

BASIC SERVICES FUND FOR SOUTH SUDAN
Quarterly Progress Report 3



3rd Quarter Progress Report

Primary Health Care and Capacity Building

Southern Sudan

01 July – 30 September 2007



Presented to:
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by Tearfund

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Name of Lead Organisation: **TEARFUND**

Basic Services Fund for South Sudan:

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TEARFUND-Upper Nile State

PROJECT PROGRESS REPORTS
UNDER THE BASIC SERVICES FUND FOR SOUTH SUDAN

Basic Information about the Organisation and Partners

Name of Lead Organisation 1 st Partner	TEARFUND Medair.
Address of Lead Organisation	P.O Box 76184-00508 Yaya Nairobi, Kenya
Grant Contract Number	510004.018
Project Title	Primary Health Care and Capacity Building Project.
Contract Amount	£ 1,763,105
Contract Start Date	January 1 st 2007
Project Location(s)	Makal, Fashoda, Manyo and Melut Counties; Upper Nile State
Period Covered by this Report	3 rd quarter running from 1 st July to 30th September 2007
Serial Number of this Report	3
Submission Date of this Report	31st October 2007
Responsible Person	Ben Webster
E-mail Address of Lead NGO	dmt-southsudan-tuc@tearfund.org

Project Basic Data (*not more than half a page*)

<p>A brief summary of the project, including a short description of</p> <p>Project background</p> <p>The programme will provide a population of 206,961 in Shilluk and 85,000ⁱ in Melut access to health services. This programme aims to meet the stipulated standards as advocated in the South Sudan Ministry of Health (SSMoH) Basic Package of Health Services. It is expected that about one third of the population will directly benefit. The primary health care programme is indirectly targeting vulnerable groups by selecting un-reached areas of little or no existing health care services in which to establish the PHCUs. The clinics, TBAs, EPI and health education linked to the clinics will provide access to the populations in Makal, Fashoda, Manyo and Melut counties including IDPs and returnees settled in that area or travelling through itⁱⁱ. It is anticipated that there will be many returnees, for example Melut county has seen 10,647 IDP/Returneesⁱⁱⁱ recorded from January to June 06. It is expected that this figure will grow in the coming year.</p> <p>There will be an emphasis on women of child bearing age (particularly pregnant women) and children (particularly those under 5) as they are vulnerable to diseases such as malaria, diarrhoea, malnutrition and maternal mortality. In addition diagnosis and treatment of preventable diseases by providing laboratory, establishing VCT centres, and training programmes.</p>

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This project will focus on Upper Nile state, a historically marginalized area suffering isolation, illiteracy, inter-tribal/inter-factional fighting, high vulnerability and low community organisation. Upper Nile is the only state in Southern Sudan to be governed by the National Congress Party (NCP). There remains a strong presence of SAF troops and former GoS-affiliated militias, in particular within oil-rich areas such as Melut County where the discovery of oil has run parallel with increasing levels of violence and displacement. Melut County has some of the highest returnee figures^{iv} along with Malakal and Nasir. Sarah Nyanath, an MP for Upper Nile in the GoSS, has said that issues of security are the primary concern for her constituents, and has expressed dismay at the lack of GoSS representation in the Upper Nile commission.^v Under the CPA, security measures for these areas should be handed over to the SPLA and the Joint Implementation Unit (JIU).

However, the 9th July 2007 ended uneventfully with SAF forces leaving Malakal and its affiliated militia forces integrated into the JIU. Although the SAF forces left Malakal, they didn't go beyond the South-North border of 1st January 1956 as stipulated in the CPA but settled in Melut County where the oil fields are disguising themselves to be oil policing force. This unilateral violation of the CPA has heightened tensions between the two main parties to the CPA with each side silently preparing for war. The Shilluk Kingdom is largely underserved by any social services.

Objectives

Tearfund and Medair are implementing a Primary Health Care Programme which aims to increase access to and utilisation of, basic health services in the counties of Upper Nile State, and build the local capacity of community based civil society and local Ministry of Health structures. A total of 14 PHCUs and 4 PHCCs will provide access to health care services. Service provision is closely linked with capacity building of the MoH and training of health staff, including CHWs. Other components of this programme involve CHE, MCH, EPI and HIV/AIDS awareness and provision of VCT services. A total of 75,914 beneficiaries will benefit from this programme.

The project aims to achieve the above through 3 main objectives:

1. High quality curative and preventive health care provided at health facilities and in the community.
2. Increased capacity of the County Health Staff and community to support and deliver sustainable health services.
3. Improved health knowledge and practices of trained beneficiaries in the project area.

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		Population			Targeted Beneficiaries
State	Western Upper Nile				
		Host	Returnees (have returned)	IDP (will leave to go home)	
County	Makal	35,978	-	-	7,659
Total Population					
County	Fashoda	108,498	-	-	23,482
Total Population					
	Manyo	62,485	-	-	13,488
Total Population					44,629
State	Northern Upper Nile				
County	Melut	85,000	10,647	Do not have statistics	31,285
Total Population		291,961			75,914

1. Progress Review (max. two pages] for last quarter)

Summary of activities:

The planned activities of this quarter were to some extent compromised by the frequent and heavy rain fall that led to flooding in the area and subsequently compelled the expatriate team to temporarily evacuate from the operations base in Oriny on the 8th August.

The planned activities covered the major areas of capacity building through training of staff from the target community (including MoH seconded staff) and monitoring of the health facilities to ensure the quality of service required by GoSS MoH is in place and adhered to. The summary of the common activities to the 3 sectors of PHC, CHE and CE is given below:

- Refresher train existing health staff - Dispensers, EPI Workers, TBAs, CHE Extension Workers and VHC/change agents of Fashoda, Makal and Manyo counties
- Train newly recruited Community Empowerment Assistants in facilitation of community mobilization processes in Makal, Fashoda and Manyo counties
- Train the County Health Officer (CHO) of Fashoda County in basic computer use skills
- On the job training of existing health staff with emphasis on dispensers, CHWs and community mobilization assistants
- Monitoring/Supervision of the health facilities, VHC/change agents, HE extension workers and school teachers with Kodok PHCC given priority
- Receipt of and compiling of programme reports
- Monthly meetings with relevant heads of programme staff and Village Health Committees (VHC)
- HIV/AIDS sensitization of Oriny community ahead of Voluntary Counselling and Testing (VCT) Service provision at Oriny PHCC

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Additional to the sector common activities mentioned above, also were sector specific activities such as drugs store management (PHC), baseline KAP survey findings analysis and reporting (CHE) and follow up on Oriny community action plan on construction of community grinding mill shelter (CE).

