

Quarterly Progress Report QPR4-2009

OVCI

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Central Equatoria (Juba)



Table of contents

List of abbreviations.....	ii
Explanatory Note	Error! Bookmark not defined.
1 Basic Information.....	3
2 Activity Schedule last Quarter	6
3 Primary Health.....	7
4 Training and Capacity Building	14
5 Comments/ Implementation Issues	15
6 Activity Schedule next Quarter	16

List of abbreviations

BPHS	Basic Package Health Services
BSF	Basic Services Fund
CHW	Community Health Worker
DW-WES	Directorate of Water – Water, Environment and Sanitation
EPI	Expanded Program of Immunization
GoSS	Government of Southern Sudan
GPS	Global Positioning System
MoE	Ministry of Education
MoH	Ministry of Health
MWRI	Ministry of Water Resources and Irrigation
NA	Not applicable
NGO	Non governmental organisation
PHCC	Primary Health Care Centre
PHCU	Primary Health Care Unit
PTA	Parent Teacher Organisation
SPHERE	Humanitarian Charter and Minimum Standards in Disaster Response
TBA	Traditional Birth Attendant
WHO	World Health Organisation

1 Basic Information

Basic information about the grant recipient and its partners	
Name of lead organisation	OVCI
Address of lead organisation	Usratuna Centre, P.O Box 1 Juba, Sudan
Grant contract number	060 540 002
Name of partner(s)	Ministry of Health CES, Ministry of Health GoSS, Juba Catholic Archdiocese
Project title	Strengthening the Basic Health and Community Services in Juba County.
Contract amount	GBP 198,210
Contract start date	1/1/2009
Project location(s)	Central Equatoria (Juba)
Period covered by this report	1st October 2009 – 31st December 2009
Serial number of this report (eg QPR1-2009)	QPR4-2009
Submission date of this report	22 January 2010
Focal person lead NGO	Alessandro Bagnariol
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Basic information on the project

Please provide here a brief summary of the project

▪ **Project background:**

The project was planned by OVCI la Nostra Famiglia (Italian NGO operating in Juba County since the 1983, without interruptions even during the civil war), in partnership with the MoH GoSS, MoH C.E.S. and Juba Catholic Archdiocese.

The project aims at establishing an effective and efficient health care system for the whole population of the County (about 486.000 persons for the 2006, more than half living within the boundaries of Juba Town). The project name is Strengthening the basic health and community services in Juba County, it is implemented in South Sudan, Juba and has been operating since mid 2006 and will be implemented until June 2010

▪ **Objectives:**

Establishment of an efficient health welfare system for the population residing in Juba County through effective basic service delivery.

▪ **Activities:**

- *Continuous monitor and evaluation of the buildings*
- *Comprehensive survey of equipment, material and personnel of the 4 PHCCs.*
- *Integration of the shortage of consumable materials (drugs, bandages, plasters, etc.)*
- *Training of 4 PHCCs Managers*
- *Supervision and training on the job of the health operators.*
- *Refreshment courses and training provided from October to December 09 for:*
 - midwives*
 - nurses*
 - laboratory technicians*
 - Clinical officers on Ultrasound Programme*
 - nutritionists and vaccinators*

▪ **Results:**

1. *Four PHCCs rehabilitated, equipped and supplied with equipments: Kator, Munuki, Usratuna, Nyakuron.*
2. *Improving Organization and Management a more efficient health care system.*
3. *Improvement of Performance of the Health workers through ongoing capacity building activities and trainings*
4. *Review of the Training plan and enhance the referral services.*

Information on population and facilities in area of operation per county ^{1 2}	
County:	Central Equatoria - Juba
Population in area of operation	372413 - 5th Sudan Population and Housing Census -2008
Population in area of operation between 5 and 17 year ³ (<i>Please mention source and year</i>)	-
No of PHCU	160
No of PHCC	32
No of basic schools ⁴	-
No of ALP centres	-
No of operational protected water sources ⁵	-

Notes:

¹ Area of operation is defined as the payams in one county in which your organisation provides services through fixed facilities: PHCC, PHCU, schools, boreholes and/or latrines.

