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UNICEF
Operation Lifeline Sudan
Northern Sector



January - June 1997 Report
Malakal Sub-Office

Part 1 : Changes in The Situation Of Children And Women

1) Political and socio - economic development during the past six months

Upper Nile Zone, which is inhabited by 1,100,000 population (1993 census estimate), scattered in an area of 230,000 square kms, and settled in rural (90%) and semi-urban settings (10%), had been in state of turmoil for the last 14 years. Civil war between north & south Sudan and intertribal conflicts, which caused movement of population masses from their homes to displaced camps in the country and/or in refugees camps in the neighbouring countries had led to deterioration of living condition of the zone dwellers, especially women and children.

Factors other than the direct fighting between GOS and rebels that affected the lives of women & children are still continuing. Weak health, nutrition, education and water & environmental sanitation infrastructure had led to spread of epidemic and endemic diseases such as malaria, diarrhoea's, kalazar, tuberculosis and acute respiratory infections which usurped the lives of thousands of mothers and children through direct and indirect causes. Women, being ignorant and/or of poor education were unable to perceive the hazards of utilising contaminated water and stopping feeding & fluids during diarrhoea episodes, thus subjected their children life to death. The morbidity caused by these diseases was augmented by food shortage that paved the way for malnutrition to prevail among women and children and to have devastating effect on their health & lives.

This situation was further worsened by the government strategy of mobilising financial, human and material resources to boost the war activities in the eastern frontier, instead of providing the basic services such as health, nutrition, education, safe drinking water, electricity, transportation means, roads and adequate sanitary measures. The household purchasing power for basic needs was eroded to the extent that most of the household members including the < 5s had adapted themselves to call only for survival requirements of food, shelter and cloth. A one meal regimen/day is a practice of more than 60% of the towns ashanti dwellers of Malakal and Renk leave rest of the rural areas.

In Upper Nile state the emergence of some government supported commercial corporation dealing with essential commodities had caused damage to the household capacity of obtaining the very basic needs of food, cloth and essential drugs etc.

Two major positive events occurred in 1997 that may have impact on the lives of mothers and children was the signing of peace agreement between three rebel factions (SSIM, SPLA Bahr el-Ghazal & Bor) and the Sudan government. The announcement of the agreement in April 1997 has encouraged people to return back from displacement to their own homes and lands e.g. three groups of Nuer had travelled from Akobo and Nasir areas to Adok el-Bahr and Bentiu in March - April period. More than 300 persons passed through Malakal to the western side of the zone. Similarly some families came back from White and Blue Nile states to settle in their villages in Upper Nile Zone.

A new semi-autonomic government is on its way to lead the south through 4 years interim period to pave the way for referendum which will enable southerners hopefully without coercion to decide on a united or separated Sudan. The stability which is expected during the interim period and the high morale among the southerners,

hopefully, will lead to mobilisation of local and international resources to develop the south which will be reflected on the well being of women and children. However, people do see that the agreement is an excellent document, the total success will depend on how serious the signing parties on its' implementation.

2) Interagency & NGOs Collaboration

The first half of 1997 has shown bright elements of collaboration and co-ordination between UNICEF and other NGOs and UN agencies in addressing the needs of women and children. Implementation of the review for 1996 Humanitarian Assistance Workshop in Malakal in April 1997, is the major accomplishment of this reporting period. UN agencies (UNICEF & WFP), national and international NGOs, government and community counterparts were all involved in this review. The outcome of the review workshop is raising awareness among participants to jointly share information, resources and potentials to collectively develop plans of action to meet the needs of Upper Nile people, especially women and children. To attract more funds, well-planned initiatives coupled by adequate information is needed to reflect the situation of the zone dwellers and the positive actions initiated to solve the problems. We hope that this report will be considered as a document to be referred to by all UN agencies, NGOs, community groups and government in planning programmes in Upper Nile Zone.

