Fighting Diseases and Poverty in South Sudan

AAA ANNUAL REPORT 2017
1. What is TB?
   a. TB is an infectious disease that usually affects the lungs but may also affect other parts of the body
   b. TB is a symptom of HIV infection
   c. TB can be inherited from parents or grand parents
   d. TB is a disease of long time ago and no longer exist

2. What is the cause of TB?
   a. Bacteria
   b. Virus
   c. Witchcraft
   d. Marrying someone from a family where someone has suffered TB disease

3. How is TB spread?
   a. TB germs are spread through the air when someone with TB disease coughs or sneezes into the air without covering their mouths with a piece of cloth or handkerchief
   b. TB is spread through sexual intercourse with another person suffering from TB disease
   c. TB can be passed from mother to child during childbirth if the mother has TB
   d. TB is spread by sharing plates, cups, spoons or food or greeting someone with TB disease

4. What should a person do if he/she is coughing; coughing, coughing and not getting cured with cough medicines?
   a. The person should be isolated and avoid having contact with other family members, relatives and friends
   b. The person should go to the nearest PHCC and be checked in the laboratory for TB
   c. The person should go to the traditional healer for herbal medicines
   d. The person should change to stronger medicines that are available at the pharmacy

5. To confirm TB disease, what does the laboratory need to examine/test?
   a. Sputum to be checked for TB bacteria
   b. Blood to be checked for TB bacteria
   c. Urine to be checked for TB bacteria
   d. There is no need for laboratory test, just get TB medicines and start taking

6. What can happen if someone getting TB medicines stops taking the medicines before completing the full duration of treatment the doctor had said?
   a. Nothing will happen; he/she will just get better and be cured.
   b. The disease may return, get worse and be very difficult (resistant) to cure with medicines
   c. The person is advised to change to injections that are easy to use to complete the remaining treatment
   d. The cough will get worse and become cancer

Continue to page 11
Dear Friends of AAA,

We invite you to have a look and see just how progressive Arkangelo Ali Association (AAA) has become today – nearly 10 years after its establishment. We hope you enjoy reading this report.

This has been a very successful year for Arkangelo Ali Association (AAA). Our organization has expanded significantly over the last twelve months and we have made a number of particularly notable achievements.

Our Major programs – these being Tuberculosis, HIV, Leprosy, Primary Health Care and Nutrition - that we have been embarking on progressed very satisfactorily and we look forward to many new opportunities for an even exciting future.

We are looking forward especially to the integration of TB/HIV and Leprosy services in existing Health facilities because this opens up new opportunities of the health practitioners – to come together, to share their experiences and knowledge, and to support each other.

None of our achievements would have been possible without an active and supportive board led by the AAA Director Mrs. Natalina Sala, the generous efforts of our donors/partners, RoSS MoH and its relevant bodies, our staff and volunteers. They all made AAA’s achievement in 2017 an outstanding success.

Nevertheless, AAA faces many challenges, including the need to preserve the flexible and democratic structure of the organization as we continue to expand. Also, in these times of shrinking resources for humanitarian purposes, there’s always the challenge of finding the money to support our programs. In order to address this issue we are examining ways to diversify our funding sources.

In summary, I believe it has been a great year. We are satisfied with the continuing growth of our organization and are looking forward enthusiastically to the year ahead.

Sincerely,
AAA management

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AAA - ANNUAL REPORT 2017

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Tuberculosis (TB) is among the leading causes of morbidity and mortality in South Sudan. According to the WHO report (2013), the incidence of disease stands at 146/100,000 population and mortality of 30/100,000 population (Global Tuberculosis report 2013). NTLBP was established in 2006 to monitor and evaluate the TB control situation in South Sudan, including assessment of sub-populations like TB/HIV co-infected persons, patients with Drug Resistant (DR) TB and childhood TB. The treatment success rate for smear positive pulmonary TB was 79% in 2017. There are 78 TB diagnostic and treatment centres which successfully treated 11,364 patients from 2017. A total of 593 and 594 are previous treated patients reported in the 2016 and 2017 TB global reports respectively. Already 41 MDR and 13 patients have been identified in 2015 and 2016 respectively with 12 on treatment now. Identification of the MDR patient was with the help of regional supranational laboratory. Two Gene expert machines are operational and testing is ongoing at the PHL.

