Community Rehabilitation Project between Yei and Nile rivers

ZOA REFUGEE CARE SUDAN

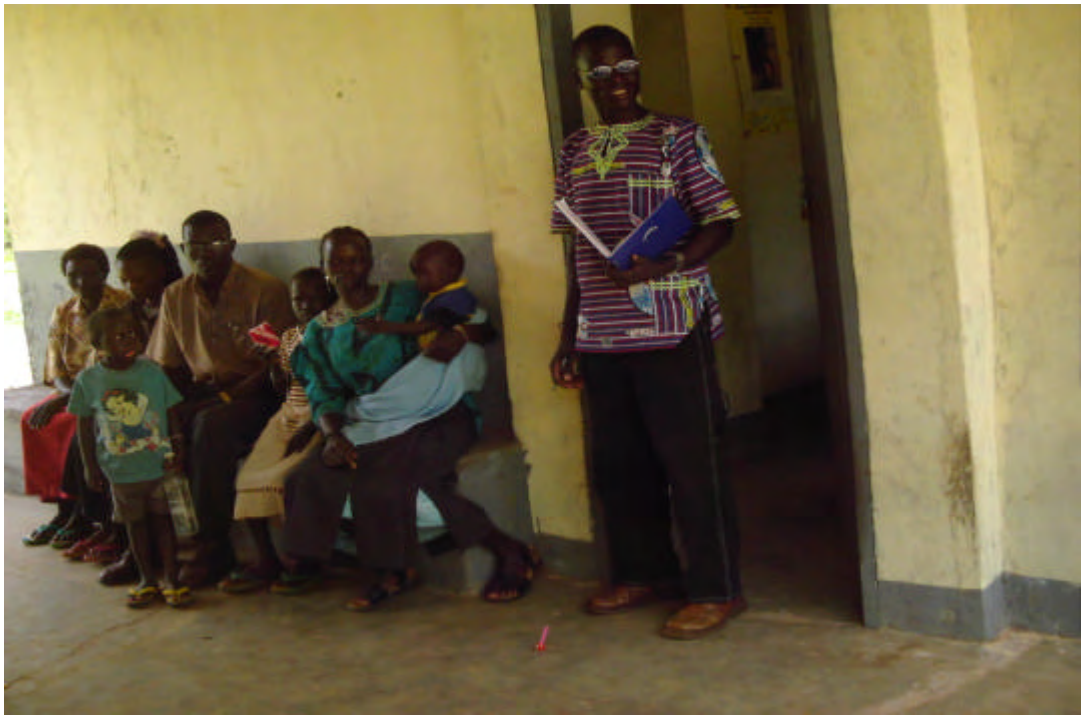

Photo: Patients attended to by CHW in Lainya County

Final Results Report DFD-G-00-05-00058-00
submitted to OFDA by
ZOA Refugee Care Netherlands

Fact Sheet

Organization: **ZOA Refugee Care Netherlands**	**Date:** May 2006
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Program title: **Community Rehabilitation Project between Yei and Nile rivers** **Country:** Sudan (Southern Sector) **Beneficiaries:** The total number of **beneficiaries is 71,000**, of whom 16,900 are returning IDP's and refugees and 54,100 are the present host population. **Area of Activity:** **Juba** County (Western Lobonok Payam), **Lainya** County (Kopera, Mukaya and Kenyi Payams) **Disaster:** Protracted Civil Conflict/Post Conflict Rehabilitation **Period of activity:** January 28, 2005 – February 28, 2006	
OFDA US dollar Amount of Project approved: **999,268** Expenditure realized: **945,453** Other contributions: TMF: Funds for follow-up phases UNICEF (in kind): EPI vaccines and HIV test kits	

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Glossary

AAH	Aktion Afrika Hilfe, German NGO
BAC	Boma AIDS committee
Boma	Section of a Payam comparable to a municipality
CBO	Community Based Organisation
CHO/D	County Health Office/Department
CHW	Community Health Worker
CMO	County Medical Officer
CTO	Cognizant Technical Officer
EPI	Extended Programme of Immunization
FFW	Food For Work
FHH	Female Headed Household
GOSS	Government of Southern Sudan
IDP	Internally Displaced Person
IEC	Information, Education and Communication
IGA	Income Generating Activities
LRA	Rebel movement from Northern Uganda
MCHW	Mother and Child Health Worker
NFRI	Non Food Relief Item
OCHA	Office for Coordination of Humanitarian Affairs
OFDA	Office of U.S. Foreign Disaster Assistance
OLS	Operation Lifeline Sudan
OPD	Out Patients Department
Payam	Section of a County, comparable to a sub-district
PHC	Primary Health Care (system)
PHCC/U	Primary Health Care Center/Unit
PRA	Participatory Rural Appraisal
SPLA/M	Sudan Peoples Liberation Army/Movement
SRRC	Sudan Relief and Rehabilitation Commission
STD	Sexually Transmitted Disease
TBA	Traditional Birth Attendant
TMF	Thematische Mede Financiering (long term funding channel of the Dutch Government)
USAID	United States Agency for International Development
UXO	Unexploded Ordinance
VHC	Village Health Committee
WHO	World Health Organisation
ZOA	ZOA Refugee Care, a Dutch NGO

1. Executive summary

The project enabled ZOA to start interventions related to Primary Health Care in an area with poor health service provision and considerable numbers of returnees expected in early 2005. The project is summarized in the logframe, refer to annex 2.

PROJECT GOAL
The overall objective of the project is to rehabilitate livelihoods and restore life with dignity of the returning refugees, returning IDP's and host population.

PROJECT PURPOSE
The project purpose is to improve conditions for 65,000 vulnerable returnee and host families so as to help them to resettle peacefully and to rebuild their basic physical and economic infrastructure Total number of beneficiaries targeted: 65,000 reached by end of project: 60,000

1.1 Objective 1:

The Primary Health Care system, including capacity of service deliverers, has been restored to serve the returnees and host community

Number of beneficiaries targeted: 65,000 reached by end of project: 60,000

HEALTH : Introducing Primary Health Care involves the building and /or renovation of health facilities within Lainya (3 Payams) and Juba (1 Boma only) counties, the appointment, deployment and training of health professionals and other community based health workers and the setup and capacity building of the management of each County health department

Performance Indicators

Outpatient Attendances: until the end of 2005 21,000 patients were served at the PHC facilities in the project area. The OPD attendance in 2005 arrived at 0.30 per person, which well exceeds the target of 0.25. EPI only reached a coverage 2-3%, thereby performing much below the target of 15% (refer to 3.3).

Capacity of Health Authorities : Structures in place, capacity of 14 administrators has increased mainly in the areas of hygiene promotion and recordkeeping, capacity of 5 key staff in the County Health Department has increased mainly in the areas of health service management, human resource management, stock control and computer use.

Functional Village Health Committees : 12 out of 15 are active (refer to 3.6).

SUMMARY ACTIVITY TARGET ATTAINMENT LEVELS – END OF PROJECT

Act. No	Activity & Level of Attainment (for details refer to chapter 3)
1.1	**Reconstruction of Health Centers** • PHCCs complete by end of April (completion of pre February contracts) • Handover to County Health Department under preparation • 12 PHCUs : 8 complete, 3 to finish by end of April 2006 (pre February 2006 contract), 1 incomplete due to unresolved location dispute between communities.
1.2	**Provision of Medical Services** Deployment of professional staff to all temporary facilities. Distribution of drugs to all operational health centers (using temporary facilities) and Units (3 PHCCs & 12 PHCUs) Equipment supplied Training of Community Health Workers (CHWs), Mother and Child Health Workers (MCHWs) & Traditional Birth Attendants (TBAs) complete & deployed to their respective locations.
1.3	**Provision of EPI Services** EPI ongoing and continuing into new project year. 3569 children received at least one vaccination. Start delayed due to various circumstances. Year 1 target not met but now progressing well.
1.4	**Health & Hygiene Awareness Raising** All training complete and awareness sessions conducted in collaboration with health Service

	personnel. 82 hygiene promoters trained Each Boma supplied with tools 400 T shirts distributed Increase in awareness and activities continued by the hygiene promoters.
1.5	**STD Control Programme** High awareness achieved through collaboration with counterparts (Church leaders & youth groups). 40,700 people sensitised. Activity target surpassed.
1.6	**Increase Capacity of Local Authorities & Health Staff to implement PHC** County health department set up (renovation of building) and stationaries supplied to CHD and local authorities.. County Medical Officer appointed and health service management training provided. Admistrator CHD appointed and coached on the job. CHD working closely with ZOA to introduce proper system of monitoring & control. Key CHD staff trained on computer use for reporting and stock control. Boma and Payam administrators facilitated in record keeping. SRRC field representatives trained in computer use. Chiefs and administrators trained on hygiene promotion. Activity target achieved.
1.7	**Mobilise Village Health Committees** One committees per PHC facility formed and trained (according to New Sudan Health Policy 1998). 12 out of 15 committees regarded as active. Activity target achieved.

