ANNUAL REPORT 2005
(March 2004 - February 2006)
Malaria Round 2 Thailand (Grant No: THA-202-G05-M-00)

National Prevention and Control Program on Malaria in Thailand

9 Provinces in Thailand under Support from The Global Fund to fight Malaria

1. Tak
2. Kanchanaburi
3. Mae Hong Son
4. Prachuab Kirikhan
5. Yala
6. Chumphon
7. Suratthani
8. Trat
9. Ranong

PR-DDC
Bring the results thru innovations and partnerships
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The Global Fund to Fight AIDS, TB and Malaria was created in 2002 to leverage the global efforts against this world’s most devastating diseases. The foundation disbursed fund to Thailand in 2004 to reduce malaria burden aiming at remote high malaria areas by mean of communities based policy under the management local health sectors. The fund is intended to manage through a new public-private partnership that will establish a sustainable and significant contribution to the reduction of infection, illness and death.

This program creates the strategies to increase the coverage and capacity of early diagnosis and prompt effective treatment. Malaria initiative model had launched in nine international border provinces which led to establish the malaria posts in the remote areas. Health care services at malaria posts have been done by village health volunteers or malaria post workers (MPW). MPW were trained to be able to diagnose malaria cases by using a malaria rapid test. The sustain performances of the program are useful for National Prevention and Control Program of Malaria in Thailand in the future.

Taweesap Siraprapasiri, M.D. MPH Thawat Suntrajam
Director, PR Administrative Office Director General
Department of Disease Control Department of Disease Control

The complexity of the Global Fund process during the request for phase II extension made the substantial delay on the budget and program implementation. PR and all SRs have still committed to provide continuous prevention and treatment services to the target population with local resources. We have learned a number of lessons to achieve the intended results and to overcome the hurdles management. The strong health infrastructure, frequent communication and support from country networks have kept the program continue to benefit the people in need.

We would like to thank the many people and organizations who have contributed to the program activities and success. We are looking forward to further work with all partnerships in order to expand the results and better quality of the program.
Title: National Prevention and Control Program on Malaria in Thailand

General Grant Information

Grant No: THA-202-G05-M-00
Round: 2 of GFATM
Starting Date: 1-March-04
PR: Department of Disease Control
SubPR: Ministry of Public Health, Thailand
Contractor:

1. Mae Hong Son Provincial Health Office
2. Tak Provincial Health Office
3. Kanchanaburi Provincial Health Office
4. Prachup Kiri Khun Provincial Health Office
5. Chumphon Provincial Health Office
6. Yala Provincial Health Office
7. Malaria Association of Thailand
8. Office of Disease Prevention and Control 4 Ratchaburi
9. Office of Disease Prevention and Control 9 Pisunulok
10. Office of Disease Prevention and Control 10 Chiang Mai
11. Office of Disease Prevention and Control 11 Nakhon Si Thammarat
12. Office of Disease Prevention and Control 12 Song Khla
Background

High malarious areas of Thailand are situated in hills and forested regions especially in the remote areas of 9 selected provinces. These are 2 provinces in the north (Mae Hong Son and Tak), 5 provinces in the south (Prachuab Khiri Khan, Suratthani, Chumporn, Yala and Ranong), 1 province in the west (Kanchanaburi) and 1 province in the east (Trat). The areas cover 63 districts, 193 sub-districts and 789 villages with populations of approximately 500,000. Populations at risk comprise vulnerable groups belonging to hill tribe communities, ethnic and religious minorities and occupational migrants. Half of these populations reside in remote areas, approximately 300 villages without adequate access to health services facilities. Malaria outbreaks/epidemics are very common in these areas. Most malaria outbreaks/epidemics were not detected early and resources for rapid and effective remedial measure were insufficient.

In 2001, the annual parasite incidence (API/1000 population) among high-risk groups in these areas was 18 or 15 times higher than the country API (Annual Report of Malaria Division, 2001), the number of cases accounting approximately 60% of the total malaria cases in the country. More seriously, two provinces, i.e. Tak and Trat are two main foci of multi-drug resistant P. falciparum. These two provinces require more monitoring sites, more training for appropriate treatment and increased case finding and follow-up.
**Goal:**

The goal is to reduce malaria burden aiming at outreach population in high malarious areas in 9 provinces by working through home and community based activities under the support of local health sectors and local administrative organization.

