



**SUPPORTING THE PROVISION OF PRIMARY HEALTH CARE SERVICES IN CENTRAL AND
EASTERN EQUATORIA, SOUTHERN SUDAN**

DFD-G-00-08-00108-00

FINAL TECHNICAL REPORT

1ST FEBRUARY – 28TH FEBRUARY 2009

SUBMITTED TO:

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT, OFFICE FOR DISASTER ASSISTANCE



1.0 PROJECT SUMMARY

Organization's Headquarters

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Program Title:	Supporting the Provision of Primary Health Care Services in Central and Eastern Equatoria, Southern Sudan
OFDA Grant Number:	DFD-G-00-08-000108-00
Country/Region:	Southern Sudan / Kajo Keji and Magwi Counties
Period of Activity	1st February to 31st January 2009
Period Covered by this Report:	1st February 2008 to 28th February 2009 (February 2009 NCE)
Program Goal:	To ensure the continued coverage of critical PHC services for returning and receiving communities in Central and Eastern Equatoria, Southern Sudan
Total Number of Individuals Affected in the Targeted Area:	Kajo Keji County: 155,000 Magwi County: 135,000 Total Number of Catchment Beneficiaries (Individuals): 290,000

2.0 PROGRAM OVERVIEW AND PERFORMANCE

2.1 BENEFICIARIES¹

Target Beneficiaries	Kajo Keji County	Magwi County	Total
Male	75,950	66,150	142,100
Female	79,050	68,850	147,900
Women of Child Bearing Age	39,525	34,425	73,950
Pregnant Women	9,881	8,606	18,488
Children Under 5 years	32,550	28,350	60,900
Children Under 1 year	1,302	1,134	2,436
Total	155,000	135,000	290,000
Estimated IDPs /Returnees²	12,220	21,480	33,700

Sector:	Health
Objective:	To ensure the continued coverage of critical PHC services for returning and receiving communities in Central and Eastern Equatoria, Southern Sudan.
Dollar Amount:	Amendment Request: \$299,750 Original Budget: \$ 786,316 Total Proposed Revised: \$1,086,066
Number of Beneficiaries Targeted (Individuals):	8,500 Direct Beneficiaries Revised Total Project Targeted individuals: 102,000
Number of IDP Beneficiaries Targeted	Insufficient data to determine
Geographic Area (s):	Central and Eastern Equatoria, Southern Sudan
Sub-Sector:	Expanded Program of Immunization (EPI)

¹ Population data is fluid due to significant population movements.

² Source UNHCR planning figures for 2008.

Indicator A:	Immunization coverage < 1 year age (DPT3, Polio 3);
Indicator B:	Measles immunization coverage, ages 6 months to 15 years old;
Indicator C:	Vitamin A coverage, 6 to 59 months.
Sub-Sector:	Health Education
Indicator A:	Number of CHW trained in the prevention and community based management of diarrhea, ARI, malaria, measles and maternal and infant health;
Indicator B:	Number of health education and promotion sessions (or number of population targeted) provided to communities;
Indicator C:	Percentage of target population with knowledge of and practicing two methods to prevent diarrhea.
Indicator D:	Percentage of women exclusively breast feeding for 1st 6 months.
Sub-Sector:	Maternal Health
Indicator A:	Number of providers trained in management of clean deliveries and detection of danger signs.
Indicator B:	% of pregnant women attending at least two ANC visits.
Indicator C:	% of pregnant women receiving iron and folic acid at the ANC.

Cross Cutting Theme	Sector/Sub Sector	Indicators
Protection	Health	<ul style="list-style-type: none"> • Number and types of GBV services provided • Percentage of targeted staff trained in protection sensitivity • Number of systems of privacy protocols established and adhered to
Capacity Building/Training	Health	<ul style="list-style-type: none"> • Number of CHD staff successfully completing external management training courses; • % of VHC members retaining key training messages as indicated by pre and post test training scores.
Host Communities	Health	<ul style="list-style-type: none"> • Number of host communities assisted.

