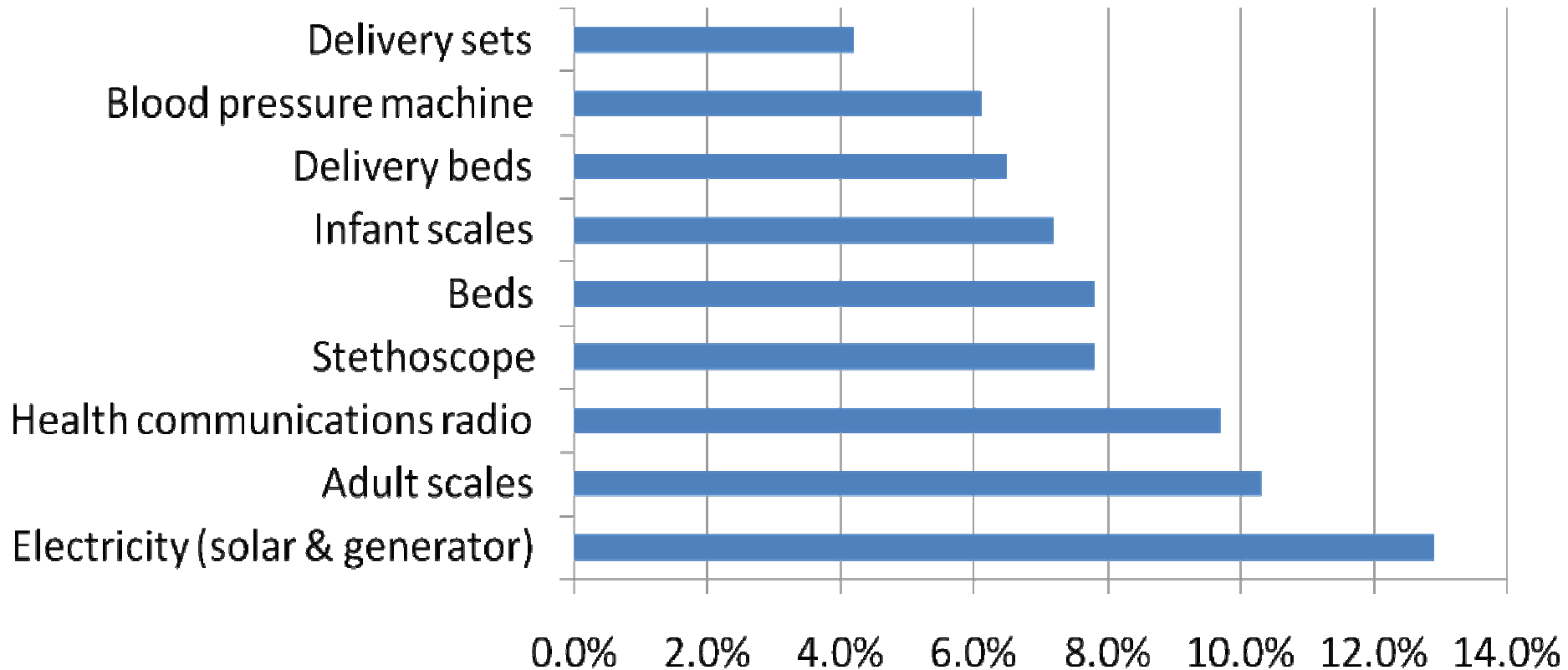


- There were differences between areas in the degree of support received from communities but overall most received little or no community support
- Health workers said they received support that included mostly gardening and cutting grass; being provided security; help with cleaning premises or clearing rubbish from around the facility.

EQUIPMENT, SUPPLIES AND SHORTAGES



Equipments in working order



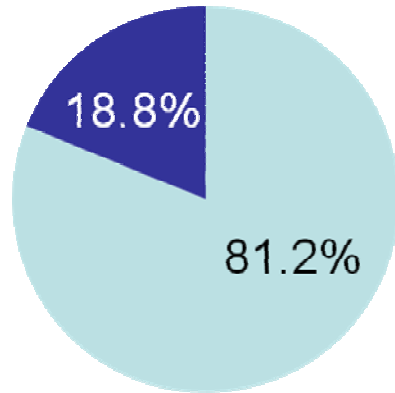
- **Equipment availability varied between facilities**
- **Supply kits were distributed from the Enclave project after the baseline was completed, and improved change would be expected in the availability of some equipment in working order if it has been maintained at the facility level**