**Strategic Map:**

Implementation plan of the country “National Prevention and Control Program: Malaria Component

The overall conceptual framework of the working plan for malaria component is shown as the strategic map below.
Objectives

The objectives to achieving the goal are as follows:

1. To enable the targeted population to be aware of good health practices and be involved in home and community based activities for malaria control.

Measurement Indicator

- Number of volunteer trained in each village
- Number of targeted village with behavioural change communication activities
- Number of people reached by behavioural change communication activities
- Number of IEC materials in local languages developed and distributed (Poster, Brochure, Cassette, Flip chart)

2. To increase the access to early detection and prompt effective anti-malarial treatment at the local health facilities as well as in the country.

Measurement indicator

- Number of Malaria diagnosis and treatment posts established in outreached villages (Malaria Post)
- Number of community volunteer trained for diagnosis and treatment on village malaria post
- Number of health workers at the district level trained in prompt and effective anti-malaria treatment
- Percentage of patients with uncomplicated malaria getting correct treatment at health facility and community levels, according to national guidelines, within 24 hours of confirmation of symptoms
- Percentage of health facilities reporting no disruption of stock of anti-malarial drugs and rapid diagnostic kits

3. To introduce insecticide treated nets (ITNs) as a tool for community protection and reducing malaria transmission.

Measurement indicator

- Number of ITN distributed and net re-treated with insecticide solutions
- Number of households owning an ITN

4. To ensure that the early detection of the malaria outbreak in the communities by establishing a malaria preparedness and control system.

Measurement indicator

- Number of districts with map showing high risk villages located in epidemic prone areas
- Number of health centers/offices trained to collect data from routine reports as public/media update, analyse surveillance data and circulate malaria epidemic early warning report
STATUS OF RECEIVED GRANT FROM GFATM (up stream) in Phase I
1 March, 2004 - 28 February, 2006

<table>
<thead>
<tr>
<th>Grant</th>
<th>Phase I approved budget : [Y1+2]</th>
<th>Received fund from GFATM</th>
<th>Received (%)</th>
<th>Budget Un-received</th>
<th>Unreceived (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria Component</td>
<td>2,280,000</td>
<td>1,965,633</td>
<td>86.21</td>
<td>314,367</td>
<td>13.79</td>
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<tr>
<td>Grant No.: THA-202-G05-M-00</td>
<td></td>
<td></td>
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Current Disbursement Status (down stream) in Phase I
1 March, 2004 - 28 February, 2006

<table>
<thead>
<tr>
<th>Items</th>
<th>Amount ($US)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received (1,965,633) + Interest (405.76)</td>
<td>1,966,038.76</td>
</tr>
<tr>
<td>Less : Disbursement to PR/CCM</td>
<td>26,398.21</td>
</tr>
<tr>
<td>Less : Disbursement to SR's Malaria</td>
<td>1,939,344.49</td>
</tr>
<tr>
<td>Contingency</td>
<td>-</td>
</tr>
<tr>
<td>Less : Bank Charge</td>
<td>99.9</td>
</tr>
<tr>
<td><strong>Balance</strong></td>
<td><strong>196.16</strong></td>
</tr>
</tbody>
</table>
Results

Implementation Results in Year 2 (Quarter 5-8)

Results by Objective 1: To enable population in the targeted 200 villages to be aware of good health and be involved in homes and community based activities for malaria control. (Year 1: 3 Provinces 100 Villages, Year 2: 6 provinces 200 villages)

1. “Malaria Post worker (MPW)”. MPW were trained to diagnose malaria using blood slide sample method and using rapid diagnosis test. They were also taught to be able to give prescribed malaria drugs to uncomplicated malaria patient according to the National drugs guideline. MPW were also trained to be able to educate and enhance community knowledge and increase community awareness of malaria, including malaria prevention and treatment in the community. The Total number of MPW trained in Phase I were 440 MPWs from 6 provinces. Prachup Kiri Khun province was 80 MPWs, Chumporn province was 80 MPWs and Yala province was 40 MPWs; Total of 200 MPWs trained in three provinces of Year 2. The refreshing course of the Malaria Post Worker Training Workshop was held between Quarter 6-8 by the Provincial Health Office. The 200 malaria post workers were trained from 3 provinces in Year 1(Mae Hong Son, Tak and Kanchanaburi).

