

ARC International -- Sudan

REPORT ON ACTIVITIES

For 12 month period January – December 2004

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**Life Supporting Health, Water, Environment, Sanitation, and Capacity-Building Services
To the Internally Displaced, Returnee and War-Affected Sudanese Population of
Kajo Keji County and Nimule Corridor, Magwi County, Southern Sudan**

Submitted to the Office of Foreign Disaster Assistance (OFDA)

By

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ACRONYMS AND ABBREVIATIONS

AIDS- Acquired Immune-Deficiency Syndrome
ARC- American Refugee Committee
CBM- Christoffel Blinden Mission
CDC-County Development Committee
CHW- Community Health Worker
DOT- Diocese of Torit
ECF-Equatorial Civic Fund
EPI- Expanded Program of Immunisation
HIV- Human Immune-deficiency Virus
IEC- Information Education and Communication
GOS- Government of Sudan
IGA- Income Generating Activities
LRA- Lord's Resistance Army
MCH- Maternal and Child Health
MCHW-Maternal and Child Health Worker
NPA- Norwegian People's Aid
PHC- Primary Health Care
PHCC/U- Primary Health Care Centre/Unit
OFDA- Office of Foreign Disaster and Assistance
OLS- Operation Lifeline Sudan
NCT- Nileland Charitable Trust
NGO- Non-Governmental Organisation
NIDS- National Immunization days
RH- Reproductive Health
SUHA- Sudan Health Association
SGBV- Sexual Gender based Violence
SNIDS- Sub National Immunization Days
SRRC- Sudan Relief and Rehabilitation Commission
STI- Sexually Transmitted Infections
TBA- Traditional Birth Attendant
UNICEF- United Nations Children Education Fund
VIP- Ventilation Improved Latrine
VHDC- Village Health Development Committee
WHO- World Health Organisation
WES- Water Environment Sanitation

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Program Title: Life Supporting Health, Water, Environment, Sanitation, and Capacity-Building Services for the Internally Displaced, Returnee and War-Affected Sudanese Populations of Kajo Keji County and Nimule Corridor, Magwi County, Southern Sudan

Country/Region: Eastern Equatoria Provinces, Southern Sudan

Disaster: Prolonged Civil War causing a complex emergency situation resulting in inadequate health and water, sanitation and environmental services, and greatly reduced capacity for self-reliance on the part of the target populations.

Area of Activity: Kajo Keji County and Nimule Corridor, Magwi County, Southern Sudan

Period of Activity: January 1 – December 31, 2004

Total Number/Type of Beneficiaries: Approximately 200,000 internally displaced and war-affected Southern Sudanese in Kajo Keji County and Nimule Corridor, Magwi County.

SUMMARY

Peace talks continued for the whole year with signing of different protocols and different stakeholders in Sudan preparing for the post war period. By the end of the year, it was evident that it was only a matter of time before the comprehensive peace agreement would be signed. Since the beginning of this year, there was a steady increase in the number of returnees in both counties of Kajo Keji and Magwi due to the confidence being built by the progressing peace talks as well as the insecurity created by activities of the Lord's Resistance Army (LRA) in refugee settlements and surrounding areas of Northern Uganda. This increase in population led local authorities to appeal to all agencies working in both Kajo Keji and Magwi Counties to extend their services to the returnees, notably in provision of health and water/sanitation services as provided by ARC. ARC's budget had no provision for emergency services and a proposal was submitted to OFDA in May 2004 for additional funding to respond to this latest development. Unfortunately the response was negative. Nevertheless, ARC initially responded by providing 600 hoes to the returnees so that they could start growing some food. In Nimule, ARC in collaboration with the authorities constructed a 5-stance latrine at a church school where the returnees had camped. A vaccination screening exercise was conducted for the returnees in Nimule in which 30% of the children were vaccinated. The returnees were oriented to the health services being provided at the nearest clinic of Anzara PHCU so that they could access health care as needed.

Provision of quality, accessible and integrated Primary Health Care and water environmental sanitation services that will eventually lead to a healthy and economically productive life continued to be ARC's main priority and planned activities were more or less implemented according to schedule during this reporting period.

NCT/ECF- ARC continued to support ECF in its activities of peace building and conflict reduction in the Acholi corridor in Southern Sudan. Within their objectives, ECF conducted six preliminary meetings in Nimule Payam, Kampala, camps in Kiryadongo and Kyangwali in Uganda as well as Nairobi and the United Kingdom. The purpose of these meetings was to obtain views of the Acholi people currently situated in and outside Magwi about their return and peaceful resettlement.

SUHA –ARC continued to support SUHA to carry out its Primary Health Care training activities. The goal of SUHA is to reduce morbidity and mortality and assist in building the capacity of the returnee community of Kajo Keji County and part of Juba County (Lobonok Payam in south Sudan). SUHA managed 1 PHCC and 11 PHCUs during this reporting period namely: Gurujo, Mere, Mandiokol, Longira, Jondale, Mogiri, Kansuk, Rodo, Moijo, G. West and Maremo. Jalimo PHCC is part of the training centre for the CHW-9 month training. One of SUHA’s major donors pulled out during the first quarter of the year but they were able to implement most of their activities.

PERSONNEL

ARC Sudan /Uganda went through a transitional period with some key staff changes. The Country Director resigned in June and was replaced in October. A new Program Manager, Logistics Manager, Clinical Training Officer and Community Based Health Care Officer assumed their positions at the first quarter of the year. The Capacity Building Coordinator position and Field Coordinator for Kajo Keji position also fell vacant during the first quarter and were filled immediately. The WES Coordinator and the WES Officer (Kajo Keji) positions also fell vacant in September and were filled. There were some field assistants and driver positions that were also replaced. Though some of the positions were vacant, there was adequate coverage from other staff during vacancies such that usual operations continued normally and the program did not suffer significantly. Most of the vacant positions were filled immediately.

Seven staff 3 from the field and 4 from Kampala attended short courses that are directly related to their positions duties/responsibilities and improve their overall performance. The Program Manager, Assistant Program Manager and the Finance Manager attended a course on “Working with USAID from Proposal to closeout”. This course equipped them with knowledge on USAID rules and regulations and will improve their overall performance as they implement USAID funded programs.

ARC continues to pay incentives to most of its seconded staff., but is actively seeking alternatives to provide quality services in the field.

Personnel Deployed on the Project (Sudan and Uganda based) as of 31st December 2004

Category	Expatriate	Local Hire	Displaced and or Residents on allowance
Male	2	90	237
Female	1	33	156
Total	3	123	393

SECURITY/SAFETY

The security situation in our areas of operation has been relatively stable especially in Kajo Keji County. However, LRA activities in and around Northern Uganda have had a significant impact on our operations in Magwi County. The LRA has on a number of occasions attacked Sudanese refugee settlement camps in Northern Uganda as well as villages inside Southern Sudan. This has resulted in forced repatriation of the refugees back home with little or no belongings. In December, the UN had reported that approximately 32,000 Sudanese had moved to northwestern Uganda (e.g., Yumbe, Moyo, Arua, Adjumani) to avoid getting caught in the military operations being conducted by UPDF and SPLA against the LRA. Further, there were reports of SPLA commanders moving their families to refugee camps in Uganda to ensure their safety.

With ARC staff being confined to the compound every now and then, program implementation had experienced some disruptions. As a result, ARC continues to use military escort from our base in Nimule to Mugali and Pageri Payams. The OLS security level remained at 2 in Kajo Keji while Nimule it fluctuated between 2 and 3.

Overland travel by road between Nimule and northern Uganda was banned by OLS for security reasons. ARC was able to continue operating by use of a boat on the Nile ferrying staff and supplies, although at increased cost. The security situation in northern Uganda has become an obstacle to our operations inside south Sudan due to LRA movements near Nimule. The LRA continues to attack villages and refugee settlement camps along both sides of the border. This has led to some of the refugees moving to other parts of south Sudan and others relocating to other presumably safe areas in northern Uganda.

ARC coordinates closely with OLS in Lokichoggio and receives daily security reports. ARC adheres to all OLS security regulations. ARC also uses informal means of collecting information about road safety before traveling within Uganda and in the field. In January 11 staff from our Nimule, Kajo Keji and Kampala sites were able to attend a 3-day OLS security workshop in Arua and 3 Kampala staff attended the 1-day workshop in Nairobi in May 2004.

Summary Report on Activities by sector:

The following paragraphs summarize the activities by sector and component, and highlight accomplishments for the reporting period.

KAJO KEJI COUNTY

Primary Health Care (PHC)

Primary Health

An average of 8,920 people were treated at ARC supported health facilities each month during the reporting period. The leading cause of morbidity continues to be Malaria/Fever of Unknown Origin followed by respiratory infection, intestinal parasites, and acute watery diarrhea.

The user-fee system (cost sharing) is being implemented at all ARC supported health facilities. The viability of the user-fee concept is determined to a large extent by the demands made on the community by the SPLA and their periodic descents on an already over-stressed civilian population, including the displacement camps, in search of food and medicines for which payment is seldom, if ever made. In principle, all 18 PHCUs, through the efforts of the Village Health and Development Committees (VHDC), have adopted the "Health Policy of New Sudan" which includes the principle of User Fees. More training for the Village Health development Committees have been conducted with the intention of reinforcing aspects of the health policy. The community is continuously being reminded to take responsibility and have a sense of ownership of its health units for the sake of sustainability.

Supervision and on the job training of local health personnel was on-going during this reporting period and scheduled training events went more or less according to plan. Additionally Health education was provided at PHCUs/PHCCs, as well as at schools, churches, and camps. Health education messages reached an average of 3,747 people per month, strengthening the preventive and promotive aspects of Primary Health Care.

ARC continued to monitor the OV program in collaboration with CBM. 33,043 Mectizan tablets have been prescribed to 8,617 people from Livolo, Kangapo I and Kangapo II Payams during this reporting period.

Two newly graduated clinical training officers who were sponsored by ARC, carried out their internship at Kajo Keji Hospital (MSF-Swiss managed Hospital).

ARC continued to sponsor 1 student enrolled for clinical training officer course in 2003 at the AMREF training facility in Maridi and also sponsored two more students from Magwi County for the same course. 5 CHWs completed their 9-month training at the SUHA School in Jalmo, Kajo Keji.

EPI

Of the 18,000 children under five, and 15,000 women of child bearing age, targeted to be immunized against the 5 major childhood diseases 22,307 children under the age of five years were immunized against DPT, BCG, OPV and measles. 5,936 women of childbearing age were vaccinated against tetanus. 2 people were trained in cold chain management in collaboration with UNICEF and the County Health Department. The training was conducted by UNICEF and it took place in Maridi.

Mass Immunization Campaigns

ARC conducted a mass Yellow fever and measles campaign in Kajo Keji County in October. The campaign was funded by UNICEF. Prior to start of the campaign, ARC trained 18 supervisors, 282 vaccinators, 141 social mobilisers and 4 cold chain technicians on the campaign management, vaccination techniques and strategy.

72,787 people over the age of 6 months were immunized against yellow fever, making 90.98 % coverage. 33,747 children between the age of 6 months and 15 years were vaccinated against measles, making 84.35% coverage.

The first and second round of the polio immunization campaigns were held 11th –14th October and 8th –11th November respectively. 10,458 children were immunized in the first round while 10,476 were immunized in the second round. The campaign was organized by WHO and ARC participated in the planning and provided logistical and technical support.

Maternal and Child Health

Local staff at the MCH clinics continued their normal activities throughout the reporting period. The MCH Officer does continuous assessments for training needs. 97 TBAs received refresher training during this reporting period.

A total of 2,663 pregnant women attended antenatal clinics for the first time while 3,240 were reattendances. During this reporting period, there were 1,909 assisted deliveries, 30 stillbirths, 57 abortions, 2 neonatal deaths and 2 maternal deaths.

Water Environment and Sanitation (WES)

Water

6 shallow wells were constructed and 8 boreholes were drilled in Kajo Keji County during this reporting period. 40 deep wells rehabilitated (25 rehabilitated using OFDA funding). The number of people per functional water point in Kajo Keji is at 1,022.

13 pump mechanics and 24 caretakers from Livolo, Lirye and Nyepo payam were trained during this reporting period. The trainees also received tool kits and bicycles to facilitate their work. In February, 16 counterparts attended refresher training in report writing, roles and responsibilities of counterparts and hygiene and sanitation. 14 water committees were formed and trained so that they would be able to maintain the water points. 13 water points were tested and 5 were discovered to be in need of chlorination. Water points continued to be chlorinated on a routine basis.

Sanitation

To date 550 family pit latrines with 3,753 beneficiaries have been constructed. Construction of 27 institutional latrines in 10 schools, 3 health facilities and 1 market was done.

1,268 homes were visited during this reporting period. On average 40% of the homes visited had pit latrines and latrine usage was found to be good.

Two school hygiene and Sanitation workshops were carried in May and September for 33 teachers. The aim of the workshop was to facilitate the development of hygiene education as part of the school curriculum. 5 hygiene and Sanitation workshops were carried out for a total number of 289 people. Hygiene and sanitation awareness training was conducted by the hygiene promoters at public places throughout the reporting period and 2,672 people benefited from these sessions. Hygiene and sanitation messages were part of home visits (by CHWs), as well as pit-latrines construction, soap-making and cook-stove construction activities. The SRRC and Civil Authorities have been active supporters of the Hygiene and Sanitation program by enacting by-laws that aim to promote hygiene and sanitation among the general population.

The Knowledge, Attitude, Beliefs, Practices (KABP) survey was carried out in January and the results have revealed that more people are using a protected water source in displaced camps than in indigenous population areas. There has been a slight increase in the number of people using protected sources of water for drinking from 44% in 2,000 to 55% in 2004. Latrine coverage is estimated at 43% in Kajo Keji County. (*See report for brief summary findings attached*).

Environment

3,345 cook-stoves were constructed during the reporting period. People recognize the value of replanting fuel wood sources, and women appreciate the fuel-efficient stoves.