Supplies

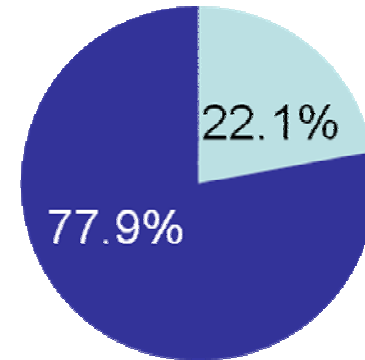
Ran out of supplies last year

■ Yes ■ No



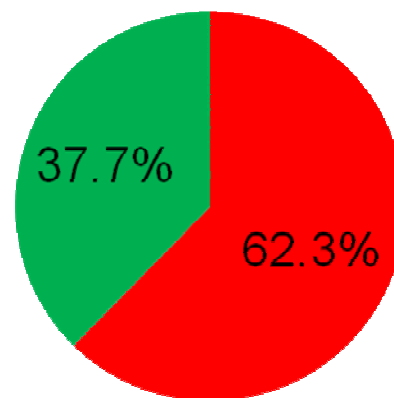
Drug supply on time last month

■ Yes ■ No



Last month's order complete

■ No ■ Yes

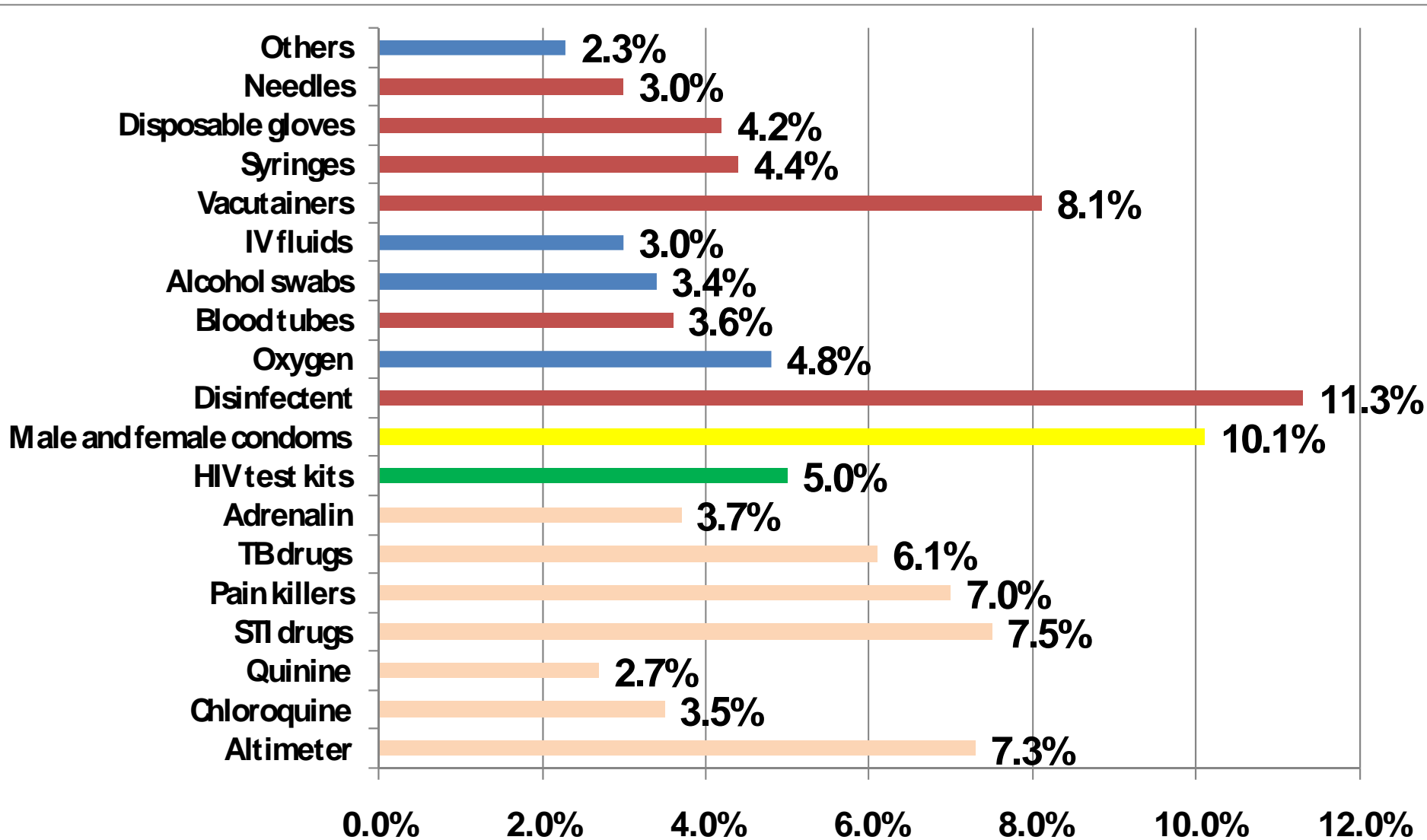


Delivery of primary health services – what supplies ran short in last 6 months

- When asked about **the type of medicine and materials they had run out of within the last six months**
- Near two-fifths of overall shortages (37.8%) **drugs**
- Near a third (34.6%) of shortages **supplies for universal precautions:**
- Ten percent (10.1%) male or female **condoms**
- Five percent (5.0%) **HIV RDT Test kits**
- Other **vital medical supplies** (8.2%)



Medicine & equipment shortage in the last 6 months



Things facilities ran out of in the past 6 months	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Disinfectant	36	11.1%	29	11.4%	43	12.7%	17	7.9%	27	12.5%	152	11.3%
Vacutainer	15	4.6%	32	12.6%	24	7.1%	26	12.0%	12	5.6%	109	8.1%
STI drugs	29	9.0%	22	8.7%	17	5.0%	16	7.4%	17	7.9%	101	7.5%
Altimeter	20	6.2%	16	6.3%	26	7.7%	18	8.3%	19	8.8%	99	7.3%
Pain killers	24	7.4%	15	5.9%	22	6.5%	17	7.8%	17	7.9%	95	7.0%
Female condoms	20	6.2%	13	5.1%	13	3.8%	16	7.4%	22	10.2%	84	6.2%
Drugs TB Dots	22	6.8%	20	7.9%	17	5.0%	13	6.0%	10	4.6%	82	6.1%
HIV and RDT test kits	18	5.6%	6	2.4%	18	5.3%	15	6.9%	11	5.1%	68	5.0%
Oxygen	12	3.7%	14	5.5%	20	5.9%	10	4.6%	9	4.2%	65	4.8%
Syringes	11	3.4%	15	5.9%	10	2.9%	12	5.5%	11	5.1%	59	4.4%
IV fluids	14	4.3%	12	4.7%	21	6.2%	6	2.8%	5	2.3%	58	4.3%
Gloves	19	5.9%	10	3.9%	15	4.4%	5	2.3%	8	3.7%	57	4.2%
Male condoms	17	5.2%	10	3.9%	11	3.2%	4	1.8%	10	4.6%	52	3.9%
Emergency medicine	10	3.1%	13	5.1%	12	3.5%	10	4.6%	5	2.3%	50	3.7%
Blood tubes	6	1.9%	5	2.0%	16	4.7%	14	6.5%	8	3.7%	49	3.6%
Chloroquine	17	5.2%	3	1.2%	19	5.6%	3	1.4%	5	2.3%	47	3.5%
Alcohol swabs	14	4.3%	8	3.1%	11	3.2%	4	1.8%	9	4.2%	46	3.4%
Needles	11	3.4%	9	3.5%	8	2.4%	5	2.3%	8	3.7%	41	3.0%
Quinine	9	2.8%	2	0.8%	16	4.7%	6	2.8%	3	1.4%	36	2.7%
Total	324	100.0%	254	100.0%	339	100.0%	217	100.0%	216	100.0%	1350	100.0%

