

Report

Observations, Reflections, and
Recommendations

about the services rendered by Kuron
Health Centre, Holy Trinity Peace Village,
Kuron.

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November 2012

THE KURON HEALTH CENTER AND ITS ROLE IN THE HEALTH CARE SERVICES OF GOSS

I have had the privilege to visit the HTPV in Kuron and I have had the chance to see many of the activities and to become acquainted with many of the staff members. I have spent about two weeks at the Kuron Health Center. This report is based on my observations, talks with the staff at the health center and staff in Kuron village and reading of the **BASIC PACKAGE OF HEALTH AND NUTRITION SERVICES IN PRIMARY HEALTH CARE** of South Sudan (BPHS-JULY 2011), which HE Margaret Itto, the Minister of Health of Eastern Equatoria state sent to me after a visit to her office.

According to the BPHS -PHCP of this nation there should be three levels of care at primary health care level (copied from page 11-12):

HEALTH SERVICE DELIVERY

State Ministries of Health (SMoHs) and County Health Departments (CHDs) are responsible for secondary and primary health care services respectively. The 10 SMoHs provide leadership for health service delivery and management in their respective States. The responsibility for funding and recruitment for most government provided health services resides with the States and Counties. The CHDs manage the delivery of PHC services.

HEALTH SERVICE DELIVERY FACILITIES PROVIDING PRIMARY CARE

Health services are delivered through a three-tier system composed of Country Hospitals (CH), (Payam) Primary Health Care Centres (PHCCs) and (Boma) Primary Health Care Units (PHCUs), in close collaboration with village committees and other community-based networks.

Community Organisation for Health and Boma Primary Health Unit (PHCU)

*At the village level care is provided by a set of community volunteers led by **Community Health Workers (CHW)** and **Community Midwives (CMW)** who are residents of the area they serve.*

*The **Village Health Committees (VHC)**, consisting of elected community members, represent the entire community while maintaining a gender balance, and provide administrative oversight and support to CMWs and CHWs. The VHCs maintain liaison with their community and the PHCUs, whereas the Boma Health Committees (BHCs) liaise with the County Health Departments (CHD).*

***Boma Health Committees (BHCs)** members are elected community members and provide administrative support and mentorship, while representing the entire community and maintaining a gender balance. The key functions are:
Community engagement and involvement for community ownership in health issues;
Monthly work plans of health committees;
Planning and implementation of community health and outreach health activities'*

*Health education through health campaigns and awareness raising activities;
Enforcing the referral system and disease surveillance;
Monitoring and evaluation of health activities and of efficient and cost-effective use of resources.*

Boma Primary Health Care Units (PHCU) are the frontline health facilities staffed by two Community Health Workers and a Community Midwife. They provide basic preventive and curative services. While one facility-based CHW is responsible for curative activities, the other provides oversight to community-based activities implemented in their catchment area. On the long term, Clinical Officers (CO) (non-physician clinician cadre) will head PHCUs while public health officers will provide oversight to community based activities. There should be averagely one PHCU for every 15 000 people and while the PHCU is operating on an 8 hours/day (5 days/week) schedule the PHCU will ensure that at least one staff member is reachable on call for emergency cases.

The main purpose lies on disease prevention and promotion of health through education on and promotion of feeding and health seeking behaviour, vaccination, use of mosquito nets and of clean water and sanitary facilities. The CHWs are not trained nurses, but can perform diagnosis and treatment of a few common problems, such as malaria, diarrhoea and ARI. Also, they cannot conduct maternal care such as deliveries or antenatal care, but rather promote family planning and distribute pills and condoms. Vaccinations and therapeutic feeding programmes are carried out as part of the outreach services by nurses from PPHC and are assisted by CHWs, while CHWs also routinely screen under-fives and pregnant women for malnutrition. CHWs are responsible to record their activities at this first level of the HMIS. No fees are charged at PHUs.

