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**Progress Report of OLS Supported Programmes on GoS Locations, South Sudan, January-July 1994**

UNICEF/OLS

September 1994

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PROGRESS REPORT  
OF OLS SUPPORTED PROGRAMMES  
ON GOS LOCATIONS  
SOUTH SUDAN  
FROM JANUARY - JULY 1994

UNICEF/OLS  
SEPTEMBER, 1994

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SUMMARY OF PROGRESS REPORT OF UNICEF/OLS

SUPPORT TO GOS LOCATIONS

JANUARY - JULY 1994

This report examines progress made in UNICEF/OLS supported programme activities carried out on Government locations at Pibor, Pochalla, Bor, Kapoeta and Torit between January/July, 1994.

Topics covered include:

Health

- Primary Health Care
- Preventive Health (EPI)
- Nutrition/Feeding

House Hold Food Security

- Agriculture/Inputs distribution
- Veterinary
- Fishing

Food deliveries/distribution

Education

Water

Women Union

Each topic above except women union has been covered by a short introduction objectives set out with NGOs and local authorities (where meetings were held) and summary of activities carried out in each location to enhance programme implementation, monitoring and sustainability. Constraints, suggestions for improvements and plans of action have been developed to cover August - December, 1994.

NGOs involved include:

	<u>Location</u>	<u>Activities</u>
IARA	Torit	Health, EPI, Agriculture, Water Feeding Programmes
	Pibor	Water, Health/EPI, Veterinary, Leprosy.
	Bor	Water, Health/EPI/Feeding
	Kapoeta	Water, Veterinary, EPI, Agric.
	Pochalla	Health/Feeding
BIIR	Torit, Kapoeta	Health
DAWAISLAMIYA	All areas	Education

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Following NGOs only in Torit: NCA, AIC.

MWAFAQ, PEACE FOR DEVELOPMENT  
are in both Kapoeta and Torit.

Based on list of infrastructure compiled for all locations at the end of 1993, efforts were made by all parties (OLS/UNICEF, local authorities and NGOs) to put in place certain basic minimum infrastructure needed to enable programme implementation and expansion in nearly all locations accessible to aircraft to land.

In Primary Health Care System, four new PHCU were established at Torit and two at Pibor. This increased the number of working health institutions from 6 in January to 12 in July 1994. The quality and range of drugs supplied also improved. The greatest improvement was however made in EPI whereby installation of cold chain equipment were put in place in all locations except Bor town where the system was under repair in Juba. Teams of EPI vaccinators were identified in Pibor (9) Bor (3) Kapoeta (2) and Torit (3). These teams need to be increased to meet the needs and requirements of the people. In Pochalla, it was difficult to identify any people to form a team. This to be followed up in the second part of the year. Despite some staff and equipment being in place, only minimum achievements were made as it took long to install cold chain and train the teams. But a start has been made upon which further vaccinations would be based. Overall 10,041 children (38.6%) of target for measles and 12,131 (46.7%) of target for polio population was covered. 2,360 of targeted women population (47%) was covered for tetanus.

These figures exclude vaccinations done by Juba and Khartoum in Torit and Bor and any figures which had not been submitted at the time of writing. Lack of trained and trainable local staff was identified as major EPI and PHCU constraints for expansion. A training programme in especially EPI has been recommended to take place in October or November in Juba or any other site in South Sudan.

The other project UNICEF/OLS has supported was in feeding programme. While various feeding locations have been established in nearly all locations under IARA and under a variety of NGOs in Torit, most of the programme have not followed the UNICEF recommended feeding requirements. Further the absence of locally trained staff for feeding programmes have been a matter of concern.

In addition to the two points above it has not been clear to UNICEF/OLS on the exact levels of malnutrition in all the GOS areas. A joint UNICEF/OLS Nutrition Survey with RRC Khartoum was conducted in all the locations in June/July and following global levels of malnutrition established. Pibor 29%, Pochalla 28.8%, Bor 32.9%, Torit 17.4% and 16%. Report has been published in view of some high levels of malnutrition in some of the areas and bearing in mind the extremely low levels of feeding programme management,

(iii)

a training programme for at least 2 local people from each feeding site has been recommended to take place in Juba in October/November 1994 followed by very close supervision of feeding programme by both Juba and Lokichoggio staff on programme implementation.

#### House Hold Food Security

##### Agriculture

100.6MT and 41,700 pieces of tools were delivered to the 5 GOS locations. Another 41.6MT of seeds and 37,160 pieces of tools were delivered to Juba. The levels of deliveries which were agreed upon by RRC Khartoum were much higher than those delivered in 1993. ICRC contributed 56MT of the seeds and 22,000 pieces of tools most which went to Pibor where most tools were not completely distributed by local authorities. Farmers in their respective areas have their own specific types of seeds and tools requirements. This point to be considered during future inputs deliveries and distribution. The final status of crop output to be assessed in October when harvest is due.

##### Fishing

UNICEF/OLS has not had any distribution of fishing materials in store for supply. Target population in every area have been determined and are only waiting for distribution of materials as soon as they are available. ICRC has however schedule to supply materials to some of the locations.

##### Veterinary

A cattle vaccination programme has made a head start in Pibor and to a very limited extent in Kapoeta. At least 22,418 head of cattle (14.5%) out of a target population of 175,000 in Pibor were vaccinated against Rinderpest. Figures of vaccinations in Kapoeta not known. It is however believed that greater achievements could be made provided UNICEF staff stay longer in the place, deliveries are done on schedule and teams have access to cattle areas. It should be noted that cattle are only deemed vaccinated after the cattle owners forms have reached Lokichoggio and are in the custody of the UNICEF Veterinarian.

##### WFP FOOD

Deliveries were made from both Khartoum and Lokichoggio. Those from Lokichoggio amounted to 1125.85MT cereals, 308.55MT pulses and 25.11MT oil. Amounts for delivery were determined by Khartoum.

### Education

4544 children (78%) out of a target objective of 5800 were enrolled in all schools. This was an increase of 44.6% over December 1993 enrolment. Number of schools increased from 8 to 13 (52%) against a target of 25 while classrooms increased by 80% from 26 to 47. 16.8% of all school enrolment were girls. However, past experience has shown high fluctuations in the number of girls attending schools due to drop outs. The range of supplied was lower than targeted, especially for major items such as education kits etc. This could partly be explained by delayed UNICEF/OLS procurement of the items and non delivery of the materials due to Air strips being unlandable. In additions to classroom supplies each school received Agricultural Garden kits with seeds and tools. Due to disparity noticed in schools management between locations, it is recommended that school directors hold a seminar to discuss school management programme, training of local staff and administration issues.

### Water:

While support in water programme has been minimal in the past, IARA has recruited a water engineer to handle issues in all areas. UNICEF/OLS has agreed to give maximum support by providing drilling equipment and water spares parts and equipment. A detailed work programme has been finalized between IARA and UNICEF/OLS and items have been placed in Pibor, Bor, Torit and Kapoeta and work has started. In the meantime UNICEF support to all locations to be covered under the Programme, water yard at Pibor will be supplies with diesel and other spares.

### Women Union:

This has not made much start except a small group of 25 women in Pibor who are in the formation stage of a union. More encouragement to the women in need.

### General Constraints

In addition to specific constraints mentioned under each section, general constraints include:

Lack of ground contacts in almost all locations, shortage of staff from both local and NGOs, delayed deliveries due to unlandable airstrips, delayed procurement affecting supplies and lack of properly defined roles between UNICEF/OLS Lokichoggio, Juba, Khartoum and Malakal on programme input supplies implementation and monitoring.

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Recommendation:

Capacity building (immediate)

- Training of local staff in EPI and cold chain maintenance
- Training of local staff in Feeding Programme Management
- Training of local staff in Cattle Vaccination and village level Veterinary Health Attendants
- Directors of Education from all locations to hold seminar to regularize schools administration, management, supplies and course standardization.

Responsibilities:

- Establish clear lines of Agency Responsibilities.

Contacts:

- Ground contacts to be improved through regular communication between GOS and Lokichoggio as well as between Lokichoggio and Juba and Malakal.
- Regular dialogue be established between Juba team and Lokichoggio team.

Supplies:

- Procurement should ensure regular and timely flow of programme inputs.

Monitoring:

- As much as possible monitoring to be allowed to all accessible areas.
- NGO reporting system currently weak and requires to be improved.

NGO Staff:

NGOs are encouraged to continuously upgrade the calibre of their staff in line with the programme in place.

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 PLAN OF ACTION OCTOBER - DECEMBER, 1994

	Time	Place	By Who
Train 2 local staff from each location in EPI and Cold Chain handling and maintenance. A period of 5 - 14 days. Total 10 persons.	Oct.	Juba	EPI staff of RRC UNICEF/OLS UNICEF/Juba
Train 2 local staff from each location in Feeding Management for 4 - 6 days. Torit to have 5 people one for each agency. Total 13 - 14 people.	Nov.	Juba	Nutrition staff RRC/ UNICEF/OLS UNICEF/Juba
Train 4 local staff in Bor in Cattle Vaccination to start programme in the location.	Nov.	Bor	Vet staff of UNICEF/OLS IARA Vet.
Conduct HHFS Assessment with RRC Team from Khartoum.	Sept Oct.	All Loc.	UNICEF/OLS Education Coordinator RRC Khartoum
Complete Progress Report of OLS supported Programme Activities on GOS locations January - July.	Oct.	-	UNICEF/OLS
Conduct needs assessments for 1995 and compile report.	Nov.	All Locat ions	NGOs/Local Authorities UNICEF/OLS UNICEF/Juba RRC
EPI Training in Pochalla	Nov.	Pocha lla	IARA, LOKI, EPI Officer Local Authorities
Refresher course in Pibor	Nov.	Pibor	EPI Officer in Loki IARA Local Authorities
Deliver monthly inputs all pending inputs and any fresh programme inputs identified after progress report.	Oct.	All Locat ions	UNICEF/OLS Local Authorities
WFP to deliver food inputs as may be required by Khartoum.	Nov. Dec.		WFP WFP/Loki
Implement water pump repairs and rehabilitation as planned.	Oct. Dec.	All Locat ions	IARA UNICEF/OLS (Water)

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NB

Implementation of above programme are depending on:

- a) Personal involved getting relevant Visas or Travel Authorization to Sudan GOS areas.
- b) Cooperation of Local Authorities for Aircraft landing.
- c) Implementation of some of the recommendations given earlier.