Things that ran out – shortages in last 6 months

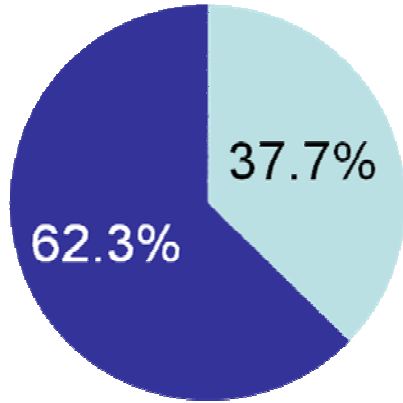
Availability of equipment & supplies to maintain standard precautions	Overall	
	n	%
Yes	26	19.8%
No	105	80.2%
Total	131	100.0%
Always using standard precautions for infection	Overall	
	n	%
Yes	57	47.9%
No	62	52.1%
Total	119	100.0%

Standard Precautions

Increased ability to maintain standard precautions will decrease perceptions of risk of HIV and other infections in the workplace. Overall, only near a third (34.9%) of the health workers reported feeling safe from HIV .

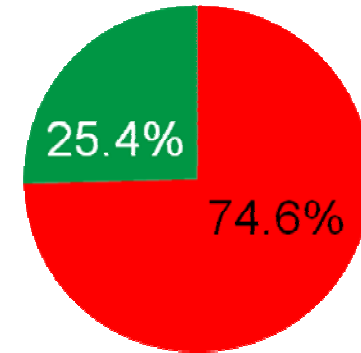
Drugs and Supplies

Last month order complete



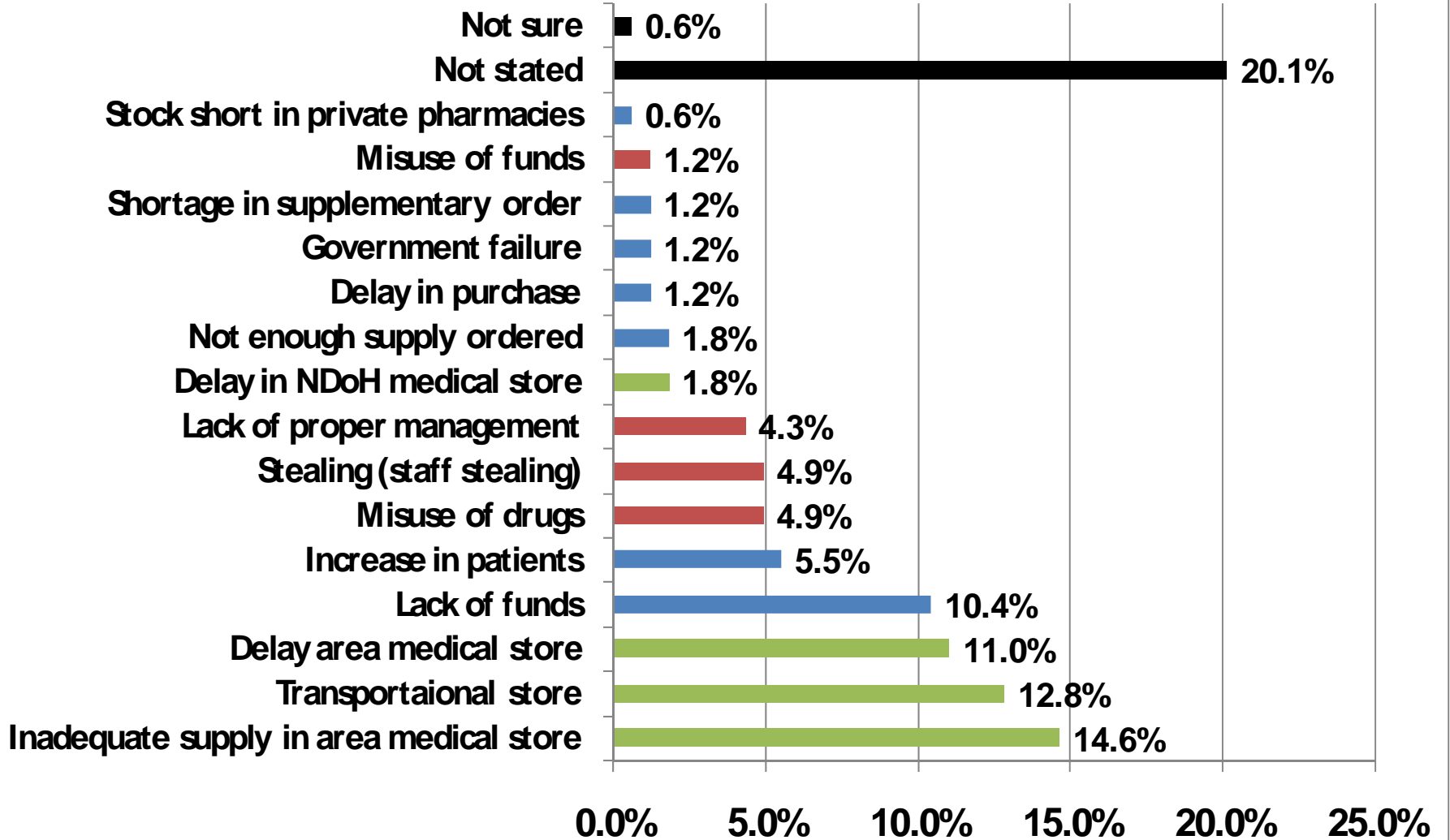
Out of STI drugs at baseline

■ Yes ■ No



Current availability of stock to treat ten people	Overall	
	n	%
Doxycycline	82	20.8%
Benzathrine- Penicillin	78	19.8%
Tinidazole	77	19.5%
Amoxicillin	73	18.5%
Augmentin	59	14.9%
Azithromycin	26	6.6%
Total	395	100.0%