The following TB activities were carried out in 2017:
- TB screening, diagnosis and treatment
- HTS for diagnosed TB patients, including ART and CPT
- Contact screening
- Tracing of TB patients
- Behavior change communication on TB and TB/HIV
- Integration of TB services in existing PHCCs
- TB/HIV review meetings
- Surveillance of MDR-TB through culture and DST
- Continuous quality improvement/assurance of TB laboratories through EQA
• Capacity building of health staffs and other stakeholders through trainings and onsite mentoring
• Capturing, compilation, analysis and submission of periodic TB and TB/HIV data/reports

### ACHIEVEMENT 2017

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>TARGET</th>
<th>RESULT</th>
<th>% ACHIEVEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of notified cases of bacteriologically confirmed TB, new and relapses</td>
<td>2022</td>
<td>2150</td>
<td>106%</td>
</tr>
<tr>
<td>Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses</td>
<td>3322</td>
<td>3585</td>
<td>108%</td>
</tr>
<tr>
<td>Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all new TB cases registered for treatment during a specified period</td>
<td>85%</td>
<td>3314/3673 (90%)</td>
<td>106%</td>
</tr>
<tr>
<td>Percentage of bacteriologically confirmed TB cases successfully treated (cured plus completed treatment) the bacteriologically confirmed TB cases registered during a specified period</td>
<td>85%</td>
<td>1947/2197 (89%)</td>
<td>104%</td>
</tr>
<tr>
<td>Percentage of laboratories showing adequate performance in external quality assurance for smear microscopy among the total number of laboratories that undertake smear microscopy during the reporting period.</td>
<td>95%</td>
<td>44/44 (100%)</td>
<td>EQA concordance of 99%</td>
</tr>
<tr>
<td>Percentage of TB patients who had an HIV test results recorded in the TB register</td>
<td>90%</td>
<td>3321/3585 (93%)</td>
<td>103%</td>
</tr>
<tr>
<td>Percentage of HIV positive registered TB patients given ART during TB treatment</td>
<td>90%</td>
<td>215/279 (77%)</td>
<td>86%</td>
</tr>
<tr>
<td>Percentage of previously treated TB patients receiving DST (bacteriologically positive only)</td>
<td>50%</td>
<td>73/210 (35%)</td>
<td>70%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deliverables</th>
<th>Target</th>
<th>Achievements (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Health education beneficiaries</td>
<td>0</td>
<td>346,566</td>
</tr>
<tr>
<td>Number of persons with presumptive TB examined for TB in the lab</td>
<td>0</td>
<td>14,018</td>
</tr>
<tr>
<td>Number of TB patients diagnosed in the lab</td>
<td>1402</td>
<td>2,234/1402 (159%)</td>
</tr>
<tr>
<td>Number of TB patients tested for HIV</td>
<td>3227</td>
<td>3321/3227*100 (103%)</td>
</tr>
<tr>
<td>Number of co-infected TB patients provided with CPT</td>
<td>436</td>
<td>276/436*100 (63%)</td>
</tr>
<tr>
<td>Sputum conversion rate:</td>
<td>95%</td>
<td>1905/2047*100 (93%)</td>
</tr>
</tbody>
</table>
• In St Joseph –Yirol, a – 10, 000 litre water tank was purchased for the hospital so as to serve the TB patients. The tank was to replace the old one that had been bought some times back and had started leaking.

• In St Joseph –Yirol, where 2 double toilets for the inpatient and one single for the hospital staff were constructed in the course of the quarter as the old ones were almost collapsing.

• In the course of the year the following some funds were utilized to rehabilitate some TB unit structures that were in poor shape after a long time of use without any maintenance. The units renovated included (Tonj, Kuajok, Agangrial, Adior, Bunagok, Marial Lou Comboni ,St Joseph Yirol and Gordhim).

• AAA was invited and participated in the following meetings in the course of the year;WHO/UNAIDS peer Review workshop that focused on the GF NFM funding cycles.;GF/PEPFAR workshop in Nairobi, TB TWG meeting in Juba, Annual SR Review meeting and SR orientation workshop in Juba.

• 26 motorcycles and 110 bicycles were received from UNDP and they were transported for distribution by the facilitation of AAA to the following units that benefited: Wau, Kuajok + Its DTCs, Gordhim +its DTCs, Aweil, Aroyo , Nyamlell + its DTCs, Bunagok Agangrial,Cueibet, Tonj MariaLou, Luanyaker +its DTCs, St Joseph Yirol, Mapuordit, Aluakluak Cueicok, aduel, Wulu Matangai, Adior, Nyang, various AAA TB units.

• Two brand New Landcruisers were donated to AAA by UNDP and were distributed to Nyamlell and Kuajok TB units, as the programme vehicles in these locations were unroad worthwhile as they had been in use since the inception of the TB programme.

• Four Lap Top Computers donated by NTP through the support of UNDP for improving e-tbr in Mapuordit, Matangai, Yirol and Mingkaman TBMUs.

