

AMREF SOUTH SUDAN

ANNUAL REPORT YEAR 2013



TABLE OF CONTENTS

1 || Messages from AMREF

Message from the Country Director	1
Facts about South Sudan	3

2 || Program Highlights

National Health Training Institute	5
Health Systems Strengthening Maridi Hospital	8
Women in School for Health	10
Maternal Newborn and Child Health Terekeka	11
Water And Sanitation Projects Mangala Payam	12
Health Systems Strengthening - WHO	13
Health Systems Strengthening - USAID	14
Clinical Outreach Programme	16
Core Group Polio Eradication Project	18
Intergrated Service Delivery Project	20
Stand Up For African Mothers	21

Message from the Country Director...

“AMREF South Sudan is committed to improving health. We aim to ensure that every South Sudanese can enjoy the right to good health, by helping to create vibrant networks of informed and empowered communities in health care. The total number of current projects has grown to 15, from 11 projects during the last reporting. AMREF South Sudan programming focus on strategic directions and health system strengthening is outlined in every project which shows the distribution of AMREF projects across the five strategic directions in health and three health system blocks that AMREF specializes in. Monitoring the impact of AMREF South Sudan contribution to both communities and health systems development remains an important component of informing ongoing and future interventions.

The results of clinical outreach programme, by conducting a total of 1241(82.7%) consultations and 268(38.3%) operations done during this year reporting period. 412 consultations and 106 operations were performed in the 1st circuit. The second outreach circuit was conducted in February 2013; 11 hospitals were visited, 583 consultations done with 97 operations performed. The third outreach circuit was in July 2013, 7 hospitals were covered and 246 consultations done with 65 operations performed. and launching of WISH project in South Sudan has brought total success in impacting lives in South Sudan.”



AMREF South Sudan annual report

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Donors for the year 2013

- Core Groups (Bill and Melinda Gates Foundation),
- CIDA through UNFPA
- USAID
- EU,
- AMREF in France,
- AMREF in Germany,
- ▼ Sternstunden e.V.
- ▼ An Heart for Children
- ▼ Andreas Habegger Foundation
- GSK,
- AMREF in Italy,
- AMREF in Netherlands,
- AMREF in Spain,
- World Health Organization
- Ministry of Foreign Affairs –Italy
- EABL



South Sudan turned 2 years on 9th July 2013. The Independence Day was fully celebrated by South Sudanese and the international community. The two years of independence has opened up doors to strengthen systems in the 21 years post war country. The Baden of the country still reminds, to eradicate poverty, provide health services as a human right to every citizen to provide quality education and overall security.

AMREF has been working in South Sudan formally South Sudan since 1972, where it has played a critical part in planning and developing the country's primary health care system. Although this work was interrupted by the civil war, AMREF's continued presence in the region has allowed it to cultivate trust among both local communities and authorities. AMREF has established working relationship with South Sudan's Ministry of Health, with which it has developed a national health care plan, trained health workers, and established a primary health care project that serves 150,000 people.

The health service gap in South Sudan remains dire nonetheless. Preventable and treatable diseases are the leading causes of illness and death, and Southern Sudan has the highest maternal mortality rate in the world. Most health care facilities were destroyed during the civil war, and there is presently a severe shortage of qualified health care workers, particularly in underserved rural areas. Accordingly, AMREF focuses its efforts in Southern Sudan on eliminating the conditions under which preventable diseases flourish, and strengthening and developing the capacity of the country's health services infrastructure.

On 15th December, Juba walk up to a political unrest with gun fires being experienced in most parts of Juba. The Unrest is feared to turn out to a civil war. At least 10,000 people are believed to have died in clashes in South Sudan between rival army factions - in a conflict escalated by ethnic undertones. President Salva Kiir says the violence started after a coup attempt, blaming soldiers loyal to former Vice-President Riek Machar for the trouble. Mr Machar denies this.