Causes of medical supply shortage



How to improve flow of supplies

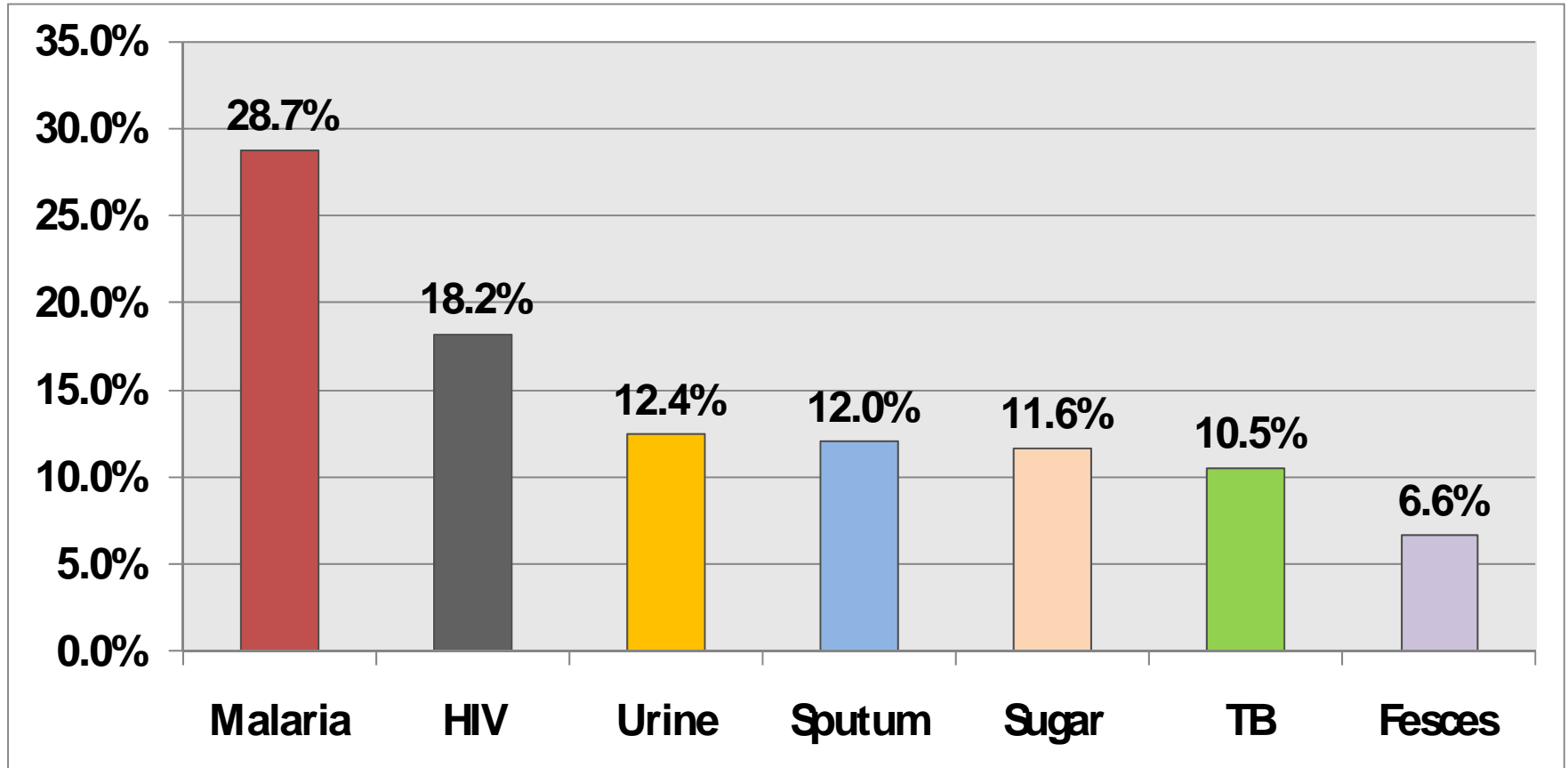
- A fifth (20.9%) of the health workers didn't mention ways to make improvement
- More mentioned what would improve flow of supplies:
 - Need for transport and area medical store or health facilities have their own transport to pick up its medicines and supplies (37.9%)
 - Make orders earlier (9.2%) and create different options how to order and where (13.7%)
 - Release of funds required (5.9%)
 - Better communication and management (5.9%)



SERVICES - Testing, STI, Sexual Assault, HIV



Type of testing in facility



- **Over half (51.9%) of the health workers reported that their facilities conducted some testing, and this varied by areas and type of testing**
- The majority (80.9%) of the health staff reported that they treated malaria without testing

Testing - Laboratories and technicians

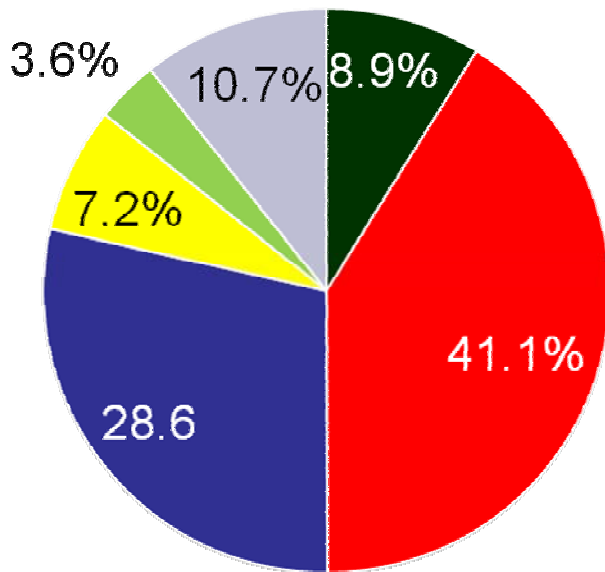
- Most (57.9%) of the health staff reported that the health facilities they worked in did not have a laboratory
- 5% of those who reported having a laboratory were without a laboratory technician
- Most 62.9% reported that the facility was without a lab technician to conduct medical testing