Successes:

Although not all the planned activities were realized as anticipated due to some constraints faced during implementation, a number of successes were attained as summarised below.

- Training of the County Health Officer “CHO” of Fashoda County in basic computer skills was a major break through towards building capacity of the MOH staff. This will enhance the CHD’s ability to process and report health facility statistics to the State MOH in Malakal.
- Refresher train six (6) dispensers in essential drugs and store management, one trainee was female.
- Delivery of 7.4 metric tons of medical supplies on a WFP Buffalo to Malakal and then by a Medair boat to Kodok, closer to the distribution sites. This was possible through effective coordination and lobbying of the EP&R Officials in UNOCHA.
- In spite of temporary evacuation/relocation of the expat staff from Oriny in early August due to flooding, the programme activities in general and the health facilities in particular have remained functioning throughout, through trained and skilled local staff/people in the community.
- In the same token, expatriate staff, with logistical support from Medair and VSF-Germany based in Malakal, were able to continue monitoring the health facilities, particularly the clinics along the River Nile, local programme staff, collect reports, distribute medical supplies, drugs and materials and pay salaries.
- Relocation of Oriny PHCC services from the temporary structures to the new permanent block. All the services except for the EPI and VCT were able to fit. Plans are underway when access is feasible to extend the structure to accommodate more services.
- Oriny PHCC services and staff were rated/scored at 80% in rational use of and management of essential drugs by PSF in its field monitoring visit to Oriny in July.
- A mini baseline KAP survey on VCT revealed the knowledge on HIV/AIDS to be at 40% (21% women), attitude at 33% (20% women) and 53% (21% men) in terms of caring for the HIV infected patients in the community and in the health facilities and practice only at 3% (unfortunately no women) in terms of regular condom users.
- Active participation of Lul East community through their VHC. This community were on top of their clinic repairs without any expat staff supervision and also walked 30 kilometres in the floods waters to carry their drugs from Oriny to Lul East PHCU.
- Effective kala-Azar control and preventive measures in place. Only 5 cases treated in the last 9 months.

Constraints and how they were addressed:

In the process of implementation of the planned activities, a number of manageable constraints were faced as summarised below.

- Limited access to the health facilities and other programme sites in the area due to heavy rains and flooding has compromised to some extent the monitoring of programme activities, scheduled training, speedy and timely delivery of reports, drugs and salaries. Tearfund has sought logistical support from Medair and VSF-Germany in Malakal, who have helped with the use of a boat, storage space and free accommodation to enable some access to health facilities on the river Nile. Access to river transport has allowed for the delivery of medicines, monitoring trips and the transport of very sick patients.
- Total dependency on other NGO’s river transport has limited the amount of time spent on monitoring and number of health facilities visited on the Nile. The decision to lobby BSF to procure two river boats was seen to be the only way forward to improve access and quality of health services.

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- Limited or lack of required local capacity to fill in the technical staffing gaps, such as nurses, midwives, pharmacy and public health technicians. As those with the required skills prefer to work in the large towns such as Malakal, Kodok and are not willing to work in remote rural areas like Aweth and Oriny. Tearfund has advertised for such positions in Malakal and Kodok in the short term, as well as currently building local capacity as the only workable long term strategy.

Lessons learnt and any other issues:

While implementing the 3rd quarter plan of activities, a number of lessons which are useful for maximising future successes were learnt and are summarised below.

- Maximising achievement of targets during the dry part of the year where access by road to all locations is feasible and easy has proven to be working with unforeseen wet season limitations.
- Health facility temporary structures do not withstand heavy rains, floods and are expensive to sustain over a long period of time. Therefore, permanent structures are the only viable solution towards long-term sustainability.
- Have an independent engineer to monitor and evaluate the work of COMAC (the construction company used) given the inadequate construction work done in Oriny, Ogon and Makal, in spite of availability of all the required materials at the sites.
- The communities participate better on the projects in their villages when they have a full understanding of their role.
- Have a fall back site in Malakal to avoid unnecessary expat staff displacement to other sites when faced with natural calamities such as floods etc.
- Provision of river boats will ensure all year long running of programme activities and enhance continuous community access to health services.

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2. Activity schedule for [Third quarter] July – September 2007.

Result 1: High quality curative and preventative health care services provided at health facilities and in the community throughout the project period

Total target	Progress last quarter (July – September 07)	Realised to date
<ul style="list-style-type: none"> 40,000 patients treated appropriately at the clinics, with adequate records, during the project period 	6600 patients	18,303 (45.8%) reached
<ul style="list-style-type: none"> 500 inpatients treated appropriately 	222 inpatients	309 (61.8%) patients
<ul style="list-style-type: none"> 1,500 women have good ante-natal health care including intermittent fansidar and bed-nets during the project period 	480 women	1,234 (82.3%) women received antenatal care
<ul style="list-style-type: none"> 1,000 pregnant women safely delivered by trained TBAs or MCHWs during project period 	133 pregnant women	485 (48.5%) pregnant women delivered
<ul style="list-style-type: none"> 500 women of child bearing age immunized with at least TT2 (against tetanus) during project period 	55 women	696 (139.2%) women immunized
<ul style="list-style-type: none"> 800 children under 1 vaccinated with DPT 3 during the project period 	125 children	909 (113.6%) children vaccinated
<ul style="list-style-type: none"> 3,000 children screened for malnourishment 	1681 children	3,944 (133%) children screened
<ul style="list-style-type: none"> 150 people provided with VCT services during the project period 	None yet	None reached yet
<ul style="list-style-type: none"> At least 90% of mosquito nets distributed used regularly during the project period. 7000 number of mosquito nets distributed. 	1452 mosquito nets distributed.	4,261 mosquito nets distributed so far with level of regular use assessed in the baseline KAP Survey carried out in the 2 nd quarter to be between 90% - 100%.
<ul style="list-style-type: none"> 80% of admitted Kala Azar patients complete treatment course 	No patients were treated in this quarter	5 patients treated so far and all of them completed treatment.