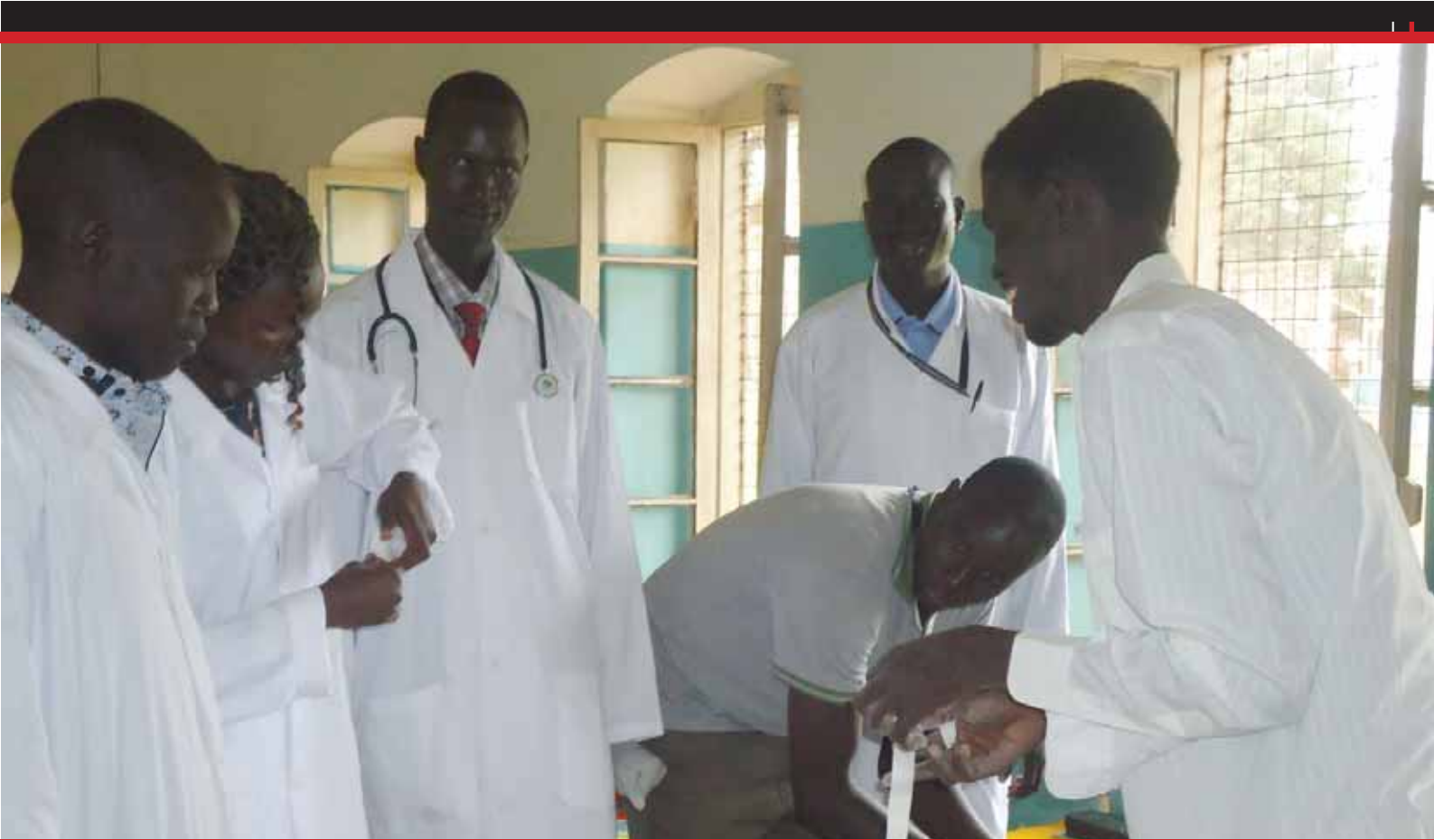
South Sudan Facts and Figures:

- The maternal mortality rate (MMR) 2 054 women dying for every 100 000 live births, is among the highest in the world. One out of every nine children dies before his or her fifth birthday (106 per 1 000 live births) (only 27% of adults are literate and, even when harvests are good, 20% of the population is food insecure and requires emergency assistance).

- Malaria and respiratory diseases account for almost 50% of diagnoses reported by health facilities (HFs) while malaria accounts for 20% - 40% of all consultations at outpatient departments and between 20-25% of deaths, especially amongst under-5 children, pregnant women and people from highly endemic areas. According to the 2009 South Sudan Malaria Indicator Survey (SSMIS), up to 35% of children below 5 years had suffered from a fever within the two weeks preceding the survey.