2.2 2.2 SECTOR ANALYSIS

Intervention Logic/Narrative	Verifiable Indicators	Narrative Progress (Quantitative and Qualitative)
<p>OVERALL OBJECTIVE: To contribute to the successful reintegration of Sudanese Refugees and IDPs to their original homes in Southern Sudan by ensuring the continued provision of essential services for receiving and returnee communities alike.</p>	<ul style="list-style-type: none"> Approximately 102,000 Sudanese refugees and IDPs are repatriated and reintegrated into areas in Southern Sudan as planned. 	<ul style="list-style-type: none"> Repatriation of Refugees was ongoing during the 2008/09 implementation period. According to UNHCR reports there were 67,793 refugee returns to Southern Sudan during January to December 2008. [Organized Voluntary Repatriation - 60,564; Assisted Voluntary Self-Repatriation - 1,621; Spontaneous Repatriation - 5,578].³
<p>Sector: HEALTH</p>		
<p>SECTOR OBJECTIVE To ensure the continued coverage of critical Primary Health Care (PHC) services for returning and receiving communities in Central and Eastern Equatoria, South Sudan.</p>		
<p>Subsector: EPI Continued quality and coverage of Expanded Program of Immunization (EPI) services within Kajo Keji and Magwi Counties.</p>	<ul style="list-style-type: none"> Immunization coverage < 1 year age (DPT3, Polio 3); Measles immunization coverage, ages 6 months to 5 years old; Vitamin A coverage, 6 to 59 months. 	<ul style="list-style-type: none"> 2,777 children U1 received DPT3/OPV3 (DPT3/OPV3 coverage was 24.5% where the denominator was the target beneficiaries under 5 years of age – 11,310) 4,640 children (6 month – 5yrs) received measles vaccination during both routine and acceleration immunization campaigns. (1,569 in ARC routine immunization, and 3,071 in MoH supported acceleration exercises of routine) (Measles coverage was 9.4% where the denominator was the target beneficiaries under 5 years of age – 49,300) 470 children of 6 to 59 months received Vitamin A (Vitamin A coverage was 1% where the denominator was the target beneficiaries under 5 years of age – 49,300) OFDA supported Health workers participated in Polio mass campaign during the reporting year. 108,483 children were vaccinated with polio vaccines.
<p>Subsector: Health Education Increased awareness of healthy practices among the target population in Kajo Keji and Magwi Counties</p>	<ul style="list-style-type: none"> Number of CHW trained in the prevention and community based management of diarrhea, ARI, malaria, measles and maternal and infant health; Number of health education and promotion sessions (or number of population targeted) provided to communities; 	<ul style="list-style-type: none"> During the reporting period 55 on-job training sessions were conducted benefiting 447 health facility staffs. In Magwi, 43 on-job training sessions were conducted. 169 health workers benefited (101 F: 68 M); In Kajo Keji, 12 on-job training sessions were conducted. 278 health workers benefited (88 F: 190M). The health facility staff were trained on the prevention and community based management of diarrhea, ARI, malaria, measles and maternal and infant health. 400 health education sessions were conducted; 26,833 people benefited. The sessions covered though were not limited to malaria in pregnancy, family planning, diarrhea, sanitation, nutrition, immunization, personal hygiene, RTI, HIV/AIDS, anemia, eye diseases, cholera, meningitis, African human trypanosomiasis and child growth.

³ UNHCR, Sudan Repatriation Operation 2008, Weekly Statistics, Refugee Returns – Week 52