1.2 Objective 2:

Basic infrastructure has been restored, and settlement of returnees facilitated.

Number of beneficiaries targeted: 15,000 *reached by end of project: 13,491*

INFRASTRUCTURE in this project refers to repair of access roads and bridges to health facilities within the 3 Payams in Lainya County and 1 Boma in Western Lobonok, Juba County. Also involved is the support for Income Generation, reintegration and creating awareness on land mines and UXOs

Performance Indicator

All PHCCs accessible by motorised transport all year round.

All areas except for Mukaya Payam accessible all year round. Mukaya Payam can only be accessed with potential difficulties during rainy season.

ACTIVITY TARGET ATTAINMENT LEVELS – END OF PROJECT

Act. No.	Activity & Level of Attainment (for details refer to chapter 4)
2.1	**Repair of Feeder Roads & Essential Bridges** Some work complete but mainly affected by insecurity and threat of mines 10kms of road repaired (low level maintenance) Activity Target not achieved
2.3	**Implement Small Community Projects** 5 projects spread over 13 groups and 24 individuals Activity Target achieved
2.4	**Reintegration Activities** Village meetings held and inter Payam sports activities held Activity Target achieved
2.5	**Create Awareness on Land Mines and UXOs** ZOA staff trained and 50 trained volunteers hold 100 awareness sessions in all Bomas Activity Target Achieved

Note: Activity 2.2 deleted in revised proposal

1.3 Objective 3:

Returning households have received a relief household package

Number of beneficiaries targeted: 7,200 reached by end of project: 6300

RELIEF: there has been a steady return of families from other countries and from North Sudan, and from within South Sudan. Many have come with little possessions and have relied heavily on the host community for material support. The packages of non-food items consist of basic utensils for food preparation, water storage and bed cover. Comparing the cost of this package and the budget, it was considered the best choice to reduce the number of beneficiaries by 13%. Distribution has been to 1050 households nominated by the local community representatives and prioritized to the most vulnerable.

Performance Indicator

All household packages distributed

ACTIVITY TARGET ATTAINMENT LEVELS – END OF PROJECT

Act. No.	Activity & Level of Attainment (for details refer to chapter 5)
3.1	**Selection of Beneficiaries & Package** Joint assessment by ZOA, community leaders and local administrators Package tailored to available budget. Target reduced in consideration of available finance and optimum size of package.
3.2	**Distribution of Relief Package** Distribution monitoring and control procedures established. Distribution carried out with assistance of SRRC field monitors. Activity Target Achieved

1.4 Other Activities

ACTIVITY TARGET ATTAINMENT LEVELS – END OF PROJECT

Act. No.	Activity & Level of Attainment
4.1	**Setting up of Base Camp** Compound offices and accommodation constructed. Activity Target achieved
4.2	**PRA & Other Studies** Baseline survey and rapid assessment survey completed. Follow-up PRA before the end of project not achieved due to insecurity restrictions
4.3	**Monitoring** Activity Target achieved
4.4	**External Evaluation** Not Completed due to travel restrictions imposed by OLS (
4.5	**Reporting** Completed

1.5 Implementation

The implementation of the project was planned to be completed by October 31. The implementation in the area has been hampered by insecurity caused by LRA rebel groups passing right through the programme area. This caused an effective delay of 6 weeks. In addition, the instability following John Garang's death has delayed progress. The approval of the medicine package by mid May caused a much later start of active PHC service provision in the programme area than planned. The vaccines to be supplied by Unicef have only been obtained in October, thereby postponing the start of the immunization programme by 8 months. As a result the CTO has granted an extension of the completion date until February 28, 2006, refer to Annex 3.

2. Introduction

Structure of the report

After summarizing the report in chapter 1, this chapter introduces the more detailed section of the report. Chapter 3, 4 and 5 report on the realization of objective 1, 2 and 3 respectively. Other activities are described in chapter 6. Chapter 7 elaborates on HRM. Chapter 8 highlights aspects of the financial report. External coordination is indicated in chapter 9, while chapter 10 presents concluding remarks.

Location

The project has been implemented in 1 Boma (Western Lobonok) in Juba County and in 3 Payams in Lainya County. The programme area covers an area of approximately 500 square kilometres.

Lainya is a newly formed County (2005) created from the greater County of Yei. It contains the Payams of Mukaya, Kupera Kenyi and Lainya. For this project the Payam of Lainya is excluded due to existing health services provided by another NGO (AAH)

The central point (and ZOA's base) of the program area is in Limbe at 20 km from Yei. The area was the scene of much fighting between the rebel forces of the SPLA and the Government of Sudan forces. The road from Yei to the ZOA compound has been repaired (actually made) and travel time has been reduced from one and a half hours to twenty minutes. The access roads to the project area remain in poor state and are barely passable during the rainy season. The current ZOA base is situated near the main Yei- Juba road at Limbe village and is central to the program area. Apart from small cleared settlements (which are widely spread) the land is covered in bush and some forestry.

The area has one rainy season from April to October and remains dry for the remainder of the year. Recent rainfall levels have been low and also late which seriously affects crop cultivation. The community depends heavily on successful harvests for its food requirements and recent failures are leading to food shortages and high prices in the markets.

Target Group

The target group of the project consists of approximately 71,000 people of which approximately 24% are returnees during 2004 and early 2005, refer to table 1.The majority of returnees have come from neighbouring Uganda to settle in their original territory. Land has either been reclaimed or has been given by the local chief. Current land ownership (of those questioned in the baseline survey) is 88% with 93% saying that there are ' no problems with land rights in their village '. Both returnees and host population possess few assets, especially tools and equipment to cultivate the land. The male to female ratio among the target group has been determined at 45:55. 24% of the households in the area are headed by females. Males are less numerous than females, probably as a result of war.

Table 1. Number of targeted returning IDP's, refugees and the host population

County	Payams	Number of returning IDPs and refugees	Number of host population	Total number
Lainya	Kenyi, Kopera, Mukaya	**14,400**	**53,600**	**68,000**
Juba	W. Lobonok	**2,500**	**500**	**3,000**
Total		**16,900**	**54,100**	**71,000**

Some key statistics on health, hygiene and education among the target population are presented in annex 1.

Returnees

The first influx of returnees came in early 2004 followed by a second phase in January 2005 after the Comprehensive Peace Agreement (CPA) was signed. Most came with few possessions but were able to have land and use local materials to build houses. The host community has been very supportive by giving temporary accommodation and food. Settlements began to flourish where water was available (with sources less numerous than during the pre displacement era). Fear of land mines was also a factor for people to cluster in safe areas and as a result water supply is limited. Many displaced people remain 'outside' i.e. in neighbouring Uganda and are waiting to see further development of infrastructure and

basic services before returning home. There is a genuine desire by Sudanese people to return but for many the period of exile has been long and new lives have been established. Relatively better health and education services in Uganda will prevent many from returning in the near future. The poorer Sudanese population in the north and the Internally Displaced Persons (IDPs) will be the first to arrive in the new wave of returns in 2006 (UNHCR)

UNHCR repatriation plans have been suspended due to periods of insecurity during the last quarter of 2005 and the first quarter 2006. Voluntary repatriation has occurred but not at the levels first anticipated in 2005.

Security

The programme area has been unstable since September 2005 due to incursions by the LRA (Lords Resistance Army). Armed groups have crossed from eastern Nile region of South Sudan making their way to DRC. They have looted some villages and abducted 29 children (later released) in an area approximately 16 miles away from ZOA compound. Engagement with the local forces (SPLA) resulted in the relocation of ZOA staff to the regional center of Yei for 26 days.

A further incursion by the LRA forces occurred on 24th February 2006 in and around an area just 6 miles from the ZOA compound. OLS who have been monitoring security for its members raised security level of Limbe (Zoa base) to level 4, the highest in Southern Sudan, which prohibited any movement of vehicles and personnel to the area. It forced a second relocation of ZOA staff to Yei, this time for 18 days.

From November 1, 2005 until the end of the project on February 28, 2006, the security level in the programme area was listed as level 3. This has been a serious and persistent constraint to the realization of the project as ZOA staff was only allowed to travel to the field with armed escorts. Parts of the implementation had to be suspended while others could be monitored to a lesser extent. In general the contacts with the communities and their leaders as well as authorities could not be maintained at the intended levels.