- The annual incidence of all forms of tuberculosis (TB) is estimated to be 140 per 100 000 people (79 per 100 000 are smear positive cases) which translates to around 6 923 new sputum smear positive cases and 11,911 TB cases of all forms occurring every year. HIV co-infection among TB patients is estimated at 11.7% from the current sites of TB-HIV collaborative activities during 2009. TB mortality is estimated at 65 per 100 000 people. HIV and AIDS prevalence is still low at 3% , but is expected to increase due to the large number of refugees returning from neighbouring countries with high levels of HIV and multiple sexual partners. A range of neglected tropical diseases is still endemic in South Sudan and accounts for a considerable proportion of the disease burden.

- Acute and chronic childhood malnutrition is a recurrent problem, with seasonal and geographical variations. The current prevalence of global acute malnutrition (GAM) amongst children under five is 21%, and the prevalence of severe acute malnutrition is 7.63% and of stunting 25% (SHHS 2010). The 2010 SHHS showed that only 68% of the population had access to improved drinking water sources and only 15.4% of the population had access to sanitation facilities.



National Health Training Institute

1

Background Information

National Health Training Institute -Maridi is a government property supported by AMREF, it was established in 1998 with primary aim of training Clinical Officers. In October 2006 the institute started training Community Midwives through UNFPA Funding. During 2008 training of Public and Environmental Health Officers through funding from MDTF started. During 2012, training of Enrolled and Registered Midwives through AMREF Germany/France and UNFPA started respectively.

Milestone 2013

- 115 health workers graduated on 28th of November: 97 Clinical Officers and 26 Community Midwives.

- The school registered a new class of Registered Midwives and Enrolled Midwives totaling up to 51 Enrolled Midwives and 58 Registered Midwives on training.

Challenges

- *Poor road surface between Juba and Maridi remind a big challenges and fears of Maridi being cut off from accessibility grow every rainy seasons*



Maridi Hospital Maternity

help me practice when I go back to my community in Central Equatoria” Towongo Ronal Morris, intake 17, Clinical Medical and Public Health Student at NHTI-Maridi”

“We are doing currently 3 weeks bedside teaching practical at Maridi Hospital Maternity ward, the staff are cooperative. The only challenge is we do not have doctors or higher health personnel cadre at the maternity only the nurses and midwives. When we come to the hospital it’s a hands on practice for us. We attend to the mothers at MNCH Clinic and maternity. The average mothers that visit the maternity are 60-70 mothers and the deliveries are 32 babies. It is usually such a joy to help a mother deliver.

The skills I have learnt during my practical will



Juba Teaching Hospital Maternity

“She is one of the best Midwives in Juba Teaching hospital, South Sudan the biggest referral hospital here, having worked at the hospital for 5years, since 2008. She is very humble, with self drives and always applies critical thinking when dealing with Mothers. She is one the few midwives who will not sleep during night duty, and she will move around the wards through out to check on the mothers. At the Labor ward she can conduct a normal delivery on her own and clean up even the floor which is not part of her work. She can attend to almost 6 mothers a night. Meaning by the end of the year she will have taken care of more than 2,000 Mothers. She also develops good relationship with the mothers even during labor you can notice the mothers always feel comfortable with her. One of the biggest milestone of Zaitun is she has been able to train many Midwives who come for practical training at the hospital and even some fresh graduate doctors at Juba Teaching Hospital.”

Emily Cheres BsN. Mentor and Coaching IGAD.



EMOC Refresher Course torit.

“The EMOC Refresher Course has brought alive the whole Margret Myles book of midwifery for me. It was detailed and practical. The facilitators have disseminated the information clearly to us.

I suggest we continue to have more training to build capacity of community midwives at states level in South Sudan. All the midwives who came for the training have never had refresher training and are working with the old knowledge. As a former Deputy Director of Nursing and Midwifery of Equatoria State, we have a big gap in knowledge. Most of the midwives here are trained from different places or countries during war. Now they are back at home and we realize gaps on their competences. I appreciate AMREF for training us and GSK for providing the funds.”

Anastasia Foni
Midwife Torit



Anastasia Foni

Background Information

Maridi Hospital is situated in Maridi town, approximately 84 miles from Yambio, the State capital of Western Equatoria State in South Sudan. Action Africa Help International (AAHI) has been running the hospital since 1992. In partnership with the State Ministry of Health and other stakeholders.