² Only fill in the for your BSF project relevant fields: Number of PHCCs and PHCUs for projects with an health component, number of basic schools and ALP centres for projects with a primary education and adult literacy component and number of protected water sources for projects with a water and sanitation component.

³ The average percentage of the population between 5 and 17 in Sudan is according to the South Sudan Household Survey (2006) 36%. In case no figures are available one can use the figure of the state, as given in the South Sudan Household Survey (2006) (available on www.bsf-south-sudan.org). This information is only needed in case your organization is with BSF funding working in the field of basic education.

⁴ Secondary schools, pre schools, vocational skills training centres, etc, are not defined as basic school.

⁵ Protected water sources are: boreholes with pump, protected shallow wells with pump, protected springs, treated water distribution systems and rain water harvesting systems.

2 Activity Schedule last Quarter

Activities	Quarter 4 2009			Description of activities - especially on reasons why planned results were not achieved
	October	November	December	
Result 1: Four PHCCs fully rehabilitated, equipped and supplied, according to the BPHS - GoSS				
A1.1. Four PHCCs rehabilitated				OVCI continue to assist in case there is any minor repair that is required
A1.2. Four PHCCs Equipped				The 4 PHCCs are currently fully equipped.
A1.3. Four PHCCs Supplied				Drugs and laboratory supplies are providing in Usratuna, Kator, Munuki, and Nyokuron.
Result 2: Improvement of the job organization				
A2.1. Train 4 PHCCs Managers				Weekly capacity building and consultative meetings has been ongoing with the PHCCs managers where all issues in regard to the running of the centres are reviewed.
A2.2. Reorganization of services				3 PHCCs ward is opening until 3 PM. In Munuki the maternity ward is open 24H. Managers start to plan annual leaves for 2010
A3.3. Increase staff where necessary				SMoH CES reshuffle all the Health personnel in every Health Facility
A2.4. Develop Data system				The four PHCC's are using the GoSS M&E tools for data collection, and they started to use formats also in ward and dressing room
Result 3: Improvement of the performance rendered by the 4 PHCCS				
A3.1. To edit a five-year development plan for the services rent by every each PHCC involved				We are waiting the right condition to do it
A3.2. Supervision and training on the job of the health operators				This has been ongoing and the results have been positive.
Result 4: Improvement of the performance of the health personnel involved in the basic health service provision				
A4.1. To edit a five-year training plan for all the medical officer, medical assistant, midwives, nurses, laboratory technicians				During this period we started to plan the training
Result 5: Improvement the coverage of the basic services rendered by PHCCs and other institutional and community based health services				
A5.1. To train 15 Health Policy Makers				Regular monthly consultative meetings with MoH CES are ongoing: in this period handing over was planned, and we discuss about PHCCs future
A5.2. To implement the community based health care programme within the territory of Juba				This has been ongoing especially the health messages with Bakhita radio and different weekly lessons in each PHCC. EPI programme is ongoing
A5.3. To edit a five-year development plan for all the activities related to the community and the County Hospital				We are waiting the right condition to do it

3 Primary Health

Name and geography			
Name of facility	Kator		
Type of facility	PHCC		
GPS coordinates	Longitude: 31.5963528	Latitude: 4.8310833	
State	Central Equatoria		
County	Juba		
Payam	Kator		
The common next level referral facility	Name: Juba Teaching Hospital	Type: Hospital	Distance: 3 km
Structure			
Is the facility newly constructed, constructed or planned to be constructed or rehabilitated?			Services
Status of construction ⁶			100%
Does the unit have continuous access to a safe water source within a distance of 100 meters?	Yes		
If under BSF: DW-WES db nr.			
Type of water source	Borehole		
If under BSF: DW-WES db nr.			
Type of water source	Borehole		
Is incinerator for safe medical waste disposal in place?	Yes		
Number of latrines in use at the facility	Male: 3	Female: 3	
Beneficiaries			
Target beneficiaries ⁷	50000		
Number of first consultations (outpatient)	Male: 2110	Female: 2848	
Number registered inpatients	Male: 70	Female: 88	
No of children under 5 years that received DPT 3	138		
No of first antenatal care visits	241		
No of deliveries at facility	13		
No of mothers and babies post natal care visits	254		
TOTAL direct beneficiaries ⁸	5762		
No of referrals to next level health facility	5		