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Activities	Quarter			Comments on Status
	July	August	September	
A1.1. Upgrade/ construct 3 permanent clinics	Oriny PHCC moved to the new structures. Plans to extend Lab, VCT & MCH rooms on hold until dry season	No activity	No activity	Oriny PHCC finally moved into the new structures after its completion in June. However there are plans to extend the block for more rooms to accommodate the Lab, VCT & MCH immediately after the rains stop because the present rooms are small for the departments. The materials are available at the site.
A1.2. provide adequate equipment and furniture for 3 clinics.	Provision done	As in July	As in July	All the required equipment and furniture have been provided to the health facilities
A1.3 Adequately staff clinics (12)	Staffing provided	As in July	As in July	All the clinics have minimum level of the required staffing to run them though there is shortage of nurses, midwives and some lab personnel. MoH seconded nurses, midwives, lab personnel and clinical officers have refused to leave centres like Malakal, Kodok etc for the rural areas where the clinics are located.
A1.4. procure drugs, lab reagents and TBA kits	Drugs in Loki warehouse awaiting dispatch to the field	Drugs dispatched to Malakal & distribution done	Distribution of drugs & supplies	Hampered by the floods, the drugs were finally delivered through Malakal on 14 th August 2007 by assistance of UN flight. The distribution was difficult as most of the clinics are inaccessible. Some communities decided to carry them on their heads through 30km of flood water which reached up to the chest level.
A1.5 VCT services introduced	HIV/AIDS KAP survey done & data analysed	Community sensitisation on VCT ongoing	Community sensitisation on VCT continue	A mini baseline KAP survey on VCT revealed the knowledge on HIV/AIDS to be at 40% (21% women), attitude at 33% (20% women) and 53% (21% men) in terms of caring for the HIV infected patients in the community and in the health facilities and practice only at 3% (unfortunately no women) in terms of regular condom users.
A1.6 Provide clinic based Community Health Education	Ongoing	Ongoing	Ongoing	All patients in all clinics are provided with one-off-health education before and/or during consultations. Emphasis is given to water-borne/related diseases, HIV/AIDS, nutrition, immunization and personal/ domestic/ environmental hygiene.
A1.7 Carry out Lab testing	Ongoing	Ongoing	Ongoing	All the 3 PHCCs of Oriny, Kodok and Aweth are equipped, furnished and staffed to handle urine, stool, blood and other fluid analysis. The lab testing contributes towards promotion of accurate diagnosis, surveillance of outbreaks and control of diseases in the community
A1.8 Train staff on growth monitoring and management of	Ongoing	Ongoing	Ongoing	All staff in all the clinics are trained to screen all children under five using "weight – for – age" tool and MUAC.

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malnutrition				
A1.9 Carry out growth monitoring at all clinics	Ongoing	Ongoing	Ongoing	Screening records are kept in a booklet in each health facility and figures reported on a monthly basis
A1.10 Provide inpatient and outpatient care for severely malnourished children	No cases yet	No cases yet	No cases yet	So far no cases of severe malnutrition were reported by any of the clinics. On average, the nutritional status of children under five in this community is good compared to other regions. Farming, fishing and hunting may be part of the underlying factors to better nutrition in the area
A1.11 Monitor and improve quality of treatment	Ongoing	Ongoing	Ongoing	With the ever rising flood waters, access to the health facilities will continue to be restricted for longer than expected especially to the inland health facilities by the expat staff. However, with the boat support by Medair, so far monitoring has not been compromised and quality of treatment has remained within acceptable limits.
A1.12 Provide ante-natal care including intermittent Fansidar, bed nets, iron at MCH clinics	Ongoing	Ongoing	Ongoing	Though not all the clinics are staffed with MCH workers (only 8 available) due to shortage of staff, coverage of the target has been very satisfactory.
A1.13 Women delivered safely by trained TBAs or MCHW	Ongoing	Ongoing	Ongoing	Only 48.5% coverage of the target achieved so far. The planned expansion into Makal and Manyo counties did not happen due to lack of selection of participants by the community for new TBA training and floods in the area.
A1.14 Supervise TBAs	Ongoing	Ongoing	Ongoing	Supervision ongoing through the MCHWs, CHWs and the TBA supervisors in the health facilities and in the community. This supervision will not be affected by inaccessibility during the rainy season/floods as the TBAs are within easy access of the supervisors.
A1.15 Establish 3 new cold chain facilities	Established and running	Ongoing	Ongoing	The cold chains are based in Aweth, Aburoc and Oriny. There is another 4 th one in Kodok that has been inherited from GOAL Ireland in April 2007. All the cold chains are working and are well maintained, though outreach services have been temporarily suspended following the heavy rains with subsequent flooding in Upper Nile, which has made movement very difficult and displaced people. Kodok cold chain is functional though the activities had not picked up due to lack of staff as those who were running it before went back to the Government.
A1.16 Coordinate with Unicef for cold chain and provision of vaccines	Ongoing	Ongoing	Ongoing	Coordination with both UNICEF Malakal branch and State EPI staff in Malakal is going on well. EPI monthly reports are sent to UNICEF in Malakal or Juba and EPI supplies are obtained from them.
A1.17 carry out immunization rounds	Ongoing	Ongoing	Ongoing	Both static and outreach immunization activities take place at the cold chain based stations and in the community respectively. Due to the raging floods, the outreach activities are not taking place, but static immunisation is going on with very few beneficiaries.

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A1.18 Distribute 7,000 bed nets to patients with malaria and ante-natal care patients	Ongoing	Ongoing	Ongoing	The targets are children under five, pregnant and lactating mothers and adults with confirmed malaria. The distribution takes place during immunization, ANC and consultation activities in the health facilities and in the community as well.
A1.19 Assist WHO in NIDS campaigns	Happening	Happening	Happening	Tearfund assists in transporting NIDS vaccine cold boxes and staff from delivery sites in Oriny and Aburoc to the vaccination sites in the community and vice versa

Result 2: Increased capacity of the County Health Staff and community to support and deliver sustainable health services.