Similarly UNICEF, WFP, NGOs and HAC extended their collaboration in 1997 in which two registration rounds were carried out in Malakal, the displaced camps; Nagdier, Adong, Baliet and Gelachel to identify the actual vulnerable groups who need humanitarian assistance. Further collaboration continued during the implementation of the two rounds of the national immunisation days of polio eradication, the African Child Day commemoration and planning for sanitation activities in Malakal town through food for work approach.

UNICEF Malakal had joined Sub-Sahara International Development Organisation (SIDO) and DAWA organisation in a monitoring and assessment field visits which covered Kodok and Old Fanjak in May 1997. Also with SIDO, UNICEF delivered 200 blankets and 15 rolls of plastic sheets to the displaced population of Maban area (Jammam & Banjella villages). Other than these activities the weekly meetings of UNICEF, HAC, NGOs, WFP and government counterparts continued to review the partners programme progress, solve the impending problems facing them in addressing vulnerable group needs and plan their future interventions.

Part II: Up - Date of the Situation of Women & Children in Upper Nile

Being displaced with very little amount of food, low level of sanitation, poor or no education at all and the prevailing diseases the under five children, pregnant and lactating mothers were the most afflicted. Malnutrition and diseases associated with it had a great death toll on them. The tables below will show some of socio-economic indicators that reflect the poor status of women and children.

Table I: Disease Pattern In Upper Nile Zone

Jan-June 1995	44,542	11,875	23,523	07,158	11,344	NR	clinical diagnosis
Jan-June 1996	37,934	19,901	39,573	07,722	13,761	979	clinical diagnosis
Jan-June 1997	36,135	19,090	15,751	08,006	09,547	617	clinical diagnosis

- Though a slight improvement is shown from previous years, but the fact that unacceptable number of cases still exist. Most of the above diseases either water born or water related, which reflect the low level of public awareness and poor water and sanitary facilities.
- Above figures were accumulated from 41 health facilities that they do report on monthly basis to UNICEF & SMOH, majority of rural population has no access to any health services, thus their morbidity data are expected to be worse.

Table II: Health Facility Distribution In Upper Nile Zone 1983 & 1997 Comparison respectively

U. Nile	09	03	12	06	16	16	45	03	02	02	02	02	01	00
Unity	02	01	00	00	04	01	00	00	00	00	00	00	00	00
Jongeli	03	01	03	01	19	00	00	00	00	00	01	00	00	00
Total	14	05	15	07	39	17	45	03	02	02	03	02	01	00

- The above table reflect the war effect on the health services in Upper Nile Zone. The table shows a three fold decline in 1997 as compared to facilities in 1983.
- Also it reflect the huge disparity on health services among the zone states before and during the war period.

Table III: Health Manpower Distribution In UN Zone

U.Nile	05	36	06	662	120	22	08	02	21	59
Unity	01	02	00	50	20	00	00	01	02	NR
Jongeli	01	07	00	80	06	10	05	01	01	06
Total	07	45	06	792	146	32	13	04	24	65

- There is one medical doctor available for each 157,000 citizen and one health visitor for each 183,000 people et. This clearly show how weak the available health services. The above doctors ratio is six times below the standard ratio acceptable in

Table VII: Number of Schools, Pupils & Teachers, in Upper Nile Zone

Upper Nile	122	26240	14849	451	208	103	164
Jongeli	032	06990	03004	060	008	025	078
Unity	004	01662	00597	010	009	006	002
Total	158	34892	18450	521	225	134	244

- The female teachers represent 33.6% from the total number of teachers in the zone.
- 20.5% is the percentage of the female trained teachers out of the total number of trained teachers in the area.
- 52.02% reflect the rate of female teachers among the untrained teachers in Upper Nile Zone.