Management, staff and capacity building				
Who manages the facility?	MoH			
<i>Please indicate below the staff you have available in the facility and on which pay roll they are</i>	<i>No. of staff</i>	<i>Paid by:</i>		
		NGO	MoH	Other
Clinical Officer	5		5	
Nurse – enrolled	7		7	
Nurse – auxiliary	1		1	
Midwife – enrolled	1		1	
Midwife – auxiliary / Community midwife	10		10	
Lab – technician				
Lab – assistant	6		6	
Pharmacy technician				
Pharmacy attendant	2		2	
EPI vaccinators	1		1	
CHW (with at least 9 months of training)				
TBA (with at least 3 months of training)	2		2	
TOTAL	35	Male: 8	Female: 27	
Support staff (drivers, cleaners, watchmen, etc)			MoH: 17	
Sustainability				
No of members in Village Health Committee	Male: 6	Female: 6		
No of meetings held during this quarter	4			
Describe the actions taken by the Village Health Committee during this quarter	<p>In October they organize a meeting about security with Ministry of Health (CES).</p> <p>They facilitate the handing over between the former manager and the new manager.</p> <p>They organize a meeting to understand the plan for OVCI handing over.</p>			
No of facilitation visits by NGO to the facility	63			
No of facilitation visits by MoH to the facility	15			
Bed nets				
No of bed nets provided and source	No: 0			
Drugs				
Were at the last day of the reporting period (quarter) all drugs available as recommended by the MoH?				Yes
What percentage of the drugs was received from which institution? (estimate)	MoH: 15%	NGO: 85%	Other:	
Reporting				
No of monthly reports submitted to MoH	1			
Name and geography				
Name of facility	Munuki			
Type of facility	PHCC			

GPS coordinates	Longitude: 31.5792917	Latitude: 4.8633806
State	Central Equatoria	
County	Juba	
Payam	Munuki	
The common next level referral facility	Name: Juba Teaching Hospital	Type: Hospital Distance: 3 km
Structure		
Is the facility newly constructed, constructed or planned to be constructed or rehabilitated?		Services
Status of construction ⁶		100%
Does the unit have continuous access to a safe water source within a distance of 100 meters?	Yes	
If under BSF: DW-WES db nr.		
Type of water source	Borehole	
If under BSF: DW-WES db nr.		
Type of water source		
Is incinerator for safe medical waste disposal in place?	Yes	
Number of latrines in use at the facility	Male: 3	Female: 3
Beneficiaries		
Target beneficiaries ⁷	50000	
Number of first consultations (outpatient)	Male: 1611	Female: 2553
Number registered inpatients	Male: 23	Female: 30
No of children under 5 years that received DPT 3	175	
No of first antenatal care visits	305	
No of deliveries at facility	85	
No of mothers and babies post natal care visits	363	
TOTAL direct beneficiaries ⁸	5145	
No of referrals to next level health facility	29	
Management, staff and capacity building		
Who manages the facility?	MoH	
<i>Please indicate below the staff you have available in the facility and on which pay roll they are</i>	<i>No. of staff</i>	<i>Paid by:</i>
		NGO MoH Other
Clinical Officer	3	3
Nurse – enrolled	4	4
Nurse – auxiliary	2	2
Midwife – enrolled	4	4
Midwife – auxiliary / Community midwife	8	8
Lab – technician		