2. There were supports on health promotion activities in each targeted village by promoting malaria awareness and people in the community were educated through various Information, Education and Communication (IEC) materials and activities.

3. As, Media used in health promotion and malaria awareness campaign. Bureau of Vector Borne Disease held the IEC Material Workshop on 5-7 January 2006. Professor were invited from Faculty of Public Health, Mahidol University for training the template of IEC material. Development of IEC materials were done according to each community’s demography because each community in the outreach village is unique, hence most are done and distributed by the Provincial Health office tried to promote the target groups in various kinds of media such as in the forms of: poster 1,800 posters, brochure 10,000 brochures, audio cassette 250 cassettes and Flip chart 425 charts. In Phase I, the mass production of IEC material have been processing for the Year 2 provinces.
Implementation Results in year 2 (Quarter 5-8)

Brochure and Poster (Tak Provincial Health Office)

Flip Chart and Audio Cassette (Kanchanaburi Provincial Health Office)

Flip Chart (Chumphon Provincial Health Office)

Poster and Audio Cassette (Prachup Khiri Khun Provincial Health Office)
4. The number of people reached by behavioural change communication activities is altogether 73,466 persons from 200 targeted villages in three provinces at the end of Year 2. Behavioural change communication activities varied in each community, but most are done through one-on-one education by MPW and campaign week. A number of people who reached by behavioural change communication activities were taken from the number of people involved in all activities mentioned above and through doing KAP survey.
Results

Results by objective 2: To increase the access to early detection and prompt effective anti-malarial treatment at the local health sectors as well as in the community

1. In Year 2, 200 Malaria Posts were established in the targeted outreached villages to provide outreached community with access to early detection and prompt effective anti-malarial treatment.

Malaria Post at Prachup Khiri Khun Province

Malaria Post at Chumphon Province

2. 440 MPWs were trained in malaria diagnosis and treatment at village malaria posts.

Malaria Post Worker were trained in malaria diagnosis and treatment by Chumphon Provincial Health Office
Results

3. 358 Health workers at the district level were also trained in prompt and effective anti-malaria treatment.

4. Percentage of patients with uncomplicated malaria getting correct treatment at health facility and community levels, according to national guidelines, within 24 hours of confirmation of symptoms was 100%.

5. The number of Malaria Posts that reported no disruption of stock of anti-malarial drugs and rapid diagnostic kits is 200 MPs in Quarter 8.
Results

Rapid Diagnostic Test (RDTs) stocked in Malaria Post

**Results by objective 3:** To introduce insecticide treated nets (ITN) as a tool for protection from mosquito and reducing malaria transmission in the targeted areas.

1. Procurement and distribution of Insecticide treated nets and retreated nets with insecticide solutions at total of 36,391 nets. The ratio of ITN and targeted population is calculated to be approximately 1 ITN for 2 people.

2. The total number of households owning an ITN at the end of Quarter 8 is 14,050 households from total number of 29,666 households. Hence the total number of households owning an ITN is calculated to be 83.4% of the total number of targeted households.
Results

Results by objective 4: To prevent the excess of malaria transmission in targeted areas through the establishment of malaria epidemic preparedness and control system.

1. All targeted areas in 13 districts in 3 provinces have maps showing high risk villages located in epidemic prone areas.

2. Number of health centres/offices are trained to collect data from routine reports and public/media updates, analyse surveillance data and circulate malaria epidemic early warning report shown that 298 people were trained by the end of quarter 8. However, the training is still unofficial because the Epidemic warning system is still under final stage of development.