Table VIII: Educational Materials Actual need/Actual Available Ratio in UN Zone

Ex. Books Line	786,239	00	23,500	02.98
Ex. Books Square	150,626	00	23,500	15.60
Total			47,000	05.62

- Line & square Ex. Books were taken to act as sample indicators to availability of educational materials in the zone.
- Only 5.02% of the need is fulfilled by UNICEF, no government contribution on the education sector other than chapter 1 which cover the salaries. This shortage has resulted in very low quality of education provided to the children in this part of the Sudan; this is coupled by the inability of parents to pay for educational materials which in most of cases result in out drop from school.

Part III: Report on Programme Process

The 1997 programme in Upper Nile Zone was based on 96 OLS need assessment recommendations. Similarly UNICEF field visits conducted by national and international staff and consultants had also provided valuable information. Joint meetings with NGOs, HAC and other government counterparts on weekly basis is another forum through which pertinent information is collected to facilitate the planning process and implementation.

These recommendations and priorities were then reflected in the annual project plan of actions developed in a joint work by the zone authorities and UNICEF in November 1996. The programme process had emphasised on addressing major strategies to ensure sustainability of programme interventions through capacity-building of counterparts technical and managerial skills to adequately plan, implement and monitor programme interventions.

Empowerment of women was a strategy adopted by raising awareness of women and up grading their skills and knowledge to manage and prevent the ailments that affect their children lives. The programme had also worked towards integration of UNICEF

developing countries (Africa in particular) and confirms that most of women are not attended by trained workers during child delivery.

- Again the table reflect disparity in health personnel distribution within Upper Nile states.

Table IV: Global Malnutrition rates in Upper Nile State (Two Locations)

Malakal	43.9%	22.4%	24.1%	21.2%	No survey
Camps	(Displaced were in Malakal)	No survey	22.6%	18%	No survey

- Malnutrition status shows a dramatic improvement especially in the camps and villages where by people cultivate during the rainy season and have access to fish. But it is still one of the major health problems.

Table V: School Children Enrolment Ratio In Upper Nile Zone

Upper Nile	041089	130000	32
Jongeli	009994	104000	10
Unity	002259	052000	04
Grand Total	53142	286000	18.7

- It had been very difficult to obtain any more accurate figure other than the enrolment rate to describe the actual current status on basic education in the zone. No actual attendance records available to give a more reliable information. Though normally enrolment figures gives better picture form the reality, but still we use them as indicators. SBA was taken as 26% of total population.
- 18.7% enrolment rate is very gloomy picture that reflect the reality in Upper Nile Zone. This rate vary between 32% in Upper Nile, 10% in Jongeli and 4% Unity states. The wide difference on the enrolment status is very well reflected on this table.

Table VI: Girls/Boys school Enrolment Ratio & Drop-Out Rates Upper Nile Zone

Malakal	04155	09996	29.4	0347	0565	6.4
Canal	00472	01146	29.2	0033	0063	6.1
Nagdier	00120	00293	29.1	0010	0017	6.5
Adong	00110	00388	22.1	0013	0023	7.7
Baliet	00581	01414	29.1	0014	0038	2.6
Total	05438	13227	29.0	0114	0706	6.03

supported interventions at the community level to ensure adequate impact on beneficiaries (Nutrition, HHFS & PHC).

Close monitoring of the programme and supportive supervision of the implementing staff is a strategy that ensures timely identification of any breakdown in the programme implementation and through problem-solving approaches programmes were redirected to accomplish their goals.

Part IV: Administration and Logistics

In the first six months of 1997 the level of Khartoum support had dramatically improved in form immediate feed-back to field-office requirements and correspondences. Major handicaps to the smooth flow of the sub-office operations encountered were shortage of reliable vehicles (only two are operational of which one is in good condition) which failed to facilitate the work of five expanding projects and office administration.

The second issue of concern is the salaries of our SSA professional staff who perform the bulk of work in Malakal office (seven consultants). A marked discrepancy of payment among the SSA staff is observed, some are paid in dollars convertible to Sudanese pounds while others were paid in a lump sum local currency. A revision to standardised payment was promised by our personnel colleagues in Khartoum.