Intervention Logic/Narrative	Verifiable Indicators	Narrative Progress (Quantitative and Qualitative)																												
	<ul style="list-style-type: none"> Percentage of target population with knowledge of and practicing two methods to prevent diarrhea; Percentage of women exclusively breast feeding for 1st 6 months. 	<ul style="list-style-type: none"> A KAP survey was conducted in January 2009 to determine knowledge on diarrhea prevention and breast feeding practice. The results were as follows: <table border="1" data-bbox="751 375 1654 540"> <thead> <tr> <th>KAP Survey Results</th> <th>Magwi</th> <th>Kajo Keji</th> <th>Average</th> </tr> </thead> <tbody> <tr> <td>% of target population with knowledge of and practicing two methods to prevent diarrhea</td> <td>54</td> <td>96</td> <td>75</td> </tr> <tr> <td>% of women exclusively breast feeding for 1st 6 months.</td> <td>51</td> <td>78</td> <td>64.5</td> </tr> </tbody> </table>	KAP Survey Results	Magwi	Kajo Keji	Average	% of target population with knowledge of and practicing two methods to prevent diarrhea	54	96	75	% of women exclusively breast feeding for 1 st 6 months.	51	78	64.5																
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<p>Subsector: Maternal Health Continued quality and coverage of reproductive health care services within Kajo Keji and Magwi Counties</p>	<ul style="list-style-type: none"> Number of trainees successfully completing external MCH training courses; Number of providers trained in management of clean deliveries and detection of danger signs; 	<ul style="list-style-type: none"> 4 trainees were identified and completed external MCH as follows: <table border="1" data-bbox="751 662 1205 854"> <thead> <tr> <th>Name of Trainee</th> <th>County</th> </tr> </thead> <tbody> <tr> <td>Keji Beatrice</td> <td>Magwi</td> </tr> <tr> <td>Kiden Rose Amos</td> <td rowspan="3">Kajo Keji</td> </tr> <tr> <td>Charity Sadia Moses</td> </tr> <tr> <td>Abang Alice</td> </tr> </tbody> </table> <ul style="list-style-type: none"> 74 TBAs attended a refresher training conducted on clean deliveries and detection of danger signs. Details of the trainings are as follows: <p><i>Magwi County</i></p> <table border="1" data-bbox="718 1011 2039 1247"> <thead> <tr> <th>Date</th> <th>Location</th> <th>Number of TBA's Trained</th> <th>Topics covered</th> </tr> </thead> <tbody> <tr> <td>13th – 15th October 2008</td> <td>Nimule</td> <td>19</td> <td>Antenatal Care Services, Infection Prevention/Control, Postpartum Care, Referrals, danger signs in prenatal and Postnatal, Nutrition and Breastfeeding, and Family planning</td> </tr> <tr> <td>3rd – 5th December 2008</td> <td>Mugali</td> <td>13</td> <td>Antenatal Care Services, Infection Prevention/Control, Postpartum Care, Referrals, danger signs in prenatal and Postnatal, Nutrition and Breastfeeding, and Family planning</td> </tr> </tbody> </table> <p><i>Kajo Keji County:</i></p> <table border="1" data-bbox="718 1320 2039 1498"> <thead> <tr> <th>Date</th> <th>Location</th> <th>Number of TBA's Trained</th> <th>Topics covered</th> </tr> </thead> <tbody> <tr> <td>June 18-19 2008</td> <td>Kangapo I, Kangapo II Kajo Keji (Resource Centre – Liye)</td> <td>13</td> <td> <ul style="list-style-type: none"> The importance of antenatal care The importance of delivering with skill attendant and in a clean place Prompt management of complications Family Planning </td> </tr> </tbody> </table>	Name of Trainee	County	Keji Beatrice	Magwi	Kiden Rose Amos	Kajo Keji	Charity Sadia Moses	Abang Alice	Date	Location	Number of TBA's Trained	Topics covered	13 th – 15 th October 2008	Nimule	19	Antenatal Care Services, Infection