



American Refugee Committee
I N T E R N A T I O N A L

South Sudan Program

**HEALTH, WATER, SANITATION AND HYGIENE SUPPORT
TO
KAJO KEJI AND MAGWI COUNTIES, SOUTH SUDAN**

DFD-G-00-07-00052-00

FINAL REPORT

1ST JANUARY – 31ST DECEMBER 2007

SUBMITTED TO:

UNITED STATES OFFICE FOR DISASTER ASSISTANCE

MARCH 2008

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1.0 PROJECT SUMMARY SHEET

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Program Title:

Health and Water, Sanitation & Hygiene Support to Kajo Keji and Magwi Counties

OFDA Grant Number:

DFD-G-00-07-00052-00

Country/Region:

Kajo Keji and Magwi, South Sudan

Period of Activity

1st January to 31st January, 2008 (January 2008 NCE)

Period Covered by this Report:

1st January to 31st January, 2008 (January 2008 NCE)

Program Goal:

To ensure coverage of critical health and water/sanitation needs among conflict-affected communities in South Sudan during the transition out of the emergency assistance phase.

Total Number of Individuals Affected in the Targeted Area:

Kajo Keji County: 155,000

Magwi County: 135,000

Total Number of Beneficiaries Targeted (Individuals): 290,000

2.0 PROGRAM OVERVIEW AND PERFORMANCE

2.1 BENEFICIARIES¹

Payam	Total Population	Children < 1 (4%)	Children < 5 (21%)	Women of Reproductive Age (25%)
<u>Kajo Keji County</u>				
Liwolo	58,511	2,340	12,287	14,628
Kangapo I	9,335	373	1,960	2,334
Kangapo II	19,078	763	4,006	4,770
<u>Magwi County</u>				
Mugali I	31,261	1,250	6,565	7,816
Nimule	6,191	248	1,285	1,548
Total	124,376	4,974	21,103	31,096
Target Reached		2,478	13,017	40,457
		4,881 (197%)	5,177 (40%)	7,884 (20%)

Sector	Targeted Beneficiaries	Reached Beneficiaries		
		Returnees	Host Community	Total
Health General (8,500 x12)	<ul style="list-style-type: none"> • 102,000 	-	-	Total beneficiaries; 110,373: - 95,806 people treated - 7,884 mothers registered in antenatal alone. - 6,683 children were immunized.
Sub-sector EPI	<ul style="list-style-type: none"> • 10 County MoH staff • 30 – 50 Community volunteers per campaign • 5,400 Children < 1 • 27,000 of Children < 5 	-	-	74 Community persons volunteered as Social mobilizers during measles campaign in Kajo Keji 4,415 Children < 1 reached 23,178 children <5 reached.
Sub-sector Health Education	<ul style="list-style-type: none"> • 400 staff of health facilities • 10 County MoH staff 	5	6	443 health workers (196 female: 247 male) benefited from the trainings facilitated by ARC.

¹ Population data is fluid due to significant population movements.

Sector	Targeted Beneficiaries	Reached Beneficiaries		
		Returnees	Host Community	Total
	<ul style="list-style-type: none"> • 72,500 Community members 			20,923 community members reached through hygiene education outreaches
	Sub-total Health	5	6	159,406
WASH General	<ul style="list-style-type: none"> • Kajo Keji County: 155,000 • Magwi County: 135,000 • Total: 290,000 	47,669 16,739 64,408	91,609 + (5,173 IDPs) 20,694 + (61,262 IDPs) 112,303 + (66,435 IDPs)	144,451 98,695 243,146
Sub-sector Hygiene Promotion	<ul style="list-style-type: none"> • 60 water source committee members, • 20 hygiene promoters, 60 county staff trained in PHAST methodologies • 1,200 beneficiaries from 24 community health/ hygiene campaigns [estimated 50 per campaign]. • Due to multiplier effect of key hygiene messages addressed through campaigns and distribution of IEC materials, an estimated 2,600 people will benefit indirectly. 	17 6 236 19,012	38 + (5 IDPs) 12 503 + (617 IDPs) 24,497 + (45,391 IDPs)	60 20 1,356 88,900

Sector	Targeted Beneficiaries	Reached Beneficiaries		
		Returnees	Host Community	Total
Sub-sector Water	<ul style="list-style-type: none"> • 8 drilled and 4 rehabilitated boreholes are intended to benefit directly 6,000 people both in Magwi and Kajo Keji counties. 	1,857	3,761 + (632 IDPs)	6,250
	<ul style="list-style-type: none"> • Two rainwater harvesting systems are intended to benefit directly 2,000 people. 	1,003	4,597	5,600
	<ul style="list-style-type: none"> • Trained hand pump mechanics and water quality testing to benefit an estimated 225,000 people. 	34,211	46,499 + (19,790 IDPs)	100,500
Sanitation (Both Institutional and Household Level)	<ul style="list-style-type: none"> • VIP latrines are intended to benefit 26,000 patients and staff working at the 8 health facilities [given PHCC serving 5,000 and PHCU serving 3,000 people]. 	5,956	30,044	36,000
	<ul style="list-style-type: none"> • Latrine digging toolkits will benefit 2,500 people [each toolkit serving 10 households and average household size is 5 persons per family]. 	2,110	2,350	4,460
	Sub-total WASH	64,408	112,303 + (66,435 IDPs)	243,146
	<u>Grand Total</u>	<u>64,413</u>	<u>112,309 + (66,435 IDPs)</u>	<u>402,552²</u>

2.2 SECTOR ANALYSIS

² There is an overlap of targeted and reached beneficiaries in the tabulated cumulative figures above as health and WASH services were provided to the same communities in ARC's areas of operation.
Submitted to OFDA - March 2008

Super Goal (ARC's Mission Statement): To work with refugees, displaced people, and those at risk to help them survive crises and rebuild lives of dignity, health, security and self-sufficiency.