Part V: Sectoral Achievements, Constrains and Recommendations

Health

Through joint work with state MOH, NGOs and community counterparts UNICEF had met some of its goal of reaching the unreachable and needy population in Upper Nile Zone accessible areas, especially children and women. Intensive field visits were carried out by Emergency Health Co-ordinator to the out reach in Bentiu, Nasir and Renk area where our presence had been limited due to irregular flight schedules. The major constraint that hampers the progress of health programme in the zone and will continue affecting our facilitative role if not solved, is the passive role that the senior management of the zone ministries (MOH) play, that is to say lack of managerial skills and very poor support they receive from FMOH as well as their state governments, while the PHC Co-ordinator showed no commitment or enthusiasm to plan and implement the health programmes. In spite of these, some of the committed MOH staff accomplished the following interventions for the survival and development of children.

Major Achievements

1. Through the strategies of fixed health facility, mobile teams and barge operations EPI activities continued providing services to the targeted population (See tables below).
2. During the NIDs for eradication of polio disease 33058 < 5 children received first dose of polio vaccine in the zone including areas like Mayom and Pariang where < 5 were vaccinated after so many years. In the 2nd round 50100 < 5 were reached taking into consideration that Mayom, Pariang, Nasir and Bentiu were not reached

- due to unavailability of flights. Explanation of the marked increase in the second dose round was attributed to the wider access that EPI enjoyed after the peace agreement where 10 more locations were reached.
3. Immunisation figures in 1997 were 300% increased as compared by the last year figures due to better planing, utilisation of different transportation means, more collaboration and co-ordination with NGOs to mobilise communities to use the fixed health facilities and wider accessibility (see attached tables at the end of this document).
 4. To expand the outreach services, solar fridge were installed in Mellut, Kaka, Jelhag while the solar unit installed in Nasir will be used by EPI and veterinary programmes.
 5. Training of 105 mothers in three zones of Malakal town to act as health promoters to adequately manage diarrhea cases at community level, continue breast feeding and other food during and after diarrhea episode and to mobilise mothers to take their under 5 for immunisation.
 6. Although 5 ORT corners were established in Malakal, the performance of four of them was below the standard, but in Malakia health centre records showed that 650 cases of mild to moderate dehydration were seen in the corner where mothers attended their children and received sessions of health education on CDD and immunisation.
 7. Health education sessions conducted in Baliat, Adong, Nagdier, Obels, Canal and Malakal town. The activity was carried out in conjunction with HHFS and nutrition during the HHFS grass-root training in May 1997. 400 mothers and school children attended these sessions. During Multi Indicator Survey in Renk 5 ORT corner nurses received refresher training and sessions on CDD conducted in Renk and Wad Akona towns.
 8. Approximately 60,000 ORS sachets distributed to beneficiaries in the last six months.
 9. 23 TBAs trained in midwifery school from Baliat, Sobat, Tonja , Fashoda and New Fanjak provinces.
 10. 403 pregnant ladies attended prenatal care clinics in two health centres in Malakal . Adhoc family planning services provided by the senior health visitor who is sitting on all of the resources.
 11. Guinea Worm programme identified 223 endemic villages, trained 2028 village volunteers and distributed 12,942 filters.

Major constraints

1. Inaccessibility of Unity and Jongeli states from Malakal distorted the overall achievements of the zone activities and deprived beneficiaries from receiving services.
2. Weakness of PHC management at the state level in which the PHC co-ordinator is not committed to the programme and the Director General is not taking initiatives to mobilise resources from the state and federal levels to implement the planned programmes.
3. Shortage of drugs is another constraint encountered during this reporting period.

4. Irregular flight schedule had curtailed our monitoring programme intervention especially in remote areas.
5. Low level of community participation due to NGOs limited role of mobilisation is hindrance to future programme sustainability.