Total target	Progress last quarter (July – September 2007)	Realised to date
<ul style="list-style-type: none"> 96 existing staff trained in appropriate sector 	6 existing staff trained	91 (94.8%) existing health staff (TBAs, EPI workers, CHWs & Dispensers) refresher trained
<ul style="list-style-type: none"> 82 health staff newly trained in appropriate sector 	No health staff newly trained this quarter	42 (51%) health staff trained as vaccinators, dispensers and TBAs
<ul style="list-style-type: none"> 38 students trained at Kodok training school 	Training of 23 CHWs – 18 from Collo, the rest from other Tearfund locations and 1 from Medair.	25 (23 CHWs at Kodok and 2 lab trainees continue with their training in Rumbek).
<ul style="list-style-type: none"> All TF staff observe universal precautions 	All existing health staff observing universal precautions	All existing health staff observing universal precautions
<ul style="list-style-type: none"> All project clinics managed by VHCs 	9 out of 12 clinics managed by VHCs	All clinics except Aweth, Athidhwoi and Kodok are managed by VHCs. Aweth VHC formed but not yet trained. Kodok Medical board in the process of formation and Athidhwoi is not yet under support of Tearfund
<ul style="list-style-type: none"> At least 3 staff members of the County Health Dept (CHD) able to carry out monitoring 	3 health staff of the CHD still being capacity built to be able to carryout effective monitoring and evaluation. The County Health officer was sent for a computer training course so that he can do his reporting using the computer.	3 staff members (CHO, MA and ALA) working hand in hand with Tearfund since May. All are based in Kodok town. SMoH have also seconded an additional nurse, who is working in

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		Aweth PHCC, She was also sent for VCT training.
<ul style="list-style-type: none"> 70 change agents successfully mobilise community resources to complete at least one activity prioritised by the community 	Sheltering of Oriny community grinding mill	Change agents joined hands with the VHC of Oriny to build a shelter over their grinding mill

Activities	Quarter			Comments on Status
	July	August	September	
A2.1 Carry out baseline assessment of health staff competency	Refresher training done for the dispensers but competency was not measured	Not done	Not done	6 dispensers were given refresher training on the rational use of drugs, but competency was not assessed
A 2.2 Carry out refresher training of CHWs, EPI workers and TBAs	6 dispensers were refreshed	No activity	No activity	91 already refresher trained in safe motherhood, immunization, reporting, universal precautions and IECHC and rational use of drugs with good dispensing practices.
A2.3 Train new TBAs, new vaccinators, cold chain assistants, community mobilisers, one medical storekeeper, new EPI supervisors and dispensers	No activity	No activity	No training	42 newly trained so far. The knowledge and skills imparted were covering immunization, safe drug management, HIV/AIDS counselling and testing and safe motherhood
A 2.4 Train 16 CHWs, 10 Lab assistants and 12 community midwives at the training school.	Ongoing	Ongoing	Ongoing	23 (including 18 from Collo Kingdom CHW trainees in Kodok training school for 9 months and 2 lab trainees in Rumbek Lab training school for 2.5 years. The training of CHW started in March 07 whereas, the lab training in April 07. The CHW Training in Kodok is now 3 months behind schedule due to resignation of the Trainer in July and evacuation of the expat staff due to floods.
A2.5 Train Clinical Officers, nurses, VCT staff, pharmacy technicians, public health technicians at external courses	No activity	Received the replies from the interviews conducted in May.	No activity	Result of the interviews received and 2 candidates were selected to attend the clinical officers training starting in January 2008. No candidates for Nursing & Community midwifery training selected yet. Still looking for opportunities for Public Health & Pharmacy Technicians' training.
A2.6 Train community focal points on malaria	No activity	No activity	No activity	No training took place this quarter because the rains and floods disrupted all the plans. Also still following up those already trained for an evaluation.

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A2.7 Carry out final assessment of health staff competency	No activity	No activity	No activity	Deferred to a later date
A2.8 Form VHCs at all clinics	New members for Aweth VHC chosen to replace the old one	Follow up with Kodok community to form their committee	As in May	All the 12 clinics have formed and functioning VHCs except for Athidhwoi and Kodok
A2.9 Train and support VHCs	No activity	No activity	No activity	All the 12 clinics have trained and functioning VHCs except for Aweth, Athidhwoi and Kodok.
A2.10 Attend bi-annual MOH health coordination meetings	Happening at Juba level	As in July	As in July	The health adviser based in Juba attends these coordination meetings on our behalf and the field is up dated with findings and resolutions of the meetings through summary reports sent to the different Tearfund field sites
A2.11 Organise computer training for County Health Department	Training plans finalised	Training started for 3 weeks	Handed over the computer for the use.	The County Health Officer attended computer training in Loki in August for 3 weeks and he was handed over the laptop in September for him to continue practising compiling reports and analysing statistics from the health facilities.
A2.12 Training of County Health Department on Monitoring	Ongoing	Ongoing	Ongoing	There are 3 seconded staff from the SMoH "CHO, Kodok Medical Assistant (MA) and Kodok Auxiliary Laboratory Assistant (ALA)" who are lined up for monitoring of the health services in Fashoda county.
A2.13 Train expatriate staff through short courses and exchange visits	No activity	Primary Health Care, CHE & CE Sector heads went for exchange visits to Tieraliet and Motot	As in August	Following the displacement of the Oriny team to other programme sites due to flooding, the PHC & CE sector heads went to Tialiet for exchange and learning visits. The PHC Sector head helped in training the CHWs in IEHC, while the CE sector head supported the VHCs' training.

Result 3: Improved health knowledge and practices of trained beneficiaries in the project area.