Payam Primary Health Care Centre (PHCC) offering Basic Emergency Obstetric and Neonatal Care

Primary Health Care Centres are the first referral health facilities that offer a wider range of diagnostic and curative services than a PHCU, notably laboratory diagnostics, and an indoor care observation ward. It provides treatment of simple cases and offer Basic Emergency Obstetric and Neonatal Care (BEMONC).

The PHCC has qualified health professionals, with COs, fully trained nurse/midwives, CHWs, vaccinator, laboratory and pharmacy technician, public health technicians, cleaners and watchmen. The PHCC dispenses a wider range of drugs than PHCUs, including parenteral treatment and minor surgical procedures. In obstetrics, they provide life saving procedures like manual vacuum aspiration (MVA) and post abortion care (PAC). They are expected to offer 24 hours service and there should be at least one PHCC for every 25 000 women of child bearing age, which translates to, in average, 4 PHCUs per PHCC. These facilities will provide mentorship to PHCU and ensure

efficient reporting to and use of the Health Management Information System (HMIS) for their catchment areas, which includes documentation relating to administrative, maintenance activities as well as outreach health activities.

Provision of Comprehensive EmONC

Comprehensive EmONC (CEMONC) is usually provided in hospitals which are equipped with physicians, operation theatres and blood transfusion. However, given the setting in South Sudan with low population density over a large area entailing long distances between health facilities it is envisioned to pilot comprehensive EmONC in certain extremely well performing PHCCs. In addition to all the services provided at the PHCCs, the delivery of Comprehensive EmONC will entail surgical obstetrics with the capacity to carry out caesarean sections, management of severe uterine bleeding/damage and safe blood transfusion. There should ideally be one Comprehensive EmONC facility for every 50,000 women of child bearing age, with health professionals skilled in deliveries, anaesthetists and laboratory technicians trained in blood transfusion.

County Hospital

The Republic of South Sudan through its Government of South Sudan (GOSS) plans for one hospital for each county. The most important role of these hospitals is the provision of CEMONC with the capacity for carrying out caesarean sections and blood transfusion, while all hospitals provide preventive, promotive, clinical, curative and in-patient health services, as well as surgery. County Hospitals are expected to serve 300 000 people, and the State Referral Hospitals serve a population of approximately 500 000.

The hospitals are expected to ensure 24 hour quality in-patient referral health care with qualified nurses, midwives and doctors permanently in the hospital. The hospital management is overseen by the hospital director, the CHD and the Hospital boards. The boards are responsible for mobilising funds also in the community, from business enterprises, the diaspora and other sources. The SMOH, MoH and municipal authorities also contribute to hospital capital and recurrent costs.

The services rendered by Kuron Health Center

The Kuron Health Center (KHC) fits into this plan as a Payam Primary Health Care Center (PHCC) in Kauto Payam in Kapoeta East. At present KHC is the only functioning health care facility in Kapoeta East, there are no Boma Primary Health Care Units (PHCU) established. There is a hospital in Kapoeta town that could be functioning and considered a County Hospital, but I have not seen it, and I do not know anything about the staffing, supplies or performance.

Due to the fact of being the only functioning health care facility, the patient load at KHC is quite high and clearly increasing. People are coming from villages far away and they walk for several days to reach KHC. Many children, who are brought, are severely ill and have to be admitted in the ward at KHC although they should need and deserve services at a higher level in the referral chain. I will just

briefly mention that many severely ill and complicated malaria cases among children are diagnosed and treatment is given, many children with severe malnutrition are seen as well as burn injuries are treated in the ward. Some protracted delivery cases are also admitted every month.

I will refer readers to the monthly reports and annual report submitted by the Staff in Charge for learning of the workload, the cases treated by numbers and diagnosis. I will only express my appreciation for the work by the present staff. They are brave, heroic and very dedicated to offer the services, they are on call 24 hours every day, and often they have to attend the severely ill in-patients during night hours. At present there are 4 experienced nurses and one of them is a trained nurse tutor. Their clinical skills are high.

FACILITIES AND EQUIPMENT AT KHC.

