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**Health Programme Reporting on Programme Achievements August/September 1990**

UNICEF/OLS

5 October 1990

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OPERATION LIFELINE SUDAN  
(SOUTHERN SECTOR)

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INTER-OFFICE MEMORANDUM

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UNICEF/OLS

FROM: Michele John  
Health Officer  
UNICEF/OLS



DATE: 5 October 1990

SUBJECT: Activity Targetting and Regular Reporting

Please find enclosed the reports for the health/nutrition programmes for the months of August and September and the project activity targets form for the next 2 months.

I also join for your information a copy of the health assessment and monitoring questionnaire which is referred to in the monitoring section of the PAT.

Looking forward to receive your comments and suggestions.

**HEALTH PROGRAMME**  
**REPORTING ON PROGRAMME ACHIEVEMENTS**  
**AUGUST/SEPTEMBER 1990**

Introduction

As no Project Activity Targets had been set up at the beginning of the period of reporting, the format of this report does not correspond exactly to the standard but only summarizes activities and achievements during the past 2 months. Reporting will be improved for the next period. I think it is more practical and realistic and less time consuming to set up targets and measure achievements for periods of 2 months at a time, therefore, if the Project Tracking and Evaluation Section has no objection, the next reports will be 2 monthly.

1. Procurement

<u>Targets</u>	<u>Achievements</u>
- Draw supply lists for kits for PHCU (2000 kits)	Done in July
- Draw supply list for kits for Health Centres	Done by the end of September
- Draw supply list for hospitals (Kapoeta and Torit)	Not done No funds available
- Draw supply list for transport i.e.:	
- 200 bicycles for PHCU	No funds available
- 3 vehicles including a 4 x 4 lorry for drug supply	
- Draw supply list for construction material	
- For completion of Kapoeta hospital rehabilitation	Done
- For rehabilitation of 10 PHCU in Kapoeta district	No funds available

Remarks

The lack of funds has delayed the raising of SCF and put us in a situation where we had to ask for relatively short TAD to avoid shortages especially concerning essential drugs. It seems that the Supply Section in Copenhagen has not been informed of the reasons for these short TADs and has not processed drug supply list for the South Sudan Health Programme as priorities, this resulting in actual shortages.

The SCF raised for drugs will cover a period of 4-6 months only until May, 1991.

Again the lack of funds has delayed action regarding to commitments which although less urgent were made 4 months ago: (purchase of bicycles and a 4-wheel drive lorry, construction/rehabilitation of Kapoeta Hospital and Primary Health Care Units).

2. Supply/LogisticTargets

- Set up a regular monthly distribution plan for the drugs for the various health facilities
- Forward to the field medical/training equipment from recently arrived consignments

Achievements

See remarks

Remarks

The achievements of the health officer in the field of supply/logistic can only be realised with the backup of the Supply Section. An encouraging step was made when Mr. P. Oriedo was sent to Lokichigio to sort out and inventory supplies in the health store.

Since his visit, and also following a few suggestions made by the programme officer, things have improved and all medical equipment and supplies are grouped together in one store under responsibility of one store keeper, while the EPI equipment has been transferred in another store.

However, Mr. Oriedo's inventory proved to be incomplete and uneasy to utilise in practice and the remarks and comments made in the "stores management and inventory control" document have not yet given way to any changes which would improve the functioning of the stores.

In order to plan new procurements and allow for a sufficient lead time for them to reach Lokichogio, a complete stock status is required now and, as there was no personnel to do it in the Supply Section, the programme officer made an inventory for the drugs and other fast running items on 19th September.

Another problem is that it is the same store keeper who is caring for packing and sending the regular monthly drug consignments to the field as well as for dispatching occasional medical equipment to various locations. This results in overwork occasioning delays either for the monthly consignments which often reach the field 3-4 weeks late or for the occasional equipment consignments which are sent 2 to 3 months after the distribution plan have been forwarded by the programme officer.