Services STI

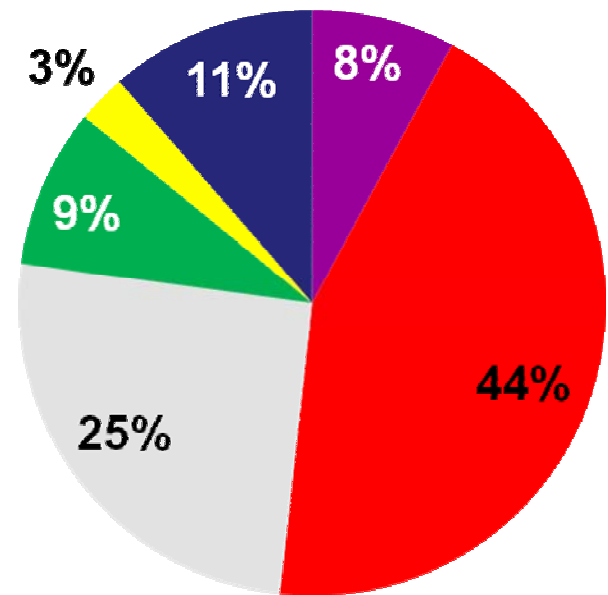
Number of male STI patients treated last month

■ None ■ 1 to 5 ■ 6 to 10
■ 11 to 20 ■ 21-40 ■ 40+

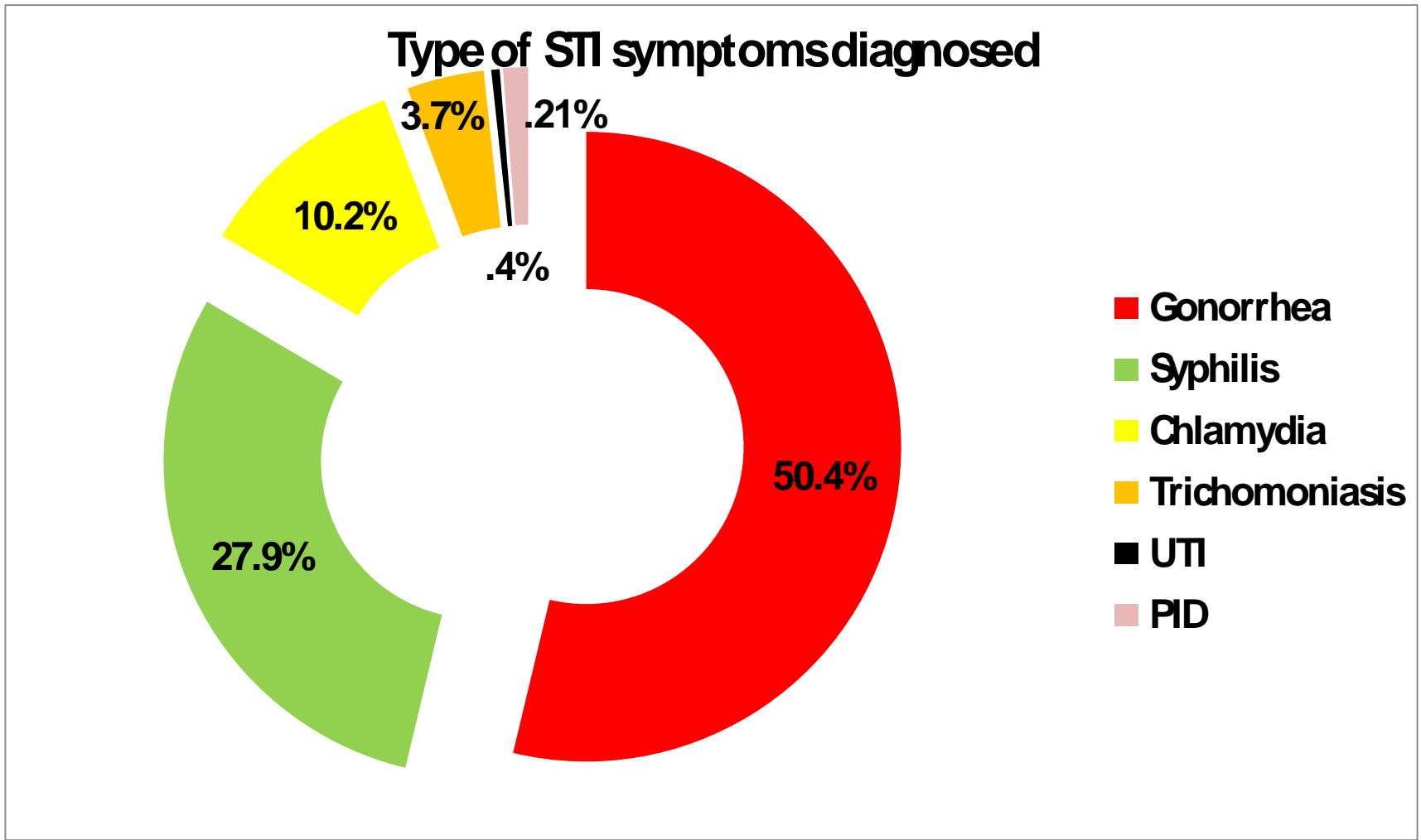


Number of female STI patients treated last month

■ None ■ 1 to 5 ■ 6 to 10
■ 11 to 20 ■ 21-40 ■ 40+



Range of STI diagnosed



78.8% always gave condoms to STI patients; 21.2% did not

Treat STI sex worker	Overall		Treat STI MSM	Overall	
	n	%		n	%
Information condom use	114	29.1%	Information condom use	85	24.7%
Give condoms	105	26.8%	Give condoms	75	21.8%
Give spiritual advice	83	21.2%	Give spiritual advice	74	21.5%
Feel relaxed	55	14.0%	Uncomfortable	43	12.5%
Feel uncomfortable	21	5.4%	Feel embarrass	37	10.8%
Feel embarrassed	14	3.6%	Feel relaxed	30	8.7%
Total	392	100.0%	Total	344	100.0%

