

Millennium Relief and Development Services
and
Partner Aid International

Relief and Primary Health Care in North Darfur, Phase IV



OFDA Grant

Annual Performance Report for

October 2008 - September 2009

(Project began June 1, 2009)



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Project Information:

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Total Beneficiaries by Location

Location	Host	IDP	Returns	Total
Dar as Salam	45,300	4773*		50,073
As Salam IDP Camp		30,000		30,000
Khazan Tunjur	27,945			27,945
Fanga Suk	28,285	4,000		32,285
Tamaro			17,077	17,077
Total Number of Beneficiaries Targeted:	101,530	38,773	17,077	157,380

**The 8,000 IDPs mentioned in Dar as Salam when the proposal was written have now moved on to other IDP camps, particularly Zamzam near El Fasber. The number remaining is the number used by WFP for food distributions.*

1.0 Program overview and performance

During the October 2008 - September 2009 year, many new developments have occurred in the MRDS/PAI project areas and in the humanitarian climate in Darfur (the MRDS/PAI project in coordination with USOFDA began June 1, 2009). These will be detailed below with MRDS/PAI's responses to each of these challenges/opportunities.

The security situation in "deep field" locations has been of particular concern with the rash of kidnappings (4 and 1 attempted) since the expulsion of the INGOs in March. All of these incidents but one ended up involving North Darfur in some major way. After analyzing the risks and taking appropriate security measures to ensure the safety of our international and national staff, MRDS/PAI has been able to continue all of the planned activities and increase some activities during the first year of the grant.

During the reporting period MRDS/PAI was able to start a new PHCC in Fanga Suk and open a PHU (Primary Health Unit) in Gozдор (15 kilometers east of Fanga Suk). MRDS/PAI plans to open two further PHUs in the villages of Khartoum Jadid and Tukumare during the next quarter. These two PHUs will cover the catchment area of the old PAI Khazan Tunjur PHCC, which was destroyed in fighting in September 2008. The remainder of the project duration will be training and equipping the staff of these clinics, the health committees supporting them and the communities themselves.

The first rural training sessions of the "Babies and Mothers Alive" (BAMA) began in the Fanga Suk and Gozдор areas. 120 women are being trained in 10 lessons over a period of 6-12 months on key reproductive health issues. Each training is at least a full day. A series of hygiene promotion trainings was also implemented during the reporting period. These trainings focused on elementary-school aged children throughout MRDS/PAI's catchment area.

2.0 Activities in this Year (project began in June)

Objective: Improve the overall health of conflict-affected populations in North Darfur.

Sector: Health

Sub-Sector	Indicator	Target	Outcomes	Comments
Health Education/ Behavior Change	Number of community members who have received target health education messages	12,000 community members	<ul style="list-style-type: none"> Targeted community members include: 4,208 people age <18 (1,865 boys/2,343 girls - appx.) 4,890 people age >18 (941 men/3,949 women – appx.) 9,098 community members - Annual Total 	<ul style="list-style-type: none"> The targets for these health messages were school children learning about sanitation and latrine usage and women learning about RH subjects. 184 women who were trained in specific RH messages reported sharing those messages with an additional 5536 people. There were few trainings held in September as the department was preparing for a large-scale training campaign in the following weeks.
	Number and percent of community members undertaking target health education message practices	7,000 community members	<ul style="list-style-type: none"> To be reported at end of project 	
Health Systems and General Health	Number of functioning primary health care centers, community health programs, or mobile clinics supported or rehabilitated.	4 PHCCs; 1 mobile clinic	<ul style="list-style-type: none"> 2 PHCCs - June-July 3 PHCCs; 1 PHU - August-September 	<ul style="list-style-type: none"> As Salam IDP Camp PHCC has been ongoing. Dar Salam Clinic began a transition process to MoH management in July; this transition still in progress. MRDS/PAI took over a PHU from ICRC in Fanga Suk in August and upgraded to a PHCC increasing staff and services. MRDS/PAI started a PHU in Gozdor in August. MRDS/PAI plans to begin 2 new PHUs in the next quarter. See comment in “4.0 Program Adjustment” about starting PHUs instead of a mobile clinic.