• Solar systems were procured and installed in the following locations: Aluakluak, Matangai, Aweil, Wau and Rumbek AAA liaison office.

• The GF/ UNDP funds were utilized in hiring a lorry to transport the laboratory supplies that had been purchased by AAA own resources. These were distributed to new sites and other TB units that had run out of the same.

• 2 joint health facility assessments (CCM, NTP HIV and AAA) were conducted in the former Lakes State, Warrap , Western and Northern State with an aim of integrating TBHIV services.

• 6 PHCCs (Wulu, Aduel , Cuiecok, Aluakluak, Matangai and Cuiebet) were assessed in the April- June 2017 quarter and had the TBHIV services integrated.

• 4232(3475 males and 757 females) people (Health staff from public and private health facilities, HHPs, community opinion leaders etc) were capacity built on TBHIV in the course of 2017

• 42 HHP review meetings conducted at different TBMUs across all AAA TB sites.
• 5 data review meetings were conducted at the state level
• 8 Integrated feedback meetings conducted where all the HHPs and health workers met and discussed challenges they faced and also get lists of names of TB patients from the TBMU registers who might have required immediate follow-ups.

• 77 TB club/ambassador meetings were conducted to ensure early retrieval of treatment interrupters which led to adherence hence improved treatment success rates among all patients registered.

• 7 EQA meetings were conducted where staff from the peripheral health facilities meets at the main TBMUs and then go through all the tools and update them accordingly.

In order to continue supporting TB/ HIV program, Global Fund/UNDP in collaboration with Ministry of Health supplied, 2 land cruisers, 110 bicycles, 26 motorbikes and 6 lap top computers.
• 222 quality assurance visits were made to the health facilities in the periphery so as to mentor the health facility staff on how to deliver quality services to the community. Records were always verified and updated accordingly.

• 2 community theatre performances conducted.

• 471 assorted IEC materials with basic facts on TB distributed in the community.

• 11 outreaches/mobile labs conducted in remote and hard to reach areas.

• Contact investigations

In the course of the year, HHPs were actively engaged in the programme activities whereby they were involved in the creation of TB awareness and TB contact health education and screening and below cited are the outcomes:

- 449 HHPs involved in the TB contact investigations
- 1742 homesteads visited by HHPs for contact investigations
- 10295 people found at home during contact investigations
- 8544 TB contacts screened during contact investigations
- 1152 TB contacts found with TB symptoms
- 1056 sputum samples from symptomatic TB contacts tested in the laboratories
- 94 TB contacts confirmed with TB
- 94 TB contacts with confirmed TB initiated on treatment.
NUTRITION

Nutrition and food security remain critical challenges across South Sudan. About 4.8 million people or around 45 per cent of the total population are severely food insecure.

ACHIEVEMENT 2017

- 1304 of children under 5 years benefitted from nutrition support
- 17394 of mothers benefitted from health education related to nutrition
- 6542 of children de-wormed

LEPROSY

Leprosy situation is still alarming in South Sudan due to lack of funds and partners for leprosy integration in the existing health care program. Few organizations are involved in skin screening, treatment and human capacity building.

ACHIEVEMENT 2017

- 280 of new leprosy cases detected and put on MDT
- 125 of MCR shoes distributed
- 662 vulnerable People affected with Leprosy benefitted from seeds for Agriculture.
- 105 vulnerable People affected with Leprosy benefitted with tools and ploughs for Agriculture.

Shoe making for People Affected by Leprosy
PRIMARY HEALTH CARE

The health situation in South Sudan is far from ideal. More than 50% of the populations live below poverty line and the adult literacy rate is at 27%. The under five infant mortality rate is 135.3 per 1000. Under five mortality rate (U5MR) 99/1000 live births, whilst maternal mortality is the highest in the world at 2,053.90 per 10000.

ACHIEVEMENT 2017

- 37453 of patients received treatment in OPD
- 2125 of patients received treatment in IPD
- 5327 of pregnant mothers attended ANC
- 9325 of children vaccinated

AID and RELIEF

Through the support of partners, AAA continued to provide food and non food items to the needy people in South Sudan.