Intervention Logic/Narrative	Objectively Verifiable Indicators	Progress	Comments																																																		
<p>Program Goal: To ensure coverage of critical health and water/sanitation needs among conflict affected communities in South Sudan during the transition out of the emergency assistance phase.</p>	<ul style="list-style-type: none"> Extent that partner health facilities continue to function in the areas of operation after the complete scaled down of ARC direct assistance. Level of alternative funding sourced by the 	<ul style="list-style-type: none"> ARC provided Primary Health Care services in Kajo Keji and Magwi Counties in Central and Eastern Equatoria States, respectively. In Kajo Keji services covered Liwolo, Kangapo I and II Payams with a total estimated population of 86,924, and in Magwi County, services covered Mugali and Nimule Payams with a population estimate of 37,453 mostly internally displaced persons. 29 Health facilities remained operational at the end of quarter 4. Services offered included; treatment of minor illness, immunizations, antenatal and referrals. Details of the targeted beneficiaries are indicated in the table below: <table border="1" data-bbox="667 998 1365 1318"> <thead> <tr> <th>County</th> <th>Payam</th> <th>Total Population</th> <th>Children under 1 (4%)</th> <th>Children Under 5 (21%)</th> <th>Women of reproductive age (25)%</th> </tr> </thead> <tbody> <tr> <td rowspan="3">Kajo Keji County</td> <td>Liwolo</td> <td>58,511</td> <td>2,340</td> <td>12,287</td> <td>14,628</td> </tr> <tr> <td>Kangapo I</td> <td>9335</td> <td>373</td> <td>1,960</td> <td>2,334</td> </tr> <tr> <td>Kangapo II</td> <td>19,078</td> <td>763</td> <td>4,006</td> <td>4,770</td> </tr> <tr> <td rowspan="3">Magwi County</td> <td>Mugali I</td> <td>31,261</td> <td>1,250</td> <td>6,565</td> <td>7,816</td> </tr> <tr> <td>Nimule</td> <td>6,191</td> <td>248</td> <td>1,285</td> <td>1,548</td> </tr> <tr> <td>Total</td> <td>124,376</td> <td>4,974</td> <td>21,103</td> <td>31,096</td> </tr> <tr> <td colspan="2"></td> <td>Target</td> <td>2,478</td> <td>13,017</td> <td>40,457</td> </tr> <tr> <td colspan="2"></td> <td>Reached</td> <td>4,881(197%)</td> <td>5,177 (40%)</td> <td>7,884(20%)</td> </tr> </tbody> </table> <p><i>* Population data is fluid due to significant population movements in recent months</i></p> <ul style="list-style-type: none"> Support to County Health Department in sourcing out alternative support for drugs and other supply was 	County	Payam	Total Population	Children under 1 (4%)	Children Under 5 (21%)	Women of reproductive age (25)%	Kajo Keji County	Liwolo	58,511	2,340	12,287	14,628	Kangapo I	9335	373	1,960	2,334	Kangapo II	19,078	763	4,006	4,770	Magwi County	Mugali I	31,261	1,250	6,565	7,816	Nimule	6,191	248	1,285	1,548	Total	124,376	4,974	21,103	31,096			Target	2,478	13,017	40,457			Reached	4,881(197%)	5,177 (40%)	7,884(20%)	<ul style="list-style-type: none"> Many challenges were faced in implementing the program activities in 2007: security restrictions on movements; inadequate government support especially on incentive phase reduction; massive population movement following the signing of the CPA. Services in some locations in Magwi County were disrupted when the community where forced to relocate from their areas due to repeated incidents of LRA attacks between January and April 2007. Masindi I PHCU was forced to close down there of. There was heavy rain realized in the summer season, which significantly increased the level of difficulty faced when implementing program activities as a result of limited movement due to the poor road infrastructure. The challenges encountered throughout the program period reflect the realities of operating in South Sudan. ARC took this into account when the program was planned and designed and allowances were made to deal with these eventualities as and when they arise. As such, ARC was able to implement the vast majority of program activities in spite of the obstacles that were encountered. Continuous support supervision was carried out in the 29 health facilities. Supervisions were conducted in 6 PHCCs of Bamurye, Kerwa, Bori, Mangalatore, Kangai and Mugali II, and 23 PHCUs of Ajio, Ajira, Bori, Kasurak, Kinyiba,
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Super Goal (ARC's Mission Statement): To work with refugees, displaced people, and those at risk to help them survive crises and rebuild lives of dignity, health, security and self-sufficiency.