Mapping of target village at Yala Province

Refreshing Workshop of Early Warning System held on 16-17 February, 2006

Mapping of target village at Kanchanaburi Province supported by Global Fund

Refreshing Workshop of Early Warning System held on 16-17 February, 2006
Lesson learned

The Global Fund to fight malaria approved the five years funding dividing into phase I and II. Phase 1 (the first 2 years) has provided numerous lessons. The following conclusion of these self evaluation is important to put in consideration to achieve better results.

1. To create malarial initiative models in order to increase coverage of early diagnosis and prompt effective treatment to establish the malaria posts in the remote areas. Health care services were done by village health volunteers using the malaria rapid diagnostic test.

2. To integrate National Prevention and Control Program on Malaria in Thailand by multi-partnership, such as non government organization (Malaria Association of Thailand), Provincial Health Office, Canton administration and community

3. For quality control program, many different levels of monitoring and evaluation were setting as:
   3.1 Programmatic and financial management are monitored by Bureau of Vector borne Disease and Disease Prevention and Control Office.
   3.2 External evaluation is done by faculty of tropical medicine Mahidol University and KENAN foundation
   3.3 Technical supports are contributed by Malaria Association of Thailand and Bureau of Vector borne Disease

4. The procurement and supply management plan:

   The procurement system was carried under government supply laws for the specification and quality control. Any specification has to follow standard quality control procedures. The process of allocation and management of health products under government control is definitely time consuming processes.
Future direction and Recommendation

The program supported by Global fund grant directly benefits to malaria. A review of Global fund’s challenges lead to scaling up and achievement from phase 1.

1. The massive scale-up of effective program management can be achieved with closely collaboration of all partners(public and private sectors, NGOs and communities). The continuing ability to quickly respond in solving the problem by using the lessons learned from experience.

2. An innovative public-private partnership would yield a sustainable and significant contribution to the reduction of malaria. To achieve these goals, all partners have to prepare sustain performances and additional human resource with raising continuous budgets. The study of previous lessons would be a great help in the development of successive program.

3. To establish and strengthen the monitoring and evaluation system at all levels, the standardized of both monitoring and evaluation system of the nation wide country are required to achieve the nation common data standard. The whole data have to be processed in order to gain the benefit of the system. The Data generated by a comprehensive monitoring and evaluation system ought to serve the needs of many constituents, including program manager, researcher and administrators.

4. The application of vector control techniques should be very well suit to the local malaria transmission pattern. In malarious urban areas, personnel protections measure include ITNs (insecticide-treated nets), lavicidal and environment management. However, for the remote rural populations, LLINs (Long-Lasting Nets) may be the most appropriate for the high self protective.
List of PR Executive Board

PR Executive Board, 2005

Group 1, Commencement at October 1, 2004-July 31, 2005

1. Dr. Charal Trinvuthipong  Advisor
2. Dr. Thawat Suntrajam  Chairperson
3. Dr. Manit Teeratantikanont  Vice Chairperson and Committee
4. Dr. Kittitiampol  Committee
5. Dr. Narong Sahametapat  Committee
6. Dr. Chaipom Rojanawatsirivet  Committee
7. Dr. Sombat Tanprasertsuk  Committee
8. Dr. Pasakom Akarasewi  Committee and Secretary

PR Executive Board, 2006

Group 2, Commencement at August 1, 2005-September 30, 2006

1. Dr. Charal Trinvuthipong  Advisor
2. Dr. Thawat Suntrajam  Chairperson
3. Dr. Kittitiampol  Vice Chairperson and Committee
4. Dr. Somchai Pinyopompanich  Committee
5. Dr. Narong Sahametapat  Committee
6. Dr. Chaipom Rojanawatsirivet  Committee
7. Dr. Sombat Tanprasertsuk  Committee
8. Dr. Taweesap Siraprapasiri  Committee and Secretary
List of Staff

Director of Principal Recipient Administrative Office

1. Dr. Pasakorn Akarasewi  Commencement at July 1, 2003-July 4, 2005
2. Dr. Taweesap Siraprapasiri  Commencement at July 5, 2005-Present