Lab – assistant	5		5	
Pharmacy technician				
Pharmacy attendant	1		1	
EPI vaccinators	2		2	
CHW (with at least 9 months of training)	2		2	
TBA (with at least 3 months of training)	2		2	
TOTAL	33	Male: 4	Female: 29	
Support staff (drivers, cleaners, watchmen, etc)			MoH: 17	
Sustainability				
No of members in Village Health Committee	Male: 8		Female: 4	
No of meetings held during this quarter	2			
Describe the actions taken by the Village Health Committee during this quarter	They provide to buy electricity (with rechargeable card) and fuel for generator. They collect the rubbish. They meet OVCI and staff to clarify handing over procedures.			
No of facilitation visits by NGO to the facility	70			
No of facilitation visits by MoH to the facility	20			
Bed nets				
No of bed nets provided and source	No: 0		Source:	
Drugs				
Were at the last day of the reporting period (quarter) all drugs available as recommended by the MoH?			No	
What percentage of the drugs was received from which institution? (estimate)	MoH: 15%	NGO: 85%	Other:	
Reporting				
No of monthly reports submitted to MoH	1			
Name and geography				
Name of facility	Nyukoren			
Type of facility	PHCC			
GPS coordinates	Longitude: 31.5788639	Latitude: 4.8460972		
State	Central Equatoria			
County	Juba			
Payam	Munuki			
The common next level referral facility	Name: Juba Teaching Hospital	Type: Hospital	Distance: 3 km	
Structure				
Is the facility newly constructed, constructed or planned to be constructed or rehabilitated?			Services	
Status of construction ⁶			100%	
Does the unit have continuous access to a safe water source within a distance of 100	Yes			

meters?				
If under BSF: DW-WES db nr.				
Type of water source	Borehole			
If under BSF: DW-WES db nr.				
Type of water source	Borehole			
Is incinerator for safe medical waste disposal in place?	Yes			
Number of latrines in use at the facility	Male: 2		Female: 2	
Beneficiaries				
Target beneficiaries ⁷	50000			
Number of first consultations (outpatient)	Male: 2189		Female: 3871	
Number registered inpatients	Male: 15		Female: 18	
No of children under 5 years that received DPT 3	173			
No of first antenatal care visits	405			
No of deliveries at facility	13			
No of mothers and babies post natal care visits	325			
TOTAL direct beneficiaries ⁸	7009			
No of referrals to next level health facility	32			
Management, staff and capacity building				
Who manages the facility?	MoH			
<i>Please indicate below the staff you have available in the facility and on which pay roll they are</i>	<i>No. of staff</i>	<i>Paid by:</i>		
		NGO	MoH	Other
Clinical Officer	5		5	
Nurse – enrolled	5		5	
Nurse – auxiliary	1		1	
Midwife – enrolled	2		2	
Midwife – auxiliary / Community midwife	9		9	
Lab – technician	4		4	
Lab – assistant				
Pharmacy technician	2		2	
Pharmacy attendant				
EPI vaccinators	1		1	
CHW (with at least 9 months of training)	2		2	
TBA (with at least 3 months of training)	2		2	
TOTAL	33	Male: 4	Female: 29	
Support staff (drivers, cleaners, watchmen, etc)			MoH: 17	
Sustainability				
No of members in Village Health Committee	Male: 6		Female: 6	
No of meetings held during this quarter	6			

Describe the actions taken by the Village Health Committee during this quarter	They provided for a new microscope.		
No of facilitation visits by NGO to the facility	68		
No of facilitation visits by MoH to the facility	21		
Bed nets			
No of bed nets provided and source	No: 0	Source:	
Drugs			
Were at the last day of the reporting period (quarter) all drugs available as recommended by the MoH?	No		
What percentage of the drugs was received from which institution? (estimate)	MoH: 15%	NGO: 85%	Other: -
Reporting			
No of monthly reports submitted to MoH	1		
Name and geography			
Name of facility	Usratuna		
Type of facility	PHCC		
GPS coordinates	Longitude: 31.604825	Latitude: 4.8467917	
State	Central Equatoria		
County	Juba		
Payam	Juba		
The common next level referral facility	Name: Juba Teaching Hospital	Type: Hospital	Distance: 1 km
Structure			
Is the facility newly constructed, constructed or planned to be constructed or rehabilitated?			Services
Status of construction ⁶			100%
Does the unit have continuous access to a safe water source within a distance of 100 meters?	Yes		
If under BSF: DW-WES db nr.			
Type of water source	Borehole		
If under BSF: DW-WES db nr.			
Type of water source	Borehole		
Is incinerator for safe medical waste disposal in place?	Yes		
Number of latrines in use at the facility	Male: 2	Female: 2	
Beneficiaries			
Target beneficiaries ⁷	50000		
Number of first consultations (outpatient)	Male: 2129	Female: 2552	
Number registered inpatients	Male: 0	Female: 0	
No of children under 5 years that received DPT 3	125		
No of first antenatal care visits	68		