3. Objective 1. Restoration of PHC System including Capacity of Service Deliverers

3.1 Activity 1.1 (re)construction of Health Centers (PHCC) & Health Units(PHCU)

Baseline	Target	Achievement by end of project
No facilities available at the moment in the project area. Facilities are damaged directly due to the conflict or due to lack of maintenance.	**(re)construct 3 PHCC** **(re)construct 12 PHCUs with community input** **(re)establish 3 cold chains**	Achievements in construction as in table 2. Only a mother cold chain could be installed serving the 3 Payams in Lainya. The fridges for the 2 other cold chains await installation inside Kupera and Mukaya Payams

Table 2. Status of constructions of PHC facilities

Payam/boma	PHCUs	PHCCs	Category	STATUS
Kenyi (Lainya)		Lora	New Build	80% complete
	Loka West		Renovate	Complete
	Kenyi		New Build	50% complete
	Limbe		Renovate	Complete
Kupera (Lainya)		Jamara	New Build	90% complete
	Limuru		Renovate	Complete
	Kujima/Wuji		New Build	Delayed
	Koyoki		New Build	Complete
	Kupera		New Build	Complete
Mukaya (Lainya)		Roronyo	New Build	Complete
	Soka		Renovate	Complete
	Dimu I		New build	Complete
	Komoi		New Build	Complete
	Yondoru		New Build	Complete
Koggi Boma (Juba County)	Kagwada (upgraded PHCU)		Renovate	Complete

Note: Structures which are listed as %complete are ongoing at the project end date and will be completed in accordance with terms of contract set prior to 28th February 2006. Building schedule interrupted by insecurity events, resulting in some constructions not being completed. Structure listed as 'delayed' has been the subject of a dispute between communities over the location. This has been resolved but not before the project end date.

Implementation and progress
From March 2005 each Payam (community leaders) were consulted about the ZOA building and renovation project for Health facilities in each of the 3 Payams. The Guidelines from the Implementation Plan (of the Health Policy of New Sudan) were followed as closely as possible. This would ensure that the new health facilities would serve sufficient numbers of people and be located as closely as possible to its respective satellite community. Each community agreed to give contributions of materials to support building costs.

Sub-Activities
Building of new PHCCs and building and renovation of PHCUs : Construction commenced in April 2005 after contract tenders had been issued and awarded. Two PHCCs were built by independent contractors and the third was built by contracted direct labour with ZOA providing the materials. 11 PHCUs were built either by direct labour (7) or by a contractor (4). Communities contributed with site clearance and provision of basic materials, sand and where possible stones & hard core. As building progressed some delays in contributions from the community affected the time schedule. ZOA's community development team has to call meetings with community leaders and VHCs to encourage contributions as originally agreed. Interruption due to insecurity was an additional setback. While building supplies became more available in the nearby town of Yei increased demand from other rehabilitation projects led to a dramatic increases in material prices. One NGO JRS(Jesuit Refugee Service) commissioned a study which reported increases ranging from 30% to 50%.

These increases coupled with high transport costs mainly affected the direct contract elements of ZOA 's work and resulted in budget overspend.

Output/Impact (See table 2)
At the time of project end the new PHCC structures are ready to be put to use. The completion has been delayed by periods of insecurity. The PHCUs have become operational as soon as they were completed. Recent evaluation of community attitudes to the new and renovated health service facilities have indicated general satisfaction. Full impact will not be achieved until the new PHCCs are fully operational.

3.2 Activity 1.2 Provision of Medical Services

Baseline	Target	Achievement by end of project
Medical facilities are not available, or are not reaching the target population	**60,000 people have access to Primary Health Care**	Target achieved. Health Service Delivery realized and drugs supplied according to local needs Twelve Primary health care units (serving 44,000 people) and three primary health care centers (serving 60,000 people in total, of whom 44,000 also access a nearer PHCU) are in operation.Rate of access is steadily increasing.

Implementation and progress
The Health Service Package provided for a structure of health service delivery (refer to New Sudan Health Policy 1998 and its 1999 guidelines). The levels for Community Services are indicated as:
1. Peripheral level: Fixed Primary peripheral Health care Unit (PHCU)
2. First Referral Level: Primary Health Care Center

ZOA Lainya and Western Lobonok has set out its Primary Health Care Service Implementation objectives as follows.

- To ensure effective Primary Health Care for the operational areas of Lainya / Western Lobonok. These are the Payams of Kenyi, Mukaya, Kupera in Lainya County and the boma of Koggi , Western Lobonok in Juba County.
- To assess the current status of health services in the project area and to plan and implement a service involving trained community health volunteers that will cater adequately for the health needs of the community.
- To upgrade and construct the health units and centers in the locations jointly agreed with the community representatives and also according to the guidelines set out by the Secretariat of Health for the interim government of South Sudan
- To support financially the professional counterpart staff of the County Medical departments.
- To assist the set up of the new County medical department with structural costs allocated in the project budget.
- To provide capacity building support to the County Health department in the form of training and advice either from externally sourced courses / workshops or from advice and /or training of ZOA professional staff.

From the target attainment levels reported above it will be clear that primary health care services are developing however management capacity is still quite weak and will require further support from ZOA (as elaborated in the 2006 project proposal).

Sub-Activities

Deployment of health professionals

During the time of building new health centers interim facilities were identified for health service provision. Some structures were remaining from previous health initiatives during the war years and by July 2005 all 3 interim PHCCs had health professionals to provide care and laboratory services. Each PHCC has 2 nurses, 1 midwife and a laboratory technician, providing diagnostic and treatment services 5 days a week and on call services at night and weekend, refer to table 3. Health Units provide curative care 3 days a week plus 2 days for preventative care. Monthly data reports are prepared and sent to the County Health Department for collation and summary. Since January 2006 most PHCUs have been staffed with CHWs and MCHWs. The Boma of Kagwada in Juba County has had its Health Unit renovated, become operational but had irregular support from the ZOA project due to serious interruptions caused by insecurity in this area. As a result training and monitoring of staff could not take place, with nearly all awareness raising and immunization activities suspended.

Table 3. Number of health professionals and community based health workers working with the CHD by end of project

Health Facility	Nurse	Midwife	Lab staff	CHW	MCHW
Kenyi Payam PHCC	2	1	1	0	2
Loka West PHCU				2	0
Kenyi PHCU				2	2
Limbe PHCU				0	2
Kupera Payam PHCC	2	1	1	3	3
Limuru PHCU				2	1
Kujima/ Wuji PHCU				1	1
Koyoki PHCU				2	2
Kupera PHCU				2	2
Mukaya Payam PHCC	2	1	1		
Soka PHCU				1	0
Dimu 1 PHCU				1	0
Komoi PHCU				1	0
Yondoru PHCU				1	1
Koggi Boma Kagwada PHCU				2	0
Total	**6**	**3**	**3**	**20**	**16**

Supply of drugs

All operational facilities have adequate supplies of drugs and restocking is managed from the County Health department. A qualified nurse ensures proper stock control and prepares monthly usage reports. It has still been possible to provide essential drug supplies to Kagwada PHCU.

Supply of equipment

Examination tables and other furniture have been manufactured from local materials and supplied to the health facilities. Specialised equipment and medical supplies other than drugs have also been supplied. For more detailed information see the checklist in Annex 4.

Outcome/Impact

Services are now being provided at a level commensurate with Minimum Health Services Package as first defined in the 1998 policy and implementation documents referred to above. The new health center buildings while not yet occupied by February 2006 are a clear indication to the community of a transformation in health care in Lainya County while the interim facilities have been providing adequate Primary health care (at first referral level)

since July 2005. Trained TBAs are providing support to the health center staff during pre and post natal clinics
Both voluntary workers and health professionals offer regular health education sessions on the following topics.

- HIV/AIDS
- Malaria Cause and Prevention
- Water Borne Diseases & Preventative Measures
- Nutrition for Mothers and Children

Other health education topics are handled on a less regular basis.

The above education topics have yet to be standardised as indicated in the Minimum Health services Package Checklist for OFDA South Sudan Programs. Ambulance service does not exist however ZOA does assist in urgent cases.
The community are aware of the services available from communication by the VHCs. Times of opening are displayed and cost sharing arrangements have been explained to the community leaders. Cost sharing funds are managed by the VHCs and used to pay for security and cleaning services. At this stage there is not a uniform system for the whole County and there have been recent signs of resistance to cost sharing in one Payam. This has affected (marked reduction) outpatient attendances. At this stage it is not clear whether the new government will continue with cost sharing in its policy. Further analysis of this problem is required.

3.3 Activity 1.3 Provision of EPI Services

Baseline	Target	Achievement by end of project
EPI services are not provided to the returning population on a regular basis, resulting in low EPI coverage.	**Provision of EPI services to all children under 5 in the project areas, estimated at 15,000 children**	Solar fridge installed,2 kerosene fridges delivered to site Proposal submitted to UNICEF Vaccinators complete practical and program commenced. 3569 children have received at least one vaccination and 1447 mothers have received tetanus vaccination.

Implementation and progress
Obtaining the right type of fridges appeared to be extremely tedious, causing delays to the actual start of the vaccination until October.
With no record of any previous vaccinations except polio the EPI campaign began in October 2005 with training of vaccinators including practical experience and then moving on to sensitisation throughout the community.
Vaccines were obtained from Unicef in November. Again insecurity prevented the movement of vaccinators and eventually the program only could commence in the first week of December 2005. Once the EPI services can be fully operational, the original target is expected to be attainable in 8 months.