Principal Recipient Administrative Office Staff

Full time Staff

1. Miss Pimjai Satasit  General Manager and Program Specialist in AIDS
2. Mr. Pornsak Khortwong  Program Specialist in Tuberculosis
3. Mr. Kittisak Noonsate  Data Management and IT Coordinator
4. Mr. Kreingkri Sinbouthong  M&E Coordinator (Commencement at September, 2003-Oct, 2005)
5. Miss Supatra Wamasuree  Programmatic Coordinator (Commencement at September, 2003-January, 2004)
6. Miss Suwatana Dhechaumpai  Programmatic and M&E Coordinator (HIV/AIDS Grant)
7. Mr. Chartchai Jetpiyawat  Procurement and Supply Coordinator (Commencement at September, 2003-December, 2005)
8. Miss Suthasinee Panya  Procurement and Supply Coordinator
12. Miss Klaonatee Nakto  Financial Coordinator (TB and Malaria Grant)
13. Miss Sirinuch Suksamai  Financial Coordinator (HIV/AIDS Grant)
14. Miss Malisa Sinra  Accounting Officer
15. Mrs. Kullaya Donchamlong  Administrative Officer

Part time Staff

1. Mrs. Supannee Wechsunthom  Funding Management Coordinator
2. Mrs. Jitra Niwechwan  Administrative and Management Fund Coordinator
3. Mrs. Bussaba Thantisak  Program Specialist in AIDS

E-mail: admin@thaiprddc.org  Website: www.thaiprddc.org
Telephone No. 02-5903813-16  Fax: 02-9659160
Annexes

1. Map showing 9 provinces under support from the Global Fund to fight malaria
2. Table of main program objective 1-3
Map showing 9 provinces in Thailand
Under support from
The Global Fund to fight Malaria
(Commencing 1 March 2004)

Provinces
- Tak
- Kanchanaburi
- Mae Hong Son
- Prachuab Kiri Khun
- Yala
- Chumporn
- Suratthani
- Trat
- Ranong

Year 1
Year 2 – 3 provinces added
Year 3 – 3 provinces added
Main program objective 1: To enable population in the targeted 200 villages to be aware of good health and be involved in home and community based activities for malaria control. (Year 1: 3 Provinces 100 Villages, Year 2: 6 provinces 200 villages)

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Targets year 1</th>
<th>Year 1 indicators/milestones to summarize progress (for periodic Disbursement Requests and Progress Updates)</th>
<th>Targets year 2</th>
<th>Year 2 indicators/milestones to summarize progress (for periodic Disbursement Requests and Progress Updates)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Number of volunteers trained in each village</td>
<td>200 volunteers</td>
<td>200 volunteers</td>
<td>440 volunteers</td>
</tr>
<tr>
<td>1b</td>
<td>Number of targeted villages with behavioural change communication activities</td>
<td>100 villages</td>
<td>100 villages</td>
<td>100 villages</td>
</tr>
<tr>
<td>1c</td>
<td>Number of people reached by behavioural change communication activities</td>
<td>50,000 persons</td>
<td>50,704 persons</td>
<td>70,000 persons</td>
</tr>
<tr>
<td>1d</td>
<td>Number of IEC materials in local languages developed and distributed (Poster)</td>
<td>1,500 posters</td>
<td>1,800 posters</td>
<td>2,500 posters</td>
</tr>
<tr>
<td></td>
<td>Brochure</td>
<td>10,000 brochures</td>
<td>10,000 brochures</td>
<td>(+10,000) brochures</td>
</tr>
<tr>
<td></td>
<td>Cassette (audio)</td>
<td>300 audio cassettes</td>
<td>250 audio cassettes</td>
<td>400 audio cassettes</td>
</tr>
<tr>
<td></td>
<td>Flip chart</td>
<td>400 flip charts</td>
<td>425 flip charts</td>
<td>800 flip charts</td>
</tr>
</tbody>
</table>
Main program objective 2: To increase the access to early detection and prompt effective anti-malarial treatment at the local health sectors as well as in the community