Recommendation

1. Utilisation of Kadugli road on the dry season to access Unity state is highly recommended. Obied or Kadugli offices can monitor this road operation.
2. An active PHC co-ordinator and well established PHC department is pre requisite to implementation of cost-effective PHC intervention in the zone.
3. Six-month stock of essential drugs should be ensured to reach the sub-office on timely basis .
4. To ensure adequate community participation, training of village health committee is of paramount importance. This should be a joint effort of WES, health and HHFS projects to up grade their managerial skills to assist them in planning and implementing community-based projects.
5. Flight schedule to Malakal outreach of Unity and Jongeli states should be regular to enable us improve our monitoring activities.

House Hold Food Security

House Hold Food Security project with its three components (agriculture, livestock and fishery) aims to improve the household capacity of producing adequate quantity and quality of food to improve the health status of women and children through provision of seeds and tools to develop self-reliance in food production and provision of protein intake by assisting households in livestock and fishery activities. HHFS project, in the past six months has adopted certain strategies to ensure sustainability of HHFS interventions in the communities. By assisting communities to form local agricultural committees; 50% of each committee members are women who are the major household care-takers, and upgrading their skills and Knowledge the community members were able to understand the inter-relationship of agricultural and livestock activities with the health of communities especially for women and children. The grass-root training conducted in Nagdiar, Baliet, Obels and Canal in May 1997 had provided complete intervention package to the communities in those locations.

The package included introducing simple agricultural techniques, messages on immunisation, control of diarrhoea diseases and nutrition. Similarly the project had put more emphasis on empowering community members to skilfully look after their animals health through assisting communities to select volunteers to be trained as community-based animal health care vaccinators, thus developing sense of ownership of project interventions among the community. To maximise the impact of project interventions on beneficiaries the HHFS collaborates and works closely with OXFAM, NGOs and Department of Animal Resources to cost-effectively provide communities with resources in form of training manpower and material resources.

Major Achievements

1. *Distribution of seeds and agricultural hand tools to 5,845 HHs in nine villages along Sobat and White Nile rivers.*
2. *Capacity building through grass-root training, to local agricultural committees, health personnel, school teachers, community leaders, GOS & NGOs staff working with the community on simple agricultural techniques and their role in improving the nutrition and health of women and children in particular .*
3. *One HHFS staff and two from the ministry of Agriculture attended the work shop on seeds testing in el-Obeid to upgrade their skills and knowledge to establish seed testing in Upper Nile Zone .*
4. *Forty six community-based animal vaccinators trained in Nasir and Fanjak who are now operating actively in six teams.*
5. *A total number of 10,975 heads of cattle were vaccinated against Rinder Pest in a relatively short time.*
6. *In collaboration with PARC blood samples were collected from Obei and Adhidhiang village cattle camps to prove or disprove prevalence of Rinder Pest among the cattle as suspected by cattle owners and the state veterinary authorities.*
7. *To adequately monitor project activities follow up forms were developed .*

Major Constraints.

1. *Logistically , inadequate means of transportation to cover a vast operational area had deprived the beneficiaries from getting timely inputs. As an example repeated cancelling of flight schedules curtailed project activities in Bor, Pibor, Bentiu, Mayom and Pariang in Unity and Upper Nile states.*
2. *Security procedures including permits to national and international staff had reduced the staff efficiency in monitoring the project activity especially at the community level.*
3. *Low level of community towards repayment of seeds and vaccine cost recovery.*
4. *Incentive requirement by community-based vaccinators in form of blankets, gum boots and mosquito nets is an area where project sustainability is weighed against the attainment of target by all means.*
5. *Unavailability of essential veterinary drugs in the targeted areas discourages communities from acquiring maximum benefit of vaccination activities, taking into consideration that rural communities are curative- minded.*
6. *Non establishment of Nasir out-reach office had reduced project expansion in that area.*
7. *Unavailability of training budget at the right time and lack of training aids reduced the impact of training on community and counterparts.*
8. *Inadequate distribution of fishing equipment per house hold ,each house hold receives one gauze which is not enough to make a single net.*
9. *The size of fishing hooks provided is not appropriate, small and easily broken.*
10. *Fluctuating climatic condition endangers crops yield .*