17,224 seedlings were cultivated 5,995 distributed from four seedbed location. The long dry spell affected seedling distribution since no replanting could take place.

CAPACITY BUILDING

PHC and WES –related Skills Development

PHC and CB worked together and continued to support the implementation of the Health Policy for New Sudan. Two workshops were conducted VHDC members regarding their roles and responsibilities. Cost sharing is being implemented in all 21 ARC supported facilities and this is as a result of collaboration with VHDCs and the counterparts. Health and water committees were formed, trained to manage health facilities and water points respectively to a certain extent. 200 hoes were purchased and distributed to 18 health facilities and gardens were cultivated to support 36 health volunteers.

Household Production/IGA

9 sewing machines have been given to three women groups in supporting of weaving and also to assist in repair of lulu pressing bags. Other income generating activities supported during this reporting period were poultry production, skin cream production, teashops, grinding mill, beekeeping and brick laying. One 2day refresher training workshop was conducted for each of the existing poultry (7 men and 5 women) and teashop groups (4 women). 41 people (22 men and 19 women) received refresher training in soap making. The 3 beekeeping groups also received training in September on apiary management among other things. All the IGA groups received income during this reporting period apart from the beekeeping group.

Institutional Development

In September, training was conducted for the CDC executive committee (22 men and 3 women) in Kajo Keji. The training was aimed at equipping them with improved management skills. 27 Payam and Boma administrators also received some training through 2 workshops that were conducted in August and November. The 4 community based facilitators and 1 community development worker continued to receive some training and they carried out 10 workshops in the community during the 12 month period. SRRC offices and some offices of the civil administration received modest stationery and furniture while 600 hoes and some seeds were supplied to 6 schools so that they could carry out school gardening.

Road works between Bamurye through Jalimo to Mundari Hospital in Kajo Keji were carried out. This is an effort to make ARC operational areas more accessible. The repaired stretch covers 24 Kilometres.

NIMULE CORRIDOR, MAGWI COUNTY

Activities continued normally, punctuated on a few occasions by security concerns due to LRA activities in the area. This in turn meant that staff had to be confined to the compound with no movement to the project areas. Additional expenditure continued to be incurred since a military escort is required for any movement from the compound to project sites.

Primary Health Care (PHC)

Primary Health

ARC health staff based in Nimule were actively involved in delivering ARC assistance in Nimule Corridor through discussions and training of health staff and supplying medical supplies. The 2 PHCCs and 9 PHCUs continued to function normally throughout this reporting period and an average number of 3,533 people were treated at ARC supported health facilities every month. Suspected Malaria/Fever of Unknown Origin was the leading cause of morbidity followed by respiratory infection, acute watery diarrhea, intestinal parasites, and trauma (wounds, burns)

Mugali I PHCC was re established and officially opened in May. The center is functioning normally.

OV and Guinea worm programs were monitored closely during this reporting period. Despite the insufficient supply of mectizan tablets, 6,265 people from Nimule and Mugali Payams were treated during this reporting period. OV and guinea worm topics were incorporated in the refresher training sessions conducted for the health workers.

EPI

5,477 doses of BCG, OPV, DPT and measles were given to children under five while 1,061 doses of TT were given to women of childbearing age. 141 doses of TT were administered to wounded people. The low EPI coverage in Nimule corridor is attributed to insecurity as well as an inadequate cold chain. ARC has only one fridge for the EPI program.

One training session was conducted for 7 new volunteers in August. Four awareness sessions on the six killer childhood diseases were conducted for 234 people.

With support from WHO, ARC facilitated a mop up vaccination campaign against yellow fever and measles in Magwi county, south Sudan from May 24th – 30th, 2004. The vaccination campaign covered 5 payams. I.e. Nimule, Mugali, Pageri, Labone, and Magwi payams. The yellow fever campaign targeted all persons aged 6 months and above who had not been vaccinated (45,142). Measles targeted children between the ages of 6 months to 15 years (59,831). 20,460 persons were vaccinated against yellow fever and 27,084 against measles, which is 45.35% and 45.27% of the targeted populations respectively.

Maternal and Child Health

The MCH Officer continued to work with local MCHWs and TBAs at the PHC facilities and also provided training for 41 new TBAs and refresher training for 44 existing TBAs. 85 TBA kits were supplied to both new and old TBAs.

Training

18 CHWs were sponsored for 9 month CHW training course at the SUHA school in Jalimo, Kajo Keji. They completed their training in December 2004. 2 students were sponsored for the 3 year Clinical Officer Training program conducted at the AMREF school in Maridi. ARC continued to sponsor one student for Clinical Officer training. The student is in his second year and will complete his training at the end of 2005. 10 students were sponsored for the 9 month MCHW training at the AAH training school in Maridi. The students graduated in December 2004.

Water Environment and Sanitation (WES)

Water

10 deep wells were constructed and installed with U2 hand pumps. Out of the 7 boreholes were selected for rehabilitation but only 6 were rehabilitated successfully. 11 water committees were formed and trained to manage the water points. Each committee consists of 2 caretakers. 9 community based pump technicians were trained and supported with bicycles and tool kits to facilitate their work. 20 counterpart staff received refresher training in March.

Sanitation

1,329 family pit latrines benefiting 6,645 people were constructed during the 12-month period. 5 institutional latrines were constructed at Fula secondary school, Mugali II PHCC, Nimule Hospital, Masindi I PHCU and Masindi II PHCU.

8 hygiene and sanitation workshops were carried out while 2 workshops were carried out for 50 teachers from Nimule and Mugali Payams.

A KAPB survey was carried out in January for monitoring and evaluation of hygiene education and sanitation campaign. Results indicated that 96% of the respondents used protected water source for drinking water while 51% use latrines for excreta disposal.

714 homes were visited during this reporting period to monitor latrine usage. Families that had latrines were using them.

Environment

The environmental education center was not established due to difficulties in securing communal land. However other environmental activities continued normally. 32,694 seedlings were produced while 13,066 were distributed. The distribution of seedlings was hampered by the poor weather conditions that were not conducive for planting. 1,220 cookstoves were constructed.

Capacity Building (CB)

PHC and WES Skills Development

Collaboration between SRRC and ARC PHC and CB teams continued especially in support for the implementation of the New Sudan Health Policy. Cost sharing is being implemented in all the ARC supported health facilities. Village Health

and Development committees as well as water committees were formed and trained. The health committees manage the health facilities while the water committees are supposed to promote good management at the water points.

120 hoes and some seeds were supplied to 11 health facilities and 33 volunteers benefited from the produce.

Income Generating/Household Production

ARC supporting several income generating activities in Nimule Corridor. These included: Soap making, Lulu pressing, poultry production, skin cream production, teashops, beekeeping and grinding mill.

Institutional Development

The County health Department, SRRC counterpart and civil authority offices were supplied with modest stationery and furniture for improved service delivery.

A workshop was conducted for 20 Payam/Boma administrators (14 men and 6 women) in August and another one in November for 30 administrators (23 men, 7 women). 20 women and youth leaders (3 women, 17 men) attended a workshop in November.

Two community based facilitators and ARC supported 1 community development worker during this reporting period and they helped in facilitating 4 workshops for IGA groups and Payam/Boma Administrators. A Training of trainers workshop was conducted for 3 community based facilitators in June.

Addendum

This report is being written against the backdrop of the signing of the Comprehensive Peace Agreement. This agreement was signed on 9th January 2005 and already there are significant changes in South Sudan with NGO program focus moving from relief to development as well as preparing for the returns and repatriation process of Sudanese refugees and IDPS.

GOAL: Reduce the morbidity and mortality and build local capacity for greater self-reliance among the war affected, internally displaced and refugee returnee populations of Kajo Keji County and Nimule Corridor, Magwi County, Southern Sudan.

PRIMARY HEALTH CARE (KAJO KEJI)

OBJECTIVE #1: Primary health care services strengthened for and good health care practices promoted among the targeted population.

Primary Health Care Activities	Response
<p>1. Continue to work with the SRRC, County Health Department, VHDCs and local health staff to implement the “Health Policy for the New Sudan” in collaboration with capacity building sector. Continue to work with the SRRC and civil authorities in health facility management by providing training and supervision for 3 PHCCs and 18 PHCUs. <i>Level of participation and collaboration with all counterparts; achievements, including cost sharing.</i></p>	<p>Completed and ongoing activity. The CBHC officer paid supervisory visits to all 3 PHCCs namely Bamurye, Kerwa and Mangalore and 18 PHCUs. Advice based on findings was given. Some of the topics covered were drug prescription practices and general sanitation of the facilities. On 15th –17th September, a sensitization workshop on community based Primary Health Care was conducted for local authorities, community and indigenous NGOs at Ajira in Kangapo II Payam and attended for 6 women and 22 men. Cooperation and collaboration with SRRC, County Department, VHDC and local staff to implement the “New Sudan Health Policy” went on very well during this reporting period. All health facilities are practicing cost sharing.</p>
<p>2. Continue to collaborate with SUHA in the provision of Primary Health Care services throughout the County during 2004. <i>Type of collaboration provided.</i></p>	<p>Completed and Ongoing. Collaboration with SUHA went on well and 5 CHW candidates completed their 9-month residential training course at SUHA CHW training school in Jalimo on 31 December 2004. SUHA also participated in Emergency Obstetric Care Assessment training facilitated by ARC and the Reproductive Health for Refugees Consortium in September. ARC also provided technical assistance to SUHA so that they would be able to request for continued funding for their PHC program in Kajo Keji.</p>
<p>3. In collaboration with local communities, establish two PHCUs to increase accessibility to primary health care services in under-served areas by the second quarter of 2004. One PHCU to be sited at Loro village, Livolo Payam and the second at Kasurak village, Kangapo II Payam. <i>Name and allocation of PHCUs, date of commencement of building construction, date of opening the Unit.</i></p>	<p>Completed. Loro PHCU was formally opened on April 26 and Kasurak on May 3, 2004. The two communities are functional and are reporting monthly about their activities.</p>
<p>4. Upgrade Bamurye PHCC by establishing a laboratory (including appropriate staffing) in collaboration with the community and the authorities by the second quarter of 2004 to provide basic services for the population in Kangapo II Payam. <i>Starting date of building construction, date of completion and date of opening; number of samples successfully taken/processed.</i></p>	<p>Completed. The Bamurye laboratory was opened on the 2nd May 2004. The following samples were carried out successfully: HB- 171 specimens, malaria - 739, Filarial/ OV -216, trypanasoma -27247, stool examinations -1,629, urinalysis -621, AAFB sputum -103, and serological tests -3.</p>
<p>5. In collaboration with Capacity Building, conduct 6 workshops to continue the process of formation and training of VHDCs in collaboration with the community in health facility management. <i># and</i></p>	<p>Completed. 2 workshops for the formation and training of two new Village Health and Development Committees for Bamurye and Mangalore Primary Health Care Centres were conducted from 19 – 20 February 2004 at the second</p>

<p><i>dates of workshops; # of participants; # of VHDCs established.</i></p>	<p>compound of ARC at Wurta and on 30-31st March 2004 at Mangalore Episcopal Centre. 39 and 47 participants from the both communities attended the workshop.</p> <p>A-two day workshop was conducted for Mid Level Management & VHDCs on 25th – 26th of November 2004. 35 participants attended, 12 were female and 23 male. All the 21 ARC supported health facilities have trained VHDCs.</p>
<p>6. Conduct 6 refresher-training workshops for health workers in ARC supported health facilities. <i># of health workers receiving training; #, dates and allocation of workshops.</i></p>	<p>Completed. Refresher-training workshops for health workers in ARC supported health facilities were conducted as follows:</p> <ol style="list-style-type: none"> 1. 19 – 20 February 2004 at the second compound of ARC at Wurta. 25 health workers attended the workshop. 2. 16-19 March 2004 at the second compound of ARC in Wurta. 32 health workers attended among them 8 females. 3. 13-16 April 2004 at the second compound of ARC in Wurta. 20 health workers attended (18 men, 2 women). 4. 24 –27 August at Wurta in Livolo Payam for 11 Health Educators (1 woman and 10 men) 5. 9 October, a workshop was conducted in Wurta for 12 health workers (11 males and 1 female) <p>On the job training was carried out for 5 Health workers (Medical Assistant, 2 CHWs and 2 MCHWs) at Mangalore PHCC on 1st September. From 18th –21st October, a series of training workshops were conducted for 209 vaccinators in all Payams in Kajo Keji.</p>
<p>7. Conduct 4 workshops to sensitise the local authorities, community and indigenous organization of Kajo Keji County in the concept of community based Primary Health Care provision through participatory methodologies. <i># and dates of workshops; # of participants and types of training.</i></p>	<p>Ongoing. 4 workshops were conducted as follows;</p> <ul style="list-style-type: none"> • 30th –31st March 2004 at Mangalore Episcopal Church to sensitise the local authorities, community and indigenous organization of Kajo Keji County in the concept of community based Primary Health Care provision through participatory methodologies. 47 participants including 14 females participated. • 8th –10th June 2004 at Kiri Episcopal Church of Sudan building, in attendance were 5 women and 16 men. • 15th –17th September at Ajira Episcopal Church of Sudan for 28 people from the local authorities, community and indigenous organizations of Kangapo II Payam. One staff from the County Health Department and 2 CHW supervisors from Kangapo I and II Payams facilitated the workshop. • 25th –26th November, a workshop was conducted for VHDCs in Kangapo II Payam. Local leaders from this payam attended the workshop. The workshop was attended by 35 people (12 women and 23 men). <p>Topics included, concepts of Primary Health Care, New Sudan Health Policy, Cost sharing concept and guidelines, roles and responsibilities of VHDCs,</p>