Prevention/Control, Postpartum Care, Referrals, danger signs in prenatal and Postnatal, Nutrition and Breastfeeding, and Family planning	3 rd – 5 th December 2008	Mugali	13	Antenatal Care Services, Infection Prevention/Control, Postpartum Care, Referrals, danger signs in prenatal and Postnatal, Nutrition and Breastfeeding, and Family planning	Date	Location	Number of TBA's Trained	Topics covered	June 18-19 2008	Kangapo I, Kangapo II Kajo Keji (Resource Centre – Liye)	13	<ul style="list-style-type: none"> The importance of antenatal care The importance of delivering with skill attendant and in a clean place Prompt management of complications Family Planning
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Intervention Logic/Narrative	Verifiable Indicators	Narrative Progress (Quantitative and Qualitative)			
<ul style="list-style-type: none"> • % of pregnant women attending at least two ANC visits; (Target 75%) • % of pregnant women receiving iron and folic acid at the ANC. (Target 85%) 					<ul style="list-style-type: none"> • Nutrition • General hygiene and sanitation • Practices in the community during pregnancy, labor and lactation
		December 18-19, 2008	Liwolo Payam, Kajo Keji (HASS Compound - Sokare)	12	<ul style="list-style-type: none"> • The importance of antenatal care • The importance of delivering with skill attendant and in a clean place • Prompt management of complications • Family Planning • Nutrition • General hygiene and sanitation • Practices in the community during pregnancy, labor and lactation
		January 13-14	Kangapo I, Kangapo II Kajo Keji (Resource Centre – Lilye)	17	<ul style="list-style-type: none"> • The importance of antenatal care • The importance of delivering with skill attendant and in a clean place • Prompt management of complications • Family Planning • Nutrition • General hygiene and sanitation • Practices in the community during pregnancy, labor and lactation
		<ul style="list-style-type: none"> • 3,950 [Magwi-1,278, Kajo Keji-2,672] mothers attended ANC at least more than once representing 62% of the targeted number of pregnant mothers expected to access services at the health facilities (Numerator: 3,950, Denominator; 6,372 (targeted population) or 22% of the catchment areas pregnant mothers. (Numerator: 3,950, Denominator; 18,488 (catchment population)). • 3,758 [Magwi-1086, Kajo Keji-2,672] mothers received Folic acid/Ferrous sulphate during ANC visits representing 59% of the targeted number of pregnant mothers expected to access services at the health facilities (Numerator: 3,758, Denominator; 6,372 (targeted population) or 21% of the catchment areas pregnant mothers. (Numerator: 3,758, Denominator; 18,488 (catchment population)). • 594 [Magwi-435, Kajo Keji-159] mothers received IPT with Fansidar during ANC visits representing 10% of the targeted pregnant mothers expected to access services at the health facilities (Numerator: 594, Denominator; 6,372 (targeted population) or 3% of the catchment areas pregnant mothers (Numerator: 594, Denominator; 18,488 (catchment population)). <p>Note: ARC did not achieve the target as majority of pregnant mothers are yet to embrace the importance of attending ANC services at health facilities. ARC continues to endeavor to sensitize pregnant mothers on the importance and relevance of ANC services. The figure of 6,372 is computed from the projects targeted individuals (102,000) and 18,488 is derived from the catchment population of 290,000 individuals,</p>			
Cross Cutting Themes					
Protection		Protection activities were ongoing as a cross cutting theme and were supported by BPRM. This complimented the OFDA as detailed by the indicators below:			