ACHIEVEMENT 2017

- WFP provided 605 metric tons of food stuff to the TB and HIV patients

CHALLENGES

- Repetitive insecurity which affected mainly the outreach activities
- Impassable roads during rainy season
- Lack of skilled health workers
- Shortage of fuel for program implementation
- Work permit for expatriate staffs
## FINANCIAL REPORT (PROGRAMMES) 2017

### AAA Income according to Programmes

<table>
<thead>
<tr>
<th>Description</th>
<th>Total USD</th>
<th>% of all programmes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess income over expenditure 2016 b/f</td>
<td>137,987.52</td>
<td>6.43</td>
</tr>
<tr>
<td>Leprosy Program</td>
<td>69,238.27</td>
<td>3.23</td>
</tr>
<tr>
<td>Nutrition Program</td>
<td>51,363.56</td>
<td>2.39</td>
</tr>
<tr>
<td>Primary Healthcare</td>
<td>50,780.84</td>
<td>2.37</td>
</tr>
<tr>
<td>TB (Tuberculosis) Program</td>
<td>1,836,689.84</td>
<td>85.58</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>2,146,060.03</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

### AAA Expenditure according to Programmes

<table>
<thead>
<tr>
<th>Description</th>
<th>Total USD</th>
<th>% of all programmes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leprosy Program</td>
<td>68,356.00</td>
<td>3.26</td>
</tr>
<tr>
<td>Nutrition Program</td>
<td>36,668.08</td>
<td>1.75</td>
</tr>
<tr>
<td>Primary Healthcare</td>
<td>108,691.81</td>
<td>5.19</td>
</tr>
<tr>
<td>TB (Tuberculosis) Program</td>
<td>1,867,036.06</td>
<td>89.13</td>
</tr>
<tr>
<td>Ecological Rehabilitation</td>
<td>13,865.00</td>
<td>0.66</td>
</tr>
<tr>
<td><strong>Total Expenditure</strong></td>
<td><strong>2,094,616.95</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

### Expenditure in %

- **Leprosy Program**: 3.3%
- **Nutrition Program**: 1.8%
- **Primary Healthcare**: 5.2%
- **Ecological Rehabilitation**: 0.7%
- **TB (Tuberculosis) Program**: 89.1%
## INCOME RECEIVED FROM DONORS 2017

<table>
<thead>
<tr>
<th>INCOME Donors as at 31/12/2017</th>
<th>Total USD</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Excess income over expenditure 2016 b/f</td>
<td>137,987.52</td>
<td>6.43</td>
</tr>
<tr>
<td>2 Bondeko ONLUS</td>
<td>8,482.40</td>
<td>0.40</td>
</tr>
<tr>
<td>3 CESAR (funds from Progetto Mai Piu Soli)</td>
<td>8,482.40</td>
<td>0.40</td>
</tr>
<tr>
<td>4 CESAR (funds from Genova Con Africa)</td>
<td>2,319.70</td>
<td>0.11</td>
</tr>
<tr>
<td>5 CESAR (funds for Nutrition)</td>
<td>2,982.78</td>
<td>0.14</td>
</tr>
<tr>
<td>6 Amici Di Antonio</td>
<td>12,723.60</td>
<td>0.59</td>
</tr>
<tr>
<td>7 Anna Maria Mazzilli</td>
<td>265.08</td>
<td>0.01</td>
</tr>
<tr>
<td>8 GLRA (Germany Leprosy &amp; Relief Agency)</td>
<td>39,549.87</td>
<td>1.84</td>
</tr>
<tr>
<td>9 Polish Centre for International Aid (PCPM)</td>
<td>45,796.00</td>
<td>2.13</td>
</tr>
<tr>
<td>10 Global Fund/UNDP TB programs</td>
<td>1,836,689.84</td>
<td>85.58</td>
</tr>
<tr>
<td>11 Misereor Healthcare Projects</td>
<td>50,780.84</td>
<td>2.37</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2,146,060.03</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

**In kind support**

1. NTLP for donation of TB/LEPROSY drugs and HIV testing kits
2. MOH for donation of medicines
3. World Food Programme for the donation of food for patients

Average Exchange rate used for Euro to US$ = 1.06032;
## OUR FRIENDS, PARTNERS AND SUPPORTERS