The hospital has a long pre-existing history with the community. Originally, it was started as a colonial clinic in 1916 by the Belgians. They were suffering from malaria and sleeping sickness, so they needed to start a clinic for their people who were in Maridi.

The hospital presently has a bed capacity of 100 beds. There is potential to increase it to the capacity of a teaching hospital.

The hospital offers both curative services (including elective and emergency surgery), as well as preventive and community outreach programs are offered by the Hospital especially to the PHCCs like Ibba where a good number of clients come from. Currently the hospital has six wards and treats an average of 24,000 inpatients a year. Most of the patients are referred from one of the 24 surrounding primary health care centres/units in the area.

Many of the patients attending for treatment are referred from other health facilities, or come from very long distances seeking medical care. For example, Rasolo PHCU, Kozi PHCC which are about 50 miles away on bad roads and in rainy seasons things are even worse, the roads become virtually impassable.

AMREF South Sudan is committed to continued support of the Maridi County Hospital while exploring more sustainable funding options to ensure quality health care for the people of Maridi.

The hospital has one old borehole which breaks down frequently, there is no any source of water in the hospital though Maridi town has running water but the hospital could not afford to pay for the water supply as the government does not have capacity to provide any running cost to the hospital and other institutions.

Milestone

- The Maternity ward at Maridi hospital was successfully Inaugurated by AMREF Germany and Maridi County Commissioner on 24th of October. The maternity now receive a double number of mothers attending.
- It is easy to control diseases with the new floor and walls since they can be cleaned easily.
- The hospital now has access to clean water

Challenge

- Maridi hospital still lacks qualified personnel. Example the hospital has only one doctor working with three community midwives. And the doctor serves all the department



Nurse Midwife in charge at Maridi Hospital.

“My working environment is good, am enjoying working in a clean environment; the walls and the floor are well done that makes it easy to clean. The infectious control is effective now. This year maternal mortality rate have reduced, as there are no maternal death recorded yet. The infant mortality rate has also reduced, no infant death recorded yet at the maternity. The main challenge her is the electricity, we do not have electricity from 12pm to 8.00pm. So we use touches for delivery after 12pm at night which is very dangerous. The other thing the hospital has only one doctor, if we have any complications that need doctor’s attention and the doctor he is on leave or not on duty then the mothers sever.” Juana Musa



Women in School for Health

3

Background Information

Overall objective of this project is educating girls in order to claim their rights and realize their potential in the economic, political and social arenas and fight ignorance, diseases and poverty. The idea is to provide Science based secondary education to bright girls from poor background in Western Equatoria State and to enhance capacity of Mari-di Girls Secondary School for science in provision of quality science based education. AMREF South Sudan in collaboration with the State ministry of general Education and Instruction Western Equatoria State has planned to enroll 200 girls for Mari-di Girls boarding secondary school for science. The enrolment will be conducted in four groups of 50 girls per year from 2013-2016. The first class of 50 girls was enrolled in 2013.

Milestone

- The school was launched on 25th February 2013. In an event that the Governor of Western Equatoria graced.

- 50 top girls from Western Equatoria admitted to the school first year
- Health Reproductive Education started at the School
- The students started learning core science subjects at the school with laboratory demonstration
- WISH is the only girls boarding school for science in South Sudan.

Challenges

- The school lacks of science apparatus
- The school lacks transport for the students and teachers for movement to Hospital in case of emergency and for external meetings



Dr. George Bhoka during parliamentary advocacy Terekeka.



4

Maternal Newborn and child health –MNCH Terekeka

Goal: To reduce maternal and child mortality rates in the region (South Sudan, Kenya and Tanzania).

Background

Terekeka county is the poorest and the least served part of South Sudan. Its population lives in marginal existence, with most occupied in traditional nomadic herding of sheep, goats and cattle. There is no little infrastructure development such as road construction has taken place. Through the Maternal and Neonatal child health (MNCH) project, AMREF South Sudan responded to the needs of residents (140,000) alike by strengthening and expanding reproductive health care services in Tali and Tindilo payams of Terekeka County.