Sub-Activities
Training of Vaccinators
21 vaccinators were trained at Limbe base over a period of 6 days. Rather than move to their respective areas to do practical work it was more convenient to do this exercise at the training base and with close supervision. Each successful trainee was supplied with a bicycle.
Sensitisaton of Community
The vaccinators joined with VHC members and professional health staff in each location to sensitise the community. Each Health Center coordinated the activity. Mothers were already used to the idea of immunisation from the recent polio campaign conducted by Unicef.
Setup of Cold Chain
The mother fridge was installed at the ZOA base as it had power supply and safe and easy access for the County Health Department staff (EPI Supervisor). Staff Movement restrictions and reoccurring insecurity have delayed the installation of the remaining 2 fridges in the outlying locations of Mukaya and Kupera Payams beyond the project period.
Immunisation

The momentum of the programme is really beginning to take effect at the end of February 2006 and the vaccinators are working at a more efficient rate. They are moving around village by village and have visited all Bomas in the programme area. However there has been one exception, the Boma of Kagwada which has suffered most from rebel incursions/transit and the area has been declared 'no go' for ZOA staff and counterparts

Outcome/Impact
The coverage rate has remained much lower than planned due to the delayed activities. The total for children under 5 years receiving at least one vaccination is**…3,569**
The total of mothers vaccinated for tetanus by end of project (February 2006) is **…..1,447**
The programme will continue to scale up if the security situation allows and new project funds are obtained.

3.4 Activity 1.4 Health & Hygiene Awareness Raising

Baseline	Target	Achievement by end of project
Level of knowledge about health prevention and hygiene is low	Health and hygiene activities undertaken in 11 Bomas	82 hygiene promoters trained. 86 local leaders sensitized on their roles and relationship between community health and their role as leaders.

Implementation and progress
Based on the baseline results, the Health and Hygiene education focuses on bringing about behavioural changes in :

- Excreta disposal
- The construction, use and maintenance of latrines
- The lack of hand washing with soap or ash
- The use of safe drinking water
- Construction and use of bathing shelters
- The disposal of kitchen and other home generated refuse

Hygiene promotion training was given to selected representatives of each Boma and the training emphasised the link between hygiene and health and the importance of good practice in the improvement of general health in the community. Local leaders were invited to join end of training planning and implementation sessions. This ensured commitment to the plans and resulted in impressive outputs listed in the table below.

Sub-Activities
Training of Hygiene Promoters
For the 3 Payams hygiene promoters (82 persons) were nominated and selected by local leaders. Many of the promoters were also VHC members and the training built on the topics included in VHC training paying particular attention to

- Building of Latrines
- Construction of bathing shelters
- Construction of drying racks
- Digging of rubbish pits
- Boiling water before drinking
- Washing hands after latrine usage

The training lasted for 5 days and local leaders attended the last day of training to get involved in making action plans for hygiene within their own communities.Boma administrators were given responsibility for reporting progress (see table below) on planned activities.

Distribution of tools
As an incentive for latrine building each Boma was supplied with 3 sets of tools(hoe spade and pickaxe)

Distribution of T shirts

400 T-shirts bearing promotional messages were distributed to Hygiene Promoters, County Health staff, VHCs,Local leaders,CHWs and MCHWs and participating ZOA staff.

Outcome/Impact
Boma administrators (9 Bomas) reported the outputs as in table 4 by end of project. These facilities have been realized with strong community inputs while monitored by their own administrators. This provides clear evidence of improving hygiene awareness among the target population.

Table 4 Numbers of hygiene related facilities

New Latrines	New Rubbish pits	New Bathing shelters	New Drying racks
268	421	748	966

This impressive development was in part due to a factor additional to the awareness campaign. A suspected cholera outbreak in the nearby town of Yei and subsequent reporting of cases in the project area galvanised the community in taking preventive action. The hygiene promoters supported by County health staff toured the area distributing information leaflets and informing the community of potential danger from bad hygiene practices. The looming epidemic did not develop.

3.5 Activity 1.5 STD Control Program

Baseline	Target	Achievement by end of project
Infection rate of STD's is high, and level of knowledge about STD's, including HIV/AIDS, is very low	**STD services are offered in all PHCC's, targetting 150 patients monthly.** **Knowledge about STD's, including HIV/AIDS has increased among 8650 people.**	Average attendance for treatment at PHCCs is 95 per month. 2270 condoms distributed. Cumulative number of sensitized people is 40,766 (40% male, 39% female and 21% youth, i.e. 15-24 yrs). This surpasses the target.

I
Implementation and progress
Three types of activities were carried out. They included a range of information, education and communication (IEC) activities, secondly the provision of STD treatment in the PHCCs and thirdly the provision of condoms. Condoms could be accessed at PHCCs, PHCUs and at the homes of the BAC members.
The activities are geared to promote safer sexual practices and to encourage seeking of prompt treatment for STD. Working through third parties, i.e. the church and community leaders who already have close links with the community would ensure effective delivery of the HIV/AIDs message.
In contacts with project staff, many community members indicate to realise the causes and consequences of STD and the importance of safe sexual practice. The communities have a prominent reference point in each BAC member for their area.

Sub-Activities
Formation of Boma AIDS committees (IEC)
11 BACs composed of 11 volunteers (with in average 8 males and 3 females) chaired by the Boma Administrator, were formed, one per Boma in the programme area. These were trained on the basic facts about HIV/AIDS, skills of passing the messages, equipped with awareness materials (charts, booklets, t-shirts, posters, leaflets, penis models) and facilitated with handheld megaphones to conduct awareness sessions in the communities. Sessions were held after worship, on market days, at funeral gatherings among others.

Awareness Sessions (IEC) (refer to table 5)
Leaders (women, youth, church, administrators etc) and TBAs were sensitized on STDs and the consequences of unsafe sexual practice. The 11 BACs took the campaign to 24,222 people in 3 of 4 Payams of Lainya. The Episcopal Diocese of Lainya joined in December 2005, after 250 of the church leaders from the 4 archdeaconries underwent training supported by ZOA.

Table 5 Cumulative STD Awareness Sessions conducted from Oct 05 - Feb 06

ACTOR	MALE	FEMALE	YOUTH 15-24yrs	TOTAL	No. SESSIONS
ZOA	395	365	253	1013	24
BACs	8791	8413	7018	24222	214
Episcopal Diocese of Lainya	7335	7464	1745	16544	148
TOTAL	16521	16242	9016	41779	386
PERCENTAGE	40	39	21	100%	100%

ZOA organised partnerships with key community institutions, interest groups, leaders and other organisations involved in HIV/AIDS work, to sensitize the communities on HIV / AIDS. Table 6 gives an impression of the categories of people directly reached through sensitization trainings.

Table 6 Categories of people sensitized by ZOA on STDs/AIDS

CATEGORY	NO. PERSONS	REMARKS
Traditional Birth Attendants (TBAs)	83	STDs/ AIDS integrated in TBA training
Women Leaders	61	Drawn from political, and local administration as well as civil society
Boma AIDS Committees (BACs)	121	11 members per BACs
Church Leaders	250	At parish level from 4 Archdeaconries*
Political Leaders	114	At Payam & boma level
Teachers	92	Drawn from- primary schools
Youth	241	Drawn from 16 youth groups
Business /Traders Peer Educators	51	Drawn from selected trading locations of the Bomas
Total	1013	As indicated in table 6 above

Provision of condoms

Condoms were made available to community members after intensive awareness activities were carried out (refer to table 7). BACs submitted requisition for condoms and distribution was facilitated by health counterparts. PHCC supervisors also made requisitions for their respective PHCCs.

Table 7 Provision of condoms by outlets

Outlet(s)	BACs	PHCs / PHCUs	ZOA Office	
Total condoms	1,550	720	300	2,570

Outcome/Impact

- The people including the leaders have largely accepted that STDs/AIDS is a reality in the area.There is open acceptance of the problem which ensures that people are less hesitant in seeking treatment for STDs.
- A strong medium i.e. the church has been reinforced with the knowledge and skills in continuing to promote safe sexual practices and prevention of STDs

3.6 Activity 1.6 Increase Capacity of Local Authorities & Health Staff to implement PHC

Baseline	Target	Achievement by end of project
Offices lack the adequate means (manpower, funds, transport and infrastructure) to establish a functional PHC system	**Support 2 County health departments and 3 PHCCs** by setting up infrastructure, training of staff and facilitation of transport for outreach health activities	**Support to CHD administration**: Renovation of County Medical Office for Lainya complete Appointment and coaching of 3 key CHD administrative staff Furniture & stationery supplied to County health office. **Support to PHC service provision**: 22 community health (CHWs) and 7 mother & child health workers (MCHWs) completed

		9-months formal training 83 TBAs trained 15 VHCs trained in basic health facility management Locally conducted 5 day refresher training for 21 CHD staff (CHWs,MCHWs and 1 nurse) Supply of one bicycle for each health facility

Implementation and progress
The CHD office has been successfully established, though with serious delays due to the difficulties in getting it staffed through the local authorities. The County Medical Officer (CMO) is active in his role as coordinator health service provision throughout the County by making monitoring visits to the health facilities.