Intervention Logic/Narrative	Objectively Verifiable Indicators	Progress	Comments
	MoH for health activities.	<p>continuous throughout the implementation period in both Kajo Keji and Magwi Counties. The County Health Department of Kajo Keji was supported with fuel (diesel) to maintain the central cold chain. About 400 litres of diesel was issued to support the CHD of Kajo Keji for the cold chain and transportation to distribute vaccines and other essential health supplies from Juba. In Magwi, there is no established central cold chain system. Also procured and supplied were; reams of printing papers, assorted envelopes (medium & small sizes) for the Kajo Keji County Health Department. In Nimule, support for delivery of equipments and furniture to the newly constructed Kerepi PHCU, was accomplished. Drugs and non-drug supplies were received from MoH-GoSS, by the CHD in both Counties of Kajo Keji and Magwi. The supplies were distributed to 6 PHCCs of Bamurye, Kerwa, Bori, Mangalatore, Kangai and Mugali II, and 23 PHCUs of Ajio, Ajira, Bori, Kasurak, Kinyiba, Kiri, Limi II, Logu, Limi 1, Loro, Lema, Lora Kala, Wurta, Leikor, Sare Goro, Sera Jale, Kerwa, Rungetta, Masindi II, Ganzi, Olikwi, Anzara, and Longu. In Magwi County, support was received from UNDP-CERF that helped in the procurement of emergency drug supplies and other essential health materials and trainings. Two new PHCU (Kerepi and Obbo) constructions were also accomplished with UNDP-CERF support. UNICEF provided support EPI activities by providing vaccines.</p>	<p>Kiri, Limi II, Logu, Limi 1, Loro, Lema, Lora Kala, Wurta, Leikor, Sare Goro, Sera Jale, Kerwa, Rungetta, Masindi II, Ganzi, Olikwi, Anzara, and Longu. Over 423 health workers (191 female: 231 male) benefited from the on-job training sessions. Sessions focused on improving health service management in PHC, EPI and MCH activities. Topics covered included Referral system, Report writing, Patient/Client management, Drug management, immunization, treatment of malaria and respiratory tract infection, vaccine and cold chain maintenance in immunization sessions, obstetric emergencies and management, and Importance of Home visit by TBAs.</p>
<p>Objective 1: To phase out emergency health assistance and</p>	<p>1.1 Health General 1.11 Number of OFDA-supported health facilities providing services to</p>	<ul style="list-style-type: none"> • A total of 29 OFDA-supported health facilities (23 in Kajo Keji and 6 in Nimule) provided services during the implementation period. 	<ul style="list-style-type: none"> • The MoH was contacted on protocols for drug procurement. Discussion with MoH on payments of salaries to health workers in the health

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Intervention Logic/Narrative	Objectively Verifiable Indicators	Progress	Comments
	<p>providers and/or community members trained in areas such as the prevention and management of the most common diseases causing morbidity and mortality, maternal and neonatal health, EPI, HIV/AIDS prevention and health education.</p> <p>1.14 Continued functioning of partner health facilities in Q4 after complete scale-down of ARC direct assistance.</p>	<ul style="list-style-type: none"> Scaling-down of direct assistance was not achieved during the program implementation period. 	<p>payment for health workers. The incentive issue has become sensitive. Health workers reacted with protests in some instances in both Magwi (in February) and Kajo Keji (in December). As a result there was need to discuss the reduction of incentives with both the MoH, CHD and Health workers in the facilities, actual reductions have yet to take place cautiously and with time. Furthermore, it has become apparent that the issue of "incentives" is one that will need further dialogue before a suitable compromise can be reached. ARC will continue to explore this issue together with CHD, bearing in mind the need to ensure that all health facilities continue to operate and provide health care to the general population. This has been raised as a matter of concern by the Juba Health Forum member INGO's and NGO's and stakeholders providing health services.</p> <ul style="list-style-type: none"> Laundry soap was issued as a motivation item to volunteer Community Health Educators, Vaccinators, health workers and TBA's. TBA supplies were distributed to all TBAs in the twenty-nine health facilities supported by ARC in Kajo Keji and Magwi Counties. Items issued included; laundry soap, cotton wool, gloves, and Rolls of cord tie. Reproductive Health kits: clean delivery kits for mothers, were also issued out to all twenty nine-health facilities in Kajo Keji County and Nimule corridor. Procured and supplied reams of print papers, assorted envelopes to Kajo Keji County Health. 18 health

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Intervention Logic/Narrative	Objectively Verifiable Indicators	Progress	Comments
			<p>workers received uniforms. 93 field bags were also issued out to TBAs, MCHWs and EPI vaccinators. One bicycle was issued to a Payam PHCU supervisor and one to the MCH Supervisor to facilitate their transport. Emergency Reproductive Health kits were also distributed. These included; adult resuscitation tube, lidocaine, oral contraceptives (Microgynon), depo-provera Injectable, calcium gluconate, Uri-strips, for family planning clients in both Kajo Keji and Nimule. Also autoclaves, electrical suction machine, were issued in Kajo Keji. However, uptake for this family planning service remained quite low.</p> <ul style="list-style-type: none"> • Drug kits were received from MoH-GoSS, through the County Health Department in both Kajo Keji and Magwi. The kits were received as supplies for the fourth quarter. The supplies were distributed to 6 PHCCs namely: Bamurye, Kerwa, Bori, Mangalatore, Kangai and Mugali II and 23 PHCUs of Ajo, Ajira, Bori, Kasurak, Kinyiba, Kiri, Limi I & II, Logu, Loro, Lema, Lora Kala, Wurta, Leikor, Sare Goro, Sera Jale, Kerwa, Rungetta, Masindi II, Ganzi, Olikwi, Anzara, and Longu, in both Counties. Ant-malarial, antibiotic and other basic drug distribution took place throughout the year to all the health facilities with 110,373 individuals being treated. • Masindi I PHCU in Nimule was closed due to