Intervention Logic/Narrative	Verifiable Indicators	Narrative Progress (Quantitative and Qualitative)																																											
	<ul style="list-style-type: none"> Number and type of GBV services provided Percentage of targeted staff trained in protection sensitivity Number of systems of privacy protocols established and adhered to 	<ul style="list-style-type: none"> Seven key services were provided namely: recruitment and training of Peer Educators, Training of response partners (medical, police, religious, psychosocial); CMR training; rule of law, outreach sessions, establishment of a GBV advisory group, establishing and dissemination of standard operating procedures 51 GBV peer educators were recruited and trained 21 from the Madi Corridor and 30 from Acholi Corridor; each of the trainings was for 5 days. Topics covered include Gender and Rights, Deepening understanding of GBV, Video participatory project- playback skills, Community mobilization strategies, and GBV prevention skills. ARC established a Gender Based Violence Advisory group in Magwi. This group has a membership from all partners/actors who are involved in GBV response- NGO, CBO, UN and government. The forum coordinates training and activities, referral mechanisms, problem-solving for case management issues, as well as a forum for training and technical support with partners involved in responding to GBV. Two meetings were conducted with the CBOs, Government departments and INGOS constituting the GBV advisory group. GBV Standard Operating procedures are still under development by ARC and will be established and disseminated to response partners once finalized. 																																											
<p>Capacity Building/Training Increased capacity of the County Health Departments in Kajo Keji and Magwi to assume direct responsibility for the delivery of PHC services.</p>	<ul style="list-style-type: none"> Number of CHD staff successfully completing external management training courses; % of VHC members retaining key training messages as indicated by pre and post test training scores; 	<ul style="list-style-type: none"> 4 CHD staff were identified and successfully completed Store Management & Material Control courses as follows: <table border="1" data-bbox="751 673 1224 868"> <thead> <tr> <th>Name of Trainee</th> <th>CHD Location</th> </tr> </thead> <tbody> <tr> <td>Oketch Robert Lodu</td> <td rowspan="2">Magwi</td> </tr> <tr> <td>Mugisha Emmanuel</td> </tr> <tr> <td>Baatiyo Margaret</td> <td rowspan="2">Kajo Keji</td> </tr> <tr> <td>Sworo Amos</td> </tr> </tbody> </table> 4 VHC trainings were conducted during this implementation period. 59 people attended (13F: 19M). The average of Pre- & Post-tests for the sessions were as indicated in the table below: <p><i>Magwi County</i></p> <table border="1" data-bbox="718 990 1929 1226"> <thead> <tr> <th>Date</th> <th>Location</th> <th>Topics Covered</th> <th>Female</th> <th>Male</th> <th>Average Pre-Test Score</th> <th>Average Post-Test Score</th> </tr> </thead> <tbody> <tr> <td>25th – 26th August 2008</td> <td>Anzara PHCU - Nimule Payam</td> <td>VHC, PHC/CBHC, Meeting, Cost Sharing, Communicable diseases and reproductive Health</td> <td>2</td> <td>8</td> <td>66.4%</td> <td>90.4%</td> </tr> <tr> <td>11th – 12th September 2008</td> <td>Mugali II PHCC – Mugali Payam</td> <td>VHC, PHC/CBHC, Meeting, Cost Sharing, Communicable diseases and reproductive Health</td> <td>8</td> <td>11</td> <td>75.6%</td> <td>87.9%</td> </tr> </tbody> </table> <p><i>Kajo Keji County</i></p> <table border="1" data-bbox="718 1295 1940 1494"> <thead> <tr> <th>Date</th> <th>Location</th> <th>Topics Covered</th> <th>Female</th> <th>Male</th> <th>Average Pre-Test Score</th> <th>Average Post-Test Score</th> </tr> </thead> <tbody> <tr> <td>August 26-29, 2008</td> <td>Litoba PHCU</td> <td>Management of the health facility, malaria,</td> <td>2</td> <td>7</td> <td>44%</td> <td>72%</td> </tr> </tbody> </table> 	Name of Trainee	CHD Location	Oketch Robert Lodu	Magwi	Mugisha Emmanuel	Baatiyo Margaret	Kajo Keji	Sworo Amos	Date	Location	Topics Covered	Female	Male	Average Pre-Test Score	Average Post-Test Score	25 th – 26 th August 2008	Anzara PHCU - Nimule Payam	VHC, PHC/CBHC, Meeting, Cost Sharing, Communicable diseases and reproductive Health	2	8	66.4%	90.4%	11 th – 12 th September 2008	Mugali II PHCC – Mugali Payam	VHC, PHC/CBHC, Meeting, Cost Sharing, Communicable diseases and reproductive Health	8	11	75.6%	87.9%	Date	Location	Topics Covered	Female	Male	Average Pre-Test Score	Average Post-Test Score	August 26-29, 2008	Litoba PHCU	Management of the health facility, malaria,	2	7	44%	72%
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Intervention Logic/Narrative	Verifiable Indicators	Narrative Progress (Quantitative and Qualitative)						
	<ul style="list-style-type: none"> % of health facility staff being paid directly by the CHD by the end of the year; CHD drug stores renovated/constructed in Kajo Keji and Magwi; MoU between CHDs and ARC agreed and signed by the end of the 1st quarter 			respiratory infections, diarrhea, food hygiene, water				
		November 5-6, 2008	Liwolo Payam	Management of the health facility, malaria, respiratory infections, diarrhea, food hygiene, water	1	20	38%	68%
		<ul style="list-style-type: none"> 0% of the 66 members of staff at OFDA supported facilities in Magwi were being paid by the government and in Kajo Keji, 75% of the 125 staff were being paid by the government by the end of the 2008/09 implementation period. CHD drug stores constructed in Kajo Keji and Magwi. MoU's between the Magwi and Kajo Keji CHDs and ARC were agreed and signed (Kindly refer to Annex 3 and 4) 						