Furthermore, when the paper work is completed, so as not to accumulate any further delay, next consignment has to be packed before a monthly issue report can be compiled, this sometimes resulting in confusion on monthly consumption rates for different items. In fact, no monthly issue report has been received since May 1989.

In order to try to improve the system, all drugs, dressing material and fast running items have been computerised, with stock status from the 19 September inventory.

The idea is to enter each month all issues to all locations and all receipts so as to obtain stock status at the end of each monthly allocation period. However, who is going to enter those data on the computer remains a question mark.

In conclusion, a lot of problems are still pending and it is hoped that they can be solved before the end of the year so as to decrease the time spent by the programme officer in this field.

### 3. Primary Health Care Activities

Targets were mainly on the supply side

- Design and order drug kits for PHCU
- Design and order equipment kits for PHCU
- Design and order drug kits for Health Centres
- Design and order equipment kits for Health Centre

All have been designed but only few could be ordered due to scarcity of funds.

The SRRA/UNICEF Primary Health Care Programme document has been finalised with the cooperation of the NGOs and was awaiting Dr. Achol's approval upon his return from Ethiopia. District Primary Health Care Plans are still vague and unrealistic and District committees comprising SRRA, NGOs and UNICEF personnel need to sit down in each location to agree on number and locations of health units and health centres and develop appropriate rehabilitation and staff training plans.

### 4. Training Activities

#### Community Health Workers

Since the graduation of 11 Community Health Workers after completion of the first 9 month course run by IRC in Kapoeta, a 6 weeks refresher course for 8 participants was organised in August.

The next 9 month course was due to start in September and delayed twice for logistic and staff reasons. 40 candidates have been registered and will pass a pretest before admission, as the number of participants has been set at 25 maximum. The course is now due to start in October.

### Traditional Birth Attendants

14 TBAs were under training in Kapoeta and completed the course by the end of September.

10 new candidates have been registered for next course starting October 10th.

### Nurses upgrading course

The first class of the 3 month "Nurses' Upgrading Course" was graduated on 25 August 1990 in Torit. Health Unlimited who were in charge of the course managed to train only 8 nurses and only 3 passed successfully the examination and have been put in charge of health centres.

However, despite of this poor results, a curriculum has now been developed and further candidates have been identified in sufficient number to fill a second course which would start in December 1990.

In the meantime, Health Unlimited is looking forward to organise a 6 weeks refresher course for medical assistants, focused on drug utilisation and side effects.

Another location, which health facilities would be more suitable for training of Primary Health Care Workers than Torit Hospital is envisaged i.e. Nimule or Chukudum.

### Hospital Attendants Course

The 2nd class of hospital attendants has been graduated in Kapoeta in August and the 3rd class of 22 students has started in September.

So far, more than 40 Hospital Attendants have attended the course and been dispatched to various locations.

The curriculum is now finalised and adapted to South Sudan hospital conditions.

A 4th course might be run in another location, Leer where 30 candidates have already been identified has been suggested by Dr. Stephen (SRRA medical officer in Leer).

Remarks

Training sessions are now running at a steady pace and SRRA staff from all locations has been mobilised to identify candidates. Still, the general education level is low, limiting access to the various courses.

5. Drug Supply

Still extremely irregular due to lack of coordination, lack of transport, and inadequate performance in Lokichogio stores.

6. Infrastructure Support

- IRC in Kapoeta have visited all PHCU, and made a list of items required for rehabilitation/renovation. A supply list is to be drawn asap.
- Kapoeta Hospital rehabilitation will be completed in the next 2 months. Priority has been set up for the construction of an incinerator, latrines and water collection system.
- Cash has been allocated to AMI for the construction of a health centre in Narus.

7. Disease Control

Disease reports are now filled in most health facilities supplied with drugs.

Main diseases appear to be:

1. Malaria
2. Chest infection (pneumonia)
3. Intestinal diseases related to parasite infection and watery diarrhea
4. Wound, burns and ulcers
5. Scabies

Note a high prevalence of tuberculosis suspicions and Kalaazar cases in Abwong and Nasir.