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			repeated LRA insurgent attacks between January and April 2007.																								
	<p>1.2 Health Sub-sector: EPI 1.21 Immunization coverage <1 year age (DPT3, Polio3).</p> <p>1.22 Measles immunization coverage, ages 6 month to 15 years old.</p> <p>1.23 Vitamin A coverage, 6 to 59 months.</p>	<ul style="list-style-type: none"> Table below shows the immunization coverage (EPI and TT2 Coverage) from January 2007-January 2008 <table border="1" data-bbox="667 760 1367 837"> <thead> <tr> <th>Planned <1yr</th> <th>Vaccinated BCG</th> <th>%BCG Coverage</th> <th>DPT1 Imm</th> <th>DPT3 Imm</th> <th>Dropout</th> <th>%Dropout</th> <th>DPT3 Coverage</th> <th>Measles Imm.</th> <th>%Measles Coverage</th> <th>TT2 Imm.</th> <th>%TT2 Coverage (4%)</th> </tr> </thead> <tbody> <tr> <td>2,478</td> <td>3,176</td> <td>128%</td> <td>1,531</td> <td>1,164</td> <td>367</td> <td>24%</td> <td>47%</td> <td>1,736</td> <td>70%</td> <td>2,640</td> <td>53%</td> </tr> </tbody> </table> <p>Source: ARC health facility records.</p> <ul style="list-style-type: none"> The overall measles immunization coverage was 70.00%. Vitamin A coverage was 0.7% (93 children of 6 – 59 months benefited). 	Planned <1yr	Vaccinated BCG	%BCG Coverage	DPT1 Imm	DPT3 Imm	Dropout	%Dropout	DPT3 Coverage	Measles Imm.	%Measles Coverage	TT2 Imm.	%TT2 Coverage (4%)	2,478	3,176	128%	1,531	1,164	367	24%	47%	1,736	70%	2,640	53%	<ul style="list-style-type: none"> Vaccines and other non-vaccine supplies were sourced from the CHD-Kajo Keji and UNICEF in Juba (for Nimule supplies). Supplies were issued to 4 cold chain facilities of Bamurye, Mangalatore, Kerwa and to Nimule, for EPI services. The EPI activities still face challenges in Magwi County where there is no County central cold chain facility. Vaccines were collected from Juba, and due to transport difficulty, supplies were irregular in the county to most EPI implementers. About 133 EPI outreach sessions were conducted in both Kajo Keji and Nimule. 80 EPI vaccinators (volunteers and incentive paid staff) participated in most of these sessions: 68 in Kajo Keji and 12 in Nimule. However, with the great turn over of volunteers, the number of active volunteers kept on reducing through the period to about 44. 28 health facilities were reached for EPI services: 22 in Kajo Keji and 6 in Nimule. The Volunteer vaccinators were continuously supported with washing soap as motivational items. In Kajo Keji, vaccine and non-vaccine supplies were procured regularly. Supplies
Planned <1yr	Vaccinated BCG	%BCG Coverage	DPT1 Imm	DPT3 Imm	Dropout	%Dropout	DPT3 Coverage	Measles Imm.	%Measles Coverage	TT2 Imm.	%TT2 Coverage (4%)																
2,478	3,176	128%	1,531	1,164	367	24%	47%	1,736	70%	2,640	53%																

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Intervention Logic/Narrative	Objectively Verifiable Indicators	Progress	Comments
			<p>included; OPV vaccine, DPT, TT, Measles, BCG Vaccines, TT cards, and Safety boxes, all from Kajo Keji County Central cold chain, and transported to Static centers of Bamurye, Kerwa, Mangalore and Kangai PHCCs. ARC also Provided diesel to the central cold chain for running the generator in the County Health Department. Kerosene was supplied to the peripheral cold chain facilities monthly.</p> <ul style="list-style-type: none"> • Mass meningitis vaccination campaign was conducted in Mugali, Nimule, and Pageri Payam in Magwi County in March 2007. 20 vaccinators participated in the campaign in Mugali Payam – Magwi County. In Kajo Keji, the Meningitis mass vaccination was conducted in February, implemented by MSF-Holland. ARC provided supervisory support. In conjunction with UNICEF/WHO & MoH, ARC implemented the Mass Measles campaign (MMC) in Kajo Keji County and part of Juba County (Lobonok), from in February. The overall coverage was 70.00%. Polio campaign was conducted in March 2007. Health teams supported in the supervision of the health workers. The second round of Polio campaign took place in May 2007. ARC participated in the campaign by providing logistics support to both Nimule and Kajo Keji. Another SNIDs campaign against polio was carried out from in November 2007. ARC contributed motor vehicles for transport among other support to assist in transportation of polio