	Hygiene, Malaria, Guinea Worm and Diarrhea.
8. Sponsor 2 new students for the AMREF Clinical Training Officer Program in Maridi County, 3 new students for the Enrolled Nurse Training Program in Kajo Keji or within south Sudan in collaboration with capacity building sector, and 5 new students for the CHW training for the ICRC Training Program at Lopiding, Loki, or SUHA. # of students sponsored, level of training completed.	Completed. 5 Community Health Workers were sponsored for a 9 month CHW training course at the SUHA school in Jalimo, Kajo Keji. They graduated in December. 2 candidates from Kajo Keji interviewed by AMREF for Clinical Officer Training were not successful. The MSF Swiss nursing training program will not be conducted this year. Most of the training schools offering the same course charge higher tuition fees; therefore this activity will not be conducted this year.
9. Continue training of 5 existing local CHW Payam Supervisors in mid-level management in collaboration with Capacity Building Sector. Level of training; level of collaboration, and date of local CHW Supervisors trained; # of supervision visits conducted.	Ongoing: The CBHC Officer conducted supervisory visits to the 5 CHW Supervisors and gave advice on various ways of improving the health of their communities. 2 of the CHW supervisors facilitated in the refresher-training workshop for health workers, April 13-16. On 27 th –30 th July, the 5 supervisors were formally trained. The supervisors meet with the CBHC Officer to plan supervision visits.
10. Continue to monitor OV Control Program in coordination with CBM, and Guinea Worm Control Program in coordination with Global 2000 Carter Centre. Level of coordination and status of OV control program in Kajo Keji County.	Ongoing: ARC in collaboration with Kajo Keji County Health Department drew a plan to conduct workshops on Guinea worm for the internally displaced population in the county. The Coordinator of Guinea Worm Program from Carter Center visited Kajo Keji in August for coordination and information sharing purposes and held meetings with all partners in the Guinea worm control program. The OV program is ongoing and 8,617 people from Livolo, Kangapo I and Kangapo II were treated with mectizan tablets. <i>See table below for details.</i>
11. Conduct routine on-the-job trainings in 3 PHCCs in the following areas: Anatomy and Physiology, Top Ten Medical Problems, other medical and minor surgical problems. # of trainings successfully completed; # of health staff successfully trained.	Ongoing. 8 on the job training sessions were conducted as follows; <ul style="list-style-type: none"> • 9th – 15th February for health workers at Mangalore PHCC • 1st –3rd March for health workers of Bamurye PHCC • 4th -9th March for health workers of Mangalore PHCC • 5-16th April for health workers at Bamurye PHCC • 4 –5th June for health workers at Bamurye PHCC • 1st –2nd September for health workers at Kerewa PHCC • 1st September for Health workers at Mangalore PHCC • 16th September for Health workers at Bamurye PHCC 48 Health Workers received on the job training and topics were covered included importance of : dump dusting, dressing of wounds-aseptic technique, dispensing of drugs/drug administration, ward rounds and disposal of sharps. Emphasis was put on rational drug use, patient history taking, Anaemia, malnutrition and patient referrals among others.
12. Provide medical references (AMREF Publications) for use by CHWs to 2 existing and 1 new PHCC. # and names of publications, and date obtained.	Completed. 15 medical reference publications (3 copies each) were obtained on 23 rd April: <u>Continuing Education for health workers</u> , <u>Management Schedules for Dispensaries</u> , <u>Health Information for PHC</u> , <u>Guidelines for management of</u>

	<u>Hospital Out patient Services</u> and <u>Assessing District health Needs</u> . These books are being used as references for health workers.
13. Conduct trainings on PHC management for Supervisors at CHD. <i>Level of training; # and date of supervisors trained.</i>	Completed. Kajo Keji and Magwi County Health Departments in collaboration with ARC health sectors of Kajo Keji and Nimule jointly conducted a training on PHC management for Supervisors at Payam and CHD on the theme: “Health workers for change”. The training was conducted July 27-30, 2004 at the second compound of ARC at Wurta, attended by four participants from Magwi and eight from Kajo Keji Counties. One female health supervisor from Bamurye IDP camp attended.
14. Conduct 1 planning workshop for all health sector stakeholders throughout County. <i>Level and dates of planning.</i>	Completed. A planning workshop for all health sector stakeholders throughout Kajo Keji and Magwi Counties was conducted on July 19-21, 2004 at Zawadi Hotel, Adjumani in Uganda. Eight people participated.

Onchocerciasis Control Program CBM-ARC
12 month data January –December 2004

Livolo Payam.

Month	# Mectizan tablets used	# People treated	# People with Side Effects	Remarks
January	2222	644	93	Mild side effects
February	1720	556	94	Mild side effects
March	1892	648	62	Mild side effects
April	841	200	50	Mild side effects
May	NR	NR	NR	Mild side effects
June	365	72	4	Mild side effects
July	227	72	9	Mild side effects
August	1304	527	71	Mild side effects
September	681	200	43	Mild side effects
October	783	208	23	Mild side effects
November	689	183	20	Mild side effects
December	334	94	7	Mild side effects
Total	11,058	3,404	476	

Kangapo I Payam

Month	# Mectizan tablets used	# People treated	# People with Side Effects	Remarks
January	956	276	41	Mild side effects
February	6875	331	40	Mild side effects

March	1003	365	43	Mild side effects
April	856	285	44	Mild side effects
May	1076	294	111	Mild side effects
June	169	71	18	Mild side effects
July	302	89	9	Mild side effects
August	708	231	42	Mild side effects
September	694	148	14	Mild side effects
October	584	147	16	Mild side effects
November	141	85	28	Mild side effects
December	682	323	23	Mild side effects
Total	14,046	2,645	429	

Kangapo II Payam

Month	# Mectizan tablets used	# People treated	# People with Side Effects	Remarks
January	1229	472	30	Mild side effects
February	685	231	21	Mild side effects
March	1212	319	21	Mild side effects
April	230	63	8	Mild side effects
May	212	64	3	Mild side effects
June	363	127	10	Mild side effects
July	1206	488	3	Mild side effects
August	629	195	27	Mild side effects
September	743	226	15	Mild side effects
October	501	146	10	Mild side effects
November	650	171	8	Mild side effects
December	279	66	11	Mild side effects
Total	7,939	2,568	167	

Primary Health Care: Expanded Program Immunizations (EPI) Activities	Response
1. Continue supervision, material support and refresher training to the existing EPI and growth monitoring team from the 3 PHCCs. <i># of supervisory visits, # of staff trained, # of refresher training sessions conducted.</i>	Completed. 42 supervisory visits were made to Kerewa, Bamurye and Mangalatore PHCCs as well as Rungetta, Ajira, Kinyiba, Logu, Lema, Limi I and Limi II PHCUs. 27 staff at Mangalatore got training on EPI report writing skills. Likewise the staff of EPI at Kerewa was trained on filling in of the reports. 28 EPI staff received on the job training during this reporting period.
2. Continue supervision and monitor monthly EPI mobile clinics. <i># of monthly EPI mobile clinics conduct, # of EPI volunteers participating in</i>	Completed. 44 EPI clinics were conducted during this reporting period. On average 14 EPI volunteers participate in the monthly mobile clinics.

<i>monthly mobile clinics.</i>	
3. Conduct 1 training session for 15 new vaccinator volunteers and 3 refresher-training sessions for 42 existing volunteers. <i># of vaccinators completing the training, dates of training</i>	Completed. The 15 new EPI vaccinators were trained from the 17-28 th May 2004. They have started with voluntary work in their respective areas.
4. Select and sponsor 2 candidates to be trained in cold chain management in collaboration with CHD and UNICEF. <i># of recruitment and name of appointed candidate, level of training.</i>	Completed. Two candidates were selected and trained in cold chain management. Their names are; Bennet Nyara- Bamurye PHCC and David Mayano- Kerewa PHCC.
5. Procure and transport vaccines from UNICEF/OLS and provide supplies to the 3 EPI static centres according to the needs. <i># and type of vaccines procured, # of EPI centers receiving vaccines, # of vaccines supplied.</i>	Completed. For this reporting period, stock of vaccines procured from UNICEF was: BCG-780, OPV- 3410, DPT- 1317, TT- 325 and 1986-measles. All three PHCCs had enough stocks of vaccines although BCG was out of stock in August and September at UNICEF Arua Office.
6. Monitor the cold chain (storage practices and maintenance of storage equipment) and storage of vaccines. <i># of EPI centers that adequately stored and administered EPI supplies.</i>	Completed. The 3 Static EPI centres have stored vaccine and cold chain monitoring by use of temperature recording sheets and the cold chain facilities were well maintained with no breakdowns.
7. Target 18,000 children less than five years of age, and 15,000 women of childbearing age with BCG, DPT, OPV, Measles and Tetanus Toxoid according to the required number of doses. <i># of children <5 years, and women of childbearing age, immunized</i>	Ongoing. 22,307 under five children and 59,36 Women of Childbearing age were immunized during this reporting period.
8. Continue collaboration with SRRC, Civil Authorities, County Health Department, WHO, and other NGOs of Kajo Keji County, in the planning and implementation of the NIDS and SNIDS immunization rounds. <i>Level of support provided, # of immunization rounds conducted.</i>	Completed. The first and second round of polio were conducted on 11 th –14 th October and 8 th –11 th November respectively. 10,476 people were immunized during the first round while 10,458 were immunized during the second round. The PHC Coordinator participated in a planning in the planning meeting for the campaigns on 23 rd September at the County Health Department in Kajo Keji.
9. Conduct 3 awareness training/discussion sessions related to the six killer diseases for which immunizations are available, for 200 community leaders and members. <i># of trainings/ discussions conducted, # of participants.</i>	Ongoing. 2 awareness sessions were conducted in Bamurye, Limi 1 and 11. Discussions centred on the six killer diseases. The response from the community leaders was very good and they requested for more of such workshops.
10. Provide motivational items for vaccinator volunteers conducting the monthly EPI mobile clinics. <i>Motivational items provided to vaccinator volunteers, dates and # of vaccinator volunteers receiving the items.</i>	Ongoing: 35 newly trained volunteers each received a bicycle in January and a water bottle in March. Laundry bar soap was given to each volunteer for the months of March April, May, June, August and November.

Monthly EPI (PHCC)

See Monthly EPI (PHCC) worksheet (excel document)

Monthly EPI (PHCU)

See Monthly EPI (PHCU) worksheet (excel document)

Primary Health Care: Maternal and Child Health (MCH) Activities	Response
1. Provide 7 refresher training sessions for 207 existing TBA's, <i># of existing TBA's re-trained, dates of training.</i>	Ongoing: 4 refresher-training workshops were conducted for existing TBAs in the first six months of the year as follows:

	<ul style="list-style-type: none"> • 26-February-3rd March for 17 TBAs • 8th-14th March for 21 TBAs • 3rd-7th May for 31 TBAs • June for 28 TBAs
2. Procure and distribute 58 TBA kits to 58 TBAs trained in 2003. # Of kits procured and distributed, # of kits procured and distributed, # of TBAs receiving TBA kits.	Completed. 13 TBA kits were given to the new maternal child health workers. TBAs from Kiri, Limi I and II were supplied with fetoscopes which is one of the contents of the TBA kits.
3. Procure and distribute 207 TBA kit re-supply materials for all new and previously trained TBAs. Items procured for re-supply kits, # of TBAs provided with re-supply materials.	Completed. Items procured for re-supply kits were soap, razor blades, cotton wool and gloves. TBAs were provided with re-supply materials as needed.
4. Purchase and distribute furniture and equipment for the MCH/TBA Units. Date and items supplied to MCH/TBA facilities.	Completed. Furniture was procured and distributed to the MCH/TBA units.
5. Conduct 3 training sessions related to Mother and Child Health Care (MCHC) and the Safe Motherhood Initiative for all health workers at ARC supported health facilities. # Of training/discussion sessions conducted, # of health worker participants.	Incomplete. Mother and Child Health Care and Safe Motherhood training was conducted in Wurta PHCU for 8 TBAs and 1 MCHW.
6. Conduct 3 awareness training/discussion sessions related to MCHC and the Safe Motherhood Initiative, for 100 community leaders and members. # of training/discussion sessions conducted, # of community leader participants.	Completed. Routine health education continued to be given to members of public as they wait for services at the health facilities on safe motherhood. Each PHCC has a roaster for giving health education and one member of staff is assigned a topic to cover each morning at the waiting bay as clients wait for services. This activity continued throughout the reporting period.
7. Continue supervision, and on-the-job refresher training in antenatal and postnatal care, Safe Motherhood, Family Planning, breastfeeding, growth monitoring and nutrition, Oral Rehydration Therapy (ORS), for the MCH facilities at the PHCUs and PHCCs. # of participants, # of and location of supervisory visits and refresher training; type of supervision provided.	Completed. Supportive supervision visits were conducted at the health facilities during this reporting period on the average of 8 facilities being visited every month. On the job training was carried out during the visits and this included physical examination of a pregnant mother, ORS preparation, reporting and postnatal care, breastfeeding and ORS Therapy training. Antenatal clinics are conducted 3 times a week at the health facilities.
8. Continue supervision in ARC-supported MCH facilities for In and Out patient management, rational drug use and prescribing practices. # and dates of monitoring visits; level of drug prescribing practices.	Completed. Monitoring of in and out patient management, rational drug use and prescribing practices was done during supervision visits as in #7. On the job training focused on rational drug prescribing practices, importance of teamwork and referral practices to Mundari hospital.
9. Continue supervision and monitor home visits of TBAs in active case findings. # Of supervisory visits, # of home visits, # of case identification and referrals.	Completed. 247 home visits were carried out by the TBAs and 9 cases were referred after active case finding.
10. Continue to provide motivational items (raincoats, gumboots, torches, etc) for volunteer TBAs at the PHCCs and PHCUs. Motivational items provided to volunteer TBAs, date and # of volunteer TBAs receiving motivational items.	Ongoing. The TBA volunteers were provided with the following; <ul style="list-style-type: none"> • In February-300 bars of laundry soap were provided to the TBA volunteers.