Recommendations

1. *Improvement of transportation facilities to ensure efficient operation,*
2. *Early delivery of HHFS inputs to sub-office to early allocate the resources to beneficiaries .*
3. *Implementation of an integrated community training including health, nutrition and HHFS intervention to augment their impact on communities.*
4. *Exchange of experiences with OLS southern sector and continuous co-ordination through cross visits and joint review meetings .*

Emergency Education

The UNICEF supported emergency education project in Upper Nile Zone intends through certain strategies to improve access of children to primary education, reduce the drop out rate and gender disparity, and by year 2000 ensures that 80% of children complete their basic education. Although the zone authorities showed no marked commitment to actually investing in education but with the small amount of resources provided by UNICEF schools are operational in Malakal and other areas in the zone.

UNICEF had worked in the past six months towards empowering school teachers to efficiently provide educational services to the school children by up grading their skills and knowledge, and providing the essential resources such as school books, chalk boards, exercise books, pencils, bicycles and plastic sheets etc.

Major Achievements

1. *Educational materials delivered on timely basis to schools of Upper Nile and Jongeli states with the exception of Unity state due to flight problems.*
2. *One hundred teachers trained to obtain better skills and knowledge to adequately teach the pupils.*
3. *To boost their monitoring activities funds were provided by UNICEF to the zone authorities, especially for field visits.*
4. *A joint Emergency education and HZ school gardening activities initiated in three basic schools in Malakal to raise awareness among school children to assist their families to produce vegetables which combat diseases such as vit A deficiency and other vitamin deficiency disorders.*

Constraints

1. *Insufficiency of school materials provided. i.e. UNICEF contribution represent only 5% of the actual requirement in the zone while the government share is almost nil.*
2. *Inaccessibility of some locations either due to insecurity or lack of means of transportation especially during the rainy season.*
3. *Repeated cancellation of flights to Pibor, Bor, Nasir and Bentiu had deprived the beneficiaries from getting their allotted educational materials.*

4. *Very low and irregularly paid salaries discouraged most of the qualified teachers from continuing in their careers.*
5. *Lack of school feeding programme had increased the level of drop-out rate among the pupils.*

Recommendations

1. *Flight schedules to Jongeli and Unity should be adhered to since these locations have been deprived from getting regular supplies in the past two years.*
2. *School feeding programme should be established in collaboration with WFP to reduce pupils drop-out rate.*
3. *UNICEF to motivate the state government to consider education as a priority in their plans to address basic children needs.*

Nutrition

During 1997, first half of it, the nutrition programme in Upper Nile Zone supported by UNICEF had continued working towards accomplishing the decade goal of reducing global malnutrition by half world-wide and by one third in Sudan. Trends had shown reduction of global malnutrition from 46% in 1986 to 34% in 1992 world-wide. In Sudan, Upper Nile Zone statistics show a drop of global malnutrition from 43% in 1994 to 24% in 1995 and further to 18 - 21% in 1996, with significant reduction among the displaced camps children. This is mainly attributable to joint efforts of the communities, NGOs and UNICEF through its integrated HHFS, nutrition and health programmes.

The strategy adopted by nutrition programme was to work closely with communities through HHFS project to disseminate nutrition messages to mothers to adequately breastfeed their children for at least 18 months, supplement their meals with locally available food rich in protein, carbohydrates & fats. The second strategy used was providing supplementary and therapeutic feeding to the moderately and severely malnourished children.