STI Services – Vulnerable Populations



VCT Services

Facility accredited provide VCT prior to the project	Overall	
	n	%
Yes	85	69.1%
No	28	30.9%
Total	123	100.0%
Facilities accredited to provide VCT after the project	Overall	
	n	%
Yes	94	79.7%
No	24	20.3%
Total	118	100.0%

Providing VCT also increased by 10.6% from 69.1% prior to the project and to 79.7% since the project began and data was collected in 2008

Number of people referred for VCT in the past month

Number of people referred for VCT in the past month		
	n	%
None	47	43.5%
1 - 5	34	31.5%
6 - 10	9	8.3%
11 - 15	3	2.8%
16 - 20	11	10.2%
21 - 25	1	0.9%
26 - 30	3	2.8%
Total	108	100.0%

396-640 people referred by 61 health staff for VCT last month

Antenatal mothers offered HIV counseling and test prior to the project	Overall	
	n	%
Yes	60	46.2%
No	45	34.6%
Referred	9	6.9%
Yes and Referral	7	5.4%
No but do Referral	9	6.9%
Total	130	100.0%
Antenatal mothers offered HIV counseling and testing after project began	Overall	
	n	%
Yes	76	59.4%
No	34	26.6%
Referred	6	4.7%
Yes/Referral	5	3.9%
No/Referral	7	5.5%
Total	128	100.0%

13.2% increase in antenatal mothers being offered HIV counseling and testing at their facilities. since the project began

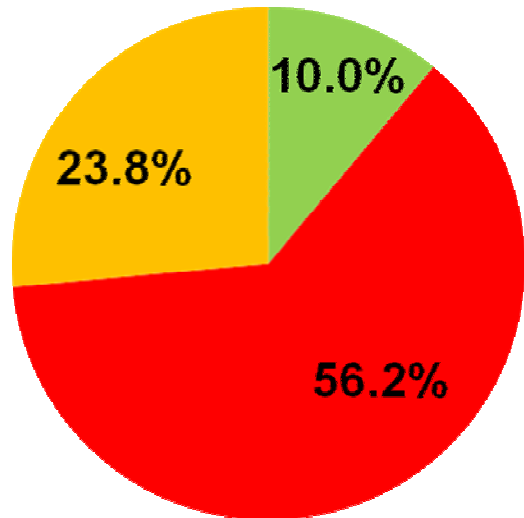
Sexual Assault

Number of female patients sexually assaulted served	Overall		# assaulted
	n	%	
0	10	16.7%	0
1	16	26.7%	16
2	19	31.7%	38
3	5	8.3%	15
4	1	1.7%	4
5	2	3.3%	7
6	4	6.7%	24
10	2	3.3%	20
30	1	1.7%	30
Total	60	100.0%	154
Number of male patients sexually assaulted served	Overall		# assaulted
	n	%	
None	32	76.2%	0
1	4	9.5%	4
2	2	4.8%	8
7	2	4.8%	14
8	1	2.4%	8
20	1	2.4%	20
Total	42	100.0%	54

Sexual Assault and Referrals

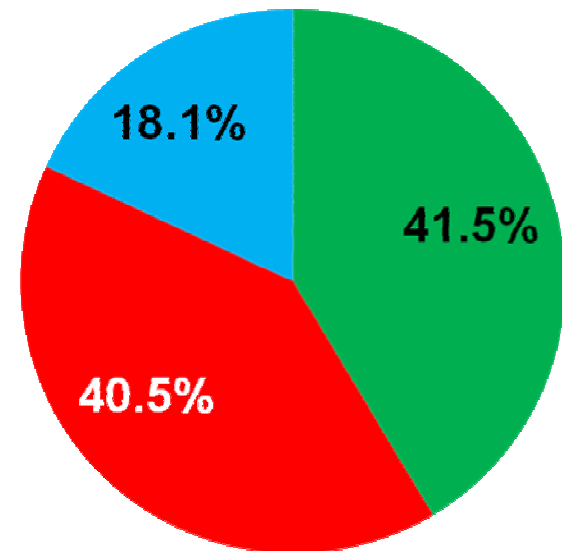
Referring sexually assaulted victims for legal advice