	<ul style="list-style-type: none"> • In March-32 TBA volunteers received a torch each. • In June - 207 TBAs and 13 MCHWs received motivational items
11. Provide on job training on nursing procedures to health workers at ARC supported health facilities. <i># training sessions conducted. # of health worker participants.</i>	<p>Ongoing. On the job training on nursing procedures was provided as follows:</p> <ul style="list-style-type: none"> • February: for 35 TBAs • March: for 5 health workers at Kinyiba PHCU • April: for 3 MCHWs and 4 TBAs from Bamurye PHCC • May: for 2 health workers from Sera Jale PHCU and 3 Health workers from Leikor PHCU • June: for 4 health workers from Rungetta PHCU • September: for 2 CHWs and 2 MCHWs at Mangalatore PHCC <p>Basic nursing procedures such as bed making, infection control and sterilization of instruments were taught during these sessions. TBAs were taught on personal hygiene and how they could teach the mothers in the community.</p>
12. Continue to sponsor 6 TBAs (3 senior – 3 junior) for the PHCC at Kerewa. <i># of sponsored TBA Trainers/Supervisors.</i>	<p>Ongoing. 6 TBAs at Kerwa PHCC continued to be sponsored during this period.</p>

PRIMARY HEALTH CARE (NIMULE, MAGWI COUNTY)

Primary Health Care activities	Response
1A. Continue to work with the SRRC, County Health Department, VHDCs and local health staff to implement the “Health Policy for the New Sudan” in collaboration with capacity building sector. <i>Level of participation and collaboration with all counterparts; achievements, including cost sharing.</i>	<p>Completed and ongoing. Cooperation and collaboration between SRRC, County Health department, VHDC and ARC PHC/CB in implementation of new Sudan health policy is commendable and continues. Cost sharing has been introduced in all ARC supported Health facilities i.e. Baping, Lawira, Anzara, Olikwi, Longu, Ganzi, Jellei. Masindi I and II PHCUs and Mugali I and II PHCCs. Patients are 100 Uganda Shillings or equivalent in kind per visit. The laboratory for Mugali II PHCC is now functional this is in line with improving health service delivery. Counterparts were involved in the re-establishment of Mugali I PHCC. Health coordination meetings are held at the County Health Department for all NGOs in the county to discuss different issues regarding the health sector.</p>
1B. Rehabilitate/ Re-establish 1 PHCC (Mugali I) in collaboration with the County Health Department, authorities and the community by the first third 2004. <i>name and location of the PHCC; date of commencement of building construction; date of opening the PHCC.</i>	<p>Completed. Mugali I PHCC was rehabilitated and was officially opened in May 2004.</p>

<p>2. Continue to work with the SRRC and civil authorities in health facility management by providing training and supervision for 2 PHCCs and 10 PHCUs, and conduct trainings on Primary Health Care Management for Supervisors at CHD. # and dates of training; # of participants; level of collaboration with counterparts.</p>	<p>Ongoing. 77 supervisory visits were carried out by the CBHC Officer to the PHCUs and PHCCs and carried out on the job training for 3 health workers per visit per health facilities. During these visits, discussions centered on latrine construction for the health facilities, proper diagnosis and treatment, management of dehydration using WHO guidelines and health education. The CBHC Officer conducted 11 sessions of in service training for 24 health workers in those health facilities.</p>
<p>3. In collaboration with Capacity Building, conduct five workshops to continue the process of formation and training of VHDC in collaboration with the community. # and dates of workshops; # of participants; # of VHDCs established.</p>	<p>Completed. 5 workshops were conducted as follows:</p> <ul style="list-style-type: none"> • 23-24 February: for 40 participants benefited among them 7 females. • 9th March 2004: for 51 participants among them 11 females • March: for 57 participants among them 9 women (date not specified) • 14th April: for 36 participants among them 5 women • 10th-11th June 2004, 19 participants among them 5 women <p>VHDCs have been formed in 11 ARC supported health facilities.</p>
<p>4. Conduct 4 refresher training workshops in ARC supported health facilities. # and dates of workshops; # of participants.</p>	<p>Completed. 4 workshops have been conducted during this reporting period as follows:</p> <ul style="list-style-type: none"> • 21st-23rd June 2004, 3-day refresher workshop was conducted in Nimule Library. 12 health workers attended. Topics included, malaria, acute respiratory tract infections, amoebic and bacillary dysenteries and record keeping. • 16th –17th August, a 2 day refresher workshop was conducted for 13 CHWs. Training focused on top 10 top diseases. • 22nd –23rd September, a 2 day workshop was conducted by 15 health workers (1 woman and 14 men) at the County Development Committee office in Nimule. Topics covered included: patient history taking and physical examination, OV, Syphilis among others. • 21st October, a one day refresher training workshop was conducted for 20 CHWs at Nimule community Library.

<p>5. Conduct 5 workshops to sensitize the local authorities, Community and indigenous organization of Nimule Payam in the concept of community based Primary Health Care through participatory methodologies. # and dates of workshops; # of participants.</p>	<p>Ongoing. 4 workshops were conducted as follows;</p> <ul style="list-style-type: none"> • 25-26th February: for 40 health workers and community leaders among them, 11 females. • 10th March: for 55 participants including 15 females at Mugali 1 Boma. • 23rd March: for 57 community leaders and 3 health workers among them 9 females at Mugali 11 • 15th April: for 36 participants including 5 women at Anzara Inland Church • 21st –23rd June: for 13 health workers <p>Topics covered; prevention and control of various diseases, principles/concept of PHC, cost sharing, roles and responsibilities of stakeholders in the implementation of PHC.</p>
<p>6. Continue provision of monthly standardized medical supplies to ARC supported health facilities; assist with transport; storage and monthly distribution of drugs provided to PHCUs and PHCCs and monitor storage. #, date and location of Health facilities # of standardized supplies, # of monitoring visits.</p>	<p>Ongoing. Drugs and non-drug supplies were distributed to all the 11 ARC supported health facilities of Masindi I and II, Mugali 1 and 11, Baping, Lawira, Olikwi, Jellei, and Anzara during the first week of every month. To 9 PHCUs and 2 PHCCs. 35 monitoring visits were carried out during this reporting period.</p>
<p>7. Conduct 3 workshops (2 refresher and 1 training) for OV volunteers in collaboration with Health Net International. dates of workshops; # of participants, level of collaboration.</p>	<p>Completed. OV topics were included in a refresher training workshop conducted for 15 health workers in September. The main focus was clinical practice and management of OV.</p>
<p>8. Sponsor 1 new student and continue to support 1 student for AMREF Clinical Officer Training Program in Maridi County, sponsor 6 new students for the CHW training for the ICRC Training at Lopiding; AAH or SUHA and sponsor 5 new students for the MSF (CH) Hospital Auxiliary Nurse (HANS) Training Program in Mundari Hospital, Kajo Keji County in collaboration with Capacity Building Sector. Dates training starting; level; level of training completed.</p>	<p>Completed.</p> <ul style="list-style-type: none"> • 2 students were sponsored for the AMREF Clinical Officer Training Program in Maridi. The next intake of students in Maridi School of clinical officers was supposed to be in October 2004 but was later moved to January 2005. • ARC continues to support Raymond Opiyo who is now in his second year in Maridi. • 18 students are completed their 9 month training at the SUHA CHW training at Jalimo, Kajo Keji. <p>The MSF School in Mundari has stopped admitting new students and the allocated budget for HANS training was not enough to send the students elsewhere.</p>
<p>9. Conduct mid-level management training for 5 CHWs in collaboration with the Capacity Building Sector. # and names of selected students; level of training; level of collaboration.</p>	<p>Completed. The 2 local Payam CHW supervisors were trained along with others in July 26th –30th 2004. These are Philip Taban (Mugali Payam) and Mr. Jino Tombe (Nimule Payam). The CBHCO continued to work with them while conducting supervision in their respective Payams.</p>
<p>10. Continue to monitor OV Program in coordination with CBM, and Guinea Worm Program in coordination with Global 2000 Carter Center.</p>	<p>Completed. 6,265 people from Nimule and Mugali Payams were treated for OV. There was inadequate supply of OV drugs thus few people treated. See table below for details.</p>

<p>11. Conduct training workshop of 2 local CHW Payam supervisors (1 for Nimule and 1 for Mugali Payam) in mid-level management in collaboration with the Capacity Building Sector. <i># and names of selected candidates; level of training; level of collaboration; Date of the workshop; # of supervision visits conducted.</i></p>	<p>Complete and Ongoing. The 2 local Payam CHW supervisors were trained along with others in July 26th –30th 2004. These are Philip Taban (Mugali Payam) and Mr. Jino Tombe (Nimule Payam). The CBHCO continued to work with them while conducting supervision in their respective Payams.</p>
<p>12. Conduct routine on-the-job trainings in 2 PHCCs in the following areas Anatomy and Physiology, Top Ten medical problems, and other medical and minor surgical problems. <i># of trainings successfully completed; # of health staff successfully trained. Topics covered</i></p>	<p>Ongoing. 8 on the job training sessions were carried out by the Clinical Training Officer as follows:</p> <ul style="list-style-type: none"> • 1st -5th February: for 5 health workers in Mugali II PHCC. Topics covered were as follows; fluid and electrolyte balance chart, basic medical surgical nursing and nursing procedures. • 15th –16th March: for 3 health workers in Mugali II PHCC. • September: 2 sessions for 4 health workers in both Mugali I and II PHCCs. Topics covered; integrated health services delivery systems, prophylaxis treatment of malaria during pregnancy, basic Nursing procedures, ration use of drugs, data collection and recording, taking patient history and clinical management of ten diseases in the county. • November : 2 sessions for 2 nurses 4 health workers from Mugali I and Mugali II PHCCs. Topics covered were intergrated health services delivery systems, prophylaxis treatment of malaria during pregnancy, basic nursing procedures, ration use of drugs, data collection and recording, patient history and clinical management of the top 10 diseases in the County. • December: 2 sessions with 2 nurses in Mugali I and 3 nurses in Mugali II on dump dusting, carbolisation of beds and bed making including practicals.
<p>13. Provide medical references (AMREF Publications) for use by CHWs to 1 existing and 1 new PHCC. <i># of medical reference books purchased; # of CHWs with access to materials.</i></p>	<p>Completed. The following publications were purchased: <u>Continuing Education for health workers</u>, <u>Management Schedules for Dispensaries</u>, <u>Health Information for PHC</u>, <u>Guidelines for management of Hospital Out patient Services</u> and <u>Assessing District health Needs</u>.</p>
<p>14. Conduct 1 planning workshop for all health sector stakeholders throughout the County. <i>Date of workshop; # of participants, items discussed/presented.</i></p>	<p>Completed. 3 days planning workshop for all health sector stakeholders was conducted in Adjumani- Uganda from 19th-21st 2004 and attended by 8 participants. The aim was to plan for 2005 health sector activities.</p>

**Onchocerciasis Control Program CBM - ARC
12 Month data January – December 2004**

Nimule Payam

Month	# Mectizan tablets used	# People treated	# People with Side Effects	Remarks
January	403	125	3	
February	758	265	25	
March	-	-	-	
April	-	-	-	
May	-	-	-	
June	0	0	0	
July	0	0	0	
August	346	179	0	
September	500	152	27	Mild side effects.
Total	2007	721	55	

Mogali Payam

Month	# Mectizan tablets used	# People treated	# People with Side Effects	Remarks
January	3110	985	40	Mild side effects.
February	4280	2071	41	Mild side effects
March	0	0	0	Mild side effects
April	1715	512	41	Mild side effects
May	285	87	0	
June	0	0	0	
July	0	0	0	
August	3356	986	42	Mild side effects
September	2,528	632	31	Mild side effects.
October	1772	455	14	Mild side effects.
November	345	116	7	Mild side effects.
December	0	0	0	
Total	17,391	5,844	216	Mild side effects.

Primary Health Care: Expanded Program Immunization (EPI) Activities

1. Continue supervision, material support and refresher training to the existing EPI and growth monitoring team from the 2 PHCCs. *# of supervisory visits, # of staff trained, # of refresher training sessions conducted.*

Response

Completed. 3 refresher courses were conducted with 53 health staff in attendance. Topics covered include; importance of vaccination reporting and monitoring of the cold chain.