The project is implemented in Terekeka county of central equatorial state and covers two payams of Tali and Tindilo targeting 150,000 members of the community and in particular women of reproductive age and children under 5 yrs

Specific objective:

- To strengthen capacity of communities, civil society organizations and local authorities to improve maternal, new born and child health (MNCH) for marginalized communities

- To improve delivery of MNCH services according to national standard
- To improve knowledge and attitudes of the communities towards positive practices
- To strengthen partnership between stake holders on MNCH issues
- To run the project effectively and efficiently

Milestones

- 3% of child mortality reduction during the year
- 2% of maternal mortality reduction during the year
- Antenatal Care 4th visits increased by 26%
- 11.5% of deliveries were performed by skilled birth attendant
- The Project was ended in October 2013

Challenges

- Lack of qualified midwife in MCH to run the facility, only one midwife employed by ADRA.
- Break down of the vehicle leading to pending activities.
- Poor road net work connecting to some of the project sites like Tindilo payam due to rainy season.



EABL, AMREF and Mangala Payam Stakeholders

Background

Increase access to safe water sanitation and hygiene in Mangala payam of Juba County of central Equatoria state in South Sudan. The project involves Drilling and installing of one borehole, Construction of one unit of 04- stances V.I.P Latrine, Procurement of Sanitation Tools Kits, Training of water Committees and Conducting Regular Community Mobilization and Sensitization on Sanitation

Hygiene and Safe Water in Mangala Payam

Milestones

- One Borehole Successfully Drilled and Constructed at Burodo (Mangala Payam)
- One V.I.P Latrine Constructed at Bilinyang Health Centre
- One Set of Borehole Maintenance Kits Procured
- One Set of Sanitary Digging and Maintenance Kit Procured
- Mangala Payam Village Chiefs/Community Sensitized on Safe Water, Sanitation and Hygiene Practices

- One Water User Committee (WUC) Comprising of 07 members trained on Community Based Maintenance System.
- Commissioning of the Borehole and VIP latrine done and handed over to the community

Challenges

- The project was short, and only included one payam



“Am Mary Akolu 53years, I have five children two girls and three boys and my husband is a community leader in mangalla payam. For many years we have suffered from getting clean drinking water. We are just a few miles from the Nile River and the water there is highly contaminated, children and community members go there to clean themselves as the same time we go to fetch drinking water and water for domestic use. Our children keep on getting sick from time to time, one time we had a cholera outbreak in 200 that time people died from here a lot. We are thankful that East Africa Breweries Limited in partnership with AMREF has given us a new borehole with clean water flowing, we women of mangalla we feel like we have been born again, that’s why we have roasted a goat today to celebrate.” Mary Akolu



BPHSN Malakal Training

Background

AMREF has been an African leader in the training of frontline health workers with support from World Health Organization (WHO) and Ministry of Health, South Sudan partnered to train frontline health worker, all of whom play a vital role to eradicate poverty through empowering communities for better health. There were three types of training which were conducted. The Basic Package of Health Service and Nutrition. This training was a standardized training using updated curriculum for basic package of health service (BPHSN). However, it was contextualized and tailored as per the country situation for South Sudan. To enhance knowledge and skills of 120 health workers to strengthen fragmented health work force to ensure better health outcomes in the facilities and communities. The most common endemic communicable diseases in South Sudan are malaria, diarrhoea, enteric infections and worm infestations, acute respiratory infections (ARI), tuberculosis (TB) and the neglected tropical diseases (NTD). The second training was training of County Health Management Teams; this training is to enhance the knowledge and skills of 105 County health officers to strengthen the planning and management capacity of the county health management teams. Health systems are undergoing considerable change following independence; this means there is on-going health sector reform to try to get the best in the context of South Sudan. The third training which took place was in Nairobi AMREF International Trainings Centre. Training for MOH senior Managers:

To enhance knowledge and skills of 20 health policy makers to strengthen the governance, and leadership capacity of the MOH staff at central and state levels. A health system strengthening is an essential ingredient for a dynamic and functional health system. This enables the ministry of health (MOH) to respond to health needs of communities and provide quality and sustainable health care efficiently and effectively. Good governance and effective leadership therefore enhance the attainment of Millennium Development goals which every country including South Sudan

Challenge

- Mobilization of the participants was difficult especially in Upper Nile
- Conducting trainings in Upper Nile is very costly because the location is not open and accessible

Milestones

- AMREF South Sudan conducted 5 days training each for health workers in BPHSN in the greater three states of Equatoria states, Bhar-el-ghazal, and Upper Nile states in Juba, Wau and Malakal respectively. A total of 93 participants were trained.
- County Health Management Teams were trained in 3 sites: namely Juba, Malakal and Wau. A total of 93 participants were trained