The health center is not built and equipped to handle the heavy patient load with that high number of severely ill patients that have to be treated at spot due to lack of referral facilities. There is no ambulance by which to send patients to Kapoeta or Boma hospitals and in the rainy season the roads are impassable. Due to this fact it is necessary to consider some upgrading of the buildings, a new maternity wing including facilities for antenatal care and under-fives clinic. And also a larger out-patient consultation area is needed so that two nurses can attend to patients at same time during the peak hours.

The solar panels are working well and providing light in the wards nighttime.

The storing of vaccines is not satisfactory since the freezer does not freeze, it gives only fridge temperature at approximately 0 degrees. A new freezer is urgently needed to avoid the vaccines from becoming non-functioning only after short time.

At present the status of drug situation at KHC is almost satisfying. The only urgently missing items are eye-ointment and malaria diagnostic reagents and malaria diagnostic kits

The water issue at the KHC is still pending, the pump and the water pipes are not yet installed, but work is going on.

An incinerator for the clinic is needed to avoid the local people from entering the rubbish pit and taking items that can transmit disease to them.

The present staff quarters are very hot and uncomfortable during the hot season, so new staff houses need to be erected in order to be able to accommodate staff who may be assigned and come to work at the KHC.

The KHC do not have sufficient contact with the HTPV in Kuron. This together with some incidences could even be considered as a security threat and needs to be looked into urgently. At several occasions this last year thieves have entered the compound, beating and tying the watchman/gatekeeper and strolling around looking for commodities to take away. At one time even a man with gun came and threatened the staff. These incidences have been reported to the administration at Kuron HTPV, but no follow-up has occurred from there. If such cases are left like that, this will encourage the bandits to return since there will be no consequences to them.

Some kind of radio/telephone communication needs to be established between the KHC and HTPV urgently.

THE STAFF SITUATION AND ADMINISTRATIVE MATTERS

Presently the KHC has a staff of 11 people, 4 trained nurses, 3 untrained staff (a nursing assistant, a laboratory assistant, a pharmacy assistant) and 4 support staff as cleaner, cooks and watchman.

The untrained staff should not be given the responsibility to investigate and treat patients on their own; this could in the worse case even be a dangerous exercise. The drugs that are used are potent poisons that can kill a person when used in an inadequate manner. My very clear advice is that none of the untrained staff should be allowed to attend to patients without being closely supervised by professional staff at each moment. Their role should remain being assistants. In case any mishappening occurs, the nurse in charge will always be held responsible and could even loose her/his authorization.

Staff should be instructed not to leave the KHC and go to Kuron without giving any notice to the supervisor or report back late. The administration at HTPV in Kuron should see to that nobody bypasses their supervisor when something is a matter, all issues should always be forwarded through the supervisor.

It is mandatory to establish a system of work-regulations and procedures as soon as possible for handling misconduct during working hours. This kind of behaviour puts extra burden to those who remain at work. In working out these procedures, the administration at HTPV need to take into account the health care has to be offered at any time to anybody who is in need. People will need heath care even during weekends.

Some time back a large consignment of drugs was ordered to be brought from KHC to HTPV. The nurse in charge did not want this to happen, and she hesitated and asked who at HTPV should be responsible for the use of the drugs, and who had enough medical knowledge to handle the drugs. The order had to be implemented, she was told. This kind of order is unlawful practice, putting the health professional to act in conflict with their ethical code. That is a serious matter and is threatening the autonomy of health staff in professional matters.

There is a need to recruit more staff. A health-centre in this very remote area and with the present difficulties in moving because of bad roads and lack of vehicles, need to have a full staffing as Payam health centre offering Basic Emergency Obstetric and Neonatal Care (BEMONC). This implies that 1-2 clinical officers, a trained community nurse, a trained laboratory assistant and a trained pharmacy assistant and a trained health extension officer need to be recruited in addition to the present staff. Only then would it be possible to make duty rooster that will allow some of the staff to be off duty sometimes during the week and would allow plans to be made so that the health staff members could get leave on regular schedule to visit their families, and satisfactory services could still be rendered by the staff on duty.