An epidemic outbreak of measles occurred in Ulang (Sobat) in August.

Very few cases of meningitis were recorded but this might increase with the venue of the dry season.

Death report indicate that main causes of death were watery diarrhea, malaria, pneumonia, measles (in Ulang), meningitis ...

Veneral Diseases are also said to be a frequent cause of consultation. Treatment protocole needs to be standardised according to latest WHO recommendations.

#### 8. Nutrition

The UNICEF workshop organised in Torit in July 1990 has resulted in a better understanding of the purpose of feeding centre and a better followup and reporting.

In Torit area: 4 supplementary feeding centres are functioning: Torit, Panyakwara, Isoke and Pajok, however supply of UNIMIX is irregular due to the lack of vehicle. The SRRA nutrition coordinator is coordinating the nutrition programme.

In Bor area, 3 feeding centres are operational under supervision of INTERAID: Bor, Makuak and Kolnyang with an average of 50 children each. In Baidit, dry rations are given to malnourished children for the time being.

In Kapoeta, the feeding centre has been closed, as not responding any more to a need. UNIMIX is only supplied to TB and Kalaazar patients.

Limited supplies of UNIMIX for dry ration distribution are sent to Nasir, Abwong and Western Equatoria.

## 9. Data Collection

Emergency health and nutrition assessment were undertaken in the following locations:

- AKON:                    Dr. Michele John                    August 1990
- AYOD:                    Dr. Tibebu Haile Selassie           August 1990
- NASIR:                    Dr. Michele John                    September 1990
- KAJU-KEJI/KAYA  
LASU                    Dr. Michele John                    September 1990

See individual reports.

These assessments were focussed on the areas set up as priorities in the 3 months emergency plan. Health facilities and staff have been assessed and action taken for regular drug supplies to these locations.

Other areas still need to be assessed mainly Mayen Abun (Bahr El Gazal), Madi and Southern Bari (returnees from Uganda South of Torit District).

## 10. Monitoring, Reporting

- \* Reporting from various NGOs involved in health programme has become irregular. A letter has been send to remind NGOs about usefulness of reporting.
- \* Kapoeta Hospital is now sending regular drug receipt and consumption reports.
- \* Paradoxally, Torit stopped sending such reports. A visit to this location indicated that this was due only to a lack of forms for reporting.

## 11. Finance

Limited funds have been available during the past 2 months, delaying SCF and SL and preventing longer term planning for drug and material procurement.

Most of the funds are and will be used for purchasing drugs which are required in huge amount to enable about 200 health units and health centres to treat patients against most common diseases (see annex).

New contributions for a total of US\$ 400,000 for the health programme (excluding EPI) are expected and will be called forward immediately.

In the nutrition programme, still uncalled forward funds will be spent for the procurement of UNIMIX, DSM and feeding kits to preposition in Loki store where these items have run short.

#### 12. NGO contributions

2 NGOs have recently joined OLS Southern Sector.

- Action Internationale Contre la Faim have set their base in Kaju-Keji since the beginning of September. They plan to be involved in hospital rehabilitation and support, supervision of 12 health units and EPI.

Drugs and equipment for the PHC has been supplied by UNICEF and EPI equipment is on the way.

- Aktion Africa in Need made an assessment trip to Kaya where they plan to start an integrated community-based programme in October. UNICEF has also been requested to provide support for PHC and EPI activities.
- No news from Youth With A Mission who intended to start a PHC programme in Akobo.
- ACROSS staff definitely left Boma when it appeared that the disagreement with SRRA could not be solved satisfactorily.

Essential drug supplies have however continued to be sent to this location for the Health Centre and 1 PHCU run by a CHW. A monitoring trip will be required soon.

- AMI have obtained the agreement to start a second health programme (PHC, EPI) in Kimatong. They are awaiting additional staff to start.