Achievements

1. *120 Mts. of Unimix provided to 13 emergency feeding centres, thus benefiting 3386 vulnerable groups (<5 years, pregnant & lactating mothers, disabled and sick persons).*
2. *Construction of an emergency feeding centre to be used as a model centre in which training of nutrition & other PHC interventions will be provided to mothers and other counterparts.*
3. *State nutrition officer attended a four-day training course on Baby Friendly Hospital Initiative in Wad Madani to promote breast feeding among mothers.*
4. *IDD assessment was conducted in Malakal & Wau Shilluk where 270 school children were examined and twenty urine samples were collected. 73 children were categorised as having goitre at one stage or another.*
5. *SMOH in collaboration with UNICEF conducted a 3 days training on Multi-Indicator Cluster survey (MICS).*

6. *Jointly with HHFS project grass-root training conducted in the displaced and other rural villages to raise awareness of mothers & counter parts about nutrition, health, water & sanitation and HHFS interventions.*

Constraints

1. *Low level of sanitation is still a major problem that leads to deterioration of children health and nutritional status.*
2. *Lack of committed NGOs and their personnel to adequately manage the feeding centres (nutrition education & regular growth monitoring).*
3. *Irregular flights had deprived the vulnerable groups in Unity & Jongeli states from having the needed resources.*
4. *Insecurity is still a hindrance in accessing the under served in rebel held locations.*
5. *Lack of IEC materials needed in augmenting nutrition message delivery to mothers.*
6. *Lack of supplementary food during the food gap in MARCH - JUNE period is detrimental to nutrition status of women and children.*

Recommendations

1. *Integration of child survival and development interventions at the grass-root level to ensure providing a complete package that will have impact on beneficiaries.*
2. *Timely distribution of seeds and tools to enable cultivation at the right time to have a good yield of nutritious food.*
3. *Surveys feed back results should be timely relayed to assist in planning interventions.*
4. *Improvement of flights and other transportation means to reach the unreachable.*

Water & Environmental Sanitation

UNICEF in its efforts to support the rural poor and the town dwellers deprived from getting safe drinking water and optimum sanitation services had worked closely with the engineering affairs ministries in Upper Nile Zone to accomplish this goal. The strategies adopted by WES project of Ministry of Engineering Affairs were capacity-building through hygiene & sanitation education and development of community skills and organisation, the delivery of services that could multiply health and socio-economic benefits over time, linkages with other programmes and advocacy as a central part of all WATSAN programmes.

In Upper Nile Zone WES section had worked closely with National Development Foundation to improve water supply within Malakal and its rural areas.

Achievements

1. *Two water plants installed in Nasir and Bentiu towns to provide potable water to the communities.*
2. *Materials and equipment for Kodok and Wad Akona secured and ready for transportation in Kosti.*

3. *Extension of water pipe to TV residential area in Malakal had brought safe water within easy reach of the under served groups.*
4. *With WFP Shamadi haffir was constructed surpassing the targeted Mts. by 1000.*
5. *Construction of 57 VIP latrines and 14 San plat ones in Malakal and Renk towns.*
6. *939 house holds visited by the social mobilizers to promote hygiene & sanitation practices.*

Constraints

1. *Delay in material transportation from Kosti curtailed the programme towards achieving its goals.*
2. *Reluctance of villagers of Babanis to construct their haffir to reduce the load of guinea is detrimental to the programme.*
3. *Cancellation of flights to the remote areas of Nasir and Bentiu reduces the efficacy of monitoring project activities.*
4. *Concentration of WES project on water provision deprived the sanitation part.*

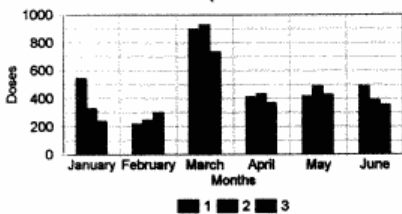
Recommendations

1. *1998 project plan of action should consider expansion to accessible areas in Jongli and Unity states.*
2. *Sanitation and hygiene education should be prioritised especially in areas like Upper Nile State.*
3. *WES project structure need to be completed as per Nyala review recommendations. Jongleli and Unity states projects need to be introduced.*
4. *Strong social mobilizer and public health officer should be secured from relevant ministries to boots GW, sanitation and health education activities.*
5. *Rehabilitation of the UNICEF provided generator to ensure reliable electricity supply to Malakal water scheme. First the ownership of the generator should be transferred to the rural water department.*