The leadership of HTPV Kuron need to approach the MoH to ask for Health staff on payroll of GOSS to be seconded to HTPV to render services to the local people in this area.

THE WHEEL OF CHANGE

All changes with human beings go on by passing these stages:

Awareness

Evaluation

Decision

Trial

Acceptance

As agents for development and change our main task is to create awareness among the target population about new ideas, new way of life, new values and new practices. This process is not done in a hurry, it needs to be repeated and the change-agents need to have patience and show persistence.

The target populations, in our case here in Kuron, the Toposa), will then **evaluate** whether the new ideas are good for them. This evaluation is done by individuals and also at village and community level and the process may be slow and sometimes almost unconscious. In the evaluation they will have to compare the advantages and the costs of the change proposed.

After an evaluation, a **decision** is made, either by an individual or by groups. We see at KHC that such decisions are made by individuals and families every day when they bring their children for treatment.

They make a **trial**. Often they have tried the traditional healing practices which failed, and they decide to try something new. Every time when we show them that we care for them, and that we have means to help them, their evaluation and decision making in favour of new practice will be strengthened.

After some time and after numerous evaluations and trials, the new knowledge and the new way of doing will be **accepted** eventually replace the old customs. A change has then taken place and has been adopted.

Recommendations

1. Formalise an agreement with the Ministry of Health in Torit State and MOH at national level in Juba, that Kuron Health Centre could function as a Payam Primary Health Care Centre in Kauto Payam provided that the GOSS provides sufficient trained staff, regular supply of drugs, vaccines, laboratory reagents and diagnostic equipment directly to Kuron via plane from Juba or Torit and also provides an ambulance and fuel for patient transferrals.
2. Staff houses to be erected to facilitate staff recruitment and stabilisation of staff.
3. Improve and increase the facilities at KHC according to the guidelines in the BPHS-July 2011 and as listed by the nurse in-charge: a new maternity wing with rooms for antenatal care and under-fives-clinic and a wider outpatient consultation area.
4. New equipment needed:
 - a. New freezer to keep vaccines frozen
 - b. Incinerator
 - c. A placenta-pit to be made locally

- d. Finalise the water provision system
5. Improved communication channel between HTPV and KHC to be established as soon as possible.
 6. The staff members at KHC are encouraged to do health education for the patients at the waiting area daily and also to extend the health education and health promotion activities on regular basis to the nearby villages, as well as do vaccination campaigns on regular schedule.
 7. The administration at HTPV to work out regulations for work performance and conduct of the staff, including procedures to be follow at violation of the rules and misbehaviour by staff. The contract forms for the health staff have to be adjusted to the fact that somebody with skills has to be on call 24 hours /7 days.
 8. The autonomy of health professionals in their daily duties need to be respected.
 9. The leadership at HTPV should need to look into that all staff irrespective of gender and tribal connection are given equal rights and treated with equity in mind.
 10. The change agents need to be humble in the interaction with people from a different cultural background and not talk of or consider anybody who has different values to be primitive.
 11. Follow-up of the agreement with HE Margaret Itto, Minister of Health in Torit State about the provision of drugs etc directly to Kuron by plane/helicopter from Torit or Juba.
 12. There is need for conducting mass and prayers for the health staff at KHC and for the local villages on regular basis at least two times a month in like in HTPV Kuron.
 13. If Item 1) in this list of recommendations is not possible, the recruitment of trained health staff need to be given high priority in order to secure that the health care services to the Toposa in this area can be continued in a safe way.

THANKS

I want to thank everybody at the HTPV in Kuron for their hospitality and friendliness. I am grateful for your willingness to share your experiences and concerns.

Particularly I am proud to have been included in the team at KHC. Thank you for all your help, for all that I have learned from you and for your hospitality.

Lastly I would extend my thanks to the friend and Spiritual Father for all of us connected to the NCA/SP, Bishop Emeritus Paride Taban. When he called me to come to Kuron 2 years ago, this call has been ripening in my mind until this time when I was able to come. Bishop, I feel honoured by having been included in your staff.

Kuron/Juba, November, 29th, 2012.

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