"I graduated in 2011 from Juba University. I worked at Omdurman Teaching Hospital for 6 months and 6 more months at Malakal Teaching Hospital during my internship. I was later sent to Nasir as County Health Director where I have been working for now 1 year 6 months before this training. I must say I went with my university education to manage the Country Health Department without much experience and guidance on the role of the job. Nasir is one of the largest counties in Upper Nile and in large South Sudan, It borders with Ethiopia. I really appreciate the trainings in disseminating the Basic Package for health Services and Nutrition to us, this is an essential tool in county health department. Previously we did not know about basic package for Health Services in South Sudan, now we even took

back handbooks to share with other staff at the county health department.

The County Health Management teams training was so helpful to us, most of us never did management courses in medical school, and we are now in management positions. One thing I have learnt and will always appreciate my facilitators is: coming out with County Health profile, it was my first time to hear search a thing, planning for health services delivery and Emergency preparedness. I never used to do planning for health services in Nasir County but now I have even gone home with a plan to share with our partners and government." **Dr. Mark**

HEALTH SYSTEMS STRENGTHENING PROJECT - USAID

7



Background

On December 5, 2012, USAID/South Sudan awarded Abt Associates and its partners, the African Medical Research Foundation (AMREF) and the Training Resource Group (TRG), the five year South Sudan Health Systems Strengthening Project (HSSP). The project builds on the Republic of South Sudan (RSS)'s commitment to implement the National Health Strategy to leave in place a much-strengthened health system that provides improved health services in Central Equatoria State (CES) and Western Equatoria State (WES). HSSP works with the government, development partners and the Ministry of Health (MOH)/(RSS), State Ministries of Health (SMOH), County Health Departments (CHDs), and, Village Health Committees (VHC) to strengthen the RSS's health system and to foster an enabling environment for improved health service delivery. The overarching goal of HSSP is to increase capacity of CHDs and SMOHs to ensure the provision of high quality primary health care services in WES and CES.

The desired program result is “Improved institutional capacity within SMOHs and CHDs in CES and WES to manage and coordinate health service delivery.”

The HSSP Project has three components. Component One: Leadership and Management, focuses on increasing leadership and management (LM) capacity at the SMOH, CHD, and VHC levels. Planned activities include, to:

- clarify and foster a common understanding of the institutional roles and responsibilities of the SMOHs, CHDs, and VHCs;
- develop standardized approaches and tools for use in leadership and management;
- develop support tools to assist health managers to perform their supervisory and, LM roles;
- develop Training of Trainers (TOTs) materials and courses in LM and capacity building and subsequently cascade trainings to all levels in the two states, and;
- facilitate post-training follow-up to determine the project led LM training relevance and impact. .

In Component Two: Health Systems, HSSP concentrates on the strengthening of particular aspects of the health system. Activities include:

- Health Financing (HF)- to train and build the capacity of the states and counties in planning, budgeting and financial management in a decentralized environment;
- Health Information Systems (HIS) – to reinforce timely, routine and, complete reporting through the development of data tools for HIS reporting, analysis, and use; to conduct data quality audits (DQA) and, train and build SMOH and HIS staff capacity in monitoring and evaluation (M&E) as well as on related tools;
- Human Resources for Health (HRH)– to build capacity at state and county levels so that staff can effectively plan, allocate and, manage human resources by harmonizing the payrolls and, re-aligning and re-orienting workforce supply based on community demand, and;
- Supportive supervision (SS)—to support the implementation of the integrated supportive supervision checklist, and apply mHealth technology at the county and state levels to strengthen program performance and treatment outcomes.

In Component Three: Strategic Collaboration and Coordination, HSSP seeks to increase strategic

coordination and collaboration at state and county levels to foster synergy in the implementation of programs and ensure harmonized planning, budgeting and efficient resource use. Specific attention is accorded to:

- developing a strategic coordination framework,
- strengthening the linkages between the key actors in health, and;
- Sharing lessons learned and best practices in and between CES and WES.