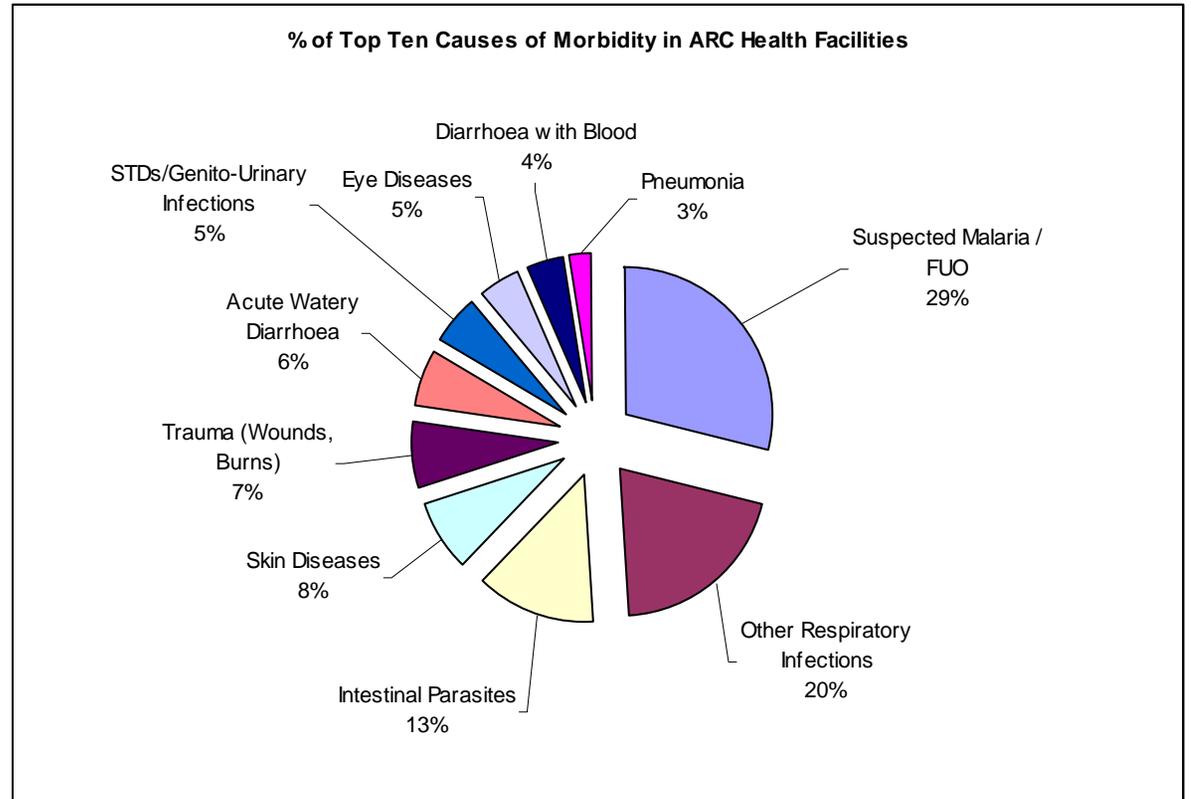
Subsector: General (Supplementary to subsectors and indicators in proposal)	<ul style="list-style-type: none"> Number of OFDA supported health facilities providing services to manage the most common diseases causing morbidity and mortality in the target population including maternal and neonatal health; 	<ul style="list-style-type: none"> The number of functional and non-functional health facilities were as follows: 																			
		<table border="1"> <thead> <tr> <th>Health Facilities</th> <th>Qtr 1</th> <th>Qtr 2</th> <th>Qtr 3</th> <th>Qtr 4 (Note Qtr 4 includes Feb 2009)</th> </tr> </thead> <tbody> <tr> <td>Functional</td> <td>28</td> <td>32</td> <td>33</td> <td>30</td> </tr> <tr> <td>Non- functional</td> <td>5</td> <td>1</td> <td>0</td> <td>3</td> </tr> </tbody> </table>	Health Facilities	Qtr 1	Qtr 2	Qtr 3	Qtr 4 (Note Qtr 4 includes Feb 2009)	Functional	28	32	33	30	Non- functional	5	1	0	3				
Health Facilities	Qtr 1	Qtr 2	Qtr 3	Qtr 4 (Note Qtr 4 includes Feb 2009)																	
Functional	28	32	33	30																	
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		List of non-functional facilities and reason Magwi: Obbo PHCU - under construction Kajo Keji: Mangalator, Ajio, Lora-Kala and Lema all in Liwolo Payam temporarily closed due to insecurity.	Magwi: Obbo PHCU construction completed but lacked personnel. No maternal services at Anzara PHCU due to lack of space	Magwi: No maternal services at Anzara PHCU due to lack of space and in Obbo PHCU due to lack of personnel		Magwi: 3 facilities (Mugali, Ganzi and Masindi) were not functional towards the end of Qtr 4 due to a strike for none payment of salary by the CHD/GoSS-MoH No maternal services at Anzara PHCU due to lack of space and in Obbo PHCU due to lack of personnel.															