	21 Supervisory visits were conducted during this reporting period.
2. Continue supervision and monitor monthly EPI mobile clinics. # of monthly EPI mobile clinics conduct, # of EPI volunteers participating in monthly mobile clinics.	Completed. 66 EPI clinics were conducted and 144 volunteers assisted with the activities. (Number is cumulative and overlapping)
3. Conduct 1 training session for 4 new vaccinator volunteers and 1 refresher training sessions for 21 existing volunteers. # of vaccinators completing the training, dates of training	Completed. One training session for 7 new volunteers was successfully conducted on 10 th August 2004.
4. Select and sponsor 2 candidates to be trained in cold chain management in collaboration with CHD and UNICEF. # of recruitment and name of appointed candidate, level of training.	Completed. Two candidates; Mawa Edward Waraja and Ager Buol attended a 2-day training in cold chain management at Maridi School in March 2004 organised and facilitated by UNICEF.
5. Procure and transport vaccines from UNICEF/OLS and provide supplies to the 2 EPI static centres according to the needs. # and type of vaccines procured, # of EPI centers receiving vaccines, # of vaccines supplied.	Completed. UNICEF Arua provided ARC with 85 vials of BCG and 150 vials OPV each, 131 vials of DPT and 130 vials of TT. Mugali 1 and II PHCCs as well as Mugali I, Masindi, Anzara and Olikwi received vaccines.
6. Monitor the cold chain (storage practices and maintenance of storage equipment) and storage of vaccines. # of EPI centers that adequately stored and administered EPI supplies.	Completed. Only one cold chain fridge kept in ARC compound stored and administered vaccines. The cold chain technicians monitored the fridge and recorded the temperature of the fridge twice daily under the supervision of MCH Officer throughout the quarter.
7. Target 6,000 children less than five years of age, and 7,000 women of childbearing age with BCG, DPT, OPV, Measles and Tetanus Toxoid according to the required number of doses. # of children <5 years, and women of childbearing age, immunized	Complete and Ongoing. To-date 5,477 doses of BCG, DPT, OPV have been given to under-five children and 1,065 doses of TT have been given to women of child -bearing age and 141 doses of TT was given to wounded persons.
8. Continue collaboration with SRRC, Civil Authorities, County Health Department, WHO, and other NGOs in Nimule Corridor, in the planning and implementation of the NIDS and SNIDS immunization rounds. Level of support provided, # of immunization rounds conducted.	Completed. The first and second rounds of polio were conducted on October 11 th – 15 th 2004 and November 8 th – 12 th , 2004 respectively. 12,864 children were immunized during the first round while 13,105 children were immunized during the second round. ARC participated in the planning and provided both technical and logistics support.
9. Conduct 4 awareness training/discussion sessions related to the six killer diseases for which immunizations are available, for 200 community leaders and members. # of trainings/ discussions conducted, # of participants.	Completed. 4 sessions on awareness on 6 childhood killer diseases were conducted this attracted 234 participants, 185 of them being women. The following topics were discussed: causes and prevention of the six childhood killer diseases, harmful culture and traditional beliefs and practices and how to overcome them.
10. Provide motivational items for vaccinator volunteers conducting the monthly EPI mobile clinics. Motivational items provided to vaccinator volunteers, dates and # of vaccinator volunteers receiving the items.	Completed. Volunteers received motivational items as follows: <ul style="list-style-type: none"> • January –8 volunteers received soap • March -21 volunteers received mosquito nets • April –20 volunteers received soap • June –22 volunteers received soap • July –14 volunteers received soap

- October –21 volunteers received soap
- November –17 volunteers received soap.

Primary Health Care: Maternal and Child Health (MCH) Activities	Response
1. Provide 2 training sessions for 40 new TBAs, and 5 refresher-training sessions for 160 existing TBA's (120 existing and 40 newly trained). # of existing TBA's re-trained, dates of training.	Completed. 41 new TBAs were trained during this reporting period. 5 refresher training sessions were conducted as follows: <ul style="list-style-type: none"> • 25 TBAs -27-30th March 2004 • 31 TBAs -27-30th April 2004. • 20 TBAs -6th –9th July • 11 TBAs –15th –17th September • 38 TBAs - 22nd –25th September
2. Procure and distribute 88 TBA kits to 40 newly trained TBAs and 48 previously trained TBAs. # Of kits procured and distributed, # of kits procured and distributed, # of TBAs receiving TBA kits.	Completed. The 88 TBA kits were procured in May. 85 kits were distributed to 41 new and 44 old TBAs in May 2004.
3. Procure and distribute 200 TBA kit re-supply materials for all new and previously trained TBAs. Items procured for re-supply kits, # of TBAs provided with re-supply materials.	Completed. 218 TBAs received re-supply kits. (Number is cumulative and overlapping). Items procured for re-supply kits are: cotton wool, gloves, gauze, cord ties, plastic sheets, soap and razor blades.
4. Provide support (non locally available materials) for rehabilitation/maintenance of all MCH/TBA Units in 2 PHCCs and 10 PHCUs. #, date and location of MCH/TBA Unit rehabilitated.	Completed. The unit in Mugali I PHCC was rehabilitated and has been functional since August. TBA units in Masindi I and Mugali II were also rehabilitated.
5. Purchase and distribute furniture and equipment for the MCH/TBA Units. Date and items supplied to MCH/TBA facilities.	Ongoing. Items supplied include the following; <ul style="list-style-type: none"> • 8 benches, 2 tables, 2 bed pans and 4 chairs to the EPI rooms in Mugali I and II • Ganzi EPI room, 1 table, 2 benches and 2 chairs. • Longu PHCU, 1 table, 2 benches and 2 chairs
6. Conduct 2 training sessions related to Mother and Child Health Care (MCHC) and the Safe Motherhood Initiative for all health workers at ARC supported health facilities. # Of training/discussion sessions conducted, # of health worker participants.	Completed. On 15-16 August 2004, one training session/ discussion was conducted on safe motherhood initiative. 13 people, all men attended. On the job training and individual coaching for health workers on Antenatal and postnatal care continued throughout the quarter. On 2 nd September, discussion sessions were conducted for 4 health workers. On 14 th –16 th October, one training session/discussion was conducted on safe motherhood initiative for 15 health workers.
7. Conduct 3 awareness training/discussion sessions related to MCHC and the Safe Motherhood Initiative, for 150 community leaders. # of training/discussion sessions conducted, # of community leader participants.	Completed. 3 awareness training workshops were conducted as follows; <ul style="list-style-type: none"> • 4th –5th February, 1 awareness-training workshop on maternal and child health was conducted, 55 community leaders participated. • 15-17 June, 1 awareness training session was conducted to the

	<p>community leaders and members of Anzara IDP and returnees camp. 42 participated, this included women, sector leaders chiefs and church leaders.</p> <ul style="list-style-type: none"> On 28-30th, July 2004, one awareness training/ discussion was conducted in Olikwi camp for the displaced. 58 people participated (34 women and 14 men.) Routine health education continued to be provided in all MCH clinics as mothers and other clients wait for services and on individual basis. The 3 planned trainings session are now completed.
<p>8. Continue supervision, and on-the-job refresher training in antenatal and postnatal care, Safe Motherhood, Family Planning, breastfeeding, growth monitoring and nutrition, Oral Rehydration Therapy (ORS), for the MCH facilities at the PHCUs and PHCCs. <i># of participants, # of and location of supervisory visits and refresher training; type of supervision provided.</i></p>	<p>Completed. 323 TBAs and 3 MCHW workers received on the job training on various topics</p> <ul style="list-style-type: none"> 47 supervisory visits were made to 11 ARC supported health facilities. Topics discussed were benefits of importance of breast feeding, family planning, high risk pregnancy and early referral, causes of diarrhea its treatment and prevention. TBAs received guidance on history taking and general examination of pregnant mothers. On-the job training and supervision was conducted by clinical training officer on 9th and 10th September to Mugali I & II PHCC where he reviewed ANC register and gave advise on malaria prophylaxis treatment to pregnant women. 4 health workers participated including the medical Assistant in charge.
<p>9. Continue supervision in ARC-supported 9 MCH facilities for In and Out patient management, rational drug use and prescribing practices. <i># and dates of monitoring visits; level of drug prescribing practices.</i></p>	<p>Completed. 11 supportive supervisory visits were carried out during this reporting period:</p> <ul style="list-style-type: none"> 9th February- Masindi PHCU 16th February-Olikwi 17th February-Mugali PHCU. The Clinical training officer conducted two monitoring visits on 9 and 10th, September 2004, at Mugali I & II PHCCs where he conducted on-the job training on basic nursing procedures and drug prescribing practices. All antenatal mothers who require treatment are seen at general outpatient clinic and admitted in general female wards. MCH officer continued routine on-the job coaching and training throughout the reporting period. November -4 supportive supervisory visits were conducted this month at Mugali I PHCC, Masindi II, Anzara and Jellei PHCUs. December -2 supportive supervisory visits were conducted this month at Mugali I & II PHCC, MCH workers supervised. <p>TBAs were observed during routine antenatal care clinics when dispensing antimalarials and iron supplements to pregnant mothers.</p>
<p>10. Supervise and monitor home visits of TBAs in active case findings. <i># Of</i></p>	<p>Completed. The MCH officer carried out 11 supervisory visits.</p>

<i>supervisory visits, # of home visits, # of case identification and referrals.</i>	<ul style="list-style-type: none"> 958 homes were visited and 2 cases of complications of pregnancy and 3 cases of chickenpox were identified and referred to PHCCs.
11. Provide on job training on nursing procedures to health workers at ARC supported health facilities. <i># training sessions conducted. # of health worker participants.</i>	<p>Completed. 2 sessions were conducted as follows:</p> <ul style="list-style-type: none"> 13th February- for 7 health staff. General cleanliness of the facility and basic nursing procedures were discussed. 4th June –for health staff of Olikwi PHCU attended, the topic of discussion was sterilization of instruments and materials for wound dressing. September - Clinical training officer conducted two on-the job training sessions to 4 nurses at Mugali I & II PHCC on basic nursing procedures including infection prevention control measures, bed making and importance of general cleanliness in the wards and the PHCC in general. Health workers received continuous guidance on nursing procedures.
12. Select and sponsor 10 new students for MCHW at the AAH training school in Maridi County in collaboration with Capacity Building Sector, CHD, and the VHDC. <i># of students selected and sponsored, level of training.</i>	<p>Completed. The 10 new ARC sponsored students for MCHW training and they graduated in December.</p>
13. Continue sponsorship of 24 TBAs working in the existing 2 PHCCs and 10 PHCUs. <i># of sponsored TBAs</i>	<p>Completed. 22 TBAs and 2 MCHWs continued receiving monthly incentives.</p>
14. Continue to provide motivational items (raincoats, gumboots, torches, etc) for volunteer TBAs at the PHCCs and PHCUs. <i>Motivational items provided to volunteer TBAs, date and # of volunteer TBAs receiving motivational items.</i>	<p>Completed. Incentives for TBAs working on voluntary basis were given out as follows:</p> <ul style="list-style-type: none"> 25 TBAs each received a bar of soap in January 2004 46 TBAs were provided with uniforms on 13th February 2004 67 TBAs each received a bicycle to facilitate movement. 25 TBAs were provided with laundry soap each on the 30th of April 2004 137 TBAs received a bar of soap each in June 2004.
15. Continue to sponsor 3 TBAs/Supervisors. <i># of sponsored TBA Trainers/Supervisors.</i>	<p>Completed. 1 TBA was sponsored during this reporting period.</p>

WATER/ENVIRONMENT/SANITATION (KAJO KEJI COUNTY)

OBJECTIVE #2: Access to potable water improved, good hygiene and sanitation practices strengthened, and harmful environmental practices mitigated among the targeted population.

Water activities	Response
1. Develop 14 new water points (6 hand dug wells and 8 boreholes installed with hand pumps), rehabilitation of 4 water points to benefit a total population of 5,400 people, increasing safe water coverage in the county from 30.5% to 35% <i># Of water points developed; #of water points rehabilitated, % increase in coverage.</i>	Completed. 6 new shallow wells have been completed. (<i>See progress of shallow well construction in Table below</i>). 40 boreholes (25 OFDA funded) were rehabilitated in May 2004. Minor repairs on shallow wells and boreholes continue to be done as needed. Drilling of 8 new boreholes was completed in August. There is an increase in coverage to safe water from 30.5% to 35% as a result of new and rehabilitated water points.
2. Carry out routine water quality monitoring and subsequent treatment of every water source found contaminated. This will cover all protected sources (especially the 78.9% that are contaminated) to ensure that the supply remains potable. <i>#Of water points tested, #of water points contaminated, level of contamination, and #of water points treated.</i>	Completed. Thirteen water points were sampled and analysed during the rainy season for turbidity, pH and faecal coliforms. % of the water points were found to be contaminated. Results show that pH is within acceptable values (of 6.5 – 9.5). Presence of faecal coliforms means that the water in the wells receives some faecal contamination. In all wells, no latrines were seen nearby but there is possibility that there is animal or human defecation around the well. (<i>see table below for test results</i>). 2 water points were treated in Lire Payam in September; 12 water points were chlorinated in October. Water points continued to be chlorinated on routine basis.
3. Strengthen the existing Community Based Maintenance System (CBMS) by provide technical training and start-up kits (Maintenance tools, protective wear and bicycles) to five (5) hand pump mechanics (1 per Payam), 36 village level pump care takers (VLPCs-2 care takers per pump installed), 18 water committees to develop their capacity to promote sustainability of the services developed. <i>#Of pump mechanics and caretakers trained, # of water committees formed, and level of training.</i>	Completed. 13 Pump mechanics and 24 pump care takers in three Payams (Liwolo, Lire and Nyepo) were trained this training period. They received bicycles and tool kits to facilitate their work. 14 water committees were formed and trained in August.
4. Conduct refresher training for the local counter parts <i># of people receiving refresher training; content of training.</i>	Completed. Refresher training for 16 counterparts was conducted on 26 th - 27 th February 2004. The content of the training was: Roles and responsibilities of counterpart staff, Report writing, Siting and construction of hand dug shallow wells, Hygiene and sanitation, Siting and construction of a pit latrine, Demonstration of slab construction. The slab demonstrated was the dome-shaped un reinforced concrete slab (Mozambique type)

Hand dug shallow wells construction

S/N	Site	Payam	Depth of the well (m)	Water Table (m)	Rings lowered	Remarks

1	Andejo	Liwolo	6	1	12	Completed on 10 th Dec 2004.
2	Wulere	Kangapo II	2.5	0.5	6	Completed on 22 nd Nov. 2004.
3	Lomura	Kangapo II	4.5	1	9	Completed on 8 th June 2004.
4	Gwongolori	Kangapo II	4.1	1	10	Completed 25 th July.
5	Lomin	Kangapo II	4.5	1	9	Completed on 7 th June 2004.
6	Karila	Lire	6	2	12	Completed on 14 th of April 2004.