■ Yes ■ No ■ Don't Know



Referring sexually assaulted victims for counselling

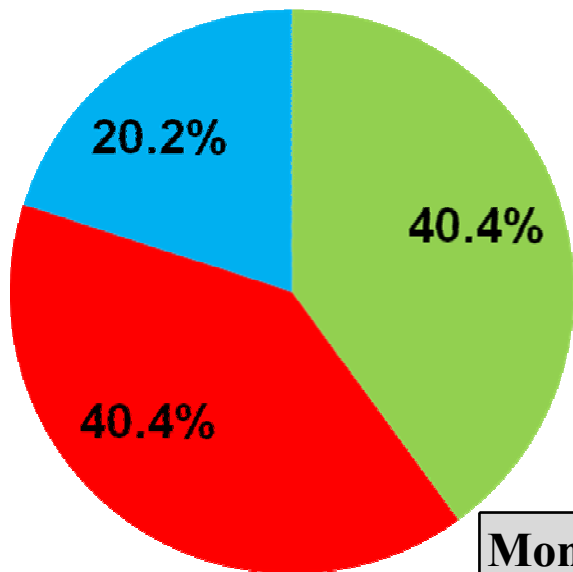
■ Yes ■ No ■ Don't Know ■



Sexual Assault and Referrals

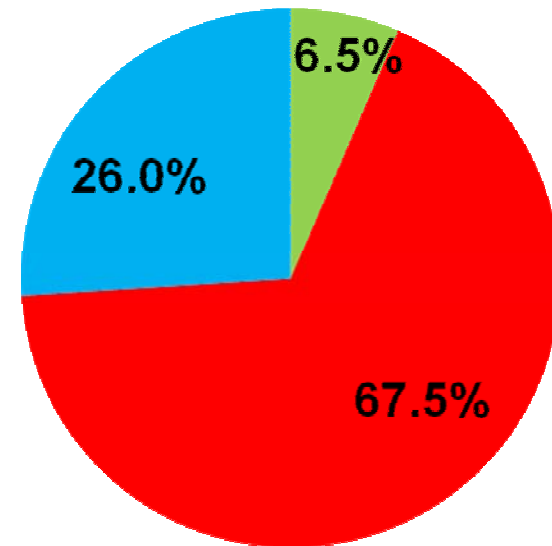
Referring sexually assaulted victims for medical review

■ Yes ■ No ■ Don't know ■



Referring sexual assault victims for PEP

■ Yes ■ No ■ Don't know ■



Month's supply of PEP to treat 5 people		
	n	%
Yes	9	7.8%
No	106	92.2%
Total	115	100.0%

Referral systems for PLHIV

- Many (28.1%) health staff reported that inadequate nutrition was one of the main issues for people living with HIV (PLHIV) frequenting the facility. This was followed by illness from opportunistic infections (20.1%), a need for ART drugs (16.3%), for medical reviews (16.3%), and mother to child transmission (14.3%).
- Participants were also asked what they would do if a PLHIV came to them with a health problem that they could not assist them with. Near two-thirds (66.7%) of health workers gave direct referrals, others said provide counseling and then referred (9.9%) or give basic treatment (7.8%). Less were involved more directly serving PLHIV, or giving basic treatments, or other services, such as: weekly reviews of ART and VCT, health education, basic health care or needs based treatments.

# of PLHIV referred counseling last 3 months	Overall	
	n	%
0	52	55.3%
1	8	8.5%
2	18	19.1%
3	6	6.4%
4 and more	10	10.7%
Total	94	100.0%
# PLHIV referred past 3 months for medical test	n	%
0	54	62.8%
1- 10	27	31.5%
11 - 20	3	3.5%
20 +	2	2.4%
Total	86	100.0%

44.7% of health staff had referred 102+ PLHIV for counselling in the past 3 months and over half made no referrals and 37.2% health staff had referred 100-370 PLHIV for medical tests and two thirds had not

# PLHIV referred past 3 months for medical review	Overall	
	n	%
0	54	65.1%
1	7	8.5%
2	8	9.6%
3	5	6.0%
4 and more	9	10.8%
Total	83	100.0%
# PLHIV referred for opportunistic infection in past 3 months	Overall	
	n	%
0	60	72.3%
1	9	10.8%
2	5	6.0%
3	3	3.6%
4 and more	6	7.2%
Total	83	100.0%

34.9% of health staff reported referring 74+ PLHIV for medical review in past 3 months and 27.7% had referred 52+ PLHIV for opportunistic infection – most missing responses in areas of PLHIV services

Number PLHIV referred for TB past 3 months	Overall	
	n	%
0	54	67.5%
1	8	10.0%
2	10	12.5%
3 and more	8	10.0%
Total	80	100.0%
Number of PLHIV referred for ART in the past 3 months	Overall	
	n	%
0	64	76.2%
1	8	9.5%
2	3	3.6%
3	1	1.2%
4 and more	8	9.6%
Total	84	100.0%

32.5% of health staff referred 44+ PLHIV for TB test

33.8% of health staff referred 49+ PLHIV for ART

# of PLHIV referred CD4 test in past 3 months	Overall	
	n	%
0	66	80.5%
1	7	8.5%
2	5	6.1%
4	3	3.7%
5	1	1.2%
Total	82	100.0%
# of PLHIV referred for viral load past 3 months	Overall	
	n	%
0	69	86.2%
1	5	6.2%
2	3	3.8%
3 and more	3	3.8%
Total	80	100.0%

19.5% of health staff referred 34+ PLHIV for CD4

13.8% of health staff referred 20+ PLHIV for viral load

STIGMA AND DISCRIMINATION



Stigma and Discrimination

- Nearly all (91.8%) health workers surveyed reported knowing someone personally who was living with HIV
- More affiliated health staff reported having a relationship with a close friend (41.0%) living with HIV than relationships with patients (20.9%) or family (15.5%) living with HIV
- Nearly all (90.6%) of the health workers reported not feeling shy to tell people that they work with people
- Most (60.2%) health workers thought people living with HIV were neglected in their surrounding community



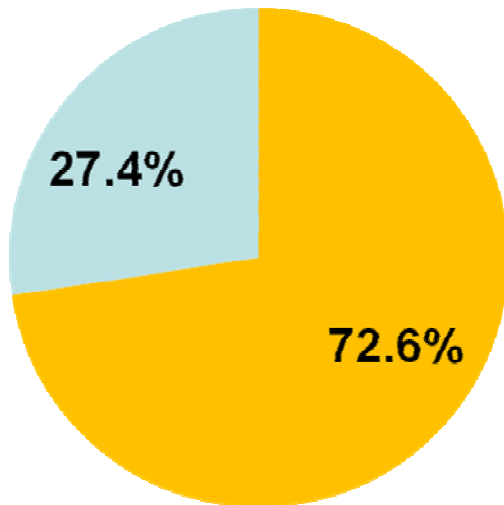
Stigma and Discrimination

- Most (65.1%) health workers thought that women living with HIV should not have a baby
- At baseline:
 - 47/141 (33.3%) health workers said that they always wore gloves when touching a person living with HIV,
 - 81/141 (50.4%) said that they wore gloves when bathing a PLHIV and
 - 36/141 (25.5%) said that they always wear gloves when taking vital statistics.