HEALTH PROGRAMME

Programme activity targets - October and November 1990

PROJECT ACTIVITY TARGET	CALENDAR
1. Procurement	
1.1. Health	
- Design and procure equipment kits for 100 Primary Health Care Units	
- Design and procure equipment kits for 30 Health Centres	1 to 15 October 1990
- Procure construction material for the rehabilitation of Kapoeta PHCU (10 Units)	
- Procure training material for CHW, TBA, Hospital Attendants and Nurses Upgrading courses	
- Procure vehicles	
- 1 truck 4 x 4	
- 1 Toyota Hilux Pickup	
- 1 Suzuki (monitoring purpose)	
- Procure 100 bicycles for PHCU	
1.2. Nutrition	
- Procure UNIMIX	
- Procure DSM	
- Procure 10 feeding kits	
2. Supply	
- Finalise inventory of items available in medical store together with supply section	Before 15 October 1990?
- Dispatch available items and equipment to the field	By end of November
3. Personnel	
- Coordinate activities and discuss field of responsibility with health consultant employed for 3 month emergency programme	Upon arrival

<p>4. Primary Health Care Activities</p> <p>Nothing in particular</p>	
<p>5. Training Activities</p> <ul style="list-style-type: none"> <li>- Study the possibility of transferring the 4th 3 months course for hospital attendants to Leer</li> <li>- Coordinate/organise with help of NGOs training for various level of health workers involved in TB programme</li> <li>- Coordinate the various training programmes in between NGOs and get in writing summaries of course contents and length, dates of starting, preliminary requirements for candidates so as to improve recruitment and efficiency</li> <li>. 2nd CHW course Kapoeta - IRC</li> <li>. 3rd TBA course Kapoeta - IRC</li> <li>. MA refresher course - HU</li> </ul>	<p>In October</p> <p>Before 8th of October</p> <p>To be started in October</p> <p>To be started on 10 October</p> <p>To be started in November</p>
<p>6. Drug supply</p> <ul style="list-style-type: none"> <li>- Regularise drug supply to the field (Notice: this needs full cooperation of the supply section)</li> </ul>	
<p>7. Infrastructure support</p> <ul style="list-style-type: none"> <li>- Start rehabilitation of a number of PHCU in Kapoeta district.</li> <li>- Complete Kapoeta Hospital rehabilitation (including latrines and incinerator)</li> </ul>	<p>October/November</p>

<p>8. Disease control</p> <ul style="list-style-type: none"> <li>- Verify stock status for drugs and vaccines against meningitis</li> <li>- Set up treatment protocols for the control of Venereal Diseases</li> <li>- Organize visit to Leer and discuss with MSF(H) Kalaazar programme and possible extension of their control programme to Sobat and Kapoeta district</li> </ul>	<p>Before 15 October</p> <p>Before 3th October</p> <p>November</p>
<p>9. Nutrition</p> <p>See Health/Nutrition emergency assessments</p>	
<p>10. Data Collection</p> <ul style="list-style-type: none"> <li>- Set up with UNICEF personnel involved in health (Dr. Tibebe Haile Selassie and Health Consultant) standardised data collection procedure for emergency health/nutrition assessment</li> <li>- Complete, with the help of the above mentioned emergency health/nutrition assessments in the areas of ABWONG, MAYEN ABUN AND TIBARI (Bor district), MADI and Southern Bari (Torit district) and other areas where total crop failure have been reported by the agriculture UNIT.</li> </ul>	<p>On the health occasion of the programme meeting in Loki</p>
<p>11. Monitoring</p> <ul style="list-style-type: none"> <li>- Finalise Health Monitoring and Evaluation questionnaire (see annex)</li> <li>- Start assessment of health facilities in locations of Kapoeta/Torit/Bor</li> </ul>	<p>Before 15 October 1990</p> <p>From 15 October to 30 November</p>
<p>12. Management activities</p> <ul style="list-style-type: none"> <li>- Coordinate Health Committee Meeting</li> <li>- Participate in the organisation of a 2 days management workshop for the setting up of district and regional health health committees in SRRA areas</li> </ul>	<p>9-10 October</p> <p>3rd or 4th week of October</p>