Water Quality Testing Results

Source of sample	Payam	Date of test	Turbidity (NTU)	pH	Coliforms per 100ml	Remarks
1. Nyawa		22/06/04	5	6.8	2	OK
2. Lomin		22/06/04	20	7.6	98	Needs disinfection
3. Kije		22/06/04	10	6.8	10	Needs disinfection
4. Banyajur(Lukumi)		22/06/04	5	6.8	2	OK
5. Rudulokoka		23/06/04	5	6.8	5	OK
6. Latori		23/06/04	200	6.8	0	OK
7. Jokat		23/06/04	40	7.0	88	Needs disinfection
8. Logwerere		23/06/04	200	6.8	96	Needs disinfection
9. Duruduku		24/06/04	5	6.8	6	OK
10. Kulariima		24/06/04	5	7.4	0	OK
11. Limi Block G		24/06/04	5	6.8	121	Needs disinfection
12. Limi Block L		24/06/04	5	6.8	0	OK
13. Nyaiinga		24/06/04	5	6.8	2	OK
WHO Drinking Water Quality Guidelines			5	6.5 –9.5	0	

Sanitation Activities	Response
1. Support the construction of 300 traditional family pit latrines to benefit 6,000 persons. Thus increasing latrine coverage from 45.5% to 50% # of latrines successfully constructed and # of persons directly benefiting.	Completed and Ongoing. 550 family pit latrines were constructed during this reporting 3,753 people. (see table below)
2. Support the construction of 29 institutional latrines (VIPs) in 10 Schools and 19 health facilities # of institutional latrines constructed.	Complete and ongoing. 27 institutional latrine blocks were constructed during this reporting period in 10 schools, 3 health facilities and 1 market. (See table

	<i>below for progress)</i>
3. Hygiene and Sanitation promotion through 5 workshops (1 per Payam) and 5 educational dramas. # Of hygiene and sanitation workshops, # of persons benefiting from the training.	<p>Completed. 5 hygiene and sanitation trainings workshops were carried out as follows:</p> <ul style="list-style-type: none"> • March -for 27 men and 20 women form Ngepo payam • April -for 18 men and 31 women from Lire Payam • May -for 31 men and 29 women from Kangapo II Payam • September -20 men and 12 from Kangapo I Payam • October -one community workshop for 20 men and 32 women from Liwolo Payam • November -for 49 people from Kangapo II Payam. <p>On going trainings at public places were conducted by hygiene promoters and 2,078 men as well as 2672 women attended these training during this reporting period. The following were the topics covered: Personal Hygiene, Proper refuse disposal (human excreta and household), and importance of hand washing. One Education drama representing all the five payams was conducted in Wurta in November.</p>
4. Conduct 2 two-day hygiene and sanitation training workshops for approximately 30 primary school teachers in each workshop to facilitate the development of hygiene education as part of school curriculum (Training manual to be designed and produced using information gathered in the workshop). # Of workshops, # of participants; out put of training manual.	<p>Completed. 2 school hygiene and sanitation training workshops were conducted during this training period. The first one was conducted on 25th –26th May for 17 teachers from 7 schools. Topics covered included personal hygiene, domestic hygiene and environmental hygiene with emphasis on importance of latrine, the safe water chain, the roles of the science teacher in promotion of sanitation facilities and the role of the teacher in hygiene promotion. Another workshop was conducted in September for 16 teachers. Hygiene education manual for primary school teachers is being reviewed before being distributed to the Primary schools that participated in the workshop.</p>
5. Conduct 3 KABP (Knowledge, Attitude, Beliefs, Practice) surveys (pre-KABP, mid term review KABP and post-KABP) for monitoring and evaluation of the hygiene education and sanitation promotion campaign. # Of surveys completed; information gathered	<p>Completed. KABP survey was conducted in January. 2,075 survey questionnaires were completed. According to the survey, more people are using a protected water source in displaced camps than in indigenous populations; there has been a slight increase in the number of people using protected water sources for drinking from 44% in 2000 to 55% in 2004. Latrine coverage is estimated at 43% in Kajo-Keji County. (See report on Brief summary of main findings attached)</p>
6. Conduct household visits to monitor latrine usage # of homes visited; information gathered.	<p>Completed. 1268 homes were visited during this reporting period. Information gathered was about the status/condition of latrines and whether people were actually using the latrines. On average 40% of those homes visited had pit latrines. Latrine usage was found to be good.</p>

Family Pit Latrines Construction Progress

Site	Total January - December 2004
Bamurye Displaced Camp	57
Kangapo I Payam	85
Kangapo II Payam	52
Mangalatore Displaced Camp	98
Livolo Payam	123
Kerewa Displaced Camp	04
Lire Payam	95
Limi Displaced Camp	01
Ngepo Payam	35
Total	550

Institutional Latrine Construction Progress

S/N	School/Health Facility	No of Latrine Blocks
1	Sera Jale P/Sch	2 (each 5 stances)
2	Limi P/Sch	2 (each 5 stances)
3	Mondikolok P/Sch	2 (each 5 stances)
4	Bori P/Sch	2 (each 5 stances)
5	Gore SSS	2 (each 5 stances)
6	Kendiri P/Sch	2 (each 5 stances)
7	Mangalatore CMS P/Sch	2 (each 5 stances)
8	Koiba P/Sch	2 (each 5 stances)
9	Kerewa PHCC	2 (3 stances)
10	Wurta PHCU	1 (3 stances)
11	Kerewa (Tirye) PHCU	2 (3 stances)
12	Jalimo Market	2(2 and 3 stance)
13	Sokare Primary school	2 (each 5 stances)
14	Lire Primary School	2 (3 and 5 stance)

WES: Environment Activities	Response
1. Established 2 environmental education centres for environmental awareness and demonstration at the two existing seedbeds of Gore and Mangalatore # <i>Of centres established, # of environmental awareness workshop carried out</i>	No activity. Environmental education centres were not established due to difficulties experienced in securing the communal land where the construction was planned. However, environmental awareness and demonstrations will continue to be carried out at ARC established seedbeds of Mangalatore and Gore. A 3-day environmental workshop was carried out in May for seedbed workers from 4 seedbeds.

2. Continue supporting the 2 other existing community seedbeds by supplying implements and seeds # of community seedbeds supported; tools and implements supplied.	Complete. 2 community seedbeds (Jalimo-Kidibu and Rudolokoka) continue to receive support from ARC. The seedbed workers were supplied with hoes, slashers, pangas, watering cans, polythene bags and protective wear.
3. Raise and distribute 10,000 seedlings for fruits and fuel to farmers. # Of seedlings raised and distributed.	Complete. 17,224 seedlings were produced and 5,995 seedlings distributed to households and institutions during this reporting period. (Table 3 gives the status report on seedling produced and distributed since beginning of year).
4. Train community volunteers on the construction of energy saving stoves through a total 6 workshops/demonstrations at the established centres (3 workshops per centre). # Of training workshops, # of participants	No activity. Volunteers who were trained last year still continued with the work. No new volunteers have been trained. Training was supposed to start after the establishment of demonstration centres.
5. Construct 3000 energy saving cook stoves through community volunteers # of energy saving cook stoves constructed.	Completed. 3,345 energy saving cook stoves constructed during this reporting period. (See table below for statistics)

Nursery bed Status Report

Seedbed Location	Total # of Seedlings Cultivated Through Jan-Dec 2004	Total # Seedlings Distributed Through Jan- Dec 2004
Mangalore	6412	2310
Mere (Kajo Keji)	7201	3685
Rudulokoka	328	00
Jalimo*	3283	00
Total	17224	5995

*Jalimo community seedbed started in 2004 replacing Mondikolok, which collapsed last year due to lack of community enthusiasm

Cook Stove Construction

Site	Total January – December 2004
Bamurye Displaced Camp	450
Kangapo I Payam	824
Kangapo II Payam	254
Livolo Payam	366
Kerewa Displaced Camp	00
Lire Payam	815
Limi DC	347
Ngepo Payam	289
Total	3345

WATER/ENVIRONMENT/SANITATION (NIMULE, MAGWI COUNTY)

OBJECTIVE #2: Access to potable water improved, good hygiene and sanitation practices strengthened, and harmful environmental practices mitigated among the targeted population

Water activities	Response
1. Assist local authorities, through a local contractor, to carry out water - survey, drill, test, and complete 10 new deep wells, complete with platform. # of deep wells constructed.	Completed. 10 deep wells were constructed and installed with U2 hand pumps. (See table below)
2. Assist the local authorities to identify and rehabilitate 7 existing boreholes (5 in Pageri Payam, and 2 in Nimule and Mugali Payam). # of boreholes rehabilitated.	Completed. 7 boreholes were identified for rehabilitation but only 6 were rehabilitated successfully. One well had very poor potential and was not able to be riveted back to service level. A detailed assessment of the rehabilitation works was completed. However, ARC continues to support communities in carrying out routine maintenance/minor repairs of hand pumps. A total of 45 hand pumps have been repaired so far: This support is expected to continue for some time until a self-sustaining Community Based Maintenance System is established.
3. Continue routine water quality monitoring of 17 water points developed/rehabilitated in 2003. # of water points tested, how many are contaminated, level of contamination and how many treated.	Completed. 25 boreholes were inspected initially with objective of determining levels of sanitary/health risk and contamination arising from un healthy and unhygienic status of these water points. Out of the 25 boreholes inspected 0 % indicated very high sanitary risk score level, 36% high risk score, 40% indicated medium sanitary risk score level and 24 % low risk score levels. The risk levels were attributed to the poor sanitary and hygienic practices at these water points. Level scores were issued for orientation of latrines within predetermined radius, poor and faulty drainage systems, condition of apron and platform and pedestal attachment to platform concrete works, fencing and general cleaning practice at the water point. Further investigation for qualitative analysis was extended for boreholes with high to very high risk score levels. The total number of boreholes indicating this range was 9 and these were tested for possible contamination. Field test conducted indicated total faecal coliform counts ranging from 5 to 106 counts. 32% of the boreholes water samples tested were contaminated, and 3 boreholes out of the 9 (32% contaminated) showing high faecal coliform counts were chlorinated.
4. Strengthen the existing Community Based Maintenance System (CBMS) by providing technical training and start-up kits (maintenance tools, protective wear and bicycles) to 2 Pump Mechanics (i.e. 1 per Payam), 34 Pump Caretakers (i.e. 2 caretakers per pump installed), and formation of 17 water	Completed. 11 water committees (for the new constructed water points in Nimule, Mugali and Pageri Payams) have been formed. Each committee consists of 2 caretakers. Training of 9 community based Pump Mechanics was completed in August. 9 community based hand pump mechanics were supported with

committees. # of Pump Mechanics, caretakers trained, # of water committees formed.	bicycles and the three payams were supported with tool kits complete for maintenance and repair of hand pumps. This was extended done to strengthen the existing community based maintenance system.
5. Conduct refresher training for local counterparts. # of people receiving training, contents of training	Completed. Refresher training for 20 counterpart staff was conducted in March. The content of the training was: role of counterpart staff in WES activities (description of roles given to all), report-writing skills, field reporting formats and household hygiene and sanitation.

Deep Well Drilling

Deep Well #	Payam	Location	Type of Pump	Well Dept. H (M)	Pump Cylinder Depth (M)
1	Nimule	Malakia East	U-2	54	21
2	Nimule	Abila /Nimule Orphanage Centre	U-2	58	24
3	Mugali	Avumadrici	U-2	63	24
4	Mugali	Maidwa	U-2	43	33
5	Pageri	Kerepi	U-2	51	30
6	Pageri	Awapaego/Nyongwa	U-2	51	24
7	Pageri	Pageri /Opari road	U-2	63	24
8	Pageri	Melekwe/Loa	U-2	52	33
9	Nimule	Kololo West	U-2	51	24
10	Nimule	Kololo East	U-2	52	33

Major rehabilitation of boreholes

Deep Well #	Payam	Location	Type of Pump	Total depth (m)	Installation depth (m)
1	Nimule	Malakia East A	U-2	38	21
2	Nimule	Abila (Armia)	U-2	48	12
3	Pageri	Pageri Central	U-2	52	27
4	Pageri	Arapi Junction	U-2	50	21
5	Pageri	Loa Police	U-2	42	42
6	Pageri	Pageri primary school	U-2	indeterminate	NA
7	Pageri	Pageri D	U-2	45	42

Sanitation Activities	Response
1. Support the construction of 300 traditional family pit latrines to benefit 6,000 persons. Thus increasing latrine coverage from 29% to 36.5%. # of latrines successfully constructed and # of persons directly benefiting.	Completed. 1,329 latrines were constructed during this reporting period. The total number of persons directly benefiting are estimated at 6,645 persons. <i>See table below for details.</i>
2. Support the construction of 5 institutional latrines (VIPs) in schools and health facilities. # of institutional latrines constructed	Completed. 5 institutional latrines were completed during this reporting period. <i>See table below for details.</i>
3. Conduct 8 hygiene and sanitation workshops targeting hygiene and sanitation promoters and promoters, schools, community leaders, TBAs, church leaders, water technicians and women group to strengthen awareness of good hygiene and sanitation practices. # of hygiene and sanitation workshops held, # of persons benefiting from the training	Completed. 8 hygiene and sanitation workshops were carried out during this reporting period.
4. Conduct a 2-day Hygiene and Sanitation training workshop for approximately 30 primary school teachers in each workshop to facilitate the development of hygiene education as part of the school curriculum (Training Manual to be designed and produced using information gathered in the workshop). # of workshops, # of participants; output of training manual	Completed. 2 workshops were conducted for Primary School teachers in Nimule and Mugali Payams in May. 50 teachers attended the workshop. (24 teachers in Nimule and 26 teachers in Mugali Payam). Useful information was collected to aid the preparation of a hygiene education manual for the teachers.
5. Conduct 3 KABP (Knowledge, Attitudes, Beliefs, Practices) surveys (pre-KABP, mid-term review KABP and post-KABP) for monitoring and evaluation of the hygiene education and sanitation promotion campaign. # of surveys completed; information gathered	Completed. KABP survey was carried out in January. 96% of the respondents used protected water source for drinking water while 51% use latrines for excreta disposal. (<i>See attached report for summary of findings</i>)
6. Conduct household visits to monitor latrine usage # of homes visited; information gathered.	Completed. 714 homes were visited during this reporting period. Information gathered was about the status/condition of latrines and whether people were actually using the latrines. All family latrines are being used.