No of deliveries at facility	0		
No of mothers and babies post natal care visits	128		
TOTAL direct beneficiaries ⁸	5002		
No of referrals to next level health facility			
Management, staff and capacity building			
Who manages the facility?	NGO		
	<i>No. of staff</i>	<i>Paid by:</i>	
		NGO	MoH
			Other
Clinical Officer	2	2	
Nurse – enrolled	1		1
Nurse – auxiliary			
Midwife – enrolled	1	1	
Midwife – auxiliary / Community midwife			
Lab – technician	3	3	
Lab – assistant			
Pharmacy technician			
Pharmacy attendant			
EPI vaccinators			
CHW (with at least 9 months of training)			
TBA (with at least 3 months of training)			
TOTAL		Male: 1	Female: 6
Support staff (drivers, cleaners, watchmen, etc)		NGO: 5	
Sustainability			
No of members in Village Health Committee	Male: -	Female: -	
No of meetings held during this quarter	-		
Describe the actions taken by the Village Health Committee during this quarter	-		
No of facilitation visits by NGO to the facility	70		
No of facilitation visits by MoH to the facility	0		
Bed nets			
No of bed nets provided and source	No: 0	Source:	
Drugs			
Were at the last day of the reporting period (quarter) all drugs available as recommended by the MoH?	YES		
What percentage of the drugs was received from which institution? (estimate)	MoH: 15%	NGO: 85%	Other: -
Reporting			
No of monthly reports submitted to MoH	1		

⁶ 0% not yet started; 15% foundation in place; 50% walls up to ring beam; 70% roof completed; 85% doors, windows and ceilings fitted; 100% electrical wiring (and/or solar/ gas/ kerosene devices are in place and functioning) and water system in place, painting and finishing completed.

⁷ In accordance to MoH – BPHS this is 15,000 per PHCU and 50,000 per PHCC

⁸ Direct beneficiaries is the sum of: a) number of first consultations (outpatient); b) number of registered inpatients c) No of children under 6 years that received EPI; d) No of first antenatal care visits; e) No of deliveries at facility; f) No of mothers and babies attending mother and child health clinics.

4 Training and Capacity Building

Please provide below a list of people that receive long-term training (more than 1 month) during the total duration of the project.

Long term training - Primary Health					
Kind of training	No of trainees		Length of training	Start Date	End Date
English literacy for midwives	M: 0	F: 19	Juba Arabic - English	02 October 2009	30 March 2010
	M:	F:			
	M:	F:			

Short term training and campaigns

Please mention all short term training (less than 1 calendar month or 22 days of training) and campaigns in a **separate excel sheet** and submit at the same time as the quarterly progress report.

Capacity building of the local counterpart at payam and county level should NOT be entered in the excel sheet, but separately reported on (see table next page). If your organisations also trains state civil servants, than this can be added in the excel sheet.

Do not enter additional 'topic/ category' fields into the excel table, but choose the description that describes the content of the training the best.

Capacity Building¹ at State level

No of coordination meetings at State level	3
No of meetings with State authorities	12

¹ Capacity building includes among others training and provision of spare parts, tools, means of transport, etc.

5 Comments/ Implementation Issues

Please give below additional comments and or describe the implementation issues that arose in this quarter.