EPI SUPPLIES OCTOBER - DECEMBER 1994

	Kapoeta	Bor	Torit	Pibor	Pochalla	Total
Bicycles	*	-	2	4	-	
Vaccines:						
Measles	2,000	-	1,000	2,000	1,000	6,000
Polio	2,000	-	1,000	2,000	1,000	6,000
T.T.	2,000	-	1,000	2,000	1,000	6,000
OPV 1	3,000	-	3,000	3,000	2,000	11,000
Syringes 2cc	7,000	-	5,000	7,000	4,000	23,000
Syringes 5cc	300	-	200	300	200	1,000
Needles						
22/23	7,000	-	5,000	7,000	4,000	23,000
19G	300	-	200	300	200	1,000
Polio Droppers	-	-	-	-	-	-
Tyre Sandals	-	-	3 pairs	-	4 pairs	7 pairs
Gum boots	-	-	3 pairs	-	4 pairs	7 pairs
Kerosene	1 drum	-	-	2 drums	-	3 drums
Overalls						
Blue -large	-	-	3 pairs	-	4 pairs	7 pairs
Blue - Medium	-	-	-	-	-	-
Blankets	-	-	4 pcs	12	4	20
Soap(ctns)	1	-	1	2	1	5

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DRUGS SUPPLIES OCTOBER - DECEMBER, 1994

	PIBOR	BOR	TORIT	KAPOET A	POCHAL LA	TOTAL
PHCC	1	-	1	-	1	3
PHCU KITS	6	6	6	6	6	30
HOSPITAL KIT	-	-	3	3	-	6
ORS	6	6	6	6	6	30
SOAP CTNS	2	2	4	3	2	13
SALT KG	100	200	600	400	100	1400
BLANKETS	-	60	100	-	-	160
EXTRA BBS BOTTLES	4	4	4	1	2	15
TTC EYE OINT. BOXES	3	3	3	1	2	12
EXTR. TTC TABS	3,000	3,000	3,000	1,000	2,000	12,000
CHOROQUINE SYRUP BOTTLES	3	3	3	3	2	14
QUININE INJ. BOXES	3	3	3	2	2	13
NEEDLES 23/24	1,000	1,000	1,000	1,000	1,000	5,000
SYRINGES 22ML	1,000	1,000	1,000	1,000	1,000	5,000

SUPPLIES EDUCATION

To supply all materials not supplied in 1st half of the year.

Exercise Books, English Teachers Guide Books and Text Books for students, chalk and black boards in very high demand.

Water:

As per schedules of water section of the report.

Nutrition:

Quantities to vary from loction to location as per number of children in each feeding programme. Meantime 1.0 MT unimix planted for each location at Bor, Pibor and Pochalla.

Veterinary Cattle Vaccination:

To supply 25,000 doses, Rinderpest, Normal saline solution and needles.

## HEALTH

### INTRODUCTION

Health infrastructure and staffing were discussed at great length in the report on proposed OLS Non-Food Supported Programme of activities of 1/2/1994. The report did recommend the intensification of activities in the two Health Sub-Sector areas of curative as well as preventive (specifically EPI) disease control and outlined objectives and support inputs needed for each sub-sector of health.

#### a) PRIMARY HEALTH SERVICES

##### Support

Health activities in GOS locations are supported by OLS Lokichoggio, UNICEF/MOH Juba or Malakal or directly from Khartoum and sometimes by ICRC. While these agencies complement each other, there is also a state of confusion created due to duplication of inputs, efforts and confusion in the reporting by the implementing staff. In the process, assumptions are also made which have sometimes left stations without supplies for one to 2 months causing inconveniences to such stations. It would appear that there is need for further streamlining of the supply system and assigning definitive responsibilities, to donor organizations for more efficient delivery of services.

##### Infrastructure

Staff: Expert staff in the various locations involved in health services are either from EL Biir, in case of Torit and Kapoeta or IARA in the case of Pochalla, Bor and Pibor. In some areas where staff has not been sufficient, they have been complimented by GOS medical officers who have assisted in handling more complicated medical surgical cases. They have also assisted in the EPI operations as reported under EPI. In addition to NGO staff, most locations now have a small cadre of local staff involved in health activities.

In Torit there is a civil and GOS Hospital while in Kapoeta there is only one hospital used for all patients. In Bor the GOS hospital is used as referral hospital. Both Pibor and Pochalla do not run additional specialized hospital facilities, but a GOS medical officer is in place to assist. Following recent change-over of staff of IARA to return back to Khartoum from most location it is difficult to say exactly what staff is now at which locations. But the set-up is no different from that reported earlier in February 1994 and due to be appraised at end of the years.

## Activities

### Pibor:

IARA posted one Medical Assistant to undertake Training in Leprosy control and case identification in March, 1994. Since then 26 local people have been trained in leprosy control and identification work. Same staff member has participated in EPI work, as well as supervising the rehabilitation of previous Pibor hospital.

Six people, 3 female and 3 males were trained in February in Environmental health. This forms the core team of people who jointly with the administration have teamed-up to see into the cleanliness of the Pibor town.

IARA station started work on renovation of old hospital in Pibor and OLS is supporting the rehabilitation work.

### Pochalla:

12 people, 8 female and 4 males have been trained in sanitation and environmental health. Due to recent movement of people from town village to the country side following shortage of water the impact of the team has not been felt.

### Bor:

A new health centre was opened at Malakwal Chat with the hope of attending to people from Malakwal Chat Cattle Camps. This gives Bor three major health facilities to which patients can go for treatment.

### Torit:

The hospital currently run by EL Biir and have opened an MCH clinic while 3 other health centres are run by RRC.

### Kapoeta:

Has had little change in infrastructure.

Table 1(a) Following is summary of Infrastructure:

	Existing Facility	New	Rehabilitated	Total
Kapoeta Hospital	1	-	-	1
Others	Nil	Nil	Nil	Nil
Torit C/Hospital	1	Nil	Nil	1
PHCU/MCH	-	1	3	4
Bor Hospital	1	-	-	1
PHCU	1	1	-	2
Pibor PHCU	1	-	1	2
Pochalla PHCU	1	Nil	Nil	1
Total Health Facilities	6	2	4	12

Comparison of situation in January 1994 reflects following:

	<u>Jan.'94</u>	<u>July'94</u>	<u>% Increased</u>
Hospitals	4	4	Nil
PHCU/MCH	<u>4</u>	<u>8</u>	
Total Institutions	8	12	150%

#### MEDICAL SUPPLIES

As stated earlier, the type of medical supplies to any location is depended on whether a Medical officer or Medical Assistant is incharge of the health institution. Institutions with Medical Assistants receive only PHCU kits with additional chloroquine bandage and gauze and limited MCH syrups. Those institutions with Medical Officers receive MCH kits PHCU kits and/or Hospital kits when available. On the above basis Table I shows what items were supplied to each location.

**TABLE 1(b): MEDICAL SUPPLIES TO GOS LOCATIONS  
JANUARY - JULY 1994**

**LOCATIONS**

ITEM M	BOR	PIBOR	KAPOETA	POCHALLA	TORIT	TOTAL
MCH CENTER KITS	-	-	2	-	-	2
PHCU KITS	6	8	4	7	-	25
RATION KITS	2	-	1	-	-	3
ORS KITS	6	8	4	7	-	24
TTC EYE OINTMENT	1	1	1	1	-	4
BANDAGE BOXES	4	2	2	2	-	10
COTTON WOOL ROLLS	2	6	2	2	-	12
CHLOROQUINE BOTTLES	1	1	1	1	3	7
DEXTROSE BOTTLES	-	-	-	-	20	20
QUININE BOXES	-	-	-	-	3	3
T.T.C. TABS	-	-	-	-	2000	2000
NEEDLES/SYRINGES	-	-	-	-	100	100
KIDNEY DISHES	-	3	-	-	-	3
SALT	60	40	40	-	40	180
LAUNDRY SOAP CTNS	4	4	3	4	-	15
TOILET SOAP CTNS	9	2	1	1	-	13
BLANKETS (PCS)	-	-	155	-	-	155

\* Most of other supplies coming from Juba.

TABLE I(c): COMPARISON OF SUPPLIES JULY 1994 AGAINST TARGET  
JANUARY 1994

ITEMS	SUPPLY JUL- DEC 1993	TOTAL SUPPLY ACHIEVED JAN- JUL '94	TARGET SUP. JAN- JUL '94	% OF TARGET ACHIEVED
HOSPITAL KITS	2	-	-	-
MCH CENTER KITS	-	2	10	10
PHCU KITS	20	25	35	71
RATION KITS	2	3	1	300
ORS KITS	15	24	20	120
TTC EYE OINTMENT	-	4	-	-
BANDAGE BOXES	-	10	-	-
COTTON WOOL ROLLS	-	12	-	-
CHLOROQUINE BOTTLES	-	7	-	N.A
DEXT. BOTTLES	-	20	-	N.A
QUININE BOXES	-	3	-	N.A
TTC TABS	-	2000	-	N.A
NEEDLES/SYRI- NGES	1000	100	-	N.A
KIDNEY DISHES	-	3	-	N.A
SALT(NACLZ)KG	-	180	-	N.A
LAUNDRY SOAP CTNS	-	15	20	75
TOILET SOAP CTNS	-	13	20*	65
BLANKETS	-	155	-	-

The above table compares six months supply July - August 1993,  
January - July 1994.

