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Project Activity Targets and Achievements

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January 1991

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PROJECT ACTIVITY TARGETS AND ACHIEVEMENTS

January 1991

ADDITIONAL COMMENTS

Procurement

The stock of PHCU kits presently in store will last only until April. Another consignment of 600 kits has been ordered and will allow to extend essential drug supplies to the field until July 1991.

There is a need for another 1200 PHCU kits to be ordered (worth about US\$ 250,000) to ensure a regular supply to South Sudan until December. However, no funds are available.

Supply

The 3 months distribution plan (February to April) which is presently being finalised, will empty the store of most individual specialised drugs. With a reduced number of items, the opportunity should be taken to take an inventory and revise storekeeping procedures (update and classify stockcards, install monthly issues report).

It has been suggested that an officer from the Khartoum UNICEF Office would be made available for this purpose and followup on this issue will be required.

The organisation in each district of storage space for the 3 months' consignment is not yet achieved and will need to be speeded up.

PHC Activities

- * Due to the security situation, a few PHCUs have been closed in Kapoeta District and others have not been accessible to IRC supervision and monitoring.
- * In Bor District, it appears now clearly that GED is not able to distribute supplies and monitor PHCU activities as their personnel are fully occupied with the rehabilitation of the hospital. INTERAID has been approached both by UNICEF and SRRA to take over the PHC sector and an agreement is to be reached soon. UNICEF will fund one additional staff for INTERAID team in Bor so as to carry out monitoring and training of TBAs and Village Health Workers.

- * SRRA in the last subcommittee meeting proposed that all drug supplies to be forwarded to South Sudan should be channelled directly through them i.e. Dr. Riek in Kapoeta, Dr. Manyang in Torit and Dr. Wilson in Bor.

This is considered as agreeable as long as monitoring and supervision by RPOs and NGOs remains possible.

Training

- Hospital Attendants: The course will not be run by AMREP any more but by a new NGO which has still to be registered. UNICEF will fund only half of the budget (US\$ 40,000). Contacts have been made with OXFAM for the other portion.
- Other courses are in progress i.e.
 - * Community Health Worker - IRC - Kapoeta: The first class of 25 students are completing their first 3 months theory. While they will be in the field, a new class will be taken in.
 - * Traditional Birth Attendants: A course for 14 women has ended in January in Kapoeta. A new 3 months course for 14 women is due to start in February. Other courses will be organised in Torit (HU), Kaju Keji (AICF) and potentially Bor (INTERAID).
 - * A 2nd medical assistant refresher course will be run in Torit by HU for the rest of the 42 MAs presently available who did not attend the first one.

Monitoring

The Health Assessment Questionnaire has reached its final state. It has been reduced to assess only health infrastructure and manpower in all facilities listed (SRRA source) in SRRA accessible areas (see enclosure).

A questionnaire on activities and skills will be carried out later on.

The assessment is due to start in February, with the assistance of P. Scott Villiers, the RPOs, NGOs and SRRA counterparts in the districts of Kapoeta, Torit and Bor/Kongor.

Management and Coordination

- * Coordination meetings were held between:
- * HU/SRRA/SCF/UNICEF (SCF as main funding agency for HU): HU involvement in training programmes remains unclear. If the principle of another MA refresher course is generally agreed, Dr. Achol has rejected their proposal for another nurses' upgrading course. This would create another category of personnel, who would be difficult to integrate in the overall infrastructure. As HU team will comprise 3 medical doctors, Dr. Achol has suggested that one of them would provide assistance to Kapoeta Hospital and another one would carry out clinical activities in Torit MCH.

Hence, the programme is on standby until arrival of HU director (Vicky Harris) in February.

- * GED/INTERAID/Dr. Wilson (SRRA)/UNICEF. It has been agreed that INTERAID would take over the PHC in Bor district.
- * Management Workshop: This 3 days' workshop bringing together SRRA, NGOs, church representatives, UNICEF and ICRC focused on analysing the causes of the present management difficulties within SRRA health department.

Objectives and strategies were then drawn for a health planning and management project, with the goal to increase SRRA management capacity and capability.

The workshop was useful for 2 reasons: As a training exercise in management, and to provide information for the project proposal formulation which will be completed before April.