The PHC service provision has been strongly boosted by training and equipping many health workers. The components of the County Health Service comprise of both professional and volunteer workers with the latter playing a vital role in community health services. The volunteers support the work of the professionals and are the link between health facilities and the community. They also can advise on health education, nutrition and good hygiene. The categories are as follows.

- Community Health Workers – attached to Health Units to provide basic health services
- Mother & Child Health Workers – working in the community and advising on pre and post natal health
- Traditional Birth Attendants – working among the community to assist 'at home' deliveries or referral to health centers.
- Village Health Committees – responsible for management of health facilities

Sub-Activities
Training of Community Health Workers
A total of 29 Community health Workers (22 CHWs & 7 MCHWs) were selected for residential training at a ZOA run training center (Wonduruba) in the adjacent County of Juba. This training commenced in April 2005 and was completed at the end of December 2005. The Community Health Workers that were in post and who remained with their communities have received refresher training, while the new batch were being trained at Wonduruba. A PHC supervisor, EPI supervisor and the nurse in charge for drug issue conducted this training. Security travel restrictions have impeded access to the community health workers in Kagwada.

Training of TBAs
3 groups representing each of the 3 Payams (total of 83 persons) came to the ZOA base for intensive training. Participants were instructed on mother and child health (including nutrition), anatomy relating to pregnancy and delivery, assistance at child delivery and hygiene matters relating to obstetric procedure.
All participants were involved in practical demonstrations and were examined on attained knowledge and practice.

Support to Local authorities
A new County Health Office has been renovated and equipped with furniture and stationery and a protective fence has been erected around the building. The office is located in Limbe.
Getting quality staff for the administration of health has been a problem. Since the last reporting period one of these was found to be unsuitable and has left her post. Interviews for a health administrator have taken place and an appointment made. ZOA administrative officers have commenced coaching this appointee during January and February 2006. Human Resources and Financial management have been the initial priorities. The County health Department administrator receives on the job training from the ZOA administrator for the preparation of financial payments, maintenance of supporting documentation and the recording of personnel records. It is hoped that a suitable PHC supervisor can be appointed by mid 2006 and that the incumbant,in addition to health supervision, will strengthen the general management function of the Lainya County Health Department.

The Juba County department which is responsible for the Koggi Boma (Kagwada PHCU) has already an established management structure. Security travel restrictions have impeded access to the County Health Department of Juba.

Capacity Building for Health Managers
The two CMOs of Lainya and Juba attended one month AMREF organized training on Health Service management in Nairobi from September 14th to October 15th 2005. There has been limited improvement in this area as computer literacy skills are lacking and getting consolidated management reports has been difficult. More support and training is required.

Outcome/Impact
The trained Community health Workers have returned to their areas of operation and have been instrumental in delivering health service from the PHCUs.
The County Medical Officer has begun to organise his office and coordination of his staff and collation of reports from the PHCCs and PHCUs.
TBAs are active in Mother & Child health and carry out deliveries as required either directly or in support of the professional midwife based at the PHCC.

3.7 Activity 1.7 Mobilise Health Committees

Baseline	Target	Achievement by end of project
Due to displacement, only a few health committees are functioning	**PHC system is supported by the community through the Village Health Committees, which are functional in 25 locations**	15 committees formed and trained. The New Sudan Health policy prescribes a VHC per PHC facility, which has been achieved, as only 15 facilities were planned and realized.

Implementation and Progress
To ensure community participation in development of health services a Village Health Committee will represent each health facility(3 PHCCs and 12 PHCUs) in each area, as outlined in the New Sudan Health Policy. This committee normally consists of 8 - 10 members from various backgrounds, among whom at least some females. They are elected by their community and are the link between the community and the County Health Department. ZOA staff have supported the election process and training to the committee members. By the end of the project each PHC facility had a full committee in place. 12 of the committees have been observed as actively playing their roles in line with the New Sudan Health Policy. The 3 others need to become more active, especially in promoting health and hygiene among their community.

Sub-Activities
Training of VHCs
All of the training was completed by September 2005 with each course lasting 5 days.
The course content covered the following topics:

- What is a village health committee?
- Village Committee membership
- The responsibilities of a VHC
- Introduction to Community Based health Care
- Introduction to Primary Health Care Services
- Personal Hygiene and elements of good practice
- Understanding elements of Mother & Child health Care
- The role of Community health Workers (CHW) and Mother and Child health Workers (MCHW) and the qualities required for the selection process
- Elements of good leadership

Outcome/Impact
The total number of trained members was 126 persons of which 45 were female

Most of the committees (12 out of 15) have been active in supervision of existing facilities by

- Managing the security and assets of the health facilities (including the new construction sites)
- Supporting the Community Health Workers from funds derived from cost sharing
- Assisting the health workers in reception of drugs
- Reporting disease or serious illness
- Ensuring that each facility has a latrine, rubbish pit and drying rack

3.8 Concluding remarks

From Chapter 3 it can be concluded that following the project the target population is accessing PHC services by adequately trained health staff (in the PHCCs) and health workers (in the PHCUs). At community level many TBA's and Village Health Committees are now actively contributing in respectively the areas of reproductive and preventive health. Immunization of the target population has been seriously delayed, though staff, volunteers and systems are ready for upscaling activities quickly once security allows. The newly established County Health Department has been successfully involved in employment of health staff and PHC supervision, and needs more strengthening in administrative competencies.

4. Objective 2. Repair of Infrastructure and settlement of returnees facilitated

4.1 Activity 2.1 Repair of Feeder Roads & Essential Bridges

Baseline	Target	Achievement by end of project
Strategic locations for PHC Centers are not accessible	**25 km of feeder road** and **3 essential bridges** have been repaired (15,000 beneficiaries)	Complete Mapping of locations Low maintenance repair of 10km of road in one Payam (reached: 4,000 beneficiaries) Most activities could not be realized due to insecurity and mine risks.

Implementation and Progress

The repair of roads and bridges could be carried out in the dry season. December 2005 to February 2006 was the preferred period. Discussions were held with local administrators representing each boma of the project area and maps were prepared to facilitate the assessment process. Particular priority would be given to access in and around PHCCs. ZOA staff assisted by SRRC field officers would travel the routes and make an assessment. Sections of road would be classified as low or high maintenance. High maintenance sections were considered for machine clearance. Low maintenance sections are suitable for manual labour to fill potholes. Of the 10 kms assessed as low maintenance in Kupera Payam, 7 kms were repaired by 1 team. 2 other teams in this Payam prepared materials but did not start repair. Mukaya Payam did not mobilise its teams before project end. The risk of mines prevented a faster and more effective outcome for these activities.

Sub-Activities

Assessment of Required Repairs

The Payams of Mukaya and Kupera have roads in greatest need of repair. Kenyi Payam straddles the main Yei to Juba road which has been repaired (implemented by World Food Programme). The assessment started in mid November 2005 and lasted one week. Consideration was given to the arterial route from the local health center to the focal point of Limbe which continues to Yei where the main hospital is situated.

For Kupera, Jamara PHCC to Limbe a total of 15kms, the repair assessment found that 10kms were classified as low maintenance and 5kms as high maintenance. For Mukaya, Roroyno PHCC to Limbe a total of 14kms the repair assessment found that 9kms were classified as low maintenance and 5kms as high maintenance.

In Mukaya Payam road access was particularly affected by high water level during the rainy season and 2 bridges were identified to be in need of repair. In January 2006, before any work started on the sections of high maintenance, de-mining assessment teams discovered some mines on the edge of one of the arterial routes designated by ZOA for repair. After this team's consultation with the programme manager it was decided that the unknown threat of accidents from unexploded mines and ordinances would be too great for any heavy machines involved in road clearance. The repair plan was suspended indefinitely.

Repair Works

At the end of November, 7 of the Bomas had organised work teams and the first team (Limbe) started work by repairing potholes with materials extracted from the roadside. Each team was supplied with tools and they began to extract and prepare the necessary materials.

Travel restrictions imposed on ZOA staff and new threats to security once again interrupted the ZOA plans. The repair teams were now (in February 2006) working alone and unsupervised and were not able to get machine support. The project period terminated and the work was suspended.

Outcome /Impact

Accessibility of the PHC facilities in Kupera Payam has improved following road repairs with community involvement.

4.2 Activity 2.3 Implement Small Community projects

(note: activity 2.2 removed in revised submission)

Baseline	Target	Achievement by end of project
Capacity for implementing small projects is insufficient.	6 small community projects (crafts, agriculture, livestock, income generation) are implemented (300 beneficiaries targeted)	13 groups identified 24 individuals have received utensils, starter packs of sugar tea etc for tea selling business 8 groups covering 5 projects & totaling 231 direct beneficiaries and 462 indirect beneficiaries have received support.