While most of the targeted supplies have been met, even beyond budgets the comparison also indicates that OLS now supplies a much wider variety and range of drugs and other supplies than previously anticipated. This has mainly been achieved due to the flexibility of OLS in responding to urgent and important health needs. Levels of supply for hospital and MCH centre kits have been low because these have been out of stock. They are meant for Kapoeta and Torit which have full medical officers attending to Health activities.

IARA offices in charge of health centres have made requests for additional drugs not available in PHCU kits. The list has been forwarded to the committee discussing PHCU or Axillary Drug Kits composition.

#### CAUSES OF MORBIDITY AND MORTALITY SITUATION

Both IARA and EL Birr have kept some information regarding out-patient attendance as well as in-patient where this has been applicable. While information flow has been more consistent in Pibor and Bor, it has been scanty in all the other locations due to contacts and communication problems. Table 2(a) and 2(b)

CAUSES OF MORBIDITY AND MORTALITY  
FEBRUARY - MAY 1994 PIBOR  
BY PERCENTAGE

Table 2(a)

	FEB.	MARCH	APRIL	MAY	% CUMMU MULATIVE	May - Dec., 93
Total In Patients seen	1842	1031	1688	1392	4 months	11878
Causes & % Occurrence						
Malaria	28.2	8.7.	10.8	13.2	16.5	12.2
Eye Infection	28.1	-	11.5	10.0	14.2	-
Gastro- entritis	4.6	10.9	15.6	16.8	11.0	12.6
Chest/Resp. infections	5.0	8.4	10.5	8.2	8.0	16.1
Malnutrition diseases	-	15.3	14.3	10.9	10.1	21.0
Worms	8.1	12.5	9.0	10.6	10.8	8.3
Skin diseases	4.9	5.4	5.3	3.7	4.9	5.9
Abortions	10.9	4.0	3.3	1.9	4.7	2.3
Wounds	-	-	5.6	7.3	3.3	-
Syphillis	6.2	5.9	-	-	3.0	8.7
Others	5.9	20.9	13.8	17.40	14.8	13.1

Pibor is one of the locations that has been attempting to give monthly reports and figures. One whole with continuous medical interventions, there is overall general improvement in the incidence of disease occurrence within the Pibor population as seen from February to May 94 e.g abortions seen in February have been greatly reduced by antenatal care through feeding and treatment of pregnant women. IARA has been conducting health and environmental causes for women on how to look after their houses and hygiene of their children. In addition a leprosy training course for 26 people was completed in Pibor on 7 April 94.

Efforts are being made to streamline reporting systems in all other areas.

Following table gives comparative information between the various GOS locations accumulated over several months. Table 2(b)

	Pibor	Bor	Torit	Kapoeta	Pochalla	
Total Population seen	5953	1866	5736	657	1267	
Number of Months	Feb.-May		March		April	Average
Cause of Morbidity Mortality (%)	%	%	%	%	%	
Malaria	16.5	16.2	27.0	22.0	24.2	22.2
Gastroenteritis/Diarhoea	11.0	10.7	39.3	34.1	25.9	24.2
Respiratory/Chest infection	8.0	12.4	29.1	25.3	16.4	18.2
Eye infection	14.2	9.3	2.0	14.2	15.9	11.1
Malnutritional diseases	10.1		-	-	-	10.1
Worms	10.8	5.0	-	1.0	1.5	4.6
Skin diseases	4.9	17.7	-	-	3.0	8.5
Abortions	4.7	-	-	-	-	4.7
Wounds	3.3	8.9	12.5	-	3.0	6.9
Syphilis/STD	3.0	4.5	-	-	8.9	5.5
Leprosy	2.0	-	-	-	-	2.0
Others - Burns	12.8	11.7	7.2	2.3	0.3	7.0

Despite the poor record keeping, the records show malaria, gastroenteritis (diahorrea/dystentry) and respiratory infection as the major causes of morbidity and mortality while eye infection skin diseases, and wounds are secondary causes of morbidity. Abortions are a major cause of worry in Pibor while STD has been identified in 3 locations. Eye infection has been particularly bad in children in all locations. Analysis of individual location records also indicate that 30 - 40% of all out-patient attendants are children < 5 years.

Major problems in health still remain to be in sufficient qualified staff and unavailability of required MCH drugs. UNICEF is currently addressing this issue of supply of antibiotics with relation the quality of staff available in each location to handle the antibiotics, at least two PHCU kits are supplied on monthly basis to each location. These are subject to review with number of patients.

#### b) EPI SERVICES

##### INTRODUCTION

Discussions held in January/February 1994 in all GOS locations of Pibor, Bor, Pochalla, Kapoeta (not Torit as it was covered from Juba) laid down EPI broad and specific objectives covering the period between January - July 1994 with special emphasis on the vaccination of children below 5 years against measles and polio and women against tetanus. These plans were re-enforced later in May, 1994 through a joint OLS RRC Khartoum Health Meeting held in Nairobi to discuss and stress strengthening and acceleration of measles and polio activities in Southern Sudan.

##### OBJECTIVES

###### a) Broad Objectives:

- To reduce morbidity and mortality due to measles and polio in all children below 5 years of age.
- To stop outbreak of polio and measles in all GOS locations.
- To reduce incidence of tetanus infection among women of child bearing age.

###### b) Specific Objectives:

- To give one dose of measles vaccine and oral polio to targeted number of children in each location irrespective of whether or not the child had received any previous vaccination against the two antigens.
- To target following number of children for coverage.

- a) Pibor - 6,000 children out of a target population of 14,400 (40%).
- b) Kapoeta- 4,000 children out of a target population of 7,000 (50%).
- c) Bor - 6,000 children from a target population of 6,000 (100%).
- d) Pochalla - 6,000 children from a target population of 6,000 (100%).
- e) Torit - 4,000 children from a target population of 7,000 (60%).

#### INFRASTRUCTURE

As indicated in the operational report of 1/2/1994, little infrastructure existed in any of the GOS locations for sustainable EPI operations. Concerted efforts were therefore made by Government Authorities, NGOs from Khartoum and the OLS to put in place a certain minimum amount of infrastructure including personnel to make EPI workable. There was also need to strengthen the capacity of IARA, the counterpart organization to deal with major EPI Programme as staff on the ground was overstretched and with minimum EPI organizational capacity.

Following is a schedule of support activities carried out to improve infrastructure.

#### MANPOWER

##### Pibor:

9 persons previously trained in EPI and Health activities by OLS and GOS were identified in March and given short refresher course in EPI by IARA Medical Assistant (Leprosy Trainer) Taib and re-assessed in June by OLS. EPI training officer J. Odenyo and other OLS personnel who put refining touches on the skills of the team. Two experienced EPI staff members from Malakwal also worked with the team for 10 days in May, 1994 to enable the team gain more confidence. The 9 people who include two female staff now form the core of the EPI team in Pibor.

##### Kapoeta:

Most of the EPI work in Kapoeta has been done by a team of vaccinators from Juba. Because of insecurity around Kapoeta, the work has mainly centred at a static point at the Kapoeta Hospital. Two fairly experienced local EPI staff were identified and attached to the hospital. The two who know the local situation and language have been given two bicycles by OLS to enable them ride to the villages and carry out vaccinations. These arrangements have made fairly good impact on EPI in Kapoeta area as will be see in Table III.

Bor:

Three local staff working with IARA were identified and retrained by the government medical officer in Bor. These were supported in their work by three military staff members with previous experience in EPI and the IARA medical assistant. The core of the EPI work in Bor has however been performed by staff from Juba who made a hit and run vaccination visit to Bor. There is need to strengthen the local team through further retraining.

Pochalla:

There is no local EPI trained staff in Pochalla. Measles and Polio campaign in May/June was conducted by four EPI staff members from Malakal. Identification and training of local EPI staff recommended and should be conducted during 2nd half of the programme year 1994. In the meantime, staff from Malakal to be requested to continue with EPI.

Torit:

Three local EPI trained staff who are available are working with Biir at the Torit civil hospital. Most measles/polio campaign, Torit area is still done by the EPI team from Juba. In June, the local EPI team established a static EPI centre at the hospital. Despite the above efforts, training needs for local staff have been identified as priority for sustainable EPI work in Torit. (Table 3a shows the EPI manpower in each location).

EQUIPMENT

Lack of EPI equipment had been identified as one of the main constraints to initiating or expanding EPI programmes. The following activities were implemented in order to put in place EPI equipment:

Pibor:

a) Two Sibir refrigerators which had been out of service for nearly two - three years were sent from Pibor to Lokichoggio where they were serviced and repaired by the OLS Cold Chain technician. He got them installed back in Pibor in April, and OLS supplied kerosene to run them. The technician trained two of the newly identified EPI team members on how to handle and maintain the cold chain system.

b) The MOH Malakwal supplied a solar freezer to Pibor, which as installed to functioning condition by the OLS technician from Lokichoggio. Both Sibir refrigerators and solar freezer are in good working condition supporting Vet. and EPI activities. Kerosene and other support equipment have been supplied continuously from Lokichoggio.

#### Kapoeta

a) UNICEF Juba supplied and installed one solar freezer to back up previously existing two sibir kerosene refrigerator. The OLS technician also visited Kapoeta to service the sibir refrigerator. The cold chain system is currently in good working condition maintained by the IARA medical officer at the Kapoeta hospital and used for both EPI, cattle vaccination and hospital needs.

b) In view of the insecurity in the area tow bicycles were supplied to the local EPI, staff to facilitate their movement to the villages to conduct vaccinations. The impact on vaccinations by use of bicycles has been fairly remarkable.