- Bed ward are opened from 8.00 to 15.00, but few patients are coming during the afternoon.
- In Munuky, maternity is open 24H per day
- PHCCs still have staff lack, especially in Munuki
- In middle December there was a staff downsizing by MoH CES. Munuki PHCC, Nyukoren PHCC and Kator PHCC were heavily affected by it.
- OVCI distribute on 22 December drugs and no drug items from the GoSS. They have a big delay: the kit should be distributed on early November. After several request, we receive the permission to collect and distribute them on 18 December. Kits distributed can be sufficient, at the latest, for one month.
- In early October OVCI has bought drugs and no drugs items. OVCI distributed these drugs in each PHCC
- In middle October OVCI received few antimalarial drugs from UNICEF, and immediately distributed it
- Continuous on Job Training from the OVCI management team
- Manager in Kator PHCC was changed. Simon Sekwat is the new manager. He established a good relationship with OVCI, health committee, staff, other managers and MoH CES.
- Regular monthly consultative meeting between OVCI, PHCC's managers and Ministry CES has been on going and this has enhanced the working relationship and collaboration
- Managers started to meet in autonomy, for preparing documents together.
- EPI outreach programme. We continue to monitor the activities in Gumbo
- Referral system had improved but it has been disrupted continuously due the lack of a regular ambulance driver
- In October we started a six months course for literacy for midwives. They are not able to write and we observed that they were not able to give information when they ended the shift. The course will end on 30 March 2010
- On 15 October the agreement between State Ministry of Social Development CES and OVCI expired; therefore 3 seconded personnel engaged by OVCI as Community development officer, came back to CES: OVCI take on a new CDO for health meeting with the community
- On middle October Gareth Thomas, UK Ministry of State for international Development, visited Kator PHCC with UK ambassador and DFID delegation
- For November Munuki PHCC had electricity from the city power. They have to pay a rechargeable card to receive power
- In November Director General MoH CES send a letter to ban users' fees in CES PHCCs
- On 2 December OVCI and MoH CES had a meeting to plan handing over in Kator PHCC, Munuki PHCC and Nyakuron PHCC. The handing over will be between February and March
- During the same meeting OVCI try to understand if, in 2010, there will be some found for the PHCCs running costs, but the answer was vague. Until November 2009, running costs were covered by users' fees collection
- In December OVCI meet Kator and Munuki health committee to explain the handing over plan. During these meetings health committees were worried by the ban of user fees and for PHCC sustainability, especially for paying running cost
- There is a problem with borehole and fence in Nyukoren. They are building a dual carriageway: they will destroy the fence, the gate, a little shop built inside the fence. Probably they would damage also the borehole but, after a meeting between OVCI, MSF, an engineer of Ministry of Road and the manager of Nyakuron PHCC they guarantee that the borehole is safe. Probably the fence will be destroyed.

6 Activity Schedule next Quarter

In this quarter, we plan to hand over Munuki PHCC, Nyakuron PHCC and Kator PHCC to Ministry of Health, Central Equatoria State.

Activities	Quarter 1 2010			Description of activities (if needed)
	January	February	March	
Result 1: Four PHCCs fully rehabilitated, equipped and supplied, according to the BPHS - GoSS				
A1.1. Four PHCCs rehabilitated				
A1.2. Four PHCCs Equipped				
A1.3. Four PHCCs Supplied				
Result 2: Improvement of the job organization				
A2.1. Train 4 PHCCs Managers				
A2.2. Reorganization of services				
A3.3. Increase staff where necessary				
A2.4. Develop Data system				
Result 3: Improvement of the performance rendered by the 4 PHCCS				
A3.1. To edit a five-year development plan for the services rendered by every each PHCC involved				
A3.2. Supervision and training on the job of the health operators				
Result 4: Improvement of the performance of the health personnel involved in the basic health service provision				
A4.1. To edit a five-year training plan for all the medical officer, medical assistant, midwives, nurses, laboratory technicians				
Result 5: Improvement the coverage of the basic services rendered by PHCCs and other institutional and community based health services				
A5.1. To train 15 Health Policy Makers				
A5.2. To implement the community based health care programme within the territory of Juba				
A5.3. To edit a five-year development plan for all the activities related to the community and the County Hospital				