- Utilization rates of USAID/OFDA supported health facilities.

- During the 2008/09 reporting year, 82,977 (Magwi: 21,292, Kajo Keji: 61,685) individuals benefited by attending OPD services at the OFDA supported health facilities with 120,674 (Magwi: 35,539, Kajo Keji: 85,135) conditions diagnosed and treated; 7,610 (Magwi: 1,997, Kajo Keji: 5,613) mothers attended antenatal care services and 9,776 (Magwi: 1, 821, Kajo Keji: 7,955) children U5 benefited from immunization services.

Attendance	Qtr 1	Qtr 2	Qtr 3	Qtr 4 (Note Qtr 4 includes Jan and Feb 2009)	Total
OPD	14,492	19,051	18,805	30,629	82,977
ANC	1,309	1,364	1,710	1,603	7,610
U5 Immunization	2,652	3,118	2,217	1,789	9,776

- The Pie chart below details the morbidity percentages of the top ten diseases diagnosed at the health facilities during 2008/9:



<p>Continued quality and coverage of curative care services within Kajo Keji and Magwi Counties.</p>	<ul style="list-style-type: none"> Number of health facilities continuing to function under ARC/CHD supervision throughout 2008/09; > 80% diagnosis and treatment according to MoH protocols; Utilization rate > 1 consultation per person per year. All health facilities have essential drugs throughout the course of the year. 	<p><i>Source: ARC health facility records.</i></p> <ul style="list-style-type: none"> By the end of the implementation period 33 health facilities were supervised by ARC/CHD - 8 in Magwi County and 25 in Kajo Keji County. During the 2008/09 reporting period 33 (Magwi – 21, Kajo Keji – 12) joint supervisory visits to health facilities were conducted as detailed below: 7 Dx and Tx surveys were conducted in ARC supported health facilities. Data collected revealed that 98.5% cases managed at PHC facilities had 84 % of the health workers practicing good prescription (specific Tx) without polypharmacy according to MoH protocols. However for the treatment of malaria mainly Fansidar was prescribed instead of ACT. This can be attributed to the shortage of ACT supplies to the CHD/health facilities by GoSS MoH. <table border="1" data-bbox="751 537 1633 613"> <thead> <tr> <th>Dx and Tx survey</th> <th>Magwi Average</th> <th>Kajo Keji Average</th> <th>Total Average</th> </tr> </thead> <tbody> <tr> <td>Correct Dx and Tx (%)</td> <td>75%</td> <td>93%</td> <td>84%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> 82,977 OPD consultations were made at the OFDA supported health facilities [Magwi: 21,292, Kajo Keji: 61,685], representing a combined 28% of the 290,000 targeted beneficiaries with 1.35 consultations per individual. ARC supported the quarterly MoH-GoSS drug and non-drug distribution from CHD stores. Inadequate supply of anti-malarial drugs in the MoH kit was realized. The MoH pre-packed without prior order; hence quantity and type of drugs were not as per the need of health facilities in the two geographic areas. <p><i>Magwi County</i> ARC supported the CHD with the delivery of assorted drugs and non-drug supplies to the OFDA supported health facilities in Magwi County as detailed in the table below:</p> <table border="1" data-bbox="718 997 2022 1182"> <thead> <tr> <th>Quarter</th> <th>Date</th> <th>Facility</th> <th>Drugs and Non-drug delivered</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Qtr 2</td> <td>9th – 14th May 2008</td> <td>Kerepi, Anzara, Olikwi, Longu, Masindi and Ganzi</td> <td>PHCU Kits</td> </tr> <tr> <td>3rd - 8th July 2008</td> <td>Mugali II PHCC</td> <td>PHCC Kits</td> </tr> <tr> <td>Qtr 4</td> <td>19th December 2008 and 5th – 22nd January 2009</td> <td>Kerepi, Anzara, Olikwi, Longu, Masindi and Ganzi PHCUs and Mugali II PHCC and Pageri, Loa, CDOT, Moli and Opari Health facilities</td> <td>PHCU and PHCC Kits</td> </tr> </tbody> </table> <p><i>No drugs were provided for distribution by the Magwi CHD during quarter 1 and 3.</i></p> <p><i>Kajo Keji County</i> ARC supported the CHD with the delivery of assorted drugs and non-drug supplies to the OFDA supported health facilities in Kajo Keji County as detailed in the table below:</p> <table border="1" data-bbox="718 1386 2022 1489"> <thead> <tr> <th>Quarter</th> <th>Date</th> <th>Facility</th> <th>Drugs and Non-drug delivered</th> </tr> </thead> <tbody> <tr> <td>Qtr 2</td> <td>2nd – 6th June, 2008</td> <td rowspan="2">All 25 health facilities in Kangapo I, Kangapo II, Liwolo Payam</td> <td rowspan="2">PHCU and PHCC drug kits</td> </tr> <tr> <td>Qtr 3</td> <td>26th -29th August, 2008</td> </tr> </tbody> </table>	Dx and Tx survey	Magwi Average	Kajo Keji Average	Total Average	Correct Dx and Tx (%)	75%	93%	84%	Quarter	Date	Facility	Drugs and Non-drug delivered	Qtr 2	9 th – 14 th May 2008	Kerepi, Anzara, Olikwi, Longu, Masindi and Ganzi	PHCU Kits	3 rd - 8 th July 2008	Mugali II PHCC	PHCC Kits	Qtr 4	19 th December 2008 and 5 th – 22 nd January 2009	Kerepi, Anzara, Olikwi, Longu, Masindi and Ganzi PHCUs and Mugali II PHCC and Pageri, Loa, CDOT, Moli and Opari Health facilities	PHCU and PHCC Kits	Quarter	Date	Facility	Drugs and Non-drug delivered	Qtr 2	2 nd – 6 th June, 2008	All 25 health facilities in Kangapo I, Kangapo II, Liwolo Payam	PHCU and PHCC drug kits	Qtr 3	26 th -29 th August, 2008
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			14 th -18 th November, 2008			
			23 rd -26 th February, 2009			
<p><i>No drugs were provided for distribution by the Kajo Keji CHD during quarter 1.</i></p>						