#### Bor

A solar unit supplied from Khartoum through the IARA in February arrived Bor when some spares had been damaged or missing. The unit is currently in Juba still waiting for spares. Bor does not therefore have any form of EPI equipment. This needs to be addressed urgently.

#### Pochalla

One solar unit was supplied and installed by Malakal technician in June while the acid to the batteries was supplied by OLS Lokichoggio.

#### Torit

One solar unit and refrigerator supplied by MOH June in May is currently in place at the Torit civil Hospital serving both EPI and Hospital needs. (Ref. Table 3b for items of equipment).

#### STAFF SUPPORT SUPPLIES

In addition to the supply of equipment, most EPI staff members especially in Pibor which has been more accessible than other locations have received certain amount of personal effects from OLS Lokichoggio to support them in the course of their work. (Table 3(a) shows the type of equipment in each location and type of personal effects).

#### VACCINE SUPPLIES

Sources of vaccines to the various locations have been many and varied. Some vaccines have come from Juba, Malakwal, Khartoum, or Lokichoggio as indicated.

#### VACCINE WASTAGE

It was noted that large amounts of vaccines supplied to various locations were wasted. Various reasons of wastage were identified as:

- a) Bad handling of vaccines by inexperienced vaccinations.
- b) Bad handling and packing of vaccines to field locations.
- c) Poor handling of refrigerator and failure for refrigerator attendants to observe temperature levels in the refrigerator compartments.

d) Some vaccines delivered to the field when nearly expiring.

All the above points could be corrected by training of vaccine and refrigerator handlers as well as educating authorities to know that refrigerators are for vaccines and not water or storage of food stuffs.

Location	Source of vaccines			
	Khartoum	Juba	Malakal	Lokichogio
Kapoeta	Yes	Yes	NN	Yes
Torit	NN	Yes	NN	NN
Bor	Yes	Yes	NN	Yes
Pibor	Yes	NN	Yes	Yes
Pochalla	NN	NN	Yes	**

\*\* - Vaccines supplied in June but found when vaccinators had left for Malakal.

NN - Situation of supply not known.

Table 3 (b) shows quantities of vaccines and materials supplied from Lokichogio (Feb.- July 1994). The exact amount of vaccines supplied to Torit and Kapoeta from Juba/Khartoum have not been known to the writer.

#### TARGET OBJECTIVES AND ACHIEVEMENTS

As already mentioned, targets were set out as in Table 3(c) in the January/February meetings and as outlined in the OLS proposal document. Review of achievements in EPI is set out in table 3 (c).

#### DISCUSSIONS

It is noted that only 38.6% of the children targeted for coverage was reached for measles and 46.7% of same population was reached for polio with an overall coverage for all locations of 44.7% of targeted population. BCG was only carried out in two locations of Pibor and Pochalla. Extra information not available to the writer on Torit and may be available in Juba. Although TT was not a major campaign priority, vaccinations were done in Pibor and Pochalla achieving 38% and 62% of target populations in those areas respectively. Vitamin A was only applied in Pochalla, Bor and Kapoeta but not Pibor. On individual locations, Kapoeta had best coverage for both measles and polio going beyond the target coverage by 13.6% an indication in under estimation in accessible population. Next was Pibor with 40.8% and Torit with best coverage on polio of 88% Refer Table 111 for details. The use of the two bicycles reported to have played a major role.

### WHY LITTLE ACHIEVEMENTS

Although achievements seem low, the start is good as situation at the beginning of last year was worse. However, factors which have influenced performance included:

- a) Slow identification of trained staff or complete lack of any staff, capable for training as in the case of Pochalla.
- b) Lack of cold chain system at the beginning of the EPI campaign. Cold chain system has now been installed in most places except Bor.
- c) Lack of trained staff to operate the cold chain system. In some stations the cold chain system did not work because the refrigerators were either filled with water or food stuffs at the expense of vaccines.
- d) Poor or lack of any communication system between Lokichogio and GOS locations has hampered delivery of programme inputs. For example, Pibor which has improved radio communication system with Lokichogio has better programme performance and input deliveries than all other locations.
- e) Lack of sufficient accessibility by teams to target populations either because of insecurity or lack of transport to carry cold boxes with vaccine to villages or lack of transport of vaccinators.
- f) The measles and polio campaign season was also the cultivation and hunger gap period. this interfered with vaccination programmes.
- g) Low levels of education and lack of effective advocacy amongst the population especially women affected the levels of population responses to child vaccinations. For example, vaccinations in towns received better response than in rural areas where levels of education and advocacy was low.
- h) Shortage of food for vaccinators during vaccination trips was identified as a critical input as villagers had no extra food to spare for vaccinators. In case of cattle vaccination most populations understand and attach more value to cattle vaccinations than they do for child vaccinations and therefore feed the cattle vaccinators on milk and even donate small steers.

#### SUGGESTIONS FOR IMPROVEMENT

- a) Strengthen capacity of existing local staff through identification of more trained staff and retraining of those that are trainable. (IARA/Local Authorities/OLS)
- b) Where no trained local staff available, local authorities jointly with NGO/OLS EPI training officers should identify suitable people to be trained in the second half of the program year. (OLS/Local Authorities/IARA)
- c) IARA to consider improving its staff capacity and quality to handle and deal with preventive services more effectively.
- d) Each location where cold chain system has been installed to identify at least 2 people for training in cold chain handling and management. (OLS/IARA/REC)
- e) Static teams should be found to serve far distant areas from base town.
- f) Improve transport system for vaccines and for vaccinators through the supply of suitable transport mechanism. Use of bicycles in Kapoeta have made fair amount of impact. (OLS/Local Authorities)
- g) Increase EPI advocacy through posters, local communication systems, meetings, plays, and visits by EPI Team Leaders. (OLS/Local Authorities/EPI Team Leaders)
- h) Where static vaccination points are in place, advocacy efforts should be made through the Sultans/Chiefs to encourage the people to walk to the static vaccination points. Each GOS location to be approached on its own security merit. (Local Authorities/IARA)
- i) Improved accessibility of vaccinators to target population where possible and improved radio contacts with Lokichogio to allow aircraft to land in GOS areas should greatly enhance inputs deliveries and programme performance. This is the biggest single most constraint. (Local Authorities/IARA)
- j) Frequent consultations with REC/UNICEF Juba/Malakal a great asset in minimizing input delivery duplication and enhancing programme performance and improved definition of responsibilities.
- k) Where possible local authorities should set aside some food in consultation with WFP to be used by vaccinators as food for work. (WFP/Local Authorities/IARA)

TABLE 3 a-MANPOWER AND TYPE OF EQUIPMENT/LOCATION AND STAFF SUPPLIES

EQUIPMENT	PIBOR	BOR	KAPOETA	POCHALLA	TORIT	TOTAL
SOLAR SYSTEM	1	-	1	1	1	4
KEROSENE REFRIGERATORS	2	-	2	-	1	5
COLD BOXES	1	1	1	-	1	4
BICYCLES	4	-	2	-	-	6
BUCKETS STEEL	3	-	-	-	2	6
VACCINE CARRIERS	4	2	2	3	-	10
JERRY CAN KEROSENE	3	-	-	-	-	3
(b) MANPOWER	9	3	2	-	3	17
i) EPI LOCAL STAFF						
ii) IARA STAFF	1	2	1	1	1 BIIR	6
(c) STAFF SUPPLIES	1	1	1	-	-	3
MOSQUITO NETS	9	-	-	-	-	9
OVERALLS BLUE - LARGE	6	-	-	-	-	6
OVERALLS BLUE - MEDIUM	8	-	-	-	-	8
TYRE SANDALS (PAIRS)	9	-	-	-	-	9
BLANKETS	30	-	5	-	-	35
GUM BOOTS	9	-	-	-	-	9
SOAP BAR	4	2	-	-	-	6

TABLE 3 (b) VACCINE SUPPLIES AND VACCINATION  
 MATERIALS: (MAINLY FROM LOKICHOGGIO)  
 (Feb. - 10 July, 1994)

I T E M	L O C A T I O N				
	PIBOR	BOR	KAPOETA	POCHALLA *	TORIT **
Measles Vac.Doses	4,000	1,000	1,000	2,000	
BCG Vacc.Doses	4,000	-	1,000	2,000	
Polio Vacc. Doses	5,000	1,000	1,000	2,000	
T.T. Vacc.	2,500	-	1,000	2,000	
DPT Vacc.	-	-	-	-	
Total Antigens	15,500	2,000	5,000	8,000	
Needles 19 G	-	-	2,000	500	
Needles 22 G	700	2,000	1,000	2,000	
Syringes 2 Ml	6,700	2,000	1,000	2,000	
Syringes 5 Ml	1,500	100	100	500	
OPV Droppers	11,000	-	-	-	
RTH Cards	3,000	-	-	-	
T.T. Cards	3,000	-	-	-	
Vaccine Carriers	1	2	-	2	
M.C.H. Cards	500	-	-	-	

\* Vaccine supplies done by Malakal Team

\*\* Vaccine supplies done by Juba Team

TABLE 3(c). TARGETS OBJECTIVES AND ACHIEVEMENTS AREAS

	Pibor	Bor*	Kapo- eta*	Pocha- lla**	Torit*	Total
Est. Accessible Population	72,000	30,000	40,000	30,000	35,000	207000
Estimated children <5 years (20%)	14,400	6,000	8,000	6,000	7,000	41,400
% Objective Target for Measles/Polio	40%	100%	50%	100%	60%	60%
Actual Target Figures	6,000	6,000	4,000	6,000	4,000	26,000
Measles # Coverage %	2,522 42	1,804 30	5,715 142.9	1,075 18	*	10,041 38.6
Polio # Coverage %	2,376 40	1,626 27	3,374 84.4	1,235 20.6	3,520 88	12,131 46.7
B.C.G.	1,514	-	-	1,233	-	2,747 (23%)
Total Polio Measles Antigens	4,893	3,430	9,089	2,310	3,520	23,242
% for both Antigens	40.8	28.6	113.6	19.3	88	44.7%
Accessible Women Pop.	6,000	2,500	3,000	3,000	-	14,500
Targetted Population	3,000	1,000	1,800	2,000	-	7,800 50%
Achieved #	1,132	-	-	1,132	-	2,364
% Achieved	38%	-	-	62%	-	47%

Additional information from Kapoeta, Torit and Bor may be obtained from MOH/UNICEF Juba.