Implementation and Progress

In the project the beneficiaries are both returnees and members of the host communities. All the beneficiaries have been sensitized in income generating activities. Community groups were selected for short duration training and were facilitated to start income generating activities. Income generating activity packages were given out as grant in-kind. Community Based Organizations (CBO) were among the groups facilitated. This has promoted the reintegration of the returnees (whose number is increasing) in the community without conflict. Women who are among the most vulnerable people in the society were our primary target, making 69.5% of the beneficiaries, while the youth made 23% and the others 7.5%. The table below shows the number of direct beneficiaries of the project segregated by activity and gender.

Sub-Activities

In kind grants & training

Experts in Carpentry, Bee keeping and Tailoring were involved to teach and demonstrate the relevant skills for various income generating activities, as presented in table 8.

To compliment and develop their newly learnt skills the groups were supplied with the necessary tools, equipment and materials to extend from training to practice

Table 8 Beneficiaries from IGA support

S/No.	Projects with groups	No. supported	Number of Participants		
			F	M	Total
1	Bakery	3	48	2	50
2	Apiary	2	25	6	31
3	Tailoring	5	66	11	77
4	Carpentry	3	0	49	49
	Total Groups	**13**	**139**	**68**	**207**
	Projects with individuals				
5	Individual Tea Sellers	24	24	0	24
	Grand Total	**37**	**163**	**68**	**231**

Indirect beneficiaries (family members) from above activities amount to 462 persons

Outcome /Impact

1. Bakery Groups

Three bakeries managed by women groups are functioning. Each group has been provided with a start-up kit of material for bread production and a bicycle to facilitate transportation of their products to the markets. The groups can now produce bread, and it is sold to the clients around and within the community. The group members have started realizing some income. These bakeries are situated at Jamara, Kenyi and Roronyo. The bakeries are strategically situated in locations which attract a high number of people. There are also weekly markets to which the ladies take the bread on bicycles. The individual women had previously been doing this business before they were interrupted either by lack of resources or relocation to other areas as a result of the war. The availability of this local expertise, knowledge, growing local

market and increased number of travellers makes this a genuine, beneficial and sustainable business. It is also envisaged that the return of more returnees will boost the already existing market. A further demonstration of the sustainability is the fact that after the initial start up packs, the working bakery groups have been able to continue on their own. The materials for making bread are available in the local markets or nearby towns.

2. Apiary Groups

Two apiary farms (demonstration farms) have been established by two women/community groups. The group members were offered the first training in bee farming, organized by ZOA. Each apiary has been equipped with 20 bee hives (10 traditional and 10 modern).The sites have been fenced with barbed wire. The apiaries are located at Dimu and Mundu in Mukaya and Kupera Payam respectively. Only two hives have been colonized so far. Some wax meant to attract the bees has been acquired and will be delivered to the sites. However the farmers are monitoring the developments and eager to sell honey at the current market prices. In addition to the local sales, some Uganda businesses indicate interest to buy honey from the area.

3. Tailoring

The tailoring group members are predominately women. A volunteer instructor provided ongoing 'on the job' training. Those already trained are helping unskilled colleagues to learn sewing skills. The group members normally meet three times per week. Outputs produced so far include school uniforms and dresses and repair services are provided. Additional materials have been purchased from revenues generated.

4. Carpentry

3 carpentry youth-groups were provided with basic carpentry tools. The tools were however distributed around the time there was insecurity, and so, little work (and ZOA followup) was done by the group members. The groups are located at Koyoki, Dimu, Loka-West and Wuji. Many carpentry products are wanted due to the activities of many NGO's and UN agencies, with the GOSS expected to contribute to the demand soon.

5. Tea Sellers (Female individuals)

Out of the 24 individuals supported to establish tea-selling as income generating activity, 22 have sustained their businesses. Of the other two, one got married and has restrictions from her husband and the other got injured in an accident. The tea sellers have not started keeping records. A process to organize training on simple record keeping is in place.

4.3 Activity 2.4 Reintegration Activities

Baseline	Target	Achievement by end of project
Potentially, conflicts might emerge between the returning communities and the host community	training/ meetings in the village (Targeted beneficiaries: 15,000)	Mobilisation of all Boma communities (Reached beneficiaries: 10,000)

Assistance has been sought from the local authorities to help organize visits to original home locations by groups of refugees in Uganda. The intention is to show prospective returnees of the developments taking place and to meet their respective host community. This activity was planned in the latter stage of the project, received much approval from UNHCR however a second relocation by ZOA staff from their compound interrupted all preparations for this special event. Later plans to meet UNHCR sponsored returnees never materialised due to the same security concerns and subsequent suspension of operations by UNHCR.

Having large fields cleared for community activities has made preliminary preparations towards reintegration. The communities were supplied with 'slashers' (grass cutting tool) and footballs as a means of mobilizing them for re-integration talk and meetings. Use of sport as a medium in the first stage of reintegration has helped host and returnee communities get to know each other. Inter - Payam football matches encouraged people to come together and get to know each other. While competitive these matched were played in a very sporting manner. Planned Community meetings have been prevented due to security restrictions.

4.4 Activity 2.5 Create awareness on land mines & UXOs

Baseline	Target	Achievement by end of

		project
Part of the project area is expected to be mined, and UXO's are scattered throughout the area	50 people trained and able to identify the dangers of landmines and UXO's (targeted beneficiaries: 10000)	8 ZOA staff trained by SLIRI on Mine Risk Education. 50 Volunteer community mine risk educators trained. (reached beneficiaries: 13,491)

Implementation and progress

The dangers of mines and UXOs are all too prevalent given that there were many military exchanges around the project area during the time of the war. People have settled in areas where they feel secure but as development progresses more land has to be opened up and this brings with it the threat of accidental injury and even death. Demining agencies place high emphasis on spreading awareness among the community and one such agency SLIRI was invited to train ZOA field staff on the methods of introducing concepts of awareness to the community. By enlisting volunteers and influential community members, the message can be spread throughout the area. Women and children are particularly vulnerable and therefore a vital part of the awareness process. The awareness process also gets older community members to assist in mapping of their area based on wartime experiences.

Sub-Activities

Training of ZOA staff

An INGO demining agency, SLIRI, was invited to ZOA basecamp to give instruction on the techniques of mine awareness. 8 Staff members attended for 4 days and were

- shown photographs of the types and dangers of mines and UXOs.
- informed of typical sites and signs of danger
- trained to address large community audiences and deal with questions
- trained how to effectively use visual aids to inform of dangers

Following the initial instruction and training above the participants were then invited by the course leader to prepare and demonstrate an example awareness session for groups of volunteers. The course leader gave critical feeback on the performance and sessions were reapeated. Final demonstration was given to an audience of all ZOA staff to simulate a village awareness session.

Training of Community Volunteers

Community leaders assisted ZOA in identifying suitable volunteers for training. Each Boma made up a group of 5 persons and comprised of the following categories:

- Boma Administrator
- Youth Leader
- Woman Leader
- Teacher
- Church Leader

ZOA staff conducted three-day training sessions for each of three groups totalling 50 volunteers. These followed the lines of the professional training given by SLIRI and included safety precautions and handling of an explosion incident.

Awareness Sessions by the Community Volunteers

Following the training of the volunteers the Boma administrators convened village meetings and the volunteers conducted awareness sessions. The volunteers were conspicuous in their OFDA sponsored t -shirts supporting awareness messages. Women and children made up a substantial proportion of the audiences and the records of attendances showed total persons reached summarised in table 9.

Table 9 Composition of audiences on demining awareness

Total Sessions	Men	Women	Children	Total
100	5,570	4,813	3,108	13,491

Outcome/Impact

The above activities have already had positive effects on both the behaviour of ZOA staff and community members.

The community leaders now actively look for risk information and encourage community members to declare suspected unsafe areas which can be relayed to the demining agencies. An example of this was the request by parents of children at a local school for ZOA to initiate a survey of the play area around the school. A de-mining agency came to do an assessment, declared the area safe but then were directed by a community elder to a nearby site of unexploded ordinance. The site was subsequently cleared by the agency.

5 Objective 3. Distribution of Non Food Relief Commodities

5.1 Activities 3.1 & 3.2 Selection and distribution of Relief Package

Baseline	Target	Achievement by end of project
returnees will arrive with very limited household items.	**A package will be defined to promote hygiene and preventive health, including mosquito nets, water containers and cooking utensils** **1200 packages**	Package defined and distribution plan prepared (Number was revised following preparatory studies and defining the most appropriate package.) Distribution complete Relief packages delivered 1050

Implementation and Progress

Planning discussions were held by ZOA with the respective local authorities to determine the specific relief items and the beneficiary households. The following criteria for classification as 'vulnerable' were jointly determined. Beneficiaries must be

1) Female headed households
2) Disabled (Land mine victims, lame, deaf, blind or mentally ill)
3) Widows
4) Orphans
5) Child headed households.