13. Planning and budget

- Start to set up targets and write plan of action for 1991.
- Establish budget for 1991

14. Other activities

- Organise ascension of highest Peak in Sudan (Lolibai Mountain) and stick EPI flag on the top

## ANNEX 1

## HEALTH FACILITIES SUPPLIED BY UNICEF

LOCATIONS PLANNED FOR 1990	PHCU	HC	HOSPITALS
- NARUS	1	1	
- KAPOETA	18	8	1
- TORIT	55	8	1
- BOMA	2	1	
- BOR	16	3	
- AYOD	2	1	
- WAAT	2		
- NASIR	4	1	
- LEER			OCCASIONALLY
- PIBOR	2		
- AKOBO	2		
- POCHALA	2		
<u>ADDITIONAL LOCATIONS</u>			
- AKON	4	1	
- MAYEN ABUN	2	1	
- ABWONG	2		
- KAJU-KEJI	10	2	
- KAYA	?(10)	?(4)	
TOTAL	134	31	2

\* Remarks: Numbers of health facilities per location are regarding to the target of 1 PHCU for 4,000 inhabitants and will increase regularly with the training of adequate health staff.

ANNEX 2

DSM/UNIMIX MONTHLY REQUIREMENTS

SUPPLEMENTARY FEEDING CENTRES

	Number of Feeding Centres	UNIMIX (kg)	DSM (kg)
Kapoeta	Hospital/MCH	1000	200
Torit	4	2000	400
Bor	4	2500	500

DRY SUPPLEMENTARY FEEDING

	UNIMIX
NASIR	500 kg.
ABWONG	500 kg.
KAJU-KEJI	1000 kg.

TOTAL MONTHLY CONSUMPTION	UNIMIX	DSM
	7500 kg.	1100 kg.

ANNEX 3

LOCATION OF INTERNATIONAL AGENCIES  
AND NGOs INVOLVED IN HEALTH PROGRAMMES  
OLS SOUTHERN SECTOR

AGENCY	LOCATION	PROJECT
ICRC (International Committee for Red Cross)	Leer	EPI/FHC Hospital Support (Surgical Department)
	Kongor Yirol	EPI/FHC EPI/FHC/Hospital Support
UNICEF	Kapoeta/Torit Bor-Nasir-Waat-Ayot Boma-Pibor-Kaju Keji and occasionally other areas	EPI/FHC/Hospital Support EPI/FHC/Health Centre rehabilitation
IRC (International Rescue Committee)	Kapoeta	EPI/FHC CHW training, TBA training MCH and paediatric inpatient support
	Nasir	EPI
AMI (Aide Medicale Internationale)	Narus Kimatong (planned)	EPI/FHC EPI/FHC, health centre rehabilitation
WVI (World Vision International)	Kapoeta/Torit	Drug and equipment supplies for hospitals
MSF (H) Medecins Sans Frontieres Holland	Leer	Hospital Support Kalaazar programme PHC and CHW training
AMREF	Kapoeta	Training of hospital attendants
GED (German Emergency Doctors)	Bor	Hospital rehabilitation PHC

AGENCY	LOCATION	PROJECT
INTERAID INTERNATIONAL	Bor	Feeding programme EPI Training of vaccinators and feeding staff
ACROSS	Boma	EPI, FHC
HEALTH UNLIMITED	Torit	Training for Community Nurses Medical Assistant Refresher Course (proposed) TBA training (proposed)
NCA (Norwegian Church Aid)	Torit	EPI/FHC/Feeding Hospital Support
AICF (Aide Internationale Contre la Faim)	Kaju Keji (proposed)	PHC/EPI Hospital rehabilitation
AFRICA IN NEED	Kaya/Yei/Kaju Keji (proposed)	PHC
YOUTH WITH A MISSION	Akobo (proposed)	PHC/EPI Health centre rehabilitation
ADE (Association pour l'Alimentation et le development de l'enfant)	North of Bor Ayod/Waat (proposed)	Mobile Clinic for diagnosis/treatment EPI/minor surgery