### C. NUTRITION AND FEEDING

In January 1994 various levels of malnutrition cases were reported in all stations except Kapoeta. These malnutrition levels were a continuation of what had been experienced from August 1993, when malnutrition levels were reported by IARA/Unicef in Bor as 45%, Pibor 61% and Pochalla 92%. Feeding programmes were implemented in all the areas including Kapoeta. However, most of these programmes have not followed any of the UNICEF feeding guidelines, did not have fully qualified staff, sometimes, received irregular supplies of supplementary food from Lokichogio or Juba. Despite the above weakness, there have been almost nil cases of deaths reported amongst children on the feeding programme. Table 4(a), 4(b) shows list of supplies.

#### Nutrition survey

Because of the unclear situation of the extent of malnutrition in GOS Locations, UNICEF jointly with RRC Khartoum organized a Nutrition survey under UNICEF and RRC Nutritionists from 15 June - 20 JULY 1994. Also included in the survey was the situation of marasmus and kwashiorkor and extent of EPI coverage with measles and polio. Table 4 (c) below presents the results of the survey for Pibor, Pochalla, Bor, Kapoeta and Torit.

(Results extracted from main Report of Catherine Montet, UNICEF/OLS Nutritionist and Amna Ali Zein RRC Khartoum Nutritionist of 5 August, 1994). Results show high levels of malnutrition seen in Bor 32.9%, Pibor 29.8% and Pochalla 28.8%. Levels of malnutrition of 16% in Kapoeta and 17.4% in Torit are manageable as they fall within acceptable limits of global malnutrition but should be no cause of complacency.

With regard to supplies, it should be noted that a much wider range of items were supplied to support supplementary feeding than what had been targeted. Later in May- June unimix was replaced with CSB as a food supplement together with sugar and oil.

#### Constraints:

These were mainly related to:

- a) Lack of competent staff to manage the feeding programmes according to UNICEF feeding guidelines.
- b) Insufficient WFP food for general distribution to back-up the feeding programmes.
- c) Irregular delivery of supplementary food to either unlandable airstrip or lack of ground contacts for aircraft to land.
- d) High number of children absconding from feeding during migration of parents or insecurity.

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Suggestions:

- IARA to consider upgrading or strengthening the capacity of staff involved in nutrition programmes.
- Training of local staff to manage feeding programmes for sustainability.
- Advocacy to educate parents to keep children in feeding programmes to complete cycle.
- Improved ground contacts to enhance inputs deliveries.
- Urgent attention be given on starting properly managed feeding programmes in Bor, Pibor and Pochalla. This to be done as soon as local staff are trained.

SUPPLEMENTARY FOOD AND ITEMS DELIVERED TO GOS LOCATIONS.

JANUARY 1994 - JULY 1994

Table 4(a)

ITEM	BOR	PIBOR	KAPO ETA	TORIT	POCHA LLA	JUBA*	TOTAL
Unimix (kg)	2800	5500	3175	2300	850	46625	61,250
GSB (kg)	645	2400	2000	1750	-	3100	9,895
Sugar (kg)	100	200	-	400	50	-	750
Cups	100	-	-	-	-	-	100
Plates	100	-	-	-	-	-	100
Soup Bowls	100	-	-	-	-	-	100
Cooking pots	3	-	-	-	-	-	3
Biscuits (Kg)	376	1298	-	900	300	-	2,874
Soap (Ctns)	2	4	-	-	2	-	8
Vit. A Tabs	700	-	-	-	1235	1	1,935

(\* Special deliveries were made in Juba and not reflected on GOS Stations in South Sudan.

COMPARISON OF TARGET WITH DELIVERIES

Table 4(b)

ITEM	TARGET JULY 1994	ACHIEVED JULY 1994	% ACHIEVED
Unimx (mt)	20.4	14.625	72%
Biscuits (mt)	4.625	6.795	147%
Sugar (mt)	1.50	.750	50%
Bar Soap (Ctns)	3	8	267%
Oil (Litres)	1000	1300	130%

SUMMARY RESULTS FROM THE FIVE NUTRITIONAL SURVEYS OF GOS LOCATIONS

Table 4(c)

	PIBOR	POCHALLA	BOR	KAPOETA	TORIT
No of <5 yrs	339	250	240	231	711
% Global Malnutrition Z scores	29.8% (23%- 37.5%)	28.8% (21.1- 37.9%)	32.9% (27- 39.4%)	16.0% (10- 24.4%)	17.4% (13.7- 22%)
% Severe Malnutrition	7.1% 3.8% - 12.4%	8.8% (4.2 - 15.3%)	8.3% (4.2- 15.3)	0.9% (1- 3.4%)	6.2% (4.0- 9.4%)
% Maras Kwash cases	90 26.5%	68 27.2%	74 30.8%	36 15.6%	113 15.9%
% of immunization (polio & measles)	48%	23.7%	52.3%	54.8%	52%
No of F/C	2	1	2	2	13
No currently attending F/C	203 (60%)	109(44%)	123(51%)	153(66%)	452(64%)

Note: the percentages calculated above are according to the number of children sampled in different locations.

A common feature of all the towns surveyed was the fact that nutritional status was worse in outlying villages than in the towns themselves. This can be at least partially explained by reduced food distribution in these areas and a lack of household resources for food production and other factors such as diseases. But these need to be verified through separate assessments.

## 5. HOUSEHOLD FOOD SECURITY

### A. AGRICULTURE

Supply of Agricultural items to all areas of Southern Sudan has been dependent on the recommendations made by the Household Food Security Assessment teams in October and November, 1993. On the basis of the assessment, vulnerability indices were established for each area. A certain number of HHS were identified and formed the inputs target group. Types of seeds and tools for each area were also identified and recommended during the assessment. To strengthen supplies in some of the GOS areas HHSP0 visited Juba and Khartoum to agree on exact quantities of items to be delivered to GOS locations.

Table below gives number of HHS targeted, type of Agricultural inputs and quantities supplied for planting during the 1994 planting season April/May - September, 1994. In some locations, with instability due to ethnic clashes some of the seeds were lost as people either fled leaving the seeds behind or fled with them as food. Refer Table 5(a)

Estimated average quantity of seeds/HH ranges from 3.7Kg of seeds in Bor to 17.0Kg in Kapoeta, assuming that the larger Kapoeta population did not benefit from this deliveries. Deliveries to Pibor for all seeds and tools was done through ICRC and not OLS/UNICEF.

Estimated average number of tools given per HHS ranges from 2.0 in Bor to 12.6 pcs in Kapoeta, again assuming that the larger Kapoeta population was not one of the beneficiaries. At the time of the assessment, only limited areas around GOS locations were accessible limiting supplies to areas within the towns. More areas with larger HH populations became accessible after inputs deliveries. In some areas these larger populations had to share what had been identified and targeted to the smaller populations.

Practical examples have been in Bor and Pochalla where in Bor HH population of 2,600 was targeted yet current estimated HH population is 16000 HHS. In Pochalla only 600 HH were targeted in accessible areas around the town but current accessible HH population is 6,000HHS. An Agricultural input Assessment team will visit many locations in October to assess exact quantities received per person and number of actual beneficiaries.

Table 5(a) Agricultural Inputs Deliveries to GOS Areas

	Kapoe ta	Torit	Pibor	Bor	Pocha lla	Juba	Total
No. of HHS	500	1500	8400	2600	600	5500	19100
Seeds/ Types	Kg.	Kg.	Kg.	Kg.	Kg.	Kg.	Kg.
Sorghum	2500	3000	21000	8000	1000	18000	53500
Maize	-	3000	7000	7400	2000	18000	37400
G.Nuts	5000	9200	-	-	2000	-	16200
Simsim	1000	-	-	-	-	5000	6000
Cowpeas	-	-	24000	-	-	-	24000
T.Okra	-	100	-	100	24	300	524
Pumpkin	-	96	-	96	32	400	624
Chilli Pepper	-	29	-	29	-	-	58
Onion	-	-	-	-	32	-	32
G.Grams	-	-	4000	-	-	-	4,000
T. Seeds	8,500	15425	56000	15625	5088	41700	142,338
Est. AV/HH Targeted (Kg.)	17.0	10.28	6.7	3.7	6.8	6.7	
Tools	Pcs.	Pcs.	Pcs.	Pcs.	Pcs.	Pcs.	Pcs.
Mallodas (S)	500	-	-	2568	2000	2,312	7380
Mallodas (L)	340	-	7000	-	-	-	7340
Axes	504	1500	904	-	1464	8196	12,568
Pangas	528	1488	7030	2600	-	9696	21,342
Hoes (Jembe)	-	2616	7000	30	-	8496	18,142
Sickles	420	1250	-	-	-	8460	10,130
T. Tools	2292	6854	21934	5198	3464	37160	76902
Est. Avera ge/HH targeted	4.6	4.6	2.6	2.0	5.8		

Deliveries to Juba were made as scheduled and quantities are shown in Table 5.

#### Estimates of Output

Assuming that there will be no further planting seasons, and excluding deliveries to Juba the quantities of 93,638Kg. of seeds delivered should be enough to plant approximately 18,700 feddans at an extravagant rate of 5Kg/feddan. Assuming a production rate of 360Kg of grain/feddan approximate yield of 6,730 MT of food could be realised; enough to feed 561,000 people in 30 days at 400 gm per person per day. However, this assumption is based on all conditions being suitable for crop performance and assuming that all seeds were actually planted and not eaten and that a seed rate of 5Kg. was used and not 10-12Kg. as is the case in some areas.