Total target	Progress last quarter (July – September 2007)	Realised to date
<ul style="list-style-type: none"> 50% of VTT participants, school children and youth show 2 good new practices 	Analysis of baseline KAP survey findings and reporting completed on VTT, but not yet carried out on school children and youth	VTT baseline KAP Survey analysis revealed an overall good practice of 62% and 100% and 90% use of mosquito nets and soap respectively
<ul style="list-style-type: none"> 80% of VTT participants, school students and youth 	As above	39.3% improved knowledge of preventable

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club members show increased knowledge		diseases including HIV/AIDS
• 1,000 school students trained in CHE	66 children reached	66 (6.6%) children reached mainly with personal hygiene & HIV/AIDS messages
• 500 youth trained in CHE	125 youth reached	330 (66%) youth reached mainly with HIV/AIDS messages
• 520 adults and 300 youth trained in CHE in villages	None this quarter	230 (28%) participants in 5 villages of Delal Ajak, Nyiwud, Aweth, Gollo, Dibwor and Lemo reached with health messages mainly on water borne/related diseases.
• 50% trained beneficiaries able to name 2 HIV transmission methods	Evaluation survey will take place at a later date.	Baseline KAP data not yet analysed and reported
• Health staff provide at least 'one off' health education messages	5629 beneficiaries reached	17,995 beneficiaries receive one off health messages through health staff in the clinics and in the community

Activities	Quarter			Comments on Status
	July	August	September	
A3.1 Select villages and beneficiaries for VTT	Villages and beneficiaries selected	Training of beneficiaries	Training of beneficiaries	5 villages of Delal Ajak, Nyiwud, Gollo, Dibwor and Lemo selected for VTT programme. 230 beneficiaries are enrolled for VTT programme.
A3.2 Identify schools and teachers	Identify schools and teachers	No activity	No activity	None of the planned activities were carried out due limited access to the schools due to rains and floods.
A3.3 Identify youth clubs	Identify more youth clubs	No activity	No activity	No further youth clubs were identified due to same reasons given above. However, 205 youths from the 5 VTT villages were trained in HIV/AIDS during the 2 nd quarter
A3.4 Train extension workers	Refresher	No activity	No activity	No refresher training was done due to the same reasons cited

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	training of extension workers			above. The 5 extension workers trained earlier continue to run VTT training in the already selected villages but no reports reaching us due to floods and rains.
A3.5 Carry out VTT	Ongoing	Ongoing	Ongoing	No further training reports reaching us due to lack of access to the VTT villages because of rains and floods. So far only 230 beneficiaries reached with health messages on water borne/related diseases etc
A3.6 Provide stationary/ office support for CHD when established	Ongoing	Ongoing	Ongoing	The CHO is now based in Kodok and running his activities in collaboration with Tearfund
A3.7 Carry out final KAP survey	No activity	No activity	No activity	To be carried out sometime in 2008

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3. Activity Schedule for [4th Quarter] October – December 2007

1. Primary Health Care (PHC)

October:

- Supervision of the clinics and on – the - job training of the clinics' staff where access is possible
- Distribution of medicines to the health facilities
- Re-establishment of EPI services at Kodok PHCC
- Monitoring of the floods and disease out breaks surveillance in Fashoda County.
- Move the office to Kodok after the displacement by floods
- Supervise the construction of VCT centres.
- Re-opening of the training school

November:

- Supervision and on – the - job training as in October
- Refresher training for CHWs on IECHC
- Train the CHWs on diagnosis of Kala-azar by using Dipstick
- Organise training for Cold Chain assistants.
- TBA refresher training
- Start VCT services in Oriny and Kodok
- Supervise the completion of the warehouse in Kodok and the PHCUs (Ogon & Makal)
- Preparation of drug orders to PSF
- Receiving and compiling of monthly reports

December:

- Supervision of the health facilities
- Evaluation of the progress of the 1st quarter VCT services
- Continue with the training school
- Conduct the clinic assessment for the 4th Quarter
- Receiving and distribution of drugs to the health facilities
- Continue with VCT services in Oriny and Kodok
- Preparation of the 4th quarter report and evaluation of the year's activities.
- Receiving and compiling of monthly reports

2. Community Health Education (CHE)

October:

- Conduct baseline KAP Survey for youths and analyse the data
- Training of CHE extension workers on KAP survey methodology.
- Receiving and compiling monthly reports
- Continue community sensitization on HIV /AIDS & VCT

November:

- Recruit 2 extension workers
- Contact baseline KAP survey in schools and analyse the data
- Start youth clubs in Kodok
- Sensitise community in Kodok to start VTP
- Receiving and compiling monthly reports
- Continue community sensitization on HIV /AIDS and VCT

December:

- Start VTP centres in Kodok
- Finalise the KAP survey report.
- Receiving and compiling monthly reports
- Continue community sensitization on HIV /AIDS and VCT

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3. Community Empowerment (CE)

October:

- Follow up progress of the VHCs and change agents
- Follow up the selection of Kodok health committee through SRRRC
- Follow up recruitment of CE Assistants
- Collaborate and work closely with colleagues to plan end of 2007 and beginning of 2008 activities

November:

- Follow up progress of the VHCs and change agents
- Follow up the selection of Kodok health committee through SRRRC
- Follow up recruitment of CE Assistants
- Collaborate and work closely with colleagues to plan end of 2007 and beginning of 2008 activities
- Refresher train accessible VHCs
- Liaise with and mobilize Aweth community to prepare and participate in up grading of their PHCC in 2008
- Follow up selection and training dates of change agents for Makal and Manyo counties

December:

- Collaborate and work closely with colleagues to plan end of 2007 and beginning of 2008 activities
- Refresher train accessible VHCs
- Liaise with and mobilize Aweth community to prepare and participate in up grading of their PHCC in 2008
- Follow up selection and training dates of change agents for Makal and Manyo counties
- Conduct focus group meetings with the flood affected communities and use the outcomes as a learning review for both Tearfund and beneficiaries

N.B: Though the 4th quarter falls in the dry part of the year; the area of implementation of the above mentioned activities is heavily affected by floods; hence the activities will vary depending on the access to the project sites and may not necessary follow the schedule above. However the project will attempt to achieve these targets as closely as possible.