Milestone

- Leadership & Management Baseline Assessment tools developed
- The assessment conducted in SMOH/CES & WES, 4 counties in CES & 3 counties in WES.
- The assessment report developed, validated by the stakeholders in CES & WES and submitted to USAID
- Training curriculum developed
- Support tools/job aids developed

- Upgrading Leadership and Performance Management Training Curriculum by adding The Context of Health Systems & the Basic Package of Health Services.
- Developed and distributed colored and laminated job aids and Hard Boards for the SMOHs & CHDs.
- Conduct Leadership & Performance Training
- Conduct TOFs
- Evaluated the TOF participants into 3 groups according to their future facilitation involvement.
- Quality coordination and collaboration between the LM team, MOH/RSS, SMOHs & CHDs in term of pre-training preparations resulted in very good turn up of participants.
- Introduction of interactive and participatory session during the training by involving senior staff from MOH/RSS to reflect on their work experience as a move from theory to more practice.
- More involvement of AMREF Staff in the trainings.



Clinical Outreach doctors at Malakal teaching Hospital



CLINICAL OUTREACH PROGRAMME



Background

This project supports establishment of South Sudan clinical and diagnostic Outreach services. It is implemented as an integral part of the AMREF Specialist outreach programme in partnership with Ministry of Health – Republic of South Sudan, UNFPA and Juba teaching hospital. The clinical Outreach project covered 14 national and state hospitals namely Juba and Wau and Malakal Teaching Hospitals, Yei, Rumbek, Kuajok, Bentiu, Bor, Aweil, Raja, Renk, Torit, Maridi, and Tombura hospitals.

Goal

The goal of the project is to contribute to closing the gap between communities and the formal health system by strengthening health services delivery at facility level. This project lies under the strategic direction number 5; of increasing Access by disadvantaged communities to quality medical, surgical and diagnostic services.

Objectives

The main objective is to strengthen the capacity of health system to deliver essential specialized health care in South Sudan

The expected outcomes of The Project are to endure:

1. At least 50 % of the target hospital's capacity assessed the implementation plan developed and followed operational researches undertaken at the end of the project
2. Partnership established with MOH Republic of South Sudan (MoU signed) 100%,
3. Health Management Team System strengthened and adhering to schedules of specialized clinical service provision at the end of the project
4. 1500 of patients done consultation and 700 patients operated at the end of the project.
5. 100 health workers trained by type at the end of the project,
6. 100 % of the target hospitals equipped at the end of the project

Outcome Data Oct 2012- Sept2013

		Oct – Dec 2012	Jan – March 2013	April- June 2013	July-Sept 2013	Oct-Dec 2013	Total
Consultations		409	589		246	418	1662
Operations		106	102		65	176	449
No. Doctors trained	M	21	19		15	12	67
	F	5	5		2	2	14
No. Nurses/CO trained	M	50	17		11	16	94
	F	58	13		32	66	169
No. Laboratory staff trained	M	12	14		0	0	26
	F	3	3		0	0	6
No. Support staff trained	M	85	13	0	11	109	218
	F	52	7		4	0	63
Hours of Formal Training		22	3		109	8	142
Hours of Informal training		150	125		112	359	746
No. of joint ward rounds		26	16		19	53	114
Number of hospitals visits		9	12		9	6	35

Milestone

1. 12 hospitals were reached out of 14 planned
2. 11 hospitals were reached with various specialist services. The nature of specialist is determined by the hospital
3. 1662 consultations done and 449 patients were operated cumulatively(see table of beneficiaries)
4. On the Job training was given to 81 doctors, 263nurses and clinical officers, 32 laboratory personnel.
5. Medical and surgical Supplies delivered to all the hospitals. Equipments were not supplied during the period
6. MOU signed. It is obvious that the whole out-reach activity aims to strengthening the health system through capacity building of the local staff working at the partner hospitals. However, it is not possible to measure its impact at this stage.
7. 2-day review meeting was held in Juba with stake holders where major decisions were taken
8. 10 out of 14 hospitals assessed



“I am Omaron Mohammed 53 years. I have 4 children with one wife. My day to day work is electrician. I started having problems passing urine like 3 months ago. I came to the hospital and I was told that I had Prostetatory and I had to see a surgeon; there was no one to do the surgery so I was kept on some medicine and admitted. Luckily was told that there was a doctor coming from Juba with AMREF and they had kept me on waiting list with to see him. When the doctor came I was prepared for the surgery. Now I am happy the doctor said I will be discharged after 12 days and I can go back to my normal life. The past few months have been so difficult for me because I could not pass urine normally like other people and hence I had to stay at home. I could not go to work to provide for my family. I want to tell the doctor thank you because it is so expensive to go to Juba for treatment and the only way to reach Juba form Malakal is through flying and in my situation it means I can't even set down for many hours.” Omaron Mohammed.