Family Latrine Construction

Site	Total January –December 2004
Mogali I Displaced Camp	130
Mugali II Displaced Camp	223
Masindi I&II Displaced Camps	661
Nimule Town	235
Olikwi I,II &III	9
Anzara I&II Returnees Camp	17
Ganzi	9
Jellei	45
Total	1,329

Institutional Latrines

Site	Total # of latrines and stance
Fula Secondary school	1 (5 stance)
Mugali II PHCC	1 (3 stance)
Nimule Hospital	1 (5 stance)
Masindi I	1 (2 stance)
Masindi II	1 (3 stance)
Total	5

Environment Activities	Response
1. Establish 1 Environmental Education Centre for environmental awareness and demonstration. # <i>Of centers established, # of environmental awareness workshop carried out.</i>	<p>Incomplete. Environmental education centres were not established due to difficulties experienced in securing the communal land where the construction was planned. 2 environmental awareness workshops were carried out during this reporting period as follows:</p> <ul style="list-style-type: none"> • In May, a 2-day workshop was conducted for 6 nursery bed workers. Participants were equipped with knowledge of environmental conservation issues and the wider aspects of sustainable development. These nursery bed workers were equipped with skills to enable them act as trainers. • A 2-day workshop was conducted in June for community leaders (20 participants attended). Participants were equipped with knowledge of environmental conservation issues and the wider aspects of sustainable development. These community leaders were equipped with skills to enable them act as trainers and mobilisers within the community in June <p>A tree planting campaign was organized on May 16th SPLM day. 50 tree seedlings were planted on the proposed site for the environmental education center.</p>
2. Strengthen 1 existing seedbed to act as demonstration bed at the center. # <i>of seedbeds strengthened for demonstration purposes.</i>	<p>No activity. The seedbed in Nimule was supposed to be strengthened for demonstration purposes once the Environmental Education Center was established but this did not take place. However the seedbed continues to be supported by providing seeds, tools and implements.</p>
3. Continue supporting the other 1 existing seedbed by supplying implements and seeds. # <i>of seed beds supported; tools and implements supplied.</i>	<p>Completed. A variety of Seeds (Terminalaia mantaly, Eucalyptus, teaks, Melia Azedarach, Markamia Lutea) were supplied and planted in Mugali Seedbed.</p>
4. Raise and distribute 20,000 seedlings for fruits and fuel to farmers. # <i>of seedlings raised and distributed</i>	<p>Completed. 32,694 seedlings have been produced and 13,066 seedlings distributed from Nimule and Mugali II seedbeds during this reporting period.</p>

5. Training community volunteers on the construction of energy saving stoves through a total of 3 workshops/demonstrations at the established center # of training workshops, # of participants	No activity. Workshops will not take place due to absence of Environmental centers.
6. Construct 2000 energy saving cook stoves through community volunteers. # of energy saving cook stoves constructed.	Ongoing. 1,220 energy saving stoves were constructed during this reporting period.

Nursery Bed Status Report

Seedbed Location	Total # of Seedlings cultivated Jan-Sept 2004	Total # of Seedlings Distributed Jan –Dec 2004
Mugali II	16,670	1,746
Nimule	16,024	11,320
Total	32,694	13,066

Cook stove construction progress

Site	Total January –December 2004
Mugali I Displaced Camp	198
Mugali II Displaced Camp	67
Masindi I &II Displaced Camps	166
Nimule Town	446
Olikwi I, II &III IDP	124
Anzara I &II IDP	89
Ganzi and Opi	10
Jellei IDP	120
Total	1,220

CAPACITY BUILDING

OBJECTIVE #3: Local capacity for the effective delivery of humanitarian and rehabilitation services and community self-reliance enhanced among the targeted population.

KAJO KEJI

PHC and WES –related Skills Development (SD) Activities	Response
1. In collaboration with SRRC and ARC PHC Team, continue to support the implementation of the Health Policy for New Sudan by conducting 3 workshops for VHDC's. <i>Level of participation and collaboration with all Counter Parts; achievements including cost sharing.</i>	Complete and Ongoing. Participation and collaboration has been going on with counterparts and 2 joint workshops were held in February and March with SRRC, County Health Department, ARC PHC Team and CB. Topics covered during the workshops included: Background of New Sudan Health Policy, Health Services and Structures, Management and Governance of Health Services, Financing of Health Services (Cost Sharing), Roles and Responsibilities of VHDC, Roles and Responsibilities of Committee Members, Historical Background of PHCC. 35 Participants attended the February workshop while 50 attended the workshop conducted in March. Cost sharing is being implemented in all 21 health facilities. This was possible because of the collaboration with and assistance from the VHDCs and counterparts.
2. In collaboration with ARC PHC Team, conduct 2 training workshops for 30 participants each to promote managerial skills for VHDC's and middle level management teams in PHCC's/PHCU's. And middle-level local health management teams in PHCCs and PHCUs. <i>Health committees are formed and efficiently manage health facilities. Committee members learn and apply new skills.</i>	Completed. 2 workshops were conducted during this reporting period to promote managerial skills for VHDCs and mid level management teams All the health facilities have functional Village Health Development Committees and are applying skills learned.
3. In collaboration with ARC WES Team, conduct 4 workshops for water management committees to promote good management of water points and encourage degree of cost recovery from resident population. # <i>Have Committees formed; cost recovery affected.</i>	Completed. 14 water committees were formed during this reporting period. Two water management committee workshops were conducted in July and August.
4. Procure and distribute 200 hoes and seeds of different varieties to cultivate gardens in PHCC/ PHCUs. 18 gardens are cultivated in 18 health facilities. # <i>Of health volunteers supported from garden produce.</i>	Completed. Hoes and seeds were distributed to 18 health facilities and 17 of these planted groundnuts and vegetables. The groundnuts were successfully harvested but the vegetables failed due to little rain. 36 volunteers were supported from the produce.
Income-Generating/Household Production Activities and Indicators	Response
1. Textile/Weaving. Strengthen the 3 established groups and procure 3 Sewing Machines, 1 for each group. # <i>Of people trained/received refresher training; quality of product; financial viability.</i>	Completed. 3 sewing machines were procured for the three groups in Rungetta, Kiri and Bori. The groups were also given weaving thread, pins, scissors, writing pads, rulers and pens among other things to

	strengthen their activities. The 3 established groups produced 27 pieces of cloth and 8 scarves during this reporting period. The groups have been making good quality products and selling them successfully.
2. Soap making: conduct a total of 3 soap-making workshops (35 women per training). # Of people trained/received refresher training; quality of product; financial viability.	Completed. 41 people (22 men and 19 women) received refresher training in soap making, group dynamics, teamwork, and hygiene in business as well as business and marketing skills in June and October. Good quality soap was produced by the groups and sold at 1,000 USH each during this reporting period.
3. Soap Making/Lulu Oil Pressing. Strengthen viability of 6 established women's groups by procuring 6 sewing machines to assist in repair of Lulu pressing bags; Sewing Machines will also be used to expand into other Income Generating Activities. Markets identified by groups locally and out side the country. # Of people trained/received refresher training; quantity/quality of product; financial viability.	Completed. 6 sewing machines were procured in May and distributed to the soap making/lulu oil pressing groups. 44 people from Wurta, Mere and Rungetta received refresher training on Lulu press (Machine) Operation and Maintenance, Lulu Nuts grading, Pounding, Pressing and Processing as well as soap making. The groups produced good quality oil that is used for cooking, making soap as well as body lotion.
4. Poultry Production: Establish two Poultry groups of 10 members each and continue to strengthen the existing Poultry groups of 10 members each. 2 workshops are planned for each group. # Of men/women trained; groups can manage Poultry; groups generate income from sale of eggs and chicken.	Completed. Two existing Poultry groups, Limi and Wurta as well as the new groups Logu and Leikor and generate income from the sale of chicken and eggs. A 2-day refresher training workshop was conducted in April in Wurta church compound and 12 participants (7men, 5 women) attended and benefited from the workshop.
5. Continue support for skin-cream production for 6 existing groups by conducting 2 trainings for each group on business skills, marketing and service delivery Women in total. # Of people trained/ received refresher training; quality of product; financial viability.	Completed. The groups are producing good quality lotion and generating income from it. Refresher training was conducted for 44 people from Wurta, Mere and Rungetta on 24 th June on practical body lotion processing.
6. Continue to support the existing teashop managed by 5 women by conducting 1 workshop in Teamwork, business skills, marketing and service delivery. Group members observe group norms; income is generated from sale of tea and cake.	Completed. A 2-day refresher training workshop was conducted in Kajo Keji for the teashop women's group. 4 people attended the workshop and topics covered included group dynamics, marketing, business management, record keeping and service delivery. Income is generated from the sale of cake and tea. The group has some savings and they are sharing the profits amongst themselves.
7. Bee- keeping. Establish 4 bee-keeping groups of 10 members each. # Of people trained; type of equipment/materials provided, quantity/quality of honey extracted; financial viability.	Completed. 3 groups were identified in Kansuk, Gederu and Lori. One of the groups was trained in March on group dynamics, marketing, business management, record/book keeping and service delivery. The 3 groups were trained in September on Apiary Management, patterning, baiting and siting of beehives. In October, each of the groups received 2 overalls, smokers, gumboots, gloves, gloves and beehives. Colonisation of some of the hives was affected by heavy rain.
8. Brick-Laying. Give support to a brick-laying group of 10 members. Construct shelter of locally available materials for brick protection. # Of youth trained; equipment/materials provided, quantity/quality of bricks produced;	Completed. Formation of this group was done in February and it has 10 members. The Brick laying group received a brick laying machine received 3 rolls of plastic sheet, 10 empty drums for fetching water,

<i>financial viability.</i>	hammers, bamboos, axes, spades, jerry cans, rakes, pangas and wheel barrows. The group produced 4,845 ordinary Bricks, 8,329 vent bricks, and 180 of pompe. Bricks produced are of good quality and financially viable.
9. Grinding Mill. Continue to support 1 existing Grinding Mill group of 20 members in Mangalotore. <i>Group members observe group norms; income is generated from milling of grain.</i>	Completed. Group members are observing norms and income is being generated from grinding of corn, sorghum and grain. I kilogram is ground at 75 Uganda shillings.

Capacity Building: Institutional Development (ID) Activities	Response
1. Conduct 2 workshops with 30 CDC (County Development Committees) participants in personnel management, financial management, need assessment, community mobilization and participation for self-reliance and gender awareness. <i># Of workshops; # of people trained; improved management skills.</i>	Completed. A 3 day workshop was conducted on 22-24 September for 25 people (22 male and 3 female) from the CDC Executive Committee and the General Assembly Members in Kajo Keji. Workshops scheduled for second half of the year. Topics covered included Human Resource Management, Gender Awareness, Financial Management, Effective Communication and Project Proposal Writing. This will help in improving the management skills. There is no need for a second workshop since intended topics were fully covered in the first one.
2. Continue to provide training to Payam/Boma administrators, women and youth leaders and camp administrators in personnel management, financial management, community mobilization for self reliance, governance, rule of law, elections, civil society, gender awareness. 2 workshops for 6 days each. <i># Of workshops; # of people trained; level of service delivery improved.</i>	Completed. 2 workshops were conducted during this reporting period. A workshop was conducted on 17-20 August in Kajo Keji town for 27 Payam / Boma Administrators. The second workshop was conducted on 10 th –12 th November 2004 for 27 Payam and Boma Administrators.
3. Continue to support 4 community-based facilitators and 1 community development worker with modest incentive to conduct workshops for community groups. <i># Of workshops conducted, # of people trained.</i>	Completed. The 4 Community Based Facilitators and 1 community Development Worker were supported with modest incentives during this reporting period and held 10 workshops as follows: <ul style="list-style-type: none"> • In March, they held a workshop for 25 youth in Lire Payam and two of these were female. • In April, they conducted another workshop for 23 youth in Kangapo I and 7 of these participants were women. • In May, they held a workshop at Jalimo in Kangapo II Payam for 26 youth and 5 of these were women. • In June, they held another workshop at Rungetta Liwolo Payam targeting the youth executive committee. 31 participants attended the workshop and 2 of these were women. • In July, the workshop was conducted at Kansuk Boma in Ngepo Payam for 25 youth (4 female, 21 male) • In September, a 3 day workshop was conducted for 12 women leaders in Kangapo II Payam

	<ul style="list-style-type: none"> • Three day workshop from 20th –22nd October for women group members in Lire payam. 39 people attended the workshop (24 women and 15 men). • Three day workshop was conducted on 17th – 19th November in Kangapo I targeting Boma community leaders and 39 people attended the workshop. (22 men and 17 women) • Three day workshop from 8th –10th December in Lirye Payam for Road volunteers from the five payams and community leaders. 42 people attended the workshop (All male). • Three day workshop at Kansuk Boma in Ngepo Payam on 27th –30th July 2004 targeting the youth. 25 participants attended and benefited from the workshop. 4 of them were female and 21 male.
4. Continue to provide intermediate level training (one 12-day workshop) to 4 community-based facilitators to help communities to determine and assess their needs and rehabilitation plans. # <i>Of people trained; workshops conducted; community based facilitators continue to train community groups.</i>	Completed. The 4 Community Based Facilitators and I Community Development Worker attended and benefited from a 10 day TOT Workshop organized and conducted in Wuruta on 14 th –25 th June 2004 as refresher training for them. They also attended a 5 day Beekeeping workshop on 19-24 July at Wuruta in Kajo Keji. The Community Based Facilitators continue to train different community groups.
5. Continue to procure and distribute modest stationery supplies and limited locally made furniture to SRRC counterparts and some offices of the civil administration. <i>4 SRRC offices, and 6 technical offices of civil administration supplied.</i>	Completed. 4 SRRC offices and 6 civil authorities' offices were supplied with modest stationary including paper, pens, envelopes, writing pads, staples, paper clips and ledger books among others.
6. Assist county civil authorities to continue road rehabilitation, based on self-help efforts and community participation, in accessible parts where ARC is operational. <i>ARC sites become accessible; level of community participation.</i>	Completed. A meeting took place in February with the County Roads Department Inspector and ARC Capacity Building Coordinator to discuss the possibilities of road rehabilitation. In March, the County civil authorities carried out an exercise of road rehabilitation by filling the potholes, beginning from Wuruta where ARC is operational. 20 volunteers participated in this exercise. A contract was signed between ARC and the contractor for to work on road from Bamurye through Jalimo to Mundari Hospital in Kajo Keji.
7. Primary Education. Support 6 schools with 100 hoes each, seeds and other tools of various types for school gardening. 3 schools identified in IDP Camps and other 3 out side. # <i>Have schools assisted; hoes procured; seeds procured; other tools procured, level of community participation.</i>	Completed. 600 hoes and some seeds were procured and supplied to 6 schools in May. The students have cultivated 1 acre of G. nuts for each school.