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4. Monitoring Data

SECTOR: PRIMARY HEALTH CARE

Constructions	Permanent structures		
Facility name	ORINY PHCC		
Facility Type	Hospital	PHCC	PHCU
GPS Coordinates	Lat N 9° 52' 11.53"	Lon E 31° 53' 28.55"	
State	Upper Nile		
County	Fashoda		
Payam	Wicrek		
Is the facility a new construction or a rehabilitation	New construction		Renovation
Status of Construction	Not Yet started	100% done	completed
Does the facility have access to a safe water source	Yes		No
Type of water source	Borehole water		
Status of water source	Operational but 2 nd borehole broken		
Number of latrines in use at the facility	Male - 1		Female - 1
	Target beneficiaries		Actual beneficiaries
(PHCC -50,000; PHCU- 15,000)	23,482 – as per the county		(Payam population) 41,328
Cumulative number of consultations	870 – for this quarter		2,632 – upto date
Who owns the facility			Community
	Supported by NGO		
Who manages the facility:	Community supported by NGO		
Services offered	Curative(Lab & treatment), MCH, VCT,EPI & CHE		
Number of staff in position	13 technical (Including EPI Staff)& 5 support staff		

Constructions	Permanent structures		
Facility name	MAKAL PHCU		
Facility Type	Hospital	PHCC	PHCU
GPS Coordinates	N	E	
State	Upper Nile		
County	Makal County		
Payam	Lelo		
Is the facility a new construction or a rehabilitation	New construction		Rehabilitation
Status of Construction	Not yet started	85% done	Not complete
Does the facility have access to a safe water source	Yes		No – water is collected from the river but it is filtered
Type of water source	Surface - river		
Status of water source	Operational – permanent river		Not operational
Number of latrines in use at the facility	Male (under construction)		Female – under construction
	Target beneficiaries		Actual beneficiaries
(PHCC -50,000; PHCU- 15,000)	7,659 – as per the county		(Payam population) 33,058
Cumulative number of consultations	485 – for this quarter		1,557 – upto date
Who owns the facility	Government		Community
	Supported by NGO		
Who manages the facility:	Community (VHCs) assisted by NGO		
Services offered	Curative, MCH, EPI by outreach & CHE		
Number of staff in position	2 technical & 3 support staffs		

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Constructions	Permanent structures		
Facility name	OGON PHCU		
Facility Type	Hospital	PHCC	PHCU
GPS Coordinates	Lat N 10° 07' 52.62"	Lon E 32° 16' 13.87"	
State	Upper Nile		
County	Manyo		
Payam	Athidhwoi		
Is the facility a new construction or a rehabilitation	New	Rehabilitation	
Status of Construction	Not yet started	90% done	Not complete
Does the facility have access to a safe water source	Yes	No- they get water from the river but filtered	
Type of water source	Surface - river		
Status of water source	Operational – permanent river	Not operational	
Number of latrines in use at the facility	Male - 1	Female - 1	
	Target beneficiaries	Actual beneficiaries	
(PHCC -50,000; PHCU- 15,000)	13,488 (as per County)	36,870 – (per the Payam)	
Cumulative number of consultations	403 – for this quarter	1,313 – upto date	
Who owns the facility	Government	Community	
	Supported by NGO		
Who manages the facility:	Community (VHC) supported by NGO		
Services offered	Curative, MCH, EPI by outreach & CHE		
Number of staff in position	3 technical & 2 support staff		

Constructions	None		
Facility name	Boi PHCU		
Facility Type	Hospital	PHCC	PHCU
GPS Coordinates	N	E	
State	Upper Nile		
County	Fashoda		
Payam	Wicrek		
Is the facility a new construction or a rehabilitation	Not a new construction	Not a rehabilitation	
Status of Construction	N/A		
Does the facility have access to a safe water source	Yes	No- They get water from the river but filtered	
Type of water source	Surface - river		
Status of water source	Operational – permanent river	Not operational	
Number of latrines in use at the facility	Male – under construction	Female – under construction	
	Target beneficiaries	Actual beneficiaries	
(PHCC -50,000; PHCU- 15,000)	23,482 – as per the county	41,328 (Payam population)	
Cumulative number of consultations	620 – for this quarter	1,636 – upto date	
Who owns the facility	Government	Community	
	Supported by NGO		
Who manages the facility:	Community (VHC) supported by NGO		
Services offered	Curative, MCH, EPI by outreach & CHE		
Number of staff in position	1 technical & 2 support staff		

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Constructions	None		
Facility name	OTEGO PHCU		
Facility Type	Hospital	PHCC	PHCU
GPS Coordinates	N	E	
State	Upper Nile		
County	Fashoda		
Payam	Nyigir		
Is the facility a new construction or a rehabilitation	N/A		
Status of Construction	N/A		
Does the facility have access to a safe water source	Yes	No – They use pond water treated/filtered.	
Type of water source	Surface water - pond		
Status of water source	Operational – operational but dries up during dry season		
Number of latrines in use at the facility	Male - none	Female - none	
	Target beneficiaries	Actual beneficiaries	
(PHCC -50,000; PHCU- 15,000)	23,482 – as per the county	46,700 (Payam population)	
Cumulative number of consultations	437 – for this quarter	1,081 – upto date	
Who owns the facility	Government	Community	
	Supported by NGO		
Who manages the facility:	Community (VHC) supported by NGO		
Services offered	Curative, EPI by outreach & HE (No MCH service – no MCHW)		
Number of staff in position	1 technical & 2 support staff		

Constructions	None		
Facility name	ABUROC PHCU		
Facility Type	Hospital	PHCC	PHCU
GPS Coordinates	N 100770	E 0320569	
State	Upper Nile		
County	Fashoda		
Payam	Detwok		
Is the facility a new construction or a rehabilitation	N/A		
Status of Construction	N/A		
Does the facility have access to a safe water source	Yes	No	
Type of water source	Underground - Borehole		
Status of water source	Operational	Not operational	
Number of latrines in use at the facility	Male - 1	Female - 1	
	Target beneficiaries	Actual beneficiaries	
(PHCC -50,000; PHCU- 15,000)	23,482 – as per the county	20,470 (Payam population)	
Cumulative number of consultations	637 – for this quarter	1,808 – upto date	
Who owns the facility	Government	Community	
	Supported by NGO		
Who manages the facility:	Community (VHC) supported by NGO		
Services offered	Curative, MCH, EPI static & outreach & CHE		
Number of staff in position	2 technical & 3 support staff		

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Constructions	None		
Facility name	KODOK PHCC		
Facility Type	Hospital	PHCC	PHCU
GPS Coordinates	N 095348.69		E 320716.44
State	Upper Nile		
County	Fashoda		
Payam	Nyigir		
Is the facility a new construction or a rehabilitation	N/A		
Status of Construction	N/A		
Does the facility have access to a safe water source	Yes	No	
Type of water source	Piped filtered & treated water		
Status of water source	Operational	Not operational	
Number of latrines in use at the facility	Male - 2	Female - 2	
	Target beneficiaries	Actual beneficiaries	
(PHCC -50,000; PHCU- 15,000)	23,482 – as per the county	46,700 (Payam population)	
Cumulative number of consultations	769 – for this quarter	1,347 – upto date (reports only for 3 months)	
Who owns the facility	Government		
	Supported by NGO		
Who manages the facility:	Government supported by NGO		
Services offered	Curative (out/ inpatients, Lab),MCH, EPI static & CHE		
Number of staff in position	? 8 technical & ? 5 support staff		