A new born Baby at Morobo

CORE GROUP POLIO ERADI- CATION PROJECT

9

The core group polio project is for the Ministry of health Directorate of secretariat, and is funded by the world vision the principal recipient and the project donor is the Bill and Melinda Gates foundation. AMREF is one of the implementing agent in central equatorial and Western equatoria, here AMREF is implementing in Morobo county covering all the five payam that are Lujulo, Wudabi, panyume ,Gulumbi and kimba respectively. This project was started in Morobo last year July 2011 so far this nine month of implementation

a). Morobo Background

AMREF is currently implementing Core-Group polio eradicating project in Morobo County. The County is in Central Equatoria State and has a total population of 145,305 (SHHS 2006). It borders Yei, Kajokeji and Lainya Counties of CES, and Uganda and DRC. The County has five Payams and 16 Bomas, 14 health facilities, 4 PHCCs and 9 PHCUs.

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b). Ibba Background

The goal of the project is to compliment government's efforts to reduce morbidity and mortality rate resulting from poor EPI services and acute flaccid paralysis (AFP).

The goal of the project is to compliment government's efforts to reduce morbidity and mortality rate resulting from poor EPI services and acute flaccid paralysis (AFP).

The purpose of the project is to reduce the pool of susceptible under-immunized children 0 - 59months of age and strengthen AFP case detection and reporting.

Result1: EPI coverage increased to 80% by the end of project period

Result 2: AFP surveillance strengthened in the community

Result3: Quality and coverage of NIDS supplementary immunization days (SIDs) improved

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Result 2: AFP surveillance strengthened in the community

Result3: Quality and coverage of NIDS supplementary immunization days (SIDs) improved

Specific Goals

1. . To strengthen the routine immunization services in county so that the county EPI coverage of DPT3 will reach above 90% by the end of the project.
2. To Improve the AFP surveillance through strengthening community involvement so that both timeliness and completeness of reporting case detection will be achieved as per the standard.
3. Improve the quality and coverage of NIDs/SIDs.

Milestone

- The project was successfully launched in October 2013



Increasing Access to Quality Primary Health Care Services in Morobo county in Central Equatoria State

Morobo County is one of the counties in central Equatoria state. The county is bordered by DR Congo to the South West, Uganda to the South. The county is internally bordered by Yei, Kajo-keji and Lanya counties of central Equatoria. It has 5 payams, 16 bomas, xx villages and 20,597 households. The county has a population of 148,305 people of which 2,085 are children under 1 year of age, 29,061 are children under 5 years, 68,983 and young persons aged under 15 years of age. There are 3,190 women of child bearing age and 5,800 expected pregnant women per year.

Focus population

A total population of 148,305 people of whom 2,085 are children under 1 year of age, 29,061 are children under 5 years, 68,983 and young persons aged less than 15 years of age. There are 3,190 women of child bearing age and 5,800 expected pregnant women per year.

Geographic coverage was Four (4) Primary Health Care Centres and 9 are Primary Health Care Units in 5 payams in Morobo County

Area of intervention

1. *Reproductive Health*
2. *Child Health*
3. *Malaria*
4. *Tuberculosis*
5. *HIV/AIDS*
6. *Comunicable Diseases*
7. *Childhood Malnutrition*
8. *Health Education & Promotion*
9. *Water, Sanitation and Hygiene*

STAND UP FOR AFRICAN MOTHERS

11



AMREF South Sudan launched Stand up for African Mothers. The Launch set on 9th May 2013 started with a Match from Juba Teaching Hospital to Nyakuron, the match was attended by Nurses, Midwives and Student Nurses and Midwives. With the police band Juba Town was full of voices from health workers with T-Shirt



“Stand Up for African Mothers” the 15 minutes work gave the mothers of South Sudan a voice in Juba. The launch was attended by Director of Nursing and Midwifery-MoH Janet Michael, The Director General Gender and Child welfare Regina Ossa, Director of Reproductive Health –MoH Dr. Alex Dimit. The Launch gave AMREF South Sudan visibility on these activities. The Launch was on Television prime new and several newspaper. After the visibility most of the MoH implementing partners have shown interests to partner in training of Midwives in South Sudan.

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