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Intervention Logic/Narrative	Objectively Verifiable Indicators	Progress	Comments
			<p>vaccines to various immunization centers.</p> <ul style="list-style-type: none"> At the end of the 2007 implementation period, the Cold chain facilities in Nimule were not functioning. However, efforts will continue in 2008 to source spare parts for repair. In 2007, ARC supplied Kerosene regularly to all functioning cold chain facilities. About 1,560 Ltrs were distributed (each facility received 40 Ltrs per month). No EPI Mid-level Management training was facilitated by UNICEF/MoH during 2007.
	<p><u>1.3 Health Sub-sector: Health Education</u></p> <p>1.31 Pre- and Post-test results for all trainings.</p> <p>1.32 %age of trainees retaining and applying key training messages, verified through 3- and 6-month follow-up monitoring visits</p> <p>1.33 Number of health providers and/or community members trained in:</p>	<ul style="list-style-type: none"> Average range of Pre-test (50%-75%) and Post-test (85%-99%) for VHC trainings; EPI basic training; pre-test was 29.8%, and 78.3% in post-test About 90% of trainees were applying key training messages. The table below details the trainings facilitated by ARC in 2007 to build the capacity of the CHD to directly manage health facilities: <i>Kindly refer to page 10 for the detailed training matrix.</i> 	<ul style="list-style-type: none"> All the planned workshops and trainings were conducted and included: health educators training, Village Health committee training, STI training for Health care service providers, EPI refresher workshop, Health facility management, MCH refresher trainings and community leaders training workshop. The high rate of staff turnover of trained health facility personnel experienced during the implementation of this program greatly lowered the successful utilization of their skills acquired through the various training opportunities facilitated by ARC.

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Intervention Logic/Narrative	Objectively Verifiable Indicators	Progress	Comments
	<p>1.331 Client/provider interaction.</p> <p>1.332 Syndromic Management of STIs.</p> <p>1.333 Ante/Post-Natal Care.</p> <p>1.334 Health Facility Management and Administration.</p> <p>1.335 EPI/Vaccination implementation.</p> <p>1.34 Number of CHW trained in the prevention and community based management of diarrhea, ARI, malaria, measles and maternal and infant health.</p>	<ul style="list-style-type: none"> Capacity building trainings facilitated by ARC with the support of OFDA 	

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Intervention Logic/Narrative	Objectively Verifiable Indicators	Progress	Comments
	<p>1.36 Percentage of target population with knowledge of and practicing two methods to prevent diarrhea.</p> <p>1.37 Percentage of population properly managing diarrhea at home.</p> <p>1.38 Percentage of target population able to identify the transmission and prevention of malaria.</p> <p>1.39 Percentage of target population with knowledge of when to seek care for children with respiratory difficulty, fever and diarrhea (dehydration), complications of pregnancy.</p>	<p>Education outreach (& Home visits)</p> <ul style="list-style-type: none"> • Data not captured by KAP survey due to a coding anomaly. • 189/242 (78.1%) could identify how malaria was transmitted. In Kajo Keji 92/121 (76%) and in Magwi 97/121 (80.2%) could identify how malaria was transmitted. The highest percentage of respondents who correctly identified how malaria was transmitted (87.9%) was in Nimule Payam and the lowest was in Mugali (63.2%) • Fever was mostly treated by using a cold sponge (52.5%) and taking medicine (45%). Herbal medicine was used by 7.8%. Other types of treatments for fever include boiling Neem tree leaves, breathing fresh air and mixing sugar with water. No one mentioned drinking plenty of water as a way of treating fever. 	
<p>Objective 2: To facilitate improvements in health and</p>	<p>2.1 WASH General 2.11 Overall decrease in the level of poor hygiene practices.</p>	<ul style="list-style-type: none"> • Population not using clean latrine decreased by 42% in Kajo Keji and 8% in Nimule corridor. 56.6% of the population in Kajo Keji and Nimule corridor clean 	<ul style="list-style-type: none"> • Number of functional boreholes increased in both Kajo Keji and Magwi County due to drilling and rehabilitation program, but the water coverage

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<p>hygiene in Kajo Keji and Magwi Counties by upgrading water and sanitation resources at health facilities and promoting community hygiene.</p>	<p>2.12 Total number of functioning boreholes after completion of the project.</p> <p>2.13 Total number of clinic latrines in a usable state after completion of the project.</p>	<p>latrines at least once a day and 11.7% of the population practice hand washing at critical times</p> <ul style="list-style-type: none"> • 49 boreholes improved and functional at end of project. Total number of functional boreholes in Kajo Keji County increased from 199 to 231 and Nimule corridor increased from 115 to 146. • 8 blocks of VIP (Ventilated Improved Pit) latrines provided at health facilities that lack latrines. 	<p>has not improved as population increased. The influx of returnees in Kajo Keji and Magwi counties continue to stress the available water resources.</p>
	<p>2.2 WASH Sub-sector: Hygiene Promotion</p> <p>2.21 12 water source committees trained and actively working, at least 50% of each committee is constituted by women, with 30% holding key positions in the committee.</p> <p>2.22 24 community health/ hygiene campaigns conducted.</p> <p>2.23 KAP surveys conducted (one in Magwi & another in Kajo Keji</p>	<ul style="list-style-type: none"> • 12 water source committees trained and actively working. 60% of the 60 members trained were female (36 female and 24 male). However, 17% key positions of chairperson and treasurer are hold by women [3 women holding treasurer position and one woman holding chairperson]. • 24 community health/ hygiene campaigns conducted [14 campaigns conducted in Magwi and 10 in Kajo Keji county] • 2 KAP surveys conducted (one in Kajo Keji and another in Nimule corridor). 	<ul style="list-style-type: none"> • Water point operation and maintenance messages were developed and fixed at each borehole to reinforce information on water point management. • Government is expected to absorb community based WASH staff that had been on ARC payroll for monthly incentives, but this process has yielded no fruits so far. Instead it has frustrated these community based WASH staff and most of them stopped working. • KAP survey results indicate 72.5% of households in Kajo Keji and Nimule corridor have drying racks for their utensils.