3.0 DESCRIPTION OF MONITORING AND EVALUATION METHODOLOGY AND SURVEILLANCE DATA USED TO MEASURE RESULTS

During the 2008/09 implementation period, the key tools that ARC used to monitor the progress of the program were the program logical framework and the detailed program work plan. Progress of activities towards the program objectives were measured against the program work plan during the interim reporting period. Monthly morbidity, EPI and Maternal Child Health data were compiled and shared with the CHD.

4.0 SECURITY

Insecurity by UAG in Kajo Keji in January through to February 2008 hindered program activities in Liwolo Payam. Four clinics were temporarily closed due to UAG rebel attacks who abducted people and security was raised to level 3. The clinics included Mangalatore, Ajo, Lora-Kala and Lema all in Liwolo Payam, Kajo Keji County, Central Equatoria State. The facilities were re-opened when the security situation normalized. In Magwi County, health facility staff of Mugali, Ganzi and Masindi went on strike towards the end of the fourth quarter due to non-payment of staff salaries by the CHD/GoSS-MoH.

During the third quarter, operations were normal however, the resumption of fighting between LRA and the regional forces put areas of ARC operations at risk as security levels were raised.

5.0 ACHIEVEMENTS, LESSONS LEARNT AND SUCCESS STORIES

- The CHD in Kajo Keji made substantial progress with about 75% of its verified staffs being confirmed by SMOH to receive salaries. However, the CHD still faces challenges in follow-up for the remaining approvals. However, by the end of this implementation period the CHD in Magwi was still following-up on salary issues with State Ministry of Health, though with lots of challenges on variation of State budgets in Eastern Equatoria compared to Central Equatoria. Reduction of OFDA Incentive payment remained a delicate issue, as the MoH was still relying on NGOs to supplement their budget. The incentives support by OFDA greatly motivated the staff who kept the health facilities operational as they look forward to receiving full-time salaries from the SMOH.
- ARC trained health care workers on integrated management of child illness. The health workers expressed the need to extend a similar training to cover other remaining health workers to ensure good practice.
- The support for coordination meeting and County team visit of all Health facilities in Madi (Nimule) corridor improved the NGO and CHD collaboration on Health program issues.
- From 10th to 11th September, ARC supported the State Health Coordination meeting in Torit. The Minister of Health in her address appreciated the efforts ARC made in supporting County coordination meeting in Magwi, being the only County in Eastern Equatoria that conducts health coordination activities.
- On 12th September, ARC was selected as a member of state EPI coordination committee for Eastern Equatoria State among other UN agencies and NGOs.
- Improved coordination with local authorities, State Ministry of Health and NGO partners
- ARC team members attended GoSS Health Assembly in Juba convened for NGO operating in Southern Sudan during the month of October.
- ARC attended the IDSR (Integrated Disease Surveillance Response) workshops facilitated by WHO and MoH, that was aimed at improving surveillance networks.

6.0 PROGRAM ISSUES OR CONCERNS

- Lack of Vitamin A capsule supplies from the MoH deterred the progress of monitoring of Vitamin A supplementation.
- Health workers at facilities registered their dissatisfaction on government salary delays in most facilities. Services at affected facilities were irregular, as most times staffs were at office of authorities on follow-up for salary issues.
- The GoSS MoH supported the health facilities with essential drugs. However, the supplies were inadequate by type and quantity. The supply did not reflect the requirements of the health facilities.
- MoH had not commenced payment of salary for Health staffs at facilities in Magwi County as is the case in Kajo Keji County. This resulted in diminished staff moral that even led to ARC health facility staff staging a strike in Magwi for non payment of salaries by the Government.

ANNEX 1 – FINANCIAL REPORT

ANNEX 2 - PROGRAM PHOTOGRAPHS

ANNEX 3 – KAJO KEJI MOU

ANNEX 4 - MAGWI MOU