Constructions	None		
Facility name	GOLLO PHCU		
Facility Type	Hospital	PHCC	PHCU
GPS Coordinates	N		E
State	Upper Nile		
County	Fashoda		
Payam	Nyigir		
Is the facility a new construction or a rehabilitation	N/A		
Status of Construction	N/A		
Does the facility have access to a safe water source	Yes	No – get water from the river but treated/filtered at the clinic.	
Type of water source	Surface - river		
Status of water source	Operational – Permanent river	Not operational	
Number of latrines in use at the facility	Male - 1	Female - 1	
	Target beneficiaries	Actual beneficiaries	
(PHCC -50,000; PHCU- 15,000)	23,482 – as per the county	46,700 (Payam population)	
Cumulative number of consultations	473 – for this quarter	1,648 – upto date	
Who owns the facility	Government	Community	
	Supported by NGO		
Who manages the facility:	Community (VHC) supported by NGO		
Services offered	Curative, MCH, EPI static & outreach & CHE		
Number of staff in position	2 technical & 3 support staff		

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Constructions	None		
Facility name	Lul East PHCU		
Facility Type	Hospital	PHCC	PHCU
GPS Coordinates	N	E	
State	Upper Nile		
County	Fashoda		
Payam	Wicrek		
Is the facility a new construction or a rehabilitation	N/A		
Status of Construction	N/A		
Does the facility have access to a safe water source	Yes	No – get water from the river but filter it at the unit.	
Type of water source	Surface - river		
Status of water source	Operational – permanent river	Not operational	
Number of latrines in use at the facility	Male - 1	Female - 1	
	Target beneficiaries	Actual beneficiaries	
(PHCC -50,000; PHCU- 15,000)	23,482 – as per the county	41,328 (Payam population)	
Cumulative number of consultations	536 – for this quarter	1,431 – upto date	
Who owns the facility	Government	Community	
	Supported by NGO		
Who manages the facility:	Community (VHC) supported by NGO		
Services offered	Curative & HE (No MCH service – No MCHW & EPI due to inaccessibility)		
Number of staff in position	1 technical & 2 support staff		

Constructions	None		
Facility name	MALO PHCU		
Facility Type	Hospital	PHCC	PHCU
GPS Coordinates	N	E	
State	Upper Nile		
County	Fashoda		
Payam	Detwok		
Is the facility a new construction or a rehabilitation	N/A		
Status of Construction	N/A		
Does the facility have access to a safe water source	Yes	No – get water from the river but they filter & treat it at the unit.	
Type of water source	Surface - river		
Status of water source	Operational – permanent river	Not operational	
Number of latrines in use at the facility	Male - 1	Female - 1	
	Target beneficiaries	Actual beneficiaries	
(PHCC -50,000; PHCU- 15,000)	23,482 – as per the county	20,470 (Payam population)	
Cumulative number of consultations	523 – for this quarter	1,537 – upto date	
Who owns the facility	Community		
	Supported by NGO		
Who manages the facility:	Community (VHC) supported by NGO		
Services offered	Curative, MCH, EPI static & outreach & CHE		
Number of staff in position	2 technical & 3 support staff		

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Constructions	None		
Facility name	AWETH PHCC		
Facility Type	Hospital	PHCC	PHCU
GPS Coordinates	N	E	
State	Upper Nile		
County	Manyo		
Payam	Kwoj		
Is the facility a new construction or a rehabilitation	N/A		
Status of Construction	N/A		
Does the facility have access to a safe water source	Yes	No – get water from the river but they filter & treat it at the centre.	
Type of water source	Surface - river		
Status of water source	Operational – permanent river	Not operational	
Number of latrines in use at the facility	Male - 1	Female - 1	
	Target beneficiaries	Actual beneficiaries	
(PHCC -50,000; PHCU- 15,000)	13,488 – as per the county	25,615 (Payam population)	
Cumulative number of consultations	917 – for this quarter	2,313 – upto date	
Who owns the facility	Community		
	Supported by NGO		
Who manages the facility:	Community supported by NGO		
Services offered	Curative(Lab & in/out patient), MCH,EPI & CHE		
Number of staff in position	10 technical (Including the EPI Staff) & 5 support staff		

Constructions	None		
Facility name	ATHIDWOI PHCU		
Facility Type	Hospital	PHCC	PHCU
GPS Coordinates	N 101602	E 0321343	
State	Upper Nile		
County	Manyo		
Payam	Athidhwoi		
Is the facility a new construction or a rehabilitation	N/A		
Status of Construction	N/A		
Does the facility have access to a safe water source	Yes	No – get water from the river but they filter & treat it at the unit.	
Type of water source	Surface - river		
Status of water source	Operational – permanent river	Not operational	
Number of latrines in use at the facility	Male - none	Female - none	
	Target beneficiaries	Actual beneficiaries	
(PHCC -50,000; PHCU- 15,000)	13,482 (as per Athidwoi Payam)	36,870 – (per the Payam)	
Cumulative number of consultations	N/A		
Who owns the facility	Government	Community/ Church	
Who manages the facility:	Facility not operational at the moment – political issues		

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Sector: Training

Cumulative from beginning of project

Sector Primary health care	Training Topic	Start Date	End Date	Number of Training Days	Target Number of participants	Actual Number of participants Trained	Female Participants	Male Participants
General								
NGO staff	DMDP – Team & People’s Leadership <ul style="list-style-type: none"> ▪ Effective communication ▪ Time management ▪ Personalities ▪ Leadership skills ▪ Stress management ▪ Performance management ▪ Coaching skills ▪ Delegation 	10 th June 2007	15 th June 2007	5 days	N/A	N/A	1	0
	Monitoring & Evaluation <ul style="list-style-type: none"> • Data collection • Reporting 	12 th Sept 2007	14 th Sept 2007	3 days	N/A	1	0	1
	Fistula Training <ul style="list-style-type: none"> ▪ Identifying patients with fistula ▪ Prevention of fistula occurrence ▪ Management of women with fistula 	7 th August 2007	8 th Sept 2007	1 month	N/A	N/A	1	0
-Civil servants	Computer Training <ul style="list-style-type: none"> • Microsoft word • Microsoft excel 	August 07	September 07	3 weeks	1	N/A	0	1
Clinical Officers/ Medical assistants	Clinical Officers Training <ul style="list-style-type: none"> ▪ Refer to the training curriculum 	To start in January 2008	December 2011	4 years	2	Training yet to start	2	0