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Intervention Logic/Narrative	Objectively Verifiable Indicators	Progress	Comments
	<p>county).</p> <p>2.24 300 households constructed rubbish pits and bath shelters.</p> <p>2.25 50 model households identified.</p> <p>2.26 Number of water and sanitation committees revitalized, trained and/or established.</p> <p>2.27 Average cleanliness of water points three months after their completion (reported as percent of water points).</p>	<ul style="list-style-type: none"> • 278 household rubbish pits constructed [101 in Nimule and 177 in Kajo Keji]. Overall, 30.8% households in Kajo Keji and 37.5% households in Nimule corridor use rubbish pits for solid waste disposal. No data was collected on bath shelters by the KAP survey. All bath shelters seen used a mat or plastic sheet on the sides. None had a proper drainage leading from the shelter but used soak pit with stones, which was shallow. Also, due to lack of incentives for the community based hygiene promoters, this exercise was not conducted as part of routine hygiene promotion as the two health and hygiene officers could not carry out the exercise without the community based hygiene promoter volunteers. • Model households have a Latrine, rubbish disposal pit, hand washing facility, drying rack or sun table. 19/242 (7.9%) respondents had households with almost all sanitary facilities, 17 (89.5%) were from Magwi and only 2 came from Kajo Keji County. The percentage of model households in Kajo Keji was 1.7% this compares to 14.1% in Magwi County. 100% of the model households in Magwi County were from Nimule Payam. • 4 water source committees revitalized and trained on operation and preventive maintenance. • 100% of the water points are maintain clean and well 	

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	<p>2.28 Average increase in good hand washing practices (reported as percentage of people).</p> <p>2.29 Average increase in correct water usage practices (reported as percentage of people).</p>	<p>fenced.</p> <ul style="list-style-type: none"> • 11.7% of the population practicing hand washing at critical times • 11.7% of the population practicing hand washing at critical times 	
	<p><u>2.3 WASH Sub-sector: Water</u></p> <p>2.31 4 existing boreholes rehabilitated and functioning effectively.</p> <p>2.32 2 rainwater roof harvesting systems installed as a supplementary water supply at health centers.</p> <p>2.33 Safe water per capita of 5 litres/out-patient/day and 50 litres/in-patient/day at</p>	<ul style="list-style-type: none"> • 4 existing boreholes were rehabilitated, one shallow well constructed, 37 existing boreholes and 3 shallow wells repaired under preventive maintenance. • 7 rainwater tanks were installed in Kajo Keji County at 4 health facilities and 3 schools, providing supplementary water supply. The sites include Kerwa PHCC, Kangai PHCC, Bori PHCC, Kansuk PHCC, Kajo Keji teachers' training college, Kinyiba Girls' boarding school and Lire Parents secondary school. • 20 litres per capita per day water supply provided at 8 health units (3 in Magwi and 5 in Kajo Keji). The health facilities include Mondikolok PHCU, Logu PHCU, Andasire PHCU, Kinyiba PHCU & Sera Jale PHCU in 	<ul style="list-style-type: none"> • Hand pump spare parts supply is critical for proper operation and maintenance of boreholes, yet the local government lacks resource to do so. Community hand pumps are heavily dependent on support of NGOs and with continued scaling down of donor funds, many hand pumps might break down. • Rainwater harvesting system installation was a challenge to the local contractors as it is a new technology in Kajo Keji County. It is hoped that the community will appreciate and also adopt rainwater harvesting as an alternative source of water. ARC will endeavor to promote rainwater harvesting as supplementary water supply within