#### Crop Performance

Reports on crop performance has varied from one location to another depending on time of arrival of inputs and rains.

#### 1st Planting Season

##### Pibor:

Reported poor germination due to shortage of rains at planting and army worms attack in May. Some farmers planted 2-3 times and last crop doing well.

- With good rains crop recovery was 60-70% and may give satisfactory yield if no further damage. Harvest expected early September. All seeds supplied by ICRC.

##### Bor:

- Shortage of rains reported at planting in May/June affecting germination. Area per person for cultivation was also limited by the insecurity. Need for simsim and G.nuts for planting South of Bor expressed but seeds not available for distribution but limited quantities available from local sources. So far, yields not promising as rains came after most crops had been spoiled. Small harvest expected in early September. May be 2nd crop of maize and sorghum could give some better yields.

##### Torit:

- Both germination and growth good and in July when crop was tussling good yields were expected if not destroyed by end of July/early August drought. Harvest expected in late August, early September.

##### Kapoeta:

- Due to insecurity there has been no chance to assess the crop in the villages.

Pochalla: First crop doing well but some areas affected by floods. Harvest of maize is expected in late August/early September. Plots very small but not limited by security. Yield likely to be small also.

Tools: Most tools supplied were malodas, small hoes, sickles, axes and pangas. Locations in Jonglei objected strongly to having long large malodas. They indicated that traditionally they do not use large malodas. In Pochalla, over 2-3,000 large malodas are lying at the airstrip with no work because they are not the type used by people. In Pibor only 30% of tools were distributed and bulk remained in the store despite the cry for tools. It is therefore suggested that effective distribution system be developed to avoid above situation. The Eastern Equatoria locations use long malodas and it is proposed that the malodas in Pochalla be transported to Torit or Kapoeta during 1995 planting season.

Juba: It is noted that seeds and tools were supplied to Juba for 1st season planting. Unicef Juba to monitor and report.

While Unicef does not have seeds provision for 2nd planting especially in Pochalla and Bor, ICRC has following provisions.

Table 5(b)

ICRC SEEDS AND TOOLS TO GOS LOCATIONS FOR 2ND PLANTING

Seeds	Pochalla	Pibor	Bor	Juba
Sorghum mt.	6	6	3	9
Maize mt.	2	2	1	3
Cow peas mt.	4	4	2	6
Vegetable mt.	.006	006	030	420Kg.
Groundnuts	-	-	-	6
Total	12.006	12.006	9.03	24.42
<u>Small Malodas</u>	100	100	100	-
Rakes	600	600	600	-
Shovels	600	600	600	-
Sickles	-	350	-	-
Axes	-	-	100	-
Total	1,300	1,650	1,400	-

It is however unlikely that in Pibor a second crop will mature to harvest.

There is great need for diversification of cropping to move away from mono agriculture depended only on sorghum and maize.

#### Constraints

The major constraint in all GOS areas is lack of any agricultural staff. It is strongly proposed that IARA identifies and posts one agricultural staff member to each location or local authorities select one person(s) to be given on the job training.

Insufficient monitoring of distribution of seeds and crop situation because of insecurity was identified as one of the other main constraints.

#### Comments and Observations on Agriculture Programme

1) GOS areas have the potential to produce food but this potential is limited by lack of qualified staff to advise on how the inputs should be utilized. It is therefore recommended that IARA identifies and posts and Agricultural expert on its teams in each GOS location.

2) The Agricultural expert should start HHF security diversification programme whereby other potential crops could be tried e.g. sweet potatoes and cassava in Pochalla, Torit and Pibor, fruit trees such as mangoes and bananas in areas where they are suitable.

3) As in monitoring of agricultural crops is sometimes difficult due to in security and weather, resident agricultural person should give a better picture of crop situation on a scale to minimize abrupt need for food deliveries due to lack of clear picture of crop situation.

4) Some of the areas are input specific efforts should be made to properly identify needs and types before any deliveries are made. Examples include Pibor, Pochalla, Bor which use short malodas while Kapoeta, Torit use long Malodas and hoes. These should be addressed accordingly.

5) Crop assessment should be done in September to determine crop yields. There should be some coordination with Khartoum on this subject.

## B) VETERINARY PROGRAMME

Nearly all the veterinary work has been in rinderpest control and less curative drugs application which is to be linked to the proposed cost recovery scheme. The work is concentrated mainly at Pibor with limited activities at Kapoeta. Main reasons for major work being done at Pibor has been good accessibility by veterinary staff to large cattle herds, availability of a good and well trained cattle vaccination team, presence of IARA Veterinary staff to supervise the work and a properly functioning cold chain system. Cattle population in the Pibor area has been estimated by the local community to number 700,000 head which in Bor and Kapoeta are estimated at 20,000 and 40,000 respectively. In Pochalla, the Sultanas estimate the cattle population to number 10 - 20,000 while in Torit figures are not available.

### Activities

The work in Pibor started in November, 1993 by identification of problems and installation of the refrigerators in March backed-up later by the installation of the solar unit. This was followed by identification and training of 10 vaccinators by the IARA Veterinary staff Dr. Khalid and OLS Veterinary staff Dr. A.Mbugua for a period of 7 days on the job. Some of the staff had previously been trained. The Veterinary experts were able to go to the field with local staff to train them in cattle handling. More visits have been made by the Lokichoggio based veterinary staff to Pibor to monitor progress of teams and implement new programme activities in the absence of IARA Vet. to Khartoum. In Kapoeta, 3 visits were made by the Veterinary staff but due to insecurity of the area, not very much has been achieved. Vaccines have been supplied to the local staff who are trained but results have been minimal. No activities have been started in other locations due to small cattle numbers and insecurity.

### Cattle Numbers Vaccinated

Objectives set in Pibor was to vaccinate up to 175,000 head of cattle before the end of July, 1994. IARA staff in the field have reported nearly 100,000 head of cattle vaccinated in Pibor. However, cattle owners vaccination return forms have not been received in Lokichoggio and because of this, only those cattle number whose forms are received are reported.

February	-	1,247	
April/March	-	11,383	
May	-	1,642	
June	-	<u>8,146</u>	
Total		<u>22,418</u>	= 14.5% of 175,000

The above figures to be adjusted as soon as cattle owners forms are received.

In Kapoeta, there have been nil returns or if any cattle have been vaccinated, forms have not been received. In addition to vaccinations the veterinary experts have taken blood samples from cattle already vaccinated, to monitor impact of vaccinations.

Supplies:

Following supplies were made to GOS locations at Pibor and Kapoeta.  
Table 6(a)

<u>Item</u>	<u>Locations</u>		
	<u>Pibor</u>	<u>Kapoeta</u>	<u>Total</u>
a) <u>Equipment</u>			
1. Vaccine			
Cold Vaccine	1	1	2
2. Pestobov 100 Dosl	350	60	410
3. Vaccine carriers	2	1	3
4. 30 cc syringe kit	-	1	1
5. Disposable syringes	-	100	100
6. Needles 1 & 1.5G	140	100	240
7. Hauptner re-usable syringes 30 cc	-	1	1
8. Ditto needles box	-	1	1
9. Adopter	-	2	2
10. Albundazole Bolustins	-	2	2
11. Ditto MGS	-	2	2
12. Water filters	2	-	2
13. Blankets	9	-	9
14. Spare glass for 30 cc syringes	-	5	5
15. Normal saline	10	2	12
16. Instrument tray with lead	-	1	1
17. Rubber repair kits	-	2	2
18. 30 cc syringes kit	-	1	1
19. Vaseline bottles	2	2	4
20. Petroleum Jelly tins	-	2	2

b) Staff Support Supplies Table 6 (b)

<u>Item</u>	<u>Locations</u>		
	<u>Pibor</u>	<u>Kapoeta</u>	<u>Total</u>
Blankets	9	-	9
Gumboots size 11	9	6	15
Gumboots size 10	-	2	2
Gumboots size 9	9	-	9
Overalls X-large blue	-	5	5
Overalls large blue	9	4	13
Mosquito nets single	9	-	9
Rain coats XL/Blue	12	-	12
Rain coats L/Blue	12	10	22
Tyre sandals (pairs)	12	100	112
Laundry soap(ctns)	2	1	3
Salt (kg)	40	20	60

There was no original estimates made to which the above figures could be compared.

Constraints

The following constraints have been experienced:-

- the major constraint has been lack of transport for vaccinators. At times a tractor has been used in Pibor especially during the muddy periods.
- Accessibility to cattle has been difficult due to security problems especially Kapoeta and Bor.
- Most constraint listed under EPI also apply to vaccination programmes.

Suggestions:

- It has been discussed and agreed that a limited number of bicycles be provided to Vet. staff.
- Everything possible be done by the authorities to reduce incidents of insecurity in the areas so as to access vaccinators to cattle.

- In Pibor, a tractor belonging to the Commissioner be fixed with tyres for use to muddy areas and where possible but the tractor and the car of the Local Authorities be supported with limited quantities of fuel to transport not only the cattle vaccination teams but also EPI.
- Static village veterinary health teams be recruited in areas away from base. These also to serve as curative drugs administrators.

C. FISHING:

Unicef has assessed requirements for fishing equipment and materials for every location. However procurement of the materials have delayed due to financial constraints. Arrangements are being made with NGOs who have access to fishing materials to supply to GOS areas. ICRC has planned to supply fishing materials to Pibor and Bor including 1 Mt. of twine mixed ply of 21, 36 and 72 and 90,000 hooks to each location to cover 10,000 Households in each location.

Apart from Pochalla not covered in the above programme Torit and Kapoeta are not fishing areas.