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EPI	1. EPI - New Vaccinators	12th Feb 2007	24th Feb 2007	14 days	2	10	1	9
	<ul style="list-style-type: none"> ▪ Types of vaccines & their preparations ▪ Immunizable diseases ▪ Route & site of administration of vaccines ▪ Vaccine storage ▪ Cold chain ▪ Growth monitoring ▪ surveillance ▪ Record keeping ▪ Universal precautions 							
	2. EPI Refresher	19th March 07	24th March 07	7 days	18	6	2	4
	<ul style="list-style-type: none"> ▪ Types of vaccines & their preparations ▪ Route & site of vaccine administration ▪ Vaccine storage ▪ Cold chain ▪ Universal precautions ▪ HIV/AIDS 							
3. EPI Supervisors	12th Feb 07	24th Feb 2007	14 days	3	3	0	3	
<ul style="list-style-type: none"> ▪ Types of vaccines & their preparations ▪ Immunizable diseases ▪ Route & site of administration of vaccines ▪ Vaccine storage ▪ Cold chain ▪ Growth monitoring ▪ surveillance ▪ Record keeping ▪ Reporting ▪ Universal precautions 								
4. Cold chain Management	Not done	Not done	N/A	2	-	-	-	

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Lab Technicians	Certificate in Laboratory science <ul style="list-style-type: none"> ▪ Reception & preparation of specimen ▪ Handling & use of lab equipments ▪ Haematology ▪ Parasitology ▪ Microbiology ▪ Serology ▪ Records keeping & reporting ▪ Surveillance 	April 2007	Dec 2009	21/2 years	5	2	0	2
Midwifery training (those with 4 year training)	Community Midwife Training	Not yet done	Not yet done	N/A	6	-	-	-
Nurses (those with three year training)	Nurses Training – (Certificate in Nursing)	Not yet identified the candidates	Not yet identified the candidates	N/A	5	-	-	-
PH Technicians/ TBAs/ CHWs	1. TBAs Newly trained <ul style="list-style-type: none"> • The role of the TBAs & their job description • Management of Antenatal mothers • Identifying, advising & referral of the mothers at risk to the clinic the earliest possible. • How to conduct safe deliveries & identifying complications during delivery & handle them appropriately. • Harmful factors in pregnancy • Common danger signs in pregnancy • Mal presentations in pregnancy • Care of a newborn 	14th May 2007	26th May 2007	13 days	48	17	17	0

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	<ul style="list-style-type: none"> Health education, importance of Immunisation & Child spacing 							
	<p>5. TBA refresher</p> <ul style="list-style-type: none"> Management of Antenatal mothers Identifying, & referral of the mothers at risk to the clinic How to conduct safe deliveries & identifying complications during delivery & handle them appropriately. Harmful factors in pregnancy Common danger signs in pregnancy Mal presentations in pregnancy Universal precautions HIV/AIDS 	<p>1st = 12th Feb 07 2nd =5th March 07</p>	<p>16th Feb 2007 15th March 07</p>	<p>5 days 10 days</p>	<p>60</p>	<p>36</p>	<p>36</p>	<p>0</p>
	<p>6. CHWs New Training</p> <ul style="list-style-type: none"> Community diagnosis Roles & responsibilities of CHW Management of common conditions 	<p>April 2007</p>	<p>Dec 2007</p>	<p>9 months</p>	<p>16</p>	<p>18</p>	<p>4</p>	<p>14</p>

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	<ul style="list-style-type: none"> ▪ Maternal & Child Health Care ▪ EPI ▪ Pharmaceutical – drug mgment ▪ Disease surveillance ▪ Records keeping & Reporting ▪ HIV/AIDS ▪ Universal precautions 							
	<p>7. M/CHWS Refresher</p> <ul style="list-style-type: none"> ▪ IECHC – identifying, classifying & treatment of the five common problems that affect under fives i.e. Pneumonia, Malaria, Dehydration, Malnutrition & Anaemia ▪ HIV/AIDS ▪ Universal precautions ▪ Reporting 	20th May 2007	26th May 2007	8 days	18	18	6	12
	<p>8. Public Health Technicians</p>	No candidate identified	No candidate identified	N/A	2	-	-	-
Pharmacy Technicians/ Store Keepers/ Dispensers	<p>1. Dispenser Training</p> <ul style="list-style-type: none"> ▪ Drug management. ▪ Essential drug list ▪ Organization of the pharmacy & drug store ▪ Dispensing process – good dispensing practices ▪ Rational use of drugs ▪ Storage & stability ▪ Record keeping & reporting ▪ Universal precautions 	5th March 2007	16th March 07	12 days	9	8	1	7
	<p>2. Pharmacy training</p>	Not yet started	N/A	N/A	2	-	-	-
	<p>3. Store keeper</p>	No candidate	N/A	N/A	1	-	-	-

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		identified						
Health promoters/ Community Mobilisers/ Community members	1. Community mobilisers	None identified	N/A	N/A	3	-	-	-
VCT staff	VCT Counsellors <ul style="list-style-type: none"> ▪ Introduction to HIV/AIDS ▪ Pre & Post test counselling ▪ Testing procedures ▪ Management of HIV positive patients. ▪ Use of ARVs ▪ Management of opportunistic infections in HIV positive patients ▪ Prevention of HIV/AIDS 	March 2007	March 2007	3 weeks	4	4	2	2

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5. Financial Summary

Include the Form B as a separate file (Excel format) in Annex B.

Annexes

- A. Projects Map – Not changed since submitted for the 2nd quarterly report.
 - B. Consolidated Project Financial Report
 - C. Project Organogram - Not changed since submitted for the 2nd quarterly report.
Upper Nile Organogram - Not changed since submitted for the 2nd quarterly report.
 - D. Indicative Project Work Plan (18 months)
-

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