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	<p>health facilities.</p> <p>2.34 Water points are within 500m walking distance.</p> <p>2.35 10 community-based hand pump mechanics trained and actively working.</p> <p>2.36 Number of protected water points established.</p> <p>2.37 Geo – Coordinates of every protected water point established.</p> <p>2.38 Number of beneficiaries receiving water from protected water points.</p> <p>2.39 Number of liters of available per person per day before the intervention.</p>	<p>Kajo Keji and Moli PHCU, Loa Mission and Kerepi PHCU in Magwi County.</p> <ul style="list-style-type: none"> All the boreholes drilled and rehabilitated are within walking distance of less than 500m. However, due to lack of groundwater potential the borehole drilled for Loa mission PHCU is at 689m away from the facility. 10 community based hand pump mechanics were trained, equipped with basic repair toolkits. They are actively working within the community and through their efforts 37 existing boreholes were repaired under routine preventive maintenance. 9 new protected water points provided (8 boreholes drilled at health facilities and one shallow well constructed within community). Geo-Coordinates of 8 newly drilled boreholes were established and are included in the drilling data sheets. 112,350 people receiving water from protected water points provided. 12 litres per person per day 	<p>the communities in its areas of operation.</p> <ul style="list-style-type: none"> Location of the 8 boreholes drilled <table border="1" data-bbox="1402 630 2024 922"> <thead> <tr> <th>Site</th> <th>Boma</th> <th>Payam</th> <th>County</th> <th>State</th> </tr> </thead> <tbody> <tr> <td>Logu PHCU</td> <td>Logu</td> <td>Kangapo II</td> <td>Kajo Keji</td> <td>Central Equatoria</td> </tr> <tr> <td>Kinyiba PHCU</td> <td>Kinyiba</td> <td>Kangapo II</td> <td>Kajo Keji</td> <td>Central Equatoria</td> </tr> <tr> <td>Andesire PHCU</td> <td>Jalimo</td> <td>Kangapo II</td> <td>Kajo Keji</td> <td>Central Equatoria</td> </tr> <tr> <td>Mondikolok PHCU</td> <td>Mekir</td> <td>Lire</td> <td>Kajo Keji</td> <td>Central Equatoria</td> </tr> <tr> <td>Sera Jale PHCU</td> <td>Sera Jale</td> <td>Kangapo I</td> <td>Kajo Keji</td> <td>Central Equatoria</td> </tr> <tr> <td>Loa Mission PHCU</td> <td>Loa</td> <td>Pageri</td> <td>Magwi</td> <td>Eastern Equatoria</td> </tr> <tr> <td>Kerepi PHCU</td> <td>Kerepi</td> <td>Pageri</td> <td>Magwi</td> <td>Eastern Equatoria</td> </tr> <tr> <td>Moli Tokuro PHCU</td> <td>Moli</td> <td>Pageri</td> <td>Magwi</td> <td>Eastern Equatoria</td> </tr> </tbody> </table>	Site	Boma	Payam	County	State	Logu PHCU	Logu	Kangapo II	Kajo Keji	Central Equatoria	Kinyiba PHCU	Kinyiba	Kangapo II	Kajo Keji	Central Equatoria	Andesire PHCU	Jalimo	Kangapo II	Kajo Keji	Central Equatoria	Mondikolok PHCU	Mekir	Lire	Kajo Keji	Central Equatoria	Sera Jale PHCU	Sera Jale	Kangapo I	Kajo Keji	Central Equatoria	Loa Mission PHCU	Loa	Pageri	Magwi	Eastern Equatoria	Kerepi PHCU	Kerepi	Pageri	Magwi	Eastern Equatoria	Moli Tokuro PHCU	Moli	Pageri	Magwi	Eastern Equatoria
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	<p>2.310 Number of liters of available per person per day after the intervention.</p> <p>2.311 Number of minutes a family takes to collect water each day before the intervention.</p> <p>2.312 Number of minutes a family takes to collect water each day after the intervention.</p> <p>2.313 Percent of water points with 0 fecal coli forms per 100ml.</p> <p>2.314 Percent of household water supplies with 0 fecal coli forms per 100ml.</p>	<ul style="list-style-type: none"> • 17.5 litres per person per day in Kajo Keji and 19 litres per person per day in Nimule. • Families take 70 – 180 minutes to collect water everyday. • Families take an average of 60 minutes to collect water everyday • 72% of protected water points have 0 fecal coli form per 100ml. • Water sampling and testing was not conducted at household level, but 72% of water points sampled and tested; where households collect their water from indicate 0 fecal coli form per 100ml. 	
	<p><u>2.4 WASH Sub-sector: Sanitation (Both Institutional and Household Level)</u></p> <p>2.41 Stance ratio of 1 toilet to 20 beds or 50 out-patients obtained for</p>	<ul style="list-style-type: none"> • 1:15 beds and 1:50 outpatient stance ratio achieved at 8 health facilities (4 in Magwi and 4 in Kajo Keji County). 	<ul style="list-style-type: none"> • The VIP latrine blocks were designed such that they were accessible to persons with disabilities. Male and female have separate provisions.

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	<p>8 health facilities in Magwi and Kajo Keji counties.</p> <p>2.42 50 toolkits purchased and distributed to communities.</p> <p>2.43 Number of household latrines constructed.</p> <p>2.44 Number of beneficiaries benefiting from household latrines.</p> <p>2.45 Number of communal/institutional latrines constructed.</p> <p>2.46 Number of beneficiaries benefiting from communal/institutional latrines.</p> <p>2.47 Number of communal hand washing facilities introduced.</p>	<ul style="list-style-type: none"> 68 family latrine construction toolkits were purchased and distributed (40 toolkits in Magwi and 28 toolkits in Kajo Keji). 532 new family latrines were constructed (218 new latrines in Nimule and 314 new latrines in Kajo Keji). 4,460 people (2,510 in Kajo Keji and 1,950 in Nimule) benefited from the 532 new family latrines constructed. 8 institutional latrines were constructed at health facilities. Sites include Limi PHCU, Kinyiba PHCU, Mereguga PHCU & Jalimo PHCC in Kajo Keji and Longu PHCU, Ganzi PHCU, Loa Mission PHCU & Mugali II PHCC in Magwi. 36,000 people benefits from the 8 blocks of VIP latrines constructed at 6 Health Units and 2 Health Centres. 8 hand washing facilities were provided and hygiene messages for proper usage were written at each of the 8 institutional latrines constructed. 278 new rubbish pits were dug and are in use. 	<ul style="list-style-type: none"> Location of the 8 VIP latrines constructed at health facilities <table border="1" data-bbox="1402 526 2013 837"> <thead> <tr> <th>Site</th> <th>Boma</th> <th>Payam</th> <th>County</th> <th>State</th> </tr> </thead> <tbody> <tr> <td>Mugali II PHCC</td> <td>Mugali</td> <td>Mugali</td> <td>Magwi</td> <td>Eastern Equatoria</td> </tr> <tr> <td>Longu PHCU</td> <td>Longu</td> <td>Nimule</td> <td>Magwi</td> <td>Eastern Equatoria</td> </tr> <tr> <td>Ganzi PHCU</td> <td>Ganzi</td> <td>Mugali</td> <td>Magwi</td> <td>Eastern Equatoria</td> </tr> <tr> <td>Loa Mission PHCU</td> <td>Loa</td> <td>Pageri</td> <td>Magwi</td> <td>Eastern Equatoria</td> </tr> <tr> <td>Limi PHCU</td> <td>Limi</td> <td>Kangapo I</td> <td>Kajo Keji</td> <td>Central Equatoria</td> </tr> <tr> <td>Kinyiba PHCU</td> <td>Kinyiba</td> <td>Kangapo II</td> <td>Kajo Keji</td> <td>Central Equatoria</td> </tr> <tr> <td>Mereguga PHCU</td> <td>Bori</td> <td>Kangapo II</td> <td>Kajo Keji</td> <td>Central Equatoria</td> </tr> <tr> <td>Jalimo PHCC</td> <td>Jalimo</td> <td>Kangapo II</td> <td>Kajo Keji</td> <td>Central Equatoria</td> </tr> </tbody> </table>	Site	Boma	Payam	County	State	Mugali II PHCC	Mugali	Mugali	Magwi	Eastern Equatoria	Longu PHCU	Longu	Nimule	Magwi	Eastern Equatoria	Ganzi PHCU	Ganzi	Mugali	Magwi	Eastern Equatoria	Loa Mission PHCU	Loa	Pageri	Magwi	Eastern Equatoria	Limi PHCU	Limi	Kangapo I	Kajo Keji	Central Equatoria	Kinyiba PHCU	Kinyiba	Kangapo II	Kajo Keji	Central Equatoria	Mereguga PHCU	Bori	Kangapo II	Kajo Keji	Central Equatoria	Jalimo PHCC	Jalimo	Kangapo II	Kajo Keji	Central Equatoria
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<i>Super Goal (ARC's Mission Statement): To work with refugees, displaced people, and those at risk to help them survive crises and rebuild lives of dignity, health, security and self-sufficiency.</i>			
Intervention Logic/Narrative	Objectively Verifiable Indicators	Progress	Comments
	2.48 Number of household waste management pits dug.		

