

HOLY TRINITY PEACE VILLAGE KURON



Health Program Summary

June, 2014

Background

The Holy Trinity Peace Village Kuron health program started in 2006 managed by Sr. Angella a comprehensive nurse, with funding from DOT and mercy beyond borders for training of health workers and curative activities; it was started as a temporary structure in the village of Kuron.

In 2008, Holy Trinity Peace Village Kuron decided to construct a more permanent structure for its health programs in Matara about 10 Kms from its head quarters in order to promote integration and ensure better quality health programs.



Beneficiary population

The Health program has been and is still working in the Payam of Kauto, with a beneficiary population of **51323¹**, Kauto Payam is very disadvantaged as it has only one functional health facility that is Kuron primary health care centre, Namurupus and Nanyangachor PHCUs were operated by DOT and has been non operational for quite a long time.

Patients move a very long distance to access health services in Kuron PHCC, others move for a period of 4 to 5 days to access services,

Activities

1. Curative and preventive health care

- Consultations at the OPD and treatments in IPD (See list of abbreviations in end of document)
- Integrated EPI, ANC/PNC outreaches in selected outreach sites
- Community mobilization and sensitization on health programs
- Support to national immunization days
- EPI at the health facility (static)
- Construction of maternity unit (Not yet started)

2. Community involvement

- Training of TBAs on safe motherhood
- Identification and selection of village health committees
- Monthly meetings with the VHCs and the TBAs
- Training of community vaccinators for EPI program

3. Nutritional health with focus on malnutrition in the community

- Malnutrition training, on identification of malnutrition in communities and provision of vitamin A and deworming tablets (See below the details)
- All the U5 who attend young child clinic are always assessed for malnutrition.

¹ 1 source 5th Sudan Population and household census 2008

Key issues/constraints

- Shortage of qualified staff in the health facility
- Lack of essential drugs from the county health department (CHD)
- Inconsistent supply of drugs, vaccines and medical supplies by the MoH
- The long distances patients move to access the only functional health facility in the payam
- Irregularities in the supply of vaccines by the CHD
- Inadequate supply of MCH supplies (ITNs, mama kits)
- Lack of water supply to the health facility.
- No pit latrines for both the staff and the patients
- No bath shelters for the patients
- Lack of furniture for patients to sit on.
- Inadequate accommodation for the staffs
- Lack of program vehicles to carry out other program activities

INTEGRATED OUTREACH ACTIVITIES – Key Activities

- Establish 5 village health committees and organize monthly VHC meetings
- Identify and train TBAs on safe motherhood
- Issue ITNs and clean delivery kits to pregnant mothers
- Carry out ANC programs both at the health facility and at selected outreach sites with focus towards 4 ANC visits
- Increase number of deliveries attended to by skilled birth attendance
- Monitor progress towards 2 postnatal checks per woman
- Conduct immunization outreaches using both mobile and fixed sites in the catchment area
- Strengthen referral for patients requiring more skilled interventions especially pregnant mothers

INTEGRATED OUTREACH ACTIVITIES – Areas of improvement

1. Village health committees (VHCs) are established as per MoH Policy and monthly meetings conducted, they act as a bridge between the health facility and the community:
 - The Holy Trinity Peace Village Kuron health program will continue to support the VHCs formed as it has been realized that they are very essential in implementation of health programs in the communities.
 - VHCs are very good in mobilization, when they are well informed of an activity, its always a success
2. Traditional Birth attendants (TBAs) are identified from the community and trained on safe motherhood and identification of risks in pregnancy and referral for skilled delivery in the health facility.
 - The health program will continue to work with the trained TBAs to help encourage pregnant mothers to attend ANC and also health facility delivery
 - Ever since when the training was conducted ANC attendance increase significantly(see the table below)



- Health facility delivery has also improved, from less than 4 deliveries in a year to 8 deliveries in the period of five months (see table below for summary).