How did health facility staff feel

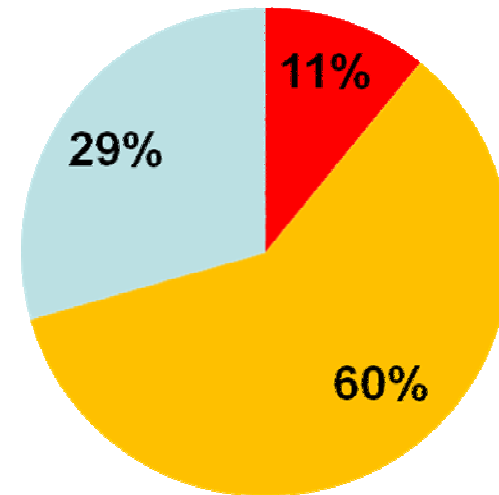
Feeling frustrated in work

■ Yes ■ No



How often health workers feel frustrated in their work

■ Most of the time ■ Sometimes ■ Not often

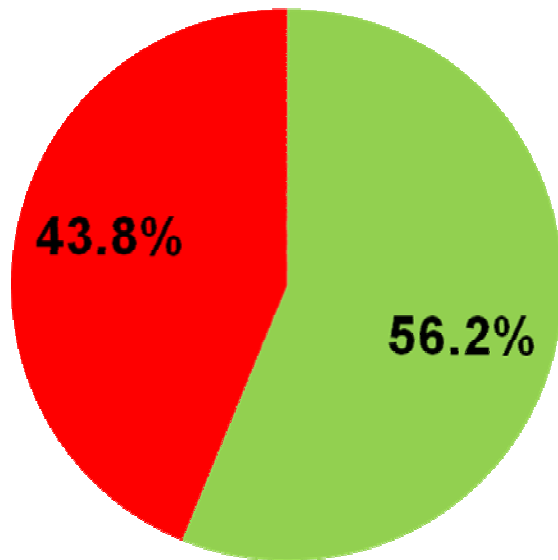


Being overloaded with work was identified by health staff as creating the most frustration.

How did health facility staff feel

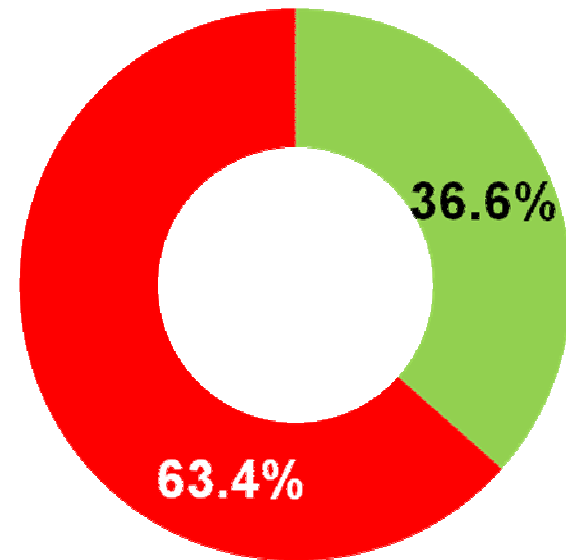
Health workers feel supported in work

■ Yes ■ No



Health staff feel satisfied in their working conditions


■ Yes ■ No ■



What does this data mean for primary health care, policy and the response to HIV in PNG

- Not having drugs – PEP/ART, STI, malaria, TB
 - consider the implications from health system supply delays, shortages and stock-outs for morbidity, mortality and HIV epidemic
- Supplies and equipment for universal precautions, disease control and saving lives
- Lack of options for hygiene and greater public health from infrastructure limitations and supply shortages and stock-outs
- Systems of supply and management requires close analysis

What does this data mean for primary health care, policy and the response to HIV in PNG

- Infrastructure – lack of health facility and staff housing maintenance, sinks, water, toilets, and power impact on public health
 - Lack of space for confidentiality and VCT/PICT
 - Lack of supplies for HIV testing, reach of HIV testing and access to treatment
 - Considerable HIV related referrals indicate a lack of local HIV services at facility
- 

What does this data mean for primary health care, policy and the response to HIV in PNG

- Short supplies of condoms - prevention
- Stigma and discrimination community and service level
- Lack of physicians visiting rural facilities – what is the implication for medical reviews and sharing expertise and HIV related medicine and ART



- Baseline identifies difficult contexts for rural health staff dependant on a health system unable to adequately respond to their needs to deliver primary and HIV related services in rural areas
- Before and after at the baseline indicated potential for change from input and benefit from PPP
- What will evaluative indicators for HIV Rural Enclaves show for change in the response to HIV and primary health care delivery in PNG ?



Civil Works up to January 2011

- 71 Rural Health Facilities Renovated; plus
- 4 Consult Rooms in 1 Provincial Hospital
- 1 Laboratory in 1 Provincial Hospital
- 1 Health Promotion Resource Centre
- 1 District Hospital
- 48 Rural Health Staff Houses Renovated
- 76 Rural Health Facilities given standard Medical Equipment Kits
- 50 Rural Health Centres received birthing couches (delivery beds)



Professional Development

Enclave	STI MX	PICT	IMAI	CD4
BKL	57/56	42/66	8	2
PJV	41/40	72 /40	16	2 x2
WRC	41/98	71/98	6	2x2
HOP	63/72	78/72	9	2
RAI	93/50	11/50	7	2x2
OSL	67/60	55/60	16	2x2
Others	79	8	16	19
Total	441	329	78	39
Target	376	376	50	12