WFP FOOD

Food was delivered to each of the GOS areas at the request of WFP Khartoum. Khartoum also air-dropped food directly without going through Lokichoggio. Following deliveries were made through Lokichoggio.

Table 7

<u>Location</u>	<u>Cereals</u> <u>mt.</u>	<u>Pulses</u> <u>mt.</u>	<u>Oil</u> <u>mt.</u>
Torit	539.54	119.85	6.94
Kapoeta	165.31	22.5	13.17
Bor	111.0	9.0	-
Pibor	310.0	57.2	4.83
Pochalla	-	-	0.17
	-----	-----	-----
	1125.85	208.55	25.11
	=====	=====	=====

Nearly all of the deliveries for Pochalla was done through air-drop from Khartoum. Most food delivered was distributed where possible through WFP food monitors from either Khartoum or Lokichoggio.

## EDUCATION

### Introduction:

Experience gained from last years activities have indicated that access of children to education has been hampered by insecurity and hunger which causes families to relocate to areas which are difficult to establish schools. Certain cultural traditions or taboos which do not allow children to go to school eg gender discrimination against girls, and actual lack of schools, teachers and equipment have hindered education development.

Despite the above limitations the progress made in student enrolment of 3423 children in January 1994 over 2838 children in July 1993 (21% increase) was a great challenge to future planning for education expansion in GOS locations. Based on lesson learnt from 1993, meetings were held at each location with local GOS authorities and local NGOs to map out objectives and targets for first half of 1994.

### Objectives:

#### a) Broad Objectives

- Provide education to all children of school age in GOS accessible areas irrespective of gender.
- Increase student enrolment through expansion of existing and construction of new school facilities to match the student increase.
- Supply sufficient schooling facilities, equipment and teachers to match child increase.

#### b) Specific Objectives

These varied from one location to another depending on the security of the area and included the following objectives.

- Bor - Expand school facilities by opening two new schools to cater for 40% of child population by increasing student registration from 200 - 1200 children.
- Pibor - Reopen Likwangule, Vertet and Gumruk to give seven additional classes and expand Pibor and Kondako to increase classes from 5-8.
- Increase total student registration in all classes from 500 children to 1000 children by the end of July or 30% of the child population of school age.

- Pochalla - Improve conditions of schooling so as to reverse negative registration and drop offs of children. This was experienced in 1993 when enrolment dropped from 560 - 290 students. This to be increased from 290 - 500.
- Conduct advocacy programme to encourage and educate children and parents on the value of education.
- Kapoeta - Establish two new schools and expand current school by three additional class rooms for increased number of children from 301 - 500 by the end of July.
- Torit - Open eight additional schools to allow for increase of students from 1439 to 2400 children (30% of child population of school age).

DAWA Islamiya, which is responsible for education to provide at least one teacher per class in all schools and oversee expansion of schools.

School Enrollment:

TABLE 8 (a)  
COMPARISON OF SCHOOL ENROLMENT  
JANUARY 1994 & JULY 1994

Location	January	July	% Change	Target Objective
Kapoeta	301	546	+ 245	603
Pibor	800	821	+ 21	1000
Torit	1439	1394	- 45	2400
Bor	313	1277	+ 964	1200
Pochalla	290	506	+ 316	600
<u>TOTAL:</u>	<u>3143</u>	<u>4544</u>	<u>1401</u>	<u>5800</u>
% increase over 1994 January			44.6%	
Target Objective Achieved			78.0%	

Target objective achieved of 78% in school enrolment is fairly good given the hard conditions under which both teachers and students work.

It is noted that there was 44.6% increase in the number of children enrolled to school in July 1994 over January 1994 especially in Kapoeta and Bor. In both of these places, boarding facilities are fairly well managed with good discipline and more outdoor games and sports. This is lacking in the other schools particularly Pibor and Pochalla which do not even have any play grounds. In Pochalla, although increased enrolment is shown in Pochalla, the number is a return of students who had deserted the school in November 1993, on grounds of unsatisfied administration, lack of supplies and play materials and children's need for wanting to join their families during the deer hunting and fishing season so they could eat meat.

This later is a traditional trend which may need to be observed.

The decrease in Torit has been mainly caused by high levels of insecurity around which has affected the parents of the children as all children in Torit are day schoolers. In Pibor some of the children do not come back to Pibor town for enrolment after the seasonal cattle grazing migration. The boarding facilities also need to be improved to attract more children.

#### School Expansion:

To accommodate the number of students above, construction of new schools and addition of more building within existing compounds was planned as means of getting more classrooms. The following table shows planned and achieved number of schools and class rooms.

TABLE 8(b),  
SCHOOLS

Location	NO of schools in Jan '94	NO Targeted July '94	NO achieved July '94
Bor	3	6	6
Torit	1	9	2
Pibor	2	6	3
Kapoeta	1	3	1
Pochalla	1	1	1
<b>TOTAL:</b>	<b>8</b>	<b>25</b>	<b>13</b>
<b>% increase over January</b>			<b>62.5%</b>

% of target achieved 52%

**TABLE 8(c)  
CLASSROOMS**

Location	NO of classrooms in Jan '94	NO Targeted July '94	NO achieved July '94
Bor	6	15	12
Torit	6	24	16
Pibor	6	15	8
Kapoeta	4	12	7
Pochalla	4	4	4
<b>TOTAL:</b>	<b>26</b>	<b>70</b>	<b>47</b>
<b>% increase over January</b>			<b>80.0%</b>

% of target achieved 67%

There were five new schools constructed in Bor, one opened in Torit and another school opened in Pibor giving 62.5 % increase in No of schools over January 1994. This was equivalent to 52% of set target which was achieved.

In view, of the increase in schools the number of classrooms in July increased by 80% over January 1994 (from 25-47) giving achieved target of 67%

In Bor six classrooms were opened by constructing new schools at Malual Chart and rehabilitation of Junguli and Garden schools. In Torit, Torit one school was opened giving 10 classrooms.

In Pibor two classrooms were opened by opening of Gumruk school while in Kapoeta three classrooms were opened by rehabilitating existing schooling facilities.

The number of teachers has been more difficult to predict. DAWA is responsible for supplying teachers. But these come and go when contact period is over. Classes may be closed for sometimes while waiting for new teachers from Khartoum. This problem could be overcome by recruiting more local teaching staff for sustainability. Bor, Kapoeta and Torit whose teaching staff is rather stabilized has incorporated more of the local staff into teaching activities than Pibor and Pochalla.

Girls:

Following is the distribution of girls in the various schools. Table 8 (d)

Location	July 1994	January 1994	Change
Pochalla	131	68	+ 828
Bor	279	208	+ 71
Pibor	50	160	- 110
Kapoeta	63	56	+ 7
Torit	269	242	+ 27
<u>TOTAL:</u>	<u>765</u>	<u>734</u>	<u>+ 31</u>

16.8% of total schools enrollment of 4544 are girls. A high girl drop off was noticed in Pibor with 110 students. Issue has been discussed with Women Union, to find out reasons and to convince more girls to come to school and parents to allow the girls to join school. The large drop off has also affected overall registration.

Supplies:

While supplies to various locations have been received from Juba, Malakal, Khartoum and Lokichokio the report only addresses those supplies from Lokichokio. In February 1994 OLS agreed to support the Education Programme and supply materials which would facilitate the expansion of the schools. Specific target figures for supplies per location is available in the write up document circulated in February, 1994.

Table 8(e)

Items supplied	Pibor	Kapoeta	Bor	Pochalla
Kits A	-	-	1	-
Kits B	-	-	1	-
Soap Laundry	35	35	28	20
Blankets	-	630	-	-
Carpentry kits	-	1	1	-
Domoria Units	800	-	-	-
Eating plates	-	-	1000	-
Drinking bowls	-	-	1000	750
Cooking pots	6	-	6	6
Salt(kg)	300	180	560	1000
Scissors	10	-	-	-
Plastic rolls	-	-	2	-
Sewing needles	200	-	-	-
Thread spools	24	-	-	-
Black boards	-	-	-	-
School bells	-	-	-	-
Footballs	-	-	-	-
Volley balls	-	-	-	-
Nets	-	-	-	-

Table 8(f) Targets

Items supplied	Achieved total	Target	% Achieved
Kits A	1	14	7
Kits B	1	14	7
Soap Laundry	118	151	78
Blankets	630	2950	21
Carpentry kits	2	2	100
Domoria Units	800	23200	3
Eating plates	1000	2400	42
Drinking bowls	1750	2400	73
Cooking pots	18	28	64
Salt(kg)	2040	2500	82
Scissors	10	40	25
Plastic rolls	2	-	100
Sewing needles	200	800	25
Thread spools	24	48	25
Black boards	-	14	-
School bells	-	8	-
Footballs	-	22	-
Volley balls	-	17	-
Nets	-	16	-

It is noted that only part supply was made for most items. Main problems were in the slowness of procurement process eg. Most of Education material have not arrived Lokichoggio to date. A large number of items which have been delivered were in Lokichokio stores.

Other problems included unlandable airstrips in the recent months, for example two attempts have been made to land in Bor and one attempt in Pibor with a total of 12 MT of cargo lost during the three attempts. These efforts frustrated due to heavy rains. Problems of radio contacts with ground local authorities has also contributed to poor programme inputs deliveries. It is however, recommended that as soon as pending materials arrive in Lokichokio especially school items first priority for movement should be given.

#### School gardening:

In an effort to encourage vegetable growing in schools each schools was distributed with seeds and tools to support the project. A similar programme of distribution was undertaken last year but results were negligible.