Sub-Sector	Indicator	Target	• Outcomes	• Comments
Health Systems and General Health <i>(continued)</i>	Number of health care providers trained (by type of training and type of health care provider).	1 Doctor: Family Planning Training; 5 Medical Assistants: Refresher Course/ IMCI Course; 20 Midwives: Refresher Course; Medical staff: HIV/AIDS Course	<ul style="list-style-type: none"> • 4 Midwives: El Fasher two-week practical training course • 1 Doctor & 2 MAs: Management of War Injuries • 1 Doctor & 1 MA: Clinical Management of Rape Survivors • 3 CHWs: principles of IMCI • 4 CHWs, 4 MAs & 1 nurse: Ophthalmology Revision • 1 Doctor & 1 MA: Clinical Management of Rape • 1 Doctor & 3 MAs: War Surgeries 	<ul style="list-style-type: none"> • Because of a change in the grant start date, the specific trainings listed as targets were completed before the OFDA grant began. Other appropriate trainings are ongoing. • MRDS/PAI also conducted trainings for new, rural PHCC/PHU staff (CHWs, midwives, registrars) at established MRDS/PAI PHCCs. A vaccinator training is planned for the next quarter.
	Number and percent of health facilities submitting weekly surveillance reports	100% (4) of PAI health facilities	<ul style="list-style-type: none"> • 100% (2) of 2 PHCCs - June • 50% (1) of 2 PHCCs - July • 25% (1) of 3 PHCCs and 1 PHU - August • 25% (1) of 3 PHCCs and 1 PHU - September • 50% of PCCHs and PHUs - Annual Total 	<ul style="list-style-type: none"> • Because of the remote nature of the new PHCC and PHU as well as inconsistent communication infrastructure, the PHCC and PHU started in August are currently submitting bi-monthly surveillance reports instead of weekly surveillance reports. MRDS/PAI is developing a system for weekly surveillance reporting from these locations, expected to be operational in the upcoming quarter. • The weekly surveillance reports from Dar as Salam Clinic were disrupted and incomplete in parts of July, August, and September because of strains in developing a working agreement with the SMoH. Weekly surveillance reports from Dar as Salam are expected in the upcoming quarter.
Reproductive Health	Number and percent of pregnant women who have attended at least two comprehensive antenatal clinics (ANC)	<ul style="list-style-type: none"> • 380 per month • 54% of pregnant women* 	<ul style="list-style-type: none"> • 158 women, 23% - June • 179 women, 26% - July • 179 women, 26% - August • 152 women, 22% - September • 668 women, 24% - Annual Total 	<ul style="list-style-type: none"> • Although MRDS/PAI took over the PHCC in Fanga Suk in August, RH statistics from this PHCC are not yet included in the overall total. • The PHU started in August was not staffed by a midwife during this year; the presence of midwives at each of the PHUs in the upcoming quarter is expected to improve performance on this indicator.

Sub-Sector	Indicator	Target	Outcomes	Comments
Reproductive Health <i>(continued)</i>	Number and percent of pregnant women who received a clean delivery kit	<ul style="list-style-type: none"> • 250 per month • 36% of pregnant women* 	<ul style="list-style-type: none"> • 157 women, 22% - June • 119 women, 17% - July • 58 women, 8% - August • 75 women, 11% - September • 409 women, 15% - Annual Total 	<ul style="list-style-type: none"> • The new PHCC and PHU have partial, but incomplete statistics for this indicator, as training on reporting procedures is in progress. • The decrease in delivery kits in the second two months is due to the annual leave of the Reproductive Health Coordinator, faults in the distribution system and incomplete reporting; the presence of midwives at each of the PHUs in the upcoming quarter and improvements in the distribution system are expected to improve performance on this indicator.
	Number and percent of pregnant women who deliver assisted by a skilled provider, by type (midwife, doctor, nurse [not TBAs]).	<ul style="list-style-type: none"> • 24 per month by midwife • 3% of women* giving birth each month 	<ul style="list-style-type: none"> • 24 women, 3% - June • 25 women, 4% - July • 27 women, 4% - August • 30 women, 4% - September • 106 women, 4% - Annual Total 	<ul style="list-style-type: none"> • The new PHCC has partial, but incomplete statistics for this indicator, as training on reporting procedures is in progress; the PHU in Gozdor is not included in this report, as it was not yet staffed by a midwife. • There is an overwhelming lack of skilled providers in MRDS/PAI project areas. MRDS/PAI is working hard to increase access through establishing new PHUs, supporting the training of new midwives, and networking with existing midwives.