3. Immunization services are conducted daily at static and twice weekly at outreaches, a large number of children were reached for vaccination, DPT3 completers and measles completers rise significantly (see the table below for the statistics)
- During immunization sessions, health education were done on selected topics depending on the identified needs



- Vitamin A are always given to children of 6 months to 59 months to help prevent future eye infections (summary in the table below)



Accomplishments/Comments:

Health indicators	2014	Comments
Area of operation	Kauto Payam	
General population	51,323	
# of functional Health facilities in the area	1	Namorupus and Nanyangachor are non functional (there is need to open the closed health facilities)
<i>Utilization</i>		
# of Health facility consultations, U5 (5months period)	507 (11.5 consultations per clinician per day)	Consultations by Nursing assistant, clinical officers and midwives are considered
# of H/C consultations, all ages (period of 5 months)	1,784 (40.5 consultations per clinician per day)	MoH (50 consultations per clinician per day appropriate)
HC utilization rate, U5 Consultation/year	0.98	Standard is 4 / person / year for all ages.
HC utilization rate, all ages <i>Consultations/person/year</i>	3.47	Standard is less than 4 consultations / person / year for all ages
<i>Basic Indicators</i>		
Crude Mortality Rate <i>deaths/10,000/day</i>	0	
U5 mortality rate <i>deaths/10,000/day</i>	0	
Expected No. of pregnancies	2874	5.6% of total population(MOH)
1 st ANC attendance	493	
ANC re-attendance (2-4)	36 (7.3%)	7.3% of new ANC attendances attended at least 2 ANC visits during the period
# of ANC re-attendance who received IPT2	22 (4.5%)	
# of 1 st ANC attendance issued with ITNs	493 (100%)	All the 1 st ANC attendance received ITNs
# of ANC attendance 36 weeks and above issued with mama kit	69 (100%)	MoH/ WHO recommend mama kit at 36 WOA
<i>EPI Indicators</i>		
# of DPT3 completers	763 (31.6%)	Under one estimated at 4.7% of the total population MOH
# of Measles completers	655 (27.7%)	Under one estimated at 4.7% of the total population (measles vaccine has been out of stock for a long time)
# of U5 given Vitamin A	1855 (77%)	Estimated at 4.7% of total population
# of Children screened for malnutrition	2169 (100%)	All children in contact were assessed for malnutrition using MUAC
# of Number of village health committees formed	5 (100%)	VHCs attend meetings together with H/c staffs monthly
# of TBAs identified and trained on safe motherhood and identification of risks in pregnancies.	10 (100%)	

Recommendations

- There is need to purchase an ambulance to solve the problem of referral
- There is need to install water system to the health unit.
- There is need for operation theatre to solve the referral problems (upgrade the facility to hospital status)
- There is need to build a more conducive staff houses.
- Need for communication gadgets like Thuraya phones and internet
- Lack of MCH building to handle maternity services
- Village health teams to be identified in the communities and trained to handle health education and treatment of common conditions (Pneumonia, Malaria and Diarrhoea), with the aim of treatment of common illnesses in under five within 24 hours, this will reduce infant mortality rate greatly.
- A vehicle to be provided for the next phase of the project to ease the transport means.
- Other components like the WASH program to be included in the health program.
- There is need to procure a **baby kit**²² to help the mothers who deliver from the health facility as the community come to the health facility empty handed, making it very difficult to receive the baby in an empty hand.

List of abbreviations

ANC	Antenatal care
BCG	Bacilli Calmmate Guerin
CHD	County Health department
DOT	Dioceses of Torit
DPT	Diptheria pertusis tetanus
EPI	Expanded program on immunization
HC	Health centre
IPD	In patient department
ITN	Insecticide treated nets
MCH	Maternal Child health
MoH	Ministry of health
MUAC	Mean upper arm circumference
OPD	Out patient department
PHCC	Primary health care centre
PHCU	Primary health care unit
PNC	Post natal care
TBA's	Traditional Birth attendants
U5	Under fives
VHC	Village health committees
WASH	Water Sanitation and hygiene
WHO	World health organization
WOA	Weeks of amenorrhoea

² Components of a baby kit (Basin, a bar of soap, towel, baby's clothes, and bathing soap)