Following supplies were made: Table 8(g)

Location	Axes	Hoes	Pangas	Sickles	Slashers
Kapoeta	-	-	-	-	-
Pibor	20	60	20	20	20
Bor	20	60	20	20	20
Pochalla	20	60	20	20	20
Torit	20	60	20	20	20
Malakal	-	-	-	-	-
<b>TOTAL:</b>	<b>80</b>	<b>240</b>	<b>80</b>	<b>80</b>	<b>80</b>

Location	Tomato	Okra	Pumpkin	Chili pepper	Sorghum
Kapoeta	-	-	-	-	-
Pibor	2	20	3	2	-
Bor	2	12.6	2	2	-
Pochalla	2	14.0	7	2	-
Torit	-	12.6	3	1	-
Malakal	5	50.0	15	5	450
<b>TOTAL:</b>	<b>11</b>	<b>109.2</b>	<b>25</b>	<b>12</b>	<b>450</b>

Comments and Observations:

- 1) One of the major constraints to education expansion is lack of teachers. It is suggested that DAWA Islamiya makes efforts to recruit more local staff as teachers. A training programme should be organized for the local teachers.
- 2) Sound administration and management of schools is a good basis for attracting children to stay in schools. It is strongly suggested that a seminar of 3-4 days be organized for all DAWA and local school education Directors to meet to discuss general issues affecting schools administration in GOS locations in Southern Sudan.
- 3) Inputs not achieved should be delivered along with any new inputs planned for second part of the programme year.
- 4) Shortage and target objectives not fulfilled should be followed up and completed. No new targets should be set up for schools and child enrolment in the second part of the year.

## WATER

### Introduction:

The issue of water on GOS locations has not received much attention in the past due to lack of qualified water engineer from IARA to handle the water. Each area has worked with its own local teams for up keeping any available water yards. In July 1994, IARA identified a qualified Water Engineer attached to Pibor, who would oversee water activities in GOS locations i.e. Pibor, Pochalla, Bor, Torit and Kapoeta.

Terms of reference for the Water Engineer are:-

- a) Repair and rehabilitate all hand pump wells and water yards.
- b) Drill and install new pumps.
- c) Train local water technicians and teams on drilling, installation and repair of hand pumps.

### Existing Water Situation:

Sources of water differ from one GOS location to another. However, common sources of water include boreholes, rivers, hafiris and pools. Most GOS towns are located on rivers, giving access to the population to use river water whenever boreholes are out of use/none existent.

Following is the current water situation in each location: Table 9(a)

ITEM	KAPOETA	BOR	TORIT	POCHALLA	PIBOR	TOTAL
Number of wells	32	29	57	5	-	122
Working	25	12	28	-	-	64
Under repair	-	-	24	-	-	24
Needing repairs	7	17	-	5	-	29
Collapsed	-	-	5	-	-	5
Water Yard	-	-	-	1	1	2
Water Yard under repair	-	-	-	-	1	1
River	Nil	Yes	Yes	Yes	Yes	Yes

Source of information: IARA Project 1994

It should be noted that the number of wells quoted above is what is reflected within the accessible GOS areas. List is therefore not exhaustive.

Current OLS Support:

In Pibor, this had been limited to supplying diesel to run the existing Edeco pump at Pibor. A total of 15 drums or 3000 liters diesel has been provided to Pibor together with 3 overalls for workers and 1 bar of laundry soap/month/person. Three workers in place.

Materials have been supplied to Kapoeta and Torit c/o, IARA and 8 pumps were repaired in Torit in July and 5 in August.

ICRC took Daba spares in Bor at the beginning of the year, 5 pumps have been sent to Juba.

IARA/OLS Proposed Plan:

July - December 1994

I. Priority for improving water condition will be given to areas without any hand pumps, and which also have high incidence of Guinea Worms.

II. High population distribution to be considered .

- a) Pibor: Repair of existing water yard, drill and instal by hand 34 wells distributed according to population density.
- b) Bor: Repair 17 handpumps and service existing working handpumps.
- c) Pochalla: Survey and repair existing handpumps.
- d) Torit: Supply spares to existing team to repair 24 pumps.
- e) Kapoeta: Survey and repair serviceable pumps.

III Establish a maintenance and repair teams for each location where teams not available.

IV Establish role of communities in handpump maintenance system.

V Co-ordinate spares flow with water management team in Lokichoggio.

Supplies: To support above programme OLS has entered an understanding with IARA to supply following items:-

Table 9(b) - SUPPLIES

Pibor	Qty	Time Frame
1) Hand Drill	1	Supplied
2) Bicycles	5	Supplied (2)
3) Gumboots	5	Supplied
4) Overalls	5	Supplied
5) Gloves	5	Supplied
6) Special Tool Kit	2	Supplied
7) Standard Tool Kit	2	Supplied
8) Complete India Mark II		Supplied
i) Including 10 pipes x 3 meters ii) 10 rods x 3 meters iii) Cylinder x 1 iv) Head water tank std. x 1		

In addition UNICEF will continue to supply 2-400 liters diesel every month for existing Edeco pumps in Pibor. In other locations, water spares to be supplied as per IARA assessment, request and availability of spares in Lokichoggio stores.

TABLE 9(c)  
PIBOR AREA PLAN OF ACTION (1994)  
SCHEDULE OF ACTIVITIES

ACTIVITIES	DATE START	DATE COMPLETED	DETAILED ACTIVITIES
Transportation	25.8.94	1.9.94	Transport equipment and materials from Loki to Pibor
Preparation	2.9.94	9.9.94	Selection of vendor operating crew camp preparation
Maintenance	5.9.94	15.9.94	*Disconnect water tank pipes *Clean water tank *Repair holes on water tank *Paint water tank
Start drilling activities	17.9.94		*Drilling *Installation

**TABLE 9 (d)**  
**SCHEDULE OF DRILLING AND INSTALLATION ACTIVITIES**  
**HANDRILL PROGRAMME (SEP. - DEC. 1994)**  
**PIBOR AREA**

DATE	LOCALITY	BOREHOLE	HANDPUMPS	REMARKS
17-30/9/94	Pibor (Hospital/ School)	1 1	1 1	
1-31/10/94	Pibor (marked) Condako Mangerang	1 1 1	1 1 1	Transportation from village may take 2 days
1-30/11/94	Likongoli Kongor	3 1	3 1	The distance from Likongoli to Kongor is far
1-31/12/94	Tombeit Kafashosh Tangoshon	1 1 1	1 1 1	Far distance moving

The programme will continue in the next year.

**TABLE 9(e)**  
**BOR AREA PLAN OF ACTION (1994)**  
**SCHEDULE OF ACTIVITIES**

ACTIVITY	DATE START	DATE COMPLETED	DETAILED ACTIVITIES
Well inventory	19.8.94	21.8.94	Define: *Number/type of wells *Condition of location *Type of pump *Number of people
Establish working system	22.8.94	24.8.94	*Selection of working team (crew) for maintenance. *Inspection of out of use wells and pumps. *Define spare parts needed
Maintenance	25.8.94	31.12.94	*Maintain 17hps *Service for 29 wells *Supply spare parts *Rehabilitate existing wells

TABLE 9(f)  
TORIT AREA PLAN OF ACTION  
SCHEDULE OF ACTIVITIES

ACTIVITY	START DATE	COMPLETION DATE	DETAILED ACTIVITY
Well inventory	August 1994	4.10.94	*Field trip *Define well location/ condition *Location map for existing wells
Establish working system	Repairs in progress	8.10.94	*Check existing water team *Create a system that administrate relationship between villagers and IARA office *Inspect unworking hand pumps *Define spare parts needed
Maintenance	Work in progress	31.12.94	*Maintain 24 hand pumps *Service 57 wells *Supply spare parts *Rehabilitate existing wells.

**TABLE 9(g)**  
**POCHALLA AREA PLAN OF ACTION**  
**SCHEDULE OF ACTIVITIES**

ACTIVITY	DATE START	DATE COMPLETE D	DETAILED ACTIVITIES
Well inventory	12.10.94	15.10.94	*Field trip to define well location/condition type/pump condition *Location map for existing wells
Working system	16.10.94	18.10.94	*Selection of water team *Inspection of out of use hand pumps *Define spare parts needed
Maintenance	19.10.94	31.12.94	*Maintain the out of order hand pumps *Service existing wells (Hand pumps) *Rehabilitation of existing wells *Help the villagers to dig hand dug wells.

**TABLE 9(h)**  
**KAPOETA AREA PLAN OF ACTION**  
**SCHEDULE OF ACTIVITIES**

ACTIVITY	DATE START	DATE COMPLETE D	DETAILED ACTIVITIES
Well inventory	25.10.94	26.10.94	*Field trip, number of existing wells, condition and location map
Establish working system	27.10.94	29.10.94	*Selection of water team *Inspection of out of order hand pumps
Maintenance	August	31.12.94	*Maintain 7 hp wells *Service for 31 wells *Supply spare parts *Rehabilitate existing wells

### GUINEA WORM PROGRAMME

Guinea worm cases have been identified in Pibor, Bor, Torit, and Kapoeta at varying levels. Limited cases have been identified in Pochalla.

#### Guinea Worm Cases in 1993

Kapoeta	130	1993	IARA
Pibor	446	1993	IARA
Bor	2133	1994	IARA
Torit	784	1994	RRC

A programme for guinea worm eradication was initiated involving giving the affected population access to safe drinking water by rehabilitation of water pumps and further bore hole drinking. This project is already in progress in all locations supported by UNICEF and supervised IARA. The other part of the programme was the distribution of cloth materials to be used for control of cyclops. Population in all areas was sensitized but implementation did not take off as it was felt that the project should be controlled through Khartoum. It is understood relevant plans are under way in Khartoum to programme implementation.

### WOMEN UNION

Small groups of women organizations are in stage of formation in Pibor and Bor. In Pibor, a committee of 25 women with an executive committee of 5 people has been formed. Activities include tailoring, sanitation, a proposed shop and participation in feeding programmes. In Bor, a group of 30 women have come together with the objectives of making mats, fishing and tailoring to improve access to other commodities. These groups need to be assisted as they have a major role to play. UNICEF department dealing with Women in Development has been briefed about the situation of women.