CAPACITY BUILDING (NIMULE, MAGWI COUNTY)

PHC and WES-related Skills Development Activities	Response
<p>1. In collaboration with SRRC and ARC PHC Team, continue to support the implementation of the Health Policy for New Sudan by conducting 2 workshops for VHDC's. <i>Level of participation and collaboration with all Counter Parts; achievements including cost sharing.</i></p>	<p>Completed. The New Sudan Health Policy in regard to cost sharing has been successfully implemented in collaboration with and assistance of the VHDCs, Counter Parts. Cost sharing is being implemented in all the ARC supported health facilities. A meeting was held in January between the County Health Coordinator, ARC PHC Coordinator and CB Officer and joint activities were planned to start in February beginning with sensitization meetings on the New Sudan Health Policy. A 4-day joint workshop with SRRC, County Health Department, ARC PHC Team and CB Sector was held in February. Topics covered include: Background of New Sudan Health Policy, Health Services and Structures, Management and Governance of Health Services, Financing of Health Services (Cost Sharing), Community Mobilization and Participation for Self-Reliance, Roles and Responsibilities of VHDC, Roles and Responsibilities of Committee Members, Historical Background of PHCC, Definition of PHCC, Basic principles of PHCC, Prevention, Elements of PHCC, Roles and Responsibilities of Stake Holders in the implementation of PHC, and Concept of Development. 40 Participants attended and benefited from the workshop.</p>
<p>2. In collaboration with ARC PHC Team, conduct 2 training workshops for 30 participants each to promote managerial skills for VHDC's and middle level management teams in PHCC's/PHCU's. And middle-level local health management teams in PHCCs and PHCUs. <i>Health committees are formed and efficiently manage health facilities. Committee members learn and apply new skills.</i></p>	<p>Completed. Sensitization meetings for the revival and formation of VHDCs in PHCCs/PHCUs was conducted in February jointly with the Health Sector and 9 VHDCs were formed in the respective health facilities. Training workshops were conducted in March and April for VHDCs in Mugali I and II, Masindi I and II, Jellei, Anzara, Olikwi, Longu and Ganzi PHCUs. Formation of the VHDC was done earlier on in all the PHCCs/PHCUs. A two-day training workshop was conducted on 25th –26th October 2004 in Nimule payam Community Library for VHDCs and mid level management teams in PHCCs/PHCUs. 31 participants attended the workshop (29 men and 2 women). The last training workshop for VHDC was conducted on 1st – 3rd December 2004. 27 members attended, twenty-one male and six female. The already trained Committees are applying acquired knowledge in order to manage the Health Facilities very well.</p>
<p>3. In collaboration with ARC WES Team, conduct 4 workshops for water management committees to promote good management of water points and encourage degree of cost recovery from resident population. # <i>Have Committees formed; cost recovery affected.</i></p>	<p>Completed. 11 water committees have been formed so far. A 3 day joint water management workshop was carried out by the WES and CB sectors on 22-24 September at the Nimule Community Library for 45 people (24 female and 21 male).</p>
<p>4. Procure and distribute 120 hoes and seeds of different varieties to cultivate gardens in PHCC/ PHCUs. 12 gardens are cultivated in 12 health facilities. # <i>Of health volunteers supported from garden produce.</i></p>	<p>Completed. 120 hoes and some seeds were procured and distributed to 11 health facilities. 33 volunteers have benefited from the produce. (groundnuts)</p>

Income Generating/Household Production Activities	Response
1. Soap Making. Conduct a total of 3 Soap Making workshops (35 women per training). # of women trained/received refresher training.	Completed. A 4-Day workshop was conducted on 28 th September - 1 st October 2004 at the Public Library in Nimule for the lulu oil pressing, soap and lotion-making Group. 51 Participants attended out of which 49 were Female and 2 Male. A two-day theoretical and practical refresher training workshops on Soap making was conducted on 21 st -22 nd October 2004. 79 women attended the workshop. The group processed and produced 28 bars of washing soap during the workshop. A one-day seminar was conducted on 11 December 2004, on project management, 47 participants attend and benefited (2 men and 45 women).
2. Soap Making/Lulu Oil Pressing. Strengthen viability of 2 established women's groups by procuring 2 sewing machines to assist in repair of Lulu pressing bags; Sewing Machines will also be used to expand into other Income Generating Activities. Markets identified by groups locally and out side the country. # Of people trained/received refresher training; quantity/quality of product; financial viability.	Completed. 2 sewing machines were procured to assist in repair of lulu pressing bags. A 1 day seminar for the lulu oil pressing, soap and body lotion-making group was conducted on 5 th October 2004 in Nimule Payam. 51 women attended the seminar. A Technical Lulu Processing workshop also took place along side the Soap making one for the same participants. The groups are producing good quality lulu oil for sale.
3. Poultry Production: Establish two Poultry groups of 10 members each and continue to strengthen the existing Poultry group of 10 members. 2 workshops are planned for each group. # Of men/women trained; groups can manage Poultry; groups generate income from sale of eggs and chicken.	Completed. 1 poultry group of 10 members was formed in February and a 2-day workshop was conducted for the group in March. 8 members of the group attended the workshop. A 3-day workshop was conducted for the poultry and teashop Groups on 15 th –17 th September 2004 at the; Episcopal Church of Sudan compound. 23 participants attended, 19 were female and 4 male.
4. Continue support for skin-cream production for 1 existing group by conducting 2 trainings on business skills, marketing, quality production and teamwork. # Of people trained/ received refresher training; quality of product; financial viability.	Completed. This group also benefited from workshop mentioned in #1 above.
5. Establish 1 teashop managed by 5 women by conducting 1 workshop in Teamwork, business skills, marketing and service delivery and providing start up support. Group members observe group norms; income is generated from sale of tea and cake.	Completed. 5 women were identified in September to run a new teashop. The new group called Papa Rise received received items for starting their business on 23 rd November. By December, the new group had started generating income from the sale of tea and cake. Manita, the already existing teashop kiosk is going on well with its activities and members are generating income from sale of tea and cake. The groups observe group norms.
6. Bee- keeping. Establish 2 bee-keeping groups of 10 members each. # Of people trained; type of equipment/materials provided, quantity/quality of honey extracted; financial viability.	Completed. 2 Groups of 10 members each, for Beekeeping were identified in Pageri and Loa Areas in Nimule corridor in March. A workshop on Business awareness, Marketing, Group Dynamics, Materials Management, Record/Book Keeping and Service Delivery

	<p>was conducted in April at Pageri. All the 20 members attended and benefited from the workshop. In August 30 people from 3 groups attended a 3 day training workshop in August. 5 out of 15 hives have colonized. The Capacity Building Coordinator carried out a two-day practical training workshop at Pageri for two bee-keeping groups on 5th –7th October 2004. 18 members attended (16 were male and 2 female). Solomi group received 50 pieces of papers, some staple pins, and exercise books for reporting purposes on 5th October 2004. The 3 bee-keeping groups each received 2 pairs of hand gloves, 2 pieces of overall, 2 pairs of gumboots, 2 pieces of smokers, 2 pieces of bee-vials and a Ruler. A two-day workshop was conducted, for the 3 Bee keeping group members along side the grinding mill group members on 18th-19th November 2004. 25 people from the beekeeping groups attended the workshop. (Solomi 5 members, Durban 11 member, Anzoa 9 members).</p>
<p>7. Grinding Mill. Continue to support 1 existing Grinding Mill group of 20 members in Pageri. <i>Group members observe group norms; income is generated from milling of grain.</i></p>	<p>Completed. Income is generated from the grinding Mill. Each kilogram of grain is ground at 50 Uganda Shillings per kilogram. Income is generated from milling of grain at a fee of 50 Uganda shillings per Kilo.</p>

Institutional Development Activities	Response
<p>1. Conduct 2 workshops with 30 CDC (County Development Committees) participants in personnel management, financial management, need assessment, community mobilization and participation for self-reliance and gender awareness. <i># Of workshops; # of people trained; improved management skills.</i></p>	<p>Incomplete. The CDC executive management committee was restructured and new people took up positions in November. As a result only one workshop was conducted. A three-day workshop for CDC executive management Committee was conducted on 8th –12th December 2004. 14 members attended the workshop (8 men and 6 women). Topics covered include. Needs assessment, community mobilization, personnel management, participation for self-reliance, bookkeeping, gender awareness and loan management. This will help them improve their management skills.</p>
<p>2. Provide technical and limited material support to the County Health Department. <i>Type of materials supplied; quantity of materials supplied; service delivery improved.</i></p>	<p>Completed. 3 Office tables, 6 Chairs, 1 Wall Clock and 1 small Calculator and limited stationary which included paper, pens, note books, rulers, staples, paper clips, notebooks and envelopes were supplied to the County Health Department.</p>
<p>3. Continue to provide training to Payam/Boma administrators, women and youth leaders and camp administrators in personnel management, financial management, community mobilization for self reliance, governance, rule of law, elections, civil society, gender awareness. 2 workshops for 6 days each. <i># Of workshops; # of people trained; level of service delivery improved.</i></p>	<p>Completed. A workshop was conducted jointly with the Civil Authorities Counter Parts for 20 Payam/Boma Administrators (14 men and 6 women) on 23rd–27th August 2004. Topics covered include: Overview of County Administration, Qualities of effective administrator, Human Resource Management and Mobilization,</p>

	<p>Communication on Report Writing, Community Participation Gender and Development, Decision Making/ Problem Solving, Good Governance, Local Government Finance and Financial Records. A three-day workshop for women and youth leaders was conducted on 11th-13th November at Nimule community library. 20 participants attended the workshop (17 male and 3 female) and facilitated by two community based facilitators and the Capacity Building Officer.</p> <p>A Five-day joint workshop with the Civil Authorities counterparts for Payam /Boma Administrators was carried out on 22nd-26th November at Nimule Community Library. 30 participants attended the workshop (23 male and 7 female) and facilitated by the County Executive Director, ARC Capacity Building coordinator, ARC Capacity Building Officer and one Community Based Facilitator. Topics include: Public policy, Local government election, Personnel Management, Motivation, Management, Financial management and Time management, Budgeting, Gender and development, Good governance, Leadership, Civil society, Decision making/problem solving, and Planning.</p>
<p>4. Support 2 community-based facilitators and 1 community development worker with modest incentive to conduct workshops for community groups. # <i>Of workshops conducted, # of people trained.</i></p>	<p>Completed. 2 Community Based Facilitators and 1 community Development Worker were identified and selected in June and started receiving modest incentives in July. They have co-facilitated a total of 4 workshops for Payam Administrators, Beekeeping, Poultry and soap making groups and Lulu pressing. The 3 identified and selected Community facilitators were supported with modest incentives in this quarter. They co-facilitated the following workshops along with the Capacity Building team:</p> <ul style="list-style-type: none"> • A 5-day Beekeeping Training workshop on 9th -13th August 2004 at Pageri in Nimule Corridor-Magwi County. 30 Participants attended and benefited from the training. 24 were Male and 6 Female. • A 5-day workshop for Payam and Boma Administrators conducted on 23rd-27th August in Nimule. 20 Participants attended and benefited (14 men and 6 women) • A 3-day workshop for the Poultry and Teashop Groups conducted on 15th -17th September 2004. 23 participants attended the workshop. 19 women and 4 men) • A 4-day one for Lulu Pressing/Soap making Group conducted on 28th September to 1st October 2004. 51 Participants attended out of which 49 were Female and 2 Male.
<p>5. Provide intermediate level training (one 12-day workshop) to 2 community-based facilitators and 1 Community development Worker to help communities</p>	<p>Completed. A 10-day TOT training workshop was conducted for 3 Community Based Facilitators on 14th-25th June 2004 in Wurta/Kajo-</p>

<p>to determine and assess their needs and rehabilitation plans. # Of people trained; workshops conducted; community based facilitators continue to train community groups.</p>	<p>Keji County. One of the facilitators is a woman. The facilitators also attended a 5-day beekeeping workshop on 19th-24th July in Kajo Keji County. 1 of them was female and 2 male. Topics covered include: Causes of conflict in Beekeeping, Role of Gender and Culture in Beekeeping, Community integration in Beekeeping, Types of hives, Apiary Management, Site selection, Products of hives and uses, Pest/Predators for hives and Why Beekeeping.</p>
<p>6. Continue to procure and distribute modest stationery supplies and limited locally made furniture to SRRC counterparts and some offices of the civil administration. 4 SRRC offices, and 6 technical offices of civil administration supplied.</p>	<p>Completed. 2 Office tables and 4 Chairs were delivered to the Payam Office in Nimule town in February. The Civil Authority Offices and the SRRC offices of Nimule, Masindi I, and Mugali II received modest stationary in June.</p>
<p>7. Assist county civil authorities to start road rehabilitation, based on self-help efforts and community participation, in inaccessible parts where ARC is operational. ARC sites become accessible; level of community participation.</p>	<p>No activity. After several discussions, it was decided that Nimule roads are not in bad shape and due to budget constraints, funds would be used to repair the roads in Kajo Keji.</p>