**MRDS/PAI estimates 8394 births per year in its catchment areas.*

3.0 Success Stories

Recognizing the complete lack of trained midwives in many of its catchment areas, MRDS/PAI began selecting rural women to be trained as midwives. After the completion of their courses, these women began to return to their home villages to offer reproductive health care services. “Fatima” came out of the first batch. After completing her midwifery certification, she returned back to the Tukumare area recently. She now works at the MRDS/PAI PHU, delivers babies and performs antenatal check-ups. Community members from her village are delighted, not only to have long-awaited access to these services, but to have access to these services through one of their own community members. It is MRDS/PAI’s hope that Fatima will be an asset to her community far beyond our direct involvement in Tukumare.

The MRDS/PAI strategic approach to relief is to attempt complimentary programs all at the same time. The Community Health Committees and the Rural Reconstruction Committees being trained by MRDS/PAI Community Health Development Department were instrumental in working with the communities to establish the appropriate locations for clinics. They also were involved in working with the communities to construct the new health facilities. The hygiene promotion is connected to a non-OFDA funded project involving the rehabilitation of schools. Community Health Volunteers trained by MRDS/PAI are also the vaccinators in the area-wide vaccination campaigns. They also work closely with the community to select the additional staff to be trained as midwives and community health workers for the clinics.

4.0 Program Adjustments/Concerns

Due to changing security concerns in North Darfur, the specific clinic locations within MRDS/PAI health projects areas have been modified since MRDS/PAI’s original proposal. While projects in As Salam IDP camp and Dar as Salam have continued, MRDS/PAI opened a PHU in Gozdor to serve the catchment population of Tamaro and the planned PHUs in Khartoum Jadid and Tukumare is designed to cover the Khazan Tungur catchment area.

One “incident” particularly changed the plans and manner of implementation of the project in Dar as Salam. With political tensions high between Zaghawa and Fellata in Dar as Salam and also tensions between the population and SLA Minni Minawi forces in the town, a high level delegation of the Governor of N Darfur and Minni Minawi visited Dar as Salam. During the visit they promised to turn Dar as Salam back into a “rural hospital” and then left. The MoH was then told to make it a hospital but without being given additional resources. From June to September PAI worked with the new medical officer in Dar as Salam and the SMOH to find the most appropriate way forward of improving the number of services available in Dar as Salam while not harming the health care services in other rural clinics. Strains in working out the details of an agreement at times meant that PAI was unable for a period to have staff record all of the vital statistics that are normally reported on a weekly and monthly basis. The services were provided, but some holes exist in the records.

In the proposal for the OFDA grant, MRDS/PAI set the target of four PHCCs and one mobile clinic. At the beginning of June, MRDS/PAI was operating two PHCCs and began the third in Fanga Suk in August. In lieu of opening the mobile clinic and the fourth PHCC, MRDS/PAI, in consultation with US

OFDA, decided to open a series of PHUs (see Program Overview, above), intended to provide greater access to health care for the same budget. As of the end of this fiscal year, the PHU in Gozdor is up and running and the PHUs in Tukumare and Khartoum Jadid began operations in October during the beginning of the 2009-2010 year. As projects reach full capacity, MRDS/PAI expects to see significant progress in reaching our targets for OFDA indicators.

Over the next year, access to project areas remains a major concern, particularly for MRDS/PAI projects in rural Tawila. The security situation is constantly changing in many of these areas, requiring significant flexibility in project implementation. MRDS/PAI is also keeping close watch on the ongoing kidnapping situations, recognizing them as major concerns for the safety and wellbeing of staff, a prerequisite for successful project implementation.

5.0 Anticipated Activities for the Next Year

At the beginning of the first quarter of 2009-2010, MRDS/PAI plans to open two additional Primary Health Units (PHUs). Once running at full capacity, these PHUs will offer ODP, reproductive health, and EPI services to populations entirely un-served since the closure of the MRDS/PAI Khazan Tungur PHCC in September 2008. Beyond increasing access to primary health care, the PHUs will include referral services and serve as bases for health education/behavior change messages.

At the beginning of the next year, MRDS/PAI also plans to finalize the working agreement with the SMOH regarding the Dar as Salam facility. The working agreement will formalize MRDS/PAI responsibility, as well as the understanding that the SMOH will take full responsibility for the facility after the completion of the agreement.

MRDS/PAI is also preparing for a large-scale health education/behavior change campaign throughout the rural Tawila catchment areas. The major topics planned for this campaign include the prevention of prioritized illnesses.

Throughout the next year MRDS/PAI plans to continue operations at all health facilities, expand the availability of reproductive health services in rural areas and continue sharing health education messages.