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Targets year 1</th>
<th>Year 1 indicators/ milestones to summarize progress (for periodic Disbursement Requests and Progress Updates)</th>
<th>Targets year 2</th>
<th>Year 2 indicators/ milestones to summarize progress (for periodic Disbursement Requests and Progress Updates)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Quarter 1-4 (Mar 04- Feb 05)</td>
<td></td>
<td>Quarter 5-8 (Mar 05- Feb 06)</td>
</tr>
<tr>
<td>2a Number of Malaria diagnosis and treatment posts established in outreached villages (Malaria Post)</td>
<td>100 Malaria Posts</td>
<td>100</td>
<td>(+100) Malaria Posts</td>
<td>200</td>
</tr>
<tr>
<td>2b Number of community volunteers trained for diagnosis and treatment on village malaria post</td>
<td>200 volunteers</td>
<td>200</td>
<td>(+200) volunteers</td>
<td>400</td>
</tr>
<tr>
<td>2c Number of health workers at the district level trained in prompt and effective anti-malaria treatment</td>
<td>200 volunteers</td>
<td>200</td>
<td>(+200) volunteers</td>
<td>400</td>
</tr>
<tr>
<td>2d Percentage of patients with uncomplicated malaria getting correct treatment at health facility and community levels, according to national guidelines, within 24 hours of confirmation of symptoms</td>
<td>80% target yr1 : malaria Detection = 2,000 cases, uncomplicated 1,600 cases</td>
<td>80%</td>
<td>90% target Yr 2 Malaria detection = 2,500 cases, uncomplicated 2,250 cases</td>
<td>90%</td>
</tr>
<tr>
<td>2e Percentage of health facilities reporting no disruption of stock of anti-malarial drugs and rapid diagnostic kits</td>
<td>80% in 100 MPs</td>
<td>100%</td>
<td>90% in 100 MPs</td>
<td>100%</td>
</tr>
</tbody>
</table>

Annex
Main program objective 3: To introduce insecticide treated nets (ITN) as a tool for protection from mosquito and reducing malaria transmission in the targeted areas.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Targets year 1</th>
<th>Year 1 indicators/ milestones to summarize progress (for periodic Disbursement Requests and Progress Updates)</th>
<th>Targets year 2</th>
<th>Year 2 indicators/ milestones to summarize progress (for periodic Disbursement Requests and Progress Updates)</th>
</tr>
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<tbody>
<tr>
<td>3a</td>
<td>Number of ITN distributed and net re-treated with insecticide solutions</td>
<td>15,000 ITNs</td>
<td>(+15,000) ITNs</td>
<td>30,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>17,614</td>
<td></td>
<td>36,391</td>
</tr>
<tr>
<td>3b</td>
<td>Number of households owning an ITN</td>
<td>15,000 household</td>
<td>15,000 household (continue)</td>
<td>15,000 continue</td>
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<tr>
<td></td>
<td></td>
<td>11,157</td>
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<td>14,050</td>
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</table>

Main program objective 4: To prevent the excess of malaria transmission in targeted areas through the establishment of malaria epidemic preparedness and control system.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Targets year 1</th>
<th>Year 1 indicators/ milestones to summarize progress (for periodic Disbursement Requests and Progress Updates)</th>
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<th>Year 2 indicators/ milestones to summarize progress (for periodic Disbursement Requests and Progress Updates)</th>
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<tr>
<td>4a</td>
<td>Number of districts with map showing high risk villages located in epidemic prone areas</td>
<td>13 districts</td>
<td>13 districts (continue)</td>
<td>13 continue</td>
</tr>
<tr>
<td></td>
<td></td>
<td>13</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>4b</td>
<td>Number of health centers/offices trained to collect data from routine reports, public/media update, analyse surveillance data and circulate malaria epidemic early warning report</td>
<td>100 officers trained</td>
<td>(+30) officers trained</td>
<td>130 continue</td>
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<tr>
<td></td>
<td></td>
<td>138</td>
<td></td>
<td>298</td>
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