<table>
<thead>
<tr>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comboni Missionaries</td>
</tr>
<tr>
<td>Verona Fathers</td>
</tr>
<tr>
<td>CESAR (Coordinamento Enti Solidali a Rumbek)</td>
</tr>
<tr>
<td>Associazione La Goccia Onlus</td>
</tr>
<tr>
<td>Associazone Arcali Africa Onlus</td>
</tr>
<tr>
<td>German Leprosy and Relief Association (GLRA)</td>
</tr>
<tr>
<td>ERKO</td>
</tr>
<tr>
<td>DKA</td>
</tr>
<tr>
<td>BBM-Beschaffungsbetrieb der MIVA</td>
</tr>
<tr>
<td>Diocese of Rumbek (DoR)</td>
</tr>
<tr>
<td>Bondeko Onlus</td>
</tr>
<tr>
<td>MISEREOR</td>
</tr>
<tr>
<td>Global Fund/UNDP (TB Programs)</td>
</tr>
<tr>
<td>World Food Programme</td>
</tr>
<tr>
<td>Genova Con Africa</td>
</tr>
<tr>
<td>Amici Di Antonio</td>
</tr>
<tr>
<td>Amici Di Padre Mattia</td>
</tr>
<tr>
<td>Amici Di Lucia</td>
</tr>
<tr>
<td>Associazione Per La Lotta Contro La Fame Nel MONDO Onlus</td>
</tr>
<tr>
<td>Polish Center for Internation Aid</td>
</tr>
<tr>
<td>NTLP (National Tuberculosis and Leprosy Program)</td>
</tr>
<tr>
<td>MOH (Ministry of Health)</td>
</tr>
<tr>
<td>Hope for Sick and Poor</td>
</tr>
</tbody>
</table>
AAA EPIDEMIOLOGICAL REPORT 2017

<table>
<thead>
<tr>
<th>Disease</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria</td>
<td>11881</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>2469</td>
</tr>
<tr>
<td>Respiratory infection</td>
<td>4840</td>
</tr>
<tr>
<td>Eye diseases</td>
<td>1072</td>
</tr>
<tr>
<td>Skin diseases</td>
<td>1562</td>
</tr>
<tr>
<td>Intestinal worms</td>
<td>2426</td>
</tr>
<tr>
<td>STI-Genital infection</td>
<td>1284</td>
</tr>
<tr>
<td>TB</td>
<td>3585</td>
</tr>
<tr>
<td>Leprosy</td>
<td>280</td>
</tr>
<tr>
<td>Malnutrition</td>
<td>1304</td>
</tr>
<tr>
<td>Others</td>
<td>6750</td>
</tr>
</tbody>
</table>

ACRONYMS

- AAA - Arkangelo Ali Association
- MCR - Micro Cellar Rubber
- AMR - Antimicrobial Resistance
- MDT - Multy Drug Therapy
- ANC - Anti-Natal Clinic
- MOH - Ministry Of Health
- ART - Anti-Retroviral Therapy
- NGO - Non-Governmental Organization
- CCM - Country Coordinating Mechanism
- NTLP - National Tuberculosis and Leprosy Program
- DST - Drug Sensitivity Test
- OPD - Out-Patient Department
- EQA - External Quality Assurance
- PHCC - Primary Health Care Clinic
- HHP - Home Health Promoters
- TB - Tuberculosis
- HIV - Human Immuno Virus
- TBMUs - Tuberculosis Management Units
- GF - Global Fund
- USMR - Under Five Mortality Rate
- IEC - Information, Education and Communication
- UN-WFP - United Nations World Food Programme
- IPD - In-Patient Department
- WHO - World Health Organization
TB QUIZ FOR SCHOOL CHILDREN

7. **People with TB may have the following symptoms (choose the most correct)?**
   a. Coughing......coughing......coughing......for longer than 2 weeks and not getting better with cough medicines
   b. Coughing blood is the only known symptom of TB
   c. Headache and weight loss are the main symptoms of TB
   d. The immunity goes down and the person develops AIDS

8. **If one is confirmed to have TB disease, starts taking medicines and no longer feels sick, one is advised to...........?**
   a. Stop taking the medicines and forget about it because he/she is cured.
   b. Decide and keep taking the medicines if you want to.
   c. Continue to take the medicines for the full duration the doctor told you until the doctor confirm with the test at the end of six months that one is cured.
   d. Confirm from another doctor if you really need to continue taking the medicines

9. **If one is tested and found to be suffering from TB, the person is advised to do the following:**
   a. Allow family members and close workmates/schoolmates to be checked for TB as soon as possible
   b. Share their TB medicines with other members of the family that are also coughing for longer than 2 weeks
   c. Separate their plates, cups and spoons from other family members
   d. Go and stay in the hospital away from family members until they are cured of TB disease

10. **If one is tested for HIV AIDS and found to be suffering from AIDS, the person is advised to take the following tests for complete diagnosis**
   a. TB test to diagnose if one is suffering from TB also and receive treatment for TB and care for AIDS
   b. No need for other tests as someone suffering from AIDS will soon die anyway.
   c. Go to another hospital to confirm the HIV test
   d. Test for malaria

11. **People suffering from TB also suffer from AIDS**
   a. Yes
   b. No

12. **When one is diagnosed to have TB disease, they should be encouraged to be tested for one of the following for complete diagnosis and good treatment.**
   a. Witchcraft
   b. Typhoid
   c. Malaria
   d. HIV