It was agreed at the planning meeting that the package had to be meaningful to the beneficiaries. The local authorities ensured acceptance among their communities of the assistance provided to seriously deprived returnees. Using the above criteria the meeting received the names and numbers proposed for each location. They were as follows

Kupera Payam : 300 people
Kenyi Payam : 250 people
Mukaya Payam : 300 people
Koggi Boma : 200 people
Total 1,050

Sub-Activities

Assessment & Preparation

Registration and vetting was carried out by the local authorities. This was a long process which lasted two months; the insecurity situation making it difficult in some parts of the program area

The individual package consisted of a cooking pot, 6 plastic cups, 6 plastic plates, 1 bucket,1 jerry can, 1 basin and a blanket.

ZOA staff assisted by the local authorities devised a prearranged control procedure to prevent double or unauthorized issues of items.The method used was that all the persons identified as vulnerable were issued (prior to the distribution) with cards bearing their name and individual code number. The cards specified household number, boma and Payam and were presented to and verified by the distribution team on the day of the distribution.

Distribution

Over a 3 day period in October 2005 distributions to the Payams of Kupera, Kenyi and Mukaya took place. Koggi Boma received its distribution 4 weeks later. The distribution was conducted by boma. The beneficiaries list was organised in such a way that all who lived in a specific boma were served from one location.

One boma in Mukaya Payam could not be reached due to insecurity and access difficulties and the 40 beneficiaries either individually or through their local leadership, collected their packages from ZOA stores in Limbe. The Koggi distribution was assisted by the Episcopal Church of Sudan after the area was declared 'no go' for ZOA staff (OLS security instruction). Normal control procedures were followed.

Outcome /Impact
The close cooperation between ZOA staff and the local authorities ensured a smooth process and also a minimum amount of disappointment from those who felt that they should have been included. The package was appreciated by those who received it and it helped, in a meaningful way, to reduce pressure on those already supporting the beneficiaries with food items.

6 Other Activities

6.1 Set up Base Camp

Baseline	Target	Achievement by end of project
No infrastructural facilities available in the project area	**A base camp will be constructed to facilitate smooth project implementation. The base camp will be located at a central location to make interaction with the project communities easier.**	Base camp construction complete

Implementation and progress

At the time of commencement of the compound building (March 2005) it was extremely difficult to find suitable contractors. Small groups of builders and carpenters were available and these received contracts for separate structures based on bills of quantities prepared by the ZOA construction supervisor. The labor content was provided by the contractor and the materials bought and supplied by ZOA. Difficulties and constraints hampered the process. They were as follows:

- Initially many supplies had to come from Uganda. This improved later when agents began to flourish in the local town of Yei.
- Competition with other NGOs for supply of building materials lead to unplanned price increases some items rising in price by 30% over three months

Sub-Activities & Outcome

All Compound buildings completed by end of December 2005

6 Tukuls	Kitchen block/food store
Guard room	3 latrines
Radio room	Payote
Main office	Fuel store

The compound is one of few in this area (Central Equatoria) of South Sudan that is close to the community it serves. This is appreciated by the beneficiaries and has benefited ZOA during the times of insecurity and the subsequent travel restrictions. People could come to the compound vicinity for training and other meetings which would have otherwise been impossible.

6.2 PRA & Other Studies

Baseline	Target	Achievement by end of project
Data about the returnees and host population is limited	PRA's will be implemented in all project areas (Boma level), supported by focus group discussions and health surveys	Baseline survey complete Data analysis complete Participation in inter agency rapid assessment Planning for PRA

Implementation and Progress

Plans have been made to conduct PRA studies in each Boma but unfortunately the insecurity travel restrictions have impeded this activity. However a pilot PRA was implemented in the local Boma where ZOA compound is based. This will be a foundation for future PRA exercises during the next phase of development. It will also be an opportunity for ZOA staff to develop their skills in this area.

Sub-Activities

A baseline survey was conducted in early 2005 and was supplemented in June 2005 to get additional data. An extract of the results are appended to this report

In mid 2005 ZOA collaborated with UNOCHA and other agencies to carry out a Rapid Assessment Survey of five counties including Lainya. 4 ZOA staff contributed to the survey and helped to write the report.

Outcome/Impact

The baseline survey was particularly useful in confirming earlier indications of

- Bad health & hygiene conditions and practice
- Low levels of work skills
- High level of non attendance of children (especially girls) at school
- Food Insecurity
- Water & sanitation needs

It will now help to direct future plans

The Rapid Assessment Survey summarised immediate needs and shortfalls and made recommendations for short, medium and long term interventions in key sectors. Recommendations for immediate intervention in health included

i. The need to recruit trained TBAs, Midwives, Maternal Child Health Workers and deployment to rural health centers and units.
ii. Immediate mass immunisation
iii. Improve supply of essential drugs

The survey confirmed that the project is intervening in strongly recommended areas and has achieved good progress on all 3 recommendations in the area of operation.
action has already been taken by ZOA and will help to reduce mortality rates of mothers during delivery.

6.3 Monitoring

Since 1st November travel restrictions on member organisations were imposed by OLS. Monitoring had earlier been conducted with Progress Review meetings (held bi-monthly)coordinated by the Programme manager and the relevant project manager. The SRRC secretary for Lainya County regularly attended and gave input. This involved select site visits and meetings with community leaders. ZOA staff contributed with monthly activity reports.
On 5th December 2005 local administrators representing all the bomas with the Lainya County were invited to an evaluation meeting at ZOA compound. A total of 38 people(10 ZOA staff included) were present The Program Manager and the SRRC County Secretary jointly chaired the meeting. The program manager gave an overview of the program and the general achievements to date. Project officers provided more detailed information on aspects of their work and constraints/difficulties encountered. The meeting involved open discussion and questions from the participants. It was an opportunity for local leaders and representatives to better see the programme in its entirety and to understand its dynamics. The importance of Community participation was stressed in a ZOA presentation of good and bad examples during the implementation of the current project

Community representatives made the following recommendations:

1) ZOA should extend their activities to the fourth Payam of Lainya
2) ZOA should consider implementing activities in the Education Sector
3) If possible the relief programme should be extended to more beneficiaries
4) More medical equipment should be supplied to the existing PHCCs
5) Local administrators would appreciate management training

A post project evaluation exercise was conducted by ZOA teams in 2 Payams in March 2006. It was not possible to complete the exercise in the third Payam of Mukaya due to reoccurring security problems. The objective was firstly to re- engage the community after a period of inactivity due to insecurity conditions and secondly hear the views of the community on key elements of the project and identify any shortfalls. The key elements, with some of them reflected in the current report, were as follows:

- The Current health service provision
- Physical structures built
- Knowledge of health service available
- Knowledge of health & hygiene issues
- Performance of local management of health facilities

- Support to and performance of CBOs and IGAs
- Reintegration
- Road works
- Performance of trained counterparts such as TBAs, Hygiene Promoters, Community health workers, VHCs and BACs

Generally people were satisfied with their emerging health care services and good information from counterparts. More poster/pictorial aids would be helpful. One Payam (Kupera) did not appreciate the cost sharing arrangements. This will require further investigation.
VHCs were active in facility management however did not hold regular meetings.
Support to CBOs was appreciated however more IGA and relevant training requested.
Returnees are integrating well with host community but lack tools and seeds.
The communities appreciated the limited progress on road works, understood the difficulties and would appreciate if the work could be restarted.

7. Human Resource Management

Recruitment
The process of finding suitable candidates and their appointment began in January 2005 and continued up to July 2005. At the end of February 2006 ZOA staff in post amounted to 24 (includes 3 management staff) and counterparts to 16 (includes 2 County Health Department staff). It has not always been possible to retain a full compliment for each of the categories especially nurses and midwives. Competition from other NGOs including higher salaries have resulted in some abrupt resignations and therefore gaps in service provision. As from 2006 ZOA has applied a general salary increment of 15% in an effort to retain staff.

Staff development
Staff are becoming more expert in principles of community development and can assist Community based organisations in becoming more representative of the communities they represent.
Periods of instability provided opportunities for training. Table 10 presents an overview of the staff trainings realized.

Table 10 Staff trainings organized (figures in brackets indicate number of persons trained).

Course Description	Knowledge Attained & Application
Vehicle Maintenance for Drivers (2)	Diagnostic skills & in house maintenance
Radio Broadcasting Skills for health and hygiene awareness for public information (4)	Use of equipment and pre recording of taped messages for inclusion in local radio broadcasts
Procurement and Stock Control (2)	Principles of procurement and recording of stock movements
Training of Trainers (2)	Principles and techniques of training for use in field training
Project Monitoring and Evaluation (2)	How to set up M&E system and management of relevant information. Types of project performance indicators
Introduction to Computers and software applications (10)	Microsoft Word and Excel applications for data tabulation, writing reports, stock control (drug & medical supplies) and vehicle usage reports.

8. Finance

The expenditure realized is presented in the financial report, refer to Annex 5.

Apart from the expenditure on travel (category 3), no major overexpenditures in the object class categories have occurred. The increased spending on travel were mainly due to 2 reasons.
-Staff had to be relocated to Yei for more than 30 days, with substantial costs of their daily upkeep.
-Many trips by car were only allowed with an escort in an additional car, during 5 months. This requirement from OLS resulted in double costs.