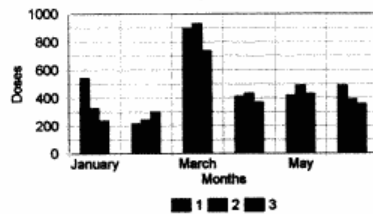
JANUARY - JUNE (1996) EPI COVERAGE

Month	DPT				POLIO				BCG	Measles	Fully Immunized	Tetanus Toxoid			Total	Remarks
	1	2	3	Total	1	2	3	Total				Pregnent	Lactating	Single/Non-pregnant		
January	543	329	241	1113	543	329	241	1113	583	424	241	518	220		788	
February	218	246	303	767	218	246	303	767	250	222	159	167	134		301	
March	900	900	737	2567	900	930	737	2567	929	918	284	1367	523		1880	
April	414	435	371	1220	414	435	371	1220	467	420	174	446	200		646	
May	420	469	430	1339	420	469	430	1339	600	465	264	375	211		586	
June	469	360	368	1237	469	360	368	1237	478	291	221	76	204		280	
Total	2984	2819	2440	8243	2984	2819	2440	8243	3307	2770	1343	2937	1822	0	4468	

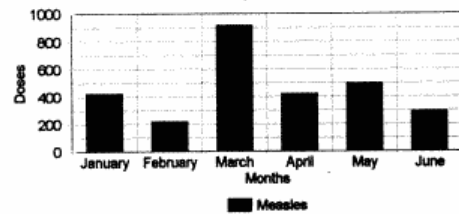
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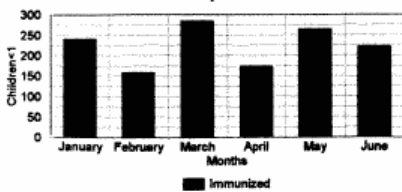
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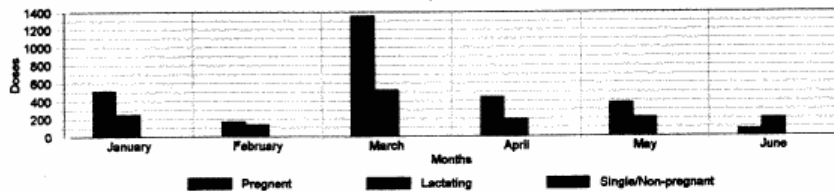
Measles Graph



FULLY IMMUNIZED Graph



TETANUS TOXOID Graph



JANUARY - JUNE (1997) EPI COVERAGE

Month	DPT				POLIO				BCG	Measles	Fully immunized	Tetanus Toxoid			Total	Remarks
	1	2	3	Total	1	2	3	Total				Pregnant	Lactating	Single/Non-pregnant		
January	1105	1728	2491	5324	1108	1728	2491	5325	1553	1524	671	809	753	653	2215	
February	3405	565	1195	5165	3405	565	1195	5165	3195	3435	792	999	916	415	2330	
March	668	748	665	2111	668	748	665	2111	549	544	231	291	291	187	769	
April	2003	1707	2292	6002	2003	1707	2292	6002	1409	797	882	967	445	968	2380	
May	1003	1163	1134	3300	1163	1334	3500	5997	147	430	705	400	216	303	919	
June	701	994	1581	3276	701	994	1581	3276	160	840	1166	122	106	36	264	
Total	8888	6905	8388	26178	8048	7876	11784	27878	7613	7578	4448	3888	2727	2692	8877	