3.0 SUB-GRANT TO SUDAN HEALTH ASSOCIATION (SUHA)

With a sub-grant from OFDA, ARC provided critical additional operational and management support that enabled SUHA to provide health services through its network of 20 health facilities as the County Health Department was unable to take full management and fiscal control of these facilities. Specifically, the additional sub-grant provided by OFDA ensured that these facilities continued to operate in 2007. Kindly refer to Annex 3 and 4 for SUHA's final narrative and financial reports respectively.

4.0 SECURITY

Insecurity was a major issue in Nimule and Mugali Payams, Magwi County. Attacks occurred around April that forced most community members to relocate. Mugali II, Masindi I and Anzara communities were the hardest hit. While Mugali II PHCC and Anzara PHCU, resumed their operations, Masindi I PHCU still remained closed. This closure was communicated to OFDA representatives on the ground in May 2007. The ongoing peace negotiations between the Government of Uganda (GoU) and the Lord's Resistance Army (LRA) is a welcome development and ARC is hopeful that this will lead to a noticeable increase in security levels in future.

5.0 DESCRIPTION OF MONITORING AND EVALUATION METHODOLOGY

The key tools that ARC used to monitor the progress of the program were the program logical framework and the detailed program work plan. Progress of activities towards the program objectives were measured against the program work plan throughout the program implementation period. The program was monitored by collecting data using a variety of techniques including; monthly and quarterly program reports and visits to the program locations by senior ARC program staff. Monthly morbidity, EPI and maternal care data were collected and shared with the CHD. Support supervision was conducted on regular basis in collaboration with counterparts. MoH-GoSS policy was followed in all implementations. Details of the program achievements were as summarized in section 2.2 of this final program report.

Financial monitoring took place on a monthly basis and tracked actual expenditure against agreed budget lines to ensure that program spending remained within the approved limits.

6.0 LESSONS LEARNT

Rainwater harvesting systems should be adapted for Health facilities' in order to supplement safe water provision, especially where health centers lack groundwater potential within 500m. ARC appreciates that it is very important that the availability of safe water source is made a condition in site selection for construction health facilities.

ARC will continue to focus on working with the MoH-GoSS and CHDs in both Kajo Keji and Magwi. ARC will continue to highlight the issue of the payment of incentives to the health facility workers in 2008. Discussions will be held with the workers in the health facilities to clearly illustrate the requirement for ARC to begin the process of handing over the responsibility of the payment of incentives/salaries to the CHD. However, this strategy will need to ensure that the health facilities continue to function. Needless to say, open dialogue and the buy in from the CHD, MoH-GoSS and health facility workers will continue to be critical components of this process.

Health facilities were being supported by the Village Health Committees in cost sharing management and facility maintenance. The meager funds generated were used to contribute towards the purchase of simple materials of basic necessity e.g. pads locks, towels, and brooms. However, due to the low economic level of the communities in South Sudan, cost sharing proved not to be substantial to support other important costs in the health facilities.

Many of the challenges encountered throughout the program period simply reflect the realities of operating in South Sudan. Despite this, ARC was able to implement the vast majority of program activities in spite of the obstacles encountered.

7.0 SUCCESS STORIES

With OFDA funding ARC constructed VIP latrines at health facilities and now patients no longer defecate in the nearby bushes. Patients used to come with drinking water from home. Now with the ARC drilled and rehabilitated boreholes within 500m walking distance from the health facilities access to clean and safe drinking water has been greatly improved for the returnees and host community. In addition, the MoH commenced supplying drugs and some non-drug items to OFDA supported health facilities though not sufficient represented a positive move on the part of MoH-GoSS.