The largest underspending occurred on expatriate and regional staff (category 1), construction (category 8) and community projects (category 9). The reduced spending on senior staff (category 1) was mainly a result of the delayed appointment of a Project Manager and the failing recruitment of a Health Advisor. The reduced spending on categories 8 and 9, are the consequence of the persisting insecurity. Road and bridge repairs could hardly be realized during the intended period while several community groups could no more be reached during the last 5 months of the project.

Significant deviations from the approved budget at more detailed levels are explained in table 11.

Table 11 Highlights of spending for the budget lines with deviating expenditure

Budget Line	Expenditure v Budget	Remarks
1.3 Health Advisor	Underspent	No successful appointment made
2.1 PHC Supervisor	Underspent	Included in PHC staff costs
2.3 EPI Workers (incentive)	Underspent	Lower level of activity due to delays in implementation schedule
2.11 Support Staff Field Office	Overspent	Was underbudgeted
3.1 Local duty travel staff	Overspent	A lot of extra expenses incurred during relocation of staff.
3.5 Vehicle Running Cost	Overspent	Much more movement with cars due to insecurity (including transport facilitation of armed escorts)
5.3 EPI Fuel and Maintenance Cost	Underspent	Paid from general motorbike running costs
8.1 PHCC Infrastructure	Overspent	Increased building material costs and more repairs needed than expected
8.5 Rehabilitation of bridges	No spending	Work suspended due to UXO risks
8.6 Road improvement	Underspent	Implementation hampered by insecurity
8.7 Road improvement Food For Work	Underspent	As above
8.8 Compound Construction and maintenance	Overspent	Increased building material costs and was underbudgeted

9. External coordination

Relationships with other NGOs operating in the County have been good. Cooperation meetings with NGOs specialising in Water & Sanitation gave ZOA the chance to lobby for drilling of new boreholes in areas of need identified by the ZOA community development staff. ZOA has been a partner of UNOCHA during the Rapid Assessment survey and is considered as a valuable contributor at NGO Sector Coordination Meetings.

The administrative structures introduced by the interim government of South Sudan are not the ideal working mechanism of a democratic civil authority however it has been possible to implement without too much bureaucratic interference. Civil Society is at an early stage of development and the consultative nature of ZOA's involvement with the community of Lainya Country has laid the foundation for future improvement.

10. Concluding remarks

Much has been reported above on interruptions due to insecurity and there is no doubt that these conditions came at crucial stages of implementation of the project. During the last 4 months of the project no travel into the project area has been possible withouth armed escorts. Building schedules were revised on several occasions. Interaction with the community was adversely affected leading to loss of contact and cancellation of meetings. The programme management team tried to overcome these difficulties by getting community counterparts to assist in monitoring and reporting of progress of building works and continuation of activities already started prior to interruption. Many community leaders came to the ZOA compound to deliver reports and plan community training. Many trainings were conducted at or near the ZOA compound in Limbe. Lainya SRRC secretary and field officers became involved in project implementation such as non-food relief items distribution and helped to continue the good relationships established in the initial stages of the project. As a result ZOA has maintained its status as the lead NGO in the rehabilitation of Lainya County.

The final outcome for this first phase of intervention is that life saving support was provided to many people in a manner preparing for sustainability. As more people will become motivated to return, they will be able to contribute to the renaissance of this area of South Sudan.

Annex 1 Some key statistics relevant to the project

BASELINE SURVEY EXTRACT

Sector	Survey	Survey statistic
Health	Incidence of Diarrhoea (more than one occurrence during 1 year)	90% of those interviewed
	Eye Infection (More than one occurrence during 1 year)	92% of those interviewed
	Intestinal Worms (more than one occurrence during 1 year)	79% of those interviewed
	Malaria (more than one occurrence during 1 year)	69% of those interviewed
	Households owning Mosquito Nets	16% of households
Health & Hygiene Awareness	Boiling of water before drinking	14% of households
	Have use of latrine	8% of households
Status of Population	Average Female headed Households	24%
	Ratio of male to female	45% to 55%
	Average no of persons per household	5.9
	Land ownership	85% of households own land
	Possessing vocational skills	11% of those interviewed

OTHER RELEVANT STATISTICS PROVIDED BY UN AGENCIES

UNDP 2001	UNICEF
Income: 90% of Southerners (SPLM/A areas) are living on less than $1 per day. **Health & Nutrition:** among the lowest in the world; most health services are provided by NGOs and there are few hospitals, a small workforce and very limited health coverage. **Water & sanitation:** Access to clean water sources and sanitation facilities is very limited compared to north Sudan (3-4 times lower) and consequently children in south Sudan are 3 times more likely to die before the age of 5 than in the rest of Sudan.	**Children:** 21% of the population is under 5 years old. **Literacy:** 3 out of 4 southern adults and 90% of southern women are illiterate.

Community Rehabilitation project Katigiri, Lainya and Terekeka Counties ZOA Refugee Care January – September 2005				
	Intervention Logic	***Objectively Verifiable Indicators***	***Sources of Verification***	***Risks and Assumptions***
Programme goal	The overall objective of the project is to rehabilitate livelihoods and restore life with dignity of the returning refugees, returning IDP's and host population.			
Project Purpose	The project purpose is to improve conditions for 65,000 vulnerable returnee and host families so as to help them to resettle peacefully and to rebuild their basic physical and economic infrastructure	At least 50% of the household heads in the project area are satisfied with the conditions in the area of return, and have no intentions of moving away.	• Baseline and evaluation study • Regular monitoring of the activities • Monthly reports of the supervisors	• The authorities will continue to support the return of the various target groups • De-mining activities will continue to take place by other organisations
Objectives	1. The Primary Health Care system, including capacity of service deliverers, has been restored to serve the returnees and host community 2. Basic infrastructure has been restored, and settlement of returnees facilitated. 3. Returning households have received a relief household package	1a. OPD attendance reaches 0.25/person/year by the end of the project, and EPI coverage of fully vaccinated children under five reaches 15 %. 1b. Capacity of 5 health authorities at County level and 5 senior PHC staff to implement and monitor PHC service delivery has increased. 1c. 25 Village Health Committees are functional. 2. All PHCC's accessible by motorised transport year round. 3. 7,500 household packages provided to returnees throughout the project area.	• PHC attendance and EPI reports. STD treatment reports. • Progress reports, stories of beneficiaries. • Local government reports, minutes of CBO meetings. • Completion reports technical staff. • Distribution lists	• Continued support of and cooperation with the local authorities • Successful recruitment of qualified staff • Continued support of the government for returning IDP's and returning refugees

Activities	1.1 (re)construction of PHCCs and PHCUs. 1.2 Provision of medical services, including drugs, by health staff and community based health workers 1.3 Provision of EPI services to returnees 1.4 Health and hygiene awareness activities in the bomas 1.5 STD control programme 1.6 Increase capacity of local authorities to implement PHC projects. 1.7 Mobilise Village Health Committees 2.1 repair of feeder roadbridges 2.2 repair of boreholes 2.3 small community projects 2.4 reintegration activities 2.5 training of landmine and UXO educators 3.1 selection of beneficiaries and household package 3.2 distribution of household packages	***Means*** • 2 expat programme managers • 3 project managers • 1 health advisor • 2 primary health care supervisors • 26 local project staff • 20 health staff • 9 local government staff supported • 10 support staff • Material resources for construction of health centers, roads • Spareparts for boreholes • Relief packages • Drugs, vaccines and cold chains • Food (for Work) • Seeds and tools (locally purchased) • 4 4x4 Vehicles • 8 Motorbikes • Communication equipment • Office support	***Verification of Expenses*** • Financial reports according to donor requirements • Invoices • Staff contracts • Monitoring reports	**Pre-conditions** • Political & military stability • Access for humanitarian agencies

October 25, 2005

Dr. Rein Dekker
Regional Director Africa
ZOA Refugee Care
PO Box 4230
7320 AC Apeldoorn
The Netherlands

Subject: "No-Cost" Extension of Award No. DFD-G-00-05-00058

Dear Mr. Dekker:

This responds to your request for a "no-cost" extension of the subject award's end date, from October 31, 2005, to February 28, 2006.

Pursuant to Section 1.2 of the award, which permits the Cognizant Technical Officer (CTO) to approve one-time "no-cost" extensions for more than three months and for twelve months or less, I hereby approve such extension subject to the explicit understanding that:

1. The purpose of the extension is not solely to expend unobligated balances;
2. The terms and conditions of the award permit the extension;
3. No additional U.S. Government funds are required; and
4. The extension does not involve a change in the approved scope or objectives of the project.

Please be sure to attach a copy of this letter to all financial reports which include costs incurred after the estimated completion date set forth in the award (as it may have been amended) but within the period of such "no-cost" extension.

Should you have any questions about this extension, please contact me at (202) 712-1091.

Sincerely,

David Lillie
Cognizant Technical Officer

cc: John Kimbrough, Program Officer
Macfadden Grants Unit
M/FM

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